

WET, WILD AND WELL !
Lesbian Sex in the 1990s

FACILITATOR'S OUTLINE

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I N T R O D U C T I O N

HIV has taken a devastating toll on the gay and bisexual community, evoking a multitude of emotionally-charged issues for gay and bisexual men regarding the nature of sex and sexuality. HIV challenges us to boldly and creatively address issues of safer sex, communication and intimacy, as well as stimulating the broader discussion of related health issues affecting the gay and lesbian community. The creation of the HEART Project responded to this need for sex-positive, life and lifestyle-affirmative education geared towards the gay and bisexual male community.

The HEART Project's psycho-educational efforts have focused on HIV prevention/risk reduction through the promotion of healthy, sex-positive, life and lifestyle affirmative choices. HEART Project workshops build on the premise that heightened self-esteem and broad community support are the basis to behavior modification. While acting as the foundation to risk reduction promotion, clearly the community's heightened awareness of these issues are of vital importance to the overall health and well-being of gay men and lesbians.

Wet, Wild and Well grows out of this tradition rich in its success, affirming that gay men and lesbians are people of worth: worthy of affirmation, worthy of sex, worthy of appropriate and sensitive education. **Wet, Wild, and Well** seeks to heighten awareness of and address the concerns regarding lesbians and HIV. While assisting in the identification of risk factors and facilitating sex-positive discussions regarding risk reduction, this curriculum hopes to create an open, safe and confidential atmosphere for the exploration of this lesbian sexual health issue.

Lesbians, due to their perceived low risk sexual activities, have been pigeon-holed as "islands of immunity" and subsequently left out of HIV risk reduction educational efforts. But labels do not necessarily reflect sexual behavior. While most woman-to-woman sexual activities are generally of lower risk for HIV transmission, lesbians cannot be categorically left out of safer sex education campaigns. As with all other populations, we must focus on the **behaviors** which may put us at risk. We must not let our perceptions, and ultimately our misperceptions, determine our level of safety.

The fact that statistics do not represent lesbians with AIDS or track woman-to-woman transmission is not testimony to the lack of a problem, but rather a glaring reflection of the lack of recognition that HIV affects the lesbian community. Current statistics identify that 85% (_____) of lesbian-identified women have had sexual intercourse with a man within the last 10 years. While there are no statistics on the numbers of lesbians who use injectible drugs, it is commonly believed that 10% of any

population has sex with members of the same sex. This includes people who use injectible drugs. Lastly, not all women who have sex with women may self-identify as lesbian. The implications of these condition are clear, lesbians at risk for HIV infection. Continued silence only perpetuates the pervasive institutional and societal unresponsiveness.

Statistics from a Lesbian and AIDS workshop presented at the National Lesbian and Gay Health Conference (July 1990, Washington, DC) revealed that out of #,### women documented with AIDS in the United States, 260 identified themselves as lesbian (7/10/90, CDC). Information volunteered from these women further reports the following statistics:

111 of the self-identified lesbians had had sex exclusively with women since 1977; of these women with AIDS:

- o 95 (86%) were exposed to HIV through infected needles;
- o 7 (6%) were exposed from blood transfusions;
- o 6 (6%) were exposed through sexual intercourse with an infected partner (unidentified gender);
- o 3 (2%) had an undetermined risk factor.

Of the remaining 149 lesbians with AIDS who had had sex with men within the past 10 years:

- o 106 (71%) were exposed from infected needles;
- o 28 (19%) from sexual intercourse with a partner at risk;
- o 7 (5%) from blood transfusions;
- o 8 (5%) were infected in an unknown manner.

As a pertinent side note, women with AIDS have the highest rate of "underdetermined" risk factors for infection with the virus.

An inherent problem in assessing the relevance of such data is the hierarchical ranking of risk factors (oral transmission falling below needle sharing, anal and vaginal sex). Additionally, there is no category for lesbian as a sexual orientation or as transmission factor. And lastly, no studies currently exist or are planned to further explore the link between vaginal secretions and HIV transmission. These factors pose particularly difficult barriers to identifying lesbians with AIDS as well as tracking the rates of woman-to-woman transmission.

Clearly, while limited information is available (although not easily) it represents only a small percentage of those affected and reveals nothing concrete about the means of transmission. What it does tell us ultimately raises more questions about what is not being asked, studied and documented than it does answer long-standing questions about lesbians and HIV.

Until there are answers -- regarding transmission and the numbers of lesbians diagnosed with AIDS -- we must continue to educate ourselves. It is the right of each lesbian to have access to current, relevant knowledge in order to make an informed choice about her behavior. It is also her right to receive such information in a safe, confidential, sex-positive, and life-affirmative manner. HIV prevention is possible and it begins with knowledge.

T I M E L I N E

EX #	TIME	FOCUS	EXERCISE
1	:10	Facilitators	Introduction
2	:05	Facilitators	Outline
3	:10	Triads	Lesbian Sex in the 90s
4a	:10	Large Group	Let's Talk Sex!
5a	:10	Small Group/1	Sex Acts
5b	:05	Large Group	List Reading
	:10	Large Group	Break
6	:10	Small Group/2	Transmission
7	:10	Small Group/2	Latex and Lubricants!
8a	:10	Small Group/2	Barrier Critique
8b	:10	Large Group	Review and Discussion
9a	:10	Small Group/2	Ways of Touching, Safely
9b	:05	Large Group	List Reading
10	:10	Large Group	A Safer Sex Scenario
	:05	Large Group	Break
11	:05	Facilitators	Safer Sex Improvisation
12a	:05	Pairs	Role Playing
12b	:15	Large Group	Processing
13	:05	Large Group	Dating 101 Tips
14	:10	Large Group	Closing Imagery
Total	2:40		

EXERCISE 1 10 minutes

Facilitators Introduction

Objective Facilitators introduce themselves and explain the goals of and guidelines for the workshop.

Method 1. Goals

In your own words, present the goals and a brief outline of topics to be addressed in the workshop, including breaks.

- o To create a safe and trusting environment to allow for the discussion of sex and sexuality.
- o To become aware of our reactions to the presence of HIV and STDs.
- o To present basic HIV/STD information, including transmission and risk reduction principles.
- o To explore erotic, risk-free ways of touching.
- o To practice communication and negotiation skills.

2. Guidelines

On poster board, write and in your own words present the guidelines to be observed throughout the workshop:

- o Confidentiality: take this information and your experiences out into the community ... but leave names in the room.
- o Use "I" statements: claim your statements; personalization allows for greater communication.
- o Feelings take precedence: this is the place to acknowledge and share feelings.
- o Be nonjudgemental: there is tremendous diversity within the lesbian community; you may not agree with a particular activity or attitude, but we ask that you respect it.
- o Don't censor your thoughts.
- o Allow others to speak.
- o It's okay to pass.
- o BE CREATIVE!
- o BE PLAYFUL!
- o HAVE FUN!

EXERCISE 2 5 minutes

Facilitators Program Outline

Objective Facilitators explain the outline of the workshop to participants.

Method

1. Explain the following workshop outline to participants:
 - a. First we will set the stage by breaking into small groups to discuss why we're here today, and identify the sexual environment we live within as lesbians in the 90s.
 - b. Moving into a large group, we'll specify what it is that makes our sexual experience what it is, by familiarizing ourselves with terms and acts!
 - c. We will then specifically address any HIV transmission questions you may have.
 - d. Following transmission, we'll jump into latex and lubricants and critique and practice with a variety of safer sex techniques.
 - e. Lastly, we will ground this all with role plays and discussion about how this applies to your life.
2. "At this point are there any other issues you'd like to see addressed today?"
 - o Respond to each concern by confirming issues that will be addressed within the curriculum or affirming the importance of issues not included; refer the participant to a pamphlet or agency that could appropriately address the concern.

Note

It is very important to employ all workshop guidelines as we cannot assume people's experiences and to ensure that all subjects are sensitively addressed and each participant is dealt with respectfully.

EXERCISE 3 10 minutes

Triads

Lesbian Sex in the 90s

Objective

To break the ice, to initiate working together and to identify the sexual climate in which we live.

Method

1. Have participants break into threes, preferably with people they didn't come with.
2. Have groups answer the question, "Lesbian Sex is..." by addressing what we like about lesbian sex, what others think about it and why we're here. Allow for 5 minutes of discussion.
3. Have each member of the group introduce one person with one descriptive word about her. Go around the circle.
4. Ask for any comments, but explain that this was

primarily a small group exercise; restate that we are here at this workshop to provide a safe, confidential forum to discuss these difficult issues in a life-affirming manner.

EXERCISE 4a 10 minutes

Group Let's Talk Sex!

Objectives To break the ice and give permission to "talk sex" and using explicit language; to ensure that participant's are familiar with terms for body parts.

Method

1. On a flip chart label:
 - o Breasts
 - o Vulva, Clitoris and Secretions
 - o Anus
2. Addressing each term separately, have the group name as many words associated with that body part. Elicit quick responses, encouraging original and outrageous terms.

Note This exercise should be quick and fun, allowing participants to get into the process of talking sex in an upbeat and encouraging environment.

Process Note Which terms do we use as lesbians?
Do they differ from terms within the general public?
What kind of terms are they? (Clinical? Derogatory? Inventive?)
Which do we avoid? Why?
Which have we re-claimed?

Previously **BREASTS:** tits, jugs, knockers, bazoombas, melons, headlights, hooters, boobs, bumper-bullets.

VAGINA: down there, cavern, muff, pussy, twat, cunt, cherry, vulva, snatch, beaver, the cooley.

CLITORIS: pearl, hooded lady, lily, maiden head, "it," clit, hot-button, love princess, iris, flower.

VAGINAL SECRETIONS: wetness, juice, cornsilk, silk, mucus, cum, cum juice, cream, essence.

ANUS: butt, ass, hole, bum-hole, bung-hole, buns, tush, tuchus, cheeks, tight cheeks, crack.

SEX: Going down the dirty road, the nasty, exchanging energy, bump & grind, squanking, eating out, muff-diving, shagging, sport fucking, 69.

EXERCISE 5a 10 minutes

Sm. Group/1 Sex Acts, Let's Get Specific...

Objective To identify the range of sexual expression within the lesbian community; to provide a knowledge base for subsequent exercises.

Method

1. Have participants form small groups (4-8) with participants they don't know. Give them a minute to introduce themselves and to designate a recorder.
2. To each group, pass out a marker and piece of poster paper, each labeled with one of the following headings:
 - o Ways of Penetrating/Fucking With...
 - o Ways of Touching/Touching With...
 - o Ways of Sucking/What to Suck

"List all the things and ways you can ... and with what. For example, you can suck, bite, flutter tongue billy buttons, earlobes or labia or use avocados, dildos or fingers to penetrate the cooley, the tuchus or the mouth."

Display these lists prominently as they will be referred to later in the workshop.

Note Facilitators should walk around while the groups are brainstorming and encourage them to write down any activity, not just ones they have participated in, so as to elicit a broad range of activities.

The discussion of sexual practices can be a highly sensitive topic. Be attuned to and non-judgmental of sexual practices which may not include your own. These may include lesbians having or having had relationships/sex with men, participating in butch/femme role plays and/or sado-masochism.

EXERCISE 5b 5 minutes

Group List Reading

Objective Reading lists from previous exercise.

Method Have a person from each group read her group's list.

Previously **WAYS OF FUCKING:**

FUCKING WITH: dildo, vibrator, fingers, fist, tongue, fruit, veggies, douching, toes, breasts, sex toys.

WAYS OF TOUCHING: hugging, caressing, stroking, wrestling, rubbing, massaging, tickling, tribadism, water sports, masturbation, lying prone and wiggling, dancing the slow groove, S/M.

TOUCHING WITH: nipple clamps, water massagers.

WAYS OF SUCKING: 69, dry kissing, licking, tonguing, nibbling, hard, hickies, with snake bite kits, caressing.

WHAT TO SUCK: tits, toes, fingers, ears, neck, inner thighs, clitoris, ass, tongue, armpits, juices, nipples, belly button.

10 minutes

Upon returning from the break, take a moment to restate the Guidelines; place particular emphasis on confidentiality, "I" statements and remaining non-judgemental.

10 minutes

2 Transmission Q and A

To provide an opportunity to educate and respond to questions regarding HIV/STD transmission.

1. After the break, have participants form new small groups; have them introduce themselves.
2. Pass out a pencil and a pad of paper; have the group formulate one specific question regarding transmission.
3. Collect and write down on poster paper each group's question. Begin with an overview of transmission incorporating each group's question.

HIV infection occurs when:

o infected blood, vaginal secretions or semen enter the bloodstream of an uninfected person;

- o HIV infected fluids can enter the bloodstream through openings in the skin or mucosal membrane through cuts, tears or sores.

Contributing factors for elevated levels of HIV in vaginal secretions:

- o regular exposure to menstrual blood, before, during and after menses;
- o STDs that lie dormant (no symptoms) in 80% of women (including gonorrhea, syphilis, chlamydia, non-specific urethritis, genital warts, yeast infections and HIV);
- o recurrent vaginal infections.

EXERCISE 7 10 minutes

Sm. Group/2 Latex and Lubricants!

Objective To ensure that all participants have the opportunity to practice and play with these items.

Method

1. Provide demonstrations how to properly use a latex dam, a condom and lubricants (see appendix for instructions).
2. Pass out one bag with safer sex paraphernalia to each small group. (Bags should include a minimum of plastic wrap, dental dam, non-lubricated condoms, lubricant and a glove.) Allow groups to play with items for 3-4 minutes.

EXERCISE 8a 10 minutes

Sm. Group/2 Barrier Critique

Objective To allow for further exploration of risk reduction items.

Method Identify a recorder. Assign each group an item to critique (a condom, glove, dam, plastic wrap or lubricants), a pencil and a critique sheet.

Ask the group to rate their item according to the criteria listed.

EXERCISE 8b 10 minutes

Group: Review and Discussion

Objective To share reviews of safer sex items; to promote discussion within the group about the usability of each item.

Method Have a group representative review their rankings. Open up for any remaining discussion about latex and lubricants.

EXERCISE 9a 15 minutes

Sm. Group/2 Ways of Touching, Safely

Objective To apply knowledge of HIV/STD transmission and risk reduction; to affirm low risk activities; to provide the opportunity to integrate safer sex knowledge into hot, erotic safer sex scenarios.

Method

1. Pass out one response sheet from Exercise 4 and a pen (of a different color from the original ink) to each small group.
2. Instruct, "Modify the list of sexual activities your group has been given by affirming the no risk activities with a star and writing in a modification for any other activity so that the entire list is either no or low risk." (Allow five minutes.)

EXERCISE 9b 15 minutes

Group Small Group Presentations

Objective To share the lists from the previous exercise.

Method

1. Have a member from each group review her group's modified list.
2. Re-emphasize relative risk for the "highest" lesbian sex risks and how few activities need to be modified to be safer.
3. After completion, collect and re-post.

EXERCISE 10 10 minutes

- Group A Safer Sex Scenario
- Objective To provide a fun, safe way to envision incorporating safer sex practices into a real life situation.
- Method 1. Explain, "How many of you remember the game where everyone goes around and tells part of the story? Well, our next activity, a safer sex scenario, will take shape from each of your contributions. I'll start the story and then we will go around the circle and you will pick up the tale where the previous woman left off. There are only two catches. The first is that each person has to incorporate at least one activity from her group's previous list; the second is that no part of this story can occur in the bedroom. Let's have fun!"
2. Begin the story.... Allow each woman to tell a part of the tale, instruct the next woman to pick up the story at a crucial transition or action point.

BREAK 5 minutes

EXERCISE 11 5 minutes

Facilitators Safer Sex Improvisation

- Objective To initiate role play section; to provide an opportunity for participants to watch a role play and suggest tips.
- Method 1. Ask for two volunteers from the group for a very short role play (if no one volunteers, facilitators improvise);
2. Read aloud the following role play:
- Mary Ann and Julie have been in a non-monogamous relationship since college. After attending a Wet, Wild and Well workshop Julie wants to begin using rubber dams; Mary Ann's not convinced. They have just come home from a romantic dinner in Adams-Morgan and are lying on the rug in front of a roaring fire. Pick up the conversation...
3. Allow the role play to continue for about two minutes; stop.
4. Ask for comments, suggestions or feedback from the

group. Ask for feedback from the volunteers.

Process Note Excerpts from GMHC's Eroticizing Safer Sex:

"It's often helpful for the leader to role play contracting for safer sex in an upbeat, fun, erotic and seductive way in front of the large group."

"The purpose of doing this role play is not that you become experts in contracting for safer sex, but simply that you gain some experience in this area. Hopefully this will be helpful in the future when you are actually in a situation where you need to have this discussion.

Never bring up the topic of safer sex in an apologetic way.

If you are discussing safer sex with a new partner, it is not effective and usually a turn off to give someone a list of things you do not do. Try to be positive."

EXERCISE 12a 5 minutes

Pairs Role Playing

Objective To provide a safe place for participants to practice limit setting and safer sex negotiation.

- Method
1. Have participants pair up with someone they don't know very well.
 2. Pass out Situation #2 to one participants sitting on one side of the room (approximately half of the pairs) and Situation #3 to the other half on the other side. (Having this physical separation helps with the processing.)
 3. Ask participants not to share their role assignments. Give them a minute to familiarize themselves with their scenario; have them role play for about 3 minutes;
 4. Instruct both dyads and individuals come to a conclusion as to what happened/what they did.

Situation #2 (new relationship):

Kelly, 28:

It's Track's Women's Night. You have been eyeing this older woman, Jean, for weeks now at a various local women's bars. Having finished the last of your second (or was it the third?) Miller Lite you're ready to approach Jean. Finally on the dance floor together, seductive eyes and skillful hands only add fuel to the fire that's been smoldering for weeks. Jean invites you to her Mt. Pleasant apartment; you accept. Arriving at Jean's apartment, she dims the lights and....

Jean, 45:

It's Track's Women's Night. You've been coyly eyeing this younger woman, Kelly, at local women's bars for the past few weeks. Tonight she approaches you and asks you to dance the slow groove. Your timidity melts away as Kelly's seductive eyes and skillful hands only add fuel to the fire that's been smoldering for weeks. You invite Kelly to your apartment. She accepts. Arriving at your abode, you offer her a glass of wine and turn the lights down low....

Situation #3:

Josie:

You haven't been in a relationship for a long time or even had sex. Now you have met Maureen and things are really warming up. Tonight when Maureen comes over for an after work rendezvous, you know that you will both want to have sex.

You want to play safely: dental dams, rubber gloves, the whole nine yards. You are a little worried about bringing it up because you have not had a sex partner since your positive HIV-antibody test three months ago. Should you disclose your antibody status or merely insist on safer sex? What are ways you could bring up the subject of safer sex?

Maureen:

Things are really warming up with Josie. Long talks, scintillating snuggling have lead to sexual tension between you both that so thick you could practically cut it. Tonight when you go over for an after work rendezvous, you kno

EXERCISE 12b 15 minutes

- Group Processing
- Objective To allow participants to discuss strategies and feelings around their respective scenarios.
- Method
1. Have a "Kelly" and a "Jean" each read her role.
 2. Address specific questions to this role play first:
 - o Did safer sex or HIV even come up?
 - o How was it brought up?
 - o How did or would have alcohol consumption have affected your actions or your decision to talk about or practice safer sex?
 3. Have a "Josie" and a "Maureen" each read her role.
 4. Address specific questions to this role play:
 - o What happened?
 - o Disclosure or not about HIV? or sexual histories?
 - o If it was brought up who initiated and why?
 - o Did Maureen suspect?
 5. General questions for both pairs:
 - o How did the discussion about HIV and safer sex make you feel?
 - o What limits, if any, were decided on mutually?
 - o What limits, if any, were decided upon individually?
 - o Is disclosure relevant if you are practicing safer sex?

EXERCISE 13 5 minutes

- Group Dating 101 Tips
- Objective To summarize and stimulate a variety of approaches to discussing safer sex and negotiations.
- Method On poster paper write, DATING 101: TIPS.
- Solicit from the group a list of tips to successfully initiating a safer sex discussion.
- Note This is the last exercise before the closing. Be sure to tie up any loose ends at this point and to leave the group feeling positive about their hard

work (and play!) together.

Previously Tour of bedroom w/safer sex paraphernalia
Decide to play safe no matter what
Slow down to negotiate
Decisions are within our control
Keep sense of humor
Be flexible
Know your limits

EXERCISE 14 10 minutes

Group Closing Imagery

Objective To bring closure to the work of the day; to
leave participants in a positive emotional state.

Method Have participants and facilitators sit in a circle on
the floor; in your own words lead the group
through the following imagery:

"Please join hands. Concentrate on my voice.

Get comfortable where you are sitting; you may want
to close your eyes. Take several deep breaths. By
now you are probably feeling pretty tired. Pay
attention to how you are feeling at this time. Listen
to the sounds inside the room, listen to the sounds
outside the room. Pay attention to how your sitting,
to what the hands you are holding feel like.

Breath in, breath out.

Let your imagination take you back to your first
positive sexual experience. How old were you? How
did you look then? Who were you with? Snap a picture
of yourself.

How old were you when you first realized that you were
a lesbian? Did you just know or did someone bring
you out? How old are you? Who are your friends? See
your face. Take another picture of yourself.

What was the first gay/lesbian event in which you
participated as a lesbian? Who else is around you?
What are you wearing? Snap a picture of that image.

Now visualize those pictures blending into one
composite image. Feel the joy and excitement you felt
when discovering your sexuality join with the
empowerment of those first gay/lesbian events and

connect them with who you are today. Snap a picture of yourself now.

Pay attention to your breathing.

Pay close attention to your physical senses. Feel your breath enter your nose or mouth, go down your throat and into your chest. Feel your chest and your heart beating. Pay close attention to the beating of your heart. Feel it strongly sending out energy into your body. Feel this energy travel down your chest, down your arms and into your hands. Feel the pulse beating in your hand.

Feel the pulse beating in the hand you are holding. Imagine your energy flowing out of your hand and into the hand of the woman next to you. Feel this group of women connected by this energy, by beating pulses, beating hearts.

This is the pulse of an alive, vibrant community of lesbians.

* * *

Now, take a moment and think of one word that describes your feeling about this workshop. Hold on to that word and open your eyes.

You have had the opportunity to have fun talking about sex and about erotic and playful ways to have safer sex. Take this life-saving information, this life-affirming experience and this sex-positive message out into the community. Talk about your experience here. And if the only message that gets conveyed about all that we have talked about today is... (have each person recite her word) then our job has been done.

Thank you for participating today."

Adapted from GMHC's Eroticizing Safe Sex.

EXERCISE 10 15 minutes

Group	More Erotic Ways of Touching!
Objective	To re-affirm our sexuality and our varied sexual expression in the face of HIV/STDs.
Method	1. Label poster paper with each of the following

headings and as a large group brainstorm:

- o Sex Outside the Bed
- o Visual Erotica
- o Talk Sex

"Erotic, safer sex is above and beyond incorporating new practices, it's expanding our conceptions of sexual expression."

Previously

VISUAL EROTICA: watching and making videos, voyeurism, novels, cruising, mirrors, modeling, locker rooms, conference call, painting on lover, watching lover masturbate, dressing up, watching your lover with a stranger.

TALK SEX: phone sex, dirty talk, calling lover where she can't respond, discussing fantasies, role plays.

SEX OUTSIDE BEDROOM: motorcycle, tables, chairs, doorjams, freezer, porch, elevators, in or on a car, boat, with sleeping persons next to you, beach, mountains, between library stacks, public transportation, bathroom/tub, dance floor, movie theaters, swimming pool, dressing room, phonebooth, hammock, canoe, under restaurant table, car wash.