How to be SEXCESSFUL
A Guide for UC Davis Students

Brought to you by
UCDAVIS
STUDENT HEALTH AND COUNSELING SERVICES
Health Education & Promotion
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Sexuality can be an affirming and exciting aspect of one’s life. Many people want sexual happiness and success – sexcess – but are not sure exactly what it means or how to achieve it. Students and professionals developed this guide to provide information and practical tips on creating sexcess.

This guide is intended for everyone, regardless of whether you choose to be abstinent or sexually active. We also strive to be as inclusive as possible with regard to sexualities, sexual orientations, gender identities and relationship types.

We hope this guide assists you (and any current or future partners you may have) in enjoying physically and emotionally safe, pleasurable and fulfilling sexual experiences.

*Note:* You can personalize this guide in the spaces provided so that it fits your unique needs and desires.
Terminology

• **Partner(s) or potential partner(s)**
  A person/people with whom one is interested in being sexual. Does not imply a specific type of relationship; can be monogamous or polyamorous.

• **Sex or sexual activity**
  Encompasses physical, emotional, mental and spiritual aspects of consensual erotic interactions. Includes kissing, caressing, massage, solo or mutual masturbation, vaginal or anal intercourse, anilingus, cunnilingus or fellatio, etc.

• **Consent**
  The process of sexual decision-making in which each partner freely, knowingly and enthusiastically communicates a clear desire to participate in a specific sexual activity.

• **Sexual health**
  “Physical, mental and social well-being in relation to sexuality. Requires a positive and respectful approach to sexuality and sexual relationships. Sexual experiences are pleasurable and safe (free of coercion, discrimination and violence).” - *The World Health Organization*

• **Sexual assault**
  Any non-consensual sex act. Includes but is not limited to: unwanted touching of the breasts, buttocks or genitalia, and unwanted oral, vaginal or anal sex.

The types of sexual encounters that each person prefers are unique and can even change over time. You can use this grid to reflect on your own desires:

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<tr>
<th>My Possible Partners</th>
<th>Involved with</th>
<th>Interested in</th>
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<tr>
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<td>Myself</td>
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<tr>
<td>Stranger(s)</td>
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<tr>
<td>Acquaintance(s)</td>
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<tr>
<td>Friend/friend(s) with benefits</td>
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<td>Casual dating partner(s)</td>
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<tr>
<td>Committed partner(s)</td>
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<td>Spouse/domestic partner(s)</td>
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<td>Former partner(s)</td>
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<tr>
<td>Other:</td>
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</table>
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<th>My biggest turn-ons:</th>
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<th>My major turn-offs:</th>
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</table>

### Fun Fact

*The body is full of erogenous zones. Everyone has different “hot spots” such as lips, neck, chest, nipples, stomach, feet or behind the knees.*

### Sexual Rights & Responsibilities

1. **It is your right to choose if and how you express your sexuality.**
   
   You have control over your own body: it is your choice whether you want to be sexually active, when, with whom and in what manner.

   It is also your right to change your mind and stop at any time during any sexual activity, for any reason.

2. **It is your responsibility to respect the rights of others.**
   
   Only participate in sexual activity with a partner who is freely, knowingly and enthusiastically consenting.

   Consent is also required by criminal law and by the University of California Standards of Conduct for Students. Sexual conduct without consent, or after consent has been revoked, is sexual assault.
Sex Topics

Here are some common topics to talk through before sexual interactions. Select which areas are important to you to discuss.

- ✔ Consent/Consensuality *(The focus of this guide)*  
  Sexual requests, desires, limits, boundaries

- □ Safer sex *(See page 20 for more information)*  
  Condoms, birth control, preferred method(s) of preventing sexually transmitted infections (STIs) and/or pregnancy

- □ Sexual history  
  STI testing history, previous sexual partners and experiences

- □ Relationship expectations  
  Hook-up, friends with benefits, dating, monogamy or polyamory

- □ Sexual orientation and/or gender identity  
  Queer, lesbian, gay, bisexual, heterosexual, questioning, cisgender, transgender, genderqueer or other

- □ Visible and/or hidden disabilities  
  Impairments, how to give or receive pleasure, aids

- □ Sexual ethics and morals  
  Respect, personal values, cultural concerns, religious beliefs

- □ Fantasies and experimentation  
  Sex toys, role play, kink, bondage/discipline, dominance/submission, sadomasochism (BDSM)

- □ Needs and desires after sex *(aftercare)*  
  Cuddle, no contact, talk, shower, eat, sleep

- □ Substance use *(See page 19 for more information)*  
  Sober or under the influence of alcohol &/or other drugs

- □ History of assault, abuse or trauma  
  Needs, triggers, reactions (e.g., flashbacks, anxiety, numbness)
Power & Control

Power and control dynamics are present in all interactions. These dynamics are complex, but for the purpose of this guide we will define them as follows:

**Power**: the ability to enact one’s will, or to influence others to do what one wants.

**Control**: the ability to restrict another’s will, or to prevent others from doing what they want.

Positive and harmonious sexual interactions are possible when partners balance their power and control. Some ways to do this include:

- Listen actively (check your understanding and ask for clarification).
- Speak assertively (not passively or aggressively).
- Consider your partner’s thoughts & feelings as important as yours.
- Participate equally in decision-making processes.
- Be mindful of how your privileges (e.g., age, gender, class, race, stature) influence your thoughts and actions and affect your partner.
- Openly discuss respect, power and control in your interactions.

Sexual interactions can be harmful and destructive when there is an imbalance of power and control between partners. Flagrant or subtle tactics used to control or overpower include, but are not limited to:

- Criticizing, insulting, degrading or humiliating
- Intimidating or threatening
- Minimizing or ignoring your partner’s thoughts & feelings
- Not being conscious of how your privileges impact your partner
- Physical or sexual harassment (e.g., unwanted touching or grabbing)

These are also signs of an abusive relationship. If you think you may be experiencing or perpetrating abuse, we encourage you to seek assistance from campus resources *(see pages 22 and 23).*
Consensuality refers to the process of co-creating mutually pleasurable, safe and fulfilling sexual experiences. Consensual sex is sexual activity that both people clearly desire and explicitly agree to.

Consensual sex can occur when one person asks to initiate a certain sexual activity, and the other person(s) responds with a **free**, **knowing** and **enthusiastic**, “Yes.”

**Free**: without the presence of threat or coercion. Beyond the obvious threats of violence or humiliation, these are also examples of threat and coercion:

- “If you don’t have sex with me, I’ll tell everyone you’re a slut.”
- “I’ll break up with you if you don’t ____.”
- “Come on! I really want oral sex, and I know you want it too.”

**Knowing**: aware and understanding of the sexual act. Consumption of alcohol and/or other drugs impairs one’s ability to establish consent. If someone is unconscious (e.g., sleeping or passed out), they are not aware and cannot give consent.

**Enthusiastic**: expressing an authentic, active and excited, “Yes.” Silence or passivity do not imply consent.

Consent is an ongoing process throughout sexual interactions. This means that:

- **Consent must be obtained for each sexual activity.**
  Consent to one thing does not imply consent to anything else. It does not matter whether someone has consented to any kind of sexual activity in the past. Consent cannot be inferred from the fact of a prior or current acquaintance or relationship.

- **Consent can be withdrawn at any time.**

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**Fun Fact**

*The prostate gland is located about 2 inches along the front wall of the anus. Stimulation to this area, or externally on the perineum (between the testicles and the anus), can be pleasurable for some men.*
What about body language and consent?

You may have heard one of the following comments about sex and body language:

“You can just tell when someone wants to have sex with you.”
“Sex should flow naturally.”
“Talking through sex is a turn-off. It kills the mood.”

These beliefs are promoted through the media, which almost never shows characters talking with potential sexual partners about their sexual desires and boundaries. However, silent sex in real life is often unsexy and potentially harmful.

Furthermore, body language can be misleading. For example, a racing heart and heavy breathing may be signs someone is turned on, or signs someone is uncomfortable or scared.

Explicitly voicing what you want and hearing your partner’s desires and boundaries is the only way to establish consent and ensure you’re both on the same page. Mutually pleasurable, safe and satisfying sexual experiences are verbal and communicative.

Understanding Sex

Let’s begin by clearing up some misconceptions about sex. It is easy to be misled by messages about how to look and act in order to be sexually successful.

Websites and magazines, such as Cosmo and GQ, are eager to sell you “10 Best Seduction Secrets” and “Top 25 Tips for the Big O.” You’ve probably heard that great sex depends on attractiveness, size, technique, number of sexual partners, duration of sexual activity or number of orgasms. While these may be aspects of some people’s sexual satisfaction, they don’t determine the actual quality of a sexual experience.

Partnered sex is a continual process of exploring pleasure with another person. Equal and open communication is the foundation of amazing sex. It makes it possible for you and your partner(s) to experiment with what you each want and how you want it. It is important to remember that you can’t make assumptions about people’s sexual desires or experiences, especially not based on gender, sexual orientation, race/ethnicity, ability, body size, etc.

Unfortunately, there are a number of prevalent myths and dysfunctional attitudes about sex that interfere with open communication, mutual pleasure and satisfaction. We will go over these first, and then take a look at a food analogy of consensual sex.
**Fun Fact**

*The clitoris has more nerve endings than any other body part. Many women orgasm through clitoral stimulation; the clitoris is located above the opening of the urethra and vagina.*

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**Sex Myths and Realities**

**Myth:** Sex should be like what we see in the movies or pornography, where partners “just know” how to pleasure each other.

**Reality:** The vast majority of portrayals of sex in the mass media are unrealistic and potentially unhealthy. The only way to know what another person finds pleasurable is to ask them.

- Everyone has different bodies, turn-ons, limits and preferences. It helps to be familiar with human anatomy, but nothing is objective when it comes to sex and pleasure. What one person loves, another might detest.
- The only way to know for sure what another person likes is by asking, telling and listening. That’s part of the excitement and mystery of sex: experimenting and discovering what feels good for you and your partner(s)!

**Myth:** Men are hypersexual and constantly think about and desire sex.

**Reality:** Men do not always want to have sex.

It is normal for men, as well as anyone else, to refuse sex. There are a variety of reasons someone might not want to have sex, including tiredness, stress, lack of physical attraction, feeling emotionally distant or simply not being in the mood.

**Myth:** Women do not desire and/or experience physical sexual pleasure.

**Reality:** Many women feel sexual desire and pleasure.

Women can choose to have sex because it is pleasurable. There are a variety of reasons someone might want to have sex, including excitement, curiosity, physical attraction or feeling connected.

**Myth:** Once a man gets aroused to the “point of no return” he is unable to stop himself from obtaining sex from a partner. Likewise, if his partner has already agreed to “x” (e.g., oral sex), he is entitled to “y” (e.g., intercourse).

**Reality:** Men (and people of all gender identities) are always capable of stopping any sexual activity at any time. Unwanted sexual touching or activity is never OK.

- Concepts of “raging hormones” and “urges to reproduce” are not excuses to violate another person.
- No one is ever entitled to another person’s body, and no one can “owe” another person sex against his or her will.
Myth: In a long-term relationship, a person does not need to obtain consent since they have already had sex with their partner many times before.

Reality: Consent is always required for sex, regardless of prior relationship or sexual activity.

- In healthy, long-term relationships, partners have (hopefully) established a foundation of respect, honesty, trust, intimacy and communication. They are usually more comfortable communicating openly, both verbally and nonverbally. However, verbal communication is always the clearest way to determine consent.
- Needs, desires and boundaries usually evolve over time. Only through continued conversations can long-term partners stay connected and keep pace with each other. Talking allows partners to explore changing wants, preferences and limits together.

Dysfunctional Sex: The Game Model

Mainstream portrayals of sex in movies, magazines and pornography are frequently based on variations of this model. This model is entrenched in heterosexual gender stereotypes of the aggressive man and the passive woman, although the dynamics can apply to any partners who have imbalanced power and control dynamics.

According to this model, sex is a “prize” women possess and protect while men vigorously pursue it. Here is a scenario that follows the “rules of the game.” Its pervasiveness may make it seem normal to some people, but we encourage you to critically analyze the role each person plays and the extent to which they communicate.

Jack and Carmen meet at a party. They’re interested in each other and flirt the whole night. He gets her number, and they start hanging out a lot.

According to “the game,” Jack should be extremely horny and uncontrollably driven to get sex (or “score”) at any opportunity.

Conversely, Carmen is supposed to be on the defense. She should look and act sexy, but wait to have intercourse until Jack has “earned it.” If she has intercourse too soon, she may be labeled as “easy.” However, if she says “no” for too long, she may be labeled as a “prude.”

After some period of time, Carmen is supposed to feel obligated to have sex with Jack. If she doesn’t want to, Jack may get frustrated, talk about how long they have been together, or he may also try to “seduce” her by buying her a drink, dinner and/or gifts with the expectation that she have sex with him. Jack does not see his behavior as coercive because he feels entitled to have sex with her.

Eventually, Carmen agrees to have sex. Jack is cast as the active player who “screws” and “gets some” from her, while she is portrayed as the passive gatekeeper who “gives it up” and “is screwed.”

Once they have had sex, he should believe he has “scored,” which implies that he has won and she has lost. Furthermore, once he has had sex, the game dictates that he move on and attempt to “score” with more women.
Analysis of the Game Model:
Who has the right to request sex?

Who has the right refuse it?

Do they have any idea about each other’s sexual desires and dislikes?

Are they clear about their relationship type (dating, friends with benefits, etc.)?

Do you think this model leads to mutually pleasurable outcomes?

Fun Fact
It is good to know that size doesn’t matter. What matters is an attentive and caring lover who can share the experience with a partner.
**Consensual Sex: A Food Analogy**

Sexcess involves equal partners creating mutually pleasurable, satisfying sexual experiences. It emphasizes mutual communication, respect, creativity and enjoyment. Discussing consent is similar to communication about other decisions, such as where to go on vacation or what to eat for dinner. For this example, we will use a food analogy.

If you want to eat with someone, you would ask if they are hungry and want to eat with you. If they say no, you can eat by yourself or try to find someone else with whom to share a meal. If they say yes, that is just the beginning. You have to think about what you are in the mood for, ask your dining partner what they are in the mood for, and decide together what to eat.

This discussion may go something like:

You: “I’ve been craving Mexican food, but pizza sounds good too. I could also eat Chinese.”

Your partner: “I had a burrito yesterday. How about sushi?”

You: “I’ve heard it’s good but have actually never tried it. I might want to one day, but not today. What do you think about pizza?”

Your partner: “Hm, that sounds good. I like mushrooms and onions. What do you want?”

You: “I love pepperoni.”

Your partner: “I’m vegetarian, remember?”

You: “Oh yeah. Well I like mushrooms and onions, but how about some olives too?”

Your partner: “Yeah, I haven’t had those in a while.”

You: “Yum!!”

The next step is cooking the pizza together. Who wants to knead the dough, lay it out, rub on some sauce or add the toppings?

While eating, you may get full after one slice and decide you don’t want anymore, or you may want many more slices. You may be enjoying every bite, or maybe you want to add some hot pepper or cheese. This culinary experience is open-ended and the goal is to satisfy mutual desires.

Communication, creativity and concern for each other’s satisfaction are key. This process of mutual decision-making and enthusiastic creation of a mutually satisfying experience is very similar for sex (in the above dialogue, try substituting sexual language and activities for the food). With practice anyone can learn how to have mutually satisfying sexual experiences. The fundamental skill for sexcess involves both people using their mouths - to communicate and create consensuality.
Sexy Talk

Talking openly and honestly before and throughout all sexual interactions is undeniably important: it is the key to great, mind-blowing sex. Yet, talking can feel awkward and challenging. Let’s take a closer look at why it can be challenging and how to make it easier and sexy.

Challenges to Sexual Communication

Approximately 50% of sexually active UC Davis students reported feeling uncomfortable communicating in sexual situations (Quickpoll survey, Winter Quarter 2009). There are many reasons it can be uncomfortable to talk about sex. Some of these reasons include:

Background

Your friends, family, culture, faith, religion and/or previous experiences can all influence your thoughts and feelings about sex and sexual communication. It is a good idea to reflect on your values and determine what is right for you. Think about the following questions:

- How did you learn about sex?
- Do your friends talk about their sexual experiences? If so, how?
- What does sex mean to you?
- Have you ever been in a sexual situation where you were unsure about whether you or your partner were enjoying it? What did you do?

Fun Fact

Wetter is better, especially when it comes to sex. Lubrication is key to sexual pleasure for both men and women, and sometimes there just is not enough. If sex is too dry, use some condom-safe lubricant.
Self-Knowledge

Everyone has different desires, curiosities and limits. These usually change over time, and can even vary from morning to night. Self-exploration (or “sexploration”) is a continual process of getting to know yourself sexually. For some, masturbating can be a great way to discover sexual likes and dislikes.

Consider your feelings about different sexual activities. Note which activities you find arousing, acceptable or unappealing.

<table>
<thead>
<tr>
<th>I enjoy</th>
<th>I might try</th>
<th>I would not</th>
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Emotions

The thought of discussing sexuality and sexual activities with a partner may make you feel uncomfortable and nervous. Many people feel this way, and acknowledging out loud that it is awkward can help break the ice. Sharing feelings, fears and concerns can also create intimacy and make it easier to relax and enjoy yourself.

Sexual Vocabulary

It is a great idea to create a sexual vocabulary that you are comfortable with to discuss sexual anatomy and activities. You may prefer clinical terms, slang or words of your own creation. Some people find certain words offensive or unpleasant, and other words extremely sexy. Jot down your reactions to common terms listed in the chart below, and add your own words in the blank spaces.

If you are with a partner, discuss your most and least favorite terms. This will allow you to talk about sex comfortably and explicitly.
### Term | It’s sexy | It’s ok | It’s awful
---|---|---|---
Breasts |  |  |  
Butt |  |  |  
Genitals |  |  |  
Penis |  |  |  
Vagina |  |  |  
Get it on |  |  |  
Have sex |  |  |  
Make love |  |  |  
Get laid |  |  |  
Orgasm |  |  |  

**Gender Roles and Stereotypes**

Traditional gender roles vary by culture, but some can make it difficult to communicate equally and openly. They may dictate that men are entitled to sex and should aggressively initiate it, while women should be passive and pleasing. Although men and women are socialized to communicate in certain ways, everyone can improve their communication skills with practice.

**Fun Fact**

*Keeping a condom in a wallet is not a good idea. The friction and temperature changes can weaken the condom. Treat your condoms like a fine wine: store in a cool, dry place.*
Step-by-Step Sexy Talk

This diagram illustrates the basics of sexessful communication, and we encourage you to personalize it with your own style and flavor.

1. Think about your desires and boundaries

I’d really like to give oral sex, and maybe receive it too.
I want to make out and masturbate together, but I don’t want to have intercourse.

2. With an open mind, ask if they are interested in being sexual with you

“Wanna have sex?”
“I’d really like to ____, would you be into that?”
“Do you want to ___ or ___?”
“Would ___ feel good to you right now?”

If you would like to initiate sex, it is always your responsibility to ask. Just because someone said yes to something before does not mean they will want to do it again or at that moment.

Ask every time, and be open to any response.

Note: Pressuring, threatening, coercing or repeatedly asking someone is harassment. Proceeding with sexual contact after harassment is sexual assault.

3. Watch and listen carefully to the other person’s response

Clear No

Clear Yes

Non Verbal Clues

Pulls away          Distracted          Mixed signals          Quiet          Enthusiastic
Unresponsive        Uncomfortable       Uninvolved            Indifferent        Active, interested
Tense               Spacing out         Indifferent

Verbal Clues

Silence
“No”, “Um”
“Nah, I don’t want to”, “I’m not comfortable with that”, “No, I’d rather__right now”, “Let’s go to sleep”

“Maybe”
“I don’t know”

Changes
subject or gives
other indirect
responses like:
“I’m tired”, “I don’t feel well”, “I’m on my period”, “It’s late”

“Okay”,
“I guess”,
“Alright”, “Yup”, “Sure”

“YES!”, “I want you now!”, “Yes, I want to __!”, “Yeah! Please...!”, “I’m so down!”

page 16
Note: These standards only apply if your partner is sober. If you and/or your partner has consumed alcohol and/or other drugs, see page 19 for more information.

4. Respond accordingly and with respect

If the other person is silent, very uncomfortable, or says “no,” then back off and drop it. Silence, passivity or the absence of “no” are not consent. You can either part ways or decide on a non-sexual activity to do together.

If the other person says “maybe,” “um,” “okay” or is giving mixed signals, you should back off or gently ask a clarifying question.

For example:

A: “Would you like to have sex?”
B: “My roommate is coming home soon.”

This is ambiguous; try to clarify.

A: “So does that mean you don’t want to have sex? It’s fine if you don’t, I only want to if you’re into it.”

If the other person is still hesitant and unsure, then drop it.

If the other person is enthusiastic and clearly says “yes,” then you can both start talking about and exploring sex. Refer back to the sex topics that you think are important to discuss.

“I’m into you, but before we go any further, I want to check in about a couple of things...”

Remember, “sex” includes a broad range of many sexual activities and each person’s sexual preferences are unique. Ask specifically what your partner wants to do and share your desires. What sexual activity, position, pace, tone, intensity, etc.?

Asking specifically throughout sex will also help you become a better lover, because you will know what your partner wants and how they want it.

Fun Fact

_Douching is no longer a recommended practice for women as it tends to wash away the helpful bacteria in the vagina which is a self-cleaning organ. Just stick with mild soap and water while bathing or showering to cleanse the outer areas of the vagina._
Extra Tips

• Make specific requests
It is great to know what you want, how you want it and what you do not want. Talk about your desires and dislikes as specifically as possible with your partner.

“I would love to ___, but I don’t want to ____.”
“___ would feel good to me, but not ____.”
“I would like it if you ____.”

• Speak up if you are unsure
If you are not sure what you want, or if you are trying something new and do not know if you like it, it is a good idea to let your partner know. Take the space and time you need to decide what you want.

“Give me a minute.”
“Hold on, I need to go to the bathroom.”
“I’m not sure if I feel like doing that, let’s do ____ instead and I’ll let you know.”

• Speak up if you change your mind
If you or your partner says “yes,” it does not mean you have to continue the activity if you no longer want to. If at any time you change your mind or are not comfortable, you should tell your partner. If they continue to be sexual with you after you declined, that is sexual assault.

“I thought I might like this, but I’m not comfortable with it.”
“Right now I’m not feeling it, I don’t want to continue.”
“That doesn’t feel good, I want to stop.”

• Check in with your partner
Pay attention to nonverbal and verbal signs and ask your partner for clarification. Back off if your partner seems uncomfortable or if you are getting mixed signals.

“Are you still enjoying this? What would you like to do?”
“Do you like it when I ____? I can’t tell.”
Only continue if your partner communicates a clear desire. If your partner is hesitant, silent, or does not communicate a clear “yes,” stop sexual activity.

• Ask if you want to do something else
Ask about each activity before doing it. Consent to kissing is not consent to touching; wanting to be touched is different from wanting intercourse, etc. The only way to know what your partner wants is to ask, and asking can be very sexy.

“Would it feel good if I ____? Or would you like it better if I just kept ____?”
“How would you like ____?”

Conclusion
We hope you now have a more intimate understanding of how to create sexcess. With awareness of your desires and boundaries, on-going honest communication and respect for your and your partner’s rights, anyone can enjoy physically and emotionally safe, pleasurable and fulfilling sexual experiences. We wish you the best in creating these experiences if and when you choose to do so.
Sex with Alcohol and/or Other Drugs

If you are under the influence of alcohol or other substances, you are still responsible for obtaining consent for any sexual activity you initiate.

If someone has consumed alcohol and/or other drugs, you cannot make assumptions about their capacity to give consent. In order to give consent, one must be free, knowing and aware of the sexual act(s). Alcohol and other drugs reduce one’s awareness and ability to understand the situation. That means a “yes” under the influence may be invalid and any sexual conduct that you initiate could be sexual assault.

There can be a thin line between being tipsy but still coherent, and being intoxicated to the point where your or your partner’s reasoning is sufficiently impaired. The amount of substance one has consumed is not a reliable indicator of how intoxicated one is, as everyone has different levels of tolerance. There are also many other factors that can intensify the effects of a substance, such as interaction with other drugs, sleep deprivation and having an empty stomach.

The following are signs that someone definitely cannot give consent and are indications of alcohol poisoning:

- Cold, clammy, pale or bluish skin*
- Unconscious or unable to be roused*
- Slow or irregular breathing*
- Puking repeatedly*

*If any one of these signs are present, call 9-1-1 and stay with the person while waiting for help. Make sure they are lying on their side to prevent choking. Do not leave the person to “sleep it off.”

In addition, any one of these signs may indicate that a person might not be able to give effective consent especially if you have seen them drinking or consuming other drugs:

Behavioral changes
- Somewhat inhibited (e.g., acting impulsively)
- Talkative or overfriendly
- Lethargic or relaxed
- Drinking competitively

Mental changes
- Minimizes risks
- Slow mental processing
- Loss of judgment
- Loss of train of thought
Physical changes

• Smells of alcohol, marijuana or other drugs
• Flushed cheeks and neck
• Eyes look glassy and/or bloodshot
• Clumsy (e.g., spilling drinks)
• Stumbling or swaying
• Slurs speech or unable to speak clearly

A note about blackouts:

Someone who is in a blackout may appear to be able to give consent when they are actually incapacitated and therefore, cannot give consent. The amount of alcohol it takes to cause a blackout varies between individuals, but some people can blackout after consuming only a small amount of alcohol.

Someone with a blackout does not remember what happened. The only way to know if someone is in a blackout is if that person has told you before that they have blackouts under conditions similar to the present circumstances. If someone is experiencing a blackout, they will generally exhibit some of the above indications of incapacitation.

Safer Sex Tips

If you think you or someone you know might decide to be sexually active, please remember the following information to help ensure that sexual experiences are safe, healthy and pleasurable.

Many sexually transmitted infections (STIs) have no symptoms, which means they can be transmitted without either partner’s knowledge. Therefore, it is important to:

• **Get tested for STIs and seek treatment if necessary.**

  Chlamydia, for example, is a common bacterial STI, and 75% of women and 50% of men with Chlamydia do not have any symptoms. You can get tested for Chlamydia with an easy urine sample, and it can be treated with antibiotics. However, if left untreated, it can lead to more serious health problems, including infertility in women. See the chart to the right for more information about STI testing at Student Health and Counseling Services.
# STI Testing Information

<table>
<thead>
<tr>
<th></th>
<th>Chlamydia/ Gonorrhea</th>
<th>Herpes</th>
<th>HPV</th>
<th>HIV</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Window Period</strong></td>
<td>1-3 weeks after exposure</td>
<td>3-12 weeks</td>
<td>1-8 months or longer after exposure</td>
<td>3-6 months after exposure</td>
</tr>
<tr>
<td><strong>Test</strong></td>
<td>Urine Sample OR Swab collected during pelvic or genital exam</td>
<td>Blood Test</td>
<td>Swab sample of blister</td>
<td>Anonymous, Rapid, HIV Antibody Oral Test</td>
</tr>
<tr>
<td><strong>Cost of Testing at Student Health and Counseling Services</strong></td>
<td>$20 + visit fee</td>
<td>$30 + visit fee</td>
<td>$197 + visit fee</td>
<td>FREE</td>
</tr>
<tr>
<td><strong>Results in</strong></td>
<td>1 week</td>
<td>1 week</td>
<td>1-2 weeks</td>
<td>1-3 weeks</td>
</tr>
</tbody>
</table>

Visit shcs.ucdavis.edu/sti for more information
• **Use a condom correctly every time you have oral, vaginal or anal sex.**
  When used correctly, male and female/insertive condoms are extremely effective at preventing STIs and pregnancy. If your sexual partner is allergic to latex, use non-latex condoms. Animal skin condoms do not prevent STIs.

**How to Use a Male Condom**
1. Talk with your partner about both of your desires and boundaries. Only continue if you are both clear and enthusiastic.
2. Check the package for the expiration date.
3. Push the condom to the side, check for the package’s air bubble, and open with your fingers.
4. When the penis is erect (before any contact), put the condom on by pinching the condom tip and rolling it down the shaft as far as it can go.
5. After ejaculation, carefully remove the condom while the penis is still semi-erect. Place the condom in the wastebasket (condoms can clog toilets if flushed).

• **Consider taking Emergency Contraception (also known as EC or Plan B) if you have had unprotected sex or if you suspect condom breakage.**
  EC helps prevent pregnancy and is most effective if taken within 3 days, and can be taken up to 5 days after unprotected sex. EC is available over-the-counter (no prescription needed) if you’re 17 years of age or older. Both women and men can purchase EC at the Student Health and Counseling Services Pharmacy for $35 (cost subject to change without notice) and at most drugstores for around $40 - $60.

For more information, visit: healthcenter.ucdavis.edu/sexhealth

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**Fun Fact**

*There is no muscle in the penis, but there are three chambers that assist with blood flow to expand the circumference and length.*

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**Campus Resources & Services**

**Student Health & Counseling Services**

**Counseling & Psychological Services** shcs.ucdavis.edu/services/caps

- Individual counseling
- Group counseling (groups include men’s, women’s, Black, Latina, LGBT, survivors of sexual trauma and more)
- Stress & wellness clinic
- Eating disorder services
Health Education & Promotion [shcs.ucdavis.edu/sextopics]
- Free, rapid, oral, anonymous HIV testing
- Love Lab (10 free condoms per student)
- Presentations on sexual health, wellness & alcohol, tobacco & other drug issues
- Comprehensive web resources for sexual health topics

Medical Services [shcs.ucdavis.edu]
- Urgent care
- Primary care
- Confidential STI & HIV testing
- Over-the-counter emergency contraception
- Prescription contraceptives
- Confidential alcohol, tobacco & other drug intervention services

Other Campus Resources

Campus Violence Prevention Program [cvpp.ucdavis.edu]
Confidential crisis intervention & victim advocacy.

Advocacy includes:
- Navigating options, rights and resources
- Hospital, law enforcement and/or court accompaniment
- Advocacy for academic assistance and/or reporting violations to Student Judicial Affairs
- Referrals to on-campus and community resources

Cross Cultural Center [ccc.ucdavis.edu]

Harassment & Discrimination Assistance & Prevention Program [hdapp.ucdavis.edu]

Student Disability Center [sdc.ucdavis.edu]
- Assist with academic & housing accommodations

Student Judicial Affairs [sja.ucdavis.edu]
- Report misconduct, sexual assault and/or stalking

Lesbian, Gay, Bisexual & Transgender Resource Center [lgbtrc.ucdavis.edu]

Women’s Resources & Research Center [wrrc.ucdavis.edu]
Special thanks to all of the students, professionals and campus organizations that helped to develop this guide