

BSC Consent Workshop – 10/21/08

Facilitated by Andy Olson and Daria Garina

Twenty BSC members and managers explored sexual consent and strategized about incorporating consent into our communities.

CONSENT – what are the integral parts of consent?

- Being clear both to yourself and your partner about your intentions. Setting boundaries and respecting them. Being conscious of your own actions and intentions.
- Checking in with yourself – Do I consent to what is going on?
- Mutual agreement and active participation from both parties – silence is not consent
- Dispelling any doubt that arises through verbal communication – the best and only way to know if consent is given, is to ask
- Being in a clear and stable state to understand what you are consenting to. Emotional distress, fatigue, and intoxication are obstacles to giving consent.
- Being accountable for one's own actions – the person who initiates sexual contact is responsible for asking for consent
- Atmosphere must be free of real or perceived threat or coercion.
- Communication – the more communication occurs between two people, the more likely the situation will be consensual. Communication can be physical, but verbal communication is clearer. It is important to start communicating about intentions and needs before the heat of the moment starts. Communication should be open ended – What do you want to do? In the heat of the moment, communication and understandings about sexual style (dominance, submission, etc.) will make sex fulfilling for both parties.
- Clarity of expectations about future the future relationship between two people involved, ex. Are we hooking up for just one night? Or am I set with a partner for life?
- Consent must be given each time- for each act. Consenting to kissing isn't consenting to touching. Consenting to touching isn't consenting to sex.
- Knowledge about risks of STI transmission and pregnancy. Open agreement about the use of barrier and contraceptive methods and disclosure of STI status.
- Consent can be withdrawn at any time

Obstacles to consent –

- Intoxication – the use of alcohol and other drugs by groups and individuals. Prevents people from being clear about their own needs and intentions. Prevents people from clearly understanding the needs and intentions of others.
- Taboo – being unable to initiate group and individual dialogue about sex, without being viewed as predatory, aggressive, and inappropriate.
- Discomfort and fear
 - Being afraid to ask for consent or withdraw consent, due to overt or covert coercion and threats. Fear of physical violence (like abuse) and emotional violence (shame, rumors, guilt).
 - Discomfort resulting from the other party assuming, or deciding for you, what you want to do. Asking questions that make assumptions: “Do you want to go to my room or yours?” leaves no room to say – no, I don’t want to go anywhere. Other examples of assuming questions are “Do you want to be on top or bottom? Do you have a condom? How do you like to have sex?”
 - Fear of saying something or using language that will unintentionally hurt or offend your partner. People use different words for different acts and different body parts – fuck, have sex, make love, get it on, vagina, cunt, penis, dick, semen, cum, etc.
- Community precedents and peer pressure –
 - Gender roles and sexism - expecting men to always initiate sex puts pressure on them to make situations sexual, expecting women to submissively consent prevents women from actively initiating sex or actively withdrawing consent (saying no)
 - Events and situations set up with the assumption to there will be “hookups” and sex puts pressure on individuals to either have sexual interactions, or leave and not be part of a community event

Strategies to using consent –

- Setting positive community precedents and expectations – expecting members of a community to actively communicate about boundaries and respect each other. Creating formal and informal spaces to talk about consent, sex, and sexual violence (men’s and women’s meetings, consent workshops, council, dinner, discussions between friends and between partners).
- Integrating consent into foreplay with your partner – consent can be very erotic and increased communication makes sex more satisfying.
- Teaching friends and partners about consent – demonstrate the use of consent to your partner, model the use of consent to your friends and community
- Checking in with yourself about what your needs, intentions and boundaries are, before going out and before becoming intoxicated.
- Communicating with friends about intentions and boundaries before going out and becoming intoxicated. Check in with your friend when you see them crossing their own boundaries, remind them of the decisions they made when they were sober and removed from the situation. Ex. If you see a friend having more drinks than they intended, or being led off by another person when they decided not to sexually engage with anyone that night, ask them if they’re okay with what’s going, if they would do this if they were sober.
- Asking for consent in an open ended way and giving a person the opportunity to say no – What do you want to do? What do you like? Do you want to have sex? Can I go down on you? Can I kiss you? How are you feeling?
- Taking responsibility for your own substance use and level of intoxication.
- Questioning your assumptions about what your partner wants and expects, and checking in with them frequently.
- Being aware of unequal power dynamics that exist in our communities and compensating for them. Men can have more power than women, managers can have more power than residents, old co-ops can have more power than new members