



Trans
Women's
Safer
Sex
Guide

brave

+inspired us: thanks!

This guide was originally published in 2013. This edition provides some important updates. We'd like to take a moment to thank all the folks and projects that inspired us! Firstly, special thanks to Christina Strang, creator of the original *The Happy Transsexual Hooker* – Canada's first safer sex resource for trans sex workers and trans women.

We'd also like to thank the Gay/Bi/Queer Trans Men's Working Group and everyone else involved with the creation of *PRIMED: The Back Pocket guide for Transmen & The Men Who Dig Them* and *Primed 2.0*. These guides were the primary inspiration for this project, and we owe them so much! Another source of amazing inspiration was *Safer Sex for Transguys: A Guide for the Whole Spectrum* created by James Cullen. Lastly, this edition would not be possible without the time and input from the Trans Sex Worker Empowerment Project who played a leading over the course of the revision.

The first edition of *Brazen* heavily focused on HIV and STI prevention. While protection against infection and disease is definitely a priority when discussing safer sex, there is more to trans feminine sexuality than simply using protection. This edition strives to expand on the aspects of trans sexuality that go beyond the fear of infection and disease. Douching, trans-related surgeries, HIV prevention strategies (e.g. PrEP, PEP, and HIV treatment), and internet culture are just some topics that didn't make it into the first edition, but are crucial to the wellbeing and healthy sex life of trans women. This edition strives to build on the remarkable work and research done by Morgan Page, while expanding what is included under the umbrella of trans feminine sexuality.

Special thanks to everyone who looked over the original guide, edited it or gave suggestions, including Logan Broeckaert, Amy Bourns, Melisa Dickie, Aurora Jade Pichette, Kyle Scanlon, Len Tooley, Kate N., Danielle W., Rebecca Hammond, Reece Malone, Christina Strang, James Wilton, and Alex Mckay.

Original organizational review: ASTT(e)Q: Action Santé Travesti(e)s et Transsexuel(le)s du Québec

Organizational review of *Brazen 2.0*: The 519 and CATIE

Un projet de Cactus Montréal, Rainbow Resource Centre, Rainbow Health Ontario, Sherbourne Health Centre and CATIE.

Photography by Remi Dietrich. Thanks to our models Danielle W., Liam S. and Julissa P.

Brazen 2.0 team: Julie Hamara, Yasmeen Persad, Jacq Hixson-Vulpe, Robyn Letson, Sané Dube, Laura Gibbon, and Steven Little.

Design: lightupthesky.ca

Updated 2017.



+contents

describe me: words, body parts and identities	4
talk to me: disclosure and negotiation	7
+ When should I disclose that I'm trans?	7
+ Prevention strategies	8
legalize me: HIV, sex work and the law.....	13
+ HIV and the law	13
+ Sex work and the law	14
pay me: safety tips and tricks for trans sex workers	15
+ Before/during/after a date	15
+ Webcam modeling/Cyber shows.....	16
fuck me: tips for safer sex	17
+ The basics: fucking ass and vag, douching, sucking and licking, rimming, scissoring, fisting, fingering and hand jobs, toys, lube	17
doctors & me: talkin' to your doc	22
+ Talking about HIV/STI prevention	22
+ Talking about your transition.....	23
surgery & me: transition-related surgeries.....	25
+ Orchiectomy	25
+ Vaginoplasty.....	26
+ Transition-related surgeries	27
inject me: needles, silicone and STIs.....	29
break it down: sexually transmitted infections (STIs).....	30



+describe me: words, body parts and identities

Let's face it: trans folks love words. We're creating new words and meanings to describe our identities, our bodies and our lives all the time. And that's awesome! But it also makes it hard to be super inclusive of everyone all the time. In writing this guide, we're going to try to keep things simple and use the broadest language possible, but no matter what words we use, we're going to end up leaving someone or some words out. We're sorry if we've used any language that doesn't include you or doesn't feel like the most comfortable for you and your body. **Feel free to cross words out that you don't like, and write in new ones!**

Talking about culture! Sexuality and what it means to be a woman varies immensely between cultures and ethnic communities. The relation between "sex," "gender," and "sexual orientation" has developed a particular understanding in North America that doesn't necessarily resonate globally. What it means to be a trans woman, and the type of safer sex options, vary greatly depending on one's cultural environment. Acknowledging the intersectionality of the trans feminine experience is crucial.

Talking about identities! This guide is for trans women and sex partners. When we use the term trans women in this guide, we're talking about people who identify on some level as any of the following: woman/womyn/girl/female/feminine/femme but were assigned male at birth.



Though we'll be focusing on trans women, this guide will also mention people who identify on some level as any of the following: man/boy/boi/male/masculine/butch/stud but were assigned female at birth. We'll use **trans guys** to talk about them.

The word trans is used to include people who might also call themselves any of these very different words: transsexual/transgender/gender queer/gender fluid/gender non-conforming/non-binary/bigender/cross-dresser/drag queen/drag king. And it can also include some people who identify as Two-Spirit.

We'll also be talking about people who aren't trans — that is, people who were assigned one sex at birth and still identify with that gender. We'll use the words **cisgender** and **cis** to describe these people (ie, cis women and cis men). There are also some folks who don't fit into medical classifications of "male" or "female" and are **intersex**. These folks may or may not identify as trans. When talking about people who are living with HIV, we'll use the word **poz**.

Talking about body parts! Girl-dick, cock, shenis, lady stick, lady wood, junk, big clit, clitasaurus-rex, boy bits and strapless. These are just some of the words used by trans women to talk about the genitals we were born with. For the purposes of this guide, and for clarity, we'll be using the word **strapless**. When talking about the genitals of trans women who have had transition related surgeries we'll be using the terms **vag**, **vagina** and **vulva**.

Trans guys' genitals also have a lot of names: dick, cock, t-dick, manhole, cunt, pussy, front hole. For the purposes of this book, we'll be using the words **t-dick** and **front/frontal hole**. Some trans guys have phalloplasty or metoidioplasty to create **cocks**.



+talk to me: disclosure and negotiation

This part's going to talk about TALKING! The stuff that happens before, during, and after sex.

When should I disclose that I'm trans? Figuring out when to tell a potential sex partner that you're trans can be tough. Some trans women tell right away, while others might never tell their partners. For those of us having sex with cis men, there is often a concern about potential violence. It's a decision we have to make for ourselves in each situation.

Trust your instincts! If you think potential partners will be cool, tell them. If you think they might be violent, put on your running shoes and book it. Here are some things to ask yourself when deciding if it's the right time to disclose, even if you think your potential partner will be cool:

- + Can you easily leave where you are?
- + Are you in a place where you feel comfortable and safe, such as a public place?
- + Does anyone know where you are and who you're with?

It can be helpful to let someone you trust know that you're planning to disclose to someone before you do, so that if anything goes wrong you've got someone you can turn to or who knows where you are.

Online disclosure: Whether you're working or dating, the internet is a game changer when it comes to disclosing your trans identity. It can be safer in that you can disclose your identity before actually meeting in person. You can also negotiate rates and locations ahead of time.

The internet can also make things trickier. Do you use a trans-specific dating site or escort service or a primarily cis one? Do you disclose your trans status in your profile or do you go stealth? Many dating sites can be painfully cis-centric. If you do disclose being trans in your profile beware of unwanted attention. On the other hand, by disclosing your trans status you can avoid some awkward conversations and cut right to the chase. With growing awareness around gender and sexual diversity, more people are open about their range of attraction. You can also be subtle in your profile description, “I’m in a state of transition,” or “I have a little something extra :)” could resonate with people who are familiar with trans lingo without explicitly exposing your trans identity.

Negotiating safer sex is all part of making sure everyone involved is consenting. Consent is knowing that everyone wants to do what they’re doing and aren’t just doing it because they are afraid to say no or because they are drunk or high. Check in with yourself and ask your partner. If they say no or say nothing or don’t seem into it, stop and talk about it. Sex without consent is sexual assault.

Safer sex used to focus a lot on using condoms. And while condoms, dental dams and gloves remain central tools for safer sex — since they’re cheap, widely available, easy to use and effective — the ways to prevent HIV have grown to include medical options, such as PEP and PrEP for HIV-negative people, and HIV treatment for people with HIV. Some, like PrEP, can be used by HIV-negative people without their partner knowing or having to agree. Having access to more ways to practice safer sex is a good thing, but it also means that negotiating safer sex can take more knowledge and more discussion. Consider which options might be good for you.

For some people, negotiating safer sex can be about more than just HIV and STI prevention. It can also be about self-esteem, personal boundaries and pleasure. Negotiating safer sex can be a burden and a buzz-kill, but understanding the risks is important.

It’s important to know your limits. For some people, having strict boundaries can help them overcome past bad experiences around sex and intimacy. If your partner insists on using condoms, gloves or dental dams for particular sex acts, make sure to respect their boundaries, just as you’d want yours to be respected.

Prevention strategies

External condoms: Sometimes referred to as penetrative or male condoms, they are used on straplesses for vaginal or anal sex. Condoms offer the advantage of protecting against HIV, many other STIs and pregnancy. They’re relatively inexpensive and sometimes even free. They can be cut to be used as dental dams for oral sex.

Internal condoms: Sometimes referred to as insertive or female condoms, they can be used by women (both cis and trans) in their vaginas, trans guys in their front holes, and everyone in their asses. Condoms offer the advantage of protecting against HIV, many other STIs and pregnancy. They can be cut in half to be used as dental dams for oral sex.

PrEP (pre-exposure prophylaxis) is a daily HIV medication for HIV-negative people which is highly-effective at preventing HIV transmission.

A few things to note:

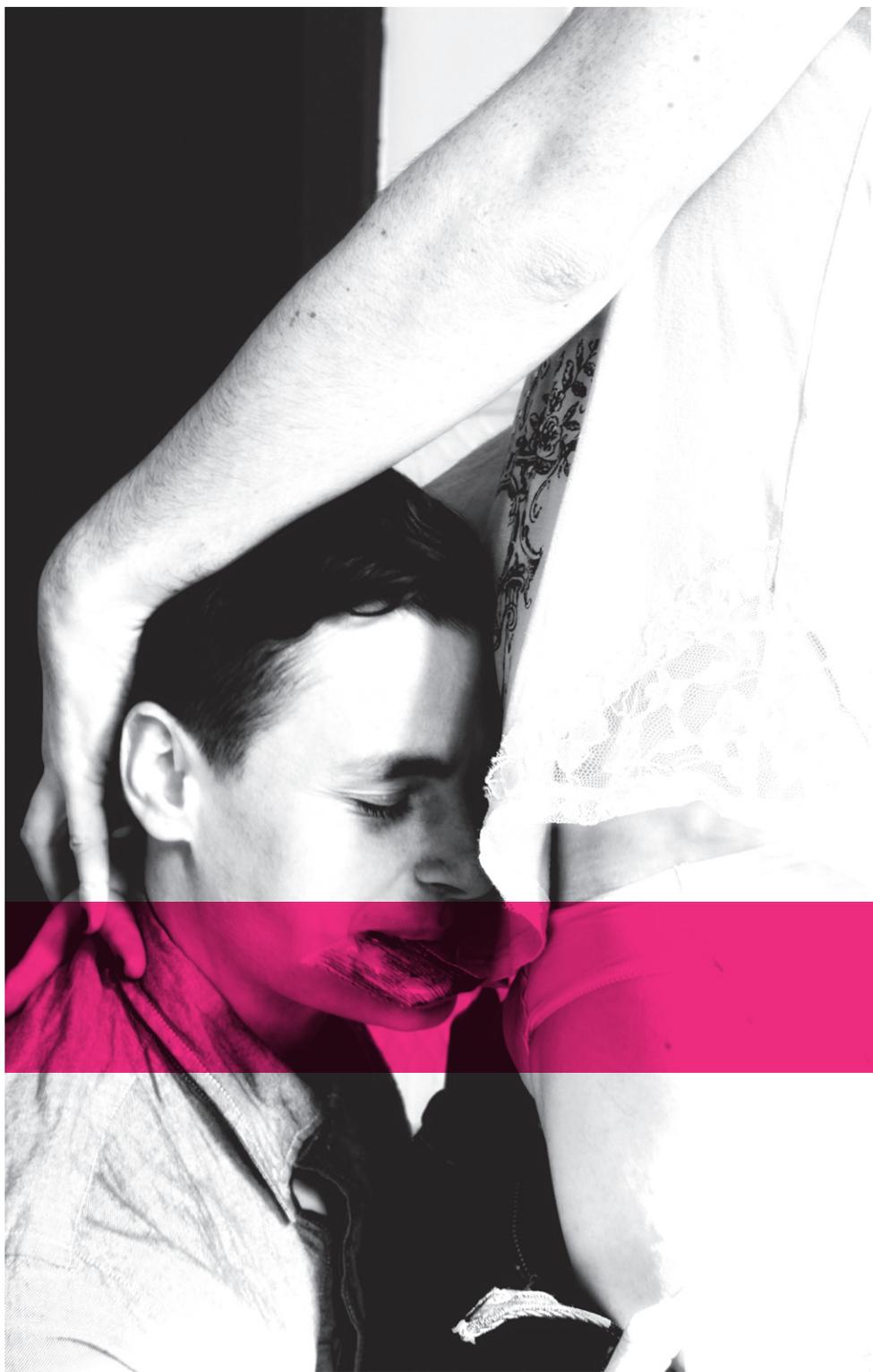
- + PrEP is sold under the brand Truvada
- + PrEP medication is still quite expensive in Canada, costing individuals up to \$1000 per month
- + PrEP is highly effective only if taken consistently and correctly
- + PrEP can be obtained through a prescription from a physician or family doctor
- + PrEP requires regular medical check-ups, approximately every 3 months
- + PrEP does not protect individuals from other STIs

PEP (post-exposure prophylaxis) is a combination of 3 HIV drugs that can be used by an HIV-negative person who may have been exposed to the virus to help reduce their risk of acquiring HIV.

A few things to note:

- + PEP must be taken as soon as possible (up to 72 hours) after being exposed to HIV and must be taken consistently for 4 weeks after
- + PEP is not 100% effective; there are reports of people acquiring HIV despite taking PEP medication
- + PEP is still quite expensive; one month of medication can cost more than \$1000
- + PEP can be obtained at a medical emergency room, if your physician or family doctor is not available
- + PEP does not protect individuals from other STIs

HIV treatment can prevent HIV transmission when taken by a person with HIV to maintain an undetectable viral load in their blood. Undetectable means the level is so low that tests cannot detect it; it does not mean the person no longer has HIV. This is sometimes called treatment as prevention (TasP). Studies have shown that HIV-positive people who are physically healthy and taking HIV treatment consistently to maintain an ongoing undetectable viral load do not pass HIV to their sex partners. Studies among people who inject drugs have shown that people on successful HIV treatment are also less likely to transmit HIV if they share needles or other drug-use equipment.



If you're HIV negative, this is important information to know. It can change the way you talk about safer sex with someone who is HIV positive.

For more information about PrEP, PEP and HIV treatment, please visit www.actontario.org, or www.catie.ca

Dental dams: Used to protect both partners during oral sex.

Makeshift condoms: If it fits on a dick, someone has probably tried to use it as a condom: plastic wrap, balloons, chip bags, candy bar wrappers, sandwich bags, medical gloves, even chicken skin have been known to be used as condoms. None of these items are as effective at preventing transmission of STIs or pregnancy as condoms, and may cause accidental injuries. Makeshift condoms should only be used when actual condoms aren't available — if at all.

Condoms, dental dams and gloves can be a good way to stop HIV and other STIs, but sometimes getting a partner to use them can be tricky. Our two big tips are: **BE CLEAR** and **BE FIRM**.

BE CLEAR when you explain that you want to use condoms, dental dams or gloves. It's about your health and theirs.

BE FIRM about it. Stop sex if you have to. Some sex partners might try to tell you that they don't want to use condoms, dental dams or gloves for any number of reasons, including:

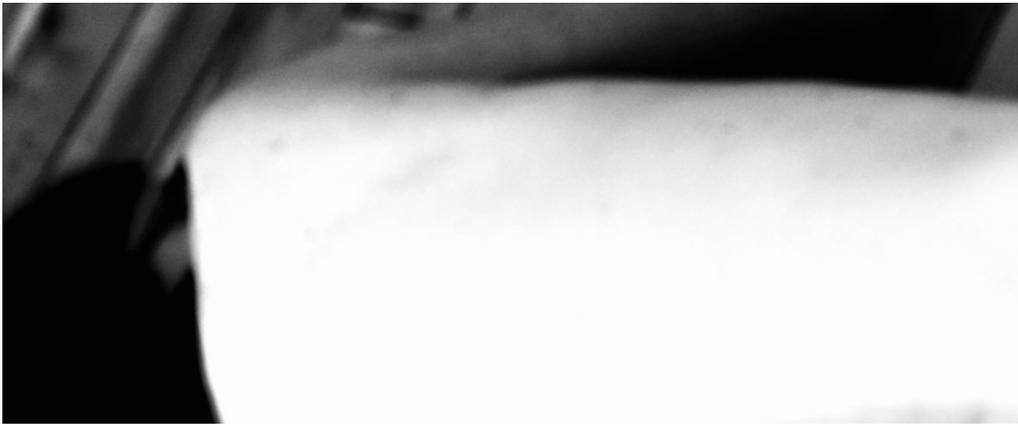
"We're in a monogamous relationship!" While using condoms is the safest way to protect yourself from STIs and pregnancy, many couples eventually end up having unprotected sex. Just remember to get tested on a regular basis.

"They don't fit! It feels too tight for my size!" Condoms come in larger sizes, however regular condoms can be stretched to fit over an adult's head, so this reason is total BS! You can also try using insertive condoms, which might feel better for you and your partner.

"I'm allergic to latex!" That's okay because you can always use polypropylene brands (such as Skyn or Bare) or polyurethane condoms/dental dams/gloves, so make sure to have some on hand.

"I can't feel anything when I use those!" Sometimes people don't feel as much with latex condoms and dental dams. Polyurethane condoms and dental dams are thinner and give more sensation. Give them a try!

"But I'm clean/safe/disease-free!" Often people don't experience symptoms of HIV and other STIs right away or at all. As well, many people have never been tested for HIV and/or STIs. If you want to use protection, that should be respected no matter what.



“But if you loved me, you wouldn’t ask me to do that!” The truth is, if someone loves you, they would want to respect your wishes. Plus, lots of folks enjoy using barriers like condoms and dental dams, because they find it hot or they feel more relaxed because they don’t have to worry about risk.

If a sex partner refuses to use condoms, try suggesting a hand job instead of a blow job or anal/vaginal/frontal sex. If they still refuse, end the session, and if they are a client give them back some or all of their money, make up an excuse for leaving and get out of there!

If you’re HIV negative and you are having condomless sex, talk to a doctor about other HIV prevention strategies like PEP and PrEP. They might be a good option for you.



+legalize me:

HIV, sex work and the law

HIV and the law

If you're poz, you'll also need to consider that not disclosing before having some kinds of sex is illegal in Canada.

If you have HIV, you have a legal duty to tell your sex partner(s) before having any kind of sex that poses a "realistic possibility of transmitting HIV." People with HIV have been convicted of serious crimes for not telling their sex partners they have HIV. Based on the law:

- + You do have a legal duty to disclose your HIV status:
 - o before having vaginal or anal sex without a condom, regardless of your viral load; or
 - o before having vaginal or anal sex when your viral load is not low even if you use a condom.
- + You do not have a duty to disclose before having vaginal sex if your viral load is low or undetectable and you use a condom. It is not clear whether this also applies to anal sex.
- + It is not clear how the law applies to oral sex (with or without a condom).

For more information on HIV and the law, contact the Canadian HIV/AIDS Legal Network. It may be able to refer you to a lawyer but cannot provide you with legal advice.

www.aidslaw.ca
info@aidslaw.ca
416.595.1666

Sex work and the law

In 2014, the government of Canada passed Bill C-36, *Protection of Communities and Exploited Persons Act*. This significantly changed how sex work is regarded by the law. However, practically speaking, many of the barriers that marginalize sex workers remain in place.

Essentially, sex workers are no longer committing a crime by performing sex work (yay!). Clients, however, are criminalized for purchasing services from a sex worker. While it might seem like a win for us, this new law has the potential to be extremely detrimental to our wellbeing. *How can we make a living if it's illegal to buy our services?!*

Furthermore, under C-36, sex workers are allowed to advertise their own services, but no one (newspapers, magazines, websites, etc.) is allowed to publish these ads — which is clearly absurd. But almost after 3 years of being in effect, some publishers, such as Toronto's NOW magazine, have defied the ban with seemingly little consequence.

C-36 also regulates:

- + Who a client can communicate with and when for the purpose of purchasing sexual services. (Answer: no one and never.)
- + Who a sex worker can communicate with for the purpose of selling sexual services. (Answer: technically anyone – so long as it's not in a public place, next to a public place, or a place where people under the age of 18 can reasonably expect to be present. Given that almost any space could fall under this category, it is unclear how this benefits or protects sex workers.)
- + Who can be charged with “receiving a material benefit” of sex work. (Answer: spouses/partners, roommates, children and other dependants, and landlords are not likely to be charged. But “third parties” such as supervisors, establishment owners, managers, receptionists, security, drivers, and web-designers remain criminalized.)

For more information (not legal advice) visit: <http://www.aidslaw.ca/site/reckless-endangerment-qa-on-bill-c-36-protection-of-communities-and-exploited-persons-act/?lang=en>

+pay me: safety tips and tricks for trans sex workers

Sex work can be a viable (and sometimes fun) way to support yourself and pay for hormones and surgeries. Some of us do sex work just to make money, while others find it can also be a self-esteem boost, validating our identities and bodies as desirable.

Like some other types of work, sex work can occasionally be risky. If you do sex work, there are some ways to make it safer for yourself and your clients.

Before a date

- + Find a trustworthy friend to call before and after dates. Let them know the client's name, phone number, email and/or license plate number (or pretend to do this in front of the client), in case the date goes bad. Make sure your friend knows what to do and who to call if something goes wrong. This lets the client think that there will be someone out there who knows where you're supposed to be and who will alert the police if you go missing.
- + Working in pairs or in groups can help if you're working on the street. Write down the license plate numbers of the clients your friends go with, and have your friends do the same for you.
- + Always carry condoms and lube. Don't rely on the client to bring these. You can get free condoms from most community centres and sexual health clinics.
- + Wearing lip gloss or lip balm can help prevent you from getting cuts or tears on your lips, especially during the winter. Cuts and tears on your lips can increase your risk of getting HIV and other STIs.
- + Avoid wearing necklaces, scarves, or other accessories that could be used to harm you if the date goes bad.

During a date

- + Remember that clients might be lying to you.
- + If you can, carry only your health card for ID so that if you get robbed you won't lose your other ID, but if you need to go to the hospital you'll be able to get care.

- + Be clear and firm about your prices and your limits. If you prefer to use condoms for blow jobs, be firm about it, even if they offer you extra money or say they won't have sex with a condom on.
- + Get money first, get down second! No pay, no play. Make sure that your clients pay you upfront.
- + Dates with more than one client at a time can be risky. If you feel uncomfortable, get out of there right away.
- + If you feel threatened or uncomfortable, get out of there as fast as you can! Call 911 if you feel safe doing so, or report the incident to your local sex workers' organization or trans organization.

After a date

If something goes wrong on a date that makes you feel unsafe, consider reporting it to your local sex workers' organization or to the police. Lots of sex workers' organizations have "bad date" boards and online lists.

Webcam modeling/cyber shows

Look ma, I'm on TV! Webcam modeling can complement or be an alternative to in-person sex work. However, there are still pros and cons to this kind of work.

Benefits of webcam modeling include:

- + Lower risk of physical violence than in-person sex work.
- + Lower risk of STIs, HIV, and pregnancy. If you are performing with someone else, be sure to avoid exchanging fluids and sharing toys.
- + Lower risk of getting ripped off (as long as you are using a trusted site).
- + It's theatrical!
- + You can work from home or a safe space.

Drawbacks of webcam modeling include:

- + It can be expensive at first and may require some initial financial and time investments. Such as fast internet connection, webcam, additional software to improve image quality, appearance costs.
- + Exposes revealing images of yourself on the web that you can't necessarily control. Some companies will allow you to restrict clients from selected regions from accessing your services and images; however, it is still possible for your image to be reached by people in your region via screenshots or third party distributors.
- + No guaranteed income; most webcam companies only pay you commission.



+fuck me: tips for safer sex

The basics

Here's what it comes down to: body fluids can transmit HIV and STIs. By bodily fluids we mean cum/semen, blood, pre-cum, vaginal fluids including menstrual blood, rectal fluids (bum juice) and breast milk. Some STIs, like HPV, can even be transmitted by skin-to-skin contact. People can have STIs and not know it, and pass them to others even when they don't have signs or symptoms. Getting an STI can suck, but most are treatable and some can be cured, especially if caught early on. That's why it's really important to get tested regularly, and to see a doctor, or go to a sexual health clinic, as soon as you see symptoms. Keep in mind that symptoms might not always be apparent.

Fucking ass and vag: The old in-out, in-out! Getting fucked in the ass or vag with a strapless, a strap-on or a toy, and fucking people in the ass or vag with a strapless, a strap-on or a toy can be powerful. Just remember that especially with cocks and strapless, fucking is high risk for HIV, STIs, and pregnancy. Get fucked good and safely by following these easy tips:

- + Wrap it up! Use a condom. This means on your strapless and strap-on too! Condoms offer protection from HIV, most other STIs and pregnancy.
- + Change condoms between holes and between partners! This helps prevent passing bacteria and STIs between different body parts and partners.

- + Use lube! Water-based lubes are best, especially if you're using latex condoms. This helps prevent tears in the anal and vaginal lining, and helps keep the condom from breaking, which will help prevent you and your partner from getting HIV, an STI or pregnant.
- + If you have condomless sex, talk to your doctor about options like PrEP and PEP. Both lower the chance of HIV transmission, though they don't protect against other STIs.
- + Research has shown that people taking HIV treatment consistently to maintain an undetectable viral load do not pass on HIV to their sex partners.
- + Consider using condoms when you're fucking a person who can get pregnant and they aren't using birth control — even if you're taking hormones and testosterone blockers. Dipping, or fucking for a while before putting on a condom, is just as high risk!

Douching: Poop happens. So some people like to clean inside their ass before having sex so as to minimize the risk of shit-dick (though it doesn't always happen and it's not the end of the world if it does). Douching (or an anal enema) is one way of cleaning up ahead of time. You have a lot of options if you want to do this:

- + A minimally invasive way of checking what's going on down there is before having sex, with some soapy water and lube, insert your finger into your hole and wiggle it around a little. You may find that you're mostly clean, but you also might find a little surprise. If you do, you might want to try for a bowel movement before having sex, as opposed to unintentionally having one during.
- + A **Bulb Douche** is the typical kind of douche found in sex shops. It consists of a nozzle and a squeezable sac. It looks like a turkey baster. You fill the bulb with warm water (not hot, not cold, no soap) and insert the tip into your well lubricated ass and squeeze. Don't un-squeeze the bulb until you have taken it out of your ass (otherwise your anal juice might get sucked back into the bulb, creating an unsanitary mess). Hop over to the toilet and let everything out. Repeat until the water you are expelling is clear. Wait at least half an hour before having sex. Otherwise, you might end up making a bigger mess than had you not douched in the first place.
- + There are also **Water Bag Douches** (which work similarly to bulb douches) and **Shower Douches** (which connect to shower nozzles). However, bulb douches are the most common, easiest to use, and the most affordable. Treat douches like sex toys; keep them clean and don't share.
- + There are also a number of makeshift ways of anal cleansing and douching that can be performed with few resources. Buying a douche from a sex shop can be intimidating. Some bulb douches can be quite large too, which can be a little scary. One option is to get a **Vaginal Douche** from a drug store. They resemble a water bag douche. But remember, if you use vaginal douches *you must replace the liquid with clean water*. The prepackaged liquid in vaginal

douches can be harmful if used anally. Lastly, if you're really in a pinch, people have been known to use disposable **Water Bottles**, ideally if they are unopened. Essentially, what you do is open the bottle, insert the opening in your hole and squeeze. Release the liquid in the toilet like you would with a douche. Make sure to properly dispose of the bottle afterward, as you wouldn't want someone to refill the bottle afterwards.

Keep in mind that not everyone who engages in anal sex douches. There are pros and cons. Chances are that if you listen to your body you will have delightful poop-free sex. You may want to pay close attention to your diet if you know that you will be having sex later. Fruits, vegetables and spicy food that is high in fiber will loosen your stool. So drinking a cleansing smoothie or eating a plate of spicy food is OK if you know you'll be having sex in several hours, but a bad idea if you plan on having sex in the near future. If, say, you're going out to dinner and feel like the night will end with you and your date getting down with it, you might want to stick to carbs and protein. This way your poop will at least stay firm and the stink will be minimal. All that being said, it is important to remember that not everything you flush out while douching is bad. In fact, some research suggests that anal douching may increase the risk of STI transmission.

Sucking and licking: Wet, wet, wet! Sucking, licking, eating out – it's all the same thing. Oral sex (using your mouth and tongue on someone's crotch or ass) is really hot! **Oral sex is low risk for HIV transmission**, but you could still be at risk for the usual suspects: herpes, HPV (human papillomavirus, including genital warts), gonorrhea, chlamydia, hepatitis A and B, and syphilis. Don't worry, though, you can suck and lick safely to your heart's delight with these simple tips:

- + Use a condom for t-dicks and straplesses. Put some lube on the inside of the condom for extra sensation. Trans men who have had phalloplasty should also use condoms.
- + Use a dental dam or gloves for vag and t-dicks.
- + If you're not using a condom:
 - o And you have a sore throat or any cuts or sores in your mouth, you may be more likely to get HIV or STIs by giving oral sex.
 - o Don't floss or brush your teeth or rinse with mouthwash for at least 30 minutes before sucking or licking. Oral care can cause tiny cuts inside your mouth which increase your risk of passing on or getting HIV or STIs.
 - o If you swallow cum or pre-cum, you have an increased risk of getting an STI.

Rimming: Eating ass can be super-hot. And while it's a low risk for transmitting HIV, rimming is high risk for transmitting parasites (worms) or STIs such as herpes, syphilis, HPV and hepatitis A and B. Using a dental dam can really help!

Scissoring/tribbing: When two people with vulvas rub their genitals together, we usually call this scissoring or tribbing. Trans women who are partnered with cis women and trans men who have not had phalloplasty often enjoy this, especially if the trans woman has had transition-related surgeries. This is low risk for transmitting HIV, but can be a risk for passing on syphilis, gonorrhea, HPV and herpes. There are a couple of different ways to reduce your risk, though:

- + Try wearing underwear and/or pants while tribbing to reduce contact with fluids.
- + Using non-microwaveable plastic wrap with lube is probably the safest way to trib.

Fisting: Now you see it, now you don't! Fisting is like a magic trick. This is what we call it when you insert your entire hand (or most of it) into your partner's ass or vag/frontal hole. Trans women who have had transition-related surgeries should check out our section on genital surgeries before being fisted.

If you're the person doing the fisting, there is a very low risk for HIV transmission, as long as you don't have cuts or sores on your hand. Remember that sometimes cuts (like hangnails) can be hard to notice. There are a couple of different ways to reduce the risk while fisting:

- + Use gloves. Change them often, and always between partners.
- + Use lube. This will decrease the tears and rips in the anal or vaginal/frontal lining that make it easier to get or pass on HIV and other STIs. Water-based lubes are better, especially if you are using a latex glove.
- + Clip your nails! Long nails are more likely to cut the person being fisted.
- + Condoms are the best way to reduce the risk of passing an STI. If you don't normally use condoms during any type of sex, it's important to use condoms after you've been fisted. Fisting can increase the chance of passing HIV and STIs because it can be damaging to the walls of the ass and vag.

Fingering and hand jobs: Stick a finger in it, or put your hand around it! No matter the shapes of genitals involved, this is usually low risk for transmitting HIV, but you could still be at risk for getting or passing on warts (HPV) or herpes. To reduce your risk even further:

- + Wash your hands before sex. Soap and water, nice and easy.
- + Check carefully to make sure you don't have any open cuts or abrasions. It can be really hard sometimes to see or feel very small cuts and abrasions.
- + Consider wearing gloves. Especially if you're penetrating a vag, frontal hole or ass. Make sure to switch gloves between each hole and each partner so that you don't pass any bacteria or viruses between genitals and partners.

- + Avoid using another person's cum/juices as lube to finger or give yourself a hand job.

Toys: Dildos, vibrators and even cucumbers can be fun and sexy in the bedroom! They are also pretty much no risk for transmitting HIV or other STIs as long as you follow these simple suggestions:

- + Put a condom on it.
- + Change the condom between holes and between partners. This will prevent transmitting bacteria and STIs between body parts and partners.
- + Clean the toy after using it. After use, silicone dildos should be boiled for up to five minutes or washed with antibacterial soap. Rubber and cyber-skin cocks are porous, so you can't fully sterilize them – so make sure to always use a condom with them.
- + Vegetables can be toys, too! Cucumbers, or even a butternut squash if you're really ambitious, can work great as toys. Just make sure to wash them thoroughly with soap and water before inserting them, and check to make sure that they're still good. If they look a bit expired, beware! Expired vegetables can cause yeast infections. And, of course, consider the food inedible afterward!

Lube: For anal and vaginal sex and fisting, lube can be an essential part of having a good time. Using lubricants can reduce tearing of the anal or vaginal lining. Small tears increase your risk of getting or passing on HIV and other STIs.

Recommended:

- + Water-based lubes (such as Astroglide, Fuck Water).
- + Silicone-based lubes: they're safe with latex and polypropylene/polyurethane condoms, and tend to last longer than water-based lubes. You shouldn't use silicone-based lubes with silicone toys as they will degrade the toys. And be careful — they can stain fabrics like sheets or clothes.

Not recommended:

- + Vaseline, water, spit, massage oils, lotions, cooking oils (like Crisco) and other oils are NOT recommended. Vaseline is made from petroleum and will degrade the anal or vaginal lining, increasing your risk of getting an STI. Water, spit and oils tend to be absorbed quickly by the body, meaning you'll get dry fast, which also increases your risk.

And remember:

- + Even if you're using a spermicidal lubricant, you still need to use a condom or glove to prevent HIV, STIs, and pregnancy! Plus spermicidal lubricant can degrade your lining, too, and that can increase your risk.



+doctors & me: **talkin' to your doc**

Talking to your doctor can be really hard as a trans person, and/or as someone having sex with a trans person. This is especially true if you aren't sure if your doctor is both trans-friendly and sex-friendly. But if you want to have incredibly hot, healthy sex, at some point you'll need to talk to a healthcare provider.

Talking about HIV/STI prevention

First, you will want to talk about HIV and STI prevention. Here are some things to bring up with your doctor or at a sexual health clinic:

- + If you are having any kind of sex (including oral sex), you should get tested regularly for HIV and other STIs, like syphilis, gonorrhea, HPV, hepatitis A, hepatitis B and chlamydia. Some people get tested every few months, while others feel they only need to once a year. Remember that even if you're in a long-term monogamous relationship, you should still get tested for HIV and STIs at least once a year.
- + If you are HIV-negative and have sex without a condom, talk to your doctor about PEP and PrEP. They are kinds of HIV treatment taken by HIV-negative people to lower the risk of getting HIV. They're not for everyone and they involve more than just taking a pill, but they can be highly effective ways of preventing HIV.

- + Successful HIV treatment that keeps a person's viral load undetectable is also a highly effective way to prevent HIV. This is important for both people with and without HIV to know. Your doctor may be able to tell you more, or contact CATIE at www.catie.ca or 1-800-263-1638.
- + If you're poz, you should still keep getting tested for other STIs like syphilis. Remember, you can still get and pass on other STIs. Let your doctor know if you have other STIs so that they can help keep you healthy.
- + Talk to your doctor about any discharges, itchiness or unusual odours you find coming from your genitals, throat or ass.
- + Trans people should talk to their doctors about vaccination against STIs such as hepatitis A, hepatitis B and HPV, and you may qualify for free vaccinations against hepatitis A and B.

Talking about your transition

There's more to talk to your doctor about than HIV and STIs. You may want to discuss name changes, overall physical and mental health, letters of recommendation. Many trans women will want to talk to their doctor about feminizing hormone replacement therapy (HRT).

- + Talk to a doctor, family physician, nurse practitioner or psychiatrist about prescribing hormones.
- + Doctors will generally prescribe you oral testosterone-blockers (e.g. spironolactone or cyproterone) as well as estrogen (e.g. estradiol). Estradiol also comes in patch-form or injection, but oral capsules are most common.
- + Taking hormones and testosterone-blockers have a number of reversible and irreversible effects. Typical effects of HRT for trans women include: body fat redistribution, decreased muscle mass/strength, softening of skin/decreased oiliness, decreased libido, decreased spontaneous erections, possibility of erectile dysfunction, breast growth, decreased testicular volume, decreased sperm production, thinned/slowed growth of body and facial hair, as well as cessation of male pattern baldness (but no regrowth).
- + Hormones will likely affect sexual performance and may even prompt you to rediscover your sexual orientation. For girls who like to penetrate with their strapless, it may be harder to do so after starting HRT (definitely not a pun). Some trans women take erectile dysfunction medication such as Viagra or Cialis. It is still unclear how safe this practise is. But, especially for working trans girls, this may be a necessity. Talk to your doctor, but also consider your livelihood.
- + It is not your responsibility to educate your doctor; however, if your doctor is particularly unknowledgeable about trans health, these are some resources that are designed for healthcare practitioners. More importantly, these resources can help you educate yourself on what to expect during your transition:



World Professional Association for Transgender Health (WPATH, 2011):
<http://www.wpath.org>

The Standards of Care document that WPATH provides is no longer free to the public, but it is widely seen as the most authoritative document for health care providers serving trans clients. Confirm with your doctor that they have access to it.

Trans and Non-Binary Youth Inclusivity in Sexual Health (Planned Parenthood, 2016): <http://www.ppt.on.ca/ppt/wp-content/uploads/2016/04/Trans-and-nonbinary-youth-inclusivity-in-sexual-health-guidelines-FINAL.pdf>

This document doesn't provide specific medical information, but rather it is meant to help service providers feel more knowledgeable about trans identities. If your doctor is particularly uninformed, this is a good starting place.

Guidelines and Protocols for Hormone Therapy and Primary Health Care for Trans Clients (Rainbow Health Ontario, 2015):

<http://sherbourne.on.ca/wp-content/uploads/2014/02/Guidelines-and-Protocols-for-Comprehensive-Primary-Care-for-Trans-Clients-2015.pdf>

This document provides very specific medical information for doctors prescribing hormones to trans patients including the specific names of medications, recommended dosages, and aftereffects. You and your doctor should be familiar with this information before starting HRT.

For more information relating to trans health visit: <http://sherbourne.on.ca/wp-content/uploads/2014/02/Guidelines-and-Protocols-for-Comprehensive-Primary-Care-for-Trans-Clients-2015.pdf>



+surgery & me: transition-related surgeries¹

Many trans women love the genitals they were born with and don't feel they need to alter them, while others can't afford to have the surgeries they've decided would be best for their bodies. Still, some trans women both want and are able to have transition-related surgeries like vaginoplasty, orchiectomy, or other procedures. Some women choose to just have one surgery while others choose to have many. If you are a woman who has had or wants to have one of these surgeries or if you are sleeping with one of these women, this section is for you!

Orchiectomy

An orchiectomy (orchi) removes the balls, which produce most of the testosterone in the body. They also create semen. So, if you've had an orchi, you might find that this changes sex a bit. First off, you might still pre-cum, but might not be able to cum anymore. Just because you can't cum doesn't mean that you can't have an orgasm, though! And it also doesn't mean that you're no longer at risk for HIV and STI transmission. You might find that you're unable to maintain an erection after having an orchi. If you can, use a condom when having sex with your strapless. If you find that you can't get a condom to stay on, it's usually because it's not the right size or you haven't lubed up enough. Try a different sized condom or lube up more to see if this keeps the condom on.

1 "Transition-related surgery" is more or less synonymous with gender confirmation surgery, gender affirming surgery, gender reassignment surgery, sexual reassignment surgery, sex change, and includes, but is not limited to genital reconstruction surgery.

Vaginoplasty

So you have a vagina! Your new vag and vulva were probably created with skin from your penis, testicles, thighs and maybe even your colon. There are a few things to keep in mind:

- + One important choice you will have to make is whether you want to have a vagina with a vaginal cavity or without one. In other words, you can choose to have a vagina without an opening; it looks like a vagina, you can still have an orgasm thanks to your new clit, you just can't be penetrated vaginally. While it may seem like an obvious choice to opt for a vagina with a cavity, the recovery periods differ greatly. If you choose to get a vagina with a cavity, you will have to dedicate yourself to dilating for the rest of your life, especially within the first year (more on dilating below).
- + You're still at risk for getting or passing on HIV and STIs. Depending on the kind of surgery, you might even be at a higher risk than you were before (such as when a surgeon uses parts of your colon). So make sure that your partners use condoms, dental dams and/or gloves.
- + Trans vaginas don't usually self-lubricate. While some trans women self-lubricate a bit, most don't get any self-lubrication and those of us who do don't lubricate as well as cis women or trans men. So make sure to use lube, which will reduce tears and rips in your vaginal lining and make sex a whole lot easier.
- + Trans women's vaginas are less stretchy and more delicate than cis women's vaginas and trans men's frontal holes, so there are some things that you might not ever be able to do sexually. The number one among them is vaginal fisting. You might also be advised against anal sex and anal fisting for a number of years (usually two years) post-operatively, or for life. Check with your surgeon. One of the reasons for this is that it could cause a vaginal prolapse — that means that your vagina could fall out. You could also cause a fistula — a hole between the anal and vaginal linings, which can be very hard to repair and dangerous to your health. When you are having anal sex, take it slow and easy at first, and stop if you feel irregular pain.
- + Don't forget to dilate. Dilation is the insertion of a plastic stent (fancy medical term for dildo) into the vagina on a regular basis to keep the vagina open and flexible. Not dilating regularly can lead to loss of both depth and width, which means your vagina might become too small for penetration during sex. The reduction in size that may accompany a lack of dilation may be permanent, so follow your surgeon's guidelines for dilation schedule. If you experience any complications after surgery, most are fixable as long as you continue to dilate. So keep dilating!
- + If you experience pain or tightness while getting fucked, try dilating an hour or two before you have sex. It can be hard to predict this sort of thing, but dilating before sex can really help make sex easier and more pleasurable.



- + If you're being penetrated, try different positions to find ones that work best for your body. Some positions work better than others for trans vag, but it varies between women.
- + Your vagina can also get yeast infections, so make sure that anything going into your vag is clean.
- + The jury is still out about whether or not your new vag will need Pap tests. Some doctors say yes, and some say no. Some kinds of HPV can lead to cervical or anal cancers, and your new vag may be able to contract these. Better to be safe than sorry! Ask your doctor about getting a Pap test done.

Transition-related surgeries

Orchiectomies and vaginoplasties are covered by public healthcare in most regions of Canada, so you don't have to pay for them. But some transition-related surgeries are considered "cosmetic" and are not publicly funded. Some examples of popular surgeries for trans women include:

- + Chondrolaryngoplasty/Tracheal Shave AKA Adam's Apple reduction surgery
- + Breast augmentation²
- + Facial feminization
- + Buttock re-contouring with liposuction and fat grafting

Many trans women will travel abroad to obtain transition-related surgeries because of the substantial price difference and short wait times. Popular destinations include Thailand and South America. North American doctors will often recommend against doing this because if there are complications follow-up can be difficult. However, if you research reliable clinics and talk with people who have experience with those clinics, the benefits may very well outweigh the risks.

² Some provinces in Canada fund breast augmentation for trans women through their public health insurance programs. But, the decision to grant funding to someone is usually dependant on pre-existing breast growth, so not everyone will qualify i.e. if your boobs have developed during HRT, you might have to pay out of pocket. Talk to your doctor to see if you qualify.



+inject me: needles, silicone and STIs

Needles can be an essential part of our lives as trans women, especially if we're using them to inject hormones or if we decide to have silicone injections to change our bodies. They can also be part of our lives if we use drugs such as crystal meth or heroin.

Injections can be risky for your health, but there are ways that can help you reduce the risk of developing abscesses and infections or getting or passing on HIV and hepatitis C when you inject.

Here are some things to keep in mind:

- + Make sure to keep your injection sites (wherever you're putting needles into your body) clean by washing your hands with soap, swabbing the injection site with alcohol before injecting, and using band-aids after.
- + Always use a new, sterile needle every time you inject something. You can get free new needles and injecting supplies from needle distribution programs through your local community health centre.
- + Hormones are usually injected with a different gauge (size) of needle and with a bigger syringe than drugs. Hormones are usually injected with muscular gauge needles (needles for injecting into muscle), so make sure to have some on hand. You can purchase these at any pharmacy or pick them up from your doctor's office or community health centre.
- + Don't just throw needles out. You can pick up a biohazard needle collection bin ("sharps bin") in many different places like a pharmacy or your doctor's office. If you don't have a hazardous waste bin nearby, put used needles in a plastic water bottle. You can return these at a pharmacy, your doctor's office or a needle exchange. Many community centres have hazardous waste bins in their bathrooms, too.



+break it down: Sexually Transmitted Infections (STIs)

Getting an STI isn't the end of the world. But, left untreated, it can seriously affect your health and your partners' health. This chapter gives some basic information on a few different STIs, how they are transmitted, how to reduce your chances of getting and giving them, and how they can be treated.

One helpful way to think of STIs is to recognize the difference between **bacterial STIs** and **viral STIs**. The main difference is that bacterial STIs like syphilis, gonorrhea, and chlamydia are curable with antibiotics, while viral STIs like hepatitis, HIV, and HPV cannot technically be cured (in the same way as the common cold cannot be cured), but can be treated and managed if medical attention is sought. Keep in mind that many STIs can be present in one's body without showing symptoms.

HIV (Human Immunodeficiency Virus)
If left untreated, HIV can lead to AIDS. (viral)

How you get it:

- + Unprotected anal or vaginal/frontal sex
- + Blood, cum, pre-cum, vaginal fluids or anal fluids get into the body
- + It can be passed from parent to child during pregnancy, birth or breast-feeding, but this is preventable



What it can feel like:

- + One cannot rely on symptoms to determine one's HIV status
- + People who acquire HIV may feel flu-like symptoms 2-4 weeks afterward

How they treat it:

- + Talk to your doctor
- + There is no cure for HIV; however, effective treatment and care enable most people with HIV live long, healthy lives

Hepatitis A (viral)

How you get it:

- + Contact between feces and then your mouth. For example, rimming or touching a used condom, a used sex toy or someone's ass and then your mouth
- + Contaminated food and water

What it can feel like:

- + Not everyone has symptoms
- + Loss of appetite
- + Light coloured poop or dark urine
- + Fatigue
- + Nausea
- + Fever
- + Jaundice (yellowing of the skin or eyes)
- + Abdominal pain

How they treat it:

- + Consult a doctor
- + There is no specific treatment
- + Most cases resolve on their own

Hepatitis B (viral)

How you get it:

- + Blood, cum or vaginal fluids entering into the body
- + Unprotected oral, vaginal/frontal or anal sex
- + Sharing sex toys
- + Sharing needles

What it can feel like:

- + Not everyone has symptoms
- + Loss of appetite
- + Exhaustion
- + Nausea or vomiting
- + Skin rash
- + Swollen and painful joints
- + Jaundice (yellowing of the skin or eyes)
- + Dark urine
- + Abdominal pain

How they treat it:

- + Consult a doctor
- + If Hep B persists, the doctor may recommend treatment

Hepatitis C (viral)

How you get it:

- + Blood to blood contact
- + Sharing needles and other drug-use equipment
- + Condomless anal sex where blood, HIV and other STIs are present

What it can feel like:

- + Not everyone has symptoms
- + During early infection: fatigue and other flu-like symptoms; abdominal pain; dark urine; light coloured poop; jaundice (yellowing of the skin or eyes); rash
- + Long-term symptoms: jaundice; blood in poop or vomit; ascites (swelling of the abdomen); weight loss; sleep and mental changes

How they treat it:

- + Consult a doctor
- + For many people treatment lasts three months and causes few side effects

Syphilis (bacterial)

How you get it:

- + Unprotected oral, anal or vaginal/frontal sex
- + Wet kissing
- + Contact with a syphilis sore
- + It can be passed from parent to child during birth

What it can feel like:

- + Many people do not initially have symptoms

- + Some people get a painless open sore on or inside their body (genitals, anus or mouth being the most common places)
- + Some people experience hair loss, rashes (especially on the hands and feet), fever, swollen glands and muscle and joint pain
- + If left untreated syphilis can cause serious damage to major organs

How they treat it:

- + Talk to your doctor
- + Syphilis is usually curable with antibiotics

Herpes (viral)

HSV-1 – oral (cold sore), HSV-2 – genital

How you get it:

- + HSV-1 is usually transmitted by kissing or skin-to-skin contact with the infected area, even if there are no symptoms
- + HSV-1 can also be spread from the mouth to the genitals during oral sex
- + HSV-2 is most often transmitted by vaginal and anal sex
- + Condomless anal, vaginal/frontal, and oral sex are considered high risk for HSV transmission

What it can feel like:

- + Many people do not have symptoms, but if they do, the symptoms may occur one week after transmission
- + Itching or tingling in the anal-genital area or mouth
- + Tender, swollen glands
- + One or more blisters that may turn into painful sores
- + Headaches, fever, muscle pain

How they treat it:

- + Talk to your doctor
- + Antiviral drugs that can help reduce or prevent symptoms
- + Keep the area clean and dry; avoid tight synthetic underwear and pants
- + Bathe quickly and use a hairdryer, instead of a towel, to dry around the sores

Gonorrhea (bacterial)

How you get it:

- + Unprotected oral, vaginal/frontal or anal sex
- + It can be passed from parent to child during childbirth

What it can feel like:

- + Some people do not have symptoms, but those who do may notice them two to five days after transmission
- + Yellow discharge from t-dick, strapless, vagina, front hole or anus
- + Sore throat
- + Pain during penetration
- + Blood in your shit
- + Burning or painful sensation when you pee
- + Pain in your lower abdomen, fever and chills

How they treat it:

- + Talk to your doctor
- + Gonorrhoea is treatable with antibiotics
- + Untreated, gonorrhoea can lead to pelvic inflammatory disease, which can cause infertility

Human Papillomavirus (HPV) (viral)**How you get it:**

- + Most people will get HPV at one point in their life, unknowingly
- + It usually goes away on its own
- + Skin-to-skin contact with the infected area
- + Unprotected oral, anal or vaginal/frontal sex

What it can feel like:

- + Many people do not have symptoms
- + Single wart or clusters of warts on, in, and around the genitals and/or anus.
- + Warts may be round, flat or a cauliflower shape that are flesh-coloured or grey

How they treat it:

- + Talk to your doctor
- + If warts are present, you can choose to freeze them, burn them or use topical creams to get rid of them
- + Without treatment, HPV can lead to anal, oral, or cervical cancers

While most trans women don't have cervixes, they may still need Pap tests. This is especially true if they have had an HPV infection in the tissues that make up their new vagina. These Pap tests screen for changes in the vagina rather than other Pap tests which screen the cervix. Talk to your doctor about whether you're a trans woman who needs a Pap test.

Chlamydia (bacterial)**How you get it:**

- + Unprotected oral, anal or vaginal/frontal sex
- + It can be passed from parent to child during birth

What it can feel like:

- + Some people do not have symptoms, but for those that do, symptom may appear one to three weeks after transmission
- + Abnormally watery or thick discharge from the t-dick, strapless, vagina or front hole
- + Pain during sex or while peeing
- + Pain in abdomen
- + Fever

How they treat it:

- + Talk to your doctor
- + Chlamydia is treatable with antibiotics
- + Untreated chlamydia can lead to pelvic inflammatory disease, which can cause infertility



+need more info?

The 519

Toronto, Ontario
www.the519.org

2-Spirited People of the 1st Nations

Toronto, Ontario
www.2spirits.com
416.944.9300

Action Santé Travesties et Transsexuelles du Québec (ASTT(e)Q)

Montreal, Quebec
www.astteq.org
514.847.0067 x207

Alberta Trans Org

Calgary, Alberta
www.albertatrans.org

Catherine White Holman Wellness Centre

Vancouver, British Columbia
www.cwhwc.com/

Head and Hands

Montreal, Quebec
www.headandhands.ca

Rainbow Resource Centre

Winnipeg, Manitoba
www.rainbowresourcecentre.org
204.474.0212

Trans Health Clinic, Klinic Community Health Centre

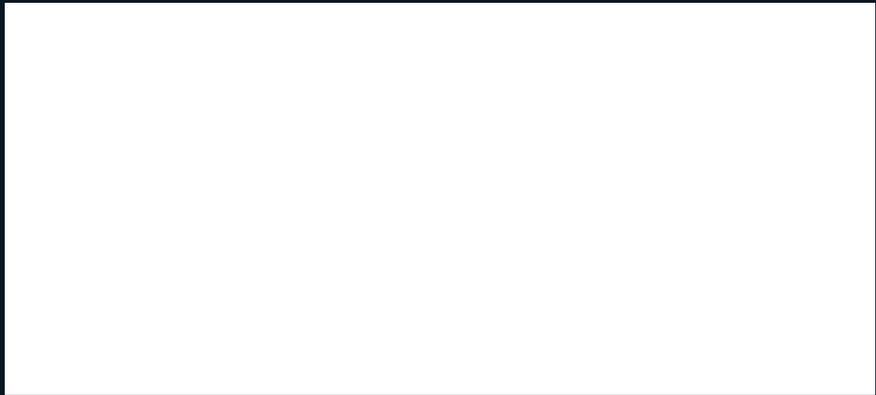
Winnipeg, Manitoba
www.klinic.mb.ca
204.784.4090

Transgender Health Program,

Vancouver Coastal Health
Vancouver, British Columbia
www.transhealth.vch.ca
866.999.1514

Trans Sask Support Services

Regina, Saskatchewan
www.transsask.org



**Need more information and resources on HIV or hepatitis C?
Contact CATIE: 1.800.263.1638 | www.catie.ca | info@catie.ca**



Canada's source for
HIV and hepatitis C
information

