Welcome Friends!

This Peer Facilitator Guide has been made possible through a partnership of the Equality North Carolina Rural Youth Empowerment (RYE) Fellowship and Youth OUTright to reach LGBTQIA+ individuals seeking resources on consent, sexual health, and healthy relationships.

The Equality North Carolina RYE Fellowship is a year-long mentorship and training program for LGBTQ young people in rural areas of North Carolina. The program supports RYE Fellows to successfully execute a social justice project serving rural communities while developing leadership skills.

This LGBTQIA+ Peer Facilitator Guide is a project of RYE 2018-2019 Fellow Adrian Parra and is resource for you and your community so that you have a range of tools to support your work in talking about common concerns regarding sex and identity with young LGBTQIA+ folks. Here you’ll find a few activity plans we’ve put together with a team of local youth educators, adult support staff and community input.

This resource can be used to teach young people about consent, articulate their thoughts on their own gender and sexual identities, and expand their knowledge about safer sex practices.

Please feel free to share this with folks who may benefit from this information!

We also hope to expand this resource as time goes on. If you have an activity you’d like to see in future versions of this packet, let us know! Email us at info@youthoutright.org with your ideas or activity plans you’d like to submit!
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| (This activity can be broken into sections and spread out across a couple meetings) |
Talking about consent, gender and sex can be hard. It may be helpful to your group to come up with some mutually agreed upon
norms regarding how folks will interact with each other. Keep track of these agreements and post them in a visible location
in your space. We will share some examples we’ve used or seen used in the past. Yours may look different --
this is about you and your community!

**GOALS**

Co-create agreements with participants to strengthen communication

Build bonds with each other

**SUGGESTED GUIDING QUESTIONS**

What makes a good space for learning?

What would make this a safe and respectful space so that folks feel comfortable enough to share?

How do we show respect for each other in conversation?

What might get in the way of our learning today? How could we remedy that?

Does everyone participate in the same ways?

What might stop someone from sharing something personal here?

Can we make an agreement that would make them feel more empowered to share?

Who is in charge of enforcing these things if someone is not keeping to the agreement(s)?

See next page for examples...
### Group Agreement Examples

(in no particular order)

<table>
<thead>
<tr>
<th>Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step Up, Step Back (no dominating conversation)</td>
</tr>
<tr>
<td>One Mic, One Diva (no side conversations)</td>
</tr>
<tr>
<td>Self-Regulation (we are all responsible for keeping each other accountable to our agreements)</td>
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<tr>
<td>Confidentiality (what we hear here, stays here!)</td>
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<tr>
<td>Respect (ourselves, each other, the space)</td>
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<tr>
<td>It's okay to sit silently with your thoughts (participation is encouraged, but not required)</td>
</tr>
<tr>
<td>Be respectful with phone use</td>
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<tr>
<td>Welcome multiple viewpoints (invite perspectives that may be different from yours into the conversation)</td>
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<tr>
<td>Use “I statements” (share experience, avoid giving advice)</td>
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<tr>
<td>Work to recognize our privilege (gender, racial, economic, etc)</td>
</tr>
<tr>
<td><strong>Take risks:</strong> Lean into discomfort (We are all in different stages of our journey. Challenge yourself to contribute even if it’s not perfectly formulated)</td>
</tr>
<tr>
<td>Own both intention &amp; impact</td>
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<tr>
<td>Challenge with care (find ways to respectfully challenge others and be open to challenges of your own views)</td>
</tr>
<tr>
<td>Break it down (use simple language, avoid jargon when possible)</td>
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</tbody>
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After making your own agreements, it may be helpful to create visual representations of each of them, on poster board, flip chart paper, or digitally. They can then be posted in the space, shared digitally and kept in the forefront of folks’ minds while in conversation with each other.
Print enough copies of YO Consent 101 Handout (next page) for everyone to have one. Familiarize yourself with the content before the group meeting and think about useful guiding questions, examples, or role playing situations that can be illustrative. See some examples below for inspiration! Share ones you create with us by emailing them to info@youthoutright.org!

**GOALS**

Define all 5 elements of consent: Affirmative, Enthusiastic, Explicit, Ongoing and Sober

Engage youth in discussion of examples of non-sexual consent

Engage youth in discussion of examples of sexual consent

**SUGGESTED GUIDING QUESTIONS**

What is an example of a coerced yes? *(example: “If you REALLY love me, you will do ___ for me”)*

What’s something we might ask our friends for consent for? *(example: hugs, photos)*

What’s something we might ask our crush consent for? *(example: dates, cuddling, kissing, oral sex)*

What happens if someone changes their mind after consenting to something?

How do we respond if someone says no? What if they don’t say anything?
Setting: Kai and Aerin are watching a movie together

“Can I put my arm around you?”

“Yes, please!”

“Are you still comfortable?”

“Thanks for checking in! I’m actually feeling a little warm, can you move your arm for a few minutes?”

Of course!
Only “Yes” means yes and a coerced yes, isn’t a yes

ENTHUSIASTIC

Such as “Yes!” “Heck Yeah!” “Yes, Please!” “Oh Yes!” “Yes I like that!” A hesitant yes, such as “well, ok,” or “I guess if you want to” isn’t enthusiastic and therefore not consensual. Remember to keep tone of voice and body language in mind. Make sure their tone and body language is enthusiastic too.

EXPLICIT

Specific, such as “Can I ______ with your ______.”

ONGOING

Continuous checking in with your partner or friends to make sure they are still comfortable with whatever you may be doing.

SOBER

No drugs, alcohol or sleeping medication has been consumed. If one person is impaired, they are unable to give consent of any kind.
Print copies of Gender Unicorn (next two pages, one full color, one coloring page)
Familiarize yourself with the content before group and think about useful guiding questions, examples, or role plays that can be illustrative. See some examples below for inspiration! Share ones you create you create with us by emailing them to info@youthoutright.org!

**Goals**

Define and Illustrate the difference between Gender Identity & Gender Expression

Define Intersex

Distinguish between Sexual & Emotional Attraction in an age appropriate manner

**Suggested Guiding Questions**

Why is the symbol for Gender Identity (Rainbow) is a thought bubble? Are our thoughts/identities visible to others? (Identities are disclosed, not observed!)

Why are the Gender Expression dots all around the Unicorn? (It’s external, and visible!)

-Can these things change? (Yes! Of course!)

Can you have a crush on or be emotionally attracted to someone and not want to kiss them? (Yes! One can be emotionally attracted to someone, and feel no physical attraction, asexual folks exist and platonic friends count!)

Is there anything you feel is missing from this illustration? (Our language around gender is only expanding! There is space here for youth to critique this tool. For Example: only one dot for intersex is reductive, there is diversity within intersex folks)

**Activity Ideas**

Map yourself! Ask youth to place themselves on each of these spectrums

Play character creation! Ask youth to imagine a unicorn with DIFFERENT identities than their own. Illustrate that on the coloring page!

**Co-create your own mascot**! Choose an illustrator or illustrators from your group to bring to life your groups vision of a Queature that you collaborate to design!
Before your group meets, print copies of the Safer Sex Strategies for Queer Folx script for the facilitators running the program. Facilitators should familiarize themselves with the content before the activity and think about useful guiding questions, examples, or role plays that are relevant to your community. This script can easily be broken into a series of workshops, optional Q&A sections have been built in for that purpose.

**Major props to Roy Philbrick, Veronica Winebarger, and Sorin Michaels for developing this script!**

### Goals

Define Consent

Engage youth in discussion of real life examples of non-sexual consent

Engage youth in discussion of real life examples of sexual consent

Demonstrate how to effectively use barriers to prevent pregnancy and STI transmission

Explain the differences in lubes

Explain what PrEP is

Discuss how trans-folks may navigate sex differently than cis-folks

### Notes

Facilitator #1 is designed for a transgender-masculine youth, Facilitator #4 is designed for a transgender-feminine youth, language may need to be modified if facilitators are not transgender.

Designed as four speaking roles, but can be modified for your group
So what’s the most important thing about sex?

(Use as an audience call back)

**Consent!**

Before engaging in sexual activities with a partner, it’s important to be clear about your body and your boundaries. Make sure you and your partner or partners understands the language you use to refer to your body and that you are on the same page regarding what “sex” is (anal, oral, vaginal, etc).

**Facilitator #2**

Consent is defined as: “permission for something to happen or agreement to do something.”

When we talk about Consent, we define it as a “yes” that is:

- Affirmative
- Enthusiastic
- Explicit
- Ongoing
- Sober

It must be informed and continual. That means in order for your partner to consent they must know what they’re agreeing to, they must be sober, of legal age, and give a verbal affirmative. If at any time they withdraw consent, you should STOP. Only yes means yes!

While Consent is mandatory for sex, it’s not ONLY for sex! Make sure to use it in most intrapersonal interactions like hugging, kissing, handholding, sensitive conversation etc.

**Facilitator #1**

Can someone(s) give us an example of an ENTHUSIASIC yes?

AWESOME! Thanks friends. Now we’re gonna show you a little role play!

**Facilitator #2**

Hi friend! Can I give you a hug?

**Facilitator #1**

HECK YES! I would love a hug from you!

**Facilitator #1**

If you feel the mood would be ruined by talking about it first, perhaps that’s because you were the only one in the mood! Remember: if your partner revokes consent at any time or seems uncomfortable you should STOP and if they want to talk, talk about it.

**Facilitator #2**

Some folks choose to use safe words to ensure both people are on the same page. A “Safe Word” a word other than “stop” or “no” that means the same thing. It’s non-confrontational and easy to just say something like “avocado” to indicate that you need to pause.
FACILITATOR #1
Consent is an important part of healthy sexual activity, so make sure you and your partner know how to communicate consent, and receive a "No." gracefully! NEVER engage in any sexual act that you do not have consent for!

FACILITATOR #2
So, like, once we have consent, are we ready to get down?

AUDIENCE PARTICIPATION

FACILITATOR #1
Hold up friends! In addition to checking with your potential partners, we also need to check in with OURSELVES!

FACILITATOR #2
Ya know, you’re right. We often think about sex as being something which only happens between two people, but for some, sexuality is something they cultivate within themself and then share with other people. It’s important that, before you have sex, you feel ready for it.

FACILITATOR #1
But, how will I know?

FACILITATOR #2
Part of it is checking with yourself to see if you’re engaging in sexual activity because you want to, or because you are feeling pressure to meet an expectation that is imposed by yourself, your partner, or society.

FACILITATOR #1
That’s so real. Sometimes folks feel pressure to lose their virginity, or they agree to engage in a specific sexual act with their partner because they fear losing them. This is called consent under duress, and IS NOT true consent.

FACILITATOR #2
Most people struggle with feeling pressures like these, and it’s nothing to be ashamed of. It’s a good practice to be mindful and aware when you feel such pressures so you can avoid making decisions you regret later! Healthy sexual relationships are based on trust and communication, not just between you and your partner or partners but also between you and yourself.
FACILITATOR #1
Now we’re gonna pass it on to our friends _________ & _________ who will be showing y’all how to effectively use barriers to prevent STI’s and pregnancy!

FACILITATOR #3
Who knows what a condom is?

**AUDIENCE PARTICIPATION**

If you get into a car, you need to wear a seatbelt. If you fuck by putting a penis in a hole, you need a condom!

FACILITATOR #4
There are two general types of condoms. Phallic or external condoms, and orifice or internal condoms. A phallic condom goes onto a penis, an orifice condom goes inside someone’s vagina or anus.

FACILITATOR #3
First we’ll show you how to put on a phallic condom. They are the most readily available barrier that you can find for free (point to free safer sex supplies) or for sale in stores.

FACILITATOR #4
Did you know that condoms have an expiration date? Make sure to check the expiration dates on all the condoms you are using! It’s usually printed on the back, or on the fold on the side of the packaging. Expired condoms are more likely to break and expose you and your partner to fluid and STI transmission.

Carefully open and remove the condom from the wrapper. Do not use teeth or sharp objects to open the packaging, that may damage the condom and decrease effectiveness.

FACILITATOR #3
Before putting the condom on anyone’s genitals, check and make sure you have it in the right direction. It should look like a sombrero, NOT like a beanie.

*facilitator demonstrates both a sombrero and beanie*

Place condom on the head of the erect, hard penis. If uncircumcised, pull back the foreskin first. If you accidentally put the condom on backwards, do you think you can turn it around and you’re good to go?

**AUDIENCE PARTICIPATION**

Correct answer is NO

If the exterior of the condom is exposed to skin or fluid, and then it’s reversed and put inside someone’s body, they have now been exposed to their partner’s fluids and genitals.
FACILITATOR #4
Let’s get back to it.

When you place the condom on the penis or toy, pinch air out of the tip of the condom. This allows space for ejaculate -- aka cum -- to go into. If there’s an air bubble, the condom is more likely to break, and fluid is more likely to spill out.

Now, unroll condom all the way down the penis or toy. And viola! The dick is wrapped.

After sex but before pulling out, hold the condom at the base. Then pull out, while holding the condom in place. This prevents any spillage.

FACILITATOR #3
Carefully remove the condom and throw it in the trash. DO NOT flush it down the toilet, it may come back to haunt you… or your grandma! You can put it back in it’s wrapper, wrap it in some toilet paper, and toss it in the garbage.

FACILITATOR #4
Now, if you’d like to use an orifice condom, this is how it works…

Just like with outside condoms, make sure to use a new condom that’s not expired. Open the condom gently. Be careful to only tear the wrapper, not the condom. Take a look at the condom before putting it on. Keep your eyes out for any tears or unusual bumps.

Unlike an outside condom (which has one rim/ring), inside condoms have two rims/rings. One rim is closed, and the other is open. This creates a space between the two rims that protects the penetrating toy or body part from the bodily fluids secreted by the front hole/vagina or anus.

FACILITATOR #3
Apply a small amount of lube to the outside of the closed end of the condom. This is the part of the condom that will be inserted inside.

Different people have different preferences about the best way to insert an inside condom into the front hole/vagina or anus. A couple options include inserting it while sitting on the edge of a chair, standing, or lying down. Before inserting the condom inside, pinch the closed rim/ring with your fingers so the width is small enough to place inside the hole opening.

Push the closed, pinched rim as far back as possible, allowing the condom to line as much of the internal hole as possible. After it’s placed as far back as possible, remove your finger and allow the open rim of the condom to hang out of the hole opening. There should be around an inch of condom hanging.
FACILITATOR #4
When used for sex, a partner will insert a body part or toy into the open rim of the inside condom. After sex, the penetrating partner should remove the toy or body part from the inside condom slowly. Gently pinch the open rim of the condom together as you pull the remaining part of the condom from inside the body. When you’re done, throw the condom in the trash. If you’re going to engage in another sexual act, use a new condom.

FACILITATOR #3
Where can our friends get one of these?

FACILITATOR #4
You can purchase them at places like Walmart & Target. You can also get them through your doctor, and if you have insurance, they are usually free or nearly free. If you’d prefer a digital resource, there are sites like Hey Doctor (https://www.heydoctor.com/) or The Pill Club (https://thepillclub.com/) where you can access some medical services via the web.

FACILITATOR #3
Well, that was lit! But what if no one involved in interested in penetration? Are there other ways to protect ourselves? Like, what about eating out someone’s pussy or rimming someone’s butt?

FACILITATOR #4
Let us introduce you to our friends, DENTAL DAMS!!! Dental dams are thin sheets of latex that are for mouth to orifice protection. You can get them at YO events, a dentist, or a pharmacy! But say you’re in a pinch, and don’t have time for that, can you improvise?

FACILITATOR #3
We’re so excited to show y’all this trick! I can turn both a glove and a condom, into a dental dam!

First, you’re going to want to remove the ring from the base of the condom. It’s easiest with scissors, but keep your scissors in a different place than your condoms!

*Cuts ring off*

Then you’ll want to cut off “just the tip” of the condom

*Cuts off the tip*

Now take the scissors and cut all the way down the side of the condom. And viola! You have a flat sheet of latex. If it’s lubricated, put the lube side down and with consent, go to town!
FACILITATOR #4
While they clean up, I’ll show you how the glove works! Make sure you’re using a powder free glove.

First, cut off the fingers and thumb of the glove, make sure your hand isn’t in it! *Cuts glove*

Then down the side *Cuts glove*
Now you have a flat sheet to use as a dental dam!

FACILITATOR #3
Okay, but what if you don’t have a dental dam, a condom, or a glove, but REALLY need to eat some pussy?

FACILITATOR #4
Well friend, you’re in luck! You can use NON-microwavable Saran Wrap. However, only the non-microwavable kind, because the microwavable kind has pores in it and that defeats the purpose of a barrier! Also note that Saran Wrap is more flimsy and harder to handle than a dental dam.

FACILITATOR #3
How many of y’all knew there were this many options of barriers to use to protect you and your partner or partners?

FACILITATOR #4
Another protective measure folks can consider is PrEP. PrEP or Pre-Exposure prophylactic is a once-a-day pill that you take that is proven to drastically reduce the chance of contracting HIV upon exposure. It’s available by prescription only but there are programs available that make this medicine cheap or free.

FACILITATOR #3
Here in Western North Carolina, we’d recommend talking with WNC Community Health Services and/or WNC AIDS Project (WNCAP). Both organizations have financial assistance programs if money is a barrier to your care. Also check out the PrEP Locator map:
https://preplocator.org/

16 Q & A or BREAK TIME

FACILITATOR #2
There’s more to Sexual Health than just protecting yourself during the deed! We’re going to go over a few ways that you can prevent different kinds of infections both before and after sex.

FACILITATOR #3
One great prevention method is COMMUNICATION! It’s wise to ask your partner or partners about their sexual health and history. Ask them, “When was your last STI screening?”, “How many partners have you had since your last screening?”, “Did you and your partner(s) use barriers?”. These questions can help you determine the level of risk you choose to expose yourself to.
FACILITATOR #2
If you’re using flavored lube or condoms be sure that they don’t go anywhere except on a penis or in a mouth. This is because they contain sugars and other additives that upset genital chemistry. Flavored lubricants and condoms can easily cause yeast infections if used in either an anus or a vagina.

FACILITATOR #3
Many STIs, including chlamydia, gonorrhea, and syphilis, can be spread through oral sex like Fellatio: mouth on penis, Anal Nicolaus: mouth to anus, and Cunnilingus: mouth to vagina. However, the chances of giving or getting STIs during oral sex can be lowered by using a condom or dental dam. Reminder, these barriers are not 100% effective and there’s always some amount of risk involved.

FACILITATOR #2
A lot of people think yeast infections only happen in vaginas, but that’s not true! Remember, you can contract an anal yeast infection by having unprotected sex, anal Nicolaus with an infected partner, or sharing of toys with an infected partner.

FACILITATOR #3
Another thing to avoid is cross contamination between orifices. For example, if the bacteria in your anus comes into contact with a vagina, there’s a risk of that vagina contracting several infections including bacterial vaginosis, yeast infection, UTI, or combinations of all of those things.

FACILITATOR #2
These types of infections can be avoided by being mindful of what parts or toys have been where, and cleaning penises, hands, toys after any sexual act. Even if this means pausing the encounter. Waiting for 5 minutes now is a lot easier than waiting 2 weeks for your antibiotics to work on an infection!

FACILITATOR #3
Pro-tip: remember to go pee after having sex! Peeing after sex can help prevent UTI’s and yeast infections! If you’re sexually active, you should get tested regularly for STIs and HIV, even if you use barriers! It’s also important to talk to all of your partners about each other’s sexual health. Getting comfortable talking about sex, STIs, testing, and other partners takes practice!

FACILITATOR #2
Anyone who thinks that they might have been exposed to an STI should stop having sex and visit a doctor or clinic to get tested. There are free and low-cost options for testing available. It is important to talk openly with a health care provider about any activities that might put a person at risk for an STI.

FACILITATOR #3
So we know we need consent, barriers, and an understanding of how to maintain our own plumbing, are there other tips and tricks we should go over with our friends here?

FACILITATOR #2
Yes! Let’s talk lube!
FACILITATOR #3
Yes, let's!

FACILITATOR #2
Let's start by going over acceptable, condom-safe lubes. Water-based lubricants are most common and most affordable. Water-based lubes are compatible with condoms, as well as silicone toys. Some folks choose to use silicone or oil based lubricants, but these get more complicated and can come with some problems.

FACILITATOR #3
For example, silicone lube is compatible with condoms, but NOT compatible with silicone toys. If you use silicone lube on a silicone toy, the toy will MELT. Oil based lubricants will break down condoms and are not safe for use with barriers. Unacceptable lubricants include petroleum jelly, crisco, coconut oil, saliva. The oils can be bad for the body and worse for sex toys and condoms, and saliva is just not lube.

FACILITATOR #2
Another note is that chapstick and lipstick can break down condoms, so don't gloss up your lips before going down on your boo! Bring make up wipes in your bag if it's important to your look!

FACILITATOR #3
Used effectively, lubricants can make sex more enjoyable, as well as reduce the risk of sexual injury!
Yay Lube!

FACILITATOR #2
For those who engage in vaginal or anal sex: Penetration should NOT be painful! Painful penetration can mean a lot of things. There are a variety of potential causes for vaginal and anal penetration pain. Pain during penetration can be caused by inadequate lubricant, going too fast, or at an angle that doesn't work for the bodies involved. Sometimes, a torn hymen can be the cause of pain. Rarely, persistent vaginal penetration pain can also be caused by vaginismus, which is a condition that causes the muscles that make up the inner vagina wall to tighten.

FACILITATOR #3
There are a lot of myths about hymens, so we're gonna bust a few myths real quick.

Number one! The hymen is not a membrane to be penetrated! Despite the fact that hymen means “membrane” in Latin, it's not a solid membrane at all. It's a ring of tissue around the inside of the vagina shaped more like a doughnut. The tissues are highly elastic and can be thick or thin, and any penetration, from tampons to fingering, can disrupt them.

FACILITATOR #2
Two! The hymen doesn’t “break”, sometimes a hymen might tear, but it doesn’t break or burst. The tissue doesn’t leave the body, however it may wear down over time.
Another common myth is that hymens cause pain the first time a vagina is penetrated. In fact, it’s more likely that pain is experienced due to under-lubrication, going too fast too quickly, or not being familiar with your own body or your partner’s body.

But what about butts?! For folks who choose to engage in anal sex, it’s important that you gradually work yourself up in terms of size over a long period of time and that you use a lot of lube, especially since the anus does not self lubricate like the vagina does.

THERE’S NO SUCH THING AS TOO MUCH LUBE!

Remember, poop comes out of butts! So if you’re not ready to deal with occasional stray poo, you may not be ready for anal sex.

Pro-tip: Keep some flushable wet wipes with your barriers and lube. That way you’re prepared to clean up.

Some folks choose to rinse their rectums by anal douching. Common choices are Fleet Enemas, or hand bulbs. If you are douching your bum, be careful. If using a Fleet Enema, do not use the saline solution that comes in the bag, empty that out, rinse, and fill with lukewarm water. If using a hand bulb, be gentle, you don’t need to powerwash your insides out.

It’s ideal to use water that is close to your body temperature but not too hot! Using hot water, too much pressure, or over rinsing can dry out your bum and leave you more prone to anal tears and fissures.

Remember, enemas / douching are not necessary for anal sex, just an option. If you don’t like douching, maintaining a diet high in fiber can help keep your stools together and help prevent stray poo during anal sex. High fiber foods include: peas, oats, apples and bananas. You can also take a fiber supplement like Psyllium Husk or Metamucil.

If anal or vaginal sex hurts at any point, it is important to stop completely until pain passes.

In either case, it’s imperative that penetration is done slowly, gradually, and with a lot of lubricant, especially when it’s your first time or if you’re inexperienced. Oh, and most importantly, if you bleed during any form of penetrative sex, that is not normal. Yes, even in vaginal sex, bleeding is not supposed to happen! Yes, even if it is the person with the vagina’s first time, bleeding is not supposed to happen!

No matter which orifice you’re dealing with, bleeding means that the tissue within the orifice has torn, which increases the likelihood of infection. There is a commonly perpetuated myth that vaginal bleeding is caused by the hymen breaking, which is perceived as normal, when in reality the hymen itself doesn’t break at all, but is designed to stretch during intercourse.
FACILITATOR #2

In any case, during sex, it’s important to remember that pain is not a necessary part of the experience and you shouldn’t be expected to endure it. Always listen to your body. Always listen to your partner or partners.

FACILITATOR #4

Lastly, we want to touch on the matter of trans and non-binary sex. First of all, having sex when you’re trans or non-binary can be emotionally difficult because society has a lot of expectations about how you’re supposed to have sex when you have a penis or when you have a vagina, and stepping outside of those expectations can be scary and confusing and difficult. This can be worsened by the presence of genital dysphoria.

FACILITATOR #1

However, we want to let all of you know that it’s fine to get creative with how you use your junk, and accessories for your junk. Having a vagina doesn’t mean you have to be penetrated and having a penis doesn’t mean you have to penetrate. Sex toys exist! You can even get off, WITHOUT PENETRATION.

FACILITATOR #4

Another important topic to touch on is the way that hormone replacement therapy affects one’s sex life. As an FTM trans person, I’m going to talk specifically about how testosterone affects those who are assigned female at birth. First of all, there is a myth which is spread both in general society and even in the medical field that testosterone makes you 100% infertile. The truth is that being on testosterone does not mean that you can not get pregnant.

It is common for trans men and transmasculine people to become pregnant after they had unprotected vaginal sex with a partner who has a penis while assuming that testosterone is sufficient as birth control. If you start testosterone and continue to have penis-in-vagina sex, it is important that you either use condoms or an IUD, which is a form of long-term birth control that, unlike the pill or nuvareen, does not affect you hormonally.

FACILITATOR #4

Additionally, going on testosterone frequently causes one’s libido, also known as sex drive, to increase drastically. Also, many trans men have reported that going on testosterone alters one’s orgasm, making the sensation more localized in one’s genitals rather than being a whole-body experience.

One of the most noticeable changes that testosterone brings is known as “bottom growth.” Essentially, testosterone causes the clitoris to grow, sometimes by a few centimeters and sometimes by a few inches. To put it crudely, testosterone, more often than not, causes you to grow a small dick.
FACILITATOR #1

On the other hand, if you’re transfeminine there’s a whole range of other sexual pleasure and health considerations. For instance: Going on HRT may or may not cause you to lose erectile function. It will most likely also change your libido to be more comparable with a cis-woman’s.

Estrogen causes varying degrees of breast development. So there’s a new sexual organ and in some trans women this results in lactation depending on your specific dose of estrogen and anti-androgen.

Some trans women choose to undergo sexual reassignment surgery. Through this process a vagina can be created in the woman where there previously wasn’t one. These vary in features depending on the surgical technique used.

Another interesting experience among trans women is changing of sexual desires and sometimes orientations. Several studies note how gender transition can make someone prefer genders and types of sex they previously had no interest in. As a transgender individual, either transmasculine or transfemine you may notice that you prefer different partners and sexual activities post-transition than pre-transition.

FACILITATOR #2

Well folks, we really appreciate you all participating in this conversation today. We know that talking about sex can be a little awkward sometimes. Thanks for being here!

FACILITATOR #3

If you have any questions that you feel you’d like to ask one of us privately, we will hang out for a bit after we close and be available to chat for a few minutes.

FACILITATOR #4

Remember that it’s okay to take your time to figure out what kinds of sex (if any) you might be into. As well as take the time to make your own decisions about how you protect yourself during sexual interactions. You make the decisions about your body!

FACILITATOR #1

Thanks for being here everyone! See you next time.
outside condom
(used on penis)


https://www.healthline.com/health/healthy-sex/hrt-sexuality-libido

dental dam
(used on front hole/vagina and anus)
Glossary of Terms

Terms and concepts to define and describe gender identity, gender expression and sexual orientation are expansive and evolving. This glossary is a brief overview of terms that may show up in this LGBTQIA+ Peer Facilitator Guide and connected conversations. Please note that some definitions shift over time and there are often many ways to describe and define similar terms.

**Ally**
A person who shows support for LGBTQ people and actively promotes equality in a variety of ways.

**Androgynous** | Identifying and/or presenting as neither distinguishably masculine nor feminine or a blend of both.

**Asexual**
The lack of a sexual attraction or desire for other people. Asexual people experience attraction on a spectrum and have capacity to develop sexual attraction to others based on emotional connection or time.

**Biphobia**
Prejudice, fear or hatred directed toward bisexual people.

**Bisexual**
A person emotionally, romantically or sexually attracted to more than one sex, gender or gender identity though not necessarily simultaneously, in the same way or to the same degree.

**Cisgender**
A term used to describe a person whose gender identity aligns with those typically associated with the sex assigned to them at birth.

**Closeted**
Describes an LGBTQ person who has not disclosed their sexual orientation or gender identity.

**Coming out**
The process in which a person first acknowledges, accepts and appreciates his or her sexual orientation or gender identity and begins to share that with others.

**Gay**
A man who is emotionally, romantically or sexually attracted to members of the same gender. Also an umbrella term to describe individuals under the LGBTQ umbrella.

**Gender dysphoria**
Clinically significant distress caused when a person’s assigned birth gender is not the same as the one with which they identify. According to the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders (DSM), the term - which replaces Gender Identity Disorder - “is intended to better characterize the experiences of affected children, adolescents, and adults.”
Gender-expansive
Conveys a wider, more flexible range of gender identity and/or expression than typically associated with the binary gender system.

Gender expression
External appearance of one's gender identity, usually expressed through behavior, clothing, haircut or voice, and which may or may not conform to socially defined behaviors and characteristics typically associated with being either masculine or feminine.

Gender-fluid
According to the Oxford English Dictionary, a person who does not identify with a single fixed gender; of or relating to a person having or expressing a fluid or unfixed gender identity.

Gender identity
One's innermost concept of self as man, woman, a blend of both or neither – how individuals perceive themselves and what they call themselves. One's gender identity can be the same or different from their sex assigned at birth.

Gender non-conforming
A broad term referring to people who do not behave in a way that conforms to the traditional expectations of their gender, or whose gender expression does not fit neatly into a category.

Genderqueer
Genderqueer people typically reject notions of static categories of gender and embrace a fluidity of gender identity and often, though not always, sexual orientation. People who identify as "genderqueer" may see themselves as being both male and female, neither male nor female or as falling completely outside these categories.

Gender transition
The process by which some people strive to more closely align their internal knowledge of gender with its outward appearance. Some people socially transition, whereby they might begin dressing, using names and pronouns and/or be socially recognized as another gender. Others undergo physical transitions in which they modify their bodies through medical interventions.

Homophobia
The fear and hatred of or discomfort with people who are attracted to members of the same sex.

Intersex
Intersex is a general term used for a variety of conditions in which a person is born with a reproductive or sexual anatomy that doesn't fit the typical definitions of female or male. Sometimes an intersex person is assigned a female or male sex at birth through surgery, if external genitals are not obviously male or female. Intersex babies are always assigned a legal sex, but sometimes when they grow up, their gender doesn’t match the sex selected for them.

Lesbian
A woman who is emotionally, romantically or sexually attracted to women.
LGBTQ
An acronym for “lesbian, gay, bisexual, transgender and queer.”
Living openly | A state in which LGBTQ people are comfortably out about their sexual orientation or gender identity – where and when it feels appropriate to them.

Non-binary
is a gender identity which describes someone who does not identify exclusively as man or woman—this can include identities that are outside the gender binary. Non-binary people may identify as having two or more genders (being bigender or trigender); having no gender (agender, nongendered, genderless, genderfree or neutrois); moving between genders or having a fluctuating gender identity (genderfluid); being third gender or other-gender (a category that includes those who do not place a name to their gender).

Outing
Exposing someone's lesbian, gay, bisexual or transgender identity to others without their permission. Outing someone can have serious repercussions on employment, economic stability, personal safety or religious or family situations.

Pansexual
A person who has capacity for attraction to people of multiple genders. Some pansexual people have capacity to be attracted to people regardless of gender.

Queer
An umbrella term people often use to identify broadly as LGBTQ. Also a term to express fluid gender identities and sexual orientations. Often used interchangeably with “LGBTQ.” Queer has historically been used to harm the LGBTQ community and has since been reclaimed.

Questioning
A term used to describe people who are in the process of exploring their sexual orientation or gender identity.

Same-gender loving
A term used to describe attraction to and love of people of the same gender. Sometimes shortened to SGL.

Sexual orientation
A term to describe a person's attraction to others. Who you love.

Transgender
An umbrella term for people whose gender identity and/or expression is not exclusive to cultural expectations based on the sex they were assigned at birth. Being transgender does not imply any specific sexual orientation. Therefore, transgender people may identify as straight, gay, lesbian, bisexual, etc.

Transphobia
The fear and hatred of, or discomfort with, transgender people.

Adapted from Human Rights Campaign
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