

# PUMP

**Sexual Pleasure & Health  
Resource Guide for Transmen who  
have Sex with Men**

**CALLEN-LORDE**

## FORWARD

Currently there are no comprehensive materials in the United States that focus on transmasculine people who have sex with men (TMSM). The term TMSM is being used here to include a wide range of identities including transgender men, non-binary assigned female at birth (AFAB), trans masculine individuals, and men with a transgender history. The pronoun “we” appears throughout this text because many of the authors identify as members of this community, and are impacted by these issues. We also recognize that some TMSM, and some who are not TMSM, have sex with trans women and transfeminine people, and that those of us who do have both overlapping and distinct needs from TMSM who have sex with men.

This booklet was produced with input from TMSM communities and experts in trans care who came together to provide this information with you in mind – from trans providers to our trans patients – for us, by us. Our goal is to discuss sexual health for TMSM, which is inclusive of all who fall under this umbrella, regardless of surgery or hormone status. The booklet will cover all aspects of sexual and reproductive health including fertility, pregnancy and contraception, safety in navigating men’s sexual spaces, sex work, disclosure, and sexually transmitted infection (STI) testing, treatment and prevention. We will also discuss gender affirming surgeries that could affect our sexual health, and general preventive care including cancer screenings and vaccinations. This resource is focused on the TMSM population because all MSM have higher risks of Human Immunodeficiency Virus (HIV) infection and STIs. Trans and nonbinary people may also not have the information necessary to make informed decisions about contraceptive options, especially if they are using testosterone. The booklet will include medical advice for TMSM about optimal health care so that they can advocate for themselves regarding their overall sexual wellness and pleasure.

## INTRODUCTION

Thank you for picking up this booklet. It is about the sexual health, sexual pleasure, and overall wellness of trans masculine people. We use this term as the best available umbrella term for those who are female-assigned at birth and are living out their lives in a more expansive identity, which could be butch, nonbinary, two-spirit, being a trans man, or something else. We will use “trans” as a shorthand for these diverse identities. We hope this book is for you no matter what you’ve done to transition: if you’re taking hormones, or not on hormones, or have had surgery, or have not had surgery. No matter how you identify or what you’ve done to make your body a more comfortable place to live, our hope is to start a conversation with you about sex and your health.

We want to talk about the things that are important to you about being trans and having sex. We all may relate differently to what is in our pants, have different things there, and use them in completely different ways. We want to talk about this in a way that is simple and affirming – sometimes we may use medical language so we can be specific about what we’re saying, but we will try to use non-gendered words to talk about what is below the belt.

We also talk a lot about the risks and benefits of different choices about drugs, sex, and other topics where there is no one right way to behave, and each person makes their own individual choices. Our intention is to help you know how to take care of yourself better. Everything you do to help make yourself more comfortable in the world is important. We hope this booklet helps you be as safe as possible while navigating the world as a trans person.

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## CHAPTER 1: THE INDIVIDUAL: ME, MYSELF AND I

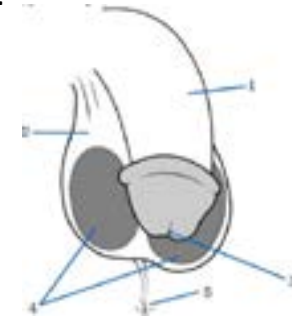
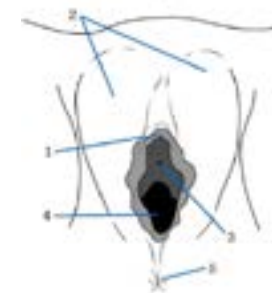
### Gender Identity vs. Sexual Orientation vs. Sexual behavior

We’ve already started talking about who we are as a community of transmasculine people, and the kinds of sex we have. *Transmasculine* is a word we are using as an umbrella term to include many gender identities, including transgender men, non-binary assigned female at birth (AFAB), and men with a transgender history. *Gender identity* is the language we use to describe our deeply felt, internal sense of our own gender. *Sexual orientation* is the language we use to describe the category of people who we like to have sex and romantic relationships with. Both gender identity and sexual orientation are labels that occur within a cultural context or community. As medical providers, we know that labels like gay, straight, pansexual, or questioning do not mean we can guess the exact kind of sexual behavior a person participates in.

Some of us have a sexual orientation, but do not engage in any sexual behavior. Some people have a sexual orientation, but engage in behavior that might not be expected of that sexual orientation. These behaviours could happen because of wanting sex even if it isn’t the kind you usually prefer, sex for income or sex work, or discomfort identifying with certain labels or being “out.” It could also be that in a different cultural context, that behavior is expected for that orientation. These sometimes confusing gray areas of language are why it is very important to be clear and specific with health care providers about the kinds of behavior you engage in, including which of your body parts are involved and which of your partner’s body parts are involved.

### Name Your Parts

These are two common body types, with labels for what medical providers use to refer to these parts, and room for you to write your own words that you use. Some people have a mix of these two sets of genitals, because they were born with an intersex condition (meaning that they do not fit neatly into male or female sex categories) or because of having genital surgery.



1	Medical Term: Clitoris We'll Use: Clitoris Your Word: _____	Medical Term: Penis We'll Use: Penis, Cock Your Word: _____
2	Medical Term: Labia Majora We'll Use: Labia Your Word: _____	Medical Term: Scrotum We'll Use: Scrotum Your Word: _____
3	Medical Term: Urethra We'll Use: Urethra Your Word: _____	Medical Term: Urethra We'll Use: Urethra Your Word: _____
4	Medical Term: Vagina We'll Use: Front Hole, Vagina Your Word: _____	Medical Term: Testicles We'll Use: Testicles Your Word: _____
5	Medical Term: Anus We'll Use: Anus, Anal Area, Butt, Ass Your Word: _____	Medical Term: Anus We'll Use: Anus, Anal Area, Butt, Ass Your Word: _____

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In addition to the external parts, there are internal organs that most people assigned female at birth have:

1. Uterus
2. Cervix (entrance to the uterus)
3. Vagina
4. Ovary
5. Fallopian Tube



**What is Safer Sex?**

There are lots of different ways to have sex. Having safer sex means lowering your risk for sexually transmitted infections (STI's), HIV and pregnancy. Most of the risk from sex involves putting someone else's genitals, mouth, or ass in contact with your genitals, mouth, or ass. Many people choose to have safe sex by not coming into direct contact with other people's genitals, mouth, or ass or by taking medications that reduce the likelihood of HIV (we will discuss this HIV pre-exposure prophylaxis medication later on). If you have had genital surgery, like metoidioplasty or phalloplasty, there is also risk associated with putting your genitals into someone else's genitals, mouth, or ass.

If your genitals, mouth, or ass are coming in contact with other people's bodies, the safest way to have sex is to use barriers, which include condoms, gloves, or dental dams. PrEP is more effective at stopping HIV than barriers. Having a fluid-proof (impermeable) layer between your body and whatever is coming in contact with your body will make sure that no germs, body fluids, or irritants come into contact with you. We will discuss more specifics in the next chapter.

We'll also talk about risky sex in this booklet. Risky sex is sex without condoms or other protection methods. Some kinds of risky sex are higher risk than others. Some types of sex have risk for pregnancy, some for sexually transmitted infections (STIs), HIV, and some for neither. But any time you put anything (hands, toys, genitals) into your body, there is some risk for irritation. Sometimes the irritation can cause



sexually-related infections, like urinary tract infections (UTIs) and bacterial imbalances.

Sexually related infections are caused by germs (bacteria and viruses) that are transmitted through sex. They can infect genitals, for example someone's front hole and also other areas for example their butt or mouth if these were used during sex. There are normal bacteria that keep everything in balance so there is no irritation or discharge. Putting anything in the front hole will bring new bacteria with it and can cause what is called bacterial vaginosis, or BV. BV is related to the good and bad bacteria being out of balance and can cause discharge and irritation. Using barriers on body parts and clean toys going in the front hole can help reduce the chances of sexually related infections.

**Risk of HIV During Different Types of Exposures**

The table below lists the risk of transmission per 10,000 exposure for various types of exposures.

Estimated Per-Act Probability of Acquiring HIV from an Infected Source, by Exposures Act*	
Type of Exposure	Risk per 10,000 Exposures
<b>Parenteral</b>	
Blood Transfusion	9,250
Needle-Sharing Suring Injection Drug Use	63
<b>Sexual</b>	
Receptive Anal Intercourse	138
Insertive Anal Intercourse	11
Receptive Penile-Vaginal Intercourse	8
Insertive Penile-Vaginal Intercourse	4
Receptive Oral Intercourse	Low
Insertive Oral Intercourse	Low
<b>Other</b>	
Biting	Negligible
Spitting	Negligible
Throwing Body Fluids (including semen and saliva)	Negligible
Sharing Sex Toys	Negligible

There are many different ways to have sex and these are all associated with different levels of risk for acquiring HIV. Oral sex (giving or receiving) is unlikely to transmit HIV. On the other hand, having anal receptive sex (i.e., you are the bottom), without using a condom or PrEP, has the highest risk of HIV transmission.

The probability that a person transmits HIV depends on how much HIV they have in their body. People on HIV treatment with a very low, "undetectable" level of HIV cannot transmit to others during sex. People who recently acquired HIV may have a very high level of virus and a higher per-act probability of transmitting HIV to others.

People can prevent HIV even if they are exposed by taking PrEP or emergency PEP.

## CHAPTER 2: COVID-19 AND SEX

Dating, hooking up, and sex work has been greatly changed by the introduction of the Coronavirus pandemic. We have all seen and heard urgent public health messages advising us to shelter in place, practice social distancing, wear masks, and keep our hands to ourselves. This is a pretty overwhelming realization on top of everything else, so there may be some questions that have come up for you: Does this mean we can never have sex again without quarantining with sex partners? What does this mean for me as a sex worker? I just started seeing someone I really like, and now I've been cut off.

**How can we play safely?** Here are some things to consider to enjoy safer sex and minimize your risk of contracting COVID-19 courtesy of the NYC Department of Health and Mental Hygiene:

### 1. KNOW HOW COVID-19 SPREADS.

You can get COVID-19 from a person who has the SARS-CoV-2, the virus that causes COVID-19, even if they don't have symptoms.

- The virus spreads through particles in the saliva, mucus or breath of people with COVID-19, even from people who do not have symptoms.

*We still have a lot to learn about COVID-19 and sex.*

- The virus has been found in the semen and feces (poop) of people with COVID-19.
- We do not know if COVID-19 can be spread through vaginal or anal sex.
- We know that other coronaviruses do not easily spread through sex. This means sex is not likely a common way that COVID-19 spreads, however, having sex means being in close proximity to another person. This puts us at risk for transmission.

### 2. ONLY HAVE SEX WITH PEOPLE CLOSE TO YOU.

- **You are your safest sex partner.** Masturbation will not spread COVID-19, especially if you wash your hands (and any sex toys) with soap and water for at least 20 seconds before and after sex.
- **The next safest partner is someone you live with.** Having close contact – including sex – with only a small circle of people helps prevent spreading COVID-19. Have sex only with consenting partners.
- **You should limit close contact – including sex – with anyone outside your household.** If you do have sex with others outside of your household, have as few partners as possible and pick partners you trust. Talk about COVID-19 risk factors, just as you would discuss PrEP, condoms, and other safer sex topics. Ask them about COVID-19 before you hook up.
- **Do they have symptoms or have they had symptoms in the last 14 days?** Most people with COVID-19 have symptoms, but asymptomatic spread is possible. Fever, cough, sore throat, and shortness of breath are symptoms to ask about. Note that asking about symptoms is not a perfect way to know whether someone has COVID-19.
- **Have they been diagnosed with COVID-19 using a nasal swab or saliva test?** People who have recovered from COVID-19 at least 10 days from the day their symptoms started and who have not had fever for at least three days are likely no longer infectious.

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### **If two is company then three (or more) is definitely a crowd.**

Large gatherings of any type are not safe during COVID-19. Close contact with multiple people should be avoided. But, if you decide to find a crowd, below are tips to reduce your risk of spreading or getting COVID-19:

- Limit the size of your guest list. Keep it intimate.
- Go with a consistent sex partner.
- Pick larger, more open, and well-ventilated spaces.
- Wear a face covering, avoid kissing, and do not touch your eyes, nose, or mouth with unwashed hands.
- Bring an alcohol-based hand sanitizer.

### **If you usually meet your sex partners online or make a living by having sex, consider taking a break from in-person dates.**

Video dates, sexting, subscription-based fan platforms, sexy "Zoom parties" or chat rooms may be options for you.

### **If you decide to have sex outside of your circle of contacts or a hook up, closely monitor yourself for symptoms.**

- Consider getting a swab or saliva test for COVID-19 on a more frequent basis (monthly or within five to seven days of a hookup). Visit [nyc.gov/covidtesting](https://nyc.gov/covidtesting) or call 311 for information on where you can get tested in New York City. Testing is free at sites sponsored by NYC Health + Hospitals.
- Take precautions interacting with people at risk for severe COVID-19 illness such as people over 65 years of age or those with serious medical conditions.
- Be vigilant with face coverings and healthy hand hygiene to minimize risk to others.

### **3. HAVING ANTIBODIES AGAINST THE VIRUS THAT CAUSES COVID-19 OR HAVING TESTED POSITIVE DOES NOT PREVENT YOU FROM CONTRACTING COVID-19. USE TEST RESULTS WITH CAUTION IN HELPING YOU MAKE DECISIONS ABOUT SEX.**

- A positive antibody test for the virus that causes COVID-19 may indicate prior exposure, but it does not mean you are immune from reinfection.
- A prior positive diagnostic test (nose swab or saliva) means you have had COVID-19 and may be less likely to be re-infected. We don't know how strong that protection is or for how long it lasts.
- Be cautious in using these tests to make decisions about who you have sex with and what kind of sex you have since antibody test results are not definite proof of immunity. For more information about COVID-19 tests and how to interpret results, visit [nyc.gov/health/coronavirus](https://nyc.gov/health/coronavirus) and look for COVID-19 Testing: Frequently Asked Questions.



Source: Macau Photo Agency via unplash.com

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#### 4. TAKE CARE DURING SEX.

- **Kissing can easily pass the virus.** Avoid kissing anyone who is not part of your small circle of close contacts.
- **Rimming (mouth on anus) might spread the virus.** Virus in feces may enter your mouth and could lead to infection.
- **Wear a face covering or mask.** Maybe it's your thing, maybe it's not, but during COVID-19 wearing a face covering that covers your nose and mouth is a good way to add a layer of protection during sex. Heavy breathing and panting can spread the virus further, and if you or your partner have COVID-19 and don't know it, a mask can help stop that spread.
- **Make it a little kinky.** Be creative with sexual positions and physical barriers, like walls, that allow sexual contact while preventing close face to face contact.
- **Masturbate together.** Use physical distance and face coverings to reduce the risk.
- **Condoms and dental dams can reduce contact with saliva, semen or feces** during oral or anal sex. Visit [nyc.gov/condoms](https://nyc.gov/condoms) to find out how to get free safer sex products.

#### Washing up before and after sex is more important than ever.

- Wash hands with soap and water for at least 20 seconds.
- Wash sex toys with soap and warm water.
- Disinfect keyboards and touch screens that you share with others.

#### 5. GUIDANCE FOR PARTIES

The truth is that we shouldn't be having any parties, but we know that it is going to be very difficult to stay isolated for a long time. Maintaining the proper precautions in an outdoor setting does make it much safer to be around other people, but is not all that is necessary for harm reduction around COVID-19.

If you are going out to the park, the beach, or any underground parties on a regular basis, think of this like sex: you should get tested regularly to reduce the risk of spreading infection. Remember:

- When it's hot, your body temperature rises and you will begin to sweat. Masks can lose their effectiveness when they become wet, so bring multiple masks with you when you go out.
- Do not stand near others when your mask is off.
- If you are handing off anything to others (money, phones, cigarettes, etc.) please sanitize your hands.

### CHAPTER 3: SEXUAL HEALTH

Testing for STIs is an important part of sexual health. Knowing your STI status can help to have honest conversations with partners and also helps keep you as healthy as possible. Many STIs can have bad effects on your health if they are not treated, and getting tested is the first step to making sure you stay healthy. It is also good to talk to people you want to have sex with about testing. Knowing your STI and HIV status means that you can be more confident when engaging with other people that you are keeping them safe.

Human Immunodeficiency Virus (HIV) the virus that eventually causes Acquired Immune Deficiency Syndrome (AIDS) if it is not treated. HIV cannot be fully removed from the body, but medications can keep HIV from having a negative impact on our health. If someone is taking medication for HIV and has fewer than 50 copies of the virus per milliliter of blood (<50 copies/mL), they cannot transmit HIV to another person. When this is confirmed by testing in a lab, it is called "undetectable" because the test cannot detect copies of the virus. The message U=U is shorthand for undetectable = untransmittable, explaining that when we are living with HIV and undetectable, we cannot pass the HIV infection to another person.

Common STI's we test for are Chlamydia, Gonorrhea, and Syphilis. All of these infections, including HIV, might not have symptoms, meaning that you could have it and not know it. That's why we advise regular, ongoing testing for people who are having sexual contact that could transmit STIs. Gonorrhea and Chlamydia are bacteria that continue to grow and reproduce in the place where the infection started. This means that it's important to test the specific place where it could live, by swabbing the throat or the anus, or by collecting urine. That's why medical providers ask what parts of your body are involved in sexual contact, so that we know where to test.

#### How is HIV Transmitted?

Receiving blood transfusions, blood products, organ/tissue transplants contaminated with HIV.

Sexual contact with an HIV+ person: including anal, vaginal, oral.

Sharing needles or syringes with an HIV+ person, or being stuck with an HIV-contaminated needle.

From parent to child during pregnancy, breast feeding, or birth.

Contact between broken skin, wounds, and/or other bodily fluids contaminated by blood.

#### PrEP/PEP: Education About It and Feedback From People Who Do Use Either One

There are two ways you can lower your risk for HIV that don't have to do with condoms or other barrier methods. Both ways involve taking medication. One version is to take a pill every day to build up protection from HIV before coming into contact with the virus, which is called Pre-Exposure Prophylaxis, or PrEP. Many of us like taking PrEP every day because we aren't sure when we are going to have sex. By taking PrEP regularly every day, we don't have to worry about getting HIV during or after sex.

If someone has risky sex without being on PrEP, they can take medications soon after the sex to prevent HIV transmission. These medications, which we call Post-Exposure Prophylaxis or PEP, only work if they are taken very soon after the exposure to HIV. Hopefully the medication would be started within 24 hours of when the exposure happened, but it can still be started as far as three days after. After PEP is started, the person needs to take about one month of medication. There are other ways to take medication that you might hear about, called "on demand" or "event driven" PrEP, however we don't recommend this since this has not been tested in people who are assigned female at birth.



Both PEP and PrEP require getting a prescription from a health care provider. If you want to use PEP or PrEP, it is important to have a relationship with a health care provider you trust so you can talk openly about your risk for HIV. Taking PEP or PrEP will not interfere with hormones. If you are worried about the cost of PEP or PrEP, at Callen-Lorde we are very experienced at figuring out ways to make it low- or no-cost to you. Resources in different parts of the country vary, but the manufacturer of the medication also is able to help you figure out insurance benefits and additional programs in order to make the medication accessible. <https://www.gileadadvancingaccess.com/>

***“It’s a part of my life because I like to have that sex. And I realized that my sex life is more risky than I thought it was because I’m not in a relationship. ...so since I’m having sex with multiple partners, I feel like it’s just safer for me to take Truvada...”***

**- Eli Berry, Transmasculine & Healthy**

### **What’s the T?: Testosterone and Pregnancy**

It’s not just about STIs. Many people like to have sex that can lead to pregnancy. Some people have trouble talking about it, but it is not unusual for trans people to enjoy having things in their front hole. If sperm, a uterus and ovaries are present, there is a risk for pregnancy. Testosterone makes it harder to get pregnant, but it is still possible to get pregnant while taking testosterone. If someone does become pregnant on T or plans to become pregnant soon, it is important to stop taking testosterone as soon as possible to avoid affecting the fetus. If we become pregnant but do not want to be, testosterone can be continued while using any of the methods that are used to terminate a pregnancy.

Many people like to use condoms because they are cheap or free and don’t require anything other than putting them on during sex. They also protect against most STIs. They may help prevent infections spread by bacteria by acting as a clean barrier between bodies and preventing new bacteria from getting in the front hole. They also keep sperm and other body fluids that carry STI’s from getting into your body which is how they reduce the risk of pregnancy and STI’s. The most common condom is the external condom, which goes over the penis like a glove. Another kind is the internal condom, sold as the FC2, which is worn inside the vagina or anus.

There are also long term forms of birth control. Many people like these because they do not need any special attention during sex. Intrauterine devices (IUDs) can be with or without hormones, and stay in the uterus to prevent pregnancy. Getting an IUD means seeing a doctor who puts it in the uterus through the front hole. IUD’s last 5-10 years before they need to be replaced depending on the type, but can cause cramping. There are other forms of birth control that do use some estrogens. People on testosterone can still use them, and it is not common for their transition to be affected by adding these medications. One form is an implant that can go in the arm instead of being inserted into the uterus, works as a birth control for four years. There are also daily pills to put hormones into the body that prevent pregnancy.

If a condom breaks, and you are not on one of the forms of birth control we just discussed, it is worth thinking about both PEP and emergency contraception (EC). One brand name of EC is Plan B. EC does not contain any estrogen. It will make someone who takes it cramp and bleed, but does not interfere with testosterone. EC doesn’t work as well as

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other kinds of birth control, so it’s not good to use it as a first plan for pregnancy prevention. But it does work well enough that it can be used when the first plan fails.

We offer all of these forms of birth control to people on testosterone and not on testosterone. Some people who don’t want to be on testosterone choose to use one of these methods in order to stop monthly bleeding that they don’t want to experience. If you aren’t sure what form is best for you, or have had a bad experience in the past with a form of birth control, it is worth talking to a knowledgeable medical provider. There are many medications we can use, and we hope that we can help you pick the right one for you.

### **I like it Raw: Choosing Not to Use Condoms**

Some of us choose to not use a condom. Often when referring to penetration like anal sex and front hole sex, this is called “barebacking” or raw sex. When we bareback by not using a barrier on our packers or toys, some materials can be cleaned thoroughly between uses to get rid of most viruses and bacteria. Because some bacteria survive over the temperature water boils at, it does offer more protection to still use a condom. If we use that same toy again in a new person (or in ourselves after using them with a partner) without properly cleaning it, we can transmit STIs.

If we receive penetration from someone with a penis, and they have an STI, that infection can be passed to the place we received penetration; orally, vaginally, or anally. In addition, if we still have our internal reproductive organs, vaginal raw sex can cause a pregnancy. This includes if we are on T, and even if we are having sex with someone on estrogen who still has testicles, like trans women. While hormones significantly reduce the chance of pregnancy, it is not enough to prevent it from happening. At Callen-Lorde we’ve had patients become pregnant even when they (and in some cases, their trans woman partner) were taking hormones.

### **More on Toys and Packing**

Packing means wearing a prosthetic penis (or packer) to create a bulge in the crotch of the pants. Tighter underwear can sometimes hold the packer in place, but there are also special underwear and harnesses that are designed to keep the packer in place. It is also important to wash the packer regularly or it may contribute to getting UTIs. The best material for packers is medical grade *silicone* without other ingredients added. Silicone is a nontoxic material which is less likely to harbor germs on the surface and inside the material over time. Medical grade silicone can be cleaned by boiling them in a pot of water for five to ten minutes or washing in the top rack of a dishwasher. Just washing with an unscented, antibacterial soap and water can also clean silicone packers.













Image courtesy of TransguySupply.com

Some packers have built-in stand to pee, or STP, parts. There are also STP’s sold separately from packers. STP’s help catch urine as it comes out of the urethra and directs the urine forward. Using an STP can make it so you can pee standing up. It is important to practice a lot with an STP to avoid having leaks coming out while peeing. We recommend first trying it standing in a shower or bathtub, and to practice using it through the fly of your pants in your own house before trying it out in the world. Additionally, an STP packer should be washed more often, ideally every day. Another way to keep packers clean, especially ones that aren’t as easy to wash, is to make a washable cover that you can put in the laundry. Some packers can also be used during sex, or are specifically made

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for this purpose. Some toys made for sex are not designed to be worn on the body and are hand held, made of metal or glass. Metal, glass, and silicone are all materials that can easily be washed before and after sex, however, they are also more expensive. While these methods like boiling, dishwashing (even on “sanitize” settings) and handwashing are likely enough to kill bacteria that live in the body, it is not the same as sterilizing. Using condoms alongside washing offers additional protection. If you do use a toy with a plastic blend of materials (“cyberskin” and others), the best way to use them to penetrate other people or yourself is by putting condoms over them every time, as they are hard to completely clean. The materials themselves in some cases can irritate the body, such as bisphenols which can be abbreviated as BPA, BPS and BPF.

Harnesses that we use for everyday packing or for sex should also be regularly cleaned, as they come into contact with bodily fluids. Some products for this are more like a special underwear, and can be run through the laundry. Leather harnesses often need more care and handwashing. Always follow the package directions for cleaning, if available.

	Material	Method
Toys and Packers	Silicone	  
	Glass	  
	Stainless Steel	  
	Hard Plastic	
	Toys with built-in electronics	Wipe down with soapy washcloth
	Anything with rubber, jelly, PVC, latex, vinyl, “cyberskin”, soft plastics	These materials are porous and difficult to clean. It is recommended to always use condoms with these types of toys. Some rubber can be cleaned with soap, but cyberskin and vinyl toys should be rinsed delicately with warm water only.
Harnesses	Nylon	Nylon harnesses can be machine or hand washed with a mild antibacterial soap.
	Leather	Wipe leather products with a damp, soapy cloth or with leather cleaner. Do not soak leather. After cleaning, you may recondition your harness using a leather conditioner.



Put in dishwasher, on top rack



Wash with unscented, antibacterial soap and submerge in warm water.



Boil in a pot of water for 5-10 minutes

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**Poppers & ED Drugs**

Sometimes people use drugs when they have sex. There are lots of different drugs that people use to change the way they experience sex. Erectile dysfunction (ED) drugs like Viagra are pills people take to help with erections. They work by increasing blood flow to the penis. They won't help with an erection after phalloplasty, but will make more blood go to the clitoris. ED drugs may help with an erection after metoidioplasty. Some people who take ED drugs can get headaches, and many medications for the heart can't be taken with ED drugs. It is important to talk to a healthcare provider before using them.

*Poppers*, also called amyl nitrates, are drugs that are inhaled and can help loosen the muscles around the anus and front hole. Many people believe they make it easier to bottom. There is less research on poppers, but sometimes people get headaches on poppers or they can pass out. Other times, people use them so much that they can't bottom without using them. Poppers and ED drugs add to the effect of each other in a way that can be dangerous, so it is important not to never combine using both poppers and ED drugs at the same time.

**Mental Health and Substance Use: Impacts On Sexual Health**

Substance use and mental health are often connected to each other. LGBTQ people with mental health issues might use alcohol and drugs (including cigarettes) to cope with difficult emotions, to escape some type of stress in our lives, and/or to temporarily change our mood to something else. Using drugs and alcohol (which we'll call “substances”) can be a way to change your mood, but sometimes they have other immediate negative side effects, or cause other problems in the long term. Substances can work to improve mood for some time, but can stop working and different strategies to cope with stress might be needed. Also, substances interact negatively with some mental health medications, and can make these medications less effective.

Bars and clubs historically were sanctuaries for LGB and trans people, a place where we could be ourselves and find others with similar identities and interests. In these spaces, drugs and alcohol can become a part of our lives and unhealthy use can be seen as “normal” and acceptable. It can be difficult to reduce usage or stop using entirely, because it can mean letting go of these places and the people who frequent them. Luckily, in New York City, there is a robust substance use recovery community, including all-TGNB (transgender and nonbinary) meetings of 12 step programs such as Alcoholics Anonymous. Meetings like this take place in different neighborhoods in the city, and also at the Lesbian, Gay, Bisexual, & Transgender Community Center in Manhattan. The center also offers 1-on-1 substance use counseling specifically for LGBT people. Besides substance use, the LGBT Center also offers ways to meet friends and dates that don't involve drinking or substances.

Regardless of our desire to explore reduction of use or alternatives to substances, we can all think about how to improve our enjoyment of substances we want to continue using. Sometimes when we use substances, we feel less inhibited and engage in behavior we would not otherwise be comfortable with. This might be part of our goal for taking a substance - letting down barriers and inhibitions and trying

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things we've wanted to for a long time. However, while in this state, we might also do things that we were not physically or emotionally ready for. This includes having risky sex, which could lead to contracting HIV and other STIs.

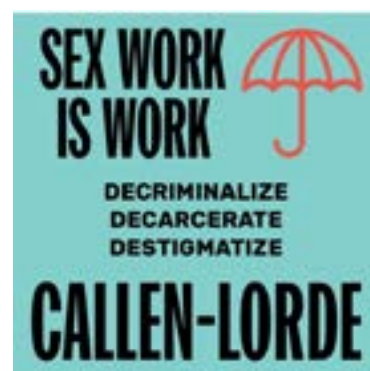
If we are using substances to let down our guard and try new things, we can plan with ourselves in advance to think about what our "hard limits" might be, both in terms of sex and other activities. We can also have a back-up plan, like using emergency contraceptives, PEP, and STI testing to limit the risk of things we already did. While it can be embarrassing to talk about things you would not normally do, medical providers are here to take care of you and your health goals.

Everyone does things that are risky sometimes, whether that be barebacking, riding the subway during flu season, or using substances. Our job as medical providers is to talk to you about harm reduction methods like getting a flu shot and using substances in the safest way possible, not to make you feel ashamed or unworthy for the things you've done. If you do want help with changing the way you use substances, we can offer psychotherapy and medication to help you.

### Sex Work

Some of us have experience, or possible interest, in doing sex work. Sex work is a broad term that is meant to encompass a range of different experiences that all involve personal benefit from the sex industry. This could include work like online camming by yourself, hourly wages at a business like a porn theatre where sex takes place, trading sex for a place to sleep, or getting paid to have sex with people. In most places, this is work that is looked down upon or illegal. That stigma can also be harmful to the people who do this work, and make it harder to discuss safety with medical professionals.

Transmasculine people might be navigating this work while performing a different gender identity, like working as a woman or as a man when we don't identify that way. That can have an effect on our safety while working and how we feel about doing the work. We might also be navigating being desired because we are transmasculine or because of our transmasculine bodies, which can be empowering or can make us feel reduced to our body parts. Due to the kinds of contact that can be involved, and the criminalized nature of the work, sex work has its own health and safety considerations; for instance, some people may pay more money for specific kinds of sex, such as sex without condoms. People who engage in sex work that involve raw sex might consider taking PrEP as a way to prevent HIV. At Callen-Lorde, we take pride in providing quality medical care to people who engage in sex work.



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## CHAPTER 4: MEDICAL CONSIDERATIONS

### Binding

Binding can be a healthy way to create a more masculine shaped chest without surgery. Binding means using something to squeeze the chest into a flatter shape. The safest way to do this is with a binder, which is a special shirt designed to flatten the chest. Some people use bandages or other garments to do this, but using things other than binders can make it easier to hurt yourself. Smaller is not always better when binding. It's important to get the right size for your body in order to achieve the best results safely. Unfortunately, without surgery, some of us will never be able to get our chest completely flat.

Always check the sizing guide of the company you are purchasing from, and measure around the largest area of your chest in order to get the right size. If you are an unusual size, there are even custom made binders in exciting fabrics patterns online. When buying a binder, in addition to the correct size, some materials are better than others. Most binders are a combination of nylon and spandex. We recommend using binders with straps that go over the shoulders like an undershirt or tank top, rather than binders that only wrap around the chest and use velcro or buckles to become secure.

Warning signs that you might be binding in a harmful way include:

- Shortness of breath that does not get better when you take the binder off
- Bruising or redness on your ribs
- Any cuts or openings in your skin.



*See a medical provider before continuing binding if you have these symptoms.*

### In a Bind: Complications from Binding

Wrapping something not meant for binding, like an ace bandage, all the way around your chest can make it harder to breathe, which can lead to a lot of health problems like injured ribs, infections in the lungs, or not being able to get enough air to your body. Even when using a binder, if it is too tight, it is possible to have some of these problems. More commonly binding can cause back and muscle pain. Pushing different parts of the body into a new shape puts a lot of stress on the muscles. The best way to avoid this is to bind for as few hours a day as possible. We suggest aiming for a maximum of 8-12 hours in one day. **You should never sleep in a binder overnight.** Make the most of your daily breaks from binding by stretching your arms and chest and taking a few moments of slow, full, deep breaths to feel your full lung capacity. Any movement practice you already participate in, like yoga or martial arts or dance can help to de-stress your arms and chest from being in a binder all day. We recommend doing slow windmill and swimming motions with your arms, not as a way to work out, but to help get blood flowing through your shoulders and so that you use your full range of motion. You can also place your hands on either side of an open doorway and gently lean into the doorway, helping to stretch the front of your pecs. Try doing this with your hands in high, medium, and low spots on the door frame. Laying on the ground for a few minutes with a long foam roller, or even a tightly rolled up towel, under the entire length of your spine can also help to open up and relax your chest.

Another common issue from binding is skin reactions to being sweaty under the binder. Practicing good hygiene and washing binders helps to prevent this, but if you do experience a rash it is best to have it evaluated by your medical provider. Products like "trans tape" or KT tape used to bind can also be very harsh on the skin, and we have seen injuries from incorrect use. If you do use trans tape or other medical tapes to bind, you should carefully follow the product instructions. If you need to take a break from binding because of an injury or other problem, try layering shirts and overshirts to help make a flatter shape.

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## Hormones (testosterone)

Many trans people choose to take hormones. It is important to remember that there is no “right way” to be trans, and the decision to take hormones is up to everyone individually. Most of the time, when trans masculine people take hormones, they take testosterone, or T. This is a medication that provides male secondary sex characteristics- body hair, voice deepening, genital growth, and more. There are a lot of different ways to take testosterone. Different bodies also process testosterone differently. A moderate dose in one person might be too high in another person’s body. Some of us take daily gel, inject testosterone, or use implants like testopel that last for months at a time. At Callen-Lorde we have used all those methods and treat every person based on their individual needs.

### Testosterone Changes. All depend heavily on genetics and dosage.

	How Does it Change?	When could I start to notice?	Years until new changes slow down or stop?
<b>Acne</b>	More acne	1- 6 months	1 - 2 Years
<b>Body Hair</b>	Increases	6 -12 months	4 - 5 Years
<b>Scalp Hair</b>	May Decrease	6 -12 months	-
<b>Muscle Strength</b>	Increases	6 -12 months	2 - 5 Years
<b>Fat Distribution</b>	Moves more to belly	1- 6 months	2 - 5 Years
<b>Periods/Menses</b>	Stops	2 - 6 months	-
<b>Clitoris</b>	Gets bigger	3 - 6 months	2 - 5 Years
<b>Voice</b>	Deepens	6 -12 months	2 - 5 Years

It’s not “all or nothing.” Sometimes, people want to have the biggest effect of testosterone as quickly as possible. This is what most medical providers who prescribe testosterone are prepared to help with. Some of us want to “*microdose*” testosterone, or take lower than the maximum dose. A lower dose of testosterone could create slower or lesser changes, and it may have some of the other effects of testosterone like giving people more energy or more desire to have sex. We take care of people who have chosen to go off and sometimes back on testosterone at different points in their life. The reasons for doing so are diverse and individual, and we are here to take care of the whole person, not just their hormone prescription.

No matter what dose someone is using, it can be hard to adjust to the changes in the body that happen with T. Every person has a mix of hormones in their body that play into their individual mental health, energy level, sex drive, and other factors. If you find that you are experiencing unwanted changes to your mental health or physical body on T, a knowledgeable provider should be able to hear your concerns and help you cope or adapt without making you feel bad or “less trans” than another person who is having no issues with T. We can only help with what you let us know is a problem, so please be honest about how you are doing. While our clinic does not require a specific mental health treatment before starting transition, we do offer mental health services to everyone throughout their transition. Coping with new hormones, coming out as trans, navigating a sex life, or having a gender affirming surgery are all intense experiences that professional mental health services could support you through.

Sex drive and orgasm are often changed by having different hormones in the body. One of the first things that many of us noticed when we started testosterone was clitoris growth that changed how it felt and reacted sexually. You might find that the ways you like to touch yourself or be touched by others are different as you experience changes from testosterone. At the same time, you could have a higher sex drive because of testosterone, or just feel more confident and comfortable with sex when you experience the body changes you wanted. This all adds up to a big learning curve for sexual interaction, which could be exciting or frustrating, or both! Be patient with yourself, you are experiencing a second puberty, and puberty is always complicated.

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## Injection Safety

If you are using testosterone by injection, a nurse or medical provider could do your shots for you. Some of us choose to do injections at home, rather than travelling to a clinic. You can do them yourself, or a friend or family member can do them. It is important to continue to do your injection the way a medical professional trained you to do it. If you start getting worried about your shots and feel like you need a refresher course, we offer that to our patients at Callen-Lorde.

You should never re-use a needle. Bacteria can grow on the needle between uses, introducing an infection to your body. If you use a needle someone else has used, it places you at risk of acquiring illnesses from that person’s blood. If you are out of needles, they can be prescribed to a pharmacy. Additionally, in New York State, you can buy up to ten needles at a pharmacy without a prescription. When you are done with your shot, place any needles you unwrapped from their packaging into a sharps container, or a bin that is designed to hold needles. We give them to patients at Callen-Lorde, but in a pinch, you can use an empty plastic bottle with a screw-top. We also accept full sharps containers for proper disposal at Callen-Lorde, and many other health facilities do as well.



### Impact of hormones on front hole health

T may also affect the front hole in a way that makes it easier to get HIV. Testosterone can make you more likely to have dryness, irritation and bacterial imbalances. This can make it easier to get small tears there, which lets HIV into the body. Some people who are experiencing these effects take local estrogen applied to the front hole. For some people this solves discomfort during everyday life or during sex. The amount of estrogen in the gel or pill that goes in the front hole is very small, and helps that tissue without changing the overall balance of hormones in your body.

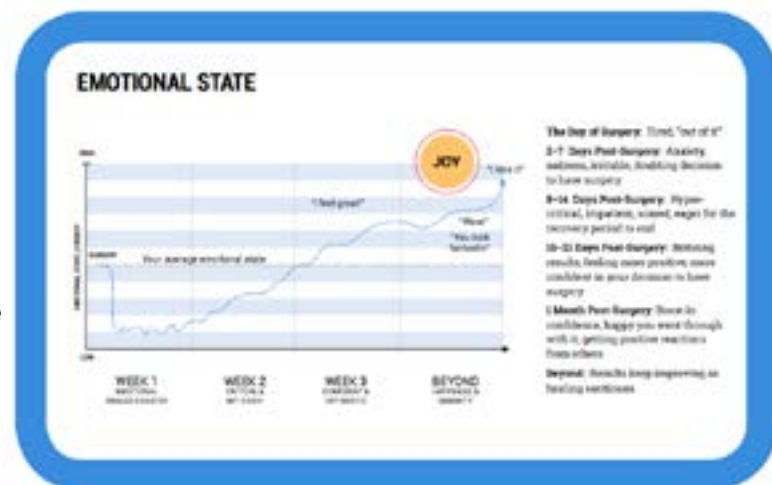
### Impact of hormones on fertility

When it comes to having kids, T will make it harder, but is not a good plan for keeping from getting pregnant. It is possible to get pregnant on T, just more difficult. Most of the time, people can have their fertility return if they stop T as long as they have not had menopause. Menopause is when the ovaries stop working, and happens in most people who have ovaries around the age of 47 years old. T can make the ovaries produce less estrogen, but they may still release eggs, though do it less often. It is important to stop testosterone prior to getting pregnant. This will make it easier to get pregnant. Also, testosterone can affect the development of a fetus.

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## CHAPTER 5: SURGICAL CONSIDERATIONS

For some of us, surgery is a necessary part of having a healthy sex life. Sometimes, other people assume we want or should get a surgery we have no interest in. There are many reasons for getting surgery, and at Callen-Lorde we know that trans and nonbinary people make surgical decisions based on their own personal needs. As medical providers, our goal is to share a full range of information about surgical options based on our experience taking care of people who have had surgery. Different surgeons offer different techniques, and have different communication styles. For any surgery, it is best to talk to more than one surgeon, and to pay attention to how you feel about the consultation, rather than making a choice ahead of time based on reviews or the surgeon's web presence.



Source: Gender Confirmation Center of SF

Besides just the procedure that we are looking forward to, there can be a lot to plan about surgery. Taking substantial time off work, depending on the procedure and the job you do, and having people around to take care of food, personal hygiene, and transportation needs are all important aspects of planning for surgery. Additionally, it's normal, even when everything with surgery goes very well, to be down and not feel like yourself after surgery. At Callen-Lorde, we try to offer short term mental health to provide *pre-surgery readiness assessments* (sometimes called "surgery letters") to get surgery approved by insurance, care planning, ongoing surgery education classes, and post-surgery mental health support to help you during the adjustment period.

Those of us who have a harder time after surgery than expected, or have surgeries that end up taking longer to heal from or are multiple stages, can often feel isolated and misunderstood. The community around us might assume that we feel either joyful or "botched." In reality, the ups and downs of a long recovery are difficult to neatly categorize in this way. It is hard to predict what feelings can come up after surgery, sometimes it can bring up past trauma. If our trauma history involves medical care, the body parts being operated on, or being physically reliant on others, a proactive plan to address triggers that may arise will help to keep us on the best possible healing course.

### Chest Surgery



Chest surgery, or top surgery, is a surgery to create a more masculine appearing chest. It involves taking out some, but not always all, of the breast tissue. One aspect of sexual pleasure related to chest surgery, for some people, is nipple sensation. Techniques for people who don't have a lot of extra skin to remove, like "*periareolar*" or "*keyhole*," are less disruptive to the nerves and blood vessels around the nipple and have a higher chance of helping us keep the nipple sensation we previously enjoyed. If we hope to keep our nipple sensation but have extra skin that will need to be removed in a "*double incision*" procedure, some of us could be

Source: Gender Confirmation Center of SF

eligible for a "*pedicle sparing*" (which can also be called t-anchor, buttonhole, and other names) technique on our nipples, where the nerves and blood supply around the nipple is disturbed as little as possible. Leaving these structures as intact as possible might mean that the chest is not as flat as it would have been if a traditional double incision top surgery was performed. Regardless of what technique is performed, any top surgery can result in a loss of sensation. There is no guarantee that a procedure with less disruption to the nipple will allow all sensation to remain. Some people have regained full sensation after more disruptive procedure. It is important to talk to your surgeon about your own personal pros and cons when it comes to surgery, and talk to multiple surgeons in order to hear about different approaches to surgery. Techniques vary widely, and some surgeons even use different words for the same procedures.

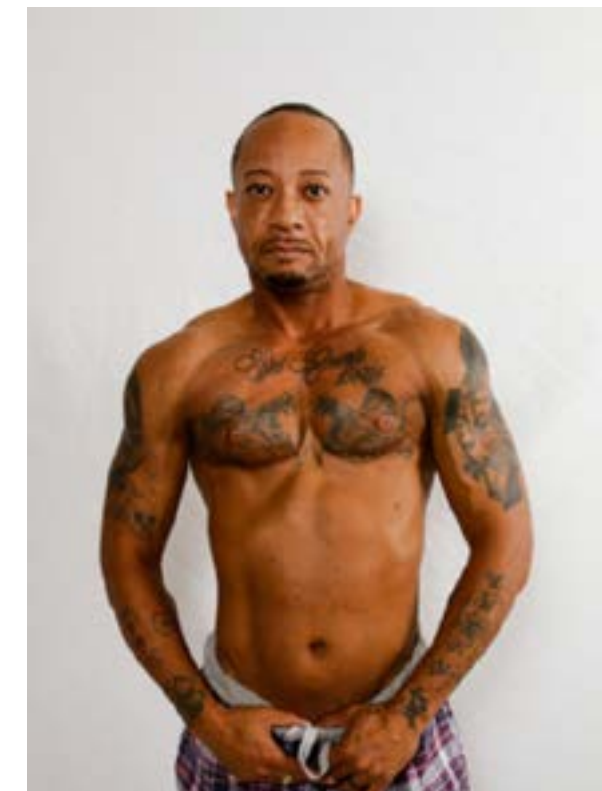
### Lower Surgery

Getting lower surgery means making a lot of decisions about how you want your body to look and what you want to be able to do with your body after surgery. Lower surgery can include lots of different things in different combinations. Mostly, lower surgery involves some combination of *hysterectomy*, *vaginectomy*, *metoidioplasty*, *phalloplasty*, and *urethral lengthening*. We will discuss what each of these procedures mean and some of the special considerations for each one.

### Hysterectomy

There is no known reason to get a hysterectomy (removal of the uterus, sometimes also with removal of the fallopian tubes and/or ovaries) unless you want one or are experiencing another medical problem. T does not increase your risk of cancer in these parts, or other problems with these parts. Like other people who have these parts, these problems can also happen to transmasculine people. Many people experience pain after starting T due to cramping in the uterus. Sometimes it is all the time, sometimes it continues monthly without any bleeding, and sometimes it is only after orgasm. These problems don't happen to everyone, but are common issues that people have with their uterus after starting T. While there are many things to try to help make these issues go away, some people who have these problems choose to get a hysterectomy to solve them. While some pain and cramping can be normal and expected with using testosterone, pain that interferes with your life, such as by making it difficult to sleep or go to work, could be a sign of a serious medical problem and should be discussed with a medical provider.

Many people choose to have a hysterectomy for different reasons as well due to discomfort and anxiety from simply having a uterus. If they are not interested in carrying children, and are uncomfortable because they have these body parts, then hysterectomy can be a good choice to help reduce their discomfort. If you are interested in having children with your reproductive material, talking to a reproductive endocrinologist or other expert about your fertility options can be an important part of making surgical choices. One or more ovaries can be left behind as a back-up source of hormones, and it is also possible to harvest genetic material from these after hysterectomy and other lower surgeries, however, it may become more difficult.



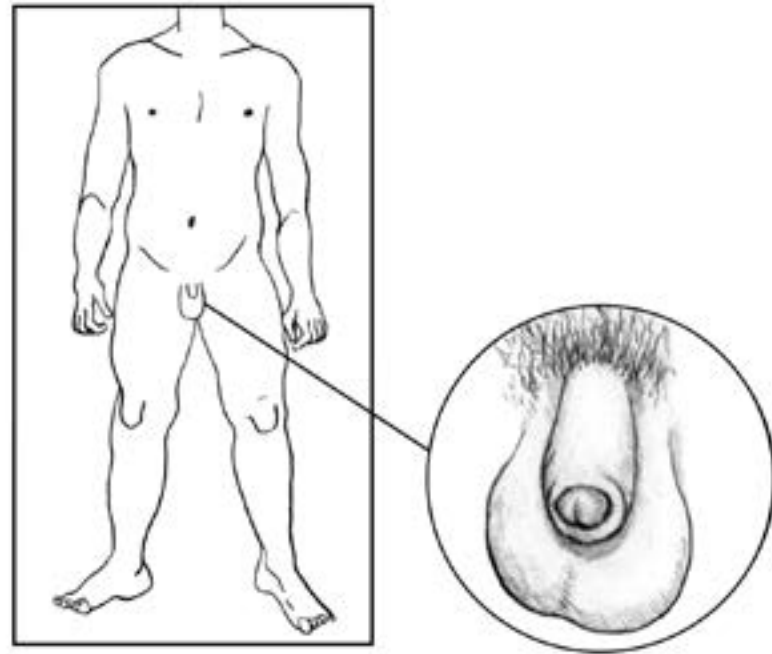
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## Genital Surgery: Metoidioplasty and Phalloplasty

When considering genital surgery, we carefully weigh the pros and cons of different aspects of the procedure. Choosing between metoidioplasty and phalloplasty is often a difficult decision. They are very different surgeries both because of the end result and because of the recovery period and trade-offs.

For every option that is added, such as getting surgery in the first place, adding urethral lengthening, or asking for a very large penis from phalloplasty, we are accepting additional risks. It's important to connect to experienced medical providers like those at Callen-Lorde, and to people who have had a procedure you are considering so that you can learn about the real-life experiences of people who have had complications or issues that are possible during these surgeries. Gender conferences sometimes have "Show and Tell" sessions where people show their bodies and their experiences of genital surgery.



### Metoidioplasty

*Metoidioplasty* creates a small penis made out of the clitoris. It is usually done in one step, meaning one visit to the operating room (OR). The penis can become erect and stand up, but is usually between 1 and 2 inches in length. The penis size depends on the size of the clitoris before surgery, and how much it grows from T. Some of us use methods like pumping to try to get more growth. This involves using a suction device so that the clitoris fills with blood, and the tissue slowly stretches to accommodate more blood flow. Not everyone is able to get permanent growth this way, and those that do usually pump every day, or multiple times a day. It is possible to hurt yourself with suction devices, so carefully read the directions of any pump and pay attention to pain and other signs of damage like bruising.

Artist: Sami Brussels

### Urethral Lengthening

Metoidioplasty and phalloplasty can both be done with or without urethral lengthening. *Urethral lengthening* will make it so you can pee out of the tip of the penis. Making the urethra longer will create the opportunity for more complications that can occur than if these surgeries are done without changing the urethra. The most common complication is called a urethral *fistula*, where pee comes out of the body before the tip of the penis, like a pipe that has a leak. Another complication is *stricture*, where the pee cannot get out fast enough, or eventually at all, because of narrowing from scar tissue. Either of these complications could require more time with a catheter to collect urine or more surgeries in order to fix them. Some people end up having years of surgery to fix issues that can happen with urethras. It's important to have a *reconstructive urologist*, or a specialist in building urethras, to be involved in the team doing surgery if you want to stand to pee, so that they have as many skills as possible to help take care of you if you encounter problems.

### Vaginectomy and Scrotoplasty

Whether or not to get a vaginectomy, or removing and closing

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the front hole, is another big decision people make when getting lower surgery. Getting a vaginectomy requires getting a hysterectomy as well. The front hole can be removed without getting a metoidioplasty or phalloplasty, but may limit options for how those surgeries are done in the future. Some people choose not to get vaginectomy so that they can continue to have front hole sex. If you want to continue to receive vaginal penetration after surgery, getting urethral lengthening could make this very difficult. The tissue added to extend the urethra to the front of the body can create scarring at the entrance of the vagina, tightening it a lot. Trying to lengthen a urethra while remaining able to receive front hole sex also raises the risk of fistulas and other problems that will need another surgery to fix. For this reason, many surgeons advise patients to choose one priority over the other. Trying to achieve both, at least in the short term, could easily result in having neither the ability to pee standing up or the ability to have front hole sex.

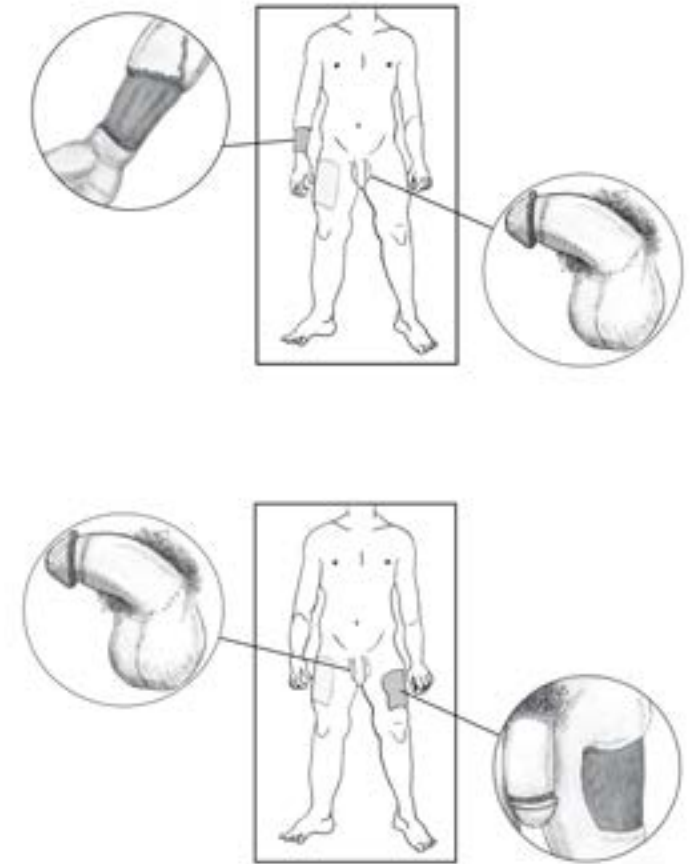
Some ways of creating a scrotum, or *scrotoplasty*, can also change this area of the body. A simple (sometimes called "bifid") scrotoplasty involves little movement of the skin, and silicone *testicle implants*, or balls, are inserted into the existing labia. Some people have issues with these testicles getting in the way while riding a bike, sitting, or having sex. Having a complex (sometimes called "V-Y") scrotoplasty means that the labia skin is moved more, requiring more downtime and healing as the incisions close. Usually, testicle implants are added after the complex scrotoplasty has healed. The goal of this is to create a more forward, hanging scrotum, which will not create issues with bike riding or other activities. If you choose to keep your front hole, having a complex scrotoplasty should not interfere with having front hole sex once healing is complete, but does make the area look different.

### Phalloplasty

*Phalloplasty* is using skin from another part of the body to create a penis. There are lots of ways to do a phalloplasty, but the most common are the radial forearm free-flap (*RFF*), anterolateral thigh flap (*ALT*), and abdominal flap. The size and shape of the penis are determined by the size and thickness of the area the skin comes from, in addition to other factors. The clitoris can be inside or outside of the penis. *RFF* comes from the forearm and needs a special kind of surgery called microsurgery to attach the blood vessels and nerves. If the microsurgery works, it extends sensation from the clitoris to the full length of the penis. *ALT* uses skin and fat from the front of the thigh. Sometimes it involves microsurgery, and sometimes it doesn't, depending on the length of the nerves and blood vessels in the thigh. *Abdominal phalloplasty* takes skin from the stomach to make a penis. There is no microsurgery involved, so genital sensation is limited to the location of the clitoris.

### Sexual Pleasure after Bottom Surgery

After having lower surgery, sex can change a lot. It is very normal to spend months or years not knowing how to best use your



Artist: Sami Brussels

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new genitals. Depending on the phalloplasty technique, it can take time to regain sensation after surgery, and some techniques do not extend sensation through the new penis. Many people like to figure out what feels good on their genitals on their own before engaging with a partner. This will make it easier to communicate what does and does not feel good to someone else.

### **Sensitivity and Orgasm**

Any surgery runs the risk of disrupting nerves in the area of the body where the surgery is being performed, and may result in a change in sensation. These changes are not just lack of feeling, but can also be: numbness, tingling, painful, sharp sensations, hypersensitivity (sensation that is increased and bothersome), and/or loss of specific elements of sensation like hot/cold or light surface touch. Small nerves that branch and supply feeling to tissue will reconnect and regrow over years, but many factors such as age and other health conditions can affect healing time and nerve regeneration.

If a nerve connection is performed during phalloplasty, we are likely to experience our first signs of sensation three to nine months after surgery, but issues that delay healing can prolong this timeline further. It is very normal for the first signs of sensation to be electric, zapping sensations as nerves heal and reconnect. It also takes time for the brain to learn how to make sense of the signals in a new location. It can take many years for sensation to finish maturing, and for the final amount of sensation to be available. Frequent self-testing of sensation, using various kinds of input like vibration, pressure, and temperature can help to strengthen the mind-body connection and increase pleasurable sensation long term.

Erotic sensation and orgasm are affected by many factors, and are hard for scientists to study. That said, the vast majority of people who could orgasm before phalloplasty can still do so after, though some find that their sensation is less, depending on what procedures are performed and the success of those procedures. It is extremely rare for sensation and orgasmic ability to be reduced by metoidioplasty. Some people who could not orgasm before lower surgery are able to learn to do so after, as the distress they previously experienced no longer interferes with sex.

### **Erections and Sex**

If the way a metoidioplasty procedure is performed includes cutting what is called the suspensory ligament, which some surgeons do in order to provide more length, it can result in less firm erections. Some of us have experienced this as an unwanted downside of surgery we were not expecting. The new position of the penis can help make penetration easier, and small doses of ED (like Viagra) prescribed by a medical provider can assist in making erections more prominent for those of us who have metoidioplasty. Some of us continue to pump after surgery for size growth and to promote erections. It can be a struggle to find barrier methods that work after metoidioplasty, and at Callen-Lorde we suggest trying various methods, including the other partner using an internal condom, a finger cot on your new penis, and dental dams. If you think a barrier method may have failed to keep fluids separate, or you have not used a barrier, talk to your medical provider about testing and other prevention methods like PrEP.

After phalloplasty is performed, it can be a struggle to have penetrative sex without the aid of an erectile device, which is usually



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added inside the body after all other surgeries have been completed. This is either a bendy rod or a pump with fluid inside which is used to move and stiffen the penis for sex. ED drugs do not have an effect on erections in the new penis after phalloplasty. After waiting to be cleared for sexual contact by surgeons, those of us who have firmer or girthier penises due to our donor site are able to penetrate vaginas or mouths with the new penis, but cannot easily have anal sex or very vigorous movement during sex. Some of us have more success using a product, Coban, to wrap the penis and get hard enough for the sex we want to have. Coban is not made to go inside mouths, vaginas, and asses, and should be covered by an external condom. Some people also choose to use an external erectile device, like a penis extender sleeve or a product called "The Elator," before (or instead of) having surgery to get an erectile device.

### **Masturbation**

Masturbation can be a great way to practice using your body after surgery, what feels good, and how to do it safely before you try things with partners. For instance, if trying a barrier method or an erection assistance method described above, attempting with a masturbator toy before trying it with a new partner can help to make us more confident in it's safety and that it works for our body. There are products like the "Bro Sleeve" that are masturbation sleeves that are more effective for the size of penis produced in metoidioplasty, or can be used regardless of surgery on the genitals of people who have taken testosterone.

### **Sexually Transmitted Infections After Surgery**

Depending on what tissue is moved during surgery, it is very possible to acquire new STIs and HIV after surgery. The new urethra can be lined with tissue vulnerable to infection, and those of use who had surgery can get STIs in our new urethras. Testing urine for gonorrhea and chlamydia is needed if you have been having sex without a condom that part of your body after surgery. If you have urethral lengthening and still have your vagina, and have sex with your vagina, receiving a separate test of infections that can be local to the vagina is necessary, as the urethra is now a different location. This test can be done with a swab of the area instead of by testing urine..

If your penis does not contain any urethra, some STIs can still be spread via skin to skin contact, such as herpes and syphilis. In addition, cuts on a new penis that was made during phalloplasty, including very small cuts from shaving extra hair from the penis before sex, would leave you more open to infections transmitted via blood like HIV.

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## CHAPTER 6: SOCIAL AND CULTURAL SEXUAL HEALTH

Anxiety around hook-ups is a natural part of the process of exploring your sexuality and desires. It's normal to be nervous the first time you do something new, and this anxiety can be magnified when body dysphoria is added to the mix. It's important to continually check-in with yourself about your needs, desires, and deal breakers. Your comfort level is key to having satisfying sexual experiences on your own terms, and part of this process will likely involve disclosing your trans status.

An inevitable part of having sex as a trans person is deciding if you should disclose. If you do, the next step is figuring out how to tell your sexual partner(s) that you are trans and/or nonbinary. Disclosure of your trans status can be difficult to navigate, as we often choose whether or not to disclose based on many different factors. The truth is that some guys will ask weird or inappropriate questions about your body that can make you feel uncomfortable, but there are also some really amazing experiences to be had! Here are some helpful questions to ask yourself to determine whether you should disclose your gender identity with someone:

- Do I feel safe with this person? Do I trust them not to harm me?
- Is it necessary for this person to know, if I'm just giving a blow job?
- Is this a conversation I want to have in person, or should I feature this information in my Scruff profile?
- Am I ok with doing the emotional labor that might come along with my disclosure?
- Is it necessary for me to disclose my trans status right now? Or at all?

No matter what you decide to do, it's important to follow your gut in those moments. You have every right to your own privacy.

### Playing Safe

Evaluating safety and mitigating risk in hook-ups will allow you to let go and enjoy yourself a little more. Disclosure is just one of the ways we can assess safety for ourselves. Think about what your emotional and physical deal breakers are - what is and isn't acceptable in your sexual encounters - and communicate them to your partner(s). Share relevant sexual health information, such as recent STI testing, condom usage and PrEP intake. Talk about your needs and desires, and let them know the language you prefer to use for your body. Feel free to go back to the **"Name Your Parts"** section in **Chapter 1** to explore how you might describe your body to someone else.

Some transmasculine people are really confident in their sexuality and have no problem asking for what they want, and there are others who may find more difficulty navigating sex with men. Having sex with cis guys for the first time can be tough if they are not familiar with our bodies and culture. We may also be considering anal sex for the first time, so sometimes it helps to have a quick plan before meeting up with someone new. Bring condoms and lube with you. You could also text a trust-worthy friend to let them know you're meeting up with someone (sometimes with the address included), and that you'll text when you get home. The important thing is to create practices that will allow you to feel safer while engaging in whatever sexual desires you have.

### They/Them: The Non-binary Experience

There is no one way to be masculine or feminine. Each person's gender is unique and it's important we celebrate the many different ways we identify and present ourselves to the world. This includes people of transmasculine experience who identify as non-binary, **any gender identity which does not fit the male and female binary spectrum.**

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During sexual encounters gender dysphoria can make it difficult to connect to your body and to the experience itself, but there are plenty of ways to mitigate these feelings before, during and after your encounters. As we discussed in the "Name Your Parts" chapter, the language we use to describe our body parts is just as diverse as the names we choose and the pronouns we use to describe our being. You can choose to discuss your gender with your partner in detail, or not at all. There is no one right way to approach your gender identity during sexual encounters, so explore whether you want to talk about it, or not. You are not obligated to teach anyone about your gender identity.

### Intersectionality - Race and Masculinity

Though transmasculine folks may have many similarities when it comes to our gender identities, there are also some glaring differences in the routes our lives can take when we factor in our other identities such as race, ethnicity, immigration status, disability, income level, etc. It's important to take into account the multitude of identities we all inhabit in our transmasculine communities so we can better support each other.

Many transmasculine people of color (TMPOC) experience *microaggressions* - brief and commonplace daily verbal or environmental communications that transmit hostile, derogatory, or negative messages. This can happen because of the intersection of our masculine gender expression and racial or ethnic identity. These can be spoken or unspoken moments in daily life where we are made to feel less than because of who we are. Some of examples include:

- In online surgery fundraising, white transmen and transmasculine people often raise more money than TMPOC
- There is an increase in media attention and research about racism, sizeism and transphobia in dating which is also explored in the documentary [No Fats, No Femmes](#)

These biases can also be more severe. As we begin to inhabit more masculine bodies, we may begin to be seen as more of a threat than before, especially if we are Black or Latinx. For many TMPOC, this often translates into being targets of police surveillance and brutality as discussed in the 2008 Colorlines article "[Becoming a Black Man](#)" and as we've seen recently with the death of Tony McDade in Tallahassee, Florida (June 2020). It's important to recognize these differences in our experiences so we can work to create a more free and fair society for all our trans and non-binary siblings.

### Finding Community: Online and In person

Sometimes it can be intimidating to connect with people if you've just moved to a new city, if you're shy, or if you haven't always had good experiences in the past. But when it comes to putting in the work to become ourselves, it's important to know where you can go to meet other transmasculine people who can relate to your interests and experiences. It can be helpful to have access to friends and other community members who share your experiences. Talking to other people about their journeys in sex with men can be a helpful tool to learn more about what your own needs are.

Something worth considering as you connect with more people on social media will be detecting any pressure you may be putting on yourself based on what you read or see other people talk

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Source: Illustrator, Ethan X. Parker

about or emulate within your online community. After you spend enough time online in transmasculine groups, you might start to notice a pattern of common experiences that people share which can be a lifeline while you get things sorted out. But sometimes the predominant narratives you see online might not match your experience, so it's best to be prepared for all kinds of possibilities when it comes to your own transition and sex life. What works for your BFF might not be the thing that works for you!

Luckily the transmasculine community is very supportive; people often go out of their way to help other community members with issues like this. There are some great online communities on social media websites like Facebook and Tumblr that are set up with group administrators who monitor the privacy and safety of the group. But if social media isn't your thing, there are other websites that can help you find resources close to where you live. For information on where to find community resources, head to the back of this guide for a few suggestions!

### POZ Talk: How Does Being HIV+ and Trans-Masculine Impact You?

*POZ is slang for HIV+ (positive), or for being someone who has the HIV virus. Transmasculine people can also get HIV, and some of us that have become HIV+ include being poz as an aspect of our public identity. Some of us only discuss our HIV status in certain places, or sometimes with no one at all. It can be hard to find connections with other poz transmasculine people. There is increasing visibility for this community, and there are private facebook groups and other initiatives to support those of us who are poz. Even if you feel ok now without meds, having HIV untreated in your body for a long period of time can lead to more health problems later in life. Medicines can control the HIV in your body and suppress the level of virus to an undetectable level. People with undetectable HIV can live long and healthy lives, safely have children, and cannot pass HIV to others during sex.*

***“If a trans man stands up and says, “Look if it could happen to me, it could happen to anybody.” Then, then they’ll look at that and be like, “Wow, a trans man has HIV.” And then they’ll be like, “Wow, like maybe I should go get tested. If this person is telling me to go get tested and I would never think this person has it, maybe I should go get tested.”***

**- Channing Powers, Transmasculine & Healthy**

Any one of us can sometimes avoid, or not be able to access, medical care at times during our lives. After being diagnosed with HIV, some of us go through a period of not being able to discuss HIV with medical providers, or stop taking HIV medication for some time. The best way to stay healthy is to look for a good connection to medical care that makes you feel safe, and to work on taking HIV medication every day. When it comes to treating HIV, T does not affect any of the medications used to control the virus. Some medications we can use to control the virus may increase or decrease the concentration of T in the body, so it is important to check T levels if someone is also on HIV medication. There are definitely options for medications that work well together, and at Callen-Lorde we take care of poz guys who are transitioning with testosterone.

### It's Raining Men: Sex parties, Apps, and Clubs

There are many ways to find sex on the internet, whether it's a quick hookup or something more long term. Some of the most popular places are:

- Facebook groups
- Grindr (phone app)
- Jack'd (phone app)

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- ScruFF

Generally, these interactions start with messaging or liking (woofing, etc) a potential hook-up through the app or in an online group. From there, direct messaging allows you to chat and get to know potential sexual partners in advance of your hook-up. You can tell them as much or as little about yourself and your needs as you want. If you both feel comfortable enough, you can set up a meeting time and place, and have fun! There is no obligation to hook up with anyone who messages you, and you can turn down their advances at any time.

Using phone-based apps like Grindr, ScruFF, and Jack'd can make discussing our gender history and safer sex preferences easier, by making it clear in our profiles. This can also make it easier for people who are specifically looking for transmasculine people to find us, which might feel convenient for many people but it can also feel fetishizing or uncomfortable to others. Potential partners might make assumptions about our bodies and how we like to use them based on our identity, like assuming we have vaginal (front hole) sex or that we cannot be the top (penetrating partner) during sex. In fact, many of us find that once we are actually messaging with a guy, we still have to verify that our profile was read (“Did you see that I am trans?”) and that the assumptions they might have need to be corrected.

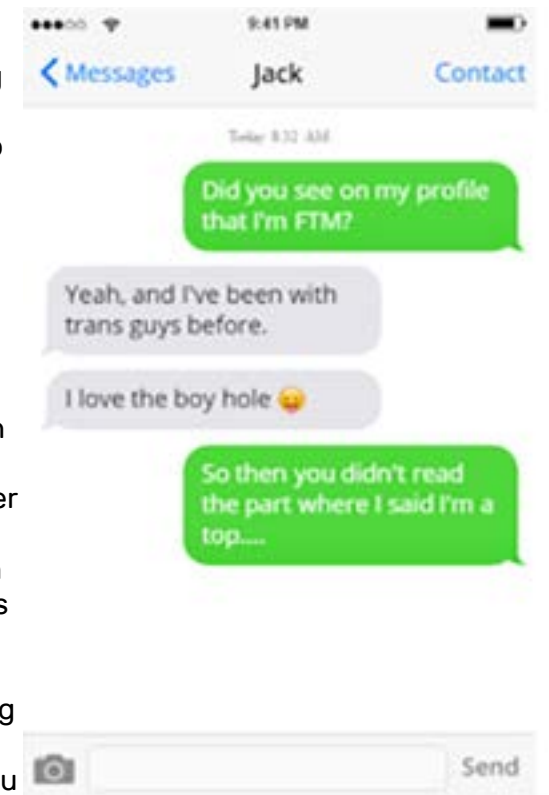
Body language is one important aspect when cruising for men in public. Different signals (hands, eyes, hankies, etc) indicate whether someone is a top, bottom, or vers, and what kinds of sexual activities they want to engage in. This can be difficult for anyone who has trouble reading body language, especially when it comes to disclosing your gender, so many transmasculine people prefer to cruise online through the above mentioned apps and websites.

### Play Parties

Some of us find people to hook up with at sex parties and clubs. In New York City, there are sex parties like Playhouse that center trans guys and their desires in addition to queer and gay sex parties that are openly welcoming of people with our gender history. Even the most affirming spaces, however, can have attendees who are rude or transphobic. Coming with a friend, or introducing yourself to the hosts of the space before the party begins can help to provide “backup” when someone in the space is out of line.



Source: Party flyers by Cupid Ojala



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## Negotiating Sex

In any hookup, it's possible to get carried away in the moment. Whether you are planning a date in advance on an app or going to a sex party in-person to see what happens, check in with yourself and decide on your limits in advance. Think through what is definitely off-limits (*"I don't bareback on the first date"*) what you are very comfortable with (*"I'm not sure if I want you to play with me at all, but can I suck your cock?"*), and what could be on the table, if you are into the person (*"I've always wanted to try anal sex....."*).

It might sound cheesy, but practice saying what you do and don't want out loud. Men's in-person sexual spaces (sometimes called *cruising spaces*) historically were watched and targeted by police. Due to this history and other cultural factors, cruising spaces tend towards less spoken words and questions. Instead, it is common for more non-verbal cues to be used to communicate. For instance, a person might place a hand on your shoulder or hip. You could say no out loud, or you could also say no by moving away from their touch, or by picking up their hand and taking it off your body. If the space tends towards very nonverbal communication, the person would assume if you did not move away, they could move their hand towards a more sensitive part of your body, like your chest or genitals. Another nonverbal communication is like "tapping out" in wrestling or other sports. If you find yourself enjoying yourself with one or more people in a sex act, and a new person tries to join who you are not ready to be physical with, double tapping them with your hand in response to physical contact can be a sign to move along.

You might find that paying attention to another person's body language, and expressing yourself through body language works for you, but some of us do not feel like this communication style works. It can be hard to "break the ice" to respond to exploring touch with words out loud, especially words you worry could kill the mood when you still want some things to happen, but not others. You might let your partner know as things get started, or via text message ahead of time, what you'd want them to ask out loud before they begin.



Window Periods	
Many tests have a window period. That's what we call the amount of time between when a person is exposed to a bacteria or virus and when a test can detect the infection. If a person was exposed during the window period, they could go on to spread the infection to others even with a recent "negative" test result.	
Infection	Window Period
HIV	18 days or longer, depending on the test
Chlamydia	Five days to two weeks
Gonorrhea	Five days to two weeks
Syphilis	Two weeks

*\*Specific test window periods vary, please ask the person ordering your lab tests what window periods apply*

This also applies to thinking about barrier use. Would you be ok not using a barrier for oral sex? For front hole sex? What if your new partner says that it's ok because they just got tested? If you have a hard limit, or even a general preference for using barriers, then tell your partner! We find it's best to be very direct about this on apps or in person. As medical providers, we respect everyone's right to find a sexual health strategy that works for them, and suggest testing and PrEP to take care of sexual health when barriers are not preferred. It is possible to take care of your sexual health while not using a condom.

As transmasculine people who hook up, we have experienced partners who try to make us change our minds about our decision to use a condom. Just because you're undetectable, they're on PrEP, or he just got tested, it doesn't mean you have to change your mind about using a condom to make the other person happy. A conversation about the how and why of preferences can be healthy and productive to understand what will work for both of you. A person who repeatedly requests you change your mind about barriers, or tries to pester you into agreeing to bareback is being disrespectful. This is a red flag that other disrespectful behaviors could follow.

## Determining Your Own Preferences and Boundaries

It can be hard to plan ahead when you are exploring your masculine sexuality in a new way, or when you don't know how it might go next time you try something. Try this exercise to think through how you feel about things, so you can express your desires confidently in the heat of the moment.

### Consent: An Activity!

	<b>Sweet</b> Sweet activities are favorite go-to's. It might be basic, but it doesn't have to be boring! If you aren't sure you are into what your partner wants to do, maybe they're into this?	<b>Sticky</b> Things that are sticky can wreck the mood for you or trip you up. These things could also be a hot taboo to explore with a trusted partner, or when the exact right mood strikes.	<b>Saucy</b> An idea you haven't tried is exciting, but it might also get sticky once you get started or when you have to deal with it the next day. Saucy means you want to try it, but you're not totally sure.
<b>Words used for me/my body</b>			
<b>Scenarios or role plays</b>			
<b>Sex acts</b>			
<b>Barrier Use</b>			

## CHAPTER 7: CANCER SCREENING

It can be difficult to think about cancer, whatever age you are. The good news is that transgender men and nonbinary people who have used testosterone do not seem to have a greater risk of cancer than cisgender people. What is true however is that trans people often do not want to be screened for cancer. There are many reasons for this, including that medical providers and healthcare settings are sometimes not welcoming to trans people or knowledgeable about trans bodies.

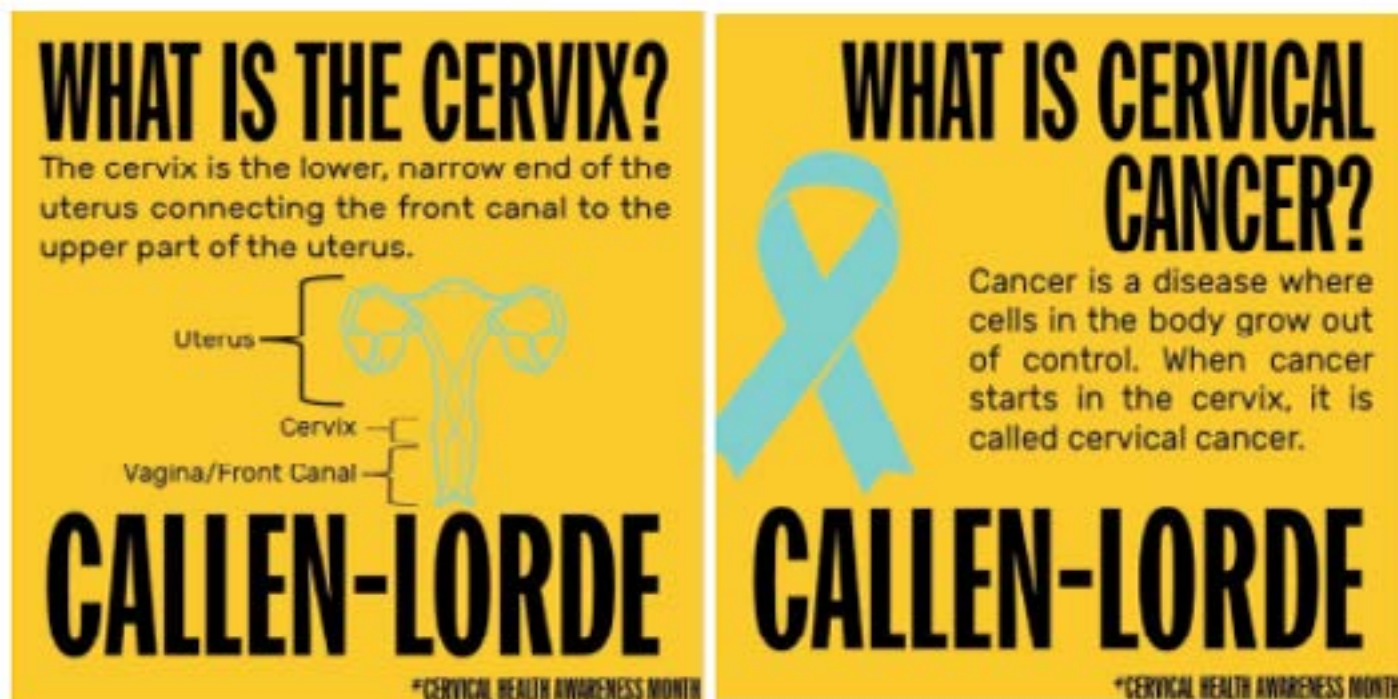
The general rule is that all people, trans or cis, who have certain organs or body parts should think about cancer screening so that cancer can be detected in the early stages when the chances of successful treatment are higher. Some cancers are related to a virus, called human papillomavirus (HPV), which can be sexually transmitted. Other cancers and their treatments can affect how you feel about yourself and impact on your sexuality, so cancer is an important issue to discuss here.

**Cervical Cancer.** The cervix is the narrow part of the uterus that connects to the vagina. If you have a cervix then you should be screened for cervical cancer starting at age 21, whether or not you have ever used the front hole for sex. High risk HPV strains have been linked to cervical cancer and HPV is usually transmitted sexually. Cervical screening is usually done during a medical appointment. A small brush is used to sample cells from the cervix (this is called the Pap test) looking for changes in the cells. An additional test is done to check for HPV in people ages 30 and up. This is usually done by the medical provider however it is possible to do the test yourself. Ask your medical provider what options are available and whether you can test yourself if that seems easier. If you use testosterone there is a chance that the Pap test may be difficult to read. There are some treatments that your provider may suggest that you use before the Pap test, such as a small dose of estrogen cream internally. The risk of cervical cancer is lessened if you get the HPV vaccine before you have been exposed to HPV. If you haven't had the vaccine you can ask your provider for it. You will need 3 shots to be protected and you can receive it up to age 45.

**Anal Cancer:** The anus starts at the bottom of the rectum, which is the last portion of the colon or large intestine. Anal cancer rates have been rising, especially in cisgender men who have anal (butt) sex. Having anal receptive sex can increase risk of anal HPV and cancer. There is a lot of uncertainty about the best way to detect anal cancer to detect it in the early stages. Some experts only do anal pap tests in people living with HIV while others will screen anyone who has anal sex. You should definitely see your medical provider if you have discomfort in the anal area, bleeding or notice any internal changes. The HPV vaccine also helps to prevent anal cancer, so this is another reason you should get it..

**Breast/Chest Cancer:** Breast cancer can affect anyone regardless of their gender identity. Trans men who have had top surgery can still get cancer, although the risk is much lower than those who haven't had surgery. You should discuss options for screening with your medical provider. Sometimes this includes chest wall exams and/or mammography (low dose xray) to look for early changes. For people with average risk this screening usually starts at age 50.

**Colon Cancer:** Colon cancer can affect anyone. The risk goes up with age. Usually we start testing at age 45, although we start earlier if you have risk factors, such as a close family member with colon cancer, or certain bowel disorders. Although many people get screened with a colonoscopy (small flexible tube with a camera is inserted into the bowel to look for cancer) there are other approved tests, including 3 test kits that you can take home and do yourself.



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## CLOSING CHAPTER

### Final Thoughts

We covered a lot of topics in this guide, so it's possible that you might be feeling many things at once; excitement, overwhelmed, curiosity, or maybe you have more questions than ever. All of these feelings and thoughts are normal and ok!

Whether you are at the beginning of your sexual discovery, (or rediscovery), or you've felt comfortable with your body and how it works for a long time, what makes you feel hot may change over time. Sexuality is as fluid as gender! If you have more questions about what you've read here, there are a few resources below that you may find useful:

### Research

Sexuality and Gender Affirmation in Transgender Men Who Have Sex with Cisgender Men  
<https://www.tandfonline.com/doi/abs/10.1080/15532739.2018.1463584?journalCode=wijt20>

### Public Health

NYC DOH Guide for Transgender Men  
<https://www1.nyc.gov/assets/doh/downloads/pdf/ah/transgender-men-health-booklet.pdf>

### Medical

A Guide to Lower Surgery for those Assigned Female, Identifying as Men, Trans Masculine, Non-binary or Non-gender  
<https://www.gires.org.uk/wp-content/uploads/2014/08/lower-surgery.pdf>

### Social

Trans MSM: Rethinking Sexuality and Health Facebook Group  
<https://www.facebook.com/groups/transMSM>

Cruising: A Trans Guy's Guide to the Gay Sex Scene  
<https://cliniq.org.uk/wp-content/uploads/2017/12/CliniQ-TransGuys-landscape-ONLINE.pdf>

GRUNT: Enhancing Gender-Affirming Provider Communication to Increase Health Care Access and Utilization Among Transgender Men and Trans-Masculine Non-Binary Individual  
<http://www.grunt.org.au/>

Primed: A Sex Guide for Transmen into Men  
<https://atq1980.org/wp-content/uploads/2020/02/A-sex-guide-for-trans-men-into-men.pdf>

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## GLOSSARY OF TERMS

\*This is a list of words you will see throughout this guide. These terms are commonly used in the medical and public health fields, but this is not an exhaustive list of all possible terminology. There should be just enough here to help you understand the content of this guide.

### Identity Terms

**TMSM** - Transmasculine people and transgender men who have sex with men

**Nonbinary** - any gender identity which does not fit the male and female binary spectrum

**AFAB** - Assigned Female at Birth

**Transmasculine** - An umbrella term to include many gender identities

**Gender Identity** - The language we use to describe our gender

**Sexual Orientation** - The language we use to describe the category of people who we like to have sex and romantic relationships with

**Intersex** - People who are intersex do not fit neatly into male or female sex categories

**Poz** - Slang for HIV+ (positive), or for being someone who has the HIV virus.

### Sexual Health Terms

**STI** - Sexually Transmitted Infection such as gonorrhea, chlamydia, syphilis, or herpes

**HIV** - Human Immunodeficiency Virus

**Safer sex** - Ways of having sex that lower your risk for sexually transmitted infections (STI's), HIV and pregnancy

**Impermeable Barrier** - Fluid-proof way of separating one set of genitals, mouth, or ass from another

**Risky sex** - Sex without condoms or other protection methods

**UTI** - Urinary Tract Infection

**BV** - Bacterial Vaginosis

**AIDS** - Acquired Immune Deficiency Syndrome, the name for becoming very sick due to HIV

**U=U** - Shorthand for Undetectable = Untransmittable, explaining that when the HIV virus is well treated by medication (undetectable in blood), we cannot pass the HIV infection to another person

**PrEP** - Taking medication (a pill or long acting injection) to build up protection from HIV before coming into contact with the virus

**PEP** - If someone has risky sex without being on PrEP, they can take about one month of medications after the sex to prevent HIV transmission

**IUD** - A small device in the uterus to prevent pregnancy.

**EC** - Emergency Contraception, also known as "Plan B" or the morning after pill, a medication that can be taken soon after risky sex to prevent a pregnancy

**Barebacking** - Anal sex or front hole penetration without a condom

**Silicone** - A nontoxic material which is less likely to harbor germs on the surface and inside the material over time

**Bisphenols** - Ingredients in some packers and sex toys that can irritate the body. These are sometimes abbreviated as BPA, BPS and

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BPF

**STPs** - Stand to Pee devices, or tools that are designed for people who normally pee sitting down to be able to pee standing up

**ED** - Erectile Dysfunction, when the erectile tissue in a penis or clitoris does not get enough blood flow to get as hard as desired. Prescription medication to treat this (ED drugs) like Viagra work by increasing blood flow to the pelvis. Can be dangerous to use with poppers.

**Poppers** - Recreational drugs that are inhaled and can help loosen the muscles around the anus and front hole. Can be dangerous to use with ED drugs.

**Window period** - The amount of time between when a person is exposed to a bacteria or virus and when a test can detect the infection

**Cruising Spaces** - Men's in-person and virtual sexual spaces

**Medical Terms**

**Testosterone** - A medication provides male secondary sex characteristics

**Microdose** - Taking lower than the maximum dose of testosterone

**Sharps container** - A bin that is designed to hold needles

**Pre-surgery Readiness Assessment** - Short term mental health care to get surgery approved by insurance

**Periareolar or keyhole** - Top surgery techniques for people who don't have a lot of extra skin to remove

**Double incision** - Top surgery techniques for people who have extra skin that will need to be removed

**Pedicle sparing** - The nerves and blood supply around the nipple is disturbed as little as possible

**Hysterectomy** - Removal of the uterus, sometimes also with removal of the fallopian tubes and/or ovaries

**Vaginectomy** - Removing and closing the front hole

**Metoidioplasty** - Surgery to create a small penis made out of the clitoris

**Phalloplasty** - Surgery using skin from another part of the body to create a penis

**Urethral lengthening** - Surgery that allows you to pee out of the tip of the penis

**Fistula** - Pee comes out of the body before the tip of the penis, like a pipe that has a leak

**Stricture** - Pee cannot get out fast enough, or eventually at all, because of narrowing from scar tissue

**Scrotoplasty** - Surgery to create a scrotum

**Testicle Implants** - Silicone testicles

**RFF phalloplasty** - Surgery to create a penis using skin from the forearm

**ALT phalloplasty** - Surgery to create a penis using skin from the thigh

**Abdominal phalloplasty** - Surgery to create a penis using skin from the lower belly

**HPV** - A virus that can be sexually transmitted which is related to some cancers

**Pap test** - Sampling cells from the cervix to look for changes in the cells

**Mammography** - Low dose x-ray of the chest to look for changes in the cells

**Colonoscopy** - Small flexible tube with a camera inserted into the bowel to look for cancer

**POP QUIZ!**

**What is the difference between HIV and AIDS? (circle one)**

- (A) There is no difference.
- (B) HIV is a virus that may cause infection, AIDS is a syndrome. AIDS can develop when HIV causes serious damage to the immune system.
- (C) AIDS is a Sexually Transmitted Infection (STI), HIV is not.

**How do you get HIV? (circle one)**

- (A) Receiving blood transfusions, blood products, organ/tissue transplants contaminated with HIV.
- (B) Sexual contact with an HIV+ person: including anal, vaginal, oral.
- (C) Sharing needles or syringes with an HIV+ person, or being stuck with an HIV-contaminated needle.
- (D) From parent to child during pregnancy, breast feeding, or birth.
- (E) Contact between broken skin, wounds, and/or other bodily fluids contaminated by HIV.
- (F) All of the above.

**Who is at risk for HIV? Do you think trans-masculine people are at an increased risk? Why or why not?**

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**What does STI stand for? Name at least 5 STIs.**

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**How do you get an STI? How do you protect yourself from getting those STIs?**

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**Name at least 3 different safer sex barriers you can use.**

1. 

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2. 

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3. 

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**What is PrEP? What is PEP? What is the difference?**

PrEP: 

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PEP: 

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Difference: 

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**What is the window of time to use PEP after exposure to HIV?**

- (A) 5 days
- (B) 96 hours
- (C) 72 hours

**Being on hormones impacts your risk for HIV/STIs. (circle one)**

- (A) True
- (B) False

**What is the recommended maximum number of hours someone should bind their chest? (circle one)**

- (A) 1 hour
- (B) 4 hours
- (C) 12 hours

**Circle True or False:** There is no one way to transition – everyone’s experience is different.

**Circle True or False:** Transgender men do not need cervical cancer screening.

**Circle True or False:** If you inject your hormones, it is ok to re-use needles.

**Circle True or False:** Being on testosterone prevents pregnancy.

**EDITORS**

**Asa Radix (he/they)** is a physician at the Callen-Lorde Community Health Center and Director of the center’s Research and Education Department.

**Why is this important?** *“There aren’t enough health resources for trans people, especially for sexual health and this is definitely needed.”*

**Gaines Blasdel (he/him)** is a transgender man who served as a medical case manager in the teen and young adult program (HOTT) of Callen-Lorde community health center.

**Why is this important?** *“As someone who had phalloplasty, I think it is important for more information to exist about surgery as it relates to sexual health and pleasure for transgender men and nonbinary people.”*

**Zil Goldstein (she/her)** is a medical provider at the Callen-Lorde Community Health Center and Associate Medical Director of TGNB health care at the center.

**Why is this important?** *“As a medical provider, I’ve noticed a lack of discussion about sexual pleasure with our TGNB patients. When we normalize sex within our medical practices, we can improve health outcomes for patients”*

**D’hana Perry (they/he)** is the Manager of TGNB Programming at the Callen-Lorde Community Health Center and directs the TGNB Surgery Doula program at the center.

**Why is this important?** *“As a transmasculine person, it’s important to acknowledge the diversity of sexuality and sexual experiences within the transmasculine community.”*

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