



WHITMAN-WALKER HEALTH



HUMAN
RIGHTS
CAMPAIGN
FOUNDATION™

SAFER SEX FOR TRANS BODIES

“There is nothing wrong with being sexual.

We are sexual beings. Embrace your sexuality – it’s a part of you. Embrace yourself in it as well.”

- ANGEL, 38, TRANSGENDER WOMAN

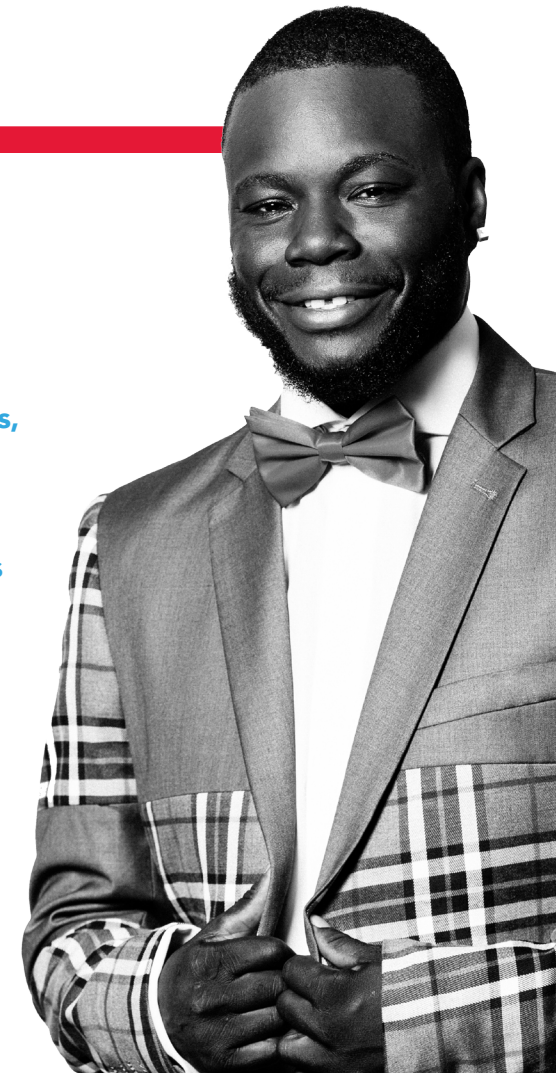
This is a safer sex guide for transgender and gender expansive people, and for our partners and lovers. When it comes to sex, there’s a serious lack of resources available to trans people that talk about our bodies and our needs in a relatable and respectful way. We decided to make a guide, specifically for trans and gender expansive people, that helps answer questions about safer sex. This guide isn’t all about sexually transmitted infections (STIs) and condoms—inside, you’ll find information about sex during and after transition, ways to talk to your partner(s) (romantic, casual and transactional) about sex and suggestions for exploring your own sexuality, whether you have many partners, one partner, or you’re going solo.

We use the word “trans” to include people who might call themselves any of these words: transgender, transsexual, genderqueer, non-binary, female (MTF), male (FTM), cross-dresser, agender, two-spirit and many more. We tried to write this guide in a way that is respectful of the huge variety of identities and bodies that are part of the trans community. We’re sure it’s not perfect, but we hope you see yourself reflected somewhere in our writing.

WHAT DID YOU JUST CALL ME?

A NOTE ON LANGUAGE:

We, as trans people, use a variety of words to describe our gender and our body parts, and these words can be very unique and personal. There’s no one right way to refer to our bodies, but to keep things consistent in this guide, we’ve decided to use the following words in the following ways.



“One of the most affirming things a partner has told me is, [Affirming my trans identity] is not just about the language, it’s about ... committing to recognizing me as male and treating me as such.”

- ELI, 32, TRANSGENDER/GENDERQUEER

TRANS: Anyone and everyone who feels they are part of the transgender community, including folks who identify outside of the gender binary. Being trans does not necessarily mean that you have had surgery, want to transition or use specific pronouns. It’s all about how you understand yourself.

TRANSFEMININE: Anyone who was assigned male at birth and now identifies with femininity.

TRANSMASCULINE: Anyone who was assigned female at birth and now identifies with masculinity.

PARTS: We use this word when we’re talking about genitals or sexual anatomy of any kind.

DICK: We use this word to describe external genitals. Dicks come in all shapes and sizes and can belong to people of all genders.

FRONT HOLE: We use this word to talk about internal genitals, sometimes referred to as a vagina. A front hole may self-lubricate, depending on age and hormones.

STRAPLESS: We use this word to describe the genitals of trans women who have not had genital reconstruction (or “bottom surgery”), sometimes referred to as a penis.

VAGINA: We use this word to talk about the genitals of trans women who have had bottom surgery.

Don’t assume that every person you meet—trans or otherwise—will use or understand these words. In most cases, the best thing you can do is ask which words a person uses to describe their body. Remember: Our bodies are our own to name and use.



[Communicate your needs around language and touch]

“Call it my dick, and don’t hesitate when you say it, because that’s how I know what you think and how you feel about what you’re saying. Don’t say cunnilingus, say head. Use the words you would use for any other guy.

...My body is different. Chances are good that I have more experience with it than you, or anyone. I probably know what feels good. Whether that’s what I like to be called... or how I want to be touched.”

- COLE, 29, MALE (FTM)

GET TO KNOW YOURSELF:

MASTURBATION

There’s plenty of advice out there about how to have “the best sex” or “the right kind of sex,” but a lot of it simply doesn’t work for our bodies. Spoiler alert: it doesn’t work for plenty of cisgender (or non-transgender) people too. Sometimes we’re working with parts that don’t feel like they match our brains, and sometimes our bodies are hairier or curvier than we would like. Some of us have trouble tapping into pleasure because our bodies don’t feel like they belong to us.

Luckily, one of the most laid-back ways to explore sexual pleasure (and incidentally, also one of the safest) is by yourself. Masturbation allows you to experiment with how your body responds to touch: Do your parts like vibration from a favorite toy? Do they like soft, light touches or firm pressure? Are other areas of your body, like your chest, your neck or the creases of your elbows, also sensitive to touch? Taking the time to explore your own body can be liberating. There is no judgment from other people, no pressure to perform a certain way and no rush. If you have ever felt shame about the way your body looks, masturbation is one way to slowly ease into self-acceptance. Take it at your own pace. There’s no one specific goal, only opportunities to better learn what feels good to you.

SCREWING, SHAGGING OR MATTRESS DANCING:

TALKING ABOUT SEX WITH OUR PARTNERS

The first step toward having safer, more enjoyable sex with your partner(s) is to talk about it. Many of us are told from an early age that sex isn't something you should discuss. However, talking to your partner(s) about the kind of sex you want to have—and the steps you can take to protect yourself—is an opportunity to build trust and lessen concerns.

Sex with someone who is incapacitated by alcohol or drugs is sexual assault and is illegal in many states. It's also risky to have sex with someone whose judgment is compromised by drinking or drugs: you could hurt them physically or emotionally. If you have any doubt that your partner is fully engaged in what's happening, or you think being high or drunk might be affecting their decisions about sex, you should wait to have sex until they are sober.

Talking about sex really comes down to 3 big things:

1. TURN-ONS:

Talking to your partner(s) about what gets you excited can be great foreplay! There's such a wide menu of options in the world of sex, and giving your partner(s) some ideas about what turns you on will help you both have more enjoyable sex. Your partner(s) won't know unless you tell them.

2. BOUNDARIES:

Your boundaries are the things you don't feel comfortable with and want to establish as clear "no-go" zones. Boundaries might be things like "No sex without a dental dam" or "Don't use the words 'good girl' or 'baby' to describe me" or "Don't pull my hair." Practicing consent means adopting the language that your partner(s) use to describe themselves and respecting the boundaries they set for their bodies. Thinking about and communicating boundaries might be particularly important with transactional sex partners. Boundaries might change over time with the same partner and might differ among partners but it's always important to identify for yourself and others what you do not want to do.

3. CONSENT:

Consent is the enthusiastic, mutual and voluntary agreement to do whatever activity you're discussing. Giving consent is an ongoing process: You always have the right to say "yes" or "no" to any sexual activity regardless of whether you've done it before, whether you know your partner really likes it or whether you're in the middle of doing it. We also recognize that transactional sex complicates consent. If at any point you change your mind about doing something, you should say so and your partner needs to stop.

DATING WHILE TRANS:

PERSONAL SAFETY

Whether you're hooking up, dating casually, having transactional sex or looking for a lifelong partner, you will almost certainly deal with issues of safety. While many brave and thoughtful activists are making important progress, dating while trans today can mean taking some safety measures.

When you're meeting a new person for the first time, it's generally safer to do so in a public place. Consider letting someone else know where you are and how long you expect to be out. You can even use the buddy system, where your friend grabs a drink nearby while you're on a date. Other folks like to use check-ins or "safe calls," where you call a friend at a designated time to tell them that you're ok. If that friend hasn't heard from you by the agreed upon time, they'll implement a safety plan or notify the police to find you. Keep in mind how drinking alcohol or using substances can affect your judgment, boundaries and ability to consent.

Intimate partner violence, which includes sexual violence, is a serious issue for trans people and their communities. Using force, guilt, blackmail or fear to make a partner do something sexually are examples of intimate partner violence. If this has happened to you, consider finding a trusted person, like a counselor, physician or advocate to talk to about it. You can also call the National Domestic Violence Hotline at 1-800-799-7233 for someone to talk to or to find a local provider who can help.

[What is safer sex?]

"To me, safe sex means a barrier between you and any fluid. That means condoms, gloves and dental dams. Safe sex is extremely important to me because I am poly. I like to have sex with lots of people and the only way to keep doing that is to be safe."

- ELI, 32, TRANSGENDER/GENDERQUEER

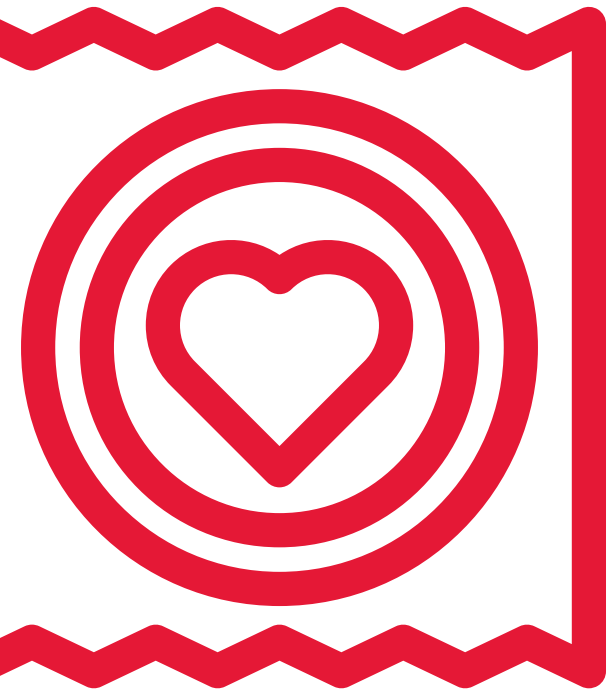
IS THIS RISKY?

STIs AND SAFER SEX ACTIVITIES

Sexually transmitted infections (STIs) are infections that are passed from person to person through sexual contact, primarily through bodily fluids (e.g., blood, breast milk, front hole or anal fluids, semen/cum and pre-cum). While STIs are generally curable or treatable, they can cause serious health problems if left ignored and untreated.

STIs can and do happen, which means there's nothing to be embarrassed about if you contract one. What's important is that you get treated right away and notify your sexual partners so they can get treated too.

Unfortunately, many people contract an STI but never know it because they never experience symptoms. Taking precautions like using a barrier during sex, getting vaccinated and having STI tests done regularly can significantly lower your chances of contracting or spreading STIs.



This is a table of the kinds of STIs out there and which activities could expose you to them. We've also included some suggestions for protecting yourself, like using condoms, gloves and dental dams. With any of these protection methods, you should also consider using lube to prevent friction that could lead to small tears in or on your parts during sex. Those tears make transmitting an STI way easier. Tears can also show up in your

mouth and on your gums, so avoid brushing or flossing your teeth within 30 minutes of sex, in case you plan on using your mouth on the part(s) of your partner(s).



ACTIVITY	KNOWN RISKS	OPTIONS FOR PROTECTION
Kissing	<ul style="list-style-type: none"> Herpes 	<ul style="list-style-type: none"> Herpes sores rarely pose serious health risks but if you want to reduce your risk of transmitting them, do not kiss your partner(s) when someone is having an outbreak. You or your partner(s) can also take medication daily or during an outbreak to reduce the chances of spreading herpes and to heal outbreaks faster.
Masturbation	<ul style="list-style-type: none"> No known risks 	N/A
Sharing sex toys, strap-ons, and prosthetics	<ul style="list-style-type: none"> Chlamydia Gonorrhea Hepatitis A Herpes HPV <p>(These risks are theoretical; there are no documented cases of transmission)</p>	<ul style="list-style-type: none"> Put a condom over any toy, especially ones made of porous materials like "jelly" and PVC (polyvinyl chloride). Boil or bleach sterile toys (ones that are made of silicone, glass or metal) between each use.
Humping/ Rubbing	<ul style="list-style-type: none"> Herpes HPV Syphilis 	<ul style="list-style-type: none"> If you are not wearing clothes, you can put a dental dam or a piece of plastic wrap between your parts.
Oral Sex (on dicks, front holes, vaginas, strapless or anuses)	<p>With exposure to semen/fluids:</p> <ul style="list-style-type: none"> Chlamydia Gonorrhea HIV <p>With skin contact only:</p> <ul style="list-style-type: none"> Herpes HPV (warts) Syphilis <p>With exposure to fecal matter:</p> <ul style="list-style-type: none"> Intestinal parasites Hepatitis A 	<ul style="list-style-type: none"> Use a barrier such as: <ul style="list-style-type: none"> an external condom (if it fits snugly) a finger cot a dental dam or plastic wrap If none of these options feel comfortable, split a latex glove down the side and put the thumb hole over your parts. Avoid oral sex if you or your partner(s) have any open sores on the mouth.
Fingering, fisting, manual sex	<ul style="list-style-type: none"> Chlamydia Gonorrhea Hepatitis A Herpes <p>(These risks are theoretical; there are no documented cases of transmission)</p>	<ul style="list-style-type: none"> Keep nails trimmed to avoid scratching the skin or causing cuts or bleeding. Use latex gloves (with cotton balls in the fingers if you have long nails).
Front hole, vaginal, or anal sex	<ul style="list-style-type: none"> Chlamydia Crabs/Scabies Gonorrhea Hepatitis B Herpes HIV HPV (warts) Syphilis 	<ul style="list-style-type: none"> Use an external condom. Use an internal condom – If using an internal condom for anal sex, remove the flexible interior ring.

There are a lot of STIs out there—that’s why it’s so important to talk to your healthcare provider about the kind of sex you are having, to get tested regularly and to get treated if necessary. Whatever you tell your provider is 100% confidential. Feel free to bring this chart with you to your appointment to help guide that conversation with your provider.

SAFER SEX TOOLS

EXTERNAL CONDOMS

An external condom, sometimes called a “male condom,” is rolled down over a strapless or a dick as a barrier to prevent STI transmission and pregnancy. External condoms come in many shapes and sizes, so be sure to try out different kinds to see which ones feel best to you. External condoms are great for oral sex, penetrative sex of all kinds and for putting over sex toys. Be sure



to change condoms in between partners and when switching between a front hole or vagina and an anus.

Some condoms contain the spermicide Nonoxynol-9, which you should avoid if possible. Nonoxynol-9 can irritate your parts, which can increase the likelihood of contracting an STI. Most condoms are made of latex, but people with a latex allergy should use other kinds, such as polyurethane condoms. Avoid lambskin condoms because they do not prevent the spread of HIV.

If you enjoy flavored condoms, only use them for oral sex because the sugar that makes them taste good can also give you or your partner a yeast infection! For insertive sex, make sure to pair your condom with water-based or silicone-based lube. Oil-based lubes (e.g., olive, coconut or almond oil or body lotion) will weaken the condom and make it more likely to break during sex. Be careful not to use silicone-based lube with toys made of silicone as it will degrade the surface of the toy, unless the toy is covered by an external condom.

INTERNAL CONDOMS

Internal condoms, sometimes called “female condoms” (or FC2), are polyurethane condoms that can be placed inside of a front hole, vagina or anus before sex. Internal condoms help prevent pregnancy and the spread of STIs by collecting semen and preventing bodily fluids from getting inside of the front hole, vagina or anus. Internal condoms are ideal for penetrative sex, especially anal sex.



If you are going to use an internal condom for anal sex, make sure to take the internal ring out before you insert the condom—it's painful when left in and makes the condom more likely to pop out. Remember to change condoms between partners and when switching between a front hole or vagina and an anus.

DENTAL DAMS

A dental dam is a stretchy, flat latex barrier that can be placed over top of a front hole, vagina or anus for oral sex. Plastic wrap can be used the same way, and is cheaper and easier to find than dental dams. Dental dams and plastic wrap are excellent for oral sex and rimming. Remember to change barriers between partners and when switching between front holes or vaginas and anuses. Also remember that you should only use one side of the barrier; you shouldn't flip it around and use the other side!



There is a very popular myth that you can't use microwave-safe plastic wrap for oral sex because it has tiny holes to let steam out; this is not true. Microwave-safe plastic wrap simply melts at a higher temperature—so that you can put it over food that gets really hot—but poses no issues as a safer sex barrier.

GLOVES

Latex or nitrile (latex-free) gloves can be used when putting fingers or fists inside a front hole, vagina or anus. Wearing gloves reduces the chance of contracting or transmitting STIs through tiny cuts on your hands or fingers, and it also prevents you from scratching your partner(s) and exposing them to nasty bacteria under your fingernails. If you have long or sharp nails, you may want to put small cotton balls in the fingertips of your gloves to prevent them from ripping the latex.

A glove can also be turned into a barrier that accommodates a dick exposed to hormones or a smaller strapless. You can make this combo dental dam/condom (a condom!) from a glove by cutting a line up the pinky-finger side, removing the fingers (but be sure not to cut the thumb) of the glove, and placing the thumb hole over the dick or strapless. This way you can lick, suck or stimulate all the sensitive parts in that area.



SAFER SEX WITHOUT BARRIERS?

Physical barriers like condoms and dental dams aren't the only way to reduce your chances of contracting an STI and to keep yourself safe during sex.

In some cases, people starting a new relationship get tested first in order to limit the likelihood of STI exposure. Some people in a relationship may commit to using protection with partners outside the relationship or not having partners outside the relationship at all. Some polyamorous people only sleep within an exclusive group of partners who do not have sexual relationships outside of the group, which is called closed-group polyamory or polyfidelity.



“Emotionally safer sex is achieved through communication and gentleness. This is the kind of sex that can be incredibly healing to sexual assault or domestic abuse survivors. It can remove the association between sex and emotional or physical violence over time. It’s proven incredibly valuable to me.”

- ASH, 25, GENDERQUEER WOMAN

In any long-term relationship, you can negotiate the use of barriers in a way that makes sense for you and your partner(s). Maybe you don't use barriers together, but with people outside of your relationship you do. Maybe everyone uses barriers for insertive sex, but you are less worried about the risks from oral sex. Those decisions are up to you. The most important thing is that you feel comfortable with the decisions you are making about your own body.

For this reason, having emotionally safer sex is just as important as having physical sex that is low in risk. Sex can be vulnerable, whether it's part of a long-term relationship or a hook-up. When you or your partner(s) are feeling vulnerable, there's an opportunity for everyone to show respect by honoring boundaries and decisions without judgment or guilt-tripping. No one is perfect, and good communication is a skill to be practiced.

We recognize that communication can be complicated with transactional sex partners. In some cases, the recognition of the sex transaction can actually help frame sexual negotiation, but power and control dynamics can also make this more challenging. Hopefully, ongoing communication can help us have sexual experiences where we all feel safe and respected.

Staying Healthy with HIV

Research shows that it is virtually impossible for a person living with HIV who consistently takes their antiretroviral medication (ARVs) to pass the virus onto a partner. Therefore, having sex with people living with HIV who consistently take their medication and maintain an undetectable viral load is a highly effective way to prevent the spread of HIV. Sometimes this method is referred to as “treatment as prevention.” Seeing a doctor regularly and having very low levels of HIV in the body (even though the virus is still there) are keys to staying healthy if you or someone you know is a person living with HIV.

Pre-Exposure Prophylaxis (PrEP)

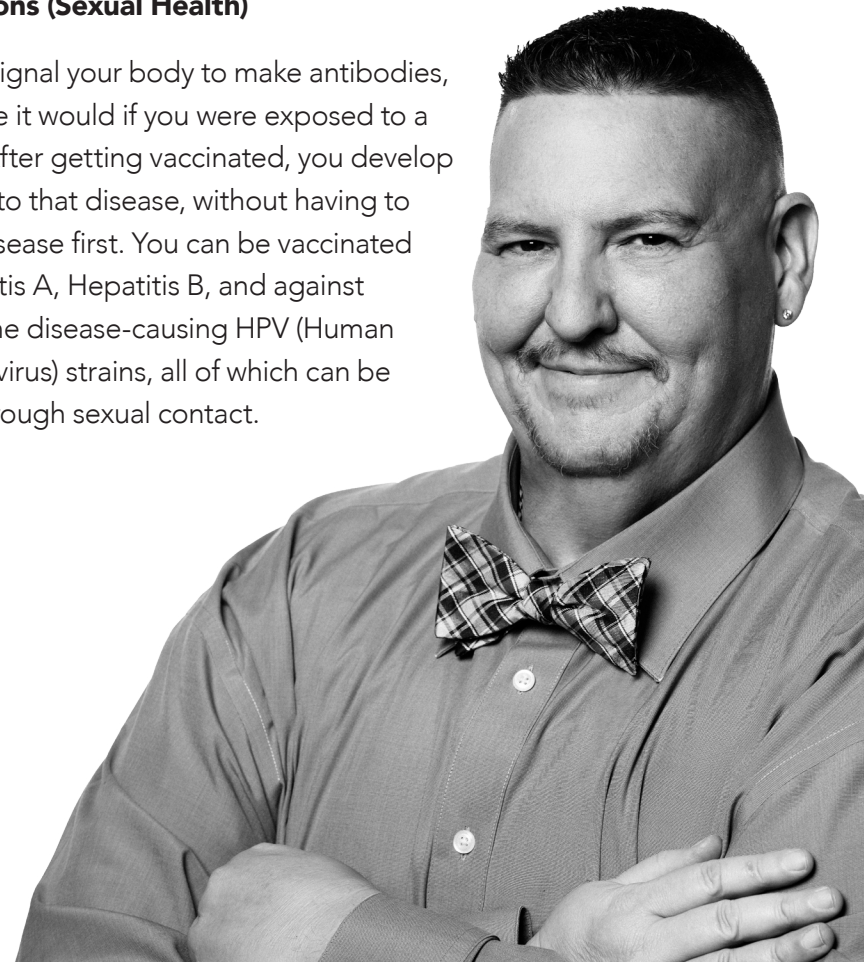
PrEP is an HIV prevention strategy that currently involves taking a once-daily pill to reduce the chance of acquiring HIV. Right now, Truvada® is the only FDA-approved pill for PrEP. When taken as prescribed by a knowledgeable healthcare provider, PrEP is highly effective at preventing the spread of HIV. PrEP only works if you take it regularly, so it can be helpful to take your medication as part of your morning routine, such as right after brushing your teeth. It takes at least 7 days for PrEP to offer HIV protection in anal/rectal tissue. For vaginal or front hole tissue, it takes at least 21 days. However, PrEP does not protect against other STIs or pregnancy. Just like with other prescription medications, you should continue to see your doctor and get routine STI screenings and other tests to make sure the regimen is still appropriate.

Post-Exposure Prophylaxis (PEP)

PEP is an HIV prevention strategy that currently involves taking HIV medications immediately after a single high-risk event, such as condomless sex with a person whose HIV status you do not know. These medications stop HIV from making copies of itself and spreading throughout your body. PEP involves taking medication for 28 consecutive days, and it’s best to start PEP as soon as possible after a potential exposure to HIV, since it only works if you start it within 72 hours of the exposure. PEP does not provide protection against any other STIs, however. If you ever need to take PEP, you might also want to consider talking to your provider about PrEP.

Vaccinations (Sexual Health)

Vaccines signal your body to make antibodies, exactly like it would if you were exposed to a disease. After getting vaccinated, you develop immunity to that disease, without having to get the disease first. You can be vaccinated for Hepatitis A, Hepatitis B, and against many of the disease-causing HPV (Human Papillomavirus) strains, all of which can be spread through sexual contact.



“I was unaware of how fluid sex could be pre-transition. I thought it was me, the girl (bottom), and he, the guy (top), and that was the gist of it. By showing me how comfortable they were with my body, showing me even though I was uncomfortable in my body, it can be appreciated by someone else involved, regardless. Passion, kissing, playing up what I felt was feminine—my breasts, my lips.”

- ANGEL, 38, TRANSGENDER WOMAN

OTHER SEXY OPTIONS

While plenty of us feel comfortable using our parts during sex, it's also ok if you don't feel comfortable doing that. Luckily, sexuality is broad, and there are lots of ways to be sexual without using your parts at all.

BDSM and Kink

BDSM is short for Bondage, Discipline, Domination, Submission, Sadism and Masochism, and encompasses a huge array of activities that some of us do for fun, sometimes in a sexual way. And of course, because many of these activities don't involve our parts, they're generally very low risk for transmitting STIs!

However, there are some higher-risk BDSM activities that may expose you and your partner(s) to bodily fluids, including blood. All of these activities require a high level of skill and communication, and should not be attempted without mentorship or supervision by a more experienced person in the BDSM community. And since blood can transmit STIs, including HIV and Hepatitis C, these activities also require safety precautions to prevent transmission. Always use sterile needles, knives or blades; wipe up excess blood with a single-use cotton ball dipped in rubbing alcohol; and avoid cutting or touching any open sores on the skin.

Because BDSM activities can involve very intense physical sensations as well as scenarios where people are reacting in situation-specific ways, most people use a safeword to indicate when a boundary has been crossed or when play should stop. Accordingly, a safeword is usually a word that you would not ordinarily say during play, such as “red,” “pineapple” or even “safeword.” You should always discuss your safeword with your partner(s) BEFORE beginning any kind of BDSM activity.

HORMONES AND SURGERY:

SEX DURING TRANSITION

Some of us want to take hormones such as testosterone or estrogen to change our appearance so that it better reflects our sense of self. Others choose to have surgeries to remove or construct different body parts like breasts, dicks, balls and vaginas. These changes can sometimes relieve gender dysphoria or a lack of confidence in the way our bodies look. They can also help align our external appearance with how we feel internally. Surgeries and hormones can change how our bodies respond to sexual touch and what feels pleasurable.

HORMONE CHANGES

All of the effects of hormones are totally normal, but they may take some getting used to. Masturbation is a great way to learn how to please yourself as your body changes. It may be helpful to refer back to our suggestions around masturbation.



COMMON HORMONE-RELATED CHANGES

TESTOSTERONE:

- Increased hair growth
- Front hole dryness
- Dick growth (1-5 cm)
- Oilier skin/acne
- Increased muscle mass
- Increased sex drive
- Growth of hair on abdomen, chest and back
- Menstrual cycle becomes irregular
- Voice deepens

ANDROGEN-BLOCKERS/ ESTROGEN:

- Decreased ability to get and maintain erection
- Lower sperm count and ejaculate production
- Balls (testes) shrink
- Sex drive decreases
- Breast tissue grows
- Decrease in muscle tone
- Redistribution of fat deposits

*Always check with your physician or pharmacist about potential drug interactions among hormone therapies and other drugs.

TRANS-FEMININE HORMONES

Many transfeminine people on androgen-blockers or estrogen notice a decrease in libido. You may also have fewer instances of waking up with an erection or, in some cases, may have difficulty getting or maintaining an erection even when you are sexually aroused. The longer you take these hormones, the less sperm

and ejaculatory fluid your body usually makes, so even if you do get an erection, orgasm may look and feel quite different while taking hormones. These changes mean that over time, you become less able to get someone pregnant. However, being on these medications does not serve as effective contraception (pregnancy prevention). If you're having sex with someone with an intact uterus, open fallopian tubes, and ovaries that still are releasing eggs that your sperm can reach and fertilize (your partner has not had their fallopian tubes tied) and effective contraception is not being used, they can still get pregnant unless your sperm can not access your partner (you have had a vasectomy or you no longer make sperm because your balls have been removed). Feel free to ask your healthcare provider if you are concerned about causing an unwanted pregnancy.

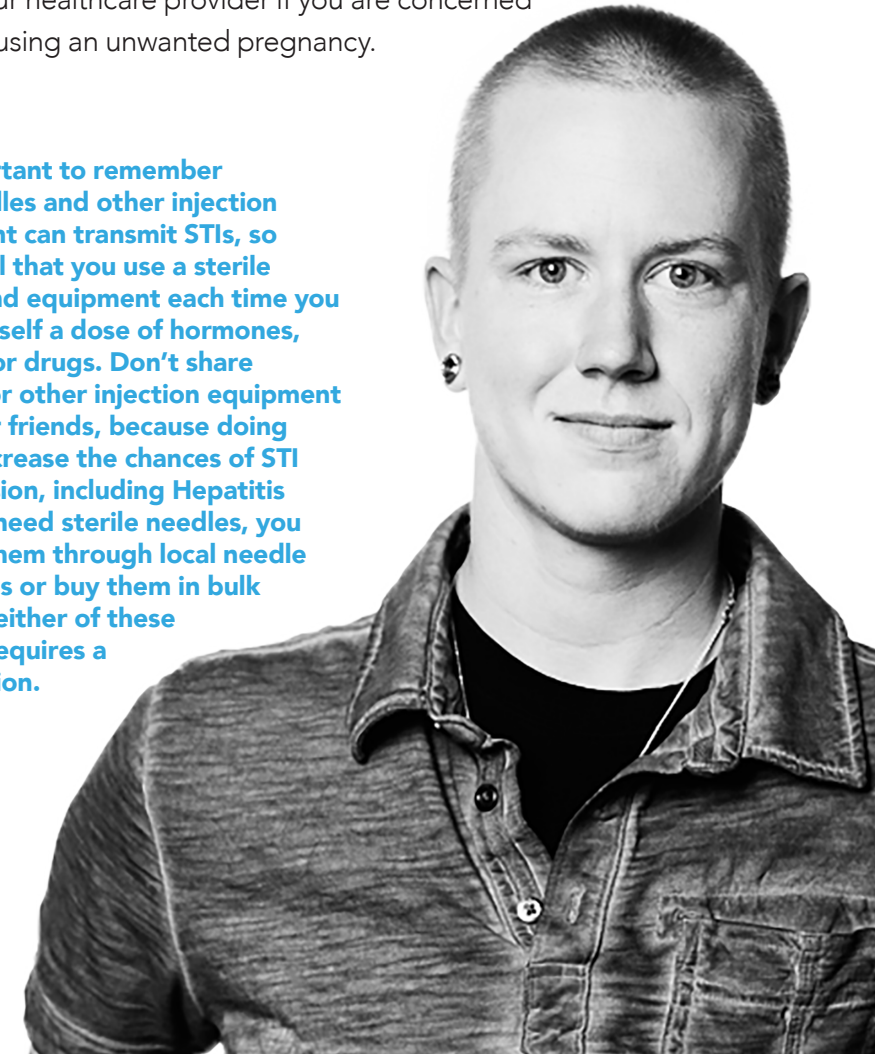
TRANS- MASCULINE HORMONES

Many transmasculine people taking testosterone will notice an increased sex drive, and your orgasms may feel stronger and more intense. It may, however, be harder for your front hole to get wet

once you start taking testosterone, so it's especially important to use lube to prevent tearing during sex. Tearing in your front hole can make you particularly susceptible to contracting STIs.

Testosterone also causes your dick to grow (up to a couple of centimeters) and after a while, you will stop getting a regular period. If you are taking testosterone and having sex with someone who produces sperm and has not had their tubes tied (a vasectomy), even if you're not getting your period regularly, you can still get pregnant. The only exception is if you've had your uterus and/or ovaries removed, your fallopian tubes tied or blocked, or effective contraception is being used. Again, feel free to ask your healthcare provider if you are concerned about causing an unwanted pregnancy.

It's important to remember that needles and other injection equipment can transmit STIs, so it's crucial that you use a sterile needle and equipment each time you give yourself a dose of hormones, steroids or drugs. Don't share needles or other injection equipment with your friends, because doing so will increase the chances of STI transmission, including Hepatitis C. If you need sterile needles, you can get them through local needle exchanges or buy them in bulk online. Neither of these options requires a prescription.



SURGICAL CHANGES

There are a number of genital reconstruction surgeries available to trans people, each with unique effects on the body. Some of the major surgeries are:

TRANSFEMININE SURGERIES

- **Breast augmentation:** Implant silicone or saline shells to increase the size and augment the shape of the chest
- **Facial feminization surgeries (including tracheal shave):** Feminize the shape of the face and throat, and reduce the appearance of the Adam's apple
- **Body contouring surgeries:** Relocate fat from the torso and arms to the butt and hips to increase curviness
- **Orchiectomy:** Remove the balls (testes)
- **Penectomy:** Remove a strapless
- **Vaginoplasty:** Form all vaginal structures

Many transfeminine people note that it becomes harder to maintain an erection once their testosterone levels become lower either by their hormones or having an orchiectomy. In turn, the way you have sex with your partner(s) may need to adapt. Surgically-created vaginas don't usually self-lubricate, so you may

need to use a body-safe water or silicone-based lube whenever you insert dicks, fingers or fists. Surgically-created vaginas are also not as stretchy as front holes and often take more time to "warm up."

After vaginoplasty, your surgeon may advise you to wait a while (up to two years) before engaging in certain activities, like anal sex and anal fisting, in order to prevent tearing and other complications. Your doctor may also give you a set of dilators, which you insert regularly to prevent the tissue from contracting and your vagina from shrinking. You can also dilate an hour or two before sex to help prevent pain or tightness. Inserting dilators may be difficult or painful at first; try using a body-safe lube and experimenting to find the most comfortable angle to insert the dilator. Over time, it will get easier and less painful.

TRANSMASCULINE SURGERIES

- **Mastectomy/Chest Reconstruction:** Remove excess tissue from the chest and masculinize its shape
- **Hysterectomy:** Remove the uterus and sometimes the cervix
- **Bilateral salpingo-oophorectomy:** Remove the ovaries and fallopian tubes
- **Vaginectomy:** Remove the front hole
- **Metoidioplasty:** Free a dick exposed to hormones from the ligaments in the labia to let it hang lower
- **Phalloplasty:** Form a larger dick (with implant for creating an erection) using skin grafted from the arm, back, or thigh

After metoidioplasty or phalloplasty, you may sometimes pee a teaspoon's worth of fluid during sex. When you wear an external condom, make sure to pinch the tip to make space for the fluid. If a condom doesn't fit snugly, but a finger cot is too small for your dick, you can use a cock ring to keep a condom in place.

RESOURCES:

We can't possibly cover everything in this guide, but there are great resources out there with additional information. We've included a few below. You should also consult a trans-competent doctor for any additional questions you have about transition, STIs or safer sex. You can use this guide as a tool to start a conversation with your healthcare provider. This is also a great time to get support from a peer group. Our trans community is a huge source of knowledge, strength and encouragement as you experience changes in your body and your life. Good luck, wherever you are in your journey!

- **Choosing a body-safe lube:**
dangerouslylilly.com/lube-guide
- **Contraception and birth control options:**
bedsider.org
- **Find a testing location:**
gettested.cdc.gov
- **Find safer sex supplies near you:**
condomfinder.org/find.php
- **HIV/AIDS and Safer Sex:**
aids.gov/hiv-aids-basics
- **Hormones: A guide for FTMs by TransCare**
- **Hormones: A guide for MTFs by TransCare**
- **Intimate Partner Violence:**
tnlr.org/English
- **Safer Sex in BDSM:**
actoronto.org/bdsm
- **STI information:**
thestdproject.com/std-list
- **Trans-competent doctors and mental health providers:**
radremedy.org (this is the only one with listings for DC right now); mytranshealth.com; transrecord.com

TRANS PRIDE FLAG



"The stripes at the top and bottom are light blue, the traditional color for baby boys. The stripes next to them are pink, the traditional color for baby girls. The stripe in the middle is white, for those who are intersex, transitioning or consider themselves having a neutral or undefined gender. The pattern is such that no matter which way you fly it, it is always correct, signifying us finding correctness in our lives." -Monica Helms, transgender activist, author, veteran of the United States Navy, and creator of the Trans Pride Flag.

The content of this guide was developed by Bianca Palmisano of Intimate Health Consulting.



WHITMAN-WALKER HEALTH



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