

PRIM3D



**SEXUAL HEALTH GUIDE FOR
QUEER TRANS MEN,
TRANS MASCULINE
AND NON BINARY PEOPLE**

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Freedom is what
you do with what
has been done to you

WHAT'S PRIM3D

PRIM3D is a sexual health guide for us and by us. The terms we might use to describe ourselves include (but aren't limited to): gay, bisexual, queer, **Two-Spirit**, **trans man**, **transmasculine**, and **non-binary**. Our individual histories are unique, but something we all have in common is that we were assigned female at birth (**AFAB**). *PRIM3D* is above all for those of us who are attracted to each other and/or **cisgender** men, and those of us who are involved in gay male scenes and cultures.

You may also be connected to us in other ways. You may be a service provider, like a counsellor or doctor. You may be a family member. This includes members of our chosen family—the people we're emotionally close to and consider our family, like our lovers, partners, and close friends.

PRIM3D includes important information that can support our health. So, no matter who you are, if any of this information might be useful to you, we encourage you to read it.

Tips for reading *PRIM3D*

- Seeing terms or abbreviations you don't know? You can look them up in the Glossary at the back of this guide. Words in the Glossary are **bolded** the first time they appear in this guide
- Some of the information in this guide is specific to Ontario. We encourage you to check for

THE LANGUAGE IN *PRIM3D*

information that's specific to your province

- You shouldn't use the information in this guide in place of medical or legal advice.

Language is complicated and it changes. First and foremost, centuries-old understandings about identity, desire, and relationships, as used by Indigenous people on Turtle Island, were suppressed by European colonizers. The legacy of this violence limits the language in use today, including in this guide.

We can also change our language as we learn new ways of identifying, desiring, and relating to others. In this guide, we've tried to use language that respects the many ways that our readers do this. Language can also vary among different generations of people in our community.

Our bodies are unique. We also use different words to name parts of our bodies. This guide uses (but isn't limited to) some of the most common anatomical terms in our community (like cock, front hole, and chest). Regardless of the words we use and the bodies that we each live in, our bodies are valid.

Finally, "sex" encompasses many activities and expressions. For example, sex includes not only partnered sex but solo sex, and not only fucking but fantasizing. You may be having sex or you may not be having sex.

THE LANGUAGE IN *PRIM3D*

You may not experience sexual attraction at all. Whatever your relationship to sex, this guide aims to support you in keeping that relationship healthy.



1 GETTING STARTED

First things first. Let's bust some myths, and then talk about consent, disclosure, and getting the gender-affirming healthcare we need.

Myths about us

Let's address four common myths about trans men, and transmasculine and non-binary people.

Myth #1: We all only want to sleep with women

Reality: Like all people, we have different sexual preferences and orientations. For some of us, this means being attracted to each other and/or to **cis** men. Our sexuality can also change throughout our lives. For most people, exploring your own sexuality is an ongoing journey.

Myth #2: We're less likely to get STIs (sexually transmitted infections)

Reality: Anyone who's sexually active can come into contact with sexually transmitted infections.

Myth #3: We don't penetrate our partners during sex (especially when having sex with cis men)

Reality: This myth partly stems from the fact that people can assume we don't have cocks. Some of us have had surgeries that allow us to penetrate our partners with our flesh cocks. We also might penetrate our lovers with strap-on cocks (not to mention our fingers, hands, tongues, and other objects!). Like all people,

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some of us enjoy being fucked, others like fucking, and others still like both or neither.

Myth # 4: We hate, or want to change, our bodies.

Reality: We have varying relationships with our bodies, just like everyone else. Some of us choose to affirm our gender by taking **T** and/or getting surgery, and some of us don't.

Like all people, we have varying sexual desires and different ways of relating to our bodies!

Navigating Consent

Great sex only happens when everyone involved is having fun. That's why it's important to check in with our sexual partners before, during, and after any kind of sexual activity (this includes sharing photos, filming videos, doing **BDSM**, etc.).

Consent is:

enthusiastic—it's a hard “yes!” and not an “I don’t know”
active—it’s said with words. Silence isn’t consent
clear—it’s not assumed based on actions or clothes
sober—it’s not impaired by drugs or alcohol
ongoing—it’s confirmed at each stage of activity, open to negotiation and renegotiation throughout, and can be withdrawn at any time
voluntary—it’s not obtained through being pressured

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Sometimes we can feel pressured to give consent. From accepting a drink that someone has bought or giving someone your phone number, to sucking and fucking, it's OK to not give your consent. But more than this, it's the responsibility of others to respect your boundaries.

It's also OK for someone to not give you their consent —and again, it's your responsibility to respect their boundaries.

Perpetrators, not victims, are responsible for sexual violence

The onus is never on a victim to somehow prevent any sexual violence that's been perpetrated against them.

This guide offers some precautionary tips in navigating spaces, but sexual violence (or any other violence) happens in many kinds of situations, including situations where victims take precautions. No victim of sexual violence, whatever precautions they do or don't take, is responsible for that violence. The responsibility for sexual violence lies with the perpetrators.

Speaking of consent

Gauging consent can be complicated, so having ongo-



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ing check-ins, conversations, and confirmation is crucial.

It can be awkward asking people what they want, but it's a chance to learn about our sexual partners' turn-ons and needs. It's also a chance to express our own turn-ons and needs.

"Needs" includes access needs. For example, maybe you need to take breaks during sex to check in with your body, or maybe your sexual partner needs to avoid scents.

Some phrases we can use

"Are you into this?" "Is this OK?"

"Can I kiss you?" "Is it OK if I touch you there?"

"Do you have any access needs?"

"This isn't working for me. Can we try something else?"

"I need to check in with my body."

"What would you like next?"

Disclosing

It can be hard to disclose being trans to any potential or current sexual partners. It can also be hard disclosing other personal information, like a disability.

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Tips from our community

“Choose to disclose in a safer or public space where there are easy exits.”

“Bring up topics related to the subject to find out where the person stands on the issue.”

“Be prepared to explain certain terms to others, since not all people may know what a certain term means. But don’t feel pressured to be an educator.”

Note: In some situations, Canadian law requires you to disclose that you’re HIV positive (see “Disclosing that you have an STI,” p. 23).

Self-care

When we disclose personal details about ourselves, we may experience rejection. At times we might face blatant transphobia, homophobia, or other kinds of discrimination.

Tips from our community

- “Try to practice self-forgiveness. It’s not your fault how people respond.”
- “Don’t internalize people’s messages or reactions.”
- “Know your rights. Knowledge is power.” (Note: For resources, see getprimed.ca)
- “Spend time with affirming friends and your community.”

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Accessing gender-affirming sexual health services

Accessing sexual health services that are affirming of our gender can be hard. It's not always comfortable for us to disclose our gender identities to our healthcare providers. And sometimes, even when we do disclose, a lack of knowledge about our health needs still makes access hard.

Getting the care that you need

Explore your options: Your options might include your family doctor, your campus health clinic, walk-in clinics, public health/sexual health clinics, anonymous STI/HIV testing sites, a local HIV organization, non-insured clinics, and Planned Parenthood.

Centre your needs: It's OK to seek healthcare professionals who you're compatible with, are knowledgeable about your concerns, and make you feel comfortable. It's also OK to ask them for help with your needs—including your access needs. Sometimes, by stating your access needs (e.g., not being able to afford a treatment, not having health card access, etc.), you may learn new ways to access treatments and services.

We get to decide on our healthcare professionals: Referrals aren't carved in stone. You have the right to look elsewhere, especially if you're unhappy with the

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care you're getting.

Decide in your own time: If you need it, give yourself time to think about any information you've been given before making decisions.

If necessary, get more help: Queer/trans health organizations or programs may be able to advocate on your behalf, connect you with resources, and provide support to your doctor—for example, around HPV and Hep A and B vaccinations, HIV medications, and PrEP/PEP for trans people (see “PrEP and PEP,” pp. 36). For details, visit getprimed.ca.

FINDING SEX

Let's look at some spaces where we can find sex and some safety tips we can keep in mind.

Online

Dating websites, smartphone apps for hooking up, and social media platforms are just some of the online spaces where we can find sex.

Tips

Decide about disclosure

- Decide beforehand if you want to put your gender identity in your profile or disclose it later

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- Remember: you can change the details of your profile at any time.

Understand the language

- Confirm the meaning of terms that you or others use (e.g., someone may think that **top surgery** involves being a top).
- Look up online resources to help understand terms. Better yet, ask the person you're communicating with to explain what they mean.

Communicate boundaries from the beginning

- Discuss each other's boundaries—for example, if you want to use a **barrier** (like a condom, **dam**, or glove) to avoid exchanging body fluids (like semen, front-hole fluids, and blood).
- Practice how to say what you want, so you can feel more comfortable when the time comes
- Any potential sex partner should respect your boundaries, and vice versa. For example, some people say online that they use condoms, but back out of this in person. This may be especially true of people who think we're less likely to get STIs or that we can't get pregnant.

Meeting up and having a backup

- Consider meeting first in a neutral, public space (e.g., a café)
- Enlist a trusted person you can call if you need support.

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Take care of yourself

- If something feels off or someone's constantly disregarding your identity and/or boundaries, trust your gut and rethink if they're right for you. There are other people out there.
- It's okay to care for yourself (e.g., by blocking transphobic people). Thank you—next!
- Take breaks if needed. Online spaces can be hard on our self-image.
- Remember: what's online isn't a full reflection of our worth and lovability.

Bars and nightclubs

Whatever bar you're at (whether it's gay, straight, mixed, trans-friendly, etc.), here are some things to consider.

Tips

- **Look out for each other:** If you're going out with friends, talk with each other about any precautions to take. For example, will you need access support for opening doors? How do want your friends to intervene if you need them to? Are any of you planning to take any substances? And at the end of the night, check that your friends are OK.
- **Plan your night:** Try thinking about the kinds of sex you want and how you can prepare for this (see "4. Making sex safer," p. 31)

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- **Watch your food and drinks:** Avoid leaving your food and drinks unattended, especially if someone's getting them for you (note: see "Perpetrators, not victims, are responsible for sexual violence," p. 6).
- **Give yourself a chance to communicate:** If you've met someone but it's too loud to chat, you can ask for a smoke break or a bathroom break to move the talk to a quieter place.
- **Sex on site?** Know the rules: Looking for action in the washrooms or the backroom? Not all clubs allow sex on their premises. In some venues, if you're caught having sex, you might be thrown out by security or banned from the venue.
- **As the night continues, keep your friends posted:** If you want to leave with someone you've met, you could tell one or more friends where you're going. If you have friends with you at the venue, you could introduce them to your date. Some people also text their taxi or car license plate numbers to their friends, or tell their friends via social media (sometimes in creatively coded language!) that they need someone to check on them later.

Cruising

Cruising generally involves using non-verbal (e.g., eye contact, gestures) and verbal communication to let

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someone know you're attracted to or interested in sex with them. Some people cruise when they're looking for sex and others cruise when they're feeling flirty.

Cruising can happen in public spaces (e.g., parks, beaches, washrooms) and in private spaces (e.g., clubs, parties, bathhouses). Some people use location-based apps, like dating apps, to preplan where to meet. Others prefer meeting people in spontaneous, unplanned ways.

Cruising itself isn't illegal, but it can lead to sex in places where it's illegal to do so. In those cases, you can be charged with a criminal offence if you're caught. If you decide to cruise, here are some tips.

Common cruising signals

Cruising signals can be subtle or more explicit, but they allow queers to communicate in ways that others may not notice. There's usually not much talk, so it's important to read the body language of a person you're cruising. Not everyone who, say, returns a glance wants sex.

To show interest

Sometimes a person will:

- make, return, or maintain eye contact
- turn back to gaze at someone

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- touch themselves and see if the other person does the same
- wait around or move closer
- touch their hand or leg against another person's hand or leg
- nod or smile and/or follow someone to an area to have sex
- wait close to secluded areas that are used for sex, and then make or break eye contact to indicate who they'd like to have sex with
- when in a bathhouse:
 - lay in a sauna
 - lay on a bed in a cubicle with an open door or stand in the cubicle doorway
- when in a washroom stall:
 - tap their foot to indicate they're cruising
 - at a urinal, start stroking their genitals

To show no interest

Sometimes a person will:

- avoid or break eye contact
- fold their arms or turn away
- move away from an area or away from someone's line of sight
- verbally say "no" or "no thanks."

Although it's common in gay culture for cruising to involve body language alone, you can still use verbal or other communication skills to say yes or no. The principles of consent still apply (see "Navigating consent," p. 5).



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Tips

- **Research:** Check if there are known issues (e.g., robberies, assaults) at any cruising area you want to use. You can do this by asking people who cruise or checking online.
- **Try cruising with a friend for mutual safety:** You might split up to get action separately, but you're still in it together and can look out for one another.
- **Take precautions:** Avoid carrying a lot of cash and credit cards, but take your phone so you can contact others if necessary. If you'll be cruising alone, you could let a friend know where you're going and arrange to follow up later. Consider having a safety plan in case anything goes wrong.
- **Decide about disclosure:** Depending on your situation (including the kind of sex you want), you may decide that disclosing you're trans is unnecessary. It's common for some people (whether trans or not) to give only oral sex and not allow their genitals to be touched.
- **Be discreet:** Many cruising areas, like parks, are under in-person or camera surveillance.
- **Confirm the signal:** Be cautious about acting too quickly before you have a clear signal from someone that they're looking for sex. If you're unsure, it's OK to ask directly.
- **Be aware of your surroundings:** Public cruising often starts in relatively open spaces, like well-lit parking lots, but can turn into sex in more isolated places, like unlit alleyways.

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Bathhouses, sex clubs, and sex parties

Bathhouses, sex clubs, and sex parties are great ways to find sex with one or more people and explore things like **glory holes**, spas, pools, and dungeons.

Certain gay bathhouses allow entry “to men only,” which may exclude trans men, and transmasculine and non-binary people, including those of us who haven’t changed our gender marker on our ID or aren’t taking T. Other bathhouses may have informal policies and attitudes that make us feel unwelcome. Some establishments are changing those policies.

Tips

Research beforehand: Call ahead/check the venue’s/party’s website to learn about their accessibility (e.g., gender neutral bathrooms), dress codes, prices, and codes of conduct.

Plan your activities beforehand: What are your plans? Things that people do at bathhouses, sex clubs, and parties include watching porn, watching others have sex, meeting people, using glory holes, and engaging in handjobs and/or blowjobs.

Consider bringing your own safer sex materials and toys: If you’re at an independent party, bring your own condoms and lube. At bathhouses and sex clubs, free condoms and lube are often provided, but you may prefer to bring your own.

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Consider reporting any problems: You could report problems to the venue management/event organizers. If they don't back you up, you could seek help from queer and/or trans organizations (see getprimed.ca).

Travelling

We can also find sex while travelling, whether we're travelling a few minutes away from where we live, or to another city, province, or country.

Travelling tips:

- **Research beforehand:**
 - Look up the latest local laws about the issues relevant to you (e.g., gay rights, BDSM, sex work).
 - Learn about language and cultural differences. Body language can vary too.
 - If you're going to a queer spot or venue, look it up online and if possible ask any knowledgeable locals if the place is safe.
- **Rethink if required:** If you've been asked to travel to a place that may be unsafe for you, consider whether you can decline.
- **Plan what to carry with you:** Take caution when carrying safer sex products, medications, prosthetics, sex toys, or anything that can be questioned by customs staff and other officials. Taking prescriptions and a doctor's letter (e.g., about your medications and/or gender transition) may help in some situations.



3 STI'S FYI

For your information, let's talk STIs. We'll start with general info, then take a closer look at HIV, viral hepatitis (Hep A, B, and C), and HPV.

Anyone who's having sex can come into contact with an STI. Some STIs (like the herpes virus) can also be passed on simply through skin-to-skin contact. Luckily, most STIs are easily treated with pills, injections, or creams.

Although some STIs cause symptoms like itching, burning, or discharge, many STIs don't show any symptoms. This makes it especially important to get tested.

Get tested regularly

In general, it's worth getting tested for STIs **once a year**. However, if you're having multiple or anonymous partners, consider getting tested **every 3 to 6 months**.

Some STIs, like HIV and Hep C, can be transmitted when infected blood from one person gets into the bloodstream of another person, including through broken skin. Some of us may be more at risk of small tears and bleeding from the front hole. This is because of decreased estrogen due to aging and/or taking T.

3 STI'S FYI

Asking for STI testing

Some doctors may not always know what our bodies are like or the kinds of sexual health needs that we have. This can make it hard for us to get tested properly for STIs.

Tips

The type of STI testing you'll need depends on the sex you've been having. So, when asking for testing, it's worth ensuring that it covers all the kinds of sex you've had since any previous STI test. Did someone suck your flesh cock without a barrier last year? Do a urine test! Did a cis guy cum in your ass without a condom recently? Get a rectal swab! And so on.

Disclosing that you have an STI

If you test positive for an STI, it's best to notify any past and current sexual partners so they can get tested and treated early. If you're unable to notify others safely, you can anonymously tell partners using free online platforms like tellyourpartner.org. Alternatively, a healthcare worker/ public health officer can tell partners on your behalf while maintaining your confidentiality. Ask your healthcare provider about your options.

In some situations, Canadian law requires you to disclose

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that you're HIV positive. Some people in Canada have been charged for not disclosing their HIV status. These laws are rapidly evolving, so to stay up to date, visit aidslaw.ca.

HIV

HIV (Human Immunodeficiency Virus) is a virus that can weaken your immune system, the body's built-in defence against disease and illness. It's possible to have HIV without knowing it, so it's a good idea to get tested regularly.

There's no cure for HIV yet, but there are very effective treatment options. With proper care, people with HIV can live long and healthy lives.

Transmitting HIV

HIV can be passed on through:

- blood, including menstrual blood
- semen (cum) and pre-cum
- front-hole fluid
- vaginal fluid
- anal fluid
- chest milk

HIV is transmitted when the virus in one of these fluids gets into the bloodstream of another person—through broken skin, the urethra at the opening of a

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flesh cock, or the wet linings of the body (like the front hole, vagina, or ass).

The two main ways that HIV can be transmitted are: through sex (when there's enough of the virus to expose a sexual partner to HIV—see “If you're undetectable, you're untransmittable,” p. 25) sharing needles or other equipment to inject drugs (including hormones).

HIV can also be transmitted to a fetus or baby during pregnancy, birth, or chestfeeding.

HIV can't be transmitted through sweat, saliva, or urine.

If you're undetectable, you're untransmittable

Good news: If you're on HIV treatment that's keeping the amount of HIV in your blood at undetectable levels, you can't transmit HIV through sex. This is called U=U (undetectable equals untransmittable).

“Undetectable” means that the amount of HIV virus in your blood (your viral load) is so low that tests can't find HIV in your blood for at least six consecutive months. You'll need to stay on HIV treatment, as prescribed by your doctor, to maintain an undetectable viral load. Note: Some people living with HIV can't achieve an undetectable viral load easily or at all, due to certain barriers or biological reasons.

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Note: Serosorting involves sex between people who choose sexual partners with the same HIV status as their own (e.g., if you're HIV negative, pairing up with someone who's also HIV negative). However, serosorting isn't the most reliable strategy because a person's HIV status can change. For example, someone might have become HIV positive since their last HIV test or they might think they're HIV negative because they have no symptoms. For more information, visit thesexyouwant.ca.

Getting tested for HIV

It takes around three months for HIV to become detectable in your blood, so it's important to get tested regularly for HIV.

Tips

- **Know your status:** If you're unsure of your HIV status and you've never had a test, consider getting one.
- **Keep getting regular tests:** Preferably every 3 to 6 months.
- **If you think you've been exposed, find out your status:** Get tested, preferably within three weeks of the possible exposure activity.

There are different ways to test for HIV. Some include:

Standard blood testing: A sample of your blood is

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taken from a vein in your arm and sent to a lab for testing. Your results will be available up to two weeks later.

Rapid testing: A couple of drops of blood are taken by pricking your finger. You'll get a result within a few minutes. If the result is reactive (that is, probably HIV positive), you'll need to get a standard blood test so that a lab can confirm the result. If the second result is negative, you don't need to be retested.

- **Self-testing:** In Canada, at some point in 2020, you'll be able to give yourself the rapid test by collecting a sample of your own blood from your finger, testing it, and interpreting the results.

In Canada, you can get anonymous HIV testing (both standard blood testing and the rapid test) at specially designated anonymous clinics.

Living with HIV

You can't get rid of HIV, but you can keep it under control and lead a long and healthy life by taking medications as prescribed by your doctor.

Getting the care that you need

If you've become HIV positive, consider:

Getting treatment as early as possible: Early treatment reduces the chance of any HIV-related

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health problems. Visit catie.ca or talk to your doctor about your best options.

Speaking with your doctor or pharmacist about any other meds you're taking: Some HIV medications increase or decrease the level of testosterone in your body, and affect certain other meds (e.g., recreational or party drugs, medications for hair regrowth therapy).

Proceeding with your surgery plans: Testing positive for HIV doesn't prevent you from getting surgery, including gender-affirming surgery.

Getting connected to other care: HIV organizations and community health centers can support you. These services are also a good way to connect with peers and to other services and resources. To find your local HIV organization, visit HIV411.ca or contact info@catie.ca.

There are five types of Hep. Below, we'll focus on the three main types: A, B, and C. For more details on Hep, see catie.ca.

Hep A, B, and C

Viral hepatitis (also called Hep) is a type of liver infection. Sometimes, if you have viral hepatitis, you might not show any symptoms.

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Hep A and B

Hep A gets transmitted when the feces (shit, stool) of a person with Hep A comes into contact with the mouth of someone else (e.g., by ingesting small amounts of contaminated feces during the course of sex, by eating food or drinking water that's contaminated with infected feces, etc.).

Hep B gets transmitted through contact with semen, front-hole fluids, vaginal fluids, and blood.

Getting the care that you need

Vaccines stop you from getting Hep A and Hep B. In some provinces, these vaccines are free for some people, like men who have sex with men (**MSM**), so check if you're eligible.

Hep C

Hep C gets transmitted when the blood of someone with Hep C gets into someone else's bloodstream—for example, by:

- sharing personal items with wet or dry blood on them, like toothbrushes, and needles for injecting, tattooing, and piercing.
- having barrier-free sex that involves blood.

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Getting the care that you need

Hep C has no vaccine but can be treated and cured with Hep C treatments. Speak to your healthcare provider. After you are cured, you can get Hep C again. Cure does not provide immunity to Hep C.

HPV

Human Papilloma Virus (HPV) is the most commonly transmitted STI. Most sexually active people have one or more HPV infections in their life.

HPV is transmitted mainly through physical sexual contact—including skin-to-skin contact, regardless of whether any penetration or body fluids are involved.

There are different types of HPV. Although most types of HPV go away on their own without causing any problems, some can cause genital warts and others can lead to cancer.

Getting the care that you need

Find out if you need a pap test: Pap tests detect types of HPV that can cause cervical cancer. If you have a cervix and are sexually active, it's worth getting a pap test every three years. If you've had a full hyster-

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ectomy with complete removal of the cervix, ask your doctor if you need a pap test (especially if you have a history of cervical cancer).

Find out if you need an anal pap test: Anal pap tests exist too. If you're having anal sex or have a history of cervical cancer that's related to HPV, it's a good idea to ask your doctor if you need anal pap tests to reduce your risk of getting anal cancer.

If you haven't been vaccinated, see your doctor: In most of Canada, the HPV vaccine Gardasil-9 is given in schools (usually between Grade 4 and Grade 7). If you haven't been vaccinated against HPV, speak with your doctor. In certain provinces, some people can get free HPV vaccination (like MSM under 26 years old in Ontario), so check if you're eligible. Visit getprimed.ca for details.

4 MAKING SEX SAFER

Let's discuss safer sex strategies. Then we'll run through the items you might need for your own safer sex stash.

"Safer sex" means different things to different people. Broadly speaking, in this guide, safer sex means minimizing the potential of getting or transmitting STIs, while maximizing our pleasure!

4 MAKING SEX SAFER

Sometimes we don't have safer sex

In real life, we don't always have sex that meets our personal definitions of "safer sex."

This can be for many reasons. For example:

- we're emotionally unprepared (e.g., we're feeling vulnerable or, on the other hand, invulnerable).
- we're under the influence (e.g., drunk or high).
- we lack the information to make properly informed decisions (e.g., about safely fucking after bottom surgery).
- we choose to settle for the sex we think we can get, rather than insisting on the sex we want.
- we want to have sex in certain ways, but don't know how to communicate this clearly to our partners or even ourselves.

If you have regrets about any such times, it's okay to forgive yourself for your past choices. All of us are on an ongoing journey of learning to care for ourselves.

Safer sex strategies

"Safer sex" is a broad term. So, it makes sense that safer sex strategies can span many kinds of strategies —from building your knowledge and communication skills, to using barriers.

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Some strategies to consider

Learn more about sex and your body: For example, you can read articles on trans health. You can also connect with trans and non-binary peers. To get started, see “Resources,” p. 56.

Start some pillow talk: What does safer sex mean to you and what does it look like in practice? As well as thinking about this with yourself, you could talk with any sexual partners. It’s good to talk during times when you and any partners are thinking more clearly and are better able to make decisions (e.g., before sex or during foreplay). Leaving safer sex items out for any partners to see can also help kickstart these conversations.

Set and learn boundaries:

- We may be open to dialogue and sexual experimentation, but we all have limits. It’s worth informing any sexual partner about what you will and won’t do sexually, and learning their limits too (see “Navigating consent,” p. 5).
- You and any sexual partner could create a written agreement that sets out the boundaries and understandings you both have about sex within your relationship and (if relevant) outside it. Ex), you may decide to have condomless sex with each other but use condoms outside of your relationship. Check in with each other to discuss if the agreement’s working for both of you and if you need change it.

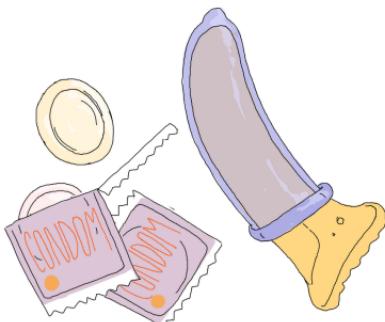
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Know your STI status: When everyone in a relationship knows their status, they can make more informed safer sex choices (see “Get tested regularly,” pp. 22).

Use barriers and other safer sex stuff: You can have a stash of safer sex stuff to use and keep it in an accessible place.

Stocking your safer sex stash

External condoms



Dams



External condoms can be put on any insertable that's being used for sex: flesh cocks, strap-on cocks, and sex toys (especially if they're made of wood, leather, rubber, or silicone that can't be sterilized).

During oral sex, these thin sheets create a safer sex barrier between the mouth and the asshole, front hole, or vagina. They're especially useful if the receiving partner has their period.

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Internal or insertive condoms



Insertive condoms go inside an asshole, front hole, or vagina. (Note: These condoms are sometimes marketed as “female condoms” or “femidoms.”)

Lube

The friction that happens during sex can cause tiny tears in skin or safer sex barriers. These tears might allow STIs to get into your body. Lube lessens that friction, keeping things slick.

Gloves and finger cots



We use gloves to keep fingers or hands from touching body fluids that can carry STIs. They’re particularly great if we have breaks in our skin, like cuts, recent tattoos, hangnails, and eczema. In medical contexts, finger cots are worn over fingers (e.g., to keep wounds dry). But for safer sex, they can be stretched not only over fingers, but other sexy and suitably-sized things—toys and, for some of us, over our post-op cocks.

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Slick tips

In general, the more lube, the better: This especially applies to anal sex, since the hole doesn't self-lubricate.

Avoid sharing tubs of lube between people: This can stop you from spreading blood-borne infections.

T can cause front-hole dryness, but lube can help: If you like, you can also use estrogen creams designed for the front hole. These creams don't interfere with T's masculinizing effects.

Some lubes work better for certain activities: For example, for a fisting lube tip, see Finger fucking and fisting, p. 45. It's also good to ensure your lube is compatible with any barriers you're using (for details, visit getprimed.ca).

PrEP and PEP

PrEP (Pre-Exposure Prophylaxis) and **PEP** (Post-Exposure Prophylaxis) are pills that can stop HIV from establishing itself in your body. PrEP may also be available in injectable form in the future.

PrEP and PEP tips

Get help to cover the costs: In some cases, you can get the costs of PrEP/PEP partially or fully covered (e.g. through some PrEP access programs like PrEPStart, certain private insurers, and—for First Nations and Inuit people—the Non-Insured Health Benefits.

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program). You can also ask your provider if they will waive the costs on compassionate grounds. For details, visit getprimed.ca

Need ready access to PEP?: If you're not on PrEP but think you might be exposed to HIV, say, once or twice a year, you can ask your doctor or a sexual health clinic about PEP in Pocket (PIP). PIP is a prescription on hand for PEP. You use PIP to access PEP without having to be assessed at a hospital emergency department.

Help is available to educate your doctor: If your doctor doesn't know much about PrEP/PEP, you can ask that they connect with PrEP/PEP advocacy groups and pharmacies that specialize in PrEP/PEP (for a list of resources, visit getprimed.ca).

PrEP and PEP don't protect you from other STIs: To prevent other STIs, it's worth using barriers and practicing other safer sex strategies (see "Safer sex strategies," p. 32).

PrEP	PEP
<i>Before being exposed to HIV</i>	<i>As soon as possible after potentially being exposed to HIV (within 72 hours)</i>
You should take PrEP at least 20 days before having front-hole sex and 7 days before having anal sex. You should then ideally continue taking PrEP every day. However, other dosage options may be available (including a	For 28 days after any possible exposure to HIV

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cheaper option called 2-1-1 dosage), so ask your PrEP provider what's best for you



To learn where to get PrEP, contact your local HIV/AIDS organization or healthcare provider



At hospital emergency departments. Tell the intake nurse that you're concerned that you've been exposed to HIV from having sex.



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The nitty gritty on having healthier sex and relationships.

To start, let's look at some different ways of having sex. You should combine this info with the safer sex strategies in the previous section (see "4. Making sex safer," pp. 31).

Solo sex

A shout-out to masturbation: it can be some of the safest sex we will have! The next few pages focus mostly on having sex with other people, but remember: you can apply many of these tips to your solo sex adventures.

Sucking/licking

So, you love oral? Welcome to the club. If you give oral sex, your chances of getting HIV are extremely low and even lower if you receive oral sex. But you can still get other STIs from giving or receiving a blow job.



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Tips

- Planning to give a blow job? Avoid flossing or brushing your teeth for 30 minutes, both before and after giving head.
- You can use **dental dams** for rimming or period sex.
- If rimming, it's worth ensuring that the opening to the receiver's asshole is clean (washed with soap and water).
- Avoid deep throating, taking cum in your mouth, or swallowing cum. Consider alternatives like having your partner cum on other areas of your body.
- Peeing after sex can flush bacteria from your urethra.

Fucking

In the discussion below, we use “fucking” to mean having anal, front-hole, and/or vaginal sex with one or more cocks—non-flesh cocks and/or flesh cocks. (But fucking isn’t limited to cocks! Also see “Finger fucking and fisting,” p. 44.) Whether you’re fucking as the insertive partner (sometimes called topping) or being fucked as the receiving partner (sometimes called bottoming), you can contract STIs. However, your chances of getting an STI are higher with being fucked due to potential tears in the front-hole and anal walls.

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Tips

Use caution if douching: Douching is a way of cleaning out the ass or front hole before sex. If douching, avoid using chemicals—these can irritate the lining of your ass/front-hole and wash away natural flora that actually help protect against STIs. Instead, consider using warm water.

Barriers can be your best friend: Consider using barriers when fucking with non-flesh cocks and/or flesh cocks (including post-op cocks—see “Fucking after genital surgery,” p. 42). It’s also good to change the barrier when switching between anal, front-hole, and vaginal fucking.

Avoid directly sharing prosthetics/toys: When switching partners, it’s worth cleaning prosthetics/toys or using a new condom.

If you feel pain or discomfort while being fucked, check in with yourself: It’s OK to remember your body’s limits. If you’re on T, sometimes this can reduce front-hole self-lubrication and make the front-hole tissues more prone to tear and irritation (even if you self-lubricate).

Avoid the withdrawal method: Also called the pull out method, this method involves a person removing their flesh cock before it ejaculates semen. Due to pre-cum and the fact that people don’t always pull out correctly, this method isn’t reliable in preventing STIs and unwanted pregnancies.

Try peeing after sex: This will help to prevent urinary tract infections (UTIs).

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Recovering from bottom surgery? It's good to wait 'til your surgeon says it's OK to have sex. This will help avoid pain, structural damage, and/or infections to the surgical area.

Fucking after genital surgery

Metoidioplasty or “*meta*” is a surgery that creates a penis by releasing the clitoris that was enlarged due to taking T. Meta surgeries can also involve further options, like lengthening the urethra to allow for peeing while standing up, closing the front hole, and having scrotal implants. Depending on your specific circumstances (and sexual interests!), it might be possible for you to penetrate a partner with your flesh cock. Certain prosthetic devices might also work for you.

Phalloplasty or “*phallo*” creates a penis using your own donor tissues (usually from your forearm or thigh). Some surgeons offer scrotal implants as part of a phalloplasty. You may be able to penetrate your partner with your flesh cock (again, if this is something you’re into!), usually either with an erectile implant or an external erectile device.

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Tips if you've had genital surgery

- **If you're fucking someone with your post-op flesh cock:**
 - depending on your cock size, you can try using an external condom or a finger cot. If you can't find a barrier that fits, the person you're fucking could wear an internal condom.
 - if you're using an external erectile device, you can place the barrier over the device.
 - if your urethra has been lengthened you might have a higher risk of getting UTIs, particularly soon after surgery. Wearing a barrier might prevent you getting a UTI.
- **Give yourself time to see what works:** Post-surgery, what might you need or want to do differently? Perhaps there's a stroking device you want to try. If you're post-phallo and finding it difficult to get erect, maybe you'd prefer to receive oral sex. And remember: having a penis doesn't necessarily mean you should be the insertive partner during sex.

Fucking after hysterectomy

A hysterectomy or “hysto” involves removing the uterus. It can also involve partially or fully removing other parts of the reproductive system, like the cervix, fallopian tubes, and/or ovaries.

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Tips if you're post-hysto:

- **If your cervix has been removed, you may need to experiment with sex positions:** When a cervix is removed, the surgeon creates a closure (called a "cuff") inside the front hole. For some of us who are post-hysto, this can reduce the depth of our front holes.
Talk to your healthcare provider about pap tests: Depending on your situation, you may or may not need pap tests. For details, see "HPV," p. 30.

Finger fucking and fisting

Tips:

Practice hand hygiene: It's a good idea for the insertive partner to wash their hands, trim and file their fingernails, and cover open cuts or sores with gloves.

Choose the right lube and gloves: For fisting, longer-lasting lubes (silicone or oil-based) are better than water-based lubes. However, oil degrades latex, so if you're using oil-based lube, it's better to use nitrile gloves.

BDSM

Some of us are kinksters! BDSM encompasses a lot of activities, many of which aren't strictly sexual. These activities span bondage and discipline (BD), domina-

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ion and submission (DS), and sadomasochism (SM).

Tips:

Cleaning and using new equipment:

- Needles, piercing, branding, or disposable shaving tools are designed for one use on one person only. After use, safely dispose of these items.
- For all of your other equipment, it's best to clean it after use. For example, you can sterilize non-motorized silicone toys and prosthetics by submerging them in boiling water for a few minutes. Many toys and prosthetics can be sanitized (e.g., with fragrance-free soap and water). Some materials can't be sanitized, like leather. For details, visit catie.ca.

Avoid coming into direct contact with or consuming blood, piss, and/or shit, especially on cuts or in eyes:

- Breaking skin creates a site where some STIs can enter your bloodstream, so any play involving blood (e.g., piercing) can increase your chances of transmitting certain STIs. Also consider wiping away any drops of blood with cotton balls soaked in rubbing alcohol (preferably while wearing gloves).
- Scat play (kink play that involves human shit) can increase your chances of getting Hep A and certain parasites, but it's not associated with transmitting HIV.
- Activities that don't involve exchanging body fluids between people (like using floggers, paddles, clamps, masks, and gags) are unlikely to transmit STIs.

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Sex Work

Some of us work as sex workers, full-time or part-time. Some of us also buy sex work.

There's a myth that there's no market for sex workers who are trans men, transmasculine, and/or non-binary, but this is false. For some of us, presenting as masculine while doing sex work may be challenging because there are fewer resources for us to get support. Some of us may present as cis women when working, but this doesn't make us any less trans.

Tips for those of us that are sex workers:

Make safety preparations in advance: For example, doing client background checks, creating safety plans, getting safer sex items (see "Stocking your safer sex stash," p. 34).

Know your rights: You can get sex work legal resources from your local sex worker organization.

Connect with like-minded folks: This includes sex worker organizations and networks (see getprimed.ca for a list), and friends/peers who do sex work.

Feeling unsafe at work?

- Remember that you have the right to decline clients.
- Learning basic self-defense can be helpful.
- For venue-based safety tips (e.g., bars, sex clubs, etc.), see "2. Finding sex," p. 11).

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- Consider working with a friend. You could also inform friends when and where you'll be working and arrange for them to check in with you at a certain time.
- Consider alternative ways to sell sexual services, like webcamming, dancing, pro-domming, or massaging.

Sex and using substances

Before or during sex, sometimes we use recreational substances, like alcohol, weed, poppers, meth (also known as crystal meth or Tina), MDMA, cocaine, or GHB. This is for various reasons, like helping us to relax, enhancing our pleasure, etc. We may use these substances alone, with a partner, and/or in PnP (Party and Play) settings, a subculture where people use drugs while having sex.

Taking substances can affect our ability to negotiate sex, be aware of things (e.g., any tears or bleeding while having sex), and make our best decisions about our sexual health. So, here's some tips for using in safer ways:

General Tips

Start slow: In any session of using, try starting with low amounts and longer breaks between stints of using.

Take care if mixing drugs: What you're using might change the actions or side effects of any other drugs.

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you're taking, like other recreational drugs, T, HIV meds, etc. Learn more at getprimed.ca

Avoid sharing equipment: For example, pipes, straws, and dollar bills.

Use with people you trust: Alternatively, you could let someone you trust know that you're using so that they can check on you if they don't hear from you.

Watch your walls: If taken through the front hole or anally, certain drugs like meth can damage these walls (especially if taken anally). This can allow HIV and Hep C to be transmitted more easily.

Have food and water on hand at all times: This prevents dehydration and/or the substance hitting you harder.

Watch for signs of an overdose:

- The signs include but aren't limited to slurred speech, unconsciousness, shallow breathing, clammy skin, a weak pulse, and falling into a coma. If you see any of these signs, it's best to check in with the person to make sure they're safe.
- Having a naloxone kit on hand can help reverse an opioid overdose long enough to get the person medical attention. Certain provinces or pharmacies provide free naloxone kits and training (visit getprimed.ca for details). Even if you use a naloxone kit, it's best to also call 911, as more monitoring and treatment may be needed.

Stay informed: To keep up with the latest trends on the drugs you're taking, visit thesexyouwant.ca and getprimed.ca for resources.

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Safer injecting

- **Use new equipment every time:** Reusing or sharing needles can transmit HIV, Hep B, and Hep C, and cause other issues, like bacterial blood infections. To get safer injecting supplies for free, visit your local harm reduction service
- **Prepare before injecting:** For example, having clean cookers and spoons, filters, distilled water, and alcohol swabs.
- **Not all needles are the same:** It's best to use the right needle size for the substance and the place you're injecting.

Healthier relationships

We all deserve amazing love—from ourselves as well as others—where our voices, identities, and bodies are affirmed.

Here are some signs that can help us evaluate the health of our relationships—sexual and non-sexual relationships, and with ourselves and others:

Some signs of healthy patterns in relationships

- We feel good emotionally and physically, in the ways that are possible for us
- We can safely raise concerns
- We have full enthusiastic choice over the kind of intimacy and/or sex we might want (see “Navigating consent,” (p. 5) and “Safer sex strategies,” (p. 32)

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- Our identities and bodies are validated and respected.

Some signs of unhealthy patterns in relationships

- Lack of respect for our identities or aspects of our identities.
- Belittling behavior; insults are excused as jokes.
- Feeling unsafe emotionally or physically.
- Volatile behavior and deflecting responsibility.

In reality, people are complex (regardless of our identities). Often, we fall anywhere on spectrums of healthy or unhealthy behaviours that may arise due to many factors—broader social factors, our personal histories, etc. We're always in the process of healing.

However, in our relationships, if we frequently find ourselves in fear or in risk of emotional or physical danger, we should seek safety and support first. Visit getprimed.ca for resources.

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Whether you want to get pregnant or not, here's some info that can help.

Getting pregnant

Planning to get pregnant? You might consider:

- freezing your eggs for later use, especially if you plan to have a hysterectomy.



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- stopping testosterone and attempting to conceive (e.g., through sex, in vitro fertilization, etc.)
- surrogacy (note: In Canada, surrogacy is legal but with some restrictions, so it's worth doing your research first).

Resources for us do exist. For example, check out [LGBTQ Parenting Network](#). Some of us also use pregnancy/birthing providers and doulas who are queer- and trans-friendly.

Preventing pregnancy

Testosterone isn't birth control. For those of us who have our uteruses, pregnancy is still a possibility. Most contraception methods don't interfere with testosterone therapy or alter its masculinizing effects.

In this guide, we've already discussed two kinds of contraception—internal and external condoms (see "Stocking your safer sex stash," pp. 34). Below are two more options: the Pill and the intrauterine device (**IUD**).

Note that unlike condoms, the Pill and IUDs don't protect you from STIs.

The Pill

Birth control pills ("the Pill") contain hormones that

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can prevent pregnancy.

Some versions of the Pill contain estrogen. There's no data or anecdotal evidence that's shown that versions of the Pill with estrogen interfere with T's masculinizing effects. However, if you prefer, it's also possible to take versions of the Pill that contain no estrogen and instead contain a hormone called progesterone. Regardless of what version of the Pill you take, you can safely take T and be on the Pill at the same time.

Pros

- Less invasive than IUDs.
- Can also be used to stop periods.

Cons

- Potential for side effects. Some of these, like soreness in the chest area and spotting, may trigger gender dysphoria. (Note: Side effects from the Pill usually go away in 2 to 3 months).
- May interfere with some medications, including certain HIV meds.

IUDs

An IUD is a T-shaped rod that's inserted into the uterus via the front hole. There are two main types of IUDs:

- Hormonal IUDs release small amounts of progesterone, which helps to regulate cycles (note: using a hormonal IUD won't interfere with the

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masculinizing effects of T).

- Copper IUDs are hormone-free and might be good for people who don't want to be on any (additional) hormones.

Pros

- Can last for 3 to 5 years (hormonal IUDs) or 3 to 10 years (copper IUDs), depending on the brand
- Hormonal IUDs can be used to stop periods.

Cons

- An IUD must be inserted and replaced by a doctor or nurse practitioner.
- Potential risks and side effects, like problems with insertion, breakthrough bleeding and spotting (for hormonal IUDs), and heavier periods and/or period pain (for copper IUDs).

Abortions

Abortion can be done surgically or pharmaceutically.

You can discuss with a doctor which option is best for you. If you're on T, getting an abortion (either surgically or pharmaceutically) generally won't interfere with this, and vice versa.

For details about abortion coverage in your province, visit getprimed.ca.

Acknowledgements

Following on from the release of Primed and Primed 2.0, this guide is in its third edition. In updating this guide, we've tried to honour its rich history, while also adding new content: we surveyed individuals across our community—people spanning a range of ages, ethnic backgrounds, abilities, and more—and drew on the responses to expand the guide.

We want to first acknowledge the Gay, Bi, and Queer Trans Men's Working Group. This is an Ontario-wide group of members from our community. With help from selected service providers, the group produced the previous editions of this guide and reviewed the content of PRIM3D.

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Resources

Since sexual health information can change quickly, we've limited this resources list to a few key local websites.

getprimed.ca. The *Primed* website contains sexual health information that prioritizes our bodies, desires, and sexualities.

thesexyouwant.ca. Ontario's sexual health guide for cis and trans gay, bi, queer, and Two-Spirit men.

catie.ca. Canada's source for HIV and Hepatitis C information.



Glossary

AFAB; Assigned female at birth. This term refers to people whose sex was designated as “female” at birth. (Designating sex this way wrongly presumes that people have characteristics and behaviors that are either “female” or “male.”)

Barrier; When used in relation to safer sex, a barrier means a physical barrier (like a condom, glove, or dental dam) that can prevent sexual partners from exchanging fluids (semen, pre-cum, front-hole fluids, vaginal fluids, and blood).

BDSM; A range of expressions, not necessarily erotic, that spans bondage and discipline (BD), domination and submission (DS), and sadomasochism (SM).

Bottom surgery; This term covers a range of gender-affirming surgeries that change the genitals. Among people who are assigned female at birth, this term may or may not include hysterectomies.

Cisgender, cis; Someone who identifies as the sex they were assigned at birth.

Dam, dental dam; Thin sheets, made from materials like latex and nitrile, that create a safer sex barrier between the mouth and the asshole, front hole, or vagina.

Front hole; Some of us use this term to refer to our internal genitals. (Note: The term “vagina” is also used in this guide because some of us have sex with people who refer to their internal genitals as a vagina.)

Glory hole; A hole in a partition (e.g. a public bathroom) ⁵⁷

wall) that allows the people on either side to have sex with each other (e.g., anal sex, oral sex). Glory holes are especially associated with gay male culture.

Hep; Viral hepatitis.

HIV; Human Immunodeficiency Virus.

HPV; Human Papilloma Virus.

IUD; Intrauterine device.

MSM; Men who have sex with men. Sometimes this term is used to include men who aren't affiliated with mainstream gay communities or who identify as gay, bi, or queer.

Non-binary; This term spans a range of people who don't identify exclusively as being a "man" or a "woman." This includes people who identify as not having a gender and people whose gender identity spans multiple genders. Some non-binary people identify as trans and some don't. Also written as *enby*.

PEP; Post-Exposure Prophylaxis. A type of pill that can stop HIV from establishing itself in your body. You take it *after* potentially being exposed to HIV.

PIP; PEP in Pocket. A prescription on hand for PEP.

PrEP; Pre-Exposure Prophylaxis. A type of pill that can stop HIV from establishing itself in your body. You take it *before* being exposed to HIV.

STI; Sexually transmitted infection.

T; Testosterone.

Top surgery; For people who are assigned female at birth, "top surgery" covers a range of gender-affirming

surgical procedures that change the chest.

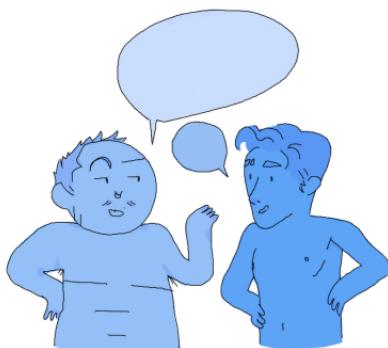
Trans; This term spans a wide range of people whose gender identity is different from the sex that they were assigned at birth.

Trans man; A man who was assigned female at birth.

Transmasculine; This term spans a wide range of people assigned female at birth whose gender involves or leans toward a male or masculine identity. This can include butches, studs, Ts, genderqueer, and genderfluid people. Trans men may or may not identify as transmasculine. Sometimes written as trans masculine. Also shortened as *transmasc* or *trans masc*.

Two-Spirit; “Two-Spirit” is a modern term (coined in 1990) that describes centuries-old traditional practices and identities held by some Indigenous peoples on Turtle Island (North America). It often describes someone Indigenous to Turtle Island whose sexual, gender, and/or spiritual identity has both a masculine and a feminine spirit. Among its other meanings, “Two-Spirit” can describe societal and spiritual roles that certain people on Turtle Island held before European settlement (e.g., as visionaries and healers). Also written as Two-Spirited and 2-Spirit.

UTI; Urinary tract infection.



getprimed.ca

Gay Men's Sexual Health Alliance

gmsh.ca

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