



PRIMED²

A Sex Guide for
Trans Men Into Men

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PRIMED²: A SEX GUIDE FOR TRANS MEN INTO MEN

About this guide

This guide addresses the diverse sexual desires and sexual activities of gay, bi, and queer trans men. It includes important information on the choices we have and the questions we should ask to stay safe and healthy: sexually, mentally and emotionally.

Originally published in 2007 and updated in 2015, PRIMED² was developed by the Gay, Bi, Queer Trans Men's Working Group, a group of trans and non-trans community members and service providers across Ontario that addresses sexual health issues. The working group is a part of the Gay Men's Sexual Health Alliance (GMSH), a provincial initiative hosted within the Ontario AIDS Network (OAN). For more information, visit www.gmsh.ca and www.ontarioaidsnetwork.on.ca.

A note on language

The biggest challenge in writing this resource was what language to use. We asked ourselves, “How do we write a guide that deals explicitly with subjects such as cruising, finding sex and having sex in language that is clear and current to the wide range of trans men who will read it?”

It wasn't easy.

Most sex guides aren't aimed at trans people, let alone gay, bi and queer trans men. There's no universally accepted

list of terms to talk about trans men and our sexual activities with other men. Different people use different language to describe our body parts and explain our gender identities.

Even the term “trans men” is not without controversy, as there are many other terms to describe people who were designated female at birth but who now live as male. “Trans” is an umbrella term for all kinds of identities. In this guide, we use the term “trans men” to refer broadly to men who were

designated female at birth but who now live as male. (Where necessary, we also use the term “cis men” to refer to men who were designated male at birth.)

In *PRIMED*, our goal is to talk about our bodies and sexual activities using language that is respectful, accurate and comprehensible to the widest possible range of trans men.

A note on HIV prevention in 2015

The landscape of HIV prevention has changed significantly since the first edition of *Primed* was published. In the last 10 years, we have learned a lot about how to prevent HIV transmission.

Options for HIV prevention now include post-exposure prophylaxis (PEP), pre-exposure prophylaxis (PrEP) and for HIV-positive men, taking HIV medication as prescribed to achieve an undetectable viral load (sometimes referred to as “treatment as prevention”). We also know that condoms remain an effective way to prevent HIV and STIs, and are still the preferred strategy to prevent HIV for many guys.

In news stories, blogs, online conversations, and sexual encounters, this new information is beginning to make its way into our sexual health strategies. We have included information on all available HIV/STI prevention options in this resource. However, as HIV prevention and treatment options are rapidly evolving, we encourage you

to visit www.thesexyouwant.ca for up-to-date and detailed information.

GETTING STARTED

Disclosing you are trans

As gay, bi or queer trans men, we often need to decide if we want to tell the men with whom we have sex that we’re trans. This is particularly true for those of us who are “read” by others as cis men. Those of us who aren’t consistently read as men (or who are visibly trans) may have to explain that we identify as men. Many people, including potential sexual partners, don’t know anything about our bodies or our gender identities – so we need to be prepared to deal with this.

In disclosing you are trans, some of the factors you should consider include whom you’re with, how well you know each other, what kind of sex you want to have, where you are, and how comfortable and safe you feel.

For example:

- Are you in a space that’s comfortable and safe, both physically and emotionally?
- Are you clear on, and comfortable with, why you are disclosing?
- Are you ready and willing to answer questions from someone who is inexperienced in having sex with a trans man, including explicit questions about body parts, sexual activities and gender identity?



- Are you prepared to deal with possible rejection?
- If necessary, can you leave?

Whatever you decide, there will obviously be pros and cons. The key is to be as prepared as possible for the different outcomes, and to know what your limits are.

Myths about trans men

There are many myths about trans men that impact our sex lives. Below, we address four of the most common.

Myth #1: Trans men only want to sleep with women

Reality: Different trans men have different sexual preferences – and for some, that means being attracted to other men. Like all human beings, our attractions and identities fall across the full spectrum of sexuality.

Myth #2: All trans men are bottoms (i.e. get fucked by other men)

Reality: Some trans men like to top. This myth stems from the fact that many people assume trans men don't have cocks. But some of us have

surgeries that allow us to penetrate our partners with our genitals. Others use strap-on cocks and dildos. Like all men, some of us enjoy being fucked, some like fucking, while others like both or neither.

Myth #3: Trans men don't get bottom (genital) surgery

Reality: Some trans men do get bottom surgery (metoidioplasty or phalloplasty) – and there are many kinds of bottom surgeries to meet a diversity of needs. Whether through bottom surgery or not, our genitals come in a variety of shapes and sizes – and in this we're like all men.

Myth #4: Trans men aren't at risk for HIV or sexually transmitted infections

Reality: Anyone who has oral, anal, or genital sex without barriers or using other risk reduction tools is at some level of risk. So think about the sex you have or want to have – then educate yourself about the risks associated with those sexual activities and learn how you can enhance your sexual safety. (This guide is designed to help you do just that!)

FINDING SEX

Cruising

Cruising is a common way of finding casual sex.

Every time you cruise, you face a variety of outcomes – good sex, bad sex, no sex. Getting the sex you want means sometimes saying ‘no’ and declining sex you aren’t interested in.

This often happens non-verbally in cruising spaces (e.g. by gently pushing a hand away). You may also be turned down for sex – it’s important to remember that guys are turned down for many reasons, so it’s not necessarily because you’re trans. It’s helpful to think in advance about how you’ll deal with rejection – both on the receiving and the giving end. This will help you to avoid situations where you’ve compromised the sex you want for the sex you can get – including unnecessarily compromising on safer sex.

Tips:

- Cruising under the influence: When using alcohol or drugs, we might make different choices than when we’re sober. If you plan to cruise and have sex while drunk or high, think ahead and plan accordingly. For example, carry condoms to remind yourself, and signal or say to your partner, that

you want to have safer sex. You might also want to think in advance about what your limit is for drug or alcohol use – how much is too much for you – and stick to that limit.

- Find and use a sexual health strategy that works for you: Don’t expect others to take responsibility for safer sex. Whether you’re a top, a bottom, or versatile, make sure you have condoms, lube, and any other supplies you need to make sure the sex you have is safer. (See also Safer Sex, p. 16)
- Prepare yourself: Think about the circumstances under which you will or won’t disclose to a potential sexual partner that you are trans – and anticipate next steps, depending on their reaction. (See also Disclosing you are trans, p. 7)

Bars and nightclubs

Some bars and nightclubs are trans-friendly, but others are not. If you wish, talk to other gay, bi or queer trans men about which establishments are popular and welcoming, or try to find the information online.

Tips:

- If you’re leaving with someone you’ve just met, tell a friend where you’re going or introduce your date to your friends.
- If you’re planning on getting some action inside a club (e.g. in a back

room or in the washrooms), know that not all clubs ignore sex on the premises. In some establishments, if you're caught having sex, you might be thrown out by security.

Parks and public washrooms

If you cruise in parks, be aware of your surroundings. Read the body language of the person you're cruising and be careful – not everyone who returns a glance is looking for sex, for example. Cruising often starts in relatively safe, open spaces, such as well-lit parking lots or pathways, but often ends with sex in riskier, more remote places, such as alleyways or wooded areas with little to no lighting.

Depending on what kind of sex you're planning to have, you may decide that disclosing you're trans is unnecessary. For example, it's not uncommon for some men (whether they're trans or not) to only suck cock while not allowing their own genitals to be touched. It's okay to decide ahead of time what you want to do and whether you want to disclose, and to stick to that plan. If you meet someone who wants to do something you don't, remember, there are other guys who are willing to have sex on mutually agreed-to terms – so it might be worth some extra time and effort to find them!

Remember, sex in a public space is illegal – you can be charged with a criminal offence if you're caught. Yet finding and having sex in public spaces still happens – and for some of us, the risk adds to the reward.

Tips:

- Avoid carrying a lot of cash and credit cards.
- Ask people who cruise or check online to see if there are any known issues with the cruising areas you use, such as robberies or assaults.
- Try cruising with a friend for mutual safety. You might have to split-up to get action separately, but you're still in it together. Look out for one another. Carry a cell phone so you can contact each other if something goes wrong.
- Be cautious about acting too quickly until you have a clear signal from someone that they're looking for sex – a person making eye contact or touching their genitals through their pants are common signals. In a washroom stall, a person will sometimes tap their foot to indicate they're cruising; at a urinal, they may start to stroke their genitals. It's sometimes wise to wait until the other person makes an overt sexual move, such as stroking their cock to full erection or reaching over to touch you.

- Be aware that in shopping malls, and similar places, security cameras monitor washroom entrances. Going in and out often in a short period of time could result in unwanted attention from security.

Bathhouses and sex clubs

Some bathhouses have either formal policies that ban trans men or informal policies that make trans men feel unwelcome. A formal, so-called “men only” policy usually means trans men who don’t have legal identification with a male gender designation will be denied entry. Informal policies have more to do with the attitude towards, or treatment of, trans men in the bathhouse.

It’s important to remember that just because bathhouses are indoor, private spaces doesn’t mean they are free of violence or harassment. Men of all sexualities, values and political perspectives patronize bathhouses, and it’s not uncommon for some of them to experience racism, ageism and other forms of discrimination. Trans men are equally vulnerable to this discrimination, in addition to transphobia.

Tips:

- You can learn about the specific rates, amenities, and codes of conduct of a bathhouse or sex club, by calling ahead or checking its website.
- Most men in bathhouses walk around with a towel around their waist, but are otherwise naked (locker facilities are provided). In sex clubs, locker facilities are usually not provided and most men remain fully clothed, except on designated theme and fetish nights.
- If you have chest surgery scars and feel self-conscious about them, chest harnesses or leather vests are acceptable attire in most bathhouses.
- Even though many bathhouses offer free condoms and lube, you may prefer to bring your own.

If you experience any problems, one option is to report them to bathhouse management. If they don’t back you up, you could report them to community-based agencies with LGBT programs. These agencies may be able to assist you in addressing your concerns.

Websites and apps

Dating websites, online personal ads and smartphone apps give gay, bi and queer trans men the chance to meet other men for everything from friendship and long-term relationships, to dating and casual sex. Many of these platforms allow you to self-identify as trans, and search for other trans men.

Tips:

- Decide ahead of time if you're going to disclose your trans status in your profile or ad. If you disclose, be prepared for questions about your gender and your body. This can be an opportunity to express your sexual preferences and desires.
- If you're hooking-up with someone, consider meeting in a neutral, public space (e.g. a café or park) before going to his place or yours. This will allow both of you to make a final decision about whether to go ahead with the date.
- Consider letting a friend know when and where you're hooking up with someone, as a precautionary measure.

- Communicate the safer sex strategies that you prefer. It would be ideal if we all respected each other's boundaries but sometimes we need to be prepared to insist on having our boundaries respected. Be clear if you want to use a barrier (e.g. condom, dam, etc.) or avoid fluid exchange, and be prepared to insist on it. Some men will say they're into safer sex, only to attempt to back out of it when you meet. This may be particularly true of men who believe that trans men are less likely to be HIV-positive, or get pregnant.

HIV AND OTHER SEXUALLY TRANSMITTED INFECTIONS

Overview

Sexually transmitted infections (STIs) refer to many different viruses and bacterial infections. Some of the most common include chlamydia, genital herpes, gonorrhoea, human papillomavirus (HPV), and syphilis. HIV is also an STI, but we'll talk about it separately below. STIs are usually transmitted during sexual activities, such as oral, frontal-hole, and anal sex. However, certain STIs, such as genital herpes and HPV, can also be transmitted if you touch an infected area and then touch your partner's genitals, ass or eyes. You can have an STI and not know it, so just because you don't experience any symptoms doesn't mean you don't have an STI. You should get regular STI check-ups regardless of symptoms.

Symptoms for STIs can range from the annoying and painful (e.g. sores, lesions, warts) to the damaging and life-threatening (neurosyphilis); they also put you at higher risk for HIV infection. Any STI-related sore (e.g. warts, herpes or other lesions) offers open access for HIV to enter the bloodstream. Furthermore, many STIs weaken mucous membranes, enabling HIV to enter the body directly through them. Finally, cells that HIV targets are likely to be present in greater numbers at the site of an infection.

It's also important for trans men with HIV to be aware that some STIs can increase the risk of transmitting HIV, and contribute to HIV disease progression. This can result in poorer health outcomes.

HIV

Human Immunodeficiency Virus (HIV) enters the blood stream and attacks the white blood cells in the body's immune system, which is our defence against infections and diseases. By damaging the white blood or CD4 cells (also known as T4 or T-helper cells), a person with HIV can lose the protection of their immune system and begin to experience health problems. How it affects a person's health varies from one individual to the next; today, with proper medication, many people with HIV live long and healthy lives.

HIV is transmitted when one person's blood, cum, pre-cum, vaginal fluids, rectal fluids, menstrual blood, or breast milk enter into another person's bloodstream. This also happens when these fluids are absorbed through the mucous membranes of the body (ass, frontal hole, throat) during sex.

Hepatitis

Hepatitis A, B and C are all viruses that can result in inflammation of the liver. They are transmitted in different ways and create varying degrees of health complications, from sickness to death (in the case of hepatitis C). Hep A is transmitted through oral contact with feces, so it's possible to get it from rimming. Hep B can be sexually transmitted through semen and other

body fluids. Hep C is blood-borne and can be sexually transmitted, but infection is most likely from sharing injection equipment. Vaccines are available for Hep A and B, but not C.

HIV & STI testing

Testing for STIs can be an uncomfortable process – but it doesn't have to be. The more you know about testing and the more frequently you do it, the less awkward it will be. If you're worried or anxious about testing, seek support, whether from a source with which you can remain anonymous (e.g. a health care telephone service, a reliable health care website), a friend, or your doctor. Clinics offering HIV and STI testing also provide pre- and post-testing information and counselling.

In some jurisdictions, HIV testing can be anonymous, while STI testing is not. If you get tested at a clinic that uses the rapid HIV test, you can get test results within a few minutes. The test uses a finger-prick blood sample. If the test is "reactive", this means you may be HIV-positive – a traditional blood test is required to double-check the results. Consult hiv411.ca for more information on anonymous and rapid HIV testing. STI test results generally take several days or more, but if you have symptoms, the doctor may offer treatment immediately. If you have a cervix,

regular Pap tests are recommended to help prevent cervical cancer usually caused by an STI called HPV (human papillomavirus). You can find more info about Paps for trans men at www.checkitoutguys.ca.

Annual HIV and STI testing is recommended for all men who have sex with men. If you are sexually active with casual partners, you should consider having HIV and STI checks more often (every 3–6 months). An HIV test is recommended any time you have condomless sex with a person whose HIV status is different from yours, or whose status you don't know.

Your doctor or a sexual health clinic can advise you on which tests you should get. Wherever and whenever you're getting tested, you have the right to ask for the tests you need and to refuse tests you don't want. If you've had bottom surgery, you may need to explain where your urethra ends so the person doing the testing can better evaluate your risk for particular STIs, specific to your anatomy.

Finally, while some STIs only require a urine test, others require swabs to be taken in whatever orifices you're using during sex (e.g. genital, anal, throat). If they are required, you shouldn't be denied genital swabs because you're trans.

SAFER SEX

What is safer sex?

For us, safer sex means minimizing the risk of HIV or other sexually transmitted infections (STIs) when we have sex – and maximizing our pleasure! Above, we got into some details about HIV and other STIs. Below, we discuss safer sex strategies you can use.

Sometimes we don't have safer sex

While we encourage everyone to use effective sexual health strategies all the time, we know that sometimes people may take risks in their sex lives and that there are a lot of factors that influence the choices we are able to make. For some, it's a rare occurrence; for others, it's more frequent. Trans men are no exception. Barrier-less or unprotected sex can happen for lots of reasons. Sometimes we're drunk or high and make different choices than when we're sober. Other times we're upset and vulnerable, or very happy and feeling invincible, which affects our decision-making. Trans men face particular barriers to having safer sex. Here are some of them:

- Sometimes we feel lucky if someone wants to sleep with us and we feel validated. In some gay communities, there is a focus on flesh cocks and

muscular bodies. Trans men who don't conform to these ideals can be left with low self-esteem and self-worth. We might feel like we don't deserve to be thought of as hot and sexy. This sometimes means we settle for the sex we think we can get, rather than insisting on the sex we want. We may have sex in a way that is riskier than we want, let sexual partners do things we aren't totally comfortable with, or lack the confidence to say 'stop' or suggest safer sex, for fear that we will be rejected. Try to remember that many gay guys feel this way, whether cis or trans, and that gay culture is about more than fucking. If you can find experiences and people that are affirming of your maleness, masculinity, or gender identity, you might not need the same degree of validation from sex. Also, remember that even in gay communities of cis men there is a lot of variation, from cock size and body type, to hair distribution and height.

- Sometimes guys who have had bottom surgery don't use barriers because there's little information available about our sex lives and risks, and our sexual partners might make incorrect assumptions about our genitals.
- Some trans men have a really hard time talking about our bodies or genitals. We might want to have sex in certain ways but don't know how to communicate this clearly to our

partners. Talking about sex is not easy for anyone, and this is a big part of why we sometimes don't have safer sex.

Talking about safer sex

If we are in the heat of the moment or worried about how our partners will react, we may have a hard time bringing up safer sex. Here are a few strategies that some have found helpful:

- *Have a safer sex stash:* Make sure you have a supply of the kind of safer sex materials you think you might want to use. Keep condoms, barriers (dental dams/plastic wrap), lube and gloves in an easily accessible place. Don't just keep them at home, but think about what happens when you go out, too. Keep safer sex supplies close to where you'll be fucking and make them visible to you and your partner(s). Some people do this as a way of avoiding having to actually talk about safer sex. If you put your stash out in the open, it's more likely your partner will understand that you expect safer sex. If you want to talk about safer sex, having your stash out in the open can help to start the conversation.
- *Talk about the sexual health strategies you prefer:* This will also give your partner an opportunity to talk about the kinds of sex and sexual health approaches they are most comfortable with.



- **Be upfront:** Inform a partner about what you will and won't do sexually. This isn't always an easy conversation to have, but it means that when you're in the middle of things you won't have to stop the action.
- **Pillow talk:** Have the safer sex conversations during foreplay and in the earlier stages of excitement, when you and your partner(s) will be thinking more clearly and able to make decisions. Fondling and rubbing while discussing safer sex can serve as a reminder that safer doesn't make it any less hot. Be clear that you want safer sex.

Safer sex strategies

The following safer sex strategies have been shown to be effective at preventing HIV. Some strategies, like condoms, are easier to access, while others, like PEP and PrEP, require visits with health care providers. You can also use a combination of these strategies. It is important to understand how each of these approaches work and to choose a strategy that works for you.

Condoms, other barriers, and lube

When properly used, condoms are highly effective at preventing HIV and STI transmission during oral, frontal-hole, or anal sex. Using a

condom involves more than just putting it on. Below we discuss some of the ins and outs of condom use.

There are two types of condoms: external, and internal (e.g. insertive or "female" condoms). Both can be used with flesh or non-flesh cocks. Some trans men who have had genital surgery can wear external condoms (for info about fucking after bottom surgery, see page 28).

Condom tips:

- Check the expiry date and open the package carefully to avoid tearing.
- How to put on an external condom: squeeze and hold the tip of the condom before you put it on (if you need room for cum). You can put a dab of lube on the inside tip of the condom to reduce friction and increase pleasure. While still squeezing the closed end, use your other hand to unroll the condom down the full length of the cock, all the way to the base.
 - > *Occasionally check that the condom is not rolling off during sex.*
 - > *Change the condom if you fuck for a longer period of time.*
 - > *To remove: if there is cum in the condom, pull out while the cock is still hard, and hold the base while removing the condom to avoid spillage.*



- How to insert an internal condom: Put lube on the outside of the closed end. Find a comfortable position. Squeeze together the sides of the inner ring at the closed end and insert it as far as it can go. For ass fucking, remove the inner ring before inserting. Let the outer ring hang just outside your body. It is normal for the condom to move a bit, but stop if the cock slips between the condom and the frontal-hole or asshole, or if the outer ring is pushed inside. You can insert the condom up to a few hours before having sex.

> *To remove: squeeze and twist the outer ring of the sheath to keep semen inside, then gently pull it out of the hole and throw it away.*
- Never use condoms with spermicide. They can increase risk for HIV transmission by causing irritation.
- For trans or cis men with small cocks, you can get slim-fit condoms or finger cots and have them stay on your erect cock by using a cock ring. Bonus: cock rings can make your package look bigger and more noticeable! Do not use a cock ring for more than 30 minutes at a time.
- If you are allergic to latex, polyurethane condoms are available; internal condoms are always made of polyurethane.
- Putting condoms on with your mouth can be a fun and sexy way to integrate them into your sex life.
- Some cis men have difficulty getting or staying hard when using condoms. If your partner's dick goes soft with the use of a condom, use it as an opportunity to do more of what got him hard in the first place.
- You can ask him to keep the condom on and you'll play together to get him hard enough to fuck you. Internal condoms, cock rings, or erectile medications can also help.



Dental dam

Also remember that a hard-on is not required to enjoy sex; you can try other kinds of play.

- Some guys feel that condoms are a barrier to pleasure and intimacy. Some guys like to cum inside their partners or have their partners cum inside them. Think of other ways to create intimacy, closeness, and pleasure that don't require you to drop the condoms, and/or consider other safer sex strategies.
- Never reuse a condom for more than one sex act (e.g. anal sex then frontal-hole), or more than one person (e.g. group sex). Always bring enough to use a new one each time.

Lube tips

Now that you've got the condom on or in, don't forget the lube! Lube can increase pleasure and decrease the risk of tearing or irritation. Lube should always be used for anal sex, and is also

helpful for frontal-hole sex, especially for trans men who may produce less natural lubrication after testosterone use or surgery. Some lubes may irritate your skin, so try out new ones cautiously! Water or silicone-based lube is safest, as oil-based lube can dissolve latex (but is safe for use with polyurethane condoms). Silicone-based lubes are not recommended for use with silicone toys without a condom.

Dental dams and other barriers

To prevent STI transmission during oral sex or rimming, some people will use barriers to cover the frontal-hole or asshole. If you've had bottom surgery and your urethra ends at the top of your scrotum, you might want to use a barrier to cover it. You can buy these barriers in the store as "dental dams", or use plastic wrap. You can also make a barrier by splitting a non-lubricated or internal condom lengthwise, or by cutting up a latex glove.

PrEP

PrEP, or pre-exposure prophylaxis, is the daily use of anti-HIV medications by people who are not living with the virus to avoid HIV infection. PrEP can be a good option for HIV-negative guys who have a hard time using condoms consistently and/or who are in relationships with HIV-positive guys. Research has demonstrated that when taken as prescribed, PrEP is highly effective at preventing HIV transmission (but does not prevent any other STIs).

The medications used as PrEP are licensed for this use in the United States but not, as of 2015, in Canada. Some gay and bisexual men in Canada are accessing PrEP through research studies or their family doctors, but cost remains an issue. Some private insurance companies may cover the cost, and access may increase in the coming years. Because the science and availability of PrEP is constantly changing and varies by region, we recommend you check with your doctor, local AIDS service organization, www.actoronto.org/prep, or www.catie.ca for up-to-date information.

PEP

PEP, or post-exposure prophylaxis, is the use of antiretroviral medication by HIV-negative people as soon as possible following exposure to HIV. PEP is highly effective at preventing HIV infection when started within 72 hours of potential exposure (e.g. condomless anal or frontal sex, or sharing needles, with someone who is HIV-positive or whose status you don't know). To be effective, the medication must be taken daily for one month after a potential exposure to HIV. It may be possible to access PEP in some emergency rooms, urgent care clinics and through some gay-specific health services in Canada; however, it is not always readily available. For more information on PEP and where to access it, visit www.actoronto.org/pep or contact your local AIDS service organization.

Viral load

Viral load refers to the amount of HIV virus present in an HIV-positive person's blood. If a person's viral load is "undetectable", it means that the virus is still present but below the level that tests can detect. For HIV-positive guys, an undetectable viral load greatly reduces the risk of HIV transmission.

If you are having sex with a guy who has a different HIV status than you, here are some things to keep in mind about undetectable viral load:

- Viral load can and does fluctuate for some people – a single "undetectable" viral load test result doesn't mean that HIV will be undetectable in the future, so regular testing is important. An undetectable viral load sustained over six months greatly reduces the risk of HIV transmission.
- Adherence to HIV medications (i.e. taking them as prescribed) is key to maintaining an undetectable viral load.
- Having an undetectable viral load does not reduce the risk of transmitting other STIs, and it is possible that having STIs increases the risk of transmitting HIV. If you are having condomless sex because of low viral load, it's important to test for other STIs regularly.

For up-to-date and emerging information on viral load and other HIV prevention strategies, please check out www.thesexyouwant.ca and www.catie.ca.

Serosorting

Serosorting refers to deciding to have sex with somebody who has the same perceived HIV status as you. The idea behind this strategy is that if HIV-positive guys are only having sex with other HIV-positive guys, and HIV-negative guys are only having sex with other HIV-negative guys, then HIV-negative guys aren't at risk for HIV transmission.

While it seems simple in concept, there are factors that can make it more complicated in real life. In fact, some organizations recommend serosorting for HIV-positive guys and discourage it for HIV-negative guys as it can be more difficult to be sure of an HIV-negative status.

If you are considering serosorting as an HIV prevention strategy, there are some things to consider:

For HIV-negative guys:

You can't be sure your partner is HIV-negative.

- He might not know his status: 20% of men who have sex with men with HIV don't know they have it. He might have had unprotected sex since his last HIV test, or he might have been infected within the window period before his last HIV test (up to 12 weeks) and it didn't come back positive. He might not understand how testing works, or assume he is HIV-negative because he has no symptoms.

If you are going to have condomless sex with other guys you think are HIV-negative, here are some strategies to consider:

- Get tested for HIV and other STIs on a regular basis.
- Talk to your sexual partner(s) about his HIV status, and don't make assumptions. If he is a regular partner, don't assume his status or sexual health hasn't changed since the last time you discussed this with him.
- If you can't have an open and honest conversation, or can't be sure of his HIV status, consider what information you don't know and whether you are comfortable having condomless sex in this situation.

For HIV-positive guys:

There is still the possibility of getting or passing on other STIs, like syphilis and hepatitis C. If you are going to have condomless sex with other poz guys, here are some strategies to consider:

- Get tested for STIs and hepatitis C on a regular basis.
- Talk to your partner about his HIV status, STIs, and sexual health strategies. If he's a regular partner, don't assume his status or sexual health hasn't changed since the last time you discussed this with him.

Relationship agreements

This is an agreement between people in a primary relationship (either monogamous or non-monogamous) that sets boundaries and understanding about condomless sex within and outside of the relationship. In many cases, guys in relationships will choose to only have condomless sex with each other and use condoms with any other people they have sex with outside the relationship.

Having a relationship agreement can be an effective way to build communication and prevent HIV infection. For this to be effective, it is important that both partners know their HIV status.

If you and/or your partner believe yourselves to be HIV-negative (or aren't sure), it is recommended that you both get tested for HIV.

If your tests come back negative, it is recommended you keep using condoms for 3 months and get tested for HIV again after a 3 month 'window period' has passed. This time frame is the period between HIV infection and the production of the antibodies. During this period an HIV test may still come back negative because your body hasn't produced enough of the antibodies to be detected with an HIV test.

Once you are certain about your HIV statuses, you can negotiate an agreement about your sex with each other and with people outside your relationship.

For a relationship agreement to be effective, it is helpful if you are both able to talk honestly about the sex that you enjoy, how you feel about sex outside of the relationship, and the "rules" and boundaries you need. It is also a good idea to have a plan in place in case one (or both) of you have problems sticking to the relationship agreement.

HAVING SEX

Now that we've talked about sexual health strategies, let's talk about specific kinds of sex you might want to have and how to make them safer.

Sucking

So, you like to suck cock? Welcome to the club. Giving oral sex is low risk for HIV, and getting oral sex is even lower-risk. But, you can get other sexually transmitted infections (STI) from giving or receiving a blow job, with a trans or cis guy.

How you can reduce the risk:

- If you are giving oral sex, make sure you don't have any cuts or open sores in your mouth – they increase the risk of STIs and HIV. Don't floss or brush your teeth less than 30 minutes before or after giving a blow job (If you smoke, you may wish to wait longer, since it takes longer for wounds in your mouth to heal).
- Avoid taking cum or pre-cum into your mouth. Consider alternatives such as having your partner cum on other areas of your body. Tell your partner to let you know when he is about to cum so you can stop sucking and stroke him off.
- Use a barrier. See Safer Sex for more info on barrier options (page 19).
- If you decide not to use a condom, avoid deep throating.

- Pee after getting oral sex to flush bacteria out of your urethra (pee hole) and lower the risk of STIs.

What about sucking ass? Rimming (oral contact with the anal opening and region) is also low-risk for HIV transmission, but there is risk for other STIs and infections spread through feces (e.g. Hepatitis A and B, intestinal parasites). To reduce these risks, you can use a barrier. Also ensure that the opening to his or your asshole is clean (washed with soap and water) before rimming.

Fucking

If you're not using the other safer sex strategies described in Safer Sex (e.g. PrEP, or undetectable viral load) then condomless anal or frontal-hole sex with a flesh cock is high risk for HIV transmission. Although the bottom (person getting fucked) is at highest risk, both tops (insertive partner) and bottoms are at high risk. This is also true for trans men who have had genital surgery and are able to penetrate their partners, especially if the urethra was repositioned. Fucking without a condom is always high risk for other STIs. Some cis men use the “pull-out” method (i.e. removing the cock before ejaculation/cumming) in an effort to reduce risk; unfortunately, research shows that this can still lead to HIV infection, STIs, and unwanted pregnancies. HIV and STIs can also be transmitted through non-flesh cocks

(e.g. dildos or prosthetic penises, sex toys) that are shared between multiple bottoms.

How you can reduce the risk:

- Use condoms and lube (See Safer Sex, page 16). If switching between anal and frontal-hole fucking, use a new condom.
- Avoid sharing toys or prosthetics, clean them between partners, or use a new condom with each partner.
- Some men like to douche their ass before sex for hygiene reasons. Douching is not recommended because it can irritate the thin lining of the rectum, and wash away the natural flora that can actually help protect against infections.
- If possible, pee after receiving frontal sex (or after fucking someone else, if your urethra is at the tip of your cock). This can flush bacteria and viruses out of your urethra and lower the risk of STIs or urinary tract infections.



Fucking after bottom surgery

There hasn't been any research about HIV or STI transmission risk for guys who've had genital surgery. However, if you've had bottom surgery (metoidioplasty or phalloplasty) and are the insertive partner in anal or frontal-hole sex, here are some things to consider:

- Based on the size of your genitals, try a condom, finger cot, or using the thumb of a latex or polyurethane glove as a condom.
- A cock ring might help to keep it in place, but only use this if you have sensation in your cock, so that you can tell if you are cutting off circulation. The most important thing is to use a barrier that covers your urethra. If using an external stiffening device, place a condom over top of the device.
- If your urethra was extended, you may pee a teaspoon's worth during sex. Some STIs could be transmitted to a partner this way – so if you're wearing a condom, pinch the tip when putting it on to allow space for the urine.

Hands (finger fucking and fisting)

Putting your fingers or hands in someone's ass or frontal-hole is negligible risk for HIV (meaning no cases have been recorded) and very low risk for other STIs.

To make finger fucking and fisting even safer (and to make them feel better), you can:

- Trim and file your (or your partner's) fingernails.
- Check for cuts or sores on your (or your partner's) hand, and use gloves if there are open cuts.
- Make sure your hands are washed, as some STIs are spread through skin-to-skin contact.
- Use lube. The asshole does not self-lubricate and sometimes trans men have difficulty producing lubrication in the frontal hole. For fisting, longer-lasting lubes are preferable (silicone or oil-based). Do not share tubs of lube between partners, as blood-borne infections such as Hep C can be spread this way.
- Use latex gloves (or nitrile gloves if you are using oil-based lube, as oil degrades latex).

AND ...

BDSM

BDSM stands for Bondage & Discipline (BD), Domination & Submission (DS) and Sadism and Masochism (SM) and encompasses numerous activities, many of which are not strictly sexual. BDSM is about experimenting with power, trust, and sensation within an environment that encourages informed consent.

Make sure your BDSM is risk-aware, consensual kink (RACK). This applies to any BDSM activity, ranging from a 24/7 BDSM relationship to only being interested in some occasional spanking.

A lot of BDSM activities are no- or low-risk in terms of HIV transmission, such as the use of leather, whips, chains, floggers, paddles, clamps, masks, gags, and anything else that does not include the exchange of bodily fluids from one person to another. However, keep in mind that some of these tools can break the skin and create a site where HIV can enter your bloodstream. As well, you should never use these tools on more than one person without first properly cleaning them. Also, remember that while silicone can be sterilized, other materials, such as leather, cannot.

BDSM can also include higher risk activities, like cutting and medical submission, play piercing, suspension,

or other play involving blood.

These activities are higher risk if one person's blood enters another person's bloodstream. Some people also enjoy scat play (involving human excrement/shit), which can put you at risk for hepatitis A and parasites.

How can you reduce your risk:

- Avoid direct contact with blood, shit or other bodily fluids. (Note: external watersports/golden showers/getting peed on, but not drinking pee, is no risk.)
- Use only equipment (e.g. needles, knives, blades, piercings) that has been sterilized and don't reuse it on other people without sterilizing it first. (Note: needles can't be sterilized and should be safely disposed of.)
- For piercing, branding, or shaving, any drops of blood should be wiped away with sterile cotton balls. Soak the cotton ball in rubbing alcohol.

Poppers

Poppers are some form of nitrite liquid (such as amyl-nitrite, isobutyl nitrite, butyl nitrite) that produces fumes. Inhaling the fumes through the nose creates an almost instantaneous 'high' that lasts between 2 to 5 minutes.

Poppers have been linked with higher-risk sex and increased risk of HIV transmission. Some people use poppers to make bottoming easier or to increase the pleasure of anal sex.

Bottoming while using poppers and not using condoms is believed to increase the chances of HIV transmission, possibly because poppers cause the blood vessels in your ass to dilate.

Mixing poppers with erectile dysfunction drugs (e.g. Viagra, Cialis) or heart and blood pressure medications increases the risk of heart attack.

Pregnancy

Trans men who have not had hysterectomies can get pregnant, even if they are on testosterone – testosterone is not a 100 percent effective birth control method.

If you have sex with cis men or trans women who produce sperm and don't want to get pregnant, you have birth control options in addition to condoms – but remember, only condoms also prevent HIV and STIs. While some birth control pills and some devices (vaginal rings, intrauterine devices or IUDs) contain estrogen, others contain only progestin, which doesn't have the hormonal effects that trans men may want to avoid. Some devices (such as copper IUDs) contain no hormones at all. For more information about birth control options, talk to your doctor or a trusted sexual health counselor. (In Ontario, you may also call the AIDS and Sexual Health Infoline, a province-wide free anonymous service available in many languages. Call 1-800-668-2437 or 416-392-2437 in Toronto.)

If you are concerned that you had sex that could have resulted in pregnancy, you can access emergency contraception. Though commonly referred to as the “morning-after pill”, it works to prevent pregnancy for up to 72 hours after sex. The morning-after pill is available over-the-counter in Ontario and across most of Canada.

If you become pregnant and want to end your pregnancy, you have every right to access abortion services as a trans man, though this can be challenging because of transphobia.

If you are connected to a trans-friendly health care provider, you may want to ask them for support in accessing abortion services. If you choose to have an abortion, call the abortion clinic ahead of time and inquire if you can come in through an alternative entrance if that would help you feel safer. Also, consider planning mental health support for the third or fourth day following the procedure. Most people ending a pregnancy will experience some amount of post-partum depression as the hormones produced during pregnancy leave the body, but if you are on (or resume) testosterone as well, you could have more pronounced mood changes during that time.

You should not be pressured to have an abortion just because you use T. If you want to carry the pregnancy to term, you should consult a doctor, as testosterone use during pregnancy is not medically recommended.

Some trans men want to have children through giving birth – for more information about planning a family as a trans man, check out the LGBTQ Parenting Connection (www.lgbtqparentingconnection.ca).

Safer injection

Hormones

Many trans men take hormones through intramuscular injection. This means inserting a needle into your butt cheek or thigh and injecting the testosterone directly into the muscle. Some people also inject hormones subcutaneously (under the skin).

Sometimes we share our needles with other trans men. There are many reasons why this happens – to share an experience, because you only have one needle, because you don't know where to get more needles, or because you can't afford to buy new needles regularly. However, sharing needles is high risk for HIV and hepatitis B and C infections.

Injecting drugs

Some of us take drugs, such as cocaine, heroin, amphetamine (speed, meth) and ketamine (“Special K”), with needles. If you are injecting – whether regularly or even just once – you are at higher risk of HIV and hepatitis infection if you share injection equipment.

Tips:

- Needles for intramuscular (hormone) and intravenous injection are available for free through needles and syringe distribution programs. Visit hiv411.ca for listings.
- The best way to reduce your risk of HIV and hepatitis infection is to avoid sharing needles. You can find more info about Hep C prevention and safer injection at www.catie.ca.

Sex work

Some trans men work as sex workers full-time, or part-time to supplement their income. If you are a sex worker, there might be different expectations based on the gender you work as. Some trans men present themselves as cis women when working – this doesn't make them any less trans or male.

There is a myth that there is no market for trans male sex workers, but this is not true – people do hire trans men for sexual services. Check our resource list at www.queertransmen.org for links to sex worker organizations where you might be able to connect with other sex workers and access information about work-related safety and health.



OTHER RESOURCES

For more information on the topics covered in this guide, please visit our resource list at www.queertransmen.org or visit www.catie.ca

WHO WE ARE

This resource was created by the Gay, Bi, Queer Trans Men's Working Group of the Ontario Gay Men's Sexual Health Alliance. We are a group of trans and non-trans community members and service providers from across Ontario working to enhance sexual health promotion and HIV prevention for gay, bisexual, queer, and other trans men who have sex with men.

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www.queertransmen.org

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on HIV or hepatitis C?

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