



PRIMED 4 U

**A SEXUAL HEALTH GUIDE
FOR QUEER TRANS MEN,
TRANSMASCULINE, AND
NON-BINARY PEOPLE**

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WHO IS THIS GUIDE FOR?

PRIMED 4 U is a sexual health guide for trans men by trans men. This guide is to help you navigate experiences that may be specific to many of us, and to help you learn more about getting and staying healthy.

Sex encompasses many activities and expressions. For example, as well as sex with other people, it can also include solo sex and fantasizing. Whatever your relationship to sex, this guide can support you. Whether you are sexually active or thinking about becoming sexually active, this information is for all of us!

Other people may also find this guide helpful. Maybe you are a service or healthcare provider and want to educate yourself about the experiences and needs of the people you serve. Maybe you are a family member and want to know how you can support your relatives. Family includes members of our chosen family—the people we are emotionally close to, such as our lovers, partners and close friends.

No matter who you are, some or all of this information might be useful to you. The only way to know is to read it!

WHO IS THIS GUIDE FOR?



The information in this guide should not be used as medical or legal advice. Always talk to a healthcare provider before starting or stopping any treatment. To find health services near you, visit whereto.catie.ca.

THE LANGUAGE IN PRIMED 4 U

The terms we might use to describe ourselves include gay, bisexual, queer, Two-Spirit, trans man, transmasculine, non-binary and more. In this guide, we use “trans men” throughout, but recognize that language is always evolving. Our individual histories might be different, but something we all have in common is that we were assigned female at birth (AFAB).

Seeing terms or abbreviations you don't know? You can look them up in the glossary at the end of this guide.

Language about queer, trans and non-binary people can be complex. Our bodies are each different. We may also use a variety of words to refer to parts of our bodies. This guide uses some of the most common anatomical terms used in our community. Language can also vary among different generations of people within our community. Regardless of the words we use and the bodies that we each live in, our bodies are valid.

GETTING STARTED

First things first: Let's bust some myths.

Myths about us

Let's address four common myths about trans men.

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

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

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

Reality: Anyone who is sexually active can come into contact with and acquire a sexually transmitted infection. The only way to know for sure is to get tested.

Myth #3: We are only bottoms.

Reality: This myth partly stems from the fact that many people 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

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strap-on cocks, fingers, hands, tongues or other objects. Like all people, some of us enjoy being fucked, others like fucking, and still others 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 testosterone (T) or getting one or more surgeries, and some of us don't. Either way, our bodies are beautiful and deserve respect.

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. The need for consent in sexual activity also applies if you're sharing photos, filming videos, engaging or participating in BDSM, and any other activity where other people are involved.

Consent in sex means agreeing upon and respecting each other's boundaries. This is a mutual understanding and agreement on the sexual activities that people are or are not comfortable with.

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Consent is:

affirmative—It's a clear "yes!" and not an "I don't know."

active—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, even if it happened consensually before.

voluntary—It's not obtained through pressure.

Sometimes we can feel pressured to give consent, whether it is accepting a drink that someone bought, giving someone your number, or sucking and fucking. It is okay to not give your consent. But more than this, others are responsible for respecting your boundaries.

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

Perpetrators are responsible for sexual violence

The person who experiences any sexual violence is not responsible for that violence. It doesn't matter how you acted, how you dressed or where you went—you are not

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responsible for other people's actions. The responsibility for sexual violence always lies with the perpetrators.

Speaking of consent... it is sexy!

Gauging consent can be complicated, so having ongoing check-ins, conversations and confirmation is crucial. It can be awkward asking people what they want! But think of it as 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.

Some phrases we can use

- "Are you into this?"
- "Is this okay?"
- "What would you like next?"
- "Can I kiss you?"
- "Is it okay 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."

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Disclosure

It can be hard to disclose being trans to any potential or current sexual partners. It can also be hard to disclose other personal information, such as HIV status.

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

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

"Think about timing and whether you want to share this information before meeting up."

"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."

"Don't internalize people's messages or reactions."

"Know your rights. Knowledge is power."

"Spend time with affirming friends and your community."

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In some situations, Canadian law requires you to disclose to your sexual partners that you are HIV-positive. Visit www.hivlegalnetwork.ca for the most up-to-date information.

Finding gender-affirming sexual health services

Finding sexual health services that are accessible and affirming of our gender can be hard. It's not always comfortable for us to disclose our gender identity to a healthcare or service provider. And sometimes, even when we do disclose, the provider's lack of knowledge about our health needs still makes access hard.

Explore your options

Your options might include a general practitioner's office, a student health clinic, telemedicine, a walk-in clinic, a public health or sexual health clinic (including mobile clinics) or a local community-based organization.

Centre your needs

Seek healthcare professionals who you feel comfortable with and who listen to your concerns. It is okay to ask them for help with your healthcare needs, such as

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affording, accessing, or paying for a treatment, or getting a new health card. Sometimes, when you state these needs, you can also learn new ways to access treatments and services.

Referrals aren't carved in stone: We get to decide on our healthcare providers. You have the right to look elsewhere, especially if you're unhappy with the care you're getting (or not getting!).

Decide in your own time

Give yourself time to think about any information you've been given by a healthcare provider, and whether you've received the healthcare that you want. Ask questions and find trustworthy health websites to learn more. We recommend www.gmsb.ca and catie.ca! Don't forget to check out the resource list at www.getprimed.ca.

Queer and trans health organizations, or programs within other community organizations, may be able to advocate on your behalf, connect you with resources, and provide sexual health resources to your healthcare provider. To find an organization or program near you, visit where.to.catie.ca.



HOOKING UP SAFELY

Online

Many people find sex partners online, including anonymously. You can meet great people online but you may also find duds or dangerous people. In this section, we look at some safety measures if you're looking for sex online.

Decide about disclosure

Decide beforehand if you want to put your gender identity or other information in your profile or if you prefer to disclose it later. Depending on your situation, you might feel that sharing that you are trans is unnecessary. 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. For instance, someone may think that top surgery involves being a top. Check our glossary to help understand terms. Better yet, ask the person you're communicating with to explain what they mean.

HOOKING UP SAFELY

Communicate boundaries from the beginning

Discuss each other's boundaries—for example, if it's important to you to use a barrier during sex (like a condom, dam or glove), say so. Some people, whether trans or not, may prefer to give only oral sex and not allow their genitals to be touched. Practice how to say what you want, so that you can feel more comfortable when the time comes.

Watch your boundaries

Any potential sex partners should respect your boundaries, and you should respect theirs. For example, some people say online that they use condoms, but might back out of this in person. This may be especially likely with people who think trans men can't get pregnant (some can, and some can't).

There is also the possibility of “stealthing,” which is the non-consensual act of removing or intentionally breaking a condom during sex. This is a form of sexual assault, and it is never your fault if someone does it to you.

Have a safety plan

Consider meeting first in a neutral, public space such as

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a café. Enlist a trusted person you can call if you need support or a way out at any point in your encounter.

Take care of yourself

If something feels off or someone's constantly disregarding your identity or boundaries, trust your gut instinct and rethink whether they're right for you. There are other people out there.

Go ahead and block any transphobic or unkind people. Thank you—next!

Take breaks from dating apps and social media if needed. Online spaces can be hard on our self-image. Remember: the things a person posts online are not a full reflection of them, nor are they a reflection of your worth and lovability.

IRL (in real life)

Sometimes, we meet potential sex partners through mutual friends or acquaintances. Other times, we find them at bathhouses, sex clubs and sex parties with things like glory holes, spas, pools and dungeons. Some gay bathhouses allow entry only to cis men and may exclude trans men, especially those of us who haven't changed

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our gender marker on our photo ID. When possible, find out in advance whether there are restrictions. Other bathhouses may have informal policies and attitudes that make us feel unwelcome. If that happens, you may not always feel like talking to management, but you can always take your business—and your money—somewhere else.

In this section, we look at some safety measures if you're looking for sex IRL.

Plan your night

Try thinking about the kinds of sex you want and how you can prepare for them (see the “Making sex safer” section). 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 all kinds of sex.

Research beforehand

Call ahead or check the venue's website to find out if they have gender-neutral bathrooms, a dress code, an entry fee and a code of conduct. You may want to also check if they have safer sex supplies on site, such as condoms and lube.

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Bring your own safer sex supplies and toys

If you're at a private 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.

Take care of each other

Consider having a safety plan in case anything goes wrong. If you're alone, you could let a friend know where you're going and arrange to follow up later. You could also share your live location with a trusted friend. If you're going out with friends, talk with each other about any precautions to take. How do want your friends to intervene if you need them to? If you are taking drugs, do you have a plan for checking in on each other? As the night continues, keep your friends posted. If you want to leave with someone you just met, 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, rideshare 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. At the end of the night, check that your friends are okay.

HOOKING UP SAFELY

Be aware of your surroundings

Whether you are in a public or private space, outdoors or indoors, try to pay attention to what's happening around you. Take precautions: Avoid carrying a lot of cash and credit cards. Keep your phone nearby and charged so that you can contact others if necessary. Avoid leaving your food and drinks unattended, especially if someone else is getting them for you.

Consider reporting any problems

You could report problems to the venue management or event organizers. If they don't back you up, you could seek help from queer or trans organizations (visit www.getprimed.ca to learn more or visit where.to.catie.ca to find organizations in your area).

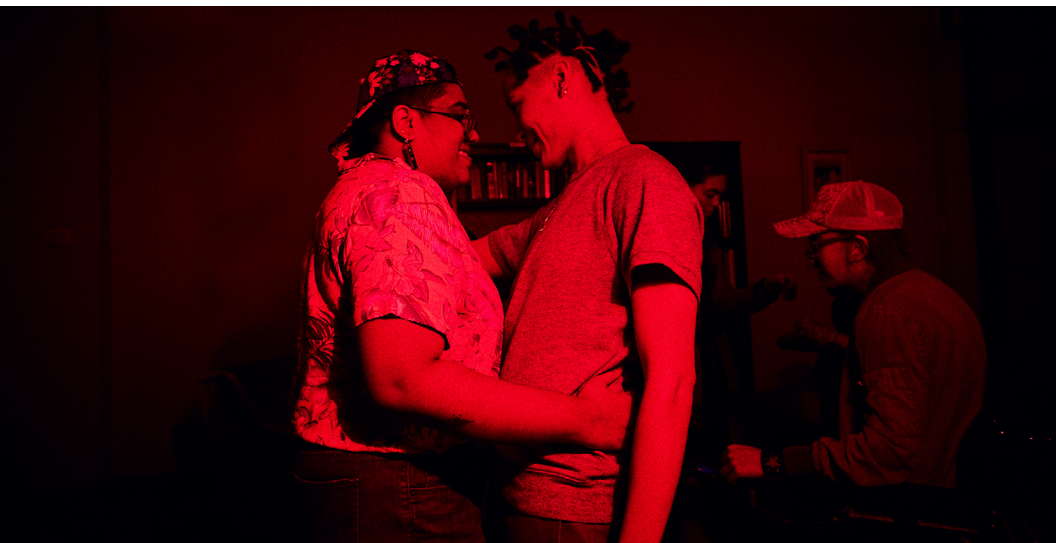
FYI, STBBIS

Let's talk sexually transmitted and blood-borne infections (STBBIs). We'll start with general info, then take a closer look at some common STBBIs.

Anyone who is sexually active can come into contact with an STBBI, as they are passed through sexual contact. Some STBBIs can also be passed through skin-to-skin contact, even without visible sores (lesions) or broken skin, though breaks in the skin may increase the risk. Certain factors, such as decreased estrogen due to aging or taking T (testosterone), can make some of us more prone to small tears and bleeding from our front hole. This may increase susceptibility to STBBIs.

Some STBBIs, such as HIV and syphilis, can be passed through pregnancy or childbirth, and may lead to serious health problems for the baby. Additionally, some STBBIs can be transmitted when someone shares injection drug equipment (including hormone injections), which is why it's important to use new equipment every time you inject.

Luckily, most STBBIs can be cured or treated with pills, injections or creams!



FYI, STBBIS

Testing

Get tested regularly

Although STBBIs may sometimes cause symptoms like sores, itching, burning or discharge, many times STBBIs don't show any symptoms at all. The only way to know for sure if you have an STBBI is to get tested. Anyone who is sexually active should get tested for STBBIs at least once a year. If you have multiple partners or anonymous partners, especially when barriers such as condoms haven't been used consistently for oral or penetrative sex, consider getting tested more often.

Ask for STBBI testing

Some healthcare providers may not always understand our bodies or know what kinds of sexual health needs we have. This can make it hard for us to get tested regularly for STBBIs. If your healthcare provider isn't offering you testing, you can either ask them to do so or visit a sexual health clinic for STBBI testing.

The type of STBBI tests you'll need depends on the kinds of sex that you've had. When asking for testing, check if it covers all the kinds of sex you've had since your last STBBI test. Did someone suck your flesh cock without a barrier

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since your last STBBI test? Do a urine test! Did a cis guy cum in your ass without a condom recently? Get a rectal swab! Did you suck cock without a barrier since your last test? Get a throat swab! The urine and swab samples can test for gonorrhea and chlamydia at those sites (more on those STBBIs later in this guide). Ask for all this in addition to the standard STBBI blood test, which typically screen for HIV and syphilis, and sometimes other STBBIs.

Telling someone that you have an STBBI

If you test positive for an STBBI, it's best to notify current sexual partners and past partners you've had since your last test result, or for a certain period of time before the positive test result. This is so that your sexual partner(s) can get tested and treated early. For some STBBIs, a healthcare worker or public health worker can also inform past partners on your behalf while maintaining your confidentiality. This is known as partner notification. Ask the person who gave you your test results about your partner notification options.

Common STBBIs

HIV

The Human Immunodeficiency Virus (HIV) can weaken your immune system, the body's built-in defence that keeps you healthy. Some people experience cold- or flu-like symptoms at the beginning of an HIV infection, but many people do not experience any symptoms at all. It is possible to have HIV without knowing it—sometimes for many years. The only way to know for sure is to get tested.

There's currently no cure for HIV, but there are very effective treatment options to manage HIV. With proper care, treatment and support, most people living with HIV can have a near-normal life expectancy.

Modes of transmission

HIV can be passed through:

- Blood, including menstrual blood
- Semen (cum) and pre-cum
- Front-hole or vaginal fluid

- Anal fluid
- Chest milk

HIV is passed from one person to another when enough virus in one of these fluids gets into the bloodstream of the other person. HIV can enter the bloodstream through broken skin or through the wet linings of the body, like the opening of the genitals or rectal walls.

Ways that HIV can be passed:

- Sex without the use of any protection
- Sharing needles or other equipment used to inject drugs or hormones
- To a fetus during pregnancy or to an infant during birth or chest feeding
- Re-using unsterilized tattooing or body piercing equipment

HIV can't be transmitted through sweat, saliva (spit), urine (pee) or feces (poo).

Know your status

The only way to know if you have HIV is to get tested. There are many testing options available! HIV tests may

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not detect the virus immediately, so you may need to test again at three months for an accurate result. Make testing part of your self-care routine, especially if you have multiple or anonymous partners. Talk to a healthcare provider about available testing options and what might be right for you.

To find a clinic near you, visit where.to.catie.ca.

Most people living with HIV can have a near-normal life expectancy

If you are living with HIV, taking HIV treatment can help you to live a long and healthy life. As an added benefit, treatment helps prevent HIV from being passed to others. Successful HIV treatment that lowers the amount of virus in your body to undetectable levels (called having an undetectable viral load), means you cannot pass HIV to the people you have sex with. This fact—called “undetectable equals untransmittable” or U=U — is life-changing for many people living with HIV, because it can reduce the anxiety about passing HIV through sex and helps to reduce HIV stigma.

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U = U (Undetectable = Untransmittable): A person with an undetectable viral load cannot pass HIV on to their sexual partners. The science is clear: When a person living with HIV is on successful treatment and maintains an undetectable viral load, they cannot pass HIV to their sexual partners.

Getting the care you need

Starting HIV treatment as early as possible has many health benefits. Early treatment reduces the chance of any HIV-related health problems by keeping the virus under control. Talk to a healthcare provider about treatment options.

Tell a healthcare provider or pharmacist about any other meds you’re taking. Some HIV medications—typically earlier-generation ones—can increase or decrease the level of testosterone in your body and affect certain other medications (such as hair regrowth therapy) or party drugs.

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

HIV organizations and community health centres can support you. These services are also a good way to connect with peers and to find other resources. To find your local HIV organization, visit where.to.catie.ca.

Viral hepatitis

Viral hepatitis is a type of liver infection. The three most common types are hepatitis A, B and C. While some people may experience symptoms such as jaundice (yellowing of the skin and eyes), many people don't have any symptoms. The only way to know if you have viral hepatitis is to get tested.

Hepatitis A and B

Hepatitis A (hep A) is most commonly transmitted when particles of feces (poo, shit, stool) of a person with hep A come into contact with another person's mouth. Sometimes this is through sexual activities, such as rimming and fingering, but it can also be passed through food or drinking water that contains the virus.

Hepatitis B (hep B) is transmitted through contact with semen, front-hole or vaginal fluids or blood (including menstrual blood) that contain the virus.

Getting the care you need

There are vaccines to prevent hep A and hep B. Check with a healthcare provider or public health worker to see if you're eligible. Hep A and B often go away on their own without treatment, but if you have chronic hepatitis B, you may be eligible for treatment. Talk to a healthcare provider to learn more about your options.

Hepatitis C

Hepatitis C (hep C) is transmitted through blood-to-blood contact. This means that hep C is passed on when blood carrying the virus gets into the bloodstream of another person.

This typically happens through sharing drug use equipment. Less commonly, it can be transmitted through reusing unsterilized tattooing or body piercing equipment, from a pregnant person to a child during pregnancy or childbirth, or through sharing personal care items such as razors, nail clippers or toothbrushes.

Hep C transmission during sex is not common. The risk increases if you have condomless anal sex or group sex, engage in fisting, use drugs before or during sex where blood might be present, or if you or your partners have

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HIV or another sexually transmitted infection at the time of exposure to hep C.

Getting the care you need

There isn't a vaccine for hep C yet, but it can be cured with treatment. Treatment does not protect against reinfection. After you are cured, you can get hep C again. To prevent getting hep C, use condoms and lube during sex, use new equipment if you inject drugs and avoid sharing equipment when you smoke or snort drugs.

It is important to get tested regularly. Speak to a healthcare provider to learn more or visit where.to.catie.ca to find services and safer sex and harm reduction supplies in your area.

Human papillomavirus (HPV)

Human papillomavirus (HPV) is one of the most commonly transmitted STBBIs. Most sexually active people will have one or more HPV infections in their life. There are nearly 200 subtypes of HPV, nine of which can cause different types of cancer. The only way to know if you have HPV is to get tested.

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

Most times that an individual encounters a strain of HPV, their immune system destroys it and it goes away on its own without causing any problems. However, sometimes HPV can cause genital warts or lead to cancer. The types of HPV that cause warts are different than the types of HPV that cause cancer. In Canada, highly effective vaccines are available to prevent infection with the types of HPV most often linked to cancer and warts.

Getting the care you need

Find out if you need a frontal pap test. Pap tests detect types of HPV that can cause cervical cancer. If you have a cervix and have ever been sexually active, talk to a healthcare provider about how often to get a pap test. If you've had a full hysterectomy with complete removal of the cervix, ask a healthcare provider whether you still need cervical cancer screening. If testing has previously been normal, you may no longer need screening.

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Find out if you need an anal pap test. Anal pap tests are available too. If you're having anal sex or if you are living with HIV, ask a healthcare provider about anal pap tests and digital rectal exams to detect early signs of anal cancer.

If you weren't vaccinated against HPV, talk to a healthcare provider. In all provinces and territories in Canada, the HPV vaccine Gardasil-9 is offered in schools, usually between Grade 4 and Grade 7 depending on location. If you weren't vaccinated against HPV when you were in school, speak with a healthcare provider to see if it would be of benefit to you. All provinces and territories have catch-up programs for people who did not receive vaccines in school, but eligibility for these programs differs. Some provinces and territories also have extended catch-up programs for members of certain groups at higher risk of HPV.

Syphilis

Syphilis is a bacterial STBBI. Not everyone with syphilis has symptoms. If you do have symptoms, one of the earliest signs is a sore on, or in, your genitals, anus, rectum, lips, mouth or throat. Sometimes these sores are noticeable, sometimes they are not. The only way to know

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if you have syphilis is to get tested.

Syphilis can be passed through sex, skin-to-skin contact or, less commonly, through sharing injection drug equipment. The highest risk of transmission is when you're in direct contact with a lesion, even if you can't see it.

Getting the care you need

Syphilis can be cured with antibiotics. If left untreated, syphilis can lead to serious health complications for you and, if you're pregnant, for your baby, too. After you are cured, you can get syphilis again. It's important to practice safer sex and, if you inject drugs, to use new injection equipment every time to prevent getting syphilis. It is also important to get tested regularly.

Chlamydia

Chlamydia is a bacterial STBBI. It is passed by contact with body fluids during sex.

Chlamydia can be found in the urethra, genitals, rectum, pharynx (throat area) and, less commonly, the eyes. Most cases do not cause symptoms, and the only way to know if you have chlamydia is to get tested.

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Getting the care you need

Chlamydia can be cured with antibiotics. Treatment does not protect against future infection. To prevent chlamydia, it's important to practice safer sex. It is also important to get tested regularly.

Gonorrhea

Gonorrhea is a bacterial STBBI. Gonorrhea can affect the rectum, throat, urethra, genitals and, less commonly, the eyes. Not everyone with gonorrhea has symptoms. The only way to know if you have it is to get tested.

Getting the care you need

Gonorrhea can be cured with antibiotics. Treatment does not protect against future infection. To prevent gonorrhea, it's important to practice safer sex. It is also important to get tested regularly.

Preventing STBBIs

There are many ways to prevent getting and passing on STBBIs, such as regular testing, using physical barriers, taking medications and other precautions.

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Know your status

Get tested regularly. When you know your status, and your sexual partners know their status, everyone can make more informed safer sex choices (see “Get tested regularly”). If you are sexually active, get tested at least once a year. Get tested more often if you have new or multiple sexual partners. Speak to a healthcare provider about ways to reduce your risk for STBBIs and to find out what options might be right for you.

Use safer sex supplies

Condoms

Using condoms and lubricant (lube) the right way each time you have sex helps to prevent STBBIs as well as pregnancy. External condoms, usually made of latex, can be put on anything 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). Internal condoms, usually made of polyurethane or nitrile, go inside an asshole or front hole or vagina. If you are allergic to latex, try to find non-latex external condoms or consider an internal condom instead of an external condom.

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To prevent infection, it's important to use a new condom if switching between anal and frontal fucking. If you're using lube, be sure to only use water- or silicone-based lube with latex condoms to prevent STBBIs. Don't use oil-based lube, as it degrades latex. In general, the more lube, the better. This especially applies to anal sex, since the hole doesn't self-lubricate.

Dams

During oral sex, these thin sheets create a safer sex barrier between the mouth and the asshole, front hole, or vagina.

Finger cots

Finger cots are latex covers that fit onto individual fingers. They're usually used for medical purposes: If you have a finger wound, you can use a finger cot to cover your finger and keep the wound dry. For safer sex, they can be stretched not only over fingers, but other sexy and suitably sized things such as toys and, for some of us, over our post-op cocks.

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Gloves

We use gloves to keep fingers or hands from touching body fluids that can carry STBBIs. Gloves are particularly great if we have breaks in our skin such as cuts, recent tattoos, hangnails or eczema.

Water-based lubes and silicone-based lubes are safe to use with condoms. Oil-based lubes (like Vaseline) can break latex condoms.

T can cause front-hole dryness, but lube can help. If you like, you can also use estrogen creams designed for the front hole. Because estrogen is not significantly absorbed into the bloodstream through these creams, they should not interfere with T's masculinizing effects.

Consider taking HIV PrEP or PEP

HIV PrEP

HIV PrEP refers to pre-exposure prophylaxis taken on an ongoing basis. It is a prescription medication for people who are HIV-negative and want to prevent getting HIV.

HIV PEP

HIV PEP refers to post-exposure prophylaxis. This is a medication taken within 72 hours after possible exposure to HIV (e.g., a condom broke or wasn't used) and is typically available through a hospital's emergency department or a sexual health clinic. It is taken daily for 28 days to reduce the risk of HIV infection.

To learn if HIV PrEP or PEP is right for you, speak with a healthcare provider.

HIV PrEP and PEP tips

- You may be able to get the costs of HIV PrEP and PEP partially or fully covered.
- You can get help to educate your healthcare provider. If your healthcare provider doesn't know much about HIV PrEP or PEP, you can ask that they connect with advocacy groups and pharmacies that specialize in PrEP and PEP.
- PrEP and PEP for HIV don't protect you from other STBBIs. It is recommended to continue using condoms and lube.

Doxy prevention

DoxyPEP (doxycycline post-exposure prophylaxis) is the use of the antibiotic doxycycline within 72 hours (ideally within 24 hours) after condomless sex to prevent bacterial STBBIs like syphilis and chlamydia, and may also provide protection against gonorrhea. It has been shown to reduce the risk of these infections in cis men and trans women but may not be effective for cis women and trans men.

DoxyPrEP is the use of doxycycline before exposure to a bacterial STBBI. Evidence is limited about its effectiveness.

If you inject drugs or hormones, use new equipment each time you use

Some STBBIs can also be passed by sharing drug use equipment. If you inject drugs, use new needles, cookers, filters and water each time. If you smoke or snort drugs, don't share the equipment you used to smoke or snort drugs. If you smoke drugs, use your own pipe or use a new mouthpiece. If you snort drugs, use your own straw.

FYI, STBBIS

If you party and play (PnP), visit www.partyandplay.info
See also the “Sex and using substances” section.

To access harm reduction supplies, visit your local harm reduction service or visit where.to.catie.ca.

Other ways to have safer sex

There are lots of different ways to have safer sex. You should combine this info with the STBBI prevention information described earlier.

Solo sex

A shout-out to masturbation: It can be some of the safest sex we will have!

Sucking and licking

So, you love oral? Welcome to the club! If you give or receive oral sex, your chances of getting certain STBBIs are low. However, some STBBIs, such as gonorrhea and syphilis, can be transmitted orally when barriers such as condoms or dams are not used.

FYI, STBBIS

Tips for safer oral sex

- Planning to give a blow job? Avoid flossing or brushing your teeth for 30 minutes, both before and after giving head, to reduce the chance of micro-tears in your gums.
- Use dental dams for rimming and condoms for blow jobs.
- For rimming, make sure the opening to the receiver’s asshole is clean (washed with soap and water).
- Avoid taking cum in your mouth, or swallowing cum. Consider alternatives such as having your partner cum on other areas of your body.

Finger fucking and fisting

Love hands? We do, too. Even though the risk for most STBBIs is low, it’s still a good idea for the insertive partner to wash their hands, trim and file their fingernails, and cover open cuts or sores with gloves.

Fucking

We use “fucking” here to mean having anal, front-hole or vaginal sex with one or more cocks—non-flesh cocks and flesh cocks. (But fucking isn’t limited to cocks! Also

FYI, STBBIS

see the “Finger fucking and fisting” section). Regardless of whether you’re fucking as the insertive partner (often called topping) or being fucked as the receiving partner (often called bottoming), there is a chance of getting STBBIs. However, your chances of getting certain STBBIs—such as HIV—are higher with bottoming because the rectal and frontal linings are more susceptible to tears.

Tips for safer fucking

- Use caution if douching. Douching before or after sex does not prevent STBBIs, and it can irritate the lining of your ass or front hole and wash away natural flora that actually help protect against STBBIs.
- Avoid directly sharing prosthetics and toys. When switching partners, clean your prosthetics and toys between each use, or cover them with a new condom.
- Clean your equipment. 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, such as leather, can’t be sanitized.

FYI, STBBIS

- Choose safer butt toys. Anything inserted into the ass should have a flared base to prevent it from getting stuck inside the body.
- If you feel pain or discomfort while being fucked, tell your partner. Pay attention to what your body is telling you. If you’re on T, it can sometimes reduce front-hole self-lubrication and make the front-hole tissues more prone to tearing and irritation. Tears can increase the risk of getting an STBBI.
- Avoid the withdrawal method. Also called the pull-out method, this method involves a person pulling their flesh cock out of your body before ejaculating semen. But people don’t always pull out correctly. Also, pre-cum can transmit STBBIs.
- Go pee after sex. This will help to prevent urinary tract infections (UTIs).
- Recovering from bottom surgery? It’s good to wait until your surgeon says it’s okay to have sex. This will help prevent pain, damage or infections to the surgical area. See the “Fucking after genital surgery” section.



NAVIGATING SAFER SEX

To navigate safer sex, we need to get to know ourselves and our bodies so we can tell what feels good and what doesn't. We need to develop communication skills so we can talk with our partners about safer sex. And we need to learn about the safety issues that can come up in the kinds of sex we like to have. We also may need to use specific tools or supplies. Read on for tips on all these aspects of safer sex!

Sometimes we don't have safer sex

In real life, we don't always have sex that meets our personal definition 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 (drunk or high) and not able to navigate safer sex.
- We don't have the information to make properly informed decisions (e.g., safely fucking after surgery).
- We settle for the sex we think we can get, rather than insisting on the safer sex we want.
- We want to have safer sex in certain ways, but don't know how to communicate this clearly to our partners or even to ourselves.
- Someone assaults us.

NAVIGATING SAFER SEX

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 how best to care for ourselves. If you have a uterus, you can talk to a pharmacist to see if Plan B (a medication used to prevent pregnancy, sometimes called the morning-after pill) is right for you. If you think you may have been exposed to HIV, talk to a healthcare provider right away to see if HIV PEP is right for you (see the "Preventing STBBIs" section).

Negotiating safer sex

To have safer sex, you need to navigate your desires and boundaries in combination with other people's desires and boundaries. A few things can make this process go more smoothly.

Learn more about sex and your body. For example, you can read up on trans and gender-diverse health and wellness. You can also connect with trans and gender-diverse peers.

NAVIGATING SAFER SEX

Set your own boundaries and ask about other people's boundaries.

We may be open to dialogue and sexual experimentation, but we all have limits. What does safer sex mean to you and what does it look like in practice? It's worth informing any sexual partner about what you will and won't do sexually and learning their limits too (see the "Navigating consent" section).

You and any sexual partners could create a written or verbal agreement that sets out the boundaries and shared understanding about safer sex within your relationship and, if applicable, outside of it. For example, you may decide to have condomless sex with each other but use condoms outside of your relationship. Check in with each other regularly to discuss whether your safer sex agreement is working for both of you and whether you want to make any changes.

Timing is everything. It's good to talk about safer sex and boundaries during times when you and any partners are thinking more clearly and are better able to make decisions about safer sex (e.g., before sex or during foreplay). Leaving safer sex items out for any partners to see can also help kickstart these conversations.

NAVIGATING SAFER SEX

Fucking after genital surgery

Metoidioplasty or “meta” is a surgery that creates a penis by releasing the clitoris that has been 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 inserting scrotal implants. After meta surgery, you may experience sexual pleasure through receiving oral sex, although your flesh cock may be too small to penetrate a partner’s anus, front hole or vagina. Certain prosthetic devices might also work for penetrative sex.

Phalloplasty or “phallo” creates a penis using your own donor tissues (usually from your forearm or thigh) and lengthens the urethra so that you can pee while standing up. It sometimes requires multiple surgeries over time. Some additional surgeries that may be done alongside the phalloplasty, or at a later stage, include erectile implants and scrotal implants. After a phalloplasty, you may be able to penetrate your partner with your flesh cock (if this is something you’re into!) if you have an erectile implant or an external erectile device.

NAVIGATING SAFER SEX

Safer sex with your post-op flesh cock

- Depending on your cock size, you can try using an external condom or a finger cot.
- If you’re using an external erectile device such as a strap-on, you can place the barrier over the device.
- If your urethra has been lengthened, you might have a higher risk of getting UTIs (urinary tract infections) soon after surgery. Wearing a barrier during sex can help prevent you from getting a UTI.

Give yourself time to see what works

After 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. Remember, having a penis doesn’t necessarily mean you have to be the insertive partner during sex.

Fucking after hysterectomy

A hysterectomy or “hysto” involves removing the uterus. Along with a hysterectomy, an individual typically has the fallopian tubes removed (salpingectomy) and may also have one or both ovaries removed (oophorectomy).

NAVIGATING SAFER SEX

Each individual gets to decide whether they want their ovaries to be removed; they can have this conversation with their surgeon. If you had a hysto, it's important to wait to have sex until your surgeon has said it's okay. This will help prevent pain, damage and infections to the surgical area.

If your cervix has been removed, you may need to experiment with sex positions to find what feels good.

When a cervix is removed, the surgeon creates a closure (cuff) inside the front hole. For some of us who are post-hysto, this can reduce the depth of our front holes.

Talk to a healthcare provider about Pap tests.

Depending on your situation, you may need frontal or anal Pap tests, or neither, or both.

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), domination and submission (DS), and sadomasochism (SM). There are lots of other kinks beside BDSM, too.

NAVIGATING SAFER SEX

If your preferred type of kink involves bodily fluids, avoid coming into direct contact with blood, piss or shit, especially on cuts or in the eyes. Broken skin creates an opening where some STBBIs can enter your bloodstream, so any play involving blood (e.g., piercing) can increase your chances of passing certain STBBIs. If possible, wipe away any drops of blood with cotton balls soaked in rubbing alcohol (preferably while wearing gloves).

Scat play (kink play that involves feces) can increase your chances of getting hep A and certain parasites, but it's not associated with passing HIV or other STBBIs.

Activities that don't involve contact with body fluids—such as using floggers, paddles, clamps, masks or gags—generally do not pass STBBIs. However, they may come with a range of other risks.

Sex work

Some of us work as sex workers, full-time or part-time. Some of us also buy sex. It's a myth that there's no market for sex workers who are transmasculine. For some of us, presenting as masculine while doing sex work

NAVIGATING SAFER SEX

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.

For safer sex work, it can help to:

- **Make safety preparations in advance.** For example, do client background checks, create safety plans and get safer sex items such as condoms, lube and gloves.
- **Connect with like-minded folks.** This includes sex worker organizations and networks, and friends or peers who do sex work.

Feeling unsafe at work?

- Remember that you have the right to decline clients.
- Consider learning basic self-defence.
- 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 (a safecall).
- Consider alternative sexual services such as webcamming, dancing, pro-domming or massage.

NAVIGATING SAFER SEX

Sex and using substances

Sometimes we use recreational substances before or during sex, such as alcohol, cannabis, amyl nitrate (poppers), methamphetamine (speed or crystal meth), MDMA (ecstasy), cocaine or GHB. We may do this for various reasons—for example, to help us relax or to enhance pleasure. We may use these substances alone, with a partner, or in PnP (party and play) settings, where people use drugs while having sex.

Taking substances can affect our ability to negotiate sex, be aware of our bodies (such as tears in the skin or bleeding while having sex) and make decisions about our sexual activities. If you use drugs, **use new equipment each time you inject drugs and don't share your smoking or snorting equipment.**

Here are some other tips for using in safer ways:

Start low and go slow. In any session of using, try starting with low amounts and longer breaks between using to avoid the risk of overdose.

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

NAVIGATING SAFER SEX

drugs you're taking, including other recreational drugs, T or HIV meds.

Check your drugs. If available, use test strips to check your drugs for unexpected substances, or bring your drugs to a local drug checking service to get more information about what's in them.

Use with people you trust. You can let someone you trust know that you're using and ask them to check on you if they don't hear from you.

Watch your walls. Taking certain drugs, such as meth, through the front hole or anally is a practice known as booty bumping. These drugs can damage the walls of your front hole or anus. This can allow certain infections, like HIV and hep C, to be transmitted more easily.

Watch for signs of an overdose. The signs include slurred speech, unconsciousness, shallow breathing, clammy skin, a weak pulse and passing out. 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.

NAVIGATING SAFER SEX

Certain provinces and pharmacies provide free naloxone kits and training (visit www.getprimed.ca for details).

Even if you use a naloxone kit, always call 911 too, as the person may need more monitoring and treatment. If you aren't sure what kind of drug a person used, give them naloxone anyways. It will not harm them (even if they have not been exposed to an opioid) and it could save their life. The Good Samaritan Act protects you from being charged with drug possession when you are helping respond to an overdose.

Stay informed: To keep up with the latest trends on the drugs you're taking, visit www.thesexyouwant.ca and www.getprimed.ca for resources. To learn more about safer drug use, visit catie.ca.

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 sexual and non-sexual relationships with ourselves and others.

Some signs of healthy patterns in relationships

- We feel good emotionally and physically.
- We can safely raise concerns.
- We have full enthusiastic choice over the kind of intimacy and sex we have (see the “Navigating consent” and “Strategies for safer sex” sections).
- Our identities and bodies are validated and respected.

Some signs of unhealthy patterns in relationships

- The person lacks respect for our identities or aspects of our identities.
- The person belittles us or insults us, but then pretends they're joking.
- We feel unsafe emotionally or physically.
- We experience violent behaviour of any kind.

If you experience abuse in a relationship--physical, sexual, financial or emotional--find someone you trust if you want to talk about your experience or are thinking of

HEALTHIER RELATIONSHIPS

leaving the relationship. Remember: You are worthy of love and safety. You are never responsible for any abuse that you experience.



PREGNANCY AND BIRTH CONTROL

For those of us with a uterus, we may still be able to become pregnant. Some of us may be with a partner who is able to become pregnant. In this section, we cover ways to prevent or safely end a pregnancy.

Preventing pregnancy

Most contraceptive options don't interfere with T or affect its masculinizing effects. In this guide, we've already discussed one form of contraception—condoms. Other contraceptive options include pills taken daily, a patch, a ring or an intrauterine device (IUD). Other than condoms, these contraceptive options do not protect you from STBBIs. It is important to continue using condoms and lube to prevent STBBIs.

Pills, patches and rings

Birth control pills ("the Pill") taken daily, patches worn on the skin and rings inserted into the frontal or vaginal opening contain hormones that can prevent pregnancy. Some versions contain estrogen. If you prefer, it's possible to take versions that contain no estrogen and instead contain a hormone called progesterone. Regardless of formulation, you can safely take T at the same time.

PREGNANCY AND BIRTH CONTROL

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. These do not interfere with the masculinizing effects of T as the amount of progesterone that's absorbed into the body is generally insignificant.
- Copper IUDs are hormone-free and might be good for people who don't want to be exposed to additional hormones (even just locally); however, these come with higher rates of certain side effects, such as cramping and heavy bleeding. May also be used as emergency contraception.

Ending a pregnancy

A pregnancy can be ended surgically or with medication. You can discuss with a healthcare provider whether one of these options is best for you.

To find reproductive health services in your area to prevent or safely end a pregnancy, visit where.to/catie.ca

Acknowledgments

We acknowledge the hard work of the Gay, Bi, and Queer Trans Men's Working Group to produce the original version of PRIMED and its first update. Following the release of PRIMED in 2012, this guide is now in its fourth edition. Over the years, many people have been involved in updating and publishing PRIMED, and we have tried to honour its rich history. This latest edition contains new sexual health information.

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Glossary

AFAB: Assigned female at birth. This term refers to people whose sex was designated as “female” at birth, most often based on external genitalia.

BDSM: Range of practices, not necessarily erotic, that spans bondage and discipline (BD), domination and submission (DS), and sadomasochism (SM).

Bottom surgery: Range of gender- affirming surgeries that change the genitals. Among people who are assigned female at birth, this refers to hysterectomies, oophorectomies, metoidioplasty and phalloplasty.

Cisgender, cis: Describes a person who identifies as the sex they were assigned at birth.

Dam, dental dam: Thin sheet made from materials such as latex and nitrile and used for oral sex to create a safer sex barrier between the mouth and the asshole, front hole or vagina.

Dysphoria: Feelings of unease, dissatisfaction or distress when a person's gender is different from the sex they were assigned at birth.

Front hole: Internal genitals. (Note: The term “vagina”

is also used in this guide because some of us use the term or have sex with people who refer to their internal genitals as a vagina.)

Glory hole: Hole in a partition (e.g., a public bathroom wall) that allows the people on either side to have sex with each other (e.g., anal sex or oral sex). Glory holes are especially associated with gay men's culture.

IUD: Intrauterine device.

Nonbinary: Describes a person who doesn'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 nonbinary people identify as trans and some don't. The term is sometimes also written as enby, a phonetic rendition of "NB" for "nonbinary."

PEP: Post-exposure prophylaxis. A medication that can stop HIV from establishing itself in your body. You take it after potentially being exposed to HIV.

PrEP: Pre-exposure prophylaxis. A medication that can stop HIV from establishing itself in your body. You take it before being exposed to HIV.

STBBI: Sexually transmitted or blood-borne infection.

T: Testosterone.

Top surgery: Range of gender-affirming surgical procedures that change the chest. For people who are assigned female at birth, this includes mastectomy (removal of the chest tissue), breast reduction and chest contouring.

Transgender, trans: Describes a person whose gender identity is different from the sex that they were assigned at birth. This term includes a wide range of people.

Trans man: Man who was assigned female at birth.

Transmasculine: Describes a person 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. Sometimes written as "trans masculine." Also shortened as "transmasc" or "trans masc."

Two-Spirit: Describes an Indigenous person whose sexual, gender or spiritual identity has masculine and feminine spirits. Also written as Two-Spirited and 2-Spirit.

This guide was created on the traditional land of the Mississaugas of the Credit, Haudenosaunee, Anishinaabe, and Wendat. We acknowledge that this guide will be distributed across the land now called Canada, which is cared for by diverse First Nations, Inuit, and Métis peoples.

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