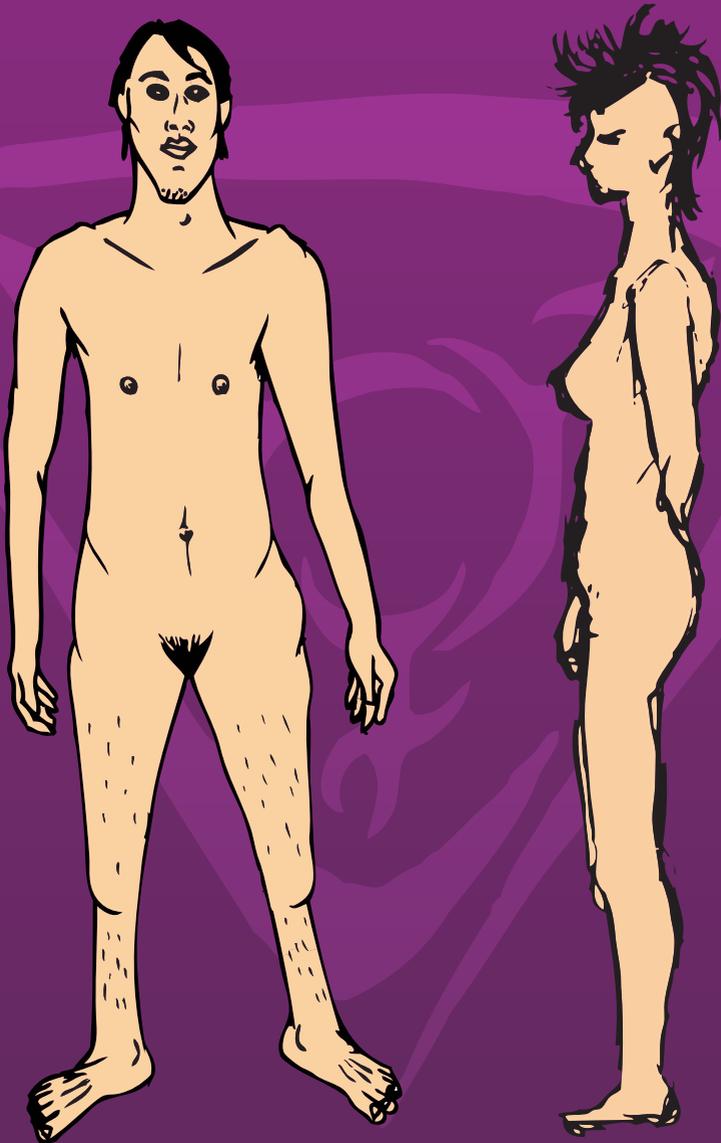


# Trans Youth Sexual Health Booklet



**gendered intelligence**  
understanding gender diversity in creative ways



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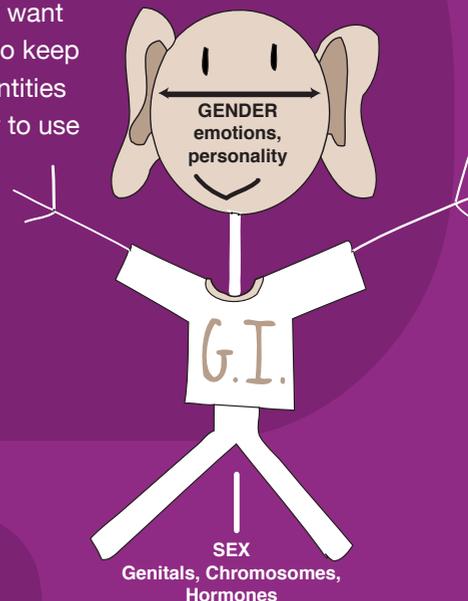
# introduction

We're part of a group of young trans people aged 16–24 who have been there, done that and bought the t-shirt. We noticed it was hard to find sexual health information that was respectful of trans people's minds, bodies and identities. So, first we ran a workshop to decide what needed to be done and then we wrote this.

The booklet is aimed at young trans people and their partners. We wanted to include everything, but we had to draw the line somewhere so we decided to only include things that were trans specific or concerned trans people most. However, you'll find signposts throughout the booklet to more information. We spoke to as many trans people as we could through Gendered Intelligence, Queer Youth Network and Gay Youth UK in order to get a picture of what to include.

We've tried to keep the language as trans friendly as we can but we have encountered some issues: firstly as a very young community our vocabulary moves so quickly that by the time this goes to print there will already be some words that are out of date, and secondly there are some things about sexual health that, important though they may be, young trans people just don't want to deal with. Sorry about that! We've tried to keep the language as inclusive of non binary identities as we can but sometimes it was necessary to use specific words. Where we couldn't use gender neutral language we stuck to medical terms.

Claudia, Joey, Elmo, Jacob and Amy



# body positivity

Body positivity is about your body being a space in which you feel comfortable. In the trans community there's a lot of discussion about getting your inside and your outside to match, but sometimes we have to work out whether the healthiest option is to change our bodies or to accept them. It is worth highlighting that there is no right way or wrong way to live in your body, therefore there is no right way or wrong way to be trans or to be human. Everyone is individual.

How you want your body to look may not match up with how it actually looks and it might not ever be exactly as you imagine it, but what's important is that you feel comfortable living inside it, that your mind and body feel 'right' even if what you see doesn't. Waiting for your body to look how you want it to look before getting to know it is not healthy, not least because you don't know when or whether that day will come. There are ways of changing your outside body (from surgery to fashion and make up), this may help your mental health but you cannot "fix" a mind that is unhappy through external changes alone. Some people may try to solve their problems with sex reassignment, only to find the exact same problems waiting for them on the other side.

Being comfortable in your own body often involves much more than acceptance, it's also important to get to know and understand it. In sexual terms the best way to do this involves masturbating. It may also just involve paying more attention to it than usual, for example standing in front of a mirror and looking at different parts of your body to find bits you like and can feel positive about. Also, getting a small mirror and looking at your genitals. You can get to know your body more intimately just by taking care of it. Pay attention whilst washing, bathing and grooming. This can also be a good time to find out what you like sexually.

## pro tips

If this feels uncomfortable to begin with, try having a bubble bath, this way you don't have to look but you may start to have a more positive relationship with your body.

Being active can help you to get used to how your body moves. For example, sport can be a good way of appreciating what your body is capable of. Things like yoga, meditation, singing, dancing, acting, rock climbing and martial arts can all be of benefit to building a healthy relationship between body and mind.

Much of this will improve your emotional wellbeing but at the same time it's important to look after your head too. We all feel worse about our bodies when we're unhappy and we often feel unhappy when we're negative about our bodies.

As a young trans or gender variant person you may have moved through the world in a different way to your non trans peers. If you've had mental health problems, been treated as a different gender to the one you identify with or just felt a little out of place, then transition is likely to be a new social experience which may take some getting used to. With this in mind it may be wise to be cautious when it comes to sex and relationships, as you may find yourself in a situation where you don't know how to respond. Whilst you may understand and feel your identity to be well defined, other people's reactions and your interactions with the wider world are largely out of your control.

### **Pro Tip: Keeping your head in good shape:**

- Seek social support. Whether this be from family, friends, a counsellor or a youth worker, there will always be someone, somewhere you can talk to. See the back of the book for support services.
- Keep your mind as active as your body. Thinking about trans stuff all the time won't get you anywhere!

Remember, how you are feeling emotionally can affect how you deal with situations and this includes sex.

## **relationships**

Negotiating relationships may be tricky for trans people but, in truth, they're tricky for most people anyway! Obviously, you will not be handing out a completed check-list of your physical attributes to everyone you try and chat up in a bar. There is, however, an assumption among most people that a man will have a penis and a woman will have a vagina. There is nothing wrong with your body differing from this, but while you consider how best to raise the subject with your partner, a longer period of dating may be needed. It is important that you and your partner reach a comfortable arrangement about how to have sex that is healthy and rewarding for both of you. It's important to respect each other's boundaries and comfort zones. The best way to do this is to talk about what you do and don't like. Don't feel afraid of refusing to do something but remember that this should be mutual and you should not pressurise your sexual partner into doing anything they don't want to either, regardless of whether they are trans or not.

As a group we define the term 'relationship' broadly to mean an interaction between two or more people which may or may not be sexual. A relationship may be romantic without being sexual or sexual without being romantic. A relationship may be platonic (just friends). They can be short term, long term, serious or casual. There are as many ways of doing relationships as there are of having sex. This considered, the most important thing in any relationship is negotiation. Whether this means deciding what film to see, or how and when you'd like to have sex, you need to communicate.

### **Pro Tip: Things you might want to consider:**

- Whether both of you are ready for sex.
- Are you both in the same place sexually and emotionally (particularly if there's an age gap)?

Where your boundaries are. (Whilst most things within a relationship require compromise, when it comes to someone's sexual boundaries these must be respected.)

## Pro Tip: Things you might want to consider:

- Your partner's body issues (which are just as important as yours)
- Contraception and STI prevention (the pill, condoms, coil, emergency contraception or a combination of all).
- Yours and your partner's sexual history (using protection if you are not entirely monogamous or cannot 100% guarantee your own partner's sexual health or monogamy).
- Keep sex supplies in view to make it clear that's what you expect.
- How you want to have sex.
- How you both want the situation to be handled if your own boundaries change during sex or the relationship. (Sometimes things aren't as you expected them to be. Discussing this means that your partner is less likely to take it personally and you're more likely to feel comfortable stopping the flow) In kink terms this can involve using a 'safety word' whereby everything will be stopped as soon as someone uses the word. Whilst this is generally used within a role play context (so it's clear someone is not just acting like they want things to stop), viewing things this way can be useful in any relationship.
- Respect the language each of you uses to describe your bodies. If you don't feel comfortable talking about sex, will you feel comfortable having it?
- Some people don't experience sexual attraction and this is okay too!

## Sometimes body issues can carry through to sexual activity...

### Trans Person's Perspective

It's important to allow yourself space emotionally and not to feel pressured to continue with sex if this happens



### Partner's Perspective

Try to offer as much support and closeness as your partner needs without pushing their boundaries. Acknowledge to yourself that you also have needs and feelings which will need to be addressed.

Communication is key here and talking to each other about what the triggers may have been can be a way of not only reducing the chances of this happening again but of removing any fear from sexual activity.

## Pro Tip: Tips for negotiation:

- Concentrate on how you feel – say 'I' not 'we'. 'When you do this I feel...'
- Be specific. 'Please will you stop doing...' rather than 'Stop that'
- Practice negotiation in a low anxiety situation first rather than jumping straight into an emotionally charged situation. Try negotiating what you're going to eat or simply standing up for yourself next time you disagree with someone. You don't learn new skills overnight.
- Be assertive in the language you use, if you mumble it's less likely to come across!
- Don't put yourself down if something doesn't work out or if you freak out. Try and identify where it went wrong and try and improve on it.

## disclosure

Disclosure is not trans specific. It can encompass anything, i.e. disclosing your sexual preferences (top, bottom, fetishes etc), your sexual history, scars, anything. It's actually quite normal for there to be an awkward pause before sex whilst people work out what's going on! There's no specific way to disclose your trans status; the best advice is to assess the situation to make sure you're safe.

Stay in a public place whilst getting to know the person. If you do go home with someone let a friend know where you've gone. Arrange to call a friend at a specific time. Find out where you're going.

I usually assess an individual on how likely they are to be okay with it first and then just do what feels right at the time with that individual.

Well, my strategy thus far has pretty much been blurting out 'I'm trans' and then explain further after they've gone, 'what?'. It is all a bit cringe worthy but usually they ask questions and so I can go from there. It sucks a bit but I'm yet to work out a better way of doing it.

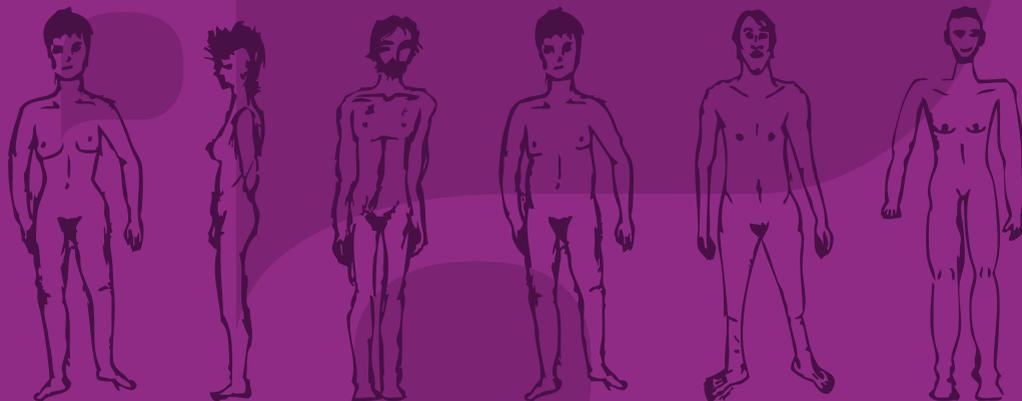
# sex 101

Types of sex can include: penetrative, non-penetrative, oral, vaginal, anal, rimming, rubbing, scissor sisters (or brothers... or others), 69, missionary, gay, straight, queer, threesomes, toys, restraint, sub, dom, top, bottom, vanilla, kinky, mutual masturbation, and any type of body engaging in these!

Put simply, sex is as diverse as any human activity has ever been. There are as many ways to enjoy sex as there are ways of being human. If a way of having sex feels wrong for you then it probably is, but this just means you need to find a way of enjoying sex that is more pleasurable.

Sex education generally has quite a lot of emphasis about bodies, but within the trans community we realise that it's identity that's more important. How you have sex has no effect on this, i.e. two trans guys having sex with each other are still having gay sex regardless of their bodies because that is how they identify. A lot of the trans people we spoke to when making this booklet wanted us to make it really clear that how you identify doesn't need to have any bearing on how you have sex. Have sex however feels good for you, not how you think you should. Define that in your own terms, not how the text books say.

The fundamental thing to take away from this is that you are still you. How you look, how you speak and how you have sex are all aspects of you, but your identities paramount. A woman is still a woman, even if she enjoys getting blow jobs. A man is still a man, even if he likes getting penetrated vaginally. How you have sex need not affect your identity.



# hormones

Many trans people choose to take hormones or have surgery in order to ease body dysphoria and/or to look more masculine, feminine or neutral. Oestrogen is prescribed to those on the MTF (male-to-female) spectrum and testosterone to those on the FTM (female-to-male) spectrum. The following hormone effects are particularly relevant to sexuality and sexual relationships.

Testosterone is likely to increase your sex drive (libido) which may affect how often you want to have sex. If you have a primary sexual partner, it is important to take their own feelings into consideration.

They may welcome the change but equally they may not want to have sex any more than you did before starting hormones. You may wish to explore this yourself and masturbate or have more sex with other people if you (and your partner if you have one) feel comfortable with this. Just remember to stay safe both emotionally and physically and to use protection. This applies equally to those on the MTF spectrum who may experience a reduction in sex drive. Either way it's important for neither partner to feel pressured into sex. Testosterone and oestrogen can also cause mood swings as your body adjusts, which may have a knock-on effect on relationships.

# body stuff

Testosterone will cause your clitoris to grow which may change the sensation of your genitals during sex for both you and your sexual partner. You may want to discuss these changes with a partner or to explain whilst disclosing your trans status to someone you're about to have sexual contact with. How much information you give about your genitals is up to you and disclosure (telling someone you're trans) is discussed earlier in this booklet.

Oestrogen will cause breast buds to grow. This won't be overnight and are likely to look pubescent for some time. Your breasts are unlikely to grow to the size of your female relatives'. This growth may remain sore for some time which may affect how you want to be touched and how you feel about your body.

# hormones

Although most of the physical effects of testosterone and oestrogen are desired, some of the negative side effects like acne and possible weight increase might affect how you feel about your body. Try and eat well, exercise and concentrate on the positive changes.

# sexual functioning

Oestrogen may have an effect on your ability to get or keep an erection (potency). This may make penetrative sex difficult and may also cause your testicles and prostate to shrink. Along with a possible reduction in sex drive this can make sex difficult or less desirable for some time. Many MTF spectrum people choose not to take hormones for this reason, particularly if they do not intend to have genital surgery. Testosterone may decrease lubrication during sex and it may be necessary to use more lube than before, particularly during penetrative sex.

Testosterone and oestrogen do not act as contraceptives. If a person with a vagina has vaginal sex with someone with a penis there is still a risk of pregnancy – regardless of who they're attached to! If you do become pregnant whilst taking testosterone it may have a negative effect on foetus development. Oestrogen may change the amount and quality of ejaculation but it will still contain sperm.

The pill typically contains female hormones and thus will not be effective for those taking testosterone. Testosterone will stop your periods and may cause a polycystic change in ovaries. Although several trans men have successfully given birth in the past, testosterone might make it impossible to have children naturally even if you stop taking it. Similarly, even if you stop taking oestrogen it may still be impossible to get someone pregnant. The doctor prescribing you hormones should be able to provide you with information about storing eggs or sperm.

# surgery

Surgery will affect sex in many ways but the most noticeable effect is a boost in body confidence. You may enjoy sex more as you begin to feel better about expressing yourself. If you feel a need to change your bits in the first place, then you are likely to prefer your body when you're post-op. If you're happy with how your body is then you'd be better off not just changing it because "it's the done thing." There are things to consider, however, which may affect your confidence post-op, e.g. FTM chest surgery may leave scars which may take some getting used to.

On a practical level, "bottom surgery" (genital reshaping) brings its own complications. You will be infertile (unable to make a baby) but you may still catch STI's. As a trans man, if you have bottom surgery to construct a penis you may need mechanical devices to maintain an erection. As a trans woman, if you have bottom surgery to construct a vagina it is likely to not self-lubricate and you would therefore get through a lot of lube during sex. These are things that you will have to work around in order to have satisfying sex, but the return in pleasure is generally well worth the emotional investment.

There will always be an element of compromise and adjustment where sex is concerned. What you have to decide is what form your compromise ought best to take and as with any form of surgery, there's an element of risk involved – here you risk a loss of sensation (in the genitals or nipples) and the ability to enjoy sex.

# contraception

It is important to remember that no amount of hormones will act as a perfect contraceptive. Therefore if you have a penis and testicles you can get someone pregnant. If you have a womb and ovaries then you may get pregnant. If you don't want to start making babies then, in any kind of sex where a penis enters a vagina, a condom ought to be worn.

Even if you have had genital surgery and you absolutely cannot conceive (get pregnant yourself or get somebody else pregnant) you are still at risk of sexually transmitted infections (STI's), including Herpes, Chlamydia, Hepatitis and HIV. The only reliable way to reduce the risk of getting an STI during sex is to use a barrier contraceptive: a condom for penetrative or oral sex involving a penis, or a dental dam for performing oral sex on someone with a vagina, or anally.

Condoms can also be used on sex toys (if you share them) to stop the passing on/sharing of infections. Condoms come in different sizes and it helps to find one that fits you (i.e. if you've had FTM genital surgery).



## **Pro Tip: Tips for negotiation:**

If the symptoms have gone away you could still have an STI so get tested.

If you think you have contracted HIV it may be possible for you to have PEP treatment. Although this is not 100% effective it can be very useful if you do come into contact with the virus and it is taken within 72 hours of exposure. For more information visit: [www.tht.org.uk/pepselfassessment](http://www.tht.org.uk/pepselfassessment)

# pregnancy

If you get pregnant by accident there are a number of options available to you. For more information on these options including the morning after pill, abortion and adoption visit: <http://www.fpa.org.uk/Information/Dontpanic>

If you carry the baby to term you can parent the baby yourself or put the baby up for adoption.

If you identify as a man or somewhere on the masculine spectrum and find yourself pregnant, that does not make you a woman, rather you are a person who is pregnant. You have a right to your identity throughout the process. You may encounter difficulty within the health service, but ultimately you will be better off arguing for your identity than settling for a female role.

If you become pregnant while taking hormones, see a doctor immediately. Taking testosterone during pregnancy can harm the child.

# accessing services

Sexual health services are often seen by young trans people as being inaccessible. In some areas it can still be a bit of a rough experience but, particularly in cities with a fair-sized trans population, GUM clinics are making efforts to improve the way in which they deal with us. The GUM clinic is one of the few places where you will probably need to discuss your trans status with the doctor or nurse, as knowing how you use your body during sex will tell the practitioner how best to advise you on how to look after your own sexual health.

It can be scary going to a sexual health clinic to get tested, or get advice. Although we can't speak for all sexual health clinics some offer good experiences, where the staff make an effort to make it a comfortable and straightforward experience for us as trans people but, to be blunt, unfortunately some are not so good!

Most tests done at the GUM clinic are blood tests and urine tests which don't require you to take your clothes off. You don't have to have a "swab test" (down the urethra if you have a penis or a vaginal exam if you have a vagina) in order to be offered the other tests. Swab tests are still an important part of a check-up, however. If you feel on the day of your appointment that you are okay with getting one done then you'd be better off having every available test. If you are 25 or over and have a cervix then you should ideally get a cervical smear test, even if you don't identify as female. It's also a good idea to have the cervical cancer jab if you qualify. If your NHS documents list you as male you may not be called for this in which case it is your job to follow it up. Yes, it sucks, but it's better than getting something nasty growing on your bits. Same goes for prostate exams although this is less relevant to young people. For more information on testicular or cervical cancer please **visit: <http://www.cancerhelp.org.uk/>**

The GUM clinic can also offer other services such as free sex counselling. This service is confidential regardless of your age, but if you are under 16 and disclose something that puts you at risk (i.e. abuse) then they have a duty to tell the police Accessing Services or social services.

Results for STI tests can be sent to you via text, post or you can ask if you can pop back in to collect them in a few weeks. Remember a negative result means that you don't have anything and a positive result means that you do have an STI.

Getting your gender recognised on the system as something other than what you were assigned at birth is in theory a simple matter. It often takes more effort working up the bottle to ask than it does to actually ask. In the unlikely event you are refused, talk to PALS (Patient Advice and Liaison Service): **<http://www.pals.nhs.uk/>**

Your best weapons for getting what you need from services are a cool head, an understanding of your rights and enough guts. One of the authors of this booklet has this written at the very top of their records at their local GUM clinic: "This patient, though female-bodied, describes their gender as androgynous. They do not wish to be referred to in male or female terms. For further advice, consult the patient." This is outstanding. Something like this is definitely what nurses call "best practice". If the clinic give you grief, try showing them this paragraph.

## Going to the GUM clinic:

When I first went to the GUM clinic, I was apprehensive. When I was called into the nurse's office she began making notes on a form that included a diagram of a penis. I told her "those aren't my bits," she asked what I have, I told her I have a vagina. She then asked me whether I was a trans man or a gay woman, I said "I'm somewhere in the middle really, I don't identify myself as male or female." She made a note of this and asked me my pronoun, I told her how I prefer to be addressed, she noted that too and wrote that I ought to be consulted about it by any staff who didn't understand. I was happy with that.

## **Sexwise Advice Line**

**0800 282930**

(We chose this line after testing a number of advice lines by phoning with trans specific enquiries. Sexwise was by far the best showing empathy and giving practical, sensitive advice)

## **Queer Youth Network**

**[www.queeryouth.net](http://www.queeryouth.net)**

Internet based support for LGBT and queer young people under 25 as well as meets in all regions of the UK. Has an active trans community.

## **Gay Youth UK**

**[www.gyuk.co.uk/forums](http://www.gyuk.co.uk/forums)**

Forums for young LGBT people under 25. Active trans community. Also holds meets.

## **After 5 Clinic**

**07090 422 940**

LGBT only sexual health clinic at Guy and St Thomas' hospital Tuesdays 5-8pm (appointment only).

## **London Lesbian and Gay Switchboard**

**020 7837 7324**

**Textphone**

**020 7689 7606**

## **Terrence Higgins Trust**

**[www.tht.org.uk](http://www.tht.org.uk)**

LGBT only sexual health clinic at Guy and St Thomas' hospital Tuesdays 5-8pm (appointment only).

## **Gendered Intelligence**

**[www.genderedintelligence.co.uk](http://www.genderedintelligence.co.uk)**

Trans youth support, youth groups, workshops in schools with young people as well as trans awareness training for professionals.

## **Galop**

**[www.casweb.org/galop](http://www.casweb.org/galop)**

LGBT community safety + hate crime reporting.

## **Brook**

**0808 802 1234 ([www.brook.org.uk](http://www.brook.org.uk))**

Ask Brook offers a confidential helpline, online enquiry service and interactive text service. Ask Brook is also available free and in confidence via textphone on 07717 989 023.