

***transcending
anatomy***

**a guide to bodies and
sexuality for partners
of trans people**

What is this, and why does it exist?

Let's start by defining what this is *not*.

It isn't a “Trans 101”: we will assume that you already understand the difference between sex, gender, and sexual orientation, accept the validity of trans people's identities and experiences, and are familiar with words like “cisgender”.

It isn't a guide to medical transition: we won't be talking about medical options or the physical effects of surgery and hormones. There is no “normal” for bodies, cis or trans: everyone's anatomy is different, and trans people make all kinds of different choices about physical transition. Just because you've seen a photo of surgery results or read a description of the effects of hormones doesn't mean that you know how your partner's body works, how they conceptualize it, and what makes them feel good. We'll focus on respecting and pleasing your partner's body no matter what form it comes in.

It isn't a guide to safer sex: although sexually transmitted infections (STIs) and contraception are

important for trans people and their partners, we will only discuss them briefly. (That doesn't mean these things aren't important! You can learn more about them through the resources listed at the end.)

So what is this, then? A guide to help partners of trans people navigate bodies and sex! It starts by unpacking some common assumptions, then goes through strategies for understanding your partner's body, what language to use, and what feels good for them. It also talks about getting comfortable with physical contact, dealing with dysphoria, and creative ways to work within limits. It *won't* tell you what to say and do during sex, or what your partner wants – instead, think of this as a starting point for challenging your own assumptions and talking about this stuff. (And few things in here *need* to be about trans people per se: some of them are just good sense strategies for respecting, communicating with, and opening up to a new partner.)

I wrote this in spring 2011 as a project for a sexual health class at Oberlin College. As a trans person who has primarily had sex with other trans people, I was frustrated by the ways that trans anatomy and sexuality are often discussed and the lack of good resources for partners. At the same time, I wanted this to represent way more than my own views and experiences. More than 150 people (trans folks and their partners) sent me stories and

opinions; on the right-hand pages of this zine, you'll find quotes from them. Hopefully you'll get the idea that the range of sexual identity and expression among trans people is *huge*: we are straight, gay, bi, pan, omni, queer; we are sexual, asexual, demisexual, and gray-a; we are monogamous, open, and poly; we are kinky and vanilla. We are binary-identified, genderqueer, bigender, and agender; we all have different body types and transition paths. No one has the last word.

A quick note about language: This guide is addressed to anyone who has sex with trans people – that's who I mean when we say “you”. I'll talk about any trans person you might have sex with as “your partner”, but this isn't meant to assume or imply a committed, monogamous relationship: respecting and satisfying whoever you're with is important in any sexual interaction.

Finally, I'm using “trans” as an umbrella term for anyone who experiences a disconnect between their gender identity and their sex assigned at birth. While “trans” seemed like the most concise shorthand, I realize that not everyone who falls into that category identifies with that word, and I apologize to anyone who feels excluded by it.

If you have questions, comments, or ideas for a future edition, please get in touch! You can find me at eli.aaron@gmail.com.

Challenging assumptions

From TV specials to driver's license laws, society encourages speculation about trans people's bodies and sex lives. Because of this, many people have strong preconceptions that can affect their interactions with a trans partner. Some assumptions you might make on learning that a person is trans:

They have or haven't had hormone treatment and/or surgery.

They do or don't want hormones and surgery.

Certain parts of their body are or aren't erotic to them.

They are or aren't interested in penetration.

They do or don't want to use certain toys.

They want to be a top/dominant or bottom/submissive because of their gender identity.

Their genitals will or won't function in certain ways – like becoming erect, self-lubricating, penetrating, ejaculating, etc.

“I assume different things about different people: whether they've had a particular surgery, where they're okay with being touched. (I've found myself surprised once or twice, and realized only then that I'd been assuming.)”

“I was afraid of her having a male body under her clothes. I was angry at myself for being obsessed with it.”

“I was afraid that they would always want to wear a strap-on, that they didn't want me to touch their body, that they would want to keep some of their clothes on. Turned out that all of my assumptions were wrong.”

“I thought her vagina would be odd and it wouldn't look like a nonsurgical one. I couldn't tell the difference.”

“I assumed I wouldn't see them as their desired gender after being with them intimately. Afterward I realized that I see their body the way 'it is supposed to be'.”

“There's an assumption that trans people don't like their genitals, Yes, many trans people feel dysphoria toward their 'junk', but not all of us.”

“I worried that I wouldn't be able to deal with my partner's body. I also assumed my partner would be straight.”

Sometimes, the things you assume will be true; other times, they'll be way off the mark. Either way, coming into an encounter with assumptions about your partner's body and desires means that they don't get to define who they are physically and sexually. Take a minute to think about your own preconceptions and where they come from... then push them to the side, and make space to understand your partner as an individual.

In turn, because assumptions and misinformation about trans bodies are so pervasive, a trans person may have concerns about sex with a new partner:

Your respect for their gender identity will change because of their body or the ways they have sex.

You won't be attracted to their body – or will be attracted to parts of their body that aren't erotic for them.

You'll conceptualize their body differently than they do – like thinking of their clit as a cock, or vice versa.

You'll expect their genitals to work in certain ways.

You'll judge their medical choices about hormones and surgery.

“I'd take a very long time to get to know a potential cis partner, so that I could be sure I was dealing with an open mind and someone who'd listen.”

“I worried he would no longer find me attractive, or that my anatomy would prevent him from seeing me as male.”

“I have concerns that future partners won't respect my stealth status, and/or that they will not see me as fully male, but rather as some third-gendered individual. I would like to be seen and treated as male, first and foremost.”

“I usually assume my partners know nothing about what's in my pants and will have no idea how to get me off. I'm always concerned that my partners don't know what they're getting into, and I sometimes get anxious about feeling like I have to go into sex as a teaching moment and not a pleasurable experience.”

“I was terrified that my girlfriend would find my junk gross or masculine, or that it would trigger her PTSD. We talked about it a lot but ultimately it took actually having sex for me to finally believe she wouldn't freak out.”

“I worried about women not being willing to be involved with me due to lack of a cisgendered man's penis.”

You'll assume that they will or won't be interested in certain kinds of sex.

You will respond to their body or their identity in ways that threaten their physical safety or mental health.

For some trans people, these concerns are no big deal. Other times, however, you may have to address some of these issues with your partner before they feel fully comfortable with you. This means finding time and space to talk about sex, listening to their feelings with an open mind, and affirming their identity and desires; being honest about your own thoughts and questions; and constantly doing the tough work of challenging your own assumptions. It also means using appropriate language, respecting your partner's limits, and coming up with creative ways to make sex comfortable for everyone involved. We'll talk about all of this in the rest of the guide.

“I worry mostly that they will not want to be with me because I am asexual. Also, I think it would be hard for most partners to explain that I do not identify my having any sexual organs. Not all agender people feel this way, I am sure! But there are those among us who are / want to be neutrois.”

“[I have concerns] that being in a relationship potentially means risking assault or death. Or that even if I do end up in a relationship, I'll never be good enough for them. Dysphoria is a huge factor.”

“I assumed that they would not find my body attractive because I hate it. [But] I am concerned that they do, because then they sometimes want to touch me and I don't like that.”

“We dealt with it only through TONS of communication – just complete open honest communication, even when the truth was difficult or hurtful.”

“I dealt with assumptions by bringing them up sensitively over time, and by being as honest as I could be. Sometimes he brought things up before I did, and it was a relief because then I had 'permission' to discuss something that I might have felt awkward about.”

What language do I use?

Talking about bodies and sex acts can be a challenge. It's tough even to start these conversations when someone's understanding of their body and what it does may differ from the way you've been taught to perceive their anatomy. The first step in making these conversations easier is to find a common vocabulary that's comfortable for everyone involved. Language is a powerful tool for reflecting understandings or assumptions: it is incredibly un-sexy when someone talks about licking your clit when you actually want them to suck your cock, or vice versa.

As a general rule, **always echo the language your partner uses for their body.** Like switching to a new set of pronouns, you may need to make an effort to learn some new words, or to change the way you think about your partner's body. If you're really struggling with certain terms – if they have negative associations for you, or just sound strange or silly – ask if there are any alternatives that would be okay. Just remember that everyone has the right to define and name their own body parts, and ultimately your partner has the final say over what words get used to describe them.

How can you figure out what language your partner

“I didn't stop to consider whether he wanted me to refer to his chest as 'breasts', or if this was how he thought of his body.”

“I had the unfortunate experience of trying to 'dirty talk' early on in our physical relationship by using female anatomy terms. When he pointed out that this made him uncomfortable, I felt so stupid and ashamed.”

“I have no boundaries about language. As long as I can understand it, my partner can use any word they want.”

“We tried different words, saw how we felt, and did a lot of asking, trial and error. We eventually found some that worked. It took a few months.”

“I find communicating about this difficult – usually it will happen if someone uses a word I hate, or they sense my awkwardness. I will try and use my own words and hope they pick up on it.”

“I don't like crude language, so while my partner likes to describe his genitals as a cock, I tend to not refer to it by name. He would prefer I say blow job when we have oral, but I say I go down on him. We've had several awkward conversations about this – like, 'I'm not comfortable with this phrase. What should we use instead?’”

likes? Listen carefully when they talk, ask them straight-up, give each other guided tours of your bodies, or narrate a sexual encounter to each other, either as a fantasy or in real life.

Trans people's **genitals** come in many different forms, and so do the terms used for them.

Some trans people use the same words that many cis people use to talk about their genitals – whether to describe their anatomical form or the way they conceptualize them: *vagina, penis, clit, cunt, pussy, dick, cock*.

Others have come up with new words or phrases specifically to describe trans genitals: *diclit, click, manhole, strapless, cockpit, front hole*.

Some use words that are nonspecific: *stuff, bits, junk, downstairs*.

Chests can also be complicated. Someone with a flat chest may like it when you talk about their breasts. Someone who doesn't have a flat chest may prefer words like *pecs* or *moobs*, to describe those parts of their body without invalidating their identity; on the other hand, they may be perfectly happy to hear you wax rhapsodic about their tits.

“BODY NAMING! Reclaim your body and name your parts (or acts). Sometimes you don't realize how important it can be until you do it.”

“I've never felt the need to rename my body parts, but I'm very particular as to which adjectives are used. They're not my 'girly bits' or my 'feminine features'.”

“I am post-transition... my penis is a dick/cock/penis, my nipples are nipples, my ass is an ass.”

“My partner likes her penis referred to as a clit and her scrotum referred to as her pussy. I don't like to refer to mine as a clit; I'd rather it be called my cock or dick.”

“I like referring to my dick and my vagina at the same time.”

“I like calling my vagina a vagina. 'Front hole' sounds silly to me.”

“I HATE the terms 'vagina' and 'cunt'. I really prefer 'front hole', and my penis is a penis, a dick, a cock.”

“One of my partners likes to use the word 'cock' to describe her bits, while several others preferred 'clit'. I've also heard the word 'twat rod' tossed around!”

Keep in mind that some names for **sex acts** can imply gender or anatomy. Some people may really get off on hearing you talk about giving them a blowjob or eating them out, jacking them off, ejaculating or squirting, fucking them or being fucked by them. Others struggle with those terms – as reminders of parts that they don't identify with, or as reminders of parts that they *do* identify with but don't feel that they have. Whenever possible, clarify what language your partner likes, and consider using neutral phrases like “go down on you” or “get you off”.

If you and your partner use **toys or prosthetics**, think about how to refer to those as well. Are you sucking a strap-on, or a cock? Does your partner think of it as an object, or are they more comfortable discussing it as part of their body?

What do you do when there is no right word?

Some people find ways to navigate without actually naming body parts or acts: “Is it okay if I touch you here?” or “Can I use my mouth there?” If that's what's most comfortable for you and your partner(s), *and* if you're able to communicate unambiguously despite the lack of specific terms, this can be a great way to avoid uncomfortable language.

“I refer to my junk as my vagina, since I do think of it as a vagina that is just external instead of internal. I would never refer to it as a penis because it's not, it doesn't work that way, and I would find that really upsetting.”

“We call his upper half his chest and his lower parts we call downstairs. I've never liked saying dick.”

“I usually stay with 'what I've got between my legs'.”

“We both call our private areas 'triangles!'”

“I like 'bits' for parts. It's not clinical. It's slightly comical. It can really mean anything, but tends to make sense in context.”

“We talk about strap-ons and toys as extensions of the self when it is my partner towards me, but not when it is me penetrating my partner – ze finds it emasculating.”

“We describe oral sex as 'licking' – it's just a good description of what we do!”

“We use vague terms like 'lovemaking' or 'helping each other masturbate'. This is not only because I am gray-a but also because my dysphoria is triggered if I think of what I'm doing as sexual.”

Oh, and one more note about language – be careful with phrases like “biologically (fe)male”, “genetically (fe)male”, and “(fe)male-bodied”. These are loaded terms, and they can imply things about your partner that you don't intend (are people who aren't “biologically (fe)male” synthetic? And what exactly is a “(fe)male body”, anyway?) Depending on the context, terms like “cisgender (wo)man”, “transgender (wo)man”, and “(fe)male-assigned at birth” are generally good alternatives.

“I've used language like 'how do you feel about having some part of me inside some part of you?' which sounds awkward on paper but in practice was really hot: the conversation continued to specify front or back hole, and so forth...”

“I have sex that involves penetration, and I often wish I had a good word for that region, but I can't come up with one.”

“I'd rather not describe my genitalia as anything. Honestly, I'd just rather go through sex without having my partner refer to parts/acts.”

“I don't really like talking during acts, so it's just 'that's good', 'no, here', etc.”

What feels good?

Trans parts don't always work like cis parts. There are no hard and fast rules about how hormones and surgery will affect someone: they can change shape and size of genitals, sensitivity all over the body, the time it takes to become aroused and have an orgasm (or even whether or not someone can have an orgasm), the ability to become erect or ejaculate, and more. Even if your partner hasn't medically “transitioned”, their body may not be what you're used to, and the things that get them off may not be what you expect. So how do you figure out what feels good to them, and what they'd like to try with you?

Often, the easiest way to find out what sensations your partner likes is to ask them to show you. Of course, not everyone masturbates, and not everyone is comfortable doing it in front of another person – but if your partner does and is, it's a great way to learn. Odds are that they know their anatomy and their desires better than anyone else on earth; watching them masturbate is a great way to see how their body works, what kinds of stimulation get them off, and how they respond when they're turned on. Pay attention to where and how they touch themselves; the angle, the pressure, the speed; and the motions and noises they make when something feels really good – that's the response you want to evoke. (Needless to say, don't make

“It took a while for me to realize that my vagina does function exactly like a cis vagina. There's a spot that's obviously my clit, and I've got labia and all that. She helped me figure that out and from there we just experiment with ways to adapt what she'd do to a cis vagina to mine.”

“Our interests changed a lot when we got on hormones. I now enjoy penetrative sex more, front fisting, and really alllll kinds of stuff since I am more okay with my body.”

“What feels good for me has changed after testosterone, and I'm not sure that one of my partners has caught up yet. I may have to become more verbal.”

“I was fairly shy and inhibited. He was less so, and he encouraged me to talk openly about what I wanted. I had a budding interest in BDSM, and he had a more developed interest. We directly discussed boundaries and what we were and were not comfortable with.”

“I figured out what I like by playing alone. A lot. With toys, without toys, with mirrors, with the light on, with the light off, on my back, on my knees, with tutorials, with my imagination, whatever. Pushing the boundaries with just myself so there isn't shame or embarrassment, and so that I KNOW what I like when the time comes with a partner.”

them feel as though they're an exhibit in a zoo – unless that's what you're into...) You can also put their hand over yours and ask them to move your hand exactly the way they like it.

Watching porn and reading erotica are opportunities to see a huge range of people, with many different identities and bodies, having lots of different kinds of sex. This can be an excellent jumping-off point to talk about things you find hot, things you might like to try under the right circumstances, and things that are totally off-limits. (The Resources section can help you find sex-positive porn made by and for trans people.) Likewise, writing your own erotica or fantasizing together – with or without physical contact – can be a chance to explore and get comfortable with each other's desires. Think about putting together a menu of options and deciding what your appetites are.

“We discovered things we would enjoy through watching porn, together and separately, discussion, and trial and error. Watching gay porn helped us discover positions. As for tools, the prosthetics we use, to us, are not toys – they ARE part of us.”

“It was a bit of, well, non-verbal communication. Plus we exchanged some written letters about what we liked or wanted. But the problem is, I don't know what I really like or want, so it wasn't obvious for my partner.”

“My partner is far more sexually experienced than I am, so I let him take the lead for much of our early sexual encounters. I think this made it easier to learn what he liked. We talk during the act itself about what we like, but we both have a harder time telling the other when we don't like something. On rare occasions we'll have really good, open conversations when not having sex.”

“Talk about what you think about when you masturbate or what you masturbate to (if you masturbate). About sensations and kinks, share your fantasies! On this one especially, I think talking about stuff with humor is really important. Talking about things that you would like to try or maybe might be into but aren't sure, and being able to make a space where trying and not needing to do it again is okay.”

Dealing with dysphoria, limits, and triggers

Everyone has different limits related to bodies and sex. Some are hard limits: things you never want to do, no ifs, ands, or buts. Others are more flexible – things you don't *think* you're into, but would be willing to try; things you only want to do with the right person under the right circumstances. While some trans people are comfortable using their bodies in many different ways during sex, others may have strong, complex, and deeply personal limits related to gender, and some find that sex can trigger body dysphoria. Many find that their limits change during physical transition. It's important to understand your partner's limits and triggers before things start getting physical: know how to work around them and how to handle uncomfortable situations.

What if my partner doesn't want me to see/touch their body?

Some people don't want their bodies to be seen or touched at all. Others have specific areas that are no-go. Talk with your partner about which parts of their body are uncomfortable for them, and make sure you're clear about what that means: for example, are they okay with being naked as long as you don't touch certain places, or do they

“My limits vary depending on the situation and my level of comfort with someone. I don't experience really extreme dysphoria, but I'm also quite stereotypically butch in that I don't like being touched all that much. I'm also a sexual assault survivor. I try to be careful about consent and taking care of myself – the best thing is a partner who is empathetic and attentive, and also well-versed in consent. That's more important than any particular set of limits: just being open and communicating.”

“Anything genital or naked-related is off-limits for me, which is a main reason why I'm hesitant about hooking up.”

“I'm not planning to have sex pre-top surgery. If I do, it'll be with all my clothes on, no orgasms for me. (Orgasm denial is actually a bit of a kink for me, so it's no big deal.)”

“Before hormones and chest surgery, I found it impossible to engage in any sexual acts whatsoever due to the dysphoria it caused. Post-transition, however, I feel more comfortable in my body and am in a supportive relationship in which I can fully explore my sexuality.”

“I no longer experience any dysphoria. Genital surgery eliminated that problem for me.”

need to keep some clothing on?

Limits are there to keep everyone comfortable and safe; they need to be respected, not negotiated. You may find that a partner's limits will change over time, as they grow more comfortable with you – but don't expect it, and don't push for it. On the other hand, if your partner decides that they want to get more comfortable being seen or touched in certain ways, there are a few things to try together:

In a dark room with flashlights in hand, explore each other's bodies in the narrow beam of the light, one little glimpse at a time.

Have sex or masturbate together with clothes on at first; slowly remove more clothes with each encounter.

Have sex or masturbate together with the lights off or dimmed to a comfortable level.

In general, start with a level of exposure or physical contact that's well inside everyone's comfort level – then *slowly* (over the course of multiple encounters) work your way up. Check in regularly, and make sure that everyone involved has the opportunity to end the encounter at any time – no one should feel pressured.

“My limits shift around. Sometimes I'm pretty uncomfortable being naked, or being touched. I'm pretty topsy at those times. There may be a conversation where I state that I'm not looking to be touched, or a coded act like pressing a lover's wrists against the bed.”

“My limits change from day to day. My chest freaks me out, but I also hate binding during sex. Sometimes I can have sex without binding but as soon as it's over, I have to get dressed again.”

“She's insecure about her breasts, so I make sure to communicate how much I like them and how I see them.”

“Penetration is sometimes okay because of my complete trust for my husband, but is sometimes extremely upsetting, and that can change halfway through which can be really difficult to deal with.”

“I really like fucking, but sometimes I have mixed feelings about it. Sometimes it makes me feel like a girl. It's stupid, but it can make me dysphoric. My boyfriend and I started with safe things – jerking off, blow jobs – things that were clearly marked as male sex acts. It took a while, but we found ways for him to penetrate me.”

How do I deal with dysphoria and triggers during sex?

If your partner is concerned that dysphoria will be a serious issue for them during sex, it's important to talk about how to handle it before you start. Make sure you know:

What are their limits – the things that are non-negotiable nos? (Places they don't want you to touch? Body parts they need to keep clothed? Acts or positions that are off-limits? Words they don't want to hear?) Are there other things that are not nos, but maybes – areas where you need to tread carefully?

How will you know if something's not right or if they need to stop? (Mechanisms like safe words are great, but don't rely on your partner to tell you if something is wrong – you need to pay attention to their reactions and their body language.)

If something's wrong, what do they want you to do? (Keep going or stop? Leave or stay? Is it okay to touch them? Are there specific things they want you to say?)

“My only real limit was using my “what I've got between my legs” things to penetrate my partner, but I'm not sure if that's because I was really too uncomfortable for that, because I was afraid she wouldn't see me in the same way, or just because I was dubious whether it could work given I don't have much of erections.”

“After she came out to me, she told me that using male parts for penetration didn't feel feminine. We got around it by purchasing a nice strap-on.”

“Usually the worst triggers are my own thoughts and insecurities. The most important thing in dealing with this is to communicate. The biggest hurdle has been learning not to take it personally or feel at fault when dysphoria interrupts things.”

“We try to be upfront about how we're feeling during sex, and we sometimes have discussions about sexual wants/needs in non-sexually-charged situations, which is nice because we can communicate about sex without killing the mood.”

“Talking is important. Knowing that you know how to help your partner (and vice versa) if one of you gets triggered, and being comfortable talking about it, or breaking down in front of each other.”

During sex, regular check-ins are essential. They can be as simple as a quick “how's it going up there?”, or you can make it sexy – stop in the middle of something yummy and make your partner beg you to keep going. The important thing is that you have constant, explicit confirmation that they like what's happening and want to continue, and they know that you care about their well-being and will stop whenever they need you to.

“Every time we get anywhere after taking off clothing, we pause and say 'What are you up for today? What do you want to do?' This gives us a non-confrontational, nonthreatening way to talk about what we're feeling at that moment.”

“It's more about my state of mind than a specific act or body part. If I'm well-rested and in a good mood, most things are good. If I'm tired or stressed out, anything might suddenly feel bad. So I don't come with a rule book, but at times I have to be able to say, 'This isn't working for me right now.’”

“I do best when I'm with people that ask if each specific thing is okay, and do it in a way that really lets me know that whatever I answer is fine. Sometimes people will start doing something and then ask if it's fine, and if it actually wasn't, I feel compelled to go with it since they've already started.”

“We give each other feedback by letting the other person know that what's going on is not awesome, but this other thing you were doing a minute ago totally was – could you do that again? The times my partner fingered me, I would reach down and steer her hand toward my dick and let her know that I really liked it better when she gave me a handjob.”

A quick note about safer sex

While this guide isn't about safer sex per se (check the Resources section for more detailed information about that), trans people and their partners are still susceptible to STIs and unplanned pregnancies. Lack of positive, inclusive sex ed means that people may not be informed about risks and how to protect themselves, while poor access to trans-friendly health care is a barrier to STI treatment, abortion access, or pre- and post-natal care. While it can be uncomfortable to discuss protection and contraception – especially if it means acknowledging anatomy that your partner doesn't want to deal with – it's even more uncomfortable to figure out how to deal with an STI or unplanned pregnancy after the fact.

Pregnancy

Unless your partner has had reproductive organs removed or knows for sure that they are medically infertile, **do not assume that they cannot get pregnant, or cannot make someone pregnant.** Trans hormone therapy is not birth control; however small the odds, there are anecdotal cases of trans men becoming pregnant while taking testosterone, and of trans women impregnating their partners while taking estrogen. That being said, fertility rates among trans people have not been clinically

“I know the sexual history of both of my partners, and their histories and mine have been very low-risk. I still plan to go get tested soon. The problem is, I have no idea how to find someone who will give me STI tests without causing unbearable dysphoria.”

“I've always had sex in monogamous relationships in which we both tested negative, because I don't know how I would deal with STI risks; I can't find any barrier method that covers my genitals and would stay put.”

“I don't use barrier protection, and I'm afraid the idea that I could get pregnant just doesn't seem real. I can't wrap my mind around it.”

“I'm on T and she is on estrogen, so we wore condoms and went with the risks.”

“When dating cisgender men, I was on the birth control pill and insisted we use a condom.”

“I have an attitude of keep my fingers crossed, hope for the best and don't let them come in me. I think four years on T has made it pretty impossible, but I can't be sure so I try not to put myself at too much risk.”

studied, so it's difficult to make informed decisions about risk.

If you and your partner are having sex that may result in pregnancy, and if you don't want a baby, talk about using protection. Taking a pregnancy test regularly is also a good idea, especially if your partner doesn't menstruate – they won't have a missed period to clue them in if they get pregnant.

STIs

Whenever you come into contact with mucous membranes or fluids like blood, semen, or vaginal secretions, there is a risk of sexually transmitted infection.

Barrier methods offer complete protection against some STIs and significantly reduce the chance of transmitting others... but it can be difficult to find a barrier method that comfortably accommodates trans genitals. Think outside the condom / dental dam box! Some alternative options include:

Finger cots – available cheaply at drugstores and some supermarkets, they look like mini condoms.

Latex or polyurethane gloves – cut off the four fingers and make a slit down the side. The

“Part of me still wants biological kids. I'm attracted to men, and since many gay couples would love to but will never be able to have their own biological kids, it seems like a wasted opportunity if I don't make use of it.”

“We don't use any sort of protection at all, unless you count the art of pulling out. I suppose we've been protection-less for so long that I don't even think about it! This is troubling. Hopefully by the time this zine is released I'll have bought a truckload of condoms and convinced my partner to wear them!”

“Before I'm intimate with anyone, I make a point to ask whether they have been tested for STIs, and what the results were. I won't necessarily avoid being intimate with someone with an STI, but I do have my health in mind.”

“We're monogamous at present and we've both been tested, so we don't use barrier methods. If we ever open our relationship, I'd think carefully about safer sex.”

“Since my partner and I are poly, I got tested at the beginning of our relationship and we have honest conversations about who we are having sex with.”

“I use condoms on flesh cocks and sterilize the silicone models. I also use gloves and lots and lots of lube!”

back and palm of the glove can be used like a dental dam, while the thumb can cover a smaller dick.

Don't forget that **toys and strap-ons can also transmit some STIs** if they come in contact with fluids, and porous toys can never be completely sterilized. Cover them with condoms or plastic wrap (not the microwaveable kind – it has holes!), and if they are washable, wash them with soap and water or a toy disinfectant.

“I use condoms when having sex that involves inserting a penis or strap-on, and depending on circumstances, etiquette, convenience, and perceived risk use them for other times of sex also. I’ll only rarely use a dental dam for oral sex.”

“My current partner is HIV+. Over the years, I think we’ve both gotten safer sex fatigue. We have certain off-the-table activities, but the rest is a constantly shifting terrain where we try to find the best line between pleasurable enough and safe enough.”

“We’re monogamous, but I and my gyno suspect that I received both a mild form of HPV and trichomoniasis from him. We are both in the process of clearing those out of our bodies.”

Resources

Other resources about trans sexuality and sexual health:

- The library of the **Vancouver Transgender Health Program** (<http://transhealth.vch.ca/resources/library/index.html>) has dozens of articles and pamphlets about trans health and access to care, aimed at trans people and medical providers.
- **Trans Health** (<http://www.trans-health.com>), “the online magazine of health and fitness for transsexual and transgender people”, has a collection of articles about sexuality.
- **“As Different As the Next Girl”** (<http://www.edenfantasys.com/sexis/body/trans-women-73191/>), an article by Tobi Hill-Meyer about “being sexual as or with a trans woman”. Tobi also has a fantastic video about trans women and strap-ons (<http://queerporn.tv/qtube/video/SHMBXGWAN2DO/Trans-Women-and-Strap-ons>)
- **“Fucking Trans Women”** (<http://www.fuckingtranswomen.com>) is a fantastic collaborative zine by Miranda Bellweather.

- For trans men who have sex with men, **Queer Transmen** (www.queertransmen.org) and **TM4M** (<http://www.apowellness.org/tm4m.html>) host guides for trans men and male partners, focusing on HIV prevention as well as other aspects of sexuality.

Want some trans-positive porn and erotica?

- **Handbasket Productions**
(www.handbasketproductions.com) distributes educational and erotic zines and videos, including “**Doing It Ourselves: The Trans Women Porn Project**”.
- **The Crash Pad Series**
(www.crashpadseries.com) makes kink-positive queer porn that includes several trans performers.
- **Trannywood Pictures**
(www.trannywoodpictures.com) has produced three movies for trans men who have sex with men.
- **Original Plumbing**
(www.originalplumbing.com) is a quarterly magazine “dedicated to the sexuality and culture of FTM trans guys”.

And, some artistic representations of trans anatomy and sexuality:

- **Loren Cameron** (www.lorencameron.com) is a trans man and photographer whose work documents all kinds of trans bodies and sexualities.
- **“A Vagina Dialogue: A Transgender Vagina Talks Back”** (http://www.youtube.com/watch?v=j_IA1bJH4bU)
- **“How to Make Love to a Trans Person”** (<http://genderqueerchicago.blogspot.com/2011/02/how-to-make-love-to-trans-person.html>)
- Author Tobias K. Davis has written a play called **“The Naked I: Monologues from Beyond the Binary”**, featuring first-person monologues about trans, intersex, and genderqueer bodies (<http://tobiaskdavis.com/plays/the-naked-i/>)

Don't forget that websites like **YouTube**, **LiveJournal**, and **Tumblr** have a wealth of resources created by and for trans people.