

Sexual Health Guide for trans & non-binary young people

Northern Ireland Edition



South Eastern Health
and Social Care Trust

Foreword

There have been a number of significant developments and trends of relevance to sexual health since the Sexual Health strategy was published in 2008. Sexual Health is a very broad area including reproduction, contraceptives, STI prevention and healthy sexuality.

A young person's sexual orientation and/or gender identity is a central and significant part of who young people are and how they see themselves in relation to others.

This comprehensive sexual health guidance for transgender and non-binary young people is a much needed directive in supporting staff working in the area of sexual health across primary and secondary care.

Sexual Health Addendum 2014 Action 12

"To ensure that there is specialised training in sexual health skills for health & social care professionals providing sexual health services including training to enable them to deal effectively with issues facing lesbian, gay and bisexual transgender men and women and all other Section 75 groups".

South Eastern Health & Social Care Trust have experience first-hand the dedication professionalism and teamwork of SAIL and Gender Jam in training and supporting staff who look after trans & non-binary young people and very much welcome this guidance.

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Hello

If you're a young trans/non-binary person, it can be really hard to find information on your sexual health. This guide was written by young trans and non-binary people, for young trans & non-binary people, and only contains information that's useful for young trans & non-binary people. Because we often have different sexual health needs, and often different bodies than cisgender (non-trans) people, we've put together a booklet for our own community to help us live safe, fulfilling sex lives.

This doesn't replace other sexual health guides – if you want the low-down on contraceptives, safe sex and relationship support, you should check out other sexual health guides too. This guide covers what others don't – how being a young trans person affects your sexual health.

We'd recommend you take a look at some general sexual health information, too! You can find information just for Northern Ireland on sexualhealthni.info

Brook provides sexual health services and advice for young people, and they have a great guide online at: www.brook.org.uk/your-life



You can find this guide online at genderjam.lgbt/sexualhealth

A word on language

We've tried to be as inclusive and gender-neutral as possible, but since we're talking about health and medical things, we've had to talk about some procedures and body parts using medical terms. It can be uncomfortable to use these terms, though, and please use whatever terms make you most comfortable when you're talking about sex and your sexual health yourself.

This guide is aimed at all young people under the "trans umbrella", including transgender, non-binary, gender variant, genderqueer, bigender and agender people among others. If you're a young person and don't identify as the gender you were assigned at birth (what's on your birth certificate), this is for you.

Content notes

This guide contains information of a sexual nature. It also refers to sexual organs and body parts, as well as talking about sexual activities and medical treatments. It also discusses mental illness, as well as consent in relationships and abuse.

We've tried to be quite positive about sex and sexuality in this booklet, and we acknowledge that sex and relationships aren't for everyone, for many different reasons. Remember, there are loads of ways to have sex and relationships, and that includes not being interested in, or not having either or both of them. As long as you're comfortable with your decisions and you're being safe, all's good!

Your mental health

If you're having sex, exploring your sexuality or you're in relationships, it's important to keep your mental health in check throughout. A good approach to sex and relationships often benefits your mental health in a big way, and can be used as a way to help keep your emotional wellbeing in check. It's useful to be informed about sex, relationships and your sexual health, so that you can make good choices and enjoy your experiences.

Trans and non-binary people often have experiences of poor mental health or of mental illness, including depression and anxiety, and this can impact on the way we approach our own bodies, and others within relationships.

If you have significant **gender dysphoria**, you may have difficulty exploring your body or your sexuality due to the distress that your body causes, so it's very important to take things slowly and allow yourself time to get comfortable.

If sexual activity is making you uncomfortable or is negatively impacting on your happiness or mental health, you should stop, make yourself comfortable and think about why you were distressed. If you're with a partner, tell them you want to stop and take a moment to make yourself comfortable.

Lots of trans people are happy and comfortable with their bodies, and are heavily engaged in sexual activity. Some trans people never engage in sexual activity, and some only engage in sexual activity after starting hormones or undergoing surgery. All of these are OK! Some trans people also experience eating disorders and other conditions affecting body image and confidence, which can be helped by mental health professionals.

Regardless of how comfortable you are, it's important to make sure your sexual health is good – sexual health doesn't only start when you sleep with someone!

If you're suffering or struggling with your mental health or body image, you should see your doctor and talk about getting support. There are support services across Northern Ireland for people of all ages with mental health problems, eating disorders and issues relating to their bodies:

Dysphoria

is the discomfort that many trans people feel about their bodies because of their gender not "matching" their body. People can be dysphoric about their genitals, their chest, or any part of their body really.

The Rainbow Project	rainbow-project.org/mh
Young Minds Northern Ireland	youngminds.org.uk
Minding Your Head	mindingyourhead.info
Eating Disorders NI	eatingdisordersni.co.uk
ChildLine	childline.org.uk

You can also seek support from your friends and peers if you're struggling with mental health or body image. Talking to other trans and non-binary people can really help, and there are more and more communities out there for you.

Your Body

There are trans and non-binary people of all ages, of all genders, and with all sorts of bodies. It's good to get to know your body so you can keep an eye on your health, see how you're developing and feel more confident in yourself. It's important to keep care of your body and to reduce your risk of health problems later in life as much as possible – exercise, a healthy diet and regular health check-ups are important for all parts of your health.

Lots of trans and non-binary people change their bodies using hormones and surgery, and lots don't! The medical stuff you do doesn't affect "how trans you are", or your gender at all. Your body is valid regardless of what medical procedures you undergo and what prosthetics you use.

Plenty of trans and non-binary people bind their chests or tuck their genitals in order to feel more comfortable and "at home" with themselves. This is great as long as you do it safely, and take regular breaks – your body can be damaged by being constantly compressed like when binding or tucking.

How to bind your chest and binder safety: bit.ly/bindinghowto

How to tuck your genitals safely: bit.ly/tuckinghowto

You can have sex and relationships with people of any gender no matter what body you have, and for a lot of people, their sexual orientation doesn't dictate what bodies they're comfortable with their partners having. Trans and non-binary people come with all sorts of sexual orientations, and a large number are lesbian, gay, bisexual, asexual or queer.

Your sex life can impact on your body in a number of ways, from the amount of energy to you have the day after sex, to the risk of infection, to building up your strength and stamina. After all, a lot of sex is exercise!

Being in tune with your body will help you keep on top of your health, and will teach you how to know something's wrong. It may also help you have better sex and relationships, too!

Relationships

Trans and non-binary people are gay, heterosexual, bi, queer, ace, and every orientation imaginable, and have every sort of relationship imaginable too! Often, trans people can find dating and relationships difficult, because being trans can sometimes add an extra layer of “complexity” to the whole experience. A lot of people in our society assume that men have certain bodies, women have other bodies and nobody else exists. This is changing, though, and awareness of trans and non-binary people is increasing fast – especially in other young people.

When talking about relationships, we mean any people engaging in romantic or sexual activity together – this could be a man and a woman in a romantic and sexual relationship, or three women in a purely romantic relationship. Everybody has different preferences for their relationships, and as long as everyone is consenting, safe and comfortable, it’s all good!

If you’re dating someone, you may find they have similar things they’re comfortable with, or they might be comfortable with entirely different things. Always listen to what your partner has to say about their comfort too, regardless of whether they’re trans or not – their comfort is really important too.

Remember, plenty of people don’t experience sexual attraction, and others don’t experience romantic attraction – this is OK!

If you’re interested in a sexual relationship with someone or a group of people, you should discuss with them about what you’re comfortable with and what’s off-limits. This doesn’t have to be just before sex or intimacy – it can be any time when you feel comfortable talking about it. It’s better to talk about sex and intimacy instead of being uncomfortable in silence.

Negotiation is one of the most important parts of relationships. You decide together on what you want to do for a date, and you decide together on what you want to do in bed. Boundaries must be respected.

If your partner isn’t very knowledgeable about trans or non-binary people, they may want some help to make sure they’re supporting you and not doing the wrong things. It’s a good idea to let them know how you feel about things if you’re comfortable doing so. You can also send them some resources (maybe this one!) so they can read up on their own. Remember, not every trans or non-binary person feels the same about relationships and sex!

If your relationship doesn’t work out, whether it’s because you’re trans or otherwise, it’s OK! Talk to your friends and peers and get support if you need to – this happens to most people in the world at some point. It can feel awful if your relationship doesn’t work out, especially if it’s your first relationship, or first one when you’re out as trans or non-binary. Feeling upset and asking for support is OK, and getting help from friends & family can help a lot.



If you're interested in being in a relationship with more than one person at the same time, you should look into ethical non-monogamy. Monogamy is a relationship with one person at a time, exclusively, but there are plenty of other types of relationships which work for people! Ethically non-monogamous relationships means anything outside a monogamous relationship, with the consent of everyone involved.

Some forms of ethical non-monogamy are open relationships (where people are open to sexual and romantic contact with others), polyamorous relationships (where people may have more than one romantic/sexual relationship at once), and polyfidelity (where three or more people are sexually/romantically exclusive with each other).

Non-monogamous relationships are as valid and important as monogamous ones, and have the same requirements of communication, consent and work as monogamous ones do. If you're involved in any relationship, it's important to communicate regularly and establish consent and comfort with what's involved.

Consent, Disclosure & Abuse

This section contains discussion about sexual and domestic violence.

As a trans or non-binary person, it's up to you if and when you disclose that you're not cisgender. Everybody does this in different ways and at different times. Disclosure isn't something specific to trans people – sexual desire, HIV status, disability, medical history and lots of things are disclosed to partners all the time. You don't have to disclose to every partner you have, but you should consider how disclosing (or not) affects your safety.

It's hard to say when's best to disclose that you're trans or non-binary, but many people prefer to do it when they're not alone or in a compromising position, with other people they can contact for help if needs be.

If you're going home with someone, it's a good idea to make sure a friend knows that time you'll be home at, and where you're going. Your partner should be OK with your friends making sure you're OK.

Consenting to sex

It's important to make sure everyone in a relationship is consenting and comfortable with sexual activity – both you and your partners. If anyone involved says they're uncomfortable with any sexual activity, whether before, during or afterwards, stop! It's good to talk between yourselves about what you're comfortable with, and if you know of any, activities or parts of your body which are off limits.

It's OK to change your mind during sex – saying no as soon as you feel uncomfortable is good.

If your partner is hesitant with sexual activity, or seems unwilling, you should stop and talk about things. Your partners' feelings about sex are just as important as yours.

Even if you have consented to other sexual activity, or the same sexual activity in the past, it doesn't mean you should feel obligated to do so again – you can withdraw your consent at any time, for any reason, without exception.

If you or your partners have consumed drugs, including alcohol, you may not be able to give informed consent to sex. It's best to be sober – for the safety of you and your partner.

The age of consent in Northern Ireland has been the same for "opposite-sex" and "same-sex" partners since 2009, and in most cases it's 16.

Domestic & sexual violence

Having sex when you or your partner can't consent due to age, drink or drugs, or where they don't consent because they're unwilling, is rape or sexual violence, and is a serious criminal offence. This includes if someone withdraws their consent during sex. Listen to each other – if anyone is unwilling or unenthusiastic, it's good to stop and talk.

If you're a victim or survivor of rape or sexual violence, you can get support through a number of organisations in Northern Ireland:

The **Police Service of Northern Ireland** encourages victims and survivors to report crimes which have taken place. You can report crimes to the police on the non-emergency number, **101**.



If you need to escape a dangerous situation, or you need urgent medical attention, you should phone **999** (18000 for textphone users).

If your partner uses physical force against you (except where you give your consent to during things like BDSM – see the next sections), or emotionally manipulates you, they are being abusive. Stopping someone from seeing their friends or family, controlling their money, pressuring them into sex or other activities, being threatening or hitting them are all forms of domestic violence and abuse. You should get help and support if you can, and if you're able to, it's good to get out of the abusive situation to a safer place.

24-hour Domestic & Sexual Violence Helpline

website: dvhelpline.org
Freephone: 0808 802 1414
email: 24hrsupport@dvhelpline.org
text: support to 07797805839



Nexus provides support and counselling for survivors of sexual abuse and victims of sexual violence including rape and sexual assault. They support people aged 11+ in most areas (the Belfast Trust, Northern Trust and South-Eastern Trust areas), and 16+ everywhere else.

website: nexusni.org
phone: Belfast 028 9032 6803
Derry~Londonderry 028 7126 0566
Enniskillen 028 6632 0046





The Rowan supports people of all ages who have experienced sexual violence and abuse, both recently and in the past:

website: therowan.net

Freephone: 0800 389 4424 (24 hours a day)



nidirect has details on sexual assault and rape:

nidirect.gov.uk/sexualassault



The Rainbow Project provide counselling services for LGB&T people, including for abuse.

website: rainbow-project.org



Broken Rainbow provides support for LGBT victims and survivors of domestic violence and abuse. They also run a service just for trans and non-binary people, run by trans and non-binary people:

website: brokenrainbow.org.uk/help/trans-specific

Freephone: 0800 999 5428



Sex

Trans people have all types of sex, with all types of bodies! “Sex” describes a massive range of things, from oral, vaginal, anal, penetrative, non-penetrative, mutual masturbation, and plenty besides – there’s about as many ways to have sex as there are people to have sex, and if you’re enjoying it and it’s safe, all’s good. You can masturbate, have sex with one other person, or have sex with multiple people at the same time, no matter what your gender or sexual orientation.

Trans and non-binary people can enjoy sex as much as anybody else, and it’s OK to do so!

Some people have worries if they get sexual excitement from dressing up in sexy clothes, because some people say that makes you not trans or non-binary. This couldn’t be further from the truth – cisgender people get sexual excitement from dressing up or putting effort into their appearance all the time. You should enjoy this if it’s fun for you!

If you’re having problems having sex, or it’s uncomfortable or not enjoyable, stop and see what the problem is – you may find that changing how you have sex changes things for the better, allowing you to have a really fulfilling and safe sex life.

We’re not going to cover every way to have sex here – there are plenty of other places to read about that – but being trans or non-binary can affect how you have sex, and can change how you approach having sex. If you’re reading other sexual health guides, remember that these usually aren’t written by trans and non-binary people – lots of them mention men having certain bodies and women having other bodies, and very little about non-binary people.

Your body is yours, no matter what your gender is. So are your genitals, and it’s OK to use them for pleasure, procreation or both as long as you want to. Two trans guys having sex are having gay sex if they say they are, and a trans woman and a cisgender man are having heterosexual sex if that’s how they define it.

How you identify doesn’t determine how you have sex, or what you have to call it. You can call your genitals whatever makes you comfortable, and you can have sex in any ways that make you happy too.

You should practice safe sex if you can, by using contraceptives, which will protect you and your partners against unwanted pregnancy, and prophylaxis (condoms and some HIV treatments), which protect against sexually transmitted infections.

If you’re disabled or have a chronic illness, it’s important to make sure you and your partner are aware how sex will affect your body, and what care you’ll need before, during and after sex.

BDSM

Plenty of people enjoy BDSM and kinky sex. BDSM stands for Bondage & Domination, Sadism & Masochism, and describes a whole range of activities which people can enjoy in their sex lives – everything from handcuffing your partner to using pain and control is BDSM. BDSM isn't always sexual, but we're talking about sexual health here.

BDSM isn't abuse, because it's between consenting people who're enthusiastic about what they're doing – it gives benefit to everybody involved. If anyone isn't consenting, or they're unwilling to participate, you should stop and talk. Continuing without someone's consent is never OK and is abusive.

If you're tying someone up, or being tied up yourself, you should take care to look after everybody involved, particularly if someone is binding their chest or has recently had surgery etc. Never use tight restraints across someone's chest if they're binding, or any part of their body which is sore or delicate.

If you or your partner has an anxiety disorder or is prone to panic attacks, make sure anyone being restrained is able to escape safely as soon as possible if they get too anxious or panicked.

Some people perform BDSM around others or in public – be aware that without the consent of people around you, you could upset someone, if for example they find what you're doing to be traumatic or triggering, as well as making them uncomfortable.

Before trying any of this, you should make sure what you're doing is safe, and you can manage if things go wrong. Also, if you or your partner is tired or needs support after any sex, including when BDSM is involved, make sure you get the aftercare and support you or they need.

Sex Work

Sex work is any work where sexual services are available for money – prostitution, escort work, some people who work in professional BDSM, phone sex operators and people who provide sexual performances for money – like online or at venues, are sex workers. Lots of sex workers are trans and non-binary, and lots of trans and non-binary people are sex workers.

Sex work can be risky, and it's good to have support from other sex workers, especially if you're from a marginalised community like the trans and non-binary communities. As of January 2015, it's now illegal to pay for sex in Northern Ireland, and it's becoming more common for sex workers to be caught up with the police as a result.

Be aware that if you're not out to your clients as trans or non-binary, you may be in danger if they find out. Always make sure someone knows where you are, and that you're safe.

If your sex work involves sexual activity with other people, you should also be careful to have regular sexual health check-ups and testing for sexually transmitted infections to protect you, your colleagues and your clients. You should also use barrier contraception (condoms, internal condoms and dental dams) where possible.

If you need support as a sex worker, you can get in touch with the **Sex Workers' Alliance Ireland** online at sexworkersallianceireland.org

Binding, Tucking & Prosthetics

Lots of trans people bind their chests, tuck their genitals and use prosthetics, from breast forms to STP (stand to pee) devices. You can use these during sex too, as long as you're safe.

Binding your chest

For a rough guide to binding your chest and some safety tips, check out bit.ly/bindinghowto

Binding is safe if done properly, and this includes during sex. If you need to bind your chest during sex, try to avoid over-exerting yourself physically, as binding can impact on your breathing. It's important to take regular breaks from binding, so keep an eye on how you're coping during sex; getting hot and heavy may cause you to overheat.

If you can, it's advisable to use a looser binder, to bind with sports bras, or to wear a loose tshirt instead of binding during sex. If you're binding, never allow someone to sit on your chest or your back – you could damage your chest or your ribs.

If you're having sex with someone wearing a binder, make sure they're comfortable, and breathing well. Never use restraints across the chest on someone wearing a binder.

Tucking your genitals

If you have a penis and/or testicles, you can "tuck" them for your own comfort. For a rough guide to tucking, check out bit.ly/tuckinghowto!

Tucking during sex and most other vigorous physical is possible, but make sure you're not putting undue pressure on your crotch area while doing so, and if things get painful, take a break from tucking for a while.

Be aware that tucking for extended periods of time can damage your genitals, and can lead to health problems like urinary tract infections. If you can, drink plenty of water and try to urinate regularly. If you get a urinary tract infection, you should see your doctor for treatment.

If you have an inguinal hernia, you will find it difficult or painful to tuck. If you're having significant difficulty tucking, it may be a good idea to see your doctor.

If you're having sex with someone who's tucking, be careful not to hurt their crotch area, and be aware that removing underwear could be distressing for them as it could cause their "tuck" to fail. Never use restraints across the crotch on someone who's tucking.

Stand-To-Pee devices, penile prosthetics & strap-on sex toys

Plenty of trans men and non-binary people wear STP (Stand To Pee) devices during their daily lives – these can help in situations using public toilets as well as just feeling more comfortable. Some, but not all STPs can be converted for use in sex using pumps or rods etc, which make the STP device erect or larger. You can also use purpose-made "hard" penile prosthetics for sex – some of these come with attachments for small vibrators so you can enjoy more sexual pleasure yourself during sex while penetrating a partner, or receiving a blowjob.

You can also use strap-on sex toys - vibrators and dildos - for penetrative sex also – these are widely available in a range of shapes and sizes, and also come with features that make sex very pleasurable for the wearer, too! Most strap-on devices are, as the name implies, held up to your body using straps, but strapless versions that you insert are also available.

If you're using a STP or other prosthetic, or a strap-on device for penetrative sex, you should use lubricants which won't damage the devices. Anything made of silicone will be damaged by silicone-based lubricants, and oil-based lubricants can damage condoms. Speaking of condoms, it's a good idea to use condoms when penetrating your partner, as this makes it much easier to clean your prosthetics and sex toys.

Medical Transition & Sexual Health

Many, but not all trans people at some point medically transition, which involves medical treatments and procedures which change their bodies to help with dysphoria or to help them feel more comfortable or empowered within their body. Medical transition can have a big impact on sex and sexual health, so it's important to be aware of what to expect.

Hormones & "Puberty #2"

If you take hormones, you may find the way you react to sexual stimulation and excitement change. The main hormones that most trans people use (testosterone and oestrogen) are sex hormones, and they affect most parts of your body, including your sexual organs and genitalia. It's not unusual for your sex drive, your levels of comfort with sex, your body's physical reactions to sexual excitement and the bodily fluids you produce to change. Some people also report that their sexual interests or orientation change also!

Hormones also usually affect your fertility, so it's important to consider whether you want to have children before starting – the doctor supporting you with hormones should explain this. Sperm storage is available through the NHS in Northern Ireland, but unfortunately egg storage is only available privately.

Everyone's experience with blockers and hormones is different – just because you're developing differently to your friends doesn't mean something's wrong. However, you should ask your GP or endocrinologist if you have concerns about your hormone regimen.

Hormone Blockers

If you're under 18, or are taking oestrogen, you will likely be offered a hormone blocker before or while taking your hormones. For people assigned male at birth, this drug blocks your body reacting to testosterone and temporarily "pauses" puberty, allowing oestrogen to have a stronger effect. For people assigned female at birth, this blocks oestrogen, and temporarily "pauses" puberty also. If you're taking testosterone, a blocker is usually not required because testosterone works well without it.

Hormone blockers may affect your sex life – blockers often cause a lowering of sex drive and energy levels generally, and you may become less interested in sex – this is normal. Hormone blockers can also affect how your body reacts to sexual excitement. If you have a penis, erections may be more difficult to sustain, and the fluids your body produces may change in consistency

and amount. If you have a vagina, hormone blockers may reduce the amount of lubrication you produce, which means some types of sex will need additional lubrication.

Some hormone blockers can cause a surge of your body's natural hormones for a week or two when you first take them, which may affect your mood and energy levels, and may make you quite uncomfortable. However, this should pass – contact your doctor if it persists.

Hormones

If you take hormones, you'll have a "second puberty", which means you'll likely see most of the effects that cisgender men and women experience during puberty. Everybody reacts differently to hormones, just like everyone experiences natural puberty differently, so it's important to be aware that you may not experience everything others experience as quickly as them.

If you take care of your body by eating well and exercising if you can, you'll likely have better outcomes from hormones and surgery. Your doctor will likely encourage you not to smoke or take drugs while taking hormones as these can cause complications, and to limit your alcohol use to take care of your liver, as hormones can also impact your liver.

The effects of hormones differ greatly from person to person – contact your doctor if you have concerns, but having different development and effects to your friends is normal! Some effects are temporary, and some are permanent, and you may find some effects take months or years to appear. Puberty is slow!

Testosterone

Many trans men and non-binary people who were assigned female at birth take testosterone. Depending on how long you take it for, and at what dosage, it can have different effects, but it generally causes an increase in muscle mass and body hair, as well as lowering your voice and moving around your body fat.

Testosterone also affects sex and sexual health – you may find your sex drive increases a lot when first starting hormones, and you may find that your interest and comfort with sex increases too. The way you experience orgasms can also change! The size of your genitals may change – testosterone often causes the clitoris to grow, up to a few centimetres larger.

In the long term, testosterone can cause a reduction in the lubrication that your genitals produce naturally, and some forms of sex may require additional lubrication. It often causes the menstrual cycle to pause, which means you'll no longer have regular periods.

Reduced levels of oestrogen in your body may also affect the thickness of the wall of the vagina, which can leave you at higher risk of infections such as thrush or cystitis after having penetrative vaginal sex. You should take extra care and use extra lubricant if needed, and consider using condoms.

Oestrogen

Many trans women and non-binary people who were assigned male at birth take oestrogen, often in conjunction with hormone blockers. Oestrogen causes breasts to develop, your skin to soften, your body hair to lighten and your body fat to move around, usually to your hips, thighs and breasts.

Oestrogen can affect your sexual health too – it's normal to experience a lowered sex drive and a decreased interest in sex. If you have a penis, it may shrink, and you may also find it difficult to achieve and sustain erections - penetrating a partner may be difficult. The bodily fluids you produce during sex may also change and become more watery, and your experience of orgasms may change significantly! If you use condoms, you may have to reduce the size you use – using condoms that are too large can cause them to split.

If you're on hormones, you'll need to check with your doctor before using Viagra or similar drugs, to see whether you can use it, and at what dose.

If you're self-medicating

Some people self-medicate (take hormones they get without a doctor involved) with hormones because they can't get access to hormones any other way. If you are, it's really important to get regular blood tests if you can, and general health checks to make sure your body is reacting well to them. Unsuitable doses of hormones can adversely impact on all areas of your health, including your sexual health.

If you're self-medicating, your doctor should help you get onto a safer, monitored hormone plan. This is called a "bridging prescription". You can ask your GP or your Gender Identity Service therapist (if you have one) about this.

If you're injecting hormones

If you're injecting hormones, whether you got them with a prescription or not, it's very important not to share needles or syringes with other people. HIV and other diseases can be passed from person to person using used needles.

Your doctor or health centre can provide you with free needles, syringes and safe disposal boxes so you can safely administer your hormones. If there is one in your local area, you can also use needle & syringe exchange programmes.

Stopping hormones

Some trans and non-binary people take hormones for their whole lives, and some take them for a short period until they achieve the effects they want. When the effects of hormones become

permanent (such as lowered voice and facial hair for testosterone, breast development for oestrogen), some people opt to stop hormones for plenty of reasons. Some people also switch to lower doses after a while to reduce the effects of hormones that they don't want.

If you stop taking testosterone, you may find your body fat shifts about, your skin becomes softer and less oily, and your sex drive lowers. Changes to your voice, genitals and facial hair are usually permanent.

If you stop taking oestrogen (and hormone blockers), you may find your body hair increases, your body fat shifts about, your skin becomes oilier and your sex drive increases. If you have a penis, you may find it easier to achieve erections and penetrate partners, but if your genitals have shrunk, they may not return to their previous size. If you've been on HRT for several years, your breast development should be permanent, but you may decrease by a cup size or two.

You should consult with your doctor or endocrinologist before changing or stopping your hormones. If you've had your ovaries or testes removed, your body doesn't produce its own sex hormones, and you can be at risk of osteoporosis (brittle bones) and other health problems if you stop taking your HRT. If in doubt, ask your doctor!

Surgery

One of the biggest impacts that surgery can have on trans people is increased body confidence, and this often results in sex that's more enjoyable! If you have genital surgery, your enjoyment of sex may totally change, and your comfort in life generally may improve. Surgery affects your body in big ways, though, and it's important to listen to the experts if you're considering it – your surgeon and other people who've recently had it. Surgeons have different ways of doing things around the world, so it's useful to be familiar with techniques and experiences of people in the UK and Ireland.

Lower surgery affects your fertility – any procedure which removes the testes or ovaries causes permanent infertility – so it's important to consider storage of your gametes (sperm or eggs) prior to starting. Sperm storage is available through the NHS in Northern Ireland, but unfortunately egg storage is only available privately. This surgery will also mean you're likely to need to be on hormone therapy for the rest of your life, because your body will no longer produce its own. Sex hormones are important for many things from sexual function to bone health.

If you're recovering from surgery, listen to your surgeon and your body before having sex! Your whole body will need time to recover from major surgery, and your genitals may be very sensitive and delicate for a long time. Surgeons in the UK generally recommend experimenting with yourself and exploring masturbating before engaging with sexual activity with someone else, so

you know how things work and what's safe for you. Having sex too early after surgery may be painful and may damage your results!

All surgery comes with risks of complications and loss of sensation, so there's a non-zero chance that you may lose sexual sensation. This risk goes down all the time with modern surgical techniques but it's something to remember.

Surgery doesn't change your need to practice safe sex, and you can still contract HIV or other sexually transmitted infection through unprotected sex.

Sometimes, people find it difficult to explore sexual activity after surgery because they're afraid they'll damage their results, or that their partners will be uncomfortable with genitals which were achieved by surgery. People who have chest reconstruction may be self-conscious about scars, and people who have genital surgery may be self-conscious that their genitals don't behave exactly how other genitals do.

This is normal! It's good to explore your body yourself prior to involving others if you're more comfortable doing so, and masturbating after surgery is a great way to reintroduce your body to your sex life. If you're concerned about what your partner(s) think, it's good to talk with them about it and make sure they're aware of what you're comfortable with, and what you're not. Wearing a t-shirt or underwear during sexual activity is a good way to help your discomfort or dysphoria.

Having sex shortly after genital surgery while you still have unhealed wounds may leave you at higher a risk of you or your partner contracting a sexually transmitted infection.

Genital surgery for trans men & people assigned female at birth

Trans men and non-binary people assigned female at birth can get a range of surgery that affects their sex life, including hysterectomy (removal of the womb), phalloplasty (construction of a penis from skin taken elsewhere on your body), scrotoplasty (creation of a scrotum from the labia, with optional implants), vaginectomy (removal/closure of the vagina) or metoidioplasty. Metoidioplasty uses existing genital tissue to create a small penis. It can involve extending the urethra to allow urination from the tip, and can include scrotoplasty and vaginectomy.

If you still have a vagina after surgery, you should be able to have vaginal sex if you want to – just make sure you're using enough lubricant, as if you're on testosterone, the amount your body produces may reduce a lot.

If you have had phalloplasty or metoidioplasty, you should be able to have penetrative sex, as well as receive blowjobs and handjobs. If you've had phalloplasty, you may need to use an implanted pump to achieve erections. If you're having penetrative sex after phalloplasty or metoidioplasty, you'll need to use a barrier contraceptive – normally condoms – to protect yourself and your partner from sexually transmitted infections.

Genital surgery for trans women & people assigned male at birth

Trans women and non-binary people assigned male at birth can get a range of surgery that affects their sex life, including orchiectomy (removal of the testes, which can include removal of none, some or all of the scrotal skin) and vaginoplasty, which often refers to a range of surgery which creates a clitoris, vulva and/or vagina out of tissue from the penis and scrotum. Surgeons can also create a clitoris and vulva without a vagina (sometimes called “cosmetic vaginoplasty”), which can be useful for people with certain disabilities and mobility problems.

If you have had vaginoplasty, you should be able to have penetrative vaginal sex, as well as receive oral sex. Your vagina may not self-lubricate as much as is needed for comfortable sex, so it’s important to use plenty of lube – especially shortly after surgery!

Laser hair removal & electrolysis

Some other medical interventions people undergo during transition – like laser hair removal and electrolysis (hair removal using electricity), can have small impacts on your sexual health. After laser hair removal, the affected skin can be sore and inflamed, and prone to infection. If you’ve had hair removal on your face, it is important to be careful if performing oral sex or getting bodily fluids around your face. If you’ve had it on your genitals, you should wait until the skin has recovered before engaging in sexual activity, particularly if there’s a lot of friction or pressure on the area. If skin is broken or damaged, you will be at a higher risk of sexually transmitted infections.

Contraception, Pregnancy & Abortion

If you’re having sex with someone else and there’s even a small risk that sperm and eggs could meet, there’s a possibility of becoming pregnant. It’s important to use contraception to reduce the risk of pregnancy, and there are many types to choose from.

We highly recommend you check out Brook’s guide to contraception on their website. Brook is an organisation which helps young people get access to safer sex information and contraception, among other things.

Brook’s guide to contraception: www.brook.org.uk/your-life/category/contraception

We’ve provided some information below about different methods of contraception and how they might specifically be suitable for trans and non-binary people.

Condoms, internal condoms and dental dams

Barrier contraceptives (condoms, internal condoms and dental dams) are a great way to prevent pregnancy while also protecting you against HIV and other sexually transmitted infections.

Condoms can be used over a penis during vaginal, anal, oral sex, or for handjobs. They can also be cut with clean scissors to form effective dental dams for use during oral sex involving someone with a vagina. You should never use the same condom for sex with two different people, or for anal sex followed by vaginal sex. If the people or orifices concerned are changing, change your condom!

You can also use condoms to cover sex toys like vibrators, to protect them and make them more waterproof in addition to protecting against sexually transmitted infections. You should change the condom with every person if sharing sex toys.

Internal condoms (also known as “femidoms” or “female condoms”) can be used in the vagina for penetrative sex; they have similar benefits to condoms but are less widely available.

You shouldn't use a condom and a femidom at the same time – there's a risk one or both will split!

[Brook's guide to condoms](#)

[Brook's guide to internal condoms](#)

Dental dams are much less widely available than condoms, but are usually suitable for use during oral sex involving someone with a vagina. They may be less suitable if you've had certain types of genital surgery like phalloplasty or metoidioplasty.

Hormonal contraception

Some types of contraception are hormone-based; these are mostly designed for people who were assigned female at birth, and who have a womb and ovaries. These include contraceptive pills, the Intra-Uterine System (different from the IUD – see below), hormonal patches, injections and implants, the vaginal ring and the emergency contraceptive pill (the “morning-after pill”).

We don't know a lot yet about how hormonal contraceptives interact with testosterone, and some clinics advise against using both at once, whereas some encourage certain types. You should talk to your doctor before using hormonal contraception while on testosterone.

If you're taking testosterone, but fear you have a risk of becoming pregnant from recent unprotected sex, for example if you've only recently started hormones, you can get the emergency contraceptive pill. You can get it from your doctor, a sexual health clinic or over-the-counter at a pharmacy at your own expense.

You should tell whoever is providing you with the emergency contraceptive pill that you are on testosterone, as they may need to change which version they give you.

These methods will not protect you from sexually transmitted infections.

[Brook's guide to the combined \(oestrogen and progesterone\) pill](#)

[Brook's guide to the progesterone-only pill](#)

[Brook's guide to the hormonal Intra-Uterine System](#)

[Brook's guide to the hormonal contraceptive patch](#)

[Brook's guide to contraceptive injections](#)

[Brook's guide to the contraceptive implant](#)

[Brook's guide to the vaginal ring](#)

[Brook's guide to the emergency contraceptive pill](#)

IUDs (Intra-Uterine Devices)

IUDs (sometimes known as "the coil") are small plastic devices which contain copper, which are inserted into the womb via the vagina. They are long lasting and usually your fertility will return to normal as soon as they're removed. They're around 99% effective.

Because they don't contain hormones, they're suitable for people who are on testosterone.

If you're about to have surgery involving your vagina, cervix or womb, you should get your IUD removed in advance.

IUDs do not protect you against sexually transmitted infections. They can also cause your periods to be more painful or longer lasting, or your bleeding to be heavier.

[Brook's guide to the Intra-Uterine Device](#)

A similar device, known as the IUS, is available, but this contains hormones and is not suitable for people on testosterone.

Sterilisation

You can also opt for sterilisation, which is a permanent way of making you infertile. This is usually by blocking the path of the eggs or sperm. People of all genders can be sterilised.

Since sterilisation is permanent, you should consider whether you want to store your eggs or sperm for future use before starting.

Sterilisation is suitable for people on hormones. It will not protect you from sexually transmitted infections. If you've already had your testes or womb/ovaries removed (an orchiectomy, hysterectomy or oophorectomy), you will be sterile already.

[Brook's guide to sterilisation](#)

Pregnancy & Abortion

Regardless of whether you're on hormones, if you have a womb and ovaries, there's a possibility of becoming pregnant, and if you've got a penis and testicles, there's a possibility of getting someone pregnant. If you don't want this to happen, it's important to use contraception to make sure nobody gets pregnant. Barrier contraceptives – condoms and internal condoms – are good ways to prevent pregnancy while also protecting you from sexually transmitted infections.

If you become pregnant and want to continue with your pregnancy, you should tell your doctor immediately. If you are on testosterone, you will need to stop taking it while pregnant. If you're a trans man or non-binary person who is pregnant, you may encounter problems within the health service if you're not perceived as female. If you have problems, you can contact the NI Trans Healthcare Advocacy Service, who can support you and advocate on your behalf.

NI Trans Healthcare Advocacy Service: genderjam.lgbt/advocacy

If you become pregnant and need an abortion, you should tell your doctor immediately. In Northern Ireland, abortion is only available to people where there is a serious risk to their life or to their physical or long-term mental health. As a trans or non-binary person, you may be eligible for an abortion in NI if pregnancy would be seriously traumatic to you, but otherwise you may need to travel to England, Scotland or Wales, and pay privately for the procedure.

Remember, becoming pregnant doesn't make you a woman, and not being able to become pregnant doesn't make you not a woman. Your gender is separate from your body's fertility and ability to become pregnant.

Sexually Transmitted Infections and HIV

A sexually transmitted infection is any type of viral or bacterial infection that can be passed from person to person through unprotected sexual contact.

You can find Brook's guide to STIs online here: www.brook.org.uk/your-life/category/stis

The only reliable way to prevent STIs is to use a barrier contraceptive when having sex – condoms, internal condoms and dental dams, when having penetrative vaginal or anal sex, or having oral sex. STIs can be passed by sharing sex toys, via fingers, mouths and basically any part of your body that contacts someone's genitals or anus.

Everybody can get sexually transmitted infections, and although safe sex can help prevent them, they can happen even if you take precautions against them. You can contract an STI from your first sexual encounter, your fifth or your five thousandth, but if you do, it's important to get it treated as soon as you know to protect your health, and the health of your partners.

STIs don't always have symptoms, and it's important to get regular sexual health checks to make sure you don't have one. It's possible you could pass on an STI to a partner, even though you show no symptoms.

Common STIs can often present symptoms such as unusual discharge from your genitals or anus, a painful or burning sensation when urinating, blisters or lumps around your genitals or anus, or an itching/burning/tingling sensation.

It's really common to be embarrassed about potentially having an STI, but doctors and sexual health professionals advise and treat patients every day – they won't judge you on your sex life or infection status, but will advise you on how to avoid infection in future.

For trans men & non-binary people assigned female at birth

If you're on testosterone and have a vagina, you could find that hormones make your vaginal wall thinner, and the lubrication it produces less effective, which makes you more prone to injury during sex. This can leave you at a higher risk of contracting an STI. Using lube and a condom can help prevent this.

If you're on hormone blockers, you may also find that the lubrication your genitals produce isn't enough for comfortable sex; you should use additional lube if needs be to avoid injury, which can increase your risk of contracting an STI.

If being on testosterone means you no longer have your period, remember that although you're much less likely to get pregnant, you could still contract an STI. Having unprotected sex, including "penis in vagina" sex with somebody, still leaves you prone to STIs.

If you're in the MSM (men who have sex with men) category, you will be at much higher risk of contracting an STI, particularly HIV (Human Immunodeficiency Virus), including through vaginal sex. Regular HIV testing and safe sex is important, particularly if you regularly change partners or have multiple partners.

For trans women & non-binary people assigned male at birth

If you're on oestrogen or hormone blockers, you may find the skin around your genitals shrinks and your genitals get smaller. For some people, they can also find their skin gets thinner and more delicate, and may not be able to cope with high-friction sex without irritation. If you have a penis with a foreskin, the foreskin may shrink faster than the rest of the penis, which might make masturbating and penetrative sex more difficult, and may cause irritation. This may make you more prone to contracting an STI – you can help this by using lube and a barrier contraception, and stopping if you feel irritation or pain.

People assigned male at birth who have sex with other people assigned male at birth are at a higher risk generally of HIV (Human Immunodeficiency Virus), so it's important to have regular HIV testing and to practice safe sex, particularly if you regularly change partners or have multiple partners.

Genital surgery and STIs

If you've recently had genital surgery, you will be at a much higher risk of contracting an STI, due to having healing wounds and swollen tissue around your genitals. After surgery, be careful to use barrier contraceptives to make sure you and your partners are protected. Your anus may also be more prone to injury due to swelling and tenderness if you've had genital surgery, too, so be extra careful when having penetrative anal sex.

If you have healing wounds, you're also at higher risk of general infection, so it's important to practice good hygiene while you heal.

HIV, PEP and PrEP

HIV (Human Immunodeficiency Virus) is a sexually transmitted disease which anyone who's sexually active can get. It's not to be confused with AIDS, which is a condition caused by long-term untreated HIV infection. HIV is treatable and manageable, though not currently curable, and can affect people of all genders and sexual orientations. It can be prevented by using barrier prophylaxes like condoms, and treated by using retroviral drugs.

Trans & non-binary people are at generally higher risks of HIV infection than the general population. Two groups of people who have been identified as higher risk of HIV infection are:

- Heterosexual and bisexual trans women
- Gay and bisexual trans men

It's a myth that trans men and others assigned female at birth don't have to use condoms during penetrative anal sex – there is still a higher risk of HIV transmission, so it's important to use protection.

It's important to be aware of HIV and get tested regularly if you're sexually active; your routine sexual health screening should include a HIV test. Your GP or GUM clinic can provide testing services if required; rapid HIV and syphilis testing is also available through the Rainbow Project: www.rainbow-project.org/book-a-test

HIV transmission can happen via blood, semen, vaginal fluids and through unprotected anal sex, and less commonly through unprotected oral sex and sharing sex toys.

If you have had sex in the past 72 hours which may leave you at high risk for HIV infection (unprotected anal sex etc), you should contact your local GUM clinic or certain A&E departments. Details are available online at www.sexualhealthni.info/getting-tested-hiv. In Northern Ireland, you are entitled to a course of PEP (Post-Exposure Prophylaxis), which prevents you from developing a HIV infection.

Currently, PrEP (Pre-Exposure Prophylaxis), which is a medication taken regularly to prevent HIV infection, is not available in Northern Ireland.

Preventative Healthcare

Taking care of your sexual health doesn't just start when you start having sex – it's important to keep an eye on your sexual and reproductive health whether you're having sex or not. Even if you never have sex with someone else, you should still look after your health.

Cervical screening

If you have a cervix, it's good to have regular cervical screening as offered by your doctor. If you're registered as male in the health service, you may not be offered appropriate screening, but you can request screening if you wish from your doctor.

If you don't have a cervix (whether you had it removed during surgery or have never had one), you don't need cervical screening.

For trans women and non-binary people assigned male at birth, who are registered as female in the health service, you may be offered cervical screening by default – you don't need to do this.

Prostate screening

If you're assigned male at birth, you will likely have a prostate, including if you've had genital surgery of any kind. The prostate is impossible to remove with current surgical techniques. Studies show that being on oestrogen seems to reduce your risk of prostate cancer and other prostate health problems, but if your family has a history of prostate cancer or you have relevant health concerns yourself, you can get a prostate exam through your doctor. If you've had vaginoplasty, your prostate will be between your vagina and your bladder.

Urinary Tract Infections

UTIs are really common for trans and non-binary people, particularly when people have to avoid public bathrooms or tuck their genitals throughout the whole day.

If you have cloudy urine, bloody urine or urine which smells unusually bad, or you have general pain or burning around the pubic region, you may have a UTI, which you should get your doctor to check. Most UTIs are easy to treat, but not treating them can lead to chronic (long-term) urinary tract infections, which can leave you with sexual health problems.

Try to urinate frequently throughout the day, and drink enough liquids. If you can, try not to go without food and drink to avoid bathrooms, as this can cause UTIs. “Holding in” your urine for long periods of time can also lead to infection.

If you tuck your genitals frequently, try to use the bathroom as normal throughout the day, and give yourself a break from tucking, particularly when at home and when sleeping. Prolonged tucking reduces the amount of air circulation around your genitals and can encourage infections, including some UTIs.

Getting tested

Whether you have sex once a year to celebrate your birthday or you have it frequently with multiple partners, it’s good to get tested for sexually transmitted infections, to make sure your health is as good as it can be, and to make sure you’re protecting your partners if you need to.

Some trans & non-binary people can find it difficult to approach sexual health services because they fear they’ll not know what to do because they’re not cisgender. Don’t worry – all sexual health services in Northern Ireland are now well aware of trans & non-binary people, and will try to accommodate as best as possible! If you have anxiety over getting a test, you can talk to your GP or sexual health provider – most are happy to conduct tests sensitively, or do help you manage your anxiety while attending.

All GUM services, including the one in Belfast, have gender-segregated waiting rooms, but services are available to everybody.

If you’re getting tested for STIs, you should let your sexual health professional know that you’re trans or non-binary, as they may need to change what tests they do, and how they do them, depending on what anatomy you have.

You can get tested for STIs for free through some GP surgeries, or through a local GUM (genito-urinary medicine) clinic. You may have to make an appointment, but some services are walk-in; you’ll need to check with your local service.

Info on GUM clinics in NI: www.sexualhealthni.info/genitourinary-medicine-gum-clinics

List of GUM clinics by region: www.sexualhealthni.info/gum-clinics-northern-ireland

You can also get STI testing, and other sexual health services like free contraception through Brook: www.brook.org.uk/find-a-service/regions/northern-ireland

Gay and bisexual men, including trans men, can get a test for free through The Rainbow Project:

www.rainbow-project.org/book-a-test

Other Resources

sexualhealthni.info is the hub for information for sexual health services in Northern Ireland, and has details about GUM clinics, sexual health campaigns and support organisations across Northern Ireland.



Brook is the UK's leading sexual health charity and it provides sexual health advice and services to young people. They provide sex education, sexual health advice, contraception and STI testing. Brook operates from Belfast and Coleraine.

You can find Brook online at www.brook.org.uk



Support Services

It's great to look after your sexual health, but it's also important to look after the rest of your wellbeing too, including having a good social support circle, and if you want, a trans and non-binary community to turn to.

GenderJam NI supports trans, non-binary, questioning and intersex young people in Northern Ireland up to the age of 25, and organise regular events across the country for trans youth. We also provide support for people who need help in education and healthcare, and can help you sort problems getting access to services.



You can find GenderJam online at www.genderjam.lgbt or phone us on (028) 90 996 819.

SAIL NI supports the families of trans and non-binary people of all ages in Northern Ireland, and provides individual and group support to parents, guardians and family members who need help supporting their child or loved one. We can also help with problems in education and healthcare.



You can find SAIL online at www.sailni.com, or you can phone (028) 95 320 023.

There are several other trans & non-binary support organisations across Northern Ireland, including groups for adults. You can find these at www.transgenderni.com/community.



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