

**HEALTHY**

**BODIES**

**SAFER**

**SEX**

**A comprehensive guide to safer sex,  
relationships, and reproductive health for  
trans or non-binary people and their partners**

**Beth Thompson & Anna Benbrook**

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**Acknowledgments:**

Anna Benbrook, MS, CHES  
Sexual Health & Communications Coordinator  
Center for Health Advocacy & Wellness, Florida State

Reilly-Owen Clemens, JD, MA  
Florida State University

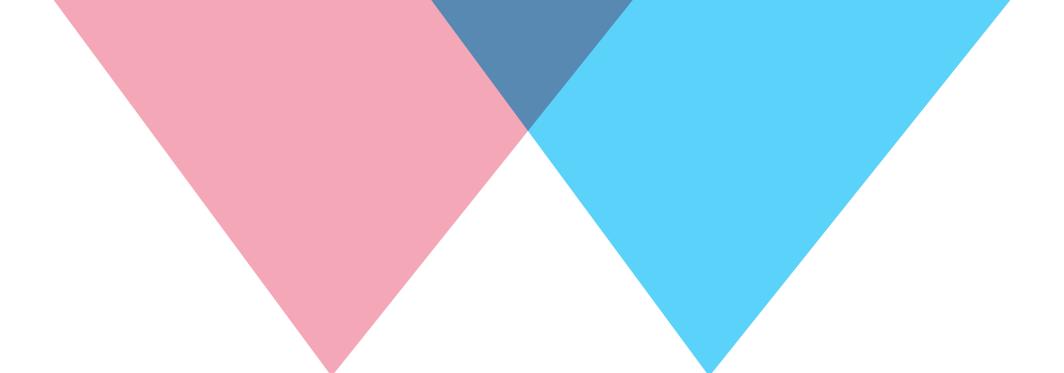
Josh Kinchen, M.Ed  
Student Program Coordinator - Agencies & Safe Zones  
Student Government Association, Florida State

Margeaux Mutz  
Transgender Tallahassee Leader  
Trans Action Florida Member

Rose Rezaei, MEd  
Assistant Director  
Center for Health Advocacy & Wellness, Florida State

Beth Thompson, MPH  
Sexual Health Graduate Student  
Center for Health Advocacy & Wellness, Florida State

Icons from The Noun Project: Sergey Demushkin, Lorena Salagre, Austin Condiff, BraveBros., Creative Stall, Herbert Spencer, Oliviu Stoian, Miso Duzek, Adam Zubin, and Sherrinford



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# INTRODUCTION



# ***Hello!***

So you have picked up this guide on safer sex...what now? First, who can use this guide? Anyone really, but this guide tries to focus on trans, gender nonconforming, intersex, and basically anyone who doesn't always identify with the gender or sex they were assigned at birth.

**What if I do identify as the gender or sex I was assigned at birth?** You can still apply aspects of this guide to yourself and any partner(s) you may have in your life.

**Why is this necessary?** Since most people have not received adequate comprehensive sex education, especially an education that is inclusive of non-heterosexual or trans identities, we hope this guide will fill that gap. Research shows that people who receive anal or vaginal sex are more at risk for contracting sexually transmitted infections. As for HIV, the highest percentage of new cases is still found among the LGBTQ+ population (CDC, 2010). Research also shows that people who know how to protect themselves are more likely to use protection.

**Why did we choose the language we did?** We have tried to make this guide as concise and as inclusive as possible. After speaking with members of our local transgender community as well as online transgender communities, we decided to use the medical language for genitals in order to be clear and hope that we do not offend anyone by this decision. The nicknames we did incorporate were chosen after reading through many blogs, forums and threads. We also hope to help society remove gender associations with certain genitals. We hope that you feel proud to use whatever terms you like for your own bits, and/or that you respect and use your partner or friend's preferred language, just like you would with personal pronouns.

# Terms to Know

**Anal/Anus** - the butt, and the butthole, respectively. May be used to describe a type of sex.

**Bottom Surgery** - surgery that someone may undergo to change their genitals.

**Breast** - the glands and fatty tissue on the chest of most people. The amount of fatty tissue can vary from person to person. Some people may have so little they appear flat, while others will have enough that they may need a bra and/or binder to be comfortable.

**Dildo** - object that is used during oral, anal, or genital sex to penetrate.

**FTM** - female to male, someone who was assigned female at birth but is male/masculine in their identity. This is more commonly used by trans people who more closely confirm to binary expression.

**Gay** - someone who is attracted to the same gender. This person can identify with any gender.

**GCS** - Gender Confirmation Surgery, commonly called Sexual Reassignment Surgery, this surgery refers to any group of surgeries that may be used to change one's genitals, also known as bottom surgery.

**Gender Affirming Surgeries** - Often defined as an umbrella term to include surgeries such as cosmetic, top, GCS, etc.

**Gender Identity** - the gender that someone identifies as.

**Heterosexual** - person who is exclusively attracted to a gender different than their own.

**HRT** - shorthand for hormone replacement therapy. Includes estrogen, testosterone and anti-androgens, and other hormonal medications used to help someone transition.

**Lesbian** - often used for/by women who are attracted to women.

**MTF** - male to female, someone who was assigned male at birth but is female/femme in their identity. This is more commonly used by trans people who more closely confirm to binary expression.

**Penis** - the medical term for the erectile tissue that exists outside the body and came with the body at birth. Also can be constructed by a doctor (sometimes then referred to as a neo-penis by physicians).

**Safer Sex** - Enjoyable sex without giving or getting STIs, HIV, or unwanted pregnancy.

**Strapless** - this term will be used to refer to penises, and neo-penises when there is no need to differentiate between the two.

**Surgical Status** - The level to which a trans person has or is seeking transition associated surgery. Sometimes referred to as pre-op, post-op, or non-op. This is only the concern of a trans person and their medical provider.

**Testicles** - the sacs that produce usually produce sperm.

**T-penis** - the enlarged clitoris that someone who has taken testosterone for many months may experience.

**Top Surgery** - the surgery that FTM individuals may undergo to remove their breast tissue and realign their nipples to have a more masculine chest.

**Trans** - we will use this generally accepted umbrella term to cover anyone who does not identify as the sex or gender they were assigned at birth.

**Vagina** - the medical term for the muscular tube from the external genitals to the cervix, and came with the body at birth. Also can be constructed by a doctor (sometimes then referred to as a neo-vagina by physicians).

**CARING FOR  
THE BODY  
YOU HAVE**



# Fertility

(this section also discusses pregnancy, and menstruation)

**Please Note: Until you have your ovaries/uterus or testes removed you are considered fertile and able to become or get someone pregnant even if you are on HRT (hormone replacement therapy).**

Adoption, egg and/or sperm donation are options for having children, but what if you want children to share your genetic material?

While HRT may cause sterility, it is not a 100% guarantee that it will. Sperm can still be produced on estrogen and you can still ovulate on testosterone (even if you are not menstruating anymore). If you have testicles, and are having close genital contact with someone who has ovaries, or vice versa, please take steps (detailed in the "Safer Sex" section) to prevent semen fluid from being shared unless you wish for pregnancy to occur.

If you wish to have children that share your genetics, there are a couple of options, but many of them are pre-HRT or requiring stopping HRT.

**For sperm producers** - you can have your sperm frozen until a person with ovaries wants to carry your child. This means you will be screened for infectious disease and once you come back negative, you will need to abstain from ejaculating for 48 hours, and then make five to six sperm deposits per potential child.

**For people with ovaries** - you can freeze your eggs, but it requires 4-6 weeks of fertility hormones plus an outpatient surgery. Studies show that eggs may not implant into another person uterus very well. This field is still somewhat newer than sperm freezing but there has been research done (mostly for cancer patients who undergo chemo-radiation therapies).

**For both** - there is usually an annual fee to pay for the continued storage. This can get pretty expensive (especially on top of any other health care payments) and your insurance may or may not cover the it.

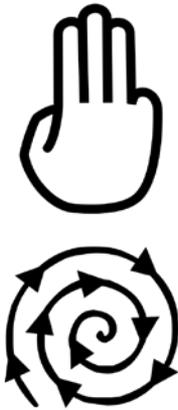
More information/sources: [bit.ly/1PXPRuh](https://bit.ly/1PXPRuh) (UCSF Trans Health), [uscfertility.org](https://www.uscfertility.org), and [bit.ly/20LZC6E](https://bit.ly/20LZC6E) (Fertility Authority)

## Breast Self-Exams

It's important for everyone to have medical breast exams, but since transgender breast health is still a relatively new area for many, we have created a guide adapted from the National Breast Cancer Organization, BreastCancer.Org, and the American Cancer Society to be as inclusive as possible to demonstrate how to perform a breast exam at home. These techniques apply to any breasts - including ones that have been enhanced OR reduced through surgery. If you have implants, have your surgeon show you where the implant ends and the breast tissue begin.

**1** Lie down on your back and place your right arm behind your head. (This is because when lying down the breast tissue spreads evenly over the chest wall and is as thin as possible, making it much easier to feel all the breast tissue.)

**2** Use the finger pads of the 3 middle fingers on your left hand to feel for lumps in the right breast. Use overlapping dime-sized circular motions of the finger pads to feel the breast tissue.

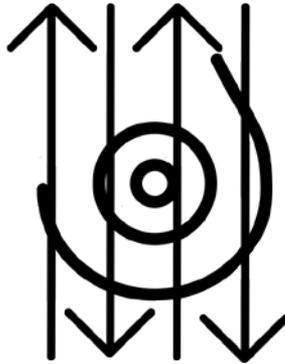


**3** Use 3 different levels of pressure to feel all the breast tissue.

- Light pressure is needed to feel the tissue closest to the skin;
- Medium pressure to feel a little deeper; and
- Firm pressure to feel the tissue closest to the chest and ribs.

It is normal to feel a firm ridge in the lower curve of each breast, but you should tell your doctor if you feel anything else out of the ordinary. If you're not sure how hard to press, talk with your primary care provider. Use each pressure level to feel the breast tissue before moving on to the next spot. Use a circular motion with the various pressures in each spot before moving on.

- 4** Move around the breast in an up-and-down pattern starting at an imaginary line drawn straight down your side from the underarm and moving across the breast to the middle of the chest bone (sternum or breastbone). Be sure to check the entire breast area going down until you feel only ribs and up to the neck or collar bone (clavicle).



- 5** Repeat the exam on your left breast, putting your left arm behind your head and using the finger pads of your right hand to do the exam.
- 6** Stand or sit up with your arms only slightly raised (about 90 degrees) to examine the underarms, breasts and nipples for any dimpling, discoloration, redness or scaliness.

## Prostate Exam

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According to the Center of Excellence for Transgender Health, it is important for people with prostates who are over 50 years old to have an annual prostate exam. We will give a brief explanation of what to expect for non-op people with prostates.

Before the exam: tell your doctor if you have hemorrhoids.

How the exam might go:

- The provider will gently insert a lubed, gloved finger into your anus, and move it around to feel for abnormalities of the rectal cavity and particularly the prostate.
- You may be asked to cough

## Cervical Exam/PAP

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Even if you are having sex exclusively with people who have vaginas, you are still at risk for HPV and sexually transmitted disease. For trans women who had bottom surgery that created a cervix, you need a pap. For trans men, unless you have a full hysterectomy that removes your cervix and had your vaginal opening closed, you will need to follow the above guidelines. Hopefully you are able to find a provider who is inclusive of your pronouns and name to do this.

Before the exam: avoid inserting anything: toys, fingers, medications, douches or synthetic lubrication (unless advised by a doctor). Also visit [CheckitOutGuys.ca](http://CheckitOutGuys.ca) if you would like. It is a great website with tips, but it is based out of Canada, so some of the insurance/payment and routines may be a little different so check with your provider's office before hand.

How the exam might go:

- You will be asked to remove your clothes and put on a paper gown/sheet. Some places will let you keep your socks on. If you are having a full physical with breast exam, you will need to remove your bra/binder. Ask if you can wear a zip up hoody if you feel it will help with dysphoria or being cold.
- You will be asked to lie on the exam table on your back with your knees up and your feet in stirrups.
- The provider will wear gloves and insert a small instrument that looks like a duck bill into the vagina. (Tip: make sure they put lube on it, especially if you are taking testosterone and ask if they can warm it up)
- The provider will collect a sample by using a small spoolie (like a mascara wand) from your cervix and put it in a container.
- They may also put a finger in and feel/ move your cervix while the other hands feels along your lower abdomen (they are feeling for cysts in the ovaries).

(For those who have had or will have bottom surgery : your surgeon should give you detailed information on how to care for your new bits,including dilator usage, exams etc. )

## Schedule of Exams

While you may or may not experience dysphoria around the body you currently have, it is important to take care of it.

That means if you have...

- breast tissue, even if you have had your breasts reduced or increased, monthly exams are crucial, because you may still be at risk for breast cancer.
- a vagina, cervix, and connected parts, you are getting your annual wellness exams.
- a prostate, testicles, penis and connected parts, you are getting your annual wellness exams.

Screening	Age to Begin	When to Repeat
Breast Exams (Clinical)	18	Every 3 yrs
Hypertension (for those assigned male at birth and potentially for trans men)	18	Annually
Cervical/Vaginal Exams	21	Every 3 yrs
Cardiovascular Disease Risk (includes cholesterol)	35	Every 2-3 years
Prostate Cancer Screening	40-45	Every 2 yrs
Colorectal Cancer Screenings	50	Every 1 or 5 yrs
Lung Cancer (Earlier for smokers and family; those who worked around asbestos)	55 (or earlier)	Annually

\*Frequency may vary from person to person, discuss your risk factors with your physician

# **DATING**

Now, onto the more fun stuff...dating.

Navigating the dating scene can be complex and confusing. Before engaging with someone else it is important to reflect on what you are looking for in a partner or to get out of a hook up. Not everyone is looking for the same thing so active communication should be constant before, during, and after an encounter. These tools have been helpful to some people in some situations, but please remember that you are never responsible or to blame for someone's actions. Resources for those who have experienced assault of any type are available in the Resources section at the back of the booklet. Dating or hooking up while trans can add some additional layers for you to reflect on and explore.



## The Basics

Find places to meet people, maybe it's a shared interest group, maybe it's class, maybe it is an online dating site. When you meet up with someone for a date, whether you met them online or not, set up a safety call. A safety call is where you have someone, who knows where you are, who you are with and is willing to be "on call" for you. Set up an time that you need to contact this person by before they call the police/take action to protect you. A phone call or text works (especially if you use a special code like "are the pancakes ready?" to mean "i need to get out of here because (this person is boring/scary/etc)" or "I don't want breakfast for dinner, thanks!" to let them know you are having a great time.

Disclosure: The following tips on disclosure and dating come directly from the Center on Halstead (Chicago, IL) publication on disclosure. Find it here - [bit.ly/1Q3gDkO](http://bit.ly/1Q3gDkO)



## I am Transgender. Should I tell my date? And if so, when?

There is no absolute right or wrong answer to these questions. Such a decision is very personal. Above all else, remember it is your right to choose if or when to discuss your gender identity, your genitals, or any other part of your body.

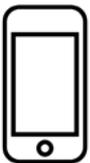
If someone insults or attacks you because of their expectations about your body, always remember that is NEVER YOUR FAULT.

# Do I have to disclose the fact that I am trans to my partner?

NO. Plenty of non-trans people do not have discussions about their gender or their bodies prior to having sex. However, while you do not owe it to anybody to talk about your genitals prior to a sexual encounter, it may be safer to do so. It may also be less awkward or uncomfortable in general. So it may be ideal to have a conversation about the type of sex you would like to have (and the type of language you use for your bits) beforehand. If this is simply not your style or not an option, that is okay. Your decision may be different depending on the person you are talking with and how sensitive or aware they seem.

## Disclosing:

- In a personal ad, email, or chat (online)
  - Pros:** Better chance at weeding out people who are unfamiliar with trans people who may ask inappropriate questions; Attracting people who are attracted to you and your body type
  - Cons:** may attract "chasers" (people who get with trans folk and fetishize them with no regard to the person beyond their trans identity)
    - Tips: Use an anonymous email account and if someone is disrespectful... block them!
- On the phone
  - Pros:** ability to hear tone of voice and gauge their language; no record exists for privacy violations or outing;
  - Cons:** They may be able to use your phone number to harass you
    - Tip: look into getting a Google number connected to your anonymous email, or blocking your number before calling
- In Person, before or during a sexual encounter
  - Pros:** You will be able to read body language and facial expressions; You will probably be in public, so there may be safety in that; you will be able to discuss terminology for your bits
  - Cons:** you may not be in public; sometimes it can be difficult to talk sex once sexy stuff has started



**SAFER  
SEX &  
STIs**



Now we are getting beyond dating and into sex, whether in an established relationship or in a hook up. Let's assume you've made it past the initial introduction/dating first steps.

## Consent & Communication

Step 1 of any sexual interaction is getting continuous, enthusiastic, consent from everyone involved. Consent means that anyone can stop at anytime. Consent to one thing is not consent to another. Consent is mutual, ongoing and free from coercion, drugs or alcohol influences. A "no" is not a "yes" that needs convincing.

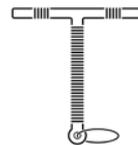
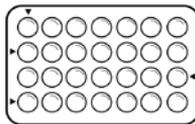
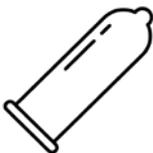
### **Ways to Get Consent:**

- Can I touch you on your butt? (or other body part)
- Would you like to have sex/cuddle/kiss?
- How would you feel if I went down on you? (or other act)
- Ways to check in on your partner: Are you enjoying this? Would you like to keep going? Would you like to stop?

Now, before you actually start getting down with your sexy selves, talk about each other's STI/HIV status, getting tested, and using protection. Note: if you or your partner(s) are using testosterone or estrogen creams, using barriers is important because the partner who is NOT using the creams can still be affected by them if they come in contact.

## Birth Control

If you were born with a uterus and ovaries and still have those parts, you can get pregnant, especially if your partner is a sperm producer. There are a lot of ways to prevent pregnancy from prescription methods like an intrauterine device (IUD) to over the counter things such as condoms. Bedsider.org is a great resource to see all of the methods and find out what works best for you or your partner. Check out an article they wrote specifically on this topic at [bit.ly/1XPfIAf](http://bit.ly/1XPfIAf).



# External Condoms

(often called "male" condoms) This condom is often used for penetrative sex. Trans women should use it on their non-op genitalia. They are available at most pharmacies, supermarkets and sex stores. They are also usually found for free at local universities, health departments, and many local HIV/AIDS local non-profits.

Note: Change condoms between holes. For example, no anal to oral.

## Guide to Condom Use:

- 1 Get consent and talk about testing or pregnancy prevention if applicable. (use latex free condoms if anyone is allergic)
- 2 Check the expiration date on the package - do not use past this date
- 3 Inspect the packaging for damage; holes, etc. (Tip: Fold the packing in half and gently squeeze to feel for air)
- 4 Open the package with your hands (no ripping open with your teeth, this could potentially rip the condom)
- 5 Make sure the condom is tip up, like a witches hat or sombrero:  

- 6 Pinch the tip and roll down the shaft to the base of the erect penis or dildo  

- 7 Add a bit of lube to the outside of the condom and to the external and interior of the hole
- 8 Insert into the hole. Go slow at first, and communicate with your partner to negotiate speed and intensity.
- 9 Once you are finished, if there is ejaculate inside the condom, remove from the penis and hole before it softens and throw it away. (No flushing!)  
Tip: tie a knot in the condom before throwing it away to prevent leakage.

Note: Use water or silicone based lubricants (using a silicone dildo/vibrator - water based only) Do NOT use: Coconut, Olive or any oil based product as they can cause the condom to tear or break.

# Internal Condoms

(Often called the "female" condom) this condom can be used for vaginal or anal sex. This is great for people who feel an external condom isn't a good fit for them. They are made of nitrile so are latex free, they can be used with Water or Oil Based lubricants but don't use them at the same time as an external condom.

## Guide to Condom Use:

- 1 Get consent and talk about testing or pregnancy prevention if applicable.
- 2 For sex with someone who has a cervix, it needs to be inserted with the firm ring inward, which will catch on the pubic bone. The person should be in a comfortable position for insertion (ex. squatting, laying down, or standing)



Pinch the internal ring in the middle and then slide into the vagina, allowing it to tuck behind the pubic bone (green star on the next image)



Side view of internal condom placed in the vaginal cavity



Front view of condom outside of the vaginal cavity

You or your partner should see the opening of the condom hanging out of the opening. Liberally use lubricant during

- 3 Once done, slightly twist the external portion and slowly pull out then discard

## For Anal Use:

Remove the ring, throw it away, and put the rest of the condom on the penetrating partner. Lube the outside of the condom and the anus (there is no such thing as too much lube!), and slide it in.

Still lost? Visit [fc2femalecondom.com](http://fc2femalecondom.com) for interactive videos and modules

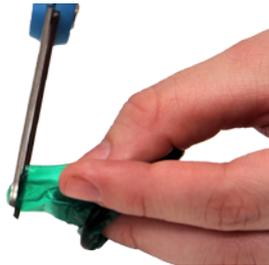
# Dental Dams

Dental dams are thin sheets of latex (they can also be found in latex free versions). It can be placed over the vaginal opening and clitoris or anus before you or your partner use your mouth. STIs can be transmitted through oral sex so use protection until you know your status.

You can use a premade dental dam (they come in flavors such as grape, strawberry, vanilla, mint and banana. We recommend using flavored lubricant to keep things slick and tasty) or make your own.

## DIY Dental Dam:

**1** Grab an external condom that isn't expired and make sure the package has no damage (holes, etc). Open it and cut off the tip of the condom.



**2** Cut down the condom lengthwise



**3** Unroll the condom and you have a perfect dental dam! You can also use a latex free condom if you or your partner(s) have latex allergies or a flavored condom for taste



Tip: Don't have a dental dam or a condom to make one? You can use plastic wrap, but make sure it is not the microwavable kind as it has microscopic pores that are big enough for viruses and bacteria to permeate.

# Capes

These are great for trans men who have a t-penis, which is the result of using testosterone, which engorges the clitoris to be longer but without surgery, the t-penis won't get longer than 2-3 inches generally. Most condoms will not fit this, and a dental dam, which would cover the other bits might squish the t-penis, so you can use a glove to make a cape.

## DIY Cape:

- 1 Find a glove (don't forget to be aware of any latex allergies), medium probably works best but larger or smaller may also work, depending on you or your partner



- 2 Cut off fingers



- 3 Cut down the side opposite of the thumb



- 4 Fit t-penis into thumb



We have taken steps to adapt these sexually transmitted infection (STI) symptoms from the CDC website to be a gender inclusive as possible. For all treatments, take all of the medication you are prescribed – even if any symptoms disappear. If you get tested before the recommended testing time frame, it is highly recommended that you test again to confirm your results. Also know that a lot of STIs can be asymptomatic, that is not have any symptoms. So routine (at least once a year, however more often if risks are higher) testing is important to maintain.

STI Testing is available at most local health departments, your physician's office, and many university campuses. You can also find locations for free HIV testing at [www.locator.aids.gov](http://www.locator.aids.gov). For many of the tests if you have insurance coverage, they can be administered with no cost sharing - call your insurance company to find out the coverage specific to you.

Resources: [cdc.gov/std](http://cdc.gov/std), [cancer.org](http://cancer.org), [mayoclinic.org](http://mayoclinic.org), and [smartsexresource.com](http://smartsexresource.com)

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## Bacterial Vaginosis

**Who's At Risk?** People with vaginas

**Symptoms** – Many people are asymptomatic, but symptoms may include thin white or gray discharge from your vaginal opening, odor, pain, itching or burning in the vagina. Some people experience a strong fish-like odor, especially post sex. People may experience burning when urinating, itching outside the vaginal opening.

**Testing** – A health care provider will look at your vagina for signs of BV and perform laboratory tests on a sample of vaginal fluid.

**Transmission** - May be sexually transmitted but is often a result of overgrowth of normal vaginal bacteria.

**Treatment** – It may go away without treatment, but if you have symptoms of BV, you should be checked and treated with medication prescribed to you. If you don't get treated, you increase your chances of contracting HIV and/or an STI if you are exposed.

**When symptoms may show up** - 12 hours to 5 days after bacteria overgrowth.

**When to test** - When you have symptoms

# Chlamydia

**Who's At Risk?** Everyone!

**Symptoms** – Many people are asymptomatic. People with vaginas may notice abnormal vaginal discharge, a burning sensation when urinating. People with a strapless may have discharge, a burning sensation when urinating, pain and swelling in one or both testicles. For rectal infections, if someone has symptoms, they may experience rectal pain, discharge and/or bleeding.

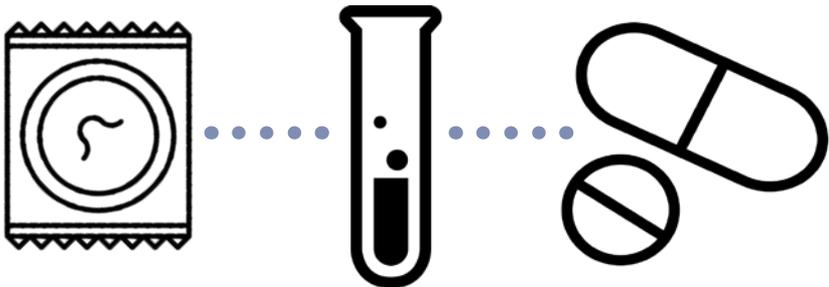
**Testing** – Health care provider may ask for a urine sample or take a swab of vaginal tissue. The vaginal tissue is generally preferred for the people with vaginas since that is where the bacteria is found.

**Transmission** - Sexual contact or fluid transmission with genitals, mouth, or anus of an infected partner

**Treatment** – Chlamydia can be cured with the right treatment. Retest After 3 months as repeat infections are common. Without treatment, chlamydia can cause pelvic inflammatory disease (see below) in people with uteruses and connected parts. People with penises rarely have health problems with untreated chlamydia, though it can infect the tube that carries the sperm from the testicles, which cause pain and fever.

**When symptoms may show up** - 1 to 3 weeks after infection

**When to test** - 2 weeks after possible exposure



# Gonorrhea

**Who's At Risk?** Everyone!

**Symptoms** – If they have symptoms, people with a strapless may experience a burning sensation when urinating, a white, yellow, or green discharge from the urethra, painful or swollen testicles. Most people with vaginas do not have symptoms, but if they do, it may include painful or burning sensation when urinating, increased vaginal discharge, bleeding between menstruation cycles (if this occurs at all), and pain during sex. Rectal Infections may cause some or no symptoms in people, but may include discharge, anal itching, soreness, and bleeding, painful bowel movements.

**Testing** – Urine is most often used to test for gonorrhea, but swabs may also be collected from the mouth or rectum if you suspect you were exposed during oral or anal sex. At FSU, our providers do a single swab to test for chlamydia, gonorrhea and trichomoniasis.

**Transmission** - Sexual contact or fluid transmission with genitals, rectum or mouth of an infected person

**Treatment** – May be cured with proper treatment. It is becoming harder to treat, as drug resistant strains are increasing, so if your symptoms continue for a few days after beginning treatment, return to your health care provider. Untreated gonorrhea can lead to pelvic inflammatory disease (PID) in people with uteruses. In rare cases, gonorrhea can be fatal.

**When symptoms may show up** - 2 to 30 days

**When to test** - 7 days after possible exposure

## Hepatitis B

**Who's At Risk?** Everyone, but specifically those who share needles.

**Symptoms** – Newly infected immunosuppressed adult may be asymptomatic. However, symptoms for others may include fever, fatigue, loss of appetite, nausea, vomiting, abdominal pain, dark urine, clay-colored bowel movements, joint pain, and jaundice.

**Testing** – Blood sample.

**Transmission** - Injection drug use, blood transmission, needle stick injuries. Rarely, Hep B can be transmitted via sexual intercourse and fluid transmission.

**Treatment** – For acute infection, treatment is provided for symptoms. For chronic infection, antiviral drugs are available. Vaccination is available for those who are not HepB positive.

**When symptoms may show up** - 45 to 160 days

**When to test** - 4 weeks after possible exposure

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## Hepatitis C

**Who's At Risk?** Everyone, but specifically those who share needles.

**Symptoms** – People with newly acquired HCV infection usually are asymptomatic. However, symptoms may fever, fatigue, dark urine, clay-colored stool, abdominal pain, loss of appetite, nausea, vomiting, joint, jaundice.

**Testing** – Blood sample.

**Transmission** - Injection drug use, blood transmission, needle stick injuries. Rarely, HCV can be transmitted via sexual intercourse.

**Treatment** – Acute and Chronic treatment are similar, both using antiviral drugs to treat the infection.

**When symptoms may show up** - 2 to 26 weeks

**When to test** - 2 weeks. Chronic Infections: 6 - 10 weeks after possible exposure.

# Herpes (HSV)

**Who's At Risk?** Everyone!

**Symptoms** – May include blister like sores on or around the genitals, rectum or mouth. Blisters break and leave painful sores that may take weeks to heal. The first outbreak may also include flu-like symptoms such as fever or body aches.

**Testing** – Diagnosed through physical examination and cell culture.

**Transmission** - Through skin to skin contact, open sores and fluids from the blisters.

**Treatment** – Acute and Chronic treatment are similar, both using antiviral drugs to treat the infection.

**When symptoms may show up** - 2 to 26 weeks

**When to test** - When symptoms appear.

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# HPV (Human Papillomavirus)

**Who's At Risk?** Everyone! People with cervixes are at risk of the strains that can lead to cervical cancer but anyone is at risk of the strains that can cause genital warts.

**Symptoms** – A bump or group of bumps in the genital area (warts). They can be small or large, flat or raised, or bumpy like cauliflower.

**Testing** – No approved tests, but screenings for cervical cancer for person with a cervix over the age of 30. Pap Smears will aid in catching cervical cancer strain early if the test finds abnormal cells.

**Transmission** - Sexual contact with genitals or rectum of an infected person.

**Treatment** – It is recommended to get vaccinated no matter your sex or gender between ages of 11-26 years old. Genital warts may be treated by you or your physician in a variety of methods. Cervical Precancer can be treated as well (detected by cervical cancer screenings which may detect abnormalities before they develop into cancer.) Other HPV-related cancers may be treatable if diagnosed early.

**When symptoms may show up** - 1 to 8 months

**When to test** - If you are receiving an annual pap, you will be tested then, but you may be tested earlier if you suspect you have been infected.

## Pelvic Inflammatory Disease (PID)

**Who's At Risk?** People with uteruses.

**Symptoms** – Pain in your lower abdomen, fever, unusual discharge with bad odor from your vagina, pain and/or bleeding when you have sex, burning sensation when you urinate, bleeding between periods.

**Testing** – Diagnosed through a combination of your medical history, physical exam and other test results.

**Transmission** - PID is often the result of untreated STIs, douching, or use of an IUD, but only those with uteruses can experience the symptoms and negative repercussions.

**Treatment** – If diagnosed early, it can be treated, but any harm caused is lasting and irreparable. If untreated, PID can cause ectopic pregnancies, infertility, and long term pain.

**Symptoms and testing times vary depending on what is causing the PID.**

## Trichomoniasis (also called Trich)

**Who's At Risk?** Everyone!

**Symptoms** – Most people do not show symptoms, when symptoms are present, they can range from a mild irritation to severe inflammation. Symptoms include itching and irritation inside the genitals, burning after urination, or discharge from the genitals. In people with vaginas, the discharge may be clear, white, yellowish or greenish and have an odor.

**Testing** – Swab of discharge and lab test.

**Transmission** - The parasite that causes trich is usually passed from insertive sex but may be passed from during any genital contact.

**Treatment** – Curable with a single dose of prescription antibiotic.

**When symptoms may show up** - 4 to 28 days.

**When to test** - 4 to 28 days after possible exposure

# Syphilis

**Who's At Risk?** Everyone!

**Symptoms** – There are four stages of Syphilis:

- **Primary Stage:** one or more sores, which are firm, round and painless. These primary sores lasts 3-6 weeks. Even if the sore goes away, you still need treatment.
- **Secondary Stage:** skin rashes and/or sores in the mouth, vagina, strapless or anus. It may also occur on the palms of hands and bottoms of feet. Other symptoms may include fever, swollen lymph glands, sore throat, patchy hair loss, headaches, weight loss, muscle aches, and fatigue. Symptoms will go away without treatment but the infection is still present.
- **Latent Stage:** This is the hidden stage between secondary and late where you have no symptoms.
- **Late Stage:** May occur 10-30 yrs after initial infection with no treatment. Symptoms include difficulty coordinating your muscle movements, paralysis, numbness, blindness, dementia, and possible death.

**Testing** – Blood Sample, though some may test fluid from a syphilis sore.

**Transmission** - Direct contact with syphilis sore during vaginal, anal or oral sex. Rarely, it can cross the placenta and infect the baby within.

**Treatment** – Curable with the right antibiotics from your health care provider.

**When symptoms may show up** - 3 day to 3 months.

**When to test** - 3 to 4 weeks after possible exposure.



## Urinary Tract Infection (UTI)

**Who's At Risk?** Everyone! (please note, a UTI is not an STI)

**Symptoms** – a strong, persistent urge to urinate, a burning sensation when you pee, passing frequent small amounts of urine; urine that appears cloudy, red, bright pink, or cola colored.

**Testing** – Analyzing a urine sample, or urine culture.

**Transmission** - Can be caused by bacteria in the urethra, changes in bodily hormones, sexual activity that push bacteria into the urethra.

**Treatment** – Curable with antibiotics

According to the CDC, trans women are at especially high risk for new HIV infections. However, trans men are also high risk. HIV/AIDS has a long history of affecting the LGBTQ+ community at higher rates. This is perhaps due to a lack of comprehensive safer sex education as well as other factors.

## **HIV/AIDS Basics:**

### **What does HIV and AIDS stand for?**

HIV stands for Human Immunodeficiency Virus

AIDS stands for Acquired Immune Deficiency Syndrome

### **What is the difference?**

HIV is the retrovirus that causes AIDS. The difference between a virus and a retrovirus is that Viruses use DNA to replicate, and Retroviruses uses RNA to replicate.

What is the difference between HIV-1 and HIV-2? HIV-1 transmit in similar ways, but HIV-2 transmits less easily and is primarily located in West Africa and has not been found in many other places.

### **How can I get HIV?**

HIV can be spread through unsafe sex, needle sharing, blood transfusion/organ transplant (very rare these days), and Pregnancy/Childbirth/Breastfeeding

### **What are the highest risk behaviors?**

The highest risk is anal sex with receptive partners being at high risk than inserting partners. Vaginal Sex is the second highest. Sharing needles, syringes, rinse water, or other equipment related to injection drugs with an HIV + person is also considered a high risk. Any behavior can become riskier when there are open wounds, cut, or sores present. (Kissing an HIV + person with bleeding gums for example).

### **Can HIV/AIDS be cured?**

Not currently. At the time of publication, only one person has been cured of HIV/AIDS from a bone marrow transplant (the Berlin Patient, Timothy Ray Brown). However, many advances in science and technology have made it possible to live a relatively normal life while taking the "cocktail." Cocktail refers to the group of drugs required to keep viral load low and treat the symptoms. Always take precautions by protecting yourself and your partner(s) by getting tested, communicating, and wearing condoms.

# HIV/AIDS Basics, Cont.

## How can I get tested?

- Oral Swab - tests take 2 weeks to get results, a swab of cheek cells is taken.
- Finger Prick (Rapid) - a small sample of blood is taken from the finger. Results typically take 15 to 20 minutes.
- Blood Draw - Sample is taken from the arm. Results can take 3-5 business days.

## The HIV testing/prevention/treatment rundown:

- Step 1 - Know your status. Get tested regularly. Ideally - between partners or every 3-6 months.
- Step 2 - Get treatment for any and all infections
- Step 3 - Use barrier protection correctly, each and every time - condoms,

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## Pre-Exposure Prophylaxis (PrEP)

PrEP is the first daily antiretroviral approved for pre-exposure prophylaxis. A prophylaxis is any treatment that can prevent a disease from getting worse or taking hold - basically it keeps HIV negative people from being infected. Originally taken as part of the HIV cocktail, it was the first FDA approved in July of 2012. It is taken once daily and has shown to be highly effective when taken daily. It works by interfering with HIV's ability to copy itself.

More information/sources: [cdc.gov/hiv/group/gender/transgender](http://cdc.gov/hiv/group/gender/transgender), [avert.org/hiv-types.htm](http://avert.org/hiv-types.htm), [www.fda.gov](http://www.fda.gov), [whatisprep.org](http://whatisprep.org), [aids.gov](http://aids.gov), [cdc.gov](http://cdc.gov)

# National Resources .....

In order to be as inclusive as possible, we have included many trans resources for a variety of topics, many of these resources were introduced to us by the book *Trans Bodies, Trans Selves*. [www.thegenderbook.com](http://www.thegenderbook.com) - companion website for the book "The Gender Book", a fun and interactive way to explore gender.

[www.tsroadmap.com](http://www.tsroadmap.com) - In English and Spanish, this website offers itself as a guide, or road map to transition. Beginning with a "first timers click here" on the first page.

[www.tgguide.com](http://www.tgguide.com) - Directories of transgender support forums, gender confirmation surgeons, gender therapists who provide online services, and information on changing identification.

Trans Lifeline Staffed by transgender folks for any needs.  
US: 877-565-8860 & Canada: 877-330-6366  
[translifeline.org](http://translifeline.org)

GLAAD has a list of resources for transgender people in crisis, various transgender organizations, transgender programs at LGBT organization, and general information and resources. Access them all at [www.glaad.org/transgender/resources](http://www.glaad.org/transgender/resources)

The Trevor Project helpline—24/7 US: 888-488-7386  
Chat Available at [www.thetrevorproject.org](http://www.thetrevorproject.org)

Transfaith—[www.transfaithonline.org](http://www.transfaithonline.org)

National Sexual Assault Hotline: 1-800-656-4673

**Healthy Bodies Safer Sex**  
Florida State University