

Sexual health, HIV and wellbeing – a guide for trans women

Terrence
HIGGINS
TRUST



Trans Women

Trans Health Matters

1 Your wellbeing 2

2 Some common medical treatments 5

3 Your sexual health 8

4 HIV 13

If you are a trans woman living with HIV 15

Safer sex reminders if you have NOT had lower surgery 16

Safer sex tips if you are planning surgery 17

Safer sex reminders if you HAVE had lower surgery 18

Post-surgery hygiene tips 19

Words matter and in this introduction we are using the term 'trans* women' to indicate that this guide is not exclusive and is intended to speak in a non-evaluative and non-judgemental way. It is aimed at people across the whole spectrum of trans* feminine-identified presentations and behaviours; by this we mean anyone on the gender variant spectrum who was labelled 'male' at birth and who identifies as female - including gender queer or otherwise non-binary people labelled 'male' at birth. Our website tht.org.uk/transwomen includes definitions of these terms.

In the rest of this guide we have used the term 'trans women' without the asterisk. We have used medical and anatomical terms to make it clear which body parts we are talking about. However, we do understand that some trans people find these terms uncomfortable.

There are many sexual health guides out there, so why is this one different? As trans women we have different health needs and bodies to other women and therefore experience different risks to the general population.

It's not always easy for trans women to find the information we need about sex and sexual health. This booklet and our accompanying website tht.org.uk/transwomen will give you that information. Both resources are also suitable for partners and medical professionals.

Terrence Higgins Trust's freephone helpline **THT Direct** can give you further sexual health information and advice, seven days a week. Call **0808 802 1221** or email: info@tht.org.uk



1 Your wellbeing

Body image: Feeling good about yourself

Becoming who you are as a woman can be exciting, although you may have anxieties. You might initially lack body confidence or feel vulnerable; but learning new skills can help you to negotiate safer sex and increase your sexual confidence.

You may have transitioned many years ago, feel confident as the woman you are and have a fulfilling sex life - however you may need information on sexual health and wellbeing.

Transition and relationships

If you are in a relationship, you might hope to continue it after transitioning, especially if your partner is supportive and able to remain in a sexual relationship with you. If they are not this can be confusing for both of you and it could help to have some counselling (together or separately) to see how you can continue your relationship – whether as romantic partners or friends.

Disclosure

Dating can be both exciting and scary. You might already be 'out' when you meet a new partner. If not, telling them that you're trans may make you feel vulnerable, especially if they react badly.

It might help to think about when you would disclose to potential partners, if at all. Having a clear idea will take a lot of the stress out of dating and will make things easier when you meet someone special.

Developing confidence in yourself and your body is important and will help when embarking on a relationship – especially if your sexual orientation changes after transitioning.

For partners

If you're the partner of a trans woman, we hope that the information in this booklet will help you to understand your partner's sexual health needs. You can get more information at www.tht.org.uk/transwomen and if you want to talk to someone you can call **THT Direct** on **0808 802 1221**.

2 Some common medical treatments

Abusive relationships

Some trans women find themselves in abusive relationships or having sex they don't feel happy with. **Broken Rainbow UK** supports lesbian, gay, bisexual and trans people experiencing domestic violence. You can contact their helpline on **0300 999 5428** on Mondays 2pm-8pm, Wednesdays 10am-5pm and Thursdays 2pm-8pm.

Sex workers

If you are involved in sex work, you may experience having multiple clients with different sexual demands. This could also increase your chances of contracting sexually transmitted infections (STIs) or HIV.

Terrence Higgins Trust provides many services for trans sex workers in London, Coventry, Brighton and other areas. To learn more about the support, information and advice available to sex workers of all genders, visit tht.org.uk/swish



Upper and lower surgery

Trans women come in different shapes and sizes – we all have different and equally valid ways of expressing our gender:

- You might not have had surgery or take hormones.
- You might have surgery and/or take hormones.
- You might just take hormones.
- You may have had upper surgery to construct breasts.
- Or you may have had lower surgery – this is where your genitals are reconstructed so that you have a vagina.

In the UK, the most common procedure to create the vagina involves using the skin from the penis and possibly the scrotum. A less common procedure is where the vagina is constructed using tissue from the colon (known as an intestinal transplant).

It is worth remembering that you will retain your prostate and will need to have this checked periodically. If you are registered as female, your GP is unlikely to prompt you to do this.

Hormone treatments

We all produce the sex hormones oestrogen and testosterone but people who were labelled female at birth have more oestrogen and people who were labelled male at birth have more testosterone. Trans women often take oestrogen – in the form of a patch, a gel or a pill. Oestrogen will feminise you – it might reduce facial and bodily hair growth and increase the fat on your hips and breasts. It may slow down or stop male-pattern baldness, will often cause your penis and testicles to shrink, and reduce your muscle strength.

If you are taking oestrogen you might also be taking a hormone blocker (an anti-androgen) to stop your body producing testosterone. If you have had lower surgery you may take less oestrogen and will not need to take hormone blockers, as your body will produce less testosterone once your testicles have been removed.

It is very important to have regular blood tests if you are taking hormones, including liver function tests (known as LFTs).

Hormones and fertility

If you have a penis and testes but take oestrogen, sperm production will eventually stop and you will become infertile after some time. However there is still a chance you could make someone pregnant, especially if you have only recently started taking hormones. To avoid a pregnancy, use condoms or Femidoms during sex. If you later have your testes removed you will be irreversibly infertile.

If you take hormones but want to have a child which is biologically yours, you can store sperm to use later. Ask your healthcare team for more information.



3 Your sexual health

Discovering your female sexuality can be exciting, whether or not you have had lower surgery. But your sex life and relationships might change after you transition. You might be attracted to a different gender than before or your partner may be another trans person.

The main thing to remember is that you are entitled to have safe, enjoyable sex and you shouldn't be pushed into anything you feel uncomfortable with. You can read more about negotiating the sex you want at tht.org.uk/transwomen

Sexually transmitted infections

Sexually transmitted infections (STIs) are passed on during unprotected vaginal, anal or oral sex – although some, like genital warts, can be passed on through close skin contact.

Most STIs are easily treated and can be cured (apart from HIV) although they can cause serious health problems if you ignore them.

Hepatitis C is a blood borne virus which can lead to serious liver problems. Doctors think it can be transmitted through sex if blood is present.

Not all STIs have symptoms but you should go to a sexual health clinic for a check-up if you notice:

- Discharge from your genitals.
- A rash on or around your genitals.
- Itching or sores on or around your genitals.

Safer sex - condoms and lube

Whether or not you have had lower surgery, the best way to protect yourself and your partner against STIs and HIV is to:

- Use a condom or Femidom for vaginal or anal sex.
- Use water-based or silicone-based lube with your condom or Femidom.
- Avoid using silicone-based lubricant with silicone sex toys, as it can degrade the surface of the toy.
- Consider using a condom or dental dam (latex square) for oral sex.
- If you are sharing sex toys with someone, use a new condom each time the sex toy is used by a new person or if it is moved between a vagina and an anus (as this can transfer bacteria).
- Similarly, always change condoms between partners, or if a penis is moved between an anus and a vagina during sex.

Condoms, Femidoms, dental dams and lube are available for free at sexual health clinics. However, not all trans women can use Femidoms – it will depend on the depth of your vagina.

If you have multiple partners during one sex session or if you like rougher sex:

- Use a different condom with each partner.
- If you enjoy bondage, fisting or S&M be aware that any bleeding or tearing of the anus, vagina or mouth can provide routes for STIs, HIV and hepatitis into your body or your partner's body.
- If you are fisting, use latex gloves and don't share a pot of lube as minute traces of blood can be transferred onto your hands, making it easy to pass on hepatitis C.

Vaginal sex

- You may find vaginal sex causes bleeding (a way for STIs and HIV to get into or out of the body) especially if you have recently had surgery.
- Using dilators to stretch the vaginal skin will help, as will using plenty of water-based or silicone-based lube during sex.
- Dilators may sometimes cause bleeding, so if you have sex after using one make sure you use a condom or Femidom.

Anal sex

- During anal sex, the lining of the rectum can tear, providing a way for infections such as HIV to get into the body.
- If you have had lower surgery, remember that your anus (as well as your vagina) might be delicate afterwards while your genital area recovers.
- A lot of nerve endings in the genital area are close together, so it's possible that anal sex will hurt if your body hasn't recovered properly from surgery.

Oral sex

- Oral sex is a lower risk sexual activity than anal or vaginal sex but it is still possible to get or pass on STIs or HIV this way.
- There have been a few cases of people acquiring HIV from oral sex.
- If you give someone oral sex, don't clean your teeth or use mouthwash beforehand as your gums may bleed, providing a route into your body for an STI or HIV.
- If you have a sore throat and a cough or if you have had recent dental work, avoid giving someone oral sex for the same reasons.

- Ideally use a condom or dental dam if you are giving someone oral sex. If you don't, ask your partner not to come in your mouth.
- If someone gives you oral sex when you have recently had lower surgery, any unhealed wounds could provide a way for STIs to get into your body or theirs.

Viagra

Some trans women who have a penis use Viagra during sex. If you take hormones, check with your doctor whether you can use Viagra and how much is safe.

Sexual health clinics

Going to a sexual health clinic can be daunting and may be particularly difficult for trans people; but if you think you have an STI or HIV it is important to have it diagnosed and treated.

You may feel awkward talking to staff about your sexual health but you will need to let them know your history so that they can diagnose you correctly.

Some areas have sexual health clinics for trans people, so contact **THT Direct** on **0808 802 1221** to find out what's available locally.

The immune system

The immune system is a collection of cells, tissues and organs which protect you from illnesses, infections and diseases. CD4 cells are an important part of the immune system - they co-ordinate the immune system so that it fights off illnesses and infections.

HIV and your immune system

HIV is passed on through blood, anal mucus, semen, vaginal fluid and breast milk. It can also be passed from mother to baby.

You need lots of CD4 cells to keep your immune system working. When you have HIV, the virus attacks your CD4 cells and some of them will die, so there won't be enough to keep you healthy. This happens gradually and you may not realise you have HIV as you will probably feel well for some time.

Over time, however, your immune system will weaken as more CD4 cells die, making it easier for illnesses and infections to get into your body. It is best to have regular HIV tests so that if you are HIV positive you can find out before your immune system is damaged.

People with HIV can now expect to live a normal lifespan if they are diagnosed early and start treatment on time.

If you are a trans woman living with HIV

Unprescribed hormones or silicone

- If you inject yourself with unprescribed hormones or silicone, do not share needles as HIV and hepatitis C can be passed on through blood.
- It is dangerous to carry out these procedures on your own as they can go wrong. Injecting yourself with silicone is potentially life-threatening.

Post Exposure Prophylaxis (PEP)

If you have had unprotected sex, you may be able to access Post Exposure Prophylaxis (PEP), which could stop you becoming HIV positive if you have been exposed to the virus:

- It involves taking anti-HIV drugs for a month.
- You must access PEP within 72 hours of the exposure, and preferably as soon as possible.
- You can get PEP from hospital Accident and Emergency departments or sexual health clinics.
- If you are taking any hormones, whether prescribed or not, tell the doctor as this could affect the PEP treatment you are given.
- Certain anti-HIV drugs cannot be used by people taking hormones and may cause dangerous interactions.
- Find out more from **THT Direct** on **0808 802 1221**.

Antiretrovirals and hormones

If you are living with HIV, the antiretroviral treatment you receive will be tailored so that it can be taken safely alongside your hormone treatment.

Antiretrovirals can alter the hormone levels in your body, so it is important your HIV healthcare team knows about any hormones you are taking (including any that are unprescribed) as well as the quantities.

Some antiretrovirals increase oestrogen levels in your body and others decrease them, so your HIV doctor will need to find the right combination for you.

Most antiretrovirals are not affected by hormones apart from Amprenavir and Fosamprenavir, neither of which should be prescribed to you because your hormone treatment will stop them from working.

Trans women might be prescribed a higher dose of oestrogen if they take antiretroviral treatment. If you stop taking your antiretrovirals for any reason you must tell your healthcare team as they may need to reduce the dose of oestrogen.

If your oestrogen levels are too high, blood clots can form which could cause a stroke or heart attack. Remember, it is important to have your oestrogen levels monitored by your healthcare team.

Body fat changes

If you are taking antiretrovirals you may be concerned about body fat changes and facial fat loss. Although this is linked to older antiretrovirals, it still happens sometimes. Facial fat loss can be upsetting, especially if it leads to a more masculine appearance. It is important to go to your HIV doctor if you notice any signs of this or any other side effects.

Safer sex reminders if you have NOT had lower surgery

- If you have a penis, you can avoid STIs and HIV by using condoms (or a Femidom) and lube if you penetrate someone vaginally, anally or orally.
- If your partner has a penis, ask them to use condoms and lube when having penetrative sex with you.



Safer sex tips if you are planning surgery

Pubic hair removal

If you're planning to have lower surgery where your penile skin will be used to line your vagina, it's important that you discuss with your surgeon which area of hair needs to be removed. Discuss this well in advance of your surgery date, as it can take many months for hair to be permanently removed. If the hair isn't removed it can continue to grow inside your vagina, where it will be impossible to remove permanently. This can be uncomfortable and may lead to ingrown hairs. Also hair growing in the vagina might be pulled out accidentally during sex, causing irritated skin - which can provide a route for STIs and HIV to get into your body.

Get sexually transmitted infections treated

It is important to have any STIs treated before going for lower surgery, as an infection might delay your operation.

Get warts treated

If you have genital warts on or around your penis, make sure they are treated before surgery. If the penile skin is used to line your vagina and you have genital warts, they can continue to grow inside your vagina, where they will be harder to treat.

Safer sex reminders if you HAVE had lower surgery

- Depending on the type of vagina you have, you may be more vulnerable to STIs.
- If your vagina was made using skin from your colon (an intestinal implant) it may be easier to get some STIs. This is because intestinal skin is a mucus membrane and some STIs can easily penetrate it.
- A vagina created from penile and testicular skin is less vulnerable to STIs as it isn't made from a mucus membrane. However, if the skin tears, this could be a way for STIs and HIV to enter your body.
- If your partner penetrates your vagina or anus during sex, they should use a condom or you can use a Femidom, if appropriate, to protect you both from STIs and HIV.
- Use a water-based or silicone-based lube as, depending on the type of surgery you have had, your vagina may not naturally lubricate.
- Lube will help prevent tearing and will make sex more comfortable.

Post-surgery hygiene tips

Preventing bacterial infections

When using the toilet, wipe from front to back - otherwise bacteria from your anus could be transferred to your vagina or your urethra, which could cause a bacterial infection.

Douching

After surgery, you will need to douche your vagina to keep it clean. Your healthcare team will advise you how often to do this, but many trans women douche daily after surgery then reduce the frequency to twice a week.

Douching will not protect you from STIs or get rid of any you already have.

Using dilators

A dilator is a cylindrical piece of plastic which you insert into your vagina to stretch the skin and prevent the vagina from closing after lower surgery. Your surgeon will advise you how often to do this, although most trans women use them two or three times a day immediately after surgery and reduce this to twice a week later on.

Dilators can be uncomfortable but will help stop your vaginal tissue shrinking and keep your vagina open. Using them daily will help you to have comfortable penetrative sex.

Remember to be gentle when using dilators (and when you insert anything into your vagina) as tearing can be a route into your body for STIs or HIV.

Fistulas

A rare complication after surgery can be a fistula between the vagina and the rectum. This is where an opening forms and can lead to bleeding and faeces leaking into the vagina. If this happens, seek urgent medical help, as the fistula will need to be operated on.



Website

You'll find extra information and useful links to other organisations on the website which accompanies this booklet: tht.org.uk/transwomen

Feedback

We would appreciate your feedback on this booklet to help us develop future resources. Please send any comments to transwomen@tht.org.uk

Acknowledgements

This guide was created with the guidance of the trans women's steering group, whose commitment and contribution is greatly appreciated.

The HIV and sexual health charity for life

Website: www.tht.org.uk **THT Direct:** 0808 802 1221

Registered office: 314–320 Gray's Inn Road, London WC1X 8DP

Tel: 020 7812 1600 **Email:** info@tht.org.uk



© Terrence Higgins Trust, June 2012. Code 0139600. Terrence Higgins Trust is a registered charity in England and Wales (reg. no. 288527) and in Scotland (SC039986). Company reg.no. 1778149. A company limited by guarantee. If you have any questions or comments about this resource, or would like information on the evidence used to produce it, please email feedback@tht.org.uk The information included in this publication was correct at the time of going to press. We plan to review this publication within two years. For updates or for the latest information, visit tht.org.uk