



Sex and trans

[illegible]

WORDS CAN MEAN A LOT

The words you use to talk about the body, gender and sex can affect how you feel – about yourself, about your sex partner and about sex.

For the sake of clarity, in this guide we have chosen to use medical terms such as “vagina” and “penis”. These words refer to, unless otherwise stated, the body parts you were born with.

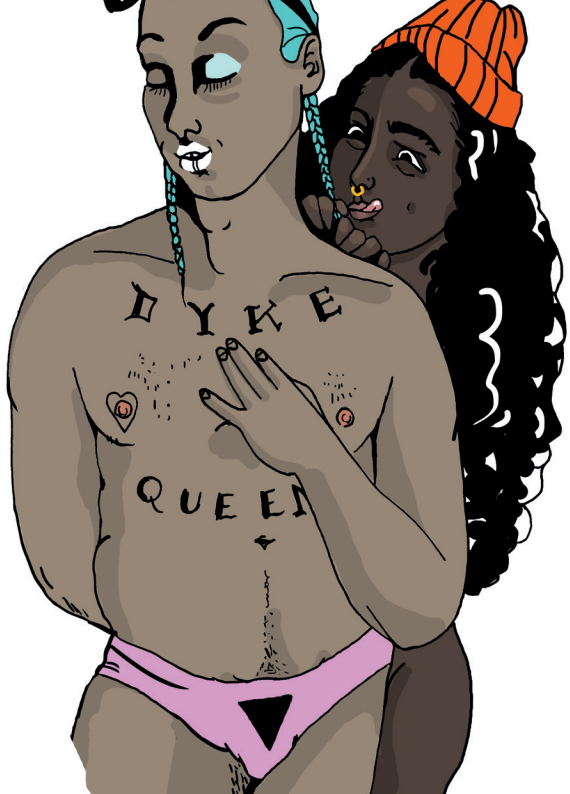
Many people want to use other words to describe their body. Which words you prefer is up to you. Everyone has the right to use the words that they like best about their own body.

What is sex?

The easiest explanation is that what feels sexually arousing to you can be sex. Different people get sexually aroused by different things. Most of the time the context doesn't matter.

There are ideas about sex having to be performed in a certain way to “count” or qualify as “real sex”. For many people sex only means one kind of sex, for example that you have intercourse or insert something – inserting fingers into the vagina, lips around a penis or a dildo in the anus. Insertive sex is one of many ways to have sex. Sex can be something you do to yourself or together with others. Sex can involve the whole body or parts of the body. Sex can be about sight, hearing and smell, about thoughts and fantasies. Sex can also be a mental experience where you don't touch yourself or anyone else, or are touched.

By sex we mean things you do to yourself or together with others with the purpose of sexual enjoyment. By sex we also mean that it's always voluntary and consensual. It's not ok to be persuaded or forced into something sexual that you don't want to do. Then it's not sex, but sexual assault.



What is good sex?

Sex is always consensual. Consensual means that everybody who partakes consents and thinks it feels good. As long as sex is consensual it doesn't matter what kind of sex you have. There is no way to have sex that is better or more "real" than any other sex.

To consent means that you want to and show it. You can decide beforehand what you want to do together, or experiment. Everybody involved decides about the sex and when it should start and finish. It's always ok to pause, to suggest something else or stop if you no longer want to participate.

For some it feels best not to have sex, or have sex with oneself, to masturbate, and not have sex with others.

It can be hard to feel attractive and have sex if you don't have a body that you feel comfortable with. You might want to wait until the body feels all right. But the possibilities of enjoying sex after gender affirmation treatment are greater if you have enjoyed sex before – with yourself or others.

It can be a good idea to try to find ways to enjoy your body, even if you're not comfortable with it. You can use fantasies, sex toys and objects that feel good.

Good sex can also be about being affirmed in your gender identity, that the body feels right and that you are gendered in the right way.

Good sex feels good before, during and after. In good sex there is respect for one's own and your sex partner's boundaries.

To gender means to ascribe for example a person, or a body part, a certain gender. By gendering someone correctly you can affirm the person's gender identity in a good way.

“One might not have to say everything before things get started. Everything can’t be expressed with words either, but if there is something that’s especially important or one knows totally turns one off, then it’s good to say so beforehand. It could be: ‘I don’t want a blowjob today, so don’t even ask’.”



Sex and communication

If you're having sex with someone other than yourself, you need to be able to communicate about sex.

By communicating you can find out if the sex is consensual; that those who partake consent and that it feels good. You don't need to worry about someone using the wrong word about you or touching a partner in the wrong way.

There are many ways to communicate and show what you want and like.

Finding the words

Finding the right words about the body and the sex you're having or want to have can make you feel validated and empowered in your gender identity. It can also be about saying "lick" instead of "blow". You might also prefer words that aren't that gendered, for example "genitals",

“fuck” and “use the mouth”. It can be good to discuss which words everybody prefers. Then you don’t risk saying the wrong thing and shows that you don’t assume that certain body parts or sexual practices should be named in a certain way. In the same way you can talk about what you want to do. Which body parts you have, or how they look, really says nothing about how you want to use them!

What is medically called “penis” and “scrotum” can be called clitoris and labia or maybe outer pussy lips. A “vagina” can be called an arsehole. Maybe what the doctor calls a clitoris is really a penis, and maybe a penis is a strap-on that fits really well. Of course you can also be a guy with a vagina or a girl with a penis. What the body parts look like or are called says nothing about someone’s gender and gender identity. But it can be crucial for good sex that one’s body is named in a way that is right for oneself.

“I think that good compliments can be something as simple as saying like ‘shit you look good, you’re so hot, I want you close to me, I like feeling you’, and so on.”

Compliments

To talk about your partner's body when having sex, or telling someone how horny you get when you're with them, can be a way to get closer, to make someone feel self-assured, good-looking and sexy. Everyone isn't comfortable with compliments that highlight certain body parts. Try and find things to say that make you or someone else feel comfortable and strengthened in their gender identity.

Show what you want

Some people find it arousing to talk about sexual fantasies with a partner. Such talk can be sex in itself, as well as a way of suggesting what you want to do. You can also communicate with single words, such as “yes”, “here”, “slower”, “harder”, “now” or “not there”. You can take a sex partner's hand and show where you want them to touch you or where you want to be stimulated. You can show with your body language or through breathing and sounds when something feels good.

If you want to, you can each make a list with the headings “Yes”, “Maybe” and “No”. Under “Yes” you can put down things you want to do and words you want to be used for your body. Under “Maybe” you can write down things you want to try but aren’t sure you like, or things you want to try under certain circumstances. For example: “To be touched on my chest if I have my binder on and only when we have sex.” Under “No” you can write things you don’t want to try, ever or right now. Regardless of what you’ve written on your list, you can of course change your mind at any time, even during sex.

Your list can look different depending on whom you have sex with. It can also change over time. You can keep the list to yourself, as a point of departure when you suggest or talk about sex with a partner, or you can show your lists to each other and hopefully find things you have in common.

“If my partner says that he wants it in the arse it can mean that I lie on his back and masturbate. What determines what kind of sex we have is not so much what our bodies look like, but how we communicate and what we can do so that the sex feels good and fun.”

Safe words

Some people agree on one or more safe words that you can use when you want to take a break in the sex or stop altogether. For example the word “amber” for a break, and “red” to stop. You can also use gestures or signals as safe words. A person can for example have a bunch of keys in their hand, and if they let go of the keys it means they want to stop.

Anatomy of lust

Regardless of gender bodies can be soft and hard, rough and smooth, dry and wet, smooth and hairy, cool and hot. Bodies have a lot in common.

What you like, however, is personal; where you like to be touched and in what way, how you want to use your body, what you want your body, and parts of it, to be called.

For many, to feel sexual and be able to feel sexual pleasure is about cooperating with the body – to be able to feel safe in what they do and safe with a sex partner.

All parts of the body can be erogenous zones – areas where touch and stimulation can be arousing. The mouth, neck, earlobes, scalp, hands, forearms, shoulder blades, back, stomach, hips, thighs, feet and calves are just a few examples of parts of the body that can be sensitive to stimula-

tion or touch. In this section we write mostly about the breasts and chest and about genitalia, which are parts of the body that many see as gendered.

Breasts and chest

Breasts, nipples and the areolae can be sensitive to touch, regardless of gender. If you take oestrogen, the sensitivity in and around the nipples can increase. Some people don't think that being touched on their breasts or chest feels sexual. For others it depends on what type of touch it is. Some people can have an orgasm if their breasts are caressed or squeezed. If you feel that your breasts or chest are wrong and don't correspond with how you view yourself, it can be uncomfortable to be touched there. But it doesn't have to be like that. What gives you pleasure says nothing about your gender or gender identity. If you go through breast or chest surgery, sensation can be affected in different ways.

After a mastectomy there is scarring. The scar tissue can become a new erogenous zone. Many, however, feel that the sensation in the area has decreased. Touching the scars can also be associated with discomfort. If the surgeon has made an incision around, or has moved, the areolae, it can take about a year for the nerves to grow back together. Only then can you assess what the sensation in the nipples and areolae is going to be in the future.

After a breast enlargement there is scarring. It's common that the sensation in the area where the scars are decreases or that touch feels uncomfortable. The sensation in the nipples and areolae can decrease or change so that touch or stimulation hurts. A year after the operation you can often assess what the sensation in the nipples and areolae is going to be in the future.



“One of the most awesome orgasms I’ve had was when I was sitting on my balcony one early morning. The sun was about to rise. I had one woman at each breast that kissed, caressed, licked... Never before had I known that I could have an orgasm only through my breasts!”

Genitals

During sex, the genitals may be involved. Most genitals that we're born with are more similar than different and come from the same genes. Below is described how the genitals are constructed anatomically.

The clitoris and penis are composed of erectile tissue. The erectile tissue has a lot of nerves, especially at the top, also called the glans (clitoral glans, penile glans). The glans is often sensitive to touch. It can be totally or partly covered by a foreskin or a hood.

The urethra is located in or under the glans. It is here that the ejaculate comes out, regardless of gender. Many people find that the area around the urethra feels good when stimulated during sex.

The erectile tissue is attached to the perineum inside the skin. The perineum is the area between the vaginal opening/scrotum and anus. The perineum can be stimulated

through pressure or vibration, for example with a vibrator.

Above the perineum there can be an opening to the vagina. If you have testicles there are commonly two openings inside the skin in the scrotum, called the inguinal canals. Both the vagina and the inguinal canals can be inserted into during sex. A testicle, a finger, both a finger and a testicle or a small vibrator can be inserted into the inguinal canal. Some people think it feels good while others feel it hurts. If you want to insert something into the inguinal canals it's important to be careful, and you might have to get used to the sensation, as with other forms of insertive sex.

No matter what your genitals look like, most have prostatic tissue at, or around, the urethra. It is in front of the anus and just above the vagina if you are born with a vagina. It can feel good to be touched on the prostatic tissue by putting pressure on it through the anus or vagina.

Anus and anal canal

The area around the anus and inside the anal canal can also feel good to stimulate with for example the fingers or a sex toy. There are a lot of nerves and muscles here that make the area sensitive. Through insertive anal sex, where for example the fingers, a sex toy or the genitalia are inserted, you can also stimulate the prostatic tissue. Many sense that the anus is sensitive to light touch and stimulation when something is inserted or extracted. Further inside, the anal is more sensitive to pressure.

Hard, dry, soft, wet

If you look at how sex is usually portrayed, for example in porn or if you read about how you can have sex, there are often expectations that the genitalia should be hard and/or wet when you are about to have sex.

If they get hard and/or wet when you don't want them to this can feel like a problem. If they don't get wet and/or

hard when you want them to, or not as much as you would like, this can feel like a problem too. Usually it doesn't mean that something is wrong, it can be to do with things like hormone treatment, surgery, medication or simply be because you cannot control your body. Wetness and hardness don't always have as much to do with arousal as you may think.

The erectile tissue in the genitalia is most often soft. When the erectile tissue is filled with blood they become harder, bigger and longer. This can, regardless of genitalia, be called a hard-on or an erection. It can happen through touch and stimulation, but can also be brought on by involuntary tensions that you can't control.

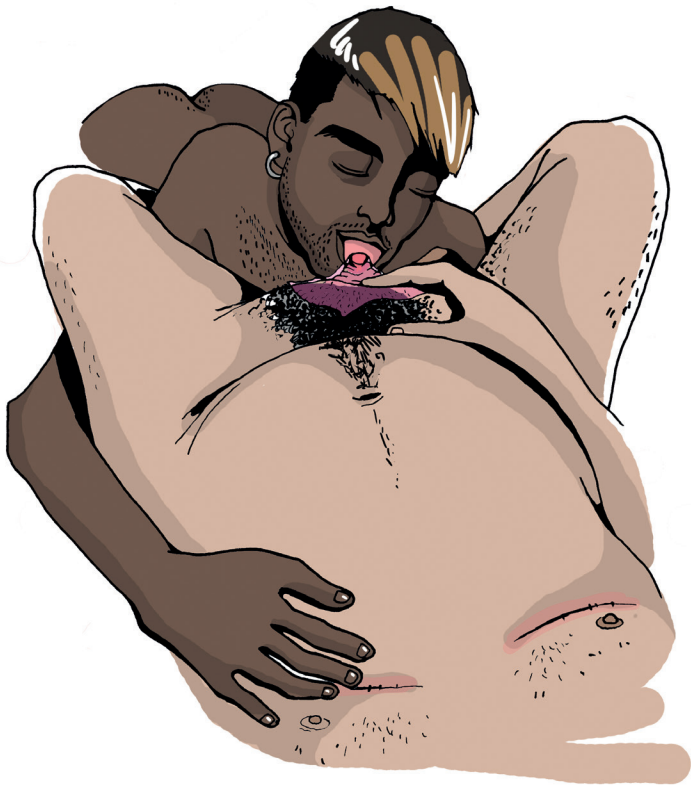
Genitalia can also be bought, for example in a store that sells sex toys. You can use a strap-on or a dildo, both as genitalia and sex toys. If you use a dildo or a strap-on you yourself can decide if you want to have an erection or not.

“Different dicks – for example made of silicone – are good for different things, different body openings, different positions and different people. A common denominator is that they’re extremely flexible. You can change dicks as many times as you want during the same sex session. They can be used anally or ‘vaginally’ and work well for a blow job.”

In the vagina there are usually mucous membranes or skin that is often moist. When someone gets aroused it can become wetter. This is called lubrication. Acquired vaginas don't always lubricate. If you are born with a vagina and take testosterone, lubrication can lessen or increase.

Many parts of the body are affected by arousal. The skin, not only around the genitals, can become more sensitive and hotter as blood rushes to it. You can also sweat more, breathe faster and feel tingly.

Depending on what type of sex you want to have you might want to have an erection, but the erectile tissue doesn't need to be hard in order for it to feel good when stimulated. A soft erectile tissue is often sensitive to light touch. Hard erectile tissue is often sensitive to light touch of the glans and more sensitive to pressure or vibration to the shaft.



Sex that affirms one's gender identity

There are an infinite number ways to have sex. In this part we mostly write about different ways to stimulate the breasts, chest and genitals, which are parts of the body that many see as gendered. But other parts of the body can of course also be involved in sex.

Finding a way to have sex that affirms your gender identity can be about communication, words and naming, and how you actually have sex. You can also have good sex that according to yourself, or the norm, doesn't correspond with your gender identity. What arouses you and feels good doesn't determine your gender or gender identity.

You can enjoy using your body, to touch it or be touched, even if you're not comfortable in it. Sometimes you might have to "ignore" the body and fantasize instead, or focus on other senses than sensation – for example through a

Even if you want to change your body you can try to find ways to feel pleasure before gender affirming treatment. That can make it easier to have sex later and feel pleasure.

There are many expectations around sex, for example that sex requires nudity, that you should touch each other or that everyone has to have an orgasm. It doesn't have to be like that. You can find ways to get close to someone, be intimate and feel pleasure together, that don't follow the most common images of how to have sex.

It can be just as good to masturbate by yourselves – together in the same room or in different places over the phone or a web cam – as it is to caress or jerk off someone else. Try for example rubbing against each other with your clothes on, or opening or removing the parts of your clothing required, if it feels good.

If you want to masturbate or caress the genitalia you can

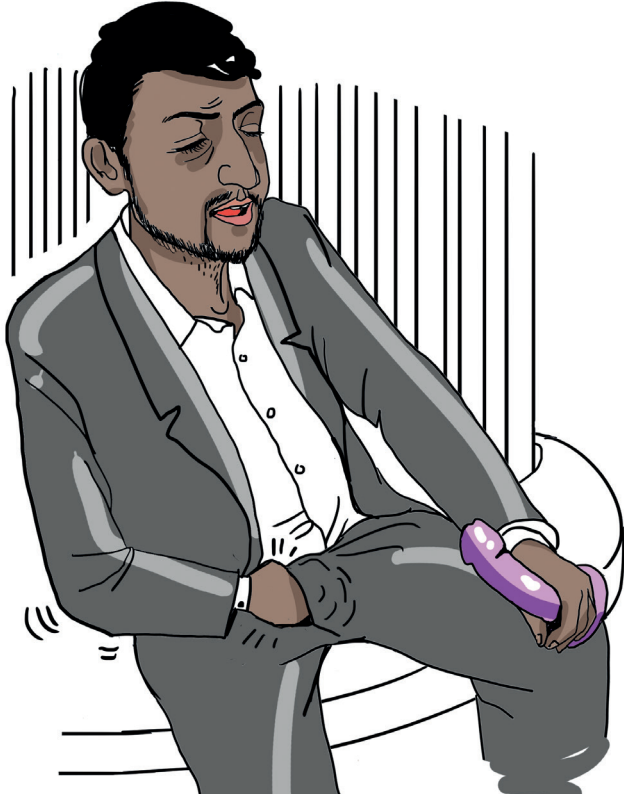
use the same types of movements regardless of what the genitalia look like. You can masturbate or caress with one hand while the other hand touches the genitalia. You don't have to remove all your clothes to stimulate the genitalia. You can lick or suck the genitalia – which someone was born with, acquired or which are attached to the body – of someone who has a raised skirt or their trousers undone. Other body parts can of course also be sucked or licked, like the nipples, fingers, ears, toes and anus.

Breasts, nipples and areolae can be sensitive to touch by the mouth, teeth, tongue, hands and nails. The breasts can be enhanced if you yourself or a partner squeezes them together or with the help of a bra. To achieve a more flat chest you can try having sex in a position where you're lying down on your back. Often you need to be able to breathe more freely when having sex than what is possible with a binder. A sports bra and/or a t-shirt can be an alternative if you prefer to cover your upper body.

Anal sex

Anal sex feels more “gender neutral” since the anal canal is the same regardless of what your genitalia look like. Most people have areas around the anus and the anal canal that feel good to stimulate. There are many muscles and nerves in the genital area. If you want to try to insert anally it’s good to start carefully, for example with a finger and then add one finger at a time if it feels good. Then you can continue by inserting the genitalia or a sex toy with a broad base, to avoid it being sucked into the anal canal. It’s also important to use a lot of lube to make it feel good. The anal canal has no lubrication of its own.

If you have an acquired vagina and want to insert anally you should wait for as long as you should wait with insertive vaginal sex after surgery. The surgeon that performed the operation can tell you how long you should wait.



Fisting

Being fisted means that you insert a hand into the vagina or the anal canal. You should avoid, or be extra careful, fisting an acquired vagina. That is because acquired vaginas don't stretch as much and because the wall between the vagina and the anal canal is thin. If you have an acquired vagina and want to try fisting you should wait until the vagina is completely healed; be aware of your body's signals and use a lot of lube. The vagina in someone who takes testosterone can also be less elastic, so the same applies here – be extra careful, especially in the beginning, and use a lot of lube.



SAFER SEX

Different sexually transmitted infections (STIs) are transmitted in different ways. Most commonly STIs are transmitted through contact between the mucous membranes, or through a bodily fluid containing an STI virus or bacteria coming in contact with a mucous membrane. Mucous membranes are often found in the vagina and urethra, anal canal, eyes and throat. The anal mucous membrane is especially receptive to STIs.

Bodily fluids that can transmit STIs are lubrication, pre-ejaculate, ejaculate (with or without sperm) and, with HIV and hepatitis, blood.

There are many ways to have sex where the risk of transmitting STIs is low. For example sex with the hands, grinding and oral sex where there is no ejaculation in the mouth.

If you want to have sex where one mucous membrane comes in contact with another or a bodily fluid, it's good to use a condom or a femidom.

If there is more than one people sharing a sex toy, or if you use a sex toy both in the anal canal and vagina, it's also good to put a condom on the sex toy and change the condom when the toy changes person or opening.

Flirting and cruising

To flirt and cruise is about opening up and giving attention and appreciation. It can feel both wonderful and exciting and scary. Mostly it's maybe a way of feeling sexy and receiving and giving validation. It can be about wanting to find someone to have sex with, but it doesn't have to be.

You decide when you want to tell the person(s) you are flirting with that you are trans. Does it feel important to you in that situation? Maybe it depends on what you want to happen. Are you interested in just flirting a little, kissing or having more sex? Do you think the person(s) you are interacting with knows that you're trans?

You might not always want the person that you're flirting with to know about your gender identity. Maybe you just want to have sex and don't care if your sex partner perceives or genders your body incorrectly. Depending on

“My own practices have been to sleep with people I already know, sleep with other trans people, cruise in contexts where I am visibly trans, cruise on the internet where you can be upfront and gauge the situation before being seen.”

how much the person you're interested in knows about trans you can think about if, when and what you want to tell them. If it feels important that the ones you flirt with know how you define yourself and your body, it's a good idea to tell them. It can feel good to be in a safe place among others when you tell them. And – if the person doesn't handle that trust well, it might not be a person that you want to have sex with anyway!

Some ways of telling, if you want to:

- “I just want to mention that I am trans, I trust that you don't have any problems with that.”
- “When I was at trans camp this summer...”
– Mention something trans-related in passing.
- “Just so you know, I was born with a penis/vagina.”
- “What pronoun do you want me to use for you?”

Hormone treatment and sex

Not all trans people go through hormone treatment. This may be because they don't feel the need for it, that they don't want to or that for various reasons they are unable to.

If you start taking hormones your body will change in a similar way as in puberty. For many lust and sex are especially important in puberty; you might think a lot about sex, fantasize, masturbate or become interested in or want to have sex with other people.

You often hear that testosterone increases the sex drive, while oestrogen reduces it. Regardless of whether you take testosterone or oestrogen, you can become hornier when you start hormone treatment. Hormones can affect the sex drive, but if you start feeling more comfortable with your body, that too can make you more horny and interested in sex.

Some feel that the sex drive goes down during hormone treatment. For some the sex drive doesn't change, but feels as it usually does.

Increased sensitivity – oestrogen

Many who take oestrogen and possibly testosterone blockers and haven't had genital surgery feel that the perineum, the area in front of the anus, becomes more sensitive to touch and that it can be nice to stimulate it with the lips, tongue, hands, other genitalia or sex toys, by rubbing it against a hip or thigh, stimulating it using a shower head, pressing up against a pillow or something else.

Testosterone blockers

Some people who take oestrogen also take testosterone blockers. Testosterone blockers can make the penis less hard than before when you get aroused. It doesn't have to mean that touch or other stimulation of the penis or the

rest of the body doesn't feel good. If you want to maintain your ability to get an erection, you can talk to your hormone doctor. To some extent it is possible to administer hormone treatment to counter that effect.

Increased sensitivity – testosterone

The clitoris grows when you take testosterone. Some people like it and enjoy their increased sensitivity. If it feels too sensitive to touch the glans directly when you're horny, you can try stimulating the glans through the foreskin or rubbing it between the labia. You can also use a penis prosthesis or a strap-on that in turn presses against and stimulates the clitoris. For some the glans gets so sensitive in the beginning of testosterone treatment that it can feel unpleasant when pressure is put on it or when something/someone touches it. This can be difficult, but it usually passes.

Testosterone and lubrication

It's common that lubrication changes when you take testosterone. It can decrease, the vagina might not get very wet when you're horny or aroused, or it can increase. The vagina might also contract and become less elastic than before. It can lead to the development of tiny sores or cracks that can increase the risk of STI transmission and lead to yeast infections. Therefore it's good to use lube if you want to stroke in and around the vagina or have insertive sex with it. Dryness can be treated with locally- acting oestrogen.

Hormone treatment and fertility

Often you stop producing reproductive cells (sperm) while you are treated with oestrogen and possibly testosterone blockers, but not always. If you take testosterone your bleeding (menstruation) usually stops and you stop producing reproductive cells (eggs), but sometimes you are

still fertile during hormone treatment. Condoms and femidoms offer good protection against pregnancy, if you are having the kind of sex that can get you or someone else pregnant.

If you want to get fertile again you can interrupt your hormone treatment. Many people then start producing sperm again or start ovulating. How long it takes and to what extent you become fertile after the hormone treatment varies. To increase your chances of having children in the future, the best way is to save reproductive cells before you start hormone treatment.

Genital surgery and sex

Not all trans persons have genital surgery. This may be because they don't feel the need for it, don't want to or that for various reasons they are unable to.

If someone has had genital surgery it's important to wait before having sex where the genitals are involved until the body has healed. Your surgeon can tell you how long it's appropriate to wait. When you do have that kind of sex you need to listen to your body's signals, especially if you have recently had surgery and even if you like sex that is painful. Although you can heal relatively quickly it can take up to two years before you can assess what the sensibility in the genitals is going to be like.

Penis construction surgery

Today, there are two main surgical techniques to create a penis. One is called metoidioplasty which means that you make a penis out of the clitoris. The clitoris is uncov-

ered and lengthened through an operation and becomes the glans and penile shaft. The penis becomes about the size of a thumb and resembles a small natural penis. The scrotum can be created by the outer labia, and the testicles with silicone.

With phalloplasty a penis is constructed with skin from the underarm, stomach or thigh. The clitoris is usually “incorporated into” the penile shaft, or left under the penis. It can be stimulated through the base of the penis or if you move the penis to the side. A penis made this way looks like a natural penis and has about the same size. The scrotum can be constructed in the same way as in metoidioplasty.

Metoidioplasty penises can often get an erection by themselves. Phalloplasty penises can’t get an erection by themselves. Some phalloplasty penises have a rod implant that you use if you want to get an erection. You bend the penis upwards when you want to have an erection.

Many can have orgasms after surgery. Many keep the vagina after penis construction surgery. Then you have the option of having an orgasm through stimulation there, if you like that. You can also stimulate the prostatic tissue around the urethra through the anal canal or vagina, and many can orgasm from that.

Vaginoplasty

To create a vagina the doctors can to some extent start from the genitals you were born with. This is called vaginoplasty and can be divided into two surgeries; one to create the vagina and one to create the labia. The penile shaft becomes the vagina and parts of the penis glans become the clitoris glans. The scrotum skin is used for the labia. The skin of the penis is used to line the vagina. If you still have your foreskin, which has an inside that is often very sensitive, it is used for the vaginal opening.

When you have had vaginoplasty you need to rod train daily so that the vagina doesn't contract or shorten. If it has contracted or shortened it is very difficult to surgically make it wider or deeper. Rod training involves inserting a rod that resembles a dildo. You start with a small, thin rod and gradually increase the size.

You can combine the rod training with masturbation to make it a more pleasurable experience. You can also ask your partner to help, and once you have healed you can replace some of the rod training with vaginal intercourse.

An acquired vagina doesn't always lubricate. It often feels good with extra lube. An acquired vagina doesn't tend to be very elastic and can therefore more easily get little sores or cracks that can increase the risk of STI transmission and lead to yeast infections. This is another reason to use lube.

Many can orgasm through stimulating the clitoris. You can stimulate around the clitoral glans or the parts that are within the body. You can reach these parts through stroking or pressing the labia or by pressing the front of the vaginal wall, towards the stomach. Many can also orgasm through stimulation of the prostatic tissue. It's located between the vagina and the anal canal and can be reached through either the anal canal or the vagina.

Read more:

www.transformering.se

www.rfsu.se

www.rfsl.se

www.rfslungdom.se

www.umo.se

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A word cloud of sexual terms arranged in a circular shape. The words are in various colors and sizes, with some appearing multiple times. The terms include:

- bonus hole
- front entry
- test dick
- penis
- glans
- chest
- girl
- dick
- venis
- reproductive organ
- suck
- dick
- mouth
- press
- there
- move
- glow
- anus
- gender
- erectile
- clit
- ejaculate
- arshole
- genitals
- breast
- orgasm
- plus
- clitoris
- wings
- fuk
- ensh
- t-dick
- pussy
- nipple
- addu
- scend
- strap-on
- here
- breast
- insert
- aeriola
- jerk off
- venus
- pussy
- lips
- gender
- lips
- clitoral
- caress
- rear
- pussy



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