



HOT

GUIDE

FOR

FOR CIS AND TRANS MEN



REZO

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INTRODUCTION

RÉZO is a non-profit community organization based in Montreal, offering services to gay, bisexual, and other men who have sex with men (MSM), cis or trans, since 1991.

Offering services that reflect the diversity of the men in our communities is more than just a slogan for us, it's everything. With this in mind, we developed the "Trans Men" (HoT!) project in 2018 to bring to light the needs of trans men who like men, and to develop new services and tools, including this guide.

This tool, divided into two complementary parts (cis and trans), offers you content adapted to your life experience in order to bridge the gap and lessen the prejudices that may still be out there between cis and trans men. In this guide you

will find information to help you make informed choices about your health and sexuality, and to help demystify what men who are “on the other side” are really about.

Here, this side of the guide, is the part meant primarily for cis men who want to learn more about trans men who like men. You’ll find information and practical advice to be a better ally, friend, lover... anything you’d like!

If you turn over this guide, you will find the part intended primarily for trans men, but you are welcome to read both.

Enjoy! :)

MYTHS

Discrimination often begins with unfamiliarity. Whether you are cis or trans, as a gay or bisexual man or an MSM, you have certainly already been confronted with this.

Just like sexual orientation, gender identity raises many questions and may lead to awkward situations. Ultimately, these microaggressions are hurtful, especially when intimacy or emotions are involved. For a trans man, being around cis men can be challenging in a variety of ways. For example, if a trans man has approached you to flirt, it is not the appropriate time to ask that he explain a bunch of the trans-related things you might be curious about. So, we wanted to help you in your allyship and your experiences as a partner or lover by demystifying a few of the most widespread prejudices in our communities.

“The men I
flirt with
often I’m
a bottom
because I am
trans...”

“Trans men aren’t real men...”

What’s a “real man?” At RÉZO, we don’t have the answer - because there are no ways of living or expressing manhood that would make someone a “fake man”! The way one experiences and expresses gender is unique to each of us, and it can change during one’s lifetime.

Yet, there are often a number of prejudices and assumptions that hide behind the question of who is and isn’t a real man. Many have preconceived ideas about possible physical differences between cis and trans men, as well as about life experiences such as sexuality, emotional intimacy, etc. These prejudices are often based on a restrictive understanding of masculinity that focuses on genitals or virility. In the end, what does “being a man” or “being masculine” mean? There are as many answers to these questions as there are men!

“All trans men take hormones...”

Taking hormone replacement therapy is a choice that each individual may or may not make. Some men will take hormones for the rest of their lives. Others prefer not to use any at all. Some may take them only for a period of time in order to “masculinize” parts of their bodies. The voice, for example, undergoes essentially irreversible changes due to the effects of testosterone, whether or not a given man continues taking it for life. See the section of this guide on hormones for more information.

Just like how a man choosing to have long hair or to not grow out a beard doesn’t invalidate his manhood, a man who is trans choosing not to take hormone therapy or to not have certain surgeries doesn’t invalidate his either.

“All trans men are bottoms...”

Just like cis men, trans men are all different from each other when it comes to their desires and sexual preferences. Some are bottoms, others are versatile, and others are tops. Some use their natal genitalia and others don't. Some prefer anal sex and others don't. Some use prostheses and/or sex toys and others don't. And any of this might change over time, with different partners, or in different situations.

A trans man who has not had surgical modification to his natal genitals is not automatically a bottom. In short, the only way to find out someone's preferences is to ask - of course, in a respectful way, in a relevant situation. listen, be open and ask.

“Trans men are complicated...”

There is complexity to everyone, especially with regards to our sexualities and genders. Trans men often have had experiences that can impact intimacy and relationships with cis men, especially with those who aren't informed or at least willing to listen.

Being patient and open-minded and asking respectful questions in order to learn someone's boundaries are the keys to becoming intimate and having fun with anyone - including trans men.

Avoid saying things like...

- **What was your “real” name before?** There’s only one name, the one the trans person chose, the one he gave you when you introduced yourselves.
- **Do you have a penis or a vagina?** Did you have “the operation?” Although it may be natural to wonder, it is impolite to ask someone you hardly know about their genitals, whether trans or cis.
- **You don’t look trans so it “worked” for you.** Even if your intention is to compliment the other person, such comments are callous because they imply that their gender identify is more valid because their transness isn’t obvious to you.
- **Have you finished your “transformation?”** The term usually preferred is “transition” and there are no official beginning or end points.
- **“I shouldn’t ask you this, but...”** If you know you shouldn’t ask, why are you?



HORMONES

To make their features more masculine, trans men who so desire can use hormone therapy to raise the level of testosterone in the blood similar to that found in cisgender men.

There are several ways to take this testosterone. Most trans men on hormones give themselves subcutaneous or intramuscular injections. Frequency can vary from once a week to every 2-3 weeks or more, depending on the product that is used, the injection method (intramuscular or subcutaneous), and the individual.

Alternate methods of hormone therapy include gels, patches, and creams, but these often must be applied to the skin every day.

Though physical changes are the most visible effect of taking testosterone, physiological and psychological changes also occur. Some of these changes are reversible (such as fat distribution), while others are long-lasting or permanent (such as voice).



You can learn more about the various effects trans men experience from testosterone therapy by checking out the following pages which summarize the most important points.

Along with the bodily changes that happen in the transition of those who take hormones, their sexuality and their relationship with their body may change also.

Physically speaking, one might find more sensitivity to touch in the erogenous zones and that the intensity and/or duration of their orgasms has changed.

In terms of sexual orientation, this might also change in a variety of ways. A trans man may find himself more or less attracted to certain parts or practices as he moves through his life and transition.

“For me,
my weekly
injection is a
requirement
but it’s also a
pleasure.”

Reversible effects

NO MORE PERIODS

Menstruation normally stops a few months after one starts taking testosterone. However, testosterone is not a method of birth control and pregnancy is still possible (and that's how men who want to birth children can get pregnant).

MUSCLE/FAT DISTRIBUTION

Muscle mass increases and fat moves around on the body, some going from the thighs, hips, and buttocks to the abdomen. These changes take a longer time and can become more noticeable over the years.

SKIN APPEARANCE

Testosterone changes the skin's appearance, decreasing its softness. Like in typical puberty, at first the skin may also be oilier and acne can develop.

Permanent effects

VOICE

Taking testosterone thickens the vocal chords, which can cause the voice to change dramatically early in treatment. However, it takes months or years before it stabilizes.

BODY HAIR

Facial hair develops, the hairline changes, and hair grows and thickens on the body. How fast or thick it grows and in what amount varies according to each person's genetic predisposition.

BONE STRUCTURE

The bones calcify, which helps change general physical appearance in that one's jaw may become squarer, one's feet may become wider, etc.

GENITALS

The clitoris increases in length and girth, eventually resembling a micropenis. Size varies and may be anywhere up to 6 cm in length.

SURGERIES

In addition to taking hormones or without them, trans men who wish to may have surgery.

There are several types of common surgical interventions for trans men, divided into two categories: those that involve the chest (“top”) and those that involve the genitals and/or reproductive organs (“bottom”). Check out the following pages for more details.

Whether or not a trans man has surgery may be based on his personal preference, but also on his ability to access these procedures which are frequently expensive and have long wait times.



Top surgery

The medical terms for top surgery are mastectomy or mammectomy (removal of breast tissue). Performed in a variety of ways, the surgeries may leave either large or small scars. With this operation, trans men who previously wore a “binder” to compress their chest can stop wearing one.

BILATERAL TECHNIQUE

This technique, also known as “double incision,” is both the most common and the most visible because it leaves relatively large scars on the torso of trans men

PERI-AREOLAR AND KEYHOLE TECHNIQUES

Less commonly used are the peri-areolar (“peri”) and keyhole methods; few trans men have a body type for which this technique is recommended.

Resultant scarring is often minimal.

Genital operations

There are a number of operations that involve the reproductive organs and/or genitals. They may be internal, such as hysterectomies (often a prerequisite for other operations) or external, such as metoidioplasty, phalloplasty, etc.

HYSTERECTOMY

In this operation all or part of the internal reproductive organs (ovaries, uterus, etc.) are removed, which brings an end to fertility .

METOIDIOPLASTY

This operation creates a small neopenis (with or without a scrotum and testicular implants) , out of the clitoris which enlarged as a result of testosterone therapy.

PHALLOPLASTY

This operation creates a larger neopenis using a skin graft often taken from the arm, thigh, or back. It may be performed with a urethroplasty (reconstruction of the urethra), a scrotoplasty (construction of the scrotum).

FLIRTING

Flirting with a trans man is not really different than flirting with a cis man in that the same basic rules apply: be respectful, listen, obtain your partner's consent, etc.

Still, you may not know just what to say or what to do during the first physical contact and the first time you have sex with a trans man. Don't panic! This is normal because it is new for you (and maybe for him too!). After all, all new experiences can be intimidating.

To make this less daunting, we advise you to have a conversation with your partner to find out how comfortable he is with certain parts of his body or about the words he uses to name them. For



example, for the genitals, preferred terms vary with each man. Some are comfortable with using “vagina”. For others, this word is uncomfortable, so they might say the “front part” or something else.

At this point in the conversation you will also be able to (and should!) describe to him what you like or don't like, as well as your expectations and your desires.

Keep in mind that some trans men will have less experience with a cis man's penis or erogenous zones, and they will want to know more about what turns you on most and what works or doesn't work for you.

Whether you are cis or trans, being at ease with each other may not come naturally at first. Sometimes it does, but it may take longer.

“I was
embarrassed
the first time
I slept with
a cis man
because I wasn't
sure I was doing
it right.”

A Few Pointers

- Use the right pronouns, and if in doubt, ask. Do not ask him what his former first name was.
- Use the same terms that he does to refer to his body parts.
- Don't assume anything. Some trans men take hormones or have surgery, while others do not. Some are at ease with their bodies as they are, while others are less comfortable. Some use their original genital organs, while others prefer other pleasures.
- Don't ask him all the questions you have about his transition or his genitals right away, all at once. Eventually you may ask him more once you have both built a trusting connection.



STI PREVENTION

Sexually transmitted infection (STI) prevention tools are the same whether you are sleeping with a trans man or cis man: condoms, gloves, PrEP, and the list goes on. You will find all the details on our website: REZOsante.org in the “Your Sexual Health” section.

However, some tools will not be adapted to the specific features of trans bodies so some adjustment will be needed. For example, condoms and dental dams can be modified to make them more suitable protection tools for some bodies or activities.

Also, having frontal penetrative sex with a trans man might involve him using birth control to prevent pregnancy.

A Few Pointers

- Don't assume that your partner wants to use his genitals. He may prefer to use a prosthesis or a sex toy. If he does, sexual health applies the same way here—use condoms, lubricant, etc. Since prostheses and sex accessories are expensive, you can help your partner by opting to use compatible sexual health supplies, such as unlubricated condoms or water-based lubricant, since both are better suited to silicone accessories.

- Some trans men have self-esteem challenges that may lead to risk-taking behaviour. Both partners are responsible for their sexual health together, and you can help him in many ways: by talking about your sexual health choices without making assumptions, listening to his sexual preferences and practices without judgment or comparison between what you do with him with what you do with cis men, and enthusiastically sharing what gives you pleasure and what excites you during your moments of sexual intimacy with him.

DRUG AND ALCOHOL USE

In general, drugs and alcohol are associated with partying and pleasure, and when combined with sex, the term used is “PnP” (Party and Play) or “chemsex,” a contraction of the words “chemicals” and “sex”.

Psychologically speaking, when used in moderation, drugs and alcohol may facilitate making contacts or sexual intimacy because they lower inhibitions. Drug or alcohol use might also increase desire, promote relaxation, or add novelty. But using drugs or alcohol can also impair your ability to make safer decisions and make you feel that you cannot contract HIV and other STBBIs. Or, if you are HIV+, they may make you feel that you are safe from co-infection.

Some of your partners may use drugs and alcohol because they lack self-confidence or because it makes it easier for them to connect with their body.

Check out the following tips to learn more, make informed choices, and enjoy yourself. Also, check out the tools that RÉZO produced on its own or with partners: Alcohol, Drugs and the Gay Scene and Tips for a Sex Party. You can find them on the Drug and Alcohol Use page in the “Your Sexuality” section of our website, REZOsante.org

And if you are with someone when they overdose, keep calm. If they are unconscious, having trouble breathing, experiencing heart problems, or having convulsions, call 911 immediately. If applicable, the responder will be able to guide you through basic first aid steps.

A Few Pointers

- If possible, be with trusted individuals when you use and make sure that one person in the group does not use alcohol or drugs so that they can help if there is a problem.
- If you don't know where the substance came from or if you are trying something new, start off with small amounts and spread your use out over your evening or night.
- Avoid mixing alcohol, drugs, and medication, and try to decide ahead of time what and how much you will use in order to prevent excesses and undesirable effects caused by interactions between substances. You can also obtain Naloxone, an antidote to opioid overdoses, in advance at pharmacies or community organizations.
- Try to eat, drink an appropriate amount of water, and rest before and after an evening of drug and/or alcohol use.
- If you think that your evening could include having sex, make sure you have condoms and lubricant and that you took your PrEP (if applicable).



CONCLUSION

We hope you found this guide useful for yourself, your friends or your partners. The idea of a tool like this one, with one side for cis men and the other for trans men, is intended to facilitate conversation and a better understanding of one another, and thus communicate better before, during and after being together.

Learning about your partner, his body, and his desires all are part of sexuality! In the end, it doesn't really make much difference whether your partner is cis or trans. It's just that you will be faced with new situations, and we have tried to demystify them in this guide.

In the end, it's important to listen to what each of you wants, pay attention, respect each others' desires, and have fun!



RESOURCES

RÉZO developed the “Trans Men” (HoT) project to highlight the needs of trans men in our communities and to offer new services more suited to them. This guide is a result of the project, and others will follow.

To read more and see more documents, check out this page on our website:

<https://rezosante.org/notre-organisme/projets/hot/>

And for a list of community resources and organizations that offer adapted services, you can also visit our resource directory (select the keyword “personnes trans”):

<https://rezosante.org/notre-organisme/ressources/>

