Getting Primed: Informing HIV Prevention with Gay/Bi/Queer Trans Men in Ontario

Alex Adams
Matt Lundie
Zack Marshall
Rui Pires
Kyle Scanlon
Ayden Isaac Meir Scheim
Ty Smith

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A project of the:

Gay/Bisexual/Queer Trans Men's Working Group
Ontario Gay Men's HIV Prevention Strategy
AIDS Bureau, Ontario Ministry of Health and Long-Term Care

Email: gbqtransmen@gmail.com
Web: www.queertransmen.org

Copies of this report can be obtained in PDF format at www.queertransmen.org

Disclaimer: Views expressed in this report do not necessarily reflect the views of the Ontario Ministry of Health and Long-Term Care.

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Executive Summary

This report describes the results of the study titled *Getting Primed: Informing HIV Prevention with Gay, Bi, Queer Trans Men in Ontario*. The study was the result of the work of the Gay, Bi, Queer Trans Men's Working Group of the Ontario Gay Men's HIV Prevention Strategy, working in collaboration with the AIDS Committee of Toronto (ACT), the 519 Church Street Community Centre (The 519) and Prisoners' HIV/AIDS Support Action Network (PASAN). This research was funded by the AIDS Bureau, Ontario Ministry of Health and Long-Term Care and took place between October 2006 and March 2007.

There is no data to assess the HIV rates of gay/bi/queer (GBQ) trans men[1] in Ontario. However, as part of the gay and bisexual men's community, trans men are sexually-active in a high HIV prevalence community. This research project sought to better understand the nature of HIV risk amongst GBQ trans men.

Anecdotally, we know that trans men may share some of the psycho-social and socio-economic characteristics that place non-trans GBQ men at greater risk for HIV. As well, trans men may experience unique factors that increase risk for HIV, such as discrimination, struggles with identity and discomfort or dissociation from their bodies. This needs assessment was an important first step in assisting HIV prevention policy and programs in Ontario to better understand the needs of GBQ trans men, to begin to better articulate the factors that place trans men at risk for HIV, and to begin to identify strategies for strengthening the response to their sexual health needs.

Review of the literature reveals a lack of research on the sexual practices, relationships and HIV-related attitudes, beliefs, behaviours and risks of trans men, in particular GBQ trans men. This community-based research (CBR) project aims to determine and describe the factors that increase the HIV risks of gay, bisexual and queer trans men in Ontario. The results will inform the development of HIV/AIDS prevention resources targeting gay, bi, and queer trans men as well as training for health providers in Ontario. The findings will also support relevant HIV/AIDS policy, program and resource development under the provincial Ontario Gay Men's HIV Prevention Strategy.

Research design involved a quantitative on-line survey, as well as qualitative one-on-one interviews which went into greater detail in exploring the complex issues facing GBQ trans men. Fifteen surveys were collected on-line, while nine participants were interviewed.

This research shows the complexities of the participants' sense of gender and sexual identity, and the challenges that often accompany this complexity. Participants talk about the varying experiences of transitioning and passing and its impact on participants' health and access to services.

[1] For a full glossary of terms used in this report, please see Appendix 1.

They describe experiences of sex, dating and engaging in relationships and talked about the issue of disclosure when meeting non-trans men. Participants acknowledge that their social networks and the internet play a significant role in meeting men, but that there are many barriers to having safer sexual encounters. They also describe various challenges related to finding appropriate terminology to describe their bodies, and the major impact of their negative self-perception of body image on their self-esteem and on their ability to negotiate safer sex. Although participants generally feeling that GBQ trans men are at risk for HIV, many of them did not perceive themselves to be at risk for HIV.

Various recommendations are made in relation to future research with GBQ trans men and to the improvement of service provision.

Introduction

Trans people have a long and deep history, existing across global cultures and communities. While there is much to distinguish us, trans people share many qualities with other people including a diverse range of sexual identities. As trans people become more visible, we are gaining a greater understanding of these identities and attractions.

Within this context, it should not be surprising that some trans men are sexually attracted to men. However, this does seem to be a confusing concept for many people who conflate gender identity and sexual identity. It is frequently assumed that trans men are exclusively attracted to women, labelled as either heterosexual or lesbian. The idea that trans men could be gay men too seems a difficult one and demands a re-examination of what it means to be gay men in our communities.

While some gay men have welcomed us, others have been baffled by our initial attempts at inclusion in non-trans gay men's spaces. Often reeling from the perception of an explosion of identities in lesbian, gay, bisexual, transgender, transsexual, two-spirit, intersex, queer and questioning (LGBTT2IQQ) communities, those attempting to affirm gay men's communities have at times responded with shock, discomfort and curiosity at the suggestion that they become more inclusive by recognizing the experiences and desires of trans men. These perspectives have been similarly reflected within AIDS Service Organizations (ASOs).

With adapting sexual desires, identities and/or experiences, trans men who are attracted to men are also entering a new socio-sexual arena of sexual behaviours. Orienting ourselves to what may be new physical realities and potential risks is another important transition for gay/bi/queer (GBQ) trans men. This report and the work of the GBQ Trans Men's Working Group represent a step in the right direction and signal increasing openness to trans men in LGBT communities and services.

This needs assessment is an attempt to understand the perspectives and experiences of GBQ trans men who have sex with men, and to offer a series of recommendations for ASOs who work alongside our communities.

Background

In March 2006, the GBQ Trans Men's Working Group was formed to address the invisibility of trans men in the provincial gay men's HIV prevention strategy in Ontario. Group membership was open to trans men and female-to-male transsexuals (FTMs) from across the province. The Working Group aims to remedy the lack of trans representation in HIV prevention research, policy, resources and outreach and to provide strategies and training to support the sexual health of GBQ trans men.

As an initial project, the GBQ Trans Men's Working Group initiated this needs assessment to determine the HIV knowledge, risks and resource needs of GBQ trans men in Ontario. This work was undertaken in collaboration with the AIDS Bureau of the Ontario Ministry of Health and Long-Term Care, the AIDS Committee of Toronto (ACT), the 519 Church Street Community Centre (The 519) and Prisoners' HIV/AIDS Support Action Network (PASAN). Combining qualitative and quantitative approaches, data was collected through an online survey and in-person interviews during a five-month period in 2006-2007.

The specific goals of the project were to:

1. Describe the experiences, needs and concerns of GBQ trans men in Ontario;
2. Identify the HIV knowledge, risks and resource needs of GBQ trans men across Ontario;
3. Document GBQ trans men's experiences interacting with, and accessing services at, Ontario ASOs;
4. Develop a collaborative community-based research project led by GBQ trans men in collaboration with relevant community stakeholders, and;
5. Develop a series of recommendations focused on improving HIV prevention work with GBQ trans men in Ontario.

Before discussing the research design and methods of data collection and analysis, we will briefly review the relevant literature on the topic of HIV and trans communities.

Literature Review

Trans People and HIV

Research concerning transgendered and transsexual communities has focused almost exclusively on trans women (Kenagy & Hsieh, 2005; Nemoto, Operario, Keatley & Villegas, 2004). These studies have typically shown disproportionately high levels of HIV infection in trans women (Feldman & Goldberg, 2007). Research with trans women has also tended to focus on women who are sex workers, and trans women of colour (Melendez, Bonem & Sember, 2006). This work underlines the impact of intersecting oppression and highlights the particular risks faced by trans women for acquiring HIV.

Trans Men and HIV

There are few research studies that specifically address trans men and HIV (Kenagy & Hsieh, 2005). In fact, locating research on trans men or FTMs and HIV is challenging. This is highlighted in a systematic review conducted by Melendez *et al.* (2006). They initially found a total of 354 articles focused on "transgender health". Upon review, 143 of these abstracts did not clearly indicate the specific gender of their participants. Where gender was more clearly identified, a mere 12 abstracts focused specifically on trans men compared with 168 focused on trans women.

It is important to consider why trans men have been so invisible in research concerning HIV (Melendez *et al.*, 2006). Researchers frequently claim trans men are difficult to recruit (Clements-Nolle, Marx, Guzman & Katz, 2001; Kenagy & Hsieh, 2005). Part of a so-called hidden population, researchers have had to employ non-traditional approaches when investigating our communities. Recruitment difficulties may be linked to who is conducting the research and their ties to trans communities. As projects have adopted more community-based approaches, their ability to reach trans men has been more successful (e.g. Newfield, Hart, Dibble & Kohler, 2006).

The few studies that have focused on trans men are difficult to interpret because the authors often conflate gender identity, sexual identity and sexual behaviour. For example, earlier research by Kenagy (2002) included a sample of 32 trans men. When asked to identify their sexual orientation, 84.4% reported being homosexual, 12.5% heterosexual and 3.1% bisexual. In this sample, none of the trans men reported injecting hormones. This would suggest that this sample is not very representative of trans men. The largest North American study of trans men and FTMs, which had 446 participants, found that a large majority were currently using hormones (Newfield et al., 2006). While testosterone is available in non-injectable forms, it is commonly injected. With no additional information regarding hormones, transition, or the gender of sexual partners, it is difficult to understand the meaning of these sexual identity categories. Further, when researchers rely solely on self-identification of sexual identities and fail to ask more detailed

questions about sexual behaviour and the gender of their sexual partners, risk is difficult if not impossible to assess.

Part of this confusion stems from a troubling trend in sexological research where gay trans men are classified as "heterosexual" because the authors view them as "biological females" who erotically desire "biological males" (Schleifer, 2006). Similarly others view trans men who have sex with women as "homosexual", that is, "biological females" who erotically desire "biological females".

In addition, differences in the way sexual activities are categorized in the United States compared to Canada also impact the conclusions we are able to draw from existing research. For example, Kenagy (2002) concluded that 90.6% of FTMs in the study had engaged in at least one high-risk sexual activity during the three months prior to interviews and that FTMs were found to be at tremendous risk for HIV/AIDS through a combination of high-risk sexual activities, and willingness to engage in high-risk sexual activities in the future. However, respondents were considered to be at risk for HIV infection if they engaged in one or more of the following activities without using a condom or a dental dam during the three months prior to the interview: vagina-penis, anal-penis, oral-penis, oral-vagina, oral-anal or vagina-vagina sex. In addition, they were considered to be at risk if they had sex while drunk or high, or had sex with someone known to be HIV-positive during the three months prior to the interview. (Kenagy, 2002). According to the Canadian AIDS Society HIV transmission guidelines (2005), unprotected oral sex (oral-penis, oral-vagina[2]) is considered to be low-risk for HIV transmission, whereas only unprotected anal or vaginal sex are considered to be high risk. These differences only add to the confusion surrounding trans men and risks of HIV infection.

In the first study to quantitatively assess HIV risk in trans men, Clements-Nolle *et al.* (2001) conducted interviews with 123 FTMs from San Francisco. 80% of FTMs had been sexually active in the past six months, with 7% of FTMs having unprotected anal sex with a male or trans person and 10% having unprotected vaginal sex with a male. Despite high rates of reported unprotected sex, researchers found low HIV testing rates among FTMs (Clement-Nolle *et al.*, 2001; Kenagy, 2002), suggesting the need to explore barriers to HIV testing among FTMs. In addition, Kenagy and Hsieh (2005) found that for each additional year increase in age, the odds of using protection the last time they had sex decreased for FTMs in their sample.

Non-Trans Gay Men and HIV

While exploring the HIV risks for GBQ trans men, it is important to take a look at the HIV risks and statistics among non-trans gay, bisexual and men who have sex with men.

[2] Anilingus (oral-anal) whether protected or unprotected is considered to be a negligible risk for HIV transmission (Canadian AIDS Society, 2005).

In 2007, the estimated percentage of HIV diagnoses in Ontario, Canada attributed to males averaged 76.8%. Of these, an estimated 67.3% were among men who have sex with men (MSM)[3]. Up to the end of December 2006, MSM accounted for 62.1% of the estimated 26,356 people with HIV/AIDS in Ontario.

There were an estimated 888 new HIV infections amongst Ontario MSM during 2006. At the end of December 2006, an estimated 17.6% of MSM in Ontario were infected with HIV. This was a provincial average. The percentage of MSM infected with HIV was estimated to be 23.2% in Toronto, 11.9% in Ottawa and 10.2% for the rest of the province[4].

Given what we do know about unprotected sex among trans men, the aforementioned HIV statistics and risks have serious implications. Trans-specific HIV risk-taking behaviours coupled with risks associated with gay, bisexual men and other MSM raise important questions. For example, to what degree are GBQ trans men integrated or involved in gay communities? As we become increasingly integrated, to what degree will we see these HIV rates reflected among GBQ trans men in Ontario?

HIV and Social Determinants of Health

Moving away from reports of prevalence and sexual behaviour, researchers have more recently focused on the factors that contribute to increased risk for HIV infection. Examples of this approach are found in the report "Valuing gay men's lives: Reinvigorating HIV prevention in the context of our health and wellness" (National Reference Group, 2001). Similar to other trends linked to marginalized communities and risk for HIV, we believe trans people are at increased risk for HIV transmission based on factors that relate to social determinants of health, with the experience of intersecting oppressions augmenting these risks.

In 1999, Namaste's qualitative study of HIV risk and trans people showed that FTMs were at risk for HIV infection from shared use of intramuscular needles, perception of low HIV risk, low self-esteem increasing sexual risk behaviour, and unprotected sex. The study also revealed a lack of informational and educational materials about HIV/AIDS, particularly in reference to FTM identities, sexual practices, and bodies; and an administrative context of health care and social service delivery that excludes FTM transsexuals. More recent studies with larger samples of FTMs have supported Namaste's findings on HIV risk factors (Kenagy 2005; Kenagy & Hsieh, 2005; Ware, 2004).

Research has also indicated a number of social factors that increase HIV risk for trans people including social stigma and transphobia leading to isolation, lack of employment, low education, homelessness and reduced access to health care services (Kenagy, 2002; Nemoto *et al.*, 2004; Ware, 2004). Schilder, Kennedy, Goldstone, Ogden, Hogg & O'Shaughnessy (2001) identified the following

[3] The most recent data on HIV diagnosis can be found at http://www.phs.utoronto.ca/ohemu/mandate.html.
[4] Remis, Robert S., Carol Swantee, Lorraine Schiedel, Juan Liu. Report on HIV/AIDS in Ontario 2006. March 2008.

institutional factors that also increase health risks for trans people: judgmental or patriarchal doctors; health care administrative procedures that often do not promote opportunities for gay, bisexual or trans people to share pertinent information about their identities or needs; and rural and suburban health professionals who were frequently viewed as hostile or phobic when faced with patients identifying as gay or bisexual.

Trends in research linked to HIV prevalence and gay men specifically also support the importance of looking at the impact of multiple oppressions. For example, we now know that power differences linked to race, class and ability impact people's ability to meet sexual partners, negotiate safer sex and their likelihood of practicing safer sex in the first place.

Additional factors such as substance use, mental health, sexual and physical abuse are all linked with increased risk for HIV transmission in gay communities and need to be taken into consideration when trying to better understand the risks of HIV for GBQ trans men.

It is with an awareness of this information and the serious gaps in knowledge concerning GBQ trans men and HIV that we initiated this community-based research project. The next section describes the specific approach we took to designing this project within our communities.

Methodology

This project was a community-based research project. What this meant for us was that GBQ trans men led the project and were actively involved in all stages including research design, data collection, data analysis and report writing. Employing a reflexive inquiry model (Namaste, 2000) community-based research models aim to increase the decision-making input and control of those being studied which is particularly useful for working with communities who may have histories of academic exploitation (Flicker, Savan, Kolenda & Mildenberger, 2007).

Research Design

This research initiative included both quantitative and qualitative research methods. Quantitative data was collected through an online survey. Qualitative data was collected using one-on-one interviews. The online survey was chosen in order to obtain a snapshot of the experiences of GBQ trans men across the province of Ontario. We also felt that trans men who were not out and/or comfortable speaking in an interview may be open to participating by completing an anonymous survey. The qualitative interviews were conducted in order to obtain more detailed information about the experiences of GBQ trans men and provided the opportunity to discuss more complex issues related to identity, sexuality and sexual health.

Ethics Approval

This project does not have ethics approval. Despite this, Working Group members made efforts to safeguard the rights of project participants. A consent form was developed which outlined the project purpose, confidentiality and the research process. This was posted with the online survey and was given to interview participants before interviews began.

Working Group members identified areas where they believed participants could potentially be compromised within the project and attempted to put appropriate safeguards in place. With only one Research Assistant, we were aware that some community members may not feel comfortable participating depending on their history or relationship(s) with our staff person. We attempted to address this by arranging for an alternate interviewer who could also conduct interviews.

Working Group members were also particularly concerned about the confidentiality of interview participants. We were aware that if group members listened to interview audio-tapes, the confidentiality of interview participants could be compromised. For this reason, only the Research Assistant and a transcriber from outside the trans community had access to the audio-tapes. Identifying information was removed from transcripts and participants had the option to review their transcripts before they were shared with the project's Report Sub-committee. In addition, this Report Sub-committee was established before interviews started, and the Sub-committee members list was available to participants upon request.

It should be noted that despite our best efforts, Report Sub-committee members commented anecdotally that they believed they could identify some of the participants when reading transcripts. They commented that they recognized phrases or patterns of speech, and at times recognized stories or events that were discussed in the transcripts. Sub-committee members agreed not to have conversations about the possible identity of any participants. However, given this reality, we would recommend that other community-based research projects with trans communities take steps to address these types of situations. At the very least, people reviewing audio-tapes should be required to sign confidentiality agreements.

We recognize the critical importance of obtaining ethics approval for research projects, particularly with people who have complex histories with research and researchers. Due to time constraints and limited staff resources, obtaining an ethics review for this project was not feasible. The option of applying to obtain ethics approval was additionally complicated because we did not have formal ties with any academic institutions or agencies with Ethics Review Boards. This will be a factor to consider for future research conducted by the GBQ Trans Men's Working Group.

Recruitment

Review of the literature has revealed challenges in recruiting trans men for participation in research projects (e.g. Clements-Nolle *et al.*, 2001; Kenagy & Hsieh, 2005; Namaste, 1999). However, several more recent reports have cited success with using peer networks, online promotion and printed materials to reach trans men (e.g. Newfield, Hart, Dibble & Kohler, 2006). For example, in a recent research study concerning trans men and quality of life, Newfield *et al.* (2006) were able to recruit over 400 trans men to participate in qualitative interviews.

Informed by these strategies, recruitment for this study consisted of the following activities:

- Online promotion:
    - Email to ASOs across Ontario;
    - Email to university campus LGBT centres throughout Ontario;
    - Postings on online listservs and online classifieds in varying cities through Ontario (e.g. transfags@yahoogroups.com; ftmtoronto@yahoogroups.com).
- Community outreach:
    - Venue-based flyer distribution during community events and at bars in Toronto;
    - Flyer distribution at trans support groups and programs in Toronto.
- Social networks:
    - Outreach through members of the GBQ Trans Men's Working Group peer networks.

- Print media advertising:
    - A print ad in Xtra!, a large, biweekly, Toronto-based, free LGBT newspaper.

Recruitment materials were designed by the project Research Assistant and reviewed by the GBQ Trans Men's Working Group. Materials included an email address and contact number to register for either the online survey or one-on-one interviews. Sample recruitment materials including email content, flyer and print advertising are included in Appendix 2.

Similar to other studies with trans men, we experienced significant difficulties with recruitment. Although we attempted to incorporate approaches that had been successful with others, recruitment was negatively impacted by a number of factors, including recruitment materials and timeframes.

While the group appreciated the effort that was invested in designing recruitment materials, there were some problems with this aspect of the project. Due to the need to reach participants in a short timeframe, the Research Assistant had only a few weeks to design the flyer. The presentation and roll-out of the recruitment materials likely negatively influenced our ability to reach GBQ trans men across Ontario. Also, due to our project deadline, the online survey was only available from December 18, 2006 to January 19, 2007, when many people are on holidays or have competing priorities.

Suggestions for improvement:

- Allow sufficient time for distributing recruitment messages:
    - In a provincial project, this will ideally include time to connect with community members across wide geographic diversity;
    - Include working group members in recruitment efforts.
- Chose multi-pronged approaches;
- Create small-size flyers which are graphically appealing, portable and discrete;
- Ensure that the online survey is posted for a sufficient period of time to maximize participation.

Data Collection

As mentioned above, the data contained in this report was gathered through mixed methods, including an online survey and qualitative interviews. The project started in October 2006 and ended March 31, 2007, with data collection taking place between December 2006 and January 2007.

Given the diversity of trans identities, developing inclusion criteria for the project presented particular challenges. In the end, the criteria for inclusion for both the survey and interviews included people who were:

1. Assigned female at birth;
2. Self-identified as gay, bisexual or queer;

3. Sexually attracted to men;
4. At least 18 years of age, and
5. Living in Ontario.

Online Survey

An anonymous online survey was designed and finalized in consultation with the GBQ Trans Men's Working Group and is attached in Appendix 3. Questions were informed by project goals, as well as sample questions and topics from other research reports, articles and trends in the literature (e.g. Xavier, 2002).

As reported in the literature review, very little is known about trans men and HIV risk, particularly the experiences of GBQ trans men. As a result, the demographic section of the survey included questions on housing status, work status, children, pregnancy, transitioning and incarceration and incorporated factors linked to social determinants of health (SDOH). Subsequent questions were organized around the following themes:

- Sex and relationships;
- HIV knowledge, risks and testing;
- Service access;
- Sexual health resources.

The survey was posted online on www.surveymonkey.com and flyers, posters and email messages directed participants to a link through which they could access the survey. Although anyone could complete the survey, demographic questions on gender identity, sexual identity, country of origin and city/town/village were mandatory. These questions were used to ensure that only responses from participants who met the project criteria were used in the analysis within this report. Thirty-four (34) surveys were completed, of which 15 met the inclusion criteria identified above.

In-Person Interviews

The interviews consisted of nine questions covering themes identified by the GBQ Trans Men's Working Group. Themes included: gender and sexual identity; cruising, dating and relationships; negotiating safer sex; risk perceptions; HIV/STI testing; service access; and trans-specific outreach. The interview guide is attached in Appendix 4. Participants were asked questions related to each theme, with follow-up questions as appropriate.

Eleven interviews were scheduled with potential participants. Nine participants met the inclusion criteria and two people were excluded from the study because they indicated they had been assigned male at birth.

Prior to starting the interview, participants reviewed and signed a consent form, which outlined the project purpose, confidentiality and the interview process. Participants received $30 (cash) compensation for participation at the start of the

interview. After obtaining consent, the interviewer recorded all interviews. Recording was successful in all but one of the interviews, and for this participant, interview notes were therefore used for data analysis. Six of the interviews were held at the PASAN offices in Toronto, two interviews were held in homes and one interview was conducted in a coffee shop.

Data Analysis

Quantitative Data

Survey data was collected through the www.surveymonkey.com website. After collection, the Research Assistant reviewed the data tables, and separated ineligible responses. Due to the small sample size, we are limited to reporting descriptive data from the survey. This includes totals and percentages for each question. The full survey results are available in Appendix 5.

Qualitative Data

The Report Sub-committee of the Working Group was formed to assist in analyzing the qualitative interview data. As noted above, Working Group members were particularly concerned about maintaining the confidentiality of interview participants. This was especially relevant for Working Group members who were interviewed as part of this project. For this reason, the Research Assistant was asked to transcribe all interviews and to remove any identifying information. Identifiers such as cities, place of work, and names were removed from the transcribed notes. Interview participants were subsequently asked to review their transcripts over email before these were shown to Report Subcommittee members.

Due to time constraints of the project, it was necessary to outsource part of the interview transcription to someone from outside the trans community. There were challenges faced with the transcriber being unfamiliar with experiences and terminology used by participants, which required additional work from Sub-committee members.

After transcription, removal of identifying information and participant review, the transcripts were shared with the Report Sub-committee. Sub-committee members were asked to read through each transcript and to identify themes and significant quotes in the material. For coding, interview questions were used as the categories and sub-categories were then developed using the themes that emerged from the data. The Research Assistant produced a codebook containing the categories and key words for identification. The key words were selected according to their mutually-exclusive link to the categories. For example, the key words “gay”, “bisexual” and “queer” were used to identify the Sexual Identity category; the key words for the Sex and Relationship Category included “boyfriend”, “sleep with”, “hook up”, and “polyamorous”. After Report Sub-committee members had reviewed the transcripts individually, they met as a group to compare, consolidate and analyze findings. This information was then shared with the Research Assistant, who drafted the initial report findings and discussion.

Maintaining the confidentiality of interview participants was a central priority for this project. For future research projects, we would recommend the following:

- Establish connections with at least one university researcher who can facilitate ethics approval for community-based research projects;
- Hire at least two interviewers to allow for increased diversity of participation;
- Discuss potential limits to anonymity with interview participants;
- Ensure adequate time and financial resources are set aside for transcription;
- If it is necessary to hire an outside transcriber, ensure that this person is familiar with trans communities and terminology;
- Publicize the names of interviewers and people who will have access to interview transcripts, and;
- Everyone reviewing audio-tapes and/or transcripts should sign confidentiality agreements.

Project Strengths

To our knowledge, this needs assessment was the first of its kind in Canada and one of the few projects internationally to explore the experiences and needs of GBQ trans men. Its creation and existence are strengths in and of themselves.

The composition and leadership of the GBQ Trans Men's Working Group was another strength of this project. The group was diverse in terms of race, ethnicity, disability and religion, and included representatives from the provincial government and community organizations, as well as men who identified as gay, queer trans men, and FTM trans people. In fact, the project design and delivery was a process driven by these diverse community members of the Working Group, who were able to guide the project knowledgably, and commit a great deal of time and resources. The project was also strengthened by the fact that three of the community groups involved (ACT, the 519 Church Street Community Centre, and PASAN) each have a history of community-based HIV/AIDS research.

Project Limitations

Tight project timelines meant that project staff had a reduced amount of time for recruiting survey respondents and interviewing participants. This condensed recruitment time had serious implications for the project and for the people we were able to reach. Several gaps in participant demographics were identified:

- HIV-status;
- Ethno-cultural background;
- Geographic location, and
- Incarceration.

For example, none of the survey or interview participants identified as HIV-positive. In addition, there was a less diverse geographic range of trans men than originally desired for a needs assessment of trans men across Ontario. Eighty-five percent of participants came from the Toronto region. This shortened period for recruitment also meant that 95% of survey respondents and interview participants were self-identified as white. As a result, the findings do not represent the views of a diverse sample of men in terms of geography, ethno-racial background or serostatus.

Another limitation of the project was linked to gaps in the survey design. For example, while we asked respondents how often they engage in receptive anal and frontal sex, and penetrative anal sex, we neglected to ask them about whether they practiced penetrative frontal sex with sexual partners. In addition, there were no questions about factors which we know influence HIV risk for non-trans gay men. Ideally, the survey would have included questions about histories of childhood sexual abuse, substance use and addiction. In addition, interview and survey data collection tools should have included questions concerning negotiating safety and a broader discussion of sexually transmitted infections and Hepatitis C.

These limitations will inform any future research conducted by the Working Group.

Findings

Gender and Sexual Identity

Gender identity varied among survey and interview participants and, as in broader trans communities, the greatest differences were apparent in how individuals articulated their identities. Ten percent of survey participants identified solely as men, with the remaining 90% maintaining a trans identity (see Table 1), although the articulation of what it means to be trans differed significantly.

Most participants indicated that they maintain a trans identity, with a minority indicating that they identify solely as male. It is important to note that the responses to questions regarding gender identity may have been influenced by the context of the survey itself, since the call for participants for both the interview and survey were explicitly directed at trans men. Anecdotally, trans people may change how we articulate our identities in different situations (e.g. among friends versus at work), and may be more likely to emphasize the trans portion of our identities more in a survey of this type than we do in the wider context of our lives.

Some interview participants had challenges with describing their gender identity, or referred to their identities as fluid. A number of participants made references, directly or indirectly, to changes in their identity over time. These shifts are common as we negotiate the process of coming out as trans to ourselves and others.

Trans men in this study had varying levels of exposure to and connections with trans communities and politics. Participants who came from small towns or lived as heterosexual women before transition were the least connected to trans communities. Most participants had histories identifying as lesbians prior to transition, therefore their shift in sexual identity personally is also accompanied by a transition to a gay men's social milieu.

These perspectives were reflected in our interviews. For example, some interview participants simply stated that they were trans or transsexual men, while others qualified this statement with terms such as "femmy", "gender fluid", or noted that they were "on the gender continuum". Most interview participants described their gender identity with a sense of pride and confidence, a strong example of which is expressed by the following quotes:

> *To me, my past as a woman, a butch dyke, is an integral part of the man I am, and I draw from those experiences and learnings to be a better man. I am a self made man, as in I construct daily what my maleness is, and look at the responsibility of my past as a woman, and new male privilege to help my male identity evolve constantly. It also feels absolutely natural to me to be a man that was in a woman's body previously.*

> *I like having some kind of trans-ness, I don't want to be invisible as being trans. Sometimes I do but as an idea I don't.*

Some trans men encounter challenges when describing their gender identity, as the following quotes convey:

> *…when I was articulating* [my gender identity] *through art or just through the simple line, 'I am not a woman'….or confronting pronouns not really knowing how to articulate the feelings behind it.*

> *I shift between fluid identities and stable identities…so, you know, some days I'm ready to tackle the world like I'm a dude with breasts! And some days, I really absolutely can't handle the way people attach meaning to my body. I don't necessarily like my breasts. I can't continue bearing this, so, I think I'm going to get a reduction ….*

The role of the body in being personally and socially recognized as a man underscores the importance of transitioning through name changes, surgeries and/or hormones, a theme that was echoed by most interview and survey respondents. The majority of survey and interview participants have had chest surgery, with the remainder considering the procedure. Within the survey, when asked to provide context to the "would like to but can't" selections, six of the seven individuals named a "lack of financial resources" as the prime reason. With respect to chest surgery, the other primary reason related to a desire to breastfeed in the future. With respect to bottom surgery, the most frequent secondary consideration was the quality of bottom surgery in terms of aesthetics, sensation, and functionality.

Some respondents also expressed concerns about taking testosterone ("T"). For example, three of the nine interview participants are considering pregnancy and had questions about the effects of T on their ability to get pregnant. Another participant shared his concerns about the effect of testosterone as a trans man from a smaller or rural community.

> *Yeah, I'm really…concerned about having a mixed look as opposed to…. I don't know. …I like being able to pass as at least one or the other of the typified genders. I want to have the option to not confuse people. I'm concerned about ending up with a mixed appearance …I don't come from Toronto. So, I'll probably have to be at home to reconcile that 'cause I want something that'll make sense there and wherever else I travel not just in Toronto.*

According to interview responses, through taking hormones, chest surgery and/or living full-time as a trans man, some respondents consider themselves transitioned. In addition, two interview participants don't consider themselves in transition.

> *I don't know if I consider myself in transition. Of course, it is a transition. But, I'm not* [going] *from one to the other necessarily. I don't have this end goal of being this passing man in the world. I've actually been on and off T a lot…because usually when I start to*

pass a lot and get a lot of effects, I will stop for a while. I still like to have some in between going on…

For some participants, transitioning through the use of hormones and surgery did not meet their expectations due to the limitations of medical interventions. The success of hormone therapy in creating the secondary sex characteristics associated with being male varies greatly amongst trans men and the results of surgery can also be less than ideal due to issues such as scarring, a loss of sensation in the area, and aesthetically unappealing results.

I have really visible huge scars. That wasn't exactly what I had planned. You know what I mean? So, I see that what you might hope for and what you might get…and, I believe with phalloplasty…. what would happen? Would you have no sensation? You could go from what I think is not an ideal situation to a much worse situation in terms of sexual functioning, pleasure, all that kind of stuff. I worry about that.

In recognition of the gate-keeping role of medical professionals, a participant reported experiencing anxiety around saying the right things in therapy to get access to T.

It's all been challenging … as far as getting on T. You know, just figuring out how to do it. What I had to do… to go and get counselling. It was challenging. But I actually ended up being glad that I was introduced to the world of counselling and kept doing it. …but … that was challenging …the way I felt I needed to say certain things to be able to get it. My counsellor ended up being this really great person who I didn't really need to do that with.

Additional barriers to accessing hormones and/or surgery consisted of the cost for surgery and waiting lists to access doctors who are knowledgeable in the prescription of hormones. The same participant quoted directly above was able to get his surgery covered through his employee insurance, however, he felt over-exposed by, and guilty about, the process.

…I got it covered. But, it was still all challenging. … I had to go up in front of all of these people … put myself in the spotlight to get it done…. I was very personally connected to this collective and feeling, "Am I like taking advantage of the situation?", cause this is a lot of money.

As found in some studies (Newfield *et al.*, 2006), participants who have transitioned experience an enhanced quality of life and self-perception. However, some participants cited the following losses or challenges: discomfort with transitioning as an active person in the lesbian and/or queer communities, loss of visibility as a queer person as perceived through gender presentation, loss of community/family/partners, and loss of employment or challenges working in women spaces.

I find it hard too, being a visible community member. I was… working in this field, in LGBT services. I was very visible as a "lesbian" or a queer woman. You know what I mean? Then, to transition and still see all the same people…

There's been a loss… for so long to have been visibly identifiable to members of your community…to other people.

Participants also shared supports during transition which include a supportive work environment, health care providers and community as well as a sense of empowerment as illustrated by the following quotes:

I'm lucky I worked in a place where…you know…I started working there even before I started hormones and I work there as who I am so they've been very supportive.

I was pretty young. I was seventeen when I started T but I had a really good doctor who was cool about trans stuff, not being ageist and annoying, that was good.

… most of my transition is about ace bandages. I feel stronger, more confident, and more whole with my chest bound, even if it does cause back problems. I like presenting as mostly male with a visible queer disturbance.

I'm settling, and I don't mean settling for something. I'm just settling as a person. I'm settling into this new me.

Passing and Gender/Sexual Identity

An important aspect of gender identity for trans men is the need to be socially recognized, also known as passing, as a man or masculine person. Similar to gender identity, the need and desire to pass varied among the survey and interview participants. Some participants want to be socially recognized as trans, while others felt being recognized as a man was essential. The two main factors in the importance of passing were identified as the need to feel safe when interacting with the world and the need to have one's gender identity validated. Additionally, several interview participants highlighted the importance of passing in gay/bi/MSM cruising spaces, due to the desire to be identified as male and be cruised. The following quotes articulate the importance of how an individual's identity is validated:

I'd say passing to me isn't essential. The piece that's essential to me is, if I come out to you and you continue to treat me male. Can I play in my body as a guy and be perceived and responded to as a guy? That matters. If someone is going to make me into a girl in their mind and with their behaviour, it's not happening.

I get really upset whenever I start getting [called] *"Ma'am" and "she", which happens very easily. Like if I shave, you know? I'm in danger of that, which shocks me 'cause, wow, imagine how easy it is to go from one thing to another in people's minds. Even after I had chest surgery I thought how could anyone ever think that I was a female after that? I was going to see my surgeon afterwards for a follow-up and people were calling me "Ma'am" in the coffee shop and I'm going "Oh shit I guess this is not what I was thinking. I went to all this trouble, and for what?" So I can still get this bullshit… the passing thing is really important to me. Just because of the shit that happens when you don't.*

It's getting reasonably important … I don't like that there are only two options but there really are. Because what other people think is somewhat important. In this culture we only have two options… I might not in my internal life choose one, but, in my external life with other people, I'm gonna have to … give them a starting point for approaching me that they have scripts for….

If I'm not being seen as a man and I see that - cuz, sometimes you can just see it - that could be devastating.

Of note is the distinction that was highlighted by one interview participant of the difference between the urban and small town experience.

… there wasn't much of a community but [northern Ontario city] *is quite a lot easier to be read as a guy than it is here…Perhaps because there's not as much awareness of queerness so people don't really have that…. they haven't sort of developed that thing. If you're taking on identities they would be like "Oh that's a dude"… why would you think otherwise?*

Sexual Identity

Both survey and interview respondents were asked to name their sexual identity. As noted in Table 1, survey respondents had a variety of labels and explanations, which included gay, queer, bisexual, heterosexual and MSM (Table 1).

As found in other research (Schleifer, 2006), some interview participants reported a shift away from their sexual attraction to lesbian women or heterosexual men as they found themselves attracted to gay non-trans men. For one interview participant, the shift was about allowing himself to explore his pre-existing attraction to non-trans men that he had repressed. He explains:

I have chosen to pursue primarily my attraction to men. I have been and am still somewhat attracted to women, am attracted to trans women, but have chosen to be more actively a fag as it is a part of my sexuality that I had repressed before, out of internalized

fagphobia, transphobia and general beliefs that I cannot be a successful fag without a cock.

An interview participant reported the influence of his transition to his attractions:

I've watched my sexuality evolve as well. I think I've always been attracted to men and women..umm..but through time sort of as my identity shifted different parts of my sexual identity did as well….the part of me actively choosing is that it's not that I'm not so attracted to women and or men but that I feel those kinds of walls fizzling and my attraction is based a lot more on different things but it tends to be towards folks in the male end of things.

In answer to the question on sexual identity, a survey respondent demonstrates the importance of his transition in making sense of his sexual identity.

It was harder for me to feel confident in my sexual identity when my body was in such a fucked up state. I didn't know who I was so I think as I became more of who I really am, then it became clear to me.

Sex, Dating and Relationships

Many (66%) survey respondents reported having multiple sexual partners either through non-monogamous relationships or dating/cruising. Survey respondents and interview participants reported dating non-trans women, trans men, and non-trans men. Most (80%) survey respondents reported having between two and ten male-identified sexual partners in the past year. Almost 90% of interview participants stated an interest in dating other trans men, but some expressed concerns with the small size of the community or, for participants from smaller cities, the absence of other trans men (Table 2).

…[P]art of my issue is the community is so small and … I feel like it's easier to go away and hook up with people in different places. Even then, you've got to be careful.

I'm from northern Ontario which is totally fucking isolated. There's like no trans people. It's sort of like a new experience to see like a trans community outside of books and internet….

…I'm always shocked when I meet new trans men. It's a rare occurrence. And, if they are new, it's usually a friend of a friend not actually someone who is new to the community or someone you don't know…which makes it always more complicated to date trans men because of the drama.

Meeting Men

How Survey Respondents Meet Non-Trans Men

Survey and interview participants primarily meet trans and non-trans men through their social networks and the internet. The most common method of meeting non-trans men were through the internet (73%) and via friends/acquaintances (73%) (Table 3). Some participants explained that they prefer to meet men through social networks because non-trans men in their social circles are more likely to know about and be accepting of their trans status. One participant said:

> *It's definitely different with individual non-trans guys who are part of my social circle because […] my social circle is so heavily trans [that] any non-trans guys who are there are [trans-positive].*

Disclosure is an issue for all of the interview participants. Most participants are unsure of when and how to disclose, which gives rise to anxieties about timing and potentially violent responses. However, it was reported that the internet provides a safe forum for disclosure and to 'hook up' with other trans and non-trans men. Some participants disclosed in their online ads in order to manage the expectations of potential lovers and to avoid conflict, although disclosure could result in fewer men accessing or responding to the ad. One participant explained:

> *I always put it right in my title 'cause I've learned now that I just rather not go through all that bullshit. I let them know ahead of time so sometimes you get less hits* [responses] *but sometimes the ones that do hit tend to be a little more sincere.*

The use of unfamiliar terms such as 'FTM' or 'trans' in ads often required some explanation. However, participants reported a general acceptance on some online sites.

> *…[D]espite use of acronyms such as 'FTM' in ads some men were unaware of what it means. Now, I state I'm a trans man… Only a few times would I have people just cut the communication. But most folks are like 'oh it's too bad' that's life and away you go…I can hypothesize but it looks to me like, you know, it's kind of lukewarm… a little bit under the radar….*
>
> *…[S]ome guys are totally cool and some guys are a bit freaked out but respectful. I haven't seen anyone be […] outright transphobic. Just some folks are like 'oh I just didn't think* [you would be trans]*. I would have to think about it but nothing that made me want to cry, just some things that made me feel like 'oh it would be cool if you were cool with it.'*

Two interview participants reported seeing an increase in trans men posting ads in online gay cruising sites as well as an increase in non-trans men seeking trans men.

> *I've noticed both more trans men and most recently, kind of even to my own surprise, a non trans man cruising for a trans man, which is kind of exciting to see…. The other one was 'are you a guy and you still have your girl parts? I'm interested and I'll take you for a drink.' It's interesting 'cause in his ad it said 'I'm not trying to exploit you….*

This quote also speaks to the concerns that some trans people have about being pursued by those who fetishize or exploit trans bodies, often referred to as trannychasers.

Some gay online cruising sites request very specific information about body types in the ad applications. A participant described how he overcame this potential barrier.

> *On some of the sites you have to fill out certain criteria to put an ad up. The one site* [cruising site] *asks 'how long is your dick, how wide is your dick, do you have foreskin?' And, I was like 'thin, small and lots of foreskin.*

Participants had a clear understanding of the phallocentric (or cock-centred) aspects of gay sexual spaces, especially anonymous cruising sites. Bathhouses and parks were viewed as high-risk for rejection and violence as participants believed that non-trans men had an expectation that all men have flesh penises.

> *…I feel like on-line you have space. There's communication. There's something. In the bathhouse, it's visual—boom, that's it…yea or nay.*

> *…I think there are bio guys in the community who have a negative reaction to this if they don't get what they expect to find. Not that I have had a negative experience like physically or yelled at but that's part of the game and I'm cautious about that.*

> *I don't feel like I can…dare I say it…go to the parks or bathhouses…they require a specific organ for that.*

In-person situations such as the kind experienced in bars are highly stressful as participants thought about disclosure, rejection and how to navigate the gay scene as gay men. Seven of the nine interview participants felt that their ability to pass is important to non-trans men. This observation seems to be supported by the differential experiences between trans men who 'passed' and those who did not 'pass'. Participants who are perceived as non-trans men expressed an ease of moving in gay spaces but had heightened anxieties around disclosure and engaging in flirting. In contrast, trans men who do not pass reported being overlooked as potential sexual partners. In addition, these participants reported

lower confidence in approaching non-trans men. The following quotes present a range of experiences:

> *Mostly because of my own anxiety of having to disclose and that making it* [meeting men] *just a bit too high pressure for it to be any fun.*
>
> *…[W]hen I do hangout in gay male spaces, I do find that I'm, I'm fairly well received or just ignored in a way that people do in those kind of spaces...*
>
> *…I'm really not active right now with other people…Some guys try to flirt with me, some really try to pick me up, but I'm just kind of … scared, like, whoa, I'm just like not ready. And being a gay guy is very different than anything else I've ever been so far in my life.*
>
> *…[W]hen I feel that I'm visibly trans around non trans men, I can be really uncomfortable. I'm almost anticipating that they are not going to be accepting of you even though they are. It's easier to assume that they're going to be non-accepting rather than to actually test the waters and to find out… Umm, and when I feel like I pass or when I'm with people who do pass, so we're not being perceived as trans or as outsiders, there's a bit more comfort… still, like, I'm not going to actually go and flirt with anyone because they might find out I'm trans and that's going to be weird.*
>
> *… [T]hey're all getting hit on, having fun and I'm the poodle. I'm the gay guy's woman friend coming along…*
>
> *I mean there's so many things I wouldn't do when I was out or people I wouldn't approach or things I wouldn't think about doing just with….you know…other gay men…even the ones who show signs of being interested. I just can't get my head around the…'what if', maybe if they have a negative reaction. You know, in a real moment… so…I think that it does affect confidence.*

<u>Passing and Dating/Sex/Relationships</u>

Participants who don't pass raised concerns about whether they would be seen as women by non-trans partners.

Passing and having a more traditional 'male' body can be important for approaching or being approached by non-trans men and for sexual relations. One participant shared that after walking around naked in front of his non-trans partner, the partner stopped the use of male pronouns and began to use female pronouns in reference to him.

> *… there's this… moment where my one partner was starting to lose my pronouns after I had been walking around naked for two days*

> *straight 'cause you know we were on holidays … we were doing something and I looked down and was like 'oh there's a girl in the bed with us' and I was 'uh oh'… seeing my own parts that in my own head still refer to the object called girl you know…*

This participant illustrated the importance of passing, for him, to being sexual with non-trans men:

> *I feel like it's kind of important. I mean […] honestly in the past I've had…I did hook up with a number of guys where I was on testosterone but I hadn't had my surgery. But, I think passing, for me, it makes a big difference. It makes a big difference to the men that I've been with that I appear or pass very well as a man…But I've also had…umm one guy that we hooked up and he asked me 'do you mind keeping your shirt on during sex because.. I think I'll be wierded out?*

Sex

Sexual Activities Engaged In by Survey Respondents

Survey respondents were asked to indicate sexual activities that they engaged in by selecting from a list, as well as to include any activities that were not listed. In general, participants engaged in a wide range of activities, with the most common being: performing oral sex on non-trans men (87%), receiving anal sex from both trans (73%) and non-trans men (73%), and performing (73%) and receiving (73%) oral sex from trans men (Table 4). They had the following activities to add: spit, vomit, penetrative frontal sex with a trans man, asphyxiation play, role play.

Safer Sex Practices of Survey Respondents

Participants were asked to select from a list of safer sex activities that they practiced and to indicate how often they engaged in these practices. In this study, they were not asked about how their sexual partners identified. However, through responses, it would appear that participants have had sexual encounters or relationships with straight, bisexual and gay-identified non-trans men (Table 5).

Barriers to Sexual Engagement

Some participants were concerned that they would be reminded of pre-transition sexual experiences when engaging with non-trans men. Eleven survey respondents (73%) reported experiencing sexual assault at some point. One survey respondent and two interview participants reported sexual abuse or assault by non-trans men pre-transition and expressed concerns about being 'triggered'.

One interview participant described challenges in adjusting to gay male culture and anxieties around becoming sexual with gay men:

> *And being a gay guy is very different than anything else I've ever been so far in my life. Like I feel like I need … You know, there's a lot to learn. There's a lot to learn about dynamics.*
>
> *Really being with other people in a sexual way. I'm just like no. It freaks me out… I just don't want anyone in my space in that way…in my kind of personal space. I guess I'm just so much in my head. It feels like, like I said … if I can't figure it out in my head then it's like it's not* [possible] *yet.*

These feelings had led this participant to wonder if he was still attracted to women, resulting in a few unsuccessful dates:

> *I'm just not into it. I think there's just so many reminders of things, just reminders of being a "woman" and I really don't want to interact with women sexually. No.*

When asked if this same fear inhibited him from moving forward with men, the respondent replied:

> *Yes, I totally do actually, I totally do. […] And I almost want to make sure because I have been with men before in a lot of different contexts. I really don't want to be reminded of some of that either. 'Cause some of that was really shit too. So I'm kind of like, well, I really feel stuck between a rock in a hard place too… because I really feel like ok, again, I'm trying not to be too harsh with myself about it. But when it comes to be, it will come to be. I think also … like I have been assaulted by men in the past so I think that definitely is part of it … I don't want to be reminded of that either.*

Language

Respondents were asked what kind of language they used to describe their body parts. Body image played a critical role in sexual self esteem and the ability to develop and use a language to describe ones body. Some interview and survey respondents expressed discomfort with all the language used to describe their bodies, be it clinical or colloquial.

> *I haven't yet actually come to terms with everything down there that I'm comfortable with. It all depends on the context. If I'm going to see my doctor I'll usually be like vagina or whatever just so they know what I'm talking about umm, to casually refer to that I'll use the word cunt And then in a sexual context I'll say cock or whatever or just to hold it all together (laughs).*

… I feel like I don't have so much language. If I see things written down, like dicklet or all those kind of things, like I'll think, that's interesting, or whatever. But, like I said, I still feel like I'm in this place where I have to get more comfortable…

I'm finding it really frustrating because….there's….there's this eroticization of gender associated with certain body parts.

I don't really talk about my body a lot.

Interview respondents also reported a vocabulary that combined terms associated with both female and male bodies.

I usually call my vagina a cunt, but I try to avoid naming it. I call my clit and dick my cock.

Jokingly I say 'glory hole' and 'bonus round', but when actually talking about my body seriously...frankly I don't have any words at all. It's just a big void in my vocabulary.

My dick is my dick. I don't really talk about my other parts much.

[I use] man-boobies, boobies, chest for my chest area. [And, I use] cunt and clit for my vaginal area…

Little man, dick, hung like a hamster, cock, little Buck: all names for my enlarged clit.

…cockpit, front and back hole…

…it's becoming clear that what the word dick refers to or cock refers to depends on what I'm wearing at the moment and whether the person understands me or whether they're going to need a 101. And, I assume that it's like you can't even rely on another trans partner to understand what you're talking about…it's so individual and unique.

As demonstrated through some of the quotes above, participants were often uncomfortable and uneasy with both the act of discussing their bodies and with the terminology they use. As a result, participants either avoided discussing their bodies, used a combination of terms traditionally associated with female and male body parts, or used humour and comical terms. In addition, it would appear from some quotes that participants integrated their strap-on dildos (dicks) and/or female genitals (clit/dick) into their male identities.

Interview participants also talked about the strategic and situational use of language during sexual relations with non-trans men.

I try to use language that is like not referring to what would be known as female parts, but, it still lets them know what it is.

Depends who I'm playing with and what the game is. I could say that I have a hard on and wet in the same sentence. And what's a cock? A cock can be a genital, a cock can be a strap on and it can be your hand.

Two interview participants share the language they used to describe themselves to their online ads or via email:

I think I usually say something like…ummm you know….I'm fat … how hot and fat I am or something like that to put it positively …. I say like … I don't like to actually say this but I do it so that they can have something pictured in their minds. I'll say like, I've had chest surgery or something like I have a flat chest or...like that kind of thing. And I'll say, more than explain what my parts are I say stuff like 'I like to get fucked in both holes' that's what I'll say something like that.

[I say] that I'm a FTM transsexual and I'll tell you a bit about what that means. I was born a woman. I look like a man, I'm hairy, I have had chest surgery, yada, yada. But, I have sort of female bits below the waist and see how they are with that.

These participants paint a portrait of themselves to give a potential sexual partner an idea of what FTM means, which also serves to manage their expectations.

Negotiating Safer Sex

Two interview participants reported no challenges in negotiating condom use with non-trans men but did not provide further information. However, almost all interview participants described difficulty with negotiating sex with non-trans men and a lack of clarity about HIV risks with trans men. Challenges included: finding language to describe their bodies, a lack of knowledge about which activities placed them at risk, and not feeling confident in enforcing condom usage. Risks associated with oral sex were especially unclear.

Two participants in non-monogamous relationships reported the use of protection with casual partners and no protection with their regular partners; barrier use with casual partners, however, decreased over time. One participant used protection with his regular partner in recognition that his partner would get lost in the moment with casual partners. Avoidance was also a strategy used by a participant who was uncomfortable navigating the sexual dynamic. This participant made it very clear that he wasn't practicing abstinence but was consciously avoiding any kind of sexual engagement. Given the work it would take to overcome his discomfort, the participant expressed doubt he would have the energy or the will to negotiate safer sex in future. Another participant shared a detailed story of an encounter in which he did not maintain his commitment to safer sex due to low self-esteem and subsequently experienced guilt and disappointment.

> *One of the first guys I pick up [online]--we met. And I'd been very explicit in my ad, but, I still wasn't sure, but he said 'let's meet'…I think I was kind of confronting or coming face-to-face with my internalized transphobia. 'How can you be so excited so soon?' So, we're at the bar having one drink and he's like 'let's go back to your place' and I'm like 'okay.' Even though I might have naturally known it was coming, I still couldn't believe it. […] So then we go and we're lying on the bed and I was kind of like, 'do you know what a trans guy is?' He's like 'oh yeah, oh yeah. I know what it is. I've been with them before.' And I was scared at that point. […] I was really kind of freaked out. We were fooling around and it comes to fucking—no condom. We fucked twice. He came in me both times—no condom. And, the sex was alright…it was….I felt terrible because of all the internal stuff…I was like with all my knowledge…I have a bucket of condoms here…all this shit…which was a great lesson to me that you can have all the knowledge in the world, but there are so many other things that can go there with it. But, I really think in hindsight that I had so much stuff going on that it was as if I was so grateful that this guy would sleep with me, that he could just do what he wanted. I was very upset afterwards and it was quite a shock to me. Fortunately, I have…since then all the 'fucking' sex has been with condoms.*

Although this participant gained some insight and a renewed commitment to safer sex in his resolve to now place condoms on his partners, he continued to struggle.

> *I still feel a challenge when I have to psyche myself up to do that because I was shocked to see that after all the years and all the different things that I do that that could just so quickly, you know, almost even before…me not making the space to talk about it, then boom….that person just carrying on […]. I knew it was happening and I didn't do anything about it. I had the foresight and intention of doing it but in the moment I didn't.*

When asked what may have contributed to his decision to just go along with the unprotected sex, the participant discussed feeling switched around in terms of roles because he was usually a top, but in this situation, he allowed his sexual partner to take the lead. The participant said that there was "*consciousness and some level of a disconnect at the same time*" and that *"there have been times that I have done riskier things because I have not wanted to ask or to talk about it*".

In his online ad, another interview participant clearly outlined that safer sex was a must. He described a situation in which he met with a non-trans partner who responded to his ad and agreed to the safer sex conditions. As they became sexual, the non-trans partner continually tried to get the participant to let him penetrate without a condom. In this quote, the participant shared the outcome:

> *…So, I just kept putting my foot down. You know.. like 'you're not fucking me unless you use a condom, so, you know it's your choice.*

Do you want to or not?' Umm he was like 'okay, okay okay'. And then a couple seconds later he was trying to talk me into it again. You know just kind of like back and forth for a long time and then I kind of like got over it a little bit like, 'okay I'm bored.' […] you know… sometimes talking just ruins things. And so… after talking about it a lot because he kept bringing it back up …it's like 'oh God forget it'. It's more problems than it's worth. We just ended up doing something else.

From this quote, it would appear that the participant is comfortable negotiating safer sex and employed the use of alternative sexual activities in the absence of safer sex.

When asked under what circumstances they would forgo protection, interview participants provided very specific responses including: getting caught up in the moment, assuming lower risk with other trans men, being street-involved and needing a place to stay, and not wanting to lose out on a limited opportunity. The following quotes best illustrate challenges for participants:

It can be hard to comprehend[…] just doing things that involve female body parts…

[W]e don't always talk about it because it does feel disempowering. This idea that, you know, there's not a lot of non trans-guys who are going to want to sleep with us. And what do you do? It's like 'wow the prize.' What do I do? Do I push it? Am I going to wreck it if I say you have to play safe, too.

…[N]ot necessarily wanting to pull out a dental dam or things like that. People may not be willing to do that 'cause they don't want to stand out as being different. It may be a weird thing to have to negotiate it with someone who may never have used it before.

HIV Risk Perception

Participants also talked about having little to no consciousness around HIV risk and safer sex negotiation, which many attributed to their lesbian or dyke histories in which HIV wasn't perceived as a relevant issue.

I think one interesting thing is a lot of trans men that I know sort of came out of lesbian communities with the idea that they weren't at risk. Which isn't true for queer women either, but, they don't have the same… knock you over the head with the HIV issues that gay men have. Gay men as soon as they come out are sort of indoctrinated around all these messages that queer women are not.

I know when I was growing up in a small town as a so-called 'girl' having sex with boys and the fear was I was going to get pregnant… there was something very liberating that when I came out as a dyke I

didn't have to use fuck all, thank god there's no more fear of nothing […] knock wood for whatever circumstance I didn't pick up any other STIs either [...]And I think some of that carries over, and for the guys to have sex with non-trans men, even other non-trans men I still feel have the feeling there is nothing to worry about.

Two respondents reported being sexually assaulted by a gay non-trans man as a risk factor. Although one survey respondent reported heavy alcohol use while being sexual, substance abuse does not appear to be a major issue within this study.

Despite receiving little HIV information, all respondents believed HIV to be a relevant issue for all trans men and they recognized that GBQ trans men were at risk for HIV. Survey and interview participants were clear about the high risk associated with unprotected anal and frontal sex, but there was some lack of clarity around the degree of HIV risk for sex with other trans men, oral sex and sharing needles. Twenty-five percent of survey respondents were unclear about the HIV transmission risks for breastfeeding. Given that two participants reported a desire to get pregnant, it would appear that HIV and pregnancy information is relevant to include in HIV-related materials targeting GBQ trans men.

HIV Risk Perception among Survey Respondents

Despite a belief that GBQ trans men are at risk for HIV in general, only 53% (n=8) of survey respondents felt themselves to be at risk, with 33% (n=5) reporting themselves to not being at risk and 13% (n=2) being unsure (Table 6). Survey respondents offered the following explanations for why they felt they were not at risk:

…safer sex -- I'm pretty thorough about it.

Only because I'm currently not having sex.

Currently not dating, and when I do have sex, I try to be safe, use gloves but I have a latex sensitivity so condoms burn...which is fine I don't like penetration. But it does make me concerned because you never know....

Survey respondents who considered themselves at risk for HIV cited the following reasons:

I have sex with non-trans men.

Anyone who is sexually active is at risk especially when they are trying to fit in and sometimes engage in risky behaviour

Risky behaviours, anonymous sex, sex frequently under the influence, unprotected oral sex.

> *In one of my first hook-ups with a non trans man, we had unprotected sex and he came inside me twice....I learned a lot about my internalized transphobia and how easily all the info and training in the world can fly out of your mind if you are horny and nervous, and, sadly, feel so 'lucky' that a fag with a dick will fuck you that you will compromise your safety to make him happy. I still haven't been tested.*

Almost all participants cited challenges in finding language to describe their bodies and in assessing their personal HIV and STI risk, especially relating to oral sex.

> *I think it's harder to negotiate condom use when you have trouble talking about your body. And like I said there's the thing when you feel you've less availability of sexual partners.*

Service Access

Of the fifteen (15) survey respondents, thirteen (13) have tested for HIV, ten (10) of whom tested within the past twelve months. None of the respondents reported a positive HIV status.

According to participants, reasons for not testing included: fear of medical service providers, inconvenient service hours and perception of low risk. Survey respondents were also asked about the last time they were tested for a sexually transmitted infection. Seventy-five percent (n=8) of the respondents had tested within the last 12 months, 17% (n=2) had tested within the last five years and 8% (n=1) had tested over five years ago, suggesting that despite some barriers, participants remained open to accessing health services (Table 7).

Respondents accessed trans-specific health information through the internet, friends and trans-specific health services (see Table 12). Service access barriers cited by respondents supported the findings in the literature, including: transphobia, limited trans-specific knowledge and services, long wait lists, inconvenient service hours, poor service quality, and inconsistency between policy and practice. Participants from small towns cited not only limited services but also a collective disempowerment in accessing services.

> *…There are unimaginable amount of barriers in smaller communities. You probably have to be proactive to get any information at all. There's only one health clinic and it's like attached to a hospital and by appointment… you know, and there's a huge doctor shortage and there's […] it's almost like a community thing it's like the entire community is somewhat disempowered.*

As with negotiating sexual activity, language also provided a challenge for some participants when accessing health care. Three interview participants reported experiencing discomfort with using clinical terms to describe their bodies, which led to difficulty in accessing health information.

> *…We just had a really hard time talking…with this woman and I think there was a lot of reading of my hesitancy with certain words…as ignorance. You know, because I'm trying to communicate and I'm like 'what word do I use for that so you'll understand me'. I'm literally trying to get information from this person …and I was dissatisfied that I didn't really know… I wanted to have this talk. But it was really awkward to be having this talk with someone who doesn't understand why you're having problems using language around your own body.*

The participant explains why he didn't use clinical terms to bridge the communication gap.

> *I could have just used the language but I would have felt like I was talking about an anatomical doll. And I don't know if it would process correctly.*

The participant had difficulty accessing risk assessment information when confronted with the required use of clinical terms.

Finally, a number of participants identified themselves as trans activists and/or social service providers, and reported discomfort in accessing services within the community as well as concerns about confidentiality.

> *I'm an activist in the trans and social service community and I feel 'conspicuous' when I go to social service agencies for support or information. My anonymity is not guaranteed at all, and I feel everyone knows my business.*

Discussion

I had no idea that 16% of gay men in Ontario [are HIV-positive].

While all of the GBQ trans men surveyed and interviewed for this needs assessment recognized their community members as being at-risk for HIV infection, only half of the survey sample considered themselves personally at risk. Many were confused about risks involved with receiving and performing oral sex (with trans or non-trans men). Some felt that they were at low risk because they weren't currently having sex. Others didn't provide any explanation. While a lack of clarity about one's vulnerability to HIV is by no means unique to GBQ trans men, it is troubling because unlike other groups of men who have sex with men, most trans men don't have access to relevant, culturally appropriate, or accurate sexual health information (Clements *et al.*, 1999). Furthermore, we often have not had access to the sexual health and prevention messages that non-trans men are exposed to.

When we transition from female to male, GBQ trans men often transition into new communities and sexual fields. There is little support or discussion around HIV/AIDS when we move from a straight or queer womens' social milieu to a gay mens' milieu. This is concerning because of the numerous overlapping factors that obscure our potential HIV risk.

Trans men who have a history within queer women's sexual communities observed that among lesbians and queer women, HIV is not seen as a pressing concern. Some expressed that they felt relieved to be queer women because they assumed that this identity would protect them from HIV. This brings to light the question if this perception of low vulnerability to HIV be carried over into our post-transition lives, and how might it impact our sexual decision-making.

Many interview and survey participants reported less vigilance around safer sex practices with trans men than with non-trans men. This may be due to the perception that the sexual activities engaged in between 'female-bodied' partners are inherently low risk (as is a common perception in regards to lesbian HIV risk [Anderson & Fishman, 2003]). Another factor may be varying understandings of what constitutes a high-risk activity, reflected in the confusion participants expressed about risks associated with oral sex. Finally, trans men may forgo safer sex practices with other trans men because of a sense of increased safety, comfort, and connection with other trans men.

It is noteworthy that none of the participants connected their perception of risk to available research data on trans people and HIV risk. There is a relatively wide body of research on HIV risk and prevalence among trans women, which points to very high rates of infection, particularly among racialized and sex-working trans women (Han *et al.*, 2004). However, the little research that mentions trans men is riddled with definitional and methodological flaws [see Literature Review], and does not offer clear conclusions about our risk factors or HIV prevalence. This lack

of epidemiological data may contribute to a sense of false security among trans men.

The belief that individual trans men are not at risk for HIV is troubling and unfounded. Although statistically significant research on HIV prevalence among trans men is not available, we know trans men have many of the characteristics and experiences that are correlated with higher HIV risk. These factors include: low income, experiences of sexual assault and abuse, discrimination and social isolation (Martin Spigelman Research Associates, 2002). Trans men who did consider themselves at risk for HIV spoke about feeling lucky when non-trans men wanted to have sex with them, and being willing to put themselves at risk to not lose out on a sexual opportunity. The power imbalance in these sexual encounters between trans and non-trans men decreases the likelihood of practicing safer sex.

For trans men to be able to take care of our physical and sexual health, it is crucial for us to be able to speak about our bodies and sex lives. Many trans men use humorous or playful words to describe our gendered body parts (“breasts” and genitals). Because clinical terms can erase our “maleness”, they are not options for many trans men. Invented terms such as “manhole" are not necessarily cute, vulgar, or euphemistic alternatives to more clinical language, but are often our only options. It is telling that much of this slang seems pejorative or dismissive (ie. “dicklet”). If trans men have trouble taking our bodies seriously, our ability to advocate and negotiate for our physical well-being is diminished.

Trans men often joke about being (on average) shorter than other men, or having smaller hands. Many of us wish we were a bit taller, more muscular, hairier, or smoother. Like all gay men, in particular those who are marginalized because of race, trans status, serostatus and age, we are affected by the dominant beauty standards for queer men. However, because our very legitimacy as men is often under question (rather than just our place within a gay male hierarchy), we can feel extremely inferior in relation to the ideal gay body.

In addition to grappling with the impossibility of achieving an ideal gay body, many trans men must deal with some level of dissociation from our sexed/gendered body parts, particularly when engaging sexually. This dissociation is sometimes called “gender dysphoria”, which refers to the pain and suffering experienced by trans people due to the incongruence between our bodies and the genders we understand ourselves to be. It can lead us to deny participating in certain sexual activities (such as vaginal penetration), which makes us less likely to use protection for those activities (Clements *et al.*, 1999). This dissociation can also be compounded by histories of sexual abuse.

For some trans men, the sexual identities or histories of our partners can be an important factor. Some feel that they have more sexual opportunities with non-trans bisexual men, because they are more likely to regularly encounter and appreciate “female” body parts. Others prefer gay-identified partners for validation as men. If we are seeking out sex not only for pleasure, but also for validation of our maleness, what might we be willing to give up? It seems clear that increased

societal validation and respect for our male identities, regardless of our physical appearance, would increase our confidence in demanding safer sex.

Grappling with the dissonance between our physical bodies and our desired bodies, or the bodies that our culture values and expects, trans men must redefine what “maleness” means. We are undeniably men, but our embodiment and life experiences make us different from non-trans men. This difference has the potential to enrich gay men’s communities, but at present is often seen as grounds for excluding us.

Although the trans men who participated in the needs assessment come from a variety of geographic locations and levels of community involvement, most reported some connection to a trans community, and many spoke of their extensive involvement with paid and volunteer work in the LGBT communities. It is striking that even among a well-connected and socially supported group of men, so many felt isolated from, or uncomfortable within, the broader gay men’s community.

What does it mean to be a gay trans man? As we are slowly integrated into the broader gay men’s community, what might we be willing to risk to fit in? As one participant said:

> *I worry about what it is to be a gay man. Is it to have a lot of concerns or thoughts on HIV and what it means to be poz, and all that stuff? And so, I guess part of what I worry about, as well, is if we don’t feel validated and visible as gay men, I think that we are more likely to become infected? Because people see that as being gay.*

Recommendations

Conducting Research with GBQ Trans Men

1. Research concerning GBQ trans men needs to actively include the perspectives of trans men from our communities.
2. Skills-building workshops to build research capacity within trans communities are much needed and would increase the potential for GBQ trans men to engage with community-based research projects.
3. Training on GBQ trans men's issues needs to be provided to members of the HIV research community so that gay and MSM research projects are better equipped to meaningfully include and address trans men within their samples.
4. More in-depth research with a larger and more diverse sample is critically needed to increase our understanding of the sexual health needs and behaviours of GBQ trans men.
5. Clinical research is needed which would help us to understand the impact of transitioning on the sexual health of GBQ trans men and the sexual health risks we face.
6. Collaborative research projects involving GBQ trans men need to recognize our complex histories of institutional oppression across academia. Taking the time to build research projects, which are truly community-based increases trust and has broader impacts and implications than might first be imagined.

Topics for Future Research

1. STI prevalence and prevention among GBQ trans men in Ontario and Canada.
2. Sexual health concerns and experiences of HIV-positive GBQ trans men.
3. The possibility of increased physical vulnerability to HIV transmission resulting from testosterone therapy and transition-related genital surgeries.
4. Sexual assault and its impact on sexual health for GBQ trans men.
5. Impact of racialization on the sexual health of GBQ trans men of colour.
6. Unplanned and planned pregnancy among GBQ trans men.

Service Provision

1. Sexual health resources for gay/bisexual men and other MSM must be inclusive of GBQ trans men, acknowledging them specifically as part of the gay and bi men's community.
2. Sexual health resources for gay/bisexual men and other MSM must acknowledge that men's bodies are diverse. (ie, some men who have sex with men do not have penises. Bathhouse and park outreach can incorporate dental dams, gloves, and the Reality/female condom).
3. Sexual health resources for GBQ trans men need to explicitly acknowledge their diversity of identities, needs, sexual roles, etc. (i.e., not all trans men bottom, some trans men wish to become pregnant).

4. More trans-inclusive health and social services need to be developed and identified explicitly in referral resources for their skill, knowledge level and experience in dealing with trans men and their sexual health needs.
5. Services need to establish reputations within the trans men's community via formal and informal working relationships with trans men and established trans-oriented social services, in order to be trusted by the trans men's community.
6. Agencies must display trans-positive materials that incorporate trans people and trans-inclusive language that will invite trans men to use the service.
7. Agencies must organize staff and volunteer trans training, as well as work from an anti-oppression framework.
8. Services to trans men need to include both anonymous walk-in services that address immediate health care needs, and on-going services that can retain a long-term record of individuals' health for consistency of care.
9. HIV antibody testing and other health services need to ensure that their services include trans men at all stages of transition (e.g. providing a gender neutral bath room.)
10. Service events focused on gay men and MSM must welcome trans men who identify as GBQ or MSM.
11. Increase access to HIV testing by inclusion of trans men in outreach efforts, mixed-gender clinic hours, and trans-knowledgeable practitioners.
12. Anti-violence services must be able to address the needs of trans men who are survivors of sexual, physical, or emotional assault, as well as hate crimes.
13. HIV/AIDS educators need to be allies in advocating for inclusion and safety of trans men within gay sexual cruising venues, such as bath houses, bars or internet sites.
14. Service providers need to consistently include internet-based resources in the dissemination of HIV/AIDS information and service information specific to trans men.

References

AIDS Committee of Toronto. HIV/AIDS Statistic: Gay and bisexual men who have sex with men. Retrieved November 1, 2006 from www.actoronto.org.

Canadian AIDS Society. (2005). *HIV Transmission Guidelines for Assessing Risk: A Resource for Educators, Counsellors, and Health Care Providers (5th Edition).* Ottawa: CAS.

Chivers, M. L. & Bailey, J. M. (2000). Sexual orientation of female-to-male transsexuals: A comparison of homosexual and nonhomosexual types. *Archives of Sexual Behavior*, 29, 259-278.

Clements-Nolle, K., Marx, R., Guzman, R., & Katz, M. (2001). HIV prevalence, risk behaviours, health care use, and mental health status of transgender persons: Implications for public health intervention. *American Journal of Public Health*, 91, 915-921.

Feldman, J. & Goldberg, J. (2007). Transgender primary medical care. *International Journal of Transgenderism. 9.3-4, 3-34.*

Flicker, S. Savan, B, Mildenberger B. & Kolenda, K. (2007). A snapshot of community-based research in Canada. *Health Education Research*. 23.1, 106-114.

Kenagy, G. P. (2002). HIV among transgendered people. *AIDS Care*, 14, 127-134.

Kenagy, G. P. (2005). Transgender health: Findings from two needs assessment studies in Philadelphia. *Health & Social Work*, 30, 19-26.

Kenagy, G. P. & Hsieh, C.-M. (2005). The risk less known: Female-to-male transgender persons' vulnerability to HIV infection. *AIDS Care*, 17, 195- 207.

Melendez R., Bonem, L. & Sember, R. (2006). On bodies and research: transgender issues in health and HIV research articles. *Sexuality Research and Social Policy: Journal of NSRC.* 3.4, 21-38.

Namaste, V. (1999). HIV/AIDS and female to male transsexuals and transvestites: Results from a needs assessment in Quebec. *IJT* 3,1+2, http://www.symposion.com/ijt/hiv_risk/namaste.htm

Namaste, Viviane K. (2000). *Invisible Lives: The Erasure of Transsexual and Transgendered People.* Chicago/London: Chicago Press.

National Reference Group. (2001). *Valuing gay men's lives: Reinvigorating HIV prevention in the context of our health and wellness*. Saskatoon: Canadian Strategy on HIV/ AIDS and the Gay and Lesbian Health Services of Saskatoon.

Nemoto T., Operario D., Keatley J. & Villegas D. (2004). Social context of HIV risk behaviours among male-to-female transgenders of colour. *AIDS Care*, 16, 724-735.

Newfield, E., Hart, S., Dibble, S. & Kohler, L. (2006). Female-to-male transgender quality of life. *Quality of Life Research*,15, 1447–1457.

Schilder, A. J., Kennedy, C., Goldstone, I. L., Ogden, R. D., Hogg, R. S. & O'Shaughnessy, M. V. (2001). "Being dealt with as a whole person." Care seeking and adherence: the benefits of culturally competent care. Social Science & Medicine, 52, 1643-1659.

Schleifer, D. (2006) Make me feel mighty real: Gay female-to-male transgenderists negotiating sex, gender and sexuality. *Sexualities*, 9, 57-75.

Ware, S. (2004). *Assessing the HIV/AIDS prevention, education and support needs of trans people living in Toronto*. Toronto, ON: AIDS Committee of Toronto.

Xavier, J. (2002). *The Washington, DC transgender needs assessment survey (WTNAS)*. Washington, DC: Helping Us, People Into Living, Inc. Retrieved September 1, 2005, from http://www.gender.org/resources/dge/gea01011.pdf

Tables

Table 1 – Sexual Identity:

How do you identify in terms of sexuality. (choose all that apply)	
answer options	**Response**
Gay	6
Queer	14
Bisexual	7
Heterosexual	1
Man who has sex with Trans and non-Trans men (MSM)	6
Self Identify (please specify)	1
Slut	

Table 2 – Relationship Status

Relationship Status	Number (n=15)	Percentage
Non-monogamous relationship	7	47
Single and dating/cruising	3	20
Single and not dating	3	20
Partnered with non-trans woman	3	20
Partnered with trans man	3	20

Table 3 – Meeting Non-trans Men

Meeting Non-trans men	Number (n=15)	Percentage
Internet	11	73
Friends/Acquaintance	11	73
Private Parties	9	60
Gay Bars	6	40
Bathhouses	4	30
Personal Ads	3	20
Conferences	1	7
Parks	1	7
Video/Porn Store	1	7
Phone chat line	1	7
Hotels	1	7

Table 4 – Sexual Activities

Activity	# of responses (n=15)	%
Receptive anal sex with non-trans men	11	73
Receptive anal sex with dildo with trans men	11	73
Penetrative anal sex using a dildo on non-trans men	6	40
Penetrative anal sex using a dildo with trans men	10	67
Receptive frontal sex with non-trans men	9	60
Receptive frontal sex using a dildo with trans men	8	53
Fisting (receive)	7	47
Fisting (give)	8	53
Perform oral sex on non-trans men	13	87
Perform oral sex on trans men	11	73
Receive oral sex from non-trans men	10	67
Receive oral sex from trans men	11	73
Rimming (receive)	9	60
Rimming (give)	9	60
BDSM top	7	47
BDSM bottom	8	53
BDSM switch	5	30
Blood sports (i.e. cutting)	6	40
Nipple play	9	60
Mutual masturbation (jerking off)	10	67

Table 5 – Safer Sex Practices

Activity	All the time	Most of the time	Sometimes	Rarely	Never	No Response
I use a dildo	1	3	11	0	0	0
I use a condom on my dildo	7	6	1	0	1	0
I share my dildos and sex toys	1	0	6	3	5	0
I use a condom when performing oral sex on non-trans men	2	4	2	3	4	0
I use a condom or barrier when performing oral sex on trans men	2	0	2	5	5	1
I use gloves	1	4	7	1	2	0
I use dental dams	1	1	0	4	9	0
I use lube	4	8	3	0	0	0
I use a condom for frontal sex with non-trans men	7	6	0	1	0	1
I use a condom for anal sex with non-trans men	12	2	0	0	0	1

Table 6 – Perception of HIV Risk (N=15)

Questions	True	False	Don't Know	No Response
You can get HIV from kissing	1	14	0	
There is a vaccine for HIV	0	14	1	
HIV leads to AIDS	10	2	2	1
You can pass on HIV through breastfeeding	9	0	6	
Rinsing shared needles with hot water will clear away HIV infected blood	0	14	1	
Unprotected anal sex is high risk for HIV	15	0	0	
HIV is relevant to FTM and Trans men communities	15	0	0	
Unprotected frontal sex is high risk for HIV	15	0	0	
Unprotected oral sex is low risk for HIV	12	1	2	
There is a difference between HIV and AIDS	15	0	0	
Gay Bi Queer Trans men are at risk for HIV	15	0	0	

Table 7: Sources of Health Information (n=15)

	Frequency	%
Friend	9	60
Community Centre	3	20
AIDS Service Organization (ASO)	6	40
Online	13	87
Family Doctor/General Practitioner	10	67
Community Health Centre or Clinic	11	73
Library	1	7

Appendix 1: Glossary of Terms

Terms as used in the context of this report:

Ace bandages	Elastic fabric bandages used in sports medicine in order to compress muscles and tissues. They are sometimes used to compress breasts flat against the chest in the FTM transgendered community.
BDSM	Bondage, Discipline (or Domination), Sadism, Masochism.
Bio-guy/ bio-boy	An informal term for people who were designated male at birth. Many people prefer the term non-trans man.
Blood sports	Sexual play involving cutting or piercing
Bottom Surgery	(see Surgery)
CAMH	Centre for Addiction and Mental Health
DSM-IV	Also known as the Diagnostic Statistical Manual, it is the fourth published catalogue of mental illnesses as defined by the American Psychiatric Association (2000).
FTM	A female-to-male transgendered or transsexual person. This identity covers a broad spectrum of gender presentations from male-identified individuals who have chosen medical interventions such as hormones and surgeries, to female-identified individuals who explore their masculinity, but don't want any medical interventions at all, and everyone in-between.
Gender Dysphoria	Unease with, and dislike of one's own physical sex. This discomfort may be consciously felt and acknowledged or it may affect an individual at a subconscious level.
Gender Identity	Whether somebody identifies as male, female both or neither.

Hysterectomy	A hysterectomy is a form of surgery to remove some or all of the female reproductive organs (uterus, ovaries, fallopian tubes).
Internalized Transphobia	Feelings of self-shame and self-hatred that are a result of long-term ongoing experiences of discrimination, feelings of isolation and being acutely aware of being different because of one's non-normative gender identity.
Intersex	A group of medical diagnoses describing a person whose anatomy or physiology differs from cultural/medical notions of male and female, in terms of external genitalia, internal genitalia, chromosomes, and/or hormone production levels.
MSM	Men who have sex with men – they may not all identify as gay or bisexual.
MTF	A male-to-female transgendered or transsexual person. This identity covers a broad spectrum of gender presentations from female-identified individuals who have chosen medical interventions such as hormones and surgeries, to male-identified individuals who explore their femininity but don't want any medical interventions at all, and everyone in-between.
Pansexual	An individual who engages in sexual activities or relationships irrespective of gender or sexual orientation.
Passing	Term for being accepted as the gender/sex with which you identify and not being perceived as trans by others. Not all trans men care about passing or believe passing is a priority to a healthy sense of being.
Phalloplasty	One of a number of procedures developed to construct male genitals. (see Surgery)
Polyamorous	Is a term describing the practice of having more than one loving, intimate relationship at a time with the full knowledge and consent of everyone involved.
Queer	An encompassing term describing any identity that transgresses established societal

	conventions regarding gender and sexual orientation.
Rimming	Stimulating a sexual partner's anus with the tongue.
STI	Sexually transmitted infection
Surgery (Top or Bottom)	Shortened slang for sex reassignment surgery, also commonly referred to as top surgery (chest reconstruction surgery) or bottom surgery (genital reconstruction surgery.) Not all trans people want or have surgeries, due to financial barriers, pre-existing medical conditions, or the sense that they can be comfortable with their bodies the way they are.
T	Short form for the sex hormone testosterone which is classified as an androgen. Androgens aids in the development of male secondary sex characteristics
Top Surgery	(see Surgery)
Trans	Trans is a shorthand term that is often used to describe all kinds of identities of people who cross gender norms by the way they dress, behave, or move through society. It is an umbrella term that may include transgender people, transsexuals, cross dressers, drag queens, drag kings and others.
Trans men	Individuals who have transitioned to living full-time as men, although their designated birth sex was female. Some individuals self-define as trans men, but others do not use these terms at all and instead identify solely as men.
Trans Women	Individuals who have transitioned to living full-time as women, although their designated birth sex was male. Some individuals self-define as trans women, but others do not use these terms at all and instead identify solely as women.
Transphobia	Fear, dislike, or hatred of trans people.
Transition	Refers to the process of making social and physical changes to bring one's gender and sex

	presentation in alignment with their internal gender/sex identity. This process may or may not include change of name, pronoun, and legal sex, change of dress, hormones, and surgeries.
Two-Spirit	A North American First Nations cultural identity that indicates aspects of both male and female spirits in one individual (this may encompass aspects of both sexual orientation and/or gender identity).
Water sports	Sexual play involving urine.

Appendix 2: Sample Recruitment Materials

Recruitment poster:

HIV Needs Assesment among Gay Bisexual and Queer Transmen and FTMs who have Sex with Trans and Non-Trans men

We are studying HIV risk among gay bisexual and queer transmen who have sex with non-transmen

Needs Assessment:

- Initiative of the Gay Bi Queer Transmen Working Group
- Topics: Sex, Sexuality, HIV Risk, Service Access
- Date: December 18th, 2006-January 19th, 2007

Participation involves:

- 15-20 minute questionnaire and/or
- 90 minute in-person interview ($30 honorarium)

You're in if you are a:

- Gay Bi or Queer Transman or FTM over 18 years old living in Ontario who has sex with Trans and Non-Trans men

For more information or to participate, please contact:

Ty Smith, Research Assistant at (416) 270-2222

Appendix 3: Online Survey

1. Introduction

Dear Participant,

The Gay, Bi and Queer Transmen Working Group is conducting an HIV prevention needs assessment among gay, bisexual and queer Transmen and FTMs in Ontario who have sex with Trans and/or non-Trans men. Funded through the Ontario Gay Men's HIV Prevention Strategy, the needs assessment aims to identify Trans-specific HIV risk and to understand any issues related to preventing the spread of HIV/AIDS. The assessment results will support the development of relevant HIV prevention information. The Working Group is made up of Transmen and FTMs from the community who has designed and manages this project which includes this 15-20 minute survey and a 90 minute in-person interview, which includes a $30 honorarium.

Please respond to the questions as best you can. While we would like you to answer all of the questions, you may skip any question that you don't feel comfortable answering. This is an anonymous survey, therefore, we don't need any personal contact information. Thank you for taking the time to be a part of this critical project.

If you have any questions or would like to participate in the 90 in-person interviews, please contact:

Ty Smith, Research Assistant
(647)298-9131 or email GBQtransmen@gmail.com

Sincerely,

The Gay, Bi and Queer Transmen Working Group

2. Demographics

Very little is known about HIV risks and prevalence among gay, bisexual and queer Transmen and FTMs. The following questions will help us in processing your responses.

*1. How old are you? _____

*2. What was your assigned birth sex?
Intersexed Female Male

*3. How do you define your sex?

Intersex
Female
Third Sex
Male
Self identify (please specify) _____

4. What else would you like to tell us about your sex? _____

*5. What is your gender identity? (Choose all that apply)

Two-spirited
Trans
Man
Butch
Woman
Self Identify (please specify): _____

6. What else would you like to tell us about your gender identity? _____

7. You live in your chosen gender...
All the time Sometimes Never

8. What else would you like to tell us? _____

9. Transitioning looks different for each of us, for many reasons. Your answers to the question below will help us to create relevant information for your needs. Let us know if you have completed or are considering any of the following:

Answer options	Yes, I have/had	Considering	Would like to but I can't	Not interested
Come out (i.e. Trans or FTM)				
Legal Name Change				
Informal Name Change				
Hormones				
Top Surgery				
Hysterectomy				
Bottom Surgery				

10. If you answered 'would like to but can't' for any of the above, tell us about it. _____

11. What else would you like to tell us about your transition? _____

12. We know that gender identity is different from sexual identity. And, as with all genders, Transmen and FTMs are of varying sexual orientations. Let us know how you identify. (Choose all that apply)

Gay
Queer
Bisexual
Heterosexual
Lesbian
Man who has sex with Trans and non-Trans men (MSM)
Self Identify (please specify) _____

13. What else would you like to tell us about your sexual orientation or identity? _____

14. What is your current relationship status? (Check all that apply)

Single--dating/cruising
Married to and living with non-Transwoman partner
Married to and living with Transman/FTM partner
Married to and living with Transwoman/MTF partner
Married to and living with non-Transman partner
Not married to but living with non-Transwoman partner
Not married to but living with Transwoman/MTF partner
Not married to but living with Transman/FTM partner
Not married to but living with non-transman partner
Divorced/separated
Widowed
In a monogamous relationship
In an open or polyamorous relationship
Single--not dating
Other (please specify) _____

15. Again, very little is known about our community. The following questions will provide more insight. Do you have...

Children living at home all the time?	Children living at home sometimes?	No children living at home	No children

16. Choose one answer to complete this sentence. Are you....

Considering giving birth?	Trying to get pregnant?	Pregnant?	Not applicable

17. Which of the following best describes your ethnicity?

African Diasporic/Black
Aboriginal/First Nations
Asian
Caucasian/White
South Asian
Southeast Asian
East Asian
Latin American/Diasporic
Multi-racial

Self identify (please specify) _____

18. What is your highest level of education? (Select one answer)

None
Elementary/Primary School
Some High school
Completed high school/Secondary School
Some College/University
College Diploma/Certificate
University Undergraduate Degree (i.e. BA, BSc.)
Postgraduate Degree (M.A., M.B.A)
Postgraduate Degree (Ph.D)
GED
Trade School
Other (please specify)

19. What is your current work status? (Choose all that apply)
Work full-time
Work part-time
Not working but receiving social assistance
Not working but not receiving social assistance
Retired
Student
On disability/medically disabled
Self Employed
Non-Traditional Work (i.e. sex work)
Self identify (please specify) _____

20. Last year, how much money did you make, before taxes (in Canadian dollars)?

No personal income
Less than 9,999
10,000-19,999
20,000-29,999
30,000-39,999
40,000-49,999
50,000-59,999
60,000-69,999
70,000-79,999
80,000 and over

21. In what kind of housing do you live?

Renting
Own
Rooming House
School Dorm
Hotel/motel
Temporarily staying with others
In a shelter
On the streets
Self identify (please specify) _____

22. Have you ever been incarcerated in prison/detention centre?
Yes No

23. If yes, in the last 6 months?
Yes No

*24. In what country do you live? _____

*25. In what city/town/village do you live? _____

3. HIV Knowledge and Testing

We realize that HIV stigma and misinformation can limit our HIV knowledge. The following questions will help determine your information needs.

26.Indicate whether the following statements are true or false *frontal = vaginal			
Answer options	True	False	Don't know
There is a difference between HIV and AIDS			
HIV is relevant to FTM and Transmen communities			
Unprotected oral sex is low risk for HIV			
You can get HIV from kissing			
There is a vaccine for HIV			
Rinsing shared needles with hot water will clear away HIV infected blood			
Unprotected frontal sex is high risk for HIV			
HIV leads to AIDS			
Unprotected anal sex is high risk for HIV			
Gay Bi and Queer Transmen are at risk for HIV			
You can pass on HIV through breastfeeding/nursing			

27. Do you believe that you are at risk for HIV?
Yes No Unsure

28. Why or why not?

29. Have you ever tested for HIV?
Yes No, skip to Q. 35

30. If yes, what was the result of your last test

Positive Negative, skip to 32 Not sure

31. If HIV positive, who have you told about your status? (Select all that apply)

Regular sexual partner(s)
Casual sexual partner(s)
Close friend(s)
Children
Other family members
My doctor (if he/she did not test you)
Employer
No one
Other (please specify) _____

32. Is there anything else that you would like to add?

33. When did you last test for HIV?

In the last 6 months	In the last year	Within the last 5 years	More than 5 years ago

34. Where do you get tested for HIV? (Select all that apply)

My local doctor
A walk-in clinic
Anonymous testing site
Doctor/Clinic approved by Citizenship and Immigration Canada
Other (please specify) _____

35. If you answered NO to question 28 can you give us the 3 most important reasons for not getting tested?

36. When was the last time you were tested for a sexually transmitted infection?

In the last 6 5 months	6 months to to 12 months	Within the last 5 years	Never, Skip to Q. 37

37. Why did you get tested? (Check all that apply)

My sexual partner(s) said that I should
I felt that my sexual encounter was unsafe
It was part of my regular testing routine

I had certain symptoms so I thought it was best to get tested

Other (please specify) _____

38. How often, if at all, have you felt the following feelings in last week?				
Answer options	Rarely or none of time	Some of the time	Often	All of the time
I am bothered by things that usually don't bother me				
I have trouble keeping my mind on what I am doing				
I feel depressed				
I feel that everything I do is an effort				
I feel hopeful about the future				
I feel fearful				
My sleep is restless				
I am happy				
I feel lonely				
I can't "get going"				
I feel sexy				
I don't feel "man enough"				
I feel desired				

39. In the past year, have you used any of the following substances:		
Answer options	Yes/No	If yes, how often did you use any of the following substance within 2 hours before or while having sex with a partner?
Tobacco		
Alcohol		
Poppers (nitrite inhalants)		
Pot or hash (marijuana)		
Coke (cocaine)		
Crack (crack cocaine)		
Speed		
Acid (LSD)		
Junk or Smack (heroin/opiates)		
Inhalants (glue/gas/aerosols)		
Ice ((crystal meth)		
Ecstasy (MDMA)		
Steroids		
Hormones (non-prescription)		
Viagra GHB		
Ketamine (Special K)		
Prescription Narcotics (i.e. Percodan, vicodin)		

40. Have you ever shared needles for either of the following? (Select all that apply)

Hormone injection
Recreational substance (drug) use
No, I don't share
Not applicable

41. We know that as Transmen and FTMs we can have unique relationships with our bodies. What kind of names do you have for your body parts? Please explain. _____

42. Given that Transmen have different kinds of sex, we recognize that the following list is not complete. Feel free to tell us more in the space provided below. The more information we receive the more specific the HIV prevention information. With that said, in which of the following activities do you engage? (Check all that apply)

Receptive anal sex with non-Trans men (getting fucked)
Receptive anal sex with dildo with Transmen
Penetrative anal sex using a dildo with non-Trans men (fucking)
Penetrative anal sex using a dildo with Transmen
Receptive frontal sex with non-Trans men (getting fucked)
Receptive frontal sex using a dildo with Transmen
Fisting (receive)
Fisting (give)

Perform oral sex on non-Trans men
Perform oral sex on Transmen
Receive oral sex from non-Trans men
Receive oral sex from Transmen
Rimming (licking ass)
Rimming (getting ass licked)
BDSM Top
BDSM Bottom
BDSM Switch
Blood Sports (i.e. cutting)
Nipple Play
Mutual Masturbation (jerking off)
What would you like to add? _____

43. Please select your answer for the following statements:					
Answer options	All the time	Most of the time	Sometime	Rarely	Never
I use lube					
I use condoms on my dildos					
I use a condom or barrier when performing oral sex on Transmen					
I use a condom for frontal sex with non-Transmen					
I use gloves					
I use a condom when performing oral sex on non-Transmen					
I use a condom for anal sex with non-Transmen					
I use dental dams					
I use a dildo					
I share my dildos and sex toys					

44. Did you use a condom the last time you had receptive anal sex with a non-Trans man?
Yes No

45. Describe some barriers to you using condoms or protection? _____

46. What strategies have you used to overcome some of these barriers? _____

47. Have you experienced sexual assault...

In the last 6-12 months
One to five years ago
Over five years ago
Never

48. In the past year, have you ever made an exchange (money, housing, drugs) for sex with a Trans or non-Trans man?

No
Yes

49. In the past year, has a Trans or non-Trans man ever made an exchange (money, housing, drugs) for sex with you?

Yes
No

50. In the past year, how many Trans and non-Trans male sexual partners have you had, including one night stands and sex with regular partners?

None
One
2-5
6-10
11-19
20-29
30 or more
Self identify (please specify) _____

51. In the past year, how have you met your Trans and non-Trans men sexual partner(s)? (Check all that apply)

On the internet
Personal advertisement
In gay bars/clubs
On a phone chat line
At a video store/porn shop
Through an acquaintance
In a public washroom
In hotels
At a shopping mall
In bathhouses
At private parties
At a public park
Tell us more (please specify) _____

5. Service Access

Your answers to the following questions will help us ensure that you can access Trans-specific HIV related information.

52. Where do you go to access social or health information? (Check all that apply)

Friend
School
Community Centre
Online
AIDS Service Organization
Family Physician
Library
Community Health Centre
Other (please specify) _____

53. What types of health services do you access? _____

54. If living in Ontario, do you have medical/OHIP coverage?

Yes
No
Not applicable

55. What types of social services do you access? _____

56. Where do you go to access Trans related health information and support services?

Community Health Centre
AIDS Service Organization (ASO)
Library
Online
Friend
School
Community Centre
Family Physician
Other (please specify) _____

57. We recognize that limited access to health information and services can increase our health risks. Please tell us about some barriers to service access.

58. What solutions do you recommend?

59. Tell us about how you have overcome some of these barriers. _____

6. Resources

We will be using your survey responses to provide direction in developing HIV prevention information for gay, bi and queer Transmen and FTMs who have sex with Trans and non-Trans men. The following questions will help us deliver the information using the best methods.

60. In what types of HIV related and sexual health information are you interested?

Negotiating safer sex
HIV/AIDS Basics
Trans and FTM specific HIV risk
I want to know more about...(please specify) _____

61. What is the best way to provide HIV related information for you? (Choose all that apply)
Website
Training sessions
DVD
Conferences
Forums
Pamphlet/Brochure
Speakers' series
Telephone information line
Tell us your ideas (please specify) _____

62. In your opinion, what are the best ways to reach gay, bi, and queer Transmen who have sex with Trans and non-Trans men? _____

63. What types of Trans-specific sexual health and HIV related resources and services do you recommend? _____

7. This Completes our Survey

64. Thank you for taking the time to complete this survey. Your time and energy are greatly appreciated. Please provide feedback on our survey or share other comments here. This is an anonymous survey, therefore, we suggest that you don't include any personal contact information. _____

Appendix 4: Interview Guide

1. Tell me about your gender and sexual identity?

    - Transitioning? How far along?
    - What issues have you had?
    - Do you date transmen as well?

2. Tell me about how you meet guys?

    - Do you notice a lot of other trans guys in the bar/web/bath house/party?
    - How well received are you in these spaces?
    - Do you disclose? Why? Why not?
    - How important is transitioning/passing to hooking up with non-trans guys?
    - How important is it you? What do you mean by that? Can you elaborate?
    - What kind of language do you use to describe you body?

3. What challenges have you experienced in negotiating safer sex?

    - Under what circumstances do you forgo condom use?
    - Are there safer sex materials that you use regularly? What are some of issues related to using them? When do you forgo their use?

4. In your opinion, how relevant is HIV to gay, bisexual and queer Trans guys? Why? Or, why not?

    - What are some key issues facing gay, bi, queer transmen and FTMs related to HIV?

5 Have you ever had an HIV test?

    - When was the most recent?
    - Where did you get tested (doctors, clinic, hospital)?
    - Why haven't you tested?

6. Where do you go to access social and health information and services?
    - How did you learn about the services?
    - What are some barriers to health service access?
    - How have you address these barriers

7. In your opinion, what is the best way to communicate HIV and safer sex information to trans communities?

- In what kind of HIV information are you interested?
- What kind of information do you things gay, bi, and queer trans guys need to know about sexual risk, HIV, STI's and Safer sex?
- Where best to distribute HIV related information to ensure it reaches a wide variety of Transmen?

Appendix 5: Online Survey Results

1. How old are you?	
Number of Respondents	Age
1	<20
3	20 - 29
9	30 - 39
1	40 - 49
0	50 - 59
1	60 - 69

2. Where do you live?	
Number of Respondents	City/Area
9	Toronto
2	Ottawa
1	Guelph

3. In what kind of housing do you live?	
Answer options	Response
Renting	13
Own	2

4. Have you ever been incarcerated in prison/detention centre?	
Answer options	Response
Yes	0
No	15

5. What is your highest level of education? (select one answer)	
Answer options	Response
University Undergrad Degree	7
Some College/Univ	5
College Diploma/Cer.	2
Postgraduate Degree (M.A., M.B.A)	1

6. Which of the following best describes your ethnicity?	
Answer options	Response
Caucasian/ White	10
Self identify (please specify)	4
Multi-racial	1
Slavic	
white-skinned Jew	
Jewish	
White mixed Jew	

7. Last year, how much money did you make, before taxes?	
Answer options	Response
Less than 9,999	2
10,000-19,999	3
20,000-29,999	2
30,000-39,999	2
40,000-49,999	3
50,000-59,999	3

8. Do you have...	
Answer options	Response
No children	11
Children living at home sometimes?	2
Children living at home all the time?	1
children, but not living at home	1

9. Are you...	
Answer options	Response
Considering giving birth?	2
Not applicable	13

10. What is your current relationship status? (check all that apply)	
Answer options	Response
In an open or polyamorous relationship	7
Single--dating/cruising	3
Divorced/separated	3
Single--not dating	3
Married to and living with non-Transwoman partner	2
Not married to but living with Transman/FTM partner	2
Married to and living with Transman/FTM partner	1
Not married to but living with non-Transwoman partner	1

11. What is your gender identity? (choose all that apply)	
Answer options	Response
Trans	14
Man	10
Butch	1
Two-spirited	0
Woman	0
Self-identify (please specify):	5
he-she freak	
FTM	
Femmboi	
Male	
Gender queer	
BDSM Switch	5

12. How do you identify in terms of sexuality. (choose all that apply)	
Answer options	Response
Queer	14
Bisexual	7
Gay	6
Man who has sex with Trans and non-Trans men (MSM)	6
Heterosexual	1
Slut	1
Lesbian	0

13. Which of the following activities do you engage in? (check all that apply)	
Answer options	Response
Perform oral sex on non-Trans men	13
Receptive anal sex with non-Trans men (getting fucked)	11
Receptive anal sex with dildo with Transmen	11
Perform oral sex on Transmen	11
Receive oral sex from Transmen	11
Mutual Masturbation (jerking off)	10
Penetrative anal sex using a dildo with Transmen	10
Receive oral sex from non-Trans men	10
Receptive frontal sex with non-Trans men (getting fucked)	9
Rimming (licking ass)	9
Rimming (getting ass licked)	9
Nipple Play	9
Receptive frontal sex using a dildo with Transmen	8
Fisting (give)	8
BDSM Bottom	8
Fisting (receive)	7
BDSM Top	7
Penetrative anal sex using a dildo with non-Trans men (fucking)	6
Blood Sports (i.e. cutting)	6
BDSM Switch	5

14. In the past year, how many Trans and non-Trans male sexual partners have you had, including one night stands and sex with regular partners?	
Answer options	Response
None	0
One	2
02-May	7
06-Oct	5
Nov-19	0
20-29	0
30 or more	1

15. In the past year, how have you met your Trans and non-Trans men sexual partner(s)? (check all that apply)	
Answer options	Response
Through an acquaintance	10
On the internet	9
At private parties	9
In gay bars/clubs	6
In bathhouses	4
Personal Ad	3
On a phone chat line	1
In hotels	1
At a video store/porn shop	1
At a public park	1
In a public washroom	0

16. In the past year, have you ever made an exchange (money, housing, drugs) for sex with a Trans or non-Trans man?	
Answer options	Response
Yes	3
No	12

17. In the past year, has a Trans or non-Trans man ever made an exchange (money, housing, drugs) for sex with you?	
Answer options	Response
Yes	3
No	11

18. Have you experienced sexual assault...	
Answer options	Response
In the last 6-12 months	1
One to five years ago	1
Over five years ago	9
Never	4

19. Completed or are considering any of the following:					
Answer option	Yes, I have/had	Considering	Would like to but I can't	Not interested	Total response
Come out (i.e. Trans or FTM)	15	0	0	0	15
Legal Name Change	10	4	1	0	15
Informal Name Change	13	0	0	1	14
Hormones	12	3	0	0	15
Top Surgery	10	4	1	0	15
Hysterectomy	5	7	0	3	15
Bottom Surgery	1	1	5	8	15

20. Please select your answer for the following statements:						
Answer option	All the time	Most of the time	Sometimes	Rarely	Never	Total response
I use a dildo	1	3	11	0	0	15
I use condoms on my dildos	7	6	1	0	1	15
I share my dildos and sex toys	1	0	6	3	5	15
I use a condom when performing oral sex on non-Trans men	2	4	2	3	4	15
I use a condom or barrier when performing oral sex on Transmen	2	0	2	5	5	14
I use gloves	1	4	7	1	2	15
I use dental dams	1	1	0	4	9	15
I use lube	4	8	3	0	0	15
I use a condom for frontal sex with non-Trans men	7	6	0	1	0	14
I use a condom for anal sex with non-Trans men	12	2	0	0	0	14

21. Describe some barriers to you using condoms or protection?	
	Response count
answered questions	10
Some non-trans men refuse to use condoms, which then dictate what sexual activities we do and don't engage in.	
It's hard to ask. I feel like I should be grateful for the sexual attention period. Asking seems like a reason to turn the guy off.	
None. Always use condoms.	
None. I've made condoms into a sexy thing. I have no problem with them	
Hard to keep them in place sometimes. I like the taste of real people.	
Latex sensitivity so condoms burn me. Even having one on my dildo while I penetrate someone it irritates me and turns me off sex since it is so uncomfortable and painful at times.	
When you in the heat of a hook up and they don't want to use protection	
Emotional issues (see above re: unprotected sex with non Trans man), I hate dental dams, I find them useless and unsexy. I prefer to feel cock without condoms but 90% of the time I use them and can find them sexy	
heat of the moment	
feeling during oral	

22. What strategies have you used to overcome some of these barriers?	
	Response count
answered questions	8
If I'm with someone and if it appears we are going to have penetrative sex without a condom, I stop the action to clarify my expectations. If the person isn't interested in using a condom, I keep the activities to low or no risk.	
I don't know...I'm not aware of strategies.	
See last question	
Trying.	
I use non-latex gloves and or avoid sex that requires condoms when possible.	
Being strong, standing up for what I want and saying well, if you want it, this is your option. usually, they aren't gonna say no	
In terms of condoms, a good scare with one dude seems to have set me straight, as it were. overall I work to improve my self esteem to better enable me to set standards and stick to them, I say in my cruising ads that I only play safe for fucking	
always have one handy	
I make sure there are no cuts in my mouth to the best of my awareness	

23. Indicate whether the following statements are true or false *frontal = vaginal				
answer options	True	False.	Don't know	Response count
You can get HIV from kissing	1	14	0	15
There is a vaccine for HIV	0	14	1	15
HIV leads to AIDS	10	2	2	14
You can pass on HIV through breastfeeding/nursing	9	0	6	15
Rinsing shared needles with hot water will clear away HIV infected blood	0	14	1	15
Unprotected anal sex is high risk for HIV	15	0	0	15
HIV is relevant to FTM and Transmen communities	15	0	0	15
Unprotected frontal sex is high risk for HIV	15	0	0	15
Unprotected oral sex is low risk for HIV	12	1	2	15
There is a difference between HIV and AIDS	15	0	0	15
Gay Bi and Queer Transmen are at risk for HIV	15	0	0	15

24. Do you believe that you are at risk for HIV?	
Answer options	Response count
Yes	8
No	5
Unsure	2

25. Why or why not do you consider yourself to be at risk?	
	Response count
answered questions	14
I have sex with non-trans men.	
Anyone who is sexually active is at risk especially when they are trying to fit in and sometimes engage in risky behavior	
Not currently sexually active or engaging in IV drug use	
safer sex -- I'm pretty thorough about it	
Only because I'm currently not having sex.	
We always practice safe sex.	
Anyone who has sex is. No matter how many precautions you take. Condoms break. Things happen. Get tested regularly.	
Because we all are. It depends on your behavior and sexual practice, and that of your partners. I do not consider any of my current activities risky.	
Currently not dating, and when I do have sex I try to be safe, use gloves but I have a latex sensitivity so condoms burn...which is fine I don't like penetration. But it does make me concerned because you never know....	
risky behaviors, anon sex, sex frequently under the influence, unprotected oral sex	
In one of my first hook ups with a non trans man, we had unprotected sex and he came inside me twice....I learned a lot about my internalized transphobia and how easily all the info and training in the world can fly out of your mind if you are horny and nervous, and, sadly, feel so 'lucky' that a fag with a dick will fuck you that you will compromise your safety to make him happy. I still haven't been tested	
Because I have only had oral sex with men where I do not swallow.	
I have sex	
I am careful, but there is always some risk	

26. Have you ever tested for HIV?	
Answer options	Response count
Yes	13
No	2

27. When did you last test for HIV?	
Answer options	Response count
In the last 6 months	1
In the last year	8
Within the last 5 years	3
More than 5 years ago	1

28. What was the result of your last test?	
Answer options	Response count
Negative	13

29. Where do you get tested for HIV? (select all that apply)	
Answer options	Response count
My local doctor	8
Anonymous testing site	6
A walk-in clinic	2
Other (please specify)	1
Sherbourne health center, hassle free	

30. Is there anything else that you would like to add?	
Answer options	Response count
	3
Am going in for regular testing with local doctor next month	
I have been frustrated at the lack of information/resources on STDS (including HIV/AIDS) for both transmen and women. I feel I don't really know what the specific risks are.	
I want to get tested for that last encounter, but I am concerned about confidentiality and the sensitivity and training with whomever tests me	

31. What types of Trans-specific sexual health and HIV related resources and services do you recommend?
Response count
6
Ones that are very anonymous, not phone or in person (for getting information)
The Sherbourne
Having a specific place or person to go to that is well advertised. Having the info in pamphlets. Having the info out there also helps the non-trans men to realize there are options to explore as well.
Pamphlet other printed materials, videos a la Happy Transsexual Hooker, a worker at an ASO to specifically address the unique needs and issues of trans men, as an up to know at risk subset/section etc of gay men's community, fun, sexy and re-sexualizing the much misunderstood and oft de-sexed bodies of trans men events, like bathhouse events, special nights at bars and strip clubs and porn booths
Safer sex, confidential testing
Queen west CHC is okay.

32. In what types of HIV related and sexual health information are you interested? (all that apply)	
answer options	response
Trans and FTM specific HIV risk	14
Negotiating safer sex	8
HIV/AIDS Basics	5
Additional comments (please specify)……..	5
I would like to see more information/discussion among non-trans men who fuck trans men to raise the level of awareness regarding the risks to trans men. I have encounter non-trans men who seem to think the risk of HIV transfer is low if the sex is unprotected frontal sex and the non-trans man avoids cumming.	
Oral sex and risks of HIV, anal sex and safe ways to explore that, safe ways to share toys/best ways to clean	
FTM having sex with non-trans men HIV info	
Dealing with ignorance and transphobia in gay non trans mens communities	
Other STIs	

33. Where do you go to access Trans related health information and support services?	
answer options	response count
Online	13
Friend	10
Community centre	6
Family physician	5
Community Health Centre	4
Other (please specify)	3
AIDS Service Organization (ASO)	1
Library	1
School	0
Other (please specify)	
I don't feel there are other sources for info that are up to date and relevant.	
community group, online groups	
Me, I've become my own archive and clearing house	

34. We recognize that limited access to health information and services can increase our health risks. Please tell us about some barriers to service access.	
	response count
answered questions	9
Past transphobic experiences with medical providers, working within the trans community limits my access to otherwise great services, Gay male positive medical providers are hard to approach about safe sex issues(particularly around anal sex) because of the transphobia in the gay men's community, Also lots of time HIV/Aids resources employ a lot of gay men.	
Being afraid to come out to service providers; not wanting to have to educate them myself.	
I'm an activist in the trans and social service community and I feel "conspicuous" when I got to social service agencies for support or information. My anonymity is not guaranteed at all, and I feel everyone knows my business.	
Medical practitioners' fascination with trans issues rather than my medical concern. Having to deal with my old name (not used in over 18 years). Exposure, being put on display.	
There are resources available for a diverse part of the community, if you are HIV+, have Cancer or are a minority. I have found it frustrating to find programs where FTM fit in or are able to access the services. Not just health related, HALCO which is for legal advice, would be something that we definitely could use.	
Ignorant medical staff, rude, disrespectful racist and sexist staff)both doctors and reception) Transphobic and ignorant, not seeing trans people working there, cost	
No funding for surgeries. Little to no training for health professionals related to FTM health... specifically around surgeries (bottom, hysto, top).	
Ignorance of health care professionals, lack of confidentiality, limited amount of anonymous testing sites, assumptions of health care pros about what a trans guy looks like, who we fuck or who fucks us!	
Rare that any recognized health care provider that I am referred to has any understanding of trans issues, and especially rare that they have ever thought of trans beyond MTF or FTM folks on a specific binary path	

35. What solutions do you recommend?	
	response count
answered questions	9
1. Trans drop-in/walk-in medical clinic; 2. Working to make HIV/Aids service providers aware of FtM specific lifestyle needs and awareness of trans men; 3. More HIV resources for gay men that include trans men like the "cruising" brochure from ACT that had a section on FtMs.. because as a tranny fag that was a cool resource with lots of info even without the FTM part, that part just made me feel more included and my sexual orientation respected	
Better education.	
Haven't figured that out yet, so I pretty much stick to myself. Once I said "I have a client who..." when I was talking about myself.	
More training for all practitioners' and until that happens, specific clinics.	
I would like to see services like Naturopath clinic and massage therapy included in our health care. These are important to anyone's health and during transitioning would be helpful. Social events would be good as well, but I hate events that say "women and trans folk" I feel that I am still seen as a woman, as do many of my trans men friends so we avoid going to those. Some of us do anyways.	
Trans people on staff, as design/decision makers, more community consultation and involvement, outreach to natural health schools, training as part of curriculum	
Government re-listing trans surgeries. LGBT health clinics making it their mandate for all of its docs and nurses to know all of the most recent up to date info on all trans surgeries.	
better education provided, get someone to advocate for those who cannot	
Mandatory trans representation in health care sectors. mandatory trainings for all health care professionals run by trans community	

36. What is the best way to provide HIV related information for you? (choose all that apply)	
answer options	response count
Website	14
Pamphlet/Brochure	10
Conferences	5
Speakers series	5
Training sessions	5
Forums	3
DVD	2
Telephone information line	2
Tell us your ideas (please specify)	4
I need hard copy to absorb info. Having sessions or conferences allows for a social aspect as well, not the focus of course but I would feel less alone.	
non-judgmental trans friendly confidential drop-in	
Whatever gets it out to the largest number of people.	

37. In your opinion, what are the best ways to reach gay, bi, and queer Transmen who have sex with Trans and non-Trans men?	
	response count
answered questions	10
Advertising on internet dating/cruising sites. Advertising in queer male spaces. Contacting FTM groups that organize over the internet.	
friends	
FtM groups, Community Health Centers, bars, bath house	
Surveys like this are good. I think the web is a great tool, although it doesn't connect with everyone.	
Cruising websites. Web groups. Community groups.	
Internet, outreach at places we have sex, web-lists	
Ads similar to the AIDS ones that give contact info whether it's to a place or a website. In newspapers i.e.: Xtra for local. Pamphlets left in dr's offices and such would also be good to pick up info. Also at ACT or PWA but some wouldn't feel comfortable going there to get info	
Internet sites, online forums and community sites, gay men's cruising sites esp. Bear ones, craigslist, daddy hunt, squirt.org, via all gay media; for lack of choice we often read the shit too	
Through gay men's web sites chat lines, local gay/queer papers, a party	
Give out free non glycerin lube as well as other *good* stuff.... sex toys, porn, blowjobs. ;)	