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DISCUSSING SEXUAL HEALTH, SUBSTANCE USE AND STBBI_s

A guide for service providers



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INTRODUCTION

STIGMA AND STBBIS

Stigma is a dynamic process of devaluing and discrediting an individual in the eyes of others (UNAIDS, 2011). When stigma related to sexual health, substance use and sexually transmitted and blood-borne infections (STBBIs) is directed at individuals, it affects their health and well-being, as well as access to health and social services. Service providers in health and social service settings can play an important role in reducing stigma and its impact by clarifying their personal values and beliefs and continually working towards the provision of safe, respectful and inclusive services for their clients.

DISCUSSION GUIDE

The *Discussing sexual health, substance use and STBBIs: A guide for service providers* aims to reduce stigma by offering strategies that facilitate safer and more respectful discussions about sexual health, substance use and STBBIs between service providers and clients. The guide also offers ways to improve prevention, diagnosis and treatment of STBBIs.

The discussion guide is based on the Centers for Disease Control and Prevention document [A Guide to taking a sexual history](#) and has been updated following a literature review and pilot testing with practitioners and people with lived experience of STBBIs from across Canada. It can be used by nurses, physicians, health educators, social workers and others working in sexual health, harm reduction or STBBI-specific services, as well as those working in general health and social services.

THE DISCUSSION GUIDE INCLUDES THE FOLLOWING SECTIONS:

- Introduction
- How to use this guide
- Key strategies for discussing sexual health, substance use and STBBIs
 - a. Sex positivity
 - b. Harm reduction
 - c. Trauma- and violence-informed care (TVIC)
 - d. Social determinants of health approach

- Sexual health, substance use and STBBIs: Discussion steps
 - a. Creating a safe and respectful environment for clients
 - b. The “five Ps” to cover when discussing sexual health, substance use and STBBIs
 - 1. Practices
 - 2. Partners
 - 3. Protection from STBBIs
 - 4. Past history of STBBIs
 - 5. Pregnancy
 - c. Wrapping up the discussion

THE BASICS OF TALKING WITH CLIENTS

TARGET AUDIENCES FOR DISCUSSIONS ABOUT SEXUAL HEALTH, SUBSTANCE USE AND STBBIS:

- all people - regardless of age, gender, relationship status, sexual orientation, ability, socioeconomic status, ethnicity, etc.
- youth - additional opportunity to discuss prevention before a first sexual encounter and/or substance use experience

SCOPE AND TOPICS OF DISCUSSION:

- sexual health as a component of overall health and well-being
- STBBI transmission and strategies for reducing acquisition or transmission
- harm reduction strategies
- importance of STBBI testing
- social and structural determinants of health that may impact vulnerability to STBBIs

TIMING OF DISCUSSIONS:

- during an initial visit
- during routine preventive exams
- when individuals show signs and/or symptoms of STBBIs
- at the request of clients

ENVIRONMENT FOR EFFECTIVE DISCUSSIONS:

- ensure a safe, private and respectful environment for clients



SECTION 1

HOW TO USE THIS GUIDE

The discussion guide is not a standard for STBBI diagnosis or sexual health and substance use history-taking. Rather, it provides sample dialogue and other suggestions for a broad range of issues that may arise when discussing sexuality, substance use and STBBIs with your clients. It also gives tips to ensure that conversations are safe, respectful and trauma- and violence-informed.

The considerations and sample dialogue in this discussion guide are organized according to the “five Ps,” which represent general issues that may arise when discussing sexual health, substance use and STBBIs with clients. You may need to revise the questions found in the sample dialogue or change the order in which they are asked depending on the nature of the client’s visit, your rapport with the client, and the client’s understanding of STBBIs. If faced with time constraints, questions may be asked over several visits or prioritized based on the client’s needs. Some questions may not be relevant or appropriate for all clients and could be interpreted as immaterial or invasive. Acknowledge that each of your clients have unique lived experiences. Use your discretion and only ask questions that correspond to the client’s care needs.

The guide does not provide follow-up responses for the questions or detailed information on the various issues that clients may raise when discussing sexual health, substance use or STBBIs. Therefore, be prepared with local resources and referrals. Consider these topics when gathering local resources: intimate partner violence, sexual assault and sexualized violence, crisis interventions, pregnancy options counseling and resources, young families and youth parenting, sexual dysfunction, gender and sexual identity, sexuality and disability, substance use and harm reduction, and where to access condoms. For more information, refer to the list of resources on various sexual health and substance use-related issues found at the end of this document.

Sexual health, substance use and STBBIs should be discussed with all clients. This guide is therefore intended for use with youth and adults and does not offer detailed information on the provision of services for specific population groups. You may refer to the list of resources on the provision of services for different population groups, such as LGBTQ persons, older adults, persons with disabilities, ethnocultural communities, Indigenous persons, etc. found at the end of this document.

Stigma and discrimination are not only products of the attitudes, values, beliefs and practices of individual practitioners, but are also bred through the policies, procedures, culture and environment of service organizations. A comprehensive approach is therefore needed to reduce stigma and discrimination within health and social service settings. Refer to the [Organizational assessment tool for STBBIs and stigma](#), Canadian Public Health Association, 2017 to conduct an assessment of your organization’s policies, procedures, culture and environment.

SECTION 2

KEY STRATEGIES FOR DISCUSSING SEXUAL HEALTH, SUBSTANCE USE AND STBBIS

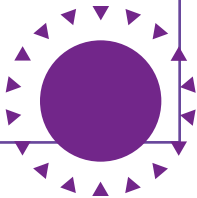
This discussion guide provides general tips for ensuring a safer and more respectful environment. In addition, it is important to explore specific strategies or approaches such as sex-positivity, harm reduction, trauma- and violence-informed care, and social determinants of health before discussing sexual health, substance use and STBBIs with your clients. Review the resources listed below to learn more about these additional key strategies.

1. SEX-POSITIVITY

Sexuality is more than sexual activity. It is made up of complex and dynamic forces that influence an individual's sense of identity, social well-being and personal health. It involves sex, gender identities and role, sexual orientation, eroticism, pleasure, intimacy and reproduction, and is experienced and expressed through thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships.¹

Adopting a sex-positive approach means respecting the wide range of human sexuality. It involves talking with your clients openly and without judgement about their sexuality. A sex-positive approach respects the sexual rights of all persons, and also acknowledges that not everyone has learned about or experienced sexuality in a positive and affirming way. Refer to [Adopting a sex positive approach](#), International Planned Parenthood Federation, 2011 for more information.

SEXUALITY IS MORE THAN SEXUAL ACTIVITY. IT IS MADE UP OF COMPLEX AND DYNAMIC FORCES THAT INFLUENCE AN INDIVIDUAL'S SENSE OF IDENTITY, SOCIAL WELL-BEING AND PERSONAL HEALTH.



¹ *Defining sexual health*, World Health Organization, 2006. Accessed on March 18, 2015 from http://www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/

2. HARM REDUCTION

Harm reduction includes policies, strategies and services designed to help people who use substances have safer and healthier lives. This approach starts by recognizing that people use substances for many reasons and that they are not required to reduce use or abstain to receive respect, compassion or services.² Harm reduction approaches offer many benefits for people who use substances, including prevention of STBBIs, fewer overdoses, greater capacity for self-care and increased stability.³ Harm reduction principles may also be applied to sexual health. Some harm reduction strategies to discuss with clients include barrier methods during sexual activity, sterile needles, and not using substances when alone.^{3,4} For more information, refer to [The best practice recommendations for Canadian harm reduction programs that provide service to people who use drugs and are at risk for HIV, HCV, and other harms: Part 1](#), Strike et al., 2013 and [The best practice recommendations for Canadian harm reduction programs that provide service to people who use drugs and are at risk for HIV, HCV, and other harms: Part 2](#), Strike et al., 2015.

3. TRAUMA- AND VIOLENCE-INFORMED CARE (TVIC)

Trauma-informed care (TIC) focuses on creating environments where clients do not experience further traumatization or re-traumatization. TIC also supports clients to make decisions concerning their care needs at a safe and comfortable pace.⁴ TVIC takes this a step further to recognize and work with the broader social and structural conditions that impact health, including institutional policies and practices.⁵ The idea is to make sure that organizational policies and practices as well as individual provider practices do not lead to re-traumatization of clients.

Some TVIC strategies to practice include acknowledging the effects of historical and structural conditions, seeking client input about safe and inclusive strategies, and encouraging client empowerment in choosing their care options and adopting harm reduction strategies.^{4,5} For more information, see the [Trauma-informed practice guide](#), BC Provincial Mental Health and Substance Use Planning Council, 2013 and [The trauma toolkit](#), Clinic Community Health Centre, 2013.

4. SOCIAL DETERMINANTS OF HEALTH APPROACH

Structural and social conditions such as income, housing, social inclusion, employment and education can impact your clients' health and ability to start and maintain STBBI prevention practices. When discussing sexual health and substance use, ask your clients about conditions they feel are impacting their health and tell them about local resources and referrals, as needed. Refer to [Best advice: Social determinants of health](#), The College of Family Physicians of Canada, 2015 and [Factors impacting vulnerability to HIV and other STBBIs](#), Canadian Public Health Association, 2014 for more information.

2 Adapted from Streetworks Edmonton, 2015

3 [Understanding harm reduction](#): Substance use, HealthLinkBC, 2015.

4 [Trauma-informed practice guide](#), BC Provincial Mental Health and Substance Use Planning Council, 2013.

5 [VEGA briefing note on trauma- and violence-informed care](#), VEGA Project and PreVAiL Research Network, 2016.

SECTION 3

SEXUAL HEALTH, SUBSTANCE USE AND STBBIS: DISCUSSION STEPS

STEP 1: CREATING A SAFE AND RESPECTFUL ENVIRONMENT FOR CLIENTS

Talking about sexual health, substance use and STBBIs can be hard. Regardless of your rapport with the client or the nature of their visit, begin by creating a safe and respectful environment. Try to put the client at ease by welcoming and normalizing any discussion of sexuality and/or substance use. Take a client-centered approach; if the client is not ready to discuss sexual health or substance use issues, give the best care that you can while being respectful of their limits. You may need to follow-up at a later date.

SPECIAL CONSIDERATIONS FOR DIALOGUE:

- If this is your first time meeting the client, do your best to build a rapport and trust. Start a casual conversation before discussing sexual health, substance use and/or STBBIs. Recognize that many people may have previously experienced stigma within health and social service settings, so trust must be earned.
- Before you begin, make sure the client is comfortable speaking with you about their sexual health and/or substance use. If possible, offer them the opportunity to speak with someone else from your service setting as needed.
- Do your best to make the client feel safe and comfortable, but remember that what feels safe for one person may not feel safe for another. To judge their sense of safety, start with a more general conversation about sexual health and substance use, using the sample questions as prompts.
- Support the client's own voice by encouraging them to ask questions and revisit topics throughout the visit. Remind them that they do not have to answer any questions that make them uncomfortable.
- Be aware of the client's body language and non-verbal cues.
- Keep the conversation professional, open-minded, empathetic and non-judgmental.
- Use concise, plain language.
- Become aware of your own values and attitudes through regular self-reflection so that you can distinguish them from your professional practice. Be aware of and practice your verbal and non-verbal responses, so that you do not unintentionally transfer your values and attitudes to clients.

- Do not make assumptions about a client's sexual or substance use behaviors based on age, gender, race, relationship status, ability, socioeconomic status, sexual orientation, appearance, religious background, etc.
- Welcome and normalize disclosures of sexuality, gender identity and gender expression. Do not make assumptions about a person's physiology or gender identity based on their appearance. Be aware of, and refrain from making heteronormative assumptions (e.g., make sure to talk about all kinds of sexual activity with your clients).
- Always refer to a client by their chosen name, whether or not it appears as such on their health card. Further, do not make assumptions about the pronouns a client uses. It is best to ask clients about the pronoun they use and respect that some people may use gender-neutral pronouns such as they.
- Be aware that your client's gender expression as well as the pronouns they use at one visit may be different from the next.
- If a client identifies as trans or gender diverse, do not make assumptions about their experience. For example, do not make assumptions about their interest or involvement in hormone therapy or gender affirming surgery, or about other aspects of their identity.
- Make sure the language used is inclusive and non-stigmatizing (e.g., use "partner" instead of girlfriend/boyfriend/husband/wife).
- Become familiar with terms related to sexual and gender diversity.⁶ However, clients may use language that you are not familiar with; ask respectfully for clarification.
- Respect your duty to maintain confidentiality.⁷ Discuss any limits to confidentiality you may have so your clients can make informed decisions about the information they choose to share. Be prepared to talk about the criminalization of HIV non-disclosure in Canada when discussing sexual practices or HIV testing.⁸
- Only ask questions that are relevant to your client's care needs. Review the sample dialogue to see what fits your client's needs and the type of visit (e.g., STBBI testing or sexual health/substance use counselling). Explain the rationale for your line of questioning (e.g., so you can identify the right laboratory tests or body parts for testing, determine the right referral services, etc.).

BECOME AWARE OF YOUR OWN VALUES AND ATTITUDES THROUGH REGULAR SELF-REFLECTION SO THAT YOU CAN DISTINGUISH THEM FROM YOUR PROFESSIONAL PRACTICE.



6 Refer to [Glossary of inclusive terms and definitions](#), Rainbow Health Ontario, n.d.

7 Refer to [Reducing stigma and discrimination through the protection of privacy and confidentiality](#), Canadian Public Health Association and Canadian HIV/AIDS Legal Network, 2017.

8 Refer to [HIV disclosure and the law: A resource kit for service-providers](#), Canadian HIV/AIDS Legal Network, 2012.

SAMPLE DIALOGUE:

- Is it okay if I ask you a few questions about your overall health, sexual health and substance use? Some of these questions are very personal. I ask everyone these questions, and I consider them to be very important. You do not have to answer any questions you do not want to.
- Is it alright with you if I continue or is there someone else from this [service setting] that you'd prefer to speak with?

If the client agrees to continue, you may proceed:

- Now and for the rest of our visits, this information will be kept confidential. I might take notes and put those in your record here, but everything will be stored securely.

NOTE: Be prepared to discuss any limits to confidentiality (e.g., explain how client/patient information is stored in your service setting and how information might be shared with other providers now or in the future; your duty to report suspected child abuse or neglect; partner notification and STBBI reporting requirements if an individual tests positive for an STBBI). Before going further, make sure the client understands the potential limits to confidentiality (i.e., ensure there are no mental, emotional, health or language issues that could limit their understanding).

- What questions do you have before we begin?
- What would you like to discuss about your sexual health and/or substance use, or about your overall health and well-being?

NOTE: Ask your client about any social and other outside factors they feel are affecting their sexual health and substance use, including issues around social support networks, safe housing, transportation, access to support services, employment, etc.

- What do you hope to get out of this visit today?
- What can I do to make this visit more comfortable for you?



STEP 2: THE 5 PS - PRACTICES

Asking about your client's sexual and substance use practices will help you identify their health and well-being needs. This can lead into talking about testing and harm reduction strategies to reduce STBBI transmission.

SPECIAL CONSIDERATIONS FOR DIALOGUE:

- Define and clarify the term STBBI. Give different examples and discuss common routes of transmission.
- Clarify what you mean by 'sexually active' and 'sex.' Sex/sexual activity can include but is not limited to skin-to-skin contact; penetration of the vagina; penetration of the anus; mouth on penis, vagina or anus; manual stimulation of the penis, vagina, anus; etc. Penetration may involve the penis, prostheses, sex toys, hands, fingers, etc.
- Do not assume that there have been no changes to a client's sexual behaviours or substance use since their last visit.
- Clients are experts in their own lives. Listen to them to understand their experiences and perspectives, and to offer information and support based on their individual needs and strengths. When making referrals, respect that clients may not need or be ready to access support services.
- Use sex-positive and harm reduction approaches and recognize that clients may engage in or refrain from different sexual and substance use practices for a variety of reasons, including pleasure, health literacy, the need for intimacy, access to support networks, access to income, broader structural and social issues such as stigma and discrimination, etc.
- When discussing substance use, do not limit the discussion to reducing consumption or promoting abstinence; focus instead on reducing harms associated with use. Not all individuals who report substance use will need or desire help.
- Asking clients about sexual and substance use practices can be difficult and, if not done respectfully, could traumatize or re-traumatize. Apply a trauma- and violence-informed care approach and only ask questions of relevance to the individual's health and well-being needs; questions should never be asked out of curiosity.
- Discuss sexual health with all clients (including those who have been sexually active but are no longer, and those in a monogamous relationship).

**DISCUSS SEXUAL HEALTH WITH ALL CLIENTS
(INCLUDING THOSE WHO HAVE BEEN SEXUALLY
ACTIVE BUT ARE NO LONGER, AND THOSE IN
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- When talking about sexual health and substance use practices, avoid the use of value-laden terms like 'risk behaviours'. Focus instead on harm reduction strategies that will work for your client.
- Talk with your client about the timing of their sexual encounters/substance use and the window periods for detection of STBBIs. Make your client aware of any follow-up or repeat testing needed based on your discussion of window periods.
- Clients may disclose a past or recent experience of sexual assault and/or sexualized violence. Be non-judgmental in response and affirm the individual's experience and feelings. Acknowledge their courage for disclosing to you. Have relevant resources available and be prepared to offer referrals as appropriate.⁹
- Clients may tell you that they have had transactional sex (i.e., in exchange for money, a place to sleep, etc.). Be non-judgmental in both your verbal and non-verbal responses and cover the same questions as with other clients. If the client is working as a sex worker, discuss sexual and harm reduction practices in the context of their professional and personal life.¹⁰

SAMPLE DIALOGUE:

- I'm going to get more detailed here and ask about the kind of sex you've had as well as your substance use practices.

NOTE: Give factual information related to STBBI transmission and discuss potential harm reduction practices that fit your client's needs (if necessary, discuss common facts and myths related to STBBI transmission).

- Are you currently sexually active? (Are you having sex?)
- If not, have you ever been sexually active?
- What kind of sex do you have (or have you had in the past):
 - a. Vaginal sex (penetration of the vagina)?
 - b. Anal sex (penetration of the anus)?
 - c. Oral sex (mouth on penis, vagina, or anus)?
 - d. Manual stimulation of the penis, vagina, anus?

NOTE: The terms vagina, penis and anus may not be used by all clients (e.g., frontal hole may be used in place of vagina; back hole may be used in place of anus; strapless may be used in place of penis). Listen to how your client describes their body and reflect those terms back to them, or ask them what terms they use.

9 Refer to [The trauma toolkit: Second edition](#), Clinic Community Health Centre, 2013; [Trauma-informed practice guide](#), BC Provincial Mental Health and Substance Use Planning Council, 2013; and [Research brief: Identifying and responding to intimate partner violence](#), PreVAil, 2016.

10 Refer to [The toolbox: What works for sex workers](#), POWER, n.d.

NOTE: The question below should only be used when discussing anal sex and STBBI testing and specifically swab testing to determine whether a rectal swab is needed.

- Are you the insertive or receptive partner or both? (Are you a top or a bottom?)
- Do you now use or have you ever used any of the following substances:
 - a. tobacco
 - b. alcohol
 - c. marijuana
 - d. prescription drugs for non-medical purposes
 - e. street drugs (e.g., cocaine, ecstasy, heroin, MDMA, etc.)
- How do you use them (e.g., smoking, snorting, inhaling, injecting, swallowing, etc.)?
- When did you first begin using these substances?
- How often do you now use substances?
- (If history of injection drug use): Have you ever shared any drug equipment? If yes, when did you last share equipment?
- Do you have any concerns about your alcohol/substance use or your overall health and well-being?
- Have you had sex while under the influence of alcohol or other substances?
- Do you now use any support services for your substance use, including needle exchange programs (if applicable)? If yes, is this something that you'd like to talk about? If no, would you like to know more about the services available in the community?
- Do you face any challenges or problems in being able to get support services? If yes, is this something that you'd like to talk about?
- Do you feel comfortable talking about consent with your partners before having sex?
- Have you ever shared sex toys? If so, was a barrier of some kind used?
- Have you ever been given a tattoo or piercing with a non-sterile needle?

Be aware of signs and symptoms of intimate partner violence and sexualized violence. If you have a trusting rapport with the client, there may be times when it is appropriate to ask about sexual assault and sexualized violence. Follow a trauma- and violence-informed care approach for this line of questioning, remind clients that they can refrain from answering any questions, and be prepared to listen and offer support, as needed. Again, discuss confidentiality and any limits to confidentiality (e.g., duty to report).¹¹

- Have you ever had sex when you didn't want to?
- Have you ever been hurt or injured during sexual activity?
- Is this something you'd like to talk about further or would like support with?

11 Refer to [Responding to disclosures of sexual violence \(online training\)](#), the Centre for Research & Education on Violence Against Women, n.d. and [Responding to intimate partner violence and sexual violence against women](#), World Health Organization, 2013.

STEP 3: THE 5 PS - PARTNERS

Gather some information about the client's partners to add to your discussion of harm reduction strategies to reduce STBBI transmission.

SPECIAL CONSIDERATIONS FOR DIALOGUE:

Never make assumptions about:

- your client's sexual orientation, or the gender identity or physiology of their sexual partners. Do not conflate sexual orientation with sexual activity (e.g., do not assume that someone who identifies as straight has not had sex with someone of the same sex). Normalize disclosures of all types of sexual activity with all clients, including sex with men, women, trans or gender diverse persons, two-spirited persons, or any combination thereof. Through a discussion of your client's sexual practices, identify the harm reduction strategies that will work for them, as well as the STBBI tests needed (if applicable); or
- whether sexual activity is consensual. For those who have experienced sexual assault or sexualized violence, note that the use of the term 'partner' may be distressing.

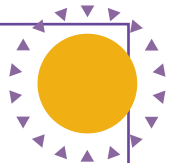
SAMPLE DIALOGUE:

- How many different people have you had sex with in the past two months? In the past year?
0? 1-2? 3-10? 10+?

NOTE: Asking about the number of sexual partners may be interpreted by clients as irrelevant or invasive. Use this line of questioning only when necessary (e.g., for STBBI testing or partner notification). You may also ask whether clients have 'had sex with multiple people'.

- Do you ask about your partner's sexual health history or history of STIs before having sex?
- Who do you normally use substances with? How do you typically use together?

FOR THOSE WHO HAVE EXPERIENCED SEXUAL ASSAULT OR SEXUALIZED VIOLENCE, NOTE THAT THE USE OF THE TERM 'PARTNER' MAY BE DISTRESSING.



STEP 4: THE 5 PS - PROTECTION FROM STBBIS

Find out what, if any, strategies your client uses to limit STBBI transmission. You will be better able to assess the challenges they face and offer the right support and referrals.

SPECIAL CONSIDERATIONS FOR DIALOGUE:

- Use open-ended questions. Based on the answers, you can see which direction to follow and what information to provide. For example, depending on their responses to earlier questions, it may be helpful to talk about the use of barriers (e.g., condoms, dental dams or split condoms/gloves) for vaginal, anal, and/or oral sex. Ask clients what they know about protection from STBBIs as a starting point to open the dialogue.¹²
- Be aware and respectful of the many factors that influence a client's willingness or capacity to learn or maintain new practices to protect themselves from STBBIs.

SAMPLE DIALOGUE:

- Can you share with me what you know about protecting yourself and your partners from STBBIs?
- Do you or your (regular and non-regular) partner(s) use any barriers (i.e., condoms, dental dams or split condoms/gloves) during sex? When do you use them (i.e., all the time, sometimes, never) and for what kind of sex (i.e., vaginal sex, oral sex, anal sex)?
- Do you have any problems related to the use of barriers (e.g., cost, your partners not wanting to use them, do not know how to use them, etc.)?

NOTE: Demonstrate how to properly use and dispose of various barriers, if needed.

- What questions (if any) do you have about different barrier methods?
- Do you know where to get low-cost or free barrier methods in your community?
- Have you been vaccinated for HPV? Hepatitis A? Hepatitis B?
- Are there any other things you do to protect yourself from STBBIs (e.g., using sterile injection equipment, not sharing substance use equipment, not using when you're alone, taking your antiretroviral medication regularly)?

¹² For example, refer your clients to [Safer sex guide](#), CATIE and the Sex Information and Education Council of Canada, 2016



STEP 5: THE 5 PS - PAST HISTORY OF STBBIS

Finding out about your client's past STBBI history opens the door to talking about the importance of routine STBBI testing and other STBBIs not included in testing (e.g., herpes, warts).

SPECIAL CONSIDERATIONS FOR DIALOGUE:

- Discuss the importance of testing and STBBI prevention strategies with all clients. Never refuse testing to anyone who wants it. Give clients resources about different STBBI prevention techniques.
- Conversations about symptoms should include talking about the various STBBIs that are asymptomatic.
- Tell your client what they can expect if they choose to be tested. Be very clear about possible advantages and disadvantages of testing so that your client can make an informed decision. For example, discuss partner notification, public health reporting requirements, treatment options and support services available in the community.
- Tell your client about their right to decline STBBI testing. Provide them with information on various testing options in the community should they prefer to get tested at a later date or in a different location.
- If a client chooses to go forward with testing, be very clear about which STBBIs they will (and will not) be tested for.
- For HIV testing, offer your client the opportunity to receive their test results with family or friend(s) present for support. Talk about point of care and/or anonymous testing locations in the community, if available.
- For a positive HIV test result, be prepared to talk about who the client is expected to tell about their HIV status (i.e., sexual and drug injecting partners) – this may need to be done at a later visit if a client is feeling overwhelmed.¹³ Offer printed support material (pamphlets or brochures)¹⁴ or tell them where to get more information and support services in the community.



¹³ Refer to [HIV disclosure and the law: A resource kit for service-providers](#), Canadian HIV/AIDS Legal Network, 2012.

¹⁴ For example, [Just diagnosed with HIV](#), CATIE, n.d.

SAMPLE DIALOGUE:

- Have you ever been tested for HIV or other STBBIs?
- Have you ever had a Pap test (or Pap smear) and/or pelvic exam?
If yes, when was your last Pap test? Do you know if you were screened for HPV?
- Have you ever had an STBBI?
If yes, when? Were you treated? Do you know how you were treated? Did you retest after you finished treatment? Do you have any ongoing problems or concerns?
- Do you know if any of your current or past sexual partner(s) have had an STBBI?
If yes, were you tested? Were you treated? Do you know how you were treated? Did you retest after you took the treatment?
- Do you have any signs or symptoms that worry you – any lumps, bumps, discharge or pain?

NOTE: Ensure that you acknowledge that many STBBIs are asymptomatic and that symptoms (if present) may not be limited to the genital area.

POSSIBLE PROMPTS:

- Do you have any sores or blisters on or around your genitals, anus or mouth?
- Have you noticed an unusual smell or a new discharge from your penis, vagina or anus?
- Do you have pain during sex or during urination/bowel movements?
- Do you have any lower abdominal pain?
- Do you have any pain or swelling of your glands in the groin area?
- Would you like to be tested?
- (If yes): What questions do you have before we do the testing?

NOTE: If the client declines testing, respect their decision and recognize that they may not be ready. Give them information on where and when they can get tested in the future. A positive experience, free of judgment, will support them in returning for care and/or testing at a later time.



STEP 6: THE 5 PS - PREGNANCY

Discuss pregnancy with those who want to become pregnant now or in the future, with those who do not want to become pregnant, and with those who are pregnant and want to discuss their options. Also discuss pregnancy with any client whose sexual and/or romantic partner(s) is pregnant, may become pregnant, or does not want to become pregnant.

SPECIAL CONSIDERATIONS FOR DIALOGUE:

- Consider which/whether these questions should be posed if the client identifies as trans or gender diverse. Do not assume a person's physiology based on their gender identity or expression, and do not make assumptions about a person's desire or capacity to get pregnant.
- If the client says they are pregnant or would like to get pregnant and has also disclosed substance use, ensure that your discussion is devoid of judgment. Use a harm reduction approach and refer the individual to support services, as needed.¹⁵
- Talk about HIV and other STBBI testing with clients who are currently pregnant.

SAMPLE DIALOGUE:

- Are you pregnant now?

NOTE: Depending on the client's needs, be prepared to discuss different options for unintended pregnancy, or to refer as needed for prenatal care.

- Are you or your romantic or sexual partner(s) trying to get pregnant? Are you or your romantic or sexual partner(s) interested in becoming pregnant in the future?

NOTE: Be prepared to discuss various contraceptive methods.



¹⁵ Refer to [Mothering and substance use: Approaches to prevention, harm reduction, and treatment](#), British Columbia Centre of Excellence for Women's Health, 2010.

WRAPPING UP THE DISCUSSION:

Thank the individual for being open and honest with you. Invite them to ask about any other information or issues that they were not ready to discuss earlier. Before ending your session, give the client appropriate resources and referrals based on your discussion.

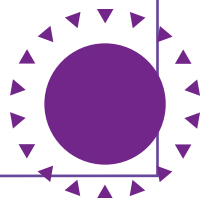
SPECIAL CONSIDERATIONS FOR DIALOGUE:

- If not already covered, give the client a chance to discuss the structural and social factors that may be influencing their sexual health, substance use and overall health (e.g., access to safe housing and/or employment, social support networks, food security, access to STBBI prevention tools like condoms or safe injection equipment, transportation, etc.).
- It is unlikely that you will have the time to cover all of the client's concerns in one visit. Make sure they know how to get support outside of clinic hours or appointments (within your service setting and others). If possible, schedule follow-up appointments.
- Offer resources and referrals as needed. Ensure that the referral agencies or practitioners are safe and inclusive. If possible, make the referral call during their visit or introduce them directly to the referral agency or practitioner. Follow-up with the client after their visit to the referral agency, if possible.

SAMPLE DIALOGUE:

- Is there anything else you'd like to discuss that's impacting your health or well-being?
- Is there anything that we discussed earlier that you'd like to revisit?
- What other questions do you have?
- Is there any other information I can give you to support your health and well-being? Are there any support or referral services that you'd like to talk about?

IT IS UNLIKELY THAT YOU WILL HAVE THE TIME TO COVER ALL OF THE CLIENT'S CONCERNS IN ONE VISIT. MAKE SURE THEY KNOW HOW TO GET SUPPORT OUTSIDE OF CLINIC HOURS OR APPOINTMENTS.



FOR MORE INFORMATION

PREVENTION, DIAGNOSIS, TREATMENT AND MANAGEMENT OF STBBIS

CATIE, <http://www.catie.ca/>

Information about HIV and Hepatitis C in Canada

[An update on the management of chronic hepatitis C: 2015 consensus guidelines from the Canadian Association for the Study of the Liver](#), Myers RP, Shah H, Burak KW, Cooper C, and Feld JJ, 2015

[Human immunodeficiency virus: HIV screening and testing guide](#), Public Health Agency of Canada, 2012

[Canadian guidelines on sexually transmitted infections](#), Public Health Agency of Canada, 2006

Prevention technologies, CATIE, n.d., available at <http://www.catie.ca/en/prevention/prevention-technologies>

List of nationally notifiable diseases, Public Health Agency of Canada, n.d., available at <http://diseases.canada.ca/notifiable/diseases-list>

SEXUAL AND REPRODUCTIVE HEALTH

Action Canada for Sexual Health and Rights, <https://www.sexualhealthandrights.ca/>

Information and advocacy related to sexual and reproductive health and rights

Sex & U, <http://www.sexandu.ca/>

Information and education on topics related to sexual and reproductive health

[Sexual and reproductive health counseling guidelines](#), Planned Parenthood Federation Canada (now Action Canada for Sexual Health and Rights), 2004

DIRECTORY OF STBBI-SPECIFIC AND SEXUAL AND REPRODUCTIVE HEALTH SERVICES IN CANADA

[Find a service provider](#), Action Canada for Sexual Health and Rights, n.d.

Offers information on sexual and reproductive health services across Canada

HIV411.ca

Offers information on HIV- and HCV-related services across Canada

TRAUMA-AND VIOLENCE-INFORMED CARE AND INTIMATE PARTNER VIOLENCE

[Research brief: Identifying and responding to intimate partner violence](#), PreVAil, 2016

[Trauma-informed practice guide](#), BC Provincial Mental Health and Substance Use Planning Council, 2013

[The trauma toolkit: Second edition](#), Klinik Community Health Centre, 2013

[Handbook on sensitive practice for health care practitioners: Lessons from adult survivors of childhood sexual abuse](#), Schachter CL, Stalker CA, Teram E, Lasiuk GC, Danilkewich A, 2008

PREGNANCY AND CONTRACEPTION

Contraception, The Society of Obstetricians and Gynaecologists of Canada, 2012, available at <http://www.sexandu.ca/contraception/>

[Canadian HIV pregnancy planning guidelines](#), Loutfy MR et al., 2012

[Mothering and substance use: Approaches to prevention, harm reduction, and treatment](#), British Columbia Centre of Excellence for Women's Health, 2010

HIV DISCLOSURE AND THE LAW

Canadian HIV/AIDS Legal Network, <http://www.aidslaw.ca/>

Offers information and support related to the human rights of people living with and vulnerable to HIV and AIDS

[HIV disclosure and the law: A resource kit for service providers](#), Canadian HIV/AIDS Legal Network, 2012

[Legal and clinical implications of HIV non-disclosure: A practical guide for HIV nurses in Canada](#), Canadian Association of Nurses in AIDS Care and CATIE, 2013

ALCOHOL USE GUIDELINES

[Guidelines for healthcare providers to promote low-risk drinking among patients](#), The College of Family Physicians of Canada and the Canadian Centre on Substance Abuse, 2013

[Alcohol screening, brief intervention and referral: Clinical guidelines](#), The College of Family Physicians of Canada and the Canadian Centre on Substance Abuse, 2012

SOCIAL DETERMINANTS OF HEALTH AND HEALTH EQUITY

[Poverty: A clinical tool for primary care providers](#), The Centre for Effective Practice (CEP) and the College of Family Physicians of Canada, 2016

[Best advice: Social determinants of health](#), The College of Family Physicians of Canada, 2015

[STBBI health equity impact assessment tool](#), Canadian Public Health Association, 2014

[Culturally sensitive care](#), College of Nurses of Ontario, 2009

[The outreach planning guide for infectious disease practitioners who work with vulnerable populations](#), NCCID, 2012

FOR MORE INFORMATION ON POPULATION-SPECIFIC CARE

ADULTS LIVING IN CARE FACILITIES

Supporting sexual health and intimacy in care facilities: Guidelines for supporting adults living in long-term care facilities and group homes in British Columbia, Canada, Vancouver Coastal Health Authority, 2009

AFRICAN, CARIBBEAN AND BLACK COMMUNITIES

Canadian HIV/AIDS Black, African and Caribbean Network, http://www.icad-cisd.com/index.php?option=com_content&view=article&id=533&Itemid=292&lang=en

National network offering information and support related to HIV and AIDS in Canada's African, Caribbean and Black communities

HIV stigma in African, Caribbean and Black communities in Canada, CHABAC, n.d.

ETHNOCULTURAL COMMUNITIES

Canadian Ethnocultural Council, <http://www.ethnocultural.ca/>

A coalition of national ethnocultural umbrella organizations; offers some resources for ethnic communities and health care providers related to STBBIs and sexual health

Inclusive practice in the prevention of STBBIs among ethnocultural communities, Public Health Agency of Canada, 2014

INDIGENOUS PERSONS

Canadian Aboriginal AIDS Network, <http://caan.ca/>

Provides leadership, support and advocacy for Aboriginal people living with and affected by HIV and AIDS

Native Youth Sexual Health Network, <http://www.nativeyouthsexualhealth.com/>

Organization by and for Indigenous youth that works across issues of sexual and reproductive health, rights and justice

The Aboriginal Health Initiative, <http://www.aboriginalsexualhealth.ca/>

Provides information and support to advance culturally-safe health and healing for Aboriginal women

Indigenizing harm reduction, Native Youth Sexual Health Network, 2014

Health professionals working with First Nations, Inuit, and Métis consensus guidelines, The Society of Obstetricians and Gynaecologists of Canada, 2013

First Nations sexual health toolkit, Native Youth Sexual Health Network, 2011

Cultural competency and safety: A guide for health care administrators, providers and educators, National Aboriginal Health Organization, 2008

A guide to wise practices for HIV/AIDS education and prevention programs, Chee Mamuk and BCCDC, 2009

Developing a policy of non-discrimination including Aboriginal people living with HIV/AIDS, Canadian Aboriginal AIDS Network, 2005

INDIVIDUALS WHO USE SUBSTANCES

Canadian Centre on Substance Abuse, <http://www.ccsa.ca/>

Offers information on substance use in Canada

[Engaging clients who use substances](#), Registered Nurses Association of Ontario, 2015

[The best practice recommendations for Canadian harm reduction programs that provide service to people who use drugs and are at risk for HIV, HCV, and other harms: Part 2](#), Strike C, Watson TM, Gohil H, et al., 2015

[Best practice recommendations for Canadian harm reduction programs that provide service to people who use drugs and are at risk for HIV, HCV, and other harms: Part 1](#), Strike C, Hopkins S, Watson TM, et al., 2013

[Working with people who use drugs: A harm reduction approach](#), Canadian Liver Foundation, 2007

LGBTQ

Egale, <http://egale.ca/>

National charity promoting lesbian, gay, bisexual, and trans (LGBT) human rights through research, education and community engagement

Gender Creative Kids, <http://www.gendercreativekids.ca>

Canadian resource for supporting and affirming gender creative kids within their families, schools and communities

Positive Spaces Initiative, <http://www.positivespaces.ca>

Offers resources and information related to the provision of inclusive services for LGBTQ newcomers

[The trans toolkit: Practical resources for community organizations](#), Canadian AIDS Society, 2015

[Creating authentic spaces: A gender identity and gender expression toolkit to support the implementation of institutional and social change](#), The 519, 2015

[Guidelines and protocols for hormone therapy and primary health care for trans clients](#), Sherbourne Health Centre, 2015

[Syphilis among gay, bisexual, two-spirit and other men who have sex with men: A resource for population-specific prevention](#), Public Health Agency of Canada, 2015

[Asking the right questions 2: Talking with clients about sexual orientation and gender identity in mental health, counselling and addiction settings](#), Centre for Addiction and Mental Health, 2007

[Our relatives said: A wise practices guide](#), 2-Spirited People of the 1st Nations, 2008

[Tips for providing paps to trans men](#), M. Potter, Sherbourne Health Centre, n.d.

[Sexual diversity toolkit, Indicators for sexual diversity projects and programs](#), International Planned Parenthood Federation, n.d.

OLDER ADULTS

[Questions and answers: Prevention of sexually transmitted and blood borne infections among older adults](#), Public Health Agency of Canada, 2015

[Directory of promising programs and services for older people living with HIV in Canada](#), Realize Canada, 2015