Chapter 5: Facilitating an Inclusive Environment

Learning Objectives	On completion of this section, the learner will be able to: 1. Identify the special learning, counseling and communication needs of specific groups.

Barriers to Access

Since its introduction more than 50 years ago, the use of the Pap test for cervical cancer screening has resulted in significant reductions in mortality from the disease. However, improvements in screening participation rates have started to decline in the last five years and reductions in death from cervical cancer have plateaued across Canada. Health promotion and recruitment research demonstrates that multiple initiatives are necessary to reach the various population groups in terms of age, culture, and ease of access to health care services. Effective recruitment strategies have included media campaigns, increased training for physicians, expansion of nurse roles to increase providers of service, and letters of recruitment from physician offices and organized screening programs. While these initiatives demonstrate improvements in recruitment of women for cancer screening services, there remain those who are hard to reach given any health promotion strategy.

Evidence shows that those least likely to participate in cervical cancer screening include individuals over the age of 50, those living in rural communities, those identifying as First Nations, Metis, or Inuit,, new immigrants to the province, and those identifying as minorities.[1][2][3][4][5] Such groups have consistently remained the hardest to reach by health promotion and recruitment campaigns for cervical cancer screening, and can experience inequities in access to health care services and screening reinforcement by their HCP.

Traditional barriers impacting participation in cervical cancer screening are reflected in personal attitudes and barriers to cancer screening. These attitudes include perceived cancer susceptibility, ethnicity, age, low socioeconomic status, and perceived benefits and discomfort of screening and treatments.[6] Recommendations for education and promotion of cancer screening behaviours reflect multifactorial and multimodal measures to combat attitudes of non-adherence and non-compliance.

A significant challenge to organized screening programs is overcoming barriers in reaching unscreened and underscreened populations. Combining access to

health services with a tailored, mass media campaigns have shown an increase in cervical cancer screening participation rates among those hard to reach (please refer to Chapter 12: Pap Test Access). Educational information offered in culturally specific languages also increases the success of awareness and service-oriented education campaigns.[7]

Lesbian Clients, WSW and Transgender and Non-Binary People[8 9 10]

Clients who identify as lesbian, women who have sex with women (WSW), or transgender and non-binary are a largely underscreened population in Manitoba. This is often due to a combination of the following reasons:

- A misunderstanding by the HCP and/or the client about whether cervical cancer screening is recommended
- Poor representation or engagement by HCPs with lesbian, transgender, and non-binary individuals in their community
- Homophobic attitudes and heterosexist assumptions reflected
  - by the HCP
  - in the clinic setting
  - on the intake forms
  - during the health history by the HCP

The Transgender and Non-Binary Client
Due to social stigmatization and transphobia, transgender and non-binary individuals lack access to primary medical services and preventative health care. Screening for cervical cancer may be necessary in this population. An atmosphere of privacy, trust and respect should be facilitated by the HCP.

Lesbian Clients and WSW[9]
Lesbian clients and WSW are a subgroup that cut across all ages, races, social classes, and ethnic barriers. Lesbian clients can be isolated in society because of homophobia. Many lesbian clients avoid health care interactions because of fear of discrimination.[11] To provide a positive health care experience for lesbian clients, it is important for the HCP to be aware of their unique health care needs.

Lesbian clients and WSW have fewer Pap tests than heterosexual women.[12] They also have a low incidence of sexually transmitted infections (STIs), vaginal infections, and cervical intraepithelial neoplasia (CIN). Nevertheless, they are still at risk, because:

- lesbian clients or their partners may have had consensual or non-consensual intercourse with men at some time (e.g. 77% of lesbians have one or more lifetime male sexual partners).[13]
- HPV in lesbian clients may be as prevalent as it is in heterosexual clients.

Screening for cervical cancer among lesbian clients should be consistent with the screening guidelines and practices recommended for heterosexual clients.

Intake Forms

Intake forms should:

- enable the client to identify their sexual orientation/identity in a way that represents their experience. For example,

INSTEAD OF….	USE…
❑ male ❑ female	Gender: _____

During the Health History

- Ensure confidentiality.
- Use gender-neutral language.
- Facilitate an open dialogue about the client's sexual orientation, sexual practices and gender identity.
- Approach the client with empathy.
- Attempt to create a positive rapport and atmosphere of trust.
- Do not make assumptions about the client.
- Ask if the client has had:
  - a Pap test before and if the experience was positive.
  - penetrative sex to gauge a person's comfort during the test.[14]
- Avoid miscommunication by asking for clarification about concepts and terms when unfamiliar, without implying that the trans person needs to provide you with an education session.[15]
- Consider the trans person's biological sex at birth, identify what anatomy exists and approach/treat accordingly.

- Understand that:
  - sexual reassignment surgery is not necessarily the end goal for trans people, and
  - trans clients may or may not pursue a variety of different medical interventions.

A note about language…
Changing the language we use is a simple way to create a safer, more inclusive environment. There is no perfect language to describe every person's gender identity, but there are some general terms that aim to provide affirmation of a person's state of alignment between their gender assigned at birth and current gender identity.

Transgender A person who experiences a state of incongruence between the gender they were assigned at birth and their current gender identity. For example, a transgender male was assigned a female gender at birth, but currently identifies as a male.

Cis gender A state of alignment between the gender identity assigned at birth and their current gender identity.

Using language that lessens the gender-izing a person can help clients feel more accepted. For example, instead of using the term:

boy/girlfriend	use	partner
vagina	use	genital opening
menstruation	use	bleeding
vulva	use	external pelvic area
panties	use	underwear
Pap test	use	cancer screening
him/her	use	they

During the Pap Test
The presence of a chaperone or attendant may comfort the client. Inform the client of relevant chaperone policy pertaining to your facility or region.

- Ask "What would be helpful for you during this test?"
- Many trans men who are taking testosterone will have a less lubricated vagina. Lubricate the speculum with warm water prior to Pap test.

Vaginal atrophy onset typically occurs at 3-6 months after initiating testosterone hormone therapy and peaks at 1-2 years.[16]

- Proceed with as much of the Pap test as the client is comfortable with
- Ensure any hormone therapy is noted on the cytology requisition form as it will impact how the cytotechnologist reads the specimen[17]

Access

As HCPs, there are several things that you and your staff can do to create a welcoming atmosphere for lesbian and transgender or non-binary clients. These include:

- featuring:
    - signs, symbols and imagery of lesbian, gay, bisexual, transgender and two-sprit (LGBTT) people on the door of the clinic, in clinic windows and inside the clinic (rainbow sticker, pink triangle, posters, campaign acknowledgement)
    - distributing educational information specific to the LGBTT clients in your clinic
    - media that positively reflect LGBTT people
- providing gender neutral washrooms and change facilities
- posting a visible statement that communicates your intentions as a clinic to provide equal service to the LGBTT communities and other marginalized populations
- encouraging staff and administration to partake in professional development and capacity building workshops that specifically address the issues and barriers of LGBTT people

Clients with a History of Sexual Abuse

A Canadian study demonstrated that a history of sexual abuse may be associated with subsequent cervical cancer risk factors such as smoking, sexual intercourse at a young age, etc.[18] Approximately 30% of all women have experienced some form of sexual abuse in childhood or adolescence.[19]

Some clients who are survivors of sexual abuse are very anxious about having a Pap test and may respond differently than those who have not suffered trauma.

To learn more about creating a trauma-informed cancer screening experience, visit Klinic Community Health Centre's Trauma-Informed Toolkit.

Ensure the client has the opportunity to be referred to a counselor. Check with your region or facility policy and/or procedure manual for direction on follow-up and referral of clients with a history of sexual abuse.	Important Information

Counseling and Education

During the Speculum and Pap Test
Some clients don't recall or have suppressed knowledge of childhood sexual abuse. This may impact client comfort level without the ability to articulate why. Provide support and encourage the client to articulate feelings in a safe environment.

Give the Client Control of the Situation
Ask the client what would be helpful to make the Pap test easier. Give the client choice about positioning for the test and reassure them that the test can be stopped at any point. The presence of a chaperone or attendant may comfort the client depending on the chaperone policy pertaining to your facility or region.

Talk the Client through the Exam
Ask the client to communicate to you about the test experience while it is occurring. Tell the client what you are going to do before you do it and provide reassurance. The phrases "let your knees go out to the side" or "let the muscles in your thighs go soft" are appropriate. The HCP may have to further

review how to relax the muscles. If this doesn't work and the client is so tense that it is difficult to insert the speculum, it may be best to stop the exam and defer it for another time. On a subsequent visit, remind the client that although the exam may be a reminder of the abuse, it is not the abuse, and the procedure may be difficult but that the HCP will proceed at the client's pace.[20]

If the client experiences a flashback during the Pap test:

- reassure the client that you believe her
- reassure the client of safety
- reassure the client that although she is re-experiencing the memories she is not re-experiencing the event
- examine the client only with permission
- ask the client specific questions related to the present to help ground the client in the moment
- never leave the client alone[18]
- prepare visual cues to stop the exam (i.e. raise hand) if the client is unable to speak
- ensure follow-up and offer a referral to a counselor

Vaginismus

Vaginismus is a condition by which clients experience persistent involuntary spasm of the vagina. Vaginismus often results in difficult and/or painful sexual intercourse, and in many cases intercourse is impossible. Clients with vaginismus also often experience discomfort when inserting a tampon, as well as when having an internal exam.

During the Speculum and Pap Test
Use a smaller speculum.

Reassure clients that if they feel uncomfortable at any time during the Pap test that you will stop and proceed only when it feels comfortable for you to do so.

Give the client control of the situation by giving choices

- What would be helpful to make the Pap test easier?
- What position would be most comfortable?
- Give the client the option of not using foot supports.
- Offer the client the option of inserting the speculum

Clients with Disabilities

Each disability affects each person differently. It is therefore important for HCPs to educate themselves about relevant aspects of a client's disability. A HCP's sensitivity in asking only pertinent questions about the disability will increase the client's comfort and cooperation.

Clients with Physical Disabilities

Clothes should be removed from the waist down only. By only partially undressing, the client can conserve time and energy. Removing or rearranging the furnishings in the examination room will provide the space needed for a client to negotiate a wheelchair.

The HCP should consider:

- access to the clinic
- the height of the exam table
- the client's physical limitations[21]
- possible need of assistance for transfer
- alternate positioning for examination (please refer to Chapter 8)

Equipment such as obstetric foot supports, a high-low examination table, or a particularly wide examination table can be obtained to facilitate safer transfers and positioning.[22]

Clients with Learning/Cognitive Disabilities

Counseling and Education

"When speaking with the client, the HCP should remember to speak directly to her. Often people will address a disabled person's friend, attendant or interpreter instead of speaking directly to the client."[19] If the client's particular disability is cognitive, use visual strategies such as showing instruments and using 3D models.

The HCP should consider:

- how to obtain informed consent
- involving the caregiver in communicating effectively with the client
- accepting that non-cooperation or distress of the client must be recognized as refusal or withdrawal of consent[21]

Clients with a Hearing Impairment[19]

The communication system used by a hearing-impaired or speech-impaired client (e.g. a sign language interpreter, word board, or talk box) should be discussed at the onset of the visit.

Among other services, the E-quality Communication Centre of Excellence (ECCOE) provides interpretation services to individuals with hearing impairments throughout Manitoba. The ECCOE can be contacted at:

Ph:	204-926-3271
Emergency:	204-475-6332
Email:	candy.badger@eccoe.ca
Web:	https://secure.eccoe.ca/

Counseling and Education

Before the examination, offer the client the opportunity to see the instruments that will be used during the examination. If three-dimensional genital models are available, they can be used to acquaint the client with the relevant anatomy, as well as review the examination process. Some clients may wish to view the examination with a mirror while it is happening.

When working with an interpreter, the HCP should speak directly to the client at a regular speed instead of the interpreter. If a client wishes to lip read, the HCP should be careful not to move her/his face out of sight of the client without first explaining what she/he is doing. The HCP should always look directly at the client and enunciate clearly when the client prefers lip reading.

During the Speculum and Pap Test

The client with a hearing impairment may want to assume a position to elevate the head to maintain eye contact with the HCP and/or interpreter. If this is the case, the drape that is used to cover the body below the waist should be eliminated or kept low between the client's legs.

The client should indicate which form of communication to use during the examination: a sign language interpreter, lip-reading, or writing. Some clients choose to use an interpreter for most of the visit but not for the actual test. Many clients will feel more comfortable with a female interpreter.

Clients with Visual Impairments[19]

Some visually impaired clients may want to be oriented to their surroundings whereas others may not. Each client should be encouraged to specify the kind of orientation and mobility assistance needed. The HCP should verbally describe and assist the client with the following:

- locating where clothing can be placed
- where the various furnishings are positioned
- how to approach the examination table
- exam table positioning, including how to place feet in the foot rests
- the procedures of the Pap test from start to finish
- ensure consistent use of the same exam room with each visit
- obtaining and interpreting results
- follow-up

Counseling and Education

Before the examination, the HCP can invite the client to touch the speculum, swab, or other instruments that will be used during the examination. If three-dimensional genital models are available, they can be used to acquaint the client with the relevant anatomy as well as the examination process.

During the Pap test

A client may feel more at ease if continuous verbal contact is maintained (eg. the HCP narrating what is taking place during the examination). It is important for the HCP to identify themselves upon entering or leaving the examination room. Always inform the client when they are starting the exam, what they are doing throughout the exam, and when they are finished the exam.

Clients with Language and Cultural Considerations

Language, culture, socio-economic factors and education level may deter some clients from seeking medical treatment.[8] Providing culturally and linguistically appropriate services improves access to care, quality of care, and health outcomes.

Counseling and Education

Culture and language are vital factors in how health care services are delivered and how health care information is received. Counseling and education should be culturally and linguistically appropriate.

The HCP should:

- consider scheduling a longer appointment
- consider the needs of clients who speak English as an additional language
- respond with sensitivity to the needs and preferences of all culturally and linguistically diverse clients
- ensure all clients understand the purpose of cervical screening
- ensure women know of the availability of an appropriate HCP to perform the Pap test
- inform clients and explain the benefits (accuracy, confidentiality, impartiality) and availability of trained interpreter services (see info below), and the risks of working with untrained interpreters (information relayed may be inaccurate, incomplete, biased, and there may be breaches of confidentiality)
- schedule a trained interpreter as applicable when the client indicates a preference or a need for these services
- be aware that clients have the right to decline trained interpreter services and to arrange for their own interpreters, however, the use of ad hoc interpreter services (family member, friend, volunteer) is discouraged

Working with Interpreters

When communicating through an interpreter:

- speak to the client directly so that she will feel like a participant in the discussion rather than talked about
- use one or two short sentences at time, pause frequently and speak clearly and slowly
- give simple, full explanations
- avoid technical terms, jargon, slang, and idiomatic expressions (the latter are difficult to render in another language)
- avoid side discussions that you would not usually have in the presence of a client who is fluent in English (trained interpreters will interpret everything said, including side conversations)
- keep in mind that sometimes there are no direct equivalent terms in another language,
- be patient if the interpreter requests an explanation and requires more time (and more words) to convey unfamiliar concepts
- ask the client questions to determine her understanding of the information provided

Trained Interpreter Services in the Winnipeg Health Region
Clients who speak English as an additional language, even if they speak English well enough to have a basic conversation, may require interpreter services to fully understand and participate in communication regarding their health care.

To reduce risks associated with language barriers and working with untrained interpreters (family member, friend, visitor, staff, volunteer) WRHA Language Access currently employs trained interpreters who perform their duties in accordance with the WRHA Language Access Code of Ethics & Standards of Practice for Health Interpreters.

At WRHA facilities and WRHA-funded facilities, in-person interpreter services (face-to-face, conference call, message relay, reminder call, whispered simultaneous, sight translation) are available in 25-30 languages. In order to provide a more comprehensive range of languages, WRHA Language Access can also arrange over-the-phone interpreter services in approximately 170 languages.

If you are a **WRHA facility** or a **WRHA-funded facility** you can call WRHA Language Access Interpreter Services central dispatch at 204-788-8585 to request a trained interpreter for a Pap test examination, as well as for appointments to discuss abnormal test results. Requests can also be sent to Language Access by fax. To obtain a fax request form contact: languageaccess@wrha.mb.ca.

If you are a **Winnipeg fee-for-service physician's office** and would like more information on how to request WRHA Language Access Interpreter Services send an e-mail to languageaccess@wrha.mb.ca.

If you are a non-WRHA site and you require interpreter services, consult with your regional health authority.

Female Genital Cutting (FGC) (also known as circumcision)[23] [24]

Numerous women who have immigrated to Canada have had their female genitalia excised in their country of origin. FGC is practised in Africa (Egypt, N. Sudan, Eritrea, Ethiopia, Somalia, Mali, Guinea), Yemen, Oman, Palestinian territories (Gaza), certain Kurdish communities in Iraq and in Asia (India, Indonesia, Malaysia). Depending on the cultural perception of this procedure,

some women may consider female genital cutting (FGC), also known as circumcision, a normal cultural tradition, and not a practice that should be regarded as inappropriate, unnecessary or violent. Common cultural reasons for performing FGC include:

- reduce female's desire for sex
- guarantee virginity at marriage
- guarantee "marriageability" of a female (especially regarding arranged marriage and dowries)
- maintain her place as a "respectable" woman and mother in the community
- prevent rape
- increase sexual pleasure for the male partner
- prevent the girl/woman from "scratching" her genitals
- if not circumcised, the clitoris will grow long
- help identify a woman as part of a clan
- mark the transition to becoming a woman

HCPs should approach each client with the sensitivity that reflects the client's personal and cultural experience. When speaking to the client about FGC, use the word "circumcision" as it is the most understood term to describe this procedure. Please refer to Chapter 6 for a full description and illustrations of FGC.

Counseling and Education

Clients who have experienced FGC may be anxious about exposing their genitals, especially in front of a male HCP. The client should always have the choice to have a female chaperone accompany her in the examination room. Arrange for a female HCP to conduct the pelvic exam.

Do not assume that clients who have been circumcised are not sexually active. Clients who have experienced FGC should be counselled about STIs and cervical neoplasia on an individual basis. As well, do not assume that reconstruction is desired by the client. Often clients who have experienced FGC have little understanding of the health consequences of FGC and therefore are not aware that some of the health issues they face are in fact, because of FGC. Consult each client on individual needs and provide education where appropriate.

During the Pap test
For clients with FGC, the ability to perform a Pap test will depend on the size of the introital opening. A pediatric or small speculum may be necessary. If the introital opening is too small, the HCP will not be able to insert a speculum. These cases may require referral to the obstetrician gynecologist and may require the examination under anaesthesia.

The HCP should:

- be sensitive and non-judgemental
- avoid inappropriate comments
- not ask colleagues to observe the exam as a method of teaching about FGC
- refrain from making facial expressions

Recommended Reading

Cultural Sensitivities
Andrews, Caryn Scheinberg. (2006). Modesty and Healthcare for Women: Understanding Cultural Sensitivities. Psychosocial Oncology, Volume 3, Number 7, 443-6.

Society of Obstetrics and Gynecology
A Guide for Health Professionals Working with Aboriginal Peoples: Cross Cultural Understanding

The Canadian Women's Health Network
Getting Through Medical Examinations: A Resource for Women Survivors of Abuse and Their Health Care Providers

Canadian Women's Health Network
Women Survivors of Childhood Sexual Abuse: Knowledge and Preparation of Health Care Providers to Meet Client Needs

Public Health Agency of Canada
Handbook on Sensitive Practice for Health Care Practitioners: Lessons from Adult Survivors of Childhood Sexual Abuse.

Sexualityandu.ca
Assessment and Treatment of Female Sexual Dysfunction in Primary Care

Society of Obstetrics and Gynecology
Lesbian Health Guidelines

Vancouver Coastal Health
Transgender Primary Medical Care: Suggested Guidelines for Clinicians in British Columbia

National LGBT Health Education Center
If you Have it, Check it: Overcoming Barriers to Cervical Cancer Screening with Patients on the FTM Trans Spectrum

Trans Primary Care
Trans Health Guide

Canadian AIDS Society
The Trans* toolkit: Practical Resources for Community-Based Organizations

Rainbow Health Ontario, Sherbourne Health Centre

- http://www.rainbowhealthontario.ca/
- Screening content: http://www.rainbowhealthontario.ca/screening/
- Guidelines & Protocols for Hormone Therapy and Primary Health Care for Trans Clients
- Tips for Providing Paps to Trans Men

National LGBT Health Education Center
http://www.lgbthealtheducation.org/
Specific publications include:

- Affirmative Care for Transgender and Gender Non-Conforming People: Best Practices for Front-line Health Care Staff
- Providing Affirmative Care for Patients with Non-binary Gender Identities

Transgender Health Information Program (THIP), BC Health
http://transhealth.phsa.ca/

The Canadian Cancer Society, Rainbow Health Ontario and the Toronto Central Regional Cancer Program
Educational Module on Cancer Screening in LGBTQ Populations

PATIENT SITES:
New Sexual Orientation and Gender Identity Questions: Information for Patients

www.Checkitoutguys.ca (Sherbourne Health Centre)

Canadian Cancer Society LGBTQ Cancer Screening (Get Screened)

1. What are some special learning, counselling or communication needs of the following clients:
    a) Adolescents
    b) Lesbian clients
    c) Transgender people
    d) Clients with a history of sexual abuse
    e) Clients with disabilities
    f) Clients from different cultures
    g) Clients with barriers to access

Chapter 5
Self-Test

References

[1] Miller, A., Anderson, G., Brisson, J., Laidlaw, J., Le Pitre, N., Malcolmson, P., Mirwaldt, P., Stuart, G., & Sullivan, W. (1989). Report of a national workshop on screening for cancer of the cervix. Toronto: University of Toronto.

[2] Vellozzi, C., Romans, M., & Rothenberg, R. (1996). Delivering breast and cervical cancer screening services to underserved women: *Part I. literature review and telephone survey. Women's Health Issues, 6(2), 65-73.

[3] Young, T., Kliewer, E., Blanchard, J., & Mayer, T. (2000). Monitoring disease burden and preventative behavior with data linkage: Cervical cancer among Aboriginal people in Manitoba, Canada. American Journal of Public Health, 90(9), 1466-1468.

[4] Maxwell, C., Bancej, C., Snider, J., & Vik, S. (2001). Factors important in promoting cervical cancer screening among Canadian women: Findings from the 1996-1997 national population health survey (NPHS). Canadian Journal of Public Health, 92(2), 127-133.

[5] McDonald, J., & Kennedy, S. (2007). Cervical cancer screening by immigrant and minority women in Canada. Journal of Immigrant Minority Health, 9, 323-334.

[6] Womeodu, R., & Bailey, J. (1996). Barriers to cancer screening. Medical Clinics of North America, 80(1), 115-133.

[7] Hislop, T., Deschamps, M., The, C., Jackson, C., Tu, S-P., Yasui, Y., Schwartz, S., Kuniyuki, A., & Taylor, V. (2003). Facilitators and barriers to cervical cancer screening among Chinese Canadian women. Canadian Journal of Public Health, 94(1), 68-73.

[8] Saskatchewan Institute of Applied Science and Technology, Faculty of Primary Care Nurse Practitioner Program. (2000). Pap testing and bimanual exam (for Seminar 260). Regina, SK: SIAST Wascana Campus.

[9] Society of Obstetrics and Gynecology. (2000). Lesbian health guidelines. Retrieved February 23, 2009 from: http://www.sogc.org/guidelines/public/87E-PS-March2000.pdf

[10] World Professional Association for Transgender Health. (2012, 7th Version) Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People. Retrieved February 17, 2016 from: http://www.wpath.org/site_page.cfm?pk_association_webpage_menu=1351&pk_association_webpage=4655

[11] Clark, M.A., Bonacore, Wright. S. T, Armstrong, G. Rakowski. W. (2003). The cancer screening project for women: Experiences of women who partner with women and women who partner with men. Women & Health, 38(2), 19-33.

[12] Cochran, S.D., Mays, V.M., Bowen, D., Gage S., Bybee, D., Roberts, S.J., Goldstein, R.S., Robison, A., Rankow, E.J., & White J. (2001). Cancer-related risk indicators and preventive screening behaviors among lesbians and bisexual women. American Journal of Public Health, 91(4), 591-7.

[13] Diamant AL. Schuster MA. McGuiean K. Lever J. (1999). Lesbians' sexual history with men: Implications for taking a sexual history. Archives of Internal Medicine, 159(22), 2730-6.

[14] Potter, M. Tips for Providing Paps to Trans Men. Sherbourne Health Centre, LBGT Family Health Team. Retrieved March 28, 2017 from: http://checkitoutguys.ca/sites/default/files/Tips_Paps_TransMen_0.pdf

[15] Potter, M. Tips for Providing Paps to Trans Men. Sherbourne Health Centre, LBGT Family Health Team. Retrieved March 28, 2017 from: http://checkitoutguys.ca/sites/default/files/Tips_Paps_TransMen_0.pdf

[16] Sherbourne Health Centre (2017). Guidelines and protocols for hormone therapy and primary health care for trans clients. Rainbow Health Ontario, p 22.

[17] Sherbourne Health Centre (2017). Guidelines and protocols for hormone therapy and primary health care for trans clients. Rainbow Health Ontario, p 29.

[18] Young, T. K. & Katz. A. (1998). Survivors of sexual abuse: Clinical, lifestyle and reproductive consequences. CMAJ, 159(4), 329-334.

[19] Holz, KA. (1994). A practical approach to clients who are survivors of childhood sexual abuse. Journal of Nurse-Midwifery, 39(1), 13-8.

[20] Daley, A. & Cromwell, P. F. (2002). How to perform a pelvic exam for the sexually active adolescent. The Nurse Practitioner, 27(9), 28-43.

[21] National Health Services Cervical Screening Program. (1998). Resource pack for training smear takers. United Kingdom.

[22] Seidel, H.M., Ball, J.W., Dains. J.E., & Benedict G. W. (1987). Mosby's Guide to Physical Examination. Mosbv. Inc. St. Louis MS.

[23] Sexuality Education Resource Centre. (2004). Retrieved February 23, 2009 from: http://www.serc.mb.ca/content/article/femaleGenitalCutting?market=SP&topic=WA&subject

[24] Sexuality Education Resource Centre (2010). Understanding Female Genital Circumcision Workshop, January 2012.