

## DST-1001 STI Assessment

Within the scope of nursing practice with clients of all genders experiencing or at risk for STI, comprehensive assessment includes: a sexual health history, a risk assessment, a physical assessment, and screening and/or diagnostic tests. Use of an interpreter is recommended in instances where the clinician does not adequately speak the language of the client.

Guided by three foundational principles, the *STI Assessment Decision Support Tool (DST)* applies an equity lens to STI assessment. Through these three principles, the DST takes a new direction towards accommodating and providing more equitable, inclusive and affirming care for all clients; especially for transgender, gender-diverse and two-spirit peoples. This is of particular importance as inequities are associated with negative stereotypes often leading to higher rates of STIs and non-disclosure of information. As a consequence, this may hinder relevant testing, diagnosis, treatment, and the provision of targeted client education. The principles below aim to direct clinician-consideration of the diversity in bodies, of the client, their culture, their gender and their context-specific needs when providing services:

- cultural safety that is trauma- and violence-informed
- knowledge and understanding of the burden of disease as it relates to the social determinants of health (SDOH) and syndemics
- creative and flexible service provision

The decision to perform a sexual health history may be client-initiated (e.g., client-request, client-reported symptoms or concerns) or clinician-initiated. If a pelvic examination is required as part of the physical assessment, RN(C)s<sup>1</sup> must follow [PHSA's Pelvic Exam DST](#) (indicated for clients aged 14 years and up). The following criteria apply when providing STI certified practice care:

- consultation and/or referral with a physician or nurse practitioner (NP) is required for:
  - all clients 11 years and under
  - symptomatic clients aged 12-13 years
  - all pregnant clients
  - all breast-/chest-feeding clients, depending on required and recommended treatment (see *Consultation and/or Referral* section of the applicable DST)

### Factors Associated with STI Acquisition

Listed below are factors associated with STI acquisition based on syndemic and epidemiological data, and/or social conditions that sustain vulnerability and likelihood of exposure to STI.

- any sexual activity with blood and/or body fluid exchange
- any sexual activity with skin-to-skin contact
- non-use or failure of barriers for oral, genital, and/or anal sex (e.g., condoms, dental dams, etc.)
- sharing sex toys without condoms and/or not cleaning between use
- sexual activity where there is possibility of oral-fecal transmission (e.g., rimming, anal play, etc.)
- previous history of STI
- sexual contact with someone with an STI
- anonymous sexual partner(s) (e.g., internet, bath house, play parties, etc.)
- trade of money, goods, food, and/or shelter for sex
- rough sex causing mucosal tearing
- survivors of sexual assault and sexual abuse
- sexually active youth under 25 years of age
- substance use, such as alcohol or chemicals, in association with having sex
- sharing drug use paraphernalia: pipes, intra-nasal, and injecting equipment

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<sup>1</sup> Note: RN(C) is an [authorized title](#) recommended by BCCNP that refers to BCCNP-certified RNs, and is used throughout this Decision Support Tool (DST).

### Signs and Symptoms Associated with STIs

- often asymptomatic presentation
- abnormal urethral, genital and/or rectal discharge
- pain with intercourse (dyspareunia)
- urinary abnormality – dysuria, frequency, urgency, colour, odour
- ano-genital irritation and inflammation
- ano-genital lesions
- bleeding with intercourse or between menstrual cycles
- fever, lower back pain, deep dyspareunia

### Sexual Health History

A sexual health history is the first component of a comprehensive assessment. When conducting a sexual health history, it is necessary to consider the potential for past and present experiences of violence and trauma, both from an interpersonal and a systemic perspective. Assessments are tailored-based on the information a client discloses (implicit or explicit) about their experiences, exposures, sexual activities, and other risk identifiers.

The sexual health history focuses on information relevant to sexual health, and may include:

- Client concerns
- Demographic information and methods of contacting client
- Assessment of signs and symptoms
- onset
- duration and frequency
- location
- symptom radiation to adjacent areas
- severity
- precipitating and aggravating factors
- relieving factors
- associated symptoms
- effects on daily activities
- previous diagnosis of similar episodes and/or infections (STI, HBV, HCV, HIV)
- previous treatments and outcomes
- Immunization history (e.g., hepatitis A, B and HPV)
- Recent antibiotic use (i.e., date of last dose, reason for use)
- Other medications – prescription and over-the-counter (OTC)
- Allergies (e.g., latex, antibiotics and other medications)
- Sexual contact
- barrier use (e.g., condoms, dental dams, etc.)
- sites of possible exposure
- sexual partners (number, sites of exposure, gender, and most recent sexual contact)
- Previous STI testing and results
- Previous HIV testing and results
- Drug and alcohol use/practices
- Named as an STI contact
- Surgical history (e.g., hysterectomy, vaginoplasty, metoidioplasty, genital cutting, etc.)

- Use of gender-affirming hormones
- Recent (within 28 days) history of sexual assault (refer to [PHSA's \*Prophylaxis Post Sexual Assault DST\*](#))
- Previous and/or current use and/or knowledge of HIV post-exposure prophylaxis (PEP) and/or pre-exposure prophylaxis (PrEP)
- Reproductive health history
- Pap/cervical screening and results
- date of last menstrual period
- regularity of menses
- pregnancy (risk, intent or current)
- contraception and emergency contraception (including satisfaction with contraception)
- testicular health

### Risk Assessment

Building on information collected in the sexual health history, risk assessments provide information regarding the likelihood of exposure to STI. This type of assessment supports clinical judgment regarding:

- screening and diagnostic tests
- sites for specimen collection
- partner notification and referral services
- client education
  - Risk assessments draw from essential knowledge regarding modes of STI transmission, and in particular, the relationships between modes of transmission, sites of exposure (e.g., rectum, oropharynx, genitals), and syndemic evidence for specific populations. While sexual orientation and/or gender may be helpful to clarify sexual behaviours and sites of exposure, they should not be the primary means by which to inform clinical judgement. In and of themselves, they are not risk factors for STI acquisition.

In addition to sexual health history, components of the risk assessment include:

- date of last sexual contact (to inform window periods)
- frequency of partners and nature of relationship (e.g., casual, regular, anonymous, etc.)
- gender of contacts (e.g., male, female, transgender, two-spirit, gender-diverse, unsure/questioning, prefer not to answer, etc.)
- feasibility of contacting sexual partners should they require notification, testing and/or treatment
- how sexual contacts are met (e.g., internet, commercial sex establishments, mobile phone apps, bath houses, etc.)
- sexual and drug use practices of sexual contacts (if known)
- STI and HIV status of sexual contacts (if known)
- possible exposure to blood borne infections (e.g., needle stick) and/or accidental exposures (i.e., exposure to blood during a fight)
- candidate for and/or client-request for HIV PrEP (see [BC CfE's \*HIV Pre-exposure Prophylaxis \(PrEP\) Guidelines\*](#))
- candidate for PEP with high risk exposure within past 72 hours (see [BC CfE's \*HIV Post-exposure Prophylaxis \(PEP\) Guidelines\*](#))

## PHYSICAL ASSESSMENT

The physical assessment is a head-to-toe approach in which the clinician uses inspection and palpation to assess potential sites of infection. Physical assessment may include:

- inspection of the mouth and throat (e.g., for lesions, redness, swelling)
- inspection of the trunk, forearms and palms (e.g., for signs of rash, lesions)
- inspection of external genital, pubic, and perianal areas (e.g., for bleeding, discharge, irritation, lesions, rash, etc.)
- palpation of the inguinal nodes (for swelling/tenderness)

### Additional Physical Assessments

#### Penile and Scrotal Anatomy (if applicable)

- inspection of urinary meatus for:
  - redness and/or swelling
  - discharge (e.g., mucoid, mucopurulent, purulent)
- palpation of testicles for tenderness or abnormal lumps
- if the client is symptomatic or urethral discharge is noted at the meatus, refer to applicable DST and the *Screening and Diagnostic Tests* section of this DST

#### Vulvar and Vaginal Anatomy (if applicable)

For internal pelvic exams, please refer to [PHSA's Pelvic Exam DST](#).

- inspect vulva (e.g., redness, swelling, lesions, etc.), introitus, and vagina (e.g., redness, swelling, lesions, hypergranulation)
- assess vaginal discharge for:
  - amount, consistency, colour, and odour (e.g., copious, mucoid, purulent, thick, frothy, malodorous, amine odour)
  - pH if indicated
- bimanual exam:
  - cervical motion tenderness (CMT)
  - adnexal tenderness
  - fundal tenderness

### Screening and Diagnostic Tests

**As part of routine screening, all clients should be offered gonorrhea, chlamydia, syphilis and HIV testing.** In addition to this routine screening, further diagnostic testing is completed based on a client's sexual health history, risk assessment, and presentation of symptoms, such as abnormal genital/urethral symptoms (e.g., discharge, irritation), genital ulcers, lesions, and the sites of the body potentially exposed to infection.

Each method of specimen collection is briefly outlined below. As noted above, tests are indicated based on the sexual health history, risk and physical assessments, client-request, and/or at the discretion of the clinician.

#### 1. Throat swabs

- clinician- or client-collected

#### 2. Urine specimens

- GC/CT and/or trichomonas vaginalis (T. vaginalis or TV) (for further information on testing requirements, refer to [Trichomoniasis DST](#))
  - client should not have voided in the previous 1-2 hours
  - collect approximately 10-20 ml of first-pass urine
  - used when cervical or vaginal specimens are not desired or appropriate
  - preferred for clients who have undergone vaginoplasty or hysterectomy

- urine dipstick, urinalysis (micro and/or macroscopic), and/or urine culture & sensitivity (C&S) as indicated by the [Uncomplicated Lower UTI DST](#)
- urine pregnancy test if indicated

### 3. Urethral specimens

- when visible discharge is present at the meatus, collect discharge (ask client to *milk* if necessary); insertion of the swab into the urethra is not required
- collect smear for typical intracellular diplococci (TID) and polymorphonuclear leukocytes (PMNs) (if immediate microscopy available) and GC C&S, for symptomatic clients with visible meatal discharge

### 4. Vaginal specimens

- clinician- or client-collected
- depending on agency lab kits, validation, and facility guidelines, any of the following diagnostic tests may be used for vaginal specimens:
  - Nugent score/gram stain for bacterial vaginosis (BV)
  - vaginal smear for BV and yeast
  - gram stain or culture for yeast and/or *T. vaginalis*
  - *T. vaginalis* NAAT
  - *T. vaginalis* antigen detection (if available)
  - *T. vaginalis* C&S (if applicable)
  - wet-mount of *T. vaginalis*; wet-mount and/or clue cells, BV, and/or yeast if immediate microscopy available
  - GC/CT NAAT
  - vaginal pH
  - vaginal KOH whiff test (if available – see *Safe Use of 10% Potassium Hydroxide in STI Screening* located in the *BCCDC Communicable Disease (CD) Manual Chapter 5: Sexually Transmitted Infections*)
- vaginal specimens are indicated with any of the following:
  - abnormal odour
  - abnormal vaginal discharge
  - vaginal irritation and/or inflammation
  - symptoms of pelvic inflammatory disease (PID)
  - clients determined to be at potential higher risk (based on risk assessment)

### 5. Cervical Specimens

- may be indicated in the following:
  - Pap/cervical screening test
  - symptoms (e.g., lesion)
  - GC C&S
  - pelvic or internal exam

### 6. Rectal Swabs

- clinician- or client-collected

**Certified Practice Testing Options for Site-based STI Screening<sup>1</sup>**

All clients testing for STIs should be offered tests for the following:

- gonorrhea
- chlamydia
- syphilis
- HIV

Site	Asymptomatic	Symptomatic	Notes
<b>Throat</b>	GC/CT NAAT (when indicated; see notes)	GC C&S	Collect C&S first, then NAAT for contacts to GC (asymptomatic and symptomatic clients).
		GC/CT NAAT	Indicated for clients who have given oral sex on a penis.
<b>Penile urethra (with or without phalloplasty or metoidioplasty with urethral lengthening)</b>	GC/CT NAAT urine	GC C&S	Collect visible discharge from the meatus (ask client to <i>milk</i> if necessary); insertion of the swab into the urethra is not required.
		Smear (of meatal discharge) for TID and PMN	Recommended but may not be offered in all clinical settings (only where immediate microscopy is available).
		GC/CT NAAT urine	

<sup>1</sup> Unless otherwise indicated, all tests are listed in the order they should be collected

Site	Asymptomatic	Symptomatic	Notes	
<b>Vagina with cervix</b> Refer to <a href="#">PHSA's Pelvic Exam DST</a> .	GC/CT NAAT vaginal (Preferred) OR cervical OR urine  Pap/cervical screening if indicated	GC C&S cervical (preferred) OR vaginal	Collect C&S first, then NAAT for contacts to GC (asymptomatic and symptomatic clients).	
		GC/CT NAAT vaginal (preferred) OR cervical OR urine		
		<i>T. vaginalis</i> NAAT vaginal (preferred) OR cervical OR urine	Samples that are obtained for <i>T. vaginalis</i> NAAT, and processed by the BCCDC Public Health Laboratory (BCCDC PHL), will be done using the same sample (cervical/vaginal swab or urine) submitted for GC and CT testing.  NB: Refer to the <a href="#">Trichomoniasis DST</a> for further testing options if indicated.	
		vaginal smear for BV and yeast	<u>If on testosterone</u> : Refer for comprehensive yeast and bacterial culture <u>If not on testosterone</u> : Nugent score/gram stain or clue cells (Amsel's Criteria).	
		vaginal pH	pH strips are ineffective in the presence of blood.	
		vaginal KOH whiff test	For BV, clinical diagnosis can be by either a positive KOH whiff test OR if obvious BV odour in the absence of such a test.	
		<b>Testing options if applicable/indicated</b>		
		urine dipstick and/or urinalysis with suspected lower UTI	Refer to <a href="#">Uncomplicated Lower UTI DST</a> to rule-out complicated lower UTI for consultation/referral information.	
		Pap/cervical screening		
		urine pregnancy test		

Site	Asymptomatic	Symptomatic	Notes	
<p><b>Vagina after total hysterectomy (no cervix)</b></p> <p>Refer to <a href="#">PHSA's Pelvic Exam DST</a> and the <a href="#">BCCA Screening for Cancer of the Cervix</a> to determine recommendations for clients with removal of cervix.</p>	<p>GC/CT NAAT urine (preferred) <b>OR</b> vaginal</p>	GC C&S vaginal	Collect C&S first, then NAAT for contacts to GC (asymptomatic and symptomatic clients).	
		GC/CT NAAT urine (preferred) <b>OR</b> vaginal		
		<i>T. vaginalis</i> NAAT vaginal <b>OR</b> urine	Samples obtained for <i>T. vaginalis</i> NAAT, and processed by the BCCDC PHL, will be done using the same sample (cervical/vaginal swab or urine) submitted for GC and CT testing.  NB: Refer to the <a href="#">Trichomoniasis DST</a> for further testing options.	
		vaginal smear for BV and yeast	<u>If on testosterone</u> : Refer for comprehensive yeast and bacterial culture  <u>If not on testosterone</u> : Nugent score/gram stain or clue cells (Amsel's Criteria).	
		vaginal pH	pH strips are ineffective in the presence of blood.	
		vaginal KOH whiff test	For BV, clinical diagnosis can be by either a positive KOH whiff test OR obvious BV odour in the absence of such a test.	
		<b>Testing options if applicable/indicated</b>		
		urine dipstick and/or urinalysis with suspected lower UTI	Refer to <a href="#">Uncomplicated Lower UTI DST</a> to rule-out complicated lower UTI for consultation/referral information.	
<p><b>Vagina after vaginoplasty</b></p> <p>If pain, discharge or bleeding occur in the early post-operative</p>	<p>GC/CT NAAT urine</p>	GC/CT NAAT urine		
		<i>T. vaginalis</i> NAAT urine	Samples that are obtained for <i>T. vaginalis</i> NAAT, and processed by the BCCDC PHL, will be done using the same sample (urine) submitted for GC and CT testing.	



Site	Asymptomatic	Symptomatic	Notes
<p>period, consult with an experienced clinician:</p> <ul style="list-style-type: none"> <li>• <b>RACE line:</b> 604.696.2131 or toll-free 1.877.696.2131; select "Transgender Health"</li> <li>• <b>Trans Care BC:</b> 1.866.999.1514 or <a href="mailto:transcareteam@phsa.ca">transcareteam@phsa.ca</a></li> </ul>		<b>Testing options if applicable/indicated</b>	
		urine dipstick and/or urinalysis with suspected lower UTI	Refer to <a href="#">Uncomplicated Lower UTI DST</a> to rule-out complicated lower UTI for consultation/referral information.
		refer and/or consult for comprehensive yeast & bacterial culture	Clients who have had vaginoplasty require a comprehensive yeast & bacterial culture to diagnose bacterial vaginosis.
<b>Rectum</b>	GC/CT NAAT	GC C&S	Collect C&S first, then NAAT for contacts to GC (asymptomatic and symptomatic clients).
		GC/CT NAAT	Indicated for clients who have had receptive anal sex (including penetrative sex with toys).
		HSV PCR	
<b>Genital and/or oral ulcers or lesions</b>		HSV PCR	
		CT NAAT for LGV	Refer to a physician or NP for all clients who present with suspected LGV.
		syphilis PCR <sup>2</sup> (for oral or genital lesions)	Write "for <i>T. Pallidum</i> PCR" on the requisition.
		direct fluorescent antibody testing (DFA) (not appropriate for oral lesions)	Secretions from a lesion mounted onto a slide and sent to the lab for examination.
		dark-field microscopy	Only available at specific sites.

<sup>2</sup> If no PCR buffer is available, use NAAT swab - If using NAAT swab, additionally write "Attn: Dr. Morshed" on requisition.

Site	Asymptomatic	Symptomatic	Notes
<b>Venipuncture</b>	syphilis EIA	syphilis EIA	Serology for syphilis screening is indicated on the lab requisition as syphilis (non-prenatal), syphilis antibody TPE. The diagnostic platform is an enzyme immune assay (EIA). If the EIA is reactive, further confirmatory testing will be automatically completed by the lab.
	HIV Ag/Ab (4 <sup>th</sup> generation)	HIV (Ag/Ab 4 <sup>th</sup> generation)	If acute HIV infection is suspected, contact the medical microbiologist on call at BCCDC (tel: 604.661.7033) to discuss if HIV RNA testing is an option.
	HIV point-of-care (POC) (Ab 3 <sup>rd</sup> generation)	HIV POC (Ab 3 <sup>rd</sup> generation)	POC involves finger-prick blood specimen (not venipuncture per se); see <a href="#">BC Point of Care HIV Testing Program</a> website for further information.
		HSV IgG; HSV type-specific serology (TSS)	Please refer to the <i>Herpes Simplex Virus (HSV) DST</i> for more information and specific indications in serologic screening for the following:  HSV IgG: Indicates HSV antibodies only and does not differentiate between HSV 1 and HSV 2  HSV TSS: some areas may have access to HSV TSS through their local labs (generally there is a fee charged to clients by the lab for this test)
	For hepatitis testing, see information below.		

### Hepatitis A, B, C Serology

The decision to test for acute or chronic infection or immunity should take into consideration past or current risk factors, risk for future exposure, and/or prior testing and vaccination history.

- **Hepatitis A Virus (HAV)**

HAV infection is primarily transmitted by the fecal-oral route. The most common transmission pathway is through the consumption of food or water contaminated with infected feces. Transmission can also occur through close physical contact resulting in the oral ingestion of contaminated feces (e.g., rimming).

HAV serologic testing is only recommended in the following scenarios where there has been no prior hepatitis A vaccine series:

- Presenting with signs and symptoms suggestive of acute hepatitis
- Chronic hepatitis B or hepatitis C infection
- Chronic liver disease (e.g., cirrhosis)
- Individuals with haemophilia A or B receiving plasma-derived replacement clotting factors and testing negative for anti-HAV IgG

Include the following serologic tests:

- Signs and symptoms: anti-HAV Total and anti-HAV IgM
- Screening: anti-HAV Total

For further information, see [BCCDC CDC Manual: Chapter 1 - Hepatitis A](#) and [BCCDC CDC Manual: Chapter 2 - Immunization](#).

- **Hepatitis B Virus (HBV)**

HBV is a blood-borne virus that is highly transmissible via perinatal, percutaneous or sexual exposure to a HBV infected person's blood and/or body fluids. HBV infection is most commonly acquired through sexual contact, injection drug use, and perinatal exposure from mother-to-infant.

Indications for HBV serologic testing in the absence of a prior full hepatitis B vaccine series includes:

- HIV or HCV infection
- individuals who engage in illicit drug use
- sexual partner or household contact of someone with acute or chronic HBV infection
- recent sexual assault (refer to [PHSA's Prophylaxis Post Sexual Assault DST](#))
- unprotected sex and/or multiple sex partners

Include the following serologic tests:

- HBsAg
- Anti-HBs
- Anti-HBc Total

For further information or HBV screening, risk factors and/or laboratory and testing information, refer to the [BCCDC CDC Manual: Chapter 1 - Hepatitis B](#) and [BCCDC CDC Manual: Chapter 2 - Immunization](#).

- **Hepatitis C Virus (HCV)**

HCV is a blood-borne virus that is highly transmissible via percutaneous exposures to infectious blood. Per mucosal transmission may occur if blood is present but is not as efficient.

Indications for testing in a sexual health/harm reduction context may include:

- sharing of injection and/or non-injection drug equipment (e.g., crack pipes, cocaine straws)

- diagnosis of HBV (chronic or acute), HIV, or STIs where sores and lesions are present such as *Lymphogranuloma venereum* (LGV) and syphilis
- repeated condomless sexual contact with person(s) where there is a possibility of blood exchange (e.g., rough sex causing mucosal tearing)
- tattooing, body piercing, and/or acupuncture in unregulated premises where unsterile equipment and/or improper technique is used
- recent sexual assault (refer to [PHSA's Prophylaxis Post Sexual Assault DST](#))

For individuals with ongoing hepatitis C related risk factors, annual screening is recommended.

Include the following serologic tests:

- Anti-HCV
- HCV RNA – only if previous anti-HCV positive

For further information on HCV, screening, risk factors and/or laboratory and testing information, refer to the [BCCDC CDCManual: Chapter 1 - Hepatitis C](#)

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## APPENDIX A<sup>3,4,5</sup>

### Glossary of Terms

**Accommodation:** A principle about structuring and designing for inclusiveness, adjustments made to policies, programs, and/or practices to enable individuals to benefit from and participate in the provision of services equally.

**Equity:** The practice of ensuring fair, inclusive and respectful treatment of all peoples, with consideration of individual and group diversities. Equity honours and accommodates the specific needs of individuals/groups.

**Gender:** Socially and culturally constructed roles, behaviours, actions, expressions, roles and identities linked to girls, women, boys, men, transgender, gender-diverse, and two-spirit peoples.

**Gender-diverse:** Gender roles and/or expressions that do not follow social and cultural expectations, norms, and stereotypes of gender. People who are gender-diverse may or may not identify as transgender; sometimes also referred to as gender non-conforming, gender-variant, etc.

**Hypergranulation:** Occurs when there is an extended inflammatory response and characterised by the appearance of light red or dark pink flesh that can be smooth, bumpy or granular. Most commonly present beyond the surface of incision sites post-vaginoplasty.

**Hysterectomy:** A surgical procedure to remove all or part of the uterus, and sometimes the cervix; is also a gender-affirming, masculinizing lower surgery.

**Inclusive:** an approach that aims to reach-out to and include all people, honouring the diversity and uniqueness, talents, beliefs, backgrounds, capabilities and ways of living of individuals and groups.

**Metoidioplasty:** A gender-affirming, masculinizing, lower surgery to create a penis and scrotum, done by cutting ligaments around the clitoris to add length to the shaft, grafting skin around the shaft to create added girth, lengthening the urethra so one can urinate from the shaft, and creating a scrotum.

**Phalloplasty:** A multi-phase gender-affirming, masculinizing, lower surgery to create a penis and scrotal sac, testicular implants, and implants to obtain rigidity/erection.

**Syndemic:** For the purpose of this guideline, syndemics is the presence of two or more epidemics interacting and creating an increase in disease burden based on social conditions that sustain vulnerability. Syndemics generally occur when health-related changes cluster by person, place, or time.

**Transgender:** An umbrella term used to describe anyone whose gender identity differs from the gender they were assigned at birth, including transgender people with binary and non-binary identities.

**Two-spirit:** Taken during colonization, two-spirit is being reclaimed as a term used within some Indigenous communities to encompass sexual, gender, cultural, and/or spiritual identities. It reflects complex understandings of gender and sexuality, and the long history of sexual- and gender-diversity that is specific to each nation. Two-spirit is different than identifying as LGBTQ+ and being indigenous due to the cultural, spiritual, and historical contexts of this identity.

**Vaginoplasty:** A gender-affirming, feminizing, lower surgery to create a vagina and vulva (mons, labia, clitoris and urethral opening) by inverting the penis, scrotal sac and testes.

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<sup>3</sup> [The 519 \(n.d\). Education and training glossary of terms.](#)

<sup>4</sup> [Fenway Health \(2010\). Glossary of Gender and Transgender Terms.](#)

<sup>5</sup> [Trans Care BC \(2018\). Glossary.](#)