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APPENDIX A: PATIENT COUNSELLING GUIDE ON CONDOM USE

Essential Information on Condoms and Patient Counselling Guide

Check the label

- The most common type of condom is the latex condom, but synthetic (polyurethane) condoms also offer protection against unintended pregnancies as well as sexually transmitted infections (STIs), including HIV.
- Natural membrane condoms (also called “sheepskin”) are not recommended for use in protection against certain viral diseases such as hepatitis and HIV.
- Novelty condoms, such as “edible condoms,” do not offer pregnancy or STI prevention.

Store condoms properly and check them before use

- Condoms should be stored in a cool, dry place out of direct sunlight (i.e., do not store in wallet, in automobile or any place where condoms will be exposed to extreme heat or cold).

Always check the expiry date before using the condom; expired condoms should not be used

- Condoms in damaged packages or those that show obvious signs of age (e.g., those that are brittle, sticky or discoloured) should not be used, because they cannot be relied upon to prevent infection.
- Condoms should be put on before any genital contact to prevent exposure to body fluids that may contain infectious agents. Nonoxynol-9 (N-9) is not recommended as an effective means of HIV or STI prevention. The best STI and HIV barrier is a latex or polyurethane condom *without* N-9.
 - If N-9 is used as an aid to contraception, its benefit should be carefully considered in light of the increased risk of genital lesions and the resulting potential for an increased risk of HIV transmission.¹

Suggestions for Enhancing Adherence to Condom Use for STI Prevention

- Routinely recommend “dual protection” — using condoms together with oral contraceptives — for STI prevention and highly effective birth control.
- Prepare a “Prescription Pad Counseling Guide” as follows²:

If you or your partner has ever had another sexual partner, we strongly recommend that you make one of these safer-sex choices:

- Use a condom consistently to prevent pregnancy and STIs.
- Always use a condom for the first 3 months of a sexual relationship with a new partner, and then come in with your partner for STI and HIV testing. If your tests are negative, you can quit using condoms, as long as you and your partner feel that you are willing and able to remain monogamous and take appropriate birth control measures.

Barriers to Condom Use and Means to Overcome Them

Table 1. Perceived barrier and proposed intervention strategy

Decreases sexual pleasure or sensation	<p>Often perceived by those who have never used a condom</p> <ul style="list-style-type: none"> • Encourage patient to try the following: <ul style="list-style-type: none"> – Put a drop of water-based lubricant or saliva inside the tip of the condom or on the glans of the penis prior to putting on the condom – Try a thinner latex condom – Try different brands – Try more lubrication
Decreases spontaneity of sexual activity	<ul style="list-style-type: none"> • Encourage incorporation of condom use during foreplay • Remind patient that peace of mind may enhance pleasure for self and partner
Embarrassing, juvenile, “unmanly”	<ul style="list-style-type: none"> • Remind patient that it is “manly” to protect oneself and others
Poor fit (too small or too big, slips off, uncomfortable)	<ul style="list-style-type: none"> • Smaller and larger condoms are available
Requires prompt withdrawal after ejaculation	<ul style="list-style-type: none"> • Reinforce the protective nature of prompt withdrawal • Suggest substitution of other postcoital sexual activities
Fear of breakage may lead to less vigorous sexual activity	<ul style="list-style-type: none"> • With prolonged intercourse, lubricant wears off and condom begins to rub. Have a water-soluble lubricant available to reapply
Non-penetrative sexual activity	<ul style="list-style-type: none"> • Condoms are advocated for use during fellatio; non-lubricated condoms may prove best for this purpose • There are flavoured condoms now on the market, but they should not be confused with edible condoms found in some novelty sex shops • Other barriers, such as dental dams or a non-lubricated condom cut down the middle to form a barrier, have been advocated for use during certain forms of non-penetrative sexual activity (e.g., cunnilingus and anilingual sex).

APPENDIX B: HOW TO USE A MALE CONDOM/ HOW TO USE A FEMALE CONDOM



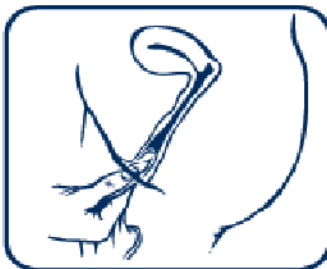
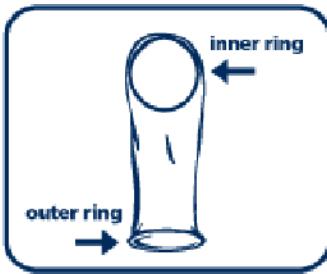
How to Use a Male Condom

It is possible to communicate many of these points to patients clearly in a simple demonstration by putting a condom over two fingers or a model.

1. Open the package; handle carefully to avoid damaging the condom.
2. A water-based lubricant may be used inside the tip of the condom or on the penis to avoid irritation or tearing the condom; KY Jelly or a liquid form such as Astro-Glide should be used. Petroleum- or oil-based lubricants (such as petroleum jelly, cooking oils, shortening and lotions) should not be used, because they weaken the latex.
3. Press the air out of the tip, leaving enough space to hold the semen (about 1 cm).
4. Pinching the condom tip, unroll the condom over as much of the hard penis as possible.
5. After sex, take the penis out with the condom still on and the penis still hard. Hold the base of the condom firmly so that the semen doesn't spill.
6. After use, tie a knot at the open end and dispose of the condom in the garbage (not in the toilet). Do not reuse.

Note:

If a condom breaks, it should be replaced immediately. If ejaculation occurs after condom breakage and there is need for protection against pregnancy, emergency oral contraception should be used.



How to Use a Female Condom

Insert the condom into the vagina before sexual contact.

1. Open the package, handling carefully to avoid tearing the condom.
2. Squeeze the flexible inner ring at the closed end of the sheath.
3. Gently insert the inner ring into the vagina.
4. Place the index finger on the inside of the condom, and push the inner ring up as far as it will go.
5. Be sure the sheath is not twisted. The outer ring should remain on the outside of the vagina.
6. Guide the penis into the sheath's opening. Be sure that the penis is not entering on the side, between the vagina wall and the sheath.
7. If the condom moves out of place during sex, lubrication can be used either on the inside of the condom or on the penis.
8. To remove the condom, twist the outer ring and gently pull the condom out to avoid spilling the semen.
9. Dispose of the condom in the garbage (not in the toilet). Do not reuse.

Note:

If the condom is dislodged, twisted or breaks, it should be replaced immediately. If ejaculation occurs after condom failure and there is need for protection against pregnancy, emergency oral contraception should be used.

For information regarding the use of female condoms for anal intercourse, see *Primary Care and Sexually Transmitted Infections* chapter.

APPENDIX C: RESOURCES AND REFERENCE TOOLS FOR HEALTH PROFESSIONALS

Books

Canadian Guidelines for Sexual Health Education. **Public Health Agency of Canada (PHAC)**

A document that offers public health practitioners, educators and administrators a broader understanding of the goals and objectives of Sexual Health Education. It provides professionals with a guide to the development and evaluation of sexual health education programs, policies and related services.

Available in PDF format online at www.publichealth.gc.ca/sti

HIV/HCV Transmission: Guidelines for Assessing Risk: A Resource for Educators, Counsellors, and Health Care Providers. 5th edition. **Canadian AIDS Society**

A comprehensive, evidence-based guide outlining the risks for the acquisition and transmission of HIV and hepatitis C associated with various sexual activities, graded from 1 (no-risk) to 4 (high-risk). Available in PDF format online at www.cdnaids.ca.

Sex Sense. **Society of Obstetricians and Gynaecologists of Canada**

A comprehensive booklet about sexuality and contraception. This booklet covers all contraceptive methods available in Canada and provides fact-based information on protection against sexually transmitted infections. It contains helpful websites and phone numbers for support across Canada.

Available to order online at www.sogc.org/health/bookstore_e.asp

Counselling flipcharts. **The Society of Obstetricians and Gynaecologists of Canada (SOGC)**

“Choosing a contraceptive that’s right for u - 2nd Edition”

“Understanding Sexually Transmitted Infections”

Available to order online at www.sexualityandu.ca

Sexual and Reproductive Health Counselling Guidelines, 2004. **Canadian Federation for Sexual Health - (formerly Planned Parenthood Federation of Canada - PPFC)**

These guidelines can be used as a tool to improve support skills, train staff or provide additional information for patients in a clinical, community or educational setting.

Available to order online at www.cfsh.ca.

Internet Links

www.aidssida.cpha.ca

The National AIDS Clearinghouse of the Canadian Public Health Association (1565 Carling Avenue, Suite 400, Ottawa, ON, K1Z 8R1) distributes a variety of pamphlets, posters and other safer-sex materials.

www.publichealth.gc.ca/sti

The Public Health Agency of Canada Sexual Health and Sexually Transmitted Infections website provides information and resources on sexual health and STIs, including links to national STI epidemiology and surveillance data and reports, targeted research, and evidence-based national guidelines.

www.sexualityandu.ca/masexualite.ca

A sexual- and reproductive-health website sponsored by the Society of Obstetricians and Gynaecologists of Canada. This site is intended to be a comprehensive source of information for teens, parents, adults, teachers and health care professionals on sexual and reproductive health issues.

Note:

If you are not aware of local community resources for sexual health promotion/STI prevention and control, contact your local public health authority or provincial/territorial director of STI control (see *Appendix D*).

APPENDIX D: PROVINCIAL AND TERRITORIAL OFFICES FOR THE PREVENTION AND CONTROL OF STI

Alberta

STI Services
Alberta Health and Wellness
PO Box 1360 Stn Main
Edmonton, AB T5J 9Z9
Tel: 780-427-2830
Fax: 780-422-5149
Karen.Sutherland@gov.ab.ca (subject to change)

British Columbia

STI/HIV Prevention and Control
BC Centre for Disease Control
655 West 12th Avenue
Vancouver, BC V5Z 4R4
Tel: 604-660-6161
Fax: 604-775-0808

Manitoba

Communicable Disease Control Branch
Public Health Division
Manitoba Health and Healthy Living
4th Floor - 300 Carlton Street
Winnipeg, MB R3B 3M9
Tel: 204-788-6737
Fax: 204-948-2040
Gloria.Watkins@gov.mb.ca (subject to change)

New Brunswick

Office of the Chief Medical Officer of Health
New Brunswick Department of Health
2nd Floor, 520 King Street, PO Box 5100
Fredericton, NB E3B 5G8
Tel: 506-453-2280
Fax: 506-453-8702

Newfoundland and Labrador

Department of Health
Building 801, Pleasantville
St. John's, NF A1B 4J6
Tel: 709-729-3430
Fax: 709-729-5824

Northwest Territories

Office of the Chief Medical Officer of Health
Department of Health and Social Services
Population Health, Health Protection Unit
Government of the Northwest Territories
Yellowknife, NT X1A 2L9
Tel: 867-920-8646
Fax: 867-873-0442

Nova Scotia

Communicable Disease Prevention and Control Centre
Nova Scotia Department of Health Promotion and Protection
1601 Lower Water St.
PO Box 487
Halifax, NS B3J 2R7
Tel: 902-424-8160
Fax: 902-424-0550

Nunavut

Health Protection Office
Department of Health and Social Services
P.O. Box 1000, Station 1000
Iqaluit, NU X0A 0H0
Tel: 867-975-5700
Fax: 867-975-5755
erandall@gov.nu.ca (subject to change)

Ontario

STI/AIDS/ Sexual Health/BBI Unit
Infectious Diseases Branch
Public Health Division
Ministry of Health and Long-Term Care
5700 Yonge Street, 8th Floor
Toronto, ON M2M 4K5
Tel: 416-327-7429
Fax: 416-327-7439

Prince Edward Island

Office of the Chief Health Officer – PEI
Department of Health
P.O. Box 2000
16 Garfield St.,
Charlottetown, PEI C1A 7N8
Tel: 902-368-4996
Fax: 902-620-3354
amneatby@ihis.org
(subject to change)

Quebec

Service de lutte contre les infections
transmissibles sexuellement et par le sang
Direction générale de la santé publique
Ministère de la Santé et des Services sociaux
201, boul Crémazie Est, RC-03,
Montréal, QC H2M 1L2
Tel: 514-873-9890
Fax: 514-873-9997
slitss@msss.gouv.qc.ca

Saskatchewan

Office of the Chief Medical Health Officer
Population Health Branch
Ministry of Health
3475 Albert Street
Regina, SK S4S 6X6
Tel: 306-787- 3235
Fax: 306-787-9576

Yukon Territory

Health & Social Services
Yukon Territorial Government
4 Hospital Road
Whitehorse, YT Y1A 3H8
Tel: 867-667-8369
Fax: 867-667-8349

APPENDIX E: PROVINCIAL LABORATORIES

For more information on laboratory diagnosis of sexually transmitted infections, first consult your local facility or your nearest public health laboratory.

Alberta

Provincial Laboratory for Public Health
(Microbiology)
Edmonton site:
8440 - 112 Street
Edmonton, AB T6G 2J2
Tel.: 780-407-7121
Fax: 780-407-8984

Calgary site:
3030 Hospital Drive NW
Calgary, AB T2N 4W4
Tel.: 403-944-1200
Fax: 403-283-0142

British Columbia

Provincial Laboratory
BC Centre for Disease
Control Laboratory Services
655 12th Avenue West
Vancouver, BC V5Z 4R4
Tel: 604-660-6030
Fax: 604-660-6073

Manitoba

Cadham Provincial Laboratory
750 William Avenue
Winnipeg, MB R3E 3J7
Tel: 204-945-6123
Fax: 204-786-4770

New Brunswick

Department of Laboratory Medicine
St. John Regional Hospital
400 University Avenue
Saint John, NB E2L 4L2
Tel: 506-648-6501
Fax: 506-648-6576

Newfoundland and Labrador

Newfoundland Public Health Laboratories
The Leonard A. Miller Centre for Health
Sciences
100 Forest Road, PO Box 8800
St. John's, NF A1B 3T2
Tel: 709-777-6555
Fax: 709-737-7070

Nova Scotia

Department of Pathology and Laboratory
Medicine
Queen Elizabeth II Health Science Centre
5788 University Avenue
Halifax, NS B3H 1V8
Tel: 902-473-2231
Fax: 902-473-4432

Ontario

Central Public Health Laboratory
81 Resources Road
Etobicoke, ON M9P 3T1
Tel: 416-235-6132
Toll-free: 1-800-640-7221
Fax: 416-235-6103

Hamilton Public Health Laboratory
250 Fennell Avenue West, PO Box 2100
Hamilton, ON L8N 3R5
Tel: 905-385-5379
Fax: 905-385-0083

Kingston Public Health Laboratory
181 Barrie Street, PO Box 240
Kingston, ON K7L 3K2
Tel: 613-548-6630
Fax: 613-548-6636

London Public Health Laboratory
 850 Highbury Avenue,
 PO Box 5704, Terminal A
 London, ON N6A 4L6
 Tel: 519-455-9310
 Fax: 519-455-3363

Orillia Public Health Laboratory
 750 Memorial Avenue, PO Box 600
 Orillia, ON L3V 6K5
 Tel: 705-325-7449
 Fax: 705-329-6001

Ottawa Public Health Laboratory
 2380 Saint Laurent Boulevard
 Ottawa, ON K1G 6C4
 Tel: 613-736-6800
 Fax: 613-736-6820

Peterborough Public Health Laboratory
 99 Hospital Drive, PO Box 265
 Peterborough, ON K9J 6Y8
 Tel: 705-743-6811
 Fax: 705-745-1257

Sault Sainte-Marie Public Health Laboratory
 160 McDougall Street, PO Box 220
 Sault Sainte-Marie, ON P6A 3A8
 Tel: 705-254-7132
 Fax: 705-945-6873

Sudbury Public Health Laboratory
 2 – 1300 Paris Street
 Sudbury, ON P3E 6H3
 Tel: 705-564-6917
 Fax: 705-564-6918

Thunder Bay Public Health Laboratory
 336 South Syndicate Avenue
 Thunder Bay, ON P7E 1E3
 Tel: 807-622-6449
 Fax: 807-622-5423

Timmins Public Health Laboratory
 67 Wilson Avenue
 Timmins, ON P4N 2S5
 Tel: 705-267-6633
 Fax: 705-360-2006

Toronto Public Health Laboratory
 PO Box 9000, Terminal A
 Toronto, ON M5W 1R5
 Tel: 416-235-6132
 Toll-free: 1-800-640-7221
 Fax: 416-235-6103

Windsor Public Health Laboratory
 3400 Huron Church Road, PO Box 1616
 Windsor, ON N9E 4H9
 Tel: 519-969-4341
 Fax: 519-973-1481

Prince Edward Island

Division of Laboratories
 Provincial Health Laboratory
 Queen Elizabeth Hospital
 Riverside Drive, PO Box 6600
 Charlottetown, PE C1A 8T5
 Tel: 902-894-2300
 Fax: 902-894-2385

Quebec

Institut national de santé publique du Québec
 Laboratoire de santé publique du Québec
 20045, chemin Sainte-Marie ouest
 Sainte-Anne-de-Bellevue, QC H9X 3R5
 Tel: 514-457-2070
 Fax: 514-457-6346

Saskatchewan

Saskatchewan Provincial Laboratory Services
 Saskatchewan Health
 3211 Albert Street
 Regina, SK S4S 5W6
 Tel: 306-787-3131
 Fax: 306-787-9122

APPENDIX F: FORENSIC EVIDENCE, SERVICES AND LABORATORIES

Forensic Evidence

- Forensic evidence is invaluable in supporting the testimony of victims of sexual assault.
- The purpose of forensic analysis of specimens is to establish one or more of the following:
 - That there was some form of association between the victim and the accused.
 - That sexual contact occurred.
 - That the assault was violent or forceful, thereby indicating lack of consent.
 - That the victim may have been drugged.
- Types of forensic analyses most useful in sexual assault are as follows:
 - Identification of semen or other bodily fluids.
 - Forensic DNA analysis.
 - Hair examination (suitability for DNA analysis).
 - Textile damage assessment.
 - Examinations involving fibres and other types of trace evidence.
 - Drug screen (including alcohol) in bodily fluids (blood and urine).
- In some situations, it may be impossible to collect certain specimens for forensic analysis. The availability of specimens depends on the sex of the perpetrator, the nature of the molestation (fondling vs. penetration) and the time between the event and the examination. An interval of more than 48 hours or cleansing the sexually abused areas will reduce the availability of specimens and the strength of forensic evidence.
- When specimens are being collected as forensic evidence with the objective of establishing the identification of the perpetrator, certain strict guidelines must be followed. This is essential if the information gathered is to be unequivocally accepted in court. Particular attention must be paid to the manner of collection, the labelling and identification of individual specimens, and obtaining signed specific consent forms. For details on the collection of specimens for forensic analysis, local police authorities should be consulted (see *Forensic Laboratories*, below).

Collection of specimens

- Physicians should familiarize themselves with the test kit before they need to use it.
- Sexual assault examination kits differ by jurisdiction. An approved sexual assault examination kit should be used for the collection of specimens. Local practices and the instructions contained within the sexual assault kit should be carefully followed.
- An attempt should be made to obtain specimens of seminal fluid (pristine material) from all possible sites with sterile cotton swabs. The swabs should then be allowed to air dry. The forensic laboratory will examine these specimens for the presence of semen and conduct DNA typing.
- Any residual fluids from affected areas, such as the vaginal vestibule, should be collected by aspiration. A sterile eye dropper is ideal for this purpose in children.
 - Before aspiration, the area should be moistened with 1–2 mL of sterile saline.
 - Depending on local policies and the availability of appropriate equipment and training, samples can be examined for the presence of motile sperm. A positive finding suggests that the sexual activity occurred less than 6 hours previously. Confirmation of the presence of spermatozoa by the forensic laboratory is essential.

- Demonstration of saliva on the body or clothing of the person who has been abused or assaulted may provide valuable forensic evidence.
 - Samples from the body can be collected with a sterile cotton swab. The swab should be moistened slightly with distilled water and rubbed over the affected area of the body. The specimen should be allowed to dry and then packaged and labelled.
 - If a child or adult is unclear about which area(s) is (are) affected, the common target areas (the neck, breast, belly, genital area, penis, thighs and buttocks) may be swabbed; a separate swab should be used for each area and labelled accordingly.
- Judgment is required in deciding whether these investigations are sensible. It is pointless to collect such samples if weeks have elapsed since the incident or if the critical areas have since been bathed.
- The body and the clothing worn at the time of the incident may contain trace evidence (foreign material left by the perpetrator). Items commonly encountered include hair from any part of the body, clothing fibres, lubricants, petroleum jelly and lipstick. Any suspicious hair or fibre material found on the body of the person should be removed with forceps, folded in a piece of clean paper and put in a separate, properly labelled envelope. Suspicious material such as lubricants, petroleum jellies and lipstick on the body of the person should be removed using a sterile swab, then packaged and labelled. Each item of clothing worn by the person should be packaged separately and labelled.
- If the assaulted or abused person has reached puberty, the pubic hair should be combed and the comb, as well as any free hair collected, should be folded in a piece of paper or tissue and put in a labelled envelope or placed in a plastic bag and then sealed and labelled. Hairs can be assessed to determine their body area of origin (pubic, scalp or body hair). In addition, the root portions of any hairs may be suitable for DNA analysis.
- Fingernail scrapings/clippings should be collected if there is a possibility that the perpetrator was scratched during the incident. The forensic laboratory will examine these samples for the presence of blood and foreign DNA. Clippings can be collected using clean nail clippers or scissors, folded into a piece of paper or tissue and placed into a labelled envelope or container. Fingernail scrapings can be collected using a nail scraper and the scraper and debris folded into a piece of paper or tissue and placed into a labelled envelope or container.

Collection of known samples for DNA analysis

It is essential for DNA typing analysis to collect a known sample from the victim. A blood stain, mouth swab or pulled hair sample can be collected as a known sample from the victim following the instructions provided in the approved sexual assault examination kit. A known blood stain is the preferred sample to be collected from the victim. A known blood stain, mouth swab or pulled hair sample can also be collected using the appropriate consent sample collection kits that are available from the Case Receipt Units of the Royal Canadian Mounted Police Forensic Laboratory Services.

Collection of samples for toxicological analysis

Blood and urine samples should be collected from the victim for toxicological analyses using the blood collection tube and urine jar provided in the sexual assault kit or grey-stoppered blood collection tubes available at the hospital.

Forensic Services

- Investigative and scientific forensic laboratory services to detect evidence of sexual assault and abuse are available throughout Canada.
- Services are supplied by the Royal Canadian Mounted Police and by federal, provincial, regional and local agencies and police forces.
- Current legislation on the abuse of children obliges physicians to notify local child protection agencies of such cases. These local agencies maintain close liaison with police force personnel familiar with the investigation of suspected abuse and with the availability of forensic laboratory services.
- Physicians should not submit specimens for forensic study directly to laboratories. This should be done through police services.
- Physicians wishing to consult scientists on forensic matters may do so by contacting the nearest laboratory.
- Most forensic evaluations do not include tests to detect sexually transmitted infections.

Forensic Laboratories

Alberta

General Manager
Forensic Laboratory Services–Edmonton
Royal Canadian Mounted Police
15707 118th Avenue
Edmonton, AB T5V 1B7
Tel: 780-451-7400
Fax: 780-495-6961

British Columbia

General Manager
Forensic Laboratory Services–Vancouver
Royal Canadian Mounted Police
5201 Heather Street
Vancouver, BC V5Z 3L7
Tel: 604-264-3400
Fax: 604-264-3499

Manitoba

General Manager
Forensic Laboratory Services–Winnipeg
Royal Canadian Mounted Police
621 Academy Road
Winnipeg, MB R3N 0E7
Tel: 204-983-4267
Fax: 204-983-6399

Nova Scotia

General Manager
Forensic Laboratory Services–Halifax
Royal Canadian Mounted Police
3151 Oxford Street, PO Box 8208
Halifax, NS B3K 5L9
Tel: 902-426-8886
Fax: 902-426-5477

Ontario

Chief Scientific Officer
Forensic Laboratory Services–Ottawa
Royal Canadian Mounted Police
1200 Vanier Parkway, PO Box 8885
Ottawa, ON K1G 3M8
Tel: 613-993-0986
Fax: 613-952-0156

Northern Regional Laboratory
of the Centre of Forensic Sciences
Suite 500, 70 Foster Drive
Sault Sainte-Marie, ON P6A 6V3
Tel: 705-945-6550
Fax: 705-945-6569

Director
Centre of Forensic Sciences
25 Grosvenor Street
Toronto, ON M7A 2G8
Tel: 416-314-3200
Fax: 416-314-3225

Quebec

Le directeur
Laboratoire de sciences judiciaires
et de médecine légale
1701 rue Parthenais, PO Box 1500
Montreal, QC H2K 3S7
Tel: 514-873-2704
Fax: 514-873-4847

Saskatchewan

General Manager
Forensic Laboratory Services–Regina
Royal Canadian Mounted Police
6101 Dewdney Avenue West, PO Box 6500
Regina, SK S4P 3J7
Tel: 306-780-5810
Fax: 306-780-7571

APPENDIX G: REFERRAL CENTRES FOR STIS IN PERIPUBERTAL AND PREPUBERTAL CHILDREN

This list of child and youth abuse treatment centres in Canada is not exhaustive; however, it can be used as a reference for obtaining more specific local information.

Alberta

Child Abuse Program
Alberta Children's Hospital
1820 Richmond Road Southwest
Calgary, AB T2T 5C7
Tel: 403-943-7886

Department of Pediatrics
Stollery Children's Hospital
2C-300 Walter McKenzie Health Centre
University of Alberta
Edmonton, AB T6G 2B7
Tel: 780-407-6370

British Columbia

Child Protection Services
Royal Columbian Hospital
330 East Columbia Street
New Westminster, BC V3L 3W7
Tel: 604-520-4253

BC Children's Hospital
4480 Oak Street
Vancouver, BC V6H 3V4
Tel: 604-875-2345

Sexual Assault Assessment Project
Department of Family Practice
University of British Columbia
5804 Fairview Avenue
Vancouver, BC V6T 1Z3
Tel: 604-822-5431

Suspected Child Abuse and Neglect Team
Victoria General Hospital
1 Hospital Way
Victoria, BC V8Z 6R5
Tel: 250-727-4212

Manitoba

Child Protection Centre
Children's Hospital of Winnipeg
Health Sciences Centre
685 William Avenue
Winnipeg, MB R3A 1R9
Tel: 204-787-2811

New Brunswick

Child Protection Consultation Team
Attn: Social Work
Moncton Hospital
135 MacBeath Avenue
Moncton, NB E1C 6Z8
Tel: 506-857-5331

Child Protection Team
Saint John Regional Hospital
PO Box 2100
Saint John, NB E2L 4L2
Tel: 506-648-6811

Newfoundland and Labrador

Protection Team
 Janeway Children’s Health
 & Rehabilitation Centre
 300 Prince Phillip Drive
 St. John’s, NF A1A 1R8
 Tel: 709-777-6300

Northwest Territories

Department of Health and Social Services
 Government of the Northwest Territories
 PO Box 1320
 Yellowknife, NT X1A 2L9
 Tel: 867-920-3231
 Fax: 867-873-0442

Nova Scotia

Child Abuse Team
 IWK Health Centre
 5850/5980 University Avenue, PO Box 9700
 Halifax, NS B3K 6R8
 Tel: 902-470-8888

Nunavut

Director of Child and Family Services
 Department of Health and Social Services
 Government of Nunavut
 PO Box 1000, Station 1000
 Iqaluit, NU X0A 0H0
 Tel: 867-975-5750
 Fax: 867-975-5705

Ontario

Child Abuse Committee
 Brampton Memorial Hospital
 20 Lynch Street
 Brampton, ON L6W 2Z8
 Tel: 905-451-1710

Child Protection Team
 Hamilton Health Sciences
 PO Box 2000, Station A
 Hamilton, ON L8N 3Z5
 Tel: 905-521-2100

Child Protection Team
 Hotel Dieu Hospital
 166 Brock Street
 Kingston, ON K7L 5G2
 Tel: 613-544-3310

Gyne/Endo Clinic
 Children’s Hospital of Western Ontario
 800 Commissioners Road East
 London, ON N6A 4G5
 Tel: 519-685-8484

Child Abuse Team
 Trillium Health Centre
 100 Queensway West
 Mississauga, ON L5B 1B8
 Tel: 905-848-7100, ext. 2548

Child and Youth Protection
 Children’s Hospital of Eastern Ontario
 401 Smyth Road
 Ottawa, ON K1H 8L1
 Tel: 613-737-7600

Child Abuse Committee
 Blue Water Health
 220 North Milton Street
 Sarnia, ON N7T 6H6
 Tel: 519-464-4500 ext. 8259

Child Abuse Team
 Shoniker Clinic
 2867 Ellesmere Road
 Scarborough, ON M1E 4B9
 Tel: 416-281-7301

Chief of Pediatrics
St. Joseph's Care Group
35 North Algoma Street
PO Box 3251
Thunder Bay, ON P7B 5G7
Tel: 807-343-2431

Suspected Child Abuse and Neglect Program
Hospital for Sick Children
555 University Avenue
Toronto, ON M5G 1X8
Tel: 416-813-6275

Child Abuse Team
North York General Hospital
4001 Leslie Street
Toronto, ON M2K 1E1
Tel: 416-756-6000

Quebec

Adolescent Clinic
Montreal Children's Hospital
1040 Atwater Street
Montreal, QC H3Z 1X3
Tel: 514-934-1934 ext. 24481

Comité de prévention de l'enfance maltraitée
Direction de la protection de la jeunesse
Hôpital Maisonneuve-Rosemont
5415, boulevard de l'Assomption
Montreal, QC H1T 2M4
Tel: 514-252-3400, ext. 3826

Clinique de pédiatrie socio-juridique
Hôpital Sainte-Justine
3175, chemin Côte Ste-Catherine
Montreal, QC H3T 1C5
Tel: 514-345-4866 (0–11 years old)
Tel: 514-345-4721 (12–18 years old)

Comité de protection de l'enfance
Centre hospitalier de l'Université Laval (CHUL)
2705, boulevard Laurier
Ste-Foy, QC G1V 4G2
Tel: 418-656-4141

Clinique médico-juridique
Centre hospitalier universitaire de l'Estrie
Sherbrooke, QC J1H 5N4
Tel: 819-346-1110, ext. 14644

Saskatchewan

Child Abuse Team
Regina General Hospital
1440 14th Avenue
Regina, SK S4P 0W5
Tel: 306-766-4444

Child and Youth Service
Department of Psychiatry
Royal University Hospital
103 Hospital Drive
Saskatoon, SK S7N 0W8
Tel: 306-655-1000

Yukon

Communicable Disease Officer
Yukon Communicable Disease Control
4 Hospital Road
Whitehorse, YT Y1A 2C6
Tel: 867-667-8369
Fax: 867-667-8349

APPENDIX H: TANNER SCALE OF SEXUAL MATURITY

Sexual-maturity ratings have replaced the traditional indicators of growth status such as height, weight and skinfold thickness. Sexual maturity ratings have proven useful in assessing growth and development during adolescence.

Classification of patients may be done as part of a general physical examination and does not require any special procedures.

The scale of development is based on secondary sexual characteristics. The ratings range from stage 1, which represents the prepubertal child, to stage 5, which represents the adult.

Boys: Genital Development

- Stage 1: Preadolescent. Testes, scrotum and penis are about the same size and proportion as in early childhood.
- Stage 2: Enlargement of scrotum and testes. Skin of scrotum reddens and changes in texture. Little or no enlargement of penis.
- Stage 3: Enlargement of penis, at first mainly in length. Further growth of testes and scrotum.
- Stage 4: Increased size of penis, with growth in breadth and development of glans. Testes and scrotum larger. Scrotal skin darkened.
- Stage 5: Genitalia are adult in size and shape.

Girls: Breast Development

- Stage 1: Preadolescent. Elevation of papilla only.
- Stage 2: Breast bud stage. Elevation of breast and papilla as small mound. Enlargement of diameter of areola.
- Stage 3: Further enlargement and elevation of the breast and areola, with no separation of their contours.
- Stage 4: Projection of areola and papilla to form a secondary mound above the level of the breast.
- Stage 5: Mature stage. Projection of papilla only, owing to recession of the areola to the general contour of the breast.

Both Sexes: Pubic Hair

- Stage 1: Preadolescent. Vellus over pubis is not developed further than that over abdominal wall (i.e., no pubic hair).
- Stage 2: Sparse growth of long, slightly pigmented downy hair, straight or slightly curled, chiefly at base of penis and along labia.
- Stage 3: Hair is considerably darker, coarser and more curled. It spreads sparsely over the junction of pubis.
- Stage 4: Hair is adult in type, but area covered is still considerably smaller than in adult. No spread to medial surface of thighs.
- Stage 5: Hair is adult in quantity and type, with distribution of horizontal (or classic “feminine” in females) pattern. Spread to medial surface of thighs but not up linea alba or elsewhere above base of inverse triangle (spread up linea alba occurs late and is rated Stage 6).