



SAFE SEX FOR THE DEAF AND HARD OF HEARING COMMUNITY



Document created by the Coalition Sida des Sourds du Québec

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INTRODUCTION

The Coalition Sida des Sourds du Québec (CSSQ) is pleased to present this new document, *Safe Sex for the Deaf and Hard-of-Hearing Community*. It is based on findings from a study on the susceptibility of the Deaf and Hard-of-hearing population to HIV/AIDS, conducted by Mr. Charles Gaucher, Researcher at the University of Moncton, New Brunswick.

This publication was created by organizations dedicated to combatting HIV/AIDS in the Deaf population. It provides information on the methods of transmission of HIV and other sexually transmitted infections (STIs), adapted visually for a Deaf and Hard-of-hearing audience.

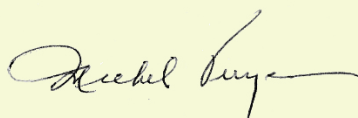
It consists of a major overhaul of two publications from 1997, which have been updated with current knowledge of AIDS and prevention. The 1997 documents are: *Le Manuel illustré pour l'éducation et la prévention du VIH auprès des jeunes sourds et malentendants (12-25 ans) en milieu scolaire* ("The Illustrated Manual of HIV Education and Prevention in Deaf and Hard-of-hearing Youth (12-25 years) in a School Environment"), and *Les sourds se protègent bien* ("Deaf People Protect Themselves"), on the proper use of a condom.

American Sign Language (ASL) is used primarily in the English community, and la langue des signes québécoise (LSQ) is predominant in the French community. However, these two sign languages are visually-based and distinct from spoken French and English. Therefore, it is a priority to adapt information on HIV/AIDS and STBBI into sign language for this group, to minimize the risk of their contracting these illnesses.

Indeed, by having access to information illustrated in their language, Deaf and Hard-of-hearing people can visually understand the methods of transmitting HIV/AIDS and STBBI. They can also learn about safe sex, acquire the necessary knowledge to protect themselves properly against these illnesses and take full advantage of healthcare services. That vision was the guiding principle for this document.

In conclusion, I would like to thank the many volunteers in the various CSSQ committees, who have generously contributed their time and ideas in creating this document.

Enjoy reading it !

A handwritten signature in black ink, reading "Michel Turgeon". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Michel Turgeon, Director General

FOREWORD (LEGEND)

Documents edited by the Deaf and Hard-of-hearing community are, above all, visual. They are intended primarily for Deaf people, as well as those who have difficulty reading, in order to help them understand messages on how to prevent HIV/AIDS and other STIs. Therefore, the documents can also be suitable for individuals who have not mastered written language.

Legend

It is very important to understand the four colours used in the illustrations within this document.

RED : High Risk



ORANGE : Low Risk



YELLOW : Negligible Risk

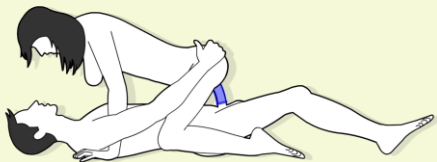


GREEN : No Risk



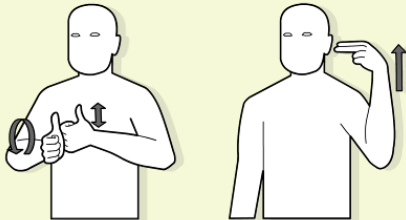
Example

Low risk



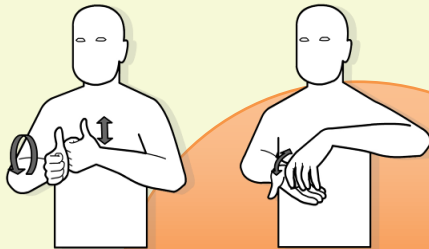
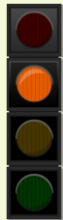
CATEGORIES FOR ASSESSING HIV RISK

High Risk



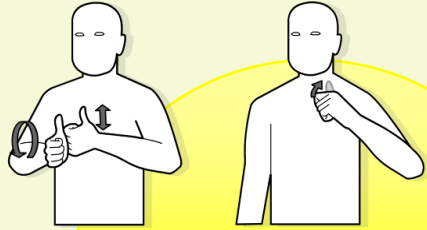
These sexual activities present a risk of HIV transmission because they lead to an exchange of body fluids that can transmit HIV. There are documented reports of infection attributed to these activities.

Low Risk



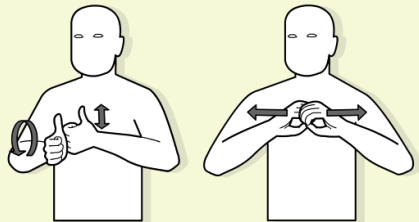
These sexual activities present a risk of HIV transmission because they lead to an exchange of body fluids that can transmit HIV. There are some documented reports of infection attributed to these activities.

Negligible Risk



These sexual activities present some risk of HIV transmission because they lead to an exchange of body fluids. However, the amount of fluids and the way they are exchanged seem to make transmission less likely. There is no proven documented transmission of HIV for these activities.

No Risk



These sexual activities present no risk of HIV transmission because there is no exchange of body fluids.

It is important to keep in mind that having sex can also make you vulnerable to other sexually transmitted infections (STIs).

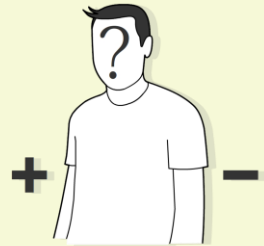
Visit the website: www.cpha.ca

The Canadian Public Health Association (CPHA) is a member of The Canadian Health Network, HIV/AIDS component.

SEROSTATUS

Seronegative: The HIV virus is not present in the body.

Seropositive: The HIV virus is present in the body. Seropositive individuals need to consult a doctor, who can provide appropriate medical follow up and recommend possible treatments.



AIDS = major illness caused by the HIV virus.

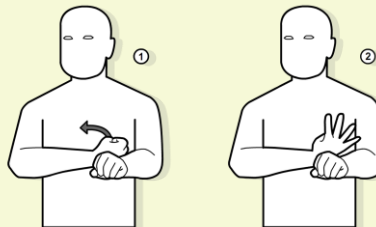
Acquired = Gained through life experience

ImmunoDeficiency = Weakened immune system

Syndrome = Group of symptoms that collectively indicate or characterize a disease



HIV = **H**uman **I**mmunodeficiency **V**irus

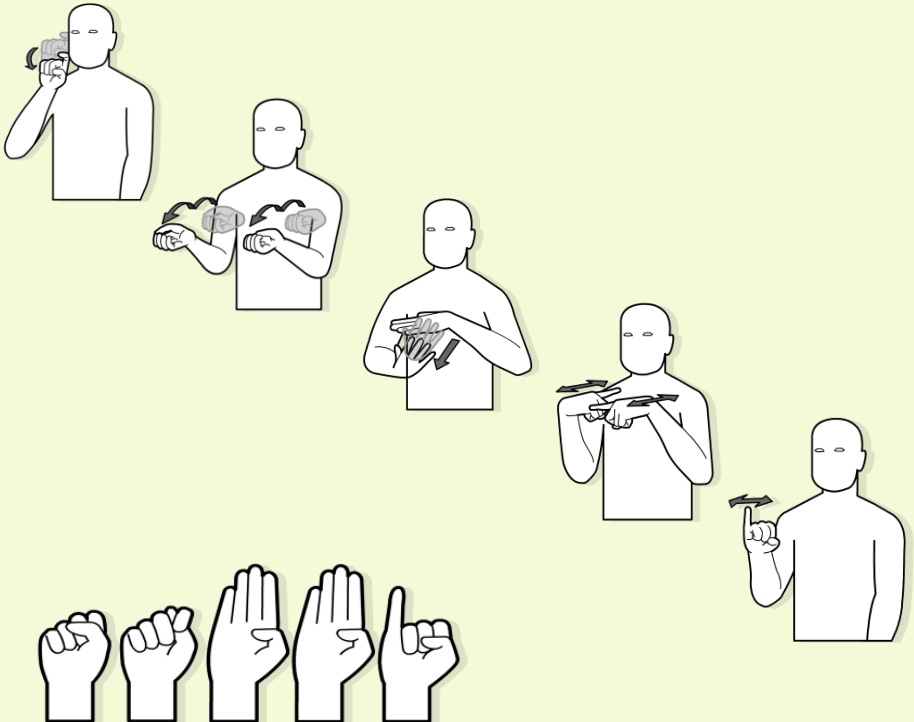


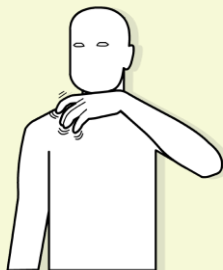
STBBI

STD, STI, STBBI...

STDs, sexually transmissible diseases, have changed their name. Now they're called sexually transmissible infections (STIs). The word "infection" is more appropriate because it implies that **symptoms may or may not be present**. The word "disease" is associated with **symptoms being present**. So, someone with an STI does not necessarily feel sick, yet can transmit the infection.

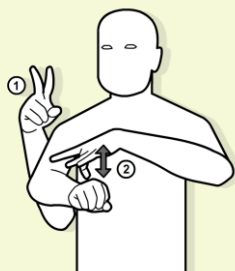
The term "sexually transmissible and blood-borne infections (STBBI)" is used to designate infections that are **sexually transmitted or transmitted through the blood**.





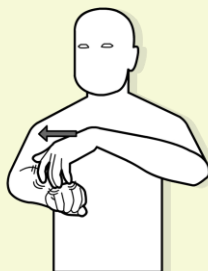
Bacteria

Bacterial infections are spread in various ways, including through sexual activity. These infections occur when bacteria attack a part of the body.



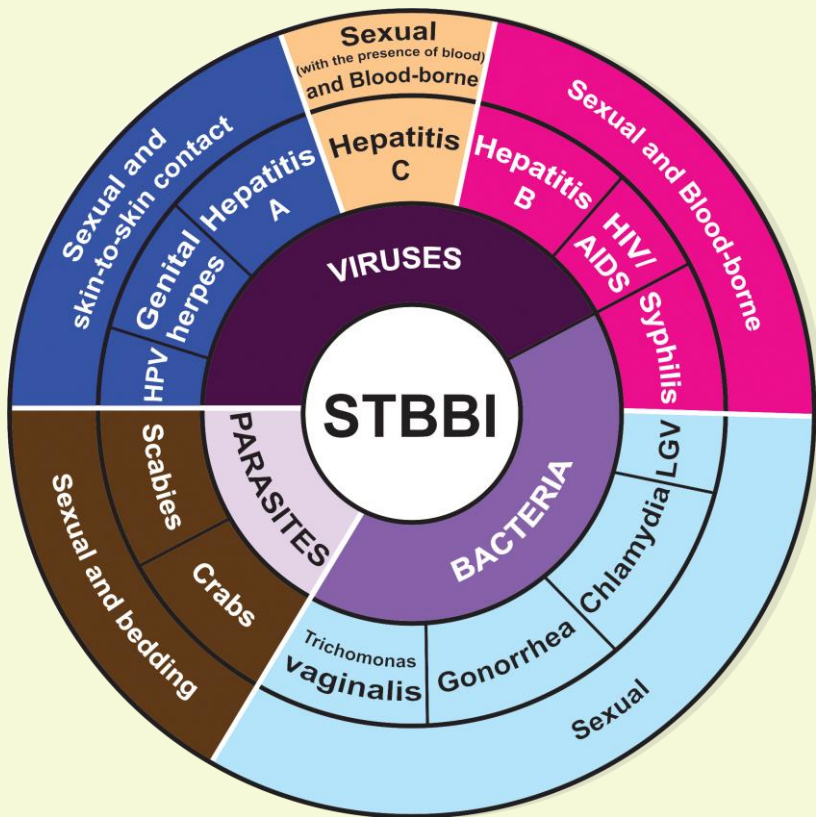
Viruses

Viral infections are caused by viruses transmitted from one person to another during sexual activity. In general, viral infections attack multiple parts of the body at the same time.



Parasites

Parasitic infections are caused by parasites transmitted from one person to another during sexual activity, or by direct skin-to-skin contact.

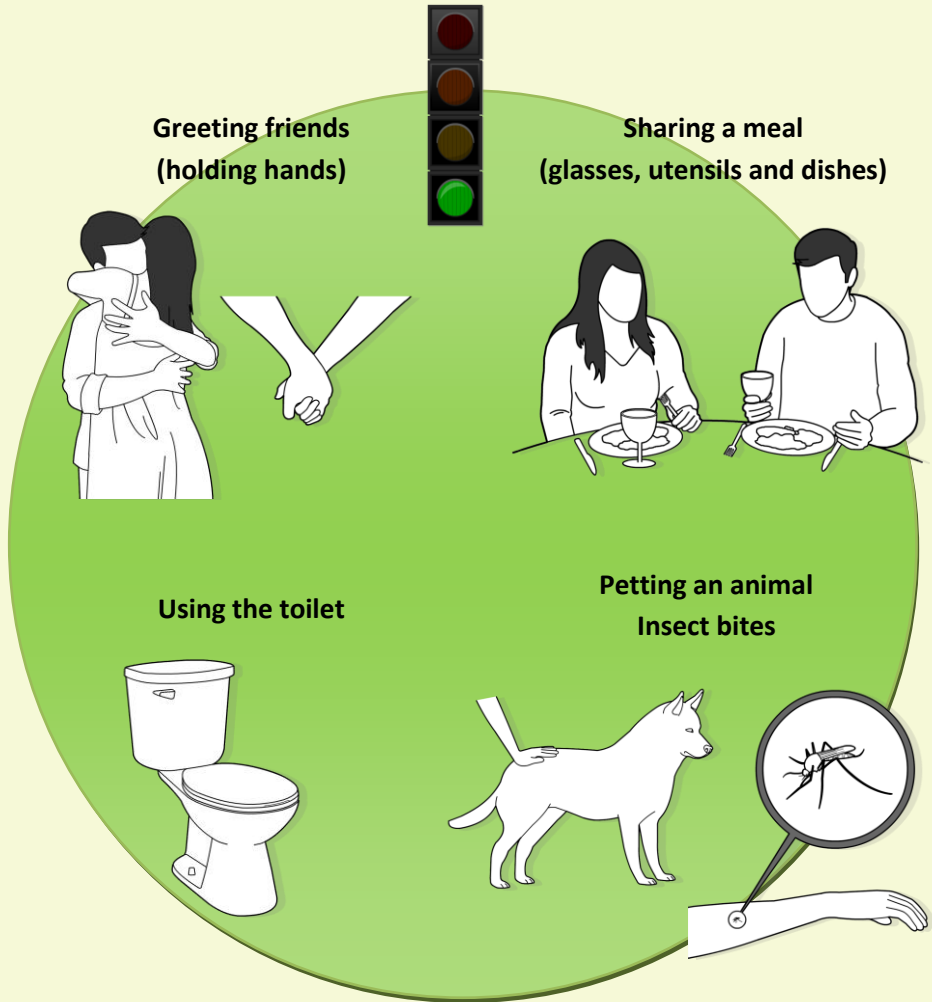


The CSSQ website has information on STBBI adapted into ASL and LSQ.

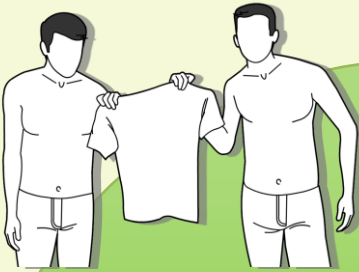
www.cssq.org

HIV-RISK-FREE DAILY ACTIVITIES

(Still carries a risk of catching parasites
including crabs, bedbugs, etc.)



Exchanging clothes



Visiting the hospital



Sweating



Sneezing



Kissing



Using a toothbrush and razor (one person)

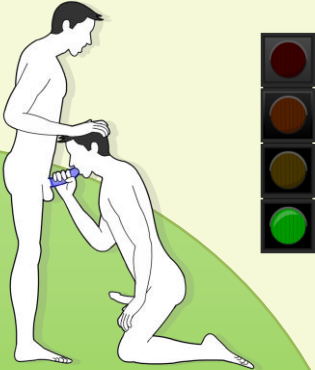


Sharing a toothbrush and razor with someone else

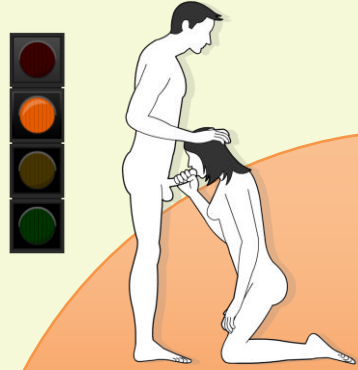


SEXUAL ACTIVITIES

Fellatio



With a condom



Without a condom

Cunnilingus

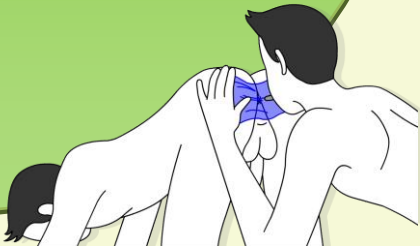


Protected



Unprotected

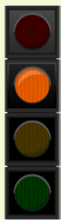
Anilingus



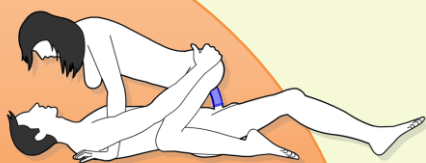
Protected



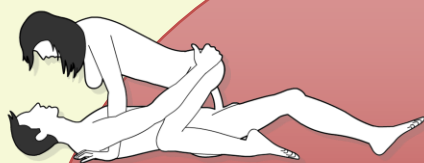
Unprotected



Vaginal penetration

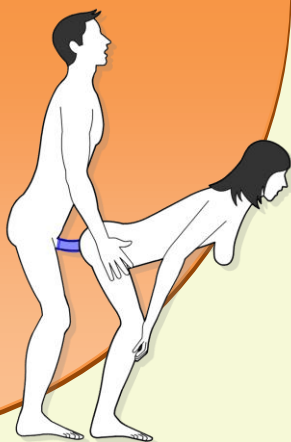


With a condom

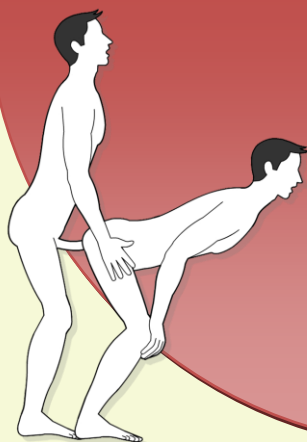


Without a condom

Anal penetration

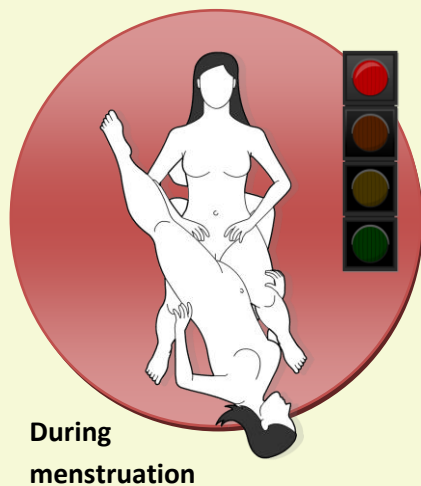
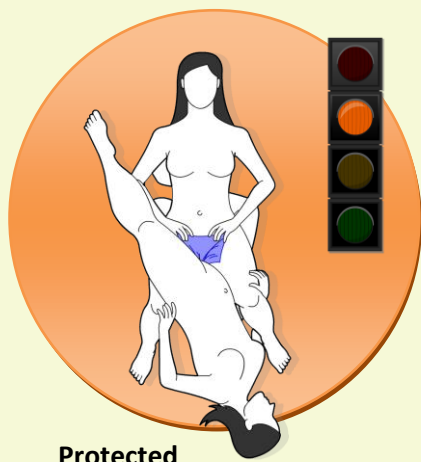


With a condom

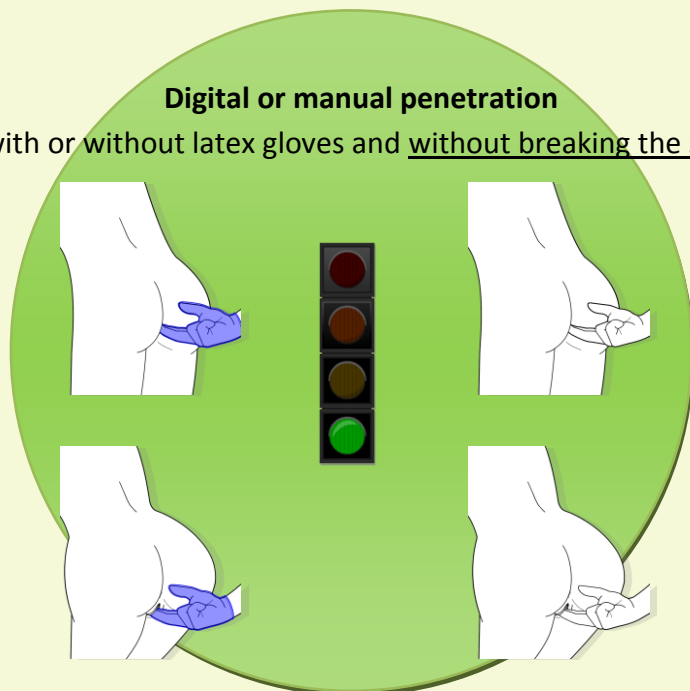


Without a condom

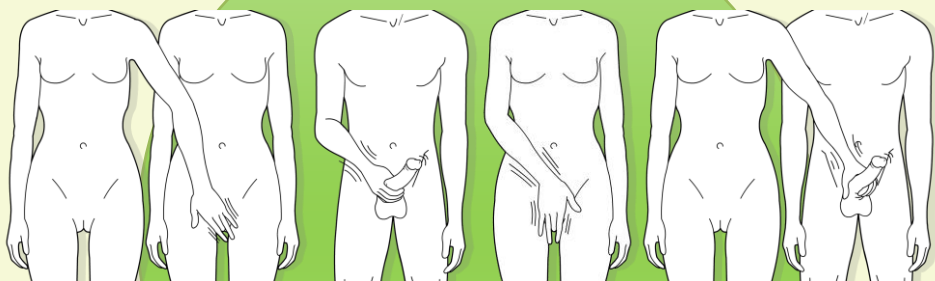
Vulva-to-vulva rubbing



Digital or manual penetration with or without latex gloves and without breaking the skin

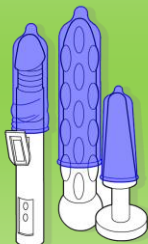


Masturbation

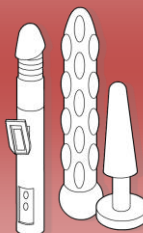


Using sex toys

**Shared, with a
condom, or used alone**



**Shared, without a
condom**



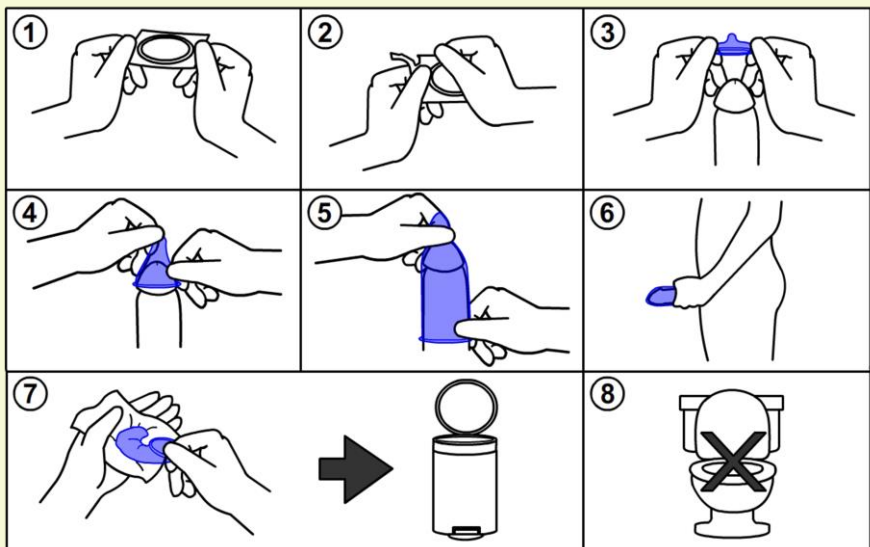
HOW TO USE CONDOMS

Male / Female Condoms and Dental Dams

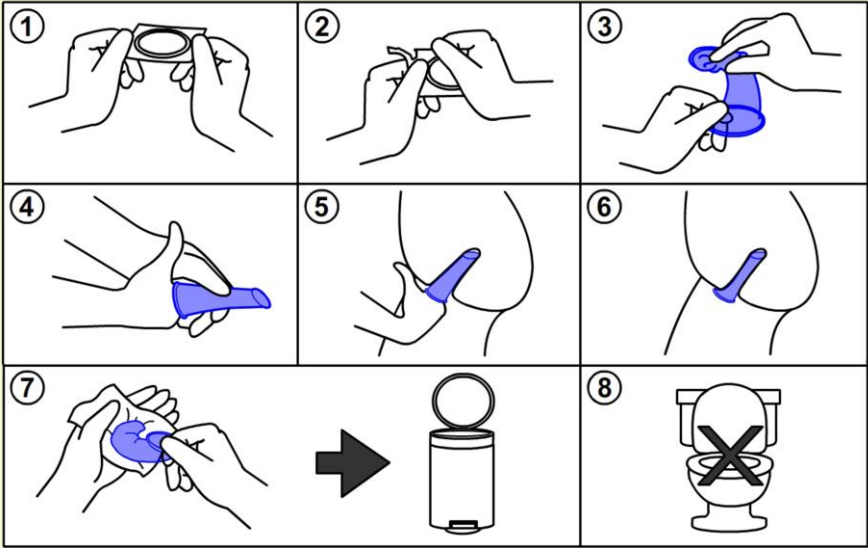
Here are some tips to ensure that condoms remain intact:

- Always double-check the expiration date marked on the condom box or wrapper; do not use if the expiry date has passed
- Do not store condoms in pockets, wallets or warm places
- Do not open condom wrappers with teeth or scissors
- Pay attention to rings, fingernails, and body piercings

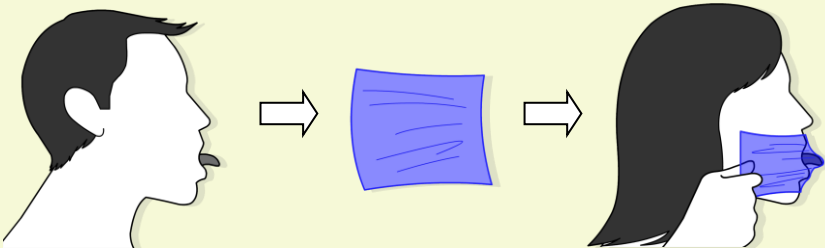
Male Condom



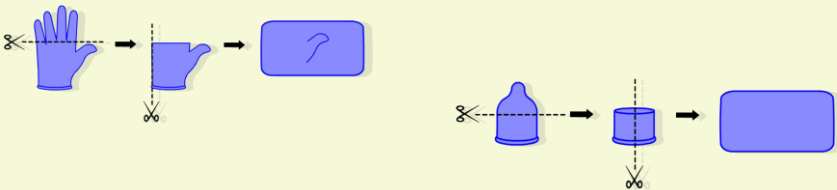
Female Condom



Dental Dams



If no dental dam is available, a latex glove or condom can serve as a substitute.



ANTI-HIV PILLS (PREP AND PEP)

(Preventing the spread of HIV)

What is PrEP?

Pre-exposure prophylaxis (PrEP), is a practice that could help seronegative persons at risk of contracting HIV to reduce their chances of infection. This method consists of regularly taking anti-HIV medications. However, PrEP only provides partial protection against HIV infection, and should not replace the regular use of condoms. PrEP has not been approved by Health Canada, but is potentially available from doctors specialized in STBBI.



What is PEP?

Post-exposure prophylaxis (PEP) involves administering antiretroviral treatment in an attempt to prevent HIV infection immediately after exposure to the virus. PEP is currently the only method of preventing HIV infection after exposure.

PEP :

- Could potentially prevent HIV infection after exposure to the virus;
- Requires the exposed person to take special anti-HIV medications daily for 28 days;
- Must be started as soon as possible, within a maximum of 72 hours after exposure to HIV, but preferably within the first 24 hours;
- Is very promising but results are not guaranteed.

Note: Consult the CSSQ for more information.



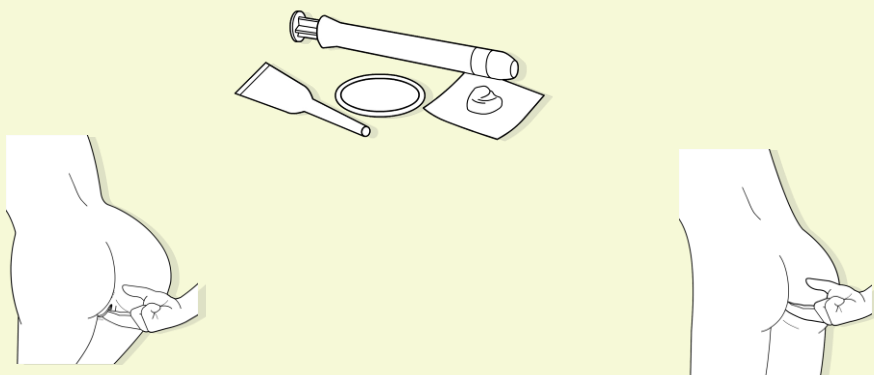
MICROBICIDE

(Effectiveness of microbicide gels in preventing HIV transmission)

Microbicides are compounds that can be applied inside the vagina or rectum to protect against sexually transmitted infections (STIs) including HIV.

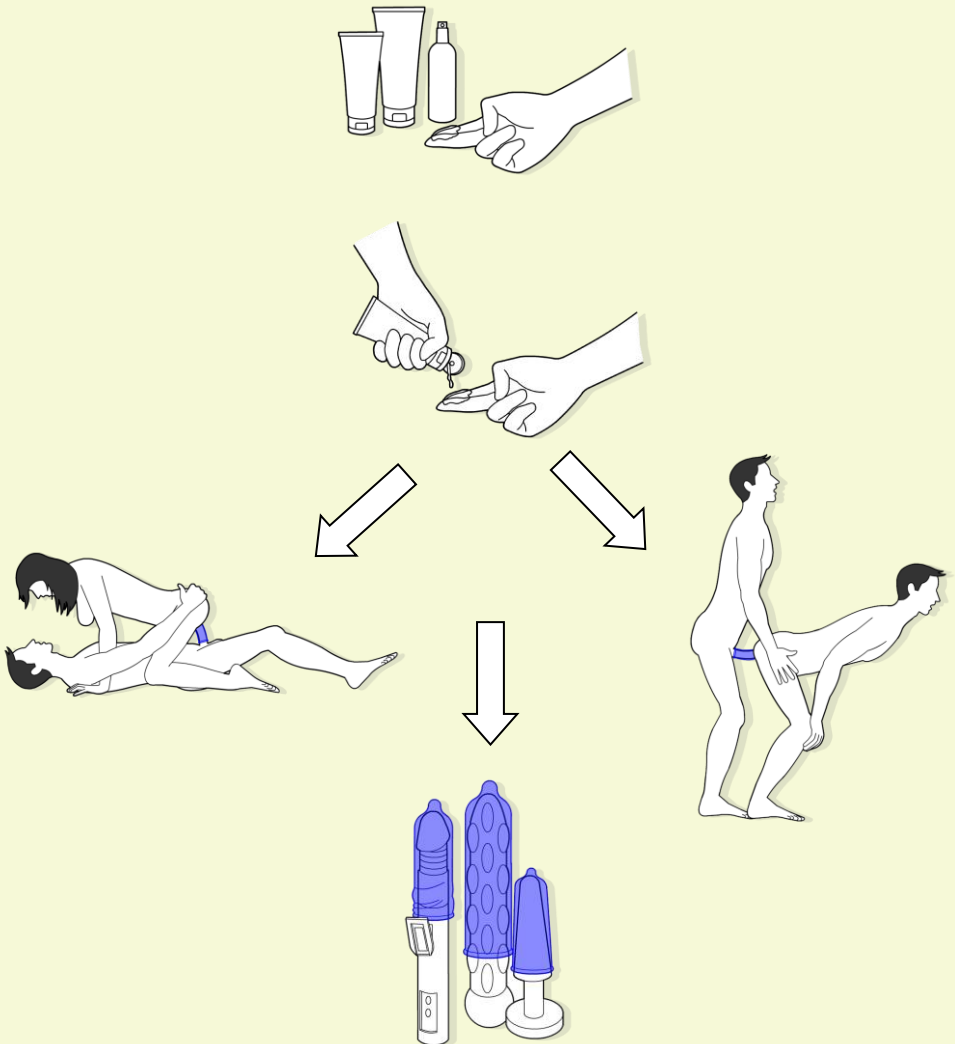
They can be formulated as creams or gels, or can be added to cervical caps, sponges or diaphragms. Eventually, they may be able to kill or deactivate HIV and other STIs, create a physical barrier to these infections, or prevent HIV and STIs from entering a host-cell.

As HIV prevention is the main goal that we hope to achieve with microbicides, we are looking forward to the day that microbicides can protect against HIV, as well as other STIs.



LUBRICANT

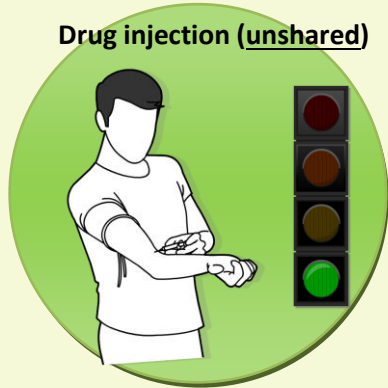
A lubricant is used to facilitate sexual activity, make the use of sexual accessories (sex toys) more comfortable, and reduce the risks of condom breakage. Be sure to use only water-based or silicone-based lubricants with latex condoms.



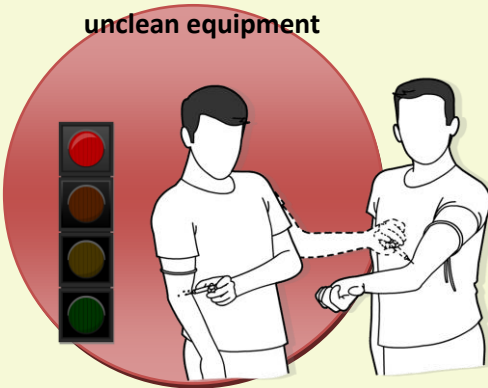
DRUG USE

Consuming alcohol or drugs for sexual purposes is a personal choice. However, it is important to use in moderation, in order to avoid trouble, develop a dependency or lose the ability to make sound decisions about personal safety. Always control your consumption, instead of being controlled by the substances that you decide to consume.

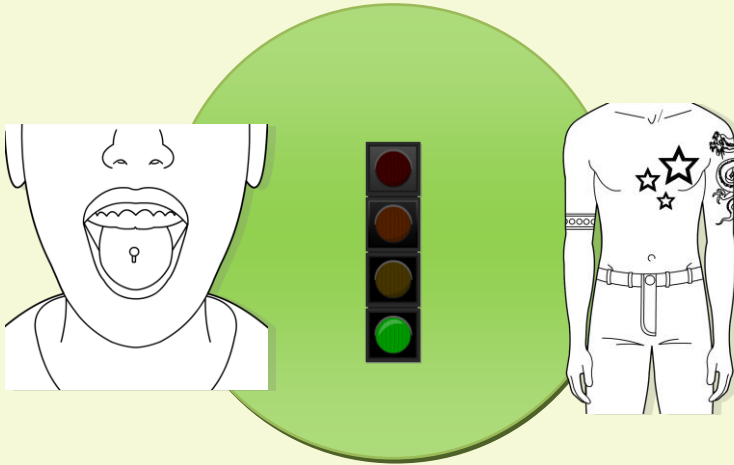
Drug injection (unshared)



**Injection using shared or
unclean equipment**



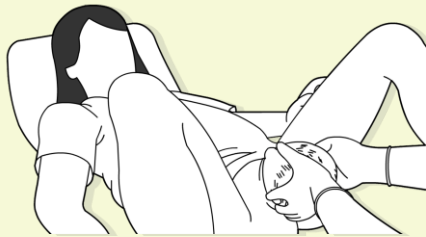
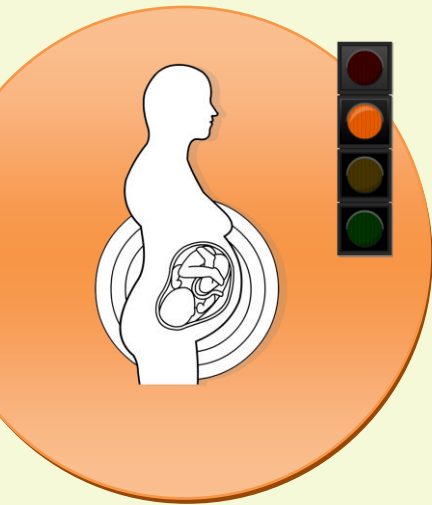
TATTOOS AND PIERCINGS



Anyone who performs treatments such as tattooing, piercing, electrolysis or acupuncture must follow universal precautions similar to those used in hospitals. In all cases, each needle must be used only once and discarded after use. Equipment must also be regularly and properly maintained.

BIRTH AND BREASTFEEDING

If no medical intervention takes place, there is a 20%-30% chance of HIV transmission from mother to child. With effective treatment and delivery by C-section, this risk is practically eliminated.



Breastfeeding by a
seropositive mother



Note : HIV-positive mothers should avoid breastfeeding, and should give formula to their babies.

SCREENING / RAPID HIV TESTING

When to Get Tested

Being tested for HIV and STBBI is essential for good sexual health.

It is strongly recommended that you get tested once a year, or every three months if you are more at risk. You should also be tested immediately after any exposure.



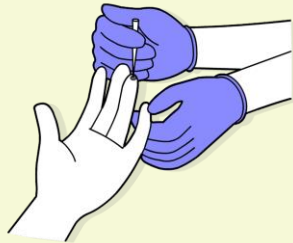
You can be tested (anonymously, if you choose) at a CLSC, a medical clinic, a doctor's office or any other health-care establishment.

Note: Only HIV tests are available anonymously. It is not possible to receive an anonymous test for other STBBI.

Rapid HIV Testing

Rapid HIV testing, like other HIV screening tests, detects antibodies produced by an individual in response to a virus. It could take up to three months for your body to develop enough HIV antibodies to be detectable in a screening test. What makes the rapid screening unique is that no intravenous blood sample is necessary.

Instead, blood is sampled through a small prick to the end of a finger, with the help of a single-use device. The collected drop of blood is then placed inside a tester, and results are available within 20 minutes or less.



WHERE TO TAKE THE TEST

(In specialized clinics or an HIV organization of your choice)

- A CLSC or medical clinic near you
- At your family doctor's office
- The hospital

Visit this page for a complete list of health organizations in Quebec that provide screening for HIV and other STBBI:

http://www.msss.gouv.qc.ca/sujets/prob_sante/itss/index.php?home

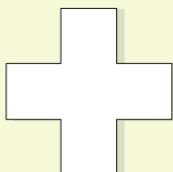
(French website:

http://www.msss.gouv.qc.ca/sujets/prob_sante/itss/index.php?listes_centres_depistages

(A link to this page can also be found on the CSSQ website, www.cssq.org)

Montreal has many clinics specialized in STBBI, including the **Clinique du Quartier-Latin** and **Clinique l'Actuel**. **Projet SPOT**, also in Montreal, serves gay men and men who have sex with men.

To find out if health professionals specialized in STBBI are available in your region, call your **local HIV organization**.



EMERGENCY TREATMENT

(PEP = Treats HIV only)

Torn condoms ("The condom broke!"):

You notice that your condom broke or tore.



Risk-taking: You forgot to use a condom, etc.



Accident / Injury : In the hospital, at work, etc.



The goal of post-exposure prophylaxis (PPE) is to reduce the risk of seroconversion following exposure to HIV (from a broken condom, dirty needle, etc.). This treatment must begin quickly, within a **maximum of 72 hours** after exposure, but preferably within the first 24 hours.

CONTACT US

Our hours of operation are 9 am to 5 pm, Monday to Friday. We are also open on Wednesdays from 9 am to 9 pm (by appointment).

Administration

Email: info@cssq.org

Prevention Services

Email: intervention@cssq.org

Support Services

Email: soutien@cssq.org



WWW.CSSQ.ORG

