

Sexual Health

Current Awareness Bulletin



March 2017
(Quarterly)

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Updates



Royal College of
Obstetricians &
Gynaecologists

[Local mothers nearly eliminate mother-to-child transmission of HIV](#)

29 March 2017

[Hearts and minds must be changed to support safe abortion care](#)

21 March 2017

NICE National Institute for
Health and Care Excellence

[WHO | Female genital mutilation](#)

Source: [World Health Organization](#) - 06 February 2017

[PGDs for Sexual Health Services commissioned from community pharmacies in Birmingham](#)

Source: [Specialist Pharmacy Service](#) - 14 February 2017

[Read Summary](#)

[WHO | Consolidated guideline on sexual and reproductive health and rights of women living with HIV](#)

Source: [World Health Organization](#) - 20 February 2017

[FSRH Service Standards for Workload in Sexual and Reproductive Health - Jan 2017](#)

Source: [Faculty of Sexual and Reproductive Healthcare](#) - 03 February 2017

[Domestic abuse: a resource for health professionals](#)

Source: [GOV UK](#) - Source: [Department of Health](#) - 08 March 2017

To help all NHS staff and allied healthcare partners in their response to victims of domestic violence and abuse.

[Joint inspections of the response to children living with domestic abuse: September 2016 to March 2017](#)

Source: [GOV UK](#) - Source: [Ofsted](#) - 01 February 2017

Guidance for inspectors and inspection reports for joint targeted area inspections of local area services.

[FS78: Safeguarding older people from abuse and neglect \[PDF\]](#)

Source: [Age UK](#) - 14 March 2017

[Child abuse and neglect: draft NICE guideline out for consultation](#)

Source: [National Institute for Health and Care Excellence - NICE](#) - 22 February 2017 - Publisher: National Institute for Health and Care Excellence

[Read Summary](#)



[Information and communication technologies \(ICT\) for promoting sexual and reproductive health \(SRH\) and preventing HIV infection in adolescents and young adults](#)

Online Publication Date: February 2017

[Interventions using social networking sites to promote contraception in women of reproductive age](#)

Online Publication Date: January 2017



OpenAthens login required. Register here: <https://openathens.nice.org.uk/>

[Adolescent sexuality](#)

- [Pregnancy](#)
- [Summary](#)

[Primary care of gay men and men who have sex with men](#)

- [Men who have sex with men](#)
- [Obtaining a history](#)
- [Summary and recommendations](#)



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Current Awareness Database Articles

Below is a selection of articles recently added to the healthcare databases. If you would like any of the articles in full text, or if you would like a more focused search on your own topic, please contact us: library@bristol.nhs.uk

Contraception and sexually transmitted diseases

A Snapshot of Urban Adolescent Women's Contraceptive Knowledge at the Onset of a Community Long-Acting Reversible Contraceptive Promotion Initiative

Author(s): Greenberg K.B.; Aligne C.A.; Jenks S.C.; Piazza N.; Malibiran B.R.

Source: Journal of Pediatric and Adolescent Gynecology; 2017

Publication Type(s): Journal: Article In Press

Abstract: Study Objective: To contextualize young women's knowledge and attitudes regarding contraception at the outset of an intervention promoting long-acting reversible contraceptive (LARC) use for teen pregnancy prevention. Design and Setting: Our intervention was on the basis of diffusion of innovation theory, and at the outset we were interested in likely early adopters' existing knowledge and attitudes toward contraception. This mixed methods study consisted of focus groups within positive youth development programs in Rochester, New York; we discussed young women's knowledge and sources of information for all US Food and Drug Administration-approved contraceptive methods. Participants: Seven focus groups and 24 female adolescent participants aged 15-19 years. Interventions and Main Outcome Measures: Quantitative ranking of all contraceptive methods; qualitative themes from focus group discussions. Results: Our findings showed a high level of knowledge about a select group of methods, which included LARC methods, and that participants received contraceptive information from peers and family. Participants had more concerns than positive impressions regarding the effectiveness, safety, practicality, and partner reception of the contraceptive methods, with the exception of the condom. Quantitatively, the condom received the highest average rating. Conclusion: The importance of personal anecdotes in our findings supports the use of outreach and information campaigns; providing medically accurate information and spreading positive personal anecdotes will be key to improving young women's impressions of the safety and acceptability of LARC use. This snapshot of contraceptive knowledge indicates that young women can be mature, informed consumers of sexual and reproductive health care, and through diffusion of innovation could be key players in promoting the most effective means of pregnancy prevention. Copyright © 2017 North American Society for Pediatric and Adolescent Gynecology.

Assessing the Potential Impact of Hormonal-Based Contraceptives on HIV Transmission Dynamics Among Heterosexuals.

Author(s): Malunguza, Noble J; Hove-Musekwa, Senelani D; Mukandavire, Zindoga

Source: Bulletin of mathematical biology; Mar 2017

Publication Type(s): Journal Article

Abstract: HIV susceptibility linked to hormonal contraception (HC) has been studied before, but with mixed results. Reports from some of the recent findings have prompted the World Health Organisation to encourage women who use HC to concurrently use condoms in order to prevent HIV infection in the light of possible increased HIV risk of infection associated with hormone-based

contraceptives. A two-sex HIV model classifying women into three risk groups consisting of individuals who use condoms, natural methods, and hormone-based contraceptives is formulated and analysed to assess the possible effects of various birth control strategies on the transmission dynamics of the disease. Our model results showed that women who use HC could be key drivers of the epidemic and that their increased infectivity may be critical in driving the epidemic. Women who use hormone-based contraceptives potentially act as a core group from which men get infected and in turn transmit the disease to other population groups. We fitted the model to HIV prevalence data for Zimbabwe reported by UNAIDS and Zimbabwe Ministry of Health and Child Care and used the model fit to project HIV prevalence. Predictions using HIV data for Zimbabwe suggest that a hypothesised increase in susceptibility and infectivity of two-, three-, and fourfold would result in a 25, 50, and 100% increase in baseline HIV prevalence projection, respectively, thus suggesting possible increased disease burden even in countries reporting plausible HIV prevalence declines. Although a possible causal relationship between HIV susceptibility and HC use remains subject of continuing scientific probe, its inclusion as part of birth control strategy has been shown in this study, to possibly increase HIV transmission. If proven, HC use may potentially explain the inordinate spread of HIV within the sub-Saharan Africa region and therefore compel for urgent assessment with a view to reorienting birth control methods in use in settings with generalised epidemics.

Unmet Need and Sex: Investigating the Role of Coital Frequency in Fertility Control.

Author(s): Bell, Suzanne O; Bishai, David

Source: Studies in family planning; Mar 2017; vol. 48 (no. 1); p. 39-53

Publication Type(s): Journal Article

Abstract:We estimate the relationship between unmet need for contraception and coital frequency using data from the most recent Standard Demographic and Health Surveys conducted from 2005 to 2015. Individual-level analyses include 55 countries (n=245,732 women). The dependent variable is women's report of any sex in the last four weeks; the independent variable is current unmet need. Bivariate ecological results using country averages indicate that prevalence of unmet need is significantly negatively correlated with the proportion reporting recent sexual activity. Multivariate regression of individual-level data show that the overall odds ratio of having had sex in the last four weeks is 3.23 and 2.97 for women with met contraceptive need for spacing and limiting fertility, respectively, compared with women with unmet contraceptive need. These results suggest that current estimates of unmet need exaggerate the risk of unintended pregnancy because coital frequency is not uniform with respect to unmet need. Findings also suggest that, despite being categorized as having unmet need, many women may still be taking measures to control their fertility through regulating the tempo of marital coitus, thus reducing their risk of unintended pregnancy.

Family Planning American Style Redux: Unintended Pregnancy Improves, Barriers Remain.

Author(s): Thaxton, Lauren; Espey, Eve

Source: Obstetrics and gynecology clinics of North America; Mar 2017; vol. 44 (no. 1); p. 41-56

Publication Type(s): Journal Article Review

Abstract:This article discusses barriers to reducing unintended pregnancy. Numerous factors may explain the high rate of unintended pregnancy in the United States, including inadequate sex education, confusing media messages about sex, cultural attitudes about sex and young parenting, conflation of contraception with abortion, inadequate health care access, burdensome contraceptive dispensing practices, and hospital merger limitations on care. Successful and promising approaches to expanding access to reproductive health care and reducing unintended pregnancy are discussed.

Sexual health of women aged 40 and over attending an inner city integrated sexual health clinic.

Author(s): Grech, Patrice; Marchant, Rebecca; Samuel, Mannampallil

Source: International journal of STD & AIDS; Mar 2017; vol. 28 (no. 4); p. 404-407

Publication Type(s): Journal Article

Abstract:Sexual health policy remains focussed on younger adults. However, rates of sexually transmitted infections (STIs) in older people continue to increase. We explored the sexual healthcare needs of women aged 40 and over attending an integrated sexual health clinic in South London. We conducted a retrospective case note review and found that almost 20% of these women had STIs. These included genital herpes, trichomoniasis, genital warts, chlamydia and gonorrhoea. Less than a quarter of women reported use of condoms during most recent sexual contact, indicating sexual risk-taking behaviour. 38% of women attended for contraception. The sexual health needs of older people can only continue to increase, given our rapidly ageing population. Age-specific health promotion strategies are needed.

Promoting Teen Contraceptive Use by Intervention With Their Mothers.

Author(s): Crosby, Richard A; Collins, Tom; Stradtman, Lindsay R

Source: American journal of preventive medicine; Mar 2017; vol. 52 (no. 3S3); p. S271

Publication Type(s): Journal Article

Abstract:INTRODUCTIONThe purpose of this pilot study was to test a community outreach model designed to help mothers in a rural, medically underserved area navigate their teen daughters to health department services for long-acting reversible contraception (LARC) or alternative contraception.METHODSThe pilot study used a single-group, post-test only design. Mothers of teen daughters (N=142) received a 1-hour, one-to-one intervention session (in outreach settings) from Community Liaisons. Mothers received training on how to communicate with their daughters about LARC and other contraceptive methods. Data were collected from June through October 2014, and analyzed in September 2015.RESULTSThe authors re-contacted 104 of 142 mothers enrolled in the study, achieving a 73.2% retention rate. Of these, 12.5% had daughters receiving LARC. An additional 11.0% had daughters with health department-verified initiation of birth control pills. Only one correlate-whether a mother believed her daughter was having sex-was associated with receiving either LARC or birth control pills. Among those indicating they knew their daughters were having sex, 31.7% of the daughters received LARC/birth control pills. By contrast, among mothers not indicating they knew their daughters were having sex, only 2.9% had daughters receiving LARC or birth control pills.CONCLUSIONSFindings suggest that an outreach-based program delivered directly to mothers of teen daughters may be a highly effective method for enhancing service utilization of LARC and the initiation of birth control pill use in a rural, medically underserved area.

'They've invited me into their world': A focus group with clinicians delivering a behaviour change intervention in a UK contraceptive service

Author(s): Martin, Jilly; Sheeran, Paschal; Slade, Pauline

Source: Psychology, Health & Medicine; Feb 2017; vol. 22 (no. 2); p. 250-254

Publication Type(s): Journal Peer Reviewed Journal Journal Article

Abstract:Although teenage conceptions rates in the United Kingdom (UK) have seen a downward trend recently, it remains imperative that contraceptive services for young people continue to improve. To ensure that evidence-based interventions are sustained in clinical practice, it is useful to assess the experiences of those delivering them. This study explores the experiences of sexual health clinicians who were trained to deliver a one-to-one behaviour change intervention aiming to

improve contraceptive use in young women. The intervention was set in a UK NHS contraceptive and sexual health service and involved clinicians' facilitating (within one-to-one consultations) the formation of implementation intentions (or 'if-then' plans) that specified when, where and how young women would use contraception. A focus group was conducted with seven clinicians who had delivered the intervention. A thematic analysis of the focus group revealed three overall themes: (1) How the intervention worked in practice; (2) barriers and benefits to delivering the intervention; and (3) positive changes to individual consultation style and wider 'best practice' within the clinic. Our findings show that, with support, clinical staff would be in favour of incorporating if-then planning as a strategy to help promote contraceptive adherence in young women. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

Access to contraception and sexual and reproductive health information post-abortion: a systematic review of literature from low- and middle-income countries.

Author(s): Rogers, Claire; Dantas, Jaya A R

Source: The journal of family planning and reproductive health care; Feb 2017

Publication Type(s): Journal Article Review

Abstract:AIMThis systematic literature review documented, analysed and critiqued the accessibility of contraception and sexual and reproductive health (SRH) information for women living in low- and middle-income countries who have undergone medical or surgical abortion.METHODOLOGYThis review systematically collated relevant and recent empirical evidence regarding women's access to contraception and SRH information post-abortion within low- and middle-income countries. The PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) framework Guidelines, Flow Diagram and Checklist were utilised to undertake the review. The Ovid (MEDLINE), ProQuest, Science Direct, Web of Science, PUBMED and CINAHL databases were searched and studies that met edibility criteria were assessed for validity and analysis. A narrative synthesis of characteristics and results of the included studies is presented.FINDINGSAfter detailed assessment of available and relevant literature, nine studies were selected for inclusion in the review. Studies highlighted barriers to contraception and SRH information including supply limitation, lack of comprehensive education and counselling, lack of skilled post-abortion care (PAC) providers and abortion stigma.CONCLUSIONSThe review found that with access to a wide range of contraceptive methods combined with comprehensive SRH information and education, contraception uptake in women post-abortion does increase. The review also highlights the inconsistencies in clinic-reported 'counselling' and what this term actually involves within a PAC setting.

Reasons for unmet need for family planning, with attention to the measurement of fertility preferences: protocol for a multi-site cohort study.

Author(s): Machiyama, Kazuyo; Casterline, John B; Mumah, Joyce N; Huda, Fauzia Akhter; Obare, Francis; Odwe, George; Kabiru, Caroline W; Yeasmin, Sharifa; Cleland, John

Source: Reproductive health; Feb 2017; vol. 14 (no. 1); p. 23

Publication Type(s): Journal Article

Available in full text at [Reproductive Health](#) - from National Library of Medicine

Abstract:BACKGROUND Unmet need for family planning points to the gap between women's reproductive desire to avoid pregnancy and contraceptive behaviour. An estimated 222 million women in low- and middle-income countries have unmet need for modern contraception. Despite its prevalence, there has been little rigorous research during the past fifteen years on reasons for this widespread failure to implement childbearing desires in contraceptive practice. There is

demographic survey data on women's self-reported reasons for non-use, but these data provide limited insight on the full set of possible obstacles to use, and one may doubt the meaningfulness of explanations provided by non-users alone. To rectify this evidence gap, this study will gather extensive information on women's perceptions of contraception (generic and method-specific) and their past contraceptive experience, and it will allow for more complexity in fertility preferences than is standard in demographic surveys. METHODS A multi-site cohort study will be conducted in urban Kenya, rural Kenya, and rural Bangladesh. In each setting trained fieldworkers will recruit and interview 2600 women, with participants re-interviewed at 12 and 18 months. Data will be collected using a questionnaire whose development was informed by a review of existing literature and instruments from past studies in both developed and developing countries. Dozens of experts in the field were consulted as the instrument was developed. The questionnaire has three main components: a sub-set of Demographic and Health Survey items measuring socio-demographic characteristics, reproductive history, and sexual activity; additional questions on prospective and retrospective fertility preferences designed to capture ambivalence and uncertainty; and two large blocks of items on (i) generic concerns about contraception and (ii) method-specific attributes. The method-specific items encompass eight modern and traditional methods. DISCUSSION Policy and programmes intended to reduce unmet need for contraception in developing countries should be informed by clear understanding of the causes of this phenomenon to better reflect the population needs and to more effectively target planning and investments. To this end, this study will field an innovative instrument in Kenya and Bangladesh. The information to be collected will support a rigorous assessment of reasons for unmet need for family planning.

Knowledge and attitudes of female university students on menstrual cycle and contraception.

Author(s): Szűcs, Márta; Bitó, Tamás; Csíkos, Csaba; Párducz Szöllősi, Andrea; Furau, Cristian; Blidaru, Iolanda; Kapamadzija, Aleksandra; Sedlecky, Katarina; Bártfai, György; Scientific Group of the collaborating centres

Source: Journal of obstetrics and gynaecology : the journal of the Institute of Obstetrics and Gynaecology; Feb 2017; vol. 37 (no. 2); p. 210-214

Publication Type(s): Journal Article

Abstract: Socioeconomic changes, as well as the development of new contraceptive modalities may influence women's preferences in the selection of a method of contraception. The aim of this study was to evaluate the knowledge, opinions and attitudes of female university students regarding the menstrual cycle, sexual health and contraception. A questionnaire-based survey was conducted among 2572 female university students in Hungary, Romania and Serbia, between November 2009 and January 2011. A higher proportion of students of health sciences than students of other faculties had appropriate knowledge of the fertile period within a menstrual cycle: 86.0%, 71.5% ($p = .02$) and 61.1% vs. 71.9% ($p < .001$), 59.8% and 43.2% ($p < .001$) in Hungary, Romania and Serbia, respectively. Overall, more than 69% of the female university students believed in the need for monthly menstruation in order to be healthy; however, merely 30 to 40% of them wished to have monthly bleeding. In general, the respondents were aware of the importance of menstruation in relation to sexual health; however, they wished to suppress the menstruation-related symptoms. Differences in the knowledge and attitudes of female university students of the three assessed countries may be explained in part by cultural differences, and in part by the nature of their studies.

Domestic Violence, Sexual Assault

Rapid Human Immunodeficiency Virus Testing and Risk Prevention in Residents of Battered Women's Shelters.

Author(s): Johnson, Dawn M; Johnson, Nicole L; Beckwith, Curt G; Palmieri, Patrick A; Zlotnick, Caron

Source: Women's health issues : official publication of the Jacobs Institute of Women's Health; 2017; vol. 27 (no. 1); p. 36-42

Publication Type(s): Journal Article

Abstract:BACKGROUND Human immunodeficiency virus (HIV) infection and intimate partner violence (IPV) are interconnected public health problems. However, few HIV prevention interventions address the unique needs of IPV survivors in shelter and none of the Centers for Disease Control and Prevention's best-evidence risk reduction interventions adequately explore the complex relationship between IPV and HIV risk. Although battered women's shelters provide a safe and supportive environment for women in crisis, most do not offer HIV risk reduction services or sexual safety planning. METHOD This study evaluated the feasibility, acceptability, and initial efficacy of rapid HIV testing and brief risk prevention intervention developed for residents of battered women's shelters. The Safe Alternatives For Empowered sex for intimate partner violence intervention (SAFE-IPV) was evaluated in an open trial (N = 98). Participants were assessed with a series of standardized interviews and self-reports at screening and 3 months after leaving the shelter. RESULTS Few eligible participants declined SAFE-IPV and participants who received SAFE-IPV reported high levels of satisfaction. No participants in the open trial tested positive for HIV. However, participants reported significantly fewer unprotected vaginal and anal sexual occasions and increased intentions to engage in risk preventative behaviors 3 months after leaving shelter compared with the 3 months before shelter. Additionally, participants reported significant improvements on HIV risk factors addressed in SAFE-IPV at the 3-month follow-up (i.e., reduced emotional, physical, and sexual harm by abuser, posttraumatic stress symptoms, hazardous alcohol use, and drug use). DISCUSSION These results extend prior research on HIV prevention with women with IPV, demonstrating the acceptability, feasibility, and initial efficacy of SAFE-IPV within battered women's shelter settings.

The impact of psychosocial determinants on the nonmedical use of prescription medication among women with history of intimate partner violence

Author(s): Carter, Takisha J.

Source: Dissertation Abstracts International Section A: Humanities and Social Sciences; 2017; vol. 77 (no. 7)

Publication Type(s): Dissertation Abstract Dissertation

Abstract: The purpose of this quantitative cross-sectional study was to examine the factors that are associated with the nonmedical use of prescription medication (NMUPM) among women with history of intimate partner violence (IPV). This study had two aims: (a) examine the relationship between demographic factors, psychosocial factors (anxiety, post-traumatic stress disorder [PTSD], substance abuse, alcohol abuse, coping style [escape avoidance, social support, planful problem solving], violence [physical, sexual, emotional abuse]) and NMUPM among women; and (b) to determine what set of demographic factors, type of violence, mental health factors, and coping style best serve as predictors of NMUPM. The sample consisted of 139 women predominately from domestic violence shelters. The data was analyzed using Chi-Square Test of Association, independent t test, MANOVA, MANCOVA, and Binary Logistic Regression. The results of the MANOVA revealed statistically significant differences between women who reported NMUPM and those who did not in regard to their overall mental health (anxiety, PTSD, substance abuse and alcohol abuse), Wilks'

Lambda = 0.835, $F(4, 134) = 6.63$, $p < .05$, $\eta^2 = .165$. Results of the MANCOVA revealed a significant difference between groups on their overall mental health status while controlling for coping style, Wilks' Lambda = 0.86, $F(4, 133) = 5.32$, $p < .01$, $\eta^2 = .138$. Results of the stepwise logistic regression revealed alcohol abuse to be the only significant predictor of women's prescription medication groups, Wald (1) = 12.71, $p < .05$. The results of this study help to fill the literature gap on NMUPM among women with a history of IPV. Results also serve to inform NMUPM assessment and prevention strategies. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Dysfunction strain and intervention programs aimed at men's violence, substance use, and help-seeking behaviors

Author(s): Liang, Christopher T. H.; Molenaar, Carin; Hermann, Christina; Rivera, Louis A.

Source: The psychology of men and masculinities; 2017 ; p. 347-763

Publication Type(s): Book Edited Book Chapter

Abstract: The U.S. Department of Justice, Federal Bureau of Investigation (2012) reported that men are more likely to be offenders in cases involving sexual violence, aggravated assault, or intimate partner violence (IPV). Before concluding that men are simply biologically prone to violence, however, it is essential to know that most men do not engage in violent and sexually aggressive behaviors (Kilmartin & Smiler, 2015). Examining other public health data alongside the Department of Justice reports can help us to understand why some boys and men may engage in these behaviors. Viewing these reports in isolation may lead to the conclusion that biological sex causes violence or that mental health problems are predictive of alcohol-related problems and suicide. However, examination of these reports simultaneously suggests that there may be a common set of underlying factors that contribute to the violence- and alcohol-related problems men face. Above and beyond biological sex may be the socialization of men to demonstrate masculinity. This chapter provides a brief overview of how dysfunction strain is associated with substance use and violence, as well as a critique of current efforts. In an important move away from looking at the male as a static, biological category from which inferences can be made about behavior, men's studies scholars in psychology have argued for understanding how gender role socialization processes are related to masculinity ideology, gender role conflict or dysfunction strain, and, in turn, health-related behaviors. Although there are many forms of masculinity, hegemonic masculinity has been described as the dominant and most pervasive form. It has been broadly conceptualized as a multidimensional construct that includes self-reliance, emotional control, power, and status, as well as both control over women and fear of appearing feminine (O'Neil, 2015). Pleck (1995) explained that men attempting to live up to these standards may experience negative consequences because prescribed standards of masculinity are inherently harmful to self and to others. He introduced dysfunction strain to explain how rigid conformity to hegemonic masculinity can result in negative outcomes. Previous reviews have emphasized the negative consequences of masculinity on health outcomes. However, to our knowledge, this chapter is the first to provide a comprehensive review of interventions directed at boys' and men's dysfunctional strain. Interventions aimed at reducing gender-based and sexual violence, substance use, and stigma associated with help-seeking are reviewed here. The intent of this chapter is to review efforts that incorporate dysfunction strain. Our initial search included only dysfunction strain along with alcohol and substance abuse, violence, and help-seeking. This search did not result in any identifiable interventions. As a result, we expanded our criteria to include interventions that addressed issues that are consistent with dysfunction strain (e.g., aggression, self-reliance) but that did not explicitly incorporate masculinity or dysfunction strain. Our search included the earliest records in databases up to and including records on 03/31/2015. (PsycINFO Database Record (c) 2017 APA, all rights reserved) (Source: chapter)

Legal issues in clinical practice with victims of violence

Author(s): Myers, John E. B.

Source: Legal issues in clinical practice with victims of violence; 2017

Publication Type(s): Book Authored Book

Abstract:From a leading expert on interpersonal violence, this book explains what mental health and social work professionals need to know about the legal system and their role in it, particularly when working with victims of child maltreatment or domestic violence. Using numerous illustrative examples and legal cases, John E. B. Myers provides crucial information and advice on the myriad legal issues that practitioners face both in the courtroom and in everyday clinical practice. Myers offers an accessible overview of the justice system, focusing on laws, cases, and procedures that are relevant to clinical practice. A range of legal proceedings are described, including criminal cases, child custody determinations, dependency proceedings in child abuse cases, and civil commitment. The book presents practical guidance for responding to subpoenas, interacting with police and legal personnel, and managing liability and malpractice risks. The nuts and bolts of testifying in court are addressed, including serving as an expert witness, what to expect from cross-examination, the admissibility of hearsay evidence, and the release of privileged and confidential information. The book examines standards of proof for interpersonal violence, with particular attention to the difficulties of proving child sexual abuse. Throughout, emphasis is given to how clinical and legal professionals can work together to achieve justice for those who have been victimized. (PsycINFO Database Record (c) 2017 APA, all rights reserved) (Source: cover)

Applied therapeutic interventions for children diagnosed with traumatic brain injury and/or posttraumatic stress disorder

Author(s): Midyette, Debra A.

Source: Dissertation Abstracts International: Section B: The Sciences and Engineering; 2017; vol. 77 (no. 7)

Publication Type(s): Dissertation Abstract Dissertation

Abstract:This qualitative study investigated applied therapeutic interventions in children ages 2-18 diagnosed with traumatic brain injury (TBI) and/or posttraumatic stress disorder (PTSD). The researcher's experience when seeking TBI/PTSD care inspired her concern for traumatized children and their parents. Nine licensed or licensure-eligible mental health professionals (i.e. Ph.D., LPC, LCSW) participated in this study. All participants conducted therapy with children diagnosed with TBI and/or PTSD, were English-speaking, and worked in North Carolina or Virginia. Responses to a questionnaire consisting of 15 open-ended questions were obtained by a combination of in-person interview and online completion. The key inquiry regarded applied therapies for children diagnosed with TBI and/or PTSD. Secondary questions inquired about referral percentages for children diagnosed with TBI and/or PTSD, causes of TBI and/or PTSD, why those therapies were selected and why considered efficacious, communication between providers, and sufficiency of the DSM-5 criteria for TBI and PTSD. Motor vehicle accidents, falls, and physical abuse were reported as TBI origins. Consistent with a review of the literature, TF-CBT, dance yoga therapy, safe physical activities, and music therapy were indicated to be efficacious for children diagnosed with TBI. Consistent with review of the literature, Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is considered by this small sample of therapists to be the most effective therapy for children diagnosed with PTSD. Other frequently reported PTSD interventions were play therapy, EMDR, Schema-Focused Therapy (SFT), dance yoga, and art/music therapy. Participants reported that sexual abuse was the predominant cause of PTSD in their cases involving traumatized children. Domestic violence, witnessing violence, physical and/or emotional neglect, emotional/psychological/physical/abuse, falls, loss of caregiver, motor vehicle accidents, or a combination, were also indicated as causes. The results also indicated a

potentially serious problem regarding lack of proper assessment/referral for children suffering TBI. The DSM-5 criteria were not considered sufficient for the diagnosis of TBI and/or PTSD by several responding therapists. Key words: Children, Traumatic Brain Injury (TBI), Posttraumatic Stress Disorder (PTSD), therapeutic interventions, TF-CBT, play therapy, EMDR, Schema-Focused Therapy (SFT), DSM-5. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Dating violence, quality of life and mental health in sexual minority populations: a path analysis.

Author(s): Wong, Janet Yuen-Ha; Choi, Edmond Pui-Hang; Lo, Herman Hay-Ming; Wong, Wendy; Chio, Jasmine Hin-Man; Choi, Anna Wai-Man; Fong, Daniel Yee-Tak

Source: Quality of life research : an international journal of quality of life aspects of treatment, care and rehabilitation; Apr 2017; vol. 26 (no. 4); p. 959-968

Publication Type(s): Journal Article

Abstract: PURPOSE Theories explaining the impact of intimate partner violence (IPV) on mental health have focused on heterosexual relationships. It is unclear whether mental health disparities between heterosexual and sexual minority people are due to IPV or factors related to sexual orientation. The present study aimed to investigate pathways of how sexual orientation influenced quality of life and mental health. METHODS The present cross-sectional study was conducted in 1076 young adults in a university population (934 heterosexual and 142 sexual minority groups). Structural equation modelling was used to examine the pathways of sexual orientation, dating violence, sexual orientation concealment, quality of life and mental health (perceived stress, anxiety and depression). RESULTS After adjusting for sociodemographic factors, quality of life in sexual minority people was poorer [estimate -2.82, 95 % confidence interval (CI) -4.77 to -0.86, $p = 0.005$], and stress (estimate 2.77, 95 % CI 1.64-3.92, $p < 0.0001$), anxiety (estimate 1.84, 95 % CI 1.13-2.56, $p < 0.0001$) and depression levels (estimate 0.62, 95 % CI 0.05-1.2, $p < 0.0001$) were higher than in heterosexual people. Dating violence and sexual orientation concealment were mediators, with the models showing a good fit. CONCLUSION Our study has progressed investigation of the link between sexual orientation and quality of life and mental health in the Chinese context. It has helped identify health disparities between heterosexual and sexual minority people and determined specific factors affecting their quality of life and mental health.

Prevalence and Predictors of Intimate Partner Violence in a Military Urogynecology Clinic.

Author(s): Lutgendorf, Monica A; Snipes, Marie A; O'Boyle, Amy L

Source: Military medicine; Mar 2017; vol. 182 (no. 3); p. e1634

Publication Type(s): Journal Article

Available in full text at [Military Medicine](#) - from ProQuest

Abstract: BACKGROUND Intimate partner violence (IPV) is common, with prevalence in women of 15 to 71% over the lifespan, 4 to 54% currently. Violence is associated with poor health, and may be more common in military populations. A history of abuse is also common in patients with pain, urinary/bowel symptoms, and dyspareunia. Our purpose was to determine the prevalence and predictors of abuse in a military urogynecology clinic. METHODS Patients presenting to a military urogynecology clinic were screened for IPV with the 4-item Hurt-Insult-Threaten-Scream (HITS) screen. Patients' abuse history, reason for visit, and risk factors for IPV were assessed. χ^2 and Fisher's exact tests were used for categorical variables. FINDINGS Out of 142 surveys, only 4 (2.8%) indicated a positive HITS screen (score of 10 or greater on a scale of 4-20), and 39 (27.5%) responded positively to at least one item. These individuals were significantly more likely to have a history of physical abuse or abuse in their families, with at least one positive response in 45.4% of patients with a history of family abuse compared to 20.8% of patients without this history ($p = 0.007$). The

lifetime prevalence of physical abuse by an intimate partner was reported by 10 women (7%). A total of 29 women (20%) reported a history of forced sex and 33 (23%) reported a history of abuse in their family. Participants with a family history of abuse were more likely to have a positive HITS score, relative risk (RR) 2.19 (95% confidence interval [CI] 1.29-3.71), $p = 0.004$, as were those with history of physical abuse RR 2.44 (95% CI 1.35-4.39), $p = 0.003$ and a history of forced sexual contact, RR 1.73 (95% CI 1.00-3.00), $p = 0.049$. Race, education, marital status, and employment showed no association with a positive HITS response.

DISCUSSION/IMPACT/RECOMMENDATIONSThe self-reported rate of IPV in a sample of women presenting to a urogynecology clinic in a military setting was 2.8%, below the rate reported in the civilian literature of 4 to 54%. We found that lifetime prevalence of IPV (7%) was also lower than the civilian rate of 15 to 71%. Routine screening for IPV is recommended by the American College of Obstetricians and Gynecologists, U.S. Preventative Services Task Force, and the Joint Commission. Even though IPV rates in the military are below civilian rates, IPV affects 3 to 7% of our population and remains a significant and preventable problem affecting women.

CONCLUSIONSIPV in military urogynecology patients was lower than the civilian setting; however, women with a history of abuse may be at increased risk of experiencing current IPV, and continued screening is important.

Preventive Health Care for Women Who Have Sex with Women.

Author(s): Knight, Daniel A; Jarrett, Diane

Source: American family physician; Mar 2017; vol. 95 (no. 5); p. 314-321

Publication Type(s): Journal Article

Abstract:Despite recent shifts in societal attitudes toward same-sex relationships, women who have sex with women face a variety of barriers to optimal health, including a history of negatively perceived interactions in clinical settings that lead them to delay or avoid health care. Women who have sex with women may be at disproportionate risk of obesity, tobacco use, substance use, mental health issues, intimate partner violence, sexually transmitted infections, and some cancers. Disparities can exist throughout the lifetime. Lesbian and bisexual adolescents are vulnerable to bullying, family rejection, and risky sexual behavior that may lead to sexually transmitted infections or unintended pregnancy. Sexual minority stress, which is a response to stigmatization, prejudice, and internalized homophobia, contributes to many of these conditions. Family physicians should foster trust and communication to provide a nonjudgmental, welcoming environment supportive of culturally competent health care and optimal outcomes. When indicated, clinicians should refer women who have sex with women to culturally sensitive community resources and legal advisors for assistance with medical decision making, hospital visitation, conception, and legal recognition of nonbiologic parents.

Intimate partner violence and the overlap of perpetration and victimization: Considering the influence of physical, sexual, and emotional abuse in childhood.

Author(s): Richards, Tara N; Tillyer, Marie Skubak; Wright, Emily M

Source: Child abuse & neglect; Mar 2017; vol. 67 ; p. 240-248

Publication Type(s): Journal Article

Abstract:Using data from Wave 4 of the National Longitudinal Study of Adolescent to Adult Health, this study examined the independent relationship of childhood maltreatment type (emotional, sexual, physical) on IPV victimization and perpetration; then mutually exclusive categories of IPV involvement (victimization, perpetration, and victimization/perpetration) were investigated. IPV victimization and perpetration were assessed using items from the revised Conflict Tactics Scales. A series of binary regression models and multinomial regression models were estimated. Models were

stratified across gender. Results uncovered significant relationships between child physical abuse and IPV victimization as well as IPV perpetration for males and females, but this effect was reduced when emotional maltreatment was added to the model. When IPV victimization/perpetration was considered, maltreatment effects changed. For males, physical maltreatment remained significantly related to victimization only and physical, sexual, and emotional maltreatment were related to victimization/perpetration. For females, physical maltreatment remained significantly related to IPV victimization only and emotional maltreatment was related to perpetration only and to victimization/perpetration. Screening and intervention for maltreatment, including emotional maltreatment, among children as well as adults with IPV histories may be important to preventing first IPV experiences and stemming current involvement.

Database: Medline

Between Synergy and Travesty: A Sexual Risk Syndemic Among Pregnant Latina Immigrant and Non-immigrant Adolescents.

Author(s): Martinez, Isabel; Kershaw, Trace S; Lewis, Jessica B; Stasko, Emily C; Tobin, Jonathan N; Ickovics, Jeannette R

Source: AIDS and behavior; Mar 2017; vol. 21 (no. 3); p. 858-869

Publication Type(s): Journal Article

Abstract: Substance use, intimate partner violence, and depression contribute to sexual risk individually, yet have not been evaluated as a syndemic for adolescents. Using data from 772 pregnant Latina adolescents, we evaluated these factors as a syndemic and tested the moderating role of immigration. Bivariate analyses showed syndemic score (OR = 1.40, $p = 0.02$) and severity (OR = 1.68, $p = 0.006$) were predictors for multiple sex partners, and syndemic score predicting STIs (OR = 1.15, $p = 0.05$). Syndemic severity remained significant in multivariate analyses for multiple sex partners (OR = 1.53, $p = 0.04$). Moderation analyses showed higher syndemic severity was associated with more condom use among immigrants (OR = 1.75, $p = 0.04$) and less condom use (OR = 0.07, $p = 0.011$) among those with separated orientation. Higher syndemic severity also predicted greater odds for multiple partners (OR = 2.40, $p = 0.01$) among immigrants. This evidence suggests a sexual risk syndemic exists among Latina adolescents. Research should continue exploring this phenomenon, particularly exploring the role immigration plays for sexual health.

Intimate Partner Violence Screening in the Veterans Health Administration: Demographic and Military Service Characteristics.

Author(s): Dichter, Melissa E; Haywood, Terri N; Butler, Anneliese E; Bellamy, Scarlett L; Iverson, Katherine M

Source: American journal of preventive medicine; Feb 2017

Publication Type(s): Journal Article

Abstract: INTRODUCTION Intimate partner violence (IPV) includes psychological, physical, or sexual aggression by a current or former intimate partner and is associated with a wide range of health and social impacts, especially for women. Women veterans may be at increased risk for experiencing IPV, and some Veterans Health Administration (VHA) facilities have initiated routine screening of female patients for past-year IPV. This study presents the first examination of clinical IPV screening responses recorded from female VHA patients across 13 facilities nationwide, and identifies associations with patient demographic and military service characteristics. METHODSElectronic medical record data were extracted for a cohort of 8,885 female VHA patients who completed screening for experience of past-year IPV during a clinic visit between April 2014 and April 2016.

Analyses, conducted in 2016, examined the overall proportion of patients screening positive for IPV, as well as associations by demographic and military service characteristics. RESULTS Overall, 8.7% of patients screened positive for past-year IPV. Odds of screening positive for IPV were higher among women who were younger (aged <35 years); married; served in the most recent conflict era; experienced sexual assault or harassment during military service; or had not served in the military (non-veterans). CONCLUSIONS Study findings indicate a significant proportion of female VHA patients disclosing past-year IPV during clinical screening, and identify characteristics associated with increased vulnerability. Implications for future research and program implementation include addressing high-risk subpopulations and further investigating the impact of screening and follow-up care.

Intimate partner violence screening and the comparative effects of screening mode on disclosure of sensitive health behaviours and exposures in clinical settings.

Author(s): Frazier, T; Yount, K M

Source: Public health; Feb 2017; vol. 143 ; p. 52-59

Publication Type(s): Journal Article

Abstract: OBJECTIVE Detecting sensitive health information in clinical settings is of scientific and practical importance. The purpose of this study was to determine whether mode of screening influenced disclosure of intimate partner violence (IPV) in patterns similar to other forms of sensitive information. STUDY DESIGN This cross sectional study was designed to compare effects of face-to-face vs computer self-assessment for sensitive health information on disclosure rates. Multivariate logistic regression was used for the analysis. METHODS Data were collected in 2012 from 639 eligible African American consenting women receiving services in women, infants and children (WIC) clinics. Women were randomized to complete assessments of sensitive exposures via computer-assisted self-interview (CASI) or face-to-face interview (FTFI). Those with complete information were included in the analysis (n = 616). RESULTS Of 39 sensitive health exposures, reporting was higher for FTFI than CASI for exposure to IPV (7 of 7 outcomes), tobacco use (2 of 3 outcomes) and reproductive health care (2 of 3 outcomes). For example, face-to-face improved disclosure of IPV in the last year (adjusted odds ratios [aOR] = 2.27; 95% CI = 1.60-3.21) and any drug, tobacco or alcohol in the last week (aOR = 1.39; 95% CI = 1.00-1.93). CONCLUSION Trained personnel may enhance disclosure above computer-based assessments for IPV for African American women receiving public assistance through The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) Propensities to disclose sexual health behaviour and drug use by CASI may not apply to IPV in this population. The context and personal motivations influence women's decision to disclose IPV.

Intimate partner violence reported by female and male users of healthcare units.

Author(s): Barros, Claudia Renata Dos Santos; Schraiber, Lilia Blima

Source: Revista de saude publica; Feb 2017; vol. 51 ; p. 7

Publication Type(s): Journal Article

Abstract: OBJECTIVE To analyze nonfatal violence suffered and committed by adult men and women, in an intimate relationship. METHODS The participants in the research were women aged between 15 and 49 years and men between 18 and 60 years, interviewed by face-to-face questionnaire application. The sample selection was of consecutive type, according to the order of arrival of the users. We conducted temporarily independent investigations and covered different health services to avoid couples and relationships in which the retaliation could be overvalued. To improve the comparison, we also examined reports of men and women from the same service, i.e., a service that was common to both investigations. We compared the situations suffered by women according to

their reports and cross-linked the information to what men, according to their own reports, do against intimate partners or ex-partners. We also examined the cross-linked situation in reverse: the violence committed by women against their partners, according to their reports, in comparison with the violence suffered by men, also according to their reports, even if, in this case, the exam refers only to physical violence. The variables were described using mean, standard deviation, frequencies and proportions, and the hypothesis testing used was: Fisher's exact and Pearson's Chi-square tests, adopting a significance level of 5%.RESULTSVictimization was greater among women, regardless of the type of violence, when perpetrated by intimate partner. The perception of violence was low in both genders; however, women reported more episodes of multiple recurrences of any violence and sexual abuse suffered than men acknowledged to have perpetrated.CONCLUSIONSThe study in its entirety shows significant gender differences, whether about the prevalence of violence, whether about the perception of these situations.

Domestic violence in pregnancy: prevalence and characteristics of the pregnant woman.

Author(s): Almeida, Fátima Susana Jesus; Coutinho, Emília Carvalho; Duarte, João Carvalho; Chaves, Cláudia Margarida Balula; Nelas, Paula Alexandra Batista; Amaral, Odete Pereira; de Castro Parreira, Vitória

Source: Journal of clinical nursing; Feb 2017

Publication Type(s): Journal Article

Abstract:AIMS AND OBJECTIVESTo determine the prevalence of domestic violence (physical, psychological or sexual) during pregnancy and to characterise these women.BACKGROUND Pregnant women are not immune to domestic violence (DV) and therefore may be subject to any form of physical, psychological or sexual violence by partners. Health professionals' knowledge and awareness is important in the identification and intervention of pregnant women who experience domestic violence.METHODS Quantitative, descriptive, correlational study, using a non-probabilistic convenience sample consisting of a total of 852 postpartum women, of whom 370 were experiencing domestic violence according to the criteria adopted through the modified scale of prevalence, applied between February and June 2012 in two Portuguese public health institutions. Authorisation was given by the Ethics Committees/Administration Councils of both institutions involved and the National Committee of Data Protection.RESULTSThe prevalence of DV during pregnancy was 43.4% (physical violence - 21.9%; psychological violence - 43.2% and sexual violence - 19.6%). These women had the following profile: immigrant (OR=5,70; IC95%3,32-9,78), non-Caucasian (OR=6,27; IC95%3,76-10,46), single/divorced/widowed (OR=2,28; IC95%1,70-3,05), academic qualifications up to year 9 (OR=4,94; IC95%3,31-7,37); between 10-12 years of schooling (OR=2,36; IC95%1,70-3,29); unemployed (OR=2,01; IC95%1,50-2,69) and with a monthly income < 1000 euros (OR=1.90; IC95%1.44-2.50). Through logistic regression the following protective factors have been identified: Nationality (Portuguese), Race (Caucasian) and place of residence (city).CONCLUSIONS Almost half of the sample had experienced some form of DV. This is associated with certain socio-demographic factors identified in the study. Psychological violence was the most prevalent during pregnancy. This article is protected by copyright. All rights reserved.

Revictimization After Adolescent Dating Violence in a Matched, National Sample of Youth.

Author(s): Exner-Cortens, Deineria; Eckenrode, John; Bunge, John; Rothman, Emily

Source: The Journal of adolescent health : official publication of the Society for Adolescent Medicine; Feb 2017; vol. 60 (no. 2); p. 176-183

Publication Type(s): Journal Article

Abstract: **PURPOSE** To assess if adolescent dating violence was associated with physical intimate partner violence victimization in adulthood, using a comprehensive propensity score to create a matched group of victims and nonvictims. **METHODS** Secondary analysis of waves 1 (1994-1995), 2 (1996), 3 (2001-2002) and 4 (2007-2008) of the National Longitudinal Study of Adolescent to Adult Health, a nationally representative sample of US high schools and middle schools. Individuals aged 12-18 reporting adolescent dating violence between the wave 1 and 2 interviews ($n = 732$) were matched to nonvictimized participants of the same sex ($n = 1,429$) using propensity score matching. These participants were followed up approximately 5 (wave 3) and 12 (wave 4) years later. At both follow-up points, physical violence victimization by a current partner was assessed. Data were analyzed using path models. **RESULTS** Compared with the matched no victimization group, individuals reporting adolescent dating violence were more likely to experience physical intimate partner violence approximately 12 years later (wave 4), through the experience of 5-year (wave 3) victimization. This path held for males and females. **CONCLUSIONS** Results from this sample matched on key risk variables suggest that violence first experienced in adolescent relationships may become chronic, confirming adolescent dating violence as an important risk factor for adult partner violence. Findings from this study underscore the critical role of primary and secondary prevention for adolescent dating violence.

Violence against women and mental health.

Author(s): Oram, Sian; Khalifeh, Hind; Howard, Louise M

Source: The lancet. Psychiatry; Feb 2017; vol. 4 (no. 2); p. 159-170

Publication Type(s): Journal Article Review

Abstract: Violence against women is widely recognised as a violation of human rights and a public health problem. In this Series paper, we argue that violence against women is also a prominent public mental health problem, and that mental health professionals should be identifying, preventing, and responding to violence against women more effectively. The most common forms of violence against women are domestic abuse and sexual violence, and victimisation is associated with an increased risk of mental disorder. Despite clinical guidance on the role of mental health professionals in identifying violence against women and responding appropriately, poor identification persists and can lead to non-engagement with services and poor response to treatment. We highlight that little research has been done on how to improve identification and treatment of victims and perpetrators in contact with mental health services, but that mental health services could play a major role in primary and secondary prevention of violence against women.

The relationship between childhood sexual abuse and mental health outcomes among males: Results from a nationally representative United States sample.

Author(s): Turner, Sarah; Taillieu, Tamara; Cheung, Kristene; Afifi, Tracie O

Source: Child abuse & neglect; Feb 2017

Publication Type(s): Journal Article

Abstract: **BACKGROUND** Few studies have examined the associations between childhood sexual abuse (CSA), co-occurrence with other types of maltreatment and adult mental health outcomes, specifically among males. The objectives of this study were to: 1) determine the prevalence of males who have experienced a) childhood maltreatment without CSA; b) CSA without other forms of childhood maltreatment; and c) CSA along with other forms of childhood maltreatment; and 2) determine the relationship between CSA among males and mood, anxiety, substance and personality disorders and suicide attempts. **METHODS** Data were drawn from the 2004-2005 National Epidemiological Survey on Alcohol and Related Conditions (NESARC) and limited to males age 20

years old and older (n=14,564). Child maltreatment included harsh physical punishment, physical abuse, sexual abuse, emotional abuse, emotional neglect, physical neglect and exposure to intimate partner violence (IPV). **RESULTS** Emotional abuse, physical abuse, and exposure to IPV were the most common forms of maltreatment that co-occurred with CSA among males. A history of CSA only, and CSA co-occurring with other types of child maltreatment, resulted in higher odds for many mental disorders and suicide attempts compared to a history of child maltreatment without CSA. **CONCLUSIONS** Child maltreatment is associated with increased odds of mental disorders among males. Larger effects were noted for many mental disorders and suicide attempts for males who experienced CSA with or without other child maltreatment types compared to those who did not experience CSA. These results are important for understanding the significant long-term effects of CSA among males.

Clinically speaking, psychological abuse matters.

Author(s): Começanha, Rita; Basto-Pereira, Miguel; Maia, Ângela

Source: Comprehensive psychiatry; Feb 2017; vol. 73 ; p. 120-126

Publication Type(s): Journal Article

Abstract: **BACKGROUND** The adverse effects of intimate partner violence (IPV) on mental health are well-established, except in the cases of psychological abuse and men's victimization. This research study examines the prevalence and the independent contribution of psychological IPV on mental health for both genders. **METHODS** The initial sample comprises 661 college students from a Portuguese public university, who completed an e-survey. Statistical analysis focused on a subsample (n=364), 23% of which were men, after removing cases of physical and/or sexual abuse. **RESULTS** A total of 75% of men and 72% of women reported lifetime psychological victimization and no differences were found for sociodemographic factors, including gender. However, women reported significantly more instigations of psychological abusive acts (OR =5.41, 95% CI=1.88-15.55). Multivariate linear regression models revealed that post-traumatic stress symptoms-PTSS ($\beta=.51$; $p<.001$), depression ($\beta=.34$; $p<.001$) and anxiety ($\beta=.22$; $p<.001$)-were predicted by psychological IPV. The strongest relationship was established between psychological IPV and PTSS, and the final model accounts for 28.6% of the variance ($F(6357)=23.86$, $p<.001$). **CONCLUSIONS** This article provides an empirical basis to recognize the unique and serious impact of psychological IPV on mental health, and recommends screening psychological IPV as part of the clinical routine, developing a gender-inclusive approach, and implementing evidence-based protocols tailored to the needs of these victims.

Intimate partner violence and pregnancy intentions: A qualitative study

Author(s): Baird, Kathleen; Creedy, Debra; Mitchell, Theresa

Source: Journal of Clinical Nursing; Feb 2017

Publication Type(s): Journal Peer Reviewed Journal

Abstract: **Aim and objective** In this qualitative study, we explored women's pregnancy intentions and experiences of intimate partner violence before, during and after pregnancy. **Background** Unintended pregnancies in the context of intimate partner violence can have serious health, social and economic consequences for women and their children. **Design** Feminist and phenomenological philosophies underpinned the study to gain a richer understanding of women's experiences. **Methods** Eleven women who had been pregnant in the previous two years were recruited from community-based women's refuges in one region of the UK. Of the 11 women, eight had unplanned pregnancies, two reported being coerced into early motherhood, and only one woman had purposively planned her pregnancy. Multiple in-depth interviews focused on participants' accounts of living with intimate partner violence. **Experiential data analysis** was used to identify, analyse and

highlight themes. Results Three major themes were identified: men's control of contraception, partner's indiscriminate response to the pregnancy and women's mixed feelings about the pregnancy. Participants reported limited influence over their sexual relationship and birth control. Feelings of vulnerability about themselves and fear for their unborn babies' safety were intensified by their partners' continued violence during pregnancy. Conclusion Women experiencing intimate partner violence were more likely to have an unintended pregnancy. This could be attributed to male dominance and fear, which impacts on a woman's ability to manage her birth control options. The women's initial excitement about their pregnancy diminished in the face of uncertainty and ongoing violence within their relationship. Relevance to clinical practice Women experiencing violence lack choice in relation to birth control options leading to unintended pregnancies. Interpreting the findings from the victim–perpetrator interactive spin theory of intimate partner violence provides a possible framework for midwives and nurses to better understand and respond to women's experiences of violence during pregnancy. (PsycINFO Database Record (c) 2017 APA, all rights reserved) (Source: journal abstract)

Coercive control and physical violence in older adults: Analysis using data from the National Elder Mistreatment Study

Author(s): Policastro, Christina; Finn, Mary A.

Source: Journal of Interpersonal Violence; Feb 2017; vol. 32 (no. 3); p. 311-330

Publication Type(s): Journal Peer Reviewed Journal Journal Article

Abstract:The most common perpetrators of physical violence against women of any age are their intimate partners. Although research on younger adults has recognized that intimate partner violence (IPV) is distinct in etiology, form, and consequence, whether the same is true for older adults has not been adequately studied. The extent and consequences of coercive controlling violence, IPV that involves physical violence coupled with psychological aggression and/or financial abuse, have not been examined in older populations. Using data from the National Elder Mistreatment Study, the current research examines if coercive control is more evident in physical violent victimizations of older adults (age 60 or older) when the perpetrator is an intimate partner compared with when the perpetrator is not an intimate partner. Findings indicate that older adults who experience emotional coercive control by intimate partners in their lifetime are more likely to experience physical abuse at age 60 or older. Furthermore, older adults who experienced trauma during their lifetime, were in poor health, and with less social support are more likely to experience physical abuse at age 60 or older. However, the victim's sex had no significant influence on the likelihood of experiencing physical abuse. (PsycINFO Database Record (c) 2017 APA, all rights reserved) (Source: journal abstract)

Lifetime Sexual Assault and Sexually Transmitted Infections Among Women Veterans.

Author(s): Goyal, Vinita; Mengeling, Michelle A; Booth, Brenda M; Torner, James C; Syrop, Craig H; Sadler, Anne G

Source: Journal of women's health (2002); Mar 2017

Publication Type(s): Journal Article

Abstract:OBJECTIVE Women veterans report a high prevalence of sexual assault. Unfortunately, there are limited data on the reproductive health sequelae faced by these women. Our objective was to evaluate the association between completed lifetime sexual assault (LSA) and sexually transmitted infections (STIs) among a cohort of women veterans, adjusting for sexual risk behaviors. MATERIALS AND METHODS We conducted a retrospective study among women veterans aged 51 years or younger who enrolled for care at two Veterans Administration (VA) healthcare sites

between 2000 and 2008. Participants completed a telephone interview assessing reproductive health and sexual violence history. We compared the frequencies of past STI diagnoses among those who had and had not experienced LSA. We used logistic regression to assess the effect of sexual assault with history of an STI diagnosis after adjusting for age, sexual risk behaviors, and substance abuse treatment. **RESULTS** Among 996 women veterans, a history of STIs was reported by 32%, including a lifetime history of gonorrhea (5%), chlamydia (15%), genital herpes infection (8%), and human papillomavirus infection (15%), not mutually exclusive; 51% reported LSA. Women with a history of LSA were significantly more likely to report a history of STIs (unadjusted odds ratio [OR] 1.91, 95% confidence interval [CI] 1.45-2.50; adjusted OR 1.49, 95% CI 1.07-2.08). **CONCLUSIONS** Women veterans who have experienced LSA are at increased risk for lifetime STI diagnoses. To adequately address the reproductive health needs of the growing population of women veterans, STI risk assessments should include queries of military service and LSA histories.

Longitudinal pathways of sexual victimization, sexual self-esteem, and depression in women and men.

Author(s): Krahé, Barbara; Berger, Anja

Source: Psychological trauma : theory, research, practice and policy; Mar 2017; vol. 9 (no. 2); p. 147-155

Publication Type(s): Journal Article

Available in full text at [Psychological Trauma: Theory, Research, Practice, and Policy](#) - from ProQuest

Abstract: **OBJECTIVE** This article presents a longitudinal analysis of the links between sexual assault victimization, depression, and sexual self-esteem by examining their cross-lagged paths among both men and women. **METHOD** Male and female college students (N = 2,425) in Germany participated in the study that comprised 3 data waves in their first, second, and third year of university, separated by 12-month intervals. Sexual assault victimization was assessed at Time 1 (T1) since the age of 14 and at Time 2 (T2) and Time 3 (T3) for the last 12 months. Depression and sexual self-esteem were measured at each wave. **RESULTS** Random-intercept cross-lagged panel analyses, controlling for individual differences in depression and sexual self-esteem, showed that sexual assault at T1 predicted depression and lower sexual self-esteem at T2, and depression and lower self-esteem at T2 predicted sexual assault victimization at T3. In addition, significant paths were found from T1 depression to T2 sexual assault victimization and from T2 sexual assault victimization to depression at T3. Sexual victimization at T1 was indirectly linked to sexual victimization at T3 via depression at T2. Both depression and sexual self-esteem at T1 were indirectly linked to sexual victimization at T3. The paths did not differ significantly between men and women. **CONCLUSION** Sexual assault victimization was shown to be a risk factor for both depression as a general mental health indicator and lowered sexual self-esteem as a specific outcome in the domain of sexuality. Moreover, depression and sexual self-esteem increased the vulnerability for sexual assault victimization, which has implications for prevention and intervention efforts. (PsycINFO Database Record

Effects of Sexual Assault on Alcohol Use and Consequences Among Young Adult Sexual Minority Women

Author(s): Rhew, Isaac C.; Stappenbeck, Cynthia A.; Bedard-Gilligan, Michele; Hughes, Tonda; Kaysen, Debra

Source: Journal of Consulting and Clinical Psychology; Mar 2017

Publication Type(s): Journal Peer Reviewed Journal

Available in full text at [Journal of Consulting and Clinical Psychology](#) - from ProQuest

Abstract:Objective: The purpose of this study was to examine effects of sexual assault victimization on later typical alcohol use and alcohol-related consequences among young sexual minority women (SMW). Method: Data were collected over 4 annual assessments from a national sample of 1,057 women who identified as lesbian or bisexual and were 18- to 25-years-old at baseline. Marginal structural modeling, an analytic approach that accounts for time-varying confounding through the use of inverse probability weighting, was used to examine effects of sexual assault and its severity (none, moderate, severe) on typical weekly number of drinks consumed and number of alcohol-related consequences 1-year later as well as 2-year cumulative sexual assault severity on alcohol outcomes at 36-month follow-up. Results: Findings showed that compared with not experiencing any sexual assault, severe sexual assault at the prior assessment was associated with a 71% higher number of typical weekly drinks (count ratio [CR] = 1.71; 95% confidence interval [CI] [1.27, 2.31]) and 63% higher number of alcohol-related consequences (CR = 1.63; 95% CI [1.21, 2.20]). Effects were attenuated when comparing moderate to no sexual assault; however, the linear trend across sexual assault categories was statistically significant for both outcomes. There were also effects of cumulative levels of sexual assault severity over 2 years on increased typical drinking and alcohol-related consequences at end of follow-up. Conclusions: Sexual assault may be an important cause of alcohol misuse among SMW. These findings further highlight the need for strategies to reduce the risk of sexual assault among SMW. (PsycINFO Database Record (c) 2017 APA, all rights reserved) (Source: journal abstract) Impact statementWhat is the public health significance of this article?—Sexual assault during young adulthood may be a cause of alcohol misuse among sexual minority women. Identification and implementation of effective strategies to prevent sexual assault in this population may reduce the disparity in alcohol misuse between sexual minority and heterosexual women. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Victims of sexual assault: Evaluation and management

Author(s): Resnick, Heidi S.; Walsh, Kate L.; Badour, Christal L.

Source: The Oxford handbook of behavioral emergencies and crises; 2017 ; p. 227-799

Publication Type(s): Book Edited Book Handbook/Manual Chapter

Abstract:Given the high prevalence of sexual assault within both the general population and among college student samples, professionals working in a wide range of medical and mental health care settings should be prepared to address the acute and long-term physical and psychological consequences of sexual assault. It is also important to be aware of the prevalence and service needs among victims of sexual assault who seek acute medical care. This chapter reviews data regarding the prevalence and characteristics of rape and sexual assault, approaches to assessing sexual assault history, acute and long-term victim concerns and consequences associated with rape, access to and utilization of post-assault medical care and other agency services, and prevention and early intervention approaches that may be implemented in the medical setting. (PsycINFO Database Record (c) 2017 APA, all rights reserved) (Source: chapter)

The impact of adult sexual assault on sexual behavior: An exploration of the impact of sexual orientation, gender differences, and coping

Author(s): Gosney, Clarissa J.

Source: Dissertation Abstracts International: Section B: The Sciences and Engineering; 2017; vol. 77 (no. 7)

Publication Type(s): Dissertation Abstract Dissertation

Abstract:Adult Sexual Assault (ASA) is global problem that can have serious life-long implications for its survivors. ASA can affect its survivors' physical health, mental health, sexual functioning, and

interpersonal relationships. The purpose of this current study was to examine the effects that ASA has on its survivors' subsequent consensual sexual behaviors. This current study focused solely on ASA, in which the participant was at least 18 years of age at the time of his or her first experience with Sexual Assault (SA). The sample was not limited to a particular sex, gender, or sexual orientation. Instead, this current study sought to investigate the potential impact that sexual orientation and gender differences may have on consensual sexual behavior post-assault. Additionally, the coping styles used in response to the ASA experience were analyzed to determine their potential effects on participant sexual behavior. A total of 273 anonymous participants completed electronic assessments that measured previous sexual experiences, sexual attitudes and behavior, and coping style, in addition to a demographics questionnaire. One-third of these participants (n = 82) met the criteria to be assigned to the ASA group, while the other two-thirds of participants (n = 191) met the criteria to be assigned to the non-ASA group. Assessment results were analyzed by ASA-status, coping style, gender, and sexual orientation. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Understanding our military survivors of sexual assault

Author(s): Mueller, Kristi L.

Source: Caring for the military: A guide for helping professionals; 2017 ; p. 132-388

Publication Type(s): Book Edited Book Textbook/Study Guide Chapter

Abstract:Current data has revealed that more service members are making reports of sexual assault. As more service members come forward seeking help, the need is increasing for providers to be well informed of the assessment and treatment of these experiences and the effects on mental health, physical health, and overall well-being. This chapter aims to inform and update clinicians about the experience of sexual trauma in military members, both male and female. (PsycINFO Database Record (c) 2017 APA, all rights reserved) (Source: chapter)

Sexual assault survivors' experiences with mental health professionals: A qualitative study

Author(s): Starzynski, Laura L.; Ullman, Sarah E.; Vasquez, Amanda L.

Source: Women & Therapy; Apr 2017; vol. 40 (no. 1-2); p. 228-246

Publication Date: Apr 2017

Publication Type(s): Journal Peer Reviewed Journal Journal Article

Abstract:An interview study of 15 sexual assault survivors' narratives examined positive and negative post-assault experiences with mental health professionals. Survivors who told one professional had more positive experiences than those who told multiple professionals. Qualitative analyses revealed how help seeking experiences were related to the context and nature of disclosures, survivors' readiness to disclose, trust building, social reactions received from providers, type of therapy, perceived control over recovery, and mental health system factors impacting access and quality of care. Themes from survivor's accounts illustrate how survivors perceived therapists, providing information that can be used in training mental health professionals encountering survivors in clinical settings. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

A dating, relationship, and sexual health guide for females with high functioning autism

Author(s): Hentoff, Dasha

Source: Dissertation Abstracts International: Section B: The Sciences and Engineering; 2017; vol. 77 (no. 7)

Publication Type(s): Dissertation Abstract Dissertation

Abstract:Autism is understood as a neurodevelopment disorder and affects approximately 1 in 68 children in the United States. Autism is diagnosed with a ratio of 4:1 male to female; thus adolescent girls on the autism spectrum present with a unique set of needs that have only recently been recognized as an important area for study and treatment. People with autism do desire social and romantic relationships but often do not know how to engage, which can lead to misunderstandings and often times abuse. Well over half of all women with developmental disabilities, including autism, will be sexually assaulted in their lifetimes. Thus, the purpose of this dissertation is the creation of a dating, relationship, and sexual health guide specifically tailored for the needs of adolescent and young adult women ages 13-22 with high functioning autism. The program was based on a combination of a literature review and a formal needs assessment disseminated to professionals in the field who have experience working with females with high functioning autism. Analysis of data from a quantitative and qualitative needs assessment among professionals in the field, led to the conclusion that a program for autistic females was highly needed. Implementing this program and evaluating its effectiveness is an important next step to best address the needs of females with autism in regards to dating, relationships, and sexual health. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Database: PsycINFO

Preventing interpersonal violence on college campuses: The effect of One Act training on bystander intervention

Author(s): Alegría-Flores, Kei; Raker, Kelli; Pleasants, Robert K.; Weaver, Mark A.; Weinberger, Morris

Source: Journal of Interpersonal Violence; Apr 2017; vol. 32 (no. 7); p. 1103-1126

Publication Date: Apr 2017

Publication Type(s): Journal Peer Reviewed Journal Journal Article

Abstract:Sexual assault, stalking, dating violence, and intimate partner violence, herein collectively termed interpersonal violence (IV), are public health problems affecting 20% to 25% of female college students. Currently, One Act is one of the few IV prevention training programs at universities that teach students bystander skills to intervene in low- and high-risk IV situations. The objectives of this study were 1) to evaluate One Act's effects on date rape attitudes and behaviors, and bystanders' confidence, willingness to help, and behavior, and 2) to compare the effects on bystander skills between One Act and Helping Advocates for Violence Ending Now (HAVEN), an IV response training program with similar participants. Data were collected over 2 years, before and after One Act and HAVEN trainings. We measured outcomes with four scales: College Date Rape Attitudes and Behaviors, Bystander Confidence, Willingness to Help, and Bystander Behavior. The analysis compared within- and between-group mean differences in scale scores pre- and post-trainings using linear mixed models. One Act showed improvements for date rape attitudes and behaviors ($p < .001$), bystander's confidence ($p < .001$), and willingness to help ($p < .001$). One Act participants' bystander confidence improved more ($p = .006$), on average, than HAVEN's. The differences in the two trainings' effects on bystander willingness to help and behavior had similar patterns but were not statistically significant. We found a larger positive impact on bystander confidence among students who participated in the bystander prevention training compared with the response training. Further research is needed to improve the measures for bystander behavior and measure the bystander trainings' larger impact on the community. (PsycINFO Database Record (c) 2017 APA, all rights reserved) (Source: journal abstract)

FGM and child safeguarding

Effects of female genital mutilation/cutting on the sexual function of Sudanese women: a cross-sectional study.

Author(s): Rouzi, Abdulrahim A; Berg, Rigmor C; Sahly, Nora; Alkafy, Susan; Alzaban, Faten; Abduljabbar, Hassan

Source: American journal of obstetrics and gynecology; Mar 2017

Publication Type(s): Journal Article

Abstract:BACKGROUND Female genital mutilation/cutting (FGM/C) is a cultural practice that involves several types of removal or other injury to the external female genitalia for nonmedical reasons. Although much international research has focused on the health consequences of the practice, little is known about sexual functioning among women with various types of FGM/C. OBJECTIVE To assess the impact of FGM/C on the sexual functioning of Sudanese women. STUDY DESIGN This is a cross-sectional study conducted at Doctor Erfan and Bagedo Hospital, Jeddah, Saudi Arabia. Eligible women completed a survey and a clinical examination, which documented and verified women's type of FGM/C. The main outcome measure was female sexual function, as assessed by the Arabic Female Sexual Function Index. RESULTS A total of 107 eligible women completed the survey and the gynecological examination, which revealed that 39% of the women had FGM/C Type I, 25% had Type II, and 36% had Type III. Reliability of self-report of the type of FGM/C was low, with underreporting of the extent of the procedure. The results showed that 92.5% of the women scored lower than the Arabic Female Sexual Function Index cut-off point for sexual dysfunction. The multivariable regression analyses showed that sexual dysfunction was significantly greater with more extensive type of FGM/C, across all sexual function domains (desire, arousal, lubrication, orgasm, satisfaction, and pain) and overall. CONCLUSION The study documents that a substantial proportion of women subjected to FGM/C experience sexual dysfunction. It shows that the anatomical extent of FGM/C is related to the severity of sexual dysfunction.

Database: Medline

Virility, pleasure and female genital mutilation/cutting. A qualitative study of perceptions and experiences of medicalized defibulation among Somali and Sudanese migrants in Norway.

Author(s): Johansen, R Elise B

Source: Reproductive health; Feb 2017; vol. 14 (no. 1); p. 25

Publication Type(s): Journal Article

Available in full text at [Reproductive Health](#) - from ProQuest

Abstract:BACKGROUND The most pervasive form of female genital mutilation/cutting-infibulation-involves the almost complete closure of the vaginal orifice by cutting and closing the labia to create a skin seal. A small opening remains for the passage of urine and menstrual blood. This physical closure has to be re-opened-defibulated-later in life. When they marry, a partial opening is made to enable sexual intercourse. The husband commonly uses his penis to create this opening. In some settings, a circumciser or traditional midwife opens the infibulated scar with a knife or razor blade. Later, during childbirth, a further opening is necessary to make room for the child's passage. In Norway, public health services provide surgical defibulation, which is less risky and painful than traditional forms of defibulation. This paper explores the perceptions and experiences of surgical defibulation among migrants in Norway and investigates whether surgical defibulation is an accepted medicalization of a traditional procedure or instead challenges the cultural underpinnings of infibulation. METHODS Data derived from in-depth interviews with 36 women and men of Somali and Sudanese origin and with 30 service providers, as well as participant observations in various

settings from 2014-15, were thematically analyzed. **RESULTS** The study findings indicate that, despite negative attitudes towards infibulation, its cultural meaning in relation to virility and sexual pleasure constitutes a barrier to the acceptance of medicalized defibulation. **CONCLUSIONS** As sexual concerns regarding virility and male sexual pleasure constitute a barrier to the uptake of medicalized defibulation, health care providers need to address sexual concerns when discussing treatment for complications in infibulated women. Furthermore, campaigns and counselling against this practice also need to tackle these sexual concerns.

Childhood Maltreatment and Unprotected Sex among Female Juvenile Offenders: Evidence of Mediation by Substance Abuse and Psychological Distress

Author(s): Clements-Nolle K.; Larson S.; Buttar A.; Dermid-Gray L.

Source: Women's Health Issues; Mar 2017; vol. 27 (no. 2); p. 188-195

Publication Type(s): Journal: Article

Abstract: Purpose Research has shown that childhood maltreatment is associated with sexual risk taking among female juvenile offenders; however, the mechanisms by which maltreatment influences sexual risk remain poorly understood. We assessed whether substance abuse, psychological distress, and dating violence mediate the relationship between childhood maltreatment and unprotected sex. Methods Sexually active female juvenile offenders (13-17 years of age) completed audio computer-assisted self-interviews (n = 232). Logistic regression with a risk decrement approach, the Sobel test, and the Goodman I test were used to evaluate mediation. Results Maltreatment before sixth grade was common in our sample, including physical abuse (48.7%), sexual abuse (14.7%), supervision neglect (57.3%), and physical neglect (18.5%). Cumulative childhood maltreatment was also high with 42.2% reporting two or more types. In the fully adjusted model, cumulative childhood maltreatment remained associated with unprotected sex (odds ratio, 2.43; 95% confidence interval, 1.27, 4.65). The percent of the total effect in the relationship between childhood maltreatment and unprotected sex that was mediated by substance abuse was 16.4% (Sobel = 2.54 [p = .01]; Goodman I = 2.49 [p = .01]) and psychological distress accounted for 23.7% (Sobel = 2.55 [p = .01]; Goodman I = 2.51 [p = .01]). Dating violence was not a significant mediator in our analyses. Conclusion We found a strong relationship between childhood maltreatment and unprotected sex among female juvenile offenders that was partially mediated through substance abuse and psychological distress. These findings can be used to develop public health strategies to increase condom use among female juvenile offenders. Trauma-informed approaches to sexual health promotion that address substance abuse and psychological distress are warranted. Copyright © 2016 Jacobs Institute of Women's Health

"They said "be careful"": sexual health communication sources and messages for adolescent girls living with perinatally-acquired HIV infection

Author(s): Marhefka S.L.; Green S.M.; Sharma V.; Mellins C.A.

Source: AIDS Care - Psychological and Socio-Medical Aspects of AIDS/HIV; Mar 2017 ; p. 1-5

Publication Type(s): Journal: Article In Press

Abstract: Due to advances in highly active antiretroviral treatment (HAART), children "who perinatally acquired HIV infection" (PHIV+) in the United States have been reaching adolescence and adulthood in large numbers. As youth PHIV+ become sexually active it is important to understand their sources of sexual health information and the messages communicated by those sources to safeguard their sexual health and that of their partners. This paper explores sexual health communication for adolescent girls PHIV+ in comparison to adolescent girls who were exposed but did not acquire HIV perinatally (PHIV-) to understand how HIV infection influences the sexual health

communication needs of the former. A convenience sample size of 30 (20 PHIV+and 10 PHIV-, mean age 14.5) girls completed survey and participated in a 45-90 min developmentally appropriate semi-structured interview. The interviews aimed to elicit the girls' sources of sexual health communication, the sexual health messages they receive, their comfort or discomfort with these communications, and to determine how their sexual health communication experiences differ from those of their PHIV- peers. Transcripts of the interviews were coded and analyzed for themes related to sexual health communication sources, sexual health communication messages and comfort/discomfort with sexual health communication sources. Our findings suggest that girls PHIV+do not differ significantly from Girls PHIV- in their sources of sexual health information, yet girls PHIV+are most comfortable receiving sexual health information from their health providers, whereas for girls PHIV, the comfort is higher with caregivers. However, the messages Girls PHIV+reported receiving from their providers and caregivers were vague. Both providers and caregivers of Girls PHIV+are uniquely positioned to provide information to adolescents about sexuality and responsible sex decision-making. Some caregivers and providers may need training to prepare them to provide appropriate and accurate sexual health information to girls PHIV+.

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Physical and mental health of children with substantiated sexual abuse: Gender comparisons from a matched-control cohort study.

Author(s): Daigneault, Isabelle; Vézina-Gagnon, Pascale; Bourgeois, Catherine; Esposito, Tonino; Hébert, Martine

Source: Child abuse & neglect; Mar 2017

Publication Type(s): Journal Article

Abstract:When compared to children from the general population, sexually abused children receive more medical services, both for physical and mental health problems. However, possible differences between sexually abused boys and girls remain unknown. The lack of control group in studies that find gender differences also prevents from determining if the differences are specific to sexual abuse or to gender. The objective of the study was to assess differences in physical and mental health between sexually abused boys and girls in comparison to those from the general population. Administrative databases were used to document physical and mental health problems of 222 males and 660 females with a substantiated report of sexual abuse between 2001 and 2010. A comparison group individually matched to those from the sexually abused group on gender, age and geographic area was also used to document gender differences in the general population. Yearly incidence rates of diagnoses resulting from medical consultations and hospitalizations of males and females were compared over five years after a first substantiated sexual abuse report using the mixed general linear model. Sexually abused girls were up to 2.2 times more likely to consult a physician than sexually abused boys for physical health problems. Similar findings are observed in the general population. Conversely, results revealed that sexually abused boys were up to 2.3 times more likely than females to consult a physician for mental health problems. This gender difference was not apparent in the general population group.

The Effects of Sexual Orientation on the Relationship between Victimization Experiences and Smoking Status among US Women.

Author(s): Matthews, Alicia K; Ik Cho, Young; Hughes, Tonda L; Wilsnack, Sharon C; Aranda, Frances; Johnson, Timothy

Source: Nicotine & tobacco research : official journal of the Society for Research on Nicotine and Tobacco; Mar 2017

Publication Type(s): Journal Article

Abstract: Introduction This study examined the relationships between experiences of childhood and adulthood victimization and current smoking among heterosexual and sexual minority women (SMW). The main hypothesis was that victimization experiences would predict current smoking status. Further, we hypothesized that the effect of childhood victimization on self-reported smoker status would be mediated by adult victimization. Methods Data are from two studies conducted in the United States that used similar methods and questionnaires in order to conduct a comparative analysis of women based on sexual orientation. Data from Wave 1 (2000-2001) of the Chicago Health and Life Experiences of Women (CHLEW) study and from Wave 5 (2001) of the National Study of Health and Life Experiences of Women (NSHLEW) study were used in these analyses. Results Twenty-eight percent of the sample reported current smoking. Victimization experiences were common, with 63.4% of participants reporting at least one type of victimization in childhood and 40.2% reporting at least one type in adulthood. Women who identified as heterosexual were less likely to be victimized during childhood than were women who identified as lesbian or bisexual. Adult victimization had a significant effect on current smoker status, and the effect of childhood victimization on smoker status was mediated by adult victimization. When examined by sexual orientation, this indirect relationship remained significant only among bisexual women in the sample. Conclusion Study findings make a valuable contribution to the literature on victimization and health risk behaviors such as smoking. Given the negative and long-term impact of victimization on women, strategies are needed that reduce the likelihood of victimization and subsequent engagement in health risk behaviors such as smoking. Implications The study findings make a valuable contribution to the literature on sexual minority women's health on the influence of victimization on health risk behaviors. With the goal of reducing the likelihood of adult victimization and subsequent engagement in health risk behaviors, programs and policies aimed at preventing victimization of women are warranted. Providers and community health agencies should assess and target physically and sexually abused sexual minority youth for mental health intervention with the goal of interrupting the progression from childhood victimization to adult victimization and subsequent engagement in health risk behaviors.

Screening for Child Sexual Exploitation in Online Sexual Health Services: An Exploratory Study of Expert Views.

Author(s): Spencer-Hughes, Victoria; Syred, Jonathan; Allison, Alison; Holdsworth, Gillian; Baraitser, Paula

Source: Journal of medical Internet research; Feb 2017; vol. 19 (no. 2); p. e30

Publication Type(s): Journal Article

Available in full text at [Journal of Medical Internet Research](#) - from National Library of Medicine

Abstract: BACKGROUND Sexual health services routinely screen for child sexual exploitation (CSE). Although sexual health services are increasingly provided online, there has been no research on the translation of the safeguarding function to online services. We studied expert practitioner views on safeguarding in this context. OBJECTIVE The aim was to document expert practitioner views on safeguarding in the context of an online sexual health service. METHODS We conducted semistructured interviews with lead professionals purposively sampled from local, regional, or national organizations with a direct influence over CSE protocols, child protection policies, and sexual health services. Interviews were analyzed by three researchers using a matrix-based analytic method. RESULTS Our respondents described two different approaches to safeguarding. The "information-providing" approach considers that young people experiencing CSE will ask for help when they are ready from someone they trust. The primary function of the service is to provide information, provoke reflection, generate trust, and respond reliably to disclosure. The approach

values online services as an anonymous space to test out disclosure without commitment. The "information-gathering" approach considers that young people may withhold information about exploitation. Therefore, services should seek out information to assess risk and initiate disclosure. This approach values face-to-face opportunities for individualized questioning and immediate referral. **CONCLUSION** The information-providing approach is associated with confidential telephone support lines and the information-gathering approach with clinical services. The approach adopted online will depend on ethos and the range of services provided. Effective transition from online to clinic services after disclosure is an essential element of this process and further research is needed to understand and support this transition.

Familial Factors, Victimization, and Psychological Health Among Sexual Minority Adolescents in Sweden.

Author(s): Donahue, Kelly; Långström, Niklas; Lundström, Sebastian; Lichtenstein, Paul; Forsman, Mats

Source: American journal of public health; Feb 2017; vol. 107 (no. 2); p. 322-328

Publication Type(s): Journal Article

Available in full text at [American Journal of Public Health](#) - from ProQuest

Abstract: **OBJECTIVE** To determine the influences of victimization experience and familial factors on the association between sexual minority status and psychological health outcomes among adolescents. **METHODS** We used data from the Child and Adolescent Twin Study in Sweden, a prospective, population-based study of all twins born in Sweden since 1992. Cross-sectional analyses included individuals who completed assessments at age 18 years (n = 4898) from 2000 to 2013. We also compared psychological health among sexual minority adolescents and their nonminority co-twins. **RESULTS** Sexual minority adolescents were more likely than were unrelated nonminority adolescents to report victimization experiences, including emotional abuse, physical abuse or neglect, and sexual abuse. Sexual minority adolescents also reported significantly more symptoms of anxiety, depression, attention-deficit/hyperactivity disorder, disordered eating, and substance misuse in addition to increased parent-reported behavior problems. Victimization experience partially mediated these associations. However, when controlling for unmeasured familial confounding factors by comparing sexual minority adolescents to their same-sex, nonminority co-twins, the effect of sexual minority status on psychological health was almost entirely attenuated. **CONCLUSIONS** Familial factors—common genetic or environmental influences—may explain decreased psychological adjustment among sexual minority adolescents.

The relationship between childhood sexual abuse and mental health outcomes among males: Results from a nationally representative United States sample.

Author(s): Turner, Sarah; Taillieu, Tamara; Cheung, Kristene; Afifi, Tracie O

Source: Child abuse & neglect; Feb 2017

Publication Type(s): Journal Article

Abstract: **BACKGROUND** Few studies have examined the associations between childhood sexual abuse (CSA), co-occurrence with other types of maltreatment and adult mental health outcomes, specifically among males. The objectives of this study were to: 1) determine the prevalence of males who have experienced a) childhood maltreatment without CSA; b) CSA without other forms of childhood maltreatment; and c) CSA along with other forms of childhood maltreatment; and 2) determine the relationship between CSA among males and mood, anxiety, substance and personality disorders and suicide attempts. **METHODS** Data were drawn from the 2004-2005 National

Epidemiological Survey on Alcohol and Related Conditions (NESARC) and limited to males age 20 years old and older (n=14,564). Child maltreatment included harsh physical punishment, physical abuse, sexual abuse, emotional abuse, emotional neglect, physical neglect and exposure to intimate partner violence (IPV). RESULTSEmotional abuse, physical abuse, and exposure to IPV were the most common forms of maltreatment that co-occurred with CSA among males. A history of CSA only, and CSA co-occurring with other types of child maltreatment, resulted in higher odds for many mental disorders and suicide attempts compared to a history of child maltreatment without CSA. CONCLUSIONSChild maltreatment is associated with increased odds of mental disorders among males. Larger effects were noted for many mental disorders and suicide attempts for males who experienced CSA with or without other child maltreatment types compared to those who did not experience CSA. These results are important for understanding the significant long-term effects of CSA among males.

Child Maltreatment and Risky Sexual Behavior.

Author(s): Thompson, Richard; Lewis, Terri; Neilson, Elizabeth C; English, Diana J; Litrownik, Alan J; Margolis, Benyamin; Proctor, Laura; Dubowitz, Howard

Source: Child maltreatment; Feb 2017; vol. 22 (no. 1); p. 69-78

Publication Type(s): Journal Article

Abstract:Risky sexual behavior is a serious public health problem. Child sexual abuse is an established risk factor, but other forms of maltreatment appear to elevate risky behavior. The mechanisms by which child maltreatment influence risk are not well understood. This study used data from 859 high-risk youth, followed through age 18. Official reports of each form of maltreatment were coded. At age 16, potential mediators (trauma symptoms and substance use) were assessed. At age 18, risky sexual behavior (more than four partners, unprotected sex, unassertiveness in sexual refusal) was assessed. Neglect significantly predicted unprotected sex. Substance use predicted unprotected sex and four or more partners but did not mediate the effects of maltreatment. Trauma symptoms predicted unprotected sex and mediated effects of emotional maltreatment on unprotected sex and on assertiveness in sexual refusal and the effects of sexual abuse on unprotected sex. Both neglect and emotional maltreatment emerged as important factors in risky sexual behavior. Trauma symptoms appear to be an important pathway by which maltreatment confers risk for risky sexual behavior. Interventions to reduce risky sexual behavior should include assessment and treatment for trauma symptoms and for history of child maltreatment in all its forms.

Incarceration and exposure to internally displaced persons camps associated with reproductive rights abuses among sex workers in northern Uganda.

Author(s): Erickson, Margaret; Goldenberg, Shira M; Akello, Monica; Muzaaya, Godfrey; Nguyen, Paul; Birungi, Josephine; Shannon, Kate

Source: The journal of family planning and reproductive health care; Feb 2017

Publication Type(s): Journal Article

Abstract:BACKGROUNDWhile female sex workers (FSWs) face a high burden of violence and criminalisation, coupled with low access to safe, non-coercive care, little is known about such experiences among FSWs in conflict-affected settings, particularly as they relate to sexual and reproductive health (SRH) and rights. We explored factors associated with lifetime abortions among FSWs in northern Uganda; and separately modelled the independent effect of lifetime exposures to incarceration and living in internally displaced persons (IDP) camps on coerced and unsafe abortions. METHODSAnalyses are based on a community-based cross-sectional research project in

Gulu District, northern Uganda (2011-2012) with The AIDS Support Organization (TASO) Gulu, FSWs, and other community organisations. We conducted questionnaires, sex worker/community-led outreach to sex work venues, and voluntary HIV testing by TASO. RESULTS Of 400 FSWs, 62 had ever accessed an abortion. In a multivariable model, gendered violence, both childhood mistreatment/or abuse at home [adjusted odds ratio (AOR) 1.96; 95% confidence interval (95% CI) 0.99-3.90] and workplace violence by clients (AOR 3.57; 95% CI 1.31-9.72) were linked to increased experiences of abortion. Lifetime exposure to incarceration retained an independent effect on increased odds of coerced abortion (AOR 5.16; 95% CI 1.39-19.11), and living in IDP camps was positively associated with unsafe abortion (AOR 4.71; 95% CI 1.42-15.61). DISCUSSION AND CONCLUSION These results suggest a critical need for removal of legal and social barriers to realising the SRH rights of all women, and ensuring safe, voluntary access to reproductive choice for marginalised and criminalised populations of FSWs.

ChemsSex and Recreational Drug Use

Chemsex and the city: sexualised substance use in gay bisexual and other men who have sex with men attending sexual health clinics.

Author(s): Hegazi, A; Lee, M J; Whittaker, W; Green, S; Simms, R; Cutts, R; Nagington, M; Nathan, B; Pakianathan, M R

Source: International journal of STD & AIDS; Mar 2017; vol. 28 (no. 4); p. 362-366

Publication Type(s): Journal Article

Abstract: The objective of this study was to analyse associations between sexualised substance use (chemsex), STI diagnoses and sexual behaviour among gay bisexual and other men who have sex with men accessing sexual health clinics to better inform clinical pathways. A retrospective case notes review was undertaken following the introduction of more detailed and holistic profomas for all gay bisexual and other men who have sex with men attending two London sexual health clinics between 1 June 2014 and 31 January 2015. Chemsex status was documented for 655/818. Overall, 30% disclosed recreational drug use of whom 113 (57%) disclosed chemsex and 27 (13.5%) injecting drugs. HIV-positive gay bisexual and other men who have sex with men were more likely to disclose chemsex (AOR 6.68; 95% CI 3.91-11.42; $p < 0.001$). Those disclosing chemsex had a higher incidence of acute bacterial STIs (AOR 2.83 CI 1.79-4.47; $p < 0.001$), rectal STIs (AOR 3.10 CI 1.81-5.32; $p < 0.001$) or hepatitis C (AOR 15.41 CI 1.50-158.17; $p = 0.021$). HIV incidence in the study period was 1.8% (chemsex) vs. 0.9% (no chemsex) ($p = 0.61$). Chemsex was associated with having more sexual partners, transactional sex, group sex, fisting, sharing sex toys, injecting drug use, higher alcohol consumption and the use of 'bareback' sexual networking applications ($p < 0.004$). Chemsex participants were also more likely to have accessed post-exposure prophylaxis for HIV in the study period and report sex with a discordant HIV or hepatitis C-infected partner ($p < 0.001$). Chemsex disclosure is associated with higher risk-taking behaviours, acute bacterial STIs, rectal STIs and hepatitis C incidence. HIV incidence was higher but not significantly so in the study period. Chemsex disclosure in sexual health clinics should prompt an opportunity for prevention, health promotion and wellbeing interventions.

Rates of sexual history taking and screening in HIV-positive men who have sex with men.

Author(s): MacRae, Alasdair; Lord, Emily; Forsythe, Annabel; Sherrard, Jackie

Source: International journal of STD & AIDS; Mar 2017; vol. 28 (no. 3); p. 294-296

Publication Type(s): Journal Article

Abstract: A case note audit was undertaken of HIV-positive men who have sex with men (MSM) to ascertain whether national guidelines for taking sexual histories, including recreational drug use and sexually transmitted infection (STI) screening were being met. The notes of 142 HIV-positive men seen in 2015 were available, of whom 85 were MSM. Information was collected regarding sexual history, recreational drug use documentation, sexually transmitted infection screen offer and test results. Seventy-seven (91%) of the MSM had a sexual history documented, of whom 60 (78%) were sexually active. STI screens were offered to 58/60 (97%) of those who were sexually active and accepted by 53 (91%). Twelve (23%) of these had an STI. A recreational drug history was taken in 63 (74%) with 17 (27%) reporting use and 3 (5%) chemsex. The high rate of STIs highlights that regular screening in this group is essential. Additionally, the fact that over a quarter reported recreational drug use and given the increasing concern around chemsex, questions about this should be incorporated into the sexual history proforma.

Corrigendum to: Chemsex and the city: sexualised substance use in gay bisexual and other men who have sex with men attending sexual health clinics (International Journal of STD & AIDS, (2017), 28, (362-366), 10.1177/0956462416651229)

Author(s): anonymous

Source: International Journal of STD and AIDS; Mar 2017; vol. 28 (no. 4); p. 423

Publication Type(s): Journal: Erratum

Abstract: Would like to make the following corrections to their article. In the abstract of the printed version of this paper the starting date of the retrospective review has been changed from '1 June 2016' to '1 June 2014', and in the Methods section the date range of the review has been changed from '1 June 2015 and 1 January 2015' to '1 June 2014 and 31 January 2015'. Copyright © The Author(s) 2017.

The use of social networking applications of smartphone and associated sexual risks in lesbian, gay, bisexual, and transgender populations: a systematic review

Author(s): Choi E.P.H.; Wong J.Y.H.; Fong D.Y.T.

Source: AIDS Care - Psychological and Socio-Medical Aspects of AIDS/HIV; Feb 2017; vol. 29 (no. 2); p. 145-155

Publication Type(s): Journal: Article

Abstract: The use of social networking applications (apps) on smartphones has the potential to impact sexual health and behaviour. This was the first systematic review to critically appraise and summarize the existing literature on the use of social networking apps on smartphones and their associated sexual health and sexual behaviour effects in lesbian, gay, bisexual and transgender populations. A systematic search was conducted in five databases (CINAHL Plus, PsycINFO, PubMed, SCOPUS and Sociological Abstracts), using controlled terms and keywords. Thirteen articles from 11 studies were included in this review. Studied outcomes included rates of unprotected sexual intercourse, the number of sexual partners, drug/alcohol use prior to/during sexual intercourse, sexually transmitted infections (STIs) testing and the prevalence of STIs. Among app users, the prevalence of unprotected sex ranged from 17.0% to 66.7%. The mean number of sexual partners ranged from 1.4 to 2.9 (last 1-month period), and from 46.2 to 79.6 (lifetime). Two studies found that the prevalence of HIV infection was 1.9% and 11.4%, respectively. The self-reported prevalence of prior diagnosis of STIs other than HIV ranged from 9.1% to 51.0%. It should be noted that the

heterogeneity of the study design and outcome measures across different studies hindered the comparison of findings across different studies. Furthermore, the findings in some studies are not reliable due to methodological problems. Our results highlight the need for more research with rigorous methodology to understand the negative impacts of using these apps on sexual health and sexual behaviour. For future studies, the operational definition of outcomes, including social networking app use and unprotected anal intercourse (UAI), should be clearly outlined. The use of validated tools to measure sexual behaviour and biological measures of HIV and other STDs is preferable so that outcomes can be standardized to facilitate comparisons between studies and the pooling of data. Copyright © 2016 Informa UK Limited, trading as Taylor & Francis Group.

Social-structural properties and HIV prevention among young men who have sex with men in the ballroom house and independent gay family communities

Author(s): Young L.E.; Jonas A.B.; Pierce M.L.; Schneider J.A.; Jackson J.D.; Michaels S.

Source: Social Science and Medicine; Feb 2017; vol. 174 ; p. 26-34

Publication Type(s): Journal: Article

Abstract:The endogenous social support systems of young Black men who have sex with men (YBMSM), like surrogate families and social networks, are considered crucial assets for HIV prevention in this population. Yet, the extent to which these social systems foster sexual health protections or risks remains unclear. We examine the networked patterns of membership in ballroom houses and independent gay families, both Black gay subcultures in the United States, and how these memberships are related to HIV protective and risk traits of members. Drawing from a population-based sample of 618 YBMSM living in Chicago between June 2013 and July 2014, we observe a suite of protective and risk traits and perform bivariate analyses to assess each of their associations with being a member of a house or family. We then present an analysis of the homophilous and heterophilous mixing on these traits that structures the patterns of house and family affiliations among members. The bivariate analyses show that members of the house and family communities were more likely than non-members to report protective traits like being aware of PrEP, having health coverage, having a primary care doctor, and discouraging sex drug use among peers. However, members were also more likely to engage in the use of sex drugs. With respect to how these traits inform specific house/family affiliations, results show that members who had a recent HIV test, who were PrEP aware, or who engaged in exchange sex were more likely to belong to the same house or family, while HIV positive individuals were less likely to cluster within houses or families. These findings provide insights regarding the strengths and vulnerabilities of the house and gay family communities that can inform more culturally specific interventions that build on the existing human and social capital in this milieu. Copyright © 2016 Elsevier Ltd

Poly drug use, chemsex drug use, and associations with sexual risk behaviour in HIV-negative men who have sex with men attending sexual health clinics.

Author(s): Sewell, Janey; Miltz, Ada; Lampe, Fiona C; Cambiano, Valentina; Speakman, Andrew; Phillips, Andrew N; Stuart, David; Gilson, Richard; Asboe, David; Nwokolo, Nneka; Clarke, Amanda; Collins, Simon; Hart, Graham; Elford, Jonathan; Rodger, Alison J; Attitudes to and Understanding of Risk of Acquisition of HIV (AURAH) Study Group

Source: The International journal on drug policy; Feb 2017; vol. 43; p. 33-43

Publication Type(s): Journal Article

Abstract:BACKGROUNDRecreational drug use and associated harms continue to be of significant concern in men who have sex with men (MSM) particularly in the context of HIV and STI transmission.METHODSData from 1484 HIV-negative or undiagnosed MSM included in the AURAH

study, a cross-sectional, self-completed questionnaire study of 2630 individuals from 20 sexual health clinics in the United Kingdom in 2013-2014, was analysed. Two measures of recreational drug use in the previous three months were defined; (i) polydrug use (use of 3 or more recreational drugs) and (ii) chemsex drug use (use of mephedrone, crystal methamphetamine or GHB/GBL). Associations of socio-demographic, health and lifestyle factors with drug use, and associations of drug use with sexual behaviour, were investigated. RESULTS Of the 1484 MSM, 350 (23.6%) reported polydrug use and 324 (21.8%) reported chemsex drug use in the past three months. Overall 852 (57.5%) men reported condomless sex in the past three months; 430 (29.0%) had CLS with ≥ 2 partners, 474 (31.9%) had CLS with unknown/HIV+ partner(s); 187 (12.6%) had receptive CLS with an unknown status partner. For polydrug use, prevalence ratios (95% confidence interval) for association with CLS measures, adjusted for socio-demographic factors were: 1.38 (1.26, 1.51) for CLS; 2.11 (1.80, 2.47) for CLS with ≥ 2 partners; 1.89 (1.63, 2.19) for CLS with unknown/HIV+ partner(s); 1.36 (1.00, 1.83) for receptive CLS with an unknown status partner. Corresponding adjusted prevalence ratios for chemsex drug use were: 1.38 (1.26, 1.52); 2.07 (1.76, 2.43); 1.88 (1.62, 2.19); 1.49 (1.10, 2.02). Polydrug and chemsex drug use were also strongly associated with previous STI, PEP use, group sex and high number of new sexual partners. Associations remained with little attenuation after further adjustment for depressive symptoms and alcohol intake. CONCLUSION There was a high prevalence of polydrug use and chemsex drug use among HIV negative MSM attending UK sexual health clinics. Drug use was strongly associated with sexual behaviours linked to risk of acquisition of STIs and HIV.

Increasing rates of reported chemsex/sexualised recreational drug use in men who have sex with men attending for postexposure prophylaxis for sexual exposure.

Author(s): Ottaway, Zoe; Finnerty, Fionnuala; Buckingham, Tracey; Richardson, Daniel

Source: Sexually transmitted infections; Feb 2017; vol. 93 (no. 1); p. 31

Publication Type(s): Letter

Available in full text at [Sexually transmitted infections](#) - from Highwire Press

CHEMSEX, NPS et reduction des risques et des dommages : resultats preliminaires d'une etude pilote CHEMSEX, NPS & risk reduction management: Preliminary results of a pilot study

Author(s): Marillier M.; Batisse A.; Chevallier C.; Djeddar S.; Richeval C.; Allorge D.; Gaulier J.-M.; Labrouve V.; Martinez M.; Nefau T.; Gregoire M.; Batel P.

Source: Toxicologie Analytique et Clinique; Feb 2017; vol. 29 (no. 1); p. 47-56

Publication Type(s): Journal: Article

Abstract: "Chemsex" means sex, generally between men, occurring under the influence of drugs taken immediately before and/or during the sexual session. "Slam" is defined by injection of psychostimulant drugs in the same context. The Parisian Addictovigilance Center presents preliminary results of a specific harm reduction program for slammers and chemsexers, based on the analysis of new psychoactive substances (NPS). Study was built by stages: (1) questionnaire of evaluation on chemsex practice, (2) toxicological analysis of collected drugs samples, (3) communication of results during Focus Groups with impact assessment. From January to September 2016, 17 questionnaires on chemsex practice and 31 samples were collected. Fifteen participants out of 17 were slammers. Motivations were mainly disinhibition and seeking pleasure (14 mentions) or prolonging pleasure (11 mentions). Collected samples were presented as cathinones (alpha-PVP, 4F-PVP, PVP-8, 3-MMC, 2-MMC, 4-MEC, methylone, MDPV), other phenethylamines (2-FMA, methamphetamine, 3,4-CTMP, 3-FPM) and cocaine. Analytical results show a 90% adequacy between the announced substance and the identified molecule. The Focus Group revealed a final

level of knowledge on the harm reduction questionnaire at 9.4 on a scale of 12 items with a positive impact on: opinion on sample analysis (+ 1 point at the end of the session) and knowledge of the products (+ 0.6 points). This study is still ongoing and the final results should allow the implementation in routine practice of a validated approach of harm reduction in this specific population. Copyright © 2016 Societe Francaise de Toxicologie Analytique

Gender Identity, Sexual Identity and Psychosexuality

The future of drugs: Recreational drug use and sexual health among gay and other men who have sex with men

Author(s): Race K.; Lea T.; Murphy D.; Pienaar K.

Source: Sexual Health; 2017; vol. 14 (no. 1); p. 42-50

Publication Type(s): Journal: Review

Abstract:There are complex historical connections between sexual minoritisation and desires to chemically alter bodily experience. For gay men, drug and alcohol use can be a creative or experimental response to social marginalisation - and not necessarily a problematic one in every instance. Numerous studies have found that infection with HIV and other sexually transmissible infections (STIs) is more likely among gay and men who have sex with men (MSM) who use recreational drugs than those who do not, but the causal nature of these relations is uncertain. Sexualised drug use is associated with a range of other problems, including dependence, mental health issues, accident and overdose. A growing body of work in the Alcohol and Other Drugs (AOD) field demonstrates the action of drugs and their purported effects to be a product of their relations with various other actors, contexts and practices. Given these contingencies, it is impossible to predict the future of drugs or their effect on the sexual health of gay and MSM with any degree of certainty. This article outlines some of the conditions most likely to mediate such futures in the medium term. Public funding for lesbian, gay, bisexual, transgender and queer drug issues should not remain restricted to questions of HIV prevention and sexual health. It should be expanded to equip sexual health and AOD service providers with the cultural and sexual literacy to mitigate stigma and allow them to respond constructively to drug problems among sexual and gender minorities as a matter of priority. Copyright © CSIRO 2017.

Sexual Health, Risk and Prevention.

Author(s): Aronowitz, Teri

Source: Interdisciplinary topics in gerontology and geriatrics; 2017; vol. 42 ; p. 134-143

Publication Type(s): Journal Article

Abstract:Sexuality is an important aspect of health across the lifespan and includes sex, gender identities, sexual orientation, intimacy, pleasure, reproduction, and free from coercion and discrimination. In 2010, individuals 50 years and older living with HIV in the US made up 8.5 per 100,000 persons affected by the virus, with African Americans accounting for 46% of seroconversion in the same year, which was 10.7 times greater than Whites. African American women are particularly at-risk. Although there are many promising HIV prevention interventions to date, there are few that focus specifically on older adults. This chapter raises methodological concerns in research that focuses on sexual health of older adults living with HIV infection and special concerns regarding the older adult population's sexual health risk and suggested clinical interventions.

Sexual and Romantic Experiences of Transgender Youth Before Gender-Affirmative Treatment.

Author(s): Bungener, Sara L; Steensma, Thomas D; Cohen-Kettenis, Peggy T; de Vries, Annelou L C

Source: Pediatrics; Mar 2017; vol. 139 (no. 3)

Publication Type(s): Journal Article

Available in full text at [Pediatrics](#) - from Highwire Press ; Notes: Username: library5 Password: library5

Abstract:OBJECTIVEIn various Western countries early medical gender-affirmative treatment has become increasingly available for transgender adolescents. Research conducted before the start of medical gender-affirming treatment has focused on psychological and social functioning, and knowledge about the sexual health of this specific young group is lacking.METHODSGender identity clinics referred 137 adolescents: 60 transgirls (birth-assigned boys, mean age 14.11 years, SD 2.21) and 77 transboys (birth assigned girls, mean age 15.14 years, SD 2.09; P = .05). A questionnaire on sexual experiences (kissing, petting while undressed, sexual intercourse), romantic experiences (falling in love, romantic relationships), sexual orientation, negative sexual experiences, and sexual satisfaction was administered. Experiences of the transgender adolescents were compared with data for same-aged youth of a Dutch general population study (N = 8520).RESULTSOf the transgender adolescents, 77% had fallen in love, 50% had had a romantic relationship, 26% had experienced petting while undressed, and 5% had had sexual intercourse. Transboys had more sexual experience than transgirls. In comparison with the general population, transgender adolescents were both sexually and romantically less experienced.CONCLUSIONSDespite challenges, transgender adolescent are sexually active, although to a lesser extent than their peers from the general population.

Haemosexual-sexual health education, advice and support for all those with a bleeding disorder

Author(s): Ward M.

Source: Haemophilia; Feb 2017; vol. 23 ; p. 101-102

Publication Type(s): Journal: Conference Abstract

Abstract:Introduction: Haemosexual is a developing, community based online support and information resource, addressing sexual health and LGBT matters. Methods: In 2002, we became aware there was no information or support structure offered to people with a bleeding disorder who identify themselves as Lesbian, Gay, Bi-sexual or Transgender (LGBT). More worryingly no sexual health or safety advice was provided to a community already torn apart by deadly viruses. Results: Personal experience suggests that fourteen years on, sexuality and disability is a subject which continues to be ignored. Unfortunately, leaving many people without the support needed from the wider Haemophilia professional community. Sometimes this is due to a lack of awareness, information or a person to confide in, who really understands. Discussion/Conclusion: Haemosexual has been designed to offer practical advice and information, along with providing education to patients, medical professionals and other organisations. Our aim is that those who are vulnerable become properly protected, which means communicating with them as people and not a condition. Safety information, support and sexual health matters can be offered more effectively and in a manner which people feel comfortable with. Speaking to likeminded others offers a sense of security and understanding, allowing them to talk openly about their lives, body, physical and mental overall health. Haemosexual will stand for equality, education and better healthcare for everyone with a bleeding disorder no matter what their sexual orientation. Disclosure of Interest: None declared.

The use of social networking applications of smartphone and associated sexual risks in lesbian, gay, bisexual, and transgender populations: a systematic review

Author(s): Choi E.P.H.; Wong J.Y.H.; Fong D.Y.T.

Source: AIDS Care - Psychological and Socio-Medical Aspects of AIDS/HIV; Feb 2017; vol. 29 (no. 2); p. 145-155

Publication Type(s): Journal: Article

Abstract:The use of social networking applications (apps) on smartphones has the potential to impact sexual health and behaviour. This was the first systematic review to critically appraise and summarize the existing literature on the use of social networking apps on smartphones and their associated sexual health and sexual behaviour effects in lesbian, gay, bisexual and transgender populations. A systematic search was conducted in five databases (CINAHL Plus, PsycINFO, PubMed, SCOPUS and Sociological Abstracts), using controlled terms and keywords. Thirteen articles from 11 studies were included in this review. Studied outcomes included rates of unprotected sexual intercourse, the number of sexual partners, drug/alcohol use prior to/during sexual intercourse, sexually transmitted infections (STIs) testing and the prevalence of STIs. Among app users, the prevalence of unprotected sex ranged from 17.0% to 66.7%. The mean number of sexual partners ranged from 1.4 to 2.9 (last 1-month period), and from 46.2 to 79.6 (lifetime). Two studies found that the prevalence of HIV infection was 1.9% and 11.4%, respectively. The self-reported prevalence of prior diagnosis of STIs other than HIV ranged from 9.1% to 51.0%. It should be noted that the heterogeneity of the study design and outcome measures across different studies hindered the comparison of findings across different studies. Furthermore, the findings in some studies are not reliable due to methodological problems. Our results highlight the need for more research with rigorous methodology to understand the negative impacts of using these apps on sexual health and sexual behaviour. For future studies, the operational definition of outcomes, including social networking app use and unprotected anal intercourse (UAI), should be clearly outlined. The use of validated tools to measure sexual behaviour and biological measures of HIV and other STDs is preferable so that outcomes can be standardized to facilitate comparisons between studies and the pooling of data. Copyright © 2016 Informa UK Limited, trading as Taylor & Francis Group.

Linking Sexual and Reproductive Health and Rights and HIV Services for Young People: The Link Up Project

Author(s): Stackpool-Moore L.; Bajpai D.; Caswell G.; Gray G.; Morgan F.; Wong F.; Crone T.; Dewar F.; Miller A.; Kyendikuwa A.; Mellin J.; Orza L.; Stevenson J.; Westerhof N.; Yam E.; Zieman B.

Source: Journal of Adolescent Health; Feb 2017; vol. 60 (no. 2)

Publication Type(s): Journal: Article

Abstract:Sexual health and access to services are a pressing need for young people. This article introduces Link Up, a 3-year project in three African and two Asian countries, to enable and scale up access to integrated HIV services and sexual and reproductive health and rights for marginalized young people. The young people we worked with in this project included young men who have sex with men, young sex workers, young people who use drugs, young transgender people, young homeless people, and other vulnerable young people. The research and programmatic activities of Link Up, as illustrated in this Supplement, have highlighted the importance of recognizing and engaging with diversity among young people to improve access to services and outcomes protecting their health and human rights. Copyright © 2016 Society for Adolescent Health and Medicine

Perceptions of HPV and attitudes towards HPV vaccination amongst men who have sex with men: A qualitative analysis.

Author(s): Nadarzynski, Tom; Smith, Helen; Richardson, Daniel; Pollard, Alex; Llewellyn, Carrie

Source: British journal of health psychology; Feb 2017

Publication Type(s): Journal Article

Abstract:OBJECTIVESMen who have sex with men (MSM) are at risk of genital warts and anal cancer due to human papillomavirus (HPV) infection. This study explores MSMs' perceptions of HPV and HPV vaccination prior to the introduction of this programme.DESIGNFocus groups and one-to-one interviews with self-identified MSM were conducted between November 2014 and March 2015 in Brighton, UK.METHODSParticipants were recruited from community-based lesbian-gay-bisexual-transgender (LGBT) venues and organizations. Discussions were recorded, transcribed verbatim, and analysed using framework analysis.RESULTSThirty-three men took part (median age 25 years, IQR: 21-27), most of whom (n = 25) did not know about HPV, anal cancer (31), or HPV vaccination (26). While genital warts and anal cancer were perceived as severe, men did not perceive themselves at risk of HPV. All MSM would accept the HPV vaccine if offered by a health care professional. The challenges of accessing sexual health services or openly discussing same-sex experiences with health care professionals were perceived as barriers to accessing HPV vaccination. Two participants were concerned that selective HPV vaccination could increase stigma and prejudice against MSM, comparable to the AIDS epidemic. Ten MSM were unsure about the effectiveness of HPV vaccination for sexually active men and were in favour of vaccinating all adolescent boys at school.CONCLUSIONSMost MSM have poor knowledge about HPV and associated anal cancer. Despite the lack of concern about HPV, most MSM expressed willingness to receive HPV vaccination. There is a need for health education about the risks of HPV and HPV-related diseases so that MSM can appraise the benefits of being vaccinated. Concerns about HPV vaccine effectiveness in sexually active men and possible stigmatization need to be addressed to optimize HPV vaccine acceptability. Statement of contribution What is already known on this subject? Men who have sex with men (MSM) have poor knowledge about HPV and HPV-related diseases. Perceived risk of HPV and attitudes towards HPV vaccination are associated with HPV vaccine acceptability amongst MSM in the United States. There is a gap between acceptability and uptake of HPV vaccination amongst MSM. What does this study add? Due to concerns about compromised effectiveness of the HPV vaccine in sexually active men, most MSM would recommend vaccination of all adolescent boys. Restricted access to sexual health services and the inability to discuss same-sex experiences were perceived as barriers to HPV vaccination. While the HPV vaccine is acceptable amongst MSM, the motivation to be vaccinated and complete the three-dose series might be low.

HIV Prevalence, Sexual Partners, Sexual Behavior and HIV Acquisition Risk Among Trans Men, San Francisco, 2014.

Author(s): McFarland, Willi; Wilson, Erin C; Raymond, Henry F

Source: AIDS and behavior; Feb 2017

Publication Type(s): Journal Article

Abstract:We surveyed 122 trans men using a hybrid sampling method that included randomly selected physical and online venues and peer referral to measure HIV prevalence and risk behaviors. HIV prevalence was 0% (one-sided 97.5% confidence interval 0-3.3%). Of 366 partnerships described, 44.8% were with cisgender women, 23.8% with cisgender men, 20.8% with trans men, and 10.7% with trans women. Condomless receptive anal and front hole/vaginal sex averaged one to three episodes per six months. HIV prevalence in trans men is likely closer to heterosexual cisgender men and women in San Francisco than trans women or MSM. Prevention prioritizing trans women and MSM, coupled with individualized and relevant sexual health education for trans men with partners from these populations, may best address the HIV prevention needs of trans men. Systematic

collection of transgender status in Census and health data is needed to understand other health disparities among trans men.

Latino men who have sex with transgendered women: the influence of heteronormativity, homonegativity and transphobia on gender and sexual scripts.

Author(s): Muñoz-Laboy, Miguel; Severson, Nicolette; Levine, Ethan; Martínez, Omar

Source: Culture, health & sexuality; Feb 2017 ; p. 1-15

Publication Type(s): Journal Article

Abstract: Latino men who have sex with transgender women make up an overlooked sector of the population that requires more attention than is currently given in sexuality and gender studies, particularly in regard to their non-commercial, long-term sexual and romantic relationships with transgender women. Sixty-one sexual histories were selected for this qualitative analysis from a larger study on Latino male bisexuality in the New York City metropolitan area. Findings suggest that participants' sexual and gender scripts with transgender women are strongly regulated by heteronormativity. Furthermore, homonegativity and transphobia often intersect in the lived experiences of men who have sex with transgender women, resulting in relationship conflicts over the control of transgender women's bodies, sexual behaviours and gender performance both in public and in private. Findings also suggest that low relationship conflict is more common among men who have sex with transgender women who exhibit diverse sexual roles (being both insertive and receptive during anal sex), or transgress heteronormative scripts through dialogue of desires and/or by embracing transgender women as human beings and not as hyperfeminised objects of desire. Stigma reduction and alternatives to heteronormative interventions are needed to improve relationship dynamics and potentially positively impact on the sexual health and overall wellbeing of Latino men who have sex with transgender women and their transgender partners.

Current Journals

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[International Journal of STD & AIDS](#)

April 2017; Volume 28, Issue 5

[Sexually Transmitted Infection](#)

March 2017; Volume 93, Issue 2

[Journal of Family Planning and Reproduction](#)

January 2017; Volume 43, Issue 1

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Exercise: Sensitivity and Specificity

Sensitivity:

If a person has a disease, how often will the test be positive (true positive rate)?

If the test is highly sensitive and the test result is negative you can be nearly certain that they don't have disease.

Specificity:

If a person does not have the disease how often will the test be negative (true negative rate)?

If the test result for a highly specific test is positive you can be nearly certain that they actually have the disease.

Quick Quiz:

- 1. A very sensitive test, when negative, helps you:**
 - a: Rule-in disease
 - b: Rule-out disease
 - c: Confuse medical students
 - d: Save money

- 2. A test which is highly specific, when positive, helps you:**
 - a: Rule-in disease
 - b: Rule-out disease
 - c: Confuse medical students
 - d: Save money

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Answers: 1b; 2a



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