



University Hospitals Bristol  
NHS Foundation Trust

# Sexual Health






**Evidence Update**  
**June 2018 (Quarterly)**



**Library and  
Knowledge Service**  
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### Your Outreach Librarian Jo Hooper

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**Outreach:** Your Outreach Librarian can help facilitate evidence-based practice for all in the team, as well as assisting with academic study and research. We also offer one-to-one or small group training in **literature searching, critical appraisal and medical statistics**. Get in touch: [library@uhbristol.nhs.uk](mailto:library@uhbristol.nhs.uk)

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## Current Journals: Tables of Contents

Click on journal title (+ Ctrl) for hyperlink

| Journal  | Month | Volume | Issue |
|--|-------|--------|-------|
| <a href="#"><u>International Journal of STD &amp; AIDS</u></a>     | July  | 29     | 8     |
| <a href="#"><u>Sexually Transmitted Infection</u></a>              | June  | 94     | 4     |
| <a href="#"><u>Journal of Family Planning and Reproduction</u></a> | April | 44     | 2     |

If you require full articles please email: [library@uhbristol.nhs.uk](mailto:library@uhbristol.nhs.uk)

## Lunchtime Drop-in Sessions

### June (12.00-13.00)

20th (Wed) **Interpreting Statistics**

28th (Thurs) **Literature Searching**

### July (13.00-14.00)

5th (Thu) **Critical Appraisal**

9th (Mon) **Statistics**

19th (Thu) **Literature Searching**

23rd (Mon) **Critical Appraisal**

### August (12.00-13.00)

1st (Wed) **Statistics**

6th (Mon) **Literature Searching**

16th (Thu) **Critical Appraisal**

22nd (Wed) **Statistics**

30th (Thu) **Literature Searching**



## Library Clinic

Stop by and find out more about our services. We will be here to answer any questions you may have!

June 19<sup>th</sup>: **Welcome Centre, BRI 10.00-16.00**

July 3<sup>rd</sup>: **Welcome Centre, BRI 10.00-16.00**

July 4<sup>th</sup>: **Canteen (Level 9, BRI) 12.00-14.00**

August 8<sup>th</sup>: **Foyer, Education Centre 12.00-14.00**

August 29<sup>th</sup>: **Foyer, St Michael's Hospital 12.00-14.00**

September 5<sup>th</sup>: **Canteen (Level 9, BRI) 12.00-14.00**

September 11<sup>th</sup>: **Welcome Centre, BRI 10.00-16.00**

October 3<sup>rd</sup>: **Terrace (Level 4, Education Centre) 12.00-14.00**

November 7<sup>th</sup>: **Canteen (Level 9, BRI) 12.00-14.00**

December 5<sup>th</sup>: **Foyer, Education Centre 12.00-14.00**

December 11<sup>th</sup>: **Welcome Centre, BRI 10.00-16.00**

## Latest Evidence

**NICE** National Institute for  
Health and Care Excellence

[Strategic direction for sexual assault and abuse services](#) [PDF] Source: [NHS England](#) - 12 April 2018 - Publisher: NHS England [Read Summary](#)

[Public health functions to be exercised by NHS England - service specification :sexual assault referral centres](#) PDF Source: [NHS England](#) - 13 April 2018 - Publisher: NHS England [Read Summary](#)

[National Action Plan to Prevent and Tackle Child Sexual Exploitation: Progress Report 2017/18](#) [PDF] 11 April 2018 - Publisher: Scottish Government [Read Summary](#)

[Correlates and subgroups of injecting drug use in UK gay and bisexual men: Findings from the 2014 Gay Men's Sex Survey](#) 16 April 2018 - Publisher: Sigma Research [Read Summary](#)

[Addressing adversity: Prioritising adversity and trauma-informed care for children and young people in England](#) [PDF] 05 April 2018 - Publisher: Young Minds [Read Summary](#)

[STOPAIDS Factsheet: Sexual orientation, gender identity and HIV Document\(s\)](#) [PDF] 17 May 2018 - Publisher: International Planned Parenthood Federation [Read Summary](#)

[FS16: Transgender issues and later life](#) [PDF] Source: [Age UK](#) - 22 May 2018

[AgeUKIG02: Lesbian, gay, bisexual or trans](#) [PDF] Source: [Age UK](#) - 16 April 2018

[Women and HIV Invisible No Longer: A national study of women's experiences of HIV](#) [PDF] Source: [Terrence Higgins Trust](#) - 03 April 2018 - Publisher: Terrence Higgins Trust [Read Summary](#)

[Effectiveness of health education as an intervention designed to prevent female genital mutilation/cutting \(FGM/C\): a systematic review](#) Source: [PubMed](#) - 12 April 2018 - Publisher: Reproductive Health [Read Summary](#)

[Care of girls and women living with female genital mutilation : a clinical handbook](#) [PDF] Source: [World Health Organization](#) - 26 April 2018 - Publisher: World Health Organization (WHO) [Read Summary](#)

[Female Genital Mutilation: Standards for training healthcare professionals](#) Source: [NHS England](#) - 16 April 2018



No relevant evidence

UpToDate®

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

[Management of gender nonconformity in children and adolescents](#)

Literature review current through: May 2018. | This topic last updated: May 08, 2018.

[Transgender women: Evaluation and management](#)

Literature review current through: May 2018. | This topic last updated: May 22, 2018.

[Transgender men: Evaluation and management](#)

Literature review current through: May 2018. | This topic last updated: May 22, 2018.

[Transgender surgery: Male to female](#)

Literature review current through: May 2018. | This topic last updated: Jun 04, 2018.

[Adolescent sexuality](#)

Literature review current through: May 2018. | This topic last updated: Feb 09, 2018.

[Gender development and clinical presentation of gender nonconformity in children and adolescents](#)

[Terminology](#)

Literature review current through: May 2018. | This topic last updated: Mar 28, 2018.

[Medical care of sexual minority women](#)

Literature review current through: May 2018. | This topic last updated: Jun 01, 2018.



Royal College of  
Obstetricians &  
Gynaecologists

[RCOG position on abortion provision in Northern Ireland](#)

29 May 2018

**BASHH**



British Association for  
Sexual Health and HIV

[Sexual health stakeholders call for strengthening of public health mandate in light of growing pressures affecting sector](#)

19th April 2018

[Dramatic increase in syphilis and gonorrhoea leave sexual health services at tipping point](#)

5th June 2018

## Current Awareness Database Articles

Below is a selection of articles recently added to the healthcare databases, grouped in the categories:

- Contraception and sexually transmitted diseases
- Domestic Violence, Sexual Assault
- FGM
- Safeguarding Children
- Gender Identity, Sexual Identity and Psychosexuality
- ChemSex and Recreational Drug Use

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](mailto:library@bristol.nhs.uk)

## Contraception and Sexually Transmitted Diseases

**Do health promotion messages integrate unintended pregnancy and STI prevention? A content analysis of online information for adolescents and young adults**

**Author(s):** Steiner R.J.; Rasberry C.N.; Sales J.M.; Gaydos L.M.; Pazol K.; Kramer M.R.;

**Source:** Contraception; 2018

**Publication Type(s):** Article In Press

**Abstract:**Objective: Recently there have been calls to strengthen integration of unintended pregnancy and sexually transmitted infection (STI) prevention messages, spurred by increasing use of long-acting reversible contraception. To assess the extent to which public health/clinical messages about unintended pregnancy prevention also address STI prevention, we conducted a content analysis of web-based health promotion information for young people. **[ABSTRACT EDITED]**

**Advance provision of emergency contraception to young men: An exploratory study in a clinic setting**

**Author(s):** Garbers S.; Bell D.L.; Ogaye K.; Westhoff C.L.; Rosenthal S.L.; Marcell A.V.

**Publication Date:** 2018

**Abstract:**Purpose: To explore the acceptability of advance provision of emergency contraceptive pills (ECPs) to young men seeking health care. Methods: For this exploratory study in a clinic setting, we approached young men aged 16-35 to participate in a survey eliciting socio-demographics, sexual and contraceptive history, and knowledge about ECPs. We offered young men advance provision of ECPs and compared characteristics of 126 young men who did and did not accept the ECPs. Results: Most (76%) of the participants accepted advance provision and left with an ECP pack, with even higher proportions among males whose sexual histories were suggestive of increased risk of involvement in an unintended pregnancy. Conclusions: This study holds promise to inform scale up of advance provision of ECPs among young men. Copyright © 2018 Elsevier Inc.

**Environmental determinants of high population rates of sexually transmitted diseases...Dune T, Astell-Burt T, Firaus R. The built environment and sexual and reproductive health. Aust N Z J Public Health. 2017;41(5):458-9.**

**Author(s):** Ward, Jeanette E.

**Source:** Australian & New Zealand Journal of Public Health; Jun 2018; vol. 42 (no. 3); p. 322-322

**Publication Type(s):** Academic Journal

Available at [Australian and New Zealand journal of public health](#) - from EBSCO (MEDLINE Complete)

**Contraceptive use at last intercourse among reproductive-aged women with disabilities: an analysis of population-based data from seven states.**

**Author(s):** Haynes, Renee Monique; Boulet, Sheree L.; Fox, Michael H.; Carroll, Dianna D.

**Source:** Contraception; Jun 2018; vol. 97 (no. 6); p. 538-545

**Publication Type(s):** Academic Journal

**Abstract:**Objective: To assess patterns of contraceptive use at last intercourse among women with physical or cognitive disabilities compared to women without disabilities.Study Design: We analyzed responses to 12 reproductive health questions added by seven states to their 2013 Behavioral Risk Factor Surveillance System questionnaire. Using responses from female respondents 18-50 years of age, we performed multinomial regression to calculate estimates of contraceptive use among women at risk for unintended pregnancy by disability status and type, adjusted for age, race/ethnicity, marital status, education, health insurance status, and **[ABSTRACT EDITED]**

**Contraceptive use by disability status: new national estimates from the National Survey of Family Growth.**

**Author(s):** Mosher, William; Hughes, Rosemary B.; Bloom, Tina; Horton, Leah; Mojtabai, Ramin

**Source:** Contraception; Jun 2018; vol. 97 (no. 6); p. 552-558

**Publication Type(s):** Academic Journal

**Abstract:**Objective: The objective was to determine population-based estimates of use of contraception among women 15-44 years of age in the United States by disability status. **[ABSTRACT EDITED]**

**Health Care Provider Perceptions of a Sexually Transmitted Infection Self-testing Program in an HIV Care Clinic.**

**Author(s):** Tat, Susana; Dhanireddy, Shireesha; Marrazzo, Jeanne M.; Barbee, Lindley A.

**Source:** Sexually Transmitted Diseases; Jun 2018; vol. 45 (no. 6); p. 417-421

**Publication Type(s):** Academic Journal

**Abstract:**Background: Sexually transmitted infections (STIs) disproportionately affect men who have sex with men. Although clinical practice guidelines recommend routine STI screening of men who have sex with men who have high-risk behaviors, extragenital STI testing rates have been low in HIV clinics across the nation. The University of Washington STD Prevention Training Center implemented an STI self-testing program at a large HIV primary care clinic in Seattle, WA, to facilitate extragenital STI testing.Methods: We performed a mixed-methods program evaluation to assess health care provider acceptability of the program at 9 months after implementation. Twenty-eight clinicians were invited to complete an online survey. We conducted one-on-one, semistructured interviews with 6 clinicians and a focus group with 7 members of the clinic nursing staff. Survey responses were tallied. Conventional content analysis was performed on survey comments and transcripts from the interviews and focus group.Results: Ninety-one percent of clinicians were either satisfied or very satisfied with the program. Perceived advantages of the program included saving time for clinicians, overcoming patient discomfort, and increasing patient access to testing. Perceived program disadvantages included unclear responsibility of directing patients through the self-testing process and incorrect sample collection and labeling.Conclusions: Despite perceived disadvantages, the self-



testing program was acceptable to clinicians and nursing staff, key population for successful program adoption. Implementation of STI self-testing programs in clinic settings could help to increase extragenital STI testing rates by removing provider and patient barriers to testing.

### **Emergency contraception in adolescents. A grey area in Italian legislation.**

**Author(s):** Turillazzi, Emanuela; Di Paolo, Marco

**Source:** The European journal of contraception & reproductive health care : the official journal of the European Society of Contraception; Jun 2018; vol. 23 (no. 3); p. 237-241

**Publication Type(s):** Journal Article

**Abstract:**OBJECTIVETo explore Italian legislation and the social climate regarding the issue of emergency contraception (EC) in adolescents. **[ABSTRACT EDITED]**

### **Assessing Sexually Transmitted Disease Partner Services in State and Local Health Departments.**

**Author(s):** Cuffe, Kendra M; Leichter, Jami S; Gift, Thomas L

**Source:** Sexually transmitted diseases; Jun 2018; vol. 45 (no. 6); p. e33

**Publication Type(s):** Journal Article

**Abstract:**State and local health department sexually transmitted disease (STD) programs provide several partner services to reduce disease transmission. Budget cuts and temporary staff reassignments for public health emergencies may affect the provision of partner services. Determining the impact of staffing reductions on STD rates and public health response should be further assessed.

### **Cost-effectiveness of HIV screening in high-income countries: A systematic review.**

**Author(s):** Bert, Fabrizio; Gualano, Maria Rosaria; Biancone, Paolo; Brescia, Valerio; Camussi, Elisa

**Source:** Health Policy; May 2018; vol. 122 (no. 5); p. 533-547

**Publication Type(s):** Academic Journal

**Abstract:**Introduction: Over 2 million people in high-income countries live with HIV. Early diagnosis and treatment present benefits for infected subjects and reduce secondary transmissions. Cost-effectiveness analyses are important to effectively inform policy makers and consequently implement the most cost-effective programmes. Therefore, we conducted a systematic review regarding the cost-effectiveness of HIV screening in high-income countries. Methods: We followed PRISMA statements and included all papers evaluating the cost-effectiveness of HIV screening in the general population or in specific subgroups. Results: Thirteen studies considered routine HIV testing in the general population. The most cost-effective option appeared to be associating one-time testing of the general population with annual screening of high-risk groups, such as injecting-drug users. Thirteen studies assessed the cost-effectiveness of HIV screening in specific settings, outlining the attractiveness of similar programmes in emergency departments, primary care, sexually transmitted disease clinics and substance abuse treatment programmes. Discussion: Evidence regarding the health benefits and cost-effectiveness of HIV screening is growing, even in low-prevalence countries. One-time screenings offered to the adult population appear to be a valuable choice, associated with repeated testing in high-risk populations. The evidence regarding the benefits of using a rapid test, even in terms of cost-effectiveness, is growing. Finally, HIV screening seems useful in specific settings, such as emergency departments and STD clinics.

**ACOG Committee Opinion No. 735: Adolescents and Long-Acting Reversible Contraception: Implants and Intrauterine Devices.**

**Author(s):**

**Source:** Obstetrics & Gynecology; May 2018; vol. 131 (no. 5); p. 947-958

**Publication Type(s):** Academic Journal

Available at [Obstetrics and gynecology](#) - from Ovid (Journals @ Ovid) - Remote Access

**Abstract:**The phenomenon of adolescent childbearing is complex and far reaching, affecting not only the adolescents but also their children and their community. The prevalence and public health effect of adolescent pregnancy reflect complex structural social problems and an unmet need for acceptable and effective contraceptive methods in this population. In 2006-2010, 82% of adolescents at risk of unintended pregnancy were currently using contraception, but only 59% used a highly effective method, including any hormonal method or intrauterine device. Long-acting reversible contraceptives (LARC) have higher efficacy, higher continuation rates, and higher satisfaction rates compared with short-acting contraceptives among adolescents who choose to use them. Complications of intrauterine devices and contraceptive implants are rare and differ little between adolescents and women, which makes these methods safe for adolescents. Barriers to use of LARC by adolescents include patients' lack of familiarity with or understanding about the methods, potentially high cost of initiation, lack of access, low parental acceptance, and obstetrician-gynecologists' and other health care providers' misconceptions about the safety of LARC use in adolescents. Because adolescents are at higher risk of sexually transmitted infections (STIs), obstetrician-gynecologists should continue to follow standard guidelines for STI screening. They should advise adolescents who choose LARC methods to use male or female condoms consistently (dual method use) to decrease the risk of STIs, including human immunodeficiency virus (HIV). Obstetrician-gynecologists should counsel all sexually active adolescents who do not seek pregnancy on the range of reversible contraceptive methods, including LARC, and should help make these contraceptives readily accessible to them.

**Performance of the Atlas rapid test for Chlamydia trachomatis and women's attitudes toward point-of-care testing.**

**Author(s):** Widdice, Lea E; Hsieh, Yu-Hsiang; Silver, Barbara; Barnes, Mathilda; Barnes, Perry

**Source:** Sexually Transmitted Diseases; May 2018; vol. 45 (no. 5)

**Publication Type(s):** Academic Journal

**Abstract:**Purpose: This study compared performance of Atlas io<sup>®</sup> diagnostic platform, a point-of-care (POC) PCR assay for Chlamydia trachomatis (CT), to Aptima Combo 2, a standard of care laboratory-based nucleic acid amplification assay (NAAT), and evaluated patient attitudes toward POC testing. Methods: Women ≥14 years undergoing CT screening/testing were recruited from an urban adolescent primary care practice (Teen Health Center, THC) and a sexually transmitted disease (STD) clinic. Participants provided self-obtained vaginal swabs for testing with the Atlas io<sup>®</sup> platform and Aptima Combo 2 testing and completed a questionnaire assessing attitudes toward POC testing. Results: Of 296 women recruited, 284 (192 from the STD clinic, 92 from THC) had Aptima Combo 2 and Atlas io<sup>®</sup> results available; 273 completed the questionnaire. Average age was 27.4 years (SD 10.8). Sensitivity and specificity of the Atlas io<sup>®</sup> test were 83.9% (26/31 specimens; 95% CI, 70.9-96.8%) and 98.8% (250/253 specimens; 95% CI, 97.5-100%), respectively. A majority (70%) of women preferred to collect vaginal self-swab if a POC test were available. Most (61%) were willing to wait up to 20 minutes and 26% were willing to wait up to 40 minutes for results, if they could be treated before leaving clinic. Conclusion: A POC PCR test detecting CT had high sensitivity and

specificity when testing prospective, vaginal swab samples. Availability of CT results during patients' visits may decrease time to treatment.

**The Use of Technology for STD Partner Services in the United States: A Structured Review.**

**Author(s):** Kachur, Rachel; Hall, Wendasha; Coor, Alexandra; Kinsey, Jennine; Collins, Dayne

**Source:** Sexually Transmitted Diseases; May 2018; vol. 45 (no. 5)

**Publication Type(s):** Academic Journal

**Abstract:**Background: Since the late 1990s, health departments and STD programs throughout the U.S. have used technologies, such as the internet and mobile phones, to provide services to persons with a sexually transmitted infection, including HIV, and their sex partners, also known as partner services. This study reviewed the published literature to assess and compare partner services outcomes as a result of using technology and to calculate cost savings through cases averted.

[ABSTRACT EDITED]

**Conflicting contraceptive norms for men: Equal responsibility versus women's bodily autonomy**

**Author(s):** James-Hawkins, Laurie; Dalessandro, Cristen; Sennott, Christie

**Source:** Culture, Health & Sexuality; May 2018 ; p. No

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

**Abstract:**Most research investigating how men and women in heterosexual relationships negotiate contraceptive use focuses on the women's point of view. Using a sample of 44 interviews with men attending a western US university, this study examines norms governing men's participation in contraceptive use and pregnancy prevention and their responses to those norms. The paper demonstrates how competing norms around sexual health decision-making and women's bodily autonomy contribute to unintended outcomes that undermine young people's quest for egalitarian sexual relationships. While men largely agree that responsibility for sexual health decision-making should be shared with women, they also believe that women should have power over their own bodies and sexual health. However, the coexistence of these two competing norms – which call for both equal responsibility in decision-making and women's bodily autonomy – results in a disconnect between men saying that sexual health decision-making should be equal, but not always participating equally. Thus, men largely give contraceptive decision-making power over to women, putting the burden of pregnancy prevention onto women and letting men off the hook. It is concluded that men's negotiation of these competing norms reinforces unequal power and inequality in sexual relationships.

**Hormonal contraception is not associated with increased risk for seizures in the general population: results from a cohort study using The Health Improvement Network.**

**Author(s):** Beier, Christoph Patrick; García Rodríguez, Luis A; Sáez, María E; Gaist, David;

**Source:** European journal of clinical pharmacology; May 2018

**Publication Type(s):** Journal Article

**Abstract:**PURPOSEEndogenous human gonadal steroids and especially female sex hormones modulate the risk of developing epileptic seizures. In most circumstances, estrogens increase excitability, while progesterone bears substantial anticonvulsive properties. We questioned whether exogenous gonadal steroids used as hormonal contraception are associated with risk of seizures.METHODSIn a dynamic cohort ascertained within The Health Improvement Network database, we identified 2201 female patients aged 20-44 years with seizures during follow-up. In a

nested case-control analysis, we matched these cases to 10,143 controls. Using logistic regression, we calculated the risk of seizure associated with use of contraceptives and adjusted for potential confounders. We performed same analyses among women with no prior hormonal contraception use ("new user" analyses) and in patients with a history of epilepsy. RESULTS Unadjusted data suggested a lower risk for seizures in patients taking exogenous gonadal steroids irrespective of type of contraception used. After adjustment for potential confounders, neither use of combined oral contraceptives nor progestin-only oral contraceptives was associated with the risk for seizures overall. Analyses of "new users" of oral contraceptives produced similar risk estimates. CONCLUSIONS We found no evidence supporting an effect of oral exogenous gonadal steroids used for hormonal contraception on the risk of seizures in the general female population.

### **Abortion and student health services expanding the conversation with student perspectives.**

**Author(s):** Jaime, Maria Catrina; Yakzan, Abeer; Lewis, Carrie; Schwarz, Eleanor Bimla

**Source:** Contraception; May 2018

**Publication Type(s):** Journal Article

**Abstract:** OBJECTIVE College students are known to experience unintended pregnancy and seek abortions. However, few student health centers currently offer abortion services. In this exploratory study, we aimed to expand understanding of student perspectives regarding on-campus abortion services. STUDY DESIGN We invited UC Davis students to complete an anonymous web-based survey, using 16 campus listservs and in-person recruitment. We elicited student knowledge of and opinions about on-campus Student Health and Counseling Services (SHCS) with 29 questions. RESULTS The 502 participating students primarily identified as female (80%) and heterosexual (86%); most (90%) were undergraduates. In the past year, 9% of female respondents had used emergency contraception (EC), and 9% had sought clinic-based pregnancy testing. Only 68% of respondents were aware that SHCS provides EC. Although SHCS has not yet offered abortions, 24% of respondents believed that SHCS currently offers medication abortion and 13% believed SHCS clinicians perform abortion procedures. Most respondents (64%) believed that SHCS should offer abortion services; 12% of respondents felt SHCS should not. Reasons for support of on-campus abortion services included the need to compassionately care for campus survivors of sexual assault and abortion's role in allowing students facing undesired pregnancy to complete their education. Reasons for opposition included concerns regarding SHCS's ability to offer high quality abortion services, the potential for controversy related to on-campus abortion services, and personal opposition to abortion. CONCLUSION Most responding students favor on-campus abortion services and a number of students incorrectly believe abortion services are currently offered on the UC Davis campus. IMPLICATIONS Student health centers should offer medication abortion on campus.

### **Missed Opportunities for HIV Testing Among STD Clinic Patients.**

**Author(s):** Traynor, Sharleen M; Rosen-Metsch, Lisa; Feaster, Daniel J

**Source:** Journal of community health; May 2018

**Publication Type(s):** Journal Article

**Abstract:** Current HIV testing guidelines recommend that all adolescents and adults aged 13-64 be routinely screened for HIV in healthcare settings. Sexually transmitted disease (STD) clinic patients represent a population at increased risk for HIV, justifying more frequent risk assessment and testing. This analysis describes missed opportunities for HIV testing among a sample of STD clinic patients to identify areas where HIV testing services may be improved. [ABSTRACT EDITED]

### **Prevalence of Rectal Chlamydial and Gonococcal Infections: A Systematic Review.**

**Author(s):** Dewart, Courtney M; Bernstein, Kyle T; DeGroot, Nicholas P; Romaguera, Raul;

**Source:** Sexually transmitted diseases; May 2018; vol. 45 (no. 5); p. 287-293

**Publication Type(s):** Journal Article

**Abstract:**We undertook a systematic review to examine rectal Chlamydia trachomatis (Ct) and Neisseria gonorrhoeae (Ng) infections in women and men who have sex with men (MSM). English-language publications measuring rectal Ct or Ng prevalence using nucleic acid amplification tests were eligible. Searching multiple electronic databases, we identified 115 eligible reports published between January 2000 and November 2016. Overall, the prevalence of rectal Ct (9%) was higher than that of rectal Ng (4.7%). Rectal Ct prevalence was similar in MSM (9%) and women (9.2%), whereas rectal Ng prevalence was higher in MSM (6.1%) than in women (1.7%). Generally, rectal Ct prevalence was similar in sexually transmitted disease clinics (9.1%) and nonsexual health clinics (8.6%), whereas rectal Ng prevalence was somewhat lower in sexually transmitted disease clinics (4.5%) than in nonsexual health clinics (6%). These infections seem to be relatively common across a range of populations and clinical settings, highlighting the need for additional research on these preventable, treatable conditions.

### **The overtreatment and undertreatment of sexually transmitted diseases in the emergency department**

**Author(s):** Sheele J.M.; Mandac E.; Vallabhaneni M.

**Source:** Academic Emergency Medicine; May 2018; vol. 25

**Publication Type(s):** Conference Abstract

**Abstract:**Background: Diagnosing sexually transmitted diseases (STDs) in the emergency department (ED) is challenging. Healthcare providers must decide whether to treat a patient for a STD at the index visit or wait until the test results are back and attempt to re-contact the patient. The objective of our study was to examine how often ED providers are over- and under-treating STDs. **[ABSTRACT EDITED]**

to over-treat for TV when the disease is absent compared to APPs and attending physicians.

## **Domestic Violence, Sexual Assault**

### **Racial Differences in Pregnancy Intention, Reproductive Coercion, and Partner Violence among Family Planning Clients: A Qualitative Exploration.**

**Author(s):** Holliday, Charvonne N; Miller, Elizabeth; Decker, Michele R; Burke, Jessica G;

**Source:** Women's health issues : official publication of the Jacobs Institute of Women's Health; 2018; vol. 28 (no. 3); p. 205-211

**Publication Type(s):** Research Support Extramural Journal Article Research Support, US Gov, Phs.

**Abstract:**BACKGROUNDUnintended pregnancy (UIP) is a persistent public health concern in the United States disproportionately experienced by racial/ethnic minorities and women of low socioeconomic status. UIP often occurs with experiences of reproductive coercion (RC) and intimate partner violence (IPV). The purpose of the study was to qualitatively describe and compare contexts for UIP risk between low-income Black and White women with histories of IPV/RC.STUDY DESIGNSemistructured interviews were conducted with low-income Black and White women with histories of IPV or RC, ages 18 to 29 years, recruited from family planning clinics in Pittsburgh, Pennsylvania.RESULTSInterviews with 10 non-Hispanic Black women and 34 non-Hispanic White

women (N = 44) were included in the analysis. Differences between White and Black women emerged regarding IPV/RC experiences, gender roles in intimate relationships, and trauma histories, including childhood adversity. Fatal threats and IPV related to childbearing were most influential among White women. Among Black women, pregnancy was greatly influenced by RC related to impending incarceration, subfertility, and condom nonuse, and decisions about contraception were often dependent on the male. Sexual abuse, including childhood sexual assault, in the context of sexual/reproductive health was more prominent among White women. Childhood experiences of neglect impacted pregnancy intention and love-seeking behaviors among Black women. CONCLUSIONS Racial differences exist in experiences of IPV/RC with regard to UIP even among women with similar economic resources and health care access. These findings provide much-needed context to the persistent racial/ethnic disparities in UIP and illustrate influences beyond differential access to care and socioeconomic status.

### **Risk and Protective Factors for Intimate Partner Violence Against Women: Systematic Review and Meta-analyses of Prospective-Longitudinal Studies.**

**Author(s):** Yakubovich, Alexa R; Stöckl, Heidi; Murray, Joseph; Melendez-Torres, G J

**Source:** American journal of public health; Jul 2018; vol. 108 (no. 7); p. e1

**Publication Type(s):** Journal Article

Available at [American journal of public health](#) - from EBSCO (MEDLINE Complete)

**Abstract:**BACKGROUND The estimated lifetime prevalence of physical or sexual intimate partner violence (IPV) is 30% among women worldwide. Understanding risk and protective factors is essential for designing effective prevention strategies. OBJECTIVES To quantify the associations between prospective-longitudinal risk and protective factors and IPV and identify evidence gaps. [ABSTRACT EDITED]

### **The impact of intimate partner violence on the health and work of gender and sexual minorities in Canada.**

**Author(s):** Wathen, C Nadine; MacGregor, Jennifer C D; Tanaka, Masako; MacQuarrie, Barbara J

**Source:** International journal of public health; Jun 2018

**Publication Type(s):** Journal Article

**Abstract:**OBJECTIVES Intimate partner violence (IPV) has significant impacts on workers and workplaces. This paper examines the experiences of gender and sexual minority (GSM) people in this context. METHODS People aged 15 and older completed an online survey on the impacts of IPV at work, and brief health and life quality questions. Of 7918 respondents, 8.5% (n = 672) indicated GSM status. We examined IPV exposure, health and IPV-related work impacts by overall GSM status, and separately by sexual orientation, and gender. RESULTS GSM respondents were significantly more likely to report IPV and that the IPV continued at or near their workplace, impeded their ability to get to work, negatively impacted their work performance, and their co-workers; they also reported poorer mental health and life quality. While women were significantly more likely to report IPV and various negative work and health outcomes, being a sexual minority had additional independent negative effects. No differences in willingness to disclose IPV were found. CONCLUSIONS Workplace responses to IPV should account for the additional impacts and barriers faced by GSM people in disclosing abuse and seeking help.

### **Understanding Health, Violence, and Acculturation Among South Asian Women in the US.**

**Author(s):** Nagaraj, Nitasha Chaudhary; Vyas, Amita N; McDonnell, Karen A; DiPietro, Loretta

**Source:** Journal of community health; Jun 2018; vol. 43 (no. 3); p. 543-551

**Publication Date:** Jun 2018

**Publication Type(s):** Journal Article

**PubMedID:** 29218541

**Abstract:**The devastating effects of experiencing violence in childhood are seen well into adulthood. This has been particularly difficult to assess among South Asians living in the U.S., due to a lack of disaggregated data on this ethnic group. In a web-based survey administered to a convenience sample of South Asian women living in the U.S. (n = 535), information was gathered on experience/exposure to childhood violence; adult intimate partner violence; and adverse health outcomes, including ever suicide ideation/attempt, experiences of quality of life and body esteem in adulthood. Further, an individual's acculturation levels were measured specifically looking at cultural identity which was guided by Berry's biculturalism model. This study found that acculturation status is a key factor with respect to childhood verbal, physical, and sexual abuse, as well as body esteem and an individual's well-being. These results suggest that acculturation plays a key role for childhood violence, as well as key adult health indicators. The findings in this study, suggest that more research is warranted to better understand the complex relationships between acculturation status and health. While studies of South Asian immigrants have increased substantially, the study on how acculturation influences family violence and health outcomes has lagged behind. The findings in this study will provide guidance for future work in understanding how acculturation can play a key role in addressing the health and well-being of South Asian women in the U.S.

#### **Social support and the intimate partner violence victimization among adults from six European countries.**

**Author(s):** Dias, Nicole Geovana; Costa, Diogo; Soares, Joaquim; Hatzidimitriadou, Eleni

**Source:** Family practice; May 2018

**Publication Type(s):** Journal Article

**Abstract:**BackgroundSocial support may buffer the negative effects of violence on physical and mental health. Family medicine providers play an essential role in identifying the available social support and intervening in intimate partner violence (IPV).ObjectiveThis study aimed at assessing the association between social support and the IPV victimization among adults from six European countries. **[ABSTRACT EDITED]**

#### **Intimate partner violence and psychotic experiences in four U.S. cities.**

**Author(s):** Shah, Roma; Von Mach, Tara; Fedina, Lisa; Link, Bruce; DeVlylder, Jordan

**Source:** Schizophrenia research; May 2018; vol. 195 ; p. 506-512

**Publication Type(s):** Journal Article

**Abstract:**BACKGROUND A large body of research has established a relationship between trauma exposure, particularly during childhood, and psychotic experiences. Yet, there remains a general lack of research on adult trauma exposure, including intimate partner violence (IPV), as a risk factor for psychotic experiences. The purpose of this study is to investigate the association between IPV and psychotic experiences in U.S. cities.METHODS Data were collected from 1615 participants in four U.S. cities. Psychotic experiences were assessed through the World Health Organization (WHO) Composite International Diagnostic Interview (CIDI) psychosis screen along with adapted IPV measures.RESULTS Findings revealed that experiencing at least one form of IPV was significantly associated with each of the four psychotic experiences assessed for both men and women. The strongest associations were found for threatening and sexual IPV; physical IPV was not significantly associated with psychotic experiences. Exposure to IPV was associated with more than a tripling of

the odds of reporting at least one psychotic experience as opposed to none. Among those exposed to IPV there was between three- to five times the odds of reporting specific subtypes of psychotic experiences. CONCLUSION The results expand on prior findings linking psychotic experiences and childhood trauma exposure to include intimate adult exposures. Emotional and sexual IPV appear to be associated with elevated risk for psychotic experiences in adulthood. Even though IPV is more commonly reported by women in the U.S., such victimization appears to have similar associations with psychotic experiences regardless of gender.

#### **Healthcare Access and Cancer Screening Among Victims of Intimate Partner Violence.**

**Author(s):** Massetti, Greta M; Townsend, Julie S; Thomas, Cheryll C; Basile, Kathleen C

**Source:** Journal of women's health (2002); May 2018; vol. 27 (no. 5); p. 607-614

**Publication Type(s):** Journal Article

**Abstract:**BACKGROUND Intimate partner violence (IPV) victims often experience substantial and persistent mental and physical health problems, including increased risk for chronic disease and barriers to healthcare access. This study investigated the association between IPV and cancer screening. [ABSTRACT EDITED]

#### **Intimate Partner Violence and Mental Health Among Transgender/Gender Nonconforming Adults.**

**Author(s):** Henry, Richard S; Perrin, Paul B; Coston, Bethany M; Calton, Jenna M

**Source:** Journal of interpersonal violence; May 2018 ; p. 886260518775148

**Publication Type(s):** Journal Article

**Abstract:** There is significant evidence to suggest that intimate partner violence (IPV) is associated with mental health problems including anxiety and depression. However, this research has almost exclusively been conducted through heteronormative and cisgender lenses. The current study is an exploratory, quantitative analysis of the relationship between experiences of IPV and mental health among transgender/gender nonconforming (TGNC) adults. A national sample of 78 TGNC individuals completed a survey online measuring participants' experiences with IPV and depression, anxiety, and satisfaction with life. Of the sample, 72% reported at least one form of IPV victimization in their lifetime: 32% reported experiencing sexual IPV, 71% psychological IPV, 42% physical IPV, and 29% IPV assault with injury. All four types of IPV were positively associated with anxiety, and all but physical abuse was significantly associated with depression. None of the four types of IPV was associated with satisfaction with life. In a canonical correlation, IPV victimization and mental health had 31% overlapping variance, a large-sized effect. Sexual IPV and anxiety were the highest loading variables, suggesting that TGNC individuals who have experienced sexual IPV specifically tended to have higher levels of anxiety. These findings support previous qualitative, small-sample studies suggesting that IPV is a pervasive problem in the TGNC community. TGNC individuals who have experienced IPV may be at increased risk for mental health problems, and therefore, IPV history may trigger appropriate mental health screenings and referrals for this population in health care settings.

#### **Facets of Male Violence Against Women With Substance Abuse Problems: Women With a Residence and Homeless Women.**

**Author(s):** Beijer, Ulla; Scheffel Birath, Christina; DeMartinis, Valerie; Af Klinteberg, Britt

**Source:** Journal of interpersonal violence; May 2018; vol. 33 (no. 9); p. 1391-1411

**Publication Type(s):** Journal Article



**Abstract:**The aims of this study were to investigate the type and extent to which women with substance abuse problems have been exposed to male violence during their lifetime, and to examine possible differences between women with a residence (WR) and homeless women (HW). The total sample included 79 women (WR, n = 35; HW, n = 44; M age = 47.8 years). Of the total sample, 72 women (91%) had experienced different kinds of male violence, 88% from former partners, and 26% from male friends or acquaintances. Of the 72 women, 71% further reported "Countless occasions of violent events," and 36% had been forced to commit criminal acts. Abused women who had been forced to commit criminal acts were significantly more frequently found to be homeless, have reported parental alcohol and/or drug problems, have witnessed domestic violence in childhood, have been victims of sexual violence, have used illicit drugs as a dominant preparation, and have injected illicit drugs. Almost half of the abused women (46%) met criteria for posttraumatic stress disorder (PTSD), where HW showed an almost 4-time higher risk (RR 3.78) than WR. In conclusion there is a particular vulnerability in women with substance abuse to male violence, which has an important impact on their health status. Thus, from a public health perspective, it is suggested that for those women who have experienced male violence, treatment protocols need to include both assessing and addressing the impact of such experience in relation to substance abuse as well as concomitant health concerns.

#### **Dyadic Reporting of Intimate Partner Violence Among Male Couples in Three U.S. Cities.**

**Author(s):** Suarez, Nicolas A; Mimiaga, Matthew J; Garofalo, Robert; Brown, Emily;

**Source:** American journal of men's health; May 2018 ; p. 1557988318774243

**Publication Type(s):** Journal Article

**Abstract:**Intimate partner violence (IPV) is a prevalent and pressing public health concern that affects people of all gender and sexual identities. Though studies have identified that male couples may experience IPV at rates as high as or higher than women in heterosexual partnerships, the body of literature addressing this population is still nascent. This study recruited 160 male-male couples in Atlanta, Boston, and Chicago to independently complete individual surveys measuring demographic information, partner violence experience and perpetration, and individual and relationship characteristics that may shape the experience of violence. Forty-six percent of respondents reported experiencing IPV in the past year. Internalized homophobia significantly increased the risk for reporting experiencing, perpetrating, or both for any type of IPV. This study is the first to independently gather data on IPV from both members of male dyads and indicates an association between internalized homophobia and risk for IPV among male couples. The results highlight the unique experiences of IPV in male-male couples and call for further research and programmatic attention to address the exorbitant levels of IPV experienced within some of these partnerships.

#### **Management of intimate partner violence in the emergency department**

**Author(s):** Brown R.; Sampsel K.; Stiell I.G.; Tran M.L.

**Source:** Academic Emergency Medicine; May 2018; vol. 25

**Publication Type(s):** Conference Abstract

**Abstract:**Background: Intimate partner violence (IPV) is a serious public health concern with complex medico-legal implications and wide range of morbidity. While the ED is often the primary access point for these patients, IPV is under-recognized. Our objectives were to describe characteristics of female IPV patients in the ED and determine the assessment and management patterns of physicians at a tertiary care academic ED. **[ABSTRACT EDITED]**

## FGM

### **The effects of female genital mutilation on women of Sierra Leone**

**Author(s):** Kalokoh, Nenneh

**Source:** Dissertation Abstracts International: Section B: The Sciences and Engineering; 2018; 78 (12)

**Publication Type(s):** Dissertation Abstract Dissertation

**Abstract:**Female genital mutilation or cutting (FGM/C), a common practice among Sierra Leonean women, carries significant psychological and physical risks. Prior to this study, a substantial need existed for inquiry of the experiences and belief systems within this cultural group to better understand the effects of FGM/C on women and girls. Guided by feminist theory and the theory of cultural relativism, the goal of this phenomenological study was to review the cultural perspectives and experiences of Sierra Leonean women who underwent FGM/C to investigate their concerns about safety and their perceptions of the practices. In addition, this study explored concerns among Sierra Leonean women about the procedure performed on their daughters and to what they attributed the continued practice of FGM/C. Participants included a purposeful sample of 12 women from Sierra Leone who had experienced FGM/C. Data were collected via in-person, semi-structured interviews and analyzed thematically. Analysis revealed differences in participant definitions of FGM/C, cultural and social aspects of the procedure, personal beliefs and perceptions of the procedures. Results provide new understandings to help health and human rights organizations implement proactive safety measures for these women and girls. Positive social change from this investigation may occur via proper education about FGM/C. Goals include helping women understand the risks associated with the practice and to make their own informed decisions regarding the procedure. Findings revealed that a powerful strategy for protecting women's health and well-being related to FGM/C may be through education on the facts of the procedure. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

### **Men speak out: Engaging men in female genital mutilation-prevention in Europe**

**Author(s):** Richard F.; Dubourg D.; Florquin S.; Bos M.; Zewolde S.; O'Neill S.

**Source:** European Journal of Contraception and Reproductive Health Care; 2018; vol. 23 ; p. 37

**Publication Type(s):** Conference Abstract

**Abstract:**Female genital mutilation is often seen as a women's affair. Research on men's views on FGM and their implication in the decision making process regarding the practice is limited. A mixed methods study (qualitative and quantitative research) was conducted in Belgium, the UK and the Netherlands to increase knowledge of men's role in the perpetuation of the practice. For the qualitative research 60 in-depth interviews and 9 FGDs were conducted. For the quantitative study, a total of 1618 men aged 15-59 years from Somalia, Guinea and Sierra Leone and Sudan were interviewed. The qualitative research found that the decision of whether or not to cut a girl, when to cut, where to cut and who should cut, is mainly made by women. The father is more often than not uninformed about the whole process. However, informants suggested that by not speaking out against it or by staying silent on the issue, men consent to having their daughters cut. Men and women from FGM practising communities found it was extremely difficult to talk about FGM across gender or cross-generationally. The taboo around the practice was linked to codes of social decency and shame. The ways in which participants talked about FGM has changed since they came to Europe. Our quantitative study found that men who have been in Europe for a long time were less likely to think that the practice should continue (odds ratio 0.9332). In the qualitative research, men reported that they changed their mind about the practice after migrating to Europe when they learnt that it was harmful to women's health. The majority of male and female research participants reported that FGM affected their sex lives in a negative way. A few stated that it was impossible for

a man to tell if his partner was cut or not. The belief that FGM is a religious requirement is an important factor influencing attitudes regarding the continuation of the practice. Men who think that FGM is required by religion are 15 times more likely to think the practice should continue. Men's implication in anti-FGM campaigns is crucial to stop the practice. Facilitating communication between men and women about FGM and providing new migrants with information on the practice could significantly decrease the incidence of FGM.

### **Mandatory reporting of female genital mutilation in children in the UK.**

**Author(s):** Malik, Yusuf; Rowland, Andrew; Gerry, Felicity; Phipps, Fiona MacVane

**Source:** British Journal of Midwifery; Jun 2018; vol. 26 (no. 6); p. 377-386

**Publication Type(s):** Academic Journal

Available at [British Journal of Midwifery](#) - from EBSCO (CINAHL Plus with Full Text)

**Abstract:**Background: While female genital mutilation (FGM) has been illegal in the UK since 1985, research estimated that in 2015 there were over 100 000 women and girls resident in the UK subjected to FGM. Aims: To determine the effect of changes in the legislation of 2015, which made reporting of FGM in girls under 18 mandatory. Methods: Freedom of Information requests were sent to all 45 UK police authorities, asking the number of cases of FGM reported between specific dates, victims' ages, the occupation of the person reporting and the age and gender breakdown of the police force. Similar requests were sent to health and social care organisations. Findings: Of 45 police authorities in the UK, six initially responded, with three stating that no cases of FGM had been reported. The remaining police authorities either provided partial information or declined the request. However, other sources indicated over 6000 reported cases between October 2014 and October 2015. Conclusions: The ability of frontline professionals and policymakers to obtain, interpret and use data is affected by the secrecy that surrounds FGM, the complexities of investigation and the absence of a significant numbers of prosecutions.

### **Effect of female genital cutting performed by health care professionals on labor complications in Egyptian women: a prospective cohort study.**

**Author(s):** Saleh, Wael F.; Torkey, Haitham A.; Youssef, Mohamed A.; Ragab, Wael S

**Source:** Journal of Perinatal Medicine; May 2018; vol. 46 (no. 4); p. 419-424

**Publication Type(s):** Academic Journal

**Abstract:**Aim: To examine the effect of the degree of female genital cutting (FGC) performed by health-care professionals on perineal scarring; delivery mode; duration of second stage of labor; incidence of perineal tears and episiotomy in a cohort of uncircumcised versus circumcised (types I and II) women. **[ABSTRACT EDITED]**

## **Safeguarding Children**

### **Adverse and adaptive childhood experiences are associated with parental reflective functioning in mothers with substance use disorder**

**Author(s):** Hakansson U.; Watten R.; Soderstrom K.; Skarderud F.; Oie M.G.

**Source:** Child Abuse and Neglect; Jul 2018; vol. 81 ; p. 259-273

**Publication Type(s):** Article

**Abstract:**Mothers with a substance use disorder (SUD) are at risk for maladaptive parenting practices, and have heightened likelihood of having experienced childhood adversity themselves. In

addition, parental reflective functioning (PRF), a capacity underlying sensitive caregiving, is often low in mothers with SUD. This study examines the relationship between PRF and aversive (emotional, physical, sexual abuse and neglect) and adaptive (safety and competence) experiences, in different developmental phases (early childhood, latency, and adolescence) in mothers with a SUD. A sample of 43 mothers with small children were interviewed with the Parental Developmental Interview to assess PRF, and they completed the Traumatic Antecedents Questionnaire regarding aversive and adaptive experiences. In addition, we used the Hopkins Symptoms Checklist-10 to control for mental health status and a battery of neuropsychological tests to control for executive functions. Results indicated that adaptive experiences in early childhood were positively related to PRF, and that experience of emotional abuse was negatively related to PRF. When separating the group of mothers in two sub-groups based on PRF level, results showed that mothers with negative to low PRF had significantly more experiences of adversities in early childhood and latency, and significantly less adaptive experiences in early childhood, latency and adolescence, compared to mothers with moderate to high PRF. In addition, mothers with adequate to high PRF reported experiencing significantly more types of adaptive experiences, and significantly less adversities compared to mothers with negative to low PRF. Results are discussed in relation to developmental trauma, resilience, epistemic trust and mistrust. Copyright © 2018 Elsevier Ltd

### **Interpretation of Medical Findings in Suspected Child Sexual Abuse: An Update for 2018**

**Author(s):** Adams J.A.; Farst K.J.; Kellogg N.D.

**Source:** Journal of Pediatric and Adolescent Gynecology; Jun 2018; vol. 31 (no. 3); p. 225-231

**Publication Type(s):** Review

**Abstract:**Most sexually abused children will not have signs of genital or anal injury, especially when examined nonacutely. A recent study reported that only 2.2% (26 of 1160) of sexually abused girls examined nonacutely had diagnostic physical findings, whereas among those examined acutely, the prevalence of injuries was 21.4% (73 of 340). It is important for health care professionals who examine children who might have been sexually abused to be able to recognize and interpret any physical signs or laboratory results that might be found. In this review we summarize new data and recommendations concerning documentation of medical examinations, testing for sexually transmitted infections, interpretation of lesions caused by human papillomavirus and herpes simplex virus in children, and interpretation of physical examination findings. Updates to a table listing an approach to the interpretation of medical findings is presented, and reasons for changes are discussed. Copyright © 2017 North American Society for Pediatric and Adolescent Gynecology

### **Relationships and Sexuality: How is a Young Adult with an Intellectual Disability Supposed to Navigate?**

**Author(s):** Graff H.J.; Moyher R.E.; Bair J.; Foster C.; Gorden M.E.; Clem J.

**Source:** Sexuality and Disability; Jun 2018; vol. 36 (no. 2); p. 175-183

**Publication Type(s):** Article

**Abstract:**Individuals with intellectual and developmental disabilities have historically not had access to sexual education curriculums. Furthermore, while parents are often hesitant to provide instruction themselves, all stakeholders acknowledge that this population is at a high risk for sexual abuse. This population does have sexual feelings and the desire to have relationships with others. Therefore a need for accurate information on this topic to stay safe and healthy is imperative. This study focused on evaluating a curriculum over 3 years, with a total of 53 participants with a mean age of 20.68 years old. The curriculum included topics on relationships and boundaries, anatomy, sexual intercourse, sexual transmitted infections, and abuse red flags. The results include statistically

significance for pre and posttest for the intervention groups, with no significance for the control group. Interviews with participants reveal socially validity of the topics. The discussion section highlights the importance of this subject for the participants and underscores the demand for additional replication. Future research should consider assessments and maintenance of skills learned. Copyright © 2017, Springer Science+Business Media, LLC.

### **Clinical characteristics associated with paedophilia and child sex offending - Differentiating sexual preference from offence status**

**Author(s):** Gerwinn H.; Pohl A.; Ponseti J.; Weis S.; Massau C.; Kargel C.; Schiffer B.; Tenbergen G.

**Source:** European Psychiatry; Jun 2018; vol. 51 ; p. 74-85

**Publication Type(s):** Article

**Abstract:** Contrary to public perception, child sex offending (CSO) and paedophilia are not the same. Only half of all cases of CSO are motivated by paedophilic preference, and a paedophilic preference does not necessarily lead to CSO. However, studies that investigated clinical factors accompanying and contributing to paedophilia so far mainly relied on paedophiles with a history of CSO. The aim of this study was to distinguish between factors associated with sexual preference (paedophile versus non-paedophile) and offender status (with versus without CSO). Accordingly, a 2 (sexual preference) x 2 (offender status) factorial design was used for a comprehensive clinical assessment of paedophiles with and without a history of CSO (n = 83, n = 79 respectively), child sex offenders without paedophilia (n = 32) and healthy controls (n = 148). Results indicated that psychiatric comorbidities, sexual dysfunctions and adverse childhood experiences were more common among paedophiles and child sex offenders than controls. Offenders and non-offenders differed in age, intelligence, educational level and experience of childhood sexual abuse, whereas paedophiles and non-paedophiles mainly differed in sexual characteristics (e.g., additional paraphilias, onset and current level of sexual activity). Regression analyses were more powerful in segregating offender status than sexual preference (mean classification accuracy: 76% versus 68%). In differentiating between offence- and preference-related factors this study improves clinical understanding of both phenomena and may be used to develop scientifically grounded CSO prevention and treatment programmes. It also highlights that some deviations are not traceable to just one of these two factors, thus raising the issue of the mechanism underlying both phenomena. Copyright © 2018 Elsevier Masson SAS

### **Lesbian, gay, and bisexual (LGB) youth within in welfare: Prevalence, risk and outcomes**

**Author(s):** Dettlaff A.J.; Carr L.".; Vogel A.".; Washburn M.

**Source:** Child Abuse and Neglect; Jun 2018; vol. 80 ; p. 183-193

**Publication Type(s):** Article

**Abstract:** The purpose of this study was to estimate the population of sexual minority or LGB (lesbian, gay and bisexual) children and youth involved with the child welfare system, and to compare their health, mental health, placement and permanency outcomes to those of non-LGB youth. Data were drawn from the Second National Survey of Child and Adolescent Well-Being (NSCAW-II), a nationally representative sample of children who were referred to child welfare due to a report of abuse or neglect over a fifteen month period. This sample included youth ages eleven and older who self-identified their sexual orientation (n = 1095). Results indicate that approximately 15.5% of all system involved youth identified as lesbian, gay or bisexual, and that lesbian and bisexual females, and LGB youth of color are both overrepresented within child welfare systems. Although no substantive difference in risk factors, permanency and placement were found between LGB and Non-LGB youth, LGB youth were significantly more likely to meet the criteria for adverse

mental health outcomes. Implications for child welfare practice and policy are presented, along with recommendations for future research in this area. Copyright © 2018 Elsevier Ltd

### **Perinatal interventions for mothers and fathers who are survivors of childhood sexual abuse**

**Author(s):** Stephenson L.A.; Beck K.; Busuulwa P.; Rosan C.; Pariante C.M.; Pawlby S.; Sethna V.

**Source:** Child Abuse and Neglect; Jun 2018; vol. 80 ; p. 9-31

**Publication Type(s):** Review

**Abstract:** Childhood sexual abuse (CSA) is a worldwide problem with severe long-term consequences. A history of CSA can impact the childbearing experience of mothers and fathers; affecting their mental health, parenting skills and compromising infant development. Nonetheless, the perinatal period offers huge opportunity for intervention and hope. This literature review collates evidence for perinatal psychosocial interventions targeting both mothers and fathers who are survivors of CSA [ABSTRACT EDITED]

### **The impact of child maltreatment on non-suicidal self-injury: data from a representative sample of the general population.**

**Author(s):** Brown, Rebecca C; Heines, Stefanie; Witt, Andreas; Braehler, Elmar; Fegert, Joerg M

**Source:** BMC psychiatry; Jun 2018; vol. 18 (no. 1); p. 181

**Publication Type(s):** Journal Article

Available at [BMC psychiatry](#) - from EBSCO (MEDLINE Complete)

**Abstract:** BACKGROUND Child maltreatment is an identified risk factor for Non-Suicidal Self-Injury (NSSI). The aim of the current study was to investigate effects of different types of maltreatment, and mediating effects of depression and anxiety on NSSI in the general population. METHODS A representative sample of the German population, comprising N = 2498 participants (mean age = 48.4 years (SD = 18.2), 53.3% female) participated in this study. Child maltreatment was assessed using the Childhood Trauma Questionnaire (CTQ), NSSI was assessed with a question on lifetime engagement in NSSI, depressive symptoms were assessed by the Patient Health Questionnaire (PHQ-2) and anxiety symptoms by the General Anxiety Disorder questionnaire (GAD-2). RESULTS Lifetime prevalence of NSSI in this sample was 3.3, and 30.8% reported at least one type of child maltreatment. Participants in the NSSI group reported significantly more experiences of child maltreatment. Emotional abuse was endorsed by 72% of all participants with NSSI. A path analytic model demonstrated an unmediated direct effect of emotional neglect, a partially mediated effect of emotional abuse, and a fully mediated effect of sexual abuse and physical neglect by depression and anxiety on NSSI. CONCLUSION Especially emotional neglect and abuse seem to play a role in the etiology of NSSI above and beyond depression and anxiety, while sexual and physical abuse seem to have a rather indirect effect.

### **Linking big five personality traits to sexuality and sexual health: A meta-analytic review.**

#### **The relationship between child protection contact and mental health outcomes among Canadian adults with a child abuse history**

**Author(s):** Afifi T.O.; Turner S.; McTavish J.; MacMillan H.L.; Wathen C.N.

**Source:** Child Abuse and Neglect; May 2018; vol. 79 ; p. 22-30

**Publication Type(s):** Article

**Abstract:** Despite being a primary response to child abuse, it is currently unknown whether contact with child protection services (CPS) does more good than harm. The aim of the current study was to examine whether contact with CPS is associated with improved mental health outcomes among adult respondents who reported experiencing child abuse, after adjusting for sociodemographic factors and abuse severity. The data were drawn from the 2012 Canadian Community Health Survey-Mental Health (CCHS-2012), which used a multistage stratified cluster design (household-level response rate = 79.8%). Included in this study were individuals aged 18 years and older living in the 10 Canadian provinces (N = 23,395). Child abuse included physical abuse, sexual abuse, and exposure to intimate partner violence (IPV). Mental health outcomes included lifetime mental disorders, lifetime and past year suicidal ideation, plans, and attempts, and current psychological well-being and functioning and distress. All models were adjusted for sociodemographic factors and severity of child abuse. For the majority of outcomes, there were no statistically significant differences between adults with a child abuse history who had CPS contact compared to those without CPS contact. However, those with CPS contact were more likely to report lifetime suicide attempts. These findings suggest that CPS contact is not associated with improved mental health outcomes. Implications are discussed. Copyright © 2018 The Author(s)

**Victimization and Violence: An Exploration of the Relationship Between Child Sexual Abuse, Violence, and Delinquency.**

**Author(s):** Kozak, Rebecca Shoaf; Gushwa, Melinda; Cadet, Tamara J

**Source:** Journal of child sexual abuse; May 2018 ; p. 1-19

**Publication Type(s):** Journal Article

**Abstract:** Child sexual abuse (CSA) continues to be a major public health issue with significant short- and long-term consequences. However, little contemporary research has examined the relationship between CSA and delinquent and violent behavior in adolescence. Children who have been sexually abused experience a unique form of victimization compared to children who have endured other forms of maltreatment, as CSA can result in feelings of shame, powerlessness and boundary violations. The purpose of this study was to examine the effect of CSA on delinquent and violent behavior in adolescence. We examined self-report data at the age 18 interview from the Longitudinal Studies of Child Abuse and Neglect (LONGSCAN) on measures of sexual abuse experience, and engagement in delinquent and violent behavior in the past year. All participants reported either a history of maltreatment or were identified at-risk based on demographic risk factors. Participants included 368 males and 445 females who self-reported experiences of CSA and delinquent and violent behavior (N = 813). Findings indicated that, when controlling for gender and race, the odds of engagement in delinquent and violent behavior for those who have experienced CSA are 1.7 times higher than for those who have not. Additionally, female victims of CSA were .52 times less likely to engage in violent and delinquent behavior compared to their male counterparts. Further efforts are needed to examine the effects of CSA on violent and delinquent behavior to better guide treatment efforts that prevent juvenile justice involvement.

**Addressing sexual and reproductive health in adolescents and young adults with intellectual and developmental disabilities.**

**Author(s):** Walters, Frinny Polanco; Gray, Susan Hayden

**Source:** Current opinion in pediatrics; May 2018

**Publication Type(s):** Journal Article

**Abstract:** PURPOSE OF REVIEW This review provides support for promoting the sexual health of adolescents and young adults with developmental disabilities, and particularly those with

intellectual disabilities. It offers guidance for pediatricians on incorporating counseling on sexuality and reproductive healthcare, socially appropriate behavior, and sexual abuse prevention for adolescents and young adults with developmental disabilities into healthcare visits. Additionally, it provides resources for developmentally appropriate sexuality education in the home and community to allow access to the comprehensive sexual and reproductive healthcare patients deserve.

**[ABSTRACT EDITED]**

**Educational and emotional health outcomes in adolescence following maltreatment in early childhood: A population-based study of protective factors.**

**Author(s):** Khambati, Nisreen; Mahedy, Liam; Heron, Jon; Emond, Alan

**Source:** Child abuse & neglect; May 2018; vol. 81 ; p. 343-353

**Publication Type(s):** Journal Article

**Abstract:** Although childhood maltreatment is associated with long-term impairment, some children function well despite this adversity. This study aimed to identify the key protective factors for good educational attainment and positive emotional health in adolescents who experienced maltreatment in early childhood. Data were analyzed from the Avon Longitudinal Study of Parents and Children, a large UK prospective cohort study. The sample was defined by maternally reported exposure to physical or emotional maltreatment by a parent prior to 5 years. 1118 (8.0%) children were emotionally maltreated and 375 (2.7%) were physically maltreated before the age of 5. There were too few cases of sexual abuse to be considered. Positive outcomes were operationalized as achieving 5 or more grade A\*-C GCSE exam grades at 16 years and scores above the cohort median on the self-report Warwick-Edinburgh Mental Wellbeing Scale and Bachmann Self-Esteem Scale at 17.5 years. The associations of individual, family and community covariates with successful adaptation to the adversity of maltreatment were investigated using logistic regression. School related factors, including engagement in extracurricular activities, satisfaction with school and not being bullied were the most important in facilitating resilience in educational attainment, self-esteem and wellbeing. Good communication and social skills was the most protective individual trait. There was insufficient evidence to suggest that family factors were associated with resilience to maltreatment. School-based interventions are recommended to promote positive adaptation following parental maltreatment. Future research should evaluate outcomes across the life-course to understand whether the protective influences of school persist into adulthood.

**PTSD, mental illness, and care among survivors of sexual violence in Northern Uganda: Findings from the WAYS study.**

**Author(s):** Amone-P'Olak, Kennedy; Elklit, Ask; Dokkedahl, Sarah Bøgelund

**Source:** Psychological trauma : theory, research, practice and policy; May 2018; 10 (3); p. 282-289

**Publication Type(s):** Journal Article

Available at [Psychological Trauma: Theory, Research, Practice, and Policy](#) - from ProQuest PsycARTICLES - NHS

**Abstract:** BACKGROUND Previous studies have mainly considered war-affected youth as a homogenous group yet several subpopulations of war-affected youth, such as survivors of sexual violence, exist with unique mental health problems and treatment needs. This study aimed to assess posttraumatic stress disorder (PTSD), perceptions and meaning of mental illness, and access and barriers to mental health care among survivors of sexual violence. **[ABSTRACT EDITED]**



**Predicting Sexual Revictimization in Childhood and Adolescence: A Longitudinal Examination Using Ecological Systems Theory.**

**Author(s):** Pittenger, Samantha L; Pogue, Jessica K; Hansen, David J

**Source:** Child maltreatment; May 2018; vol. 23 (no. 2); p. 137-146

**Publication Type(s):** Journal Article

**Abstract:** A substantial proportion of sexual abuse victims report repeat sexual victimization within childhood or adolescence; however, there is limited understanding of factors contributing to revictimization for youth. Thus, the present study examined predictors of sexual revictimization prior to adulthood using ecological systems theory. Records of 1,915 youth presenting to a Child Advocacy Center (CAC) were reviewed to identify individual, familial, and community factors as well as initial abuse characteristics associated with risk for revictimization. Results showed that 11.1% of youth re-presented to the CAC for sexual revictimization. At the individual level, younger children, girls, ethnoracial minority youth, and those with an identified mental health problem were most likely to experience revictimization. Interpersonal factors that increased vulnerability included the presence of a noncaregiving adult in the home, being in mental health treatment, and domestic violence in the family. Community-level factors did not predict revictimization. When factors at all levels were examined in conjunction, however, only individual-level factors significantly predicted the risk for revictimization. Findings from this study provide valuable information for CACs when assessing risk for re-report of sexual abuse and add to the field's understanding of revictimization within childhood.

**Latent Classes and Cumulative Impacts of Adverse Childhood Experiences.**

**Author(s):** Barboza, Gia Elise

**Source:** Child maltreatment; May 2018; vol. 23 (no. 2); p. 111-125

**Publication Type(s):** Journal Article

**Abstract:** Studies of adverse childhood experiences (ACEs) have gauged severity using a cumulative risk (CR) index. Few studies have focused on the nature of the context of adversity and their association with psychosocial outcomes. The objective of this study was to examine the patterning of ACEs and to explore the resultant patterns' association with HIV risk-taking, problem drinking, and depressive symptoms in adulthood. Latent class analysis (LCA) was used to identify homogeneous, mutually exclusive "classes" of 11 of the most commonly used ACEs. The LCA resulted in four high-risk profiles and one low-risk profile, which were labeled: (1) highly abusive and dysfunctional (3.3%; n = 1,983), (2) emotionally abusive alcoholic with parental conflict (6%, n = 3,303), (3) sexual abuse only (4.3%, n = 2,260), (4) emotionally abusive and alcoholic (30.3%, n = 17,460), and (5) normative, low risk (56.3%, n = 32,950). Compared to the low-risk class, each high-risk profile was differentially associated with adult psychosocial outcomes even when the conditional CR within that class was similar. The results further our understanding about the pattern of ACEs and the unique pathways to poor health. Implications for child welfare systems when dealing with individuals who have experienced multiple forms of early childhood maltreatment and/or household dysfunction are discussed.

**Factors associated with mental health services referrals for children investigated by child welfare.**

**Author(s):** Fong, Hiu-Fai; Alegria, Margarita; Bair-Merritt, Megan H; Beardslee, William

**Source:** Child abuse & neglect; May 2018; vol. 79 ; p. 401-412

**Publication Type(s):** Journal Article

**Abstract:** Although child welfare caseworkers are responsible for facilitating mental health services access for maltreated children, little is known about caseworkers' decisions to refer children to services. We aimed to identify factors associated with caseworker referral of children to mental health services after a maltreatment investigation. We analyzed data from 1956 children 2-17 years old from the Second National Survey of Child and Adolescent Well-being. We examined associations of children's predisposing, enabling, and need-related factors and caseworkers' work environment characteristics with referral to mental health services. Caseworkers referred 21.0% of children to mental health services. In multivariable analyses controlling for potential covariates, factors associated with increased odds of caseworker referral included: older child age; child sexual abuse (versus neglect); child out-of-home placement; caregiver mental health problems; prior maltreatment reports; clinically significant child behavioral problems; and child welfare agency collaborative ties with mental health providers (all  $p < .05$ ). Factors associated with decreased odds of caseworker referral included child Black race (versus White race) and lack of insurance (versus Private insurance) (all  $p < .05$ ). In summary, children's need for mental health services was positively associated with caseworker referral to services but certain predisposing and enabling factors and caseworker work environment characteristics also correlated with services referral. Interventions to reduce disparities in services referral by race and insurance type are critically needed. These may include child welfare agency implementation of policies for mental health screening, assessment, and services referral based on clinical need and establishment of child welfare-mental health agency collaborative ties.

#### **Parents' perceptions of the value of sexual abuse medical evaluations of their children.**

**Author(s):** Worley, Karen B.; Church, Janice K.; Worthington, Toss; Swearingen, Christopher J.

**Source:** Children & Youth Services Review; May 2018; vol. 88 ; p. 486-489

**Publication Type(s):** Academic Journal

**Abstract:** Most sexual abuse medical examinations reveal no abnormalities. This study's objective was to assess the value of a "certification of normalcy" for parents whose children had/didn't have abuse evaluations. Two questionnaires were developed for administration to guardians of sexually abused children enrolling in a specialized outpatient mental health program. On the questionnaire given to 42 parents whose children had received medical evaluations, caregivers commonly endorsed prior concerns about injuries, infections, genital penetration, and proof of sexual assault. 74% rated the examinations as helpful to them and 41% of caregivers believed knowledge of the results was helpful for their children age seven or older. 76% of guardians indicated they would obtain examinations if events were recreated. The questionnaire given to 47 parents of non-examined children revealed less concern about injury, infection and signs of penetration. However, 28% of these caregivers indicated they would obtain examinations if events were recreated. Study results support a belief that sexual abuse medical evaluations have value to many parents.

## **Gender Identity, Sexual Identity and Psychosexuality**

#### **Primary care access and foregone care: a survey of transgender adolescents and young adults.**

**Author(s):** Clark, Beth A.; Veale, Jaimie F.; Greyson, Devon; Saewyc, Elizabeth

**Source:** Family Practice; Jun 2018; vol. 35 (no. 3); p. 302-306

**Publication Type(s):** Academic Journal

Available at [Family Practice](#) - from PubMed Central

**Abstract:**Objective: To examine the issues of primary care access and foregone health care among transgender adolescents and young adults.Methods: This cross-sectional analysis of data from the Canadian Trans Youth Health Survey was conducted online during 2013-2014. Participants included 923 youth aged 14-25 (323 adolescents aged 14-18 and 600 young adults aged 19-25). Main outcome measures were self-reported general and mental health status, comfort discussing transgender identity and health care needs with general practitioners, and types of and reasons for self-identified foregone health care. **[ABSTRACT EDITED]**

#### **Trends in the use of puberty blockers among transgender children in the United States.**

**Author(s):** Lopez, Carla Marisa; Solomon, Daniel; Boulware, Susan D; Christison-Lagay, Emily R

**Source:** Journal of pediatric endocrinology & metabolism : JPEM; Jun 2018;. 31 (. 6); p. 665-670

**Publication Type(s):** Journal Article

**Abstract:**BACKGROUNDThe objective of the study was to identify national trends in the utilization of histrelin acetate implants among transgender children in the United States.METHODSWe analyzed demographic, diagnostic and treatment data from 2004 to 2016 on the use of histrelin acetate reported to the Pediatric Health Information System (PHIS) to determine the temporal trends in its use for transgender-related billing diagnoses, e.g. "gender identity disorder". Demographic and payer status data on this patient population were also collected.RESULTSBetween 2004 and 2016, the annual number of implants placed for a transgender-related diagnosis increased from 0 to 63. The average age for placement was 14 years. Compared to natal females, natal males were more likely to receive implants (57 vs. 46) and more likely to have implants placed at an older age (62% of natal males vs. 50% of natal females were  $\geq 13$  years;  $p < 0.04$ ). The majority of children were White non-Hispanic (White: 60, minority: 21). When compared to the distribution of patients treated for precocious puberty (White: 1428, minority: 1421), White non-Hispanic patients were more likely to be treated with a histrelin acetate implant for a transgender-related diagnosis than minority patients ( $p < 0.001$ ). This disparity was present even among minority patients with commercial insurance ( $p < 0.001$ ).CONCLUSIONSUtilization of histrelin acetate implants among transgender children has increased dramatically. Compared to natal females, natal males are more likely to receive implants and also more likely to receive implants at an older age. Treated transgender patients are more likely to be White when compared to the larger cohort of patients being treated with histrelin acetate for central precocious puberty (CPP), thus identifying a potential racial disparity in access to medically appropriate transgender care.

#### **Creating, reinforcing, and resisting the gender binary: a qualitative study of transgender women's healthcare experiences in sex-segregated jails and prisons.**

**Author(s):** White Hughto, Jaclyn M; Clark, Kirsty A; Altice, Frederick L; Reisner, Sari L

**Source:** International journal of prisoner health; Jun 2018; vol. 14 (no. 2); p. 69-88

**Publication Type(s):** Journal Article

**Abstract:**Purpose Incarcerated transgender women often require healthcare to meet their physical-, mental-, and gender transition-related health needs; however, their healthcare experiences in prisons and jails and interactions with correctional healthcare providers are understudied. The paper aims to discuss these issues. **[ABSTRACT EDITED]**

#### **Transgender health: access to care under threat.**

**Author(s):** The Lancet Diabetes Endocrinology

**Source:** The lancet. Diabetes & endocrinology; Jun 2018; vol. 6 (no. 6); p. 427

**Publication Type(s):** Editorial

**Benefits of Implementing and Improving Collection of Sexual Orientation and Gender Identity Data in Electronic Health Records.**

**Author(s):** Bosse, Jordon D; Leblanc, Raeann G; Jackman, Kasey; Bjarnadottir, Ragnhildur I

**Source:** Computers, informatics, nursing : CIN; Jun 2018; vol. 36 (no. 6); p. 267-274

**Publication Type(s):** Journal Article

**Abstract:** Individuals in lesbian, gay, bisexual, and transgender communities experience several disparities in physical and mental health (eg, cardiovascular disease and depression), as well as difficulty accessing care that is compassionate and relevant to their unique needs. Access to care is compromised in part due to inadequate information systems that fail to capture identity data. Beginning in January 2018, meaningful use criteria dictate that electronic health records have the capability to collect data related to sexual orientation and gender identity of patients. Nurse informaticists play a vital role in the process of developing new electronic health records that are sensitive to the needs and identities of the lesbian, gay, bisexual, and transgender communities. Improved collection of sexual orientation and gender identity data will advance the identification of health disparities experienced by lesbian, gay, bisexual, and transgender populations. More inclusive electronic health records will allow providers to monitor risk behavior, assess progress toward the reduction of disparities, and provide healthcare that is patient and family centered. Concrete suggestions for the modification of electronic health record systems are presented, as well as how nurse informaticists may be able to bridge gaps in provider knowledge and discomfort through interprofessional collaboration when implementing changes in electronic health records.

**Determinants of transgender individuals' well-being, mental health, and suicidality in a rural state**

**Author(s):** Smith, Adina J.; Hallum-Montes, Rachel; Nevin, Kyndra; Zenker, Roberta

**Source:** Journal of Rural Mental Health; May 2018 ; p. No

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

**Abstract:** This project utilized a Community-Based Participatory Research (CBPR) approach to conduct qualitative interviews with 30 transgender adults living in a rural state. Participants' identities spanned from trans women and men to nonbinary and Two-Spirit. The aim of this study was to better understand the experiences, needs, and priorities of the participants as well as to examine possible determinants of mental health, well-being, and suicidality for transgender individuals in Montana. These factors were investigated at individual, interpersonal, community, and societal levels using an ecological framework. Qualitative results indicate that participants experienced discrimination at all levels. Participants noted that discrimination contributed to mental health challenges and limited access to adequate general and transgender-specific health care services, both of which impacted overall well-being. This is reflected most notably in the elevated rate of past suicidal ideation attempts among the sample. Participants reported that the ability to transition, as well as other protective factors, played a role in reducing suicidality and improving mental and physical health. Our findings highlight the need to address transgender mental health through implementing changes at multiple ecological levels. (PsycINFO Database Record (c) 2018 APA, all rights reserved) (Source: journal abstract)

**Marginalization and social change processes among lesbian, gay, bisexual and transgender persons in swaziland: Implications for hiv prevention**

**Author(s):** H. Logie, Carmen; Perez-Brumer, Amaya; Jenkinson, Jesse; Madau, Veli

**Source:** AIDS Care; May 2018 ; p. No

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

**Abstract:**Swaziland has among the highest national adult HIV prevalence globally. There is limited knowledge of HIV vulnerabilities and prevention engagement among lesbian, gay, bisexual and transgender (LGBT) persons in the context of Swaziland's criminalization of consensual same-sex practices. This study explored social processes of marginalization to assess how they could potentiate HIV vulnerabilities and limit engagement in HIV prevention services. Additionally, we assessed positive change to better understand existing strategies employed by LGBT persons to challenge these HIV prevention barriers. Guided by community-based research methodology and conducted in Mbabane and Manzini, Swaziland, data were collected by LGBT peer-research assistants (PRA) in collaboration with an LGBT community organization in Manzini. Semi-structured interviews were conducted by trained PRAs and explored HIV prevention, including experiences of stigma and coping. Audio files were transcribed verbatim, translated to English, and analyzed using thematic techniques. Among participants (n = 51; mean age: 26.47, SD: 4.68), 40 self-identified as gay or lesbian (78.4%), 11 bisexual (22.6%), and 12 (23.5%) identified as transgender. Findings highlighted three primary processes of marginalization and positive change in structural, community, and internal domains. First, structural marginalization, which included criminalization, healthcare discrimination, and a scarcity of LGBT tailored HIV prevention resources was challenged by grassroots networks created to access and share specific HIV resources with LGBT persons and the Ministry of Health. Second, community marginalization included stigma and multi-dimensional forms of violence, however, this was met with LGBT persons providing mutual peer support, including for accessing HIV testing services. Thirdly, internal marginalization comprised of self-stigma and associated sexual risk practices was contrasted with coping strategies focused on self-acceptance, stemming from social support and leading to healthcare utilization. Jointly, these findings can inform the implementation of community-based and rights affirming HIV prevention and care cascade strategies that improve coverage of services with LGBT persons in Swaziland. (PsycINFO Database Record (c) 2018 APA, all rights reserved) (Source: journal abstract)

### **A comparison of mental health symptomatology and levels of social support in young treatment seeking transgender individuals who identify as binary and non-binary**

**Author(s):** Thorne, Nat; Witcomb, Gemma L.; Nieder, Timo; Nixon, Elena; Yip, Andrew; Arcelus, Jon

**Source:** International Journal of Transgenderism; May 2018 ; p. No

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

**Abstract:**Background: Previous research has consistently reported high rates of mental health symptomatology and lower social support in young treatment seeking transgender individuals. However, these studies have failed to distinguish between transgender people who identify within the gender binary and those who identify as non-binary. Aims: This study aimed to compare levels of mental health symptomatology (anxiety, depression, and non-suicidal self-injury behavior) and social support of treatment seeking non-binary transgender young individuals with those self-identified as binary transgender young individuals. All participants attended a national transgender health service in the UK during a 2-year period. Measures: Age and gender identity descriptors were collected, as well as clinical measures of anxiety and depression (Hospital Anxiety and Depression Scale), self-esteem (The Rosenberg Self-Esteem Scale), non-suicidal self-injury (Non-Suicidal Self-Injury: Treatment Related), and social support (Multidimensional Scale of Perceived Social Support). Results: A total of 388 young people, aged 16–25 years, agreed participation; 331 (85.3%) identified as binary and 57 (14.7%) as non-binary. Analysis of the data showed the non-binary group experienced significantly more anxiety and depression and had significantly lower self-esteem than the binary group. There were no significant differences between groups in the likelihood of engaging

in non-suicidal self-injury behavior or levels of social support. Conclusions: Non-binary identifying treatment seeking transgender youth are at increased risk of developing anxiety, depression, and low self-esteem compared to binary transgender youth. This may reflect the even greater barriers and feelings of discrimination that may be faced by those whose identity does not fit the notion of binary gender that is pervasive in how society views both cis- and transgender populations. (PsycINFO Database Record (c) 2018 APA, all rights reserved) (Source: journal abstract)

### **Structural Inequities and Social Networks Impact Hormone Use and Misuse Among Transgender Women in Los Angeles County.**

**Author(s):** Clark, Kirsty; Fletcher, Jesse B.; Holloway, Ian W.; Reback, Cathy J.

**Source:** Archives of Sexual Behavior; May 2018; vol. 47 (no. 4); p. 953-962

**Publication Type(s):** Academic Journal

**Abstract:** In order to reduce gender dysphoria and combat stigma, transgender women often affirm their gender through social and medical transition, which may include cross-sex hormone therapy. This study examined associations between medically monitored hormone use and hormone misuse (non-prescribed hormone use including "fillers"), structural inequities (access to housing, health insurance, and income), and social network dynamics among 271 transgender women in Los Angeles. Hormone use status was coded trichotomously (hormone use, hormone misuse, no hormone use), and robust multinomial logistic regression as well as novel social network analysis was conducted to examine associations. Results demonstrated that younger, African-American/Black transgender women were most likely to engage in hormone misuse compared to transgender women who were older or non-African-American/Black. One-third of the sample reported sex work as a main source of income, and this group was more likely to misuse hormones than those with another primary source of income. Transgender women with access to stable housing and health insurance were most likely to engage in medically monitored hormone use. Social network analysis revealed that transgender women with a greater number of hormone-using network alters were most likely to misuse hormones, but that using the Internet to find transgender friends mitigated this association. Results demonstrate the multifaceted risk profile of transgender women who use and misuse hormones, including that social networks play an important role in hormone usage among transgender women.

### **Self-Reported Discrimination in Health-Care Settings Based on Recognizability as Transgender: A Cross-Sectional Study Among Transgender U.S. Citizens.**

**Author(s):** Rodriguez, Amanda; Agardh, Anette; Asamoah, Benedict Opong

**Source:** Archives of Sexual Behavior; May 2018; vol. 47 (no. 4); p. 973-985

**Publication Type(s):** Academic Journal

Available at [Archives of Sexual Behavior](#) - from PubMed Central

**Abstract:** Discrimination has long been tied to health inequality. Rejected by families and communities because of their gender identity and gender-role behavior, transgender individuals are often socially marginalized. This study aimed to assess discrimination in health-care settings among persons self-identifying as transgender in the U.S. in relation to their recognizability as transgender, operationalized as how often they experienced that others recognized them as transgender. Data were obtained from the National Transgender Discrimination Survey (n = 6106 participants, assigned sex at birth = 3608 males, 2480 females, respectively). Binary logistic regressions were performed to examine associations between transgender recognizability and discrimination in health-care settings. Being recognized as transgender to any extent had a significant effect on perceived discrimination in health care. Always recognized as transgender showed significant associations with discrimination in

a health-care setting (OR 1.48) and the following individualized health-care settings: social service settings (rape crisis and domestic violence centers, OR 5.22) and mental health settings (mental health clinic and drug treatment program, OR 1.87). Sex work and other street economy, which are known experiential factors affected by discrimination, were also significantly associated with discrimination in health-care settings. Discrimination in health-care settings is pervasive for transgender who are recognized as transgender. Public health efforts to improve access to equitable health care for transgender individuals may benefit from consideration of demographic, experiential, and medical risk factors to more fully understand the source of the seemingly excess risk of discrimination among persons recognized by others as being transgender.

**Providing quality family planning services to LGBTQIA individuals: a systematic review.**

**Author(s):** Klein, David A.; Berry-Bibee, Erin N.; Keglovitz Baker, Kristin; Malcolm, Nikita M.

**Source:** Contraception; May 2018; vol. 97 (no. 5); p. 378-391

**Publication Type(s):** Academic Journal

**Abstract:**Objective: Lesbian, gay, bisexual, transgender, queer/questioning, intersex and asexual (LGBTQIA) individuals have unique sexual and reproductive health needs; however, facilitators and barriers to optimal care are largely understudied. The objective of this study was to synthesize findings from a systematic review of the literature regarding the provision of quality family planning services to LGBTQIA clients to inform clinical and research strategies. **[ABSTRACT EDITED]**

**Healthcare Utilization among Transgender Individuals in California.**

**Author(s):** Ehrenfeld, Jesse M.; Zimmerman, Del Ray; Gonzales, Gilbert

**Source:** Journal of Medical Systems; May 2018; vol. 42 (no. 5); p. 1-1

**Publication Type(s):** Academic Journal

**Abstract:**The article reports on healthcare plans for transgender people in California. It mentions that most of them seldomly use medical services due to either variances in medical needs or obstructions inducing challenges in accessing care. An overview of the U.S. Affordable Care Act (ACA) and its impact on the medical care of transgender people is also presented.

**Overcoming Barriers to Health Care Utilization by Transgender/gender Nonconforming Youth.**

**Author(s):** McBride, Deborah L.

**Source:** Journal of Pediatric Nursing; May 2018; vol. 40 ; p. 34-36

**Publication Type(s):** Academic Journal

**Redefining Perinatal Experience: A Philosophical Exploration of a Hypothetical Case of Gender-Diversity in Labour and Birth.**

**Author(s):** Richardson, Brianna; Price, Sheri; Campbell-Yeo, Marsha

**Source:** Journal of clinical nursing; May 2018

**Publication Type(s):** Journal Article

**Abstract:**OBJECTIVE AND AIMSUsing a queer phenomenological approach, the objective of this philosophical analysis is to explore the transgender experience in highly gendered clinical areas, such as the birth unit, and make recommendations on how to provide perinatal care that is inclusive of gender diversity within these areas. This paper aims to describes a hypothetical clinical experience to provide insight on the institutional barriers that currently exist and to provide nurses and midwives

with pragmatic strategies to enhance gender-diverse care in general and gendered clinical areas. **BACKGROUND** Currently, general healthcare providers are not sufficiently educated on how to care for and meet the needs of people who identify as lesbian, gay, bisexual, trans, queer, queer or questioning and other communities (LGBTQ+). This vulnerable population continually faces stigma, discrimination, and marginalization, which act as barriers to accessing healthcare services. Although transgender people often have difficulty accessing healthcare in general settings, they experience an even greater challenge within traditionally gendered clinical care areas. **[ABSTRACT EDITED]**

### **Transgender health research must serve transgender people.**

**Author(s):** Edmiston, E Kale

**Source:** BJOG : an international journal of obstetrics and gynaecology; May 2018

**Publication Type(s):** Journal Article

**Abstract:** Transgender health research is experiencing growing pains. More transgender people have been able to access careers as health professionals or researchers in recent years. Transgender community advocates and professionals have pushed the field forward. The literature has shifted from a pathology model to a minority stress model of health disparity. This article is protected by copyright. All rights reserved.

### **Caring for individuals with a difference of sex development (DSD): a Consensus Statement.**

**Author(s):** Cools, Martine; Nordenström, Anna; Robeva, Ralitsa; Hall, Joanne; Westerveld, Puck

**Source:** Nature reviews. Endocrinology; May 2018

**Publication Type(s):** Journal Article Review

**Abstract:** The term differences of sex development (DSDs; also known as disorders of sex development) refers to a heterogeneous group of congenital conditions affecting human sex determination and differentiation. Several reports highlighting suboptimal physical and psychosexual outcomes in individuals who have a DSD led to a radical revision of nomenclature and management a decade ago. Whereas the resulting recommendations for holistic, multidisciplinary care seem to have been implemented rapidly in specialized paediatric services around the world, adolescents often experience difficulties in finding access to expert adult care and gradually or abruptly cease medical follow-up. Many adults with a DSD have health-related questions that remain unanswered owing to a lack of evidence pertaining to the natural evolution of the various conditions in later life stages. This Consensus Statement, developed by a European multidisciplinary group of experts, including patient representatives, summarizes evidence-based and experience-based recommendations for lifelong care and data collection in individuals with a DSD across ages and highlights clinical research priorities. By doing so, we hope to contribute to improving understanding and management of these conditions by involved medical professionals. In addition, we hope to give impetus to multicentre studies that will shed light on outcomes and comorbidities of DSD conditions across the lifespan.

### **Measuring the Health of an Invisible Population: Lessons from the Colorado Transgender Health Survey.**

**Author(s):** Christian, Robin; Mellies, Amy Anderson; Bui, Alison Grace; Lee, Rita; Kattari, Leo;

**Source:** Journal of general internal medicine; May 2018

**Publication Type(s):** Journal Article



**Abstract:**BACKGROUND Transgender people, those whose gender identity does not match their sex assigned at birth, face barriers to receiving health care. These include discrimination, prohibitive cost, and difficulty finding transgender-inclusive providers. As transgender identities are not typically recognized in public health research, the ability to compare the health of the transgender population to the overall population is limited. OBJECTIVE The Colorado Transgender Health Survey sought to explore current disparities and their effects on the health of transgender people in Colorado. DESIGN AND PARTICIPANTS The Colorado Transgender Health Survey, based on the Behavioral Risk Factor Surveillance System (BRFSS), was developed by the Colorado Department of Public Health and Environment, transgender advocates, and transgender community members. Outreach was targeted to transgender-inclusive events and organizations. [ABSTRACT EDITED]

### **Transitioning Bodies. The Case of Self-Prescribing Sexual Hormones in Gender Affirmation in Individuals Attending Psychiatric Services.**

**Author(s):** Metastasio, Antonio; Negri, Attilio; Martinotti, Giovanni; Corazza, Ornella

**Source:** Brain sciences; May 2018; vol. 8 (no. 5)

**Publication Type(s):** Case Reports

Available at [Brain Sciences](#) - from PubMed Central

**Abstract:**Self-prescribing of sexual hormones for gender affirmation is a potentially widespread and poorly studied phenomenon that many clinicians are unaware of. The uncontrolled use of hormones poses significant health hazards, which have not been previously reported in the literature. We have collected seven clinical cases in general adult psychiatry settings (both inpatient and outpatients), describing transgender and gender non-conforming individuals' (TGNC) self-prescribing and self-administering hormones bought from the Internet without any medical consultation. Among these cases, two were taking androgens, and the rest were taking oestrogens. The main reason for self-administration of hormones seems to be the lack of access to specialised care due to discrimination and long waiting lists. We advocate for clinicians to be aware of the phenomenon and proactively help TGNC individuals by enquiring about self-prescribing of hormones, providing information and referring to the most appropriate treatment centre as well as encourage a public debate on the discrimination and the stigma that TGNC population suffer from. Overall, there is an urgent need for the implementation of different and innovative health care services for TGNC individuals as well as more targeted prevention strategies on such underreported and highly risky behaviours. Furthermore, it is necessary for every clinician involved in the care for TGNC people to be aware of their special needs and be able to be an allied and an advocate to help in reducing stigma and discrimination that affect the access to care for this often underserved population.

### **The Evolution of Transgender Surgery.**

**Author(s):** Zurada, Anna; Salandy, Sonja; Roberts, Wallisa; Gielecki, Jerzy; Schober, Justine;

**Source:** Clinical anatomy (New York, N.Y.); May 2018

**Publication Type(s):** Journal Article Review

**Abstract:**An estimated 1.4% of the population worldwide has been diagnosed with Gender Dysphoria, as defined by the Diagnostic and Statistical Manual of Mental Disorders. Gender reassignment, which holistically encompasses psychotherapy, hormonal therapy and genital and nongenital surgeries, is considered the most effective treatment for transgender non-conforming patients afflicted with gender dysphoria. Little research is currently available identifying the psychosocial needs of the transgender population and their access to preventative and primary care during this transitioning process. This article presents an overview of the evolution and current approaches to genital surgical procedures available for both male-to-female, as well as female-to-male gender-affirmation surgeries. This article is protected by copyright. All rights reserved.

**Viewpoint: Barriers to Insurance Coverage for Transgender Patients.****Author(s):** Learmonth, Claire; Vilorio, Rebekah; Lambert, Cei; Goldhammer, Hilary; Keuroghlian, Alex**Source:** American journal of obstetrics and gynecology; May 2018**Publication Type(s):** Journal ArticleAvailable at [American journal of obstetrics and gynecology](#) - from ScienceDirect

**Abstract:** Transgender people report discrimination in access to health care that is associated with numerous poor health outcomes, including higher prevalence of HIV infection, substance use disorders, and suicide attempts. The field of obstetrics and gynecology (OBGYN) is uniquely positioned to meet a wide range of health care needs for transgender people, and OBGYN clinicians can and ought to provide gender-affirming care for these patients. Despite growing evidence that gender-affirming care is both necessary and cost-effective, transgender patients continue to face barriers to securing insurance coverage, which prevents clinicians from practicing standards of care. The purpose of this article is to delineate the major barriers transgender patients face when seeking insurance reimbursement for services routinely available to cisgender (non-transgender) women.

## ChemSex and Recreational Drug Use

**Sex and orientation identity matter in the substance use behaviors of sexual minority adolescents in the United States.****Author(s):** Caputi, Theodore L.**Source:** Drug & Alcohol Dependence; Jun 2018; vol. 187 ; p. 142-148**Publication Type(s):** Academic Journal

**Abstract:** Background: Health sciences researchers are beginning to understand the differing experiences and health risks among sexual minority subgroups (i.e., those who describe themselves as homosexual/gay/lesbian, bisexual, or unsure/questioning). Such research can promote the allocation of resources to high-risk groups and the development of interventions tailored to their needs. The present study extends this line of research to substance use among adolescents. Methods: The lifetime and/or past 30-day alcohol, tobacco, cigarette, e-cigarette, marijuana, prescription drug, and illicit drug use of sexual minority and heterosexual adolescents was analyzed using data from the 2015 National Youth Risk Behavior Survey. Controlling for confounders, separate logistic regression models were fit for each substance use outcome. A simulation-based strategy was employed to report adjusted risk ratios for each substance use outcome for each sexual minority subgroup. Results: Sexual minority females, particularly bisexual females, were at an elevated risk for substance use. For example, compared to heterosexual females, sexual minority females were 1.35 (95%CI 1.16-1.56) times more likely to have used a substance in the past 30 days, and bisexual females had an even further elevated risk ratio (RR: 1.48, 95%CI 1.28-1.69). Conclusions: Studying the variance among sexual minority subgroups will help practitioners, advocates, and policymakers identify high risk subgroups. In the case of substance use, this study suggests sexual minority females, particularly bisexual females, should become a target population for prevention and other interventions. The study conducts post-hoc analyses on secondary data, and so these results should be verified in more targeted studies.

**Sexualised drug use in the United Kingdom (UK): A review of the literature.****Author(s):** Edmundson, Claire; Heinsbroek, Ellen; Glass, Rachel; Hope, Vivian; Mohammed, Hamish**Source:** International Journal of Drug Policy; May 2018; vol. 55 ; p. 131-148

**Publication Type(s):** Academic Journal

**Abstract:**Background: Sexualised drug use (SDU) refers to the use of drugs in a sexual context. This includes 'Chemsex'- the use of drugs (specifically crystal methamphetamine, GHB/GBL and mephedrone) before or during planned sexual activity to sustain, enhance, disinhibit or facilitate the experience. Here we aimed to synthesise available UK prevalence data for Chemsex, SDU and the use of Chemsex drugs in an undefined context (CDU) in men who have sex with men (MSM).Methods: Papers published between January 2007 and August 2017 reporting Chemsex, SDU and/or Chemsex drug use (CDU) prevalence in MSM were identified through PubMed. Citations were searched for further eligible publications. We also conducted a review of national surveillance data, extracting prevalence data for Chemsex, SDU or CDU. Synthesized data were then assessed to determine the time at which these drugs were taken, in this case just prior to or during sexual activity (event-level).Results: Our search identified 136 publications, of which 28 were included in the final data synthesis. Three of the four surveillance systems assessed provided SDU or CDU data in MSM. Few publications included event-level data for Chemsex (n = 4), with prevalence estimates ranging from 17% among MSM attending sexual health clinics (SHC) to 31% in HIV-positive MSM inpatients. Prevalence estimates for SDU (n = 7 publications) also varied considerably between 4% in MSM receiving HIV care to 41% among MSM attending SHC for HIV post-exposure prophylaxis (PEP). Eighteen publications provided data for CDU.Conclusion: Prevalence estimates varied considerably due to differences in the definition used and population assessed. Standardised definitions and studies with representative national samples of MSM are required to improve our understanding of the extent of Chemsex and its associated risks. Longitudinal event-level data for SDU and Chemsex are needed to monitor impact of interventions.

**Surveillance of sexualised drug use - the challenges and the opportunities.**

**Author(s):** Giraudon, Isabelle; Schmidt, Axel Jeremias; Mohammed, Hamish

**Source:** International Journal of Drug Policy; May 2018; vol. 55 ; p. 149-154

**Publication Type(s):** Academic Journal

**Abstract:**Sexualised drug use (SDU), the use of drugs in a sexual context, has emerged as a marker of high-risk sexual activity and poor sexual health among gay, bisexual and other men who have sex with men, however, there are no robust estimates of the prevalence of SDU. The primary sources of surveillance data on SDU should include both sexual health and drug treatment services. The challenges to achieving comprehensive, timely and valid SDU surveillance include establishing case definitions, selecting appropriate surveillance settings, and normalising the monitoring of SDU at clinical services. In this commentary we propose a means to address these challenges and discuss other sources of SDU data from ad hoc population surveys and sentinel systems. We also present case studies of SDU surveillance development in England and Switzerland. The patterns of SDU will be affected by a rapidly changing drug market and, as a result, surveillance systems must continuously adapt to ensure that they are fit for purpose and can provide data to guide policy.

**Demand for and availability of specialist chemsex services in the UK: A cross-sectional survey of sexual health clinics.**

**Author(s):** Wiggins, H.; Ogaz, D.; Mebrahtu, H.; Sullivan, A.; Bowden-Jones, O.; Field, N.; Hughes, G.

**Source:** International Journal of Drug Policy; May 2018; vol. 55 ; p. 155-158

**Publication Type(s):** Academic Journal

**Abstract:**Background/introduction: Chemsex amongst men who have sex with men (MSM) is well documented in major cities within the United Kingdom (UK), but few data from less urban areas exist. We undertook a survey of sexual health clinic (SHC) healthcare workers (HCWs) to explore

demand for and availability of chemsex services to understand training needs and inform service planning. **Methods:** An online survey was distributed to HCWs in all SHCs across the UK. For English clinics, we explored associations between responses and geo-demographic region using national surveillance data and population statistics. **Results:** Responses were received from 56% (150/270) of SHC's in the UK (89% (133/150) from English clinics). 80% (103/129) of UK clinics reported chemsex consultations and in 50% (65/129) these occurred at least monthly, with no significant difference found when analysed by the geo-demographic characteristics of England ( $p=0.38$ ). Respondents from most clinics (99% (117/118)) wanted chemsex training, 81 % (103/129) felt there was a local clinical need for a chemsex service and 33% (14/43) had chemsex care-pathways for referrals in place. **Discussion/conclusion:** Patients reporting chemsex regularly present to SHCs throughout the UK including rural areas. Given the potential negative health outcomes associated with chemsex, there is a need for local, high quality, appropriate services and training to minimise harm.

### **Mental health, drug use and sexual risk behavior among gay and bisexual men.**

**Author(s):** Prestage, Garrett; Hammoud, Mohamed; Jin, Fengyi; Degenhardt, Louisa; Bourne, Adam;

**Source:** International Journal of Drug Policy; May 2018; vol. 55 ; p. 169-179

**Publication Type(s):** Academic Journal

**Abstract:**Background: Compared to the general population, among gay and bisexual men (GBM) prevalence rates of anxiety and depression, and of drug use, are high. Objective: This paper explores the relationship between mental health, sexual risk behavior, and drug use among Australian GBM. We identify factors associated with indicators of poor mental health. **[ABSTRACT EDITED]**

### **Implications of survey labels and categorisations for understanding drug use in the context of sex among gay and bisexual men in Melbourne, Australia.**

**Author(s):** Ryan, Kathleen E.; Wilkinson, Anna L.; Pedrana, Alisa; Quinn, Brendan; Dietze, Paul

**Source:** International Journal of Drug Policy; May 2018; vol. 55 ; p. 183-186

**Publication Type(s):** Academic Journal

**Abstract:**Background: Reliably measuring drug use by gay, bisexual and other men who have sex with men (GBM) in the context of sex can inform sexual health service responses. We report changing drug use patterns among GBM testing for HIV at a community-based service in Melbourne in response to behavioural survey modifications. **Methods:** Surveys were completed by GBM prior to all HIV tests. Survey one asked about use of "party drugs for the purpose of sex" and survey two asked about specific drug use (alcohol, amyl nitrate, methamphetamine, cocaine, ecstasy, GHB, Viagra®/Cialis®) before or during sex. Differences in drug use prevalence and demographic and sexual risk correlates are reported. **Results:** Reported drug use increased from 16.9% in survey one to 54.0% in survey two. Among GBM completing both surveys, 45% who reported no drug use in survey one reported drug use in survey two. Drug use was associated with high HIV risk behaviours across both surveys. **Conclusion:** Survey modification improved ascertainment of drug use in the context of sex among GBM. Continued monitoring of drug use in this setting will improve our understanding the relationship between use of specific drugs and sexual health and help inform client focused health promotion.

### **Prevalence and correlates of recent injecting drug use among gay and bisexual men in Australia: Results from the FLUX study.**

**Author(s):** Bui, H.; Zablotska-Manos, I.; Hammoud, M.; Jin, F.; Lea, T.; Bourne, A.; Iversen, J.

**Source:** International Journal of Drug Policy; May 2018; vol. 55 ; p. 222-230

**Publication Type(s):** Academic Journal

**Abstract:**Background: While illicit drug use is prevalent among gay and bisexual men (GBM) in Australia, little is known about the factors associated with injecting drug use among GBM. Methods: The Following Lives Undergoing Change (FLUX) study is a national, online prospective observational cohort investigating drug use among Australian GBM. Eligible participants were men living in Australia who were aged 16.5 years or older, identified as gay or bisexual or had sex with at least one man in the last year. We examined baseline data for associations between socio-demographic and behavioural characteristics and recent (last six months) injecting using log-binomial regression. Results: Of 1995 eligible respondents, 206 (10.3%) reported ever injecting drugs and 93 (4.7%) had injected recently, most commonly crystal (91.4%) and speed (9.7%). Among recent injectors, only 16 (17.2%) reported injecting at least weekly; eight (8.6%) reported recent receptive syringe sharing. Self-reported HIV and HCV prevalence was higher among recent injectors than among other participants (HIV: 46.2% vs 5.0%,  $p < .001$ ; HCV: 16.1% vs. 1.2%,  $p < .001$ ); 10 sex partners: APR = 3.21, 95%CI 1.30-7.92), group sex (APR = 1.42, 95%CI 1.05-1.91) and condomless anal intercourse with casual partners (APR = 1.81, 95%CI 1.34-2.43) in the last six months. Conclusions: Observed associations between injecting and sexual risk reflect a strong relationship between these practices among GBM. The intersectionality between injecting drug use and sex partying indicates a need to integrate harm reduction interventions for GBM who inject drugs into sexual health services and targeted sexual health interventions into Needle and Syringe Programs.

**Chemsex and new HIV diagnosis in gay, bisexual and other men who have sex with men attending sexual health clinics.**

**Author(s):** Pakianathan, M; Whittaker, W; Lee, M J; Avery, J; Green, S; Nathan, B; Hegazi, A

**Source:** HIV medicine; May 2018

**Publication Type(s):** Journal Article

**Abstract:**OBJECTIVE The aim of the study was to analyse associations between chemsex and new HIV and sexually transmitted infection (STI) diagnoses among gay, bisexual and other men who have sex with men (GBMSM) accessing sexual health clinics. METHODS A retrospective case note review was carried out for all GBMSM attending two London sexual health clinics between 1 June 2014 and 31 July 2015. RESULTS Chemsex status was documented for 1734 of 1840 patients. Overall, 27.1% ( $n = 463$ ) disclosed current recreational drug use, of whom 286 (16.5%) disclosed chemsex participation and 74 of 409 (18.1%) injected drugs. GBMSM who were already HIV positive were more likely to disclose chemsex participation [adjusted odds ratio (AOR) 2.55; 95% confidence interval (CI) 1.89-3.44;  $P < 0.001$ ]. Those disclosing chemsex participation had higher odds of being newly diagnosed with HIV infection (AOR 5.06; 95% CI 2.56-10.02;  $P < 0.001$ ), acute bacterial STIs (AOR 3.94; 95% CI 3.00-5.17;  $P < 0.001$ ), rectal STIs (AOR 4.45; 95% CI 3.37-6.06;  $P < 0.001$ ) and hepatitis C (AOR 9.16; 95% CI 2.31-36.27;  $P = 0.002$ ). HIV-negative chemsex participants were also more likely to have accessed post-exposure prophylaxis for HIV in the study period and to report sex with a discordant HIV- or hepatitis C virus-infected partner ( $P < 0.001$ ). CONCLUSIONS Chemsex disclosure in sexual health settings is associated with higher rates of STI diagnoses, including HIV infection and hepatitis C. GBMSM attending sexual health services should therefore be assessed for chemsex participation and disclosure should prompt health promotion, harm minimization and wellbeing interventions.

**Changes in recreational drug use, drug use associated with chemsex, and HIV-related behaviours, among HIV-negative men who have sex with men in London and Brighton, 2013-2016.**

**Author(s):** Sewell, Janey; Cambiano, Valentina; Miltz, Ada; Speakman, Andrew; Lampe, Fiona C

**Source:** Sexually transmitted infections; Apr 2018

**Publication Type(s):** Journal Article

Available at [Sexually transmitted infections](#) - from BMJ Journals - NHS

**Abstract:**OBJECTIVEThe objective of this study was to compare the prevalence of polydrug use, use of drugs associated with chemsex, specific drug use, and HIV-related behaviours, between two time periods, using two groups of HIV-negative men who have sex with men (MSM) attending the same sexual health clinics in London and Brighton, in two consecutive periods of time from 2013 to 2016. [ABSTRACT EDITED]

**A community-led, harm-reduction approach to chemsex: case study from Australia's largest gay city.**

**Author(s):** Stardust, Zahra; Kolstee, Johann; Joksic, Stefan; Gray, James; Hannan, Siobhan

**Source:** Sexual health; Apr 2018; vol. 15 (no. 2); p. 179-181

**Publication Type(s):** Journal Article

Available at [Sexual health](#) - from EBSCO (MEDLINE Complete)

**Abstract:**Rates of drug use remain substantially higher among gay and bisexual men (GBM) and people living with HIV (PLHIV) in Sydney, New South Wales, Australia. The use of drugs to enhance sexual pleasure within cultures of Party and Play creates opportunities to discuss sexual health, mental health, consent and wellbeing. Community organisations with a history of HIV prevention, care, treatment are well-placed to respond. ACON's (formerly the AIDS Council of New South Wales) multi-dimensional response to 'chemsex' includes: direct client services support for individuals seeking to manage or reduce their use; health promotion activities that support peer education; partnerships with research institutions to better understand cultures of chemsex; and policy submissions that call for drug use to be approached as a health, rather than a criminal, issue. The approach speaks the language of Party and Play subcultures; employs culturally relevant terminology and imagery; uses content designed, created and delivered by peers; and operates within a pleasure-positive, harm-reduction and community-led framework. These interventions have led to increased service uptake, strong community engagement, robust research partnerships and the recognition of GBM as a priority population in relevant strategies.

**Thinking upstream: the roles of international health and drug policies in public health responses to chemsex.**

**Author(s):** Stevens, Oliver; Forrest, Jamie I

**Source:** Sexual health; Apr 2018; vol. 15 (no. 2); p. 108-115

**Publication Type(s):** Journal Article

Available at [Sexual health](#) - from EBSCO (MEDLINE Complete)

**Abstract:**Chemsex is a growing public health concern in urban centres, and few interventions exist to mitigate the significant sexual, drug-related, and social harms potentially experienced by people who participate in chemsex. In much of the world, these immediate harms are further compounded by the criminalisation and stigmatisation of both homosexuality and drug use, preventing participants fully engaging with treatment services or provision of health care. Gay, bisexual and other men who have sex with men participating in chemsex fall between the traditional definitions of key populations and consequently are poorly provided for by existing drug and sexual health frameworks. Aetiologically complex issues such as chemsex require multifaceted interventions that may fall outside conventional frameworks. Existing interventions have been designed and implemented at the local level. The use of international policy to mitigate these structural barriers, however, has largely been ignored. International policy is broad in nature and its implementation is,

in principle, binding for member states. We believe that despite its low international prevalence, international policy can be of use in improving the lives of people who participate in chemsex. Through stimulating a much-needed debate on the interplay between sex and drugs within global health and harm reduction frameworks, this paper aims to address the paucity of substantial discussion surrounding the applicability of international language to chemsex. We analyse international policy aimed at addressing HIV, illicit drugs, harm reduction, and development, and make recommendations for both national advocacy, and advocates working to alter the positions of member states internationally.

**Sharing solutions for a reasoned and evidence-based response: chemsex/party and play among gay and bisexual men.**

**Author(s):** Bourne, Adam; Ong, Jason; Pakianathan, Mark

**Source:** Sexual health; Apr 2018; vol. 15 (no. 2); p. 99-101

**Publication Type(s):** Journal Article

Available at [Sexual health](#) - from EBSCO (MEDLINE Complete)

**Abstract:** This Special Issue of Sexual Health examines research and healthcare practice relating to sexualised drug use among gay, bisexual and other men who have sex with men (GBMSM), colloquially known as 'chemsex' or 'party and play' (PnP). It draws together evidence relating to the epidemiology, sociology and psychology of chemsex, as well as the policy, community and clinical interventions that are required to ensure men have access to high-quality health care that meets their needs and reduces harm. Findings and discussions within the Issue emphasise the need to sensitively, non-judgementally and meaningfully engage with gay men about their engagement in chemsex in order to help improve their sexual health and wider wellbeing

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