Outreach

Your Outreach Librarian can help facilitate evidence-based practice for all Sexual Health staff, as well as assisting with academic study and research. We can help with literature searching, obtaining journal articles and books, and setting up individual current awareness alerts.

Literature Searching

We provide a literature searching service for any library member. For those embarking on their own research it is advisable to book some time with one of the librarians for a 1 to 1 session where we can guide you through the process of creating a well-focused literature research and introduce you to the health databases access via NHS Evidence.

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For more information, email: katie.barnard@uhbristol.nhs.uk

Books

Books can be searched for using SWIMS our online catalogue at www.swims.nhs.uk. Books and journals that are not available on site or electronically may be requested from other locations. Please email requests to: library@uhbristol.nhs.uk
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Latest relevant Systematic Reviews from the Cochrane Library

Antihelminthics in helminth-endemic areas: effects on HIV disease progression

New NICE Guidance

NG46 Controlled drugs: safe use and management

NHS Behind the Headlines

Pregnancy diabetes screening should be 'performed earlier'

Friday Apr 8 2016

Screening for gestational diabetes often takes place during the 28th week, but a new study suggests that diabetes-related changes to the baby can occur before that time...

Would you trust a smartphone app as a contraceptive?

Friday Apr 15 2016

"An innovative new app might provide a more effective form of birth control than the contraceptive pill," The Sun reports. The Natural Cycles fertility app combines the use of a thermometer to measure body temperature with calendar calculating...

Warning issued over alarming rise in 'super-gonorrhoea' cases

Monday Apr 18 2016

"Doctors have expressed 'huge concern' that super-gonorrhoea has spread widely across England," BBC News reports. Public Health England issued the warning about the rise of a strain of gonorrhoea that has developed resistance to a widely used antibiotic...
New activity in UpToDate

Endocrine Society Statement: Bioidentical hormone therapy (April 2016)

The Endocrine Society has issued a Scientific Statement warning against the use of "bioidentical hormone therapy" for managing menopausal symptoms [55]. This term refers to the use of custom-compounded, multi-hormone regimens (pills, gels, sublingual tablets, or suppositories) with dose adjustments based upon serial hormone monitoring. Compounded preparations typically include estradiol, estrone, estriol, progesterone, testosterone, and dehydroepiandrosterone (DHEA); of these hormones, only estradiol and progesterone are available as regulated, approved products. Included among the key points were the absence of randomized trials demonstrating either efficacy or safety of compounded bioidentical hormone therapy for treating menopausal symptoms and the absence of regulatory oversight. When tested, potencies and patterns of absorption of compounded estrogens have been highly variable. (See "Treatment of menopausal symptoms with hormone therapy", section on 'Bioidetical hormone therapy'.)

Quick Exercise

Heterogeneity

Heterogeneity is the extent to which studies brought together in a systematic review demonstrate variation across a range of key variables.

Match the different types of heterogeneity:

1. Statistical heterogeneity (conventionally just known as 'heterogeneity')
2. Methodological heterogeneity
3. Clinical heterogeneity

A. Variability in the participants, interventions and outcomes studied
B. Variability in study design and risk of bias
C. Variability in the intervention effects being evaluated in the different studies
Contraception and sexually transmitted diseases

**Title:** The shorter, the better: A review of the evidence for a shorter contraceptive hormone-free interval.

**Citation:** The European journal of contraception & reproductive health care : the official journal of the European Society of Contraception, Apr 2016, vol. 21, no. 2, p. 93-105, 1473-0782 (April 2016)

**Author(s):** Graziottin, Alessandra

**Abstract:** Objectives The menstrual cycle is characterised by cyclical fluctuations in oestrogens, progesterone and androgens. Changes in hormone levels in the premenstrual phase with the decline in progesterone trigger a physiological reaction which culminates in menstruation. This process is accompanied in many women by various symptoms such as pelvic pain, headache, mood disorders and gastrointestinal discomfort. The aim of this article was to summarise the latest findings on the physiology and pathophysiology of menstruation and review the impact of shortening the hormone-free interval (HFI) on the health and wellbeing of women. Results Menstruation can be viewed as an inflammatory event in which local and systemic effects produce symptoms in genital and extragenital regions of the body. The mast cells are the main mediator of this reaction. In women using hormonal contraceptives, menstrual bleeding is not biologically necessary and it may be advantageous to maintain more stable levels of oestrogens, progesterone and androgens throughout the cycle. New combined oral contraceptives (COCs) have been formulated with a progressively shorter HFI (24/4 and 26/2) than traditional 21/7 pills, with the rationale of reducing hormone withdrawal-associated symptoms. Several studies have shown the beneficial effects of these regimens, which reduce the inflammatory exposure of the female organism and thus have the capacity to increase the quality of life of women. A combination of estradiol valerate (E2V) and dienogest (DNG) is administered on the shortest 26/2 regimen. This regimen has a broad evidence base from randomised controlled trials that have examined the impact of E2V/DNG on symptoms and quality of life. Conclusions Shortening the HFI reduces the occurrence of bleeding-related inflammatory processes and subsequent physical and mental symptoms. The shortest interval with evidence of reproductive and sexual health benefits is provided by a 26/2 regimen.

**Title:** Preferential Cyclooxygenase 2 Inhibitors as a Nonhormonal Method of Emergency Contraception: A Look at the Evidence.

**Citation:** Journal of pharmacy practice, Apr 2016, vol. 29, no. 2, p. 160-164, 1531-1937 (April 2016)

**Author(s):** Weiss, Erich A, Gandhi, Mona

**Abstract:** To review the literature surrounding the use of preferential cyclooxygenase 2 (COX-2) inhibitors as an alternative form of emergency contraception. MEDLINE (1950 to February 2014) was searched using the key words cyclooxygenase or COX-2 combined with contraception, emergency contraception, or ovulation. Results were limited to randomized control trials, controlled clinical trials, and clinical trials. Human trials that measured the effects of COX inhibition on female
reproductive potential were included for review. The effects of the COX-2 inhibitors rofecoxib, celecoxib, and meloxicam were evaluated in 6 trials. Each of which was small in scope, enrolled women of variable fertility status, used different dosing regimens, included multiple end points, and had variable results. Insufficient evidence exists to fully support the use of preferential COX-2 inhibitors as a form of emergency contraception. Although all trials resulted in a decrease in ovulatory cycles, outcomes varied between dosing strategies and agents used. A lack of homogeneity in these studies makes comparisons difficult. However, success of meloxicam in multiple trials warrants further study. Larger human trials are necessary before the clinical utility of this method of emergency contraception can be fully appreciated. © The Author(s) 2014.

Title: Lidocaine 10% spray to the cervix reduces pain during intrauterine device insertion: a double-blind randomised controlled trial.

Citation: The journal of family planning and reproductive health care / Faculty of Family Planning & Reproductive Health Care, Royal College of Obstetricians & Gynaecologists, Apr 2016, vol. 42, no. 2, p. 83-87, 2045-2098 (April 2016)

Author(s): Aksoy, Hüseyin, Aksoy, Ülkü, Ozyurt, Sezin, Açmaz, Gökhan, Babayigit, Mustafa

Abstract: Fear of pain during intrauterine device (IUD) insertion can be a barrier to widespread use of this safe and highly effective contraceptive method. Our objective was to determine the effectiveness of topical 10% lidocaine spray for pain control during IUD insertion. A total of 200 subjects with the request for IUD insertion were included in the study. The patients were randomly divided into two groups: lidocaine spray (n=100) and placebo (n=100). The pain experienced during the procedure was measured immediately after insertion by a standard Visual Analogue Scale (VAS) administered by a separate researcher with maintenance of allocation concealment. The mean pain score during the procedure was 1.01±1.20 in the lidocaine spray group and 3.23±1.60 in the placebo spray group (p<0.001). Lidocaine spray treatment significantly lowered the overall procedural pain score compared with placebo. Significant pain reduction during IUD insertion can be achieved by using 10% lidocaine spray alone. Lidocaine spray can be accepted as a non-invasive, easy to apply and more comfortable local anaesthetic method for IUD insertion. NCT02020551. Published by the BMJ Publishing Group Limited. For permission to use (where not already granted under a licence) please go to http://www.bmj.com/company/products-services/rights-and-licensing/

Title: Assessing feasibility and acceptability of a brief intervention for risky alcohol consumption in sexual health clinic attendees: a randomised controlled trial.

Citation: The journal of family planning and reproductive health care / Faculty of Family Planning & Reproductive Health Care, Royal College of Obstetricians & Gynaecologists, Apr 2016, vol. 42, no. 2, p. 143-151, 2045-2098 (April 2016)

Author(s): Roderick, Paul, S Sundaram, Sangeetha, Dimitrov, Borislav D, Dewhirst, Susan, Tucker, Linda J, Leydon, Geraldine, Sheron, Nick, Frater, Alison, Harindra, Veerakathy

Abstract: To assess the feasibility and acceptability of screening attendees at a sexual health clinic (SHC) for alcohol misuse, and delivering a brief intervention (BI). To explore the effect of this BI on drinking and sexual behaviour. A consecutive sample of consenting SHC attendees aged ≥16 years were screened using Alcohol Use Disorders Identification Test Consumption (AUDIT-C). Men scoring ≥5 and women scoring ≥4 were invited to complete the full AUDIT, alcohol diary and baseline
questionnaire. Participants were randomised to receive BI by a trained sexual health professional or a standard alcohol leaflet (usual care, UC). All were followed up for changes in alcohol and sexual behaviour at 6 weeks and 6 months. A fidelity check and staff focus group were undertaken. Of 664 participants screened, 215 (32%) were eligible for randomisation and 207 were included in the final analysis: 103 (BI) and 104 (UC). Follow-up rates were 54% and 47% at 6 weeks and 6 months, respectively. Both groups reduced alcohol consumption though the degree of change did not differ between them. There was some evidence of positive changes in sexual health risk in both groups. BI was delivered as intended, adding 5 minutes to the consultation, and staff feedback was positive. Alcohol misuse was common in SHC attendees. Systematic assessment and BI for alcohol misuse was feasible and acceptable to staff and patients. Identification and provision of standard information alone appeared to influence drinking and sexual behaviour. ISRCTN19452424. Published by the BMJ Publishing Group Limited. For permission to use (where not already granted under a licence) please go to http://www.bmj.com/company/products-services/rights-and-licensing/

Title: The impact of short-term depot-medroxyprogesterone acetate treatment on resting metabolic rate.

Citation: Contraception, Apr 2016, vol. 93, no. 4, p. 317-322, 1879-0518 (April 2016)

Author(s): Steward, Ryan G, Bateman, Lori A, Slentz, Cris, Stanczyk, Frank Z, Price, Thomas M

Abstract: This study examines the effect of a progestogen (depot-medroxyprogesterone acetate, DMPA) on resting metabolic rate (RMR) in a cohort of young, normal-weight healthy women. We hypothesize an increase in RMR and nonshivering thermogenesis (NST) resulting in increased body temperature by DMPA. We performed a prospective cohort study in 13 subjects tested at baseline, 3 weeks and 9 weeks after 150mg intramuscular DMPA administration. RMR was determined with indirect calorimetry. Secondary endpoints included changes in body mass index (BMI), body composition, temperature and serum levels of estradiol (E2), luteinizing hormone (LH), progesterone and MPA. The percent change in RMR from baseline to week 3 (9%) was significantly higher than the percent change from baseline to week 9 (1.6%) (p=.045). The greatest percent change from baseline to week 3 compared to baseline to week 9 was seen in women initiating DMPA in the luteal phase of the cycle. Hypothalamic-pituitary-ovarian axis was evident by decreases in E2, LH and progesterone. DMPA resulted in increased body temperature with a significant correlation between the change in body temperature and the change in RMR. No change in body composition was seen. RMR and NST increased in young healthy women with normal BMI 3 weeks after receiving the initial dose of 150mg DMPA for contraception. The effect was augmented when the drug was administered during the luteal phase of the menstrual cycle. DMPA increases RMR and thermogenesis independent of changes in body mass. An increase in weight with chronic DMPA may result from a combination of hyperphagia and abnormal NST in predisposed individuals. Copyright © 2016 Elsevier Inc. All rights reserved.


Citation: AIDS and Behavior, Apr 2016, (Apr 16, 2016), 1090-7165 (Apr 16, 2016)

Author(s): Fernandez, M. Isabel, Hosek, Sybil G., Hotton, Anna L., Gaylord, Sanford E., Hernandez, Nilda, Alfonso, Sarah V., Joseph, Heather
**Abstract:** POWER is a theory-based, on-line HIV prevention intervention developed specifically for Black men who have sex with men and women (BMSMW), an understudied group significantly impacted by HIV. To test its efficacy, we recruited 224 BMSMW using chain referral methods and randomly assigned 108 to POWER and 103 to a health information comparison condition. Three months after the intervention, participants assigned to POWER had lower odds of reporting any condomless vaginal or condomless anal intercourse (CVAI) compared to those in the comparison group (aOR = 0.49; 95% CI 0.25–0.98; p = 0.044). The intervention was associated with significantly lower odds of condomless anal intercourse with male partners (aOR = 0.55; 95% CI 0.34–0.91; p = 0.020) but not with female partners and serodiscordant sex with male partners but not with female partners. Future studies are needed to replicate these findings in larger and more diverse samples of BMSMW and to understand the underlying mechanisms through which intervention efficacy was achieved. (PsycINFO Database Record (c) 2016 APA, all rights reserved)(journal abstract)

**Title:** Safer sex in a digital world: A Web-based motivational enhancement intervention to increase condom use among college women.

**Citation:** Journal of American college health : J of ACH, Apr 2016, vol. 64, no. 3, p. 184-193, 1940-3208 (April 2016)

**Author(s):** Starosta, Amy J, Cranston, Emma, Earleywine, Mitch

**Abstract:** This study is a randomized trial of a Web-based intervention to increase condom use among college women. From October 2012 to March 2013, N = 422 completed baseline questionnaires and intervention procedures. n = 216 completed 3-month follow-up. Participants completed a decisional balance exercise examining their sex acts over the past 3 months and wrote an essay encouraging young girls to use condoms. All procedures were conducted online. The intervention improved intentions to use and attitudes towards condoms for 3 subscales of condom attitudes. Attitudes following the intervention significantly predicted condom use at 3-month follow-up, and this relationship was mediated by condom intentions immediately post intervention. The relationship between intentions and condom use was moderated by group. The intervention improved condom attitudes and intentions immediately post intervention, and immediately post intervention intentions had a greater impact on condom use at 3-month follow-up among those in the condom intervention compared with those in the control group.

**Title:** Intrauterine device placement at 3 versus 6weeks postpartum: a randomized trial.

**Citation:** Contraception, Apr 2016, vol. 93, no. 4, p. 356-363, 1879-0518 (April 2016)

**Author(s):** Baldwin, Maureen K, Edelman, Alison B, Lim, Jeong Y, Nichols, Mark D, Bednarek, Paula H, Jensen, Jeffrey T

**Abstract:** To investigate whether early placement of an intrauterine device (IUD) at 3weeks after delivery, compared to placement at 6weeks, is associated with greater use at 3months postpartum. This prospective randomized, controlled trial enrolled inpatient postpartum women intending to use intrauterine contraception. Participants were assigned to an early (3week) or standard (6week) postpartum visit with IUD placement and were followed for 6months. We used transvaginal ultrasonography to confirm placement and measure uterine dimensions. We measured pain with IUD insertion and satisfaction with IUD timing using 100-mm visual analog scales. Data were analyzed based on randomization and actual timing of insertion (18-24 vs. 39-45days).
February 2012 and December 2013, 201 subjects were enrolled (early=101; standard=100). Most participants returned for IUD placement as scheduled; 70.1% (53/75) in the early group, 74.3% (58/78) in the standard group (p=.06). IUD use did not differ between groups at 3months (73/100, 73.0% and 73/97, 75.3%, respectively, p=.72) or 6months (80.3% and 82.8%, p=.71) amongst those women for whom follow-up was available. Women randomized to 6-week insertion were more likely to have resumed intercourse prior to the IUD appointment (15/64, 23.4% vs. 5/68, 7.3%, p=.01). Pain with insertion (19.9 vs. 25.1, respectively, p=.21) and satisfaction (89.6 vs. 93.4, respectively, p=.23) did not vary based on actual timing of insertion. Offering IUD placement at 3weeks postpartum compared to standard scheduling at 6weeks does not result in increased use at 3months. However, early IUD placement is acceptable to women and without increased pain. This study demonstrates that IUD placement as early as 3weeks postpartum is feasible. Larger studies are needed to evaluate risks and benefits of IUD placement at this early interval. While earlier timing does not result in increased IUD uptake, early placement should be explored as an option since many women resume intercourse before 6weeks. Copyright © 2016 Elsevier Inc. All rights reserved.

Title: Signs and symptoms associated with early pregnancy loss: findings from a population-based preconception cohort.

Citation: Human reproduction (Oxford, England), Apr 2016, vol. 31, no. 4, p. 887-896, 1460-2350 (April 2016)


Abstract: What is the relationship between signs and symptoms of early pregnancy and pregnancy loss <20 weeks' gestation? Vaginal bleeding is associated with increased incidence of early pregnancy loss, with more severe bleeding and bleeding accompanied by lower abdominal cramping associated with greater incidence of loss; conversely, vomiting is associated with decreased incidence of early pregnancy loss, even in the setting of vaginal bleeding, while nausea alone is not. Two previous cohort studies with preconception enrollment suggested that bleeding is associated with loss while nausea is inversely associated with loss though these studies were limited by small study size and reporting after loss ascertainment. No prior preconception cohort study has examined multiple signs and symptoms in relation to pregnancy loss. Population-based preconception cohort of 501 couples discontinuing contraception to try for pregnancy in 16 counties in Michigan and Texas, USA. Participants were followed daily until positive home pregnancy test or 12 months of trying without an hCG pregnancy; women who became pregnant were followed daily from 2 to 7 weeks post-conception. Three hundred and forty-seven women had a positive home pregnancy test denoting hCG pregnancy. Three hundred and forty-one women remained after excluding ineligible pregnancies. Women recorded daily from 2 to 7 weeks post-conception their signs and symptoms, including vaginal bleeding (none, spotting, light, moderate and heavy), lower abdominal cramping, nausea and vomiting. Pregnancy losses were ascertained by a subsequent negative home pregnancy test, clinical confirmation or onset of menses, depending on gestational age at loss; time-to-loss was measured in days post-conception. Cumulative incidence functions and 95% confidence intervals (CIs) were constructed for each sign or symptom, and hazard ratios (HRs) and 95% CIs for presence compared with absence of signs or symptoms were estimated using Cox proportional hazard models. Women experienced lower abdominal cramping (85%), nausea (48%), vomiting (46%) and light/moderate/heavy vaginal bleeding (24%) during early pregnancy. Ninety-five (28%) women experienced a loss. Cumulative incidence of pregnancy loss varied by symptomatology: 19% for vomiting, 27% for lower abdominal cramping, 35% for nausea only, 52% for vaginal bleeding, 81% for vaginal bleeding with lower abdominal cramping. Incidence of pregnancy loss was increased among women with vaginal bleeding (HR: 3.62, 95% CI: 2.29-5.74) and among women with vaginal bleeding...
and lower abdominal cramping (HR: 5.03, 95% CI: 2.07-12.20). Incidence of pregnancy loss was
decreased for women with vomiting (HR: 0.51, 95% CI: 0.30-0.86). In the setting of vaginal bleeding
with lower abdominal cramping, vomiting reduced the incidence of pregnancy loss (HR: 0.24, 95% CI:
0.11-0.56). There were few losses beyond 14 weeks gestation; thus, the precision of our findings
related to losses occurring after the first trimester is limited. By using sensitive home pregnancy
tests, we are able to document and characterize the cumulative incidence of the earliest pregnancy
losses, which constitute the majority of losses. The use of daily, prospective capture of signs and
symptoms relative to ascertainment of pregnancy loss minimizes potential biases associated with
reporting after rather than before a loss, which could potentially distort the relationship between
signs and symptoms and pregnancy loss. The findings of our study suggest that it may be useful to
develop prognostic models for pregnancy loss based on signs and symptoms. This study was
supported by the Intramural Research Program of the Eunice Kennedy Shriver National Institute of
Child Health and Human Development, National Institutes of Health (contract numbers N01-HD-3-
3355; N01-HD-3-3356; N01-HD-3-3358).

**Domestic violence**

**Title:** Adapting an Evidence-Based HIV-Prevention Intervention for Women in Domestic Violence Shelters.

**Citation:** Psychology of Violence, Apr 2016, (Apr 7, 2016), 2152-0828 (Apr 7, 2016)

**Author(s):** Cavanaugh, Courtenay E., Campbell, Jacquelyn, Braxton, Nikia, Harvey, Jenna, Wingood, Gina

**Abstract:** Objective: Despite the documented intersection of intimate partner violence (IPV) and HIV,
there is a paucity of evidence-based HIV prevention interventions for female survivors of IPV in the
United States. This article describes the adaptation of an effective HIV prevention intervention,
Sisters Informing Sisters About Topics on AIDS (SISTA), for women in domestic violence shelters and
the steps taken to improve the adapted intervention’s implementation. Method: The adaptation
process was guided by the ADAPT-ITT framework and data collected from directors, direct client
service providers, and residents of 2 domestic violence shelters located in urban areas, as well as
topical experts. Results: Eleven of 12 shelter staff (92%) reported that HIV interventions had never
been implemented at their shelter and 64% reported they had not provided residents with
educational brochures about HIV prevention. Changes made to adapt SISTA for this population and
enhance the implementation of the intervention included reducing the intervention’s duration;
adding education about the intersection of IPV, substance use, and HIV; and adding an HIV risk
assessment and safety plan. Conclusions: Next steps will include implementing the adapted
intervention and evaluating its perceived acceptability and efficacy, and assessing whether
contextual factors influence the intervention’s implementation. (PsycINFO Database Record (c) 2016
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**Full Text:**
Available from *ProQuest* in *Psychology of Violence*

**Title:** A systematic review and narrative report of the relationship between infertility, subfertility,
and intimate partner violence.
Citation: International journal of gynaecology and obstetrics: the official organ of the International Federation of Gynaecology and Obstetrics, Apr 2016, vol. 133, no. 1, p. 3-8, 1879-3479 (April 2016)

Author(s): Stellar, Carmen, Garcia-Moreno, Claudia, Temmerman, Marleen, van der Poel, Sheryl

Abstract: Infertility/subfertility could be a formerly unrecognized risk factor for intimate partner violence (IPV). To review the evidence on the association between infertility/subfertility in women and the risk of IPV. Seven databases were searched for articles published in English or Spanish between January 2000 and July 2015. Studies were included if they analyzed the relationship between infertility/subfertility and IPV in a quantitative manner. A systematic search was completed by one author, and articles meeting the inclusion/exclusion criteria were chosen by two authors. It was not possible to pool the data because of heterogeneity in the study design, the methods, and the definitions of IPV and infertility/subfertility found across the studies. Instead, a narrative report was completed. Twenty-one papers met the inclusion/exclusion criteria. The available evidence indicated that infertility/subfertility is associated with IPV in low- and middle-income countries (LMICs). Infertility/subfertility is associated with an increased risk of experiencing IPV in LMICs. Future research should focus on studies with a homogenous design, rigorous methodology, and appropriately selected study and control groups. Qualitative research would also be invaluable to assess the impact of relevant social variables on outcomes. Copyright © 2015. Published by Elsevier Ireland Ltd.

Title: The association of intimate partner violence with unintended pregnancy and pregnancy loss in Pakistan.


Author(s): Zakar, Rubeena, Nasrullah, Muazzam, Zakar, Muhammad Z, Ali, Hussain

Abstract: To determine if intimate partner violence (IPV) was associated with unintended pregnancy and pregnancy loss among married women in Pakistan. A retrospective analysis was conducted using nationally representative cross-sectional secondary data from women of reproductive age who were currently married and had participated in the domestic violence module of the 2012-13 Pakistan Demographic and Heath Survey. Unintended pregnancy and pregnancy loss were defined as any mistimed or unwanted pregnancy, and any pregnancy that resulted in spontaneous abortion, induced abortion, or stillbirth, respectively. Associations with IPV were assessed by calculating adjusted odds ratios using logistic regression models. Data from 3518 individuals were included. Pregnancy loss had been experienced by 1282 (36.4%) participants and unintended pregnancy was reported by 391 (19.5%) of 2005 individuals this information was available for. In total, 1335 (37.9%) participants reported having ever experienced any form of IPV, including 919 (26.1%), 1112 (31.6%), and 697 (19.8%) participants who had experienced physical, emotional, and both emotional and physical IPV. Significant associations were observed between participants experiencing either physical or emotional IPV, emotional IPV, and both emotional and physical IPV, and unintended pregnancy (P=0.017, P<0.001, and P=0.011, respectively) and pregnancy loss (P=0.002, P=0.005, and P<0.001, respectively). There is an urgent need to develop preventive strategies to reduce intramarital IPV and its associated poor health outcomes. Copyright © 2015 International Federation of Gynecology and Obstetrics. Published by Elsevier Ireland Ltd. All rights reserved.
Title: Advancing survey science for intimate partner violence: The Partner Victimization Scale and other innovations.

Citation: Psychology of Violence, Apr 2016, vol. 6, no. 2, p. 352-359, 2152-0828 (Apr 2016)

Author(s): Hamby, Sherry

Abstract: This reply addresses the key points raised by Straus as well as Jouriles and Kamata in their commentaries on Hamby (2016), including (a) that the Partner Victimization Scale (PVS) has already shown incremental validity because it has demonstrated a well-established form of validity, multimethod convergence, which some self-report measures cannot show, in addition to data on reliability and construct validity; (b) that it is not uncommon for new scientific technologies to lead to improvements in sensitivity as well as specificity, (c) that the PVS is a measure of intimate partner violence, not a measure of physical assault, which is why it also includes sexual violence (although gender parity is not found for the physical assault items); and (d) that the PVS does not refer to fear or any related terms. Additional data have replicated the PVS findings from Hamby’s Study 4, and new findings from other researchers have also shown that changes in item wording can bring intimate partner violence (IPV) self-report in line with other indicators regarding gender patterns. Of importance, the items on at least 2 of these methodologies, the PVS and the new Youth Risk Behavior Survey, increase disclosure of victimization by females. The conceptual basis for understanding how improved scientific technology can increase sensitivity and specificity is presented. It is an exciting time in IPV measurement because several alternatives that address the decades-old controversy in multimethod divergence in gender patterns are now available. It is hoped that more scientific innovation will occur in the future. (PsycINFO Database Record (c) 2016 APA, all rights reserved)(journal abstract)

Full Text: Available from ProQuest in Psychology of Violence

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Contact the Sexual Health Outreach librarian:

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