

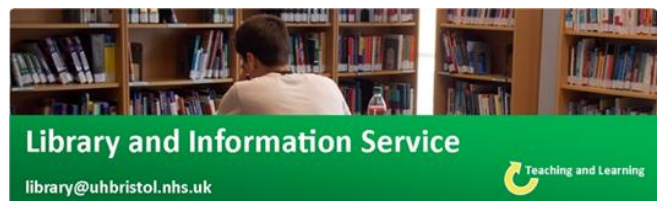
Sexual Health

Evidence Update



December 2017
(Quarterly)

Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.



Lunchtime Drop-in Sessions

All sessions last one hour

December (12.00-13.00)

7th (Thu)	Statistics
14th (Thu)	Literature Searching
20th (Wed)	Critical Appraisal

January (13.00-14.00)

4th (Thu)	Statistics
8th (Mon)	Literature Searching
18th (Thu)	Critical Appraisal
24th (Wed)	Statistics

February (12.00-13.00)

1st (Thu)	Literature Searching
9th (Fri)	Critical Appraisal
12th (Mon)	Statistics
20th (Tue)	Literature Searching
28th (Wed)	Critical Appraisal




Your Outreach Librarian – Jo Hooper

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Contents

Your Outreach Librarian – Jo Hooper	2
 Royal College of Obstetricians & Gynaecologists	4
NICE National Institute for Health and Care Excellence	4
 Cochrane Library	4
 UpToDate ®	5
NHS ‘Behind the Headlines’	Error! Bookmark not defined.
Contraception and sexually transmitted diseases	5
Domestic Violence, Sexual Assault.....	13
FGM	21
Safeguarding Children	23
Gender Identity, Sexual Identity and Psychosexuality	28
ChemSex and Recreational Drug Use.....	44
International Journal of STD & AIDS	47
Sexually Transmitted Infection	47
Journal of Family Planning and Reproduction	47

Updates



Royal College of
Obstetricians &
Gynaecologists

[Guidelines & research services](#)

NICE National Institute for
Health and Care Excellence

[FGM: Responding to Female Genital Mutilation in Scotland. Multi-Agency guidance.](#) [PDF]

27 November 2017 - Publisher: Scottish Government [Read Summary](#)

[Equally Safe: a Delivery Plan for Scotland's strategy to prevent and eradicate violence against women and girls. 2017-21](#) [PDF]

24 November 2017 - Publisher: Scottish Government [Read Summary](#)

[Getting it Right for Children and Young People](#) [PDF]

Source: [Royal College of Nursing - RCN](#) - 04 December 2017

 [CEU Clinical Guidance: Drug Interactions with Hormonal Contraception - November 2017](#) [PDF]

Source: [Faculty of Sexual and Reproductive Healthcare](#) - 20 November 2017

[IUD contraception linked to lower cervical cancer risk](#)

Source: [NHS Choices](#) - 09 November 2017

[Cuts, closures and contraception: An audit of local contraceptive services in England](#) [PDF]

14 November 2017 - Publisher: Advisory Group on Contraception [Read Summary](#)

[Using a multi-state Learning Community as an implementation strategy for immediate postpartum long-acting reversible contraception](#)

Source: [Implementation Science](#) - 21 November 2017 - Publisher: BioMed Central

[How to spot child sexual exploitation](#)

Source: [NHS Choices](#) - 24 November 2017

[Getting it Right for Children and Young People](#) [PDF]

Source: [Royal College of Nursing - RCN](#) - 04 December 2017



Cochrane
Library

[Medical and surgical abortion for women living with HIV](#)

Online Publication Date: November 2017

UpToDate®

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

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

Literature review current through: Nov 2017. | This topic last updated: Dec 06, 2017.

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

Literature review current through: Nov 2017. | This topic last updated: Dec 06, 2017.

[Adolescent sexuality](#)

Literature review current through: Nov 2017. | This topic last updated: Nov 12, 2017.

[Transgender men: Evaluation and management](#)

Literature review current through: Nov 2017. | This topic last updated: Dec 06, 2017.

[Primary care of transgender individuals](#)

Literature review current through: Nov 2017. | This topic last updated: Nov 01, 2016.

[Intrauterine contraception: Devices, candidates, and selection](#)

Literature review current through: Nov 2017. | This topic last updated: Nov 29, 2017.

[Screening for sexually transmitted infections](#)

Literature review current through: Nov 2017. | This topic last updated: Dec 07, 2017.

Recent Database Articles

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

Contraception and sexually transmitted diseases

Sexual and Reproductive Health Care Receipt Among Young Males Aged 15-24

Author(s): Marcell A.V.; Arrington-Sanders R.; Jennings J.M.; Gibbs S.E.; Pilgrim N.A.; Page K.R.

Source: Journal of Adolescent Health; 2017

Publication Type(s): Article In Press

Abstract: Purpose: This study aimed to describe young men's sexual and reproductive health care (SRHC) receipt by sexual behavior and factors associated with greater SRHC receipt. Methods: There were 427 male patients aged 15-24 who were recruited from 3 primary care and 2 sexually transmitted disease (STD) clinics in 1 urban city. Immediately after the visit, the survey assessed

receipt of 18 recommended SRHC services across four domains: screening history (sexual health, STD/HIV test, family planning); laboratories (STDs/HIV); condom products (condoms/lubrication); and counseling (STD/HIV risk reduction, family planning, condoms); in addition, demographic, sexual behavior, and visit characteristics were examined. Multivariable Poisson regressions examined factors associated with each SRHC subdomain adjusting for participant clustering within clinics. Results: Of the participants, 90% were non-Hispanic black, 61% were aged 20-24, 90% were sexually active, 71% had female partners (FPs), and 20% had male or male and female partners (M/MFPs). Among sexually active males, 1 in 10 received all services. Half or more were asked about sexual health and STD/HIV tests, tested for STDs/HIV, and were counseled on STD/HIV risk reduction and correct condom use. Fewer were asked about family planning (23%), were provided condom products (32%), and were counseled about family planning (35%). Overall and for each subdomain, never sexually active males reported fewer services than sexually active males. Factors consistently associated with greater SRHC receipt across subdomains included having M/MFPs versus FPs, routine versus non-STD-acute visit, time alone with provider without parent, and seen at STD versus primary care clinic. Males having FPs versus M/MFPs reported greater family planning counseling. Conclusions: Findings have implications for improving young men's SRHC delivery beyond the narrow scope of STD/HIV care. Copyright © 2017 The Society for Adolescent Health and Medicine.

"It's Pretty Hard to Tell Your Mom and Dad That You're on a Method": Exploring How an App Could Promote Adolescents' Communication with Partners and Parent(s) to Increase Self-Efficacy in Long-Acting Reversible Contraception Use

Author(s): Shakibnia E.B.; Timmons S.E.; Gold M.A.; Garbers S.

Source: Journal of Pediatric and Adolescent Gynecology; 2017

Publication Type(s): Article In Press

Abstract: Study Objective: Youth-friendly information and support are integral components to promote adolescents' successful use of long-acting reversible contraception (LARC), and smartphone apps offer a promising medium. To inform content development for an app guided by the Health Belief Model, we conducted interviews with adolescent LARC users to assess self-efficacy and experiences with LARC, their communication with partners and parent(s) about LARC, and how apps could support this communication. Design, Setting, and Participants: We conducted semistructured, in-depth interviews with 30 female adolescent LARC users enrolled in urban school-based health centers. Interventions and Main Outcome Measures: Descriptive analyses were used to assess demographic characteristics, experience and comfort communicating with current and future partners and parent(s) about LARC, self-efficacy around LARC, and how app elements could support LARC use. Results: Participants (mean age, 16 years; range, 14-19 years) were predominately Hispanic (77%; n = 23) and black (20%; n = 6). Almost all (97%; n = 29) had told their current partner about their LARC, but of these, only 15 (50%) would feel comfortable talking with a new sexual partner. Most participants (73%; n = 22) had not told their parent(s) about getting a LARC, but many reported they were likely to share app information with their parent(s). Of the few participants who did tell their parent(s), 38% (n = 3) reported that it was difficult to do so. Adolescents described ways in which app use could help initiate conversations with new partners and parent(s). Conclusion: These findings suggest the potential of a theory-based smartphone app to meet adolescent LARC users' information and support needs. The app should include information on strategies for communicating with future partners and parent(s). Copyright © 2017 North American Society for Pediatric and Adolescent Gynecology.

Sexuality and Reproductive Health in Young People with Disability: A Systematic Review of Issues and Challenges

Author(s): Manoj M.P.; Suja M.K.

Source: Sexuality and Disability; Dec 2017; vol. 35 (no. 4); p. 507-516

Publication Type(s): Article

Abstract:The life of young people with disability are troubled with barriers and difficulties than the people graced with perfect physical health. Only a little is known about their sexual life and procreation. This paper, however intends to conduct a systematic survey and meta-analysis of the problems and challenges faced by the young people with disability in their sexual life and procreation. Familiarity with the works of the grand masters helped to come to the conclusion that this is solely on account of improper sexual education and guidance. As a result of improper sexual guidance, they may be more prone to contract sexually transmitted diseases. Besides sexual violence and adjustment difficulties with the partner is common among them. To compensate the challenges and the miseries faced by the people with disabilities a noticeable change has to be effected from the side of the society, life partner and the people of the domestic circle. The absence of proper information about the real difficulties faced by the people with disabilities, it is not possible to give them proper guidance to lead a satisfying family life. Copyright © 2017, Springer Science+Business Media, LLC.

Factors influencing the experience of sexual and reproductive healthcare for female adolescents with perinatally-acquired HIV: a qualitative case study.

Author(s): Mwalabu, Gertrude; Evans, Catrin; Redsell, Sarah

Source: BMC women's health; Dec 2017; vol. 17 (no. 1); p. 125

Publication Type(s): Journal Article

Available at [BMC Women's Health](#) - from Europe PubMed Central - Open Access

Abstract:BACKGROUND Young people living with perinatally-acquired HIV require age-appropriate support regarding sex and relationships as they progress towards adulthood. HIV affects both genders but evidence suggests that young women are particularly vulnerable to sexual abuse and more prone to engaging in sexual behaviours to meet their daily survival needs. This can result in poor sexual and reproductive health (SRH) outcomes. HIV services in Malawi provide support for young women's HIV-related clinical needs, but it is unclear whether there is sufficient provision for their SRH needs as they become adults. This paper explores the sex and relationship experiences of young women growing up with perinatally-acquired HIV in order to understand how to improve SRH care and associated outcomes. METHODS A qualitative case study approach was adopted in which each 'case' comprised a young woman (15-19 years) with perinatally acquired HIV, a nominated caregiver and service provider. Participants were purposively selected from three multidisciplinary centres providing specialised paediatric/adolescent HIV care in Malawi. Data was collected for 14 cases through in-depth interviews (i.e. a total of 42 participants) and analysed using within-case and cross-case approaches. The interviews with adolescents were based on an innovative visual method known as 'my story book' which encouraged open discussion on sensitive topics. RESULTS Young women reported becoming sexually active at an early age for different reasons. Some sought a sense of intimacy, love, acceptance and belonging in these relationships, noting that they lacked this at home and/or within their peer groups. For others, their sexual activity was more functional - related to meeting survival needs. Young women reported having little control over negotiating safer sex or contraception. Their priority was preventing unwanted pregnancies yet several of the sample already had babies, and transfer to antenatal services created major disruptions in their HIV care. In contrast, caregivers and nurses regarded sexual activity from a clinical perspective, fearing onward transmission of HIV and advocating abstinence or condoms where possible. In addition, a cultural silence rooted in dominant religious and traditional norms closed down possibilities for discussion about sexual matters and prevented young women from accessing contraception. CONCLUSION The study has shown how young women, caregivers and service providers have contrasting perspectives and priorities around SRH care. Illumination of these differences highlights a need for service

improvement. It is suggested that young women themselves are involved in future service improvement initiatives to encourage the development of culturally and socially acceptable pathways of care.

"In My Culture, We Don't Know Anything About That": Sexual and Reproductive Health of Migrant and Refugee Women.

Author(s): Metusela, Christine; Ussher, Jane; Perz, Janette; Hawkey, Alexandra; Morrow, Marina

Source: International journal of behavioral medicine; Dec 2017; vol. 24 (no. 6); p. 836-845

Publication Type(s): Journal Article

Abstract: PURPOSE Migrant and refugee women are at risk of negative sexual and reproductive health (SRH) outcomes due to low utilisation of SRH services. SRH is shaped by socio-cultural factors which can act as barriers to knowledge and influence access to healthcare. Research is needed to examine constructions and experiences of SRH in non-English-speaking migrant and refugee women, across a range of cultural groups. METHOD This qualitative study examined the constructions and experiences of SRH among recent migrant and refugee women living in Sydney, Australia, and Vancouver, Canada. A total of 169 women from Afghanistan, Iraq, Somalia, South Sudan, Sudan, India, Sri Lanka and South America participated in the study, through 84 individual interviews, and 16 focus groups comprised of 85 participants. Thematic analysis was used to analyse the data. RESULT Three themes were identified: "women's assessments of inadequate knowledge of sexual and reproductive health and preventative screening practices", "barriers to sexual and reproductive health" and "negative sexual and reproductive health outcomes". Across all cultural groups, many women had inadequate knowledge of SRH, due to taboos associated with constructions and experiences of menstruation and sexuality. This has implications for migrant and refugee women's ability to access SRH education and information, including contraception, and sexual health screening, making them vulnerable to SRH difficulties, such as sexually transmissible infections and unplanned pregnancies. CONCLUSION It is essential for researchers and health service providers to understand socio-cultural constraints which may impede SRH knowledge and behaviour of recent migrant and refugee women, in order to provide culturally safe SRH education and services that are accessible to all women at resettlement irrespective of ethnicity or migration category.

Intrauterine contraception clinic-qualitative improvement study

Author(s): El-Nahas S.; Simpson J.

Source: BJOG: An International Journal of Obstetrics and Gynaecology; Nov 2017; vol. 124 ; p. 16

Publication Type(s): Conference Abstract

Abstract: Introduction Studies have shown that there are many myths and misconceptions regarding intrauterine contraception (IUC). It has been shown that advanced provision of information, primarily in the form of animated media, is an effective and well received method of improving women's understanding of procedures. The primary aim of this evaluation was to identify current IUC clinic activity and establish how we could improve women's and healthcare professionals' journey. Methods A mixed-method service evaluation was undertaken during a 5-day period in March 2017. Clinical activity was measured using our electronic sexual health records (NaSH), by assessing DNA rates and completion status of procedures. Women were invited to complete an anonymised questionnaire, enquiring about IUC knowledge, appointment information and acceptability of directing them to online information via a SMS message. Data was collected and collated in Microsoft Excel. Results Of the 72-appointment slot, 32% (n = 23) did not attend. 75.5% (37/49) successfully had IUC placed, with 50% (6/12) not fitted due to lack of pre-procedure information. 38.8% (19/49) of women completed the questionnaire. 26% (5/19) were unaware of the types of IUC, and only 63.2% (12/19) had accessed the website. 57.9% (11/19) of women would

find a SMS directing them to online information helpful. Conclusion This study demonstrates many women were ill prepared prior to attending the IUC clinic. This can lead to waste of appointments, increasing waiting times and dissatisfaction for women and healthcare professionals. Linking women to reliable online information is acceptable, resourceful and should increase website traffic. We have since developed a webpage and are directing women to this via SMS on booking. We aim to evaluate these changes in 3 months.

Anxiety and attitudes towards sex in women requesting emergency contraception

Author(s): Gonzalez-Mesa E.S.; Bueno-Cobos L.; Barroso-Garcia N.; Vilches-Jimenez J.C.

Source: Journal of Psychosomatic Obstetrics and Gynecology; Nov 2017 ; p. 1-7

Publication Type(s): Article In Press

Abstract:We performed an observational descriptive study on 89 women who requested for emergency contraception (EC) at the emergency units of two hospitals, Virgen de la Victoria Hospital, and Regional University Hospital in Malaga between October 2016 and April 2017. Both hospitals are on the Andalusian Public Health System. We evaluated a group of socio-demographic variables and others related to the beliefs and the knowledge about EC and contraception in general, sexual behavior, Eysenck's Inventory of Attitudes to Sex (satisfaction and promiscuity factors), and State-Trait Anxiety Inventory (STAI). RESULTS: State anxiety scores were low in 10.8% of the participants, middle in 25.7% and high in the 63.5%. On the other hand, the scores for trait anxiety were low in 13.5%, middle in 39.2% and high in 47.3%. The demand for EC resulted in a stressful situation for women, especially for youngest women. Also, married women with children and a history of pregnancy terminations showed higher anxiety scores. Regarding sexual attitudes, the highest levels of anxiety (state and trait) were found in women with less knowledge about EC, and in those who reported less satisfaction with their sex life. Best fit regression models for anxiety levels included beliefs that ECs are abortive, sexual dissatisfaction and women's age as predictive variables for STAI scores. In conclusion, women who requested EC showed high scores in anxiety-state and -trait, with those of younger age presenting more intense emotions. Copyright © 2017 Informa UK Limited, trading as Taylor & Francis Group

Motivating factors for dual-method contraceptive use among adolescents and young women: a qualitative investigation

Author(s): Lemoine J.; Teal S.B.; Guiahi M.; Peters M.

Source: Contraception; Nov 2017; vol. 96 (no. 5); p. 352-356

Publication Type(s): Article

Abstract:Objective This qualitative study explores how adolescents and young women perceive the need for and describe the use of dual method contraception. Study design We interviewed 20 sexually active women aged 16-24 who attended an adolescent-focused Title X family-planning clinic and were using a non-barrier contraceptive method. We used a semi-structured interview guide that included domains related to sexual activity, knowledge of and use of contraceptives and condoms, and relationship factors. We coded transcripts using grounded theory techniques and used an iterative process to develop overarching themes. Results Dual method contraceptive users primarily discussed pregnancy prevention as their motivating factor. Many expressed anxieties over an unplanned pregnancy and reported condom use as "back-up" contraception. Risk perception for pregnancy or STI acquisition did not necessarily change as relationship trust increased, but rather, their anxiety regarding the negativity of such outcomes decreased. Dual-method contraception use decreased when participants reported that condoms were not readily available, or when they self-described immaturity. Less frequently, participants reported dual method use for sexually transmitted infection (STI) prevention, and many substituted STI testing for condom use.

Contraceptive type (short-acting vs. long-acting) did not influence reported attitudes towards dual method use. Conclusion Health educators and clinicians encourage condom use in young women due to the significant morbidity associated with STI acquisition. Most participants in our study view condoms as a way to improve pregnancy prevention. Acknowledging and addressing this divergence in motivation will allow caregivers to improve strategies for communicating the importance of dual method use. Implications Young women primarily describe pregnancy prevention as the reason for dual method use, STI protection is less salient. Consideration of this viewpoint by health educators and clinicians will allow us to communicate more effectively to prevent STI morbidity. Copyright © 2017 Elsevier Inc.

What's in a Name? Perceptions of the Terms Sexually Transmitted Disease and Sexually Transmitted Infection among Late Adolescents

Author(s): Lederer A.M.; Laing E.E.

Source: Sexually Transmitted Diseases; Nov 2017; vol. 44 (no. 11)

Publication Type(s): Article

Abstract:Background There has been a shift from using the term sexually transmitted disease (STD) to sexually transmitted infection (STI), primarily based on conjecture that STI is less stigmatizing. However, there is a dearth of evidence regarding how the public actually perceives these terms. Methods Students at a Midwestern university participated in an online survey and were randomized to the open-ended question "What comes to mind when you think of the term sexually transmitted disease (STD)?" (n = 205) or "What comes to mind when you think of the term sexually transmitted infection (STI)?" (n = 208). Conventional content analysis was conducted to identify response themes. Cross tabulations with the chi 2 statistic determined the number of participants that endorsed each theme and any differences between the STD and STI responses. Results Almost all themes occurred in similar numbers across the STD and STI responses. Overarching themes for both terms were contracted through sex; specific STDs/STIs; severe; negative emotional affect; types of people who get STDs/STIs; physical symptoms; preventable; common; and treatable/curable. However, participants were more likely to mention that STDs were common (P = 0.030) and reported less negative emotional affect for STIs (P = 0.024). Two themes emerged only in the STI group: STDs (P = 0.001) and site of infection (P = 0.003). Conclusions With some exceptions, late adolescents have overlapping conceptualizations of the terms STD and STI. The most commonly reported themes revealed likely areas of misinformation. Although language is an important aspect of health communication, more than a terminology change is needed to reduce the stigma associated with STDs/STIs. Copyright © 2017 American Sexually Transmitted Diseases Association All rights reserved.

Effect of an iPad-Based Intervention to Improve Sexual Health Knowledge and Intentions for Contraceptive Use among Adolescent Females at School-Based Health Centers

Author(s): Mesheriakova V.V.; Tebb K.P.

Source: Clinical Pediatrics; Nov 2017; vol. 56 (no. 13); p. 1227-1234

Publication Type(s): Article

Abstract:Objectives: The use of effective contraception can decrease the incidence of unplanned pregnancy among adolescents. This study aims to examine the effectiveness of an iPad-based application (app) on improving adolescent girls' sexual health knowledge and on its ability to influence their intentions to use effective contraception. Study Design: This was a prospective study of girls aged 12 to 18 years recruited from 3 school-based health centers in California. Results: A total of 120 racially/ethnically diverse participants used the iPad app; 54% were sexually active, with only 26% using effective contraception at baseline. The average score on baseline sexual health

knowledge assessment was 58%. After using the app, 68% of the sexually active participants reported intention to use effective contraception in the future, and sexual health knowledge improved significantly to 79% (P Copyright © The Author(s) 2016.

A retrospective chart review of contraceptive use among adolescents with opioid use disorder.

Author(s): Handy, Caitlin J; Lange, Hannah L H; Manos, Brittny E; Berlan, Elise D; Bonny, Andrea E

Source: Journal of pediatric and adolescent gynecology; Nov 2017

Publication Type(s): Journal Article

Abstract:STUDY OBJECTIVESTo describe contraceptive use among female adolescents initiating outpatient treatment for opioid use disorder.DESIGNRetrospective chart review.SETTINGOutpatient clinic providing medication-assisted treatment for substance use disorders to adolescents and young adults.PARTICIPANTSNon-pregnant female adolescents presenting for treatment from January 1, 2013 to January 31, 2016 (N=123).INTERVENTIONNone.MAIN OUTCOME MEASURESPrescription contraceptive use at baseline and initiation of a new method within 90 days.RESULTSOf 123 females presenting for treatment of opioid use disorder, 113 (91.9%) reported sexual activity and 80 (65.0%) were not using prescription contraception at intake. Previous pregnancy was reported by 43 (34.9%) and 20 (16.3%) were positive for a sexually transmitted infection. Contraceptive counseling was not documented for 73 (59.3%) patients. Among patients off prescription contraception at baseline, 56 of 80 (70.0%) initiated a method within the study window. Significant predictors (odds ratio; 95% confidence interval) of contraceptive initiation included prior pregnancy (8.6; 1.39-52.99), education < high school diploma/GED (7.4; 1.63-33.41), and return for follow up visit (9.8; 2.18-43.69).CONCLUSIONYoung women presenting for opioid use disorder treatment were at high risk of adverse reproductive health outcomes. The majority was sexually active and not using prescription contraception. Findings underscore the need for contraceptive counseling in this patient population. Optimally, these services would be provided in conjunction with substance use treatment. Improved contraceptive counseling documentation will allow evaluation of effective contraceptive counseling strategies for adolescents with opioid use disorders and may serve to inform future interventions.

Health Risk Behavior Among Justice Involved Male and Female Youth: Exploratory, Multi-Group Latent Class Analysis.

Author(s): Dembo, Richard; Faber, Jessica; Cristiano, Jennifer; DiClemente, Ralph J; Krupa, Julie M

Source: Substance use & misuse; Nov 2017; vol. 52 (no. 13); p. 1751-1764

Publication Type(s): Journal Article

Abstract:BACKGROUNDYouth involved in the juvenile justice system experience a disproportionate prevalence of serious mental health issues, substance abuse, and are at an increased risk of engaging in risky sexual practices. Gender differences exist, with girls at a markedly greater risk of acquiring a sexually transmitted disease.OBJECTIVESThe present study seeks to determine if there are subgroups of male and female youth who differ in their health risk behavior. If so, do any male or female subgroups at different levels of health risk differ in regard to their sociodemographic and psychological factors, and finally, what are intervention/service delivery implications of these differences.METHODSYouth were participants in an innovative health service at a centralized intake facility located in a large southeastern U.S. city. Latent class analysis and multinomial logistic regression is utilized to examine the heterogeneity of health risk behaviors across gender groups in a sample of 777 newly arrested youth.RESULTSResults indicate a three class solution provided the optimal fit with the data for each gender group: a Lower Health Risk group, a Higher Health Risk group, and a Highest Health Risk group. Multinomial logistic regression analysis identified significant sociodemographic and depression effects among both male and female youth. Conclusions/Importance: Youth characterized by risky sexually behavior, elevated depression, and

drug involvement should be the focus of integrated intervention services. This study documents the critical need for front end, juvenile justice intake facilities to provide behavioral and public health screening, with treatment follow-up, on newly arrested youth.

Counselling to include tailored use of combined oral contraception in clinical practice: an evaluation.

Author(s): Akintomide, Hannat; Rank, Katherine Margaret; Brima, Nataliya; McGregor, Fiona

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

Publication Type(s): Journal Article

Abstract:BACKGROUND Combined oral contraception (COC, 'the pill') remains the most prescribed method of contraception in the UK. Although a variety of regimens for taking monophasic COC are held to be clinically safe, women are not routinely counselled about these choices and there is a lack of evidence on how to provide this information to women. AIM To assess the usefulness and feasibility of including tailored use of monophasic COC within routine COC counselling in a sexual and reproductive health (SRH) service using a structured format. METHOD Using a structured format, healthcare professionals (HCPs) counselled new and established COC users attending an SRH service about standard and tailored ways of taking the pill. Questionnaires were used to survey both the HCPs and patients immediately after the initial consultation, and then the patients again 8 weeks later. RESULTS Nearly all patients (98%, n=95) felt it was helpful to be informed of the different ways of using monophasic COC by the HCP, without giving too much information at one time (96%, n=108). The HCPs were confident of their COC counselling (99%, n=110) and did not think the consultations took significantly longer (88%, n=98). CONCLUSION This study demonstrates that information on different pill taking regimens is useful and acceptable to patients, and can improve contraceptive pill user choice. It is also feasible for HCPs to perform COC counselling to include tailored pill use during routine consultations in a clinical setting.

Where do women and men in Britain obtain contraception? Findings from the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3).

Author(s): French, Rebecca S; Geary, Rebecca; Jones, Kyle; Glasier, Anna; Mercer, Catherine H

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

Publication Type(s): Journal Article

Abstract:INTRODUCTION To estimate the prevalence of use of different sources of contraceptive supplies in Britain and its variation by key demographic and behavioural characteristics. METHODS Cross-sectional probability sample survey of women and men aged 16-74 years, resident in Britain, interviewed between 2010 and 2012. Analyses reported here were of 4571 women and 3142 men aged 16-44 years who reported having vaginal sex in the past year. Those relying exclusively on sterilisation (including hysterectomy) were excluded. Sources of contraceptive supplies were categorised as: general practice, community clinic, retail and other. Prevalence of use of these sources was estimated, and associated factors examined. RESULTS Some 87.0% of women and 73.8% of men accessed at least one source of contraceptive supplies in the previous year. Most women (59.1%) used general practice and most men (54.6%) used retail outlets. Community clinics were less commonly used, by 23.0% of women and 21.3% of men, but these users were younger and at greater sexual health risk. These associations were also observed among the 27.3% of women and 30.6% of men who used more than one source category (general practice, community clinic or retail) for contraceptive supplies. CONCLUSION People in Britain use a variety of sources to obtain contraceptive supplies and some sources are more commonly used by those more vulnerable to poorer sexual health. Our findings suggest that national policy changes to increase access to contraceptive methods have had an effect on the diversity of services used.

Contraception - what about the men? Experience, knowledge and attitudes: a survey of 2438 heterosexual men using an online dating service.

Author(s): Stewart, Mary; Ritter, Todd; Bateson, Deborah; McGeechan, Kevin; Weisberg, Edith

Source: Sexual health; Nov 2017; vol. 14 (no. 6); p. 533-539

Publication Type(s): Journal Article

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

Abstract:Background There is little research on men's contraceptive knowledge, attitudes and beliefs, yet the male partner is known to influence contraceptive choices. This study investigates contraceptive experiences, knowledge, attitudes and beliefs of a sample of sexually active, heterosexual men via an online dating site. METHODSAn anonymous online survey was sent to men who had logged onto an online dating site within the previous year. RESULTSWe analysed 2438 survey responses. A contraceptive method was used at last intercourse for 82% of men <50 years old versus 69% of men ≥50 ($P<0.0001$). Condoms (35%), vasectomy (22%) and the contraceptive pill (21%) were the most commonly used methods. Older men were less likely to use condoms than younger men ($P<0.0001$). More than 80% of participants had heard of each method. The greatest perceived harm was with the emergency contraceptive pill, with 32% responding that it was 'harmful to the health of the user' and 37% not sure. Belief that contraception decision-making should be shared between partners increased from 57% in a 'one-night stand' to 75% in a casual relationship, to 92% in a long-term relationship. CONCLUSIONAmong this sample there is high contraceptive use, especially vasectomy in older men and a desire to share contraceptive decision-making with their partners, especially in long-term relationships. However, low awareness of some methods and misperceptions about hormonal contraceptive method safety, especially the emergency contraceptive pill, highlight the need for education for men.

When doctors deny drugs: Sexism and contraception access in the medical field.

Author(s): Delston, J B

Source: Bioethics; Nov 2017; vol. 31 (no. 9); p. 703-710

Publication Type(s): Journal Article

Abstract:Politicians, employers, courts, and health insurance companies are often discussed as problematically preventing access to birth control. However, doctors have more direct control over women's health and quietly have been much more effective at preventing patients' access to contraception. Obstetrician/Gynecologists routinely deny their patients access to contraception ostensibly in the name of health by withholding birth control until patients undergo yearly pap smears. I argue that those in the medical field are motivated by similarly sexist concerns as those in other major institutions in the United States, but that they are often overlooked in discussions of biomedical ethics. After providing background, I argue that using birth control as a bargaining chip to control patients is morally impermissible, is paternalistic, and is contrary to consent. I next argue that sexism explains, though does not justify, this practice. I discuss the medical harms of routine pap smears and withholding birth control. These claims make medical malpractice likely. Withholding birth control to coerce individuals seeking medical care is medical malpractice, paternalistic, violates autonomy, and is contrary to consent.

Domestic Violence, Sexual Assault

Intimate partner violence during pregnancy and perinatal mental disorders in low and lower middle income countries: A systematic review of literature, 1990-2017

Author(s): Halim N.; Beard J.; Hibberd P.; Mesic A.; Henderson D.; Patel A.

Source: Clinical Psychology Review; 2017

Publication Type(s): Article In Press

Abstract: Mental health consequences of intimate partner violence (IPV) against pregnant and postpartum women are poorly understood in low and lower-middle-income countries (LLMIC). We systematically reviewed the evidence from 24 studies (1990-2017) selected via a comprehensive search strategy with 14 inclusion, exclusion, and quality-control criteria to assess the extent to which intimate partner violence during pregnancy adversely affects perinatal mental disorders among participants in 10 LLMIC across 4 economic regions. Mostly cross-sectional, studies included 61-1369 participants selected randomly (88%) or non-randomly (12%) from purposively selected 1-6 clinics or 1-50 communities. Multivariate logistic regression was most frequently used (68%) for association estimates, adjusting for 3-16 socio-demographic variables pertinent to: women; husbands; and/or households. The prevalence of physical IPV ranged 2-35% among participants; sexual IPV ranged 9-40%; and psychological IPV ranged 22-65%. The prevalence of antenatal and postnatal depression ranged 15-65% and 5-35% among participants, respectively. Suicidal ideation ranged 5-11% during pregnancy and 2-22% during the postpartum period. Study participants who had experienced IPV had 1.69-3.76 and 1.46-7.04 higher odds of antenatal and postnatal depression compared to those who had not, depending on country, and IPV type and severity. Considering the strong association between IPV and mental disorders, efforts should focus on developing IPV interventions aimed at preventing pregnancy during IPV and promoting mental health resilience among pregnancy and postpartum women in low and lower-middle-income countries. Copyright © 2017 Elsevier Ltd.

Trafficking and Trauma: Insight and Advice for the Healthcare System from Sex-trafficked Women Incarcerated on Rikers Island

Author(s): Ravi A.; Pfeiffer M.R.; Shea J.A.; Rosner Z.

Source: Medical Care; 2017; vol. 55 (no. 12); p. 1017-1022

Publication Type(s): Article

Abstract: Background: Sex-trafficked persons experience significant trauma while exploited, resulting in complex health issues and barriers to health care. Incorporating survivor perspectives is critical in optimizing health care delivery for this population. Objectives: We interviewed sex-trafficking survivors regarding their experiences with trauma while being trafficked and elicited advice about health care delivery. Research Design: Qualitative interviews were conducted in New York City's Rikers Island jail from July to September 2015. Subjects: In total, 21 English-speaking women who had experienced sex trafficking were the subjects of the study. Measures: Interview domains included: interpersonal violence, behavioral health, and health care delivery advice. Results: Interviewees described experiencing severe and chronic trauma perpetrated by traffickers and sex buyers. Substance use was the primary method of coping with trauma. With regard to mental health, interviewees noted diagnoses of depression, anxiety and posttraumatic stress disorder, low self-esteem, and challenges in intimate relationships. Health care delivery themes included approaches to discussing trafficking in health care settings, concerns regarding sexual assault examinations, and suggestions for improving direct-services and prevention programming. Conclusions: With this perspective into the complex intersection of trauma and behavioral health that sex-trafficked women can experience, health care providers can better understand the context and recommendations regarding trauma-informed care practices for this population. Our results also offer several avenues for future studies with regard to discussing trafficking in clinical settings and an opportunity for stakeholders to incorporate survivor-based input to improve health care for this population. Copyright © 2017 Wolters Kluwer Health, Inc. All rights reserved.

Differentiating among Attempted, Completed, and Multiple Nonfatal Strangulation in Women Experiencing Intimate Partner Violence

Author(s): Messing J.T.; Patch M.; Campbell J.; Wilson J.S.; Kelen G.D.

Source: Women's Health Issues; 2017

Publication Type(s): Article In Press

Abstract: Purpose: Because identification of intimate partner violence (IPV) in health care settings is low and strangulation increases lethality risk among women experiencing IPV, we examined the prevalence and correlates of nonfatal strangulation among 1,008 women survivors of IPV. Methods: Trained researchers conducted semistructured interviews with women survivors of IPV referred by police. Multinomial logistic regression examined differential correlates of attempted, completed, and multiple strangulation. Results: Interviews were conducted with 71.14% of eligible women contacted by researchers. A high proportion (79.66%) of the women interviewed experienced attempted (11.70%), completed (30.16%), or multiple (37.80%) strangulation. Each form of strangulation was independently significantly associated with sexual violence when compared with no strangulation. African American women were at increased risk of attempted (adjusted relative risk ratio [ARR], 2.02; p Copyright © 2017 Jacobs Institute of Women's Health.

Predictors of intimate partner violence among pregnant women

Author(s): Lee S.; Lee E.

Source: International Journal of Gynecology and Obstetrics; 2017

Publication Type(s): Article In Press

Abstract: Objective: To identify predictive factors of intimate partner violence (IPV) among pregnant women. Methods: In a cross-sectional study, 250 pregnant, married women attending three women's hospitals in South Korea for prenatal care were enrolled between July 1 and August 31, 2016. The women answered structured questionnaires assessing conflict negotiation coping, social support, and IPV, which was measured by 18 questions in three domains: psychological, physical, and sexual violence. Participants who reported experience in response to more than one question were deemed to have encountered IPV. Binomial logistic regression analysis was used to investigate predictive factors of IPV. Results: Overall, 85 (34.0%) participants had experienced IPV. Likelihood of IPV was linked with younger age (adjusted odds ratio [aOR] 0.90, 95% confidence interval [CI] 0.83-0.94; P=0.012), unemployment (aOR 1.98, 95% CI 1.07-3.70; P=0.031), and graduate school education (aOR 7.32, 95% CI 1.68-31.84; P=0.008). The likelihood of IPV increased as the social support score decreased (aOR 0.92, 95% CI 0.88-0.95; P Copyright © 2017 International Federation of Gynecology and Obstetrics.

Reproductive Coercion in High School-Aged Girls: Associations with Reproductive Health Risk and Intimate Partner Violence

Author(s): Northridge J.L.; Silver E.J.; Talib H.J.; Coupey S.M.

Source: Journal of Pediatric and Adolescent Gynecology; Dec 2017; vol. 30 (no. 6); p. 603-608

Publication Type(s): Article

Abstract: Study Objective To determine the prevalence of reproductive coercion, a form of intimate partner violence (IPV) including contraceptive sabotage and pregnancy pressure, among urban high school-aged girls and to examine its associations with reproductive health risks. Design and Setting A self-administered survey completed by high school-aged girls living in high-poverty neighborhoods while awaiting medical care in a pediatric emergency room, inpatient service, school-based, and hospital-based clinic. Participants One hundred forty-nine sexually active girls aged 14-17 years. Interventions and Main Outcome Measures To determine the prevalence of reproductive coercion

and to examine associations with unprotected sex, sexually transmitted infections, physical IPV, and risk factors for abusive relationships. Results Twenty-nine of 149 (19%) of girls reported reproductive coercion, most frequently that a romantic or sexual partner had ever: "told them not to use any birth control" (n = 23; 79%); "took off a condom during sex so they would get pregnant" (n = 12; 43%); and "said he would leave them if they didn't get pregnant" (n = 6; 21%). Girls reporting reproductive coercion were nearly 3 times more likely than those not coerced to have had chlamydia (odds ratio [OR], 2.7; 95% confidence interval [CI], 1.01-7.19) and nearly 5 times more likely to report IPV (OR, 4.8; 95% CI, 2.0-11.8). In addition, girls reporting coercion were less likely to have high recognition of abusive behaviors (OR, 0.10; 95% CI, 0.01-0.8) and less likely to have high comfort communicating with their sexual partners (OR, 0.32; 95% CI, 0.1-0.7) than girls not reporting coercion. Conclusion Reproductive coercion is experienced by 1 in 5 high school-aged girls in a high-poverty community and is associated with chlamydia infection and IPV. Awareness of the high prevalence and health risks of coercion might allow for intervention. Copyright © 2017 North American Society for Pediatric and Adolescent Gynecology

Influence of intimate partner violence during pregnancy on fear of childbirth

Author(s): Moghaddam Hossieni V.; Toohill J.; Akaberi A.; HashemiAsl B.

Source: Sexual and Reproductive Healthcare; Dec 2017; vol. 14 ; p. 17-23

Publication Type(s): Article

Abstract:Objective Women are at increased risk of intimate partner violence (IPV) during pregnancy. This may impact women's positive anticipation for birth. Negative feelings around birth often translate to a fear of childbirth. Our aim was to examine the prevalence IPV and whether physical, sexual, psychological IPV during pregnancy predicts fear of childbirth among Iranian pregnant women. Method A population-based cross sectional study was conducted in North-East Iran. Pregnant women (n = 174) at least 14 weeks gestation attending health centers were selected for inclusion through a stratified sampling method. IPV, fear of birth, state and trait anxiety and socio-demographic variables were collected using validated instruments. To achieve the final models the Bayesian information criterion was used. A p value of Copyright © 2017

The Role of Objectification in the Victimization and Perpetration of Intimate Partner Violence.

Author(s): Jonnson, Melissa R; Langille, Jennifer I; Walsh, Zach

Source: Violence and victims; Dec 2017

Publication Type(s): Journal Article

Abstract:Intimate partner violence (IPV) is a substantial health concern and identifying risk factors for IPV is a research priority. We examined the relationship between severe IPV and objectification of the self and other sex across participant sex. A sample of 1,005 male and female university students completed a series of online questionnaires that measure levels of self-objectification, objectification of the other sex, and histories of severe IPV victimization and perpetration. Self-objectification was associated with severe psychological aggression, physical assault, and sexual coercion victimization in females, but not in males. Objectification of the other sex was associated with severe psychological aggression and physical assault perpetration in males, but not in females. These findings contribute to our understanding of gender similarities and differences in IPV.

Out in the Open: The Consequences of Intimate Partner Violence for Victims in Same-Sex and Opposite-Sex Relationships.

Author(s): Gehring, Krista S.; Vaske, Jamie C.

Source: Journal of Interpersonal Violence; Dec 2017; vol. 32 (no. 23); p. 3669-3692

Publication Type(s): Academic Journal

Abstract: Intimate partner violence (IPV) is a major public health problem in the United States. While our understanding of this form of violence has grown substantially over the past several decades, the majority of research involving victims of IPV has focused almost exclusively on female heterosexual victims. Unfortunately, little attention has been paid to how this form of violence affects specific populations, such as gay and lesbian victims. It is possible that gay and lesbian victims may experience more maladaptive outcomes as a result of unique components of same-sex IPV, their sexual minority status in American society, and the lack of appropriate services tailored to victims of this violence. Using data from the second wave of the National Longitudinal Study of Adolescent to Adult Health, this study contributes to the research on gay and lesbian victims of IPV by investigating same-sex and opposite-sex adolescent victims' experiences with depression, alcohol-related problems, marijuana use, violent delinquency, and property delinquency. Results indicate that opposite-sex victims experienced more depressive symptoms, alcohol problems, and marijuana use than non-victims and engaged in higher levels of violent and property delinquency than non-victims. IPV within the context of same-sex relationships led to more depressive symptoms and greater involvement in violent delinquency, with the impact of IPV on violent delinquency being greater for victims of same-sex IPV compared with opposite-sex IPV. The implications of this study could inform interventions for victims of same-sex IPV and lead to more comprehensive services to address the needs of gay and lesbian victims of this violence.

DOMESTIC VIOLENCE AGAINST PREGNANT WOMEN.

Author(s): Gomes Ramalho, Naiany Monise; Lopes Ferreira, Josefa Danielma

Source: Journal of Nursing UFPE / Revista de Enfermagem UFPE; Dec 2017; vol. 11 (no. 12); p. 4999-5008

Publication Type(s): Academic Journal

Available at [Revista de Enfermagem UFPE on line](#) - from EBSCO (CINAHL with Full Text)

Abstract: Objective: to analyze the scientific publications on domestic violence against pregnant women. Method: integrative review, with searches in the MEDLINE, SCOPUS, LILACS and BDENF databases, using the descriptors in Portuguese and English, domestic violence, pregnant women and Nursing. A total of 536 articles were identified. After inclusion and exclusion criteria, we obtained 16 studies that composed the sample. The presentation of the results and final discussion was done in a descriptive way, in addition to simple statistics by percentage and presented in the form of figures. Results: of the studies included in the review, 18.8% were published in 2007. Regarding the type of study, 56.3% were cross-sectional studies. The types of violence most portrayed were sexual, physical and psychological. All studies reported the risk factors for violence against pregnant women. Conclusion: analyzing the studies, it was possible to identify a wide range of risk factors found in the literature and the lack of records on health care for pregnant women in situations of violence.

Childhood physical and sexual abuse experiences associated with post-traumatic stress disorder among pregnant women

Author(s): Sanchez S.E.; Pineda O.; Chaves D.Z.; Zhong Q.-Y.; Gelaye B.; Williams M.A.; Simon G.E.

Source: Annals of Epidemiology; Nov 2017; vol. 27 (no. 11); p. 716

Publication Type(s): Article

Abstract: Purpose We sought to evaluate the extent to which childhood physical and/or sexual abuse history is associated with post-traumatic stress disorder (PTSD) during early pregnancy and to explore the extent to which the childhood abuse-PTSD association is mediated through, or modified

by, adult experiences of intimate partner violence (IPV). Methods In-person interviews collected information regarding history of childhood abuse and IPV from 2,928 women aged 18-49 years old prior to 16 weeks of gestation. PTSD was assessed using the PTSD Checklist-Civilian Version. Multivariate logistic regressions were used to estimate odds ratios (ORs) and 95% confidence intervals (CIs). Results Compared to women with no childhood abuse, the odds of PTSD were increased 4.31-fold for those who reported physical abuse only (95% CI, 2.18-8.49), 5.33-fold for sexual abuse only (95% CI, 2.38-11.98), and 8.03-fold for those who reported physical and sexual abuse (95% CI, 4.10-15.74). Mediation analysis showed 13% of the childhood abuse-PTSD association was mediated by IPV. Furthermore, high odds of PTSD were noted among women with histories of childhood abuse and IPV compared with women who were not exposed to either (OR = 20.20; 95% CI, 8.18-49.85). Conclusions Childhood abuse is associated with increased odds of PTSD during early pregnancy. The odds of PTSD were particularly elevated among women with a history of childhood abuse and IPV. Efforts should be made to prevent childhood abuse and mitigate its effects on women's mental health. Copyright © 2017 Elsevier Inc.

Sexual Violence Against Adolescent Girls: Labeling It to Avoid Normalization

Author(s): Barbara G.; Collini F.; Cattaneo C.; Kustermann A.; Facchin F.; Vercellini P.; Chiappa L.

Source: Journal of Women's Health; Nov 2017; vol. 26 (no. 11); p. 1146-1149

Publication Type(s): Review

Abstract: Violence against women is a pervasive complex phenomenon that destroys women's feelings of love, trust, and self-esteem. In this commentary, we specifically focus on sexual violence against adolescent girls, whose impact is particularly harmful since it may lead to impaired mental health, social functioning, and neurodevelopment. Between 12% and 25% of adolescent girls throughout the world experience sexual violence, very often perpetrated by a family member or a friend. Moreover, for an alarming proportion of girls, the first sexual experience is coerced. In this article, we review the multiple negative effects of sexual violence against adolescent girls. We also report data derived from our practice in a public Italian referral Centre for Sexual and Domestic Violence (SVSeD) and address the importance of a multidisciplinary clinical approach with adolescent victims of sexual violence. Copyright © 2017, Mary Ann Liebert, Inc.

Disproportionate Mental Health Burden Associated With Past-Year Intimate Partner Violence Among Women Receiving Care in the Veterans Health Administration.

Author(s): Dichter, Melissa E; Sorrentino, Anneliese; Bellamy, Scarlett; Medvedeva, Elina; Roberts, Christopher B; Iverson, Katherine M

Source: Journal of traumatic stress; Nov 2017

Publication Type(s): Journal Article

Abstract: Experience of intimate partner violence (IPV) can lead to mental health conditions, including anxiety, depression, and unhealthy substance use. Women seen in the Veterans Health Administration (VHA) face high rates of both IPV and mental health morbidity. This study aimed to identify associations between recent IPV experience and mental health diagnoses among women VHA patients. We examined medical records data for 8,888 female veteran and nonveteran VHA patients across 13 VHA facilities who were screened for past-year IPV between April, 2014 and April, 2016. Compared with women who screened negative for past-year IPV (IPV-), those who screened positive (IPV+; 8.7%) were more than twice as likely to have a mental health diagnosis, adjusted odds ratio (AOR) = 2.27, 95% confidence interval (CI) [1.95, 2.64]; or more than two mental health diagnoses, AOR = 2.29, 95% CI [1.93, 2.72]). Screening IPV+ was also associated with significantly higher odds of each type of mental health morbidity (AOR range = 1.85-3.19) except psychoses. Over half (53.5%) of the women who screened IPV+ had a mental health diagnosis, compared with fewer

than one-third (32.6%) of those who screened IPV-. Each subtype of IPV (psychological, physical, and sexual violence) was significantly associated with having a mental health diagnosis (AOR range = 2.25-2.37) or comorbidity (AOR range = 2.17-2.78). Associations remained when adjusting for military sexual trauma and combat trauma among the veteran subsample. These findings highlight the mental health burden associated with past-year IPV among female VHA patients and underscore the need to address psychological and sexual IPV, in addition to physical violence.

Intimate partner violence and disordered eating among male and female veterans.

Author(s): Bartlett, Brooke A; Iverson, Katherine M; Mitchell, Karen S

Source: Psychiatry research; Nov 2017; vol. 260 ; p. 98-104

Publication Type(s): Journal Article

Abstract:Intimate partner violence (IPV) affects many women and men in the United States and has been associated with numerous mental health conditions, including disordered eating (DE). Veterans may be especially vulnerable to experiencing both of these serious problems given the unique aspects and stressors relevant to military culture, including high rates of trauma exposure. We aimed to estimate the prevalence of past-year IPV among independent samples of male (N = 642) and female (N = 198) veterans and to examine the association between past-year IPV and DE. Mplus 7.0 was used to estimate associations between multiple types of IPV and DE, controlling for age, body mass index, military sexual trauma, and other military trauma. Approximately 14.86% of male veterans and 12.79% of female veterans reported experiencing some form of past-year IPV. All forms of past-year IPV, including physical, sexual, and psychological/emotional, were significantly associated with DE in both samples, after adjusting for covariates. IPV was relatively common among male and female veterans, and those who experience IPV may be particularly vulnerable to DE. Findings extend the knowledge base regarding IPV and its health effects among an understudied population, and may be a catalyst for further research and clinical inquiry to target improving psychiatric care for male and female veterans who experience IPV.

The association between female genital fistula symptoms and gender-based violence: A multi-country secondary analysis of household survey data.

Author(s): Mallick, Lindsay; Tripathi, Vandana

Source: Tropical medicine & international health : TM & IH; Nov 2017

Publication Type(s): Journal Article

Abstract:OBJECTIVEThe Demographic and Health Surveys (DHS), which include standardized questions on female genital fistula symptoms, provide a unique opportunity to evaluate the epidemiology of fistula. This study sought to examine associations between self-reported fistula symptoms and experience of gender-based violence (GBV) among women interviewed in DHS surveys.METHODSThis study used data from thirteen DHS surveys with standardized fistula and domestic violence modules. Data from the most recent survey in each country were pooled, weighting each survey equally. Multivariable logistic regressions controlled for maternal and demographic factors.RESULTSPrevalence of fistula symptoms in this sample of 95,625 women ranges from 0.3% to 1.8% by country. The majority of women reporting fistula symptoms (56%) have ever experienced physical violence and more than one-quarter have ever experienced sexual violence (27%), compared with 38% and 13% among women with no symptoms, respectively. Similarly, 16% of women with fistula symptoms report recently experiencing sexual violence-twice the percentage among women not reporting symptoms (8%). Women whose first experience of sexual violence was from a non-partner have almost four times the odds of reporting fistula symptoms compared to women who never experienced sexual violence. These associations indicate a need to investigate temporal and causal relationships between violence and fistula.CONCLUSIONSThe increased risk of

physical and sexual violence among women with fistula symptoms suggests that fistula programs should incorporate GBV into provider training and services. This article is protected by copyright. All rights reserved.

The Impact of Childhood Abuse and Current Mental Health on Young Adult Intimate Relationship Functioning.

Author(s): Tardif-Williams, Christine Y.; Tanaka, Masako; Boyle, Michael H.; MacMillan, Harriet L.

Source: Journal of Interpersonal Violence; Nov 2017; vol. 32 (no. 22); p. 3420-3447

Publication Type(s): Academic Journal

Abstract: This study examines the association between childhood abuse and intimate relationship quality and attachment security in young adults. Data were drawn from the Ontario Child Health Study, a province-wide community-based survey that collected baseline data in 1983 from 3,294 children (aged 4 to 16 years) and follow-up data in 2000/2001 (then aged 21 to 35 years). The sample comprised 1,885 men and women who had completed questionnaires regarding retrospective accounts of childhood abuse and current relationship status in 2000/2001. Childhood physical and sexual abuse was assessed using the short form of the Childhood Experiences of Violence Questionnaire. It was hypothesized that childhood physical and sexual abuse would be associated with adult intimate relationship functioning, adjusting for childhood family and individual factors, and that these associations would be mediated by participants' current mental health. The analysis for intimate relationship quality showed that current mental health reduced the association between physical abuse and poor relationship quality (beta 0.09 (se 0.02) to 0.08 (0.02)) and between sexual abuse and this outcome to a non-significant level ((beta 0.07 (se 0.03) to 0.05 (0.03)). The analysis for adult attachment security showed that current mental health reduced the association between physical abuse and insecure attachment to a non-significant level (OR 1.33 (95% CI 1.02-1.76) to OR 1.31 (0.98-1.76)) and between sexual abuse and this outcome (OR 1.89 (1.36-2.65) to OR 1.74 (1.19-2.52)). The importance of current mental health functioning in accounting for continuity in intimate relationship functioning from childhood to young adulthood is discussed.

Influence of Intimate Terrorism, Situational Couple Violence, and Mutual Violent Control on Male Victims

Author(s): Hines, Denise A.; Douglas, Emily M.

Source: Psychology of Men & Masculinity; Nov 2017 ; p. No

Publication Type(s): Journal Peer Reviewed Journal

Abstract: The goal of the current study is to test—among samples of men—some previous findings relative to Johnson's (2008) typology of partner violence (PV). Among samples of exclusively women, Johnson found that the frequency and severity of PV—and victims' mental health—are worse for female victims of intimate terrorism (IT) than of situational couple violence (SCV). However, such findings have rarely been tested in male victims of PV. Furthermore, although Johnson posited that mutual violent control (MVC) is relatively rare, other research suggest that it is about as common as IT and may be associated with worse PV and health. We examined the relative frequency and severity of various forms of PV, and the relative health and mental health between men who (a) experienced IT versus SCV and (b) experienced IT versus MVC. Our two samples were 611 men who sought help for PV victimization and 1,601 men from a population-based sample. Our analyses showed that across samples, men who were victims of IT had significantly worse mental health than men who experienced SCV, and IT victims experienced more severe and frequent PV, including physical, sexual, and nonphysical forms of PV. Male victims of IT had worse mental and physical health than men who either perpetrated IT or experienced MVC, but men involved in MVC were involved in relationships with more types of PV than either male IT perpetrators or male victims.

Results are discussed in terms of their implications for Johnson's typology, future research, and service providers. (PsycINFO Database Record (c) 2017 APA, all rights reserved) (Source: journal abstract)

FGM

Recommendations on Arresting Global Health Challenges Facing Adolescents and Young Adults

Author(s): Lassi Z.S.; Salam R.A.; Bhutta Z.A.

Source: Annals of Global Health; 2017

Publication Type(s): Article In Press

Abstract:Background: The health challenges faced by young people are more complex than adults and can compromise their full growth and development. Attention must be paid to the health of this age group, yet adolescents and youth remain largely invisible and often disappear from the major global datasets. Objective: The aim of this paper is to discuss the global health challenges faced by adolescents and youth, global legislations and guidelines pertaining to this particular age group, recommendations to arrest these challenges, and research priorities. Results: Major direct and indirect global health risks faced by adolescents include early pregnancy and childbirth, femicide, honor killing, female genital mutilation, nutritional habits and choices, social media, and peer pressure. There are no standard legal age cut-offs for adulthood; rather, the age varies for different activities, such as age of consent or the minimum age that young people can legally work, leave school, drive, buy alcohol, marry, be held accountable for criminal action, and make medical decisions. This reflects the fact that the existing systems and structures are focused on either children or adults, with very few investments and interventions directed specifically to young people. Existing legislation and guidelines need transformation to bring about a specific focus on adolescents in the domains of substance use and sexual behaviors, and the capacity for adolescent learning should be exploited through graduated legal and policy frameworks. Conclusion: Sustainable development goals provide an opportunity to target this neglected and vulnerable age group. A multisectoral approach is needed to bring about healthy change and address the challenges faced by adolescents and youth, from modifications at a broader legislative and policy level to ground-level (community-level) implementations. Copyright © 2017 Icahn School of Medicine at Mount Sinai.

Sexological care of circumcised women: Experience in Nantes, France. Preliminary study

Author(s): Dugast S.; Winer N.; Wylomanski S.

Source: Sexologies; 2017; vol. 26 (no. 4)

Publication Type(s): Article

Abstract:The consequences of female genital mutilation on women's health are diverse and influence their sexuality in all its aspects. The surgical repair of female genital mutilation could potentially improve the quality of their sexual life, especially functionally, and may reduce pain, but there are only a few reports of this and surgery is not systematically recommended. This preliminary study describes sexological support for women who have suffered sexual mutilation, with multidisciplinary care as practiced in Nantes hospital. We also investigated whether there was any specific feature to the sexological contribution via multidisciplinary care of female genital mutilation. This evaluation was carried out among 27 women who had received surgical and/or sexological care following sexual mutilation between 2011 and 2015 at Nantes teaching hospital. The results obtained, using a multidimensional assessment of their sexuality, demonstrated a potential role for surgery on sexual functionality, aesthetics and the symbolism of reparation. Sexological care may

contribute more specifically to the verbalization around the experience and the consequences of circumcision, to the development of the surgical plan, to the knowledge and education on sexuality in order to allow for the restoration of the sensual and sexual functions along with self-esteem. Copyright © 2017 Elsevier Masson SAS

Married women's negotiation for safer sexual intercourse in Kenya: Does experience of female genital mutilation matter?

Author(s): Chai X.; Sano Y.; Kansanga M.; Baada J.; Antabe R.

Source: Sexual and Reproductive Healthcare; Dec 2017; vol. 14 ; p. 79-84

Publication Type(s): Article

Abstract:Objective Married women's ability to negotiate for safer sex is important for HIV prevention in sub-Saharan Africa, including Kenya. Yet, its relationship to female genital mutilation is rarely explored, although female genital mutilation has been described as a social norm and marker of womanhood that can control women's sexuality. Drawing on the social normative influence theory, this study addressed this void in the literature. Methods We analysed data from the 2014 Kenya Demographic and Health Survey using logistic regression. Our sample included 8,602 married women. Two indicators of safer sex, namely the ability to refuse sex and the ability to ask for condom use, were explored. Results We found that women who had undergone genital mutilation were significantly less likely to report that they can refuse sex (OR = 0.87; p Copyright © 2017

I knew how it feels but couldn't save my daughter; testimony of an Ethiopian mother on female genital mutilation/cutting.

Author(s): Adinew, Yohannes Mehretie; Mekete, Beza Tamirat

Source: Reproductive health; Dec 2017; vol. 14 (no. 1); p. 162

Publication Type(s): Journal Article

Available at [Reproductive Health](#) - from EBSCO (MEDLINE Complete)

Abstract:BACKGROUNDWorld Health Organization defines female genital mutilation/cutting as all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. The practice is common in Ethiopia, especially among Somali (99%) ethnic groups. Even though FGM/C is labeled illegal practice according to the revised 2005 Penal Code of the country, the practice is still responsible for misery of many girls in Ethiopia.METHODSThis personal testimony is presented using woman's own words. Data were collected through in-depth interview with a woman at Gursum health center, Somali regional state, eastern Ethiopia on June 19/2016. The interview was conducted in a private environment and original names were changed to overcome ethical concerns. Informed written consent was obtained from the participant prior to data collection. The interview was audio-taped using a digital voice recorder, later transcribed and translated verbatim from the local language, Amharic to English.RESULTSThe study participant described a range of experiences she had during her own and her daughter's circumcision. Three themes emerged from the woman's description: womanhood, social pressure and stigmatization of uncircumcised women and uncertain future.CONCLUSIONEven though the national prevalence may show a decline, FGM/C is still practiced underground. Thus, anti-FGM/C interventions shall take in to account elders influence and incorporate a human rights approach rather than relying merely on the dire health consequences. Further exploration of the determinants of FGM/C on a wider scale is recommended.

Knowledge, attitude, and experience of health professionals of female genital mutilation (FGM): A qualitative study in Iraqi Kurdistan Region.

Author(s): Shabila, Nazar P; Ahmed, Hamdia M; Safari, Kolsoom

Source: Health care for women international; Nov 2017; vol. 38 (no. 11); p. 1202-1218

Publication Type(s): Journal Article

Abstract:We aimed to assess the knowledge, attitude, and experience of health professionals of female genital mutilation (FGM). The study involved content analysis of semistructured interviews with 21 health professionals. The participants had poor knowledge regarding different aspects of FGM including its types, prevalence, and complications as well as the existing legislation that prohibits FGM. They believed that FGM is mainly practiced for religious reasons and to reduce sexual desire/arousal. Health professionals are apparently not involved in performing FGM, and they do not support its continuation. Health professionals can take a leading role in raising the awareness of women and combating FGM.

Safeguarding Children

Health Care Use and Status Among Abused Young People

Author(s): Diaz A.; Peake K.; Nucci-Sack A.; Shankar V.

Source: Annals of Global Health; 2017

Publication Type(s): Article In Press

Abstract:Background: Childhood abuse negatively affects young people's health. Little is known about its effect on health care usage patterns or on perception of health status during a life stage when learning to use care independently is a key developmental task. Objectives: In nonclinical study settings, abuse has been found to be associated with disorganized use of care and perceived poorer health. Our objective was to determine whether abused youth receiving health care had similar outcomes. Methods: This observational study, conducted between December 5, 2005 and April 13, 2007, screened for childhood abuse in 532 young people seeking services at a primary care clinic. The setting was a New York City young people's free health clinic. Participants were aged 12-24 years, recruited during a visit, mostly female (86%), Latino or black (94%), and currently in school or college (79%). Exclusions included not being fluent in English or having difficulty understanding the study/consent process. Results: Health care use (routine vs urgent care) in the prior 12 months and perceived health status were measured using the Health Service Utilization Scale. Potential demographic covariates were controlled for, as was depression (using the Beck Depression Inventory for Primary Care-Fast Screen). A total of 54% disclosed abuse. Compared with those who were not abused, those reporting sexual abuse had 1.4 times greater odds of choosing both urgent and routine care over routine care only. Those reporting any type of abuse had lower odds of selecting urgent care only over routine care. No association was found between childhood abuse and perceived health status. Conclusions: In contrast to studies conducted among youth in nonclinic settings, in this study childhood abuse was not associated with health care usage patterns or with poorer perception of health. Further research is needed regarding the impact receiving health care has on perceived health and health care use in abused youth. Annals of Global Health 2017;0:000-000 Copyright © 2017 Icahn School of Medicine at Mount Sinai.

Retrospectively self-reported age of childhood abuse onset in a United States nationally representative sample.

Author(s): Cammack, Alison L; Hogue, Carol J

Source: Injury epidemiology; Dec 2017; vol. 4 (no. 1); p. 7

Publication Type(s): Journal Article

Available at [Injury Epidemiology](#) - from Europe PubMed Central - Open Access

Abstract:BACKGROUND Child abuse is common and several studies have linked it to health outcomes throughout the lifecourse. Recent information about timing of abuse reported retrospectively is underrepresented in the literature, despite its importance to informing target populations for primary prevention of child abuse and studying effects of child abuse. This study uses data from Wave IV (2008-2009) of The National Longitudinal Study of Adolescent Health to Adult Health (N = 14,776) to describe distributions of retrospectively self-reported age of onset of childhood emotional, physical, and sexual abuse perpetrated by parents/adult caregivers and sexual abuse perpetrated by other individuals. Information on childhood abuse history was collected when participants were between 24 and 32 years old. FINDINGS Parental/adult caregiver perpetrated abuse frequently started in early childhood, particularly sexual abuse. Non-parental/adult caregiver sexual abuse motivated by physical force also started early in boys (median age = 7.21 years (95% CI: 5.92, 9.05)). Earlier onset of some types of abuse was associated with male sex, not being raised by both biological parents, and low childhood household income. CONCLUSIONS Future studies should further examine timing of childhood abuse onset and include diverse measures of abuse, including those derived from longitudinal studies and validated reports. If these results are replicated, they suggest that abuse, particularly sexual abuse perpetrated by parents/adult caregivers, often starts in early childhood, and preventive interventions should be designed to protect younger children.

Does striving to succeed come at a physiological or psychosocial cost for adults who experienced child maltreatment?

Author(s): Doom, Jenalee R; Hazzard, Vivienne M; Bauer, Katherine W; Clark, Cari Jo; Miller, Alison L

Source: Development and psychopathology; Dec 2017; vol. 29 (no. 5); p. 1905-1919

Publication Type(s): Journal Article

Abstract: While striving to succeed in the face of adversity may provide individuals with outward benefits, it may come at a cost to individuals' physical health. The current study examines whether striving predicts greater physiological or psychosocial costs among those who experienced child maltreatment, a stressor that disrupts the caregiving environment and threatens relationship security. Using data from the National Longitudinal Study of Adolescent to Adult Health, we tested whether greater striving after childhood maltreatment would come at a cost, increasing underlying cardiovascular disease (CVD) risk and depressive symptoms despite showing outward success via income and college degree attainment. The study included 13,341 Black, Hispanic, and White adolescents who self-reported striving and their experiences of childhood neglect, physical abuse, and sexual abuse. As young adults, participants reported depressive symptoms, income, and college degree attainment and completed a health assessment from which a 30-year Framingham-based CVD risk score was calculated. Higher striving was associated with lower CVD risk and depressive symptoms, and higher income and college degree attainment, regardless of maltreatment history. These findings highlight the potential for striving as a target for interventions and support the need to examine multiple biological and behavioral outcomes to understand the multifaceted nature of resilience.

Optimising implementation of reforms to better prevent and respond to child sexual abuse in institutions: Insights from public health, regulatory theory, and Australia's Royal Commission.

Author(s): Mathews, Ben

Source: Child abuse & neglect; Dec 2017; vol. 74 ; p. 86-98

Publication Type(s): Journal Article

Abstract:The Australian Royal Commission Into Institutional Responses to Child Sexual Abuse has identified multiple systemic failures to protect children in government and non-government organizations providing educational, religious, welfare, sporting, cultural, arts and recreational activities. Its recommendations for reform will aim to ensure organizations adopt more effective and ethical measures to prevent, identify and respond to child sexual abuse. However, apart from the question of what measures institutions should adopt, an under-explored question is how to implement and regulate those measures. Major challenges confronting reform include the diversity of organizations providing services to children; organizational resistance; and the need for effective oversight. Failure to adopt theoretically sound strategies to overcome implementation barriers will jeopardize reform and compromise reduction of institutional child sexual abuse. This article first explains the nature of the Royal Commission, and focuses on key findings from case studies and data analysis. It then analyzes public health theory and regulatory theory to present a novel analysis of theoretically justified approaches to the implementation of measures to prevent, identify and respond to CSA, while isolating challenges to implementation. The article reviews literature on challenges to reform and compliance, and on prevention of institutional CSA and situational crime prevention, to identify measures which have attracted emerging consensus as recommended practice. Finally, it applies its novel integration of regulatory theory and public health theory to the context of CSA in institutional contexts, to develop a theoretical basis for a model of implementation and regulation, and to indicate the nature and functions of a regulatory body for this context.

Commercial Sexual Exploitation and Sex Trafficking of Children and Adolescents: A Narrative Review

Author(s): Barnert E.; Kolhatkar G.; Iqbal Z.; Bruce J.; Anoshiravani A.; Greenbaum J.

Source: Academic Pediatrics; Nov 2017; vol. 17 (no. 8); p. 825-829

Publication Type(s): Review

Abstract:Commercial sexual exploitation and sex trafficking of children and adolescents represent a severe form of child abuse and an important pediatric health concern. Youth who are commercially sexually exploited have a constellation of clinical risk factors and high rates of unmet physical and mental health needs, including conditions that directly result from their victimization. Common physical health needs among commercially sexually exploited children and adolescents include violence-related injuries, pregnancy, sexually transmitted infections, and other acute infections. Common mental health conditions include substance use disorders, post-traumatic stress disorder, depression and suicidality, and anxiety. The existing literature indicates that trauma-informed approaches to the care of commercially sexually exploited youth are recommended in all aspects of their health care delivery. Additionally, medical education that attunes providers to identify and appropriately respond to the unique needs of this highly vulnerable group of children and adolescents is needed. The available research on commercial sexual exploitation and sex trafficking of children and adolescents remains fairly limited, yet is expanding rapidly. Especially relevant to the field of pediatrics, future research to guide health professionals in how best to identify and care for commercially sexually exploited children and adolescents in the clinical setting signifies a key gap in the extant literature and an important opportunity for future study. Copyright © 2017 Academic Pediatric Association

The experiences, attitudes and perceptions of paediatricians in malta relating to child protection work: Implications of a mixed-methods study

Author(s): Borg K.; Mangion M.; Barlow J.

Source: European Journal of Pediatrics; Nov 2017; vol. 176 (no. 11); p. 1460-1461

Publication Type(s): Conference Abstract

Abstract:Health professionals fulfil an essential role within the multiagency response to safeguarding concerns. This study aimed to explore the behaviours and perceptions of paediatricians relating to Child Protection (CP) work in a country characterised by the absence of mandatory and statutory guidance. A mixed-methods approach was adopted, using the explanatory sequential design. The quantitative strand involved a population survey of paediatricians (N = 56). Data were analysed and used to inform a subsequent qualitative phase, in which data were collected using one-to-one interviews and analyzed using thematic analysis. The response rate was at 95 % (n = 53). Paediatricians perceived themselves to be working within an unstructured system. Despite the majority reporting to have assessed CP cases, 77.4 % (n = 41) had never received specific CP training. Furthermore, the majority reported that response pathways and reporting procedures were unclear and that they were not involved in CP related tasks beyond identification. Both quantitative and qualitative data indicated that CP work was perceived as complex, emotive and stressful, and that this, together with lack of experience, resulted in ambivalence and lack of confidence particularly in child sexual abuse. Although participants felt reassured by having a designated consultant, this role also enabled them to offload responsibility, with CP work not being fully owned. Trainees appeared more willing to be involved than specialists. This study suggests that the lack of mandatory and statutory guidance results in significantly suboptimal practice with regard to CP. Investment in formalised structured training and support systems that enhance reflective practices, are recommended to engage professionals in CP work. Designated professionals in CP should complement, rather than minimise, the role and responsibility of professionals working with children. Such measures will help create a cognitive change to making CP everybody's responsibility and that ensure a more robust and sustainable CP system that is child-centred and more cost-effective.

The mediator effect of personality traits on the relationship between childhood abuse and depressive symptoms in schizophrenia

Author(s): Okubo R.; Hashimoto N.; Oka M.; Narita H.; Ito K.; Kako Y.; Kusumi I.; Inoue T.; Suzukawa A.; Tanabe H.

Source: Psychiatry Research; Nov 2017; vol. 257 ; p. 126-131

Publication Type(s): Article

Abstract:Previous studies indicated that personality traits have a mediator effect on the relationship between childhood abuse and depressive symptoms in major depressive disorder and nonclinical general adult subjects. In the present study, we aimed to test the hypothesis that personality traits mediate the relationship between childhood abuse and depressive symptoms in schizophrenia. We used the following questionnaires to evaluate 255 outpatients with schizophrenia: the Child Abuse and Trauma Scale, temperament and character inventory, and Patients Health Questionnaire-9. Univariate analysis, multiple regression analysis, and structured equation modeling (SEM) were used to analyze the data. The relationship between neglect and sexual abuse and the severity of depressive symptoms was mostly mediated by the personality traits of high harm avoidance, low self-directedness, and low cooperativeness. This finding was supported by the results of stepwise multiple regression analysis and the acceptable fit indices of SEM. Thus, our results suggest that personality traits mediate the relationship between childhood abuse and depressive symptoms in schizophrenia. The present study and our previous studies also suggest that this mediator effect could occur independent of the presence or type of mental disorder. Clinicians should routinely assess childhood abuse history, personality traits, and their effects in schizophrenia. Copyright © 2017

Child Sexual Abuse: Management and Prevention, and Protection of Children from Sexual Offences (POCSO) Act.

Author(s): Seth, Rajeev; Srivastava, R N

Source: Indian pediatrics; Nov 2017; vol. 54 (no. 11); p. 949-953

Publication Type(s): Journal Article

Abstract:Child Sexual Abuse is an alarming reality and is being increasingly reported in India as well as globally. Pediatricians and allied medical professionals are often the first point of contact with abused children and their families. They have a key role in detecting Child Sexual Abuse, providing immediate and long-term care and support to the victims and their families. India has adopted the Protection of Children from Sexual Offences Act (POCSO) in 2012. It is a comprehensive law on sexual abuse, which expands the scope and range of forms of sexual offences, makes reporting of abuse mandatory and defines guidelines for the examination of victims. Pediatricians and health care professionals need to acquire necessary expertise for clinical evaluation of child sexual abuse, and its prevention, management and reporting.

Non suicidal self-injury, emotional eating and insomnia after child sexual abuse: Are those symptoms related to emotion regulation?

Author(s): Demirci, Esra

Source: Journal of forensic and legal medicine; Nov 2017; vol. 53 ; p. 17-21

Publication Type(s): Journal Article

Abstract:OBJECTIVEThe aim of this article was to assess the effects of child sexual abuse (CSA) on emotion regulation (ER) in adolescents and to evaluate the relationships between non suicidal self-injury (NSSI), emotional eating, insomnia and emotion dysregulation (ED).METHODFifty two adolescents, aged 10-18 years, without who weren't diagnosed a psychiatric disease before abuse and completed 6-months of follow-up after abuse included the study. Control group consisted of 33 healthy voluntary participants without any known psychiatric disorders. Patients and volunteers who participated in the study were assessed with the Inventory of Statements About Self-injury (ISAS), Dutch Eating Behavior Questionnaire (DEBQ), Pittsburgh Sleep Quality Index (PSQI), Insomnia severity index (ISI), and the Difficulties in Emotion Regulation Scale (DERS).RESULTSIn our study, PSQI scores, DERS total scores and DEBQ emotional eating subscores were significantly higher in the CSA victims (In orderly; $p = 0,034$, $p < 0.001$, $p = 0,023$). 55.7% of the CSA victims reported self-injurious behavior, while 15.5% of healthy voluntary participants reporting self-injurious behavior. The CSA victims reporting NSSI had higher DERS scores than CSA victims without NSSI. ($p = 0.024$). The CSA victims with post-traumatic stress disorder (PTSD) and CSA victims without PTSD had a positive correlation between DEBQ emotional eating subscores and DERS total scores (In orderly: $r = 0.762$, $p = 0.031$; $r = 0.872$, $p < 0.001$). There was a positive correlation between the PSQI scores and DERS scores in the CSA victims with PTSD ($r = 0.827$, $p = 0.023$).CONCLUSIONFurther studies are needed to assess the relationship between self-injury, emotional eating, insomnia and ED, and to determine how sexual abuse effect the ER in a clinical sample of CSA.

NICE guidance on child abuse and neglect... [including commentary by Orla McAlinden].

Author(s): Dean, Erin

Source: Nursing Standard; Nov 2017; vol. 32 (no. 12); p. 15-15

Publication Date: Nov 2017

Publication Type(s): Academic Journal

Available at [Nursing Standard](#) - from ProQuest (Hospital Premium Collection) - NHS Version

Abstract:The article provides information on guidance published by the National Institute for Health and Care Excellence (NICE) to help British nurses recognize and respond to child abuse and neglect.

The guidance describes early intervention and therapeutic services to be provided for physical, sexual and emotional abuse and neglect. Signs and symptoms of abuse or neglect in children include a marked change in behavior, extreme distress and aggressiveness.

Gender Identity, Sexual Identity and Psychosexuality

Providing Care for Lesbian, Gay, Bisexual, and Transgender Immigrants at Health Centers and Clinics

Author(s): Keuroghlian A.S.; Stern T.A.; McDowell M.J.

Source: Psychosomatics; 2017

Publication Type(s): Article In Press

Individual and systemic barriers to health care: Perspectives of lesbian, gay, bisexual, and transgender adults

Author(s): Romanelli M.; Hudson K.D.

Source: American Journal of Orthopsychiatry; 2017; vol. 87 (no. 6); p. 714-728

Publication Type(s): Article

Available at [The American journal of orthopsychiatry](#) - from ProQuest PsycARTICLES - NHS

Abstract: Access to effective services is imperative to address the many health and mental health disparities that lesbian, gay, bisexual, and transgender (LGBT) people face. This population, however, remains underserved and often ill-served in health care environments. Furthermore, interactions between system- and individual-level dimensions of access create barriers to service engagement. Within much of the extant literature surrounding health care barriers among LGBT people, the rich narratives and varied experiences of LGBT community members from diverse backgrounds have often been excluded. The current interview-based study was conducted with a sample of 40 self-identified LGBT adults living in New York City. Participants were recruited through flyers distributed to LGBT-specific social and health service organizations. Twenty-nine participants who discussed health care access as a major health concern were included in the current study. Framework analysis revealed barriers stemming from characteristics of services and providers (system-level) and characteristics of care-seekers (individual-level) as major health concerns. The root causes of system-level barriers were all attributed to social-structural factors that worked to exclude and erase LGBT people from the institutions that shape the health and mental health systems. Individual-level barriers were attributed to both individual and social-structural factors, such as health literacy and stigma. Participants linked access barriers to forgone care and to other health and mental health concerns within their communities. We argue that addressing barriers at the individual and sociostructural levels will better serve LGBT communities. Copyright © 2017 Global Alliance for Behavioral Health and Social Justice.

Identity concealment in transgender adults: A qualitative assessment of minority stress and gender affirmation

Author(s): Rood B.A.; Maroney M.R.; Puckett J.A.; Berman A.K.; Reisner S.L.; Pantalone D.W.

Source: American Journal of Orthopsychiatry; 2017; vol. 87 (no. 6); p. 704-713

Publication Type(s): Article

Available at [The American journal of orthopsychiatry](#) - from ProQuest PsycARTICLES - NHS

Abstract:Minority individuals might conceal their identity in social contexts in an effort to avoid stigma and victimization. Unfortunately, identity concealment is thought to impact psychological distress in transgender and gender nonconforming (TGNC) individuals. Thus, through 30 in-depth interviews, we sought to understand if and how identity concealment was experienced by TGNC individuals. Findings indicated that (a) TGNC identity concealment is a source of stress, (b) individuals might conceal their TGNC identity based on social context, (c) concealment of assigned sex and gender history can function to affirm one's true gender identity, and (d) concealment of gender history is a rejection of one's assigned sex. In addition, (a) passing/ blending is an important interpersonal and intrapersonal process, (b) the importance of passing/ blending can change over time, and (c) not passing/blending may result in worrying about personal safety. The authors discuss how concealment can both inhibit and promote psychological health for TGNC individuals, and they offer clinical applications for health providers. Copyright © 2017 Global Alliance for Behavioral Health and Social Justice.

Viral hepatitis screening in transgender patients undergoing gender identity hormonal therapy

Author(s): Mangla N.; Mamun R.; Weisberg I.S.

Source: European Journal of Gastroenterology and Hepatology; 2017; vol. 29 (no. 11); p. 1215-1218

Publication Type(s): Article

Abstract:Background and aim Viral hepatitis is a global health issue and can lead to cirrhosis, liver failure, and hepatocellular carcinoma. Guidelines for viral hepatitis screening in the transgender population do not exist. Transgender patients may be at higher risk for contracting viral hepatitis due to socioeconomic and behavioral factors. The aim of this study was to measure the quality of screening, prevalence, and susceptibility of viral hepatitis, and to identify barriers to screening in transgender patients undergoing gender identity hormonal therapy. Methods LGBTQ-friendly clinic visits from transgender patients older than 18 years in New York City from 2012 to 2015 were reviewed. Results Approximately 13% of patients were screened for any viral hepatitis on initial consultation. Screening rates for hepatitis C virus (HCV), hepatitis B virus (HBV), and hepatitis A virus (HAV) at any point were 27, 22, and 20%. HAV screening was performed in 28% of the female to male (FtM) patients and 16% of male to female (MtF) (P<0.05). Prevalence of HCV, HBV, and HIV in FtM was 0, 0, and 0.44% and that in MtF was 1.78, 0.89, and 1.78%, respectively. Percentage of patients immune to hepatitis A in FtM and MtF subgroups were 55 and 47% (P>0.05). Percentage of patients immune to HBV in FtM and MtF subgroups were 54 and 48% (P>0.05). Conclusion This study indicates a significant lack of hepatitis screening in the transgender population and a concerning proportion of patients susceptible to disease. Copyright © 2017 Wolters Kluwer Health, Inc.

Transgender research in the 21st century: A selective critical review from a neurocognitive perspective

Author(s): Mueller S.C.; De Cuyper G.; T'Sjoen G.

Source: American Journal of Psychiatry; Dec 2017; vol. 174 (no. 12); p. 1155-1162

Publication Type(s): Review

Abstract:Gender dysphoria describes the psychological distress caused by identifying with the sex opposite to the one assigned at birth. In recent years, much progress has been made in characterizing the needs of transgender persons wishing to transition to their preferred gender, thus helping to optimize care. This critical review of the literature examines their common mental health issues, several individual risk factors for psychiatric comorbidity, and current research on the underlying neurobiology. Prevalence rates of persons identifying as transgender and seeking help with transition have been rising steeply since 2000 across Western countries; the current U.S. estimate is 0.6%. Anxiety and depression are frequently observed both before and after transition,

although there is some decrease afterward. Recent research has identified autistic traits in some transgender persons. Forty percent of transgender persons endorse suicidality, and the rate of self-injurious behavior and suicide are markedly higher than in the general population. Individual factors contributing to mental health in transgender persons include community attitudes, societal acceptance, and posttransition physical attractiveness. Neurobiologically, whereas structural MRI data are thus far inconsistent, functional MRI evidence in trans persons suggests changes in some brain areas concerned with olfaction and voice perception consistent with sexual identification, but here too, a definitive picture has yet to emerge. Mental health clinicians, together with other health specialists, have an increasing role in the assessment and treatment of gender dysphoria in transgender individuals.

Urogynecologic Care of the Transgender Patient

Author(s): Unger C.A.

Source: Current Obstetrics and Gynecology Reports; Dec 2017; vol. 6 (no. 4); p. 274-281

Publication Type(s): Review

Abstract: Abstract: Purpose of Review: This paper aims to review the current data that exist on the urogynecologic needs of the transgender patient and to relay important clinical pearls that may be useful to assist providers in caring for this patient population. Recent Findings: In one study, 7.5% of transgender women who had undergone vaginoplasty surgery had a stage 2 or greater prolapse; 3.8% required surgery to repair their prolapse; 47% reported voiding dysfunction; 25 and 17% reported urinary urgency and urge incontinence, respectively; and 23% had stress incontinence. In a large cohort of patients who had undergone vaginoplasty, the overall incidence of rectovaginal fistula was 1.2% (95% CI 0.6, 2.1) and revision surgery was more likely to be associated with the development of a fistula. The complications most associated with phalloplasty procedures performed in female-to-male patients are urethrocutaneous fistulae (22 to 75%) and urethral stricturing (25 to 58%). Summary: Data on pelvic floor disorders as they relate to transgender patients is sparse; however, as we begin to see more and more of these patients in academic centers, their medical needs are being studied and the literature on this patient population is slowly becoming more robust. Copyright © 2017, Springer Science+Business Media, LLC.

Prostate Cancer in Transgender Women: Incidence, Etiopathogenesis, and Management Challenges

Author(s): Deebel N.A.; Morin J.P.; Autorino R.; Vince R.; Grob B.; Hampton L.J.

Source: Urology; Dec 2017; vol. 110 ; p. 166-171

Publication Type(s): Article

Abstract: Objective To critically analyze the available evidence regarding the incidence, etiopathogenesis, and management of prostate cancer (CaP) in transgender women. In addition, this article aims to present a recent case report of a transgender woman with a unique presentation at the author's institution. Materials and Methods An electronic nonsystematic literature search was performed to identify pertinent studies. PubMed search engine was queried by using the following search terms: "prostate cancer," "male to female transsexual," "transgender patient," "androgen + prostate cancer," "estrogen therapy + prostate cancer," and "health care barrier." In addition, a clinical case managed at our institution was reviewed and critically discussed. Results Including our case, there have been only 10 documented cases of CaP in transgender women. Additionally, an emerging body of literature has questioned the role of androgens in the development of CaP and suggested that estrogen therapy may not be as protective as initially thought. Therefore, the current evidence suggests that the transgender woman should be screened for CaP the same as a nontransgender men. Barriers to care in the transgender female population include accessing

resources, medical knowledge deficits, ethics of transition-related medical care, diagnosing vs pathologizing transgender patients, financial restrictions of the patient, and health system determinants. Conclusion Although rare, CaP in transgender women has been documented. Both the mechanism and the impact of receiving a bilateral orchiectomy on disease development are unclear. Future study is needed to examine these factors, and to further shape the treatment and screening regimen for these patients. Copyright © 2017

Examining transgender health through the International Classification of Functioning, Disability, and Health's (ICF) Contextual Factors

Author(s): Jacob M.; Cox S.R.

Source: Quality of Life Research; Dec 2017; vol. 26 (no. 12); p. 3177-3185

Publication Type(s): Review

Abstract: Purpose: For many transgender individuals, medical intervention is necessary to live as their desired gender. However, little is known about Contextual Factors (i.e., Environmental and Personal) that may act as facilitators and barriers in the health of transgender individuals. Therefore, this paper sought to examine Contextual Factors of the World Health Organization's International Classification of Functioning, Disability, and Health that may facilitate or negatively impact the physical, psychological, and social functioning of transgender individuals. Methods: A literature review was conducted to identify Environmental and Personal Factors that may influence transgender individuals' physical, psychological, and social functioning. Seven electronic databases were searched. In total, 154 records were reviewed, and 41 articles and other records met inclusion criteria. Results: Three general themes emerged for Environmental Factors: family and social networks, education, and health care. Three general themes also emerged for Personal Factors: socioeconomic status, race, and age. Conclusions: Transgender individuals benefit from gender-affirming services, improved family and social support systems, and competent provider care. Educational training programs, including medical curricula or workshops, might provide the greatest benefit in improving transgender health by increasing the knowledge and cultural competency of health professionals working with this population. Given the diversity of gender expression, differences in lived experiences, and potential for enduring persistent "double discrimination" due to the intersectional relationships between socioeconomic status, race, and/or age, health professionals must approach transgender health using a holistic lens such as the World Health Organization's International Classification of Functioning, Disability, and Health. Copyright © 2017, Springer International Publishing AG.

Disparities in access to care in marginalized populations

Author(s): Silberholz E.A.; Brodie N.; Spector N.D.; Pattishall A.E.

Source: Current Opinion in Pediatrics; Dec 2017; vol. 29 (no. 6); p. 718-727

Publication Type(s): Review

Abstract: Purpose of review The current article reviews recent literature related to three groups whose health is affected by barriers to the healthcare system: refugee and immigrant populations; youth who are lesbian, gay, bisexual, transgender, queer, or questioning; and those with mental health problems. Recent findings Refugee and immigrant populations are increasing worldwide, and recent work has focused on improving their access to mental, dental, and preventive care. Lesbian, gay, bisexual, transgender, queer, or questioning youth have unique healthcare needs but frequently lack a support system and may not be forthcoming about their sexuality or sex identity. A rising number of children are being diagnosed with mental health disorders, but due to multiple factors, youth are not receiving the care they need. Summary Pediatric healthcare providers should be aware of the unique challenges faced by youth displaced from their country of origin, who are lesbian, gay,

bisexual, or transgender or are questioning their sexuality or sex identity, and who struggle with mental health disorders. Toolkits, other educational resources, and novel technological advances can assist pediatricians in ensuring optimal health care of these at-risk groups. Copyright © 2017 Wolters Kluwer Health, Inc. All rights reserved.

LGBT healthcare disparities: What progress have we made?

Author(s): Bonvicini K.A.

Source: Patient Education and Counseling; Dec 2017; vol. 100 (no. 12); p. 2357-2361

Publication Type(s): Note

Abstract: Nearly fifteen years have passed since this author's publication which examined the depth of education and training for medical students and practicing physicians specific to clinical competence in the care of lesbian and gay patients in the United States. Since then, there has been an explosion of research gains which have shed a steady light on the needs and disparities of lesbian and gay healthcare. This rich literature base has expanded to include bisexual and transgender (LGBT) healthcare in peer-reviewed journals. Despite these research gains underscoring a call for action, there continues to be a dearth of cultural competency education and training for healthcare professionals focused on clinical assessment and treatment of LGBT patients. This article will focus exclusively on the current status of medical and nursing education and training specific to clinical competence for LGBT healthcare. We are long overdue in closing the clinical competency gap in medical and nursing education to reduce the healthcare disparities within the LGBT community. Copyright © 2017 Elsevier B.V.

Gender Dysphoria in the Military

Author(s): Ford S.; Schnitzlein C.

Source: Current Psychiatry Reports; Dec 2017; vol. 19 (no. 12)

Publication Type(s): Review

Abstract: Purpose of Review: With the announcement that members of the military who identify as transgender are allowed to serve openly, the need for Department of Defense behavioral health providers to be comfortable in the assessment, diagnosis, and treatment of this population becomes quickly evident. This population has been seeking care in the community and standards have been developed to help guide decision-making, but a comparable document does not exist for the military population. Recent Findings: Previously published papers were written in anticipation of the policy allowing for open service. The civilian sector has treatment guidelines and evidence supporting the same for reference. There is no similar document for the military population, likely due to the recent change and ongoing development. This paper attempts to provide an overview of the recent Department of Defense policy and walks the reader through key considerations when providing care to a transgender member of the military as it relates to those who are currently serving in the military through the use of a case example. Summary: The military transgender population faces some unique challenges due to the need to balance readiness and deployability with medically necessary health care. Also complicating patient care is that policy development is ongoing-as of this publication, the decision has not yet been made regarding how people who identify as transgender will access into the military nor is there final approval regarding coverage for surgical procedures. Unique circumstances of this population are brought up to generate more discussion and encourage further evaluation and refinement of the process. Copyright © 2017, Springer Science+Business Media, LLC.

Barriers to Care Among Transgender and Gender Nonconforming Adults.

Author(s): Gonzales, Gilbert; Henning-Smith, Carrie

Source: The Milbank quarterly; Dec 2017; vol. 95 (no. 4); p. 726-748

Publication Type(s): Journal Article

Abstract:Policy Points: Transgender and gender nonconforming (GNC) adults may experience barriers to care for a variety of reasons, including discrimination and lack of awareness by providers in health care settings. In our analysis of a large, population-based sample, we found transgender and GNC adults were more likely to be uninsured and have unmet health care needs, and were less likely to have routine care, compared to cisgender (nontransgender) women. Our findings varied by gender identity. More research is needed on transgender and GNC populations, including on how public policy and provider awareness affects health care access and health outcomes differentially by gender identity. CONTEXTVery little population-based research has examined health and access to care among transgender populations. This study compared barriers to care between cisgender, transgender, and gender nonconforming (GNC) adults using data from a large, multistate sample. METHODSWe used data from the 2014-2015 Behavioral Risk Factor Surveillance System to estimate the prevalence of having no health insurance, unmet medical care needs due to cost, no routine checkup, and no usual source of care for cisgender women (n = 183,370), cisgender men (n = 131,080), transgender women (n = 724), transgender men (n = 449), and GNC adults (n = 270). Logistic regression models were used to estimate odds ratios (OR) and 95% confidence intervals (CI) for each barrier to care while adjusting for sociodemographic characteristics. FINDINGSTransgender and GNC adults were more likely to be nonwhite, sexual minority, and socioeconomically disadvantaged compared to cisgender adults. After controlling for sociodemographic characteristics, transgender women were more likely to have no health insurance (OR = 1.60; 95% CI = 1.07-2.40) compared to cisgender women; transgender men were more likely to have no health insurance (OR = 2.02; 95% CI = 1.25-3.25) and no usual source of care (OR = 1.84; 95% CI = 1.18-2.88); and GNC adults were more likely to have unmet medical care needs due to cost (OR = 1.93; 95% CI = 1.02-3.67) and no routine checkup in the prior year (OR = 2.41; 95% CI = 1.41-4.12). CONCLUSIONSTransgender and GNC adults face barriers to health care that may be due to a variety of reasons, including discrimination in health care, health insurance policies, employment, and public policy or lack of awareness among health care providers on transgender-related health issues.

"It Can Promote an Existential Crisis": Factors Influencing Pap Test Acceptability and Utilization Among Transmasculine Individuals.

Author(s): Peitzmeier, Sarah M; Agénor, Madina; Bernstein, Ida M; McDowell, Micha

Source: Qualitative health research; Dec 2017; vol. 27 (no. 14); p. 2138-2149

Publication Type(s): Journal Article

Abstract:Transmasculine (i.e., female-to-male transgender) individuals have lower rates of cervical cancer screening than nontransgender women and often report negative experiences with the Pap test. Deciding to undergo screening and the test experience itself are characterized by the following processes: negotiating identity as the patient, provider, and insurance company wrestle with the degree of (in)congruence between a patient's masculine gender identity and their conception of the Pap test as feminine; bargaining for health as a Pap test may be required to obtain medical transition services or avoid undesired health outcomes; withstanding acute challenges during the Pap test to body, identity, and privacy; or reframing challenges as affirmation. The degree of distress triggered by the Pap test varied from "routine" to traumatic. Participants affirmed that a trusted, trans-competent health care provider could significantly reduce barriers to regular and satisfactory cervical cancer screening. Data are from 32 in-depth interviews conducted in Boston, Massachusetts, with transmasculine individuals; a modified grounded theory approach informed the analysis.

Discrimination and resilience and the needs of people who identify as Transgender: A narrative review of quantitative research studies.

Author(s): McCann, Edward; Brown, Michael

Source: Journal of clinical nursing; Dec 2017; vol. 26 (no. 23-24); p. 4080-4093

Publication Type(s): Journal Article Review

Abstract:AIMS AND OBJECTIVESTo examine discrimination and resilience experiences of people who identify as transgender and establish potential health service responses.BACKGROUNDPeople who identify as transgender face many challenges in society in terms of the knowledge, understanding and acceptance of a person's gender identity.DESIGNA narrative review of quantitative empirical research.METHODSA comprehensive search of CINAHL, MEDLINE, PsycINFO and Sociological Abstracts electronic databases from 2006-2016 was conducted.RESULTSThe search yielded 1,478 papers and following the application of rigorous inclusion and exclusion criteria a total of 19 papers were included in the review. The findings reveal that there is a need to ensure that the needs of transgender people are represented, fully integrated and clearly linked to outcomes that improve their health and quality of life.CONCLUSIONSDiscrimination experiences can result in poorer health outcomes; however, many people have developed resilience and positive coping strategies.RELEVANCE TO CLINICAL PRACTICENurses need to recognise and respond appropriately to the care and treatment needs of this population. Comprehensive nursing assessments and plans of care that encompass all aspects of the person should be in place supported by clear policy guidelines and evidence-based research. The education requirements of practitioners are outlined.

Understanding asexual identity as a means to facilitate culturally competent care: A systematic literature review.

Author(s): Jones, Catriona; Hayter, Mark; Jomeen, Julie

Source: Journal of clinical nursing; Dec 2017; vol. 26 (no. 23-24); p. 3811-3831

Publication Type(s): Journal Article Review

Abstract:AIMS AND OBJECTIVESTo provide a contemporary overview of asexuality and the implications this has for healthcare practice.BACKGROUNDIndividuals belonging to sexual minority groups face many barriers in accessing appropriate health care. The term "sexual minority group" is usually used to refer to lesbian women, gay, bisexual and transgender individuals. Anecdotal and research evidence suggests that those who identify as asexual have similar poor experiences.DESIGNSystematic review and qualitative analysis.METHODSThis work uses a systematic review and qualitative analysis of the existing interview data from self-identified asexuals, to construct features of the asexual identity. The findings will help practitioners and health professionals develop an understanding of this poorly understood construct. Ultimately this work is aimed at facilitating culturally competent care in the context of asexuality.RESULTSQualitative analysis produced three themes, which can be used, not only to frame asexuality in a positive and normalising way, but also to provide greater understanding of asexuality, "romantic differences coupled with sexual indifference," "validation through engagement with asexual communities" and "a diversity of subsexual identities."CONCLUSIONSHaving some understanding of what it means to identify as asexual, and respecting the choices made by asexuals can markedly improve the experiences of those who embrace an asexual identity when engaging with health care.RELEVANCE TO CLINICAL PRACTICEAnecdotal evidence, taken from one of the largest asexual online forums, suggests that a number of self-identified asexuals choose not to disclose their identity to healthcare professionals through fear of their asexual status being pathologised, problematised or judged. Given that asexuality is a poorly understood concept, this may be due to lack of understanding on behalf of healthcare providers. The review provides health professionals and practitioners working in

clinical settings with some insights of the features of an asexual identity to facilitate culturally competent care.

Optimizing the Clinical Care of Lesbian, Gay, Bisexual, and Transgender Older Adults.

Author(s): Torke, Alexia M; Carnahan, Jennifer L

Source: JAMA internal medicine; Dec 2017; vol. 177 (no. 12); p. 1715-1716

Publication Type(s): Journal Article

Available at [JAMA internal medicine](#) - from EBSCO (MEDLINE Complete)

Longitudinal associations of sexual fluidity and health in transgender men and cisgender women and men

Author(s): Katz-Wise, Sabra L.; Williams, David N.; Keo-Meier, Colton L.; Budge, Stephanie L.

Source: Psychology of Sexual Orientation and Gender Diversity; Dec 2017; vol. 4 (no. 4); p. 460-471

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

Available at [Psychology of sexual orientation and gender diversity](#) - from ProQuest PsycARTICLES - NHS

Abstract:Research has just begun to study associations between sexual fluidity and health among cisgender individuals; only 1 cross-sectional study examined these links among transgender individuals. The goals of the current study were to prospectively examine fluidity in sexual attractions and fluidity in sexual orientation identity, and associations with health-related outcomes. Participants were a community-based sample of 45 transgender men, ages 16–51 years, who had recently begun testosterone, and 95 cisgender individuals (53 women, 42 men), ages 18–55 years, who completed surveys either in-person or via mail. Analyses tested for group differences in sexual fluidity, sociodemographic predictors of sexual fluidity among transgender men, and associations between sexual fluidity and health across the 3 groups. As hypothesized, transgender men reported more fluidity in sexual attractions and sexual orientation identity than did cisgender individuals. Contrary to our hypotheses, testosterone use was not significantly associated with sexual fluidity, although less education was. As hypothesized, fluidity in sexual orientation identity was associated with more adverse mental health outcomes among transgender men (depression and anxiety) and cisgender women (anxiety and stress), as well as decreased vitality among transgender men and cisgender women, and decreased social functioning among cisgender women. In contrast, fluidity in sexual attractions was only associated with less depression among cisgender women, but was not significantly associated with any other health-related outcomes. This study increases knowledge about sexual fluidity among transgender men and implications for health and can inform clinical work with this population. (PsycINFO Database Record (c) 2017 APA, all rights reserved) (Source: journal abstract) Impact statementPublic Significance Statement—Fluidity in sexual orientation identity is associated with adverse mental health outcomes among transgender men and cisgender women. Medical and mental health providers working with transgender men should be aware of the likelihood of sexual attraction fluidity and sexual orientation identity fluidity, as well as the potential for adverse health-related concerns related to these changes. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Body beyond: A pleasure-based, sex-positive group therapy curriculum for transfeminine adults

Author(s): Spencer, Katherine G.; Vencill, Jennifer A.

Source: Psychology of Sexual Orientation and Gender Diversity; Dec 2017; vol. 4 (no. 4); p. 392-402

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

Available at [Psychology of sexual orientation and gender diversity](#) - from ProQuest PsycARTICLES - NHS

Abstract: Sexual and relationship health is a critical component of clinical practice with transgender and gender nonconforming (TGNC) clients. TGNC people face significant challenges in accessing trans-affirmative sexual health care and often lack safe spaces to explore their sexual concerns. In the rare instances that sexuality-specific health care is available to transgender people, it tends to utilize a disease prevention approach, focusing particularly on HIV/AIDS. Though this is a critical need, such a disease focus overlooks numerous aspects of sex and sexuality. As such, little is known about the sexual experiences of TGNC people and what their potential needs may be for overall sexual and relationship health. Working collaboratively with members of the local transgender community, we developed a sexual health therapy group specifically for transfeminine spectrum adults that is pleasure-based and sex positive in nature. The current article focuses on this curriculum, which is grounded in the Gender Affirmative Lifespan Approach (GALA) and includes 8 distinct group psychotherapy modules covering a range of transfeminine-specific sexual health topics. We present the therapeutic themes and interventions included within each module of the group therapy curriculum and provide a detailed example of 1 such module. This group therapy curriculum provides a much-needed foundation for developing more sexuality-related resources for TGNC people, as well as a clinical training resource for mental and sexual health providers. Recommendations for competent and effective utilization of the curriculum are discussed. (PsycINFO Database Record (c) 2017 APA, all rights reserved) (Source: journal abstract) Impact statement Public Significance Statement—This article outlines the curriculum of an 8-week, pleasure-based sexual health therapy group for transfeminine-identified people, including transgender women, who face significant societal barriers to competent and affirming clinical care. The group therapy curriculum is grounded in data collected from a community focus group of transfeminine people as well as the integration of psychological and sexual health literature. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Trait rumination predicts elevated evening cortisol in sexual and gender minority young adults

Author(s): Zoccola P.M.; Manigault A.W.; Figueroa W.S.; Hollenbeck C.; Mendlein A.; Woody A.

Source: International Journal of Environmental Research and Public Health; Nov 2017; vol. 14 (no. 11)

Publication Type(s): Article

Available at [International journal of environmental research and public health](#) - from EBSCO (MEDLINE Complete)

Abstract: Stress may contribute to illness through the impaired recovery or sustained activity of stress-responsive biological systems. Rumination, or mental rehearsal of past stressors, may alter the body's stress-responsive systems by amplifying and prolonging exposure to physiological mediators, such as cortisol. The primary aim of the current investigation was to test the extent to which the tendency to ruminate on stress predicts diminished diurnal cortisol recovery (i.e., elevated evening cortisol) in a sample of sexual and gender minority young adults. Participants included 58 lesbian, gay, bisexual, and transgender young adults (Mage = 25.0, SD = 4.1) who completed an initial online survey that assessed trait rumination and current depressed mood. Participants completed daily evening questionnaires and provided salivary cortisol samples at wake, 45 min post-wake, 12 h post-wake, and at bedtime over seven consecutive days. Trait rumination predicted significantly higher cortisol concentrations at bedtime, but was unrelated to other cortisol indices (e.g., morning cortisol, diurnal slope, total output). The association with trait rumination was not accounted for by daily negative affect, and was largely independent of depressed mood. These

results have implications for identifying and treating those who may be at risk for impaired diurnal cortisol recovery and associated negative health outcomes. Copyright © 2017 by the authors. Licensee MDPI, Basel, Switzerland.

Ten Most Important Things to Know About Caring for Transgender Patients

Author(s): Chipkin S.R.; Kim F.

Publication Date: Nov 2017

Publication Type(s): Review

Abstract: Transgender people have a gender that is not in agreement with their birth sex. Previous barriers, including lack of provider knowledge, have created significant healthcare disparities for this population. Recent societal changes are increasing the numbers of transgender people seen by primary care practitioners. Ten key principles are provided to help primary care practitioners create more welcoming environments and provide quality care to transgender patients. Overall, all members of the healthcare team (primary and specialty) need to become aware of the transition process and maintain communication regarding risks, benefits, and goals. Transwomen (aka male to female) can be treated with estrogens, antiandrogens, or a combination. Benefits include change in fat distribution, skin softening, and breast development. Significant risks for thrombosis from estrogens have been linked to genetic mutations, smoking, prolonged inactivity, and hormone formulation. Oral administration may provide increased risk over peripheral administration. Transmen (aka female to male) can be treated with peripheral testosterone preparations. Benefits include deepening of voice and development of facial and body hair with variable changes in muscle mass. Risks from testosterone appear to be less common than from estrogen. Laboratory monitoring can guide treatment decisions and provide early detection of some complications. Monitoring of "existing" anatomy (either hormonally or surgically created or removed) is an important component of healthcare for transgender patients. Primary care providers also should be aware of resources in their community and online, which can help patients optimize their transition. Copyright © 2017 Elsevier Inc.

Sexual and gender minority issues across NCCN guidelines: Results from a national survey

Author(s): Hudson J.; Simmons V.N.; Vadaparampil S.T.; Quinn G.P.; Schabath M.B.; Kanetsky P.A.

Source: JNCCN Journal of the National Comprehensive Cancer Network; Nov 2017; vol. 15 (no. 11); p. 1379-1382

Publication Type(s): Article

Abstract: Background: The lesbian, gay, bisexual, transgender, queer/questioning (LGBTQ) population is at higher risk for multiple types of cancers compared with the heterosexual population. Expert NCCN panels lead the nation in establishing clinical practice guidelines addressing cancer prevention, early detection, and treatment of cancer sites and populations. Given the emergence of new data identifying cancer disparities in the LGBTQ population, this study examined the inclusion of medical and/or psychosocial criteria unique to LGBTQ within NCCN Guidelines. Methods: Data were collected for 32 of the 50 NCCN Guidelines. Results: NCCN panel members reported that neither sexual orientation (84%) nor gender identity (94%) were relevant to the focus of their guidelines; 77% responded that their panels currently do not address LGBTQ issues, with no plans to address them in the future. Conclusions: Greater consideration should be given to the needs of LGBTQ patients across the cancer care continuum. Given that research concerning LGBTQ and cancer is in its infancy, additional empirical and evidence-based data are needed to bolster further integration of LGBTQ-specific criteria into clinical care guidelines. Copyright © JNCCN - Journal of the National Comprehensive Cancer Network.

Gender identity and gender dysphoria: Establishing knowledge of healthcare professionals working with children using structured interviews

Author(s): Reeve S.; Hatton M.; Lai S.; Hildebrandt T.

Source: European Journal of Pediatrics; Nov 2017; vol. 176 (no. 11); p. 1545

Publication Type(s): Conference Abstract

Abstract:Background Gender identity is an individuals' innate sense of being male female neither or any combination of both. Gender dysphoria arises from incongruence between gender identity and birth-assigned gender leading to intense distress and increased risk of psychiatric illness and suicide. The size of the transgender population is estimated to be between 0.4-1.3% of the general population. Despite increasing public awareness and rising referral rates formal training in this area is lacking. Objective: In recognition of this increasing problem we conducted structured interviews among healthcare professionals at Abertawe Bro Morgannwg University Health Board to determine the baseline knowledge of issues surrounding gender identity. Method A 20-question 10-minute structured interview was developed comprising three question types (open multiple choice and true/false) structured around four themes: Definitions surrounding gender identity Child development and clinical presentation of gender dysphoria Referral pathways and timing of intervention Legal issues and their implications A team of 3 peer-reviewed interviewers questioned 72 participants in February 2017 spanning various specialties (Paediatrics Mental Health Emergency Medicine Surgery and Family medicine) and professions (Doctors Nurses Allied Health professionals). Results: Many interviewees were unfamiliar with terminology surrounding gender identity 60 % being unaware of any services available to children on the NHS. The majority of Mental Health and Family Medicine professionals had a fundamental awareness of gender issues legalities and referral pathways however paediatric specialists did not score significantly higher than other professionals. Conclusion: General awareness of gender identity issues amongst professionals is limited with our review suggesting that knowledge of paediatricians at our health board is no broader than that of professionals in other specialties. Given the rising referral rates of children with gender issues there is a need for raising awareness of the subject amongst all professionals working with children.

From erasure to opportunity: A qualitative study of the experiences of transgender men around pregnancy and recommendations for providers

Author(s): Hoffkling A.; Obedin-Maliver J.; Sevelius J.

Source: BMC Pregnancy and Childbirth; Nov 2017; vol. 17

Publication Type(s): Article

Available at [BMC Pregnancy and Childbirth](#) - from Europe PubMed Central - Open Access

Abstract:Background: Some transgender men retain their uterus, get pregnant, and give birth. However, societal attitudes about gender have erected barriers to openly being pregnant and giving birth as a transgender man. Little research exists regarding transgender men's reproductive needs. Anecdotal observations suggest that social change and increasing empowerment of transgender men may result in increasing frequency and openness about pregnancy and birth. Specific needs around conception, pregnancy, and newborn care may arise from transphobia, exogenous testosterone exposure, or from having had (or desiring) gender-affirming surgery. We undertook a qualitative study to understand the needs of transgender men who had given birth. Methods: We interviewed 10 transgender men who had been recruited for a recently published online cross-sectional survey of individuals (n = 41). Subjects had given birth while identifying as male. Interviews were recorded, transcribed, and systematically coded. Analysis used a priori and emergent codes to identify central themes and develop a framework for understanding participant experiences. Results: Participants reported diverse experiences and values on issues including prioritization and sequencing of transition versus reproduction, empowerment in healthcare, desire for external

affirmation of their gender and/or pregnancy, access to social supports, and degree of outness as male, transgender, or pregnant. We identified structural barriers that disempowered participants and describe healthcare components that felt safe and empowering. We describe how patients' strategies, and providers' behaviors, affected empowerment. Anticipatory guidance from providers was central in promoting security and empowerment for these individuals as patients. Conclusions: Recognizing diverse experiences has implications in supporting future patients through promoting patient-centered care and increasing the experiential legibility. Institutional erasure creates barriers to transgender men getting routine perinatal care. Identifying this erasure helps shape recommendations for how providers and clinics can provide appropriate care. Specific information regarding reproduction can be helpful to patients. We provide recommendations for providers' anticipatory guidance during the pre-transition, pre-conception, prenatal, and postpartum periods. Ways to support and bring visibility to the experience of transgender men are identified. Improving clinical visibility and affirming gender will likely enhance patient experience and may support patient-centered perinatal healthcare services. Copyright © 2017 The Author(s).

Health Concerns of Transgender and Gender Nonconforming Youth and Their Parents Upon Presentation to a Transgender Clinic

Author(s): Lawlis S.M.; Conard L.A.E.; Donkin H.R.; Bates J.R.; Britto M.T.

Source: Journal of Adolescent Health; Nov 2017; vol. 61 (no. 5); p. 642-648

Publication Type(s): Article

Abstract: Purpose The purpose of the study was to determine the frequency of specific health concerns identified by transgender and gender nonconforming patients and their parents at initial clinic visit. Methods Checklists were developed in an iterative process and distributed to both patients and parents at their initial visit to a transgender clinic. Retrospective chart review and secondary data analyses were performed to determine the number of items endorsed, frequency with which each item was endorsed, and provider domain of each item endorsed: physician, social work, or both physician and social work. Results Checklists were collected from 118 patients and 103 parents. Patients endorsed a mean of 8.4 concerns (range 0-22) and parents 7.9 concerns (range 0-20). The most commonly endorsed patient concerns included use of gender-affirming hormones, steps for transition, gender-affirming surgery, restroom/dressing room use, and legal issues. Common parent concerns included general resources, child safety at school, acute mental health concerns, restroom/dressing room use, and steps for transition. Of the concerns endorsed by patients, 44% were in the social work domain, 37% in the physician domain, and 19% in both the social work and physician domain. Of the concerns endorsed by parents, 40% were in the social work domain, 31% in the physician domain, and 29% in the social work and physician domain. Conclusions Although patients and parents had similar numbers of concerns, they primarily focused on different topics. Youth were more interested in hormones and transition, while parents were more interested with transition and acceptance. Many concerns for both patients and parents fell within the social work domain. Copyright © 2017 Society for Adolescent Health and Medicine

Gender-Affirming Pharmacological Interventions for Youth With Gender Dysphoria: When Treatment Guidelines Are Not Enough

Author(s): Nahata L.; Chelvakumar G.; Leibowitz S.

Source: Annals of Pharmacotherapy; Nov 2017; vol. 51 (no. 11); p. 1023-1032

Publication Type(s): Article

Abstract: Youth with gender dysphoria, also known as transgender youth, are increasingly presenting to multidisciplinary clinics within academic pediatric centers across the United States. Gender-affirming pharmacological interventions for adolescents with gender dysphoria may be used to

promote positive psychological well-being and mental health outcomes. Interventions range from completely reversible to partially irreversible, based on the age and sexual maturity of the adolescent. For each intervention, dilemmas and controversies exist regarding age at treatment initiation, treatment duration, safety, and cost. Pharmacists' awareness of these considerations and interventions is important when providing evidence-based gender-affirming care to this underserved population. Copyright © 2017, © The Author(s) 2017.

The Impact of Cumulative Minority Stress on Cognitive Behavioral Treatment With Gender Minority Individuals: Case Study and Clinical Recommendations

Author(s): Perry N.S.; Chaplo S.D.; Baucom K.J.W.

Source: Cognitive and Behavioral Practice; Nov 2017; vol. 24 (no. 4); p. 472-483

Publication Type(s): Article

Abstract:For sexual minority individuals (i.e., lesbian, gay, and bisexual [LGB] persons), minority stress includes experiences of discrimination, expectations of rejection, internalized negativity, and concealment of identity. Sexual minority stress has been linked to various negative mental health outcomes (e.g., depression, anxiety), and levels of psychiatric comorbidity are high among LGB people. However, little is known about the extension of minority stress models to gender minority individuals (i.e., transgender and gender nonconforming persons) and its impact on mental health in this particular group. Further, the influence of gender minority stress on the delivery and outcome of traditional cognitive behavioral therapy (CBT) approaches is unclear. A case study of CBT for chronic depression with a young, transgender individual is presented. This case study highlights potential barriers that may arise with gender minority clients when implementing evidence-based clinical interventions in the context of an individual's minority stress history. Implications for cognitive-behavioral treatments with gender minority individuals and recommendations for clinicians and researchers are discussed. Copyright © 2017

"What's the right thing to do?" Correctional healthcare providers' knowledge, attitudes and experiences caring for transgender inmates

Author(s): Clark K.A.; White Hughto J.M.; Pachankis J.E.

Source: Social Science and Medicine; Nov 2017; vol. 193 ; p. 80-89

Publication Type(s): Article

Abstract:Rational Incarcerated transgender individuals may need to access physical and mental health services to meet their general and gender-affirming (e.g., hormones, surgery) medical needs while incarcerated. Objective This study sought to examine correctional healthcare providers' knowledge of, attitudes toward, and experiences providing care to transgender inmates. Method In 2016, 20 correctional healthcare providers (e.g., physicians, social workers, psychologists, mental health counselors) from New England participated in in-depth, semi-structured interviews examining their experiences caring for transgender inmates. The interview guide drew on healthcare-related interviews with recently incarcerated transgender women and key informant interviews with correctional healthcare providers and administrators. Data were analyzed using a modified grounded theory framework and thematic analysis. Results Findings revealed that transgender inmates do not consistently receive adequate or gender-affirming care while incarcerated. Factors at the structural level (i.e., lack of training, restrictive healthcare policies, limited budget, and an unsupportive prison culture); interpersonal level (i.e., custody staff bias); and individual level (i.e., lack of transgender cultural and clinical competence) impede correctional healthcare providers' ability to provide gender-affirming care to transgender patients. These factors result in negative health consequences for incarcerated transgender patients. Conclusions Results call for transgender-specific healthcare policy changes and the implementation of transgender competency trainings for

both correctional healthcare providers and custody staff (e.g., officers, lieutenants, wardens). Copyright © 2017 Elsevier Ltd

Engaging the Transgender Community to Improve Medical Education and Prioritize Healthcare Initiatives.

Author(s): Noonan, Emily J; Sawning, Susan; Combs, Ryan; Weingartner, Laura A; Martin, Leslee J

Source: Teaching and learning in medicine; Nov 2017 ; p. 1-14

Publication Type(s): Journal Article

Abstract:Phenomenon: Transgender patients experience discrimination, limited access to care, and inadequate provider knowledge in healthcare settings. Medical education to address transgender-specific disparities is lacking. Research that engages transgender community members may help address health disparities by empowering patients, increasing trust, and informing medical curricula to increase competence. APPROACHA 2015 Community Forum on Transgender Health Care was hosted at the University of Louisville School of Medicine, which included healthcare professionals and transgender community members to facilitate dialogue among mixed-participant groups using a World Café model. Fifty-nine participants discussed the status of transgender healthcare and made recommendations for local improvements. A follow-up survey was administered to 100 individuals, including forum participants and their referrals. The forum discussion and survey responses were analyzed to determine common perceptions of transgender healthcare, priorities for improvement interventions, and themes to inform curriculum. FINDINGS The community forum discussion showed that local transgender care is overwhelmingly underdeveloped and unresponsive to the needs of the transgender community. The follow-up survey revealed that priorities to improve transgender care included a multidisciplinary clinic for lesbian, gay, bisexual, and transgender (LGBT) patients, an LGBT-friendly network of physicians, and more training for providers and support staff. This mutually constructive engagement experience influenced reform in undergraduate curricula and continuing education opportunities. Insights: Community engagement in healthcare disparities research can cultivate improbable discussions, yield innovative insight from marginalized populations, and build relationships with community members for future collaborations and interventions. Societal acceptance of transgender identities, which could be promoted through healthcare providers, could stimulate significant progress in transgender healthcare. Supplemental educational interventions for practicing physicians will improve the current conditions of transgender healthcare, but a comprehensive medical school curriculum specifically for transgender health that includes interactions between the transgender community and medical students could be particularly impactful.

Twelve tips for incorporating and teaching sexual and gender minority health in medical school curricula.

Author(s): Solotke, Michael; Sitkin, Nicole A; Schwartz, Michael L; Encandela, John A

Source: Medical teacher; Nov 2017 ; p. 1-6

Publication Type(s): Journal Article

Abstract:The World Health Organization has identified many barriers to improving the health of lesbian, gay, bisexual, and transgender (LGBT) patients, including challenges to incorporating and teaching about healthcare for such patients, which we call "sexual and gender minority" (SGM) health content. These challenges include structural and logistical barriers to incorporating SGM health content into undergraduate medical curricula, as well as lack of support in identifying high-quality pedagogical methods for teaching this material. Here, we provide twelve tips for incorporating and teaching SGM health curricular content in undergraduate medical education, including resources and strategies to support individual educators. Based on our success in

developing and implementing this content, we believe that our approach can be effectively used by individual educators aiming to incorporate SGM health curricular material into their teaching, and to support individuals or groups championing the inclusion of a SGM health topical sequence in medical curricula.

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; Nov 2017

Publication Type(s): Journal Article

Abstract:ObjectiveTo examine the issues of primary care access and foregone health care among transgender adolescents and young adults.MethodsThis 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.ResultsMost youth reported poor/fair general and mental health status. Comfort with a family doctor was positively correlated with both general health ($r(528) = .21$, $P < 0.001$) and mental health ($r(450) = .26$, $P < 0.001$) status, as was having a doctor who was aware of one's transgender status. 47.2% ($n = 219$) of young adults reported foregoing needed health care. Among adolescents, levels of comfort with family doctor were negatively correlated with foregone mental health care in the previous 12 months ($F(3,166) = 3.829$, $P = 0.011$), but not correlated with foregone physical health care ($F(3,165) = 0.506$, $P = 0.679$). Reasons for missing needed care spanned the dimensions of health care access, ranging from cost barriers to previous negative experiences with health care providers, and concerns that a doctor would be uneducated about transgender people.ConclusionGeneral practitioners can play a key role in improving the health of transgender youth by demonstrating understanding of the health care needs of transgender youth and competence in gender-affirming care, and by ensuring that their practices are accessible to all transgender youth in need of care.

The Importance of HIV Research for Transgender and Gender Non-Binary Individuals.

Author(s): Gianella, S; Haw, J S; Blumenthal, J; Sullivan, B; Smith, D M

Source: Clinical infectious diseases : an official publication of the Infectious Diseases Society of America; Nov 2017

Publication Type(s): Journal Article

Abstract:Transgender and gender non-binary (trans/GNB) individuals are disproportionately affected by HIV, yet they are not adequately represented in HIV research and often underserved in clinical care. By building on community strengths and addressing structural, psychological and biological challenges, we can improve the engagement of trans/GNB people in research and ultimately improve prevention, testing and care for this population. Here, we review the current state of the science related to HIV for trans/GNB people, and we discuss next steps to expand research that aims to improve the lives and well-being of trans/GNB persons.

Predicting Trans-Inclusive Attitudes of Undergraduate Nursing Students.

Author(s): Brown, Chris; Keller, Chad J; Brownfield, Jenna M; Lee, Rebekah

Source: The Journal of nursing education; Nov 2017; vol. 56 (no. 11); p. 660-669

Publication Type(s): Journal Article

Available at [The Journal of nursing education](#) - from ProQuest (Hospital Premium Collection) - NHS Version

Abstract:BACKGROUNDResearch informs that transgender individuals experience harsh and negative experiences when accessing medical care. As a person of contact, nurses serve a key role in providing a sense of emotional safety for transgender patients.METHODUndergraduate nursing students (N = 265) completed an online survey assessing transprejudice attitudes and other individual-difference variables (e.g., openness to experience, attribution of cause for being transgender, and empathic concern).RESULTSConfidence in providing culturally competent and affirming health care to diverse populations was associated with having received educational information on transgender issues and personally knowing a transgender individual. A significant positive correlation was found between beliefs that being transgender is due to genetics and holding more accepting attitudes toward transgender individuals.CONCLUSIONNursing education that addresses gender identity and provides an opportunity for student health professionals to interact with transgender individuals may help promote affirming health care practices and reduce prejudice toward transgender people. [J Nurs Educ. 2017;56(11):660-669.].

Editorial: Minding the gap - research on sexual minority and gender nonconforming children and adolescents.

Author(s): Zeanah, Charles H; Myint, Myo Thwin

Source: Journal of child psychology and psychiatry, and allied disciplines; Nov 2017; vol. 58 (no. 11); p. 1177-1179

Publication Type(s): Editorial

Abstract:There is often a gap between politics and science, but the influence across the gap is bidirectional. This editorial considers a longitudinal, community-based sample of children and adolescents and asks about risks from early childhood gender non-conformity and adolescent reported sexual minority status for subsequent anxiety disorders. It is especially valuable to have longitudinal data from a non-referred sample to address questions of risk, and the investigators must be complemented for having foresight about these questions twenty years ago. The topics of our investigations are informed and motivated by cultural assumptions, pressures and conflicts. In the example discussed, transgender people are not new, but research on their development is fairly recent, as they are culturally now more accepted as different rather than pathological. Research findings also matter to the culture. Dropping homosexuality as a mental disorder in formal nosologies occurred with significant scientific substantiation. The value of this research to enhance clinical care and offer informed parental guidance about children of a minority status cannot be overemphasized.

Barriers in the social and healthcare assistance for transgender persons: A systematic review of qualitative studies.

Author(s): Aylagas-Crespillo, Marina; García-Barbero, Óscar; Rodríguez-Martín, Beatriz

Source: Enfermería clínica; Nov 2017

Publication Type(s): Journal Article

Abstract:AIMTo explore the barriers to requesting social and healthcare assistance perceived by transgender persons and professionals involved in the assistance.METHODA meta-study, qualitative systematic review, of studies published in English or Spanish, exploring the barriers, perceived by transgender persons and social and healthcare professionals, that transgender persons have when they seek social and healthcare assistance was carried out in the following databases Medline (PubMed), Scopus, Web of Science, Spanish National Research Council, CUIDEN, ProQuest, PsycINFO and CINAHL.RESULTSTwo thousand two hundred and sixty-one articles were found in the databases

searched. Seven articles met all inclusion criteria and were included in this review. The professionals highlight the uncertainty when treating transgender persons and their lack of training. Transgender persons highlight the lack of information and the sense of helplessness it creates. Perceptions of transphobia, the fragmentation of services, administrative barriers, the lack of cultural sensitivity and professional training are also considered barriers to assistance. DISCUSSION The findings of this study provide key information for the design of plans and programmes to improve the quality of social and health care for transgender persons.

An AFFIRMative Cognitive Behavioral Intervention for Transgender Youth: Preliminary Effectiveness

Author(s): Austin, Ashley; Craig, Shelley L.; D'Souza, Sandra A.

Source: Professional Psychology: Research and Practice; Nov 2017 ; p. No

Publication Type(s): Journal Peer Reviewed Journal

Abstract: Authentically expressing and navigating a transgender or gender nonconforming identity during adolescence can be a difficult and painful process. Using a transgender affirmative approach to clinical practice, psychologists and other mental health professionals can play a key role in supporting youth through this process. To date, there is a paucity of research exploring the impact of transgender affirmative interventions on well-being. The primary objective of this article is to present the results of a pilot study exploring the preliminary effectiveness and acceptability of AFFIRM, an affirmative cognitive-behavioral coping skills group intervention with transgender youth. This article will also describe transgender-specific considerations for delivering transgender affirmative interventions. The transgender subsample (N = 8) of participants in the study were between the ages of 16 and 18 and represented a diversity of intersecting racial/ethnic, sexual, and gender identities. Results indicate that AFFIRM was effective in significantly decreasing depression scores, and changes persisted through the 3-month follow-up. While changes in coping were not statistically significant, scores trended in a positive direction. Data indicate favorable responses to AFFIRM among transgender participants across a variety of dimensions of satisfaction. While findings are preliminary, they are promising, addressing a critical gap in intervention research aimed at decreasing depression and improving coping among transgender youth. Future controlled studies are needed to explore the efficacy of AFFIRM with larger samples of transgender youth. (PsycINFO Database Record (c) 2017 APA, all rights reserved) (Source: journal abstract) Impact statement Public Significance Statement—Our study examined the preliminary effectiveness of AFFIRM, an affirmative coping skills intervention for transgender youth. Results indicate that transgender participants were highly satisfied with the AFFIRM intervention and that it reduced their depression. Given the elevated risk of depression, distress and suicide among transgender youth, the AFFIRM program holds promise for improving well-being. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

ChemSex and Recreational Drug Use

Chemsex, risk behaviours and sexually transmitted infections among men who have sex with men in Dublin, Ireland.

Author(s): Glynn, Ronan W; Byrne, Niamh; O'Dea, Siobhan; Shanley, Adam; Codd, Mary

Source: The International journal on drug policy; Dec 2017; vol. 52 ; p. 9-15

Publication Type(s): Journal Article

Abstract: BACKGROUND Drug use for or during sex ('chemsex') among MSM has caused concern, because of the direct effects of the drugs themselves, and because of an increased risk of

transmission of sexually transmitted infections (STIs). This study aimed to assess the prevalence of chemsex, associated behaviours and STIs among attendees at Ireland's only MSM-specific sexual health clinic in Dublin over a six week period in 2016. **METHODS**The questionnaire collected demographic data, information on sexuality and sexual practice, self-reported history of treatment for STIs, and chemsex use. Key variables independently associated with treatment for STIs over the previous 12 months were identified using multivariable logistic regression. **RESULTS**The response rate was 90% (510/568). One in four (27%) reported engaging in chemsex within the previous 12 months. Half had taken ≥ 2 drugs on his last chemsex occasion. One in five (23%) reported that they/their partners had lost consciousness as a result of chemsex. Those engaging in chemsex were more likely to have had more sexual partners ($p < 0.001$), more partners for anal intercourse ($p < 0.001$) and to have had condomless anal intercourse ($p = 0.041$). They were also more likely to report having been treated for gonorrhoea over the previous 12 months (adjusted OR 2.03, 95% CI 1.19-3.46, $p = 0.009$). One in four (25%) reported that chemsex was impacting negatively on their lives and almost one third (31%) reported that they would like help or advice about chemsex. **CONCLUSION**These results support international evidence of a chemsex culture among a subset of MSM. They will be used to develop an effective response which simultaneously addresses addiction and sexual ill-health among MSM who experience harm/seek help as a consequence of engagement in chemsex.

Time Since First Acting on Same-Sex Attraction and Recreational Drug Use Among Men Who Have Sex With Men (MSM): Is There an Effect of "Gay Age"?

Author(s): Rice, Cara E; Vasilenko, Sara A; Lanza, Stephanie T; Davis, John A; Fields, Karen S

Source: Substance use & misuse; Nov 2017 ; p. 1-7

Publication Type(s): Journal Article

Abstract: **BACKGROUND**Men who have sex with men (MSM) have higher rates of substance use compared to men who have sex with women. Among MSM, drug use is linked to higher-risk sexual behavior and acquisition of HIV and other sexually transmitted infections. **OBJECTIVES**We hypothesize that time since first acting on one's same sex attraction, or one's "gay age", could be predictive of drug using behavior. **METHODS**We examined this question among 176 MSM, aged 18-35, presenting at a public sexual health clinic. Behavioral data were captured using interviewer- and self-administered surveys and clinical data were extracted from medical records. We used modified Poisson regression to examine associations between gay age and recent recreational drug use, and separately, between gay age and recent marijuana use. **RESULTS**In total, 43% of participants reported recent marijuana use and 26% of participants reported recent use of other drugs. The associations between gay age and marijuana use and other drug use varied by HIV status. After adjustment for biological age, race, and education, a one-year increase in gay age was associated with significantly increased drug use among HIV-negative men (adjusted prevalence ratio (aPR): 1.08; 95% confidence interval (CI): 1.03-1.14), but we observed no association between gay age and drug use among HIV-positive men (aPR: 0.96, 95% CI: 0.86-1.07). Gay age was not associated with marijuana use in HIV-negative (aPR: 1.00, 95% CI: 0.95-1.04) or HIV-positive (aPR: 1.06, 95% CI: 0.98-1.14) men. **CONCLUSIONS**In summary, HIV-negative MSM who had experienced more time since first same-sex experience had significantly increased prevalence of recent drug use.



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