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OF SEXOLOGY

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**ABSTRACTS**

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## ORAL PAPERS

### Sexuality & Education

- C. Murphy, S. Nic Gabhainn: Crossing the boundaries? Implementing relationships and sexuality education in Irish schools
- L. Lopes, B. Andrade, D. Costa, G. Castro, R. Dias, M. I. Matos, T. Valido, M. Couto, M. Esteves: Communicating on sexual health: Are medical students comfortable to address the topic?
- L. Lopes, B. Andrade, D. Costa, G. Castro, R. Dias, M. I. Matos, T. Valido, M. Couto, M. Esteves: Is medical education inclusive? Exploring LGBT health topics in Portuguese medical courses
- Z. Huang, S. Logan, P.G. Adaikan: A survey on experience of Singaporean trainees in obstetrics and gynaecology and family medicine in managing sexual problems and training in sexual medicine
- K. Dawson, S. Nic Gabhainn: Pornography as a source of sex education and genital-related satisfaction
- R. Argaman: Autism, sexuality & anxiety – multi directional connections

## CROSSING THE BOUNDARIES? IMPLEMENTING RELATIONSHIPS AND SEXUALITY EDUCATION IN IRISH SCHOOLS

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**Objective:** Using a conceptual model of school-based implementation, this study aimed to explore teachers' implementation of Relationships and Sexuality Education (RSE) in a school context.

**Design and Method:** A model of school-based implementation was derived from a review of the literature and a mixed methods approach was employed to examine components of the model. The components included: program model; quality of delivery; target audience; participant responsiveness; pre-planning; quality of materials; technical support model; quality of technical support; implementer readiness and factors relating to the context (classroom, district, school and community). Data were drawn from lesson plans, questionnaires, self-report forms, non-participant observation, and semi-structured interviews.

**Results:** Students rated lesson resources highly (quality of materials) and more than three-quarters of students found RSE classes interesting (participant responsiveness). All teachers valued the importance of RSE (implementer readiness) but overcomplicated lessons prevented teachers from achieving lesson aims (pre-planning). Didactic, as opposed to facilitative approaches, were employed to implement RSE which opposes the core principle of the program (quality of delivery). The study also found that school leadership and management have a major role to play in the implementation of RSE through, for example, the appointment of teachers to the delivery of RSE and controlling access to RSE training (contextual level factors).

**Conclusions:** The implementation of RSE is more contentious than other school-based health education programs. Stringent pre-planning and whole-school support is essential for successful implementation.

## COMMUNICATING ON SEXUAL HEALTH: ARE MEDICAL STUDENTS COMFORTABLE TO ADDRESS THE TOPIC?

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**Objective:** The lack of comfort from physicians is a major reason for sexual health to be poorly addressed in medical consultations. With this study we aimed to explore if medical students, future physicians, already feel uncomfortable to address sexual health when interacting with patients.

**Design and Method:** All students enrolled in Portuguese medical schools were invited to participate in an anonymous online questionnaire between March and June 2015. Students were asked to rate their comfort using a 5-point Likert scale from 1 (“Completely uncomfortable”) to 5 (“Completely comfortable”). Descriptive statistics, factor analysis, Chi-square comparisons and multivariable logistic regression were used to analyze responses.

**Results:** 1872 responses were analyzed. Medical students are less comfortable to talk with patients about Sexual Practices and Relationships (mean=2,96) than Reproduction and Sexual Infections (mean=4,37). Interestingly, the comfort to address both topics tend to decrease along the medical courses ( $r=-0,161$  and  $r=-0,083$ , respectively,  $p<0.01$ ), in contrast with the increasing comfort to talk about sex outside the clinical context ( $r=0,100$   $p<0.01$ ). Students’ main justifications for not feeling comfortable were the fear of letting the patient uncomfortable (29,7%) or offending them (22,6%).

**Conclusions:** The lack of comfort to talk about sexual health issues is a reality when students start to talk to patients, so early tackling of this discomfort is important to improve medical communication in sexual health. In fact, comfort decrease can reveal the transition from expectations to the reality experienced during clinical rotations over the last years of medical education.

## IS MEDICAL EDUCATION INCLUSIVE? EXPLORING LGBT HEALTH TOPICS IN PORTUGUESE MEDICAL COURSES

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**Objective:** The importance of addressing LGBT health topics is increasingly recognized. This study aimed to explore whether Portuguese medical schools cover LGBT health topics from the perspective of undergraduate medical students.

**Design and Method:** Undergraduate students enrolled in Portuguese medical schools were invited to participate in an anonymous online questionnaire between March and June 2015 about Medical Education in Human Sexuality. Medical students from the ‘clinical’ years also answered a section on LGBT health topics. Descriptive statistics, comparison by Chi-Square statistical analysis and regression analysis were used. Statistical significance was settled at  $p < 0.05$ .

**Results:** The analysis included 939 completed responses. Despite the diversity of realities found in Portuguese medical schools, more than half of medical students (59,3%) reported that they did not learn to perform inclusive questions when collecting a sexual history from patients. In fact, students that didn’t learn to ask inclusive questions reported more frequently to never use them (79,2% vs. 16,3%,  $p < 0,001$ ) and to always assume that patients are heterosexual (17,1% vs. 4%,  $p < 0,001$ ), when compared to student who have learned. Nevertheless, almost three quarters of students (71,1%) considered the allocation of curricular time on LGBT health topics as “Important” or “Very Important”.

**Conclusions:** Portuguese medical students recognize the importance of LGBT health in their curricula although these topics appear to be insufficiently addressed. Learning about LGBT health can change this scenario and should be more focused by medical schools.

## A SURVEY ON EXPERIENCE OF SINGAPOREAN TRAINEES IN OBSTETRICS AND GYNAECOLOGY AND FAMILY MEDICINE IN MANAGING SEXUAL PROBLEMS AND TRAINING IN SEXUAL MEDICINE

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**Objective:** Sexual problems are common. Asian patients may have more difficulty seeking help due to a conservative culture. Both Obstetricians & Gynaecologists (OBGYN) and Family Medicine (FM) doctors are ideally placed to address sexual problems directly. This survey explored the experience of trainees in OBGYN and FM in managing sexual problems and training in Sexual Medicine (SM).

**Design and Method:** A survey was sent anonymously online to all Singaporean trainees in FM and OBGYN during December 2015.

**Results:** The overall response was 32.2% (69/214)- 41.1% (53/129) of the FM and 21.3% (16/75) of OBGYN trainees. Seventy-two percent were female, with less than 10% senior residents. Two-thirds attended Singaporean medical schools. Twenty-nine percent encountered patients with sexual problems at least once monthly. Most would refer these patients to gynaecologists/urologists, followed by sex therapists. More than three-quarters were not confident in managing either sex. Amongst the recognized categories, only 42% felt confident to manage erectile dysfunction, 17% for vaginismus, while less than 10% felt confident to manage libido, arousal or orgasm disorders. Ninety-four percent agreed that SM should be part of the training curriculum and 65% suggested that this began at junior residency. Eighty-seven percent of them were interested to obtain further knowledge and skills through their training curriculum or psychosexual seminars.

**Conclusions:** This survey reported a significant number of trainees in OBGYN & FM are regularly exposed to sexual problem patients but lack the skills to manage them. The results support the need for SM to be incorporated into both national residency program curricula.

## PORNOGRAPHY AS A SOURCE OF SEX EDUCATION AND GENITAL-RELATED SATISFACTION

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**Objective:** To examine whether use of pornography as a source of sex education predicted male and female genital dissatisfaction, within a social comparison framework.

**Design and Method:** This study is based on cross-sectional survey data from 2162 University students, of whom 47% were female. Data were collected via an anonymous online questionnaire, which included pornography consumption and frequency and context of use. A combination of eight items from the Male Genital Self-Image Scale and Female Genital Self-Image Scale assessed genital satisfaction.

**Results:** Pornography consumption was reported by 99.7% of males and 89.6% of females, with 72% males and 65% females reporting sex education as a frequent context of their use. For males, those who frequently used pornography for sex education were most likely to report very positive feelings about their genitals (92%), high levels of comfort with a sexual partner looking at their genitals (90%) as well as genital size-related satisfaction (84%), when compared with those who reported that they never used pornography for sex education. For females, frequent use for sex education was associated with genital appearance-related dissatisfaction (40%), compared to females who did not (20%).

**Conclusions:** High proportions of Irish University students use pornography for sex education purposes. The findings suggest that, in terms of genital self-image, males are more likely than females to be positive outcomes of such use. This highlights the importance of the context of pornography use and suggests a potential positive purpose for ‘porn literacy’.



## **AUTISM, SEXUALITY & ANXIETY – MULTI DIRECTIONAL CONNECTIONS**

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**Objective:** People diagnosed with autism spectrum disorder (ASD) have diverse sexual needs and interests, like others without autism. However, people with autism report on sexual confusion, difficulties and ambivalence. Difficulties in interpersonal communication, restricted interests, social deprivation, anxiety and sensory sensitivity that characterize autism harm the ability to exercise sexual and social needs in a positive, safe, and healthy way.

The presentation will include:

**Design and Method:** Overview of the multi-directional connections between sexuality and anxiety in children, adolescents and adults with autism, based mainly on case studies and clinical experience as well as the existing literature.

**Results:** Through case studies, we can see that many of the anxieties around sexuality begin at childhood and connect to the development of personal identity.

**Conclusions:** There is great importance of socio-sexual education and designated therapy, in order to enable social and sexual well-being.



## Paraphilias, Psychiatry and Sexual Health

- A. Prunas, R. Di Pierro, R. Bernorio: Personality organization and paraphilic interests in women
- I. Petruccelli, G. D'Urso, A. Gherardini, S. Grilli, F. Nimbi, V. Verrastro: Cognitive distortions and moral disengagement in sex offenders: a study in order to develop a possible treatment
- I. Puig Rodas: Statistic study of accidents and non-intentioned injuries associated with kinky-bdsm practices in the Spanish community
- M. Di Grazia, W. Rigamonti: Alexithymia, depressive traits, patients suffering from bladder exstrophy complex - epispadias sex-life versus individuals not suffering from uro-genital malformations
- M. Doljak, J. Papic, M. Bura: Restoring women's vaginal health with simple use of essential oils and vegetable oils

## PERSONALITY ORGANIZATION AND PARAPHILIC INTERESTS IN WOMEN

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**Objective:** According to Kernberg's psychodynamic model of personality organization (2012), identity integration, defense mechanisms and reality testing allow the classification of personality functioning in three main organizations lying on a continuum of severity. A specific relation is hypothesized to exist between the continuum of personality organization and the spectrum of sexual pathology, ranging from some degree of sexual inhibition in the presence of the capacity for a stable love relationship (neurotic personality organization), to inordinate and chaotic sexual life combined with paraphilic features (borderline personality organization).

The aim of the present study is to assess the relationship between features of BPO and the clinical relevance of paraphilic interests in a sample of women from the community.

**Design and Method:** We sampled 224 women voluntarily recruited through adds posted on different websites. Volunteers were invited to participate in a research project on the "relationship between personality characteristics and sexual life".

After providing consent, all participants were invited to fill in a set of questionnaires including:

- the Inventory of Personality Organization (Lenzenweger et al., 2001), to assess the main domains of personality structure according to Kernberg's model;
- a modified version of the Paraphilia Scale (Dawson et al., 2014).

**Results:** We found that the presence of three markers of borderline personality organization (Instability of self/others, Instability of behaviour and Psychosis) is

associated, in a linear fashion, to the presence and clinical relevance of paraphilic interests.

**Conclusions:** Results support the importance of an accurate assessment of sexual life in order to obtain essential clinical information on personality functioning in clinical settings.

## COGNITIVE DISTORTIONS AND MORAL DISENGAGEMENT IN SEX OFFENDERS: A STUDY IN ORDER TO DEVELOP A POSSIBLE TREATMENT

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**Objective:** The literature on sexual offenders (SOs) has considered cognitive distortions, defence mechanisms and moral disengagement mechanisms as risk factors in the individual history. Recent literature focuses on how both the concepts of moral disengagement (Bandura et al. 1996) and self-serving cognitive distortions (Barriga and Gibbs 1996) constitute a group of cognitive processes. These processes help to cognitively overcome dissonance between personal moral standards and behavioral transgressions, facilitating violent or, in general, wrong acts (Ribeaud and Eisner 2010). This pilot study investigates moral disengagement mechanisms and cognitive distortions in detained male SO to make treatment effective, taking into account the link between these two constructs.

**Design and Method:** The study sample consisted of 101 males detained in some Italian prisons. Participants were administered a Socio-demographic Data Grid, the Moral Disengagement Scale, the Vindictive Rape Attitudes Questionnaire and the Hanson Supportive Attitudes Questionnaire.

**Results:** Moral disengagement presents a significant correlation with all aspects of examined cognitive distortions (CD) [CD (child):  $r=.336$ ,  $p<.01$ ; CD "Sex Kids":  $r=.278$ ,  $p<.01$ ; CD "Sexual Entitlement":  $r=.375$ ,  $p<.01$ ; CD (rapist):  $r=.299$ ,  $p<.01$ ].

Child molesters' cognitive distortions are correlated with displacement of responsibility [ $r=.381$ ;  $p<.01$ ] and distortion of consequences [ $r=.278$ ;  $p<.01$ ].

Cognitive distortions about "sexual entitlement" are correlated with moral justification ( $r=.284$ ;  $p<.01$ ), attribution of blame [ $r=.304$ ;  $p<.01$ ], euphemistic labeling [ $r=.274$ ;  $p<.01$ ], displacement of responsibility ( $r=.418$ ;  $p<.01$ ) and distortions of consequences [ $r=.273$ ;  $p<.01$ ].

Rapist cognitive distortions present significant correlations with attribution of blame [ $r = .348$ ;  $p < .01$ ] and displacement of responsibility [ $r = .265$ ;  $p < .01$ ].

Cognitive Distortions, measured by "Sex Kids" subscale, present a moderate correlation with moral justification [ $r = .222$ ;  $p < .05$ ], displacement of responsibility [ $r = .234$ ;  $p < .05$ ] and distortion of consequences [ $r = .242$ ;  $p < .05$ ].

**Conclusions:** Our results suggest that moral disengagement and self-serving cognitive distortions often are present in the very same cognitive processes and that these processes tend to influence sex offenders' behaviour (Ribeaud and Eisner, 2010). The correlation between child molester cognitive distortion and Displacement of Responsibility might be explained by an immaturity of the subject and the relative difficulty in relating to an adult preferring contact with child. The correlations between cognitive distortions rapist and Attribution of Blame and Displacement of Responsibility (MDM) could be referred to the offender's idea that some aspects of the victim (Ex. Being too provocative) justify his violent behaviour against him/her.

This study could be interesting to organize specific guidelines for treatment of the offenders and especially for the relapse prevention.

## STADISTIC STUDY OF ACCIDENTS AND NON-INTENTIONED INJURIES ASSOCIATED WITH KINKY-BDSM PRACTICES IN THE SPANISH COMUNNITY

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**Objective:** To collect quantitative data about the non-intentioned injuries and accidents associated with kinky-BDSM sexual practices, to provide an objective knowledge in this area.

**Design and Method:** It was performed a questionnaire that included three parts (personal data, sexual behaviour data, and injuries data), and was distributed to kinky-BDSM practitioners, 18 or older, who were living in Spain during the study. The distribution was done in three ways: in person; through Internet social network; and with an Adobe forms questionnaire in the project' website.

All the answers were printed, encoded and filed. The data was processed by statistic functions of Microsoft Excel.

**Results:** We obtained a sample with 119 valid answers (77 men, 40 women, 1 transsexual and 1 with non-specified sex). 71.43% of the sample recognized that had suffered at least one accident performing his/hers practices. The % of persons who admit to have suffered an accident was bigger in the group who use drugs when having BDSM-sex, in comparison to who don't (83.63% against 65.08%). The most common non-intentioned injuries were hematomas (21.51% of the common injuries); most common cause, a spanking not well performed (21.90% of the common accidents). Most common circumstances where the accidents take place were being accompanied (82.89%) and without drug consumption (81.58%). Only in the 40% of the cases, an external aid was searched.

**Conclusions:** The kinky-BDSM practitioners evidence a risk perception bias, because the practice conceived as most dangerous (autoerotic asphyxia) only causes a few accidents/injuries (1.45%) and doesn't match with the real most dangerous practice (due to the importance of the injuries), the bondage or the most common



(spanking). It has been observed a paradoxical relationship about drug consumption and probabilities of accident.

It has been done a feedback of the information obtained to the kinky-BDSM community in Spain so they can start to organize activities to make more secure their activities.

## ALEXITHYMIA, DEPRESSIVE TRAITS, PATIENTS SUFFERING FROM BLADDER EXSTROPHY COMPLEX - EPISPADIAS SEX-LIFE VERSUS INDIVIDUALS NOT SUFFERING FROM URO-GENITAL MALFORMATIONS

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**Objective:** The EEC exstrophy-epispadias complex represents a spectrum of malformations with an incidence of 1/35,000 live births occurring at varying degrees of bladder exstrophy and anatomical-functional alterations of the external genitalia. The appearance of the psycho sexual development has a significant role on the growth of an independent adult self.

To compare the presence of alexithymia or depressive traits, difficulties in sexual assertiveness and / or in sex-lives and the life quality in people with EEC with a cohort consisting of unaffected peers.

**Design and Method:** The retrospective case-control observational study included a cohort of EEC cases and a cohort of control groups of subjects not suffering from any urogenital malformation. The criteria for inclusion of cases: confirmed diagnosis of EEC, age>16 years; sex M-F; completion of informed consent and privacy forms. The inclusion criteria of the controls: the absence of any urogenital malformation, age>16; sex M-F; completion of informed consent and privacy forms. The following questionnaires were administered to 35 cases and 35 controls: BDI-II, TAS-20, SF-36, SHF, SAQ.

**Results:** A significant presence of alexitmia and depressive traits has been highlighted in the case cohort. The life quality in the cases score lower in both physical health and mental health compared to the control cohort; while the sex life experiences of the EEC cases significantly differ from the controls also in terms of sexual assertiveness in all four sub-cases

**Conclusions:** The findings raise awareness on the implementation of interventions aimed at improving the verbalization of emotions, the support of depressive discomfort, and sexual assertiveness.

## RESTORING WOMEN'S VAGINAL HEALTH WITH SIMPLE USE OF ESSENTIAL OILS AND VEGETABLE OILS

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Croatia is a marvelous country but in a post-war aftermath with deep economic, moral and intellectual consequences. Most common forms of vaginitis are bacterial vaginosis (40-45%), vaginal candidiasis (20-25%) and trichomoniasis (15-20%). Up to 70% of women may remain undiagnosed. 498 million people aged 15 to 49 worldwide are infected each year with chlamydia, gonorrhea, syphilis or trichomoniasis. A synergistic combination of *Helianthus annuus*, *Hypericum perforatum*, *Calendula officinalis*, *Prunus armniaca* fixed oils and *Melaleuca alternifolia*, *Cymbopogon martinii*, *Cananga odorata*, *Helichrysum italicum*, *Pogostemon patchouli*, *Pelargonium graveolens* and *Matricaria chamomilla* essential oils, used daily, show results in alleviating symptoms and providing clear medical tests of the vaginal flora. Aromatograms and pharmacological properties of the main ingredients demonstrate the health benefits of the formulation.



## **Gender Identity Dysphoria / Gender Dysphoria (DSM 5)**

I. Zegura, G. Arbanas: Mental health care of transsexual, transgender and gender nonconforming people in Croatian health system

T. Lien, A. Royneberg: Working with empowerment groups and transgender youth

## MENTAL HEALTH CARE OF TRANSEXUAL, TRANSGENDER AND GENDER NONCONFORMING PEOPLE IN CROATIAN HEALTH SYSTEM

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**Objective:** Health and legal care of transgender people in Croatia is still at its beginnings. Further effort from the professional side is being engaged in order to establish complete health care of transgender people in Croatia.

**Design and Method:** The aim was to examine if there are any differences in the levels of transgender persons quality of life, experienced violence and their present stage of gender transition and perceived level of social support and perceived quality of health care. Transgender clients who are in the process of gender transition within Croatian mental health system were asked to fill in the online questionnaire.

**Results:** 80% of our transgender participants consider psychologists as the most competent and affirmative professionals concerning transgender health care. 15.6% say the same for psychiatrists and 4.4% consider endocrinologists as the most competent professionals to deal with transgender health issues. 28.8% of our participants are mostly or completely satisfied with mental health care, in contrast to only 6.6 % of those who are satisfied with medical health care.

**Conclusions:** According to the facts that we have presented above, the agenda of health, mental health and legal care of transgender people in Croatia must be to build on permanent education, scientific work, ethical principles, standards of care and accessible health care. Minding the human rights of each patient, high quality of practice must be governed by the principles of competence in the work with transgender clients through affirmation of gender as personal construct of each client.

## WORKING WITH EMPOWERMENT GROUPS AND TRANSGENDER YOUTH

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**Objective:** Working at Sex og samfunn (Medical Center of Adolescent Sexuality), we often meet young people struggling with their gender identity. Most of them tell the same story; they have problems getting acceptance from society, family, friends and health professionals.

Their stories made us wanting to learn more, and that was the beginning of our empowerment groups for transgender youth.

**Design and Method:** The goal and purpose of the groups, is to bring transgendered youths together to share experience and to support each other. Our role as group-leaders is to make a safe place where the group-members freely can talk about their experiences on being transgender in the Norwegian society.

**Results:** Unfortunately, many of the youths in our groups tell the same story. They have had bad experiences reaching out for help, especially with health professionals. Many felt rejected and mistrusted when they told their stories. They often got the same response; this phase will soon end and it is normal to be confused when you are a teenager.

The knowledge was especially low amongst doctors, psychologists and public health nurses, groups expected to have knowledge about gender and gender issues.

**Conclusions:** All these stories lead us to making a lecture with the heading: "How to meet transgender youths?" The participants of the groups gave us suggestions and valuable insight on how to understand them and how to provide good health services.





## Sexual Aggression

D. Ribner, L. Rubin: Marital sexual abuse in the orthodox Jewish community

D. Pappalardo, F. Assumma, R. Rossi: Sexual imagery and sexual fantasies of sex offenders

S. Cr. Poerner Scalco, D. Riva Knauth, P. Pertile: Chronic abuse and acute abuse: The differences and similarities among women treated in a public hospital

## MARITAL SEXUAL ABUSE IN THE ORTHODOX JEWISH COMMUNITY

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**Objective:** The recent past has seen a sharp increase in our awareness of the pervasiveness and devastating impact of child sexual abuse. In contrast, the topic of sexual abuse within marriage continues to receive relatively little notice, clinically, legislatively or academically.

**Aim –** The aim of this presentation is to review current legal and clinical perceptions of marital sex abuse and to examine this phenomenon and its manifestations in the Orthodox Jewish community, as an example of the impact of social norms and values on this critical area.

**Design and Method:** Method – We will initially summarize and present the current literature on this topic with an emphasis on the role of cultural norms and values in defining marital sex abuse across a tolerable/illegal spectrum. We will then examine 1) one ethnic group, Orthodox Jews, to locate potential points of this abuse and 2) that communities understanding and coping with this phenomenon. Illustrative case material will be presented.

**Results:** Results/Conclusions – This traditional community may be representative of other similar ethnic groups and the challenges presented in dealing with marital sexual abuse where norms and values may not always reflect contemporary standards. We expect this presentation to shed light on this phenomenon, expanding our knowledge and sensitivity to the victims and their social contexts.

**Conclusions:** We will conclude with suggested points and techniques of intervention, which take into consideration the needs of the victims and community acknowledgement of a problem.

## SEXUAL IMAGERY AND SEXUAL FANTASIES OF SEX OFFENDERS

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**Objective:** Sexual fantasy is considered an important factor in sexual offending behavior, therefore the purpose of this review consists of analyzing the main literature findings regarding these topics, focusing on the contents, themes, dynamics, etiopathogenesis and potential functions of fantasy in sexual offenders.

**Design and Method:** A systematic search of scientific articles published in the last 10 years was performed using PsychInfo and Pubmed, supplemented with hand search of reference lists from retrieved papers.

**Results:** According to the existing researches the role of sexual fantasies as well as the erotic imagery is multifaceted and interrelated with several factors associated with the sex offence.

**Conclusions:** A deeper understanding of the influence of the erotic imagery to the sexual offences is important for practitioners who work in the psychological, forensic and sexological fields. Therefore, further accurate studies are necessary to help advanced clinical diagnosis and treatments.

## CHRONIC ABUSE AND ACUTE ABUSE: THE DIFFERENCES AND SIMILARITIES AMONG WOMEN TREATED IN A PUBLIC HOSPITAL

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**Objective:** The goal of the present study was to access the biological and social profile of victims of sexual violence, assisted by a multidisciplinary health team in a public hospital and to analyze the type of violence: chronic and acute abuse.

**Design and Method:** This was a cross-sectional retrospective study. Data were collected using a specially designed questionnaire, based on an instrument used in the Hospital. All women admitted between 02/28/2013 and 02/27/14, were eligible. Children below 12 years of age were excluded. T-student, Pearson's chi-squared and Fischer's exact were used in statistical analyses.

**Results:** During the period 154 women were treated, 62,9% of which for acute abuse and 37,1% for chronic abuse. Acute and chronic abuse was more prevalent in women with aged 15 years or less, (61,4% and 56.9%) but acute abuse is distributed among different age group. Younger aggressors, unknown and interestingly, known to the victim, are associated to acute violence. The women that had suffered chronic abuse had older men and family-acquaintance individuals as aggressors. The mother is the main person, for who the victim tells about abuse, in both groups.

**Conclusions:** The present study found significant differences between the characteristics of victims of chronic and acute abuse. The knowledge related to sexual violence identified situations to develop prevention strategies. The danger in this case is not always distant or in the person of a stranger, but many times in the home or in victim's close acquaintances. Orientation and reports are the tools for confronting sexual violence.

## Sexual Rights

- T. Vilponen: Genital autonomy as a sexual right
- R. Cacioppo, M. Grimoldi: A social experiment: the notion of 'gender' in Italy
- R. Cacioppo, E. Ragaglia, E. Senna: Sex education in Italy between science and ideology
- T. Peleg-Sagy, A. Gelbard, M. Weber, E. Stoler, D. Joel, D. Joel: Lesbians have more fun:  
Phallocentrism and its effects on desire and satisfaction in women

## GENITAL AUTONOMY AS A SEXUAL RIGHT

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**Objective:** This talk will explore the ongoing and progressive ways of promoting genital autonomy for female, male and intersex children and youngsters. Within the last few years in various countries across Europe, especially in Germany, UK and the Nordic countries, the right to bodily integrity as a sexual right has been on the agenda creating constructive discussions as well as promising practices and statements.

**Design and Method:** The key developments have been reflected in the governmental agencies, such as Nordic Ombudspersons for Children and the Council of Europe after persistent work in the field of NGO. Many organizations are working separately and increasingly together to develop advocacy strategies and lobby decision-makers. Also, general public is now better informed of the multiple problems of non-therapeutic genital surgery.

**Results:** Even if governments act for the future, there is still a need to cater for the needs of those who are suffering from the loss of their sexual rights. Counsellors, therapists, psychologists and medical personnel need to be able to provide relevant data, support and advice.

**Conclusions:** This progress is possible by educating people to combat the harmful traditions and by raising awareness of sexual rights.

## A SOCIAL EXPERIMENT: THE NOTION OF 'GENDER' IN ITALY

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**Objective:** This paper aims to highlight the danger posed by the “autotropic” thinking (ed Luigi Zoja), always present in the totalitarian ideologies, in hindering, by ideological dissemination, the circulation of prevention of discrimination and gender-based violence, and rights culture.

**Design and Method:** Real social experiment in vivo.

**Results:** News of the spread of the so-called ‘gender ideology’, which is designed to transform sex education in schools through a practice in which children are ‘instigated to homosexuality, invited to masturbation since early infancy, forced to attend pornographic films screenings and to have carnal relations with children of the same sex.’, circulated in Italy since summer 2015. Despite being unfounded and far-fetched, these news have spread against all expectations, generating a social resistance against programs of prevention, diversity education, and gender or sex education.

**Conclusions:** Following the idea formulated by Luigi Zoja in ‘Paranoia’, the epidemic dissemination of a non-existent ‘gender ideology’ is linked to a fourfold characteristic system of the information itself, which will be analyzed in this work.

In this light, ‘autotropia’ is the last and final step of paranoid thinking: a mechanism that, once set in motion, contributes to paranoia being able to feed itself.

## SEX EDUCATION IN ITALY BETWEEN SCIENCE AND IDEOLOGY

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**Objective:** The purpose of this paper is to present a reflection on sex education in schools of different stages and years in Italy, with specific attention to inclusive processes and practices in sexuality. In particular, we want to examine case histories of schoolchildren dealing with the inclusion of any individuals or minority groups (eg. LGBTI people or people with disabilities). Furthermore, we will try to reflect on attitudes and critical issues of the professional community of psychologists on the above matters, taking into account specific training needs and cultural frameworks.

**Design and Method:** Qualitative research through case histories.

**Results:** The analysis of the current state of sex education for younger age groups in Italy identifies how the matter has been at the center of a heated debate between secular assumptions and religious and moral positions for a long time, with strong connotations in terms of political and cultural roles and expectations linked to gender and sexual orientation. Upon request of the EU, Italy as well has committed to implement inclusive education policies, at least formally. However, in recent years government proposals to deconstruct gender stereotypes, to integrate sexual minorities, and to fight homophobic bullying and gender violence were hampered.

**Conclusions:** The Italian case suggests a complex situation, in which the free and fluid self-expression of students in a respectful and non-discriminatory environment as preventive factor of homo/transphobic bullying and gender-based violence is still a goal to be achieved.



## LESBIANS HAVE MORE FUN: PHALLOCENTRISM AND ITS EFFECTS ON DESIRE AND SATISFACTION IN WOMEN

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**Objective:** to study sexual desire, satisfaction, and orgasm in women who have sex with men (WSM) and women who have sex with women (WSW), as a function of the practices used and the mutuality of the sexual activity.

**Design and Method:** 1000 women (WSM=878, WSW=122) completed a self-report online questionnaire regarding sexual desire, sexual practices, and frequency of solitary and partnered orgasms.

**Results:** There was no difference between the two groups on the frequency of orgasm during solitary sex. Compared to WSM, WSW reported having more sexual desire, more mutual and varied partnered sex, and more frequent orgasms during partnered sex.

**Conclusions:** Our results suggest that diminished desire in some WSM may be related to the sexual practices themselves and not to a general inability to enjoy sex.



## Sexual Psychotherapy

- M. Tossavainen: Sexual health counselling and sexual therapy via video link or internet for university students in Finnish Student Health Services (FSHS)
- T. Strepetova, D. Trotta, L. Otranto, F. Gorga, G. De Maio, U. Palazzo, D. Palazzo, E. Arduino, A. Verde: Physiological sexual body, emotional body and sexuality
- B. Ruesink: Psychotherapy with lesbian, gay, bisexual and transgender (LGBT) patients
- T. Peleg-Sagy: Transference – countertransference in (evidence-based) sex therapy
- M. Bartolo: Diagnosis and non-pharmacological treatment for female orgasmic disorder

## SEXUAL HEALTH COUNSELLING AND SEXUAL THERAPY VIA VIDEO LINK OR INTERNET FOR UNIVERSITY STUDENTS IN FINNISH STUDENT HEALTH SERVICES (FSHS)

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**Objective:** A need for sexual counseling and therapy is very common among both male and female university students. More than twenty percent of students are unsatisfied with their sexual life and ten percent of students suffer from sexual dysfunctions. There are fourteen Student Health Service units for university students in Finland, but only a few of them have personnel specialized in sexual counseling. Since 2013 FSHS has offered a free nationwide secure internet-based counseling service and sexual therapy for students not having it in their local Student Health Service. This presentation introduces the prevalent causes for asking to be treated in virtual sexual therapy and some case examples of the treatment.

**Design and Method:** Selected data collected from September 2013 till April 2016 in internet-based counseling services: Case examples and descriptive statistics.

**Results:** Erectile dysfunction, female genital pain, fear or disgust of any sexual activities and lack of interest in sexuality were causes for participating in internet-based sexual therapy. Most students reported the virtual contact was informative and encouraging enough to ease their concerns. In cases with comorbidity of mental or physical symptoms and diseases the internet-based contact served mainly as a facilitator to seek out the proper face-to-face health care in local health services.

**Conclusions:** The secure internet-based sexual counseling and therapy services are an excellent alternative and addition to traditional appointments and services especially in cases of mild problems and in need for support or evaluation of the mind-related reasons for sexual concerns.

## PHYSIOLOGICAL SEXUAL BODY, EMOTIONAL BODY AND SEXUALITY

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**Objective:** Our body is at the same time a biological and a sexological body. Biological body is innate and based on our genes and their capacity to express and realize their potentials. Our sexual body is acquisitive and is related to our education and learning and our capacity to decode and read the external world.

Our sexological body is a lot more than our biological body. Our aim is to differentiate the two bodies and the better understand and handle sexual misunderstanding and sexual difficulties.

**Design and Method:** Sexuality as acted and performed is the resulting and final step of a complex interaction of different forces. By means of the observation of the physical and sexual body and its position in the space, its rhythms and its tonicity it is possible to relate to the emotions that live inside and pass through the human being. And, on the contrary, acting on the body, modifying its posture and its movements is possible to influence sexual sensations and feelings.

**Results:** Observing and acting on the physical body is useful in influencing and positively modifying the individual sexual emotional and psychological mind, and to lessen sexual distress or to resolve sexual impairment.

**Conclusions:** Biological and emotional body are tightly related. The observation and the analysis of one body reflect the other as well as the intervention on one of the two bodies can influence and transform the other one. This can lead to important results and clinical applications.

## PSYCHOTHERAPY WITH LESBIAN, GAY, BISEXUAL AND TRANSGENDER (LGBT) PATIENTS

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**Objective:** In this workshop we will address common issues in psychotherapy with LGBT patients: how it is to be in the closet, to come out of the closet -coming out, sexual identity and social stigma. Special attention is paid to self-disclosure of the therapist, yes/no or if... and to the subject of transference and countertransference.

Colleagues will learn about:

- the difference between sexual orientation and sexual identity
- coping strategies of LGBTs
- dissociation as a psychological mechanism and its function in hiding a homosexual identity
- the perspective of self disclosure of the sexual identity of the therapist

**Design and Method:** After a 15 minute oral presentation about LGBT specific issues in psychotherapy we will, in the next 60 minutes, discuss our clinical practice of working with LGBT patients. For this purpose members of the audience, our colleagues, are invited to present their clinical cases, so called vignettes.

**Results:** Both the oral presentation about gender and sexual diversity as the clinical discussion amongst colleagues attribute to a better understanding of treating our gender- and sexual minority patients

**Conclusions:** Gender and sexual minority patient characteristics and their health issues vary and differ from heterosexual patients. In general, training of health care professionals is not sensitive to the specific health care needs of LGBT patients. This workshop focusses on the clinical management of LGBT patients by discussing our clinical practices.

## TRANSFERENCE – COUNTERTRANSFERENCE IN (EVIDENCE-BASED) SEX THERAPY

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Sex therapists help patients resolve sexual difficulties and experience healthier, fully-expressed sexuality with themselves and with others. In order to be effective, sex therapy must be evidence-based, aiming to treat the symptoms presented by the client. However, as sexuality is expansive and complicated (both for the clients as well as the sex therapists), this (evidence-based) therapy cannot be done without taking into account the psychodynamic view in general, and the transference-countertransference processes accompanying each therapeutic dyad (or sometimes, triad) in particular. After an introduction of sex therapy and of the PLISSIT model (Anon, 1976), I use a case study in order to demonstrate how awareness of transference-countertransference processes help overcome therapeutic bypasses in the therapy. I suggest an improved, integrative, PLISSIT conceptualization and possible implication of the use of dynamic understanding as part of evidence-based sex therapy.

## DIAGNOSIS AND NON-PHARMACOLOGICAL TREATMENT FOR FEMALE ORGASMIC DISORDER

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**Objective:** This review highlights the most successful non-pharmacological therapies of female orgasmic disorders. Effectivity of different non-pharmacological therapies (sex therapy & communication therapy, bibliotherapy, contact vs. no - contact with therapist, group vs. individual therapy) in the treatment of female orgasmic disorder will be discussed.

**Design and Method:** The inclusion criteria applied in the review included that the studies had to be systemic reviews or randomized controlled trials published from 2005 onwards, had to directly tackle orgasmic problems in females and be written in English language. The exclusion criteria applied were studies that were published before 2005; were not reviews or RCTs; did not tackle orgasmic problems in females, had an organic basis for the sexual problem and were not written in English language. The nine studies that were included were critically appraised using the CASP tools, the SIGN guidelines and the PEDro Scale. After thematic analysis was conducted, four major themes emerged, namely “Sex therapy and communication therapy”; “Bibliotherapy”; “Contact vs. No contact with therapist” and “Group vs. individual therapy”.

**Results:** The result suggests that sex therapy and communication is the most prominent in the studies included. The recommendations suggested are the need for further studies with larger samples so as to get a more comprehensive view of using non-pharmacological therapies. Pereira et al. (2013) underline the fact that Masters and Johnson (1970); and Heiman and LoPiccolo (1988) practices are still the most commonly used.

**Conclusions:** Sex therapy as well as communication skills are the most effective treatment when dealing with FOD.



## Basic Research in Sexology

F. Zsok, R. Scoats, E. Anderson: Threesomes: An exploratory survey

A. Martins, I. Narciso, M.C. Canavarro, M. Pereira: Adult attachment and extradyadic involvement in dating relationships: the mediating role of commitment

G. Del Noce, W. Duretto, R. Bochicchio, F. Ragni: The male sexual pain: issues and treatments

M. Aydin, N. Aydin, C. Gundogdu: Discovery of orgasmic pleasure sensing taste roses of reproductive organs: experimental study

## THREESOMES: AN EXPLORATORY SURVEY

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**Objective:** Threesomes, sexual acts involving three people, seem to become more popular. Their appearance in film, TV, press media, and blogs has increased, and there is even a mobile app facilitating such encounters. However, little to nothing is known how they come about, who is involved in them, and what sexual activities they include. This study's goal is to explore these questions.

**Design and Method:** An online survey will be distributed among users of 3rnder, the threesome app, participants with threesome experience from another study, the social networks of the researchers, and undergraduate students. It will assess experience with threesomes, preferences for them, and reasons for (not) engaging in them. For participants who have been involved in at least one, there will be more detailed questions about their most recent threesome: how it came about, who was involved in it, why they engaged in it, and what sexual behaviours it included. The response formats include tick boxes as well as open ended questions.

**Results:** Results will provide the first picture of contemporary threesomes from a scientific perspective.

**Conclusions:** This study will inform future investigations regarding the construal of sexuality and monogamy, and sexual behaviour more generally.

## ADULT ATTACHMENT AND EXTRADYADIC INVOLVEMENT IN DATING RELATIONSHIPS: THE MEDIATING ROLE OF COMMITMENT

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**Objective:** The aim of this study was to assess whether the association between attachment representations, attitudes toward infidelity, interest in alternatives and sexual and emotional extradyadic involvement (EDI), both face-to-face and online, was mediated by the level of commitment in the relationship.

**Design and Method:** The sample of this cross-sectional study consisted of 628 participants (201 men and 427 women), with a mean age of 23.36 years ( $SD = 3.91$ ), all of whom reported being in an exclusive dating relationship for an average of 34 months. Participants completed the following self-report questionnaires: Extradyadic Behaviors Inventory, Attitudes toward Infidelity Scale, Experience of Close Relationships – Short Form, and Investment Model Scale.

**Results:** Avoidant attachment was significantly associated with more positive attitudes toward infidelity, greater interest in alternatives, and all forms of EDI. Attachment-related anxiety was only associated with emotional EDI. The association between attachment-related avoidance and more favorable attitudes toward infidelity, greater interest in alternatives and both face-to-face and online EDI was mediated by low levels of commitment. No mediating effects were found for attachment-related anxiety.

**Conclusions:** Avoidantly attached individuals indicated greater interest in alternatives and propensity to engage in EDI, especially when the levels of commitment in the relationship were low. These results are consistent with the literature suggesting that avoidant individuals engage in extradyadic behaviors as a way to meet their desires of independency. Commitment emerges as a relevant variable clarifying the involvement in extradyadic behaviors that may compromise the relational well-being.

## THE MALE SEXUAL PAIN: ISSUES AND TREATMENTS

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**Objective:** There are several kinds of male genital pain which can cause mental suffering. Usually, they emerge during ordinary urological or andrological examinations. These distresses, sine materia, can be divided into different groups.

**Design and Method:** The first group, which is the most frequent one, mainly affects the testicles; usually, this kind of distress last all life and it is often associated with surgery and/or frequent examinations to the genitals during childhood. The second group encompasses cases of real penodinia: the patients express their discomfort especially uncovering the glan and, for this reason, this action is never done. This distress is not always referred to as pain, but more often as bothersome. Sexual intercourses are permitted. Often the patients undergo a circumcision that usually has a complicated postoperative course. The males of the third group correspond to the women suffering from vaginismus. The patients do not even tolerate the approach of the hand to the penis and they make the same actions and the same movements as the vaginismic women. The patients are unable to have sex. This phenomenon is rare. In a perspective of multi-disciplinary and integrated methodology, the patients were treated with traditional surgery and/or with administration of drugs and/or with sexual therapy according with the integrated Kaplan method and/or with techniques for the rehabilitation of the pelvic floor.

**Results:** Some clinical cases will be presented and discussed.

**Conclusions:** The Authors describe new categories of male genital pain, never defined before, similar to Vulvodinia or Vaginism in women.

## DISCOVERY OF ORGASMIC PLEASURE SENSING TASTE ROSEAS OF REPRUDUCTIVE ORGANS: EXPERIMENTAL STUDY

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**Objective:** Basic mechanism of orgasmic pleasure hasn't yet been elucidated, although there is broad similarity between taste and orgasmic sensation. Taste buds of tongue information has been established as important regulator of nutrition; however, very little is known regarding how orgasmic pleasure sensation is created and perceived in orgasm.

**Design and Method:** Thus, we investigated whether there were taste bud-like structures stimulated by seminal fructose in the male urethra and glans penis. To confirm this hypothesis, we examined the urethral tissues of 22 male rabbits using the last modern histological stereological and histochemical techniques.

**Results:** We discovered that the male urethra and glans penis contained many taste bud-like structures similar to the morphological features of the taste buds of the tongue. Interestingly, these taste bud-like structures resembling those of the tongue were detected in the intramural openings of the urethral lacunae and glandular surfaces. These structures have neuron-like appendages at the apical ends of rose buds in the wall of the urethra and glans. Moreover, each urethral plica contained some taste buds that were particularly more dense in the distal urethra, glans penis and vaginal surfaces.

**Conclusions:** We discovered that pudendal nerves convey orgasmic sensation from the urethral taste buds to the taste information-computing centers in the brain. We postulated that urethral taste buds are stimulated by seminal fructose, and taste buds innervating nerves may play a predominant role in the creation of orgasmic sensation, which has not yet been studied so far.



## Sexual Orientation

- E. Viozzi, F. Tripodi, F.M. Nimbi, R. Baiocco, C. Simonelli: Sexologist training could have an influence on attitudes toward LG marriage and parenting?
- B. Ruesink: Mental & sexual health issues in psychotherapy with gay men
- D. Milloni, S. Morandi, R. Giommi: “What women want” sexual imagination and sexual satisfaction in a lesbian women sample
- M. Colombo, C. Baietto, D. Bechis, S. Viola: Adolescence sexual orientation: comparison between two case reports
- F. Aversa, F. Tripodi, F.M. Nimbi, R. Baiocco, C. Simonelli: Attitudes towards same-sex marriage and parenting: association with sexism, homophobia and internalized sexual stigma

## SEXOLOGIST TRAINING COULD HAVE AN INFLUENCE ON ATTITUDES TOWARD LG MARRIAGE AND PARENTING?

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**Objective:** Negative attitudes towards same-sex families persist among health professionals. This study investigates the influence of educational programs in sexology (EPS) on sexism, homophobia and attitudes of sexologists towards lesbian and gay (LG) marriage and same-sex parenting.

**Design and Method:** Data were collected on 552 subjects (376 F and 134 M); the EPS group was composed by professionals who had attended a training course in accredited schools by Italian Federation of Scientific Sexology (FISS). The protocol was computer-based and self-administered (15 minutes to complete). It was composed of: questionnaire for socio-demographic information; Ambivalent Sexism Inventory; Measure of Sexual internalized stigma for Lesbians and Gays; Modern Homophobia Scale; The Katuzny Same-Sex Marriage Scale; D'Amore and Green Same-Sex Parenting Scale.

**Results:** The EPS group reported lower levels of sexism ( $F(1,401)=4.40$ ,  $p < .05$ ) and homophobia ( $F(1,401)=5.15$ ,  $p < .05$ ), a more positive attitudes toward LG marriage ( $F(1,545)=7.67$ ,  $p < .01$ ) and same-sex parenting ( $F(1,545)=17.34$ ;  $p < .001$ ). In particular, participants in this group declared more favorable attitudes to specific pathways to parenthood, such as: adoption for homosexual couples, artificial insemination for lesbians, and in vitro fertilization for lesbians.

**Conclusions:** Professionals who got EPS show more positive attitudes toward same-sex marriage and parenting. Having a specific training on these issues appears to be functional to the development of attitudes based on equal rights and not based on heterosexism. These results have important implications in both clinic and social issues related to LGBT health.



## MENTAL & SEXUAL HEALTH ISSUES IN PSYCHOTHERAPY WITH GAY MEN

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**Objective:** The prevalence of mental and sexual health problems is high among gay men. They often co exist and do so amongst a certain subgroup of gay men.

What kind of mental and sexual health problems are so prevalent? Do mental and sexual health issues interrelate and if so, in what way? Can we define gay men ‘at risk’ for developing sexual and mental problems? How to address the specific health care needs of gay men in psychotherapy? What are the specific characteristics of psychotherapy for gay men?

The aim is to learn about and understand these issues.

**Design and Method:** An oral presentation will be given, based on the outcome of international research, literature and clinical practice.

Psychiatric interviewing, assessment of sexual functioning, gay specific history taking and aspects of gay specific development are discussed. Interactive discussion with the audience sharing knowledge and clinical experience will deepen our understanding.

**Results:** Mental and sexual health among gay men remains surprisingly poor. Anxiety, depression, mood disorders, suicidality are more common than among heterosexual men. 4/5 of gay men suffer from at least one sexual dysfunction. Treatment focusses on symptom relief and supports gay development.

**Conclusions:** Gay men development is characterized by developmental tasks, challenges and risks.

Some gay men get clinical problems: mental, sexual or both for which appropriate treatment is needed.

Contemporary issues in psychotherapy with gay men are best addressed by a developmental approach.

## **“WHAT WOMEN WANT” SEXUAL IMAGINATION AND SEXUAL SATISFACTION IN A LESBIAN WOMEN SAMPLE**

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**Objective:** Imagination is an important driving force of sex. We present some data on sexual imagination and sexual satisfaction collected in an ongoing research project at our Institute. Our aim is to explore the world of imagination and sexual reveries in lesbian women in autoeroticism and during the intercourse with a partner and to reflect on thematic nucleus of feminine' sexual imagination activity.

**Design and Method:** To this end, we consider a sample of 65 lesbian women that shared their sexual fantasies and their level of sexual satisfaction. We used the Index of Sexual Satisfaction Questionnaire and we collect sexual fantasies by a verbal description in an anonymous way by submitting an online questionnaire.

**Results:** Results show that lesbian women have a high level of sexual satisfaction and a great number of fantasies when they imagine themselves as a man or in a man-style sexual practice in order to penetrate their partner. Many women aim to transfer in their real world the fantasy that appears in autoeroticism activities.

**Conclusions:** By exploring the narrative contents and themes in fantasies, we found some similarities with the past literature but also some differences related to the idea of feminine mental sexual activity and stereotypes.

## ADOLESCENCE SEXUAL ORIENTATION: COMPARISON BETWEEN TWO CASE REPORTS

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**Objective:** According to the American Psychological Association, sexual orientation “refers to a stable pattern of emotional, romantic and / or sexual appeal towards men, women, or both sexes.” The sexual orientation is the result of a complex interaction of environmental and cultural factors, as well as biological elements.

Literature confirms that adolescents with homosexual and bisexual orientations have a higher levels of psychological distress (including depression and suicide) than other adolescents. This epidemiological pattern is largely due to the interpersonal problems that sexual minorities experience at home and at school.

**Design and Method:** We describe and compare two young girls who came to our clinic.

**Results:** parents of the first girl (J, 15 years old) asked for help for her homosexual relationship, that they didn't accept. During the therapy she also had a heterosexual relationship. She suffered of eating disorders and self- injures. Parents are freezing, father sometimes is aggressive. Her homosexual relationship could be a reaction to a negative man's image.

The second girl (E, 16 years old) had a typical gender identity and had a heterosexual relationship. Now she doesn't feel ease in her female body, she would transit to the other sex and she's living a homosexual experience.

**Conclusions:** therapy's aim is to help them not to feel alone in this difficult travel, helping teenagers to integrate their sexual orientation in their own personality, developing a positive self-image, return them the possibility of stand in uncertainty and overcoming any forms of bias present in the society.

## ATTITUDES TOWARDS SAME-SEX MARRIAGE AND PARENTING: ASSOCIATION WITH SEXISM, HOMOPHOBIA AND INTERNALIZED SEXUAL STIGMA

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**Objective:** Several researches investigated the attitudes of heterosexuals and LGBT people towards marriage and parenting of lesbians and gays. The objective of the present study is to explore the correlation between these attitudes and levels of sexism, social homophobia and internalized sexual stigma.

**Design and Method:** The participants were 826 (534 F, 292 M), aged between 17 and 70. 59,8% defined him/her-self as “exclusively heterosexual”, 29,2% as “exclusively homosexual” and 11% as “bisexual”. The following tests have been administered: Questionnaire on socio-demographic Information, Ambivalent Sexism Inventory; Measure of Internalized Sexual Stigma for Lesbians and Gays; Modern Homophobia Scale, The Katuzny Same-sex Marriage Scale; D’Amore and Green Same-sex Parenting Scale.

**Results:** Positive correlations have been found between: sexism and homophobia ( $r = .378$ ;  $p < .01$ ) and sexism and internalized sexual stigma ( $r = .320$ ;  $p < .01$ ). Male subjects obtained higher scores in sexism ( $F(1,559) = 15,555$ ;  $p < .01$ ) and homophobia ( $F(1,559) = 44,977$ ;  $p < .01$ ). Heterosexuals were significantly less favorable regarding gay and lesbian marriage ( $F(1,821) = 96,936$ ;  $p < .05$ ) and parenthood ( $F(1,821) = 84,260$ ;  $p < .05$ ) compared to the non-heterosexuals. Heterosexual males were the most unfavorable towards parenting ( $F(1,821) = 4,786$ ;  $p < .05$ ).

**Conclusions:** The results offer a contribution to scientific research which still has significant gaps regarding the attitude-associated variables towards marriage and parenting of people of the same gender. Sexual education at schools and clinic supervision interventions should take these evidences into account.

## Sexual Dysfunctions 1

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- A. Starc, M. Perat, B. Poljšak, R. Dahmane: Female sexual function and dysfunction: national prevalence study in Slovenia
- M. Silvaggi, P.M. Michetti, A. Fabrizi, R. Rossi, F.M. Tripodi, C. Simonelli: Is “unconsummated marriage” still an appropriate term? A snapshot of reality
- V. Rossi, E. Viozzi, F.M. Nimbi, F. Tripodi, M.G. Porpora: Endometriosis and infertility: impact on sexuality
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## SLEEP RELATED PAINFUL ERECTIONS DUE TO BENZODIAZEPINES

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**Objective:** To describe a case report of sleep related painful erection (SRPE) and review of the literature.

**Design and Method:** We describe our case report and present a comprehensive review of the literature using Pubmed and Medline.

Keywords used: sleep-related erection, painful erection, drugs.

A 64 year old patient consulted our outpatient clinic with symptoms of erectile dysfunction, history of Peyronie's disease and SRPE. The symptoms of SRPE started a year ago, at the same time he started taking benzodiazepines due to insomnia. After careful examination we advised to stop this medication. Re-evaluation after 10 days showed resolution of the symptoms with total disappearance of the SRPE.

**Results:** SRPE is a rare sleeping disorder characterized by recurrent, painful penile erections occurring when awakening from REM sleep, while erections are painless during wakefulness. The repeated SRPE-related awakenings lead to REM sleep deprivation, and insomnia with accompanying daytime exhaustion, stress and irritability. Polysomnographic monitoring shows that the SPRE are associated with awakening in REM sleep, and demonstrates a disturbance of sleep stability, an increase in arousals, and instability in the erections which last beyond REM sleep. Unfortunately the pathophysiology of SRPE remains unknown. Previous association with obstructive sleep apnea syndrome therapy (OSAS) is described. It should be noted that the rarity of the published observations probably does not reflect the actual prevalence of the disorder.

**Conclusions:** Patients with SPRE taking benzodiazepines should be counseled to stop this medication.

## PHYSICAL EXERCISE IS NEGATIVELY CORRELATED WITH PREMATURE EJACULATION SYMPTOM SEVERITY

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**Objective:** To examine associations between symptoms of premature ejaculation and erectile dysfunction and the lifestyle factors alcohol use and physical exercise.

**Design and Method:** An invitation to an online survey was sent out to a population-based sample of Finnish twins and siblings of twins in 2012. Of the 2559 individuals invited, 1054 responded, giving a response rate of 41%. Individuals who used SSRI-medication for any reason were excluded, leaving a final sample of 843. Premature ejaculation was measured by the validated Multiple Indicators of Premature Ejaculation questionnaire, erectile dysfunction by the International Index of Erectile Function – 5, alcohol use by the Alcohol Use Disorders Identification Test, and physical exercise by the Godin Leisure-Time Exercise Questionnaire. Bivariate correlations were used to test associations between variables.

**Results:** There was a significant negative correlation between physical exercise and premature ejaculation symptoms. Premature ejaculation and erectile dysfunction were significantly positively correlated. Effect sizes were moderately small. No significant correlations were found between the other variables.

**Conclusions:** Our results indicate that physical exercise may possibly prevent or counteract premature ejaculation. Future studies could incorporate physical exercise in treatment trials.

## ABSENCE OF PLEASURE DURING ORGASM: A FUNCTIONAL OR AN EMOTIONAL PROBLEM?

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**Objective:** We present the case of an adult man complaining of orgasmic anhedonia. The patient who has no health problems or psychic diseases, doesn't smoke and is immune of biological risk factors. Andrological physical, biochemical and instrumental investigation shows no evidence of organic cause. The man who is forty five, is married, has two children and is able to copulate twice a week, with his attractive wife.

We have two objectives: 1 to uncover the cause of the patient's sexual complaint and 2 to give him the possibility to profit of his erectile capacity and fully enjoy sexuality.

**Design and Method:** After a complete sexual anamnesis, we invite the patient to describe in detail his sexual activity and behavior, his attitude and feeling towards sex and sexuality. We investigate his autoerotic and sexual fantasies and focus our attention on the continuity-discontinuity of his sexual reality and imaginary.

**Results:** The clinical investigation, conducted with empathy and respectful of the patient's difficulties, let gradually emerge a controversial sexual scenario. Our first objective is reached. The patient has now the possibility to solve his symptom, negotiating with its reasons or to continue to live with it.

**Conclusions:** Lack of sexual pleasure or male orgasmic anhedonia can be expression of an unmanageable or dystonic erotization and not of a functional inability. Sexologist can help patients to clarify by themselves the nature of their symptoms and to decide about the suitability of their resolution.



## A SEXODYNAMIC APPROACH TO SEXUAL MALFUNCTIONS

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**Objective:** From a psychosexual point of view sexuality is the result of an integration of the biological and the eretical body. A complex integration that justify the complexity of human sexual life and his prowess to sexual malfunction.

When sexuality is disturbed and no biological cause is found a specific psychosexological and clinical methodology is required.

**Design and Method:** Our approach is centered on a sexodynamic methodology and involves a careful investigation of the sexual objective behavior as well sexual fantasies and the imaginative world. We also compare the actual sexual behavior with the inner sexual erotic map. The sexual manifest reality is usually easily grasped from the individual and/or couple history. More cumbersome and tricky is the access to the inner emotional and reality. Through the investigation of sexual and dream fantasies as well as their potential development and a focus on gender identity, sexual attitude and relationship to the other and the other sex, the patient, in many cases, is able to better define the boundaries of his personal sexual likes and dislikes and to correlate them with his actual sexual behavior. In this way he can verify his willingness and possibility to go or not beyond his personal and sexual limits.

**Results:** Our approach in very interesting and often allow us to cast a light where others approach seems to have more limitations.

**Conclusions:** Our method allows to confront the problems difficult to investigate with other sexological approaches. In particular, allows the access to the intrapsychic mechanisms with profound impact on sexuality.

## ADVANCES IN MEDICAL HYPNOSIS-HYPNOTHERAPEUTIC TREATMENT OF FEMALE SEXUAL DYSFUNCTION

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**Objective:** Medical hypnotherapy has been recognized as a valid and successful treatment for a vast variety of physical and psychological disorders. It is well documented and researched, that it adds a significant value to all psychotherapeutic modalities and approaches. Clinical hypnotherapy has significant advantages in treating psychosomatic (somatoform disorders) and related issues, because its interventions bypass the critical factor of the mind. Hypnosis also gives us an advantage of reframing cognitive aspects of those resistant attitudes, which may serve as the secondary gain in the prevention of desired behavioural change. Hypnotic language can be regarded as language of primary thinking. Metaphors and visualization techniques play a major role in hypnotic communication.

**Design and Method:** Qualitative case study.

**Results:** Treatment outcome.

**Conclusions:** The complex and multidimensional nature of female sexual disorder(s), allow us to learn how to tap at different hidden internal resources and at the same time cover the widest possible range of hypnotherapeutic interventions. In the given presentation, we will explain how to establish solid rapport with the patient and how to communicate troubled content. We will also explain the nature of sedation without medication, and how to control the pain, and other psychosomatic dysfunctions with the internal resources of the mind. Most learned intervention will also be applicable to a wide variety of psychological and medical conditions, ranging from anxiety reduction to chronic and acute pain management.

## FEMALE SEXUAL FUNCTION AND DYSFUNCTION: NATIONAL PREVALENCE STUDY IN SLOVENIA

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**Objective:** The aim of this study was to determine the prevalence of female sexual function/dysfunction in Slovenia. The study began in June 2015 and was completed in December 2015.

**Design and Method:** In relation to the national prevalence study, we received a letter of permission from the Republic of Slovenia National Medical Ethical Committee – NMEC. The validated questionnaire was used. All participants completed self-report measures that assessed demographic variables and six major dimensions of female sexual function (desire, subjective arousal, lubrication, orgasm, satisfaction, and pain) as experienced over the past four weeks. The 19 multiple-choice items are answered on a 5- or 6-Likert scale. Domain scores are calculated by summing the responses for the items on each domain, then scaling this total with a multiplier that constrains all domains to the same range. We used the following statistical analysis: demographic analysis, Pearson Correlation Coefficient and t-test. The sample included 632 respondents.

**Results:** The Pearson correlation coefficient (PCC) is a measure of the strength of a linear association between two variables. Based on PCC we detected strong linear associations between arousal and lubrication ( $r = 0.885$ ), lubrication and pain ( $r = 0.864$ ), orgasm and arousal ( $r = 0.862$ ), satisfaction and orgasm ( $r = 0.788$ ), pain and arousal ( $r = 0.778$ ), desire and arousal ( $r = 0.598$ ).

**Conclusions:** Based on schematic representation of Pearson correlations we could conclude that arousal play an important role within foreplay and consequently in sexual intercourse. Subsequently, an interesting finding is that the claim orgasm is not correlated to desire and vice versa.

## IS “UNCONSUMMATED MARRIAGE” STILL AN APPROPRIATE TERM? A SNAPSHOT OF REALITY

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**Objective:** In the middle eastern (MES) and western (WS) societies, sexuality follows different patterns in terms of meaning and rules. Moreover the evolution of societies all around the world created new contexts and kinds of relationship. This could hamper a correct taxonomy of such sexual dysfunctions where social variables are crucial. The aim of the present work is to collect and review data on Unconsummated Marriage (UCM) all around the world, to understand if in different societies it refers to the same situation.

**Design and Method:** A review of published literature on UCM from different areas of the world was conducted.

**Results:** Substantial difference emerged from MES to WS. In MES, sexuality is allowed only in marriage, while in WS sexuality and relationship are not strongly linked. This could suggest that the term “marriage” is unable to cover the phenomenon in such different countries. Moreover, the mean time before the consultation, causal attribution and prevalence are very different in such societies.

**Conclusions:** We found that the term “Honeymoon impotence” could better describe male, female or both difficulties related to ignorance about sexuality or state/performance anxiety, typical in MES. On the other hand in WS over the individual category of sexual dysfunctions, we suggest a new term as “Unconsummated relationship”, where individual difficulties are involved creating a couple’s dysfunction.

## ENDOMETRIOSIS AND INFERTILITY: IMPACT ON SEXUALITY

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**Objective:** Endometriosis is a condition that has a great impact on women's life. One of the most important consequences of the disease is infertility that may exacerbate the psychological, relational and sexual consequences on patients. The aim of the present study was to examine quality of life, anxiety, sexual functioning and relationship satisfaction of women with endometriosis and infertility. Infertility is supposed to be associated with a worse clinical profile.

**Design and Method:** Data were collected on 71 patients (39 women with endometriosis and 32 with endometriosis and infertility) aged between 20 and 50 (M=34.21, SD=8.38), recruited in the Gynecological and Obstetrics department of Policlinico Umberto I, Rome. Participants completed: a socio-demographic questionnaire, the World Health Organization Quality of Life (WHOQOL)-Bref for quality of life, the McCoy Female Sexuality Questionnaire (MFS-Q) for sexual and relationship satisfaction, the Female Sexual Functioning Index (FSFI) for sexual functioning and the Hamilton Anxiety Rating Scale (HAM-A) for anxiety symptoms.

**Results:** Women without infertility obtained worse scores: sexual functioning ( $F(1,69)=10.97$   $p<.01$ ), sexual ( $F(1,69)=17.44$   $p<.001$ ) and relationship satisfaction ( $F(1,69)=10.18$   $p<.001$ ) and quality of life ( $F(1,69)=13.56$   $p<.001$ ).

**Conclusions:** Contrary to our hypothesis, endometriosis, with or without fertility impairment, has an impact on patients' relationship, sexuality and quality of life. Therefore, infertility is not the main factor that explains a negative clinical profile. The present study suggests the importance of psychosexual counseling during medical treatment of the disease, and the need of involving partners in the assessment and in the health care decision making.

## DISCONTINUATION OF DAPOXETINE TREATMENT IN PATIENTS WITH PREMATURE EJACULATION: A 2-YEAR PROSPECTIVE OBSERVATIONAL STUDY

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**Objective:** Although dapoxetine is the only oral agent approved for premature ejaculation (PE) and is very effective, its discontinuation rate is high compared to PDE5 inhibitors for ED treatment. We assessed discontinuation rate of dapoxetine in PE and the reasons for discontinuation.

**Design and Method:** The study enrolled 182 patients (mean age 38.2). The PE type (life-long or acquired), self-estimated intravaginal ejaculation latency time (IELT), IIEF-EF questionnaire, and medical history were checked in all patients. The patients were evaluated 1, 3, 6, 12, and 24 months after initiating therapy regarding the treatment status and the reasons for treatment discontinuation.

**Results:** Of the patients, 9.9% were still in treatment after 2 years. The discontinuation rates at 1, 3, 6, 12, and 24 months were 26.4, 35.2, 17.6, 8.2, and 2.7%, respectively. Cumulatively, 79.1% of the patients discontinued the treatment within 6 months. After 12 months, however, the discontinuation rate dropped sharply. The reasons for discontinuation were cost (29.9%), disappointment that PE is not a curable disease and dapoxetine was needed whenever he had sex (25%), side effects (11.6%), low efficacy (9.8%), to seek other treatment options (5.5%), and unknown (18.3%). Patients with acquired PE (vs. life-long), IELT >2 min before treatment, older than 50 years, taking PDE-5 inhibitors, and IIEF-EF <26 tended to discontinue early and had high drop-out rates.

**Conclusions:** Only 9.9% patients continued treatment after 24 months, while 79.1% discontinued within 6 months. The main reasons for discontinuation were not related to its side effects or low efficacy.

## A COMPARISON OF BASELINE ERECTILE FUNCTION AFTER ON-DEMAND 20 MG TADALAFIL VS. DAILY 5 MG TADALAFIL IN MEN WITH ERECTILE DYSFUNCTION AND DIABETES: A PROSPECTIVE, OBSERVATIONAL 2-YEAR STUDY

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**Objective:** We studied whether long-term use of 5 mg tadalafil once daily improved baseline erectile function or prevented erectile dysfunction (ED) in men with diabetes.

**Design and Method:** Men with ED and diabetes were assigned to 20 mg tadalafil on-demand or 5 mg tadalafil once daily. When men completed the questionnaire after 2 years of treatment, they also stopped the medication for 4 weeks to check baseline erectile function. The primary efficacy variable was the IIEF-EF score. Secondary variables included a change in the scores IIEF Q3 and Q4 from baseline, changes in all domain scores on the IIEF from baseline, SEP2 and SEP3, and GAQ. Rigiscan® measurements of nocturnal penile tumescence and rigidity (NPTR) were also carried out after the 2year treatment.

**Results:** The study enrolled 118 men. After 2 years, daily treatment group had a greater change in IIEF-EF score from baseline (7.3 vs. 2.4,  $P < 0.0001$ ). The changes in IIEF from baseline on Q3 (1.4 vs. 0.4,  $P < 0.0001$ ) and Q4 (1.4 vs. 0.3,  $P < 0.0001$ ) were higher in the daily group. Differences between daily and on-demand groups were significant for SEP2 (53.8% vs. 32.3%) and SEP3 (56.6% vs. 15.4%). Normal EF domain scores at the end of study were achieved by 20.7% in daily groups. Normal NPTR at tend of study was achieved by 13.2% only in the daily group.

**Conclusions:** Long-term use of 5 mg tadalafil once daily was more beneficial for improving baseline erectile function or preventing ED than the on-demand pattern in men with ED and diabetes.





## Sexual Dysfunctions 2

- P. Letizia, G. Alei, A. Rossi: Alei II technique: minimally invasive technique for the correction of penile curvature without circumcision
- P. Kempeneers, R. Andrienne, S. Bauwens, S. Blairy, M. Cuddy, I. Georis, Q. Longree, J.F. Pairoux: Bibliotheop: A study evaluating the effectiveness of bibliotherapy for premature ejaculation (PE)

## ALEI II TECHNIQUE: MINIMALLY INVASIVE TECHNIQUE FOR THE CORRECTION OF PENILE CURVATURE WITHOUT CIRCUMCISION

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**Objective:** We describe a new surgical technique for the treatment of penile curvature. In 2012, we developed a new surgical technique for the correction of congenital and acquired penile curvature without circumcision called “track” corporoplasty or Alei II technique

**Design and Method:** For the penile ventral curvature repair an infrapubic transverse dorsal incision is made to correct a ventral curvature or when removing or cutting the plaque in Peyronie’s disease A single 0 non-absorbable synthetic multifilament suture is placed in order to perform a special placcation on two parallel lines and therefore called “track”. Laterally to the corporoplasty described, two corporoplasties should be performed along the line that goes from the dorsal neurovascular bundle to the lateral end of the corpus cavernosus at 30° and 60° on the penile sagittal plane. The two corporoplasties should measure 50% at 30° and 25% at 60.

**Results:** Mean age was 43 years for patients with Peyronie’s disease and 31 years for patients with congenital penile deviation. The mean follow-up period was 36 months. No major complications, no circumcision, overall satisfaction 98%. Intraoperative correction of the curvature was achieved in 100%, significant relapse occurred in 2%.

**Conclusions:** This original technique is associated with low morbidity, low recurrence rate and excellent aesthetic results.

## **BIBLIOTHEP: A STUDY EVALUATING THE EFFECTIVENESS OF BIBLIOTHERAPY FOR PREMATURE EJACULATION (PE)**

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**Objective:** The BibliothEP study aimed to assess the efficacy of a bibliotherapy for premature ejaculation (PE)

**Design and Method:** The study was conducted in two phases. First, a sample of 120 participants suffering from PE read a concise cognitive behavioural self-help manual for PE (51 A5 pages including illustrations) and were compared after treatment to 66 waiting list controls. Second, 36 subjects received and read the self-help manual and were compared after treatment to 32 subjects having received the same manual plus a complementary brief guidance (45-90 minutes) from a coach not specialized in sex therapy, but who had been specifically trained to support the bibliotherapy intervention (by attending a 5-hour training module). The main outcome measures were self-determined latency time to ejaculation, feelings of control, sexual satisfaction, PE-related distress and subjective impression of improvement.

**Results:** At 6-month posttreatment, all participants showed significant improvements as compared to waiting list condition. The improvements were maintained at 12 month. They were slightly greater in the case of complementary therapist support. Improvements were demonstrated for all forms of PE, but the intervention appeared to be slightly more effective when the problem was of moderate severity. In all cases, improvements in sexual functioning were accompanied by improvements in sexual cognitions.

**Conclusions:** The cost-effectiveness of the self-help manual makes it a valuable first-line treatment for any form of PE. Moreover, the outcome of the bibliotherapy process might be increased by coaching from a health worker specifically trained to this aim.



## Sexual Dysfunctions 3

- S. Jeh, S. Choi, S. Kam, J. Hwa, K. Chung, D. Seo, J. Hyun, S. Woo Le: Impact of metabolic syndrome on the occurrence of premature ejaculation
- R. Hamilton: Advantages to a multi-disciplinary approach in sexology
- A. Gunst, D. Ventus, J. Antfolk, A. Kärnä, P. Jern: Effectiveness of psychobehavioral interventions for female sexual dysfunctions: a meta-analysis
- A. Gewirtz- Meydan, M. Mock, L. Ayalon: PDE5I as a cure for older adults: an indicator of ageist practices among physicians
- K. Drasa, L. Bruka, E. Dani, V. Vasili: Benefits from fruit/vegetable consumption on erectile dysfunction among diabetic Albanian men
- M. Lomonosov, D. Golikov, D. Nemenov, A. Andreev-Andrievsky, N. Fedorovich Myasoedov: new drug for treatment of hypoactive sexual desire disorder entering phase 2 studies. Review of preclinical and phase 1 studies
- S.C. Poerner Scalco, D. Riva Knauth: Brief screening approach to female sexual dysfunctions – (BRISA-F)
- A. Cavadas, L.A. Morgado, N. Tomada: Clinical outcomes and patient satisfaction after different three-piece inflatable penile prostheses implantations

## IMPACT OF METABOLIC SYNDROME ON THE OCCURRENCE OF PREMATURE EJACULATION

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**Objective:** The aim of this study was to investigate the effect of MetS in pathogenesis of ejaculatory symptoms, particularly PE. In addition, we evaluate the other risk factors associated with PE.

**Design and Method:** Between January 2010 and July 2014, we analyzed the medical records of men who had visited to our Urology clinic for screening of male health. To evaluate the risk factors including MetS for PE, patients were assessed self-reported intravaginal ejaculation latency time (IELT), International Prostate Symptom Score (IPSS), International Index of Erectile Function (IIEF), the Male Sexual Health Questionnaire (MSHQ-EjD) for Ejaculatory Dysfunction, NIH-Chronic Prostatitis Symptom Index (NIH-CPSI), and Androgen Deficiency in the Aging Male (ADAM) scales. Premature ejaculation defined as self-reported IELT <1 minute, and metabolic syndrome diagnosed by modified National Cholesterol Education Program's Third Adult Treatment Panel (NCEP ATP III) criteria.

**Results:** Among the total of 1029 men, 74 patients (7.2%) were considered to have PE (ejaculation within 1 min) and 111 patients (10.8%) were considered to have MetS. The multivariate logistic regression analysis showed that IIEF OS score (OR 0.670,  $P < 0.001$ ), NIH-CPSI pain score (OR 1.070,  $P = 0.048$ ), NIH-CPSI voiding score (OR 1.167,  $P = 0.040$ ), and metabolic syndrome (OR 2.187,  $P = 0.023$ ) were significantly related to the prevalence of PE.

**Conclusions:** MetS may be an important predisposing factor for the development of PE, and consequently its effective prevention and treatment could also be important for the prevention of PE.

## ADVANTAGES TO A MULTI-DISCIPLINARY APPROACH IN SEXOLOGY

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**Objective:** Many factors influence how a person perceives and accepts sex, the constraints and what facilitates it. Retrospective findings from case presentations highlight such barriers for individuals and couples that impact upon their sexual journey.

**Design and Method:** Retrospective analysis of individuals and couples during a nine month period in 2015. 15 individuals and couples were referred with an assortment of sexual concerns. Key referrals were from General Practitioners (GP's), Obstetrician/ Gynaecologist (O&G's), Urologists, Clinical Psychologists and Psychiatrists. Various therapies were incorporated, whilst many continued with a clinical psychologist during this same period. Therapies included Eclectic (incorporating Cognitive Behavioural Therapy), Exposure and Solution Focused.

**Results:** Often, the initial referring presentation/underlying issue was not what became highlighted during consultation with the Sexologist. Barriers to sexual pleasure, sexual understanding and sexual participation, were embedded in poor understanding of basic anatomy and physiology of self and partner. Religion, moral concerns, contraceptive myths and mismanagement, communication styles and compromises were the key underlying issues blocking sexual participation in some manner. Further complexities frequently included a web of spiritual, cultural and/or emotional barriers.

**Conclusions:** Multi-discipline referrals provide the opportunity to rule out many issues through base-line screening/investigations. Having a "team" as such, also promotes a different level of consultation from a Sexologist framework, as a more direct approach is workable with the client/couples and further support and maintenance can be provided especially from a Clinical Psychologist. This presenter has found many benefits working from this approach.

## EFFECTIVENESS OF PSYCHOBEBHAVIORAL INTERVENTIONS FOR FEMALE SEXUAL DYSFUNCTIONS: A META-ANALYSIS

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**Objective:** Female sexual dysfunctions (FSDs; difficulties related to sexual desire, arousal, orgasm, and pain) are prevalent and associated with both relationship quality and overall wellbeing. Psychobehavioral interventions are widely used to treat FSDs; however, little is known about the effectiveness of these interventions. Our objective was to conduct a meta-analysis on existing randomized clinical trials of psychobehavioral treatment interventions for FSDs.

**Design and Method:** We used the electronic databases PubMed and PsycINFO in the search of relevant studies. One researcher conducted the literature search in June 2015. The search yielded 1235 hits in PubMed and 789 hits in PsycINFO. Abstract and/or title analysis reduced the possibly relevant studies to 104. A review of the reference lists in these studies was subsequently carried out. Data of interest were coded by one researcher. In order to evaluate the accuracy of the coding, an interrater reliability test was carried out on a randomly selected part of the data. Before analyzing, another search was carried out in order to find studies published after the original literature search.

**Results:** We calculated effect sizes expressing the difference between treatment and control group scores. At present, data analyses are still in progress.

**Conclusions:** This is, to our knowledge, the first meta-analysis of psychobehavioral treatment for FSDs that includes more recent studies, published after 2009.



## PDE5I AS A CURE FOR OLDER ADULTS: AN INDICATOR OF AGEIST PRACTICES AMONG PHYSICIANS

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**Objective:** The aim of this study is to determine whether physicians have an age bias regarding sexual dysfunction in older vs. younger patients in terms of diagnosis, attributed etiology, proposed treatment and perceived prognosis.

**Design and Method:** An on-line survey consisting of one of two, randomly administered, case vignettes, which differed only by age (28 or 78). In both cases, the patient was described as suffering from occasional erectile dysfunction with a clear psychosocial indication. A total of 236 physicians responded to the survey. Overall, 110 physicians received an old patient vignette and 126 physicians received a young patient vignette.

**Results:** Even though both cases presented with a clear psychosocial etiology, the young patient vignette was more likely to be diagnosed with performance anxiety, whereas the old patient vignette with erectile dysfunction. The old patient vignette dysfunction was more likely to be attributed to hormonal changes, health problems and decreased sexual desire. Physicians were more likely to recommend hormonal and PDE5 inhibitors (PDE5i; such as Sildenafil; Vardenafil; Tadalafil) treatment as well as urology referral to the old patient vignette. The young patient vignette was more often referred to a sexologist and received a more positive prognosis than the older patient.

**Conclusions:** This study demonstrates an age bias among physicians regarding sexuality in later life. Of particular note is the increased prescription of PDE5i to the older patient, despite the clear psychosocial indication presented in the case vignette.

## BENEFITS FROM FRUIT/VEGETABLE CONSUMPTION ON ERECTILE DYSFUNCTION AMONG DIABETIC ALBANIAN MEN

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**Objective:** The aim of our study was to establish the association between ED and the consumption of fruit/vegetables (F/V) among diabetic Albanian men.

**Design and Method:** In the survey, the daily consumption of F/V was estimated on the basis of a series of questions: How often do you eat F/V per day? The responses were: “Less than 3 / 3 to 5/ more than 5 times (serving) per day”. The association between F/V consumption and ED was examined using logistic regression.

**Results:** 475 diabetic men, average age of 60 years (range, 20-70). 205 cases(43.1%) were identified with ED. 89.1% having type 2 diabetes, 7.3% type 1 diabetes and 3.6% were unclassifiable. 82% were overweight or obese. Higher proportions of patients with ED reported poor/fair health, long durations of diabetes, obesity, physical inactivity, formerly smokers, divorced and not consuming enough F/V(<2serving). An inverse association was found between ED and F/V consumption. The rate of ED decreased by 13% with each increase of 1 serving consumption of F/V.

**Conclusions:** ED is common among diabetic Albanian men. The occurrence of ED among diabetic men is fairly common. ED is inversely significantly associated with the consumption of F/V in the diabetic populations. Our findings suggest that adopting a healthy diet, healthy lifestyle, reducing or controlling BMI and activities that help consume more F/V would reduce the risk of developing ED and would be beneficent for diabetic men with ED.

## **NEW DRUG FOR TREATMENT OF HYPOACTIVE SEXUAL DESIRE DISORDER ENTERING PHASE 2 STUDIES. REVIEW OF PRECLINICAL AND PHASE 1 STUDIES**

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IVIX Ltd is developing a new proprietary non-hormonal drug BP101, aiming to restore sexual arousal and desire in women suffering from its loss. This Drug is based on a small peptide. In preclinical studies it showed capability to enhance proceptive behaviour in female rodents. BP101 seems to act on brain as it shows its effect on rodents during micro-deliveries to certain areas of brain.

At preclinical as well as at Phase 1 clinical studies BP101 demonstrated excellent safety profile. Only few mild adverse effects were observed during the Phase 1 clinical study. These adverse effects showed no correlation with BP101 dose. No special safety concern was identified.

We have evaluated effect of BP101 on female sexual function during Phase 1 study using questionnaires FSFI, ASEX and FSF (Russian). We have observed up to 40% increase in total FSFI Score comparing to baseline in the cohort receiving the highest dose. There was 52% increase in Desire FSFI Domain Score compared to baseline in that cohort.

Therefore BP101 shows to be a potential treatment of HSDD and in a few years may be available to sexologists and patients.

## BRIEF SCREENING APPROACH TO FEMALE SEXUAL DYSFUNCTIONS – (BRISA-F)

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**Objectives:** 1. Demonstrate the creation of a brief questionnaire to screening in clinical practice, able to diagnose female sexual dysfunction. 2. Implement a score that detects the need for referral to a specialist.

**Design and methods:** This is a screening for FSD, with only four questions that include the variables: sexual frequency, orgasm, pain and sexual initiative, in a Likert scale. The applicability was demonstrated in a retrospective cross-sectional study of patients. They were seen in Sexology Clinic of a Public Hospital, setting a score and cut-off. Chi-squared test, Fisher's exact test and analysis of variance (ANOVA) were used; significant level ( $p= 0.05$ ).

**Results:** The score ranged from 4 to 16 points. The average of the patients before the sex therapy was 7.5 ( $\pm 2.4$ ) points and after the sex therapy they increased for 10.9 ( $\pm 3.3$ ); ( $p < 0.001$ ). The patients, who had experienced sexual violence or with primary anorgasmia, had a poorer prognosis and those with higher levels of education or good levels of orgasms, had better prognosis. The development with treatment showed a significant raise of the score. ( $p = 0.013$ ).

**Conclusions:** The instrument provided an opportunity to approach sexuality by general practitioners and FSD detection through a score. The patients had a good understanding of the issues and their demands were attended.

## CLINICAL OUTCOMES AND PATIENT SATISFACTION AFTER DIFFERENT THREE-PIECE INFLATABLE PENILE PROSTHESES IMPLANTATIONS

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**Objective:** To evaluate the clinical outcomes and patient satisfaction after implantation of either AMS 700 CX inflatable penile prosthesis (IPP) or Coloplast Titan IPP for treatment of erectile dysfunction, and compare the results of these two devices.

**Design and Method:** A retrospective chart review was performed for patients who received either AMS 700 CX or Coloplast Titan between January 2006 and December 2014. Patients' satisfaction was assessed at least six months after the surgery using Erectile Dysfunction Inventory of Treatment Satisfaction questionnaire.

**Results:** A total of 55 men with an average age of 59,5 (42-76) years underwent AMS 700 CX (34 patients) and Coloplast Titan (21 patients) IPPs implantation during the 9-year period. The median follow-up time was 61,0 (18-113) months. Erosion, infection and mechanical failure occurred in 1 (1,8%), 3 (5,5%) and 5 (9,1%) patients, respectively. Mechanical failure was higher in patients who received Coloplast Titan IPP compared to those implanted with AMS 700 CX IPP (19,0% vs 2,9%, respectively,  $P > 0,05$ ). Overall 5-year survival rates for AMS 700 CX and Coloplast Titan prostheses were 93,2% and 61,9%, respectively. Conclusions about the significance of the difference between the survival curves could not be made. Both prostheses were associated with high satisfaction rates, with no significant difference between them.

**Conclusions:** AMS 700 CX and Coloplast Titan IPPs are associated with high patient satisfaction rates. Further studies are needed to determine if there are differences regarding postoperative complications and long-term survival.



## Couple and Sexuality and Sexual medicine 1

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- B. Sazdanovska, F. Milicevic Makaja: How communication could improve sexual satisfaction: the komaja's theater of truth
- L. Nocito, D. Botta, F. Tripodi, R. Rossi: Extradyadic behavior: what does really hurt? Italian telephone and e-mail counselling service
- M. Nekic, A. Boskovic, I. Tucak Junakovic: Is sexual subjectivity necessary for marital satisfaction?
- C. Benoot, K. Hannes, J. Bilsen: Couples' sexual adjustment process to cancer: a metasynthesis and qualitative study
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- V. Matulevicius, I. Banisauskaite, I. Matuleviciute, J. Jureviciute, T. Kurakovas, R. Ostrauskas, R. Verkauskiene, V. Urbanavicius: Sexuality of 26 - 36-year-old Lithuanian healthy and type-1 diabetic males (comparison with older than 40 years men sexuality of 8 European countries)

## **NOVEL NON-INVASIVE LASER AND RADIO-FREQUENCY (RF) PROCEDURES FOR VAGINAL DYSTENSION AND VULVAR LAXITY SYNDROMA TO ENHANCE SEXUAL GRATIFICATION**

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Childbirth vaginal trauma and process of ageing are fundamental in developing stress urinary incontinence (SUI) and sexual dysfunction related to vaginal and vulvar relaxation. Unpleasant aesthetic appearance of vulva is additional factor that deepens negative psychological response, embarrassment, anxiety and lack of confidence while postmenopausal vaginal dryness additionally deteriorates sexual gratification when estrogen is avoided.

Thus far, experimental and clinical studies have reported significant success in the treatment of various disorders and conditions based on collagen damage. Most references arise from the fields of dermatology and aesthetic medicine. Facial ptosis, uvular and soft-palate relaxation in snoring disorders, and ligament trauma in orthopedics may be successfully treated with laser-generated thermal energy. The precise mechanisms underlining the normalization of some vaginal properties is not yet completely clear but collagen remodeling and increased vascularization have been documented by histology following laser application.

The onset and mild disorder in SUI and vaginal relaxation syndrome (VRS) still remain underreported and problem remains hidden until severe symptomatology often results in surgery treatment. However, there is a risk of serious adverse effects resulting from surgery procedures. Complications such as bleeding, infection, poor wound healing and overcorrection may require de novo medical intervention, resulting in global rising trend of non-invasive procedures.

There is a rising evidence for the effectiveness of non-invasive laser procedures in the treatment of SUI, VRS and vaginal atrophy, while novel RF procedure might play a significant role in vulvar laxity treatment.



## HOW COMMUNICATION COULD IMPROVE SEXUAL SATISFACTION: THE KOMAJA'S THEATER OF TRUTH

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**Objective:** The main objective of this research is to explore how verbal and nonverbal communication during sex influences the sexual satisfaction. Particularly, the study examines how much and how the original Komaja's technique The Theater of Truth contributes to improvement of sexual communication and satisfaction.

**Design and Method:** Different theoretical approaches and perspectives were applied to research the mutual confession of love partners which takes place during sexual act, where all ones essential needs, wishes, fears and alike are expressed spontaneously as they enter the consciousness. Therefore, 55 people who are practicing Komaja's tantra, were surveyed about their perceptions for communication during sex. A validated Sexual Communication Satisfaction Scale and Sexual Communication Style Scale were used to measure the communication that occurs during sexual interactions. Additionally, the general questionnaire with partially open-ended questions was applied. Descriptive analyze and qualitative content analysis was used for the collected data.

**Results:** The research demonstrates that the participants communicate with their partners during sex, in both manners, verbally and non-verbally. Overall, the majority of the participants reported that the Theater of Truth helps them to experience more sexual satisfaction and to improve their sexual self-confidence. Additionally, this technique contributes them to achieve spiritual experience through sexual encounters.

**Conclusions:** The results of this pilot study confirm the subjective impression of the participants that this technique is very promising and effective. The research stresses the need of effective communication skills to be used during sexual encounters, through partners' verbal and nonverbal interactions.

## EXTRADYADIC BEHAVIOR: WHAT DOES REALLY HURT? ITALIAN TELEPHONE AND E-MAIL COUNSELLING SERVICE

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**Objective:** To investigate the concerns and requests reported by users on extra dyadic behavior in an Italian counselling service, to point out the differences, if there are any, between male and female users, to underline what really does hurt and to describe the most frequent extra dyadic behavior given to service's consultants.

**Design and Method:** The study included selected records of the calls (n = 1873) and of the e-mail (n= 200) received during the 3-year period between 2013 and 2015 focusing on the requests on the extra dyadic behavior. Data were analyzed using descriptive statistics and bivariate analysis.

**Results:** Users who asked for help after an extradyadic behavior were more often female, aged between 26 and 54 years, who had not sought any previous help. The most frequent concerns of female users were fear of not being able to forgive or need to forget, while the majority of male reported disappointment and anger. Furthermore men engaging in extradyadic behaviors, both face-to-face and online, were more numerous than women.

**Conclusions:** The users' reaction to cheating depends on the causes attributed to this. Telephone and e-mail counselling is an important and effective resource to elicit requests that otherwise might remain hidden; therefore, it can be a useful link between the health-care system and callers.

## IS SEXUAL SUBJECTIVITY NECESSARY FOR MARITAL SATISFACTION?

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**Objective:** Sexual subjectivity includes perception of sexual pleasure and personal sexuality and represents an important part of self-concept (sexual body-esteem, self-entitlement to sexual desire and self-pleasure, entitlement to sexual pleasure from a partner, self-efficacy in achieving sexual pleasure, and sexual self-reflection). According to previous studies, which have been only done on female adolescents and emerging adults (developmental stage between adolescence and young adulthood), sexual subjectivity was associated with lower levels of sexual anxiety and higher levels of sexual health. It was hypothesized that elements of sexual subjectivity, as an important part of self-concept would be a significant predictor of marital satisfaction.

**Design and Method:** Participants were 83 married couples, average age 30,5 years old. They were 4,3 years in marriage, and 72% of them had at least one child. Marital satisfaction scale (Cubela Adoric & Jurevic, 2006) and Sexual subjectivity scale (Horne & Zimmer-Gembeck, 2006; Croatian adaptation, Nekic, 2011) were used as measures.

**Results:** The results showed that couples without children had higher marital satisfaction, and possessed higher sexual subjectivity. Self-entitlement to sexual desire and self-pleasure was significantly higher in male participants. Entitlement to sexual pleasure from a partner was the only significant predictor for female marital satisfaction, while sexual body-esteem, self-efficacy in achieving sexual pleasure, and sexual self-reflection were significant predictors for male marital satisfaction.

**Conclusions:** Sexual subjectivity is an important construct for marital couples not just for female adolescents and emerging adults. We found that sexual subjectivity is important and significant predictor for female and male marital satisfaction.

## COUPLES' SEXUAL ADJUSTMENT PROCESS TO CANCER: A METASYNTHESIS AND QUALITATIVE STUDY

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**Objective:** Existing research on couples' sexual adjustment to cancer lacks a clear theoretical framework which is necessary to underpin interventions supporting couples in such adjustment. Possibly as a result, current interventions show disappointing results.

We therefore wanted to construct a conceptual framework of couples' sexual adjustment to cancer, leading to theory-based and therefore more adequate interventions.

**Design and Method:** We performed a meta-synthesis of 21 papers to arrive at a preliminary framework of sexual adjustment to cancer, using the techniques of meta-ethnography.

This preliminary framework guided our qualitative study with 20 patients and partners with advanced cancer, using constructivist grounded-theory methodology.

**Results:** The combination of these two methods led to a conceptual model of sexual adjustment, showing that couples engage in a combination of three different pathways:

- 1) a grieving pathway, in which sexual changes are depicted as one of the losses due to cancer;
- 2) a cognitive-restructuring pathway, in which sexual changes are depicted as normative and culturally determined in which their meaning need to be renegotiated;
- 3) a rehabilitation pathway, in which sexual changes are depicted as bodily dysfunctions which need medical treatment.

Contextual factors influence this adjustment process, e.g. couples with advanced cancer emphasize the grieving process over the rehabilitation or restructur-

ing process, as sexuality is often seen as a definite loss because of the irreversible character of the disease.

**Conclusions:** For an intervention to be more effective it could be based on above conceptual framework, which emphasizes the multiple and flexible pathways a couple can take to adjust to sexual changes.

## THE EFFECTS OF PORN & SEX ADDICTION ON PARTNERS

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**Objective:** Various social perceptions related to porn, legitimate it and view it as victimless sexual activity. In contrast to this line of thinking, there is a growing data about the damages of porn & sex addiction, not only to the addict, but also to its partner, children and family, intimate & sexual relationship.

**Design and Method:** Much attention focuses on the addict, but less on the spouse, the trauma they are facing, and the healing process, they need to go through. In the years, I work with sex addicts and their partners I met a lot of pain and suffering the partners bring, sometimes for many years, usually done in private with little social support.

The aim of this presentation is to explore the ways sexual compulsive behavior impact the partner and the relationship, using different models and case studies.

**Results:** Through the presentation, I will present recommendation for therapy and support to spouses.

**Conclusions:** When working with people who suffer from porn / sex addiction, there must be a special consideration for the spouse, as an integral part of treatment.

## SEXUAL COMMUNICATION THROUGH 5 SENSES AND SEXUAL SENTENCE STEMS

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**Objective:** AIM: The primary goal of this paper is to examine further the relationship between sexual communication and sexual satisfaction .This research contributes to the clinical sexology literature on this topic in three ways. First, it investigates the relationship between sexual communication and sexual satisfaction using qualitative analysis from several case studies. Second, it introduces a treatment tool, Sexual Sentence Stems (SSS), which can be utilized for working with couples and individuals to improve their sexual communication skills. Finally, it applies this tool with several diverse couples in sex therapy and evaluates its effectiveness.

**Method:** To achieve these goals, the qualitative data from several case studies of diverse couples in treatment are analyzed. These analyses produce detailed accounts of various dimensions of sexual communication and satisfaction by both partners and include insights into some mechanisms underlying the connections between sexual communication and satisfaction.

**Results:** Overall, the findings from this study support the hypothesis that sexual communication improves sexual satisfaction in long-term committed couples. Furthermore, in most instances, the SSS tool introduced in this research contributes to improvement in sexual communication and, ultimately, increasing sexual satisfaction.

**Conclusions:** The results from this research have important practical implications as they can be used to educate both clients and practitioners on how to improve sexual communication, using 5 senses and SSS tool.

## PSYCHOSEXUAL OUTCOME OF MEN WITH NON-CORRECTED HYPOSPADIAS

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**Objective:** Hypospadias is a common penile malformation, in which the urethral opening is on the underside of the penis. It is usually surgically corrected in early childhood. Severe types of hypospadias are corrected to solve functional problems. Mild types are mainly operated to achieve a better cosmetic result under the assumption that surgery improves psychosexual adjustment and quality of life. However, data on the outcome of non-operated men is scarce and therefore, this assumption is not evidence based. This study compares psychosexual outcome of men with non-corrected hypospadias to men without a genital malformation.

**Design and Method:** In an ongoing cross-sectional survey, 21 men with non-corrected hypospadias (mean age: 48.71 years, SD: 10.33) and a control group of 21 age matched, non-affected men (mean age: 48.05 years, SD: 9.72) were asked to answer a penile self-perception score (PPS) and a questionnaire regarding their psychosexual adjustment.

**Results:** Men with non-corrected hypospadias and controls reported the same level of sexual satisfaction and number of sexual partners. Men with non-corrected hypospadias were neither more often ashamed nor more often bothered because of their penile appearance. However, they had significantly less positive PPS.

**Conclusions:** Although men with non-corrected hypospadias had an impaired penile self-perception, they were neither ashamed nor bothered due to their penile appearance and they reported the same level of sexual satisfaction as non-affected men. These results suggest that there is a subgroup of men with non-severe types of hypospadias, who do not suffer if left without surgical correction for their hypospadias in childhood.



## SEXUALITY OF 26 - 36-YEAR-OLD LITHUANIAN HEALTHY AND TYPE-1 DIABETIC MALES (COMPARISON WITH OLDER THAN 40 YEARS MEN SEXUALITY OF 8 EUROPEAN COUNTRIES)

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**Objective:** To determine the relation of the European Male Ageing Study (EMAS) Sexual function questionnaire (SFQ) parameters in the groups of healthy (H) and type 1 diabetic (T1D) males and in groups of different ages and different centers of EMAS.

**Design and Method:** The evaluation of EMAS SFQ of 204 persons: 82 H and 122 T1D patients was performed. The answers to the questions characterizing various domains of sexual activity were analyzed.

**Results:** Results. Eight sexual parameters were counted. The ratio of H males (%) /40 - 49-year-old EMAS males (%) was above 1, except the frequency of erectile dysfunction which is very low in the group of H males and extremely high in the group of T1D males. The results were similar when the 50 - 59-year-old EMAS group was taken in comparison to H males. The H males group shows even more clear predominance while T1D males are similar to 50 - 59-year-old EMAS males. Comparing the results of H males and EMAS males from various centers the rarity of H erectile dysfunction and higher frequency of masturbation become apparent. Other parameters do not show difference in comparison to EMAS centers.

**Conclusions:** Conclusions. The sexuality of H males is above the one of EMAS 40 - 49-year-old males, while the sexuality of T1D males is similar to the sexuality of EMAS 50 - 59-year-old males. The erectile dysfunction is rare and the frequency of masturbation is higher when H males are compared to the various ages EMAS males from different centers.



## Sexually Transmitted Diseases

- P. Mivsek: Sexology in the education of the health professionals
- J. Park, S. Lee, S. Yang, J. Kim, Y. Shin: Could testosterone undecanoate in hypogonadal patients improve anemia, inflammation, and cardiovascular risk factor? An observational, 54-week cumulative registry study
- E. Domínguez, P.L. Villaizán, F. Cabello, J. Del Río, E.M. Bartolomé, M. Larrazábal, J. Calaveras, N. Molina: Demand for sexual counselling from patients with acute coronary syndrome
- M. Colombo, P. Zeppegno, F. D'Andrea, E. Torre: Obesity, anxiety, depression and sexual desire: a study on a sample of obese patients
- S. Nic Gabhainn, H. Young, L. Burke: Sexual behaviour among adolescents in Ireland: findings from the health behaviour in school aged children (HBSC) study
- A. Royneberg, T. Slettvoll Lien: People who buy sex - experiences from our project
- S. Saleh, W.F. Saleh, H.I. Abdelmoty, A.N. Raslan, U.M. Fouda, M.N. Mohesen, M.A. Youssef: reproductive health and HIV awareness among newly married Egyptian couples without formal education

## SEXOLOGY IN THE EDUCATION OF THE HEALTH PROFESSIONALS

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**Objective:** Health professionals deal with different professional situations. Among them are many which encroach on intimate sphere of the patient. The aim of the research was to evaluate the sexology course, integrated in the basic undergraduate education of midwives, who are, when practicing, dealing with different situations that are closely connected to the patients' sexuality.

**Design and Method:** The quantitative research method was adopted. The research tool was questionnaire. The link of the online survey was sent to all members of midwifery alumni club of the only midwifery faculty in Slovenia. The questionnaire was composed of mainly closed questions that used Likert scale in order to gather graduates opinions regarding the sexology course. The online survey was chosen since it provided confidentiality to the respondents.

**Results:** 112 graduates participated in the survey, which gave the response rate of 65%. 97% of participants found sexology subject useful for practice of midwifery. They would like to work in smaller groups and to extend the topics over 3 ECTS. Also contents and methods were evaluated and changes were proposed.

**Conclusions:** On the basis of the response of the participants, we can claim that midwives did find the sexology course applicable for their professional work. Qualitative method could be used in the future in order to gain in-depth information regarding the reflections; especially the topics that should be added in the sexology education. Other profiles could also find the course useful, therefore it should be considered to provide it also for nurses and other health students.

## COULD TESTOSTERONE UNDECANOATE IN HYPOGONADAL PATIENTS IMPROVE ANEMIA, INFLAMMATION, AND CARDIOVASCULAR RISK FACTOR? AN OBSERVATIONAL, 54-WEEK CUMMULATIVE REGISTRRY STUDY

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**Objective:** The aim of this study was to investigate if testosterone undecanoate in patients with hypogonadism attenuates anemia and the risk for cardiovascular disease.

**Design and Method:** A registry study consisted of 58 participants with subnormal total testosterone level (<2.35 ng/ml) and at least mild symptoms of testosterone deficiency. All the patients were injected with 1,000 mg of testosterone undecanoate on initial visit, followed by injection at 6, 18, 30, 42 and 54 weeks. Serum hormones, Hb, Hct, anemia and inflammation relating factors, lipid profiles, whole blood viscosity and anthropometry were measured.

**Results:** Total testosterone (from  $1.87 \pm 1.09$  to  $5.52 \pm 1.92$  ng/ml,  $p < 0.001$ ) and free testosterone ( $p < 0.001$ ) were restored by testosterone undecanoate therapy. Hb and Hct significantly increased after testosterone undecanoate therapy by an average of 2.46 g/dl ( $p < 0.001$ ) and 3.03% ( $p < 0.001$ ), respectively. Prevalence of anemia (from 29.6 to 10.0%) and total cholesterol ( $p = 0.002$ ), hs-CRP ( $p < 0.001$ ), ESR ( $p < 0.001$ ) significantly decreased ( $p < 0.001$ ) and patients with anemia showed a significant increase in erythropoietin ( $p = 0.047$ ) after testosterone undecanoate therapy. Higher whole blood viscosity and increased Hct were observed until 54 weeks compared with baseline, however whole blood viscosity and Hct stabilized after 18 weeks.

**Conclusions:** 54-week testosterone undecanoate decreased the prevalence of anemia and components of metabolic syndrome. A longer duration testosterone undecanoate therapy of more than 18 weeks may be effective and safe in reducing the blood viscosity and improving anemia in the patients with hypogonadism

## DEMAND FOR SEXUAL COUNSELLING FROM PATIENTS WITH ACUTE CORONARY SYNDROME

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**Objective:** To assess whether patients' sexual activity has worsened after suffering an Acute Coronary Syndrome (ACS). To know whether to consider sex important and to have an active sexual life has any influence on the demand for sexual counselling after the episode.

**Design and Method:** The sample consisted of men aged <76 with diagnosis of ACS episode, from September 1st 2014 to August 31st 2015, within the area of The University Health Care Hospital Complex of Palencia. They were appointed by a telephone call to hold a personal interview in which they answered an inquiry ad hoc and the validated Beck's Depression Questionnaire and Sexual Desire and Aversion to Sex (DESEA) Questionnaire. Data were analyzed using the statistical program SPSS Statistics 20.0.

**Results:** Only 30.8% of patients in our sample received sexual counselling after an ACS and 86.5% of those considered it insufficient. After an assessment using non-parametric test for dependent samples and U-Mann-Whitney, we noticed that sexual activity after an ACS has worsened and the fact that those patients consider sex important or have an active sexual life doesn't significantly influence their request for sexual advice.

**Conclusions:** Very few patients have received sexual counselling after an ACS and most of them require more. In our sample of patients, we may guess that this demand could be due to the fact that a significant number of them no longer have a sexually active life. But, considering sex important or having an active sexual life doesn't have any influence on that demand.

## **OBESITY, ANXIETY, DEPRESSION AND SEXUAL DESIRE: A STUDY ON A SAMPLE OF OBESE PATIENTS**

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**Objective:** Evaluate the presence of anxiety and depression in a group of male and female patients, either overweight or obese, after a first medical examination at the dietetics dept. at Ospedale Maggiore in Novara.

Evaluate sexual desire both in autoerotism and in a couple situations.

Evaluate the relationship between sexual desire, anxiety and depression.

Evaluate the perception patients have of their body and the presence of anger (state and trait) analyzing its main components.

**Design and Method:** 100 patients were included in the study. The study protocol consists of: sociodemographic data, HADS, Sexual Desire Inventory, BC Scale and STAXI 2.

**Results:** The levels of anxiety, depression and dissatisfaction on every patient's body are elevated.

There was evidence of low levels of sexual desire in the female sample and normal levels in men.

There were no statistically significant associations between depression, anxiety and low sex drive.

In both sexes there is a tendency to control the rage within.

Men mostly express rage verbally while women express it physically.

**Conclusions:** Proper nutrition is helpful to sexuality and mood.

## SEXUAL BEHAVIOUR AMONG ADOLESCENTS IN IRELAND: FINDINGS FROM THE HEALTH BEHAVIOUR IN SCHOOL AGED CHILDREN (HSC) STUDY

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**Objective:** Tackling adolescent sexual health problems and promoting positive sexual health has been widely acknowledged in health policies across Ireland. Increasingly emphasis is placed on integrating empirical evidence at policy and practice level, however limited data on Irish adolescents' sexual behaviour are available. This study presents the first nationally representative and internationally comparable data on adolescent sexual behaviour in Ireland.

**Design and Method:** Questionnaire data were collected from a stratified national sample of 4494 schoolchildren aged 15-18 as part of the Health Behaviour in School aged Children study.

**Results:** Overall, 28.8% of boys and 22.8% of girls were sexually initiated, with clear age and social class gradients. Substance use and living in poorer neighborhoods were predictive of sexual initiation. While there were no systematic urban/rural differences, living with both parents was protective. Very early sexual initiation (<14 years) was associated with male gender and rural dwelling, and for girls with smoking and cannabis use. Non-use of contraception at last intercourse was reported by 10.5% of boys and 6.8% of girls; with age and social class gradients. Condom use was predicted by self-care behaviours such as physical activity and seat-belt use, but not by substance use.

**Conclusions:** For the first time, data have been collected which improve our understanding of adolescent sexual behaviour in Ireland. The findings highlight the importance of focusing on adolescents as a distinct population subgroup with unique influences on their sexual health requiring specifically targeted policy and interventions.



## PEOPLE WHO BUY SEX - EXPERIENCES FROM OUR PROJECT

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**Objective:** The project aims to prevent human trafficking and the spread of STIs among people who buy sex.

The project is funded by the Norwegian Ministry of Justice and Public Security and the Directorate of Health and Care Services.

**Design and Method:** Our data is based on patient conversations. The service is open for all genders and ages, and for partners of people who buy sex. The patients are offered standard STI testing and given an opportunity to talk to experienced health personnel.

**Results:** Since the implementation in July 2014, we have had about 400 patients.

Many of the patients have concerns related to buying sex and see the service as a possibility to talk about their thoughts and behavior.

The reasons for buying sex are not one-dimensional, but rather complex and vary from loneliness to seeking pleasure.

Diagnosing few incidents of STIs may indicate that people who buy sex in Norway are not at higher risk of contracting STIs, as we may believe.

**Conclusions:** Meeting people who buy sex without prejudice offers a rare opportunity to talk about difficult subjects.

We work systematically to obtain knowledge about people who buy sex and hope this knowledge will give us a better foundation in providing the best services possible, how to reduce the number of people being exploited and reduce the spread of STIs.

## REPRODUCTIVE HEALTH AND HIV AWARENESS AMONG NEWLY MARRIED EGYPTIAN COUPLES WITHOUT FORMAL EDUCATION

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**Objective:** To assess awareness of several reproductive health and HIV issues and to determine the sources of reproductive health knowledge.

**Design and Method:** A cross-sectional survey of 150 randomly recruited, newly married couples without formal education attending gynecology or andrology outpatient clinics in Cairo, Egypt, was conducted from January 2012 to January 2013. Participants were interviewed separately and asked to respond to a semi-structured questionnaire on reproductive health and HIV awareness.

**Results:** Most participants had not received premarital counseling or undergone premarital testing. Awareness about HIV was relatively high: 117 (78.0%) women and 128 (85.3%) men had heard of HIV and had some awareness of the modes of HIV transmission. Only 24 (16.0%) women had ever used a condom compared with 36 (24.0%) men. Only two men out of the 150 couples questioned were aware of the free HIV hotline. Television and friends were the main sources of reproductive health knowledge.

**Conclusions:** Routine premarital counseling and testing by reproductive health, gynecology, and andrology specialists need to be enforced. Mass media is an essential source of knowledge about HIV and reproductive health. Premarital, reproductive health, and HIV education programs need to be improved.

## **Sexuality, Health & Well Being 2, Social Sciences and Sexuality 1**

- T. Strepetova, D. Trotta, G. Florio, L. Cleffi, A. Mangone: Do erotic art and sexuality have something to share?
- L. Kurtz Almog: Changes in sexual orientation after treatment for prostate cancer
- R. Hamilton: Sex after menopause: why not?
- M. Gómez-Lugo, D. Saavedra-Roa, C.P. Pérez-Durán, J. Marchal-Bertrand, J. Tovar-Peña, P. Vallejo-Medina: Reliability and validity of a set of sexual stimuli in a sample of young Colombian heterosexual women
- K. Dawson<sup>1</sup>, S. Nic Gabhainn: Age of first pornography consumption and genital satisfaction among Irish students
- V. Busko, A. Cipric, A. Stulhofer: Social networks and pornography use as precursors of body appearance self-perception and satisfaction
- H. Young, L. Burke, S. Nic Gabhainn: Exploring adolescent sexual behaviour: a pilot study of questions for inclusion in the health behaviour in school aged children (HBSC) study

## DO EROTIC ART AND SEXUALITY HAVE SOMETHING TO SHARE?

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**Objective:** The connection between art and sexuality has always been considered to be solid. Even Freud once said to turn to poets to better understand human sexuality.

While in classical Freudian orthodox psychoanalysis is used to understand and explain artworks, we think that the observation of erotic art can be useful in the understanding of human sexuality.

**Design and Method:** Several painters and their erotic production are object of our reflections. Their artistic creations (paintings, drawings, sculptures, collages etc.) are sometimes direct and explicit, other times conceptual and symbolic.

**Results:** The encounter of the artistic work stimulates, in most cases and in the majority of the viewers, an emotional response. People reactions correlate not only to their personal sexual inner world but also to specific erotic themes.

**Conclusions:** The observation and study of erotic art can be useful in our understanding of sexuality and develop our capacity to relate to our sexuality.

## CHANGES IN SEXUAL ORIENTATION AFTER TREATMENT FOR PROSTATE CANCER

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**Objective:** According to the statistics, one in six men develops prostate cancer.

There are several therapeutic options for prostate cancer. Anti-hormone therapy is one of treatment leading to an 80–90% remission.

A significant percentage of men who received anti-hormonal treatment complain of decreased libido and erectile dysfunction. Similarly, these men may also suffer from hot flashes, weight gain, growth of [male] breast tissue (gynecomastia), lack of energy and initiative, depression and mental disorders.

In this paper, I would like to present a therapeutic case of a man who received sexual counseling at the Israel Cancer Association, and who, upon receiving anti-hormonal treatment, changed his sexual orientation after having contracted prostate cancer.

**Design and Method:** A series of meetings were conducted, encompassing an interview and sexual counseling. The Klein Sexual Orientation Grid (KSOG) was used in order to evaluate the patient's sexual orientation.

**Results:** According to the GRID several parameters such as sexual attraction and sexual behavior were significantly different in the comparison between the past and the present. Parameters such as social preference and hetero/gay style did not change. The remaining results will be presented.

**Conclusions:** Following an analysis of this case, it may be concluded that a person's sexual orientation can change during his lifetime. The hypothesis is that a life-changing event such as cancer, including all the side effects of difficult anti-hormonal treatments, has the potential to evoke a change in the person's overall experience and in his sexual experience in particular.

## SEX AFTER MENOPAUSE: WHY NOT?

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**Objective:** Why do we care whether the menopausal woman engages in – let alone enjoys – sexual pleasure or not? It is surely a very individual area and should be addressed on an individual basis. Today, the majority of menopausal women are busy with work, looking after children and grandchildren and lead fulfilling, busy lives. Why not a great sexual life too?

**Design and Method:** Retrospective analysis of peri and post-menopausal women, experiencing problems related to sexual dysfunction. Detailed sexual health history was obtained, detailing specifics around gynaecological and sexual health screenings and interventions. This gave rise to key factors that displayed sexual dysfunction elements, but once addressed, diminished or resolved the dysfunction.

**Results:** It was found that the majority of women were guarded in discussing sexual problems from a psychosexual framework, however, it remained less challenging to subscribe to the perceived problem being a medical/gynaecological problem. Awareness of age-related health issues and discussion around this influenced appropriate management.

**Conclusions:** Adequate baseline screening is a key concept to address practical impediments and discuss these from a normal aging process. A direct approach, practical information, engagement with the partner and awareness of options around sexual positions and exploration drive these consultations positively. Support and education via linking with a Clinical Psychologist during this process was found to be a key aspect to outcome.

## RELIABILITY AND VALIDITY OF A SET OF SEXUAL STIMULI IN A SAMPLE OF YOUNG COLOMBIAN HETEROSEXUAL WOMEN

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**Objective:** The aim of this research is to validate a set of sexual stimuli in young heterosexual Colombian women. Present study examined women's sexual and affective responses to sexual film clips.

**Design and Method:** Six videos of 6:00 minute-long were used. A total of 24 women were assessed. Objective (photoplethysmograph) and subjective (Multidimensional Scale to Assess Subjective Sexual Arousal) sexual arousal were measured. Also the Self-Assessment Manikin, and some socio-psycho-sexual questions were used.

**Results:** The results showed three sexual excerpts which were clearly superior to the others. These three sexual excerpts generated internally consistent measurements; moreover, good indicators of external validity have been observed with statistically significant differences as expected.

**Conclusions:** It has been shown that with healthy young women these three stimuli produce objective sexual arousal.

## AGE OF FIRST PORNOGRAPHY CONSUMPTION AND GENITAL SATISFACTION AMONG IRISH STUDENTS

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**Objective:** To examine the relationship between early exposure to pornography and genital-related satisfaction among young Irish adults.

**Design and Method:** This study employed cross-sectional survey data from 2,162 University students, of whom 53% were male. Data were collected via an anonymous online questionnaire, which included items on pornography consumption and the Genital Self-Image Scales for females and males.

**Results:** Pornography consumption was reported by 99.7% of males and 89.6% of females. The majority (51.3%) of the male respondents reported being exposed to pornography for the first time between the age of 10 and 13, while the majority of females (54.1%) report first exposure between 14 and 17. For males, exposure to pornography between the ages of 10 and 13 was significantly associated with lower levels of genital esteem, reduced genital appearance satisfaction and greater genital embarrassment, as compared to those first exposed at older ages. In contrast, males who reported first time exposure to pornography over the age of 18 were significantly more likely to report high levels of genital esteem. Among females age of first exposure to pornography was not significantly associated with any of the genital esteem, appearance or embarrassment measures.

**Conclusions:** The results indicate that first exposure to pornography under the age of thirteen is associated with negative genital self-image, for young adult males. The importance of pornography literacy education for young males is thus highlighted.



## SOCIAL NETWORKS AND PORNOGRAPHY USE AS PRECURSORS OF BODY APPEARANCE SELF-PERCEPTION AND SATISFACTION

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**Objective:** Following two complementary theoretical approaches to the study on the development of body appearance (dis)satisfaction, this paper examines the potential role of virtual social networks and exposure to pornography in the processes of body appearance perception and satisfaction.

**Design and Method:** The study is done as a part of an ongoing longitudinal research project focused on the role of sexually explicit material in young people's sexual socialization and health. The analyses to be presented are based on the data collected within the first time point of the project, on the sample of 1278 female second-year high-school students. Key variables included measures of social networks and pornography use, internalization of appearance ideal, body surveillance, and body appearance satisfaction, gathered within the online administration procedures. Structural equation modeling methodology was used to test the hypotheses on the role of body surveillance and internalization processes in the relationship between the measures of pornography and social networks use and the satisfaction with own body appearance.

**Results:** The analyses confirmed partially mediated contribution of the measures of the amount of use of pornography and virtual networks in accounting for the individual differences in body appearance satisfaction.

**Conclusions:** The processes of internalization of appearance ideal, and the measure of body surveillance, seem to have weak but significant mediation role in the relationship between virtual media use and the satisfaction with own body appearance.

This work has been fully supported by Croatian Science foundation under the project 9221.

## EXPLORING ADOLESCENT SEXUAL BEHAVIOUR: A PILOT STUDY OF QUESTIONS FOR INCLUSION IN THE HEALTH BEHAVIOUR IN SCHOOL AGED CHILDREN (HBSC) STUDY

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**Objective:** The Health Behaviour in School-aged Children (HBSC) study is a World Health Organization collaborative cross-national research project which aims to improve understanding of young people's health and wellbeing, including sexual behaviours. Data are collected on a four year cycle from schoolchildren in 43 countries in Europe and North America. Requests for detailed information about adolescent sexual behaviours have prompted the development of new sexual behaviour questions for use in the HBSC study. The aim of this pilot study was to provide guidance on the utility and appropriateness of new sexual health items for inclusion in future HBSC studies.

**Design and Method:** A pilot involving 233 Irish students aged 15-19 years used questionnaires and classroom discussion groups to test the utility and appropriateness of new sexual health items. Twenty-one sexual behaviour questions were developed based on previously validated questionnaires. Questions measured sexual behaviour, romantic experiences and the circumstances surrounding first intercourse.

**Results:** The findings provide feedback on the following dimensions of the proposed items; cultural acceptability, understandability, answerability, skewness, translatibility, relevance and contextual understanding. A test-retest provides further details on the validity and consistency of the questions. Analysis highlights questions which not only have conceptual cohesion within the study and the potential to inform policy but which are understandable, acceptable and of a high priority to the target population.

**Conclusions:** The findings have provided guidance for the mandatory and optional sexual behaviour questions for further HBSC studies. They have informed a standardized protocol which will enable the collection of internationally comparable adolescent sexual behaviour data.

## Social Sciences & Sexuality 2

- E. Almås: Issues of concern in sexology
- A. Attaky, B. Falone Percival: Porn addiction
- R. Pristed: The cultural meaning of sexual pain
- R. Nosedá: From sextasy to chemsex: a leap in the dark's sexual pleasure
- L. Burke, H. Young, M. D'Eath, S. Nic Gabhainn: Consulting with stakeholders about dissemination of sexual health research findings
- P. Mivsek, A. Jug Dosler, P. Petrocnik, T. Skodic Zaksek, M. Klemencic, M. Gantar, A. Cerar, V. Pavlic, K. Obreza: Why is breastfeeding in public still a taboo?
- Z. Ghorashi, E. Merghati Khoei: The religious teaching and women's sexuality construction
- S. Geuens, T. Sagar, D. Jones: Student sex work in the uk: facts & figures
- R. De Visser, J. Richters, C.E. Rissel, A.E. Grulich, J.M. Simpson: Evolutionary and social cognitive models of jealousy: a test in a population-representative sample of adults
- R. De Visser, J. Richters, C. Rissel, A. Grulich, J. Simpson: Which people with bisexual experience identify as bisexual? Insights from a population-representative sample in Australia

## ISSUES OF CONCERN IN SEXOLOGY

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**Objective:** This presentation deal with issues of concern in sexology, as they have appeared in sexological publications in the period between 2001 and 2010.

Examples are concerns about evidence base; on one side there is concern that there are so few randomized and controlled studies addressing psychological approaches and sex therapy in itself. On the other hand, there is concern that sexual problems are too complex to fit into standardized manuals, and that such simplifications cannot give justice to the complexity of sexual problems as they are embedded in culture and personal relationships.

Another issue of concern is the fragmentation of sexology, due to market driven forces that restrict funding to biomedical ways of treatment, leaving more complex, but also more comprehensive treatment methods without funding. It is for example of concern that the number of AASECT certified sex therapists dropped from 928 in 1987 to 392 in 2002.

**Design and Method:** These issues will be addressed based on a systematic literature search for publications on psychological treatment of sexual problems between 2001 and 2010.

**Results:** A total of 261 publications were found, 49 of these concerned therapy as such. Among these, 38 addressed specific treatment methods, and 11 addressed different topics of discussion. This presentation will analyze the 11 articles and the concerns that are discussed.

**Conclusions:** One of the aims is to pinpoint and highlight important issues for the development of better treatment for sexual problems.

## PORN ADDICTION

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Pornography can affect the patterns of life of adults, especially those in terms of sexual behavior and porn consumption, and can have a significant impact on the sexual attitudes and behaviors. Thus;

A) The authors will present a (pre) historic review of the relationship between the Humanity and Sexuality since the last 30.000 years (since the Venus of Willendorf) as prelude to the analysis of the Pornographic worldwide phenomenon.

B) The Authors in this way will show the Structural differences between Eroticism and Pornography focusing later on the character of the Porn Addiction.

C) In effect although the DSM 5 still doesn't include the Porn Addiction, in the USA the phenomenon is largely spread. Studies suggest that 70% of men ages 18 to 34 visit pornography websites and 47% of families say pornography is a problem in their home. A survey conducted in 2008 found that nearly 9 out of 10 (87%) young men and nearly 31% of young women reported using pornography.

The Authors will analyze the process of Etiopathogenesis of the mechanisms inducing the Porn Addiction, the Symptoms and the Treatment Options for who depends on it and for the possible partner involved on it. These cases are relatively frequent in our professional work as Psycho-Sexologist.

## THE CULTURAL MEANING OF SEXUAL PAIN

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This presentation seeks to explore the cultural meaning of sexual pain. The cultural context in this case, being the Scandinavian/Northern European culture; how is it perceived, how is it treated, is it accepted as real, or rejected as “merely psychological”? Is sexual pain compatible with the cultural perception of a “healthy”, “successful” sexuality/body image? Studies show that most women who experience sexual pain, continue the activities that hurt (Laan, ref.). This could be due to psychological or relationship factors, but could also have something to do with the cultural view on pain, and “real” sex as intercourse. This points to intercourse still being the primary sexual activity among heterosexual couples, and also, unfortunately, to sex being something to be endured, not necessarily enjoyed, at least for women. One could wonder what the implications are of treating vulvodynia with lidocaine, enabling intercourse, and merely postponing pain, instead of focusing on non-painful sexual activities, what is the message being sent to both women and their partners?

## FROM SEXTASY TO CHEMSEX: A LEAP IN THE DARK'S SEXUAL PLEASURE

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**Objective:** Drugs and sexual function are intimately linked, and drug history and sexual history are essential components of psychosocial assessment. Today many behaviours aim at exceeding the borders of own devalued reality to get acquainted with the mysterious dimension of a compulsive sexuality or of a sexual boredom.

Whether in the use of ecstasy or in that of methamphetamine we find concepts apparently integrated but distinct with dependence and the addiction in a perspective of reciprocal relapse.

**Design and Method:** This study provides a critical review of the scientific research about the impact on male and female sexual function of psychoactive substances use during sex.

**Results:** The majority of studies about drug use and sexual behaviour seek to understand the link between drug taking and the risk of acquiring syphilis, HIV and HPV. We focused our attention on the number of studies that explore drug use during sex on a more holistic level and including the reasons for initiation and maintenance of particular sexual behaviours.

**Conclusions:** Every analyzed behaviours not always might be, in a nosographic manner, classified as pathological but, rather, problematic. Since the developed analysis turn out that the recourse to binge-sex and to drug's poliuse seems acquire the sociological phenomenon's features that concern either homosexual or heterosexual men. The paper outlines the needs and parameters of future socio-sexological research, which as a primary focus aims the interaction and social relations of drug use and sexual activity.

## CONSULTING WITH STAKEHOLDERS ABOUT DISSEMINATION OF SEXUAL HEALTH RESEARCH FINDINGS

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**Objective:** It is an ethical imperative to disseminate research findings to as wide an audience as possible in a manner that is useable, understandable and appropriate for stakeholders. This study sought to explore and identify appropriate approaches to use with adolescent sexual health survey data among a range of stakeholder groups.

**Design and Method:** A series of qualitative workshops were conducted with groups of young people, parents, youth workers and teachers. Using a semi-structured format, the discussions covered responses to current dissemination formats, information needs, and current and preferred sources and formats of information.

**Results:** All stakeholder groups reported interest in age and gender patterns, but less in social class or other differences within surveys. There was a widespread preference for graphical representations of study findings, rather than text, and a particular emphasis on visual attractiveness among the young people. Opinions varied between groups on preferred formats and use of social media. Young people and youth workers encouraged the involvement of young people themselves in the generation of dissemination materials. Parents and teachers were more concerned with accessibility and particularly that materials would be suitable for photocopying for use with students in classrooms.

**Conclusions:** This consultation provided valuable and constructive insights into suitable approaches to the distribution of research findings to a variety of audiences. Correctly adopted this information has the potential to expand the reaches of survey and other research findings thereby extending knowledge on adolescent sexual health behaviours to a broader audience and across a number of sectors.



## WHY IS BREASTFEEDING IN PUBLIC STILL A TABOO?

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**Objective:** The breastfeeding is highly promoted by the health professionals. However in the first months, in order to be successful, woman has to breastfeed as often as the newborn wants. With this the production of milk is assured. If woman does not want to be socially isolated, she has to breastfeed also in public. However this can still be a taboo and young mothers often feel marginalised. The goal of the study was to estimate the tolerance regarding the breastfeeding in public by Slovenians.

**Design and Method:** The quantitative research method was adopted. The research tool was questionnaire. The link of the online survey was sent to some participants, who were asked to distribute the questionnaire (snow ball sample). The questionnaire was composed of close-ended questions with Likert scale in order to gather participants' attitudes regarding the breastfeeding in public. The online survey was chosen since it provided confidentiality to the respondents.

**Results:** For 3% of participants the breastfeeding in public is not acceptable by any condition. 25% thinks that it is acceptable but only if the breasts are covered. There were distinguishable differences in the answers of women, their partners and other participants.

**Conclusions:** Despite the presumption that our society exceeded the prejudices regarding the breastfeeding in public, the results of the study show that this is still a taboo in the modern society. Probably because the women's' breasts are a strong sex symbol. This symbolic level is hardly vanquished, even with the argument of care for the baby.

## THE RELIGIOUS TEACHING AND WOMEN'S SEXUALITY CONSTRUCTION

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**Objective:** In Iran, sexual understandings are strongly determined by religious teaching among women in particular. The aim of this study was to determine the role of religion on Iranian women's sexual practice evolution. our purpose was to detect women's individual conceptualization of Islamic Shiite principles and their practice upon these conceptualizations.

**Design and Method:** In this qualitative study, 52 married women in their reproductive age were interviewed (n=4) and participated in eight focus group discussions. They were selected from public health centers in Rafsanjan. Emerged data from the interviews and focus group discussions were analyzed using content analysis.

**Results:** Findings are categorized in three major themes: "unconditional obedience", "inconsistency between obedience and virtue", "misunderstandings".

**Conclusions:** Religious teaching has a basic and comprehensive role in sexual behavior construction and sexual health of women. However, occasional inconsistency between believes, learning and sexual expectations, practices and situations would lead to jeopardize the psychological and somatic health of women. Misunderstandings have essential role in making such problems.

## STUDENT SEX WORK IN THE UK: FACTS & FIGURES

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**Objective:** The Student Sex Work Project was set up at Swansea University (Wales) to locate students involved in the sex industry, discover their motivations and needs, and provide an evidence base for the development of policy and practice with regard to the phenomenon.

**Design and Method:** Data was gathered through an online survey. A cross-sectional design was employed. Participation was not randomized. The recruitment of respondents focused on Wales, later extending to the UK. Respondents were recruited through different channels e.g. the NUSE database, strategic campaign, etc. to a total of 6,773 respondents. Ethical approval was granted by the College of Law Research Ethics board at Swansea University.

**Results:** Student involvement in the sex industry in the UK is a fact, both for female and male students. The prevalence of students considering to take up sex work is even larger. Student's motivations for going into sex work range from financial to pleasure oriented.

**Conclusions:** The student sex work project offers the empirical foundation needed in the ongoing political and academic debates on the phenomenon of student sex work. Data provided by the student sex work project debunks several cultural myths about who we imagine to be the 'average' student sex worker.

## EVOLUTIONARY AND SOCIAL COGNITIVE MODELS OF JEALOUSY: A TEST IN A POPULATION-REPRESENTATIVE SAMPLE OF ADULTS

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**Objective:** Evolutionary models posit that jealousy is a sexually dimorphic phenomenon: men worry most about a partner's sexual infidelity and women worry most about emotional infidelity. Social cognitive models emphasize that the presence and size of sex differences varies between and within cultures. Our aim was to examine how sex and other variables affected responses to a hypothetical jealousy-evoking scenario.

**Design and Method:** Computer-assisted telephone interviews were completed by a population-representative sample of 20,094 Australians aged 16-69. Analyses focused on responses to the question 'What would distress you more: imagining your partner forming a deep emotional attachment to another person, or having sexual intercourse with another person?'

**Results:** Among heterosexual respondents, men were most likely to report that they would be most distressed by their partner's sexual infidelity, and women were also most likely to report that they would be most distressed by their partner's emotional infidelity, but only among women aged 20-49 did a majority report that emotional infidelity would be most distressing. Among bisexual and homosexual respondents, most women and men reported that they would be more distressed by emotional infidelity, and men were more likely than women to choose this option. Among all groups, responses were also significantly related to sexually liberal attitudes.

**Conclusions:** The results provide some support for evolutionary models of jealousy, but highlight the importance of considering how responses to jealousy-evoking scenarios are affected by age, sexuality, and attitudes.

## WHICH PEOPLE WITH BISEXUAL EXPERIENCE IDENTIFY AS BISEXUAL? INSIGHTS FROM A POPULATION-REPRESENTATIVE SAMPLE IN AUSTRALIA

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**Objective:** Given ongoing debates about the “reality” and stability of bisexuality, it is important to understand why people with bisexual experiences do or do not identify as bisexual. This paper presents analyses designed to determine which people with bisexual experience identify as bisexual.

**Design and Method:** This paper reports analyses of a population-representative sample of 20,094 Australians aged 16-69 who completed computer-assisted telephone interviews.

**Results:** Overall, 9.4% of the sample reported sexual experiences with male and female partners - i.e., they had bisexual experience. Only 16.1% of these people identified as bisexual, but 74.4% identified as heterosexual. The 1846 people with bisexual experience were more likely to identify as bisexual if they were younger, and did not have a managerial/professional occupation. They were less likely to identify as bisexual if they reported a greater proportion of other-sex partners, and had engaged in more heterosexual behaviors.

**Conclusions:** The findings highlight the importance of current attraction and recent experiences for sexual identity. They raise the question of whether behaviorally bisexual people are most likely to identify as heterosexual because society is heteronormative.



## **Couple and Sexuality**

O. Wahrman Msw, L. Bastaic: Reclaiming our missing sexual selves

## RECLAIMING OUR MISSING SEXUAL SELVES

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**Objective:** Our goal is to show how the Imago relationship paradigm, relates to couples presenting sexual problems.

According to Imago theory, we come into the world whole and complete, with joyful aliveness and potential to grow. To thrive we need messages that support our full potential. Our energy needs to be able to flow freely through all areas of our functioning: being, thinking, feeling, doing and sensing.

In response to repressive messages of socialization, we become anxious about expressing parts of ourselves, which limits or overdevelops our capacity to function in some areas. These parts we've had to let go off, are freezed inside of us. Eventually, we will fall in love with someone who has our frozen parts alive and kicking, which makes them so very attractive.

**Design and Method:** We'll examine the messages we've received overtly and covertly, about sexuality, from our families and our culture, and begin to understand how they impact our sexual selves and sexual expression. Everything will be done dialogically according to the Imago structure

**Results:** We will discuss and let the participants understand and experience why we are attracted to "such someone" and what happens when we take off our pink glasses.

**Conclusions:** We shall look at the negative messages that lead to anxiety about our acceptability, and see how we get access to our lost sexual parts at the beginning of the relationship, how we lose them again during the course of the relationship, and what do we have to do in order to get them back again.