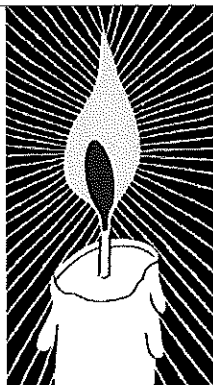


# RAP\* Time



RURAL CENTER *for*  
AIDS/STD PREVENTION

DEPARTMENT OF APPLIED HEALTH SCIENCE

INDIANA UNIVERSITY SCHOOL OF PUBLIC  
HEALTH-BLOOMINGTON

\*Rural AIDS/STD prevention. rap (rap) v. Slang. To talk freely and openly

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## Young, heterosexual men reporting intimate partner violence report greater sexual risk

Research has established associations between intimate partner violence (IPV) and risk factors related to the transmission of the human immunodeficiency virus and other sexually transmitted infections. The majority of studies have focused on the association between exposure to partner violence and STI risk among female victims.

Research has shown that women with a history of IPV victimization, in contrast to those not victimized, report greater STI diagnoses, less consistent condom use, and less sexual exclusivity. Less is known about sexual risk factors among men who use abusive behaviors in their intimate relationships.

This study examined whether and how men with distinct IPV-related behavior patterns differed in sexual risk-related behavior and attitudes.

### Methodology

Data used in these analyses came from a larger study of sexual scripts, sexual risk taking, and violence-related behavior among 334 young, heterosexually active men.

Advertisements were placed on Facebook and Craigslist. Craigslist

ads were posted in varied geographic sites around the U.S. and Facebook ads were tailored to appear on the pages of men within the study target age range.

### Outcomes of the Study

Median age was 21, 95% reported intercourse at least once and 91% reported vaginal intercourse with most recent partner.

Major findings include:

- 68% reported IPV: 20% reported controlling behavior only; 20% reported physically abuse behavior but no sexual coercion; 11% reported sexual coercion but no physical abuse; and 17% reported both violence behaviors.
- IPV groups did not differ by age or socioeconomic status.
- Men in the physical abuse/sexual coercion group indicated highest endorsement of nonmonogamy attitudes.
- 55% reported using controlling behavior, either alone or with physical aggression, sexual coercion or both.
- Men in the physical abuse/sexual coercion group reported greater sensation-seeking scores.
- Men who perpetrated physical abuse and sexual coercion reported the highest number of

lifetime female sex partners.

- Men reporting both physical and sexual abuse reported the highest lifetime STI rate.
- Men with both IPV behaviors reported higher rates of accessing transactional sex.
- Men with both IPV behaviors were more likely to report partner concurrency and less likely to report consistent condom use.

### Implications for Prevention

The study findings extend prior research that links the use of physical and sexual aggression in relationships to sexual risk factors among heterosexually active men. IPV were linked to sex-related cognitions and relational and nonrelational sexual risk taking.

Men seeking sexual healthcare should be screened for IPV-related behaviors. Findings highlight the need to account for IPV perpetration or victimization in developing sexual risk reduction interventions.

### SOURCE:

Casey, E., A., et al. (2016). Patterns of intimate partner violence and sexual risk behavior among young heterosexually active men. *Journal of Sex Research*, 53, 239-250.

## HPV self-collected testing received well in rural community

A major advantage of HPV testing is that it can be self-administered. This study assessed the initial reaction and perception to HPV self-collected testing.

Four focus groups of women, ages 18-70, were conducted in rural Ontario, Canada, to discuss cervical cancer screening.

HPV self-collected testing was considered as a method that addresses logistical (e.g. inconvenient clinic hours) and procedural barriers (e.g. lack of social distance in a small town). Findings showed that this testing method does not address barriers related to cervical cancer knowledge. Younger women were more skeptical of self-collection and HPV testing than older women. Women identified issues related to test reliability, confidence in self-collection, and education about testing that would need to be addressed prior implementation.

HPV self-collected testing was perceived as a facilitator for screening and was well accepted.

SOURCE: Racey, C. S., & Gesink, D. C. (2016). Barriers and facilitators to cervical cancer screening among women in rural Ontario, Canada: The role of self-collected HPV testing. *The Journal of Rural Health, 32*, 136-145.

## Chlamydial infection was strongest risk factor for PID

Pelvic inflammatory disease (PID) is common, often has no symptoms, and can cause tubal infertility, ectopic pregnancy and chronic pelvic pain. This study identified risk factors for PID in female students.

2529 sexually experienced, multiethnic, female students from 11 universities and 9 colleges in London, UK, provided self-taken vaginal samples and completed questionnaires.

Of 2004 participants who reported numbers of sexual partners during follow-up, 32 were diagnosed with PID. The strongest predictor for PID was *Chlamydia trachomatis*. Multiple or new sexual partners in the last 12 months, younger age and attending a college rather than a university were also predictors. Bacterial vaginosis and *Mycoplasma genitalium* infection were not significantly associated with PID after adjustment for baseline *C. trachomatis*.

Sexual health education and screening programs should be targeted at the high-risk groups like those identified in this study.

SOURCE: Hay, P. E., et al. (2016). Which sexually active young female students are most at risk of pelvic inflammatory disease? A prospective study. *Sexually Transmitted Infections, 92*, 63-66.

## Vaccine-type HPV decreased by 75% among all women

1180 women, ages 13-26 years, were recruited from community clinics prior widespread HPV vaccination introduction. Vaccination rates increased from 0 to 59% to 71% over three waves. Over the first 8 years after HPV vaccination introduction, vaccine-type HPV decreased 75% among all women, demonstrating high effectiveness in a community setting even among sexually experienced women who may have been exposed to HPV.

SOURCE: Widdice, L.E., et al. (2016). Epidemiologic impact of HPV vaccination and evidence for herd immunity over the first 8 years after vaccine introduction in a community. *Journal of Adolescent Health, 58*, S9.

## Zika passed via anal sex involving two men

The first cases of Zika virus sexually transmitted between two men via anal sex was reported in Texas in February, 2016. Until then, at least five cases of male-to-female transmission were reported.

SOURCE: CDC. (2016). Male-to-male sexual transmission of Zika virus--Texas, January 2016. *MMWR, 65*, 372-374.

**RAP\* Time** is a monthly AIDS and other sexually transmitted diseases prevention bulletin published by the Rural Center for AIDS/STD Prevention (RCAP) at Indiana University, Bloomington.

RCAP is located within the Department of Applied Health Science, Indiana University School of Public Health-Bloomington. The major focus of RCAP is the promotion of AIDS/STD prevention in the American rural communities, with the goal of reducing HIV/STD incidence. RCAP began operations on March 1, 1994.

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