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THE NORWEGIAN SAR/SSA

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Objective: The objective is to describe the Norwegian SAR/SSA as a version of the original SAR.
Design and Method: SAR is an acronym for Sexual Attitude Reassessment and Structuring, a name for a training event developed by Ted McIlvenna and Laird Sutton in San Francisco in the 1970’s. SAR is part of professional education in sexology, and is a requirement for certification at American Association for Sexuality Educators, Counselors and Therapists (AASECT).
In the Nordic countries SAR has been adapted and renamed as SSA (Sexual Self Acknowledgement) based on a realization that the culture has changed since the 1970´s, and other requirements are necessary. There is less focus on explicit erotic films, as this has become a common experience by most people in the Nordic countries, and more focus on own attitudes, prejudices, and knowledge about sexual expressions.
Results: There is no unified version of the Nordic SAR/SSA, but there is a requirement by the Nordic Association for Clinical Sexology to have had 25 hours SAR/SSA for authorization as Specialist in Sexological Counselling, and 48 hours SAR/SSA for authorisation as Specialist in Clinical Sexology. The Norwegian version of SAR/SSA is an ongoing process over two years, integrated in a further education program of 60 ECTS at the University of Agder. This process focuses on development of sex positivity, comfortability with different sexual cultures and subcultures, development of active empathy, and avoidance of burn-out.
Conclusions: The elements of the Norwegian SAR/SSA will be presented

SEXUALITY AND MENTAL DISEASE: PSYCHOEDUCATION INTERVENTION IN EGAS MONIZ DAY HOSPITAL

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Objective: Needs assessment in the field of sexual intervention from the perspective of mental health professionals and patients;
Planning and implementation of a psychoeducation intervention in the context of sexuality in line with the needs previously identified.
Design and Method: This study was conducted with a convenience sample of 6 mental health professionals and 18 patients in the Psychiatric Day Hospital Egas Moniz. Following authorization of the Hospital Scientific Commission, and participants’ informed consent, a General Questionnaire and the Inventory about Sexuality Themes (IST) (Morbeck & Estrela, 2014) were implemented on a voluntary base.
Results: Results of IST showed that both groups, professionals and patients, considered important to address the following topics: prescription drugs and sexuality, sexually transmitted diseases, violence and sexual harassment, sexual orientation, contraception, expression of affectivity. In addition, only the patients considered important to address sexual dysfunction and love.
Based on the needs assessment, 4 psychoeducation group sessions were planned and implemented with the Day Hospital patients to establish objectives and group dynamic, to identify additional needs, to approach and clarify two topics previously identified as relevant and to clarify doubts and to consolidate the recently acquired knowledge.
Conclusions: It was concluded that intervention in the area of sexuality is needed. Moreover, psychoeducation method allows, through a context of sharing and participation, to inform and to clarify patients’ doubts in the area of sexuality. Psychoeducation sessions function as a catalyst prompting the patients to approach negative experiences about sexuality in the context of individual psychotherapy.
Therefore, sessions efficiently complemented the psychotherapy intervention.

UNEXPLAINED INFERTILITY AND SEXUAL DYSFUNCTION AMONG INFERTILE - SOUTH INDIAN WOMEN

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Objective: Aim of our Study:
- Prevalence of FSD in Unexplained infertility group.
- To study relationship of Unexplained infertility to the various domains of Sexual dysfunction.

Design and Method: Female Sexual Function Index (FSFI):
- 19-item FSFI questionnaire
Duration of Study – 1 year (March 2016 to April 2017)
Total number of Persons - 71 Infertile Couples
- Cronbachs alpha coefficient was calculated to evaluate reliability of questionnaire
- The primary outcome measure in the study was to assess sexual function in unexplained infertile couples

Results: In our study mass group is affected by sexual dysfunction in unexplained infertility group
Total no. of unexplained infertility patients studied is 71
FSD = 45 (63.5%)
Normal = 26 (36.5%)
Distribution of Sexual Dysfunction - Domains:
DESIRE - Dysfunction : 83.1% (59), Normal : 16.9% (12)
LUBRICATION - Dysfunction : 91.5% (65), Normal : 8.5% (6)
ORGASAM - Dysfunction : 73.2% (52), Normal : 26.8% (19)
SATISFACTION - Dysfunction : 50.7% (36), Normal : 49.3% (35)
PAIN - Dysfunction : 87.3% (62), Normal : 12.7% (9)

Conclusions:
- In our study lubrication is main problem found among unexplained infertility group. Which means lack of desire. Which most important in act of sex.
- Although the patients say they have normal sexual function.
- A specialist must explore in depth of sexual function of unexplained infertility patients using a FSFI questionnaire
- Once a sexual problem is identified and properly diagnosed. Counselling and treatment should started

DEPRESSIVE MOOD AND SUICIDAL THOUGHTS IMPROVEMENT: A VALUABLE OUTCOME OF PENILE PROSTHESES FOR SEVERE ERECTILE DYSFUNCTION

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Objective: Erectile dysfunction (ED) is a prevalent entity with a biopsychosocial impact requiring a complete assessment and a personalized treatment. However, although different therapeutic approaches can be used and associated, approximately 10% of patients do not respond to medical treatment. Hopelessness and despair can then become apparent. Penile prostheses are safe and a valuable treatment option for those who do not respond to other treatments.

Our aim is to evaluate the impact of penile prostheses on depressive symptoms.

Design and Method: Interview with patients who underwent penile prosthesis implantation between January/2011 and December/2017 at Centro Hospitalar e Universitário do Porto, using the Hamilton Depression Rating Scales (HAM-D). Exclusion criteria comprise previous psychiatric disorders, major life events or starting anxiolytics/antidepressants after surgery. Statistical analysis was performed on STATA™13.1, through paired t-tests and Wilcoxon tests.

Results: During this period, 17 penile prostheses were implanted. We interviewed 14 individuals (three were excluded) with 60±7 years old and 32±18 months of follow-up. Regarding the HAM-D score, there was a 54.3% reduction from baseline (p=0.01). At baseline, owing to ED, 81.8% had mild to moderate depressive symptoms. After the procedure, 72.7% had a score within the normal range (<8), meaning no depression according to the screening test (p=0.01).
Subscales Suicidal Thoughts, Depressed Mood, General Somatic Symptoms and Genital Symptoms have all significantly improved (p<0.05). Global satisfaction with the prosthesis was 91.7%. There were no significant differences adjusting for age, comorbidities, and follow-up time.

**Conclusions:** In selected patients, penile prostheses prompt high satisfaction levels and greatly contribute to lessen ED-related depressive symptoms.

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**Oral Papers 2**

**ALTERNATIVE RELATIONSHIPS AND SEXUAL BEHAVIORS**

**CONSENSUAL NON-MONOGAMY: A SCALE ADAPTATION AND VALIDATION, PRELIMINARY PSYCHOMETRIC PROPERTIES AND ASSOCIATIONS WITH RELATED CONSTRUCTS**

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**Objective:** Research on consensual non-monogamy (CNM) has been focusing on predictors and outcomes of CNM behaviour, and less on CNM attitudes and intentions, especially from individuals who never engaged in this type of behaviour. At the measurement level few studies report full psychometric analyses of scales addressing attitudes and intentions towards CNM. We adapted and validated a CNM scale that taps attitudes and intentions and relationship type of individuals that have or have not previously been involved in CNM behaviors. Also, we determined the scale sensibility and convergent/discriminant validity regarding other constructs, namely sexual boredom, sexual self-control, and intentions towards infidelity.

**Design and Method:** We conducted an online cross-sectional study with 428 participants. They were as follows: 67.5% women; Mean age = 26.07, SD = 10.56; 87.9% declared themselves as heterosexuals; 49.3% were single in a relationship and 26.9% were married or in a de facto union; 95.5% were in a monogamous relationship.

**Results:** The analyses of the psychometric qualities of the CNM scale showed a two-factor structure (f1-attitudes and intentions; f2-relationship type) with good internal consistency (respectively a=.80, a=.77). Factor mean scores were significantly below the mean, and men tended to score higher than women on both factors. No differences were found according to age and relationship status. Both factors correlated positively with sexual boredom and intentions towards infidelity, and negatively with sexual self-control.

**Conclusions:** These results support the use of a new psychometrically sound CNM scale for use in future research Also, they evidenced how CNM associate with other proximal constructs.

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**EXAMINING REGULATORY FOCUS IN SEXUALITY TO UNDERSTAND CONDOM USE INTENTIONS**

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**Objective:** According to Regulatory Focus Theory, individuals in a prevention focus are oriented for security and avoid losses, whereas individuals in a promotion focus are oriented for advancement and achieve new opportunities. In two studies, we extended this to sexual behavior, by developing a new measure of Regulatory Focus in Sexuality (RFS), and testing if and why RFS was associated with greater intention to use condoms.

**Design and Method:** In Study 1 we adapted items from two measures of Regulatory Focus to the context of sexual behavior and presented participants with this measure along with other control measures. In Study 2 we presented the final RFS measure, along with a measure of perceived health threat, and intentions to use condoms with casual and regular sex partners in the next 3 months, along with other control measures.

**Results:** Results showed the RFS to have good psychometric properties (Study 1). Furthermore, individuals with a predominant focus on sexuality prevention (vs. promotion) were more likely to report their intentions to use condoms in the next 3 months with both casual and regular sex partners. This occurred because these individuals were more aware of potential threats to their own sexual health. However, these findings were observed only among individuals without, but not with a romantic relationship (Study 2).

**Conclusions:** Prevention (vs. promotion) focused individuals are more oriented to avoid risky behaviors to protect their health. This was reflected on the greater intention to use condoms in the next 3 months, as a
mean to prevent sexual transmitted infections.

SEXUALITY AND EMOTIONS: A STUDY ON THE ITALIAN BDSM POPULATION

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Objective: In the vast and complex field of sexuality, this research will take into account a population usually considered ‘underground’: people who participate in BDSM activities. In the mainstream imaginary this population is often considered to be closer to the psychopathological area and risky behaviors.

Design and Method: This research compares the results of a protocol assessing constructs such as impulse control (SES/SIS), alexithymia (TAS-20) and empathy (TEQ) between the BDSM (with a sample of 365 subjects both males and females), and the general population. The aim is to seek the extent of the individual propensity for sexual excitation and inhibition, and the ability to recognize and name emotions in oneself and in others, to shed light on the dividing line between what are considered common and unusual sexual behaviors. Gender and role in the BDSM scene (Dom, Sub, Switch) have been considered as independent variables.

Results: Findings were found to be close to the general population, stating for example that women are more empathic than men, and that the male group tends to be more dominant that the female one. The group of submissives males is the only exception, with interesting results in the sexual inhibition area, which may depend on the social script.

Conclusions: These findings confirms that the difference between the BDSM and the general population is not significant, and not in line with the mainstream social perception of this population to be incline to risky and unemotional sexual behaviors.

THE EXPERTS DISCOURSE ON POLYAMORY IN THE POLISH MEDIA

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Objective: How do the experts in psychology tackle the growing interest in polyamory? In our presentation we will demonstrate the ways in which polyamory is described and evaluated by Polish psychologist and sexologists in popular media.

Design and Method: Complementary to presenting a content analysis of the expert discourse on polyamory we will provide remarks concerning rhetorical and linguistic strategies used by the specialists to convey and legitimize their expertise and authority. In particular, we will concentrate on the irresistible urge to provide not only a scientific explanation of the new social phenomenon but also the moral assessment of it.

Results: We will submit evidence of the processes of psychologization and pathologization of polyamory. We will further demonstrate that the main psychologizing strategies used by the experts (e.g. associating interest and engagement in polyamorous relationships with pathological personal history or proclaiming negative psychological impact of such relationships) aim primarily at proving that polyamory is detrimental to relational health.

Conclusions: In conclusion, the expert discourse on polyamory in popular Polish media serves to maintain the socially sanctioned hegemony of monogamy.

INTEREST IN BDSM/FETISHISM AND ROMANTIC RELATIONSHIPS: PRELIMINARY RESULTS

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Objective: The purpose of this study is to understand what challenges people interested in BDSM/fetish perceive they face within romantic relationships.

Design and Method: This cross-sectional qualitative study takes a participatory research approach. The questionnaire was developed in collaboration with members of the Portuguese BDSM/fetishist community
and was available through an online platform. After approval by the IRB and pilot testing, links to the questionnaire were distributed within the BDSM/Fetishists forums, newsletters, and closed groups within social networks, but also in generalist social networks and via snowballing. There were 103 responses. In this study we focus, via thematic analysis, on participants’ perceptions of unique challenges posed to people who are interested in BDSM within the context of their romantic relationships.

**Results:** The participants had in average 34.04 years old, 54 male (M=34.81) and 49 female (M=33.48), of the participants 44 males and 35 females had responded interest and/or practiced BDSM/fetishism. Thematic analyses were conducted on 57 informative responses and highlighted that self-disclosure and acceptance of BDSM/fetishism were a major concern, with challenges in maintaining a relationship with a person with no interest in BDSM/fetishism.

**Conclusions:** Mismatched expectations about how to interact sexually with partners are complex and non-dichotomous (e.g.: when partners are kinky but their preferences are similar rather than compatible). There is a tendency to morally invest non-kinksters as being less ‘open’, and kinksters often disavow responsibility in terms of mismatched expectations sometimes with implicit moral superiority. This can be seen as a reaction to stigma around BDSM/fetishism, but it can also hamper interpersonal acceptance.

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**Oral Papers 3**  
**BASIC AND APPLIED RESEARCH**

**ITALIAN WOMEN AND SEX TOYS: AN OBSERVATIONAL STUDY**

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**Objective:** To understand how many women use sex toys, how they do it and what the effects on sexuality are.

**Design and Method:** The Erosfem study is dedicated to female sexual pleasure. Data were collected by compiling an online questionnaire and the FSFI index was used to study sexual function. The sample consists of 1264 women aged between 18 and 50 however the 70% of them is under 36 years of age. The majority of the women involved in the study have a high level of education and perform an intellectual type of occupation. From a relational point of view, more than 2/3 of the sample is involved in a relationship and about 60% had a number of sexual partners above 3.

**Results:** 46% of Italian women who took part in the Erosfem study use vibrators or other objects to stimulate themselves sexually. Sex toys are used by introducing them into the vagina or by stimulating the clitoris or in both ways (99.8%); 36% of the sample use them alone, 24% with the partner and 40% in both ways. In most cases (60.1%) the use of sex toys has positive effects on orgasm: in 34.3% it facilitates the achievement and in 25.8% it increases the intensity.

**Conclusions:** The use of sex toys is quite widespread among the Italian women represented in the Erosfem study, probably because it increases the erotic pleasure and makes the couple’s sexual experience more satisfying.

**HOW AFFECTIVE RESPONSES TO PORNOGRAPHIC PICTURE CUES EFFECT THE SEVERITY OF SYMPTOMS OF AN INTERNET-PORNOGRAPHY-USE DISORDER**

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**Objective:** Many authors consider Internet-pornography-use disorder (IPD) as behavioral addiction and discuss similarities to substance-use disorders. Mechanisms that have been studied intensively in substance-use and other addictive disorders are an enhanced attentional bias and craving towards addiction-related cues. Attentional biases are described as cognitive processes of individual’s perception caused by conditioned responses. We assume that the effect of attentional bias on symptoms of IPD is mediated by craving.

**Design and Method:** We conducted a sample of 174 participants. Attentional bias was measured with the
Visual Probe Task, in which participants had to react on arrows appearing behind pornographic or neutral pictures. Additionally, participants indicated their craving induced by pornographic pictures. Furthermore, symptoms of IPD were measured with the short-Internetsex-Addiction-Test.

**Results:** In the mediation model, attentional bias had a direct effect on IPD symptoms and on indicators for craving. Additionally, there was a direct effect from craving on IPD. Overall, attentional bias showed an indirect effect on IPD symptoms indicating a partially mediation over indicators craving with an explanation of 24.1% of the variance in the IPD symptoms.

**Conclusions:** The results support theoretical assumptions of the I-PACE model that in individuals prone to develop IPD symptoms implicit cognitions as well as cue-reactivity and craving arise and increase within the addiction process. Moreover, results are consistent with studies addressing cue-reactivity and craving and attentional bias in substance-use disorders and underline the importance of incentive salience of addiction-related cues.

THE VARIABILITY OF COITAL ORGASM IN A SAMPLE OF ITALIAN WOMEN

**Objective:** The aim of this study was to investigate the ability of women to achieve an orgasm during penetration, specifically assessing the role of clitoral stimulation and investigating the importance of penis length vs. feelings towards the partner in achieving an orgasm during coitus.

**Design and Method:** A sample of 1264 Italian women, aged between 18 and 55 years old, completed an anonymous Internet-based questionnaire designed by A.I.S.P.A. The sample mainly consisted of young women, with a high level of education, the majority of which was living alone and had sexual experiences with more than one partner.

**Results:** Although 88% of the sample was able to achieve an orgasm during penetration, less than 50% of these women were able to do it without simultaneous clitoral stimulation. These findings differed from Brody’s 2011 findings according to which 83% of Czech women were able to achieve vaginally activated orgasms without simultaneous clitoral stimulation (VAO). The majority of women of our study stated that the size of the penis was not very important to achieve a vaginal orgasm and that, among different penises characteristics, they preferred circumference. Furthermore, more than 60% of the women reported that the feelings towards their partners were more important than penis size.

**Conclusions:** Even if eighty-eight% of the women in the study were able to achieve an orgasm during penetration, more than half of them needed simultaneous clitoral stimulation. Moreover, the feelings towards their partner seemed to play a key role in achieving an orgasm during penetration.

IMPULSIVITY IN MALES WITH TENDENCY TOWARDS INTERNET-PORNOGRAPHY-USE DISORDER: A FOCUS ON DELAY DISCOUNTING AND CRAVING

**Objective:** Hypersexual behavior with a focus on Internet-pornography is considered one type of specific Internet-use disorders, i.e. Internet-pornography-use disorder (IPD). Following a recent theoretical model on the development and maintenance of specific Internet-use disorders, the loss of control over the Internet use results from the interaction of predisposing, affective, and cognitive factors. The decision-making style with a preference for short-term rewarding behaviors (e.g., delay discounting) as well as craving responses are central to this model. The current study investigates the interaction of delay discounting and craving in explaining symptom severity of IPD.

**Design and Method:** An online study with 146 heterosexual male online-pornography users was conducted. Participants performed a delay discounting task. Baseline craving and symptom severity of IPD were assessed by questionnaires.

**Results:** While baseline craving is correlated with symptom severity of IPD on a bivariate level, delay discounting and symptom severity of IPD is not. However, a moderated regression and simple slope analyses show that participants who preferentially select immediate rewards rather than delayed rewards and who show higher baseline craving also indicate higher symptom severity of IPD.
Conclusions: Results indicate that decision-making style in interaction with affective factors such as baseline craving explain symptom severity of IPD. Therefore, results are consistent with recent theoretical models and need to be discussed in the context of potential neural mechanisms.

MANIPULATING EXPERIMENTALLY WITH SEXUAL DESIRE – THE IMPACT OF INNER SEXUAL FANTASIES

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Objective: Recent models of sexual response have challenged the traditional view of spontaneity of sexual desire and argue that desire is context specific and not so obviously spontaneous. However, the Inner responsive desire has been theorized mainly with regard to women’s sexuality.

Design and Method: For measurement of sexual desire, I distinguished state and trait levels of desire and applied Imagined Social Situation Exercise (ISSE) measures.

Results: The trait level of sex desire was significantly different for men and women and state sex desire before the experiment was equal. The sex manipulation changed sex desire level compared with the controls and surprisingly it worked equally for both men and women.

Conclusions: Based on my results I can conclude that state and trait desire levels are similar for men and women and applying ISSE really increases state level of sexual desire. No sex differences were found and it seems that trait and state levels of sexual desire work relatively independently from each other.

STOP SEXUAL VIOLENCE IN NIGHTLIFE

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Objective: Reliable data about sexual violence is scarce, particularly in nightlife environments. The nature of sexual violence in nightlife(SVN) is: unwanted sexual contact; unwanted non-contact sexual attention or harassment; rape or attempted rape; coerced sexual activity or the surreptitious provision of alcohol & drugs; engaging in sexual activity with someone who is unable to give consent due to intoxication through alcohol or drug use; sexual exploitation like providing underage access to clubs in exchange for sexual favours. The prevalence of SVN could be related with: highly sexualised environments; alcohol/drug use; opportunistic; misperceptions; predatory; or social norms. Few studies evaluating impact of interventions to prevent SVN. Interventions may include: awareness raising (to alter social norms, increase intervention & reporting, sign post to support); Bystander training programmes (prevent, identify, intervene, support)

Design and Method: Stop Sexual Violence in Nightlife aim to build capacity with nightlife staff to identifying & preventing sexual harassment & violence in nightlife environments applying awareness raising and bystander approach. Pre-post research design: 3 sessions with each group of nightlife staff; no control group.

Questionnaire and participatory data assessment

Results: On-going research
Assessment before and after to show effectiveness of training in:
1. Improving knowledge around sexual violence
2. Reducing attitudes that promote sexual violence
3. Improve bystander intention & confidence to intervene

Conclusions: Previous data show effectiveness and participants are confident to intervene. This program can be expanded, especially for communities where the night industry is very strong to reduce levels of SVN across the intervention area.

THE EFFICIENCY AND EFFECTIVENESS OF ‘BODY-MIND CONNECTION THERAPY’ IN THE TREATMENT OF LIFELONG VAGINISMUS

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Objective: Vaginismus is commonly described as a persistent difficulty in allowing vaginal entry of a penis or
other object, despite the woman’s expressed wish to do so. Lifelong vaginismus occurs when a woman has never been able to have intercourse starting from her first sexual experiences. Various therapeutic strategies for vaginismus, such as sex therapy, Botulinum toxin and desensitisation, have been proposed. The aim of this study was to investigate the effectiveness of Body-mind connection therapy (based upon Doctor’s in vivo exposure and direct intervention on the woman’s body) for women suffering from lifelong vaginismus.

**Design and Method:** The author presents data from 315 therapies for lifelong vaginismus composed by two steps. In the first step the female participant performed vaginal penetration exercises on herself in the presence and with the direct help of a male therapist. In the second step the couple performed at home vaginal penetration exercises on themselves.

**Results:** More than 95% of the women were able to achieve full vaginal penetration with the penis of the partner. The mean duration of the treatment was between 8 and 9 therapy sessions.

**Conclusions:** Body-mind connection therapy, through the therapist in vivo exposure and the direct intervention on the woman’s body, can lead to change quickly the catastrophic beliefs related to penetration through the activation of corrective emotional experiences and the construction of a correct genital map representation in the brain cortex. It appears to be an effective and quick treatment for lifelong vaginismus.

**MEASURING SEXUAL AROUSAL MODES: A PILOT STUDY**

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**Objective:** The Sexocorporel Sexual therapy distinguishes different acquired patterns of movement and stimulation, so called ‘sexual arousal modes’. This applies for self stimulation as well as for sex with a partner and includes the use of muscle tension, rhythms and breathing. Until today the therapist evaluates the different arousal modes in the session. In this study we try to develop a questionnaire based on observations in the field.

**Design and Method:** In our pilot, 50 men aged between 18 and 62 years (M = 38.95, SD = 11.95) took part in our online questionnaire about different aspects of using the body to increase sexual arousal.

**Results:** Preliminary results show two different factors, one for tension and one for motion. High body tension is associated with less excitement before and during sexual intercourse, and worries about sexual performance. In contrast, more body and pelvic motion correlates with the frequency and intensity of enjoying intercourse and higher sexual satisfaction.

**Conclusions:** Our results confirm the link between the musculoskeletal system, sexual function and experiences. It is therefore necessary to foster body awareness when promoting sexual health and to include bodywork as core method in sexual counselling. This is the case in the practical techniques of Sexocorporel, and arousal modes might be assessed in an economical way by using this instrument.

**DIVORCE HURTS: BODILY PAIN DURING MARRIAGE DISSOLUTION**

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**Objective:** The aim of the study is to evaluate bodily pain experienced during divorce, compare bodily pain levels to normative data and analyze if age, somatization, anxiety, and depression can explain the reported pain levels.

**Design and Method:** These results are part of a larger one-year longitudinal study and are from the baseline phase. 2,500 literate Danish citizens who were divorced between November 2015 and December 2017 responded to an online questionnaire. The survey included the Bodily Pain subscale of the Short Form (36) Health Survey (SF-36), the Somatization, Anxiety and Depression subscales of the Symptom Checklist 90 (SCL-90) and socio-demographic information.

**Results:** Participants had significantly higher bodily pain levels than the United States and Danish normative data within the magnitude of these differences being large in size. Age, somatization, and anxiety explained
approximately 35% of the variance of bodily pain while depression was not found to add significantly to the
explained variance of bodily pain.

Conclusions: Newly divorced participants report very high levels of physical bodily pain during divorce
compared with normative data. These results are consistent with previous research into social rejection and
bodily pain. The findings may imply that marriage dissolution is an experience of social rejection and can
involve feeling pain. Thus, suggesting that “heartbreak” could physically manifest as bodily pain.

WOMEN’S BELIEFS, VIEWS AND IDEAS ABOUT SEXUAL ASSERTIVENESS IN A LATIN AMERICAN
CONTEXT: A FOCUS GROUP STUDY

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Objective: The present study aimed to explore the perception of and views, ideas and beliefs about Sexual
Assertiveness (SA) in young adult women in Cuenca (Ecuador).

Design and Method: A qualitative study was conducted in which seventeen young adult women who were
in a committed relationship participated in focus groups discussions. Data were analyzed using a
constructivist grounded theory approach.

Results: The analysis of the data resulted in five domains that explain women’s views about SA: (1)
opposite gender role schemas; (2) concerns about the partner’s thoughts and reactions if they would show
sexual desires; (3) gendered attitudes and expectations about who’s responsible for the use of contraceptive
methods; (4) talking about sexual history is challenging between two partners; (5) reproduction of family
patterns.

Conclusions: The findings are discussed within the existing body of knowledge and highlight two trends: 1)
traditional Latin American contexts prescribe unassertive behaviors in women (marianismo as the
counterpart of machismo in men) within their intimate relationships; and 2) there are changes occurring in
gender role schemas in Ecuador. Limitations and suggestions for future research are also described.

THE ASSOCIATION BETWEEN PARTNER’S SEXUAL PROBLEMS AND SEXUAL SATISFACTION
AMONG OLDER ADULTS IN FOUR EUROPEAN COUNTRIES: EXPLORING THE MEDIATING EFFECTS
OF EMOTIONAL INTIMACY AND SEXUAL ACTIVITY

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Objective: The purpose of the study was to explore the relationship between partners’ sexual problems and
sexual satisfaction among older partnered adults in Norway, Denmark, Belgium and Portugal. Is there an
association between having a partner with sexual problems and sexual satisfaction across countries and
sex? To which extent does perceived emotional intimacy with the partner, and frequency of sexual
intercourse, affect the relationship between the partner’s sexual problems and sexual satisfaction?

Design and Method: A cross-sectional survey including probability samples of 60–75 year-olds in Norway
(676 men, 594 women), Denmark (530 men, 515 women), Belgium (318 men, 672 women), and Portugal
(236 men, 273 women). Data were collected by means of anonymous postal questionnaires.

Results: In both men and women in all countries, there were moderate to strong bivariate correlations
between the partner’s sexual problems, frequency of intercourse, and perceived intimacy with the partner,
and sexual satisfaction. A multiple, linear regression analysis showed that the partner’s sexual problems was
negatively associated with sexual satisfaction, and was partly mediated by the frequency of sexual
intercourse and the perceived emotional intimacy with the partner in all countries.

Conclusions: Having a partner with sexual problems reduces sexual satisfaction in older adults of both
genders across countries. However, feeling emotional intimacy with the partner, and having sexual
intercourse more often, seems to influence the impact of the partner’s sexual problems.
SEXUALITY AND MARITAL SATISFACTION IN FERTILE AND INFERTILE COUPLES

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Objective: Fertility plays an important role in sexual life and in couple adjustment. Infertility can result in major emotional, social, and mental disorders, including a reduction in satisfaction with marital and sexual life. We aim to explore the quality of marital satisfaction and sexual life in fertile and infertile couples.

Design and Method: We compared a sample of 70 couples with primary and secondary infertility with 70 pairs without infertility problems. Participants separately completed the Erotic Imaginary Questionnaire (EIQ) (Panzeri, Fontanesi, 2015), the Italian version of the Dyadic Adjustment Scale (Spanier, 1976; Gentili, 2002) and a questionnaire on sexual habits. The sample of infertile couples was recruited at a center for the diagnosis and treatment of infertility in Naples, control couples were recruited at a gynecological clinic.

Results: Results showed no significant differences between the two groups regarding demographic and general health variables. Findings demonstrated that infertile couples obtained significantly higher mean scores in the DAS subscales and total score (P<0.001), as well as lower mean scores in EIQ factors and sexual habits, compared to the control ones (P<0.001). However, regression analysis showed that quality of couple adjustment decrease during time, as reported in literature.

Conclusions: Results showed that infertile couples disclose a poor sexual life than controls but a better dyadic adjustment, in contrast with previous literature. Therefore, holding consultation programs and focus studies should be necessary to promote and improve sexual life and sexual satisfaction of infertile couples.

STRESSFUL DIVORCES: NEW PARTNERS AND INITIATOR STATUS

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Objective: The objective of the study is to analyze relationships between perceived stress scale scores (PSS) during divorce, sexual identity, new partner status, and divorce initiator status. Further, to compare PSS with Danish norm data.

Design and Method: 2,500 recently divorced Danes responded to the Perceived Stress Scale and socio-demographic information using online data collection. The results presented here are from the baseline phase of a one-year longitudinal study. Inclusion criteria were a) being a Danish citizen, b) be able to read Danish, c) having received the official divorce decree between November 2015 and December 2017.

Results: Participants had significantly higher stress levels than the Danish normative data. Significant differences in PSS were found with women having significant higher PSS than men. Concerning divorce initiator status, divorcees who mutually decided to dissolve their relationship reported the lowest stress levels whereas those whose former spouse initiated the divorce reported the highest PSS. Concerning new partner status, ex-couples, where participants both had new partners, reported the lowest stress scores. When the former spouse had a new partner but the participant did not, they had significantly higher PSS.

Conclusions: Recently divorced Danes report higher stress levels than the comparable background population. Mutual agreement on marriage dissolution and having a new partner are associated with lower stress levels. Former spouse initiating divorce and the former spouse having a new partner while the participant does not are linked with higher stress levels.

VAGINISMUS - PROBLEM OF WOMAN OR COUPLE?

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Objective: Revealing the individual and couple dimension of problems tied with vaginismus.

Design and Method: 91 women (mean age 22.6±1.7yy) with vaginismus and their 91 male partners (mean age 26.8±2.3yy) have been investigated. In all women pathogenesis (organic/functional) and degrees (according to Lamont classification) of vaginismus as well as duration of problem have been assessed and reviewed in relationship with sexual disorders of their partners (Erectile dysfunction and decrease of libido). Effectiveness of complex therapy was assessed in all cases.
Results: From total 91 women 7 had organic (rigid hymen) and 84 - functional (psychological) vaginismus. Statistical analysis revealed high correlation (p<0.01) between length of vaginismus history of women and development of sexual dysfunctions in their partners. Compared to vaginismus history up to 1 month, where only 23.3% of male partners mentioned development of erectile dysfunction and 3.3% - decrease of libido, significant increase of erectile dysfunction cases (44.4-72.2%) was revealed after 2 and more month and decrease of libido (44.4-71.4%) after 6 and more month. Complex therapy was successful in 93.4% of women and 90.2-84.2% of men.

Conclusions: Vaginismus is a big problem not only for women, but for couple – besides of inability of couple to have normal sexual and reproductive life, male partners also face sexual disorders (Erectile dysfunction and decrease of libido). Development of sexual dysfunctions in male partners correlates with duration of vaginismus history of women. Complex therapy in couples is quite effective, especially if begins on early stages of problem revealing.

TREATING CYBERSEX INFIDELITY IN COMMITTED COUPLES

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Objective: This work presents an integrative model for treating cybersex infidelity.
Design and Method: Interviews with 30 couples and individuals (the author’s PhD) and several clinical cases serve to highlight the characteristics of cybersex infidelity and how best to treat it.
Results: Once the cybersex affair is revealed, it creates a crisis in most couples, a sense of interpersonal trauma and need for professional help. In some cases issues of addiction and need for rehabilitation should be considered.
The therapy model should include:
(a) Deep understanding of the reasons that led to the infidelity.
(b) Decision about the future of the relationship. This changes the focus of therapy.
(c) Each partner has different needs and issues to work on. For example, the betrayed individuals are harmed, feel as if their world crushed down and have endless obsessive need to deal with the story, the anger, and the pain in order to forgive and continue. The betrayers often want to minimize the talking and the meaning of the event and need to understand their behavior and change it if they want to. For example, search for alternative means to meet their sexual and emotional needs.
(d) Rebuilding trust and the relationship.
Conclusions: Research and clinical practice point to specific and new recommendations on how to treat cybersex infidelity including individual and couples sessions, and attending to issues of possible addiction.

SEXUAL DYSFUNCTIONS

ORGASM DISORDER: PREVALENCE, CHARACTERISTICS AND CORRELATS INVESTIGATION OF A SAMPLE OF TUNISIAN WOMEN

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Objective: Evaluate the prevalence of disorders of orgasm in a population of Tunisian women and study the sociodemographic, psychometric, clinical and sexologiques factors associated with these disorders of orgasm.
Design and Method: This was a cross-sectional, descriptive and analytical study covering a period from January 2017 to April 2017. Have been included 363 women recruited via the Internet through the social network Facebook. The variables studied were: sociodemographic characteristics, medical history and characteristics of sexual intercourse. Sexual function was assessed by the self-questionnaire (Female sexual Function Index)
Results: In our study, women were between 21 and 51 years of age, most of whom were married, with a university degree, and worked as a public servant or manager. Almost all of the women had children. 50.7% had a caesarean delivery. The average age of the first sexual relationship among our participants was 23.6
years. The number of sexual intercourse/month was 6.5. The prevalence of orgasm disorder was 70% of cases (n = 257).

There was a statistically significant positive correlation between the FSFI sub score and the other FSFI scores as well as the total score FSFI.

There was also a statistically significant positive correlation between the FSFI sub score to orgasm and age, the number of sexual intercourse per month and cognitions on orgasm.

Conclusions: Despite the higher intellectual level, the prevalence of the orgasm disorder remains high. Locating the knowledge and experience of the orgasmic disorder in Tunisian women will help to correct misconceptions and will allow for better management.

PSYCHOLOGICAL FUNCTIONING OF VULVODYNIA AND ENDOMETRIOSIS PATIENTS: A COMPARATIVE STUDY

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Objective: The DSM 5 category “Genito-Pelvic Pain/Penetration disorder” (GPPPD) collects clinical conditions characterized by different psychological profiles. Vulvodynia and endometriosis are diseases related to genital sexual pain whose etiologies is still unclear. The objective of the present study was to investigate the differences between vulvodynia and endometriosis patients in terms of psychological functioning.

Design and Method: 32 women with genito-pelvic pain, 16 with vulvodynia (VG, mean age 31.75±6.92) and 16 with endometriosis (EG, mean age 31.25±6.38), were recruited at the Institute of Clinical Sexology and at the Gynecology-Obstetrics & Urology department of “Sapienza” University in Rome. Participants completed a socio-demographic questionnaire and the Symptom Checklist-90-Revised (SCL-90-R).

Results: VG achieved significant worse scores than EG in almost all domains: global severity index (t=-2.42; df=26; p<.05), depression (t=-2.37; df=24; p<.05), anxiety (t=-2.23; df=25; p<.05), paranoid ideation (t=-2.33; df=29; p<.05) and psychoticism (t=-2.58; df=29; p<.05). VG obtained clinical scores in all these areas, compared to EG who did not. Both groups got clinical scores in somatization, whereas VG achieved clinical scores also in obsessive compulsive and interpersonal sensitivity domains.

Conclusions: Vulvodynia patients have a psychological functioning more impaired than endometriosis ones. Therefore, psychological factors may play an important role in vulvodynia, more than in endometriosis, or in other genito-pelvic pain diseases. Professionals should take into account the differences and the peculiarities of each genito-pelvic pain condition in order to improve the assessment and treatment process.

HYPERSEXUALITY: A REVIEW OF THE CURRENT CONCEPTUALIZATIONS

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Objective: to discuss the current theoretical models on hypersexuality and the psychiatric comorbidity

Design and Method: We searched Internet databases indexed at MEDLINE using the keywords: hipersexuality, sexual addiction, compulsive sexual behavior and psychiatric disorders and selected the relevant articles published in English.

Results: In the literature hypersexuality is conceptualized as the inability to regulate one’s sexual behavior that is a source of significant personal distress and compulsive sexual behavior is being considered as an impulse control disorder for inclusion in the forthcoming International Classification of Diseases, 11th ed. Divergent theoretical models have been suggested in an attempt to understand the occurrence of hypersexuality, although disagreement about these has made assessment and treatment of hypersexual patients more challenging. Theories of sexual compulsivity, sexual impulsivity and sex addiction are critically examined, as are the diagnostic criteria for clinically assessing hypersexuality as a sexual disorder and the scales and inventories proposed as psychometric measures. Evidence is presented suggesting that non-paraphilic excesses of sexual behavior, such as hypersexual behaviors and disorders, can be accompanied by significant personal distress as well as medical and psychiatric morbidity.
**Conclusions:** The discussion as whether hypersexuality is a disorder or whether it is simply a normophilic behavior at the extreme end of sexual functioning remains, as we still face several challenges associated with reliably defining, psychometrically measuring, and diagnosing hypersexuality. So, further research is required to validate it as behavioral disorder, although some presentations of the condition appear to be indicative of a heterogeneous psychological problem that requires treatment.

**METABOLIC SYNDROME IS AN INDEPENDENT RISK FACTOR FOR ACQUIRED PREMATURE EJACULATION**

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**Objective:** The association between metabolic syndrome and premature ejaculation (PE) remains unclear. We investigated the role of MetS as an independent risk factor for acquired PE after considering the various risk factors such as LUTS, ED, hypogonadism and prostatitis.

**Design and Method:** From January 2012 to January 2017, records of 1,029 men were analyzed. We performed logistic regression analysis to identify independent risk factors for acquired PE, including the covariate of age, marital status, International Prostate Symptom Score (IPSS), International Index of Erectile Function (IIEF) score, National Institutes of Health-Chronic Prostatitis Symptom Index (NIH-CPSI) score, serum testosterone levels, and all components of MetS. Acquired PE was defined as self-reported intravaginal ejaculation latency time (IELT) within 3 minute, and MetS was diagnosed using the modified National Cholesterol Education Program Adult Treatment Panel III (NCEP ATP III) criteria.

**Results:** Of 1,029 men, 74 (7.2%) had acquired PE and 111 (10.8%) had MetS. Multivariate analysis showed that the IIEF overall satisfaction score (OR 0.67, P < 0.001), NIH-CPSI pain score (OR 1.07, P = 0.035), NIH-CPSI voiding score (OR 1.17, P = 0.032), and presence of MetS (OR 2.20, P = 0.022) were significantly correlated with the prevalence of acquired PE. In addition, the Male Sexual Health Questionnaire for Ejaculatory Dysfunction (MSHQ-EjD) scores and ejaculation anxiety scores progressively decreased as the number of components of MetS increased.

**Conclusions:** MetS may be an independent predisposing factor for the development of acquired PE. Effective prevention and treatment of MetS could also be important for the prevention and treatment of acquired PE.

**MANAGEMENT OF TRAUMATIC RUPTURE OF THE CORPORA Cavernosa**

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**Objective:** We aim to study the epidemiological, clinical and therapeutic characteristics of penile fracture as well as the patients' sexuality outcome after treatment.

**Design and Method:** A retrospective study including 73 patients who underwent surgery for fracture of penis from January 2000 to December 2016. Detailed history and clinical findings, the delay time between fracture and management, as well as modalities of treatment were documented for each case.

**Results:** The median age of the patients was 32.6 years (interquartile range [IQR]: 19 - 50 years). 42 patients were married. The most common causes were forced manipulation of the erect penis while masturbating in 40 cases (55%) and blunt trauma during sexual intercourse in 28 cases (39%). The delay time between the fracture and consultation ranged from 1 hour to 5 days. 53 patients had presented less than 24 hours after the trauma. The symptoms reported were severe sharp pain, an expansive hematoma and penile deformity in all cases. In majority of cases (85%) the surgical approach was electively over the area of suspected fracture. The median length of tunica albuginea defect was 15 mm. Only one patient presented with Fournier gangrene immediately after surgery. Postoperative IIEF-5 scores were 21 and 23 at the first and third postoperative months, respectively. Meanwhile, 3 patients developed penile curvature, only one patient complained of sexual dysfunction and underwent a successful surgical treatment.

**Conclusions:** A normal sexuality is only insured by an early management in order to avoid late complications.
FEMALE ORGASMIC DYSFUNCTION AND GYNECOLOGICAL PATHOLOGIES

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Objective: Detection of correlation between female sexual dysfunctions and existing gynecological pathologies.

Design and Method: 676 sexually active women aged 18-55y have been investigated. They were divided in 3 groups: I gr. - 148 with ovarico-varicocele (OVVC), II gr. – 125 with dilatation of myometrium veins (DMV) and III gr. - 403 with other gynecological pathologies (myoma, inflammatory diseases, gynecological-endocrine disorders, etc.).

In all groups frequency of orgasms (never, rare, often, always) and libido (low, medium, high) have been assessed.

Results: From total 676 women 209 (30.9%) never had orgasm, 265 (39.2%) – rarely, 173 (25.6%) - often and 29 (4.3%) – always, as of sexual drive - 155 (22.9%) had low libido, 288 (42.6%) – medium and 233 (34.5%) high. Crosstabulative comparative analysis of these groups showed high correlation between intensity of sexual drive and frequency of orgasms.

Statistical analysis revealed high correlation (p<0.01) between frequency of orgasms and gynecological pathologies (OVVC and DMV), tied with congestive process – in I gr. OVVC rate was significantly higher in women with anorgasmia (70.9%) and rare orgasms (20.9%) than in women, who had orgasms frequently (6.1%) or always (2.0%), in II gr. DMV rate was significantly higher in women with anorgasmia (39.2%) and rare orgasms (44.0%) than in women, who had orgasms frequently (12.8%) or always (4.0%). In III gr. there were no significant correlations.

Conclusions: Anorgasmia and low frequency of orgasms can promote development of congestive processes in small pelvic area and formation of some gynecological pathologies.

WHOSE DESIRE IS IT ANYWAY? CULTURAL ASSUMPTIONS UNDERLYING FEMALE SEXUAL INTEREST DISORDER

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Objective: We will argue that the concept of significant reduction in sexual interest (as a distinct diagnostic entity in ICD or as a part of diagnosis of FSIAD in DSM) works on widely held, yet not undisputed assumptions, about long term intimate relationships, sexual obligations of partners and preference for monogamous relationships. As research on female sexuality shows that libido decreases naturally in long-term relationships, and the tempo of the decrease is faster for women than men, the nomenclature and diagnostic criteria of this sexual dysfunction can be seen as pathologizing and disadvantageous to women.

Design and Method: We will perform textual analysis of the development documents and communications materials for DSM-5 revision and confront them with the scientific research on female sexuality.

Results: We will demonstrate that various societal values and norms have been incorporated into the definition and diagnostic criteria for sexual interest disorder. They are to significant extent inconsistent with female sexuality and relationship needs. The concept of lowered desire is based on the assumption of high level of sexual interest that is stable and present in any long-term relationship. As such represents and reinforces masculine interests and sexual needs, directing pressure of treatment on women.

Conclusions: Establishment of sexual interest disorder evokes sense of sexual inadequacy in many healthy women and advise them to adapt to male-centric relational ideal. Based on deep-seated ideas about how women and men should behave sexually reinforces gender power dynamics in relationships.

THE TREATMENT OF SEX ADDICTION ACCORDING TO THE VAN ZESSEN MODEL: AN EXPLORATIVE FOLLOW-UP STUDY

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Objective: This study investigates the effectiveness of a specific treatment of sex addiction. In this study the focus is on the treatment according the Van Zessen model. This treatment was chosen because it operates
via a specific structure. Therefore it is easier to evaluate. The objective of this study is to start researching and evaluating the treatments that are used by clinical professionals. The clients’ perceptions are essential in this research. The effectiveness can also be in part of the treatment. When we are aware of these findings we can offer the best possible care.

**Design and Method:** The effectiveness of this specific treatment has been investigated by means of an exploratory qualitative study. Five men who had ended their treatment were interviewed in a semi-structured way. What elements of the therapy or model they still use after their therapy was an important subject in the interviews.

**Results:** According to this sample, the treatment for sex addiction was successful when the Van Zessen model was used. The interviews show that the self-esteem of respondents has increased. All clients find it convenient to work with the Van Zessen treatment. However, the results are preliminary and cannot be generalised.

**Conclusions:** The men have learned to deal with their sexuality and relationships differently (with themselves and others). These changes are experienced positively. In short, the research was promising. Additional research is necessary to learn more about the effectiveness of treatments.

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**Oral Papers 6**

**NEW TREATMENT MODALITY FOR PEYRONIES DISEASE**

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**Objective:** Peyronie’s disease is the development of fibrous plaques inside the penis. This condition often causes curved, painful erections. Optimum medical therapy for Peyronie’s disease has not yet been identified. New therapeutic option, along with selected portions of the guidelines, are explored in this study. The objective is to describe the new ultrasound therapeutic treatment for Peyronie's Disease.

**Design and Method:** In our hospital patients with Peyronie's disease are being treated with ultrasound therapy for 10 years. In this study we have studied 214 Peyronie's disease patients. By using a meticulously developed protocol, patients treated with 3MHz frequency ultrasound for 15 minutes per session. The total number of 20 sessions. The size of the plaques decreased and disappeared at the end. This ultrasound therapy equipment is 3 MHz ultrasonic machine.

**Results:** We have treated total 214 Peyronie’s disease patients with above protocol. Out of 214 Grade I (<=0.3CM) is 96 (45%) , Grade II (>0.3 to <=1.5 CM) is 97 (45%) and Grade III (>1.5 CM) is 21 (10%). Other Factors Diabetes - 17%, Hypertension - 5%, Obesity - 9%, Smoking - 18%, Alcohol - 12%. This therapy method is very good, cost effective and non invasive. Failure rate is less than 10%.

**Conclusions:** The purpose of our paper is to highlight the possibility of using ultrasound therapy in the treatment of Peyronie’s disease.

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**SEXUAL PECULIARITIES OF PATIENTS WITH 46,XY KARYOTYPE AND FEMALE PHENOTYPE**

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**Objective:** Detection of sexual peculiarities, clinical, hormonal and genital anatomy of female phenotype patients with 46, XY karyotype.

**Design and Method:** 43 patients (14-41 age group) with female phenotype and 46,XY karyotype were investigated. Analyses of sexual peculiarities, clinical, ultrasound, cytogenetic, hormonal examinations were done for all patients.

**Results:** According to the results of investigation, diagnosis of Complete Androgen Insensitivity Syndrome was defined in 35 patients. Swayer syndrome - in 5 patients, ovotesticular disorder - in 3 patients. All investigated patients with 46,XY karyotype had female psychosexual orientation. Patients with SS had clinical characteristics of hypogonadism, clitoromegaly was not expressed at all. Testosterone level was corresponding to female normal ranges. None of these patients were sexually active.
All patients with CAIS and OTD have normally developed breasts and female external genitalia. Testosterone level was corresponding to normal male ranges. None of these patients had clitoromegaly, vagina was blind and short. Uterus was absent in all cases. Sexually active 21 patients had not problems with coitus. In 26 patient with CAIS and 3 patients with OTD gonadectomy has been performed. 

Conclusions: Patients with 46,XY karyotype and female phenotype need timely gonadectomy of intra-abdominal located gonads for prevention of malignisation and then replacement hormonal therapy with female sex hormones for prevention of osteoporosis and improvement of quality of life. This is logical as these patients have possibility of normal sexual contacts as females.

PARENTS’ PERCEPTION ON SEXUAL NEEDS OF YOUNG PATIENTS BORN WITH ANORECTAL MALFORMATIONS

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Objective: Little is known about sexuality of patients born with anorectal malformation (ARM). ARM is a rare disease characterized by a spectrum of malformations, involving always the rectum-anus and, often, the genitourinary system. Aim of this study was to investigate parents’ perception on sexual needs of patients born with ARM.

Design and Method: 18 parents (mean age 48.7; s.d. 6.1 years) of young patients with ARM were interviewed about their children sexual needs.

Results: 57.9% of parents were females and the majority were engaged (89.5%). 36.8% reported to have never talked about sex with their children, but 47.4% reported their children talked about sex with others, especially with their teachers (66.7%). The majority of parents (78.9%) agree their children should have the possibility to talk about sex with a gynaecologist-andrologist and with their parents (57.9%). Almost all the sample reported it is important their children have the possibility to talk with someone who can help them in managing sexual health (94.7%), and intimate relationship (63.2%) issues. Parents also stated it is important for them to be trained in order to be able to help their children in sexual health (89.5%) and intimate relationships areas (52.6%).

Conclusions: Parents’ perceptions suggest that patients born with ARM may need to be helped to manage a healthy sexuality and an intimate relationship. Sexual education could be very helpful for patients and their parents.

WORKING WITH A GROUP OF YOUNG WOMEN AFFECTED BY ANDROGEN INSENSITIVITY SYNDROME - AIS

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Objective: AIS or Morris Syndrome is characterised by the presence of external female genitalia, ambiguous sexual genitalia or by various virilisation defects in an individual with a karyotype 46,XY with a non-response or a partial response to the age appropriate levels of androgens. Two clinical subgroups of the syndrome are known: the complete androgen insensitivity syndrome and the partial androgen insensitivity syndrome.

Design and Method: The objective of this work consisted in exploring how each singular patient perceived and lived their emotional feelings and sexuality. The work was carried out both through group activities and role-play sessions to approach the issues that needed special care and to fill them with a meaning based upon the individuals' personal experiences.

Results: Three sessions were scheduled: 1. with the staff 2. with the staff and the participants' emotional feelings. 3. with the staff and the participants’ sexuality. The sessions took place quarterly with a two days’ duration 20 hours totally each. The inclusion criteria were: age>=18 and taking part in every scheduled session, both to ensure continuity and familiarity among the participants and to build up the ideal climate to share experiences and to work in. During each session a variety of topics were discussed whereas illustrations were used in group activities to deal with specific subjects, such as their emotional feelings, the awareness of their body and their sexuality. The participants engaged in role-playing to perform the stories that they wished to share with the others.

Conclusions: This group work allows each individual patient to perceive and experience their emotional and
sexual feelings and a greater awareness of their body

THE RIGHT INFRA-CLINICAL VARICOCELE IS A STATIC OR PROGRESSIVE LESION?

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Objective: The aim of this study was to show whether operating a bilateral varicocele is beneficial as regards fertility in patients who had a clinical left varicocele associated to an infra-clinical right one.

Design and Method: We conducted a retrospective study between January 2007 and December 2015 concerning men followed for infertility. In the group I of patients, they had an isolated left clinical varicocele and have had a unilateral varicocelectomy. In group II, they had a clinical left varicocele associated to an infra-clinical right one and they have had a bilateral surgical treatment.

Results: The population on whom the study was conducted included 93 men (34 patients in group I and 59 patients in group II). In group I, the sperm pre-operative concentration was significantly higher (p = 0.04) as well as the progressive mobility (p = 0.002). In post-operational case, the sperm concentration increased in group I (p = 0.002) as well as the progressive mobility (p = 0.007). As far as spontaneous pregnancy is concerned, it was greatly more important (p = 0.005) in group I (54%) than in group II (28%).

Conclusions: Sperm parameters were significantly better in the group of patients who did not have an infra-clinical right varicocele. The bilateral varicocele cure enabled to improve the sperm concentration and the progressive mobility without reaching the paternity rate found after the unilateral cure. These results suggest that infra-clinical varicocele is a progressive rather than a static lesion altering the sperm over time.

HOW CAN WE PREDICT THE ERECTILE RESPONSE WITH SILDENAFIL IN PERSONS WITH SPINAL CORD INJURY

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Objective: This study was designed to identify the effectiveness of 100ES to predict the response of Sildenafil in persons with Spinal Cord Injury (SCI).

Design and Method: 177 spinal cord injured persons were prescribed Sildenafil (starting with 50mg, up to 100mg). The median age was 36 years old (19-61), and the median time since injury was 14 months (3-336). The 100ES is a simple scale to describe the erectile function (‘no erection’=0, ‘as hard as before injury’=100). The satisfaction with Sildenafil was evaluated with 3 point scale (0=poor, 1=fair, 2=good).

Results: In group with good satisfaction, the mean 100ES was 95.1 and the mean duration was 31.3 minutes. Overall good satisfaction rate with Sildenafil was 62.1% (fair=16.4%, poor=21.5%). In group with ‘baseline 100ES’ was 0, the satisfaction rate with Sildenafil was 26%. And in groups with ‘baseline 100ES’ 1-20, 21-40, 41-60, 61-80 and 81-100, the satisfaction rate were 67, 71, 74, 77, and 84%.

Conclusions: We can predict the erectile response with Sildenafil with the baseline erectile function (100 erection scale) in persons with SCI.

SEXUALITY IN MALES WITH ANORECTAL MALFORMATIONS

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Objective: Patients with anorectal malformation (ARM) are expected to have a normal life span but little is known about their sexuality. The aim of this study was to collect data about sexuality in males with ARM.

Design and Method: Twenty-eight adult males were interviewed about sexuality and relationships. Patients were asked to quantify the perceived influence of ARM on their sexuality on a scale from 1 (“not at all”) to 10 (“very high”). IIEF-5 was administrated to patients who reported sexual intercourse in the previous month.

Results: Sixteen patients (57.1%) were engaged and seven (25%) reported to have had at least one relationship. Twenty-seven stated to be heterosexual (96.5%). Eighteen (64.3%) reported to have had sexual
intercourse (2 of them fathered) and three (10.5%) experienced other sexual activities. The age of the first sexual activity was delayed compared to controls, with a mean of 18 years for coitus and of 17 for oral sex. One patient had erectile dysfunction, thirteen filled in the questionnaire (average rate of 23±1,63; 17-21 = mild and 22-25 no erectile dysfunction), fourteen just answered to oral questions. The perceived impact of ARM on sexual life was considered overall acceptable (average rate of 4.2±3.3). Eight patients (28.6%) rated >6 due to the concern to share with the partner their condition or the fear of soiling.

**Conclusions:** ARM males follow-up should include andrological evaluation, psychological support and sexual education in order to allow patients to achieve a satisfying life.

**RANDOMIZED CROSSOVER STUDY INVESTIGATING DAILY VERSUS ON-DEMAND VULVAR VISNADINE SPRAY IN WOMEN AFFECTED BY FEMALE SEXUAL AROUSAL DISORDER**

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**Objective:** The aim of the study was to verify the efficacy of vulvar Visnadine spray in premenopausal women affected by female sexual arousal disorder (FSAD).

**Design and Method:** Thirty-eight women aged 25–40 years affected by FSAD were enrolled in the randomized crossover study, by two possible sequences: on-demand, washout, daily (A sequence); daily, washout, on-demand (B sequence). The Female Sexual Function Index (FSFI) and the Female Sexual Distress Scale (FSDS) were used to assess sexual function and sexual distress, respectively. Color Doppler ultrasonography was used to measure clitoral blood flow. The study had two follow-ups at 30 (T1) and 60 days (T2). Thirty-one women completed the study. Mean (SD) sexual activity and vulvar Visnadine spray usage was 1 ± 0.9 weekly during on-demand administration for both the sequences (Vs T0, p¼NS).

**Results:** The mean sexual activity during daily usage was 2 ± 0.9 (Vs T0, p<.004) and 2 ± 0.8 (Vs T0, p<.001) for A and B sequences, respectively. FSFI total score, particularly genital arousal, improved more during the daily than during on-demand phases of both sequences (p<.001). Finally, clitoral blood flow improved significantly during daily usage of both the sequences (p<.001).

**Conclusions:** The daily usage of vulvar Visnadine spray is effective in enhancing clitoral arterial blood flow and could improve sexual performance of women affected by FSAD, producing changes in subjective and objective sexual aspects.

**ORAL PAPERS 7**

**MISCELLANEOUS 2**

**WOMEN PAYING FOR SEX: OBSTACLES, CHALLENGES, AND SOME DATA FROM AN EXPLORATORY RESEARCH IN PORTUGAL**

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**Objective:** Women paying for sex are hardly mentioned when we talk about clients of commercial sex. However, there have been growing signs of the occurrence of sex services for women and several investigations with female clients. The phenomenon of female clients shifts gender norms and can be seen as a magnifying lens of the changes in female sexual behaviour. The obstacles to the study of female buyers are diverse including the distorted idea of homogeneity within the sex market, the whore stigma and methodological problems related to gain access to female clients.

We will discuss these issues and present some data from an exploratory research about the characteristics, motivations and behaviours of female clients.

**Design and Method:** We carried out semi structured interviews with a convenience sample of male and female sex workers who work for female clients in Porto and Lisbon; we also interviewed women who pay for sex.

**Results:** The results highlight the diversity of characteristics and motivations of the women buyers. The motivations of paying for sex are related to the need for discretion, trying to avoid the stigma and the moral judgment of a non-monogamous female sexual behavior. Also: some women want a sexual experience with
no strings attached, while others want to try the boyfriend experience.

**Conclusions:** We conclude that women paying for sex strongly challenge the gender norms of female sexual behavior; some motivations of women are no different from those obtained in the research with male clients of commercial sex.

We need to develop further research on this topic.

**DISTRESS TOLERANCE AND INDIVIDUAL WELL-BEING AMONG HIV-INFECTED ADULTS: THE MEDIATING ROLE OF EMOTION REGULATION STRATEGIES**

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**Objective:** The aim of this study was to (1) assess the association between distress tolerance, emotion regulation strategies (cognitive reappraisal and expressive suppression), and individual well-being indicators (anxiety, depression, and quality of life [QoL]); and (2) analyze the mediating role of emotion regulation strategies in the association between distress tolerance and individual well-being outcomes among HIV-infected adults.

**Design and Method:** The sample of this cross-sectional study consisted of 89 adults infected with HIV (55.1% male), with a mean age of 41.69 years (range: 19-65). Participants completed an online survey, which included a self-reported questionnaire on sociodemographic and clinical information, the Distress Tolerance Scale - Simons, the Emotion Regulation Questionnaire, the Hospital Anxiety and Depression Scale, and the EUROHIS-QOL 8-item index.

**Results:** Distress tolerance was significantly associated with increased anxiety and depressive symptoms, and lower QoL, as well as with higher levels of expressive suppression. This emotion regulation strategy was significantly correlated with increased psychological symptoms and lower QoL. The association between distress tolerance and individual well-being indicators was mediated by expressive suppression. No mediating effects were found for cognitive reappraisal.

**Conclusions:** The results of this study indicated that adults infected with HIV presenting higher levels of distress tolerance revealed higher levels of both anxiety and depressive symptoms and lower levels of QoL, especially when they adopted a maladaptive regulation strategy (i.e., expressive suppression). A better comprehension of this explanatory mechanism may be important in translating basic research knowledge about distress tolerance and HIV to advances in psychological/behavioral interventions.

**OPERATOR’S AND SEXUALITY: SEXUAL RIGHTS IN PEOPLE WITH INTELLECTUAL DEFICIT**

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**Objective:** Observation of the operators’ attitude and opinion in relation to the topic of sexuality in people with Intellectual deficit (ID) and their sexual rights.

Identification of the most common issues in the management of the sexuality of the disabled.

Evaluation of the training required in the sexuality of the disabled.

**Design and Method:** Biographic data collection form of the operators and type of patients.

Use of 20 out of the 40 items of Sexuality and the Mentally Retarded Attitude Inventory (SMRAI).

Meetings with operators to discuss training requirements and their problems connected to the sexuality of mental disabled.

**Results:** We have enrolled in the study 60 operators, working with patients with ID in public and private structures (residential and semi-residential) and at home in North Italy. The 41.7% of the operators has never followed a course of sex education.

Although both the most shared the idea that disabled people with ID can express their own sexuality (88.3%) seems to be accepted more masturbation (72.9%) compared to the couple relationship(65%) or in same-sex relationships (53.4%).

Many doubts remain about the ability to have children (Agrees 10%).

Very high scores on indecision in some items.

The main problems concern: masturbation in public places, excessive physical contact with operators, specific questions by patients and contraceptive methods not accepted by patients.

**Conclusions:** Operators show indecision and necessity of training and supervision as far as sexuality of patients with in ID is concerned.
DEVELOPING WAVES – USING SEXOCORPOREL THERAPY TO ADDRESS SEXUAL PROBLEMS OF MEN

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Objective: Frequent concerns of men in consultations are erectile dysfunction, premature ejaculation, and a lack of sexual desire. Three case studies shall illustrate the effectiveness of the Sexocorporel method in therapy of this population. Traditional therapeutic models take cognitive, emotional and relationship factors into account. Through the Sexocorporel lens, we are additionally paying attention on physiological factors. In particular, we focus on biographically acquired patterns of movements and stimulation, called arousal modes. Modes employing muscular rigidity and uniform stimulation are widespread and effective in self-stimulation but limiting in partner sex. These modes can be expanded through exercise towards more fluid, wave-like patterns, which can improve sexual functioning.

Design and Method: The treatment of three men with sexual problems will be presented. Our approach consists in establishing a holistic model of the client's sexuality, combined with imparting knowledge about the biology of the arousal function. In addition, learning steps were individually adapted to the client's relevant strengths and limitations. Amongst others, these consisted of variations in muscle tension, rhythm and amplitude of movement and respiration, experiencing the own penis through various perception exercises and changing their arousal mode.

Results: In all three cases, the clients were able to reach the goal they aimed for within a period of 15-20 sessions.

Conclusions: The case studies demonstrate the effectiveness of the Sexocorporel method for the treatment of different sexual problems in men. Clients who are willing to practice these techniques actively will experience more confidence in their sexual functioning and an increase of pleasure during sexual intercourse.

Oral Papers 8
GENDER IDENTITY DYSPHORIA

PROCEEDINGS, CONCLUSIONS AND CONSEQUENCES OF THE NORWEGIAN EXPERT GROUPS ON TRANSGENDER HEALTH

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Objective: This presentation's objective is to give information about the treatment situation for gender incongruency in Norway. ICD-11 is imminent, as is a paradigm shift from psychiatry to sexual health based treatment.

Design and Method: Health-care for individuals seeking the diagnose F64.0, has formally been monopolized by the Norwegian State Hospital in Oslo. This monopoly has caused much frustration among clients and professionals. Ignited by these frustrations, the Norwegian Government ordered the establishment an expert group to evaluate the present state of health care and legal rights for the trans*gendered. The group delivered their report: Right to right gender, health for all genders in April 2015. A group of professionals have on their own account established a Trans-competence network, that has resided parallel to the State supported offers for many years. Members of this group were invited in to the expert group established by the State. Results: The Norwegian Directorate of Health in is working on a protocol for the health care of individuals who experience gender incongruence. One out of four “Regional Health Authorities” is through a new working group, discussing practical implementation of health care. In 2016 the Norwegian Government issued a law on changing ones’ legal gender. The law offers two self-determined gender options above the age of 6.

Conclusions: These are the main circumstances for the establishment of a working network who aim towards recruiting participants for the project of Health and Citizenship among transgender people.
INFORMATIVE LEAFLET ABOUT NEOVAGINAL DILATATION AFTER MTF REASSIGNMENT SURGERY: THE IMPORTANCE OF CORRECT MANAGEMENT OF DILATATION PROGRAMME

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Objective: To provide a valid guideline for an effective dilatation in MtF patients who underwent vaginal reconstructive surgery.

Design and Method: Dilatation Informative Leaflet is composed by 5 parts: description of dilatators (with photos), setting, performance, behavioral aspects, psychosexual aspects. Figures show three positions suggested to perform a correct dilatation. Vaginal dilatators have different sizes (length cm x diameter cm): 9x2cm, 11x2.5cm, 14x3cm, 16x3.5cm.

We submit the Dilatation Informative Leaflet to all patients at first medical examination in order to give them the adequate time to read it together with the surgeon and understand it completely before surgery. Patients are partnered by the surgeon and the dedicated nurse for the first dilatation (3th-4th Day after surgery), then they are usually able to do it individually. For the first 6 months after surgery we suggest to do 3-4 dilatations daily, then almost twice daily lifetime.

Results: Pre-operative knowledge of dilatation management allows patients to learn the best technique briefly and start functional rehabilitation of neovagina shortly after surgery.

Conclusions: Dilatation of neovagina has crucial role after sex reassignment surgery in MtF patients. A proper dilatation technique guarantees an adequate depth and diameter of neovagina and prevents from scar stenosis. Understanding the importance of correct management of dilatations plays a central role in sexual health for subjects who underwent sex reassignment surgery.

EVERY (BINARY) PERSON LIKES TO BE THE OBJECT OF DESIRE

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Objective: Object of desire self-consciousness (ODSC) is described as the perception of one’s own sexual and romantic desirability, and emerged as more relevant in women compared to men (Bogaert, Visser, Pozzebon, 2015). The following study is aimed to investigate differences in ODSC themes in the sexual fantasies of individuals with different gender identities.

Design and Method: A total of 228 self-identified cisgender (147 women and 81 men) and 65 transgender (20 binary and 45 non-binary) participants completed a sexual fantasies questionnaire that include a subscale of ODSC themed fantasies. A measure of objectified body consciousness was also included.

Results: Gender differences in ODSC themes are at odds with previous studies. No significant difference in the endorsement of ODSC fantasies was found between cisgender men and women in our sample. Cisgender and nonbinary identified people showed differences and a significant higher endorsement of ODSC fantasies was found in the former. Objectified body consciousness showed a correlation with ODSC themes in sexual fantasies, without any gender identity differences.

Conclusions: ODSC themes in sexual fantasies appeared not to be characteristic exclusively of women’s sexual functioning. In our sample, no significant differences emerged in sexual fantasies between cisgender men and women and binary transgender people.

GENDER DYSPHORIA: IS THIS CONDITION GROWING? A PORTUGUESE EXPERIENCE

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Objective: Gender dysphoria (GD) has been a hot topic in health care professionals as well in public discussion. According with published data, these individuals are seeking medical care at a growing rate. Therefore, our aim was to evaluate data from our consultation.

Design and Method: We collected and evaluated data from the records of our consultation to identify first-appointment referrals of individuals with the diagnosis of gender dysphoria in the last ten years (2008 to 2017). We also conducted a review of the literature regarding gender identity and gender dysphoria.

Results: We identified 77 individuals with GD in the last ten years. 2012 and 2017 had the most referrals (15
and 17, respectively) whereas the least number of referrals were found in 2008-2010 and, curiously, in 2014. Transition from female to male was the most common (54.5%, N = 77). The mean age of these patients was 25.3 years.

**Conclusions:** The evidence of this growing rate of referral of gender dysphoric individuals to a specialized sexology consultation, such as ours, is not surprising. It’s essential to evaluate these findings and debate about the reasons of this trend. Social discussion and law policies have been reciprocally linked. In Portugal, since March 2012, transgender individuals can initiate their transition process through the public health system. In clinical settings, the social contexts are highly relevant as psychiatrists and psychologists have an important role in the psychoeducation of these patients and their families.

**GENDER DYSPHORIA IN ADOLESCENCE: PARENTAL REPRESENTATIONS**

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**Objective:** This study aims to explore the experiences, representations, and feelings connected to having a son or daughter with gender dysphoria in a sample of parents of transgender adolescents in a gender clinic of a public hospital in Milan, Italy.

**Design and Method:** 10 parents (5 fathers and 5 mothers) of 10 gender dysphoric youths (aged between 18 and 19) were invited to participate in the study. Methods include the use of a semi-structured interview, which allows to explore the topic under investigation into depth. Interviews focused on the parents’ experience of their child’s gender dysphoria, the impact of gender dysphoria on family environment, parent’s causal explanations, their expectations about the future, the relationships within the family, at school and healthcare services. The interviews were audio-recorded, transcribed and analysed through qualitative methods including thematic analysis.

**Results:** The themes that emerged from the interviews could be summarized in 5 main areas: the parent’s fear of the world ignorance and prejudice (1), the struggle in understanding their own child gender identity (2), followed by acceptance when they see their child pain (3), the parent’s need of guidance (4) and their sense of loss (5).

**Conclusions:** Family support and acceptance play a pivotal role in supporting the development of gender dysphoric adolescents, and promoting a good outcome in terms of psychological well-being. The main themes emerged in the present study might be useful in guiding specific psychological intervention for the parents of gender dysphoric adolescents (e.g. parents support groups).

**CLINICAL ASSESSMENT OF PERSONS WITH GENDER DYSPHORIA IN SLOVENIA**

I. Rahne Otorepec

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**Objective:** Slovenian interdisciplinary team for gender identity confirmation was organized in 2013 as a part of the Outpatient clinic for sexual health Ljubljana and uses the protocol congruent with WPATH Standards of care.

**Design and Method:** We gathered clinical assessment data from the persons with gender dysphoria diagnosis who entered the Outpatient clinic for sexual health between 2013-2016. Our clinical assessment includes transgender history, psychosexual, psychiatric and psychological assessment, and different psychotherapeutic interventions in the phases of process of transition.

**Results:** Sixty-seven trans persons (35 FTM – female to male and 32 MTF – male to female) have been included. In 2013 period ten trans persons started treatment (3 FTM and 7 MTF), in 2014 sixteen (6 FTM and 10 MTF), in 2015 seventeen persons (10 FTM) and in 2016 twenty-four (16 FTM and 8 MTF). The mean age of MTF group age was 31 years, and of FTM was 22.5. Eight trans persons were adolescents. Among comorbid psychiatric disorders we diagnosed depression, (7 persons), anxiety disorders (4 persons), different addictions (4 persons), eating disorders (2 persons), psychosis in remission (2 persons), disorders of autistic spectrum (2 persons), attention-deficit disorder (1 person) and borderline personality disorder (1 person). In hormone treatment were 16 MTF and 20 FTM. Legal confirmation documents had 13 MTF and 21 FTM.

**Conclusions:** In 2013-2016 period of time the number of persons seeking gender affirming treatment has increased, especially adolescents between 17-18 years. We intend to prepare a clinical assessment protocol.
especially for adolescents with gender dysphoria together with paediatricians.

ANGIOGRAPHIC MANAGEMENT OF RESIDUAL ERECTILE TISSUE AFTER MALE TO FEMALE SEX REASSIGNMENT SURGERY. FIRST REPORT OF A NEW THERAPEUTIC TREATMENT

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Objective: Gender reassignment surgery aims to create real female external genitalia and sensate neovagina that enables intercourse and orgasm. If erectile tissues are not completely resected, during arousal, erection of residual corpora cavernosa could interfere with vaginal penetration producing discomfort during intercourse. Surgical removal of residual erectile tissue exposes patients to a challenge procedure with risk of side effect as scars or damage to urethra and neoclitoris. Low-invasive procedures are needed to correct this condition without the risk connected to another surgery.

Design and Method: From 2008 to 2016, 3 patients underwent angiographic sclerotization of residual corpora cavernosa by selective catheterization of cavernous artery and injection of Sodium Tetradecyl Sulfate 3% and Sodium Chloride 0.9% solution diluted 1:5. Before all the procedure pharmacological tumescence of residual erectile tissue was induced by injection of 2.5mcg of Alprostadil (PGE1) for each corpora cavernosa. MRI was performed in two cases to obtain a better anatomical view to support the procedure.

Results: All patients obtained complete sclerotization of residual corpora cavernosa. One patient developed a cavernosa abscess after procedure. Ultrasonographic control showed no persistence of any erectile tissue. Control MRI showed a complete bilateral sclerotization of erectile tissue and complete reabsorption of cavernosal abscess.

Conclusions: This procedure has proven to be a good “minimally-invasive” treatment of sex arousal discomfort due to persistence of residual corpora cavernosa and shields “neogenital” sensitivity from the risks of second look surgery. Furthermore it could be performed in “one day hospital”.

GENDER DYSPHORIA: ENDOCRINE APPROACH OF A REFERENCE CENTER

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Objective: Report the experience of a reference center, in the clinical evaluation of gender dysphoria (GD) and the results of hormone therapy.

Design and Method: It was conducted a retrospective analysis of 112 patients with GD, referred for clinical evaluation and hormone therapy at the Genitourinary and Sexual Reconstruction Unit (URGUS), of Coimbra Hospital and University Centre (Portugal).

Results: We conducted a retrospective analysis which included 112 individuals (67 transgender males and 45 transgender females), observed between January 2004 and November 2017. The number of patients seeking treatment increased substantially in the last 5 years. The age at initial endocrine evaluation was 28.51 ± 11.24 years, being significantly lower (24.94±9.07 Vs. 33.82±12.14; p<0.001) in transgender females.

These patients had a high prevalence of mental health and mood disorders (n=36; 32,14%) and other important associated pathology were observed, including multinodular goiter, papillary thyroid carcinoma, type 2 diabetes mellitus, karyotype alterations and infectious diseases. Eighty-two patients (73.21%) started hormone treatment, having performed therapy for a median period of 27 months. The expected masculinization and feminization effects were observed in all patients. Hormone-related adverse events were observed in a total of 19 (23.2%) subjects, most of them consisting in minor
events. It was reported only 1 case of acute thromboembolic disease, which lead to therapy suspension.

**Conclusions:** Most of the subjects referred to our center (73.21%) performed hormone therapy with success and deprived of significant complications, so we can conclude that, when managed in physiological levels, hormone treatment is effective and globally safe in male and female trans.

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**Oral Papers 9**

**PSYCHIATRY AND SEXUAL HEALTH AND PARAPHILIAS**

**OBSESSIVE-COMPULSIVE SYMPTOMS IN HYPERSEXUAL PATIENTS**

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**Objective:** The aim of this study was to assess differences in the level of obsessiveness and compulsivity in 3 groups of patients 1) compulsively masturbating; 2) having uncontrolled sexual relationships with multiple partners; 3) compulsively masturbating and having uncontrolled sexual relationships with many partners.

**Design and Method:** 108 patients meeting diagnostic criteria of hypersexual disorder (HD) by Kafka were interviewed. The content (type) of obsessions and compulsions and their intensity were assessed using the Y-BOCS (Yale-Brown Obsessive-Compulsive Scale). Patients have also completed the OCI-R (Obsessive – Compulsive Inventory – Revised) and STAI Test (State-Trait Anxiety Inventory).

**Results:** We found differences in the intensity of obsessive thoughts, compulsive behavior and anxiety (trait) between the three groups. According to the OCI-R scores, 34% of the subjects indicated high probability for OCD. Patients from the Group 2 presented with the lowest total OCI-R scores and in the obsessive subscale. High levels of anxiety (trait) were found in 45.5% of the subjects. The patients were presenting different types of obsessions and compulsions. According to the Y-BOCS, 62% of all hypersexual patients experienced moderate and 18% severe obsessive-compulsive symptoms. The majority of subjects with severe OCD symptoms were from Group 1 (70%).

**Conclusions:** The nature of obsessions and compulsions presented by hypersexual patients is highly differentiated and includes many non–sexual aspects. Significant differences were found according to intensity of obsessive-compulsive symptoms and the level of anxiety between the three groups. Compulsively masturbating patients indicated the highest level of anxiety and obsessive-compulsive symptoms. This should be taken into account in therapy planning.

**SEXUAL SYMPTOMS IN MALES WITH SOMATOFORM DISORDERS**

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**Objective:** To study clinical features of sexual dysfunctions in somatoform disorders.

**Design and Method:** A survey was conducted of 102 male patients aged 22 to 52 years (36.5 + 8.9 years) who applied to the Department of Sexopathology of the Moscow Research Institute of Psychiatry. Diagnostic assessment of the existing disorders in patients was carried out according to ICD-10 for the leading disorder. In the general study group, a subgroup of 12 patients was identified, who were diagnosed with F06.6 - Organic emotionally labile (asthenic) disorder, which did not allow them to be classified as somatoform according to ICD-10 criteria. In addition to clinical-psychopathological, clinical-sexological methods and scales used for the survey of sexological patients (vector definition of the sexual constitution, the sexual formula of men, the test of satisfaction with marriage), were used methods of electroencephalography and reencephalography.

**Results:** The group (39.2%) were patients with somatization disorder. The group of patients with sexual dysfunctions due to hypochondriacal disorder included (24.4%).Sexual dysfunction (19.6%) was observed in the neurasthenia. Patients suffering from sexual disturbances against the background of an organic emotionally labile disorder (11.7%) differed from other patients not by clinical features of sexual dysfunctions associated with frequently changing body sensations, but by anamnestic data and characteristic mental status.

**Conclusions:** It was established that the emergence of sexual dysfunctions and the specificity of the clinical
LOWER SEXUAL FUNCTION IN PRE-RETIREMENT WOMEN IS ASSOCIATED WITH DEPRESSIVE SYMPTOMS BUT NOT WITH SLEEPING PROBLEMS

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Objective: Sexual well-being is important for overall health. Previously, depression and sleeping problems have been suggested to relate to problems in sexuality. Furthermore, sexual function often declines with age. The aim of this study was to evaluate the impact of depression and sleeping problems on female sexual function in Finnish women in their 60s.

Design and Method: The study population of this cross-sectional study consisted of 100 women from the Finnish Retirement and Aging Study (FIREA) whose sexual function was measured with the Female Sexual Function Index (FSFI). In addition to total FSFI score, following domains were calculated: desire, arousal, lubrication, orgasm, satisfaction, pain. In addition, depression (Beck Depression Inventory, BDI) and sleep difficulties (Jenkins sleep problem scale) were examined.

Results: The mean age of women was 62.2 (SD 1.0). Mean BDI score was 5.8 (SD 4.7), mean Jenkins score was 3.6 (SD 1.6) and mean total FSFI score 2.4 (SD 10.6). Total FSFI score correlated with BDI (r=-0.22, p=0.030). From the FSFI domains lubrication (r=-0.23, p=0.025), orgasm (r=-0.23, p=0.024) and satisfaction (r=-0.22, p=0.028) correlated with BDI. With desire (r=-0.18, p=0.080) and arousal (r=-0.19, p=0.063) there was a tendency of correlation. No correlation with sleep difficulties and sexual function in any domains of FSFI could be established.

Conclusions: Women close to their retirement with more depressive symptoms had lower sexual function, specially lubrication, orgasm and satisfaction. Instead, sleeping problems did not relate to lower sexual function.

SOCIODEMOGRAPHIC STUDY OF THE SPANISH BDSM COMMUNITY

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Objective: To obtain objective data about the sexual habits and sociodemographic characteristics of the Spanish BDSM practitioners.

Design and Method: A quantitative study was designed using communicative methodology. A list of subjects was redacted, that was transformed into an ad hoc prequestionnaire. This questionnaire was subjected to 4 peer reviews, then reduced into an affordable size and presented for a test with some chosen BDSM practitioners. The final questionnaire was distributed in paper and online pendant 7 months. The data collected was codified and analysed with SPSS v.23.

Results: 1036 answers collected, 987 valid of whom 828 of high validity (only those were used for analysis). First analysis show a sample composed by 374 males, 428 females and 24 others; average age 35.26±10.56; average age of the first BDSM conscious practice 25.97. The average lapse of time between they first experienced pleasure related to BDSM (although not identified as it) and their first practice is of 9.52 years. The most common practice is bondage, performed as passives (51%). 22.4% of the sample declare to have suffered discrimination due to their sexual practices. 59.4% of the sample have reached university degree studies or over. Only 16.10% of the sample declare themselves as Catholics (in a country where the 68.4% of the population is Catholic according to INE’s data).

Conclusions: The preliminary analysis shows the potential of the data basis that allows now further investigations of the sexual habits and characteristics of the BDSM practitioners, including comparisons with the whole Spanish population scooping for significative differences between populations.
OBSESSIVE–COMPULSIVE DISORDER, SEXUAL OBSESSIONS AND SEXUAL (DYS)FUNCTION

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Objective: Sexual obsessions are common symptoms of Obsessive-Compulsive Disorder (OCD) that can focus on various sexual themes: unwanted sexual thoughts; thoughts of violent sexual behaviour; obsessions of engaging in homosexual activity; and thoughts of sex with animals. Our aim is to discuss the findings from previous studies about the sexual function and sexual obsessions on OCD.

Design and Method: We searched Internet databases indexed at MEDLINE using the keywords: obsessive compulsive disorder, sexual obsessions and sexual function.

Results: The excessive need to control thoughts, high disgust sensitivity or the concealing of obsessional beliefs characteristic of these patients may uniquely hamper its capacity for intimacy and interfere with sexual functioning. Moreover, fear of contamination by sexual activity is sometimes present in patients with OCD, which may also impair sexual function. In addition, some studies suggest an association between OCD and paraphilias. Paraphilias and OCD seem to share structural and functional neuroimaging characteristics. However, there are differences between this disorders. Whereas repetitive sexual thoughts and actions in paraphilias are usually egosyntonic, pure obsessions in OCD are egodystonic. This implies that sexual obsession in OCD is unacceptable and does not give pleasure to the individual. In contrast, feelings in individuals with paraphilias are often positive and can trigger engagement in sexual behaviour.

Conclusions: More specific neurobiological characteristics of OCD seem to influence sexual function in unique ways. A better understanding of sexual function in OCD may help clinicians to choose treatments more suited to specific needs of these patients.

THE RELATIONSHIP BETWEEN COMPULSIVE SEXUAL BEHAVIOR AND SEXUAL PERFORMANCE AND ATTITUDES AMONG MALES AND FEMALES

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Objective: The purpose of present investigation was to examine psychological tendencies that influence individuals' sexual relations.

Design and Method: Using Multidimensional Sexual Questionnaire (MSQ measuring 12 of such tendencies) we examined which aspects of sexual functioning are related to compulsive sexual behaviors (CSB) – a clinical problem recently proposed for inclusion in the upcoming ICD-11 classification. For this purpose, we correlated the results of each MSQ dimensions with the severity of CSB symptoms as measured with Sexual Addiction Screening Test and Brief Pornography Screener in general (200 males and 43 females) and clinical populations (males meeting CSB criteria and seeking treatment) and compared both.

Results: Our results show that a high severity of CSB is positively related to sexual preoccupation, sexual anxiety, sexual depression, external sexual control, sexual monitoring, and fear of sexual relationships, and negatively related to internal sexual control, sexual assertiveness, and sexual satisfaction. Furthermore, problematic pornography use is positively related to sexual preoccupation, sexual motivation, sexual anxiety, sexual depression, external sexual control, and sexual monitoring, and negatively related to sexual satisfaction. When compared to the general population, CSB patients exhibit higher sexual anxiety, sexual depression, sexual monitoring, and lower sexual assertiveness.

Conclusions: Our findings show the usability of the MSQ in studies on CSB and suggest that the abovementioned dimensions warrant attention during clinical work and future studies on CSB.

PARAPHILIAS: CONTRASTING PERSPECTIVES

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Objective: To present a comprehensive range of existing perspectives on paraphilias, highlighting the controversy in sexology science and psychosexual therapy theories around what sexual practices to include as part of normal human sexual functioning, and what practices constitute sexual pathology, or a mental disorder.

Design and Method: A comprehensive literature review was undertaken in exploring the existing perspectives on paraphilias, including the most recent sexology studies, psychosexual literature and various psychotherapy, psychology and psychiatry writings.

Results: Numerous theoretical perspectives on paraphilias can be classified as follows: Psychoanalytic (unconscious neurotic fixations); Psychiatric (views paraphilias on a continuum of mental illness); Biological (neurological irregularities); Personality theories (character deviance); Trauma theory (post-traumatic stress); Cognitive (cognitive distortions); Social learning theory (environmental influences); Behavioural theory (conditioning based automatic behavioural responses); Normality Theory (manifestations of normal human interests); Social Constructionist perspective (a culturally bound syndrome pathologised by power institutions in the society).

Conclusions: Various theoretical perspectives on paraphilias, prevalent in the current professional literature, show how paraphilias are thought of from different, mostly pathological angles. The lack of consensus and a prevalent tendency to pathologise paraphilias draws attention to the importance of self-reflexivity of professionals who work with sexual issues, i.e. the need to be aware and monitor and listen to own biases and values, and the necessity for therapists’ ability to offer non-judgmental listening support and authentic engagement with the specific details of clients’ experiences by demonstrating respect for clients’ integrity and freedom of choice in adult, consenting sexual interactions.

TWO SIDES OF ONE COIN? DIFFERENCES AND COMMONALITIES BETWEEN DETECTED AND UNDETECTED CHILD SEXUAL OFFENDERS

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Objective: Child sexual offending places a serious burden on society and occurs across most ethnic, religious and socioeconomic groups. Although there is a growing amount of studies focusing on characteristics of child sexual offenders, little is known whether there are differences between detected and undetected child sexual offenders. And if so – does therapy of undetected child sexual offenders prevent or exaggerate the risk of (re)offending? To answer these questions it is essential to explore characteristics of detected and undetected offenders. This knowledge is fundamental to ensure protection and wellbeing of children and to uncover child sexual abuse as earliest as possible.

Design and Method: 62 male pedophilic child sexual offenders (CSO) were examined, 24 of them were undetected. Participants were interviewed to gain information about history of sexual offenses and characteristics of victims. General IQ (WAIS-IV), empathy (MET) and impulsivity (BIS) were assessed. Psychiatric disorders were measured by SCID I & SCID II Interview.

Results: Detected and undetected CSOs have comparable psychiatric burdens and clinical characteristics. However, they do differ in the amount of sexual offenses against children and their own experience of sexual violence. Detected CSOs had a experienced more sexual violence and had a higher amount of sexual offenses against children than undetected CSOs.

Conclusions: Regarding the fact that detected and undetected CSOs do not differ in clinical characteristics there is no reason for withholding therapy from undetected CSOs. As convicted offenders conduct more offenses than undetected offenders, treating undetected CSOs is crucial to reduce sexual violence against children.
EVIDENCED BASED RESEARCH AND TREATMENT OF TRAUMATIZED SEXUALITY

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**Objective:** The presentation will have to aims:
1. To discuss the understanding of Evidence Based Practice, based on the Presidential report presented by the American Psychological Association in 2006.
2. Present a systematized clinical approach to treatment of traumatized sexuality with the aim to establish/re-establish sexuality on the client’s own premises.

The APA guidelines take into account research, clinical expertise and patient characteristics as relevant to good treatment outcomes.

**Design and Method:** In our treatment approach we use research from trauma treatment, as well as from sexology, using a modified version of Masters and Johnson. The main contribution from trauma theory, is the understanding of the Triune brain (MacLean, 1990), a concept that is widely referred to in trauma theory and used in treatment of PTSD.

The main modification of Masters and Johnson’s approach is to take into account the vulnerability of traumatized clients and differentiate between the history of abuse or violence, and the sexual history. The instruction of sensate focus needs extra awareness of the importance of being in the here and now.

There are other important contributions from therapy in general (systems theory, narrative therapy, mindfulness) that are useful.

**Results:** Recognizing the patient characteristics is a fundamental element in the clinical approach, this is supported both by trauma research and theory, and by clinical experience.

**Conclusions:** In this treatment approach, understanding of the term Evidence Based Practice is to develop a flexible practice, informed by research and theory from both the trauma field and from sexology.

PORNS AND SEXUAL CONSENT: DOES PERCEIVED REALISM, DESIRABILITY AND LEARNING ABOUT SEX FROM PORN INFLUENCE NON-CONSENSUAL PORN SCENE ENGAGEMENT?

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**Objective:** This study aimed to explore the relationship between perceived realism, desirability, and learning about sex from porn with non-consensual porn scene engagement.

**Design and Method:** A series of porn scene vignettes were designed and administered to a group of sexual consent experts (N = 11). The expert group reviewed the scenes during a 3 round review process and categorised them according to the degree of sexual consent portrayed within each scene. Finalised scenes were administered to a group of Irish University students (N = 1,934) via an anonymous online questionnaire, along with questions pertaining to attitudes towards consent, contexts of porn engagement, perceived realism and desirability of pornographic content.

**Results:** Respondents who reported greater porn desirability and perceived realism, as well as those who had learned more about sexual communication and sexual behaviour from porn were most likely to report that they would be comfortable watching non-consensual porn scenes. Findings indicate that the more a person learned about sexual communication and behaviour from porn the less important they believed sexual consent to be.

**Conclusions:** This study provides a new method to explore sexual consent in porn and also provides important insights into the importance of context of porn use on porn and its affects. Ultimately our findings highlight the importance of porn literacy education in schools.
PSYCHOSEXUAL CHARACTERIZATION OF COLLEGE MEN AND WOMEN REPORTING ATTEMPTED SEXUAL INTERCOURSE BY COERCIVE MEANS

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Objective: Recently, great attention has been given to the phenomenon of sexual violence as committed by college students. Contemporary findings show high rates of sexually abusive behavior as committed by young and educated people, within their interpersonal relationships. Yet, there is still little information on the psychological characterization of these individuals, especially on potential gender differences. Accordingly, this study aimed to characterize gender differences on the psychosexual profile of male and female college students reporting attempted sexual intercourse by coercive means.

Design and Method: Four hundred and sixty five Portuguese college students (262 female) responded to an on-line survey, assessing sexually aggressive strategies used to initiate sexual interaction, sociosexuality (i.e., the endorsement of casual sex), raping myths, and psychopathic traits.

Results: Findings revealed that 43.3% of men, and 24.4% of women, reported sexually aggressive strategies (e.g., verbal coercion, blackmailing, physical force) as a means to initiate sexual interaction. Also, findings on gender differences showed that while sexually aggressive men presented significantly more callous psychopathic traits, aggressive women presented more impulsiveness psychopathic traits. Furthermore, sexually aggressive men reported the endorsement of more raping myths and higher sociosexuality, in relation to the female peers.

Conclusions: Findings corroborate previous data on the perpetration of sexually abusive behavior among college samples, and suggest that while sexually aggressive strategies in men may be explained by a combination of personality traits and more sexual derived markers, women’s aggressive strategies may emerge within a more psychological vulnerability context.

WOMEN’S EMOTIONAL AND SEXUAL RESPONSE TO RAPING SCENES: FINDINGS FROM A PUPILLOMETRIC STUDY

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Objective: Research on the sexual and emotional responses to sexual violence have exclusively targeted male samples, possibly due to the wrong assumption that only men commit sexual aggression. However, it is recognized that women commit different forms of sexual violence, including the perpetration of serious sexual crimes. Accordingly, the present study tested the emotional and sexual response of women to sexual stimuli displaying raping scenes, including male rape.

Design and Method: Forty-nine heterosexual women were exposed to a scene displaying a man raping a woman, and a scene displaying a group of women raping a man. Emotional response was measured psychophysiologicaly (pupil diameter, using an eye tracker) and subjectively. Women further reported on the levels of subjective sexual arousal to the raping scenes, and to self-report questionnaires assessing raping myths and sexual self-schemas. These measures were tested as correlates of the sexual and emotional responses to the raping scenes.

Results: Findings revealed that women reported more nervousness to the scene displaying a man being raped by women. However, no differences were found regarding pupil dilation. Also, raping myths and sexual self-schemas correlated with the subjective sexual arousal to both raping scenes, as well as with the emotions reported to the clips. The sexual self-schema Open-Experienced was still related with increased pupil dilation.

Conclusions: This study provide first evidence on how women process sexual violence, showing that raping myths and women’s sexual self-schemas might prompt positive emotions (including sexual arousal) to sexual violence.

SEXUAL VIOLENCE BELIEFS AMONG UNIVERSITY YOUNG PEOPLE

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Objective: Sexual violence is a serious social problem. The existence of myths on sexual violence, are attitudes that promote sexual violence both denying and justifying it. The objective is to measure the existence of beliefs which will condition the degree of tolerance/acceptance of the subject regarding the use of violence of sexual nature and relate them to the characteristics of the participants.

Design and Method: Quantitative, descriptive, correlational and cross-sectional study, conducted using students from a portuguese university, in October 2016, by applying the Scale of Beliefs about Sexual Violence.

Results: The sample consisted of 240 students with the average age of 19.80 (18-24). Of them, 43 men (17.9%) and 197 (82.1%) women. The participants do not agree with these kinds of behaviour: 1. stereotyped representation of rape [16.65 (DP = 4, 6)], 2. The victim provocation [10.25 (DP = 3, 6)], 3. Consent of the victim [9.52 (DP = 2, 9)], 4. Fake vulnerability [6.84 (DP = 1, 57)] and 5. False allegations [9.16 (DP = 2, 43)]. These results were sustained when relating them to age, academic course, relationship and its duration, except for gender and civil status. Results could be justified due to more educational training and proportion of women in the sample than in previous studies.

Conclusions: The results suggest the importance of education to break away from the existing myths among youth, although this does not necessarily mean a change in their behavior.

SEXUAL CONSENT RESEARCH AND PRACTICE

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Objective: The objective is to present research on how young adults communicate sexual consent with a sexual partner and demonstrate how this research has been translated into educational workshops and evaluated. The SMART Consent workshop initiative translates positive health promotion concepts of sexual consent and related research findings on attitudes and peer norms into a practical, engaging experience for college students.

Design and Method: Numerous survey-based research studies will be reviewed demonstrating the normative approach to communicating sexual consent in young adults, highlighting gender difference, verbal versus nonverbal approaches and context variables including length of relationship and past sexual behaviour. Methodological and conceptual limits will be noted. The SMART Consent workshop has been subject to a randomised controlled trial and has been implemented in student orientation programmes and extracurricular training programmes in six institutions across Ireland. Approximately 2,000 college students have now taken part. The impact of workshop participation has been assessed using standardised questionnaires and post-workshop interviews.

Results: Results indicate that young adults are more likely to use nonverbal approaches to communicating consent, women prefer more verbal consent communication, and the relationship context influences the perceived importance of negotiating consent. User evaluations of the workshop activities are positive and significant changes in consent attitudes and behavioural intentions have been recorded. Consent messaging is now being developed for other media on campuses through the use of videos and comic books.

Conclusions: This research represents a collaboration between Canadian and Irish researchers highlighting the translation of research into education and practice.

EXAMINATION OF THE ROLE OF SEXUAL VIOLENCE CHARACTERISTICS IN SEXUAL SELF-SCHEMAS OF WOMEN

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Objective: Researchers studying sexual violence experiences (SVEs) often use characteristics of the experiences to select their SVE sample (e.g., only those with penetrative experiences), despite minimal research connecting these characteristics to worse outcomes. The current analyses examined the significance of various SVE characteristics in predicting variation in sexual self-schemas. We hypothesized that the SVE characteristics would play a larger role in the schemas of women with SVE onset prior to their first consensual sexual experience (CSE).

Design and Method: Women with SVEs (N = 481) completed an online assessment of their SVEs and then
reflectively wrote about their sexual selves. The Meaning Extraction Method, automated text analysis procedure, was used to derive 9 sexual self-schema themes: virginity, openness, erotophilia, SVEs, romantic, sexual activity, warmth, relationships, and reflection. Regression analyses assessed the relationships between the SVE characteristics (e.g., presence of force, relationship to perpetrator, perceived trauma, etc.) and schema themes.

**Results:** SVE characteristics were able to explain a significant portion of the variance in the Virginity (6.7%, \( p = .018 \)), Openness (11.3%, \( p = .001 \)), and SVE (8.8%, \( p = .006 \)) schema themes for the group of women with SVE onset pre-CSE. SVE characteristics did not, however, explain a significant portion of the variance in any of the schema themes for the women with post-CSE SVE onset.

**Conclusions:** Individuals whose first sexual experience was a SVE may be at risk for the development of negative sexual schemas. This also provides preliminary support for discontinuing the practice of using SVE characteristics in sample selection, due to small effects.

**PROFILES OF SEX OFFENDERS - DIFFERENCES AMONG THOSE WITH ADULT OR CHILD VICTIMS**

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**Objective:** Sex offenders usually are diagnosed with personality disorders, and sometimes with other mental disorders. Those whose victims are children often have paedophilia, while those with adult victims often do not have a paraphilia.

We wanted to see if there are some differences (except the diagnoses) among those two groups.

**Design and Method:** The sample were subjects accused of committing a sex crime and sent for psychiatric evaluation, during the time frame 2010 - 2016. There were 51 people, 50 men and one woman (so she was removed from further analysis).

They were divided into two groups: those with adult victims (\( N = 24 \)) and those with children victims (\( N = 26 \)).

**Results:** Both groups were similar in regard to demographic data (age, employment status, marital status, number of children, education, previous convictions, previous psychiatric treatment). The victim was in both groups usually known to the offender (in 2/3 of cases). The majority were assessed as criminally responsible (62%) and only one was found not guilty for the reason of insanity.

The only difference between the groups was that those who offended against adults were more often drunk at the time of offence (59% compared to 18%), and had a diagnosis of alcohol dependence (22% compared to 4%).

**Conclusions:** Sex offenders with adult victims more often have alcohol related disorder and more often used alcohol at the time of offence, compared to those with child victims.

**INCREASE IN MASTURBATION HABITS AMONG GENERATIONS**

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**Objective:** Each generation has adopted views on masturbation via transforming cultural definitions of sexuality and normality. This talk will present how masturbation habits have changed during the last decades in different generations and how these habits are linked to the partnership status.

**Design and Method:** In Finland five national sex surveys based on random samples from central population register have been conducted: 1971, 1992, 1999, 2007, and 2015. They are representative of the total population within the age range of 18-54 years in 1971 (\( N = 2152 \)) and 18-74 years in 1992 (\( N = 2250 \)), 1999 (\( N = 1496 \)), 2007 (\( N = 2590 \)), and 2015 (\( N = 2250 \)). Measures include the last time when respondents masturbated and age at first orgasm through masturbation.

**Results:** Each new generation, both men and women, had been more active in masturbation than the previous one. They also have their first masturbation younger. The increase was almost unrelated to the relationship status and to the years spent in the relationship. The masturbation habits that each generation had internalized in adolescence seemed to remain almost unchanged through the course of their lives.
Conclusions: The implications of these findings are that masturbation did not decrease with age and that masturbation was not a compensation for a missing sex partner. For most it is an independent way to gain sexual pleasure. The results indicate that masturbation is linked to the perceptions within a given culture of its nature and consequences during the teenage years of participants.

SAME-SEX DESIRE IN JAPANESE TV-SERIES

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Objective: LGBTIAQ-characters and stories focusing on same-sex desire are not yet a regular theme in Japanese TV-series, but their number appears to be rising. This trend is interpretable as a sign for new/changed visibility of queer lives in Japan. Media representations play a crucial role with regard to the demand of sexual minorities for visibility and attention in mainstream media can positively influence societal acceptance of homosexuality. However, visibility and representations tied to sexual identities also stand in danger of reinforcing stereotypes and stabilizing conservative norms of gender and sexuality. My analysis of recent images of same-sex desire in Japanese TV-Series will take into consideration other popular images of Queerness in media formats such as the Manga-Genres Yuri and Boys Love and the presence of cross-dressing entertainers in television-shows; images that influence the public perception of Queerness but are often criticized for misrepresenting of same-sex desire. The presentation will show how recent images in Japanese TV-Series portray sexual orientation as a key identity factor and connect to an ongoing paradigm shift in Japan towards regarding sexual orientation as a human rights issue.

Design and Method: The research combines discursive media analysis and visual and textual analysis.

Results: While applying some of the familiar visual codes from other media formats, TV-series’ reliance on evoking empathy with a characters’ story provides for a new perspective on politicized queer identities.

Conclusions: Representation of same-sex desire in Japanese TV-series can enhance public awareness of sexual minorities by providing a new template to depict queer desire.

PORTUGUESE COLLEGE STUDENT’S PERCEPTION ABOUT SOCIAL SEXUAL DOUBLE STANDARD (SDS)

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Objective: Research on SDS, a standard of sexual conduct that assigns sexual freedom to men and sexual restraint to women, points towards its maintenance among college students but there are few studies conducted in Portugal and is our goal to analyse SDS maintenance and expression among Portuguese college student, and contribute to develop a SDS substantive theoretical model. SDS is one of three gender-dependent sexual standards (SDS, reversed SDS, Single Sexual Standard [SSS]) that some consider two-dimensional concepts composed of a personal (SDS/reversed SDS/SSS personal endorsement) and social (SDS/reversed SDS/SSS social existence) dimension.

Design and Method: Four female focus groups and four male focus groups were conducted to investigate SDS social existence and expression. Data analysis was framed by Grounded Theory principles and ATLAS.ti used as analytic tool.

Results: The main expression of social SDS emerged as the acknowledgement that occasional sexual relationships and multiple sexual partners are a source of social prestige for men and negative reputation for women. Social SDS is based on sexual gender roles and stereotypes acceptance, acknowledgement and enactment (e.g., men hide their emotionality). Conformity with SDS in order to affirm/protect masculinity/femininity and sexual reputation further explains the maintenance of the SDS as a dominant sexual standard, informing about the mechanism that perpetuate it. Social SDS is a social construction, informed by sexual gender roles and stereotypes and perpetuated through compliance with its prescriptions.

Conclusions: Social SDS exists and sets limits to both men and women’s sexual freedom/autonomy, perpetuating gender differences in sexual experiences, often associated with poorer sexual health.
THE WAY WE LOOK AND PORNO. ATTITUDES ON PORNOGRAPHY. THE MALTESE CONTEXT

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Objective: Students' attitudes towards pornography have been formed within our society and because of many factors youths may have a positive, negative or neutral perception of pornography, while also having an interest in the restriction or freedom of pornography in society. This research study aimed to identify and compare the attitudes of students within the University of Malta using quantitative methodology.

Design and methods: The data was collected using a standardized test with a convenience sample of 261 participants enrolled in different educational institutions. The data tested differences in the population's attitudes while regarding sex and age, together with attitudes towards restriction; and tested secondary hypotheses regarding positive and negative attitudes and frequency of use of pornographic material. Moreover, the data was analysed using three SPSS tests namely the Friedman test, Chi-Square test and the Mann Whitney including three scales: 'Positive Scale', 'Harmful Scale' and 'Restriction Scale'.

Design and Method: The findings, according with the literature, showed significant gender differences in both frequency and attitudes towards pornography, especially on the harmful and restriction scales, however there are many similarities. Furthermore, there are significant differences between the younger and older adult groups on the positive scale.

Results: It becomes necessary analyse and study more in depth the specific pornographic features which are involved in one's attitudes making, such as the pornographic categories considered answering the questionnaire.

 SAFE SEX IN OLDER AGE? KNOWLEDGE ABOUT STIS AND AWARENESS OF STI RISK AMONG POLISH AGING POPULATION: PILOT STUDY

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Objective: Sex in later adulthood remains taboo in many countries, leading to e.g. excluding older adults from sexual health promotion. An increased prevalence of sexually transmitted illnesses follows. Aim of this study was to assess the awareness of STIs' existence, knowledge related to STI topics, risks and help-seeking behaviors among older adults, as it is essential for the sexually active aging cohort to remain safe and free from infections.

Design and Method: Original self description questionnaire contained questions regarding participants' sex life, knowledge about STIs, risks and using STI preventing measures, with follow-up request about the reasoning behind some answers. Respondents consisted of 109 individuals between 50 – 89 years of age (M = 62.5; SD = 8.3). Survey was conducted at a health resort, with privacy and anonymity ensured. All participants gave their informed consent.

Results: Apart from HIV/AIDS, other STIs are hardly known by name. Over ¾ of respondents aged 50-59 consider themselves to be in at least small risk of STIs, while almost none of those 70+ believe to be at any risk. Only 17% of respondents consulted healthcare specialist regarding possible sexual problem when they were 50+. Younger participants believe medical specialist is the best person to support in case of sexual problems, older would seek for help and advise from a friend or no one.

Conclusions: The limited knowledge about STIs and reluctance in help-seeking behaviors displayed by study sample is disturbing. Further research on a representative group of Polish older adults is required, to verify results from this pilot study.

BARRIERS AND FACILITATING ELEMENTS IN HELP SEEKING IN NORWEGIAN INTERVIEWEES' ACCOUNTS

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Objective: The aim of this study was to elucidate which experiences older adults in Norway have with health practitioners' level of knowledge, competency and willingness to discuss sexual subjects in relation to health issues. What do they tell us about experienced barriers and facilitating conditions?

Design and Method: Qualitative semi-structured interviews were conducted with 32 women and men aged 65-85 years. The interviewees were of different sexual orientations, some partnered and some not.

Results: The most significant barrier for help seeking was the silence of health personnel about sexual matters. Many of the interviewees claimed that they were not asked about sexual matters by their physician, or other health personnel. The few, who were asked, were asked about sexual function, rather than sexual pleasure or desire. Furthermore, the interviewees claimed they were not given adequate information about how illnesses and medication could affect their sexuality. Facilitating factors for help seeking were the patients' personal agency, knowledge and competency about sexuality.

Conclusions: Older adult's sexual health is often under-communicated in health care systems both by health personnel, and by patients. This indicates that health personnel underestimate the importance, and relevance of sexuality in older adults, and leaves it up to the patients to put the topic on the agenda. As a result, there may be a diffusion of the responsibility of the health professional as responsible for addressing sexual matters by asking the patient directly.

SEXUAL EXPRESSION – WHAT DOES IT MEAN FOR OLDER ADULTS? FREQUENCIES, TYPES OF SEXUAL BEHAVIORS AND GENDER DIFFERENCES: PILOT STUDY

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Objective: Research show changes in characteristics of sexual life and sexual behaviors in late adulthood. This study aims to investigate what "sexual expression" means for the aging Polish population.

Design and Method: A self description questionnaire addressing sexual activity, types of sexual activities preferred and practised, demographics and background was constructed. The sample consisted of 109 individuals between 50 – 89 years of age (M = 62,5; SD = 8,3). Survey was conducted at a health resort, with privacy and anonymity ensured, and informed consent obtained from all participants.

Results: Hugging, kissing and touching were the preferred forms of sexual expression for female respondents. For men, sexual intercourse and caressing of the erogenous areas were the most popular. Both male and female participants reported engaging in the same types of sexual activities with the same frequency: extra-vaginal activities most often, followed by sexual intercourse and caressing of the erogenous areas – the pattern being parallel to female preferences. Oral sex and masturbation were the least preferred types of sexual expression for both genders, also rarely reported as practised.

Conclusions: Male and female respondents agree on frequencies and types of sexual activities, they however do not agree on preferred forms of sexual expression. Women place a greater value on signs of affection and intimacy, while men emphasize the importance of sexual intercourse. The consequences of such differences for aging population need consideration. Unpopularity of masturbation, especially among men, was surprising.

THE CONTINUITY OF SEXUAL LIFE: AN EXPLORATION OF MEANINGS THAT OLDER ADULTS ASCRIBE TO LATE-LIFE SEXUALITY

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Objective: The present study focuses on late-life sexuality. More precisely, it aimed to study what meanings older adults ascribe to sexual activities performed in long or short-term partnerships. The study further examined the continuity and changes in the meanings of sexuality during the life course. The analysis of the accounts might advance our understanding of why some of them keep their sexual life active at a later life stage.

Design and Method: For this research purpose, we conducted 30 in-depth interviews with Czech participants aged 50 and older (Meanage= 59,8 years, 17 women). A grounded theory approach was employed.

Results: A preliminary analysis has shown that late-life sexuality was associated with the expression of emotional and physical intimacy which helped to strengthen marital or romantic relationships. In cases when
serious health difficulties that prevented sexual activity were present, the intimacy started to be dissociated from sexuality. In other cases, sexuality became richer at the behavioral level and represented the mean of learning about the physical limits of own or partner's body. The narration about the sexuality generated the fear of losing a (life) partner and being single for the rest of the life or was associated with a desire to repartner. The continuity of sexual activity or its restarting at a later life stage had a “rejuvenating function”.

**Conclusions:** The preliminary findings suggest that sexuality is perceived as an integral part of life in the third age and may bear unique meanings to persons at this life stage.

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**Oral Papers 13**

**HOMOSEXUALITY AND SEXUALITY: FAMILY COMMUNICATION AND DISCLOSURE**

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**Objective:** This research aims to explore coming out, education, communication and family support in the development of safe sexual and affective relationships in homosexuals and verify their sexual compulsiveness, sexual sensation seeking and tendency to sexual disclosure. These factors can affect sexual and relational well-being.

**Design and Method:** Sample consisting of 100 male Italian homosexuals age 26, 79 (SD = 7.22). Participants completed Family Communication Scale (SFC), Multidimensional Scale of Perceived Social Support (MSPSS), Compulsive Sexual Behavior Inventory (CSBI), Sexual Sensation Seeking Scale (SSSS), Health Protective Sexual Communication Scale (HPSCS).

**Results:** 72% of participants did coming out, most (37%) with parents, specifically with their mother (15%) and only 2% with their father. Despite the common feeling of acceptance, 33.3% consulted a psychologist because of difficulty in accepting their sexual orientation and homophobia. While homosexuals who did not do coming out and who consulted psychologist for the same reasons are just 10.7%.

Regard family relationships and sexual disclosure during childhood 77% of sample did not talk about sex, 46% received a severe education; 64% did not spend much time in family. Results show a negative correlation between CSBI, SCF total score (p <.01) the MPSS, friends subscale and significant others subscale (p <.01) and positive correlation with the SSSS (p <.05). While MPSS correlates positively with SCF total score and HPSCS.

**Conclusions:** Data suggest the importance of family communication and family disclosure to safe sexual development and relational well-being.

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**IMPLICIT ASSOCIATIONS IN HYPERSEXUAL DISORDER**

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**Objective:** In behavioral addictions, implicit associations towards addiction related stimuli can be the result of neural sensitizations potentially associated with automatic approach behavior. Positive implicit associations may explain why problematic pornography users have difficulties resisting their automatically triggered impulses to consume pornography despite negative consequences.

**Design and Method:** Patients with hypersexual disorder (N=47) and healthy volunteers (N=38) matched regarding age and education completed an implicit association task that measures performance speed in a classification task. Participants had to categorize pictorial stimuli as fast as possible according to valence and content. Furthermore, hypersexual behavior was assessed.

**Results:** Relative to healthy volunteers, patients with hypersexual behavior showed increased positive implicit associations toward pornographic material (t(83)=2.71, p=0.008). Additionally, a positive correlation
between hypersexual behavior and positive implicit associations towards pornography was found (r=0.33, p=0.002).

Conclusions: In line with theoretical consideration the results reveal similarities between individuals diagnosed with hypersexual disorder and the behavior of drug addicts toward addiction related stimuli. These findings strengthen the hypothesis to categorize hypersexual disorder as a behavioral addiction. Further research regarding the interaction between automatic associations and behavioral control may lead to more differentiated and effective diagnostics and treatment.

WHAT ABOUT ASEXUALITY?

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Objective: To summarize the latest literature about this field looking for a definition of asexuality, review historical context linking to its actual concept and to differentiate it from an arousal sexual disorder.

Design and Method: A brief review of the latest literature was performed, using PubMed and the keywords “asexuality” and “asexual”.

Results: Asexuality is understood as the lack of sexual attraction or interest for others. Kinsey was the first to approach asexuality in his studies, calling asexuals as “X” because they didn’t fit in his one-dimension model of sexual orientation, based on behavior. Storm drew a model of two-dimension regarding homo and heteroeroticism, where asexual belong, punctuating as low in both axis. According to some studies, asexuality prevalence is about 1%, being more prevalent in men, and with some variations: it is known that a significant number of asexuals masturbate, although in a lower level than a sexual person. Some may use it as an utilitarian function and some may contain non-partnered oriented sexual fantasies. Asexuality may have theoretical overlapping with lifelong hypoactive sexual desire disorder but in practice asexual people usually don’t report distress from their lack of sexual attraction.

Conclusions: Although a wide range of sexual variability has been recognized throughout human history, and asexual people were noted by Kinsey, asexuals remain an understudied sexual minority. A better study about asexuality will allow us to understand better sexuality.

SEXUALITY, HEALTH AND WELL-BEING

THE SEXUAL HEALTH OF PORTUGUESE PEOPLE WITH PHYSICAL DISABILITIES: A FOCUS GROUP STUDY

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Objective: Despite being considered a major health dimension by the World Health Organization, the sexual health of people with physical disabilities is still poorly addressed by health and social care professionals, and very stigmatized by the society. This study aimed at assessing the perspectives of Portuguese people living with physical disabilities regarding their sexual health.

Design and Method: Nine women and 17 men with different physical disabilities (e.g. spinal cord injury, multiple sclerosis, traumatic brain injury) participated in the study. Participants were recruited from a Professional rehabilitation facility located in the North of Portugal and were assigned to four focus groups in one-hour sessions.

Results: The content analysis allowed to identify three main categories: (1) meanings and beliefs regarding sexuality; (2) experiences of sexuality; (3) necessary changes. Despite the emergence of more positive social views on sexuality, participants expressed that their sexual health is still unrecognized. Participants continue to heavily depend on their relatives, thus restricting their privacy and leading to social isolation. Low self-esteem, prejudice, poor architectural accessibility and scarcity of financial support were some of the barriers to sexuality that the participants pointed out. Finally, their main needs regarding sexual health were: access to specialized information; training for health professionals.
Conclusions: This study gives voice to physically-disabled people and highlights both individual and contextual factors that impair their sexual health. Of upmost importance, this study reinforces the need for including sexuality of people with disabilities in the social agenda and brings implications for future research and practice.

HOW TO PROMOTE SEXUAL WELLBEING AMONG FEMALE STUDENTS WITH EXPERIENCES OF SEXUAL HARASSMENT AND VIOLENCE

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Objective: The Finnish University Student Health Survey 2016 indicates, that 14 % of female students in Finland have experienced sexual violence or harassment in their lifetime. In most cases, these experiences had taken place before university studies. Violence can negatively affect women’s physical, mental, sexual, and reproductive health and prevent them from enjoying their sexuality later on. Besides the adequate individual treatment, empowerment group counselling and peer support interventions are promising in advancing the sexual wellbeing and reducing the negative effects of past experiences. In 2017 and 2018 a peer support and health promotion group for female students were in Finnish Student Health Services in collaboration with sexual therapist, gynecologist and physiotherapist.

Design and Method: The University Student Health Survey 2016 had a sample of 10,000 undergraduate students. A total of 52.3% were female with the response rate of 39 %. The self-report survey consist of wide range of factors related to health, health behaviours and study ability and social relationships.

Results: The group intervention now presented was based on the results of the Health Survey and was designed by the sexual therapist and physiotherapist, who had clinical experience of treating female clients suffered from sexual harassment or violence. First group consisted of 8 and the second of 15 female students.

Conclusions: Women, who have had individual care and treatment for their trauma caused by the past harassment or violence can profit a lot from the group intervention focused on how to promote the sexual wellbeing and emphasizing on the self-determination of women.

GENITAL SEXUAL PAIN IN REPRODUCTIVE-AGE WOMEN: AN EXPLORATIVE STUDY

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Objective: Genital Sexual Pain (GSP) is a common symptom in reproductive-age women. Although this complaint could negatively affect the quality of sex life, there is still a lack of awareness about it in the female population. The objective of the present study was to explore the presence of GSP in reproductive-age women, the characteristics of pain (duration, location, etiology), the way women deal with the symptom, and their sexual functioning.

Design and Method: 653 women (mean age 25.7±4.37) were recruited with snowball method. Participants completed a socio-demographic questionnaire, the McGill Pain Questionnaire (MPQ), the Female Sexual Functioning Index (FSFI), the Female Sexual Distress Scale (FSDS).

Results: 190 women (29.6%) experienced GSP in the last 6 months (mean duration of the symptom 16.87±33.75) located in: vaginal introitus and vestibule (52.1%), lower abdomen/pelvis (44.7%), labia minora/majora (25.3%), clitoris (8.4%), and perineum/anus (5.3%). Most women (75.3%) did not know the cause of the pain, and a quarter of them (24.7%) reported a specific diagnosis. 58 out of 190 (30.5%) considered GSP as a “sexual problem”. 69 (36.31%) and 50 (26.31%) reached clinical scores on FSFI and FSDS, respectively; only 13 (7%) referred to a psycho-sexologist.

Conclusions: GSP was present in almost 30% of women, nevertheless just few of them asked help to a specialist. There is still a lack of awareness about pain; cultural aspects may lead women to go on with the symptom increasing the risk of its chronicization and sexuality impairment.
**“NO MESSING ABOUT AND NO TOUCHY-TOUCHY”: SEXUALITY IN A FORENSIC MENTAL HEALTH SERVICE IN ENGLAND**

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**Objective:** Issues of sexuality in forensic mental health spaces have been overlooked historically in both clinical practice and the academic literature. Prior research suggests that inpatient sexuality is embedded in discourses of vulnerability and risk, which may constrain inpatients’ possibilities for exploring sexual desire and pursuing intimate relationships. This is of particular concern, given that positive experiences of sexuality may be associated with increased well-being and enhanced rehabilitation. The aim of this qualitative study was to explore how forensic mental health staff and inpatients conceptualised inpatient sexuality within a forensic mental health service in England.

**Design and Method:** Sixteen inpatients and ten staff were selected using purposive sampling from adult forensic inpatient wards situated within one service. Data were collected using semi-structured group interviews, and were analysed using Discourse Analysis.

**Results:** Discourses of vulnerability and risk surrounding inpatient sexuality conflicted with alternative discourses of sexuality as natural, and an inherent aspect of personhood. Inpatients often positioned themselves as decision-making sexual beings, although the forensic mental health setting was constructed as a space of inconsistency and confinement in relation to sexual expression.

**Conclusions:** Opportunities for forensic mental health inpatients to explore and express their sexuality may be limited owing to the dominance of discourses surrounding inpatient safety and mental health symptomology. Future qualitative research might adopt experiential approaches to examining how forensic mental health inpatients experience their sexuality in these spaces of sexual and relational confinement.

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**SEXUAL SELF-SCHEMAS AND SEXUAL FUNCTIONING: THE ROLE OF NONCONSENSUAL SEXUAL EXPERIENCE IDENTIFICATION**

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**Objective:** Many individuals with sexual violence experience (SVE) histories do not identify their experiences with sexual violence labels (e.g., rape, sexual assault, sexual abuse). The current study examined whether identification is related to greater integration of the SVE into sexual schemas and how this influences women’s sexual functioning.

**Design and Method:** Women with SVE histories who identify their experiences with these labels (identifiers; \(n = 305\)), who do not identify their experiences with these labels (non-identifiers; \(n = 176\)), and without SVE histories (\(n = 337\)) completed measures on their SVEs and their sexual functioning, and then reflectively wrote about their sexual selves (i.e., sexual schemas). The essays were analyzed using Meaning Extraction Method (MEM), a text analysis procedure that factor analyzes word presence for quantitatively derived themes. The relationships between these schema themes and sexual functioning were assessed within the groups.

**Results:** The MEM extracted 9 sexual schema themes: Virginity, Openness, Erotophilia, SVEs, Romantic, Sexual Activity, Warmth, Relationships, and Reflection. Identifiers demonstrated significantly worse sexual function than those with no SVEs, and non-identifiers did not significantly differ from either of the other groups. Higher scores on the Warmth theme predicted greater sexual function in both non-identifiers and those with no SVEs, but not among identifiers. Among identifiers, greater prominence of the SVE theme predicted poorer sexual function.

**Conclusions:** Identification of SVEs with sexual violence labels may indirectly influence decrements in sexual functioning through sexual self-schemas. The reduction of the SVE’s prominence in women’s sexual schemas may be an important clinical intervention for these women.

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**THE “EROSFEM” STUDY: THE FAKE ORGASM**

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Objective: The simulation of female orgasm is a secular subject, but the literature on the subject is very poor. In 2017 “Erosfem” study highlights how the orgasm simulation is primary for the Italian women. So is it possible to unmask an authentic female orgasm from a fake one?

Design and Method: 1264 Italian women between 18 and 50 years were recruited through mail and social media. Participants were asked to fill in anonymously an on-line battery of questionnaires which included: questions about orgasm simulation and motivations of this lie, with the Female Sexual Function Index (FSFI). For the video analysis of facial expressions was used the Facial Action Coding System (F.A.C.S.).

Results: 59% of the woman examined simulated orgasm at least once in their lifetime. The reason for this behavior is for 67.4% of the lying women not to disappoint the partner, while 32.6% of them presented other several motivations. The video analysis shows that facial muscles are activated differently during an authentic orgasm compared to a simulated one.

Conclusions: The fake orgasm tends to be more practiced in couples where the man is obsessed by his performance (not to damage his self-esteem). Thanks to the F.A.C.S. analysis, we can see that the fake orgasm has precise indicators of lying. She can’t simulate an authentic emotion

INFLUENCES ON THE LIKELIHOOD OF ORGASM DURING THE MOST RECENT HETEROSEXUAL ENCOUNTER IN A NATIONALLY-REPRESENTATIVE SAMPLE

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Objective: The aim of this study was to address the limited information from population-representative studies of the rates and correlates of men’s and women’s orgasms during specific sexual encounters.

Design and Method: Computer-assisted telephone interviews were completed by a representative sample of 20,094 Australian residents aged 16–69 years. The reported demographic data, relationship characteristics, and attitudes, and provided details of their most recent heterosexual experiences.

Results: Men were significantly more likely than women to report an orgasm during their most recent sexual experience (91.9% vs 66.2%). Respondents who had an orgasm engaged in significantly more sexual activities during their most recent sexual encounter – the full paper reports the combinations of behaviours most likely to lead to orgasm. In multivariate analyses, significant independent correlates of male orgasm were: vaginal intercourse; sex with a regular partner; manual stimulation by their partner; and fellatio. In multivariate analyses), significant independent correlates of female orgasm were: vaginal intercourse; cunnilingus; manual stimulation by their partner; and sex with a regular partner. For neither men nor women were attitudes, psychological well-being or demographic factors a strong influence on orgasm.

Conclusions: It was unusual for male respondents not to have had an orgasm during their most recent sexual encounter with a woman – only 8% of men did not reach orgasm compared to 24% of women. One reason for this may be the concentration on vaginal intercourse as the central feature of heterosexual practice; a behaviour that is a more effective route to orgasm for men than women.

THE “EROSFEM” STUDY: THE ROLE OF MASTURBATION IN ITALIAN WOMEN

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Objective: This study is part of a bigger one named Erosfem, which investigates sexuality in Italian women. Specifically this study aims to explore the attitude towards masturbation with or without the partner.

Design and Method: A sample of Italian women (n=1264), from 18 to 50 years old, completed a self-report online questionnaire which evaluated attitudes towards masturbation (e.i. frequency, how often you reach orgasm...).

Results: Women have masturbated: 84% at least one time in their life; 50% before age 15 and 80% before age 20. 88% can reach orgasm almost every time; more than 50% can reach orgasm in less than 5 minutes and 90% in less than 20 minutes. About 80% of women masturbate 3 times a month or less by (79.5%) stimulating the clitoris with their fingers, (33.2%) or by inserting fingers in vagina. Orgasm can be reached by women easily while masturbating on their own. With the partner: only 67% can often or always reach orgasm; the incapability of letting themselves go (59.7%) and lack of desire (30.8%) are the most common reasons for not reaching orgasm; the most effective stimulations of the clitoris are with the fingers (72%) and
with the mouth (58.6%).

**Conclusions:** Masturbation is a common practice for women more than it is socially recognized. Orgasms can for the most be reached easily and within a short time. Stimulating the clitoris on their own or with the partner seems to be the most effective way to reach orgasm.

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**BEYOND HURT: PLEASURE AND ANAL SEX IN A SAMPLE OF ITALIAN WOMEN**

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**Objective:** Anal sexuality has been considered a taboo. Is it really like that? The aim of this study is to evaluate feelings and perceptions related to anal sexuality in a sample of Italian women and if there is any difference in SAS (Zung Self-rating Anxiety Scale), SDS (Zung Self-Rating Depression Scale) and FSFI (Female Sexual Function Index) between anal sex and no anal sex group.

**Design and Method:** The study “Erosfer” included 1264 women 18 to 50 years old who completed a questionnaire created by AISPA researchers, FSFI, SAS and SDS. They have been sent by mail with the invitation to send them to at least three friends.

**Results:** 52% of woman refer the experience anal intercourse for these reasons: desire of both (45.40%), partner’s desire (34.40%), personal desire (12.80%), curiosity (16.20%), transgression (8.20%), other (1.80%). The women who have anal sex prefer these kinds of stimulation: by finger at the anal entrance (73.8%), by mouth (43.1%), by fingers penetration (66.6%), by objects (14.2%) or by penis (94%). 53% of women who have anal sex achieve an orgasm and 42% of them refer to achieve it without simultaneous clitoris stimulation (pure anal orgasm). 48% haven’t anal sex for these reasons: no opportunity (34.3), fear of pain (24.8), considering it no natural or immoral (20.3), other (20.6). No difference has been found for SAS, SDS and FSFI scores between anal sex and no anal sex group.

**Conclusions:** This study shows how anal sex is a common experience for women and could be a source of pleasure.

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**MODES, BELIEFS, AND SCHEMAS AS RISK FACTORS FOR SEXUAL DYSFUNCTIONS**

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**Objective:** The literature highlights a significant role of automatic thoughts, sexual beliefs and cognitive schemas as risk factors triggering and maintaining sexual disfunctions. The aim of this study was to summarize the evidences highlighted in the validation studies of the Italian versions of the “Sexual Modes Questionnaire (SMQ)”, the “Sexual Dysfunctional Beliefs Questionnaire (SDBQ)”, and the “Questionnaire of Cognitive Schema Activation in Sexual Context (QCSASC)” for the clinical practice.

**Design and Method:** The results from three validation studies on 1051 participants (425 men and 626 women) are presented, focusing on clinical implications. The questionnaires assess different classes of cognitions related to sexuality, such as failure and erection concerns, age and body thoughts, erotic fantasies, attitudes towards sexuality, conservatism, occidental gender stereotypic roles and control over sexuality. Questionnaires ability to discriminate between sexually clinical and healthy people and the association between cognitive facets, emotions, and sexual functioning were explored.

**Results:** Results showed these questionnaires differentiating between sexually clinical and healthy people. Many cognitions evaluated are clearly gender specific: “Erection Concerns”, “Worries about Partner’s evaluation and Failure Anticipation thoughts” and “Macho Beliefs” for men; “Failure and Disengagement Thoughts” and “Age related Beliefs” for women. “Control over sexuality”, feeling “Helpless” and “Unlovable” were highlighted as important risk factors for both genders. A strong association between cognitions, emotions and sexual functioning was also reported.

**Conclusions:** The strong association with sexual functioning and emotions confirmed the need to operate under an integrated approach, considering cognitive, emotional and sexual aspect all together to elicit an effective improvement during the therapeutic process.
SOCIOSEXUAL ATTITUDES AND QUALITY OF LIFE IN (NON)MONOGAMOUS RELATIONSHIPS AMONG SECOND LOVE USERS

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Objective: Research has typically shown that unrestricted sociosexuality is negatively associated with relationship quality, and that relationship quality is positively associated with quality of life (QoL). However, individuals in consensual non-monogamous (CNM) relationships have more unrestricted sociosexuality, while also more satisfied and committed to their relationships, when compared to individuals in monogamous relationships, especially those with prior extradyadic interactions (M_EDI). Still, little research examined whether both relationship agreements are associated differently with attraction forces (wanting to be) and constraining forces (having to be) in the relationship, and how it relates to QoL. In the present study we sought to understand if relationship quality is the underlying mechanism whereby sociosexual attitudes are associated with QoL. Also, we considered both attraction and constraining forces as two distinct components of relationship quality. Lastly, we examined whether relationship agreements are distinctively associated with different aspects of relationship quality.

Design and Method: We conducted a cross-sectional study with 373 heterosexuals (73.2% men, Mage = 41.15, SD = 10.18) registered on Second Love, a dating website for romantically involved individuals.

Results: Results showed differences according to relationship agreement in relationship quality and QoL. For individuals in CNM relationships, unrestricted sociosexuality was associated with increased attraction forces, which was then associated with greater QoL. The opposite pattern was found for those in M_EDI relationships. Furthermore, and regardless of relationship agreement, unrestricted sociosexuality was associated with less constraining forces, which was associated with greater QoL.

Conclusions: These results are a novel contribution to the literature on relationship agreement and how it relates to QoL.

THE “EROSFEM” STUDY: THE ROLE OF SEXUAL FANTASIES IN FEMALE ORGASM

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Objective: The Erosfem study aims at describing the main role of female sexual fantasy as a component of a complete and healthy sexuality; understanding the role of fantasy in female orgasm; and, exploring when women make use of fantasy in their sexual life.

Design and Method: 1264 Italian women between 18 and 50 year were recruited through email, word of mouth and social media. Participants were asked to fill in anonymously an on-line battery of questionnaires which included: questions about sexual fantasies, the Female Sexual Function Index (FSFI) and State-Trait Anxiety Inventory and the Zung Self-Rating Depression Scale.

Results: More than 90% of women use sexual fantasy during sexual activity with their partner and only 9,1% of women declare any fantasy during sexual activity. 64,9% of women use fantasy more frequently during masturbation, 21,8% during foreplay and 13,3 % of the sample during sexual activity. According to our data, fantasies have an overall positive effect on orgasm, with only the 3,5% of the sample declaring negative effects of fantasy on orgasm and 9,4% declaring no effects at all.

Conclusions: 90% of the women in our sample make use of sexual fantasies during masturbation and sexual activity with their partners. Sexual imagination affects orgasm positively in 87% of women in terms of intensity and easiness to achieve it.
ALTERNATIVE RELATIONSHIPS AND SEXUAL BEHAVIORS

P.01.01 | LOVING OR LIBERATING? PERSPECTIVES ON HOW TO DEFINE 'POLYAMORY' FROM RESPONDENTS IN MONOGAMOUS AND NON-MONOGAMOUS RELATIONSHIPS

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Objective: The current preliminary study aims at analyzing lay definitions of polyamory comparing definitions presented by people in a monogamous (MR) and on a non-monogamous relationship (NMR).

Design and Method: This is an exploratory cross-sectional qualitative study using data collected from a web survey. People answered the question “What does polyamory mean?”. We conducted a thematic analysis in order to find patterns of meaning and compare two groups: by people in a MR and those in a NMR.

Results: The final sample comprised 463 participants. Their age ranged from 18 to 66 years (M= 32.19) and were mostly heterosexual (60.5%). Of these, most were in a monogamous relationship (54.2%), followed by no relationship (21%), and non-monogamous relationship (13.2%). Preliminary analysis shows the people who are in a MR and those who are in a NMR equally perceive as a distinct feature of polyamory the feeling of love. However those in an MR highlight similarity of feelings between all people involved in polyamory, as well as the existence of multiple relationships while those in a NMR highlight freedom, intimacy, knowledge and consent

Conclusions: Current relationship status seems to be connected to how people define “polyamory”. Those currently in NMRs differentiate themselves from those in MRs by focusing on potentiality in their definitions, as people in MRs emphasize facticity. This opens up space for future consideration about the role of identitary versus “lifestyle” perspectives on relational orientation.

BASIC AND APPLIED RESEARCH

P.02.02 | PSYCHOLOGICAL FEATURES, QUALITY OF LIFE AND SEXUAL FUNCTIONING IN A GROUP OF ADOLESCENTS AND YOUNG ADULTS LIVING WITH A BLADDER EXSTROPHY EPISPADIAS COMPLEX

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Objective: BEEC is a rare congenital malformation affecting both M and F 1/35,000. The malformation involves the bladder, the urethra, the external genitalia and the pelvis. To evaluate the presence of alexithymia, depressive traits, difficulties in sexual assertiveness and/or in sex-lives and overall quality of life in people with BEEC compared to a group of unaffected peers.

Design and Method: This case-control observational study included a group of BEEC cases compared to a group of control subjects unaffected by any urogenital malformation. Inclusion criteria for BEEC group were: a proved diagnosis of BEEC; age>16 years; sex M-F; approval of informed consent and privacy. Inclusion criteria for control cases were: absence of any urogenital malformation; age≥16; sex M-F; approval of informed consent and privacy. The following questionnaires were administered to 50 cases and 50 controls: BDI-II, TAS-20, SF-36, SAQ, SHF. The draft of a structured interview was administered to five cases.

Results: There were no differences between cases and controls as far as the presence of alexithymia and depressive traits are concerned. The QoL cases scored lower in physical activities and general health compared to controls; sex life experiences of the case group significantly differ from controls in terms of sexual monitoring. Women in the BEEC group had significantly lower scores in the SHF compared to controls.

Conclusions: Our findings demonstrate that the emotional burden suffered by the female affected population exceed that of the male population, therefore female would need an implementation of interventions to improve their sexual experiences. Further research on psycholosexual aspects and gender
differences are needed to validate these data.

P.02.03 | DOES SCOPARONE FROM ARTEMISIA CAPILLARIS HAVE A RELAXATION EFFECT ON THE PENILE CORPUS CAVERNOSUM SMOOTH MUSCLE OF RABBIT?


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Objective: The objective of this study was to evaluate relaxant effect of scoparone from Artemisia capillaris on rabbit penile corpus cavernosum smooth muscle (PCCSM) and elucidate the mechanism of action of scoparone for the treatment of erectile dysfunction (ED).

Design and Method: The precontracted PCCSM with phenylephrine (Phe) was treated with 3 Artemisia herbs (A. princeps, A. capillaris and A. iwayomogi) and 3 fractions (n-hexane, ethyl acetate and n-butanol fractions) with different concentrations (0.1, 0.5, 1 and 2 mg/mL). 4 components (esculetin, scopoletin, capillarisin and scoparone) isolated from A. capillaris also evaluated. PCCSM was preincubated with Nω-Nitro-L-arginine methyl ester hydrochloride (L-NAME) and 1H-[1,2,4]oxadiazolo[4,3-a]quinoxalin-1-one (ODQ). Cyclic nucleotide in the perfusate was measured by radioimmunoassay. The interaction between scoparone with udenafil or rolipram was also evaluated.

Results: A. capillaris extract relaxed PCCSM in a concentration-dependent manner. Scoparone had the highest relaxant effect on PCCSM among four components (esculetin, scopoletin, capillarisin and scoparone) isolated from ethyl acetate fraction. The application of scoparone on PCCSM pre-treated with L-NAME and ODQ significantly inhibited the relaxation. Scoparone also increased the cGMP of perfusate in a concentration-dependent manner. Furthermore, scoparone enhanced the udenafil or rolipram-induced relaxation on PCCSM.

Conclusions: Scoparone relaxed the PCCSM mainly by activating NO-cGMP signaling pathway and it may be a new promising treatment for ED patients who do not completely respond to udenafil.

P.02.04 | STRESS, SEX HORMONE-BINDING GLOBULIN AND SEXUAL DYSFUNCTION IN YOUNG MEN AND ADULTS: A RESEARCH REPORT

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Objective: The aim of this research report is to approach the development and difficulties found in the correlational study about stress, high levels of SHBG and sexual dysfunction in young men and adults.

Design and Method: Increased levels of sex- binding globulin (SHBG) is one of the typical changes of late-onset hypogonadism. Among the most common symptoms of the syndrome associated with aging is sexual dysfunction. However, in clinical practice, men aged 40 years or younger with high levels of SHBG and diagnosis of sexual dysfunction were observed. The sample consisted of 12 men between 18 and 40 years (7 experimental group and 5 control group), who after a screening passed by the application of psychometric instruments. One of the difficulties in the process of screening was a lack of data regarding hormonal exams in medical protocols.

Results: The quantitative variables presented weak correlation, except for SHBG and free testosterone. The qualitative variables presented p=0.2048 for the experimental group and p=0.8841 for the control, showing that stress did not cause the increase of SHBG. About the sexual dysfunction, it was obtained p=0.06658, what was not enough to affirm that the increase of SHBG to be related to sexual dysfunction.

Conclusions: For more concise results, it be necessary increase the sample and insert more information about the clinical picture, lifestyle and measurement cortisol of patients. However, the importance of the theme can not be ruled out, as there may be significant influences on the quality of life and be useful for an evaluation of sexual function.
Objective: To establish the rates and sources of referral to a public funded psychosexual therapy service in central London. To explore demographics, what problems get referred and how many people attend.

Design and Method: Data collected retrospectively from clinical electronic records (October 2013-September 2016). All referrals to sexual problems clinic included and demographic data, referral information and attendance information collected using evaluation tool. Descriptive statistics and graphical representation of data used to illustrate findings.

Results: 472 referrals received in 3 year period - on average 13 referrals a month. Mean age of patients: 35 (M37, F32). Gender: 68% male. Most patients referred by their primary care doctor (GP). 290 (61%) attended first appointment, 214 (45%) attended two or more and 172 (36%) three or more appointments in total. Average number of appointments: 6 (3-34). Erectile dysfunction accounted for 38% of all referrals and then rapid ejaculation 10%. Hypoactive sexual desire 13% and then vaginismus 10% and dyspareunia 9%. These five sexual problems account for 80% of all referrals.

Conclusions: A large number of referrals are received, with implications for provision of such services. Most of these are from GPs and the bulk of referrals are appropriate and appear to reflect longstanding patterns of sexual problems referrals. Further findings including patterns of sexual problem presentation, DNAs and newer difficulties such as cybersex addiction are discussed.

Objective: Hypersexual disorder (HD) comes with clinically significant personal distress for patients and social and medical morbidity. Yet, there are heterogeneous attempts concerning its diagnostic classification, some outlining similarities between HD and addictive behaviors. Attentional biases and implicit cognitions, in particular approach and avoidance tendencies, have been related to craving responses in substance dependent individuals.

Design and Method: 46 HD patients and 37 healthy age- and intelligence-matched control (HC) participants completed the Approach Avoidance Task (AAT; Rinck & Becker, 2007) modified with pornographic pictures. During AAT participants either had to push pornographic stimuli away (avoid) or pull them toward themselves (approach) with a joystick. Additionally, tendencies towards Internet-pornography-use disorder were assessed.

Results: HD patients had significantly higher tendencies to approach pornographic stimuli in relation to HC. Thereof, HD with predominant symptoms of Internet-pornography-use disorder showed significantly higher approach tendencies for pornographic images.

Conclusions: Analogous to substance dependencies, results suggest that altered approach and avoidance tendencies toward addiction-congruent, i.e., pornographic stimuli might be a potential cognitive mechanism underlying HD. These results have wider relevance as neuropsychological trainings of balancing approach and avoidance tendencies could be addressed in therapy.

Objective: Pornography use and relationship satisfaction in adult women and men.

Design and Method: 46 HD patients and 37 healthy age- and intelligence-matched control (HC) participants completed the Approach Avoidance Task (AAT; Rinck & Becker, 2007) modified with pornographic pictures. During AAT participants either had to push pornographic stimuli away (avoid) or pull them toward themselves (approach) with a joystick. Additionally, tendencies towards Internet-pornography-use disorder were assessed.

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Conclusions: Analogous to substance dependencies, results suggest that altered approach and avoidance tendencies toward addiction-congruent, i.e., pornographic stimuli might be a potential cognitive mechanism underlying HD. These results have wider relevance as neuropsychological trainings of balancing approach and avoidance tendencies could be addressed in therapy.
Objective: Access to online pornography has strongly increased in the past years and it is assumed that pornography use is more frequent in men and more often solitary than with the partner. Empirical research has linked pornography use to addiction and sexual violence, and showed primarily negative effects on romantic relationships. But pornography use may also be a source of relationship quality.

Design and Method: This study assess how pornography use is associated with relationship satisfaction and tests if talking about sexuality with the partner and shared pornography use moderate this association. Data was gathered using an online questionnaire study. Participants were recruited via different online platforms and mailing lists. 1091 individuals (444 women, 647 men), with average age of 36.81 years (range 18 - 60) filled out the questionnaire.

Results: Results confirm that a more frequent solitary pornography use is associated with lower relationship satisfaction. In contrast, shared use and sexual communication reduce this negative effect and are associated with higher relationship satisfaction.

Conclusions: Sexual communication and shared pornography use are potential resources in romantic relationships that can buffer against the negative effects of solitary porn use. They should be fostered in consulting and couple therapies for better relationship outcomes.

P.03.09 | Sexting Motivations: Sexual Self-Disclosure and Attachment Insecurity

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Objective: Although the literature has found that sexting behaviours, the digital transmission of sexually exciting self-generated media, is more likely to occur within intimate relationships, their impact on relationship satisfaction is less clear. The present study sought to clarify these findings by examining the potential impact of sexual and general communication, as well as the interplay among sexting, attachment and satisfaction.

Design and Method: Young adults in intimate relationships from an Ontario university completed anonymous questionnaires in which they detailed their relationship status, sexting behaviours, satisfaction (relational/sexual), communication skills, as well their levels of attachment anxiety and avoidance.

Results: Preliminary regression analyses revealed that sexting moderated the relationship between sexual communication and satisfaction, such that individuals who engaged in two-way sexting (sending and receiving) had stronger relationships between communication and satisfaction. For attachment, preliminary regression analyses revealed that for both measures of satisfaction, sexting moderated the relationship with satisfaction for both anxiety and avoidance, with both being more strongly related with satisfaction when individuals engaged in two-way sexting.

Conclusions: Two-way sexting may be used by those in relationships to sexually disclose in a less emotionally “risky” environment. Sexting may provide individuals with more control over how/what they disclose, potentially easing sexual communication, and strengthening its relationship with satisfaction. There also appears to be stronger associations between satisfaction and anxiety/avoidance among two-way sexters. It may be that anxious individuals use sexting to reaffirm their partner’s interest in their relationship, while avoidant individuals may use sexting to improve their satisfaction without direct physical intimacy.

P.03.10 | Jealousy and Relationship and Sexual Satisfaction: A Romantic Attachment Perspective

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Objective: Jealousy is considered an emotion that is universally experienced by all individuals, and as one that plays an important role in romantic relationships. In this context, attachment theory is one of the most comprehensive theories for elucidating relationship outcomes. The aim of this study was to examine romantic attachment as a moderator of the association between different facets of jealousy (reactive, anxious, and possessive) and relationship and sexual satisfaction.

Design and Method: The sample of this cross-sectional study consisted of 578 participants (68.3% female) with a mean age of 23.35 years (SD = 3.56; range: 18-43 years), who were involved in a committed dating, opposite-sex relationship, on average for 34 months (SD = 26.63). Participants completed the Portuguese versions of the following self-report questionnaires: Revised Anticipated Sexual Jealousy Scale, Experience
of Close Relationships – Short Form, Global Measure of Relationship Satisfaction and Global Measure of Sexual Satisfaction.

**Results:** The results showed that reactive jealousy was positively associated with relationship and sexual satisfaction, whereas anxious and possessive jealousy demonstrated a significant and negative association with relationship satisfaction. Findings also revealed attachment-related anxiety and avoidance as significant moderators of the association between reactive and possessive jealousy and relationship satisfaction, and attachment-related avoidance as a moderator of the association between reactive jealousy and sexual satisfaction.

**Conclusions:** The findings of this study indicate both positive and negative associations between different types of jealousy and relationship satisfaction, as well as that the detrimental effects of jealousy on relationship outcomes are intensified amongst those exhibiting higher attachment-related anxiety and avoidance.

P.03.11 | TRAUMATIC LUGGAGE: THE ROLE OF ADVERSE CHILDHOOD EXPERIENCES ON INTIMACY AND SEXUAL DESIRE

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**Objective:** The present study examined the relationship between Adverse Childhood Experiences (ACE), Intimacy and Sexual Desire. Specifically, this study aimed to: 1) analyze the gender differences in relation to the level of ACE, intimacy and sexual desire; 2) explore, analyze and understand the relationships between the different types of ACE, and intimacy and sexual desire; 3) explore, analyze and understand the relationships between the level of ACE, intimacy and sexual desire.

**Design and Method:** The sample consisted of 192 Portuguese participants, where 66.1% were women. Of these, one hundred and fourteen participants were in a couple relationship. The research protocol included the Adverse Childhood Experiences International Questionnaire, the Miller Social Intimacy Scale, and the Hurlbert Index of Sexual Desire.

**Results:** The results showed significant and negative relationships between sexual desire and physical abuse, sexual abuse and bullying. In addition, physical and sexual abuse were significant predictors of sexual desire. No significant relationships between intimacy and the type or level of ACE were found.

**Conclusions:** This study suggests that physical and sexual abuse are relevant types of ACE for the experience of sexual desire towards a significant other. Clinical implications and suggestions for future studies are discussed.

P.03.12 | EMDR AS AN ENHANCER OF COUPLE THERAPY

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**Objective:** In recent years, there has been a convergence which has enriched both relational-systemic and EMDR theoretical approaches. There is an interest in mutual knowledge that, in my own experience, is to be cultivated and developed.

**Design and Method:** You will be illustrated the clinical case of a couple referred by a relational-systemic therapist who has worked with them for some months. Thanks to the integration with the EMDR approach, during our therapy it has been possible to deepen the conceptualization of the case, to reprocess major traumas (e.g. an unresolved maternal grieving process, a spontaneous abortion), to reach a deeper understanding of the history of the wife's disorder (using the floatback technique we have been able to relate the emotions experienced in the present to past memories), and to highlight the husband's dysfunctional behaviours, trying to understand "where he has learned them".

**Results:** The integration of couple therapy with the EMDR work has been effective in promoting a greater wellbeing both at individual and couple level as well as in facilitating change in the couple's dysfunctional dynamics.

**Conclusions:** Now the wife can assert herself without being overwhelmed by waves of emotions and physical sensations that she felt she couldn't control and that were related to an unprocessed traumatic experience. The strong emotional reactions experienced by the husband in the couple's relational dynamics led us to hypothesize that a previous trauma was being triggered by some specific behaviours of the partner in the couple relationship.
GENDER IDENTITY DYSPHORIA

P.04.14 | IS REAL LIFE EXPERIENCE UNQUESTIONABLE

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Objective: The purpose of this study is to compare in detail, the period of time we used at least one year real life experience (RLE) according to all procedures recommended by WPATH, with the present one -all the year of 2017- that was used an alternative approach, using also at least one year RLE, but without all WPATH transition phases.

Design and Method: We conducted a search through Pubmed, B-on, and Elsevier, using the following keywords: gender dysphoria, gender identity disorder, transsexualism, real life experience, transitioning.. A comparative analyse between the two groups is still in process of evaluation.

Results: Results and Conclusions.
As it is known RLE is considered the gold standard procedure for transitioning and very important to achieve favourable SRS outcome. However, our experience, seems to be positive, with slight alternative management care, based on our experience on cope with this population since 1997.

Conclusions: It is intended with this communication to do a critical reflection and discuss the value of some RLE steps. Finally we pretend to provide guidance for clinicians, experts on sexology, and psychologists interest in this area,

P.04.16 | NON-PATHOLOGIZING GENDER IDENTITY DIAGNOSES -- PARADIGM SHIFT AND NEW PATHWAYS IN THE ASSESSMENT OF TREATMENT NEEDS AND PROVISION OF GENDER-AFFIRMING TREATMENT IN A MULTIDISCIPLINARY CONTEXT

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Objective: The F.64 diagnoses included in chapter V of ICD-10, “Classification of Mental and Behavioral Disorders”, were abolished in Denmark from January 2017, and replaced with diagnoses, that are non-pathologizing both in their designation, and in their placement outside of the psychiatric list of disorders. The purpose with removing the diagnoses away from the direct scope of Psychiatry, and clearly stating that gender variance is neither to be interpreted as a somatic or psychiatric disorder, was to shift the current paradigm of how relevant clinical assessment of treatment-needs and providing gender-affirming treatment is to be effected in practice.

Design and Method: In accordance, the Danish guidelines for standards of care provided to transgender people within the health sector, were also revised. In this process, led by the Danish Health Authority, both the clinicians and user-representatives were involved.

Results: At the center of the patientcare there’s a multidisciplinary team, were the specialists actually providing the gender-affirming treatment are involved from the get-go, also during the initial assessment stages.

The role of the Mental Health professional is redefined, no longer being meant as a gatekeeper, but as an allied care-provider, whose responsibility at intake level is to collaborate with the patient in assessing the indication and potential contraindications for gender-affirming treatment, and any other related treatment-needs (for example voluntary/elective psychological support/counselling).

Conclusions: Overall, there is a strong emphasis on interdisciplinary teamwork in an effort to tailor the assessment and treatment course, based on transgender patients’ individual needs/expectations. Our Gender Identity Clinic was established according to the aforementioned context.
P.04.17 | SELF-COMPASSION AND ITS ASSOCIATION WITH SELF-DISGUST, PSYCHOLOGICAL DISTRESS AND SELF-CONCEALMENT, IN TRANSGENDER INDIVIDUALS

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Objective: Transgender individuals tend to present poor psychological health. Few international studies have explored self-compassion protective role against poor mental health outcomes, in this population. Additionally, to our knowledge, in Portugal, there are no studies exploring associations between self-compassion and constructs as self-disgust, psychological distress and self-concealment, which is our main objective.

Design and Method: Forty-five transgender individuals with gender dysphoria [age, M = 27.45; SD = 10.02; biological sex assigned at birth, female (FtM), n = 27; 60.0%] followed at the Genito-Urinary and Sexual Reconstruction Unit (CHUC), answered a sociodemographic questionnaire, the Multidimensional Self-Disgust Scale, the Depression, Anxiety and Stress Scales, the Self-Concealment Scale and the Self-Compassion Scale.

Results: No differences by biological sex assigned at birth were found in the mean score of self-compassion, psychological distress and self-concealment subscales. However, FtM presented higher levels at the Cognitive-emotional and Avoidance (of exposure or dissimulation) self-disgust dimensions, than MtF. Positive self-compassion subscales (Self-Kindness; Common Humanity; Mindfulness) negatively correlated with psychological distress and with all self-disgust dimensions (Defensive activation: physiological activation; Cognitive-emotional; Exclusion), except with Avoidance. In turn, negative self-compassion subscales (Self-judgement; Isolation; Over-identification) positively correlated with all self-disgust dimensions and with psychological distress. Moreover, Isolation positively correlated with concealment of perceived negative personal features.

Conclusions: This work reinforces, in transgender individuals, the association of positive self-compassion with a better functioning, namely lower self-disgust and psychological distress, showing the importance of health professionals considering this self-regulation process during treatment.

P.04.18 | PSYCHOLOGICAL DISTRESS, SELF-DISGUST AND SELF-CONCEALMENT, IN TRANSGENDER INDIVIDUALS

M. Marques, F. Carvalho, L. Fonseca, M. Bastos, P. Castilho, S. Renca, A.M. Pinto, L. Palmeira, F. Pereira, G. Santos

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Objective: International studies suggest that transgender individuals experience higher levels of depression and anxiety (psychological distress), comparing with the general population. Sociodemographic variables, self-stigma, and psychosocial variables were identified as correlates/predictors of psychological distress in this population. However, it remains underexplored how transgender individuals see themselves and how this influences their presentation to others to avoid discrimination/stigma. We hypothesize they see themselves negatively, presenting higher self-disgust, as well as higher self-concealment (defensive strategy against negative evaluations from others). This is the first study in Portugal exploring the association between these variables and psychological distress in a transgender population.

Design and Method: Forty-five transgender individuals with gender dysphoria [age, M = 27.45; SD = 10.02; biological sex assigned at birth, female (FtM), n = 27; 60.0%] followed at the Genito-Urinary and Sexual Reconstruction Unit (CHUC), answered a sociodemographic questionnaire, the Self-Concealment scale, the Multidimensional Self-Disgust Scale and the Depression, Anxiety and Stress Scales.

Results: FtM presented higher levels of Cognitive-emotional disgust and Avoidance (of exposure or dissimulation), than MtF. Individuals that started hormone therapy presented lower self-disgust levels
Avoidance and Exclusion (behaviors and ways to regulate emotions), than those who did not. Younger individuals reported higher self-disgust (all dimensions). Transgender individuals scored higher in all variables, comparing to the general population. Higher levels of self-disgust and self-concealment were associated with greater psychological distress.

**Conclusions:** Results confirm high levels of psychological distress in transgender individuals and inform health care providers about the importance of intervening in self-concealment and self-disgust.

**PARAPHILIAS**

**P.05.19 | PSYCHOLOGICAL CHARACTERISTICS OF THE ABDL GROUP**

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**Objective:** ABDL (Adult Baby / Diaper Lover) group is represented by individuals with rare sexual preferences, in which the objects associated with childhood or presenting infantile behavior are considered as sexual stimuli. The aim of this study was to explore the psychological characteristics of the ABDL group.

**Design and Method:** The subjects were investigated with the Scale of Life Satisfaction, Rosenberg Self-Esteem Scale, Inventory of Psychological Gender, Attachment Style Questionnaire and Relationship Assessment Scale. Participants were recruited through an advertisement on a Polish online forum for ABDL persons. Data was obtained from 38 males aged (aged $M=22.9 \pm SD=7.0$), all identifying themselves as ABDL. Their results on the questionnaires used were compared to the normalization probe groups for these scales.

**Results:** ABDLs showed significantly lower Rosenberg Self-Esteem Scale (Cohen’s $d = -0.3$; $p<.05$). Research group showed greater score on the scales of Masculinity ($d = 0.99$; $p<.05$) and Femininity ($d = 1.97$; $p<.05$) scores in comparison to the normalization probe group. The study group presented increased scores of the secure style ($d = 1.7$; $p<.05$) and a reduction of the avoidant style compared to the normalization probe groups ($d = -2.23$; $p<.05$), however, there was no difference in anxious-dismissive style compared to the normalization probe group ($p>.05$; $d = 0.14$; power to detect = .13).

**Conclusions:** Our findings suggest that ABDLs may present lower self-esteem, different psychological gender, different attachment styles but the same satisfaction with life, compared to the normalization probe group.

**P.05.20 | UNCONVENTIONAL SEXUAL BEHAVIOR IN A NURSING HOME: APPROACH TO A CLINICAL CASE OF UROPHILIA**

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**Objective:** Discussion about paraphilic disorders: diagnostic and therapeutic issues.

**Design and Method:** Discussion of a clinical case of urophilia in a nursing home, with case records - clinical data and diagnostic tests.

**Results:** Evidence suggests masochistic sexual interests in the nursing home, with improved general behavior after a more tolerant approach, such as depatologization of sexual behavior.

**Conclusions:** In this case, urophilia was associated with sexual masochism disorder. The author considers that the mediation between the individual and the professionals that work in the nursing home was the cornerstone for the positive results obtained.
PHARMACOLOGY

P.06.21 | BENEFITS OF ORAL DA-9401 TREATMENT ON SPRAGE-DAWLEY RATS ADMINISTERED FINASTERIDE: ENDOPLASMIC RETICULUM (ER) STRESS AND APOPTOSIS IN THE TESTIS


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Objective: These studies were performed in Sprague-Dawley rats to investigate toxicity of finasteride and recovery by DA-9401.

Design and Method: Acute study was performed orally with 100 or 200 mg/kg DA-9401 alone or in combination with finasteride 1 mg/kg once daily for 56 days. Chronic study was performed by oral delivery once daily for consecutive 90 days. Sperm motility, sperm count, spermatogenic cell density, and Johnsen's score were evaluated. Malondialdehyde was measured in testis tissue. Serum and testicular testosterone and DHT level were evaluated. Glucose-regulated protein (GRP78), phosphorylated inositol requiring kinase 1α (p-IRE1α) and phosphorylated c-jun-N-terminal kinase (p-JNK) levels were quantitated by western blotting.

Results: Acute study: Johnsen score and spermatogenic cell density were significantly improved in the DA-9401-treated groups compared to finasteride-alone group. The testicular MDA level was decreased in the DA-9401-treated groups compared to the finasteride-alone group. Chronic study: Testis tissue revealed significant changes in spermatogenic cell density, Johnsen's score and apoptotic index. Western blot showed significant

Conclusions: These results showed that short-term finasteride administration had no significant effect on spermatogenesis However, improvement was observed in the DA-9401-treated groups. However, finasteride showed toxicity in fertility marker, ER stress and apoptotic change in chronic period, those were recovered by DA-9401.

PSYCHIATRY AND SEXUAL HEALTH

P.07.23 | PATTERN OF SEXUAL ACTIVITY, DEPRESSION AND ANXIETY IN A SAMPLE OF WOMEN

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Objective: We intend to analyze the knowledge/satisfaction of a sample of women about their sexuality and if there is any correlation between their satisfaction with sexual life and their depressive or anxious symptoms.

Design and Method: We developed an online questionnaire directed at women over 18 years of age.

Results: The sample number was 101 women. Mean age was 30 years and 73% had completed some higher education.

96% were heterosexual and almost 90% of the women were in a relationship for more than 6 months. The majority of women (25%) rated the quality of their sex life as being 8 (0 being poor and 10 being excellent).

17% thought they did not know their body well and 32% thought they did not know enough about sexuality. Less than half of the women (49%) questioned were able to identify all anatomic structures that were asked to identify - clitoris, urethra, vulva and anus.

25% had severe symptoms of Depression or Anxiety, however, there were no statistically significant differences between the pattern of sexual activity and Depressive or Anxious Symptomatology.
Conclusions: Although we have not found a correlation between the sexual pattern and depressive or anxious symptoms, we know that sexuality is an important area of human life and contributes to its well-being. It should be a priority to invest in sex education in order to let people know about their sexuality and to take advantage of it in a healthier way.

P.07.24 | PSYCHIATRIC AND PSYCHOPHARMACOLOGICAL ASPECTS IN ONCOSEXOLOGY

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Objective: 1. review about the psychiatric aspects most commonly identified in psycho-oncology and about their connection to sexual dysfunctions identified in oncosexology.
2. clarify the impact and interaction patterns of psychiatric medication in the connection between Psychopathology and Oncosexology

Design and Method: literature review of research articles published in Medline and related bibliography

Results: Psychiatric conditions are commonly found in oncology context, as well as medications to treat them. It’s well established that these are often implicated in sexual dysfunction. In oncology, depression, anxiety disorders, obsessive-compulsive disorders, insomnia and sexual dysfunction have a bidirectional association. If sexual disorders are related to psychopharmacologic treatment, management includes waiting for spontaneous remission, decreasing dosis, drug switching or adding an enhancing agent/antidote. Research suggests that bupropion and new antidepressants like duloxetine and vortioxetine have less impact in sexual function, especially when compared to other SSRI’s and SNRI’s. Antipsychotics that don’t increase the prolactin levels too much appear to be safer. Bupropion, mirtazapine and sildenafil have been studied as potentiators/antidotes or substitution agents when psychopharmacology is needed. Aspects of interactions between psychotropic medication and chemotherapy are relevant, especially with tamoxifen (Venlafaxine and Escitalopram seem to be safer). It’s also important to identify psychopathology related with a treatable cause, as pain or hormonal changes (eg.)

Conclusions: A specialized evaluation by a psychiatrist should be a standardized recommendation in oncosexology.

P.07.25 | SELF-COMPASSION, BODY IMAGE AND EMOTION REGULATION AS PREDICTORS OF SEXUAL AND RELATIONAL SATISFACTION IN WOMEN WITH SEXUAL PAIN: AN EXPLORATORY STUDY

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Objective: The present study aims to evaluate the individual predictive effect of self-compassion, body appearance cognitive distraction, body image dissatisfaction, and emotion regulation difficulties on sexual and relational satisfaction in women with sexual pain.

Design and Method: A total of 84 women with sexual pain completed measures of sexual functioning (FSFI), self-compassion (SCS), body appearance cognitive distraction (BACDS), body dissatisfaction (GBD), difficulties in emotion regulation (DERS), sexual satisfaction (GMSEX), and relationship satisfaction (GMREL). The enter method was used for each individual analysis. Self-compassion, body image (body dissatisfaction and cognitive distraction with body appearance), and emotion regulation difficulties were assumed as predictive variables and sexual and relational satisfaction as response variables.

Results: Findings indicate that isolation when experiencing pain or failure – one of the main components of self-compassion – contributes significantly to sexual satisfaction in women with sexual pain (p = .008), accounting for 11% of its variance. Body image (p = .067) and emotion regulation (p = .194) did no emerge as significant predictors. Regarding relational satisfaction, any of the variables assumed as predictors contributed significantly to its variance.

Conclusions: Overall, the obtained results reinforce the evidence concerning to positive significant effect of acceptance based therapy in female sexual pain (e.g. mindfulness-based therapy) Thus, the present study contributes to the identification of new psychosocial factors in female sexual pain, which appear to have a determining effect on the subjective perception of sexuality experience.
SEXUAL AGGRESSION AND TRAUMA

P.08.26 | SEXUAL COERCION IN INTIMATE RELATIONSHIP AMONG FEMALE COLLEGE STUDENTS

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Objective: It was our intent to verify the correlation between sexual beliefs, romantic myths and sexual identity aspects, such as sexual-schemata, with the occurrence of episodes of sexual coercion in a female sample.

Design and Method: It was conducted a correlational cross-sectional study, with a prospective nature, to assess the theoretically proposed relations.

Using a convenience sampling method, 243 answers were collected among students from all study cycles, from the University of Algarve. Exclusion criteria were being men, having less than 18 years old, and not having had a previous, or actual, intimate relationship. The final sample was constituted by 131 females.

Results: The presence of an intimate relationship with episodes of sexual coercion is positively correlated with sexual beliefs, such as sex being used as an exchange coin, believing that leading on justifies force, believing that women like force, that men should dominate and less believing in the idea that no means stop. No correlations were found between romantic relationship myths, sexual self-identity and the presence of sexual coercion. Nevertheless, the previous sexual beliefs are related to some aspects of sexual self-identity, such as sexual self-schemata, sexual problem management and sexual control exerted by significant others.

Conclusions: Despite the prospective nature of the study, it is concluded that sexual beliefs should be targeted in the interventions for reducing sexual coercion, that seems to exist among educated, medium/high-income female college students. Also, students should be empowered to manage problems in their sex life, since it is linked to this underpinned beliefs.

P.08.27 | INTIMACY IN RELATIONSHIP AND SEXUAL DEVELOPMENT IN A SAMPLE OF VIOLENT AND SEXUAL OFFENDERS

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Objective: The aim of the research is to analyze education and sexual development in a sample of offenders, in order to understand useful factors for treatment and prevention.

Design and Method: We evaluated 29 male inmates in two prisons of Southern Lazio, with an average age of 40.76 years (SD=11.16) and 29 non-prisoners with similar socio-anamnestic characteristics. Participants completed general questions about education and specific questionnaires: Compulsive Sexual Behavior Inventory (CSBI), Sexual Sensation Seeking Scale (SSSS), Health Protective Sexual Communication Scale (HPSCS) and Attachment Style Questionnaire (ASQ) to evaluate intimacy in relationships.

Results: 55.2% of participants received severe education against 27% of the control group; offenders had sex the first time at a mean age of 14 years while the control group at a mean age of 16; 7.9% of offenders reported high score in compulsive use of control in sexual relationships and 69% of them reported high scores in the violence use while control group respectively 48.3% and 31%. Significant and positive correlations emerged between SSSS total score and CSBI total score (p<.01) and between preoccupied attachment and the tendency to use control and to search sexual risk (p<.05) in the experimental group.

Conclusions: Data suggest important difference between groups in family education and psychosexual development. Offenders experience intimacy using more control and sexual high risk situation. These results might be useful for future treatment and prevention in violent and sexual crime.

P.08.28 | DECODING THE NEURAL BASIS OF CHILD SEXUAL OFFENDING IN THE RESTING BRAIN

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Objective: Pedophilia is often used synonymously with sexual offending against children despite a growing number of investigations recommending explicitly, that these terms should not be used interchangable. Even if Pedophilia is known as a major risk factor, it is neither a necessary nor a sufficient condition for committing child sexual offenses (CSO). Pedophilia according to DSM-V is viewed as a sexual orientation towards prepubescent children without committing any child sexual abuse, suffering from distress or from interpersonal difficulties in contrast to the pedophilic disorder. The NeMup-Study aimed to disentangle those neural mechanisms associated with pedophilia from those with CSO.

By using fMRI we compared the functional connectivity in between pedophiles with a history CSO (1), pedophiles without cso (2), non-pedophiles with CSO and healthy controls (N=184). We focused on the most relevant resting state brain networks: the default mode network and the limbic network.

Preliminary results suggest diminished functional resting state connectivity in child sexual offenders compared to non-offending pedophiles and healthy controls.

These results extend existing models of the functional neuroanatomy of child sexual offending and highlight the necessity of differentiating between pedophilia and child sexual offending. Additionally these results show that the understanding of the interplay between emotion and sexual processing may contribute to a better understanding of the occurrence of child sexual offending and may lead to more differentiated and effective diagnostics and treatment.

SEXUAL DYSFUNCTIONS

P.09.29 | ETIOLOGICAL FACTORS AND MANAGEMENT OF PRIAPISM

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Objective: Priapism is a genitourinary emergency that requires a thorough, time-sensitive evaluation. The objective of our study is to determinate etiological factors in patients presenting with priapism, and their management according to etiology and priapism type.

Design and Method: A retrospective study including 52 patients presented between 2003 and 2016 with priapism. Corporeal aspiration and blood gas analysis were made in order to determine priapism type after anamnesis and physical examination. The most appropriate treatment option was chosen and applied on patients considering priapism type, underlying etiological factors and priapism time.

Results: The mean age of patients was 25 years old. Ischemic priapism was the most frequent (85% of cases). Priapism was due to sickle cell disease in 70% of cases and to use of erectogenic drugs in 20% of cases. Aspiration and/or irrigation treatment were the most common method used for treatment in 75% of cases. We performed a distal or proximal shunt in case of ineffective medical treatment or recurrent priapism (23 cases). the mean follow was of 23 months. Average IIEF 5 score was 22.

Conclusions: The aim of the management of priapism is to achieve detumescence of the persistent penile erection and to preserve erectile function after resolution of the priapism. Application of non-invasive treatments in suitable priapism patients would protect patients from invasive painful interventions.

P.09.30 | PREVALENCE AND RISK FACTORS FOR ERECTILE DYSFUNCTION IN MEN WITH CHRONIC RENAL FAILURE: A CROSS-SECTIONAL SURVEY FROM IRAN

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Objective: Male Erectile Dysfunction Is An Important Issue Worldwide Occurring In 10-20% Of Men Older Than 20 Years Old. It Is More Common In Patients With Chronic Kidney Disease And Those On Peritoneal As Well As Hemodialysis And In Kidney Transplant Recipients.

Design and Method: This Was Conducted In Tehran, Iran From March 2015 To March 2017 Including All Married Men 18-75 Years Old Who Were Decreased GFR Less Than 60 Or Were On Maintenance Hemodialysis or Had Received Renal Transplantation At Least Six Months Earlier. Single, Divorced/Separated Men, Those Whose Wives Were Living Away, Those Who Were Bed-Bound And Those With Cognitive Impairment Were Also Excluded. After Obtaining Consent For Participation, Demographic
And Clinical Data Were Collected By Using Anonymous Questionnaires And The Persian Version Of IIEF. Patients Who Did Not Participate In Full And Proper Manner Were Considered As Non-Responders.

**Results:** A Total Of 366 Patients, 136 HD Patients, 130 Renal Transplant Recipients And 100 Chronic Kidney Disease Patients Completed The IIEF Questionnaire. Non-Responders Constituted 24% And 33% And 47% Of HD, Transplant Recipient And Chronic Kidney Disease Patients Respectively. ED Prevalence Was High Among Our Study Patients, 89.7% Among The HD Patients, 89.2% Among The Renal Transplant Recipients And 90% Among Chronic Kidney Disease Patients.

**Conclusions:** Given The High Frequency Of ED In All Patients With These Risk Factors, Physicians Should Encourage An Open Discussion On The Subject During Routine Visits To Promote Early Detection And Treatment.

**P.09.31 | COGNITIVE AND GENDER ASSESSMENTS OF FEMALE ORGASM IN A TUNISIAN WOMEN’S POPULATION**

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**Objective:** Evaluate the personal components and cognitive dimension of sexual functioning in a sample of Tunisian women

**Design and Method:** This was a cross-sectional, descriptive and analytical study covering a period from January 2017 to April 2017. Were included 363 women recruited via the Internet by the social network Facebook through a questionnaire. The variables studied were: orgasmic abilities, masturbatory practices, the ability to let go and cognitions on orgasm.

**Results:** The most frequent mode of orgasm in women was by penetration and manual clitoral stimulation in 36% of cases, manual stimulation and clitoral by the partner in 25%, vaginal penetration in 20%, then oral clitoral stimulation by the partner in 13% by masturbation in 6% of the cases. 61% of participants stated that they enjoyed masturbation. 66% of women (n = 238) reported reaching orgasm with masturbation and 37% of women said they were ashamed to practice it. Eighteen women reported experiencing discomfort in letting go and having an orgasm in front of their partner. 11% of women believed that orgasm was only provided by vaginal penetration, 59% of participants felt that deep penetration favoured orgasms. 67% thought that orgasms could be multiple and 78% of participants felt that simultaneous orgasm is the pinnacle of sexual pleasure.

**Conclusions:** It is important to identify the different personal, intellectual and physiological informations beliefs and knowledge of patients in order to establish a true integrative approach to sexuality and thus establish applications Therapeutic.

**P.09.32 | EFFICACY OF VOLUS (HYALURONIC ACID) AS COMPARED TO POWERFILL® (PLA; POLY-D, L-LACTIDE) FOR TEMPORARY PENILE ENHANCEMENT: MULTI-CENTER, RANDOMIZED, SUBJECT BLIND, ACTIVE CONTROLLED STUDY**

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**Objective:** To evaluate the efficacy and safety of Volus as compared to Powerfill® for temporary penile enhancement in patient with small penis syndrome

**Design and Method:** From 4 March 2016 to 5 August 2016, 72 patients who think his penis is too small were enrolled in this study. Subjects were randomized for injections with Volus or Powerfill® into penile body. Volus Injection using with 19 gauze needle was applied from penile base to coronal sulcus up to 22ml. The efficacy was determined by calculating the change in penile circumference, penile length and patient’s satisfaction at 4, 12 and 24 weeks. Penile circumference was measured from three parts of penis - distal, mid, proximal. Patient’s satisfaction was evaluated by 5-point scale.

**Results:** At 24 weeks follow up. Changes of penile circumference were 20.63 ± 10.97 mm in Volus and 14.65 ± 10.41 mm in Powerfill® (p < 0.026). This difference of penile circumference was not different at 4 and 12 weeks follow up (p < 0.001, p = 0.003). Changes of penile length were not significant between two groups at 4 and 12 weeks. At 24 weeks follow up, Changes of penile length in Volus (23.68 ± 3.43 mm) were significantly prominent than in Powerfill® (10.04 ± 3.43 mm, p = 0.011). Changes in patient’s satisfaction
were not different between two groups.

**Conclusions:** Volus (Hyaluronic acid), compared to Powerfill®, showed more prominent volume effect of penis and patient’s satisfaction at 24 weeks follow up.

**P.09.33 | PSYCHOSOCIAL DETERMINANTS OF FEMALE SEXUAL PAIN: AN EXPLORATORY COMPARATIVE ANALYSIS ON THE ROLE OF SELF-COMPASSION, BODY IMAGE, EMOTION REGULATION AND SEXUAL AND RELATIONAL SATISFACTION**

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**Objective:** The present study intends to identify differences in terms of self-compassion, body image, emotional regulation and sexual and relational satisfaction in women with sexual pain, women with other sexual dysfunctions and sexually healthy women, without sexual complaints.

**Design and Method:** A total of 220 women divided in three groups based on their clinical condition (i.e., sexual pain, other sexual dysfunctions, or no sexual difficulties) completed measures of sexual functioning (FSFI), self-compassion (SCS), body appearance cognitive distraction (BACDS), body dissatisfaction (GBD), difficulties in emotion regulation (DERS), sexual satisfaction (GMSEX), and relationship satisfaction (GMREL).

**Results:** In general, findings indicate that women with sexual pain and other sexual dysfunctions report lower self-compassion (p values ranging between .001 and .044), greater cognitive distraction with body appearance during sexual activity (p = .019; .018), more difficulties in emotional regulation (p values ranging between .003 and .023) and lower sexual satisfaction (p < .001), when compared to women without sexual problems.

**Conclusions:** Recognizing the role of psychosocial factors that are still to be largely discussed in the subject of female sexual pain, findings suggest that clinical intervention could benefit from the consideration of self-compassion, cognitive distraction during sexual activity and emotion regulation strategies on its protocols, since findings indicate that they may be determinant in sexual dysstunctionality.

**P.09.34 | PREDICTORS OF DISTRESSING SEXUAL DIFFICULTIES AMONG OLDER ADULTS: THE IMPACT OF SOCIODEMOGRAPHIC AND PSYCHOLOGICAL VARIABLES**

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**Objective:** Previous studies have examined correlations and predictors of Personal Distress associated with sexual difficulties, but with no focus on this variable among older people.

**Objectives:** (1) to analyze and compare the frequency of different Sexual Difficulties (SD) and Personal Distress in older women and men; (2) to compare sociodemographic and psychological variables in older men and women; and (3) to analyze the predictive value of demographic and psychological variables in Personal Distress and Sexual Desire Hypoactive (SDH) in older women and men.

**Method:** The total sample included 655 non-institutionalized elderly, aged over 65 years, 67.3% female and 49.8% married. The sample was collected in senior universities, community centers and day care centers. The instrument included a socio-demographic questionnaire, EUROHIS-QOL-8, EADS-7 and questions created by investigators.

**Design and Method:** Among men the most reported SD was the difficulty with erectile function and in women was the SDH. The men have a significantly larger Personal Distress than women. There are significant differences between men and women in the variables Educational Level, Religion Practice (RP), Quality of Life (QoL) and Importance of Sex (IoS). The QoL, Depression and IoS were significant predictors of Personal Distress among women. Significant predictors of SDH in men were Education Level and IoS and in women were QoL, Depression and IoS.

**Results:** This study demonstrates the need to explore the factors associated with Personal Distress, a topic that has not yet been studied.
SEXUAL MEDICINE

P.10.35 | SEXUAL FUNCTIONING AND URINARY INCONTINENCE 3-MONTHS AFTER RADICAL PROSTATECTOMY: PRELIMINARY FINDINGS IN A PORTUGUESE SAMPLE

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Objective: Radical prostatectomy is considered the treatment of choice for localized prostate cancer but postoperative complications, including urinary incontinence and loss of sexual function, are frequently reported. The objective of the present study is to evaluate sexual functioning and urinary incontinence in men 3-months after radical prostatectomy.

Design and Method: 50 men will be clinically assessed 3 months after radical prostatectomy with bilateral nerve sparing. After providing their written consent, a clinical interview will be conducted individually with each participant to assess sexual functioning. A battery of self-reported questionnaires will be filled out by the participants to assess medical and psychological dimensions (e.g., sexual functioning, medical history, personality and relational dimensions).

Results: Preliminary findings indicated that the majority of men who performed radical prostatectomy presented moderate to severe postoperative complications. Urinary incontinence and erectile dysfunction were frequently reported by men 3-months after surgery. Men also reported maintaining sexual desire and subjective sexual arousal in sexual situations, despite experiencing other sexual difficulties.

Conclusions: Despite the expected changes in sexual response and urinary function after radical prostatectomy, most men remain sexual active and positive about the ability to maintain a fulfilling sex life. This study can be expected to have important clinical implications for the future management of sexual and urinary problems associated with radical prostatectomy as it aims to contribute to the development of prevention and intervention programs directed to improve men’s sexual health, general and emotional quality of life, and well-being.

P.10.36 | SEXUAL ACTIVITY AND SEXUAL SATISFACTION IN MEN 3-MONTHS AFTER RADICAL PROSTATECTOMY: PRELIMINARY FINDINGS

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Objective: Sexual satisfaction remains an important dimension in men undergoing radical prostatectomy. The objective of the present study is to investigate the patterns of sexual activity and the level of sexual satisfaction in men 3-months after radical prostatectomy.

Design and Method: 50 men will be clinically assessed 3 months after radical prostatectomy with bilateral nerve sparing. After providing their written consent, a clinical interview will be conducted individually with each participant to assess sexual functioning and sexual satisfaction. A battery of self-reported questionnaires will be filled out by the participants to assess medical and psychological dimensions (e.g., sexual functioning, medical history, personality and relational dimensions).

Results: Erectile dysfunction and orgasm difficulties are frequently reported by men 3-months after radical prostatectomy. Despite experiencing a moderate to severe alteration in sexual response, a significant proportion of men remain sexual active and positive about the ability to maintain a fulfilling sex life. Masturbation and rubbing are frequently adopted by men as an alternative to vaginal penetration.

Conclusions: Despite the expected changes in sexual response, a significant proportion of men adjust their sexual behavior to remain sexual active at 3-months after radical prostatectomy. This study aims to contribute to the advancement of management of sexual health in men undergoing radical prostatectomy with the goal of improving their quality of life and emotional and general well-being.
Objective: KCNQ-encoded voltage-gated potassium channels (Kv7) have recently been identified as key regulator of vascular and non-vascular smooth muscle tone. Kv7 channel subtypes (Kv7.1-Kv7.5) have a specific tissue distribution and pathophysiological role. However, their physiological role in corporal smooth muscle (CSM) remains to be fully elucidated. In this study, we examined the molecular expression and functional role of Kv7 channels in corporal smooth muscle.

Design and Method: Expression of KCNQ isoforms in human corporal smooth muscle (hCSM) cells was examined using RT-PCR. Functional responses to Kv7 channel modulators were evaluated in normal and diabetic (DM) rabbit corporal smooth muscle (CSM) tissue.

Results: Of the five KCNQ subtypes, the transcripts for KCNQ1, KCNQ3-KCNQ5 were detected in human corpus cavernosum smooth muscle cells. In functional studies, Flupirtine, ML277 and ML213 produced a concentration-dependent relaxation of PE-induced contractions, with potencies of ML213 > Flupirtine > ML277 (at 30 µM, ML213: 100.9±7.7%, Flupirtine: 59.4±14.3%, ML277: 29.1±1.8%, n=8, p<0.05). Whereas ICA 069763 was effective at 100 µM (42.3±8.2% at 100 µM, n=8, p<0.05). The effects of ML213 were attenuated by pre-incubation with 1 µM XE991 (Kv7.1–7.5 channel blocker) (n=8, p<0.05), which in turn confirmed Kv7 channels selectivity. Moreover, ML213 also induced concentration-dependent relaxation in CSM strips from diabetic rabbit, with similar potency in normal rabbit. XE991 (10 µM) induced a significant increase in [Ca2+]cyt in cultured hCSMs (n=8, p<0.05).

Conclusions: These data suggest that Kv7channels, most probably Kv7.4 channels play a role in erectile function and might be a novel therapeutic target for treatment of erectile dysfunction.

Objective: It is controversial that 5-alpha reductase inhibitors (5ARI) are related to permanent erectile dysfunction (ED) even after discontinuation. This study is to investigate the effects of dutasteride on the persistent ED after discontinuation of dutasteride in the rat model, depending on the duration of medication.

Design and Method: Male rats (n=76) were assigned to five groups: (i) normal control group; (ii) dutasteride (0.5mg/rat/day) 4-weeks group; (iii) dutasteride 4-weeks plus 2-weeks of resting group; (iv) dutasteride 8-weeks group; (v) a dutasteride 8-weeks plus 2-weeks of resting group. In vivo erectile responses to electrical stimulation were measured, and change of fibrotic factors and smooth muscle/collagen contents in the corpus cavernosum were evaluated in each group using Western blot and Masson’s trichrome staining.

Results: Dutasteride 4- and 8-weeks feeding groups significantly decreased erectile parameters compared with control group (p < 0.05). Reduced erectile responses were recovered through 2-weeks of drug-free interval in the 4-weeks group, but not in the 8-weeks group. There was no significant change of protein regarding fibrosis-related factors including TGF and p-Smad/Smad in corpus cavernosum after 4-weeks of dutasteride feeding (p > 0.05), but enhanced in the 8-weeks groups (p < 0.05). Dutasteride markedly decreased smooth muscle contents, and increased collagen(p < 0.05). Dutasteride administration markedly decreased smooth muscle content and increased collagen(p < 0.05).
Conclusions: The current study demonstrated that recovery from ED depended on the duration of medication, and that administration of dutasteride for longer than a critical period could result in irreversible ED, even after discontinuation of dutasteride.

Objective: This work aims to describe the results and techniques on sex reassignment surgery of a reference center on gender dysphoria in a Portuguese tertiary Hospital. We have a multidisciplinary team assigned to follow such patients and its role is of utmost importance during the entire process.

Design and method: Retrospective study based on clinical records of all patients with gender dysphoria treated at our Hospital over the last seven years. Demographic data, surgical techniques and follow up were analyzed.

Since November 2011 until December 2017, 24 male-to-female and 30 female-to-male patients underwent sex reassignment surgery. The mean age at the first surgery was 31 years old (min 19 y; max 69 y).

The inverted peno-scrotal flap (21 procedures) was the surgical technique of choice for vaginoplasty. The rate of complications was 29%, with mainly minor complications (labia minora asymmetry, hematoma or dehiscence).

The main flap used for penile reconstruction was the radial forearm flap (9 procedures), which despite of the high rate of complications, such as ureteral fistula, still is our procedure of choice.

Results: Since 2011 to 2017 we had a significant increase in the number of patients attended in our Hospital. In order to provide the best care, centers performing sex reassignment surgery should have a multidisciplinary team that keeps up to date with all the new surfacing information.

SEXUAL PSYCHOTHERAPY

Objective: The aim of this study was to assess differences in discounting rates and impulsiveness in 3 groups of patients 1) compulsively masturbating; 2) having uncontrolled sexual relationships with multiple partners; 3) compulsively masturbating and having uncontrolled sexual relationships with many partners.

Design and Method: 108 patients with hypersexual disorder (HD-Kafka) were interviewed and completed the Monetary Choice Questionnaire and UPPS-P. Individuals with k (discounting parameter) higher than 0.025 are very impulsive and generally prefer rewards available immediately than rewards deferred in time.

Results: We found differences in the average values of the discounting rate between the three tested groups. The highest discounting rates for each quota range were obtained by the patients from group 3. In addition, subjects in group 3 were more impatient - the average discount function parameters were highest for each quota range compared to the results of the other groups tested.

Conclusions: According to described effect of withdrawal size - small amounts are discounted more strongly than high amounts in all groups of patients. Patients in group 3 were the most impulsive and preferred immediate rewards. In psychotherapy of those patients small steps strategy with summaries and gratifications after achievement of a single step seems the most appropriate way. Patients with HD respond better to small and quick rewards. The ability to postpone gratification is therefore one of very important
therapeutic goals. Prizes are more strongly discounted than penalties, so therapists should place more emphasis on the potential benefits of cessation of uncontrolled sexual behaviors than the consequences of their continuation.

P.11.41 | THE TREATMENT OF PAINFUL PENETRATION THROUGH EMDR

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Objective: This single subject pilot study aims at showing how EMDR can be an effective approach also for traumas pertaining more specifically to the sphere of sexual dysfunctions.

Design and Method: You will be introduced to a clinical case where the application of the EMDR Protocol proved to be useful in reducing pain phobia through Mark Grant's EMDR Protocol, as well as in the "conceptualisation of the case", the working through of past events that contributed to the disorder, the clinical work on the symptom, and the targets for the work on future.

The work on the symptom includes the processing of targets which represent the present mode of functioning of the patient. In planning the targets for the work on future, we have been able to identify proper situations where to include the positive contents emerged during the processing of past and present targets.

Results: For this sexual dysfunction, an integrated approach is more and more recommended for both the diagnostic and therapeutic phases.

Conclusions: In the therapeutic programme some complications may occur owing to the fact that the majority of women affected by vaginismus shows a phobia related to penetration pain. Starting the therapy by approaching the phobic avoidance with the application of EMDR protocol for the treatment of pain has turned out to be very useful.

P.11.42 | A SPECTRUM OF SEX

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Objective: The objective of the presentation is to offer an alternative model of defining sex, describing its meaning, and facilitating conversations about it.

Design and Method: The proposed model is based on the author’s longstanding clinical experience as a systemic and a psychosexual therapist, working within the framework of the social constructionist approach. Narrative Analysis was applied in collecting clients’ narratives on sex, capturing their experiences and the implied definitions of sex.

Results: The depiction of sex as a spectrum suggests that sex and sexuality could be thought of as a wide range of activities and communicational exchanges that people engage in, including the narrow meaning of sex as intercourse and penetration. The further components include: a variety of sexual and sensual options that do not necessarily involve any physical contact; sensuality (physical and non-physical); emotional intimacy (through which personal affirmation can be experienced); mind connectedness (conversational or communicational closeness); doing gender (ways of expressing own masculinity/femininity); fantasy, dreams and imagination. The spectrum of possibilities is not closed and embraces openness to future possibilities in evolving one’s spectrum of sex and appreciating boundless varieties in sexually relating.

Conclusions: It is helpful that therapists working inclusively with sexual issues incorporate all these aspects of sensuality and sexuality within their work with clients, moving and shifting focus amongst the individual segments as appropriate, to embrace the multilayered nature and complexity of sexuality, the interconnectedness of its many layers, as well as the multiple and idiosyncratic definitions of sex.
**SEXUALITY AND EDUCATION**

**P.12.43 | LET’S TALK ABOUT SEXUALITY IN THE MEDICAL CURRICULA**

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**Objective:** The objective of this study was to evaluate the usefulness of a workshop focused on sexuality topics not often conveyed in Medical faculties: sexual orientation, gender identity and diversity of sexual development (often known as intersexuality).

**Design and Method:** Population sample: 69 Medical students attending 4 optional workshops on Sexuality. Methods: Four 2 to 3 hours workshops were organized in 3 International Medical Students Congresses in Portugal during 2017 with a student-centered approach to learning, centered in a role-playing medical consult to discuss and explore biopsychosocial sexuality myths. Questionnaires were filled out anonymously and privately by the students immediately after the workshop.

**Results:** Students’ on the spot evaluation acknowledged the workshop as being very important for their future practice (with 91% agreeing and strongly agreeing) and expressing the lack of discussion of these subjects in their medical faculties (94% did not agree with the statement that these subjects were taught at their faculties). The medical curriculum in Portugal lacks a systematic approach to human sexuality issues and medical students understand the usefulness of these problem-based workshops in the medical curricula.

**Conclusions:** Teaching and learning in Medicine issues related to human sexuality is relevant to structure or to change mentalities of students who otherwise would keep the concepts of their family/living environments. Sexuality related themes should be introduced in the curricula of medical schools, since this has a biopsychosocial role that assumes increasing importance in daily interpersonal and doctor-patient relationships.

**P.12.44 | LOVE LAND - A PLAYFUL MOBILE APP FOR INNOVATIVE SEXUAL EDUCATION**

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**Objective:** Love Land is a playful sexual education program that has the aim to foster a healthy and responsible sexual behavior of young people.

The board Love Land game has been successfully tested and implemented in schools in Switzerland, South Africa and Indonesia in the recent years. After a majority of young people has access to smart phones, the transfer of Love Land into a mobile App has a big potential to make sexual education unlimited accessible in an international context.

**Design and Method:** Love Land consists of different Islands, which include specific issues of sexual education. The user flies from Island to Island and gains points by solving tasks. In the app, users will have the opportunity to be directly linked with local sexual health experts, and to achieve higher levels by gaining scores. Love Land is expandable with additional relevant issues in a very cost and time effective manner.

**Results:** Surveys among young people from Switzerland and South Africa in the age of 14-17 years have proven the potential and demand of a mobile sexual education tool. The prototype of the app will be tested with dedicated pilot groups in South Africa and Switzerland. An effectiveness study in cooperation with Universities will be conducted once the final version of Love Land has been developed.

**Conclusions:** The development of a self-determined and responsible sexual life style is a key component in puberty. The unlimited access to proper sexual education is an indispensable condition to prevent young people from risky behavior and heavy, lifelong consequences.

**P.12.45 | TOWARDS THE DEVELOPMENT OF AN EVIDENCE-BASED MODEL FOR PORN LITERACY**

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Objective: This study aimed to explore young adult’s recommendations for adolescent porn education interventions in order to provide a foundation for the development of a porn literacy model.

Design and Method: A participatory research design was employed to assess university students (N = 54) suggestions for the core topics that should be included in porn education. Participants generated individual responses to a number of questions. Participants then worked in small groups to collate the responses, analyse the data and present their findings. A group discussion followed which aimed to achieve greater insight into the participant’s choices and the rationale behind them.

Results: Participants discussed the implications of child and adolescent porn engagement. Many believed that porn education should be delivered as part of sex education in order to tackle any negative effects. Findings suggest that a harm reduction approach which encourages critical thinking and provides a space for adolescents to explore the following concepts should be employed: (1) Shame and acceptability (2) Sexual communication and consent, (3) the realities of sex (5) sexual functioning, (6) safe sex (7) porn as education and (8) The sexualisation and fetishizing of LGBT+ people.

Conclusions: Calls for porn literacy education continue to increase. However there currently remains little systematic understanding of what porn literacy education should entail, resulting in many programmes being developed which are not based on evidence. This study provides a foundation for the development of a model of porn literacy for adolescents which can be built upon in future research.

P.12.46 | SEXUALITY AND ITS ARTICULATIONS IN THE SPACE OF TEACHING LEARNING, FROM THE DIGITAL TECHNOLOGIES

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Objective: Analyze through documentation and interviews the structure and contents developed in distance courses, teacher training in sexuality and sex education - verifying how these training courses were designed and implemented (effectively applied); identifying what was worked on in each of them and analyzing how the public institutions evaluated the results obtained.

Design and Method: Participants of this study were six responsible for different distance courses with face-to-face moments of training in sex education.

Results: The results allowed us to conclude that the formations contribute to the dissemination of sex education in the Brazilian states, however, they lack continuity and follow-up, making it difficult to have a long-term evaluation that shows if the form and contents were effective in what they were proposed; this type of training does not exclude the need for initial training in sex education; all the courses have tried to interweave the subjects with the school, differences of gender, which facilitates the work in the classroom and the approach of the practice; and that all courses analyzed were thought from the point of view that Digital Technologies when used in favor of education, with criticality and defined objectives, can help in the lack of training.

Conclusions: According to the findings, the training in sex education has contributed to disseminate these contents in the different Brazilian states, but despite a significant increase in the amount of training of these teachers, we are still in a phase of transition that needs to be further encouraged, considering that the resistances are large.

P.12.47 | BARRIERS ADRRESSING SEXUALITY BY SPANISH DOCTORS

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Objective: The study goal was to identify barriers perceived by Spanish primary care physicians (PCPs) to inhibit discussion of sexual health issues and to explore strategies to improve communication in this area.

Design and Method: A cross-sectional study was performed from September 2016 to January 2017. The PCPs from different regions in Spain were surveyed by a 7-item questionnaire with dichotomous questions (yes/no). The questionnaire explored about the difficulties described by the PCPs and by the patient, and what barriers are found in the medical consultation.

Results: A total of 598 PCPs completed the questionnaire. The following barriers were found: 514 doctors (86.5%) reported lack of time, 443 doctors (75.2%) recognized poor training about sexuality, 378 (65.4%) referred patient’s companion at the moment of consultation. Besides, 379 doctors (65.2%) cited privacy of sexual area, 291 (50.8%) lack of interest on the part of the patient, 201(35.0%) embarrassment in
addressing sexuality and 153 (26.7%) lack of personal interest.

Conclusions: Sexuality is considered to be an important aspect of holistic care, yet research has demonstrated that it is not routinely addressed in healthcare services. The main reasons of that problem for Spanish PCPs are “lack of time” and “poor training about sexuality”, followed by the fact that patients may be accompanied by someone at the moment of consultation. Interventions to improve the extent to which sexuality issues are addressed need to take organizational, structural, and personal factors into consideration. Sexuality training should be included at all curricular programs (undergraduate/graduate education, continuing education courses and masters/specialization courses in sexuality).

P.12.48 | SEXUAL EDUCATION AT SECOND BASIC EDUCATION

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Objective: For the implementation of sexual education at Francisco de Arruda School in Lisbon, in accordance with applicable law - Administrative Rule nº. 196- A/2010 of April, that regulates law nº. 60/2009 of August, the Coordinator of Health Education invited a group of teachers from various disciplines of second cycle of basic education.

The global purpose of this study is to analyse in detail the portuguese legislation and draw up plans and diagnostic tests based on contents issued by the Ministry of Education.

Design and Method: The group of teachers based on their experiences and on the specialized litterature, and the main scientific online resources, collaborate in the analysis of that legislation in order to planned a program for sex education.

Results: We had got a positive and interested participation of all teachers. The hours devoted to sexual education should be adapted to each level of education and each class, and can not be less than six hours, as minimum, for the second cycle.

Conclusions: One very important subject to consider in school programs nowadays is the promoting of an healthy and responsible sexuality, and how to do to achieve this goal. The contents of sex education can be addressed in curricular disciplinary areas or in not curricular disciplinary areas.

We will discuss the relevance of this field and how to involve the educational community in this objective.

P.12.49 | SEX POSITIVE ATTITUDES OF UNIVERSITY PSYCHOLOGY STUDENTS

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Objective: Sexuality is a time-honored awkward conversation and contributor to life fulfillment and urges. Therapy clients struggling with sexual problems rely upon expert knowledge from therapists, yet research indicates challenges in the form of institutional barriers, professional training, and practitioner biases on unknown sexual dynamics. Sex positivity as an education approach has been proposed to educate therapists yet few interventions have been recorded or researched to address this deficit.

Design and Method: The Sex Positivity Scale (SPS) was developed by researcher Jill Gromer-Thomas as a 40-question scale of sex positivity agreeableness. Participants were registered psychology students, with a declared psychology major at Webster University in Leiden, the Netherlands.

Results: A sample of 52 psychology students (85% female; 38 undergraduates and 14 graduates) completed an online Qualtrix questionnaire. Higher SPS scores were found in undergraduates (average 5.8 on a seven-point scale) compared to graduates. LGBT participants and their SPS scores resulted in a 42% mean difference from heterosexual participants (chi-squared(3) = 7.891, p = .05). Cultural identities (32 represented) was found to be statistically significant in terms of SPS with several LGBT sexual practices and relationships.

Conclusions: Results of a predominately heterosexual and female study provide strong indication for the need to integrate sex positive training for therapists at a tertiary training level as seen by low SPS scores and low awareness of sex positivity uses in psychology. Future research should investigate the effect of sex positive training on therapists’ ability to work effectively with a diverse range of clients in an unbiased, comprehensive and positive approach.
Objective: This presentation aims to provide a general overview of the growing research and knowledge on youth sexting, a topic with clinical relevance and sociological impact. The theoretical research on sexting will be the foundation for a practical research in Portuguese high schools and pedopsychiatry consultations.

Design and Method: A nonsystematic review of literature was performed using the combination of the following terms: “youth/teen/teenagers/adolescent” + “sexting/cybersex”.

Results: Sexting is recent and an evergrowing phenomenon, with a prevalence ranging from about 10% to 60%, depending on the definition. Sexting is usually defined as an exchange (sending and/or receiving) sexually explicit messages and/or photos through cellphones or other mobile media. The relationship between sexting and sexual risk taking among teens is not very clear. However it can facilitate victimization through nonconsensual participation and/or sharing of messages, with women experiencing more victim blaming if messages are released.

Sexting can also be a part of normal emerging sexual development and is often used for showing and/or developing romantic and/or sexual interest between consenting people and has links with positive relationship qualities, including sexual satisfaction and positive sexual communication.

Conclusions: Sexting is frequent among teenagers and should be an approached topic when dealing with youth in different settings. It is important for clinicians and teachers who are working with adolescents to be aware that consensual sexting is a potentially normal process and promotes sexual discovery. Recommendations should be made in order to prevent cyberbullying and victimization, but not to forbid sexting practices in an “abstinence-only” fashion.

Objective: Rethinking the gender constructs and life models imposed by the cultural industry, which teaches children the values, behaviors, sexual roles, social positions of each gender and influence how they see themselves and how they see themselves.

Design and Method: Content analysis contributes to quantify scenes of violence (of any kind); identify stereotyped images; demonstrate how much the cultural industry has dictated behaviors, body aesthetics, values, since at all times is said what is expected of girls and boys.

Results: The series In the Dollhouse and Fallen Princesses, are a metaphor outside the myths of fairy tales, forcing the viewer to contemplate real life: failed dreams, the prince who is not enchanted, pollution and degradation of the ocean, war, obesity, the extinction of indigenous cultures, cancer and the fallacy of pursuing eternal youth.

Conclusions: It is necessary to rethink the culture of children, since children’s books, advertisements, films, toys and drawings are present in the daily life of children and in the school environment, so that they have a great influence on the formation of the individual and the development of the Critical meaning through of imaginarario. Sarmento and Pinto (1999) affirm: the child is a social actor. That is, they are active participants in building and determining their own lives and the lives of those around them. They have a voice of their own, must be heard, taken seriously and increasingly involved in democratic dialogue and decision-making. Thus, the imperative is to understand children as social actors and childhood as a social category that produces culture.

Objective: There is a growing need to ensure that medical students are cultural competent and able to deal
with diversity. This study seeks to review and summarize existing data on teaching diversity in medical education, with special focus on sexuality, as groundwork to the design and development of a Human Diversity elective.

Design and Method: A non-systematic literature review of articles and published data on teaching diversity and sexuality in undergraduate medical education was conducted using the MEDLINE electronic database. Supplementary information was collected by cross-referencing the reference lists.

Results: Policy articles stress the importance of medical students to challenge own attitudes and gain knowledge on diversity issues and some schools show results of their initiatives. But diversity isn’t taught consistently across medical schools.

Experts indicate key areas to be included in a diversity curriculum, such as age, disability, gender, sex and sexuality, religion, ethnicity and social deprivation. Also recommend that these subjects must be integrated throughout medical curricula and revisited at different moments. Learning objectives should be clear and show relevancy to clinical practice, like exploring how gender or sexual orientation prejudice might impact on care quality and clinical interactions. Nevertheless, it is set that only a safe learning environment and a range of teaching strategies will allow students to express and challenge their opinions, increase knowledge and develop cultural competency skills.

Conclusions: Previous studies results and recommendations can be used to help creating a human diversity elective with focus on sexuality. Efforts should be made to integrate diversity curriculum into and throughout medical curriculum.

P.12.53 | ATTACHMENT STYLE AND SEPARATION ANXIETY AS INDICATORS OF PSYCHOLOGICAL WELL-BEING IN CHILDREN AND ADOLESCENTS OF LESBIAN MOTHERS AND TRANSSEXUAL PARENTS

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Objective: Evaluation of attachment style in children and adolescents aged 4 to 17 years that were born in families composed by two lesbian mothers or transsexual parents; evaluation of parental stress; description of psychological and socioemotional development of children and adolescents.

Design and Method: Seven families with lesbian mothers and three with transsexual parents were enrolled. Separation anxiety test (SAT) was administered to children from 4 to 17 years; Parent Stress Index (PSI) and Child Behavior Checklist (CBCL) was administered to parents; Youth Self-Report (YSR) was administered to adolescents from 11 years.

Results: SAT was administered to 8 children with lesbian mothers; 62.5% of them showed a Secure Attachment, 25% an Insecure-Ambivalent Attachment, 12.5% an Insecure-Avoidant Attachment. SAT was, also, administered to 1 child with a transsexual parent: test results corresponded to a Secure Attachment. Results of CBCL demonstrated that there were Internalizing and Externalizing Problems in 1 case of 9 in lesbian families, no problems were present in transsexual families. 2 of 3 adolescent of lesbian families reported in YSR Internalizing Problems. No clinical results in PSI.

Conclusions: This pilot study demonstrated that parents’ sex and genre don’t influence the attachment style because the distribution of different patterns of attachment is the same of the heterosexual families. Psychological development doesn’t seem to be influenced by the family type, according to the literature.

SEXUALITY IN THE LIFE SPAN

P.13.54 | WOMEN’S EXPERIENCE OF THEIR FIRST SEXUAL INTERCOURSE AND CONTRACEPTION

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Objective: The aim of the study was to show women’s experience of their first sexual intercourse and the use of contraception.

Design and Method: The qualitative study on sexuality and contraception included 52 semi-structured in-depth interviews with women from various geographical parts of Slovenia, taken between December 2010 and May 2011. We specifically analysed the women’s first sexual intercourse.
Results: Twenty-seven women planned their first sexual intercourse, for 25 women it happened spontaneously, and 12 women initially did not want it. Eventually, all of the women consented to the intercourse and did not feel abused. Fourteen women described their first sexual intercourse as bad, 5 women as painful or very painful, 5 women as awful, 10 experienced nothing special while 13 women described it as a good experience. In 4 cases both partners had sexual intercourse for the first time, while the rest of the women had sexually experienced partners. The women experienced their first intercourse independently of their partners' previous sexual experience. Twenty-two couples did not use contraception, 18 men used a condom, and 3 coitus interruptus, 6 women took contraceptive pills and in 3 couples used natural methods.

Conclusions: Most of the women's expectations were not fulfilled. None of the women described their first sexual intercourse as a pleasurable experience. In the study, the wish for the woman's first sexual intercourse was in the most cases expressed by their partners, which, due to the traditional patriarchal culture, women succumbed to.

P.13.55 | FEMALE SEXUAL DESIRE: HOW DOES IT CHANGE AFTER DELIVERY?

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Objective: The aim of this study is to evaluate how female sexual desire changes after delivery, compared to before pregnancy

Design and Method: This is a retrospective study; women who delivered between 2014 to 2017 received a link to an online survey. The questions examined sexual desire before pregnancy and after delivery.

Results: 81 women participated in the study, 81.7% had given birth at the end of pregnancy, 97% had a stable relationship. 8.7% of women claimed that, before pregnancy, they always took sexual initiative, 27% very often, 38.3% often, 26.5% rarely, 1.4% never. Before pregnancy, 45% of participants who did not have sexual desire, responded to partner’s stimulation. After delivery, 53% of participants experienced a reduction of spontaneous sexual desire (29% because of stress); 31% of women didn’t report any change in sexual desire, 16% claimed it increased. 40% of women who experienced distress because of loss of desire did nothing to solve the problem, mostly because it is not considered “a priority”. 71% of women felt less attractive after delivery and 38% claimed that the partner’s desire decreased after pregnancy, causing distress in 68% of them.

Conclusions: After delivery female sexual desire suddenly decreases. Women's identity is jeopardized because after delivery they take up a “mother” role, losing their erotic charge.

P.13.56 | HOW STEREOTYPES OF AGING AND SEXUALITY AFFECT SEXUAL BEHAVIOUR, ATTITUDES AND WELL-BEING OF OLDER ADULTS?

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Objective: Aging is accompanied with a set of stereotypes about older people which affect attitudes, beliefs and behaviours of older adults. They concern the decrease of abilities of older adults, both physical and mental, and age (in)appropriate behaviours. Common stereotype is that old people are asexual: that they have no more need or desire nor physical capability for sexual activities, that old bodies are anti-sexual and that any interest in sexuality is age inappropriate. These stereotypes persists despite research findings that large proportion of older adults do engage in sexual activities and that good health and partner status are better predictor of active sexual life in older age than chronological age. Goal of this qualitative study of Croatian older adults (>64) is to explore how they perceive these stereotypes and how they affect their attitudes, behaviours and well-being.

Design and Method: Semi-structured interviews with 30 participants (>64) were audio recorded and are being analysed using thematic analysis approach.

Results: Data analysis is currently going on and will be finished by the end of March. Preliminary results show that many of the participants are aware of the stereotypes of older people and sexuality, but are actively opposing them, and would like more opportunity for active sexual life. We expect further analysis to show differences in general well-being between those who do or do not conform to asexual aging stereotypes, and how perception of stereotypes models behaviour.

Conclusions: We expect to find that participants’ behaviour and well-being are modelled by how they
perceive stereotypes of aging and sexuality.

SEXUALITY, HEALTH AND WELL-BEING

P.14.57 | THE NUTRITIONAL POWER OF PLEASURE: A NEW CLINICAL APPROACH

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Objective: The aim of this study is to verify the correlation between Female Sexual Disorder and Eating Disorders - Binge Eating. An anamnesis at four different levels was undertaken, investigating three different areas: sexual, dietary and emotional.

Design and Method: A sample of 50 women between 18 - 65 years old. Three different assessment questionnaires were given to them; the “Female Sexual Function Index”, a second questionnaire regarding sexual wellness, and a last one regarding dietary sexual pleasure. The FSFI was used to better understand the level of sexual functionality, normal or pathological, of these women. The sexual wellness questionnaire was used to assess sexual excitement, relational dissatisfaction, masturbation, the consumption of particular types of food, anorgasmia. The third questionnaire, on dietary and sexual pleasure, was used instead to understand the relation between the physical satisfaction given by food and sexual satisfaction.

Results: The results reveals that, between the women affected by Binge Eating; 65% of them have a decrease of sexual desire, 20% of them present anorgasmia, and 15% of them don’t have any disturb. Moreover, 70% of the women interviewed, make an excess use of carbohydrates and salty food to compensate conflictual emotional feelings and absence of sexual pleasure.

Conclusions: These data show how much alimental disease and sexual problems are related to each other. From the data is also clear, how much everyday nutrition is used as source of compensation for problems related and linked to sexuality. As a consequence, in the therapeutic evaluations it is fundamental to consider this pathological link.

P.14.58 | HEALTHY SEXUAL AGING: A SYSTEMATIC REVIEW OF QUALITATIVE RESEARCH ON THE SEXUALITY AND SEXUAL HEALTH OF OLDER ADULTS

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Objective: Despite increasing liberal attitudes to sex, negative stereotypes regarding the sex lives of older adults persist. Older adults themselves, however, regard sexuality as an important factor that influences their quality of life. While there are published previous reviews of the literature in this area, these did not focus on the qualitative research. It has been argued that qualitative research is an important step in understanding the sexual lives of older adults. Therefore, we conducted a systematic review of the qualitative literature on the sexuality and sexual health of older adults.

Design and Method: Three databases – PsycINFO, SocINDEX and MEDLINE – were searched for qualitative articles published in English investigating the sexual lives of older adults aged 60+. Articles that met the inclusion criteria were assessed using the NICE quality appraisal checklist. Thematic analysis was used to identify the main topics of each included article and synthesis the findings.

Results: Sixty-two studies met the inclusion criteria. The majority utilised qualitative interviewing and were analysed using thematic analysis or grounded theory. Two overarching thematic categories were identified: psychological and relational aspects of sexuality, and health and sexuality. The first category included personal meanings and understandings of sex, couplehood aspects, and socio-cultural aspects. The second included effects of illness and/or treatment on sexuality and help-seeking behaviours.

Conclusions: The qualitative approach is still under-utilised within this field. Research is needed into male sexual desire and pleasure, culture-specific and sexual/gender identities and their effect on outcomes such as help-seeking behaviour and sexual satisfaction, and sexual risk-taking in older adults.
P.14.59 | THE IMPACT OF TESTICULAR CANCER IN SEXUALITY IN MEN AND THEIR FEMALE PARTNERS

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Objective: Objective
The main goal of this study was to evaluate the impact of testicular cancer in sexuality in men and their female partners, comparing them with a non-clinical group.

Design and Method
This is an exploratory study including 30 heterosexual couples. The authors included men with testicular cancer diagnosis and their female partners, reporting a stable relationship (more than 3 months). The data was collected in hospital setting. The control sample included 30 heterosexual couples whose men have no testicular cancer. The IIEF (the International Index of Erectile Function - Portuguese version) and the FSFI (the Female Sexual Function Index - Portuguese version) were used to characterize sexual dysfunction and satisfaction. Statistical analysis was performed using SPSS.

Results
Our results showed that ejaculation was affected by testicular cancer diagnosis. However they presented lower sexual insatisfaction. No significant differences were found in other dimensions when compared with the non-clinical group (healthy men). In the female sample, this study revealed a higher sexual satisfaction. There were no statistically significant differences between clinical group (female partners) and control group in all other studied domains. In couples of the clinical group, concordance was generally high in sexual satisfaction.

Conclusions
Corroborating with some literature data, our study suggest that ejaculation is affected by testicular cancer, although the couple has a higher sexual satisfaction. In this light, the results reinforce the importance of partner inclusion as an attempt to aid the adaptation and reorganization of a gratifying and satisfactory sexuality.

P.14.60 | MASCULINITY AT THE TIP OF THE SCALPEL: CHANGES IN SEXUAL INTIMACY AFTER PROSTATECTOMY

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Objective: To make a review of the literature on the subject and to call attention to the need to increase awareness and recognition about intimacy and sexual problems after prostatectomy.

Design and Method: Bibliographic research was conducted through the PubMed in the Medline library.

Results: The personal effects of prostatectomy on intimacy and sexual satisfaction are considerable. Presurgical consultations tend to focus on success rates of cancer treatment and statistical representations of complication rates, including erectile dysfunction. Many patients feel betrayed when they finally face the reality of their changed sexual function and they frequently regret their treatment decisions and although oral agents might be sufficient to provide a satisfactory erection for penetration, this does not mean that it is sufficient for a mutually satisfying sexual experience. Changes in ejaculation can be very disturbing, especially when coupled with the loss of ejaculatory and orgasm control many men experience after prostatectomy. Injections or vacuum devices can negatively affect a couple’s satisfaction owing to loss of spontaneity and uncertainty about effectiveness.

Conclusions: The literature identifies considerable effects on feelings of well-being, self-esteem, and relationship difficulties, particularly in younger patients who have undergone prostatectomy, and problems with depression, feelings of isolation, and social withdrawal have been reported. Depressive symptomatology occurs at a rate 4 times greater for men with prostate cancer than healthy counterparts. Mental health interventions need to be instituted in a triadic formation, where each partner is counseled separately, and as a couple. Individually, each needs a supportive, reality-based approach before and after surgery.
P.14.61 | SEXUAL-SEX CONTROL AND CONDOM USE BEHAVIOR: COMPARING SINGLE AND PARTNERED INDIVIDUALS

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Objective: Self-control is determinant for individuals to engage (or prevent individuals from engaging) in several types of behaviors. Also, partnered individuals in monogamous relationships who have extradyadic sex (i.e., infidelity) are less likely to use condoms with such partners. We examined if greater sexual self-control increased the likelihood of pro-condom behaviors with both casual sex and primary partners in a sample of individuals registered on a dating website.

Design and Method: Individuals registered on the website (both single and involved in a monogamous relationship) were presented with a survey that included measures of sexual self-control, conscientiousness about using condoms, and pro-condom behavior with both casual sex and primary partners (this latter presented only to partnered individuals).

Results: Results showed that individuals more conscientious about using condoms were more likely to insist and discuss condom use with new casual sex partners, and to have used condoms in the last 3 months in these situations. This occurred because these individuals reported greater sexual self-control. No differences were found according to relationship status. Specifically, although partnered individuals reported using condoms less frequently with the primary (vs. casual sex) partner, pro-condom behaviors were still associated with greater sexual self-control.

Conclusions: Individuals with more positive attitudes towards condom use may be more worried about their sexual health, thus perceiving themselves as having greater sexual self-control. For partnered individuals, the use of condoms with casual sex partners might also be used as a strategy to uncover extradyadic sex.

P.14.63 | IRANIAN NEW GENERATION COUPLES. RELATIONS AND PROBLEM

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Objective: Prenatal classes are the place we train sexual health and relation behavioral therapy for new expected couples. Most new generation developed couples are complaining of intercourseobia during pregnancy and specially at the first and third trimester of pregnancy.

Design and Method: We collected 7 groups of couples with 10 couples in each group. Had training about sexual importance and skills in pregnancy.

Results: 70 percent of couples were agreed to continue their sexual performance in pregnancy periods. 80 percent learned to empower their communication skills with their partner. 90 percent of women were satisfied from their partner changes to positive thoughts to sexual performance. 90 percent of pregnant moms were feeling so energetic and self confidence when found their needed psychological sexual support.

Conclusions: So this training made couples to connect to each other and communicate about their sexual needs plus mom s get enriched with psychological support they were looking from their husband that lost because of lack of less communications.

P.14.64 | EFFECTIVENESS OF ER:YAG LASER TREATMENT FOR GENITOURINARY SYNDROME OF MENOPAUSE (GSM)

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Objective: Females with stress urinary incontinence report lower overall sexual function, lower frequency of sexual intercourse, less satisfaction, higher avoidance behavior and poorer overall sexual experience for both partners. Postmenopausal vaginal dryness additionally decrease sexual gratification, especially in oncologic patients when oestrogen is not recommended. A growing body of evidence indicates that a non-invasive Er:YAG laser is an effective and highly tolerable treatment for GSM.

Design and Method: A prospective cohort study in 85 female patients who suffered from SUI treated with a 2940nm wave length Er:YAG laser (XS Dynamis, Fotona, Slovenia). Tested outcomes were absolute change
in the ICIQ-UI SF and a relative decrease in ICIQ-UI score of >30%.

**Results:** Age and pre-intervention ICIQ-UI values were independent significant predictors of laser treatment efficacy for SUI. A decrease in ICIQ-UI score of >30% was independently significantly associated with body mass index and ICIQ-UI values before the intervention. All patients with four or five positive predictors reported a clinically relevant decrease in ICIQ-UI of >30%.

**Conclusions:** The best results after Er:YAG laser intervention for SUI/GSM should be expected in younger women with a body mass index of <23.3, average birth weight of >3.6 kg, ICIQ-UI at a baseline of <10, and perineometer squeeze duration at a baseline of >3.51 seconds. The critical age for Er:YAG laser effect is 47.5 years.

Presented predictive model will help practitioners to identify which patients can expect desirable positive outcomes from Er:YAG laser treatment for SUI.

**P.14.65 | DIFFERENCES AMONG MEN AND WOMEN IN RELATIONS OF SEXUAL FUNCTIONING AND GENDER ROLES, ACCORDING TO DEMOGRAPHIC CHARACTERISTICS**

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**Objective:** Both gender roles and demographic characteristics can have an impact on different aspects of sexual functioning. Research so far has not been able to consistently and continually determine the direction of influence between gender roles (masculinity and femininity) and sexual functioning, as well as possible effect of demographic characteristics. Therefore, we wanted to assess the possible relation between sexual functioning and gender roles, taking into accounts some of demographic characteristics.

**Design and Method:** There were 586 subjects in the research, 511 women and 75 men. The subjects apvia social networks, and they filled in an on-line questionnaire that consisted of initial questions on demographic data, the Scale of sexual functioning and Bem's gender role inventory. To measure the relation between gender roles and different dimensions of sexual functioning, Spearman's correlation coefficient was used.

**Results:** Statistically significant differences in correlations between different dimensions of sexual functions and gender roles were found mainly in men. In men who did not live in the capital, a stronger correlation between femininity and the sexual desire dimension and the total score on the Sexual functioning questionnaire was found, compared to those who lived in the capital. Also, men who were married had significantly stronger correlation between masculinity and sexual desire dimension, compared to single men. In unemployed women a significantly stronger correlation was found between masculinity and sexual desire, compared to those who were employed.

**Conclusions:** In both men and women, many trends have been found between gender roles and sexual functioning.

**P.14.66 | SEXUAL EDUCATION AND NEW TECHNOLOGIES: THE ROLE OF SOCIAL MEDIA**

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**Objective:** Social Media (SM) and On-line Communities (OC) are increasingly important in youth’s life and the massive use of these technologies by new generations gave rise to an international debate regarding the potential effects on relationships and sexuality. The aim of this paper is to review advantages and limits of SM and OC as ways to build and care relationships and obtain formal and informal information on sexuality by youth, and moreover as sexual education programs delivery tools.

**Design and Method:** A review of scientific literature from January 2007 to May 2017 was performed. The current review has been based on 77 articles published in Google Scholar, Web of science, Scopus, PubMed and PsycINFO about the implementation of technology in sexual education programs.

**Results:** SM platforms such as Short Message Service and Social Networking Sites and OC contribute to develop adolescent identity, self-expression, intimate relationships and social well-being and to obtain health information, in particular related to sexuality.

**Conclusions:** The use of SM and OC among adolescents is not necessarily harmful and could promote a safer youth sexual behavior and more effective sexual education sessions. Therefore, a critical approach to SM and OC is needed in order to promote a safe and beneficial use of such tools.
**P.14.67 | HOW DO FORMAL CAREGIVERS EXPERIENCE THE SEXUALITY OF OLDER ADULTS? BELIEFS AND ATTITUDES TOWARDS OLDER ADULTS’ SEXUALITY**

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**Objective:** The way caregivers experience the sexuality of older adults has implications to their identity and sexual manifestations. There are few studies that focus on the meaning of caring of older adults, taking into account their sexuality. This study aims to explore the experiences of formal caregivers (FC) towards sexuality among older adults, and to obtain a description of their experiences.

**Method:** Complete data were available from six caregivers working in a nursing home. We used a sociodemographic questionnaire and topic interview guide. The data was subjected to content analysis.

**Design and Method:** The most prevalent response of the interviewed participants for 'beliefs about the interest in sexuality' was 'health limitations despite the desire', for 'observed behaviours related to sexual expression' was 'masturbation', and for 'reactions/behaviours due to the demonstration of sexual expression was 'using humour'.

**Conclusion:** Future educational and intervention programs in the institution should take into account our findings to improve their efficacy on discussing these issues and to ultimately promote sexual wellbeing.

**SEXUALLY TRANSMITTED DISEASES**

**P.15.68 | ASSESSMENT OF SEXUALLY TRANSMITTED DISEASES BY SPANISH PRIMARY CARE PHYSICIANS**

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**Objective:** The main aim of the study was to describe the management of sexuality and sexually transmitted infections (STIs) by primary care physicians (PCPs) in Spain.

**Design and Method:** A cross-sectional study was performed from September 2016 to January 2017. The PCPs who were mentor of residents in Spain were surveyed by a 10-item questionnaire. The questionnaire included Likert-scale responses and explored the following areas: sexual medical history registration, counseling and management of STIs.

**Results:** A total of 598 PCPs participated. 570 doctors (96.0%) provide medical advice on the use of contraceptive methods to patients of childbearing age, 547 (92.1%) record previous STDs in clinical history, 545 (91.5%) always/almost always investigate about their patients' sexual risk practices, 494 (82.7%) talk about sex with teenagers. Almost half of them, 218 (48.8%) never/almost never investigate the number of sexual contacts of their patients, 252 (42.2%) talk about extramarital sexual acts and the risks it may involve, 142 (23.8%) record the consumption of addictive substances and 136 (22.9%) speak about prostitution with their patients.

**Conclusions:** STIs represent one of the most significant health problems among teenagers and young adults. Most of the Spanish doctors perform an appropriate management of STIs related to common issues (contraception, medical advice of teenagers, etc). However, only a few of them ask about personal habits related with sexual risk behaviours (drug consumption, prostitution, number of sexual partners, etc). Future medical education should focus on sexual health issues.

**P.15.69 | ADULT ATTACHMENT, DISTRESS TOLERANCE, PERCEIVED HIV RISK AND SEXUAL RISK BEHAVIOURS**

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**Objective:** Adult attachment plays an important role in human sexuality, being equally relevant in the
prediction of sexual attitudes and behaviours. In this study, we examined the association between adult attachment representations, perceived risk of HIV and engagement in sexual risk behaviours, and whether these associations were mediated by distress tolerance.

**Design and Method:** The sample of this cross-sectional study consisted of 616 participants of the general population (75.5% female; mean age = 30.78 years). Participants completed an online survey, which included self-reported questionnaires on sociodemographic and sexual history/behaviours information, attachment representations (Experiences in Close Relationships – Relationship Structures), distress tolerance (Distress Tolerance Scale-Simons) and perceived HIV risk (Perceived Risk of HIV Scale).

**Results:** Higher scores on attachment-related anxiety and avoidance, and lower distress tolerance were significantly associated with increased perceived risk of HIV infection. For those who reported been sexually active in the prior three months, higher anxiety was significantly associated with higher odds of using condoms during sexual intercourse, but also of using recreational drugs, and having sexual intercourse after alcohol and drug consumption. Lower distress tolerance was significantly associated with engagement in more sexual risk behaviours, but only for women. No significant mediating effects of distress tolerance were found.

**Conclusions:** These results indicate that attachment representations are related to the engagement in various sexual risk behaviours, but also that the associations in the full sample were driven by gender differences. It remains important however to further explore other possible mechanisms underlying the association between adult attachment and high-risk sexual behaviours.

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**SOCIAL SCIENCES AND SEXUALITY**

**P.16.70 | VIOLENCE AGAINST SEX WORKERS IN PORTUGAL: DIFFERENCES BETWEEN INDOOR AND STREET SEX WORK**

_A. Rolo_¹, J. Cardoso², I. Sani³

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**Objective:** Identify and characterise the agents, forms and contexts of violence against sex workers, as well as the respective protective strategies implemented by them.

**Design and Method:** Semi-structured interviews were conducted with 20 female street and indoor sex workers. Trough qualitative analyses, the data was summarized and reorganized in several sub-categories, being later on intersected. We obtained two general categories: one concerning the characterisation of violence (agents, forms and contexts) and another regarding protective strategies against violent behaviours.

**Results:** The forms of violence and their respective perpetrators differ according to the places of the sex work itself. Street sex workers are more exposed to the risk of physical violence on the part of clients, comparatively to indoor sex workers, and are more often victims of discriminative and offensive behaviours by the community, such as verbal insult and physical aggression. In both outdoor and indoor places, it was observed that the dynamics and rivalry between sex workers are, in themselves, a source of violence. The strategies deployed as protection in the face of violence are complex, manifold, and vary according to the work place and the existing dynamics between sex workers.

**Conclusions:** In spite of this study contribution to a better understanding of aggression processes and sex workers’ victimisation, this matter warrants further study drawing on a combination of qualitative and quantitative methodologies.

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**P.16.71 | HELPING OTHERS PROMOTE FAVORABLE INFIDELITY JUDGMENTS? THE ROLE OF SELF-CONCEPT ON LICENSING AND CONSISTENCY EFFECTS**

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ISCTE-IUL - CIS-IUL (Center for Research and Social Intervention), Lisbon, PORTUGAL

**Objective:** Research has shown that previous positive acts can lead to subsequent negative acts (i.e., licensing effect). However, there is also evidence showing that previous positive acts can lead to subsequent positive acts (i.e., consistency effect). Both effects have been explained by a more positive self-perception
about one’s own personality traits (i.e. self-concept). We aim to contrast these two effects by analyzing how an intention to have prosocial acts influences judgments about infidelity.

**Design and Method:** In two experiments (combined N=242, Mage=23.27, SDage=6.59), half of the participants were asked to imagine being involved in community work during three hours a week (prosocial condition). The remaining were not asked to do so (control condition). In Study 2 participants were additionally asked to judge how indicative of infidelity they considered to be talking (ambiguous scenario) or kissing (explicit scenario) an attractive person.

**Results:** Results showed that participants in the prosocial (vs. control) condition reported more unfavorable infidelity attitudes, because of an increased self-concept (Studies 1 and 2). This supports a consistency effect. However, participants in the prosocial (vs. control) condition had more favorable infidelity perceptions by considering the ambiguous scenario, but not the explicit one, as less indicative of infidelity (Study 2). Again, this effect was mediated by an increased self-concept. This supports a licensing effect.

**Conclusions:** Taken together, results suggest that infidelity perceptions are influenced by intentions to engage in prosocial acts. However, the direction of the effect depends on whether individuals form judgments about themselves, or about others. This project have theoretical and practical implications.

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**P.16.72 | HOW YOUNG ADULTS ARE PROTECTING THEMSELVES WHEN SEXTING**

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**Objective:** Sexting, the sending of sexually explicit text, picture or video messages, has been considered a risky behaviour by media and some researchers, especially for adolescents but also for the general public. One of the biggest concerns is the forwarding of sext pictures and videos to individuals the pictures were not intended for. Research has generally indicated less than 15% of participants have reported having their sexts forwarded. Minimal research has investigated what people do to minimize the risks associated with sexting. The current study aims to examine the risks of sexting and the protective actions people engage in while sexting.

**Design and Method:** The design consists of a cross-sectional survey of undergraduate students measuring sexting and safe sexting behaviour.

**Results:** Preliminary data demonstrates that having sexts forwarded is uncommon, and that participants do take steps to protect themselves, such as excluding their face in sent pictures or only sending to trusted individuals.

**Conclusions:** This study continues to show that the risks of sexting in young adulthood are limited, indicating that sexting is not a risky act for young adults. This study also shows that young adults are taking precautions to protect themselves from the possible risks of sexting.
The United Nations predicts the number of people aged 60 and over will grow by more than 50% by 2030 reaching 1.4 billion. By 2050 the proportion of the global population aged 60 or over will double to 22% whilst those aged 65 and over is expected to rise threefold to nearly 1.5 billion. These changes will bring about new challenges for social and health care with the likelihood for rapid adjustments to be made within social policy. These will not be uniformly accepted or implemented around the world for numerous and varied reasons. The role for organisations such as WAS with a global reach may be considerable.

The health consequences of aging and the impact on relationships, sexual health and sexual function are increasingly recognised as important areas of study and attention. A considerable proportion of older people who want to be sexually active will report that a ‘sexually satisfying relationship’ is important to them for overall well-being. Public health policies and easy access to therapeutic interventions can have significant and beneficial consequences for the older person (and their partner). Detrimental health indices are not universal with normal aging but inequity of access to public health and social care services varies extensively leading to potentially devastating effects for both individuals and relationships.

The role of age appropriate education, changes to healthcare services and advocacy to facilitate the betterment of sexual health and intimate relationships for older people will be presented for further deliberation.

Gold Medal Lecture 1
EUROPEAN SEXOLOGY BETWEEN SEXUAL HEALTH AND SEXUAL RIGHTS : THE FUTURE OF A LEGACY

A. Giами
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Sexology appeared in Europe in the late 19th century with authors like Magnus Hirschfeld, Havelock Ellis, Richard von Krafft Ebing and others. From the onset with the creation of the World League for Sexual Reform, sexology associated health issues with issues of citizenship, social emancipation and the reduction of exclusion and stigmatization among homosexuals, women’s reproductive health, sex workers. This was of program of overall recognition of the legitimacy of a sexual life outside of reproduction and outside the strict context of marriage. These different principles were the engine of the sexual revolutions that took place in the Western world between the 1960s and 1980s.

The presentation will thus highlight the links established between the World League for Sexual Reform programme and the WAS sexual rights declarations and set an agenda for action in the coming years to create the conditions and enhance sexual freedom.

Gold Medal Lecture 2
MEASURING (FEMALE) PLEASURE

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Male and female orgasm is a neuromuscular phenomenon triggered by sexual (somatic and mental) stimuli, accompanied by anatomical and physiological responses including gender-specific vasocongestion of the erectile tissues, lubrications, and pelvic contractions centrally evaluated as able to induce pleasurable sensations with different levels of intensity. This function is not yet fully understood and defined, because of the great variability in factors including localization, stimulation techniques, self-image and quality of romantic and/or social relationship. Despite the dramatic importance of this function in the sexual economy, both anatomical and physiological studies are in their infancy, being the scientific ignorance in the female orgasm
deeper than in the male one. Particularly in female orgasm, scientific literature seems frequently contaminated by (political) opinions, rather than based on empirical evidences. The nominalistic debate on clitoral vs. vaginal orgasm, existence of G spot [or clitourethrovaginal (CUV) complex] and female ejaculation/squiring substituted and frequently replaced the production of scientific evidences. This seems particularly inadequate in a historical time characterized, according to Baumann, by a postmodern sexual liquidity where pleasure is progressively substituting both love and reproduction as aim of sexuality.

I performed several morphofunctional studies on human pleasure. More recently, starting from the easier male model, I generated a new psychometric tool using the same psychometric criteria of the largely used visual analogue scale for pain, but adapted for pleasure. My Orgasmometer specifically measures the intensity of orgasm, demonstrating that premature ejaculation is associated with significantly lower, with respect to a congruous control group, intensity of pleasure. Recently applied to a population of 526 women with or without various female sexual dysfunctions, I demonstrated that female sexual symptoms are associated with a lower perceived orgasmic intensity. Conversely, some important components of female sexuality, such as lubrication, orgasm satisfaction and masturbation, have a positive correlation with perceived orgasmic intensity. The Orgasmometer was thus found to be a well validated, quick and simple tool for the assessment of the orgasmic experience in both functional and dysfunctional male and female.

Lecture 1
NEGOTIATING CLOSENESS: THE RISKY BUSINESS OF EMOTIONAL INTIMACY

L. Cunha Ferreira
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The balance between autonomy and connection in intimate relationships is an ageless debate that has recently become a hotspot for academic research and clinical literature, with several emerging contrasting views. A significant dimension of both contemporary and traditional ideas on couplehood is related to closeness as a foundational and undisputed characteristic of emotional intimacy and of the couple itself. Such prescriptive definitions have been the recent focus of several disruptive proposals that challenge the ‘more is always’ better approach to closeness and emotional intimacy. Several current studies have offered findings supporting alternative visions on the delicate balance between closeness and autonomy, also proposing associated constructs such as couple differentiation or couple interdependence as potential mediators. Bringing together recent research findings, clinical insights and also popular media outputs, this presentation attempts to integrate conflicting views and shed a new light on the expectations, needs and strategies used by couples to sustain a self-defined adequate level of emotional intimacy, along with an exploration of the potential benefits and caveats of the riskier sides of intimacy: navigating trust, managing distance and calibrating desire.

Lecture 2
RE-BUILDING TRUST FOLLOWING INFIDELITY

M. Sungur
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Most of the spouses perceive infidelity as a major threat to the continuation of the relationship and report that their marriage would be over if they ever face infidelity. However, in real life a considerable amount of couples continue their marriage despite the affair. Can these couples rebuilt trust and intimacy following the trauma of the infidelity. The answer depends on the perception of the affair both by the injured and participating (the one who was unfaithful) partners and how they manage the stages following the discovery of the affair.

This lecture will be a presentation to address the stages that the couple are likely to go through if they choose to stay together despite the pain of infidelity. Rebuilding intimacy and trust is a painful path that requires to pass through three stages. The initial stage is about the steps to be taken to cope with the crises that emerges immediately after the discovery of the affair. The second stage is giving a meaning to the affair to improve understanding that made the relationship vulnerable to infidelity and the final stage is how to move forward to get beyond the hurt to rebuild trust again.

We appreciate the warmth only if we have experienced the cold, the light only if we have experienced darkness and therefore sometimes the beauty and wisdom of happiness can only be appreciated through the experience of misery. Sometimes the misery of infidelity may be the driving force for future happiness.
For decades, literature has produced thousands of studies on the importance and effectiveness of condom use in HIV/AIDS prevention and major sexually transmitted infections on different groups and countries. Many projects and social awareness campaigns have tried, with different techniques, to increase condom use with very variable results, but unsatisfactory in too many cases. Since the possibility of PREP treatment has been included in some countries so far with amazing results for the HIV diffusion, the use of condoms has significantly decreased especially in the MSM community (Man who have Sex with Man). PREP is a great achievement and its diffusion is a necessity. But other doubts remain: Can the PREP completely replace the use of condoms? As an alternative, how to increase the use of condoms in at risk population? What distinguishes an effective campaign from a non-effective one? Can integration of good practices be a solution (PREP+Condoms)? These and other questions will be answered within this lecture.

Pre-exposure prophylaxis (PrEP) has shown itself to be a new promising biomedical strategy to prevent HIV acquisition among high-risk HIV-negative people. Several studies have demonstrated efficacy ranging from 44 to 75% when PrEP constitutes part of a comprehensive HIV prevention package. Although PrEP is now recognized internationally as a key element of combination HIV prevention strategies, one of the major concerns that could undermine its benefits regards sexual risk disinhibition and risk compensation. Moreover, PrEP does not prevent transmission of other sexually transmitted infections (STIs). Control of HIV and other STIs will be best accomplished by combining several proven prevention strategies, including condom use and PrEP for those not infected with HIV. As PrEP rolls out into the real world, we should suggest an open channel of communication between policymakers, health care professionals, advocates, and PrEP users, and the discussion around HIV prevention with PrEP needs to move from punitive and derogatory to nonjudgmental and understanding. It will be essential to monitor STI rates, HIV seroconversions on PrEP, and drug resistance mutations expected from PrEP medications to determine possible consequences of risk compensation. Clearly an overall strategy will require clinicians to implement combination prevention packages to promote condom use and other risk reduction strategies, test regularly for HIV and STIs, and monitor PrEP adherence. The uniqueness of each demonstration project will allow us to better understand the factors associated with PrEP-related risk compensation and tailor risk reduction strategies to meet the needs of different subgroups.

The literature shows a few biopsychosocial studies on sexual desire in men. The aim of this study was to evaluate the role of selected psychological and social variables affecting male sexual desire such as Quality of Life (QoL), sexual function, distress, satisfaction, psychological symptoms, emotions, alexithymia, couple adjustment, sexism, cognitive schemas activated in a sexual context, sexual dysfunctional beliefs, and different classes of cognitions triggered during sexual activity about failure anticipation, erection concerns, age and body related thoughts, erotic fantasies, and attitudes towards sexuality. Moreover, we wanted to evaluate and test in a general conceptual model the role of the major predictors associated to sexual desire. A wide self-administered survey reached 450 heterosexual Italian men (age 31.36±10.73) from the general population with a snowball sampling. Our findings showed that male sexual desire could be affected by many
psychological and social elements. Other factors remain to be explored, in their direct and interactive effects, aiming to better explain male sexual desire functioning. Analyzed variables could represent important factors that should be considered in the assessment of desire concerns and discussed in therapy.

Lecture 6
WOMEN AND PAIN: WHY WOMEN DON’T PRIORITIZE PLEASURE

E. Laan
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The preferred sexual activity with which orgasm is experienced is subject to ideals that are unfavourable for women’s sexual pleasure. Many heterosexual women appear to prioritize their partner’s sexual pleasure over their own, based on the belief that intercourse is the most important type of sexual activity that women should be able to ‘do’. Research clearly and consistently shows that vaginal intercourse without additional clitoral stimulation results in orgasm in only about 25 to 30% of heterosexual women. This contrasts sharply with research suggesting that over 90% of heterosexual men always orgasm during sexual intercourse. Women assigning greater value to their male partner’s sexual pleasure occurs not only in cultures and communities in which sexual pleasure of women is considered religiously or societally undesirable, but also in sex-positive countries such as Sweden and the Netherlands. In addition to sexual pleasure being gendered, the prevalence of pain or discomfort during intercourse is high, particularly among young women. Characteristically, women with dyspareunia do not cease sexual activity that is painful for them. They ignore the primary function of pain as signalling damage to the body. While intercourse frequency of women with dyspareunia is lower than that of women without sexual pain, not engaging in sexual intercourse is, by definition, not a behavioural choice that women with dyspareunia make. This talk addresses possible reasons why women make such behavioural choices and potential avenues towards greater gender equality in sexual pleasure.

Lecture 8
AN UPDATE IN THE PHARMACOLOGY FOR SEXUAL DYSFUNCTIONS

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Currently, there are no drugs approved for the treatment of the most common female sexual dysfunctions (FSD). In response to an overwhelming demand for therapy for FSD, several drugs are undergoing development and testing. Flibanserin has been trailed in only premenopausal women in long-term relationships with acquired or generalized hypoactive sexual desire disorder (HSDD), but not in postmenopausal women. It inhibits serotoninergic “anti-sexual” effects and promotes “pro-sexual” dopaminergic effects. In addition, by decreasing 5-HT levels, flibanserin increases norepinephrine, another “pro-sexual” neurotransmitter. However, women whose HSDD symptoms are due to relatively insensitive brain systems for sexual cues may treated with testosterone in combination with a PDE5 inhibitors. Finally, sexual inhibitory mechanisms due to hyperprolactinemia could be treated with dopaminergic drugs. Apomorphine is a nonselective dopamine agonist which is thought to enhance response to sexual stimuli. Interestingly, neurosteroids may improve in women with low sexual interest and arousal levels undergoing psychosexual therapy without drugs. In fact, to promote changes in the psychosocial and relationship conditions of the subject, may induce a build of androgen and estrogens in the CNS. When the sexual arousal disorders depend on peripheral discomfort, such as vaginal dryness, chronic pelvic pain or dyspareunia, specific drug therapies could be adopted. There is a growing interest in the neuropeptide oxytocin (OXT) as a facilitator agent of arousal and orgasm. The crucial role played by OXT in sex, reproduction, and emotional bonding paves the way to multidimensional biopsychosocial research examining sexual and relationship problems. To day, postmenopausal women with vulvar and vaginal atrophy may have benefit from ospemifene. Intravaginal DHEA has shown promise in treating vaginal atrophy in postmenopausal women without raising systemic hormone levels, and may also improve desire. In conclusion, although evidence supports an integrated biopsychosocial approach to treatment of FSD, often the biological and psychological factors are artificially separated in the clinical setting. And clinicians that usually adopt a complete integrative model to treat FSD, use drugs in off-label procedures.
Lecture 11
FEMALE SEX WORKERS: VULNERABILITIES AND RESISTANCE

A. Oliveira
University of Porto - Department of Psychology, Porto, PORTUGAL

Although female sex workers are often seen as helpless victims they are better approached as self-determined and acting independently. Nevertheless, there is some social, labour, and legal vulnerabilities affecting people involved in commercial sex which interfere with their life and health. We will focus on these vulnerabilities but also on the strategies they use to minimize risks and their resistance to marginalization.

Lecture 12
HUMAN RIGHTS IN LGBT

L. Perelman 1,2
1 El Armario Abierto, Mexico City, MEXICO, 2 Asociacion Internacional de Familias por la Diversidad Sexual, Mexico City, MEXICO

This talk will center on advances of LGBT rights with an international viewpoint, understanding the obstacles from the conservative and fundamentalist religious groups and show how family acceptance groups like the European network of Parents of LGBTIQ, PFLAG in the US and PFLAG inspired groups in the rest of the world have contributed to counter these threats. Accepting parents are key partners in the fight against homophobia and transphobia. They can dramatically bolster our work with individuals, families and society at large.

We will share evidence based research essentially from Family Acceptance Project in San Francisco on how to best understand the process parents and families go through in order to not disqualify them but to empathize with them so they can be understood and made aware of how they can support their children, first by reducing harming them and then by helping make any the home a safer place than the street.

Lecture 13
GENDER EQUALITY AND EQUITY INFLUENCES ON SEXUALITY

A.C. Calomfirescu 1,2
1 Neolife Oncology Clinic, Bucharest, ROMANIA, 2 Romanian Association of Sexual Medicine, Bucharest, ROMANIA

Due to perpetual shifting of the social climate towards more equality between the genders, dynamics in bedroom have been influenced as well. Masculine and feminine sexuality influenced by this wave of change can contribute to distress on a personal and relationship level for many individuals and couples in long-term relationships. The treatment of sexual dysfunction can be hindered by the confusion of feminine and masculine roles in the relationship of the patient. It matters more the patient’s and the couple’s view of their roles and their perspective of all this social influence. The aim is congruence between the treatment and their individual viewpoint of gender roles. In a review of scientific literature from 2000 through 2015 on the impact of heterosexual gender role expression on sexual intimacy in long-term committed relationship, it’s author Mariane Brandon and Abraham Morgentaler wanted to offer a perspective and context on this issue. In this presentation of this review the main objective is to attempt to shed some light on this complex issue and it’s influence in our private practice.

Lecture 14
WHAT IS CHEMSEX?

D. Stuart
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Chemsex is a word that that describes a unique and particular trend of recreational drug use; something very different to other kinds of drug use cultures that we might be familiar with, and it’s having a complicated
impact of the sex lives of modern gay, bi and Queer men.
Chemsex is a word that defines a phenomenon unique to modern gay culture; it is uniquely and specifically associated with gay hook-up trends, and the gay cultural idiosyncrasies that have evolved as part of online gay hook-up cultures and the use of sex-Apps (HIV sero-sorting behaviours and other HIV related stigmas, camp-shaming/masc-shaming and inter-tribe identification and rejections). Chemsex is also about the disproportionate availability of recreational and particularly harmful drugs that have been introduced so widely to gay, bi and Queer men via online hook-up Apps (referred to as chems - crystal methamphetamine, mephedrone and GHB/GBL). Chemsex, though sometimes simply about the pursuit of pleasure and enjoyment of homo-sex, is often also about the medicating of complex issues that inhibit the enjoyment of gay sex such as societal and internalised homophobia, the impact of the HIV/AIDS epidemic within gay cultures, and religious or cultural shame that is often associated with gay sex.
Chemsex defines this international phenomenon that is so disproportionately affecting gay communities in so many cities around the world, and resulting in an upsetting and disproportionate number of deaths, addictions, mental health issues and emergency hospital presentations. In this workshop, we'll explore the cultural and sexual impact of Chemsex.
ON THE MEANING OF SEX. YOUNG ADULT'S IDEAS ABOUT 'HAVING SEX' AND THE IMPACT OF IDEAS ON SEXUAL RISK BEHAVIOUR

S. Geuens 1,2, L. Willems 1,2, M. Jones 3, E. Nuyts 4,5
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The central aim of this study is to get a more accurate, '2017', view of young adults ideas on 'what counts as having had sex with someone'. Specifically this study aimed to replicate the original study done by Sanders & Reinish (1999) at the end of the previous century and in a different cultural setting (USA) to explore if peoples view on what counts as sex has changed over time and/or is influenced by cultural factors. In addition both young adult's knowledge on STI risk and their actual safe sex practices were questioned. Using a quantitative approach (on line survey; n=1501) we found that what people view as having had sex seems to be influenced by the combination of the passing of time and the difference in cultural context. Significant differences in attitudes and ideas are notable between our large sample of Belgian young adults and previous studies conducted with smaller groups in the USA, the UK and Canada. Second there seems to be a significant gap between knowing when you're at risk for STI transmission and consequently practicing safe sex. The implications of both interpersonal differences in views on what counts as having had sex, the cultural differences and the differences caused by the spirit of the times merit further research and a specific approach in intercultural sex-counselling. Finally an argument will be made to aim sexual health education programs more on young people's views on having sex to stimulate better safe sex practices then a major focus on the transference of knowledge on STI transmission.

SEXUALITY EDUCATION IN TUNISIA: STATE AND PERSPECTIVES

A. Maamri 1,2, T. Badri 1,2
1 Tunisian Society Of Clinical Sexology, Tunis, TUNISIA, 2 Razi Hospital, Tunis, TUNISIA

Sexual health is a fundamental component of the individual's health and well-being. It plays a central role in stimulating psychosocial maturation as well as it is fundamental to the improvement of the quality of life. Tunisia, like several Arab-Muslim countries, still lacks a proper sex education program in its schools. In fact, sexual learning still takes place informally. Many national studies on reproductive health in Tunisia showed that more people were more likely to initiate sexual activity earlier than ever before and often became sexually active during adolescence. A survey conducted in 2009 at the National Office of Family and Population (NOFP) revealed that the average age of first sexual intercourse is currently 16.4 years for girls and 17.4 years for boys. The results of a recent study conducted by the Center for Research, Documentation and Information on Women (CREDIWI) in 18 different cities, on a sample of 3873 women between the age of 18 and 64 years old showed that 78.1% of Tunisian women suffered psychological violence in the public space, while 41.2% have been victims of physical violence and 75.4% of sexual violence. These results, in addition to the various developments that have occurred during the past decades in Tunisia, clearly show that sex education is an urgent need in our society. Certainly, it is a (new need) and it clearly requires strategies to enable young people to live their sexuality in a safe and satisfying way.
YOUTH SEXUAL HEALTH IN EUROPE: RESULTS FROM THE EFS YOUTH COMMITTEE STUDY

F.M. Nimbi
Sapienza University, Rome, ITALY

The main aim of this study was to explore the sexual health situation across different countries of Europe (Italy, Malta, Turkey, Romania, and Norway) in a sample of university students (aged between 18-25). In addition to a quantitative study of sexual dysfunction in young people, we would like to investigate the role played by some variables like distress, Quality of Life (QoL) and alexithymia in this age group. We reached over 1000 subjects who are attending their university studies in 5 different countries of Europe (Belgium, Italy, Malta, Romania, Turkey) using a mother-language web-survey for each country. The survey included questions on demographics, health, relationships, sexual behaviour, sexual difficulties and distress, Quality of Life and emotions. In line with scientific literature, we found higher levels of QoL in people with low distress and alexithymia rates, independently from having or not a sexual dysfunction. Major details and clinical implications will be addressed during the symposium.

Symposium 2
Organized by EFS and WPA
FROM SEXOLOGY TO PSYCHIATRY AND VICE VERSA

IS HIGH SEXUAL DESIRE A RISK FOR WOMEN'S RELATIONSHIP AND SEXUAL WELL-BEING?

C. Simonelli, F.M. Nimbi
Sapienza University of Rome, Rome, ITALY

There is no univocal way to describe sexual desire, as far as it is more complex than any other sexual process. In general, a leading gender stereotype states that men are more interested in sex than women purely for physical reasons. Nowadays, it is slowly moving towards a holistic understanding of the sexual function in men and women. More than between genders, recent studies are now focusing on the variance within sexes and the differences inside the dyads highlighting the “couple discrepancy” as the most common sexual complaint for women. In case of Hypersexuality or extremely different sexual desire level we can face different situations and reactions. For example, effects of hypersexuality on partners can be severe and put strongly the relationship at risk. Some technical and clinical suggestions will be suggested during the lecture.

FROM SEXOLOGY TO PSYCHIATRY AND VICE-VERSA

A.J. Pacheco Palha
Porto University, Porto, PORTUGAL

This is a short travel through the historical relationships between psychiatry and sexology, a way that we should consider at any moment, as the versus movement. The starting point is the first half of the nineteenth century, with the russian physician Heinrich Kaan, and the german psychiatrist Krafft-Ebing with the important and homonymous work, namely Psychopathia sexualis, in 1844 and 1886, respectively. Krafft-Ebing based on the classification of sexual mental illnesses of Heinrich Kaan, adapted and expanded his work. Both, with their descriptions and classifications of non-procreative sexual acts, synthesized a new psychiatric understanding on “preversion”. Until that time, sexual manifestations were, as a rule, attributed to a process of psychoneuropathic “degeneration”. Among the panel of the greatest thinkers and researchers of modern sexuality that boosted sexology during the early years of the 20th century we emphasized the physicians Albert Moll, Magnus Hirschfeld, Iwan Bloch and Havelock Ellis. Hirschfeld is admirable by his legacy, either by the quality as the volume of his work. He was a pioneer by creating the first journal, institute and international world congress of sexology. Sigmund Freud point out in his psychoanalytic movement, several aspects among which, the sexual instinct in humans served the purpose of procreation, and that pleasurable gratification were natural aspects of the child's development.
The contribution of Portugal, to the bridge of neurosciences and sexology, came by the work of Egas Moniz (Nobel Prize in Physiology or Medicine) in the beginning of the 20th century. The problems of classification and relationships between the clinical psychiatry and sexology were made through the analysis of six decade of DSM.

NEUROBIOLOGY OF SEXUAL FUNCTION IN DEPRESSIVE DISORDERS: IMPLICATIONS FOR CLINICAL PRACTICE

B. Barata
Centro Hospitalar de Setubal, Setubal, PORTUGAL

Human sexuality is considered a determinant of quality of life by many patients with mental disorders. Unfortunately, sexual function is often compromised in patients with affective disorders. In depressive disorders, impairments may be felt across all phases of the sexual response. This talk aims to discuss neurobiological aspects of the sexual response in depressive disorders (as well as in comorbid conditions), seeking a better understanding of the depressed patient with sexual dysfunction. Although all stages of the sexual response may be impaired in individuals with depressive symptoms, loss of sexual desire seems to be particularly common in these patients, which is in line with neurobiological findings in depression. The presence of other sexual dysfunctions may increase our degree of suspicion for comorbid conditions since they appear to occur more frequently in them (e.g. erectile dysfunction seems to be more common in post-traumatic stress disorder than in depressive disorders). On the other hand, all sexual dysfunctions may cause a level of suffering in the individual that may result in depressive symptoms. The talk will show that, while sexual response has a biological underpinning (which may be compared to the biological underpinning of affective disorders), it is commonly experienced in intrapersonal, interpersonal, and cultural context. Accordingly, we will see that only by considering the complex interaction between biological, sociocultural and psychological factors, can the psychiatrist properly assess the sexual function of his patient and adjust the approach to his needs.

Symposium 3
Organized by WAS
WAS 40 Years Celebration
EVIDENCE-BASED SEXUAL HEALTH AND SEXUAL RIGHTS

THE WORLD ASSOCIATION FOR SEXUAL HEALTH: SEXUAL HEALTH AND SEXUAL RIGHTS FOR ALL

P. Nobre
Faculty of Psychology and Educational Sciences, Porto University, Porto, PORTUGAL

This symposium, will be held under the auspices of the World Association for Sexual Health (WAS) and will focus on the interface between sexual health and sexual rights. The World Association for Sexual Health was founded in 1978 by a multidisciplinary, international group of societies and non-governmental organizations with the aim of promoting sexual health and sexual rights worldwide. WAS aims to accomplish its mission through the advancement and exchange of evidence-based multidisciplinary sexuality research, sexuality education, health promotion, and behavioral and clinical sexology. More recently, WAS has become involved in advocating for changes in public policy to recognize sexual health and rights as key ingredients of well-being, health, and social justice.

Pedro Nobre will present a brief overview of the World Association for Sexual Health mission goals. He will review the history of WAS sexual rights’ movement since the Declaration of Sexual Rights in Hong Kong 1999 until the recently published New Declaration (2014).
EVIDENCE-BASED SEXUAL RIGHTS: GENITAL MUTILATION

T. Paalanen ¹,²
¹ World Association for Sexual Health, Minneapolis, USA, ² Sexpo Foundation, Helsinki, FINLAND

Genital mutilation of minors is a persistent problem across the globe. It affects girls, boys and intersex children alike. The difficulties in addressing and eradicating these practices targeted to minors revolve around cultural and ideological sensibilities that must be disentangled in order to compose an evidence-based and well-grounded position about the matters. Because of cultural and ideological reasons, there is only a limited number of sexological and ethical research available about different forms of genital mutilation. It has prolonged the uncertain ethical status of the practices. However, research is currently building up rapidly, and there have been several projects set up by NGO’s and governmental bodies that have gathered knowledge and worked with ethics and rights concerning the issues. This presentation is based on the work of the Sexual Rights Committee of the World Association for Sexual Health (WAS), and it provides an analysis of current understanding of the ethics and rights concerning genital mutilation in its different forms. The work of the committee is built upon scientific review of research done on genital mutilation by WAS.

EVIDENCE-BASED SEXUALITY EDUCATION: A MODEL FOR COMPREHENSIVE SEXUALITY EDUCATION

O. Kontula
Population Research Institute, Helsinki, FINLAND

The importance of a comprehensive and holistic sexuality education has been presented and discussed in the last few years in several international documents. Key arguments of this discussion and the content and methods to deliver sexuality education will be presented. In the “Standards for Sexuality Education in Europe,” the WHO Regional Office for Europe and BZgA (The Federal Centre for Health Education) (2010) have launched a new concept of Holistic Sexuality Education. A holistic approach is based on an understanding of sexuality as an area of human potential that helps children and young people develop essential skills to enable them to self-determine their sexuality and their relationships at the various developmental stages. Holistic sexuality education includes programs that place sexuality in the wider perspective of personal and sexual growth and development. It supports young people in becoming more empowered in order to live out their sexuality and partnerships in a fulfilling and responsible manner. These skills are also essential for protecting themselves from possible risks. The context of sexuality education today is transforming especially in the west world. As a result of the wider diversity of opinions on sexuality, there is a greater tendency to exercise individual choices and decisions. Furthermore, the process of biological maturation starts earlier these days, and sexuality is much more prominent in the media and in youth culture. This means that educators and parents must make a greater effort to help children and young people cope with sexuality development.

EVIDENCED BASED RESEARCH AND TREATMENT OF TRAUMATIZED SEXUALITY

E. Almás
University of Agder, Grimstad, NORWAY

The presentation will have to aims:
1. To discuss understanding of Evidence Based Practice, based on the Presidential report presented by the American Psychological Association in 2006.
2. Present a systematized clinical approach to treatment of traumatized sexuality with the aim to establish/re-establish sexuality on the client’s own premises.

The APA guidelines take into account research, clinical expertise and patient characteristics as relevant to good treatment outcomes.

In our treatment approach we use research from trauma treatment, as well as from sexology, using a modified version of Masters and Johnson. The main contribution from trauma theory, is the understanding of the Triune brain (MacLean, 1990), a concept that is widely referred to in trauma theory and used in treatment of PTSD.
The main modification of Masters and Johnson’s approach is to take into account the vulnerability of traumatized clients and differentiate between the history of abuse or violence, and the sexual history. The instruction of sensate focus needs extra awareness of the importance of being in the here and now. The are many important contributions from therapy in general (systems theory, narrative therapy, mindfulness) that are useful. Recognizing the patient characteristics is a fundamental element in the clinical approach, this is supported both by trauma research and theory, and by clinical experience.

In this treatment approach, understanding of the term Evidence Based Practice is to develop a flexible practice, informed by research and theory from both the trauma field and from sexology.

Symposium 4
Organized by FISS
INTIMACY AND SEXUALITY

SEXUAL MINORITIES AND INTIMACY: THE ROLE OF SOCIAL ENVIRONMENT

M. Silvaggi ¹, S.G. Di Santo ², C. Artioli ³, M. Colombo ⁴, V. Fava ⁵, C. Malandrino ⁶, I. Melis ⁶, C. Nanini ⁷, C. Rossetto ⁸, S. Simone ⁹, S. Eleuteri ⁹

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Objective: Lesbian, gay, bisexual and Transsexual (LGBT) individuals are often stigmatized from social environment because of their relationships and this could make difficult to they to achieve intimacy within their relationships.

Aim: To analyze the level of agreement of Italian people with the SR of LGBT and to verify socio-demographic characteristic, associated with a higher recognition.

Materials and methods: An online anonymous questionnaire was realized to collect demographic data and information about the level of agreement/disagreement with statements regarding basic sexual rights of LGBT. Nonparametric statistics were used for data analysis.

Results: Subjects meeting the inclusion criteria was 999 (711 woman and 288 men) aged 18-74 (mean age 35.6 ± 11.7).

People against the SR “freely live own sexuality” was 2.9% for gay and lesbian, 3.8% for MtoF and 4% for FtoM, and against “achieve a satisfying sexuality” was 4.2% for gay, 4.3% for lesbian, 7.2% for MtoF and 8.0% for FtoM. People against the adoption by couples were one of the partner is FtoM was 28%.

Be female, graduated, younger than 30, non-believer or not church going and non-heterosexual, was correlated to a major recognition of the right to satisfying sexuality (p<.05) to marry (p<.05) and to adopt for both MtoF and FtoM (p<.05).

Conclusions: The right to be LGBT was more recognized than the right to be sexually satisfied, to marry or adopt. The level of acceptance or rejection are variable depending of socio-demographic characteristics of people. This could drive the next diffusion of sexual rights policies.

RELATIONAL INTIMACY AND SEXUAL FUNCTION IN YOUNG WOMEN

M. Colombo ¹, S.G. Di Santo ², V. Fava ³, C. Rossetto ⁴, S. Simone ⁵, M. Silvaggi ⁶, C. Malandrino ³, I. Melis ⁶, C. Artioli ⁷, C. Nanini ⁷

¹ Piedmont Society of Clinical Sexology (SPSC), Turin, ITALY, ² Santa Lucia Foundation, Rome, ITALY, ³ Research Group for Sexology, Catania, ITALY, ⁴ Study Center for Affective and Sexual Disorders Treatment (DAS), Geneva, ITALY, ⁵ Institute of Research and training (IRF), Florence, ITALY, ⁶ Institute of Clinical Sexology (ISC), Rome, ITALY, ⁷ Interdisciplinary Centre for Research and Training in Sexology (CIRS), Geneva, ITALY, ⁸ Italian Center of Sexology (CIS), Bologna, ITALY

Objective: Aims of this multicentric study were: to collect data about relational status and to detect the presence of any association between relational status, sociodemographic characteristics, sexual knowledge and sexual function (SF) among Italian female university students (IFUS).
Design and method: 937 IFUS, aged between 19 and 26 years, attending Italian Universities completed an anonymous self-report questionnaire, including 7 sections: Socio-biographical data, Sexual practices, Contraception and STDs knowledge, Contraception habits, risky behaviors, and Prevention attitudes. The Female Sexual Function Index (FSFI) was used to assess SF.

Results: 884 IFUS provided valid data for further analyses. The 15.3% of the sample declared to be single; 8.9% had a fixed partner for less than 6 months, 67.0% had a fixed partner for more than 6 months; 3.4% had a fixed partner and 1+ casual relationships; 5.4% had only casual partners.

Significant differences (p<0.05) between the IFUS in relation to the relational situation have been identified in geographical localization, religion, alcohol or drug consumption, sexual knowledge, frequency of sexual intercourse, sexually transmitted diseases, execution of pap tests and emergency contraceptive use. Pathological FSFI scores were positively associated with having no or casual partners (p<0.001) compared to being in a stable relationship.

Conclusions: Our findings suggest that women with no/casual partners have a poorer SF and are more likely to have a poorer knowledge regarding STDs and contraception in comparison to their peers involved in stable relationships.

THE BODY IN SEXUALITY BETWEEN INTIMACY AND REJECTION

D. Milloni, S. Morandi, R. Giommi, E. Lenzi, C. Monechi, S. Simone
Istituto Internazionale di Sessuologia - IRF, Florence, ITALY

Objective: Our work starts from a challenging question: is it still significant to talk about intimacy at the time of «liquid» relationships and cybersex? The term intimacy involves multiple aspects of the individual identity: emotional intimacy, intimacy between minds and bodies and sexual intimacy. Sexual intimacy correlates to the individual ability to become intimate with oneself; to the level of self-confidence; to the fragility or high-definition of the boundaries of one’s identity.

Nowadays we assist to an increasing fall of the desire in male and female, which affects many young couples.

Design and Method: Our hypothesis is that the current relational configurations can contribute to promote fragile identities in individuals through a mutual process, and that this phenomenon could affect the ability to engage an intimate relationship with a partner, since closeness could represent a danger for the sense of self.

Results: From this perspective, we discuss the emotional correlations in treating body and sexuality issues when intimacy problems occur.

Conclusions: We will describe brief clinical situations in order to explain our considerations.

CONDOM NEGOTIATION STRATEGIES AMONG YOUNG ITALIAN WOMEN: HOW PSYCHOSOCIAL CHARACTERISTICS INFLUENCE IT?

V. Fava 1, I. Melis 2, M. Colombo 3, M. Silvaggi 4, C. Rossetto 5, C. Nanini 2, C. Artioli 6, S. Simone 7, S.G. Di Santo 8, C. Malandrino 1

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Objectives: Condom is the only contraceptive effective both against unwanted pregnancies and sexually transmitted diseases; its use during sexual intercourse depends on many variables and can be asked through different negotiation strategies.

Aim of this study is to identify how different psychosocial characteristics like religiosity, relationship status, alcohol/drugs use, sexual experiences can influence the type of condom negotiation strategies in a representative sample of Italian female university students (IFUS).

Design and methods: 937 IFUS, aged 19-26 years, attending different faculties in nine Italian Universities completed two questionnaires:

-a survey specifically designed for the study to collect socio-demographic data and sexual/contraceptive habits;
the validated Italian version of Condom Influence Strategy Questionnaire (CISQ).

Results: The most common strategy of negotiation is direct request (mean score 69.40), deception (mean score 36.74) is the less used. Non religious participants score significantly lower (p <0.05) than religious for all strategies except for deception. IFUS in a committed relationship are less likely to use condom than those with occasional partners (p<0.05). Non-partnered students appeared more assertive in negotiation (p<0.05). Those who declared to have had sexual intercourse under the effect of alcohol are less likely to use direct request (p<0.05) and refuse (p<0.05). Drugs users have lower scores for 5 items (not for deception).

Conclusions: Psychosocial characteristics influence the capacity to negotiate the use of condom: this information can be used to rise the knowledge about the protective role of condom and empower the capacity of young women negotiate its use.

Symposium 5
Organized by EFS and Local Societies
EDUCATION IN CLINICAL SEXOLOGY. FROM NORTH TO SOUTH: WHERE WE ARE AND WHERE ARE WE GOING?

THE NORWEGIAN SAR/SSA

E. Almås
University of Agder, Grimstad, NORWAY

The object is to present the Norwegian SAR/SSA as a version of the original SARS. SAR is an acronym for Sexual Attitude Reassessment and Structuring, a name for a training event developed by Ted McIlvenna and Laird Sutton in San Francisco in the 1970’s. SAR is part of professional education in sexology, and is a requirement for certification at American Association for Sexuality Educators, Counselors and Therapists (AASECT).

In the Nordic countries SAR has been adapted and renamed as SSA (Sexual Self Acknowledgement) based on a realization that the culture has changed since the 1970’s, and other requirements are necessary. There is less focus on explicit erotic films, as this has become a common experience by most people in the Nordic countries, and more focus on own attitudes, prejudices, and knowledge about sexual expressions.

There is no unified version of the Nordic SAR/SSA, but there is a requirement by the Nordic Association for Clinical Sexology to have had 25 hours SAR/SSA for authorization as Specialist in Sexological Counselling, and 48 hours SAR/SSA for authorisation as Specialist in Clinical Sexology.

The Norwegian version of SAR/SSA is an ongoing process over two years, integrated in a further education program of 60 ECTS at the University of Agder. This process focuses on development of sex positivity, comfortability with different sexual cultures and subcultures, development of active empathy, and avoidance of burn-out.

The elements of the Norwegian SAR/SSA will be presented.

CLINICAL SEXOLOGY COMBINED WITH AFFECT-FOCUSED COUPLES THERAPY

I. Bugge
Psykolog Inger Bugge APS

Inger Bugge, MSc in Psychology, psychotherapist and clinical sexologist, has developed an educational program called Affect-focused Couples and Sex Therapy (ACST). The education combines clinical sexology and couples therapy.

The students learn how affections are the key point in understanding the relationship and the conflicts that evolve within the couple. Intra-psychological and relational factors play a part in the development and functioning of the relation. Concerning issues of sexology it is important that they know how to consider the character of the problem and assess whether it is an issue of physiological or psychological and/or relational origin.

The reason for ACST is that sexuality and relationships are closely intertwined. Couples often seek therapy because of sexual problems, and sexual dysfunctions can have a negative impact on the relationship in general. Therefore it is important that therapists know about clinical sexology and how to deal with issues of sexuality within the therapeutic framework.
Unfortunately sexology and psychotherapy have traditionally been considered to be two different professions. As a consequence therapists risk losing important information about the functioning of the relation, and the clients may not receive the treatment they need. But now ACST makes it possible for therapist to work with all elements in the PLISSIT model. Feedback and evaluations from the students so far indicate that they benefit from the education program because knowledge and skills within both professions are of high value in a therapeutic setting.

Symposium 6
Organized by SPCS and SPA
TREATMENT APPROACHES FOR SEXUAL DYSFUNCTIONS:
CURRENT PICTURE AND NEWS

THE BASICS OF SEX THERAPY

P.M. Pascoal
Sociedade Portuguesa de Sexologia Clínica, Lisbon, PORTUGAL

Sex Therapy was informed by scientific knowledge available. Learning paradigms were among the most influential contributors. In this presentation we will revisit some of the main principles regarding assessment, conceptualization and intervention in Sex Therapy with a special focus on those that are still the basis of most current practice.

PSYCHIATRISTS APPROACH TO SEXUAL DYSFUNCTIONS: ARE WE AVOIDING IT?

M. Mota, D. Barbosa, V. Covelo, A. Amaral
São João Hospital Center - Psychiatry Department, Porto, PORTUGAL

Objective: Sexual complaints arise frequently within psychiatric practice, either as a primary symptom or as a side effect of medication. Our aim is to investigate psychiatrists’ sexology training and the assessment and management of their patients’ sexual complaints.

Design and Method: We conducted a questionnaire directed towards psychiatry assistants and residents in Portugal.

Results: We received 62 responses to the questionnaire. The majority of participants were psychiatry residents (74.2%, n=46) and 11.3% (n=7) reported previous sexology training. We found that 53.2% (n=33) do not systematically take a psychosexual history, identifying two main reasons: insufficient sexology training and lack of time in their appointments. Psychosexual history was performed mainly for monitoring side effects of newly-prescribed medication (61.3%, n=19) or in cases of spontaneous sexual complaints (38.7%, n=12). Once excluded iatrogenic etiology, the majority (54.8%, n=34) usually take a more rigorous psychosexual history and 14.5% (n=9) refer those patients to a sexology consultation.

Conclusions: Our results indicate that a significant proportion of our participants don’t take a psychosexual history as a part of their routine evaluation. Therefore, additional training in sexology is highly recommended in order to promote a more comprehensive approach to sexual complaints. It may also be important to evaluate logistical limitations inherent to the consultation. Further investigation on the assessment and management of sexual issues should be performed so we can move towards a more complete and integrative model of approach.

MALE SEXUAL DYSFUNCTIONS: NO NEWS OR GOOD NEWS FROM THE ANDROLOGICAL PERSPECTIVE

P. Vendeira
FECSM, Porto, PORTUGAL

According to the daily clinical practice, the use of PDE5is without criteria shows a discontinuation rate that varies between 50 to 60% and this rate is mostly due to lack of effectiveness + psychosocial factors. Avanafil
represents the 2nd-generation generation of PDE5is. Recent data show that avanafil is up to 3-fold superior to placebo in determining a successful intercourse. In addition, high SEP-2 and SEP-3 rates were observed as early as 15 minutes from drug intake, suggesting that avanafil represents an innovation among the available PDE5is. It shows the lowest incidence of drug-related adverse events when compared to the first-generation PDE5is. Considering the safety profile of avanafil, it is reasonable to recommend the highest dosage of the drug, particularly in hard to treat patients. Alprostadil, is now available as a cream, a noninvasive treatment which combines an active drug (alprostadil, a synthetic prostaglandin E1) with a skin enhancer improving its local absorption directly at the site of action. Clinical efficacy has been demonstrated in specific trials, showing a global efficacy up to 83% in patients with severe ED, significantly superior to placebo. Its fast onset of action and the lack of interactions with other drugs makes alprostadil cream a first-line therapeutic option for some patients with ED: individuals who are reluctant to take systemic treatments or have adverse events. In recent years, low-intensity extracorporeal shockwave therapy (LI-ESWT) has emerged as a treatment option in ED. There is currently a feeling that the method might provide a cure for ED.

Symposium 7
Under the auspices of "Sexologies: the European Journal of sexology and sexual health" and AIUS
SEXOLOGIES - THE EUROPEAN JOURNAL OF SEXOLOGY AND SEXUAL HEALTH: IMPORTANT RECENT PUBLISHED STUDIES

SPOUSE-AIDED THERAPY FOR ADDICTION

G. de Larocque
AIUS, Villeneuve-la-Garenne, FRANCE

In the late 70s, research showed the role of spouse in the continuation of addictive troubles and relapses. It seemed like involving them in the treatment was relevant (Emmelkamp & Vedel, 2005). In this situation, a new therapeutic way was opened between individual and family / couple therapy : the « Spouse-Aided Therapy » (Hafner, 1980).

Since 2015, a french team is striving for cultural adaptation of the Program for Alcoholic Couples Treatment (Noel & McCrady, 1993). This therapy is anchored in social learning theory and in cognitive behavioral therapy and Its target is the complex and reciprocal relationship between substance abuse and dysfunctional couple dynamics.

In our French version this Alcool Behavioral Couple Therapy (McCrady & Epstein, 2009) was renamed : Alcohol Spouse-Aided Therapy - Thérapie étayée par le conjoint en addictologie (TECA) to emphasize that couple is a tool in a individual behavioural therapy rather than the therapeutic target. We have also integrated elements of third wave CBTs (Hayes, 2004) as Motivational Interviewing (Miller & Rollnick, 1991), Integrative couple therapy (Jacobson & Christensen, 1996) and Mariage Checkup (Cordova, 2014)

This evidence-based and innovative treatment produced in France a nice collaboration of sexology and addiction specialists. The therapist aims to change perspectives, from one focused on the painful past and the fear of the next treatment failure, to another one looking on a more constructive communication centred on changes and mutual efforts.

UNUSUAL ONLINE SEXUAL INTERESTS IN HETEROSEXUAL SWEDISH AND ITALIAN UNIVERSITY STUDENTS

S. Eleuteri 1, M.F. Tripodi 2, M. Giuliani 3, R. Rossi 2, S. Livi 1, I. Petruccelli 4, F. Petruccelli 5, K. Daneback 6, C. Simonelli 4

1 Sapienza University of Rome, Rome, ITALY, 2 Institute of Clinical Sexology, Rome, ITALY, 3 Italian Society of Sexology and Psychology, Rome, ITALY, 4 Kore University of Enna, Enna, ITALY, 5 University of Cassino and Southern Lazio, Cassino, ITALY, 6 University of Gothenburg, Gothenburg, SWEDEN

Despite the flourishing publications on the double link between sexuality and the Internet, few studies analyzed the contents of online erotic stimuli to investigate unusual sexual interests. The objective of this study was to examine cultural and gender differences in online sexual behaviors and unusual sexual
interests in online pornography, aiming to offer clinical considerations that could be useful when facing this issue in clinical practice. A survey was conducted with 847 Italian and Swedish heterosexual university students. They completed a set of measures including Internet Sex Screening Test, Sexual Addiction Screening Test – Abbreviated and Unusual Online Sexual Interests Questionnaire. Men scored higher than women on viewing and feeling excited by unusual sexual scenes. Although the conditional effect of gender was statistically significant in both national contexts for the same scenes, the differences between males and females were greater in Italy than in Sweden. Swedish women appeared more curious about sexual contents than Italian ones, with no differences regarding excitement level. Our results could help clinicians offering information about the diffusion of some unusual online sexual interests and the “normality” of the Internet use for sexual purposes. It is very important that the clinicians have a specific knowledge on online sexual matters; otherwise, they could be vulnerable to stereotyping and making judgments. The contents of the seen pornographic scenes and the felt excitement could be important topics to focus in the psychosexual counselling. They could be considered, in fact, as possible indicators of sexual compulsivity and/or cybersexual problematic behavior.

ASSESSMENT OF SEXUAL FUNCTION AMONG WOMEN CONSULTANT FOR FIRST MAJOR DEPRESSIVE DISORDER

A. Maamri ¹,²
¹ Razi Hospital, Tunis, TUNISIA, ² Tunisian society of Clinical sexology, Tunis, TUNISIA

Introduction: Depression is a mental disease which mainly affects women. It is not limited to affective changing, but affects also sexual function.

Objective and methods: To asses sexual function in patients with a first major depressive episode and study the sociodemographic, clinical and sexological characteristics associated with sexual dysfunction, through a descriptive and analytical cross-sectional study involving 30 outpatients followed in Razi Hospital and having been evaluated through the female Sexual Function Index (for sexual function) scale and the Hamilton Depression Scale (for the severity of depression).

Results: The majority of women were aged between 35 and 39 years old, having a level of secondary education and professionally active. The depression was of medium intensity for the majority patients (50%), with an average duration of 5.41 months. A marital discord was reported by 43.70% of patients. A decrease of sexual activity was noted in 78.04% of patients. Sexual function was impaired in 93.33% of patients. Sexual desire is the most impaired phase in our patients (87.40%), followed by sexual dissatisfaction among 62.42% of patients, then orgasm disorder in 59.31% of patients. We found that the alteration of the overall sexual function and other phases were significantly correlated with the severity and duration of the depressive episode and the existence of marital discord.

Conclusion: The assessment of sexual function before each depressive episode is necessary to determine the therapeutic management.

STIGMA, RESILIENCE AND MENTAL HEALTH IN A SAMPLE OF ITALIAN TRANSGENDER PEOPLE

C. Scandurra
University of Naples Federico II, Naples, ITALY

Transgender and gender nonconforming (TGNc) people are a highly-stigmatized population. For this reason, they might internalize society’s normative gender attitudes and develop negative mental health outcomes. As an extension of the minority stress model, the psychological mediation framework sheds light on psychological processes through which anti-transgender discrimination might affect mental health. Within this framework, the current study aimed at assessing in 149 TGNc Italian individuals the role of internalized transphobia as a mediator between anti-transgender discrimination and mental health, considering resilience as the individual-level coping mechanism buffering this relationship. The results suggest that both indicators of internalized transphobia (i.e., shame and alienation) mediate the relationship between anti-transgender discrimination and depression, while only alienation mediates the relationship between anti-transgender discrimination and anxiety. Furthermore, the results suggest that the indirect relation between anti-transgender discrimination and anxiety through alienation is conditional on low and moderate levels of resilience. Findings have important implications for clinical practice and psycho-social interventions to reduce stigma and stress caused by interpersonal and individual stigma.
Sexologies is the official journal of the European Federation of Sexology (EFS), published with the scientific cooperation of the Interdisciplinary Post-University Association of Sexology (AIUS) which has coordinated academic teachings of Sexology in France since 1983. Created in 1992, Sexologies publishes original, synthetic articles on human sexuality, its dysfunctions and its management on a quarterly basis (4 issues per year). Sexologies offers a large panel of information to all health professionals working in the field of sexuality: physiological and basic research; psychodynamic, cognitive, behavioural and relational evaluations of sexual difficulties; epidemiological, sociological, forensic data; information on new sexo-active molecules; research on sexual physiology, reports on specialized congresses; press and books reviews; ethical aspects; calendar of major events of sexology around the world. Special issue coordinated by a guest editor are possible on request to the editors. Major international experts in their field joined the editorial committee as “Field Editors”, confirming and enhancing the will for scientific excellence of the journal. Unique European Bilingual Pluridisciplinary Journal of Sexology and Sexual Health, Sexologies offers an electronic subscription, with downloadable papers, easily accessible online all over the world! The symposium will present and discuss recent research by young European researchers recently published in the journal “Sexologies”.

Symposium 8
FEMALE SEXUAL PROBLEMS: FROM PHARMACOTHERAPY TO WOMEN’S EMPOWERMENT

SEXUAL AROUSAL AND ORGASM IN STRAIGHT AND LESBIAN WOMEN

E. Laan
Department of Sexology and Psychosomatic OB/GYN, Amsterdam, THE NETHERLANDS

Many of women’s sexual difficulties stem from the fact that we place such high value on vaginal intercourse. Unfortunately, women can be penetrated without sexual arousal, even though such behaviour comes with a price. Unaroused sexual intercourse may elicit pain and a protective pelvic floor response, with the latter maintaining the former. Many scholars in our field have deliberated over the mysteries of the female orgasm, with ideas reflecting a belief that a woman’s orgasm should be driven by what makes her most successful in terms of reproduction. However, there is a very sound reproductive reason of why women are most likely to become aroused and have orgasms through means other than vaginal intercourse. In this talk, recent studies on women’s orgasm consistency will be reviewed, with comparisons between lesbian and straight women’s orgasms suggesting that orgasm consistency is not just about location, location, location!

EMPOWERING PATIENTS AND HEALTH PROFESSIONALS THROUGH ART

J. Butcher
Cheshire and Wirral Partnership NHS Foundation Trust, UNITED KINGDOM

This presentation looks at the need to examine how as health professionals we open up conversations with our patients who present with medical co-morbidities in our general clinics to capture the needs of our patients. It considers research into the needs of breast cancer patients and what they and the evidence base suggests they need. It explores why patients find it difficult to ask for help and why health professionals find it difficult to open the conversations. The presentation discusses a history taking tool to help the health professional to make a good assessment of need and explores a pathway of help for patients as well as looking at the empowerment of patients & how this might be achieved.
BODY AWARENESS / DISSOCIATION AND SEXUAL PROBLEMS

A. Carvalheira¹, C. Price², C. Neves³

¹ William James Center for Research, ISPA-University Institute, Lisbon, Portugal, ² Department of Biobehavioral Nursing and Health Systems, University of Washington, Seattle-WA, USA, ³ ISPA-University Institute, Lisbon, Portugal

Objective: The goal of this study was to explore potential body awareness and bodily dissociation differences between men and women with and without sexual difficulties.

Method: This web survey was carried out with a sample of 464 men and 445 women (ages ranged from 18 to 72 years old, M = 34.1). The Body Awareness and Bodily Dissociation were measured through the Scale of Body Connection (SBC; Price & Thompson, 2007). Distressing Sexual Difficulties were measured by the 7-item National Survey of Sexual Attitudes and Lifestyles (NATSAL) measure of sexual function (Mercer et al., 2013) plus a single item asking participants how stressful the experience of sexual difficulties was for them.

Results: Among women, bodily dissociation scores were significantly higher across all reported sexual difficulties, except in sexual pain. Women who reported a lack of sexual interest or a lack of sexual arousal had significantly lower levels of Body Awareness and significantly higher levels of Bodily Dissociation compared to women who did not report these sexual difficulties. Moreover, women who reported anxiety during sexual intercourse and difficulty reaching orgasm had significantly higher levels of bodily dissociation compared to women who did not report these difficulties.

Conclusion: These findings suggest the importance of targeting body awareness and bodily dissociation in the approach and treatment of women's sexual difficulties and dysfunctions. Our findings shed light on the relationship between body connection and sexual response and elucidate possible mechanisms underlying the effectiveness of mindfulness interventions for female sexual dysfunction.

Symposium 9
Organized by ESSM
SEXUAL DYSFUNCTIONS OF PATIENTS WITH CHRONIC CONDITIONS

CORRELATES OF SEXUAL FUNCTION OF MULTIPLE SCLEROSIS PATIENTS

M. Lew-Starowicz
Institute of Psychiatry and Neurology, Warsaw, POLAND

Aim: To describe factors influencing sexuality of patients suffering from multiple sclerosis (MS).

Method: Literature review, presentation of clinical cases, data from clinical research.

Results: Sexual issues are commonly overlooked in a routine care of people with MS. This disease may affect sexuality at many levels including sexual identity, sexual response and sexual relationship. The unpredictable course of MS result in patient’s uncertainty and complicates psychological adjustment. Sexual dysfunctions (SD) are highly prevalent and have an adverse effect on the quality of life. Primary SD result from demyelination and axonal damage within the brain, spinal cord or peripheral neurons that are engaged in the regulation of sexual response. Secondary SD are related to disease-specific symptoms including fatigue, spasticity, pain and pelvic floor complications. Tertiary SD are caused by psychological, relationship and sociocultural factors. The correlations of particular factors with sexual functioning are described and illustrated by clinical cases. The author gives practical recommendations on dealing with sexual complaints in MS individuals.

Conclusions: Sexuality of MS patients is affected by many factors. An individualized assessment is mandatory for a proper clinical intervention. Paying attention to sexuality, sex-positive approach and tailored interventions are the three milestones in coping with sexual issues in MS and improving patient’s quality of life.
SEXUAL DYSFUNCTIONS IN CARDIOVASCULAR CONDITIONS

E. Kirana
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Patients suffering from cardiovascular disease have a high risk of experiencing sexual dysfunctions. Therefore, health care providers need to be able to understand the needs of CVD patients and their partners. The aim of the presentation is to increase understanding of the psychological and sexual needs of CVD patients.

The presentation will present data that answers the following questions:
• Why is it so difficult to persuade our patients to adopt a health lifestyle?
• How ready are we to understand the psychological impact of a heart attack in the life of the patient and the partner?
• What are the sexual concerns of CHD patients, and their partners?
• Do psycho-sexual interventions work?

Symposium 10
HEALTH AND CITIZENSHIP AMONG TRANS POPULATIONS. A MULTICENTRIC APPROACH: BRASIL, FRANCE, ITALY, NORWAY, PORTUGAL

HEALTH AND CITIZENSHIP AMONG TRANS PEOPLE: THE CHALLENGE OF COMPARATIVE APPROACHES

A. Giami
INSERM / CESP, Paris / Villejuif, FRANCE

The symposium is part of an international project titled: “Trans Health and Citizenship: International comparisons”. The project is currently developing in France (INSERM – CESP), Brazil (Instituto de Medicina Social, State University of Rio de Janeiro), Italy (Sinapsi, University Federico II of Napoli), Norway (Dept of Health Sciences, Agder University). A portuguese team is starting to adapt the protocol (ISCTE-IUL, University of Lisboa) and the project is also starting Chile.

The objective of the whole project is to develop national knowledge about trans persons (including transsexuals, transgender, transidentity, travestis, etc...) situations which will allow international comparisons in order to understand the specificities of each countries, the characteristics of the trans populations and their internal diversity, and also the strengths and limitations of policies towards trans people performed in each of those countries. Different approaches are implemented. On one hand, the different teams develop a political anthropology of trans situations, and on the other hand, the same protocol (questionnaire) and the instruments of research elaborated in the French protocole (Giami, Beaubatie, 2014) were adapted and translated into Italian, Norwegian and Portuguese. The study of trans situations in the participating countries raises important issues regarding access to health care and citizenship but also questions related to self determination, autonomy, the right at disposal of one’s body, equality, discrimination based on gender, sexual orientation and appearance.

TRANSGENDER HEALTH AND CITIZENSHIP: SOME CLUES ON THE BRAZILIAN REALITY

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Objective: This paper aims to present the research <Health and citizenship of transgender people in the context of HIV-AIDS in Brazil: a comparative approach Brazil/ France>. We have set out as our main objectives to identify: the diversity of trans people, their components and their demographic profile; the access of the trans population to the health services and technologies of corporal modification, considering
the expertise of the public hospitals and the options available in the private health system; the economic, political and cultural factors that can influence the health of the population in order to improve social responses.

Design and Method: A multicentric survey was carried out to produce general socio-demographic data on trans people regarding their health and citizenship, for which trans people received training and became interviewers. Also, an Advisory Committee formed by trans leaderships were created and some professionals from services directly related to this population were consulted. The recruitment of participants was accomplished by the snowball method, mainly from interviewers’ the sociability networks and active search.

Results: The research is being developed in the metropolitan region of the city of Rio de Janeiro and had 391 questionnaires applied. The results are still under analysis, but there's a general postulate of vulnerability of trans people and travestis concerning health, which is strongly determined by precarious citizenship conditions, stigmatization and difficulties in accessing the health system.

Conclusions: The comparative perspective of the research between France and Brazil will allow the formulation of hypotheses for the improvement of public health and prevention in both countries.

GENDER IDENTIFICATION AND TRANSITION PATH IN A SAMPLE OF ITALIAN TRANSGENDER PEOPLE

P. Valerio
University of Naples Federico II, Naples, ITALY

Within the international project “Health and citizenship among trans individuals” developed in France, Italy, Brazil and Norway, this Italian study aims at exploring the socio-demographic characteristics and the role that hormonal treatments and Gender Affirming Surgery (GAS) play in gender identifications and transition pathways. A survey assessing socio-demographic information, feelings about one’s own identity and transition paths by means of medical/psychological treatments was carried out with 167 Italian trans individuals (71 female-to-male and 96 male-to-female). Two main indicators (sex assigned at birth and gender self-identification) were used to analyze medical and legal pathways. A strong heterogeneous diversity of this population, whose definition cannot be restricted to binary categorization and which differently make recourse to hormonal treatment or GAS, emerged. An increasing trend in self-identifying in non-binary gender identifications was detected, although the majority of the sample still expressed the need of undergoing GAS. These findings shed light on the actual diversity of inner gender stabilizing processes among Italian trans people. If on one hand the centrality of the genitals and the importance of surgery seem to undergo a slow decline, on the other hand GAS still continues to be an important achievement to be pursued.

PROCEEDINGS, CONCLUSIONS AND CONSEQUENCES OF THE NORWEGIAN EXPERT GROUPS ON TRANSGENDER HEALTH

E. Almås \(^1\), E.E.P. Benestad \(^1\)
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The objective for this presentation is to give information about the treatment situation for individuals who experience gender incongruency in Norway. The ICD-11 is imminent, as is a shift in paradigm from psychiatry based to sexual health based treatment. Health-care for individuals seeking to be diagnosed as F64.0 in Norway, has thus far been monopolized by the Norwegian State Hospital in Oslo. This monopoly has caused much frustration among clients and professionals. Ignited by these frustrations, the Norwegian government ordered the establishment an expert group to evaluate the present state of health care and legal rights for the trans*gendered. The group delivered their report: Right to right gender, health for all genders in April 2015. A group of professionals has on their own account established a Trans-competence network, that has resided parallel to the State Hospital in order to help all those who are refused assistance there. Members of this group were invited into a new expert group established by the government. The Directorate of Health in Norway is presently working on a protocol for the health care of individuals who experience gender incongruence. In 2016 the Norwegian Government issued a law allowing self-determined legal gender for individuals above
the age of 6. These are the main circumstances for the establishment of a research network recruiting participants for the international project of Health and Citizenship among transgender people.

A SYSTEMATIC REVIEW ON TRANSGENDER PEOPLE IN PORTUGAL: FIRST STEPS INTO THE IMPLEMENTATION OF THE STUDY 'HEALTH AND CITIZENSHIP AMONG TRANS INDIVIDUALS

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Objective: The high levels of discrimination and social exclusion of trans people, as well as the iniquities in access to fundamental spheres of citizenship such as health, education, employment, or safety are widely recognized. However, information on the multiple experiences and heterogeneous diversity of all individuals who self-identify as trans and/or outside of the male/female binary is still very scarce in Portugal. A scoping review approach was chosen to identify the nature and extent of research evidence on trans people in Portugal and to contribute to mapping the rapidly changing social, medical and political landscape of Portuguese trans communities.

Design and method: An online literature search was conducted using Scopus, PubMed, EBSCO and ISI web of Science. Studies were included if they were conducted among trans people in Portugal and were published between 1990 and 2017.

Results: This literature research provided a comprehensive overview of the major issues that have been addressed in studies conducted among trans people in Portugal. It also enabled the identification of the existing conceptual and methodological frameworks for studying trans issues.

Conclusions: The findings of this review will be used to inform the development of a national survey aimed at studying the socio-demographic characteristics, access to medical and psychological care, and state of health among diverse trans individuals in Portugal. Findings will also help researchers, social and health care professionals, as well as funding agencies and policy-makers, providing suggestions for future approaches for studying the diversity of the trans population.

Symposium 11
NEW INSIGHTS ON HYPERSEXUALITY

THE NETWORK APPROACH TO (HYPER)SEXUALITY

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Objective: In the network approach, psychopathology arises from interactions among symptoms. Such symptom-interactions can be modeled, visualized, and analyzed as networks, with symptoms as nodes and their dependencies as edges. We illustrate the research- and potential clinical opportunities of sexological network methodology by presenting the results of a network study of hypersexuality.

Methods: We used data from an online survey (2014) focusing on Internet pornography, sexual health, and relationships. In a sample of 3,028 Croatian men and women, we analyzed networks for women and men separately to explore the structure of hypersexuality. In our network models, nodes represented hypersexuality symptoms and associated sexual behaviors (e.g., items from the Hypersexual Disorder Screening Inventory) and edges represented cross-sectional regularized partial polychoric correlations. Networks were analyzed using R-software packages.

Results: The hypersexuality networks of men and women were surprisingly similar in structure. Sexuality-related psychological distress and negative emotions, as well as perceived loss of control over sexual feelings and urges, were central to both networks. Pornography use and frequency of solitary and partnered sexual activity were relatively peripheral to both networks.
Conclusions: Our results suggested that men and women might be more alike than different regarding the development and maintenance of hypersexuality, and that hypersexuality might be better characterized by sexuality-related distress and negative emotions, as well as perceived loss of control over sexuality, rather than the frequency of solitary and partnered sexual activities. We conclude by showing how the network approach to (hyper)sexuality might elucidate other phenomena in future sexological network studies.

CLINICAL CHARACTERISTICS AND NEUROPSYCHOLOGY OF MEN WITH HYPERSEXUAL BEHAVIOR

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Hypersexual disorder is characterized by intense and repetitive sexual fantasies, urges and behaviors that lead to clinically significant distress. Kafka (2010) proposed hypersexual disorder as a distinct category for DSM-5, which was ultimately declined, partly due to lack of empirical data. Our aim is to reduce this gap by comparing a large sample of men with hypersexual disorder with healthy volunteers.

Patients with hypersexual disorder (N=50) and healthy volunteers (N=40), matched regarding age and education, completed a wide range of self-report measures, structured clinical interviews, intelligence assessments and a neuropsychological test battery (including implicit association test and approach-avoidance task).

Compared to healthy volunteers, men with hypersexual disorder reported increased rates of emotional abuse, an earlier onset of masturbation, an increased number of affair, increased sexual excitation, more problematic pornography consumption a specific pattern of sexual behavior, and increased symptoms of psychiatric comorbidities. Moreover, positive implicit associations and approach tendencies towards pornographic stimuli were more prevalent in participants with hypersexual behavior. No differences were found regarding neurodevelopmental factors and intelligence.

In line with theoretical considerations the results reveal a broad variety and increased rates of comorbidities and vulnerabilities of hypersexual men. These findings help to reduce the gap on empirical data in hypersexual behavior. Further research regarding the etiology and similarities to related concepts like behavioral addictions are needed to help to clarify the concept of hypersexual disorder.

NEUROBIOLOGICAL FEATURES OF MALE HYPERSEXUALITY

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Hypersexual disorder (HD) comes with clinically significant personal distress for patients and further social and medical consequences. There are heterogeneous attempts concerning its diagnostic classification, some outlining similarities between HD, impulse control disorders and addictive behaviors. Further evidence comes from neuroimaging studies, showing structural and functional alterations in frontal lobe, temporal lobe, limbic structures and reward-associated brain regions. These findings are supported by evidence from neurological disorders and lesion studies. Studies on genetics and neuropharmacology implicate an involvement of the dopaminergic system.

Findings from our Hanover study on male hypersexuality are presented. Here, a clinically characterized sample of male participants (n=50) with HD is compared with healthy volunteers (n=40). A classical fMRI n-back working memory task with distracting sexually explicit stimuli was presented to participants. Altered functional activations that are in line with differing cognitive performances of patients, are discussed in terms of etiologic models on HD.
Symposium 12
DISABLED SEX? PHYSICAL REHABILITATION SEXOLOGY: THE DUTCH EXPERIENCE

20 YEARS OF REHABILITATION SEXOLOGY: A BIRDS EYE VIEW - WHAT CAN WE LEARN FROM THE PAST AND PRESENT IN THE NETHERLANDS?

E. Kruijver
Sophia Rehabilitation Center, The Hague, THE NETHERLANDS

Speaker: Egbert Kruijver, Social Worker MSW Sexologist NVVS, works as rehabilitation sexologist in Sophia Rehabilitation, The Hague & in De Hoogstraat, Utrecht. As chairman of the Dutch NVVS special interest group on rehabilitation sexology his aim is to establish proactive and structural attention in national medical guidelines for the impact on intimacy and sexuality of a disease or disability.

His talk will be about the development of rehabilitation sexology in The Netherlands during the past twenty years. He will address the highs and lows, the opportunities and the threats towards fully integrated sexual health care within the practice of multi-disciplinary physical rehabilitation.

Kruijver discusses a multi-layered approach: developing the skills of individual professionals and their willingness to address the subject of sexuality; vision development and teambuilding at organizational level; assuring proactive and structural attention for sexuality in medical guidelines and government policy. When there is lack of a well organized overall approach, even a small country like The Netherlands can show a miraculous patchwork of initiatives. Now the Dutch Government embraces a new definition of health, with although appearing holistic, emphasizes at the same time ones own responsibility at an almost purely individual level, there is great concern that people with disadvantages will be even more held back in developing a good and enjoyable sex live.

The overall learning experience from The Netherlands can provide good practice and inspiration for all that want to establish rehabilitation sexology in their country.

GOING DUTCH: THE SOPHIA MODEL AS GOOD PRACTICE

J. Bender ¹,²
¹ Sophia Rehabilitation Center, The Hague, THE NETHERLANDS, ² Bender and Pieters; training and consultancy in rehabilitation sexology, Woerden, THE NETHERLANDS

Since 1995 Sophia Rehabilitation Center in the Hague offers it's patients the opportunity for sexuological treatment. This began as an innovation project and has developed over the years to become an integral part of the rehabilitation care offered in Sophia Rehabilitation Center. To make this possible two things were needed. The clinical approach had to be adapted for this diverse and complex population. The organisation needed to recognize sexuality as a legitimate area of care.

The Sophia model uses a number of basic models as a fundament for this approach. The PLISSIT model, a stepped care intervention model, the ICF model (function-activity-participation) and the bio-psycho-social model of sexuality.

We work with a number of assumptionist
• It is our responsibility to take the initiative to speak about sexuality.
• These efforts are pro-active and offered to all patients.
• Sexual Health issues need to be approached with specific knowledge of the health problems and also have a vision that transcends illness or disability.
• Using the PLISSIT model, interventions are preventative and only when needed sexological treatment is offered.
• Psychosocial factors are equally important as the biological factors in treating the sexual difficulties.
• The medical, practical and psychosocial disciplines have specific knowledge and skills that can be useful concerning sexual health care.
• We differentiatie between sexual rehabilitation and sexual habilitation.

This talk will describe this clinical approach in detail, using case material to illustrate.
TRAINING & EDUCATION: INTEGRATING SEXUAL HEALTH CARE IN THE REHABILITATION SETTING

R. Pieters
Heliomare RC, Wijk aan Zee, THE NETHERLANDS

Riet Pieters will base her talk on the experience in training rehabilitation teams in sexual health care. Together with Jim Bender she had designed a training for rehabilitation professionals working in operational multidisciplinary teams. The main objective of the training is to help create a professional environment in which sexual health problems can be discussed, if possible prevented and when needed treated. Strategically working with the modus operandi of a multidisciplinary team, such as task definition, determining pro- and reactive roles and formal agreements, appears to be of importance in integrating sexual health in the overall care for patients. She will give special attention to the topics ‘rehabilitation sexology is teamwork’ and professional communication. Education and training of a so-called ‘sexuality aware attitude’ seems an important key in promoting sexual health care.

SEXUAL DEVELOPMENT OF YOUTH WITH CONGENITAL PHYSICAL DISABILITIES

D. Wiegerink
BOSK, Utrecht, THE NETHERLANDS

Romantic relationships and sexual experiences
For young people with congenital physical disabilities, especially cerebral palsy (CP) and spina bifida (SB), sexual development is a double challenge. Besides the uncertainties, common for all young people, is dealing with physical limitations regarding sexuality an extra obstacle. Research (Wiegerink et al, 2006, 2008, 2010, 2011, 2012) showed that the following topics are important to address (in this presentation):
* delay in (CP) or early (SB) social and sexual development and the consequences for their functioning,
* shame and uncertainty about their body and their physical possibilities,
* need for disability related information about sexuality,
* physical problems and possible solutions,
* difficulties discussing sexuality with a partner
* finding a partner.

100 questions about sex and CP
Together with BOSK, association of people with cerebral pals, we collect the queries and answers young adults with CP have about sex. (related to CP.) We collected more than 100 sex related questions about practical issues like pain, fatigues, medical devices, pregnancy, fertility, contraceptives, communication with their partner, parenting (Wiegerink and Verheijden, 2013). At this moment we are collecting the queries of young people with spina bifida.

Interventions in The Netherlands
* The board game ‘SeczTalk’ has been developed to facilitate discussions about romantic relationships and sexuality with groups of adolescents with neurodevelopmental disabilities (van der Stege et al., 2010, Gorter et al, 2013).
* The group module Friends, courtship and sex has been developed to advise and engage young adults in role-playing regarding flirting, dating, kissing and intimate relationships. (Hilberink et al, 2013).
Round Table 1
SEXUALITY IN OLDER ADULTS ACROSS EUROPE

THE HEALTHY SEXUAL AGING PROJECT: A MIXED-METHOD STUDY OF SEXUAL FUNCTION AND SEXUAL WELL-BEING IN OLDER ADULTS IN NORWAY, DENMARK, BELGIUM, UNITED KINGDOM, CROATIA, AND PORTUGAL

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Objective: To analyze partnered and non-partnered sexual activity and sexual satisfaction in older adults from Norway, Denmark, Belgium and Portugal.

Design and Method: A cross-sectional survey, with probability samples of the population aged 60-75 years recruited by phone registers in Norway (676 men, 594 women), Denmark (530 men, 515 women), Belgium (318 men, 672 women), and Portugal (236 men 273 women). Data were collected using postal, anonymous questionnaires.

Results: In men, the percentage of sexually active participants (reported having had sexual intercourse, masturbation, petting or fondling) in the past year ranged from 83% in Portugal to 91% in Norway. In women, the percentage of sexually active during the last year ranged from 61% in Belgium to 78% in Denmark. Regarding frequency of sexual intercourse activity during the past month, men in Norway, Denmark, and Belgium (23-24%) most often reported 2-3 times per month, whereas most men in Portugal (29%) reported 1-3 times per week. Reporting masturbation activity was most common among Norwegian men (65%) and women (40%). Regarding sexual satisfaction, 40% - 60% of participants reported that they were sexually satisfied. Having a partner was the most important positive predictor of sexual activity and sexual satisfaction in all subgroups except Portuguese men.

Conclusions: Women, Non-partnered individuals, Men and women over the age of 70 years; and women with only primary education were less active and satisfied sexually. These sub-groups are important to target in future health promotion programs.

PREDICTORS OF SEXUAL AND RELATIONSHIP SATISFACTION IN EUROPEAN COUPLES AND INDIVIDUALS, WITH EMPHASIS ON THE ROLE OF PHYSICAL INTIMACY AND NONSEXUAL TOUCH

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Objective: The aim of this study was to assess the contributions of sexual and general intimacy and the frequency of sexual (coitus) and nonsexual (kissing/cuddling) physical interactions to sexual satisfaction and relationship happiness in men and women aged 60-75 years across four European countries.

Design and Method: A cross-sectional survey with probability samples of the population, recruited using phone registers in Norway (676 men, 594 women), Denmark (530 men, 515 women), Belgium (318 men, 672 women), and Portugal (236 men, 273 women). Only participants in a relationship were included in the analyses.

Results: Adjusting for sociodemographic characteristics, multiple regression analyses (R2 = .28 to .56) revealed that sexual and general intimacy were positively associated with relationship happiness in men and women in all four countries. In the Nordic samples, the frequency of coitus and, in some cases, of kissing/cuddling were also positively associated with relationship happiness. In Belgian and Portuguese men, neither were associated with relationship happiness, but kissing/cuddling were in Belgian and Portuguese women. With the exception of Norwegian women and Belgian men, kissing/cuddling was not associated with sexual satisfaction, and intimacy during sex was only associated with sexual satisfaction in some samples. Coitus frequency was positively associated with sexual satisfaction in men and women in all four countries.

Conclusion: The associations between frequency of coitus and kissing/cuddling and relationship happiness
varied by gender and country. Interestingly, intimacy during sex was not consistently associated with sexual satisfaction but was positively associated with relationship happiness in all four countries.

HEALTHY SEXUAL AGING: BODY IMAGE AND SEXUAL SATISFACTION – A COMPARISON ACROSS FOUR EUROPEAN COUNTRIES

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Objective: Body image issues can affect all domains of sexual functioning. In a sociocultural context where physical and sexual attractiveness is equaled with young and slim body ideals, the aim of this study was to examine how appearance dissatisfaction is related to sexual satisfaction in seniors across four European countries.

Design and Method: A cross-sectional survey, with probability samples of the population aged 60-75 years recruited by phone registers in Norway (n=1271), Denmark (n=1045), Belgium (n=990), and Portugal (n=509). Appearance dissatisfaction was measured with the CARVAL scale, and sexual satisfaction with a single question. Analyses were adjusted for covariates (intercourse frequency and Body Mass Index).

Results: Norwegian men and women, and Belgian men, with no current partner were more dissatisfied with their appearance, than those with a partner. Within the partnered group, Belgian men and women scored lower on sexual satisfaction compared to the Nordic countries. Linear regression analysis showed that appearance dissatisfaction predicted lower sexual satisfaction in all four countries. Adjusted for covariates, appearance dissatisfaction remained a significant predictor of less sexual satisfaction for all men, but only for Nordic women.

Conclusions: Dissatisfaction with appearance appears to be an equally important aspect of sexual satisfaction in older as in younger adults. The association was evident for men across the four countries, but was only significant for Nordic women. The results may reflect a relative similar body ideal for males within the Western culture, while the female gender role may be more diverse and complex.

SEXUAL AVOIDANCE AMONG OLDER ADULTS ACROSS EUROPE

A. Carvalheira 1, C. Graham 2, B. Traeen 3
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Objective: Sexual avoidance is common in nonclinical populations among older adults. The aim of this study was to examine the factors associated with sexual avoidance in older adults across four European countries.

Methods: A cross-sectional survey, with probability samples of the population aged 60-75 years, recruited by phone registers in Norway (n=1,271), Denmark (n=1,045), Belgium (n=990), and Portugal (n=509).

Results: Partnered women reported significantly higher levels of sexual avoidance during the previous year than partnered men. The main reasons for sexual avoidance reported by women were related to health problems (24%), partner's sexual difficulties (19%), and lack of interest in sex (15%). The reasons men had avoided sex were related mainly to sexual difficulties (24%), health problems (22%), and partner's sexual difficulties (20%). Women in long-term relationships, with lower levels of intimacy with the partner, who lacked interest in having sex, had physical pain during sex, and who reported lower lifetime levels of sexual activity were more likely to have avoided sex during the last year. Older men, with higher levels of depression, lower levels of intimacy with the partner, who lacked interest in having sex, had erection difficulties, and who reported lower lifetime levels of sexual activity across life were more likely to have avoided sex during the last year. Sexual difficulties were the only significant predictor across the four countries.

Conclusion: Sexual avoidance among older adults seems to be multifactorial. Psychological, relational, and sexual function factors are associated with sexual avoidance.

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SUCCESSFUL AGING AND CHANGE IN SEXUAL INTEREST AND ENJOYMENT AMONG AGING EUROPEAN MEN AND WOMEN

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Objective: In spite of the popularity and analytical relevance of the concept of successful aging, little efforts have been made to address its relationship to sexuality in older individuals. To address this gap in the literature, this study aimed to provide systematic cross-cultural insight into the association between successful aging and change in sexual interest and sexual enjoyment among aging European men and women.

Design and Method: Using the data collected in 2016 in four European countries, we constructed and validated a multidimensional indicator of successful aging to explore the relationship between successful aging and retrospectively assessed change in sexual interest and enjoyment over the past 10 years. A probability-based sample with over 3,500 participants aged 60-75 years was used for analyses presented here.

Results: Confirmatory factor analytic findings supported a conceptually proposed 3-dimensional model of successful aging, which was found to be invariant across gender and country. Controlling for sociodemographic characteristics, successful aging scores were consistently and positively related to the change in sexual interest/enjoyment in both genders. Some country-specific findings were also observed.

Conclusions: Given an increased life-expectancy and focus on healthy aging in many countries, the findings about the benefits of sexual expression for quality of life and aging well are valuable to sexuality research into the third age and sexual health services catering to older individuals.

Round Table 2
ADOLESCENT PORNOGRAPHY USE: INSIGHTS FROM RECENT LONGITUDINAL STUDIES

PORNOGRAPHY USE AND ADOLESCENTS’ SEXUAL RISK TAKING: LONGITUDINAL INSIGHTS FROM THE PROBIOPS STUDY

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Objective: The unprecedented accessibility and affordability of online sexually explicit material (SEM) has facilitated widespread pornography use among adolescents and growing concerns over adverse reproductive health outcomes. Although SEM-related risky sexual behaviors have been one of the central concerns, there is a paucity of longitudinal studies addressing this issue. This study aimed to assess the longitudinal association between frequency of SEM use and risky sexual behaviors among adolescents.

Design and Method: Two independent panel samples of Croatian adolescents were used for the analysis. Both panels had 4 measurement points 6 month apart. Indicators of risky sexual behavior were: (1) not using a condom at most recent sexual intercourse and (2) reporting two or more sexual partners. Multilevel logistic regression analysis was used to explore the association between SEM use and risky sexual behaviors.

Results: Controlling for sociodemographic characteristics, age at first contact with SEM and sensation seeking, higher frequency of SEM use was associated with higher likelihood of engaging in unprotected sexual intercourse only among male adolescents in the larger panel sample. Direct replication in the smaller panel sample failed to corroborate this finding. No significant association between SEM use and multiple sexual partners was found among adolescent men and women in either panel.

Conclusions: These findings are relevant for various health and educational experts, policy makers and general public, parents in particular. Additional analytically robust studies of this important public health topic are needed.
FROM PORN TO PEERS? EXPOSURE TO ONLINE PORNOGRAPHY AS A PREDICTOR OF UNCONSENTED FORWARDING OF PEER CREATED SEXUALLY EXPLICIT IMAGES AMONG YOUTH

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Although (non-consensual) forwarding of sexts is an important aspect of sexting, the predictors of this behavior are currently understudied. The present study aimed to fill this gap by investigating online pornography use, and the subsequent endorsement of sexual objectification of women and instrumental attitudes towards sex, as predictors of whether adolescents and young adults have forwarded a sexually explicit image of someone to others without that person’s consent, and their willingness to engage in this behavior. Using data from a two-wave short-term longitudinal survey among 1,947 participants (aged 13-25), we found that more frequent exposure to pornography significantly increased the odds of non-consensual forwarding of sexts (NCFS), and the willingness to engage in NCFS. In addition, an increased acceptance of sexual objectification of women, as a result of more frequent pornography use, was associated with higher odds of non-consensual forwarding of sexts and increased willingness to engage in NCFS. Some of the found relationships were stronger for adolescent and male respondents. These findings have implications for preventing non-consensual forwarding of sexts, by increasing our knowledge on which underlying mechanisms need to be targeted.

LONGITUDINAL TEST OF THE CONTENT PROGRESSION THESIS: IS IT A VALID MODEL FOR UNDERSTANDING ADOLESCENT PORNOGRAPHY USE?

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Objective: Content progression thesis – integral to conditioning theories – assumes that pornography use leads to increased pornography use over time and to preferences for increasingly aggressive contents. To assess these propositions, associations were examined between the dynamics of pornography use and the preference for aggressive contents among male Croatian adolescents across a 24-month period.

Design and Method: Participants were 249 high school students who participated in at least three of five waves of the PROBIOPS online panel study. Pornography use was measured by the reported frequency of use in the past six months. Preference for aggressive pornography was measured by two items enquiring if the contents that was typically used depicted someone forced to do something sexually or who seemed to be in pain.

Results: Separate and joint latent change and latent growth curve models demonstrated significant between- and within-individual differences in pornography use and content preferences across five measurement occasions. Latent measures of growth in aggressive content preferences were unrelated, both with the initial level of pornography use and its changes over time.

Conclusions: Pornography use alone was not found to be associated either with increased pornography use over time or with use of increasingly sexually aggressive contents. More integrative frameworks need to be employed to conceptualize additional factors contributing to frequent pornography use, shift in content preference, and aggressive outcomes. (This work was fully supported by Croatian Science Foundation, project 9221.)

THE ROLE OF RELIGIOSITY IN ADOLESCENTS’ COMPULSIVE PORNOGRAPHY USE: A LONGITUDINAL ASSESSMENT

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Objective: There is increasing concern that adolescent males are vulnerable to developing compulsive pornography use. Recent research and theorizing suggests that some compulsive pornography use may stem from a conflict between moral values and behavior among religious individuals rather than dysregulated pornography use per se. Pornography use among such individuals is thought to be low despite high distress over use. We hypothesized that compulsive pornography use should generally be associated with higher
initial levels and increased growth in male adolescent pornography use over time but that this pattern would be attenuated among the very religious.

**Design and Method:** Hypotheses were tested with a nested linear growth model using longitudinal data of male Croatian adolescents’ pornography use, compulsive pornography use, and religiosity collected over 5 waves that were spaced 6 months apart.

**Results:** As expected, adolescent men who reported features of compulsive pornography use exhibited higher initial levels of pornography use at baseline and more growth across time. Contrary to expectations, compulsive users who were more religious started with lower initial levels of pornography use which grew over time, while compulsive users who were less religious reported high initial levels of pornography use that did not change over time.

**Conclusions:** While results are preliminary, they suggest that adolescent males reporting compulsive pornography use exhibit higher rates of pornography use than males who do not report compulsive pornography use. Rather than negating this tendency, religiosity appears to delay the onset of high pornography use among male adolescents.

**Round Table 3**

**PARENT-ADOLESCENT COMMUNICATION ABOUT SEXUALITY: WHAT DO WE KNOW ABOUT IT, AND HOW DOES IT LINK WITH BEHAVIORAL/COGNITIVE/EMOTIONAL OUTCOMES?**

**BIDIRECTIONALITY BETWEEN GENERAL AND SEXUALITY-SPECIFIC PARENTING AND EARLY ADOLESCENT SEXUAL EXPERIENCE: A FOUR-WAVE LONGITUDINAL STUDY**

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Parents play an important role in adolescent sexual development. Whereas most studies examine how parenting practices affect adolescent sexuality, the transactional perspective posits it is equally relevant to investigate parental responses to adolescents’ sexual activity. The current study investigated reciprocal over-time relations between general and sexuality-specific parenting aspects, and adolescents’ emerging sexual activity.

Four waves of online questionnaire data were collected within Project STARS: the first longitudinal study on adolescent sexual development in the Netherlands. We selected secondary school students who were 13-14 years old at T1 (n=642, 48% girls, MAge_at_baseline=13.7 years). Each measurement, adolescents rated the quality of their relationship with their parents, perceived parental approval of having sex, and the frequency of sexual communication with their parents. Additionally, they reported on their experience with different sexual behaviors, ranging from naked touching to intercourse. Latent change structural equation models were analyzed in Mplus.

The results showed unidirectional (parenting-driven) associations with general parenting: higher-quality parent-adolescent relationships protected from early sexual behaviors, but only for girls. Relationship quality was not affected by adolescents’ sexual behaviors. Similarly, more frequent sexual communication with parents predicted more subsequent experience with sexual behaviors, but adolescent sexual activity did not affect sexual communication. Finally, bidirectional (parenting-driven & sexuality-driven) associations were found for perceived parental approval of having sex, which was a precursor and a result of adolescents’ sexual behaviors.

Our findings support the transactional perspective, and provide valuable implications for research designs and strategies that incorporate a parenting component for the promotion of youth sexual health.

**A WARM NEST, OR ‘THE TALK’? INDIRECT OVER TIME RELATIONS BETWEEN PARENTING AND ADOLESCENTS’ SEXUAL EMOTIONS THROUGH ADOLESCENT SELF-ESTEEM AND SEXUAL AUTONOMY**

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Objective: Although adolescent sexuality is a much investigated topic, research focused mostly on sexual (risk) behaviour. Thus, little is known about the development of adolescent’s positive and negative emotional experiences of sex. In the present study, two different indirect effects from parenting to adolescent sexual emotions were investigated over time: One from parent-adolescent relationship quality through adolescent self-esteem and one from parent-adolescent communication about love and sexuality through adolescent sexual autonomy.

Design and methods: Data were used from three waves of Project STARS, a four-wave study with online questionnaires. The sample consisted of n = 248 sexually experienced adolescents (M = 14.74 years at baseline). Adolescents reported on quality of the relationship with their parents, how often they discussed love and sexuality with parents, their self-esteem, sexual autonomy and how often they experienced positive (love, happiness, pride) and negative emotions (guilty, dirty, ashamed) after sex.

Results and conclusions: Path model results showed that adolescent sexual autonomy was related to more positive and less negative emotions over time. More communication with parents was only weakly associated with more sexual autonomy. Low occurrence of communication about topics related to sexual autonomy could explain this weak link. Although better parent-adolescent relationship quality was related to more self-esteem, self-esteem was not related to sexual emotions. No indirect effects from parenting to sexual emotions and no gender differences in the relations were found. Better parent-adolescent relationship quality was related to more parent-adolescent communication about sex, which suggests that a warm nest could facilitate ‘the talk’.

ADOLESCENT COMMUNICATION ABOUT SEXUALITY-RELATED TOPICS IN THE NETHERLANDS: FINDINGS FROM THE ‘SEX UNDER THE AGE OF 25’ SURVEYS

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Sex under the age of 25 is a large-scale representative study of the sexual health of young people aged 12 to 25 in the Netherlands. In 2005, 2012 and most recently in 2017 a data collection wave was executed. In 2017 a total of 20,500 young people have filled in a questionnaire with questions about a wide range of sexuality-related topics. Young people were recruited by regional public health institutions via secondary schools as well as via a sample drawn by Statistics Netherlands (CBS) from the municipal population registers (BRP).

The sample is representative of the population of young people aged 12 to 25 in the Netherlands. An important topic in the survey is communication about sexuality in general and between parents and children in particular. Just over 7,000 young people aged 12-17 answered questions about this topic. Only a minority of young people have explicitly talked with their parents about sexuality. When they do, they talk mainly about love and relationships: 75% of boys and 87% of girls talk about this at least now and again. In this paper we will give a more detailed insight in what young people talk about with their parents and we will look into demographic differences and the trends that were present in the years 2005-2017. Furthermore we will investigate the correlations between parent-child communication about sexuality and a number of sexual health measures, like the age of first sexual intercourse, positive sexual feelings, contraception and condom usage, sexual victimization and sexual functioning.

Round Table 4
SEX AND CRIME: PREVENTION AND TREATMENT

PREVENTION AND TREATMENT OF CHILD SEXUAL OFFENDING: INSIGHTS OF THE PREVENTION PROJECT DUNKELFELD

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The clinical diagnosis of pedophilia denominates a sexual preference for children. Pedophilia plays a significant role in sexual offender treatment, representing a major risk factors for both repeated use of child sexual abuse images or hands-on child sexual abuse. Pedophilia is not only present in child sexual offenders
and not all child sexual offenders show this sexual preference. Starting in 2005 at the Institute of Sexology of the Charité – Universitätsmedizin Berlin, the Prevention Project Dunkelfeld has ever since encouraged self-identified undetected pedophiles to seek professional help to avoid committing child sexual abuse or the use of child sexual abuse images. It now encompasses 10 additional locations all over Germany, the prevention network “Dont-offend” (www.dont-offend.org). It will be financed by the German insurance system for the next 5 years. Since 2014, the prevention approach was expanded in Berlin to recruit juveniles aged between 12 and 18, who display sexually deviant behavior towards children and/or phantasies about the body image of children (www.just-dreaming-of-them.org). In 2017, the Institute started the worldwide useable internet-based self-management tool “Troubled Desire” for assessment and treatment in case of pedophilia to prevent child sexual abuse, the use of child abuse images and to arrange contacts to therapists according to the law in each country, even those with mandatory reporting laws (www.troubled-desire.com). The presentation will explain the approach underlying the projects as well as results from accompanying research and will give an outlook on future directions in the field.

SEXUAL VIOLENCE AGAINST WOMEN: A NEW PREVENTION AND TREATMENT PROJECT IN THE ‘DARK FIELD’

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Sexual violence is a significant and devastating issue for men and women throughout the world. Its consequences are not only disastrous for victims but also fatal for society. Over the years multiple treatment approaches for sex offenders have been developed. But regarding the fact that most acts of sexual violence are never reported to the police the question arises if treating convicted perpetrators is enough. Regarding the prevalence of sexual violence and its impact on victims, society and medical community would be remiss in not trying to reach potential/unconvicted perpetrators. Hannover Medical School has recently introduced the ‘I CAN CHANGE’ program that focusses on people who have not yet been convicted of a sexual crime against adults but fear they could commit such a crime. Participants fantasizing about sexual offender against adults or those who have already offended but are (yet) undetected receive psychological treatment, medical care and – if they wish – couple therapy. Therapy focuses on sex crime-related topics such as rape myths, sex education and development of an emergency action plan, but also covers more general psychotherapeutic topics such as coping strategies, handling emotions, social interaction and communication. The inclusion of general psychotherapeutic techniques and lessons learned from treatment programs for sexual offenders in the ‘I CAN CHANGE’ program is intended to represent a new approach to ‘dark field’ prevention and thus to reduce the number of sexual assaults that take place.

WHAT TO DO AND WHERE TO GO: UNMET NEEDS OF SEXUAL OFFENDER TREATMENT AND PREVENTION

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Cognitive-behavioural therapy (CBT) is considered the mainstay of treatment in patients with a paraphilia/paraphilic disorder and/or in sex offenders. Literature on sex offenders indicates that the use of CBT modalities reduces recidivism. The Risk-Need-Responsivity (RNR) model is perhaps the most influential model for the assessment and treatment of offenders The Good Lives Model is part of the positive psychology movement which is based on skills building by enhancing the positive qualities and reaching life fulfilling goals.

However there are several unmet needs of sexual offender treatment, especially with regard to some patient groups, for example sex offenders with a substance misuse disorder, mentally retarded sex offenders, female sex offenders and migrants/refugees who commit a sex offence, among others. From a broader point of view we have to mention a more repressive policy towards sex offenders who have difficulties to get a job, due to the mandatory statement of convictions.

Also unmet needs of sexual offender prevention can be addressed such as social isolation, the prevention of suicidal behaviour, psychiatric comorbidity in individuals who are at risk of committing a sex offence and the lack of support of family members, friends and acquaintances of the potential offender.

In this paper these issues will be addressed and discussed.
Workshop 1
COUPLE DYNAMICS AND EFT IN THE CONTEXT OF SEXUALITY

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Couples with vaginismus can be specified by heightened fear of pain/penetration and avoidance behaviour towards vaginal penetration. Research has shown that the decrease of fear and avoidance behaviour is the most promising target for treatment in vaginismus. Therefore a short, intensive therapist-aided exposure treatment has been developed. Therapist aided exposure treatment has improved the success rates of treatment outcome from 19% (Cognitive Behaviour Group Therapy; ter Kuile, van Lankveld et al. 2007) to 89% (ter Kuile, Bulte et al. 2009, ter Kuile, Melles et al. 2013).
This workshop will clarify the indication, ingredients and pitfalls of therapist-aided exposure therapy. After a short presentation an imagination exercise will clarify this treatment followed by a discussion of clinical dilemmas and pitfalls by use of examples of couples. Skills aimed at motivating both partners and at tackling avoidance behaviour will be practised. After this workshop participants will experience increased awareness and skills towards signalizing and tackling avoidance behaviour. Avoidance behaviour of emotional as well as physical intimacy and sexual behaviour in both partners is commonly considered as a maintaining factor of sexual dysfunctions. Therefore, this expertise can be applied to the treatment of several sexual dysfunctions.

Workshop 2
METHODOLOGY FOR QUALITATIVE SEX RESEARCH AND FOCUS GROUPS

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Research on human sexuality is often quantitative in nature (e.g., using questionnaires). However, qualitative methods are not always suitable for studying relatively unknown phenomena. Qualitative research methods offer a valuable first step toward exploring the lesser-known aspects of human sexuality (both in scientific research and in clinical practice), and are particularly useful for coming to in-depth understandings of human sexualities as subjective lived experiences and practices.
There is a broad arsenal of qualitative research tools to choose from: from the more well-known semi-structured individual interview to dyadic (e.g., couple) interviews, from focus groups to large-scale ethnographic observations, from face-to-face to online applications. With so much to choose from, finding the right method for one’s research purposes may be a daunting task.
This workshop focuses on various qualitative research methods applied in sexuality research. After exploring some crucial theoretical and practical concerns that go into incorporating these qualitative research methods into a specific research design, we will zoom in on the differences between doing individual in-depth interviews, dyadic interviews, and multi-person focus groups. The interactive set-up of this workshop enables participants to try out some best practices of doing qualitative sex research and focus groups, thus translating knowledge into practice in an environment of shared learning.
Both moderators have ample experience with these methods, having incorporated them in new and creative ways to answer previously unaddressed research questions on youth sexuality. Moreover, they are experienced in training others in using these methods to study the fascinating forms of human sexualities.

Workshop 4
CANCER SEXUALITY, SEX AND RELATIONSHIPS

J. Butcher
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This workshop examines how to open up conversations about sex with patients when we are specifically working with patients who have an oncology diagnosis. The evidence tells us that many patients following an oncology diagnosis and treatments, will express if asked sexual and relationship problems precipitated by this journey.

This workshop looks at how we can challenge health professionals to come out of their comfort zone and start the conversation with their patients and the need to do this. It explores the use of alternative strategies to challenge and raise awareness rather than the traditional techniques of educational events, which only pull in those health professionals already interested. It makes use of an experiential workshop as an advocate for the patient voice through the process of Design Activism. It explores what health professionals say they want before they can open conversations as well as what patients with breast cancer say they want from their health professionals.

Using patient focus and collaboration groups with provoked questioning and setting homework tasks, this research explores ideas of femininity, sexuality, relationships and communication about sex. Using thematic content analysis of these groups and actual patient words, recognition of disempowerment as a major issue for patients is shown. Through the process of Design Activism, the question can patients be empowered to open conversations when many feel guilty asking for more after increased time in life has been given, but are left feeling ‘abandoned’, ‘broken’ and ‘powerless’ is examined. In society the perception given from the purse string holders, is often that sexuality, sexual expression and behaviour is a lifestyle choice.

This research uses Design Activism and shows the power of the collaboration (not art therapy) in the representation of the patient voice. How can we make use of this understanding in our work with patients and in the teaching of other health professionals? Can we generate tools that can help all patients, and challenge health professionals to open these conversations and what should this be?

**Workshop 5**

**HOW CAN INDIVIDUALS EXPLORE THEIR SEXUAL BOUNDARIES?**

*S. Geuens* 1,2

1 Department of Healthcare (Midwifery), PXL University College, Hasselt, BELGIUM, 2 Multidisciplinary Team Sexology (MTS), General Hospital JESSA, Hasselt, BELGIUM

The central aim of this workshop is to give participants a practical tool that can be used to assess intimate and sexual situations as being positive sexual experiences, sexually boundary crossing experiences or sexual abuse. By using the Flag-system for sexually boundary crossing behaviour developed by Sensoa (The Flemish Expertise Centre for Sexual Health and HIV) professionals can explore together with their clients how desired sexual actions can be brought to life in a positive way, leading to good experiences. Second the Flag-system can be used in therapy as an objective narrative tool to help clients who are potential victims of sexual boundary crossing behaviour and/or sexual abuse to pinpoint the reasons these situations were experienced by them as harmful to their sexual integrity. Working with old and new cases from both ambulant therapy settings and residential care settings participants are given the opportunity to experiment live with the use and implementation of the Flag-system in their own work.

**Workshop 6**

**IMPORTANT ASPECTS OF HOW TO WRITE A SCIENTIFIC PAPER**

*J. Carvalho*

Universidade Lusófona, Lisbon, PORTUGAL

Scientific writing is crucial for science dissemination. It requires specific organizing and writing skills, as well as the knowledge on formal aspects and editorial guidelines. Most of all, scientific writing demands great commitment, training, and ethics; When scientific writers publish a research paper, they are somehow changing the World and impacting the lives of Humans.

This workshop will target key aspects of how to write a scientific paper, and discuss some of the emotional challenges that most writers face during the process of writing science. This workshop is most suitable for researchers who are initiating their lives in the science of sex.
Workshop 7
TREATMENT OF SEXUAL TRAUMA

S. Neves
Silva Neves - Private Practice, London, UNITED KINGDOM

On this workshop, Silva will discuss the various sexual traumas that can present in the consulting room: rape, childhood sexual abuse and the less spoken about, yet common, sexual infidelity. Silva will focus on:
1- What is specific about sexual trauma compared to other traumas (ie: car accident or terrorism)
2- How to assess and diagnose sexual trauma based on the patient's history and symptoms.
3- How to treat sexual trauma with an emphasis on safe practice to avoid re-traumatisation.
4- Employing an integrative approach based on recent traumatology research showing best outcome.
5- The various trauma-focused methods that can be integrated into a coherent treatment plan for patients including psychotherapeutic tools as well as a humanistic philosophy.

Workshop 8
SOBER SEX: CLINICAL GUIDELINES

R. Kunelaki
Chelsea and Westminster Hospital, London, UNITED KINGDOM

This is a presentation of a practice guideline to health professionals based on the clinical experience of the Lead Psychosexual Therapist in a Sexual Health and HIV clinic in central London working with men having sex with men (MSM). The guideline is drawn as a response to the increased presentation of MSM patients in the recent years, who attend in distress about their inability to connect sexually following the practice of ChemSex.
In the absence of evidence in literature, the author will provide a working definition of sober sex, a theoretical framework and specific suggestions to health professionals. The recommendations will include tools to improve self-care for both patients/clients and therapists.
The list of recommendations conclude that ultimately working with patients who present with issues around sober sex is about encouraging deeper and holistic ways of self-care. The positive outcome (self-reported by patients) is mainly due to changes in overall view of themselves.
The definition and recommendation of practice on sober sex might need local/national adaptations but overall aim to be helpful to other sexual health providers.
SIG 2
OBESITY AND SEXUALITY; ANY RELEVANCE FOR SEXOLOGY

W. L. Gianotten
Sexual Medicine Education Centre, Hilversum, THE NETHERLANDS

In this SIG we’ll approach obesity from 7 different perspectives.
1. What are potential relevant ‘sexuality related causes’ behind obesity? We’ll make a distinction here between sexual function, sexual identity and sexual relationship.
2. Obesity as a metabolic dysfunction has extensive hormonal influences. The consequences are very different for men, for premenopausal women and for postmenopausal women.
3. Next to the hormonal consequences, what are the consequences of the obese patient’s weight aspects on sexuality? Again with the distinction of sexual function, sexual identity and sexual relationship.
4. What are the sexual consequences of bariatric surgery and other weight-reducing strategies?
5. In the life-style approach to prevent and fight obesity, could sexology / sexual medicine introduce sexuality as a motivational argument (sexual expression for obesity reduction)?
6. How to deal with the individual patient or couple with obesity related sexual problems?
7. How to respectfully deal with obese patients for non-obese professionals?

SIG 5
POLICY AND ROMANTIC RELATIONSHIPS IN RESIDENTIAL CARE SETTINGS

S. Geuens 1,2
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We can't help falling in love. Even if we're currently suffering from any given mental illness and are admitted in a psychiatric hospital for treatment, even if we're feeling the difficulties of old age and are currently living in a residential care setting, people will fall in love if they spend enough time together. So how do we cope with love and sexuality as professionals working in residential care settings? Will we treat a new relationship as a source of possible strength, a possibility for therapeutic gains, or will we see it as a dangerous distraction, taking away valuable time and energy from their current treatment plan? Which attitude and vision do we develop as an organisation with regard to romantic relationships and sexual experiences? How do we build policy with regard to these often sensitive themes as an organisation tasked with the care and treatment of a very vulnerable population? This workshop will offer practical tools to scan your own organisations’ current policy, find possible blind spots with relation to romantic relations and sex and then fill in the blanks drawing on best practice examples from Psychiatric hospitals in Flanders, Belgium.

SIG 6
CHEMSEX

D. Stuart
Chelsea and Westminster Hospital NHS Foundation Trust, London, UNITED KINGDOM

In this Special Interest Group (SIG), we will be hearing what special interests attendees have in this subject, be it curiosity, be it providing healthcare or support to people engaging in chemsex, be it activism, or personal experience (or something else). Once that is established we’ll explore how we can improve our understanding of chemsex, or develop skills that we can use in our own fields of work/realms of experience. We’ll also be kindly exploring some of the emotional or personal challenges we might experience in seeking empathy with those who might engage in chemsex, and exploring some of the psychosexual motivations and consequences.
DEBATE
NON/MONOGAMIES IN CONTEXT: (IN)DEFINITIONS, POWER STRUCTURES AND DISCRIMINATION

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As with all identity processes, CNMs (consensual non-monogamies) are in a constant state of definitional flux - even more so considering this portmanteau term seems to be more academic than communitary. But this focus on the Other - on the named and the marked - is often employed to mask or naturalize the unmarked concept underlying this term, which is monogamy. Thus, to consider non/monogamies as such, this presentation takes a look at the tension between these two elements, considering what the negation (“non”) means and implies about the term denied (“monogamies”), and how monogamies are, first and foremost, a technopolitical apparatus that is both biopolitical (Foucault) and necropolitical (Mbembe). Looking at how “monogamy” has evolved allows us to understand how it operates normatively within the field of gender and sexualities, and in the field of capital material relations. This, in turn, will facilitate the understanding of emergent reorganizations of monogamy (e.g.: “monogamish”), the lacunae in research and sexologica clinical practice when it comes to non/monogamies, and the several layers of discrimination non/monogamous people suffer.

WAS 40TH ANNIVERSARY CELEBRATION
FROM SEXOLOGY TO SEXUAL HEALTH

P. Nobre
Faculty of Psychology and Educational Sciences, Porto University, Porto, PORTUGAL

WAS is celebrating its 40th anniversary. WAS members will recall their personal experience of WAS. Major achievements of WAS will be recalled and the future of sexual health and sexual rights will be explored. Pictures from the WAS history will be displayed.