

SYMPOSIUM SESSION SY-16: SEXUALITY EDUCATION AND THERAPY: PERSPECTIVES FROM SSSS MEMBERS

This symposium will examine sexuality education and therapy from a global perspective (USA, Canada, Greece, and Australia). Panelists will discuss sexuality education from the perspective of sexual diversity, schools, and educational policies across multiple countries. This session will also explore the development of multicultural competence/education for sex therapy students. **Keywords:** sexuality education, sex therapy, education policy

(A) GREEK STUDENTS' UNDERSTANDING OF SEXUAL DIVERSITY AND DIFFERENCE – IMPLICATIONS FOR EDUCATIONAL POLICIES AND PRACTICES

Dr. Margarita GEROUKI - *Educational Advisor and Primary School Teacher, Greece*

Introduction and purpose: Sexual diversity is part of human experience, as a number of people do not identify within heterosexual or cisgender terms. Understanding yourself and forming an identity as a sexual being, as well as understanding the “other”, your peers or friends is a process of growing up as part of adolescence. Many studies additionally show that people who identify as a sexual minority, LGBTQI people, have been pondering about their sexuality and difference from young age already.

Population sampling and methods: In this work, I will present and discuss Greek students' (11-16 years old) questions on sexual diversity and sexual minorities. Data come from students' anonymous questions gathered the last five years, as part of short sex education courses that the researcher had taught in more than a hundred Greek primary or secondary schools, approximately 2000 students.

Findings and discussion: Sex education in Greece, still, is a topic that raises a lot of public, heated confrontations, especially when discussing sexual minorities and sexual diversity issues. Sex education is, technically, part of the curriculum in Greece and primary and secondary teachers have some material to implement sex education programs. However, as the data show, the number of such projects is limited. Less than 4% of health education projects discuss sex education topics. Lack of proper education can explain students' misconceptions and misunderstandings regarding sexuality in general and sexual diversity in particular. According to the analysis of data young people in Greece understand and interpret sexuality as reproduction, morality, pleasure and normativity. Sexual difference and diversity are often seen as constructed, threatening or abnormal or both. These views could lead to harassment and bullying in the schools.

Recommendations: Implications for educational policies and practices that encourage proper and systematic sex education courses and teachers' training will be discussed in the light of these findings.

Keywords: sexual diversity, sex education, adolescents, Greece

(B) TEACHING THE TEACHERS: EDUCATION STRATEGIES FOR SUBJECTIVE COMPETENCE AMONG SEXUAL HEALTH PRACTITIONERS (USA)

Shadeen FRANCIS, MFT

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Brief Biography: Shadeen Francis, MFT, MSc, is a marriage and family therapist, professor, and author specializing in sex therapy and social justice. She has spoken internationally on topics such as sexual self-esteem, inclusivity in medical care, and the intersection of power and social media. Her curricula on healthy relationships are implemented nationally, and her signature combination of warmth, humour, and compassion has allowed her to develop inter-professional training programs that raise the bar for humanistic healthcare. Shadeen's belief is that the world is built on the strengths of communities. Her work allows people of all backgrounds to improve their relationships to live the lives they desire.

Introduction & objectives: Training programs worldwide seek to instill the knowledge and skills necessary to improve outcomes in sexual health. Sexually competent clinicians, educators, researchers, and policymakers demonstrate an awareness of their sexual values and biases, an understanding of variations in client sexual views, and skill in culturally appropriate sexual health practices. However, there is a dearth of information on the mechanisms by which students develop such competencies, and how national standards relate to therapy students' subjective sense of competence upon leaving their training programs. This pilot study investigated the relationship between clinical best practices, pedagogical methods, and the development of subjective competence in the field of sex therapy. The objectives of this research were to clarify the modes of training that enhance sexually-competent clinical practice, and to provide foundation for research in other sexual health domains.

Population sample & Methods: Students at varying levels of their Master's education were asked to gauge their confidence and skill in the 6 primary domains and 5 secondary domains of the AAMFT core competencies. First-year

students, final year students, and alumni from the Couple and Family Therapy program at Thomas Jefferson University completed an online survey to judge the importance of various clinical skills, gauge their progress and comment on the processes that most contributed to their success.

Findings & Discussion: Survey responses showed that students placed primary importance on the professional and perceptual domains of therapy. As students increased engagement in the practices of supervision, role-play, and clinical work, their ratings of competence increased across all domains. Lowest ratings of competence were given to executive tasks performed in solitude, such as completing paperwork and administering assessments. Additionally, student's subjective ratings of competence were related to reports of actual performance. These findings suggest that interactive, experiential teaching methods create a meaningful link between objective standards and subjective measures of sexual competence among aspiring therapists.

Keywords: Sexual Competence, Clinical Training, Education

(C) THE STATE OF CANADIAN SEXUALITY EDUCATION

Terry HUMPHREYS - *Psychology Department, Trent University, Peterborough, Ontario, CANADA*

Introduction/Purpose: Canada is currently a permissive country with respect to sexuality. While there is variability across the country, the majority of the population accepts premarital sex, adolescent pregnancy rates are low (and declining) and sexuality education is generally accepted in the school system. In addition, marriage for sexual minorities has been Canadian law since 2005. An overview will be provided highlighting the context, politics, and current state of the sexuality education landscape in Canada.

Context: Sexuality education, at the primary and secondary school levels, is governed by the provinces, not the federal government. So while there are national guidelines for sexual health education in the country, they remain guidelines that the provinces use to a greater or lesser extent as they develop their own sexual health curriculum. The variability in the quality of sexuality education across the country is the result of a number of factors including, the use of the national guidelines, the translation of the provinces curriculum into classroom information/exercises, teacher comfort, teacher expertise, and information/skills that are delivered at a developmentally appropriate level. The new curriculum in Ontario will be used as an example.

In the post secondary sector, sexuality education is sporadic and is left to specialized faculty in numerous departments (e.g., psychology, sociology, women and gender studies, etc) to implement courses in sexuality. A handful of programs across the country are available that major in sexuality at the undergraduate level.

Recommendations: The research literature on sexuality education in Canada will be reviewed with particular attention given to the successes as well as the gaps that still exist.

Keywords: Canada, sexuality education, policy

(D) 25 YEARS OF SEX EDUCATION AND SEXUAL HEALTH OUTCOMES AMONG AUSTRALIAN ADOLESCENTS

Christopher M. FISHER, PhD - *Australian Research Centre in Sex, Health and Society School of Psychology and Public Health; La Trobe University; Australia*

Introduction & Purpose: For 25 years, Australia has been conducting a national survey of adolescent sexual health including questions on sex education experiences. The survey provides an historical trend story in the sex education of young people.

Population Sample: The study contained five waves (1992 Wave N=4594, 1997 Wave N=3550, 2002 Wave N= 2388, 2007 Wave N=2926, 2013 Wave N=2136).

Methods: Data, predominantly collected in-school, were examined across waves broken out by year in school (Year 10 and 12) and gender (female and male). Descriptive statistics on sex education experiences were compared across all five waves of data to identify long-term cross-cohort trends.

Findings & Discussion: Overall trends indicated a majority of students were confident they could speak to their own peers about sex, spoke to a sexual partner about avoiding pregnancy and condom use, and had spoken with and were most comfortable talking to their mother or female guardian and/or partner about sex. Other sources, including teachers, received lower endorsements for conversations around sex. Further over time analysis will be presented and discussed.

Recommendations: The longitudinal narrative provides evidence of whom students have spoken with about sex and sexual health, who they are most confident and comfortable speaking with, and sources of potential information. Trends over time will demonstrate cultural shifts in sex education and communication patterns for adolescents providing useful context for future sex education planning and sexual health communication campaigns.

SYMPOSIUM SESSION SY-20: GLOBAL SEXUAL HEALTH RESEARCH WITH VULNERABLE POPULATIONS: PERSPECTIVES FROM SSSS MEMBERS

This symposium represents a collection of studies highlighting sexual health research on vulnerable populations around the globe. Study one explores internalized homonegativity and its impact on men who have sex with men (MSM) in Tanzania. Study two is a Canadian longitudinal study exploring how attitudes towards the preventive value of antiretroviral therapy affect gay and bisexual men's risk behaviours. Study three examines sexual health issues in Papua New Guinea. Study four examines the information and support that breast cancer survivors in the USA received from health care providers, medical providers and mental health providers. **Keywords:** HIV/AIDS, Sexual health, Vulnerable populations

(A) STIGMA AND DISCRIMINATION AND HEALTH AND RISK BEHAVIOR OF GAY/BISEXUAL MEN IN TANZANIA

Michael W ROSS, PhD MD MPH - *Program in Human Sexuality, University of Minnesota Medical School, Minneapolis, USA*

Introduction: Stigma and discrimination are associated with negative health outcomes and risk behavior in gay/bisexual men, usually through the production of high internalized homonegativity (IH) (internalized homophobia). We examined the sources, impacts and associated negative health in gay/bisexual men in Dar es Salaam and Tanga, Tanzania, East Africa.

Actions: 300 gay and bisexual men were interviewed using a standardized questionnaire in 2012-2013 in two cities in northeast Tanzania. Data were entered into SPSS and analyzed using bivariate and regression analyses to predict the significant sources of discrimination, and their association with IH. The associations of IH with mental health, HIV/STI risk behaviors and infection were also examined.

Outcomes: High levels of discrimination were experienced. Verbal discrimination has the strongest impact on the production of internalized homonegativity. This interacted with the strength of religious belief, which strengthened the association. IH was associated with significantly increased depression. IH in turn was associated with increased HIV and STI risk behaviors, and HIV and STI infection in the sample.

Discussion and Recommendations: Stigma and discrimination impact the mental and physical health of gay and bisexual men in highly discriminatory environments, both directly, and indirectly through increasing HIV/STI risk behaviors. Since removing stigma and discrimination take a long time to remove, we need to design and trial interventions to reduce IH in gay men in highly discriminatory contexts.

Keywords: Stigma, Discrimination, Sexual risk, Sexual Orientation

(B) THE MOMENTUM HEALTH STUDY: UNDERSTANDING THE CONTEXT OF HIV TREATMENT AS PREVENTION AMONG GAY, BISEXUAL, AND OTHER MEN WHO HAVE SEX WITH MEN IN VANCOUVER, CANADA

Heather ARMSTRONG - *Heather Armstrong is a postdoctoral fellow at the University of British Columbia and the British Columbia Centre for Excellence in HIV/AIDS in Vancouver, Canada*

Introduction: Gay, bisexual, and other men who have sex with men (GBM) are the most affected HIV-risk group in Canada, and in the province of British Columbia (BC) account for 58% of new diagnoses. In order to reduce the spread of HIV and reduce associated morbidity and mortality, the BC Ministry of Health actively promotes HIV Treatment-as-Prevention (TasP) as policy such that HIV testing is actively promoted, there is universal access to HIV treatment across BC, and people living with HIV are engaged and retained in care. The Momentum Health Study examines how attitudes towards the preventive value of HIV antiretroviral therapy affect sexual behaviour and substance use among GBM.

Methods: Using respondent-driven sampling, 774 GBM were recruited into the baseline study; 698 consented into a 4-year longitudinal cohort with follow-up visits every six months. Eligible participants were sexually active GBM (including trans men), 16 years of age or older, who reside in Metro Vancouver. Each study visit included a computer-assisted self-interview on sexuality, substance use, mental and physical health, community involvement, attitudes, and social determinates of health. Additionally, participants completed a nurse-administered health questionnaire with required venipuncture for HIV, Hepatitis C, and syphilis and optional testing for chlamydia and gonorrhoea.

Findings and Discussion: To date, the Momentum Health Study has published 18 manuscripts and over 80 conference abstracts. Findings indicate that 23.4% of GBM in Vancouver are living with HIV and 81.4% are virally suppressed on antiretroviral therapy. Awareness and support of TasP have increased over the course of the study while sexual risk behaviour has remained constant. Many participants report co-occurring syndemic health concerns including mental health symptomology and substance use. This symposium will provide an overview of study methodology, recent findings, and areas for future research.

Keywords: HIV prevention; treatment; gay/bisexual men

(C) SEXUAL HEALTH AND VULNERABLE POPULATIONS IN PAPUA NEW GUINEA

Kelwyn BROWN - *Kelwyn Browne is an individual member of WAS and ISSM, and an accredited sex educator with the Society Australian Sexologists working for the National Health Department of Papua New Guinea on the Rural Primary Health Services Delivery Project.*

Sexual Health includes the domains of sexual pleasure satisfaction as well as safety and consent; the ability to protect oneself from STI and HIV and access health services for these concerns; sexual literacy in eroticism and intimate relationships; and care access for sexual dysfunctions and concerns. Papua New Guinea (PNG) is a predominantly Christian Melanesian country in the South Pacific with 3 concurrent epidemics of the human immunodeficiency virus (HIV), other sexually transmitted infections (STI), and violence. Populations vulnerable to sexual ill-health in PNG are the same as other countries, in terms of the sexual challenges arising due to ageing, menopause, diabetes, heart disease, and cancer. Vulnerability for HIV and STI in PNG is slightly different in that the epidemic is concentrated in the usual populations of people exchanging sex and those engaging in anal sex, as well as those living in select geographic areas. Sexual literacy remains inadequate, and sexual violence is at epidemic proportions. Those vulnerable to victimisation include women, homosexual men, female to male transgender, and young men. The 3 epidemics are inextricably linked in terms of causation, an unsupportive legal environment and the populations subsequently vulnerable. Sexual health promotion, legal reform and quality sexual health services are required. Data will be presented from the recently completed Integrated Bio-Behavioural Surveillance Survey, as well as other published sources.

Keywords: Sexual health, Papua New Guinea, Sexual violence

(D) UNDERSTANDING THE COMPLEXITY OF SEXUAL CONSENT: NORMATIVE ATTITUDES AND BEHAVIORS IN UNIVERSITY WOMEN AND

Terry HUMPHREYS - *Psychology Department, Trent University, Peterborough, Ontario, CANADA*

Introduction: Recently sexual consent has been the focal point of discussions (and some academic research) regarding sexual assault on university/college campuses and prevention efforts. Much of the messaging in current sexual consent prevention campaigns seems to necessitate new ways of communicating sexually without a solid understanding of normative sexual consent scripts.

Methods: I will review a number of studies that my colleagues (Muehlenhard, Peterson and Jozkowski) and I have conducted focusing on (1) how university/college students communicate consent to a partner, (2) how students read consent cues from a partner, and (3) attitudinal research.

Outcomes: This research will highlight the complexities of understanding sexual consent in the university/college context including limited knowledge about sex, sexual double standards, alcohol, distinctions between consenting and wanting, ambivalence, and uncertainty. It is clear that student's positive attitudes toward obtaining sexual consent tend not to match their current behaviors when negotiating sexual consent with a partner. Numerous factors influence sexual consent negotiations including gender, relationship status, and sexual precedence.

Discussion and Recommendations: A complex understanding of the normative ways in which college/university students comprehend and behave with respect to sexual consent is the starting point on which to develop any policy that will actually resonate with students and potentially make a difference in rates of sexual assault. Recommendations for future research will be provided.

Keywords: sexual consent, sexual assault, sexual communication, policy