Conference Report

14 - 16 November 2016 | ADELAIDE, AUSTRALIA

www.shconference.com.au
Foreword

A note about the report

The purpose of this report is to capture highlights from the 2016 Australasian Sexual Health Conference and to provide a tool to share the research presented there, of which this is just a small selection. For the full list of presentations please visit the Conference Program page, and click on the ‘more info’ tabs for links to abstracts and presentations.

Within this document, underlined research paper titles are hyperlinked to related abstracts. Presentation slides are also included where available.

To read news articles generated from research presented at the Conference view our media coverage book, with links to articles and social media analytics.

We hope you enjoy the report and encourage you to share it widely with colleagues.

The Australasian Sexual Health Alliance (ASHA)

Each year, the Australasian Sexual Health Alliance (ASHA) runs the Australasian Sexual Health Conference to build and share expertise and improve national and local responses to sexual health in Australasia. ASHA is a multidisciplinary support network for the sexual health workforce. It aims to strengthen bonds between specialists, GPs, nurses, researchers and other key contributors to the sexual health sector, through collaboration in sexual health education, training, policy-making and research. Why not become an ASHA member today?
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## Save the Date

**Australasian Sexual Health Conference**

8 - 10 November 2017 · Canberra

Media Release

Sex in A New Era: Experts call for ‘rethink’ as technology transforms the sexual health of the nation

Rapid developments in technology are transforming the face of Australia’s sexual health and Australia needs to ‘rethink’ its approach to keep up with changing times.

Read the full media release from the Conference.
Plenaries

Opening Address: Khadija Gbla, Executive Director, No FGM Australia
Khadija, a passionate and inspired young African Australian woman, shared her personal journey of becoming a peer educator with SHine SA, focusing on African girls and CALD communities. “I had to discover sexual health before I could rethink it”. Listen to an audio interview with Khadija about FGM (female genital mutilation) in the context of sexual health.

Re-thinking HPV and related disease prevention
- Amber D’Souza, Associate Professor, Johns Hopkins Bloomberg School of Public Health, USA
Dr. D’Souza’s talk provided an overview of HPV including oral HPV, HPV and anal cancer, HPV and cervical cancer, the effect of HIV, and the changing landscape of HPV. View her presentation slides.

The National Cervical Screening Program: On the Cusp of Change -
A/Prof Marion Saville, VCS Pathology, Australia
In coming years Australia will see a profound impact on the incidence of cervical and other cancers. This presentation discussed HPV vaccination and the renewal of the national cervical screening program which raises the age of screening commencement to 25 years and extends the screening interval from 2 to 5 years. Visit http://www.cancerscreening.gov.au or view her presentation slides.
**Stronger than the sum of our parts: the importance of a multidisciplinary and integrated approach to sexual health** - Professor Mark Hayter, Head of the Nursing Department at the University of Hull, UK.

The design and effectiveness of integrated sexual health services - ‘one stop shops’ – were described, and alcohol/substance misuse services, together with school-based sexual health clinics were identified as being next steps in sexual health promotion.

[View the presentation slides](#)

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**Gollow Lecture** - Associate Professor Rebecca Guy, Head of the Surveillance, Evaluation and Research Program.

Professor Guy’s research focuses on reducing the impact of sexually transmissible infections (STIs) in vulnerable populations. In the Gollow Lecture, Guy discussed the important role of new technology for STI prevention including interventions such as **CASI, a Computer-Assisted Self-Interviewing system**, an electronic self-registration tool, SMS and postal testing kits.

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**ASHA Oration** - ASHA Distinguished Service Awardee: Professor Basil Donovan, President of the ISSTDR, Head of the Sexual Health Program, the Kirby Institute.

“Sexual health is a broad church. None of us are competent in all areas.” Basil Donovan reinforced the importance of collaboration and information sharing in sexual health.
Annual Surveillance Reports: 2015 Data

Delegates to the Australasian Sexual Health Conference were the first to be presented latest national statistics from the [HIV, viral hepatitis and sexually transmissible infections in Australia: Annual Surveillance Report 2016](https://www.aihw.gov.au/reports-and-tools/cyber-link/413241130495267). Overall, the data emphasised the need for enhanced health promotion and testing and treatment to be routinely offered to sexually active adolescents, young adults, and other priority populations.

**Chlamydia**

After a decade of steady increases in both testing and diagnoses of Chlamydia, there has been a levelling off in the number of Chlamydia diagnoses, and even a decline in the youngest age group. However, the vast majority of infections in young people remain undiagnosed and hence untreated.

- Chlamydia was the second most frequently reported notifiable condition in Australia in 2015, with a total of 66,033 notifications, and the majority (77%) of these notifications were among 15–29 year olds.
- The rate of Chlamydia notification has increased steadily between 2006 and 2011 (from 237 to 371 per 100,000) but since 2011 has remained relatively stable overall.
- Among 15–19 year olds there has been a decline in the Chlamydia notification rate by 19% since 2011, from 1574 per 100,000 to 1271 per 100,000 in 2015.
- The rate of notification of Chlamydia in the Aboriginal and Torres Strait Islander population in Australia was over 3 times that in the non-Indigenous population in 2015.
- From 2008 to 2015 there was a two-fold increase in Chlamydia testing in 15–29 year olds attending general practice (from 9.3% to 15.7%) but overall testing remains low.

**Gonorrhoea**

Gonorrhoea and syphilis in Australia continues to be an infection primarily of men having male-to-male sex in urban settings, and of young heterosexual Aboriginal and Torres Strait Islander people in remote communities.

Gonorrhoea and syphilis have been diagnosed more frequently in men in the past five years. These increases may be due to increased testing, use of more sensitive gonorrhoea testing technology in some places, or an increase in condomless sex.

In the Aboriginal and Torres Strait Islander population gonorrhoea rates have declined by 22% in the past five years, but remain three-fold higher than the non-Indigenous population in remote areas, whereas syphilis has increased more than 2-fold in the past five years. A change in the national case definition in 2015, which resulted in additional cases being counted, does not fully explain the increase observed. The resurgence of infection in young Aboriginal people in remote communities after years of declining rates, bringing with it cases of congenital syphilis, emphasises the need for enhanced health promotion testing and treatment in this population.
There were 18 588 cases of gonorrhoea notified in 2015.

Between 2006 and 2015, notification rates nearly doubled in both males and females.

Notification rates were highest among men aged 25–29 years.

The rate of notification of gonorrhoea in the Aboriginal and Torres Strait Islander population was 10 times that in the non-Indigenous population in 2015.

Over the five year period 2011–2015, the notification rate of gonorrhoea decreased by 22% in the Aboriginal and Torres Strait Islander population, compared with a 94% increase in the non-Indigenous population.

Results from the Gay Community Periodic Survey show comprehensive STI testing in gay men increased from 26% in 2006 to 44% in 2015.

Syphilis

The number of notifications of infectious syphilis (infections of less than two years’ duration) in 2015 was 2 736.

The notification rate of infectious syphilis among men has increased in the past ten years, from 6.5 per 100 000 in 2006 to 21.0 per 100 000 in 2015. Notification rates were highest among males aged 25–29 years.

At 60.5 per 100 000, the rate of notification of infectious syphilis in the Aboriginal and Torres Strait Islander population in 2015 was 6 times higher than in the non-Indigenous population (10.2 per 100 000).

There were four notifications of congenital syphilis in 2015, declining from a high of 11 in 2006.

Between 2006 and 2015, notification rates nearly doubled in both males and females (from 26.8 per 100 000 in 2006 to 41.8 per 100 000 in 2015).

In 2015, of the gay and bisexual men attending sexual health clinics, 9.7% of HIV-positive men had a new diagnosis of syphilis infection compared with 3.7% of HIV-negative men, and in the past five years, incidence increased by 42% in HIV-negative men and 38% in HIV-positive men.

Success in the control of other sexually transmissible infections

Donovanosis, once a frequently diagnosed sexually transmissible infection among remote Aboriginal populations, is now close to elimination, with only two cases detected since 2011.

Following the introduction of vaccination against human papilloma virus in 2007, high 3-dose coverage has been achieved in females (77% in 2015) and males (66% in 2015) turning 15 years of age. Indicators of the success of this program include:

- The dramatic decline of genital warts in young women aged <21 years, with 11.7% of cases presenting to sexual health clinics at first visit in 2007, compared to 0.8% in 2015; and
- The halving, from 13.2 per 1000 in 2006 to 5.0 per 1000 in 2014, in the rate of detection of high grade histological abnormality among young women undergoing cervical screening.
Take Home Messages

Carole Khaw - Conference Co-Convenor and Consultant Sexual Health Physician, Royal Adelaide Hospital

1. We need to rethink how we can use information technology to improve sexual health care in Australia, particularly in remote communities.
2. We need to rethink screening for anal carcinoma, who it affects and those at greatest risk.
3. We need to rethink our approach to cervical screening, with the roll out of the renewed national cervical screening programme in 2017.
4. We need to rethink how we manage and approach the increasing antibiotic resistance of Mycoplasma genitalium and gonorrhoea.
5. There are higher rates of STIs amongst our Aboriginal and Torres Strait Islander populations. The diagnosis of congenital syphilis in Australia’s North is a disgrace and indicates the need for us to rethink what we need to do to approach these health issues in our Indigenous peoples.

Research Highlights

A Cluster Trial of Molecular Point-Of-Care Tests for Sexually Transmissible Infections (STIs): Treatment Outcomes from Ttango - Rebecca Guy, Head of the Surveillance, Evaluation and Research Program, the Kirby Institute

In remote areas where STI prevalence is high and access to conventional laboratory diagnosis is problematic, use of molecular STI POC tests by primary care services has led to a very substantial increase in the timeliness of treatment.

Efficacy of Pristinamycin for Treatment Resistant Mycoplasma Genitalium
- Catriona Bradshaw, Sexual Health Physician, Melbourne Sexual Health Centre, Alfred Hospital; Associate Professor, Monash University

Macrolide resistance is becoming more prevalent in Mycoplasma genitalium and azithromycin failure now occurs in up to 50% of infections in Melbourne. The suitability of fluoroquinolones as alternatives is lessened by the emergence of resistance and by uncommon but serious side effects. Although Pristinamycin is not a highly effective alternative for macrolide resistant M. genitalium, it may be the only currently available option for patients in whom fluoroquinolones are contraindicated.
**High Incidence of Anal Human Papillomavirus (HPV) Infection Suggests a Role for HPV Vaccination in Anal Cancer Prevention in Older Gay and Bisexual Men (GBM)**
- Mary Poynten, Kirby Institute, UNSW

Anal squamous cell cancer is caused by persistent high risk HPV infection, primarily HPV16. Older GBM have the highest incidence of anal cancer but HPV vaccination is not licenced for use in men older than 26. The study examined the incidence of 9 valent HPV vaccine (9vHPV) genotypes in a cohort of GBM aged 35 or older followed for one year. Almost one in 5 men per year developed an HPV infection regardless of age or HIV status, suggesting a role for HPV vaccination in this cohort. A randomised trial of HPV vaccine efficacy in older GBM is required.

**Predictors of 12-month Persistent High-grade Squamous Intraepithelial Lesions (HSIL) in a Cohort of Gay and Bisexual Men (GBM)** - David Templeton, RPA Sexual Health, Sydney Local Health District

The anal cancer precursor HSIL is so highly prevalent in GBM that it is clear most cases will not progress to cancer, and that some cases may regress. An examination of predictors for 12-month HSIL persistence in GBM with HSIL at study baseline found longitudinal testing for HPV may identify a subgroup of men with HSIL who develop persistent HSIL and are at high risk of cancer.

**Can Biomarkers Help Predict Anal High-Grade Squamous Intraepithelial Lesions (HSIL) that are Likely to Persist in Gay and Bisexual Men (GBM)?** - Jeff Jin, The Kirby Institute, UNSW

Biomarkers were associated with HSIL persistence in GBM with HSIL prevalent at study baseline. Their role in distinguishing HSIL that has potential for progression to cancer warrants further investigation.

**Should Female Partners of Men with Pathogen Negative Non-Gonococcal Urethritis (NGU) be Informed and Treated?** - Jason Ong, Monash University, The Alfred - Melbourne Sexual Health Centre

About half of men with non-gonococcal urethritis(NGU) have no identifiable pathogen. Study provides evidence that female sexual partners of men with NGU are at increased risk of genital infection, even if a pathogen is not identified in the man. This knowledge impacts how female partners of men with NGU should be managed.

**Increase in Syphilis Testing and Detection of Early Syphilis among Men Who Have Sex with Men across Australia, 2007-2014** - Eric Chow, Melbourne Sexual Health Centre

Australia’s national strategy for controlling syphilis in gay, bisexual and other men who have sex with men (GBM) has been based on frequent syphilis screening of GBM. Syphilis screening and detection of asymptomatic infection has increased substantially but has not been sufficient to prevent a worsening epidemic.

[View the presentation slides.](#)
Reproductive Health

Take Home Messages
Deborah Bateson, Medical Director, Family Planning NSW

1. Enhancing access to effective long acting reversible contraception (LARC) is an essential strategy for reducing unintended pregnancy. There will, however, always be a need for access to abortion.
2. Nurses play a pivotal role in the provision of LARC and abortion and the conference highlighted effective models of nurse-led services which can potentially be scaled up.
3. Australia is rethinking contraception and abortion services with innovative world-leading telemedicine models for medical abortion which can overcome the challenges of distance.
4. Best-practice reproductive health services for Aboriginal women require a culturally sensitive, whole of community approach.
5. Don’t forget the men! Men want to be involved in shared contraceptive decision-making and male attitudes to contraception can be an important driver of contraceptive choice yet myths and misperceptions persist.

Research Highlights

Contraception and the Australian Male: A Survey of 2,438 Heterosexual Men Using an Online Dating Site - Mary Stewart, Family Planning NSW

Men play an important role in the contraceptive choice of their partners and a survey of almost 2500 heterosexual men using an internet dating site found men want to be involved in shared decision-making and are prepared to take responsibility for contraception. While Australian men have one of the world’s highest rates of vasectomy, the research showed low awareness of the most effective LARC methods of contraception and misinformation about the safety of the emergency contraceptive pill. Health promotion and educational initiatives need a rethink!

View the presentation slides.

Access to Medical Abortion in NSW: Insights from Women - Angela Dawson, Centre for Public Health, Faculty of Health, University of Technology Sydney

The qualitative research by Dawson et al into urban and rural and remote women’s views on abortion in NSW provides insights which have never been explored before in the Australian context. It revealed provision of misinformation, knowledge gaps about abortion procedures and where to access an abortion and also cast light on women’s fears of being judged when asking their GP about abortion. This research raises the importance of sensitivity training for GPs as well as highlighting a potential role for nurses in an integrated care model.
Meta-Analysis and Prospective Case Series on the Effectiveness of the Progestin-Only Contraceptives in Management of Hormonally-Sensitive Migraine
- Deborah Bateson, Medical Director, Family Planning NSW

Migraine impacts on the quality of life for a significant number of women of reproductive age. Hormonal contraception has additional non-contraceptive benefits and a systematic review and meta-analysis found that the 75mcg desogestrel progestogen-only contraceptive pill has beneficial effects on migraine frequency and severity as well as the use of analgesics. While New Zealand women have access to this useful contraceptive formulation, it is not available to Australian women so further studies are now progressing with other progestogen-only LARC methods including the hormonal IUD and implant.

Access, Equity and Costs of induced Abortion Services in Australia
- Angela Taft, Judith Lumley Centre, La Trobe University

This cross-sectional study of almost 2500 women presenting for a medical or surgical abortion by Taft et al highlights the financial strains women face and how poor knowledge as well as geographical and financial barriers restrict choice. Women presenting at a later gestation were more likely to: (i) have difficulty paying; (ii) identify as Aboriginal or Torres Strait Islander; (iii) travel more than 4 hours to a clinic and (iv) be unaware of medical abortion options. This presentation considered how to enhance early access and reduce costs of abortion and tied in with the research on innovative service deliver models.

In the News

The Sydney Morning Herald

The contraception question: study shows how much men really know about female contraception

Read the article on this research in the Sydney Morning Herald
Spotlight: Fertility

There is increasing evidence about the negative impact of potentially modifiable factors, including increasing parental age, on fertility and reproductive outcomes. This indicates a need for public education and health promotion initiatives to improve awareness about how fertility and preconception health can be optimised.

Clinical perspectives and research related to advanced parental age and other factors impacting on fertility, conception and reproductive outcomes. What does that mean for women, men and the next generation?

Greater awareness is needed about the combined impact of a woman and man’s age on fertility as people underestimate by about ten years when fertility starts to decline and overestimate the chance of conceiving through IVF in the late 30s and early 40s.

When forming a family is desired. Fertility decision-making and family circumstances. Research into why women opt to freeze their eggs and impact of a lack of partner during the fertile years:

Research undertaken with women freezing their eggs reveals that a key reason for delaying childbirth is the lack of a partner during the fertile years (or a partner that is willing to commit to having children). This contrasted starkly with information provided from an Aboriginal Health Service in Walgett NSW, where women have children at an earlier age, but chronic disease and lifestyle impact on reproductive health.

Sleepwalking into infertility: the need for a public health approach toward advanced maternal age. Better sex education for young people is a public health solution to the problem of maternal age:

Research conducted among secondary school students in Australia adds weight to the need for fertility education in schools – research indicated that most students wanted children but are unaware of the factors that affect fertility and there was a mismatch between their intentions and their behaviour.
Sexual Health in General Practice

Take Home Messages
Meredith Temple-Smith, Conference Co Convenor, Director of Research
Training in the Department of General Practice, University of Melbourne

• GPs often feel reluctant to initiate discussion of sexual health issues, but patients are often grateful for the opportunity to discuss concerns.
• Sexually active young patients are happy to accept the offer of an annual chlamydia test on the basis of the RACGP recommendation of age (15-29 years).
• Re-infection with chlamydia is common; a test of cure is recommended 3 months post-diagnosis
• PID is likely to be missed in the general practice setting. GPs should ask a woman about any pelvic/abdominal pain/genital symptoms if she tests positive for chlamydia.
• GPs should not assume older Australians are not sexually active; STIs in this group are a concern.

Research Highlights

Rising Australian epidemics: Gonorrhoea and syphilis – what is the role of the General Practitioner? - Jason Ong, Melbourne Sexual Health Centre

Epidemics of syphilis and gonorrhoea are mainly seen in men who have sex with men in Australia, so it is important to ensure patients are comfortable to disclose their sexual orientation. For information on offering the right test at the right time, consult [http://www.sti.guidelines.org.au](http://www.sti.guidelines.org.au). GPs should move to integrate sexual health into “routine appointments” by utilising reminder systems for routine screening and retesting.

The current state of play on future directions on anal cancer and anal HPV
- Lance Feeney, Positive Life NSW

Results from the HPV and Anal Cancer Awareness Survey 2016 showed 84% of the 1660 respondents and 64% of 286 HIV positive respondents had not had a discussion with their doctor about anal HPV and anal cancer. For those who had had a conversation with their doctor, in more than half of cases it was initiated by the patient. This conversation was only initiated by the doctor in about a third of cases. Nearly a third of respondents were uncomfortable or very uncomfortable about discussing anal cancer with their doctor. Three quarters of all respondents had never had an anal examination for anal cancer and of the 15% who had, most had a DARE (Digito-Anal Rectal Exam). Nearly 70% of all respondents had not been tested for HPV. More than half of respondents were not aware of the HPV vaccine, and nearly 90% had not had a conversation with their doctor about HPV vaccination.
Mycoplasma genitalium: the new Chlamydia?
- Catriona Bradshaw, Melbourne Sexual Health Centre
Mycoplasma genitalium has similar clinical features to Chlamydia, and is increasing in incidence. Overall M. genitalium is becoming challenging to treat, and may be associated with ≥50% treatment failure. Treatment guidelines are not keeping up to date with the development of antimicrobial resistance. A test of cure 3-4 weeks following treatment and partner treatment is essential. Emergence of commercial assays will result in an escalation in community diagnosis of M.genitalium and infections that are challenging to cure in primary care.

HIV PrEP Tricky cases - Dr Vincent Cornelisse, Prahran Market Clinic
To be suitable for PrEP, a patient must be at risk of HIV, be HIV negative, have no contraindications (eg. problems with kidneys, bones, hepatitis B), be aware of the need to adhere to PrEP, and be willing to have regular monitoring tests. Patients often present with complex histories wanting to commence PrEP at short notice. It is important to be well-informed about the circumstances under which PrEP can commence, which may require a discussion with a more experienced provider. See arv.ashm.org.au/arv-guidelines/prep-resources-for-clinicians and also the ASHM online learning module: “PrEP in Practice: Guidance for GPs” https://lms.ashm.org.au
Health Promotion and Education

Take Home Messages

Peter Aggleton, Scientia Professor of Education and Health in the Centre for Social Research in Health, UNSW, Australia

1. Health services and schools must work together to promote sexual health among young people.

6. Not all young people are straight, and a diversity of gender and sexual identities need to be taken seriously in sexual health promotion.

7. The circumstances and needs of Indigenous Australian LGBTQ youth are largely ignored due to a misplaced sense of cultural ‘sensitivity’.

2. Tried and trusted school-based programs to promote sexual health exist, and most parents are only too pleased for the work to be done by qualified and well trained teachers.

8. Teachers need ongoing training and support for their work in sexual health promotion, and some teachers are not best suited to this work.

Research Highlights

Health and Education: Working Together for Sexual Health - Sarah Thistle, Family Planning Victoria

This short presentation explored how education and health can work together and introduced delegates to a range of tools and curriculum materials that schools, and the health professionals who support them, can use to develop a whole school approach to relationships and sexuality education.

No Question Too Awkward: Nurse Nettie, the Online Sexual Health Nurse - Carolyn Murray, NSW STI Programs Unit

‘Nurse Nettie’ is a confidential online information service for young people, established on the Play Safe website to bridge the information and access gap, enable young people to ask questions and to receive a personal email answer within 24 hours. Information and advice is tailored to the individual and provides direct links to local testing services or other referral pathways based on users’ postcodes.

Sexual Health Promotion and STI Prevention on the Margins: Kink, BDSM, and Sexually Adventurous Women - Viv McGregor, ACON

Research has identified how women connected with BDSM scenes engage in sexual practices such as blood play, fisting, and sex with multiple partners, and have higher risks for both STIs and BBVs. Claude is a highly innovative sexual health promotion website and service for women who play with women, within a BDSM context, and has successfully overcome the challenges of sexual health promotion within a diverse and often marginalized group by the innovative use of art to engage a hard to reach community.
**La Perouse Panthers Knock Out Project** - Kevin Heath and Julia Purchas, HIV/AIDS & Related Programs Unit, South Eastern Sydney Local Health District

By developing a multifaceted partnership with La Perouse Panthers Knock Out Rugby League (KORL) Committee, this project aimed to increase access and uptake of STI testing and to increase knowledge of hepatitis C and hence reduce stigma amongst young Aboriginal people.

[View the presentation slides](#)

**Best practice delivery of relationships and sexual health education in schools**
- Helen Rawnsley, Team Leader, SHine SA

This presentation outlines SHine’s model of support; underpinning principles; key factors for success; and the challenges/issues that need to be addressed to ensure sustainability, consistency and relevance. 94% of South Australian state secondary schools are participating in this innovative education program.

**The Sexy Times Zine: An arts-based, youth-led health promotion resource**
- Alison Coelho, Acting Co-Executive Manager CEH, Centre for Culture, Ethnicity & Health

The ‘Sexy Times Zine’ was produced by young people from migrant and refugee backgrounds to provide a creative, positive resource that educates young people from migrant and refugee backgrounds on sexual and reproductive health issues.

[View the presentation slides](#)

**Music Settings for the Sexual Health Promotion of Young People – Online and Offline.**
- Gemma Hearnshaw, NSW STI Programs Unit, NSW Health

Music festivals and concerts have been identified as key settings to reach young people with sexual health messages. This multi-component, social marketing project developed using the Play Safe campaign aimed to increase the proportion of young people carrying condoms, using condoms and testing for STI. Survey analysis will assess the impact on young people’s intentions to carry and use condoms and test for STI.

[View the presentation slides](#)
Sexuality

Take Home Messages

Megan Lim, Head of Sexual Health and Young People Research, Burnet Institute

1. Pornography is a complex issue that affects people’s sexuality in a range of ways. There is still a lack of research to understand its impact and how to address it.
2. Including diversity in school policy and sexuality education can positively impact LGBTI students’ mental health/wellbeing outcomes, safety and educational attainment.
3. To improve the health and well-being of transgender people, we need services and research that does not group transgender people with all MSM.

Research Highlights

Responding to the sexual health needs of LGBTIQ young people in Australia: findings from recent research - Tiffany Jones, Associate Professor, La Trobe University, ARCSHS

Drawing on the most up to date evidence on LGBTIQ youth, this presentation described the circumstances and needs of gender and sexual minority youth in Australia and highlighted the ways in which education systems are, or are not, responding to their needs.

The Impact of Pornography on Young People’s Sexual Lives and Otherwise
- Angela Davis, Burnet Institute

Pornography has a range of complex influences on young people; these include positive and negative impacts on their sexual desire, sexual practices, and sexual education.

Women Buying Sex in Australia Prompt Rethink of Gendered Sex Industry Narratives
- Hilary Caldwell, UNSW

Calls to end the demand for commercial sex have gained social prominence in Australia, frequently conflating voluntary and forced sex work and typically considering clients to be male and sex workers to be female. This study identified what appears to be a growing market of women buying sex who do not match any stereotypes. Empirical evidence about women buying sex challenges gender-based narratives about the Australian sex industry.

What Can We Learn from Pornography?
- Alan McKee, Professor, University of Technology Sydney

What defines pornography is not determined by the content but the context in which it is used. Read more from Alan McKee.
Well-being usually improves following labiaplasty, but women undergoing labiaplasty who expect improvement in relationship satisfaction are often disappointed.

In the News

Read the article on Angela Davis’ research in the Herald Sun.
Gender Based Violence

Take Home Messages
Ellie Freedman, FAMSACA

1. Gender based violence is a health issue.
2. Screening for Domestic violence within health settings is both feasible and effective in responding to victims of violence.
3. Responses to gender based violence need to be appropriate to community and are best delivered in association with community groups.
4. Use of technology is a common weapon of control in gender based violence.

Research Highlights

STI considerations following sexual assault: Prophylaxis, early or late treatment
- Vanita Parekh, The Canberra Hospital
STI considerations following sexual assault are important because there are very few data available on STI incidence following sexual assault and a great deal of uncertainty about managing STI risk. This presentation provided much needed data.

Experience of Domestic Violence Routine Screening in Family Planning NSW Clinics
- Mary Stewart, Family Planning NSW
Given the known associations between domestic violence and sexual and reproductive health, a Domestic Violence Routine Screening program is appropriate in sexual and reproductive health clinics, and appears to be feasible in a service like Family Planning NSW.
View the presentation slides.

Implementing a Domestic and Aboriginal Family Violence Screening Tool in an Abortion Setting
- Brooke Calo, Pregnancy Advisory Centre
Pregnancy is acknowledged as a time of increased risk for domestic and Aboriginal Family Violence (D&AFV) and unplanned pregnancy can heighten this risk. The PAC has developed a screening tool aiming to capture those women experiencing D&AFV and with their consent, complete a more thorough risk assessment enabling us to tailor our service response to increase women’s safety. The implementation of this tool in April 2016 has already shown a significant uptake of support and information with a further quantitative review scheduled for October 2016.
View the presentation slides.
A Note from ASHA

The Australasian Sexual Health Alliance (ASHA) is a group of organisations established to improve national and local responses to sexual health issues through a multidisciplinary support network for the sexual health workforce. The Alliance aims to strengthen bonds between specialists, GPs, nurses, researchers and other key contributors to the sexual health sector through collaboration in sexual health education, training, policy-making and research.

ASHA was formed as a committee under s51 of the constitution of the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) in 2011. ASHM provides ASHA with infrastructure support including secretariat, technical, annual conference facilitation and funding. The ASHA committee provides guidance to ASHM in relation to policy, educational and resource based support for the sexual health workforce.

Find out more about ASHA’s partner organisations or for additional information about the formation and governance of ASHA please see the Establishment Document.

Australian STI Management Guidelines

The Australian STI Management Guidelines are an online resource for primary care health professionals and are strongly connected to all relevant existing local/state based guidelines and resources. They were developed under the aegis of ASHA and the first version finalised in August 2014. The latest annual critical review was completed in April 2016.

Over 60 clinical experts were involved in the writing and review of the Guidelines A Steering Committee chaired by A/Prof Richard Hillman and an Editorial Subcommittee chaired by Dr Chris Bourne oversaw the process with ASHM staff coordinating the project.
With Thanks

Australasian Sexual Health Conference Core Organising Committee

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Australasian Sexual Health Conference Scientific Program Committee

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