

NEWSLETTER

Winter 2021

The mission of ACSSW is to promote sexuality as a central aspect of being human that includes the intersection of intrapersonal and interpersonal influences on sexual expression and experiences.



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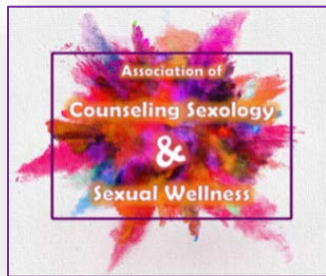
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The Winter 2021 Issue of the ACSSW Newsletter Focuses on Membership & Leadership

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From Our ACSSW President...

Salutations and Welcome!

By Angela Schubert, PhD, LPC, ACSSW President

How ACSSW came to be? In 2018, the Association of Counseling Sexology & Sexual Wellness (ACSSW) was formed with a very clear vision in mind – to bridge an obvious gap in counselor education and the broader mental health community as well. Human sexuality is perfectly woven into the fabric of the individual human experience and influenced by biology, psychology, ability, illness, social, history, economics, politics, culture, laws, and spirituality. It is this reality that sheds light on the gap in counselor education. Counselor education and other related programs by and large, do not require training in human sexuality. Moreover, although licensure requirements for professional counselors vary from state to state, most do not require a course in human sexuality. Currently, Florida and California require a course in sexuality and Florida is the only state that licenses sex therapists and therefore, the only state that protects the title ‘sex therapist’. As such, ACSSW focuses on the promotion of research, education, and training for all counselors and mental health professionals in the area of sexual health because, as an organization, we view human sexuality as a core competency in the field of counseling and the mental health field.

How far has ACSSW come? In just under three years, ACSSW grew from a membership of 5 to a membership of over 500 members! The members of ACSSW recognize sexuality as a universal human experience which warrants a united perspective in the counseling field in valuing increasing competency and resources for all counselors and mental health professionals. Since inception, ACSSW has provided a professional network, a home for the sexually focused and clinically curious, to access a wealth of resources related to providing sexuality counseling interventions to diverse populations, as well as encouraging research and training in sexual wellness. With an increase in resources related to sexuality interventions, counselors and other mental health professionals have the opportunity to increase their competency in addressing sexuality and sexual health with their clients while having a network of other counselors to access for consultation.

Why join ACSSW? ACSSW has offered a variety of benefits to members and the counseling and mental health community at large with ambitions to promote research and effective counseling practices related to sexual issues and healthy sexuality. We strive to inform best practices and highlight important training opportunities for counselors and other mental health professionals to become competent on the topic of sexuality. How do we do this? At this time, we have our first 12-part webinar series, The Fundamentals of Sexual Wellness for Mental Health

Professionals. The webinar series sponsored by both ACSSW and TCSPP is FREE to ACSSW members. Each webinar is framed to provide foundational knowledge of human sexuality in the mental health field. We also have the Journal of Counseling Sexology & Sexual Wellness, an incredible journal just in its infancy with 9,461 downloads! A counseling journal exclusively focused on the human sexual experience. Additionally, we have three established committees supported by over 30 ACSSW members volunteering their time to close the training gap and strengthen the bridge of knowledge and application associated with counseling and sexuality to the entire counseling and mental health field. Those three committees include 1) research and scholarship - focused on building human sexuality counseling competencies and counseling based research rigor on the topic of sexuality; 2) social justice and advocacy aimed to enhance sex positive policy and counselor advocacy; and 3) education and training to provide guidelines and best practices for those teaching sexuality courses.

What's next? Currently, the ACSSW Executive Council is waiting to hear the status of our application for Organizational Affiliate with the American Counseling Association. This is what we do know – there is not one division within the American Counseling Association that solely focuses on human sexuality. This is paramount as sexuality intersects with other identities (e.g., age, race, disability status) and therefore ACSSW can be a resource and partner for all ACA divisions and their members. Moreover, the Education and Training committee is actively working on a YouTube series, Counseling Sexpectations. This series will offer counselor, social work, and psychology educators supplemental material to incorporate in their classrooms regardless if it is a human sexuality course or research methods or counseling across the lifespan. We are looking for volunteers with passion and determination to see projects through! Members can volunteer to participate in any of the three task forces mentioned above including the YouTube series.

Now is the perfect time to join ACSSW! I will be presenting the 2nd Webinar in the ACSSW Webinar Series on Friday, February 19th entitled, "Let's Do It! A Sex Positive Approach to Sexual Health and Counseling." I hope to see you there!

BECOME A MEMBER

ACSSW has now applied to become an Affiliate Association of ACA. We are on our way to becoming an ACA Division! For ACSSW to become an ACA Division we need ACA members. This is a critical part of our mission of promoting education and training on sexuality for counselors.



ACSSW Emerging Leaders Program is Coming Soon!



ACSSW is looking for a few good leaders and we need you! The Emerging Leaders Program is designed for early-mid career professionals who have an interest and talent for servant leadership. The program is designed to provide participants with an understanding of the various aspects of leadership in a professional organization. The ELP offers participants the opportunity to receive guidance from a mentor on the ACSSW Executive Committee while also serving as chair of a committee within ACSSW. The program is designed to build participants' leadership skills and advance their career goals.

ACSSW Executive Council is looking for members who are interested in taking on leadership roles as ACSSW continues to grow and develop. If interested contact either:

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or

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C19: Sexual Safety During a Pandemic...

 <p>Effects of COVID-19 on Conflict-related Sexual Violence</p>	<p>Survivors may be less willing to seek help for fear of acquiring the virus</p> 	<p>Limited access to support services available</p> 
	<p>Limited legal action fueling impunity for sexual violence crimes</p> 	<p>Victims are more exposed to increased control and restrictions by their abusers</p> 

<https://medium.com/@UNPeacekeeping/the-impact-of-covid-19-on-survivors-of-conflict-related-sexual-violence-36f13317fa30>

 <p>You are your safest sex partner Masturbate, use toys. Take this time to find out what makes you feel good.</p>	 <p>Get off while maintaining your distance The phone, sexting and web chat platforms can be ways to connect socially and sexually without exchanging fluids.</p>
 <p>Selective kissing Kissing can easily pass COVID-19. Avoid kissing anyone who is not part of your small circle of close contacts.</p>	 <p>Use condoms Condoms and dental dams can reduce contact with saliva or feces, especially during oral or anal sex.</p>

<https://www.oregonlive.com/coronavirus/2020/04/you-are-your-safest-sex-partner-oregon-health-officials-give-safe-sex-advice-during-coronavirus-crisis.html>



Collective Identity and Second-Generation Chinese American Sexual Minority Men

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A key role of identity is to provide meaning and help people understand themselves (Andersen & Chen, 2002). Identity includes people's collective, individual and relational identities, which intersect (Vignoles et al., 2011). When working with second-generation, Chinese American men who have same-sex attractions (SSA), the impact of collective identity on their identity construction, concessions, and negotiations must be understood (Morgan, 2013).

Second generation Chinese people, those with at least one parent who is first generation, are more likely raised with traditional Chinese culture (Huang et al., 2016; Pew Research Center, 2013). In traditional Chinese culture, collective identity is essential. Chinese people are imprinted with collective cultural identity, "a critical agent for the transmission of [collectivist] values to children" (Rosenthal & Feldman, 1990, p. 497). Children are viewed as collective assets who have responsibilities to parents and kinship and are raised with clear gender roles and family obligations that emphasize children's filial piety to parents, prioritizing family needs over individual needs, and deferring to parental authority (Chan, 2017; Feldman & Rosenthal, 1990; Huang et al., 2016; Kong, 2011). For males, to fulfill filial piety means to continue their family bloodlines and bring honor to their family. Not having offspring is not only against Chinese traditional cultural values, but it also makes a family lose face or brings shame (Chan, 2017). The focus on family bloodline continuity is interpreted to devalue any non-heterosexual behaviors, though Confucianism, the basis of this belief, does not explicitly condemn homosexuality (Chou, 2001; Pan, 2015; Wong & Poon, 2013). Still, "[h]omosexuality is viewed as a contaminating element since the concept of Chineseness – just like nationhood, citizenship, and masculinity – is predicated on heterosexuality" (Baytan, 2000, p.397). These negative influences on Chinese beliefs/values towards

homosexuality lead to widespread use of conversion therapy in China today, and "ongoing anti-LGBT stigma, particularly among older adults" persists (Griffiths, 2017).

The values intrinsic to these familial heteronormative messages espoused within the traditional Chinese collective identity can result in SSA Chinese-American men experiencing an identity conflict between their ethnic identity and sexual identity (Mao et al., 2002). Research indicated a negative association between Chinese sexual minorities' (SM) self-acceptance and agreement with filial piety values and Asian gay males' belief that SSA is antithetical to collectivism, making a positive self-identity harder to construct (Hu & Wang, 2013; Markus & Kitayama, 1991).

The identity conflict is due to an internal and external clash. That clash is between the individualistic and collective values of Chinese-American SM men to fulfill their filial piety responsibilities and conform to their community's heteronormative expectations and the gay community's standard of Whiteness along with the impact of stereotypes (e.g., passive, feminine, submissive) and prejudices. Thus, pressure is felt from both communities—for being gay in the Chinese community and for being Chinese in the gay community (ALGBTIC, 2009; Bao, 2012; Cheng, 2011; Han, 2007; Kong, 2011). Han (2007) pointed out, "Given the prevalence of negative racial attitudes in the larger gay community and the homophobia in racial communities, gay men of Color have had to build identities along the margins of both race and sexuality" (p.65). More than 82% of Asian-Pacific American (APA) LGBT survey respondents reported experiencing racism within the White LGBT community, and 96% of them reported experiencing homophobia and/or transphobia in the APA community (Dang & Hu, 2005). As a result, Chinese American SM men may experience a variety of troubling issues. They include feelings of guilt over being gay, shame about revealing it or showing desire, anxiety for feeling like they betrayed one identity for the other, distress, low self-worth, a negative self-image, internalized homophobia, concern about isolation, lack of support, risk of rejection, and develop defensive compartmentalization (Choi & Israel, 2016; Choi et al., 1995; Harper et al., 2004; Lin, 2016; Morales, 1989; Telingator & Woyewodzic, 2011).

Following are ways to address the unyielding and intense nature of Asian American gay men's distress from SM stress (Chen & Tryon, 2012). Two ways to cope with identity conflict effects is cognitive flexibility and constructing more than one self-presentation to suit the context and environment, a "public- and personal-self" (Operario et al., 2008, p. 459; Suh, 2002). Another option is through psychoeducation by reclaiming their history of gay people existing and being accepted throughout Chinese history, of Confucianism and Buddhism not being anti-gay, and recognizing that their affectional orientation is a natural part of human development (Huang & Fang, 2019). Research indicates that family support is a key protective factor for SMs and that supportive communities foster well-being and sexual identity development, but the formidable impact of collective identity may make these resources less of an option for most second-generation, Chinese American men with SSA (Operario et al., 2008; Ryan

et al., 2009; Telingator, & Woyewodzic, 2011). A fourth approach is to engage in activism in their marginalized communities may help with feeling isolated, though low-risk and high-risk activism have differing effects that clients should be aware of (DeBlaere et al., 2014; Duncan, 2012). It may also be helpful to encourage development of clients' strengths to use "passive" ways of coping like "[d]eveloping a critical and "oppositional" consciousness," self-control, mindfulness, intentional avoidance of unsafe spaces, and recognizing the systemic structures of their marginalization (Choi & Israel, 2016, p. 349; Han et al., 2014). Finally, it may help clients to consider ways they can privately take pride in their affectional orientation and accept who they are without the larger risk of unveiling that aspect of themselves to others but also no longer having shame about who they are (Choi & Israel, 2016). Specific counseling tools to use with second-generation Chinese American SM men include LGB-affirmative psychotherapy, especially with men exhibiting high internalized homophobia, inclusive language and mirroring the clients' wording, balanced attention to clients' sexual identity without over- or underemphasizing it or being neutral and ignoring it, recognizing the impact of other social factors and clients' experiences of discrimination on clients' well-being, connecting clients to networks supportive of their dual minority identities, treating the experiences of SM Chinese American men as normative, and supporting clients' transgressions of oppressive systems (Huang & Fang, 2019; Millar et al., 2016; Moradi & Budge, 2018; Moradi et al., 2010; Sarno et al., 2015; Telingator & Woyewodzic, 2011; Velez et al., 2017; Yoshikawa et al., 2004).

It is important for counselors to have knowledge of the collective identity of second-generation Chinese American men with SSA when helping members of this community. Understanding the impact of collective identity will help tailor counseling to this population to assist with identity integration and decrease the negative impact of SM stress.

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Sedative-Hypnotic “Sleep Sex”: Working With Clients When Memories Are Limited

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Unusual behavior while under the influence of certain sedative-hypnotic drugs is well documented in formal literature (Hoque & Chesson, 2009) and popular media (Sheffield, 2009). Reports of incidents including sleep-driving, sleepwalking, sleep-shopping, and sleep-eating after taking such medications as Zolpidem (Ambien), Eszopiclone (Lunesta), and Zaleplon (Sonata) (hereafter referred to as Z-drugs) have been reported. The present discussion focuses on concerns regarding sexual activity under the influence of sedative hypnotics, known as Z-drugs. Some users may have no recollection of engaging in sexual behaviors and feel unclear as to whether they granted consent. After learning of the incident, they may report feelings ranging between confusion, anger, shame, and remorse. Unintended sexual behavior under the influence of a Z-drug is somewhat analogous to the reactions reported by victims of date-rape drugs such as GHB (Gamma-hydroxybutyric acid), Rohypnol, Ketamine, and alcohol (McGregor et al., 2000). This article discusses reactions clients may report as well as clinical suggestions for working with clients who have engaged in unexpected sexual behavior while in a sleep-state due to sedative-hypnotic medication.

A sedative-hypnotic, Zolpidem, was named as the cause of several notable car crashes, including one caused by Rhode Island United States Representative Patrick Kennedy in 2006 (CBS Interactive Inc., 2006). The prescription sleep medication now carries the following warning label:

Some people using Ambien have engaged in activity such as driving, eating, walking, making phone calls, or having sex and later having no memory of the activity. If this happens to you, stop taking this medicine and talk with your doctor about another treatment for your sleep disorder (Sanofi-Aventis, 2019).

A possible explanation for hypnotic-induced behavior is that after an arousal from sleep, activities such as eating, driving, or sexual activity occur and are not recalled after returning to sleep (Hoque & Chesson, 2009). Hartzler and Fromme (2015) describe two forms of blackouts: fragmentary and *en bloc*. In both black outs, the brain loses the ability to transfer information from short-term to long-term memory. In a fragmentary blackout, the person may remember parts of the evening or event after prompting (i.e., a friend describes some portion of the evening which leads to some level of recall). Alternately, an *en bloc* blackout is characterized by the loss of all memory during a period of time.

Following “sleep-sex,” one might awaken to find someone unexpectedly in their bed. They may see that their clothes are missing, torn, have stains, or are not on properly. A client may feel something sexual happened but has no recollection of the event (United States Department of Health and Human Services, 2019).

The authors recommend a trauma informed Cognitive Behavioral Therapy (CBT) approach when working with clients who may have experienced a “sleep-sex” episode. Such an approach blends a (trauma informed) style of humanistic empathy, therapeutic alliance, and safety for the client with (CBT) changes in the client’s thinking through addressing cognitive errors, framing, and the use of psychoeducation. An example of the methodology would be to consider the client who may not want to continue with the problematic medication that led to the trauma. The client may harbor distrust towards the therapist and medications because, in the client’s mind, a medication prescribed by a professional led to the trauma. Now the client has a sleep issue and is fearful of the medication that can help with sleep. Through a trauma informed focus, the therapist builds trust through congruence and empathy. This can then lead to showing the client alternative methods to help with sleep (such as meditation, breathing, and progressive relaxation.)

The following points are suggestions for working with clients who have engaged in sexual behavior under the influence of a Z-drug.

1. As with any counseling relationship, building rapport is the first step. Bagley et al. (2016) suggests developing language connectivity (using the words for body parts and sexual acts that match the words used by the client.)
2. Clients may experience emotions ranging between outrage, bewilderment, shame, and horror. Provide empathetic statements that recognize and respect the range of emotions the client reports.
3. The client may view the sexual activity as a trauma. As such, tremendous care is required to process the recollected events. The client may feel as if someone else was participating in the sexual activity. In some cases, the client may have no recollection of the event. The therapist can prompt processing by inquiring what it would mean if this event occurred and provide grounding techniques within the session to maximize a sense of safety.
4. Eye-Movement Desensitization and Reprocessing (EMDR) may be beneficial in addressing fragmented memories as the bilateral stimulation can help consolidate what memories are available. The eye movements related to processing can reorganize the fragmented memories into existing memory networks (Pagani et al., 2017) which may decrease the distress related to the “sex-sleep.”
5. The therapist may utilize questions from a solution-focused framework (Lethem, 2002) to access the client’s inherent strengths. For example, the therapist may ask, “What is a challenge that you faced in the past that you didn’t think you could survive? What is it about you that you were able to work through that particular challenge?” To invoke the client’s self-compassion, the therapist might ask, “Imagine that you met someone who went through exactly the same event as you. What might you say to this person?” The therapist can then probe as to what it might look like to provide this compassionate response to one’s self.

6. Clients may voice feelings of guilt and shame concerning behaviors that they have no or little recollection of engaging in. The Dialectical Behavior Therapy (DBT) technique of “opposite action” (Linehan, 1993) may be used to harness these feelings into action. In opposite action, the client identifies the emotion that is the opposite of the current emotion as well as the behaviors associated with the opposite emotion. For example, many clients will describe the opposite of guilt and shame in words like “confident,” “empowered,” or “connected.” The behavior associated with these opposite emotions might include reaching out to others who have had similar experiences or even engaging in education and advocacy around the event.
7. It may be prudent to discuss with clients alternatives for treating insomnia, including sleep hygiene or discussing different medications with a medical professional.

In summary, nocturnal behavior, including sexual activity, has been reported with some sedative-hypnotic medications. A client who has some or little recollection of sex under the influence of Z-drugs may seek out counseling to address feelings of confusion, remorse, guilt, shame, or anger. The techniques discussed above are suggestions for therapists to provide safe and empathetic processing of sexual behavior that a client may bring into session.

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June 18 10a – 12p	Patricia Arredondo, EdD	Sexuality and Cultural Worldviews
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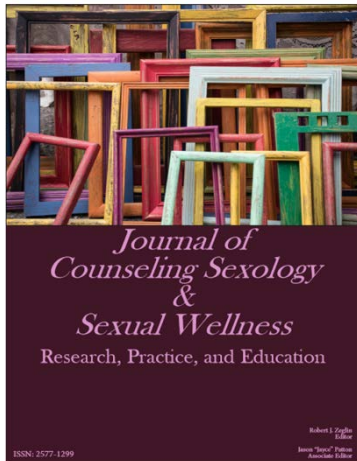
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Sexuality Resources...

<https://www.zurinstitute.com/resources/human-sexuality-resources/>

Human Sexuality

- [American Association of Sex Educators, Counselors, and Therapists](#) – AASECT members common interest is in promoting understanding of human sexuality and healthy sexual behavior.
- [American Sexual Health Association](#) – ASHA programs include: the ASHA Research Fund, HPV Cervical Cancer Prevention Resource Center, Cervical Cancer Prevention Project, ISALSA! (STDs, Adolescents and Latinos: Sexual Health Awareness), Herpes Resource Center, ASH-Net (Adolescent Sexual Health and the Internet), Herpes Foundation, and Viral Hepatitis Education and Training.
- [American Society of Reproductive Medicine](#) – ASRM is an organization devoted to advancing knowledge and expertise in infertility, reproductive medicine and biology.
- [Association of Reproductive Health Professionals](#) – AHRP is a multidisciplinary association of professionals who provide reproductive health services or education, conduct reproductive health research, or influence reproductive health policy.
- [Foundation for the Scientific Study of Sexuality](#) – FSSS' mission is to promote funding for conducting scholarly, scientific research related activities to further the understanding of all aspects of sexuality.
- [The Alan Guttmacher Institute](#) is focused on sexual and reproductive health research, policy analysis and public education.
- The [International Society for the Study of Women's Sexual Health](#) is an academic and scientific organization that provides opportunities for communication among scholars, researchers and practitioners about women's sexual function and experiences, and supports high standards of ethics and professionalism in research, education and clinical practice of women's sexuality.
- [Kinsey Institute](#) – The Institute's mission is to promote interdisciplinary research and scholarship in the fields of human sexuality, gender, and reproduction.
- [Sexuality Information and Education Council of the US](#) – SIECUS develops, collects, and disseminates information, and promotes comprehensive education about sexuality. The site
- [The Society for the Advancement of Sexual Health](#) provides information about sex addiction for lay persons as well as clinicians.
- The [Society for Sex Therapy and Research](#) is composed of a range of professionals who have clinical or research interests in human sexuality. SSTAR aims to facilitate communications among clinicians who treat problems of sexual identity, sexual function, and reproductive life.

Gender Identity

- [The World Professional Association for Transgender Health](#) – The Association is devoted to the understanding and treatment of gender identity disorders, and provides opportunities for scientific interchange among professionals through its biennial conferences and publications.
- [International Foundation for Gender Education](#) – IFGE is an advocate and educational organization for promoting the self-definition and free expression of individual gender identity.

- [Intersex Society of North America](#) – The ISNA’s “Medical Treatment of Intersexuality” page includes recommendations for treatment of intersexed children.

Sexual Orientation

- [American Academy of Family Physicians’ Gay, Lesbian, Bisexual and Transgender Information](#) – This page contains links to sexual orientation sites for physicians and their patients.
- [Association for Gay, Lesbian and Bisexual Issues in Counseling](#) – The mission of the Association for Gay, Lesbian, and Bisexual Issues in Counseling is to educate mental health service providers about issues confronting gay, lesbian, bisexual and transgender (GLBT) individuals.
- [Association of Gay and Lesbian Psychiatrists](#) – The AGLP provides networking and support for lesbian, gay, bisexual and transgendered psychiatrists, and education and advocacy on GLBT mental health issues.
- [Gay and Lesbian Medical Association](#) – GLMA members include lesbian, gay, bisexual and transgendered physicians, medical students, and other health care professionals, as well as patients throughout North America.
- [National Association of Lesbian and Gay Addiction Professionals](#) – The Association is dedicated to the prevention and treatment of alcoholism, substance abuse, and other addictions in GLBT communities.
- [National Gay and Lesbian Task Force 2000 Census and Same-Sex Households](#) – The Census 2000 reporting statistics released by the US Census Bureau have continued to show an increase in the number of reported same-sex partner households across the United States.
- [Society for the Psychological Study of Lesbian, Gay and Bisexual Issues, Division 44, American Psychological Association](#) – Division 44’s goals include: advancing the contribution of psychological research in understanding lesbian, gay, and bisexual issues; promoting the education of psychologists in matters of lesbian, gay, and bisexual concerns; and informing psychologists and the general public of relevant research, educational, and service activities. The site includes a newsletter, *Guidelines for Psychotherapy with Lesbian, Gay, and Bisexual Clients*, and a list of member’s publications.
- [It Gets Better](#) – TAKE THE PLEDGE: Everyone deserves to be respected for who they are. I pledge to spread this message to my friends, family and neighbors. I’ll speak up against hate and intolerance whenever I see it, at school and at work.

Sexual Abuse

- [Association for the Treatment of Sexual Abusers](#) – ATSA was founded to foster research, further professional education and provide for the advancement of professional standards and practices in the field of sex offender evaluation and treatment.
- [Child Welfare Information Gateway – Child Sexual Abuse: Intervention and Treatment Issues](#) – This manual is intended to address the needs of professionals who encounter child sexual abuse in the course of their work.

Sexual and Reproductive Health

- [CDC's Reproductive Health Information Source](#) – Resources cover: assisted reproductive technology reports; unintended pregnancy; women's reproductive health; men's reproductive health; surveillance and research; racial and ethnic minorities; scientific and technical assistance.
- [Consortium for Improvement in Erectile Function](#) – CIEF is a membership organization comprised of multidisciplinary healthcare practitioners who share an interest in developing and participating in a variety of educational and interactive programs designed to enhance the clinical outcomes of erectile dysfunction therapy.
- The [National Vulvodynia Association \(NVA\)](#) is a nonprofit organization created in 1994 to improve the lives of individuals affected by vulvodynia, a spectrum of chronic vulvar pain disorders.

Sexually Transmitted Diseases (STDs)

- [AIDSInfo](#) – Links to regional training centers; cultural and gender resources; management of HIV complications; maternal-child transmission; information for exposure to HIV and how to prevent it; and treatment consultation.
- [American Foundation for AIDS Research](#) – AmfAR's mission is to prevent HIV infection and the disease and death associated with it and to protect the human rights of all people threatened by the epidemic of HIV/AIDS. amfAR has active programs in basic and clinical research, public and professional education, public policy, prevention science, and global initiatives.
- [Center for AIDS Prevention Studies](#) – CAPS conducts interdisciplinary research on methods to prevent HIV infection and its consequences. The site includes a list of current research projects, links to model prevention programs, intervention curricula, and survey instruments.
- [HIV/AIDS Bureau – Health Resources and Services Administration](#) – oversees the CARE Act, which funds primary care and support services for individuals living with HIV who lack health insurance and financial resources for their care.
- [HIV/AIDS – National Prevention Information Network](#) – Includes: recent publications about HIV/AIDS prevention; the current state of the epidemic in the US; statistics; CDC guidelines and recommendations for the detection, treatment, and care of HIV/AIDS; program evaluation materials; resources for locating counseling, testing, and referral services; and CDC guidelines for surveillance activities.
- [HIV InSite – Medical Issues](#) includes information on epidemiology, diagnosis, management, transmission and prevention, treatment resources, antiretroviral management, interactions database treatment guidelines, treatment access & advocacy, patient fact sheets, conference abstracts and summaries, and links to medical newsletters for clinicians.
- [NIH – Division of Acquired Immunodeficiency Syndrome](#) – “Research Resources and Programs” cover AIDS-related data sets; a database for anti-HIV compounds; an HIV / 01 therapeutics database; an HIV sequence database; an HIV molecular immunology database; the NIAID/NCI inter-institute program for development of AIDS-related therapeutics; the NIH AIDS research and reference reagent program; a resource guide for the development of AIDS therapies; and links to reagent programs and repositories. Click on “Resources for Patients, Physicians, and Investigators”
- [STD Prevention – Centers for Disease Control](#) provides national leadership through research, policy development, and support of services to prevent sexually transmitted diseases and their complications. The site contains information on funding, program guidelines, research, surveillance, statistics and treatment guidelines.

Journals

- *Archives of Sexual Behavior*
- *Canadian Journal of Human Sexuality*
- *Contemporary Sexuality*
- *Culture, Health & Sexuality*
- *Gender & History*
- *Gender and Development*
- *Gender and Society*
- *Gender Issues*
- *Gender, Work, and Organization*
- *Journal of Counseling Sexology & Sexual Wellness*
- *Journal of Gay & Lesbian Psychotherapy*
- *Journal of Gay & Lesbian Social Services*
- *Journal of Homosexuality*
- *Journal of Sex and Marital Therapy*
- *Journal of Sex Education & Therapy*
- *Journal of Sex Research*
- *Journal of Women's Health & Gender-Based Medicine*
- *Perspectives on Sexual and Reproductive Health*
- *Psychology, Evolution & Gender*
- *Sexual Addiction & Compulsivity*
- *Sexual Science*
- *Sexuality & Culture*
- *Sexuality and Disability*
- *Sexually Transmitted Infections*
- *Studies in Gender and Sexuality*
- *Theology & Sexuality*

Other electronic journals:

- *Electronic Journal of Human Sexuality*