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Domestic violence and abuse (DVA) is a growing concern in a range of health settings, and it is increasingly recognised that enquiry by healthcare practitioners can enable pathways to earlier intervention and support. We have published a growing range of research and guidance on domestic and intimate partner violence in recent years, as practitioners have grappled with the best way to broach a sensitive issue in a busy clinical setting. This month Lyus and Masters provide a thoughtful overview<sup>1</sup> in relation to two studies published in this issue. Sohal et al report a feasibility study of a training, support and referral intervention for DVA in two sexual health clinics<sup>2</sup>, while Horwood et al describe the staff experience of participating in a pilot of routine enquiry.

Starting from a different standpoint, Mathews et al explore the relationship between intimate partner violence (IPV) and partner notification (PN) for STI in a South African setting.<sup>4</sup> Though concern about the possibility of IPV is often voiced by health practitioners in relation to PN, there is limited evidence to guide practice. In this study, within a wider trial of a behavioural intervention, the authors followed PN prospectively in relation to IPV perpetration and victimisation, and partnership type. The results are worth reading in detail, with some surprises beyond the key finding-against the authors' expectations-that PN was no less likely in partnerships with IPV.

Whole genome sequencing (WGS) is offering new opportunities to understand patterns of transmission in STIs, which are is exploited in a number of studies this month. Peters et al describe several networks of individuals with gonorrhoea of mixed serostatus, including factors<sup>5</sup> behavioural risk including chemsex, and use of geospatical apps. In a study of male couples<sup>6</sup>, Kwong et al report high levels of concordance, including antibiotic resistant strains, even within multi-site infections. This has implications for the choice of antibiotics in sexual partners. Li *et al*'s study of the HIV-1 recombinant HIV-1 virus, predominant among men who have sex with men (MSM) in China explores transmission lineages across different groups and regions.<sup>7</sup>

Trichomonas (TV) in developed world settings has increasingly fallen off the radar, as nucleic acid based tests (NAATs) and self-sampling have become the predominant tests. Nicholls *et al*<sup>8</sup> report TV prevalence of 4.5% in GUM clinics, and 1.7% in primary care among women tested for *N gonorrhoeae* and *Chlamydia trachomatis*, and estimate the cost per case for NAATs versus conventional methods. Also on the topic of vaginal microbiology, Houdt *et al* report a case control study of *Lactobacillus inters*-dominated vaginal microbiotica in relation to acquisition of chlamydia.<sup>9</sup>

A decade on, Dahlberg *et al* report an update on the fate of 'new variant' *Chlamydia trachomatis* which emerged in Sweden in 2006 and led to the rapid development of reconfigured NAAT tests.<sup>10</sup> Tuite *et al*<sup>11</sup> report modelling different strategies for the control of syphilis in MSM, showing that screening men with high partner numbers outperformed other strategies.

Finally, the new world of HPV screening continues to generate novel approaches to sampling, including mailed specimens as reported by Anderson *et al.*<sup>12</sup> Most fascinating this month is a study where both MSM and their partners were taught digital anorectal examination (DARE) for the detection of nodules and masses, demonstrating good concordance with physician examination.<sup>13</sup>

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# Jackie A Cassell, Editor in Chief

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