

Difference between test and retest scores was not statistically significant ($P = 0.766$). Spearman's rank correlation coefficient was estimated as 0.990 ($P < 0.0001$).

Conclusion: Cutoff point of 11 (out of 20) with specificity of 100% and sensitivity of 95% was estimated via ROC curve. ASEX edited Persian version (male

version) shows promising validity and reliability with respect to screening sexual dysfunction disorders.

Keywords: Arizona Sexual Experience Scale, Sexual measures, Sexual inventories

Conflict of Interest and Disclosure Statement: None

Construction of a Multidisciplinary Service for Female Sexual Health Care

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Introduction: Brazilian legislation allows abortion to be performed in women who are raped, but there are few services that perform this procedure due to numerous administrative, technical and moral difficulties. In addition, public services that treat patients with female sexual dysfunction (FSD) are rare. The prevalence of women suffering from sexual violence or sexual dysfunction is high (20–40%). This study presents the creation and development of an unprecedented, multidisciplinary service in a public hospital for the care of women victims of sexual violence (VSV), legal abortion and FSD. It is a reference in the state for assistance, teaching and research on female sexual health, including for the training of professionals and students in the health area.

Population and configurations: This study analyzes the process of a multidisciplinary service in a public hospital, which serves patients with problems in the area of female sexual health with different professionals: doctors, nurses, psychologists, psychiatrists, social workers and physiotherapists. Promotes technical training, continuing education and research for professionals of the hospital and other services.

Outcome In the implementation of the service, patients treated in different situations (more than 1000 per year / for 8 years) were included: victims of sexual violence, legal abortion and female sexual dysfunction. A progressive number of abortions were performed. High resolution rates on FSD. Structuring of attendance protocols and realization of teaching and research partnerships in the respective areas. Interdisciplinarity was one of the indicators for success.

Discussion and Recommendations: It is demonstrated how the construction of a service with unprecedented characteristics in female sexual health and with few resources was demonstrated. Presenting challenges and advances, as well as the strategies that have consolidated the service. This parallel encourages the creation of other services for this purpose. Expanding access and giving visibility to women's sexuality ensures their sexual rights.

Keywords: female sexual health, multidisciplinary service, sexual medicine

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