

the card from the questionnaire, an uptake rate of 35%.

The mean age of respondents was 27 years (range 16 to 44) and a range of ethnicities was recorded – white British (35%), black (30%), Asian (8%), white other (13%) and other (14%). Around half (49%) of the respondents had no children. The prevalence of lifetime domestic violence was 16% and prevalence during the current pregnancy 4%.

Although there were no significant associations between domestic violence and age, ethnicity, number of children or stability of relationship; there appeared to be a higher rate of domestic violence, both lifetime and in the past year, with increasing number of terminations, but this was not statistically significant ($P = 0.196$).

Three quarters (133/178) of respondents were in favour of the idea of a domestic violence support service; there was no difference between those who had a previous history of domestic violence (26/35) and those who did not (107/143).

There were 64 free text comments, nine of which were from women who reported experience of domestic violence. The most common response was support for the idea of a domestic violence screening programme. Some commented that the way termination services were set up might be ideal for domestic violence intervention. Others also felt this might be a time when women might wish to seek help but three respondents disagreed, saying a specialist domestic violence setting might be more appropriate.

Although the study is limited by the relatively small sample size and low response rate and was carried out in one London clinic, it appears to be feasible and important to ask about experience of domestic violence in this cohort of women, particularly those who have had more than one termination. This question could even be asked in general practice at the time of referral when a woman presents requesting a termination.

DR RICHARD MA

● **Motta S, Penn-Kekana L, Bewley S. Domestic violence in a UK abortion clinic: anonymous cross-sectional prevalence survey. *J Fam Plann Reprod Health Care* 2015;41:128-133**

Addiction

Do anabolic steroids cause violent behaviour?

Violent offending appears to be associated with the combined misuse of multiple substances rather than anabolic androgenic steroids per se, a large study from Sweden has found.

Using data from a previous twin study (STAGE), the researchers identified 10,365 men aged between 20 and 47 years with a self-reported lifetime use of anabolic androgenic steroids.

Data on self-reported use of other illicit substances, alcohol, ADHD, and personality disorder symptoms were also collated. This information was cross-referenced with the Swedish National Criminal Conviction Register to identify any history of conviction for a violent offence for these participants.

The lifetime prevalence of anabolic androgenic steroid use reported by study participants was 0.7%, which is similar to other population studies.

There was a strong association between self-reported lifetime anabolic androgenic steroid use and conviction for a violent crime 2.7 vs 0.6% in those with a conviction compared with those without a conviction; odds ratio (OR) = 5 (95% CI: 2.7-9.3).

However, this association lost statistical significance after adjustments were made for other substance use, OR 1.6 (95% CI: 0.8-3.3).

Controlling for potential confounders such as IQ, psychological functioning, ADHD, personality disorder symptoms and childhood socioeconomic status did not lower the risk further.

Because the study sample consisted of twins, the authors had the potential

to undertake co-twin control analyses to manage confounding by factors shared by twins. However, the low prevalence of anabolic androgenic steroid use in the study population rendered the statistical power too low for an informative analysis.

The use of anabolic androgenic steroid drugs together with other image and performance enhancing drugs has increased in recent years. In addition to their anabolic effects, anabolic androgenic steroids are psychoactive, and are known to influence a number of neurotransmitter systems.

Their use has been associated with effects on mood, including irritability, depression and mania. The literature has also included some suggestion of links between anabolic androgenic steroid use and criminality, aggression and violent behaviour, though research findings have not been consistent and the potential causal impact of anabolic androgenic steroids on acts of interpersonal violence has remained unproven.

The authors conclude that the data from this study demonstrate that although anabolic androgenic steroid use is more common among violent offenders, any increased risk of interpersonal violence is caused by concomitant use of substances such as benzodiazepines, amphetamines and alcohol, rather than anabolic androgenic steroid use itself.

'These findings suggest that professional assessment and treatment of violence risk should consider overall substance use patterns rather than anabolic androgenic steroid use in isolation,' they state.

DR JEZ THOMPSON

● **Lundholm L, Frisell T, Lichtenstein P et al. Anabolic androgenic steroids and violent offending: confounding by polysubstance abuse among 10 365 general population men. *Addiction* 2014;110:100-108**

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