Methods A casenote review was done on all new and rebook
(attending again after 3 months or more for a new episode of care) patients who attended during the first week of September 2011. The history proforma included questions on DV, alcohol consumption, recreational drug use and if they felt this affected their risk taking. Asymptomatic patients for screening were excluded as no detailed history was taken.

Results The history proforma was filled out for 55 women and 22 men. All were heterosexuals. The median age was 25. 26 attended for contraception, 44 for sexual health screen and 7 for both. 21 were rebook patients. 58/55 (69%) women were asked about DV. Five gave a history of DV, four were historic, one unspecified. 63 (82%) and 62 (81%) were asked their alcohol and drug use respectively. One man disclosed drinking >21 units/week and that it affected his risk taking. 10 used drugs: six cannabis, one cocaine. One man disclosed drinking (82%) and 62 (81%) were asked their alcohol and drug use respectively. Of the 101 questionnaires returned; 68% were male and 32% were female. 40. 30% were MSM. 35% were in a sero-discordant regular relationships. 37% had one partner in the last year. 43% of people attending our two urban walk-in GUM clinics. Participants self-completed anonymous proformas about any experiences of SV using a broad definition of SV. Demographic, clinical and behavioural data were also collected.

Discussion The relatively low rate of enquiry for DV may increase with training and awareness raising. Only one patient considered his risk taking affected by alcohol. This may be due to the lack of sensitivity of direct questioning. Closer working with supporting agencies for DV, alcohol and drug use may increase referrals.

Background Sexual violence (SV) is common but under-reported in the UK. Victims of SV may be more likely to attend genitourinary medicine (GUM) clinics but there are no recent urban data.

Aims To determine the prevalence and correlates of SV in female GUM attendees. To assess whether routine enquiry on SV is warranted and to gauge if specific SV resources are needed in GUM.

Methods Questionnaire-based survey offered to all women attending our two urban walk-in GUM clinics. Participants self-completed anonymised proformas about any experiences of SV using a broad definition of SV. Demographic, clinical and behavioural data were also collected.

Results The prevalence of SV among women was 8% (CI 4% to 12%). Of those who reported SV, 70% were assessed in the last year. 84% were male perpetrator against female victim. 62% of women who reported SV had happened more than once. Median age at the time of SV was 19 years (range 6–40); 22/164 (13%) described the SV as rape/sexual assault and in two women this was in the last year. Only two women described their assailant as a stranger; one confirmed her SV was gang-related. Additional women responded to queries on forced oral sex 5%, forced touching 7%, forced sex without a condom 11%. Of 32 women who told someone it included a health professional in only 28% and the police in 25%. 78% of all participants agreed it was helpful to ask routinely about SV and 87% felt that a SV worker was needed in the clinic; four women indicated that their reason for attending GUM today was SV-related. Qualitative comments were mostly positive and accepting of SV enquiry, though several women expressed negative comments about the difficult emotions it evoked.

Conclusions Women attending GUM have a high prevalence of SV. Further study is warranted within GUM settings to establish if routine enquiry and SV service provision should be core business.

References
1. White, J*, 2. N Biros, 3. D Holland. *Genitourinary Medicine, Guy’s and St Thomas’ NHS Trust, c/Lydia Clinic, St Thomas’ Hospital, London, UK; 2. Guy’s and St Thomas’ NHS Trust, London, UK
Background Routine enquiry (RE) is accepted by female attendees in sexual health clinics. Section SH 4.3 of the Sexual Health and Blood Borne Virus Framework says that levels of GBV should be recorded. GBV and reports may have been higher had a more inclusive definition been used. Implications are that REA should be done in clinics and should be considered in men, perhaps using a self-completed questionnaire.
last year and 15% had >1. 35% had a previous STI. 94% agreed with regular syphilis and hepatitis B (HBV) testing. 40% would have declined STI screening if offered; 26% of these were MSM, 16% had >1 partner in the last year and 34% had ≥1 past STI. Only 62% recalled being asked about sex. Preferred sites for sexual health consultations are detailed in abstract P95 table 1.

Abstract P95 Table 1  Preferred site for delivery of sexual health care (respondents may have given multiple preferences)

<table>
<thead>
<tr>
<th>Service offered (no of respondents)</th>
<th>HIV clinic n (%)</th>
<th>Sexual health clinic n (%)</th>
<th>Primary care n (%)</th>
<th>None/other n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SHx taking (n=90)</td>
<td>70 (78)</td>
<td>21 (23)</td>
<td>25 (28)</td>
<td>7 (8)</td>
</tr>
<tr>
<td>STI screening (n=90)</td>
<td>72 (80)</td>
<td>17 (19)</td>
<td>11 (12)</td>
<td>4 (4)</td>
</tr>
<tr>
<td>Contraception (n=27)</td>
<td>15 (56)</td>
<td>5 (19)</td>
<td>11 (41)</td>
<td>4 (15)</td>
</tr>
<tr>
<td>Cervical cytology (n=27)</td>
<td>7 (25)</td>
<td>5 (19)</td>
<td>17 (63)</td>
<td>3 (11)</td>
</tr>
</tbody>
</table>

Conclusions  Most patients found regular HBV and syphilis testing acceptable, however 40% would decline STI screening indicating that they may be uninformed about STIs, be uncertain of their risk and misperceive the invasiveness of STI screening. Most patients found the HIV clinic a preferable site for both SHx taking and STI screening. Specific sexual health training should be delivered to clinicians in non-sexual health led HIV services in order to improve the sexual health of HIV patients.

STIs in special groups

Background Until recently the only data on sexual health of sex workers (SWs) were from special studies. We used new STI surveillance data to investigate the characteristics and health outcomes of SWs visiting GUM clinics in England.

Aim  To assess the sexual health needs of SWs.

Methods  Provisional data from the GUM Clinic Activity Dataset (GUMCAD) on consultations by SWs (SHHAFT code SW) were analysed.

Results  Reporting began on a rolling basis in 207 GUM clinics during 2011. 2305 SWs were reported from 83 clinics to date. Of these, 1908 were female and 397 male (including 29 MSM). Among female SWs, median age was 29 years, 69% were white and 65% born abroad (migrants). Of the migrants, 55% were from Eastern Europe (60% Romania) and 51% from South America (93% Brazil). The 1908 women made 3131 visits with 63% having a repeat visit within 6 months; 54% having chlamydial, 1.2% gonorrhoea, 1.8% genital warts, 1.6% genital herpes, 0.1% syphilis and 0.1% HIV. Migrant SWs were more likely than UK-born women to be seen in London clinics, and less likely to have a sexual health screen (67% vs 53%) or HIV test (67% vs 82%). Migrants were less likely to be diagnosed with chlamydia (4.4% vs 7.5%) or gonorrhoea (1.0% vs 1.5%) but more likely to have genital warts (2.4% vs 1.0%) or genital herpes (1.8% vs 1.3%).

Conclusions  Overall, STI rates among female SWs are low, particularly among migrants. Lower rates of HIV testing among migrants should be analysed further.
P95 Attitudes to sexual history taking and STI screening in a non-sexual health delivered HIV service
E F C Salter, E Magee and S L Allstaff

*Sex Transm Infect* 2012 88: A41-A42
doi: 10.1136/sextrans-2012-050601c.95

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