

Background/introduction A large GUM clinic introduced a sexual assault pro forma to improve the management of patients alleging sexual assault.

Aim(s)/objectives To compare standard of care of complainants of sexual assault with and without use of pro forma.

Methods A retrospective review of patient records with evidence of first disclosure of sexual assault was undertaken for an eight month period. Data on 16 outcomes including 14 nationally auditable standards was analysed against use of the pro forma. Data analysis was performed using Stata. Data collection will be extended to twelve months.

Results 65 patients were included. A pro forma was only completed in 58%. The following outcomes were significantly associated with pro forma use: HIV risk assessment ($p = <0.001$), detailed history of assault ($p = <0.001$), offer of hepatitis B vaccine ($p = 0.03$) and completion of self-harm assessment ($p = <0.001$). Other outcomes supporting pro forma use were risk assessment of vulnerability ($p = <0.001$) and offer of psychological support ($p = <0.001$). STI testing specifically for hepatitis C and *trichomonas vaginalis* was below the national auditable standard in both groups.

Discussion/conclusion The use of a pro forma has improved clinical care of complainants of sexual assault. Poor uptake of use of the pro forma within the clinic needs to be addressed. Amendments to the pro forma may improve outcomes such as increasing offer of testing for hepatitis C and *trichomonas vaginalis*.

P131 MANAGEMENT OF SEXUAL ASSAULT IN A COUNTY-WIDE INTEGRATED SEXUAL HEALTH SERVICE: INFREQUENTLY REPORTED BUT COMPLEX NEEDS IDENTIFIED

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Background/introduction County Durham and Darlington NHS Foundation Trust (CDDFT) recently published local standards of care for patients disclosing sexual assault within the sexual health service. CDDFT is the sole provider of sexual health services throughout the county, offering fully integrated GUM, Family Planning and HIV clinics.

Aim(s)/objectives This study aims describe the current management of sexual assault within CDDFT Sexual Health Services.

Methods Patients who disclosed an alleged sexual assault from 01.01.2014–31.12.2014 were identified by local electronic codes and retrospective case note review was performed. Summary statistics were calculated using STATA v 11.0 and means /percentages presented as appropriate.

Results Of 55 patients reporting alleged sexual assault, 44 case notes were available for review (80%). 39 patients were female (89%) and 5 were male (11%) with a similar mean age of 24.5 years. Police involvement was equally prevalent in patients reporting recent versus historical sexual assault (18/28 (64%) v 9/16 (56%) $p = 0.52$) and incident details were recorded in all cases where police referral was declined (17/17, 100%). 39/44 patients accepted STI screening, 7/44 patients were at risk of unwanted pregnancy and accepted emergency contraception;

12/44 patients were offered prophylactic antibiotics and 24/44 were offered Hep B vaccination; 6/44 patients commenced PEP and 6/8 under 18 year olds were referred to local safeguarding teams.

Discussion/conclusion Patients reporting alleged sexual assault were seen infrequently but often had complex needs. Implementing new local policy with strengthen our ability to identify these patients and standardise our approach to management.

P132 "WHAT DO I DO WITH MY VIBRATOR DOCTOR?"

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Background/introduction The use of sex toys is common amongst same sex relations and heterosexuals. Evidence exists that sex toys can be a method of transmission for many sexually transmitted infections (STI). Literature from BASHH and FSRH are explicit in recognising this and it is therefore important that we discuss the importance of safe sex toy use with our patients.

Aim(s)/objectives Our aims were to assess whether clinicians routinely discussed the use of sex toys; if so with whom and whether advice was routinely given post diagnosis of an STI.

Methods A survey was designed and sent to local sexual health clinics. Responses were anonymous, using a web site link. Respondents were asked, amongst other questions, if they routinely discussed sex toy usage with their patients and if so when and with whom; and what advice was given regarding sex toy usage post diagnosis of an STI.

Results Responses were received mostly from consultants and specialist nurses. 25% regularly discussed sex toys largely during safe sex discussions. Respondents felt women who have sex with women and men who have sex with men (94%, 84% respectively) benefitted most from this discussion. 22% discussed possible STI transmission with sex toys; however 88% did not routinely give advice post STI diagnosis.

Discussion/conclusion Results show that despite evidence there is limited discussion regarding safe sex with sex toys in this group of clinicians. This could lead to unawareness amongst our patient population and unnecessary transmission of infection. To improve this, education is to be undertaken via our regional BASHH meeting.

P133 THE EFFECT OF INTRODUCING ROUTINE SELF-TAKEN EXTRA-GENITAL SWABS IN A GUM CLINIC COHORT

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Background Starting July 2013, self-taken extra-genital swabs were offered routinely to all patients attending the department.

Aim To assess detection of extra-genital infection since introduction of self-taken swabs.

Methods We compared patients diagnosed with Chlamydia and Gonorrhoea in the 6-month period before (February–July 2012) and after (February–July 2014) the introduction of self-taken extra-genital swabs. The rate of self-swabbing was determined in separate consecutive groups of 100 patients who had extra-genital swabs in the same periods.