serious sequelae. There appears potential to improve chlamydia testing cost-effectiveness by increasing PN.

### P196

**VULNERABILITY FACTORS IN VICTIMS OF SEXUAL ASSAULT PRESENTING TO A RURAL SEXUAL HEALTH CLINIC**

Helen Martin, Amy Pearce, Frances Keane, George Morris*. Sexual Health Hub, Royal Cornwall Hospital, Truro, Cornwall, UK

10.1136/sextrans-2015-052126.240

Background/introduction The Office for National Statistics show that 1:5 of women and 1:40 men over 16 years report having been a victim of sexual assault (SA).

Aim(s)/objectives To identify vulnerability factors (VFs) including alcohol/substance misuse and mental health conditions, in patients presenting as a direct result of a SA or who disclose a previous SA during a routine consultation.

Methods Retrospective notes review of 2 patient groups to identify VF disclosure:

1. All new presentations during a 2 week period disclosing previous SA during their consultation.
2. All presentations to sexual health over a 3 month period directly related to a SA.

Results Group 1: 291 attendances. 19 (6.5%) (16 female, 3 male) disclosed previous a SA, 3 were <18 yrs. Group 2: 34 attendances (32 females, 2 males) aged 13–61 years (8 were <18 years). Those with VFs are shown in the table below.

<table>
<thead>
<tr>
<th>Vulnerability Factors (VF)</th>
<th>Group 1</th>
<th>Group 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Alcohol Intake</td>
<td>5 (26)</td>
<td>10 (29)</td>
</tr>
<tr>
<td>Recreational Drug Use</td>
<td>5 (26)</td>
<td>5 (15)</td>
</tr>
<tr>
<td>Previous Sexual Assault</td>
<td>n/a</td>
<td>11 (32)</td>
</tr>
<tr>
<td>Previous Domestic Violence</td>
<td>Not Available</td>
<td>5 (15)</td>
</tr>
<tr>
<td>Known to Social Services</td>
<td>3 (16)</td>
<td>12 (35)</td>
</tr>
<tr>
<td>Looked after Child</td>
<td>2 (11)</td>
<td>2 (6)</td>
</tr>
<tr>
<td>Vulnerable Adult</td>
<td>3 (16)</td>
<td>6 (18)</td>
</tr>
<tr>
<td>Mental Health Condition</td>
<td>7 (37)</td>
<td>20 (59)</td>
</tr>
</tbody>
</table>

Patients with VF disclosure:

- Group 1: 19 (6.5%) (16 female, 3 male) disclosed previous a SA, 3 were <18 yrs.
- Group 2: 34 attendances (32 females, 2 males) aged 13–61 years (8 were <18 years). Those with VFs are shown in the table below.

Discussion/conclusion Over 50% of patients had 2 or more identifiable VFs. Increasing staff awareness of VFs and improving links with support services may help to reduce the risk of sexual assault in vulnerable groups by allowing earlier identification of those at risk.

### P197

**DOWN WITH THE KIDS – ARE WE DOING ENOUGH TO PROVIDE A HOLISTIC SEXUAL HEALTH SERVICE TO VULNERABLE YOUNG PEOPLE?**

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10.1136/sextrans-2015-052126.241

Background/introduction The sexual health of young people in the UK is amongst the worst in Europe, with high prevalence of sexually transmitted infections (STIs) and unwanted pregnancies. Although most are involved in consensual sexual activity, they may also be victims of sexual abuse or exploitation, usually unrecognised by themselves or health care professionals.

We have developed a proforma based on the BASHH young persons’ proforma for patients under 18 attending the service which includes safeguarding issues.

Aim(s)/objectives To review the management of young persons’ sexual health in an inner city sexual health clinic.

Methods Retrospective case note review of all patients <18 years attending clinic in 2012 and 2013.

Results 93 patients were identified: 34 (36.6%) were <16 years (7 M; 27F); median age 15 years (range 11–15). 32 (94.1%) were sexually active; all (100%) of which accepted STI screening. 14 (45.2%) tested positive for at least one STI. The proforma was completed for 33 (97.1%) patients.

14 (41.2%) of the patients had contact with social services; 10 (29.4%) had non-consensual sexual activity; 15 (44.1%) had mental health issues and 4 (11.8%) used recreational drugs. All of them have been followed up according to local guidelines.

Conclusion The proforma enables us to identify those with safeguarding issues and STIs. An appropriate safeguarding referral pathway and local multi-agency arrangements are in place to help and protect these young people. Further education and communication are needed to raise the awareness and improve the sexual health and wellbeing of the young people.