

**P221 SPOTTING CHILD SEXUAL EXPLOITATION (CSE) RISKS IN A SMALL RURAL COHORT; WHAT TO LOOK OUT FOR AND HOW TO EFFECTIVELY SHARE INFORMATION**

<sup>1</sup>Amy Pearce\*, <sup>2</sup>Rosie Dent, <sup>1</sup>Joanne Palmer, <sup>1</sup>Frances Keane. <sup>1</sup>Royal Cornwall Hospital, Truro, UK; <sup>2</sup>Peninsula College of Medicine and Dentistry, Truro, UK

10.1136/sextrans-2017-053232.263

**Introduction** Recognition of CSE is a vital part of our work. We host a monthly multiagency safeguarding meeting (SM), alongside social services, children in care (CIC) team and hospital safeguarding. All children with high risk behaviours/vulnerabilities who have attended in the previous month are discussed including children in care, those current self-harming and those disclosing grooming or sexual assault. We will explore other factors contributing to CSE risk and demonstrate the value of the multiagency SM to care.

**Methods** Review of records of 90 adolescents 13-17 attending between 01/08/16 – 30/09/16. Demographics, safeguarding concerns and SM outcomes were recorded. Results were analysed using SPSS and Pearsons/Fishers tests.

**Results** 84% (76) were female. 13% (12) were aged ≤15. In this group a history of involuntary sex was associated with both the use of recreational drugs (p=0.002) and any diagnosis of a mental health condition (p=0.020). 12 patients were discussed at the SM. New information was shared between partner organisations in 75% (9) cases. Further results for risky behaviours can be seen in Table 1.

**Abstract P221 Table 1 Spotting CSE**

	Yes (%)	No (%)
History of involuntary sex	21(25.6)	61(74.4)
History of grooming	1(1.2)	82(98.8)
Sent/Received sexually explicit photos	5(8.8)	52(91.2)
Met partners on internet/social media	6(10.7)	50(89.3)
Previous or current self-harm	33(37.6)	53(62.4)
Known to Social Services	20(22.8)	68(77.2)

**Discussion** Discussion at the SM improves the care of vulnerable children by identifying those at risk and improving multi-agency care planning. Mental health problems or illicit drug use should prompt careful evaluation for CSE risk.

**P222 BISEXUAL MEN – TWICE THE FUN OR DOUBLE THE RISK?**

Nicola Dearing\*, Callum Lamont. Nottingham University Hospitals NHS Trust, Nottinghamshire, UK

10.1136/sextrans-2017-053232.264

**Introduction** Men who have sex with men and women (MSMW) are a group with unique sexual health needs, increased risk of STI's and the potential to bridge homosexual and heterosexual populations. Information is lacking regarding sexual health behaviour among this group.

**Aims** Investigate STI testing behaviour of MSMW attending a sexual health clinic, recent sexual behaviour and STI diagnosis.

**Methods** Retrospective review of sexual health clinic electronic case notes of men attending with a new episode whose sexual orientation was recoded as bisexual from 1/4/2016 to 31/6/

2016. Information was obtained on demographics, recent sexual partners, STI testing performed and diagnosis.

**Results** 78 MSMW attended during the audit period. Uptake of STI screening was high (95% genital Chlamydia and Gonorrhoea testing, 87% HIV and Syphilis testing). Extra genital site testing was performed in 70% patients. 79% had all appropriate sites tested according to their sexual history (oropharyngeal testing lacking in 12%, anal testing lacking in 1%, 8% unclear from documentation). In the previous 3 months 61% reported multiple sexual partners, 40% reported sex with both male and female partners and 66% reported unprotected sex with a new partner. Forty men reported a current regular female partner of which 29 also reported a recent male partner (27 unprotected). 23% were diagnosed with an STI following their clinic attendance.

**Discussion** MSMW showed high risk sexual behaviour and prevalence of STI's. Concordant male and female partners highlight the need to encourage regular screening in this group, record a detailed sexual history and offer all appropriate tests.

**P223 IMPACT OF NATIONAL CHLAMYDIA SCREENING PROGRAMME IN CHILDREN AGED <16 YEARS ATTENDING A SEXUAL HEALTH CLINIC: 10 YEARS LATER**

Mohanarathi Kawsar\*, Memory Kakowa. Luton and Dunstable Hospital NHS Trust, Luton, Bedfordshire, UK

10.1136/sextrans-2017-053232.265

**Introduction** The objectives of this study were to compare the rates of sexually transmitted infections (STIs) and the uptake of chlamydia test in a Level 3 sexual health clinic during pre and post National chlamydia screening programme (NCSPP) periods. The programme has also included children aged <16 years if they are found to be Fraser competent.

**Methods**

**The study period** 1<sup>st</sup> September 2002 – 31<sup>st</sup> August 2016. Data were collected retrospectively from the Lilie Sexual Health Management System.

**Results** Total of 894 (N=894) children were studied; of whom 80% were girls. Age range was 13-15 years. Demographic details were similar in pre and post- NCSPP periods.

**Abstract P223 Table 1 STI and testing rates**

	Overall STI rate	Chlamydia rate	Test Uptake
Pre-NCSPP			
2003&2004 (n=160)	19%	6%	46%
<b>Introduction of NCSPP locally in 2004</b>			
Post- NCSPP			
2005&2006 (n=155)	23%	13%	59%
2007&2008 (n=156)	21%	15%	60%
<b>Level 2 young people sexual health service was introduced in 2008</b>			
2009&2010 (n=140), 5 years later	14%	7%	64%
2011&2012 (n=107)	8%	4%	66%
2013&2014(n=94)	12%	8%	66%
2015&2016 (n=82), 10 years later	9%	3%	67%

**Discussion** The rate of genital chlamydia infections had peaked during the immediate post- NCSPP period. This is probably