

# THE CHALLENGE OF PROVIDING FOLLOW-UP STI TESTING FOR SEXUAL ASSAULT VICTIMS. CAN WE PREDICT WHO WILL ATTEND?

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**Introduction:** In 2014 RPA Sexual Health (RPASH) and Eastern and Central Sexual Assault Service (ECSAS) developed a proactive referral pathway in an attempt to improve follow-up.

**Methods:** 440 people presenting to ECSAS January 2014-June 2016 were offered referral to RPASH. We compared characteristics of those who accepted referral ('referred'), referred but did not attend and those referred who attended.

**Results:** Of 440 ECSAS presentations (median age 26; 389 (88.4%) female, 46 (10.5%) male and 5 (1.1%) transgender), 183 (42%) were 'referred' and were more likely to be younger ( $p$ -trend=0.009). At baseline 8.8% were diagnosed with an STI; most commonly chlamydia ( $n=29$ ; 6.8%). A baseline STI was not associated with accepting referral ( $p=0.201$ ) or attendance ( $p=0.870$ ). 20% of total ECSAS presentations (49% of referrals,  $n=90$ ) were attendees. 5.5% negative at baseline had an STI diagnosed on follow-up. 193/428 (45%) who knew their assailant (vs. stranger assaults) were non-significantly more likely to be 'referred' ( $p=0.095$ ) and significantly more likely to attend ( $p=0.023$ ). Vaginally assaults (vs. non-vaginal), were more often 'referred' ( $p=0.009$ ), but no more likely to attend ( $p=0.585$ ). Anogenital injury was not associated with being 'referred' ( $p=0.170$ ) or attending ( $p=0.709$ ). Those with non-anogenital injuries were no more likely to be 'referred' ( $p=0.169$ ), but were more likely to attend ( $p=0.057$ ). Individuals who believed they were drugged were more likely 'referred' ( $p=0.005$ ) and to attend ( $p=0.030$ ). Those who consumed alcohol before being assaulted were more likely "referred" ( $p<0.001$ ), but not to attend ( $p=0.665$ ).

**Conclusion:** There were few predictors of sexual assault victims attending for follow-up. The low number accepting a referral and attending follow-up demonstrates the difficulties in accessing this vulnerable group. An STI prevalence rate of >8% at baseline and >5% at follow-up demonstrates the importance of STI testing among victims. Other options, such as home-based testing, could be considered to increase testing.

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