

## Does a direct referral pathway improve attendance at medical follow-up after sexual assault and can we predict who will attend?

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**Background:** Sexual assault is a common experience. Small numbers of individuals present for sexual healthcare following an acute sexual assault presentation. This study examined the impact of a trauma-informed pathway between an inner-city sexual assault service and a public sexual health service on the same Sydney hospital campus, with the aim of improving the number of individuals attending post-sexual assault medical follow-up.

**Methods:** The study population consisted of 440 individuals who presented to an acute sexual assault service over a 30-month period. Descriptive statistics were used to compare attendances before and after the pathway was introduced. Logistic regression was used to determine factors associated with attendance at follow-up among those who accepted referral to the sexual health service.

**Results:** In the first year of the pathway, 39 (18%) of individuals presenting for acute sexual assault care, attended for medical follow-up compared with 23 (10%) who attended in the 12-month period before the pathway was introduced. Over the 30-month study period 98 (52%) of those who accepted referral, attended for follow-up. Sexually transmissible infections were diagnosed in 8% of individuals at the acute presentation and 5% of those attending follow-up. Factors independently associated with attendance at follow-up were being prescribed HIV post-exposure prophylaxis (aOR [95% CI]: 3.35 [0.90, 12.48], p=0.05) and knowing the assailant (aOR [95%CI] 2.52 [1.33, 4.75], p=0.01). Those with physical injuries from the assault were less likely to attend follow-up (aOR [95%CI]: 0.59 [0.32, 1.09], p=0.09).

**Conclusion:** The improvement in numbers attending medical follow-up after sexual assault highlights the benefit of introducing a trauma-informed pathway between sexual assault and sexual health services. We found no modifiable characteristics associated with non-attendance for follow-up. The prevalence of chlamydia detected at follow-up suggests a need to look for novel ways to improve follow-up in this population, such as home testing.

**Disclosure of Interest:** All authors declare no conflicts of interest