

questionnaire was employed to collect data on socio-demographics along with HIV-related baseline characteristics of the study participants. The full version of the self and parent report strengths and difficulties questionnaires (SDQ) was used for psychosocial well-being assessment. Data obtained were analysed using SPSS version 25. P-values < 0.05 were considered significant.

Results

- There were 196/330 (59.4%) females and 134/330 (40.6%), M: F = 1:1.5. The prevalence of psychosocial problems as defined by abnormal total difficulties scores (TDS) was 27.9% (HIV-infected) vs. 24.2% (controls); $p = 0.417$. The SDQ subgroup with the highest prevalence was the emotional problem scale and commoner amongst the adolescents as compared to the children. There were higher odds of psychosocial problems amongst the HIV-infected which were not statistically significant OR = 1.21, 95% CI: 0.74 - 1.98; $p = 0.53$. On Spearman's correlation analysis, all assessed clinical and laboratory markers of HIV disease severity were not significant correlates of psychosocial problems ($p > 0.05$).

Conclusions Although living with HIV infection may affect the psychosocial well-being of an individual, HIV does not distinctively increase susceptibility to psychosocial problems. The practice of routine psychometric screening of children and adolescents may be considered since the challenge affects a significant number of all presenting to the health care facility irrespective of their HIV status.

1920

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS OF AUSTRALIAN MIGRANT AND REFUGEE YOUTH

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Objectives Migrant and refugee youth (MRY) in Australia face specific experiences that inform their sexual and reproductive health (SRH). Migrant and refugee communities experience poorer health outcomes, and have lower health service uptake than non-migrant counterparts. Additionally, youth are vulnerable to poor sexual health and compromised sexual and reproductive health rights (SRHR), with Australian youth being disproportionately represented in national STI rates. MRY specifically face both challenges related to belonging to marginalised migrant and refugee communities, as well as those faced by young people transitioning to adulthood. Our study aims were to use an online quantitative survey to 1) investigate MRYs' understanding of and experiences with SRHR; 2) identify the barriers and facilitators shaping SRH outcomes; and 3) examine socioecological factors that influence SRHR needs, literacy, service utilisation and access.

Methods An online survey was developed examining MRY sexual behaviour, knowledge and understanding, education, beliefs and attitudes, service utilisation and SRHR awareness. The survey was piloted with 9 MRY and revised according to feedback. A combination of multiple choice, Likert scale, and open-text questions were used. Respondents were MRY ($n = 102$) aged 15–26 years, of a migrant or refugee background, living in the Greater Western Sydney area. Snowball and purposive sampling methods were used. Preliminary descriptive

statistics were run on key demographic, sexual behaviour and service utilisation questions.

Results Most participants ($n = 72$) identified as female, with 29 identifying as male and one as non-binary. Participants identified as children of a migrant or refugee (55.9%), migrants (30.4%), or refugees (11.8%). Only 29% of respondents always used contraception to prevent pregnancy and protection to prevent sexually transmitted infections (STIs). 36% of participants never used protection to prevent STIs. Reasons given for lack of use included not needing protection if on the contraceptive pill, partners not wanting to and expense. Awareness of SRH services was low, with 63.7% reporting being unaware of any services in their area. Only 2.9% felt that current services meet the SRH needs of MRY 'very well', while 16.7% felt that their needs were met 'not well at all'. 45.1% were unaware if sexual and reproductive rights.

Conclusions Preliminary results indicate compromised SRHR in key areas: inadequate contraceptive and protection use, lack of engagement with services, and lack of rights awareness. Findings show that some MRY lack understanding of the difference between contraceptive pills and barrier protection against STIs. This further suggests deficits in SRH education and knowledge. Results indicate that SRH services are failing to engage MRY and adequately support them. Lack of awareness of services, and the inadequacy of services MRY are aware of, significantly infringes on rights to access health care. Lack of rights knowledge also limits MRY ability to articulate and action their rights. Significant changes to services are necessary to ensure that MRY are aware of services and that these services actually meet MRY needs.

1923

DEVELOPING THE VIOLENCE TOOL TO ASSESS RISK OF VIOLENCE AND EXPLOITATION IN GIRLS AND YOUNG WOMEN PRESENTING TO THE EMERGENCY DEPARTMENT

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Objectives The female perspective must be considered in youth violence work to ensure a gendered approach when shaping policy and developing violence reduction intervention programmes that support girls and young women. Increasing numbers of girls and young women presenting to Emergency Departments (ED) have experienced violence- and exploitation-related issues. The risk of violence and exploitation for girls and young women is poorly identified by professionals in healthcare settings and there are a lack of screening tools to assist in assessing this risk. We have developed the VIOLENCE tool (table 1) to provide a structured framework for identifying risk of violence and exploitation for girls and young women and have conducted a scoping study to assess the feasibility of piloting this tool within the ED as part of a wider project to validate its use.

Our objectives included

1. To understand the relevance and importance of the VIOLENCE tool components to professionals working within acute medical settings
2. To understand ED-based professionals' level of experience and training in assessing risk of violence and exploitation in girls and young women

Methods An electronic questionnaire was delivered to professionals with experience in working with girls and young women in the ED settings from Imperial Healthcare NHS Foundation Trust, Evelina Children's Hospital London, Oasis Youth Service and Red Thread between March-May 2022. The questionnaire asked about experience and training around assessing violence and exploitation, and views on the VIOLENCE tool components. Results were collated anonymously and analysed using descriptive statistics.

Results 50 professionals completed the questionnaire study. 98% identified discussing issues relating to violence for girls and young women as important, with 86% identifying that females have different risk factors compared to males.

88% of respondents agreed that a formal assessment tool or proforma would be useful in their practice. The majority of respondents agreed that the VIOLENCE tool components were relevant to the assessment on violence for girls and young women (table 1).

Abstract 1923 Table 1 VIOLENCE tool components and the percentage of respondents who agree/strongly agree that each is relevant and should be asked about

VIOLENCE tool	Agree/Strongly agree
Violent behaviour - current/previous exposure	98%
Intimacy - sexual relationships including exploitation/coercion	98%
Opinions/Experiences of violence issues in society	60%
Lifestyle issues - smoking/recreational drug/alcohol use	96%
Exposure to violence desensitisation via peers/social media/music	66%
Neighbourhood/Community - safety within home/school/community	88%
Coercion and control - feeling forced/controlled to act against their will	80%
Emergency help - do they know how to access help	100%

Only 58% of respondents felt confident asking about violence and exploitation, with the majority (82%) of respondents highlighting that they had no access to training in issues relating to violence for girls and young women. Almost all (92%) respondents agreed that there was a need for further training and education initiatives.

Conclusions The study demonstrates that the VIOLENCE tool is perceived as relevant and beneficial. The study supports feasibility in piloting the tool for girls and young women as part of their emergency care. Further multicentre studies are required to assess the applicability and generalisability of our findings at a national level.

1929

DEVELOPING A TRANSITION PATHWAY FOR ADOLESCENTS WITH COMPLEX NEEDS AND LEARNING DISABILITIES

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Objectives To co-develop a Transition pathway for adolescents with complex medical needs and learning disability in East London, we conducted a qualitative survey with patients and parents/carers regarding their experience of

transitioning from Children's to Adult Health Services in the Community.

Methods The Transition Care Nurse conducted telephone interviews with adolescents and their parents/carers who had recently been discharged at 18–19 years from Community Children's Services in East London, and who agreed to participate.

The survey comprised 10 open-ended questions around the theme of experience of transition, including what went well or could be improved.

A thematic analysis of interview transcripts was undertaken to find key themes and learning for developing our Transition pathway in the community.

Results 10 participants agreed to be interviewed between February 2022 and April 2022 - 1 young person aged 18 years with cerebral palsy, and 9 parent/carers of young people with severe learning disability, limited communication and complex conditions including Cerebral Palsy, Down syndrome and Epilepsy.

Main themes

- Understanding of the term 'transition' – 30% had not heard of the term. 1 participant understood it as 'leaving school and getting different doctors'. Another, 'changing to adulthood'. All participants fed back that they were not provided a clear definition of 'Transition'.
- Feeling unsupported after being discharged from Paediatric services – 70% of participants felt unsupported and reported feeling 'let down' and 'frustrated' not just by the Health service, but also Education and Social Care services.
- Little/no information available – All participants said they were given little/no information about what to expect nor who would be providing Health or Therapy services after the young person turned 18 years.
- Disjointed/lack of coordination between services – 50% of participants reported persisting issues with the flow of health services post-transition and poor coordination between Health, Education and Social Care. One parent explained how health appointments had stopped at 18 years and they were not informed why. Another parent stated her son suddenly had lots of appointments with different health services and this was difficult to manage.
- The direct feedback from the young person was consistent with the feedback from parents/carers. Participants said that more information, preparation beforehand, and a more coordinated approach would have improved their experience of Transition.

Conclusions The Transition process for young people with complex medical needs and disabilities is extremely complicated due to multiple services being involved in providing support for the family during childhood. Transition processes for health services for this group of young people is closely linked to transition processes in Education and Social Care, due to the nature of their complex needs and social determinants of health. The voice of the young person with learning disability also needs to be included in co-production of a Transition pathway. Having a clear transition pathway with adequate information about services and available support, and a key contact (eg. Transition professional) would be welcomed by patients and parents/carers to improve the inevitable Transition process from Children's to Adult services and achieve best possible outcomes in adulthood for adolescents with complex medical needs and disability.