The Royal College of Pathologists of Australasia
ABN 52 000 173 231

Durham Hall 207 Albion Street Surry Hills NSW 2010 Australia
Telephone 61 2 8356 5858 Facsimile 61 2 8356 5828

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Guideline

Subject: **Sexually Transmitted Infection Management in Patients Who Have Experienced Sexual Violence**
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Review By: FCFM, Microbiology AC
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This Guideline makes recommendations regarding the management of Sexually Transmissible Infections (STIs) following sexual violence. Each jurisdiction will be subject to its own legislation, policies and procedures. It is imperative that medical practitioners familiarise themselves with their jurisdictional and pathology laboratory requirements.

Background

Testing for STIs at the initial forensic medical assessment should be considered for all cases of sexual violence. Standard screening for STIs following sexual violence are used. The tests used should reflect the local epidemiology of infections, the nature of the sexual contact that occurred and any factors which may affect the likelihood of STI transmission. Screening for STIs and Blood Borne Viruses (BBV) should be considered and should include tests for chlamydia, gonorrhoea, syphilis, HIV, hepatitis B&C. In this guideline STI includes blood borne viruses (BBV).

Basic Principles of Medical Care

1. All patients who experience sexual violence should be treated in a manner which best respects and allows control of their own body.
2. Testing and management of STIs should be undertaken with the patient's consent as this will enable the best possible medical care to be provided.
3. At present there is limited evidentiary value to determine source transmission due to current testing technologies. Testing methods are available that identify specific subtypes which may have an evidential value, however these are not routinely employed and specialist advice from reference laboratories must be sought.
4. When considering indicators for testing:
    a. Consider the risk of STIs in each patient not just based on the history of the sexual violence, and screen whether or not they are symptomatic.
    b. Patients who have experienced memory loss or an uncertain history following sexual violence should be offered STI testing.
    c. A patient request for STI testing should be acknowledged and the testing undertaken.
    d. Routine screening for herpes simplex virus (HSV) and genital warts (human papilloma virus, (HPV) by serology is not recommended. Testing for HSV and HPV should only occur in the presence of clinical symptoms and signs.

Initial Consultation

1. At the time of the initial consultation the patient should be offered baseline testing to screen for STIs and should assess the need for provision of post exposure prophylaxis. If post exposure prophylaxis against STIs is to be provided, then STI testing should occur

prior to administration of medications. Most positive baseline testing taken immediately following sexual violence will be the result of a pre-existing infection.
    a. Positive STI results have significant ramifications for partner notification.
    b. If prophylaxis against STIs is provided it is best practice to take baseline tests for the purposes of management of resistant organisms as well as partner notification.
    c. The ability to follow up patients will largely determine the administration of STI prophylaxis, i.e. where there is low potential for follow up in a high prevalence population, prophylaxis against STIs is recommended. Although a population may be a low prevalence population for STIs overall, specific subsets e.g. sexually active adolescents or men who have sex with men may have a higher prevalence of STIs.
2. If possible, enquiry should be made at the initial consultation to determine if vaccination is required.

STI Screening Tests

The Australian National STI Management Guidelines is the national resource providing advice on the management of STIs. This guideline is kept up to date and will assist clinicians with STI initial testing and follow up management.

Follow up for Victims of Sexual Violence

1. Where possible try to maintain continuity of care for the patient to minimise any distress from having to retell their history. If this is not possible, handover in the form of a conversation or letter with the managing clinician is strongly recommended.
2. The purpose of follow up is to provide patients with optimal medical care following sexual assault. This includes the provision of physical, psychological and situational care, clinical information and referral. Follow up arrangements provide an important opportunity for patient assessment and should be made in conjunction with the patient. Timing of follow up should reflect the medical requirements and window periods detailed in the Sexually Transmitted Infection Assessment and Management Guideline.
3. Follow up should include assessment of emerging and healing injuries, some of this follow up will have an evidentiary value, and a forensic medical consultation may be required for documentation of injuries.
    a. Provide follow up injury documentation and interpretation if required.
    b. Provide police process information if appropriate (dictated by patient report to police).
    c. Enquire about the stage of police statement provision.
    d. If appropriate enquire about contact and support from the Victim Liaison Officer (VLO) in jurisdictions where this service exists.
4. Discuss the initial baseline STI results with the patient.
5. If STI prophylaxis has been provided including a starter pack of HIV post exposure prophylaxis (HIV PEP), specific follow up and provision of HIV PEP should be considered.
6. Enquire about immunisation status if known if not addressed at the initial consultation.
    a. Patients who have experienced sexual violence may not have completed a vaccination course and may require additional vaccines.
7. Address the need for medical certificates or other medical needs / referrals.
8. Arrange / confirm next medical, counselling and police appointments.
9. Counselling services may assist patients greatly and an offer of referral, if not previously offered or accepted, may assist with dealing with sexual violence.
10. Safety / mandatory reporting requirements and other supports should be documented and completed in accordance with the local jurisdictional protocols and procedures

11. Refer to other support services as required. The types of referrals made will vary depending on the patient's individual needs and circumstances and also on the availability of facilities and resources. Any concerns regarding referrals can be discussed with a senior FMO.

For Ongoing testing for STIs see the Australian National STI Management Guidelines.

Useful Resource:

1. HIV PEP guideline https://www.ashm.org.au/HIV/PEP/