

# *Supporting adolescents in general practice: engaging adolescents in sexual health consultations, STI screening and mandatory reporting requirements*

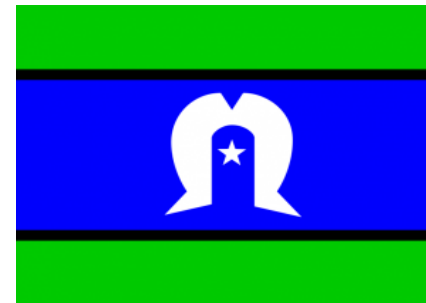
Thursday, August 28 2025

*The content in this session is valid at date of presentation*

# *Acknowledgement of Country*

We would like to acknowledge the Traditional Custodians of the land on which our work takes place, The Wurundjeri Woi Wurrung People, The Boon Wurrung People and The Wathaurong People.

We pay respects to Elders past, present and emerging as well as pay respects to any Aboriginal and Torres Strait Islander people in the session with us today.



# Housekeeping – Zoom Meeting

## All attendees are muted

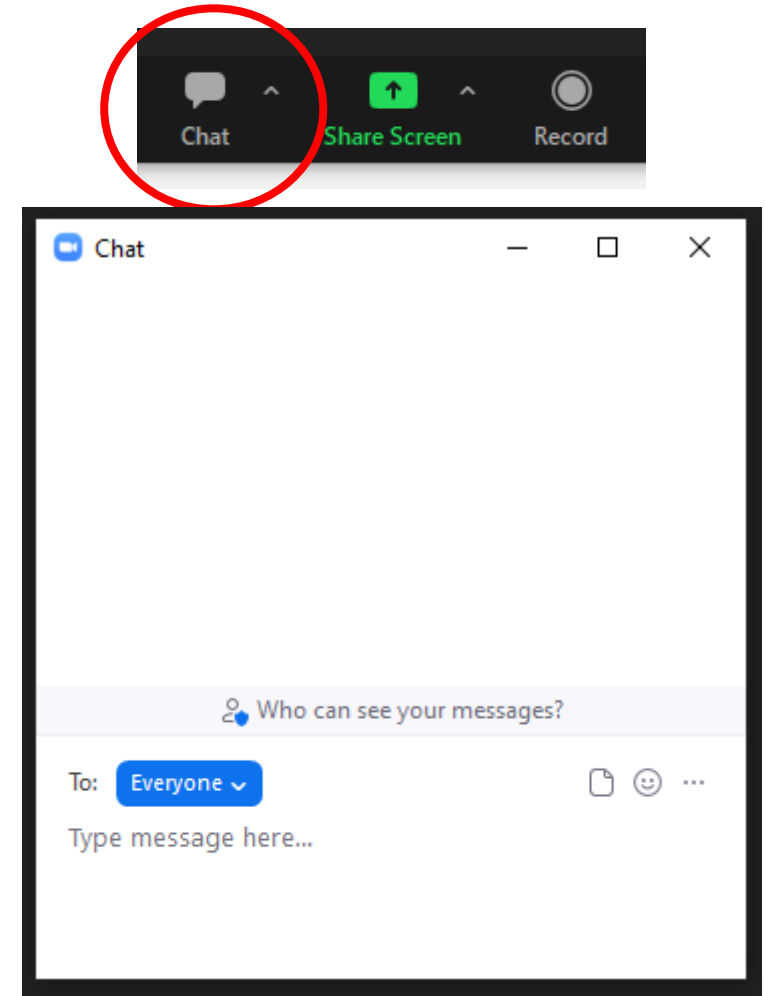
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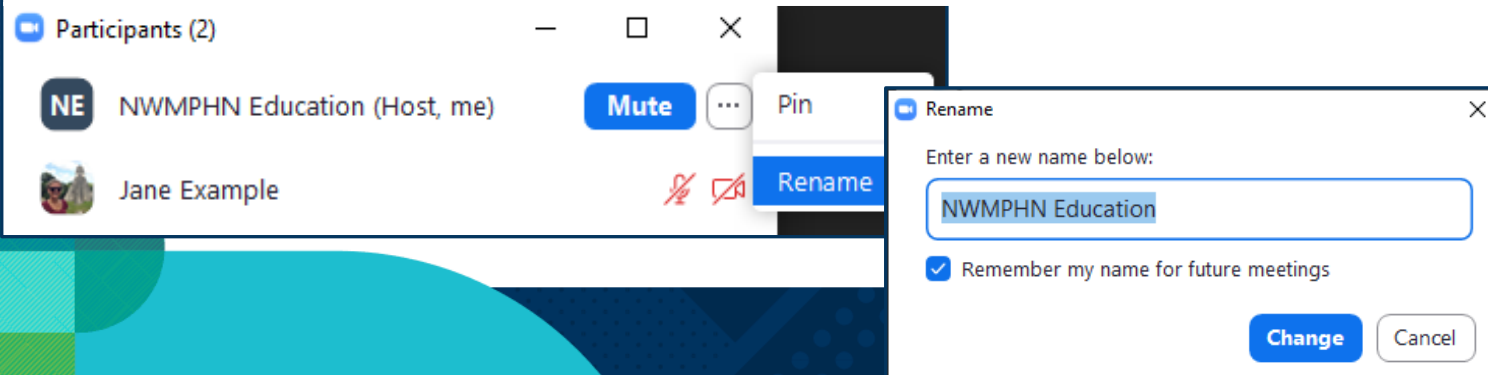
Certificates and CPD will not be issued if we cannot confirm your attendance



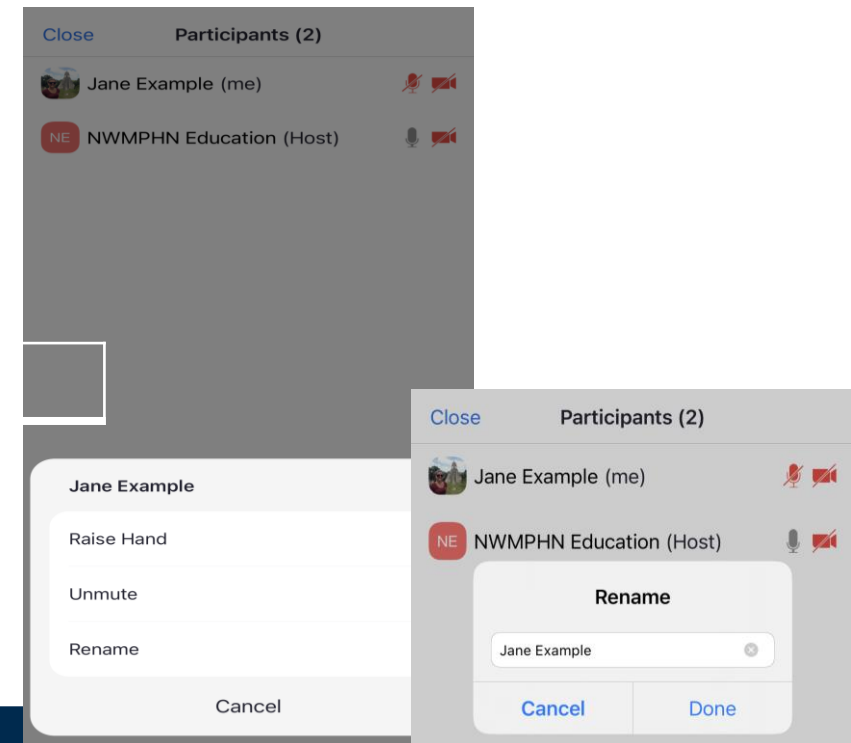
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1. Click on **Participants**
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  - Computer:** hover over your name and click the 3 dots
  - Mac:** hover over your name and click More
3. Click on **Rename**
4. Enter the name you registered with and click  
**Done / Change / Rename**

## When using computer



## When using a phone or app



# Speakers

**Dr Suzanne Pearson (she/her)** is a general practitioner and senior medical educator who brings her enthusiasm for education and training to health professionals. She is a Fellow of the Royal Australian College of General Practitioners and has a Graduate Certificate in Clinical Teaching. Suzanne coordinates the Family Planning Alliance Australia's National Certificate in Reproductive and Sexual Health for Doctors course and Implanon NXT training. Suzanne has authored articles, such as "LARC: New evidence to guide clinical practice," published in the RACGP's Australian Journal of General Practice.

**Dr Kate Robertson (she/her)** is a General Practitioner and Medical Educator. She is a Fellow of the Royal Australian College of General Practitioners and has a Diploma in Child Health and a Diploma in Obstetrics and Gynaecology. Kate has worked in various rural and metropolitan healthcare settings. She uses this experience to help tailor learning to participant's needs, with the overall aim of helping people to receive equitable sexual and reproductive healthcare throughout Australia.

# Supporting Adolescents in General Practice:

## Engaging adolescents in sexual health consultations, STI screening and mandatory reporting requirements

Dr Suzanne Pearson and Dr Kate Robertson

GPs and Medical Educators



# Acknowledgement of Country

I would like to acknowledges the  
Aboriginal and Torres Strait  
Islander people as the Traditional  
Owners of the land on which I  
work and live and of the land are  
meeting today

I pay my respect to Elders past  
and present.

# Sexual Health Victoria

- Sexual Health Victoria is a state-wide independent charity, for-purpose, all-choice organisation that focuses on reproductive and sexual health care, education and advocacy
- Our clinics: Box Hill and Melbourne CBD (Elizabeth Street)
- Clinical education and training for doctors (RACGP accredited), nurse and midwives
  - IUD insertion training
  - Implanon NXT training
  - Cervical screening training for nurses
  - FPAA National Certificate in Reproductive and Sexual Health for Doctors
  - Comprehensive Sexual and Reproductive Health (Nursing) Course
  - Self-paced online courses with mini audits on topics like Contraception, Menopause Management, Sexual History Taking, Vulvovaginal Health
  - <https://shvic.org.au/professional-learning-support>



# This session will cover

## Learning outcomes

1. Engage adolescents in sexual health consultations with confidence
2. Apply trauma-informed communication and STI screening practices
3. Explain mandatory reporting obligations following disclosure of sexual abuse

Disclaimer: This presentation and any related materials are for training, educational and general information purposes only and should not be relied on as (or in substitution for) legal, medical or other professional advice.

Pathways are written by GP clinical editors with support from local GPs, hospital-based specialists and other subject matter experts



- **clear and concise, evidence-based medical advice**
- **Reduce variation in care**
- **how to refer to the most appropriate hospital, community health service or allied health provider.**
- **what services are available to my patients**

# HealthPathways-Sexual Health Check

Melbourne

Community HealthPathways

Melbourne

Pain Management

Palliative Care

Respiratory

Rheumatology

Sexual Health

Abnormal Vaginal Discharge

Anogenital Ulcers

Bacterial Vaginosis

Candidiasis (Genital)

Chlamydia

Contact Tracing

Epididymo-orchitis

Genital Dermatology

Genital Herpes

Gonorrhoea

Human Immunodeficiency Virus (HIV)

Genital Warts and Human Papilloma Virus (HPV)

Acute Lower Abdominal Pain in Adults With a Uterus and/or Ovaries

Mycoplasma Genitalium

Pelvic Inflammatory Disease (PID)

Sexual Health Check

Syphilis

Trichomoniasis

Urethritis (Penile)

Sexual Health Referrals

Sleep

Spinal Cord Impairment (SCI)

Mental Health

Q sexual health check

X

Melbourne  
HEALTHPATHWAYS

Latest News

20 August

Health.vic

Health alerts and advisories

20 August

TGA alerts

TGA alerts:

Safety Alerts (for health professionals)

Recall Actions (for health professionals)

TGA Medicine Shortages (for health professionals)

2 July

Victorian Government investigation of sexual assault allegations

The Victorian Government is investigating sexual assault allegations involving a former childcare worker linked to multiple centres across Melbourne. See further information including support for concerned families and a dedicated advice line.

24 April

Antibiotic Guidelines Update

Therapeutic Guidelines released a major update to Antibiotic Guidelines (March 2025) with 200+ revised and new clinical topics. It will take time to add the changes into HealthPathways. Always refer to the most recent updates before prescribing.

Pathway Updates

Updated – 20 August

Urticaria

Updated – 19 August

Pruritus

Updated – 15 August

Oral Allergy Syndrome

Updated – 13 August

Steroid Creams and Ointments for Eczema

Updated – 13 August

Corns and Calluses

VIEW MORE UPDATES...

ABOUT HEALTHPATHWAYS

BETTER HEALTH CHANNEL

RACGP RED BOOK

USEFUL WEBSITES & RESOURCES

MBS ONLINE

NPS MEDICINEWISE

PBS

NHSD

About HealthPathways

What is HealthPathways?

How do I use HealthPathways?

How do I send feedback on a pathway?

Click ‘Send Feedback’ comments questions pathway.

SEND FEEDBACK

Click 'Send Feedback' to add comments and questions about this pathway.



Disclaimer: For presentation purposes only

# HealthPathways-Sexual Health Check

Sexual Health Check

## Background

About sexual health checks ▾

## Assessment

1. Determine [who to screen](#) ▾.
2. History:
  - Take a relevant [sexual history](#) ▾. For further advice on taking a sexual history, see Australian STI Management Guidelines – [How to Take a Sexual History](#) [2].
  - Ask about symptoms of STIs ▾.
  - Check immunisation history.
3. Check screening needs of specific populations:
  - [People younger than 30 years or asymptomatic people requesting STI or HIV testing](#) ^

### People younger than 30 years or asymptomatic people requesting STI or HIV testing

  - Avoid making assumptions about a young person's sexuality. Ask how your patient identifies and what their preferred pronouns are.
  - Offer [chlamydia](#) and [gonorrhoea](#) screening annually or more often, according to sexual history.
  - HIV and [syphilis](#) testing should now be part of routine STI testing.<sup>1</sup>
  - Confirm [hepatitis B virus](#) (HBV) immune status and vaccinate if not immune.

  - [Aboriginal and Torres Strait Islander people](#) ▾
  - [People who inject drugs \(PWID\)](#) ▾
  - [Sex workers \(SW\)](#) ▾
  - [Men who have sex with men \(MSM\)](#) ▾
  - [Trans and gender diverse people](#) ▾
  - [Pregnant patients](#) ▾
  - [Victims of sexual assault](#) ▾
4. Use the following as guidance in arranging appropriate site-specific testing based on routine screening needs above, identified recent risk, symptoms, sexual practices, and partners:
  - [Asymptomatic patients](#) ▾
  - [Symptomatic patients](#) ▾
  - [Victims of sexual assault](#) ▾

See also Melbourne Sexual Health Centre – [STI Tool](#) [2] (for asymptomatic and symptomatic scenarios with associated specimen collection instructions).
5. If the patient is younger than 18 years, assess whether the patient is in an [abusive or harmful sexual relationship](#) ▾. Consider the [Reporting to Child Protection](#) criteria and the [Victorian age consent laws](#) [2]. See also [Child or Young Person Sexual Abuse - Health Professional Concern](#).

3. Check screening needs of specific populations:

- [People younger than 30 years or asymptomatic people requesting STI or HIV testing](#) ^

### People younger than 30 years or asymptomatic people requesting STI or HIV testing

- Avoid making assumptions about a young person's sexuality. Ask how your patient identifies and what their preferred pronouns are.
- Offer [chlamydia](#) and [gonorrhoea](#) screening annually or more often, according to sexual history.
- HIV and [syphilis](#) testing should now be part of routine STI testing.<sup>1</sup>
- Confirm [hepatitis B virus](#) (HBV) immune status and vaccinate if not immune.

5. If the patient is younger than 18 years, assess whether the patient is in an [abusive or harmful sexual relationship](#) ^. Consider the [Reporting to Child Protection](#) criteria and the [Victorian age consent laws](#) [2]. See also [Child or Young Person Sexual Abuse - Health Professional Concern](#).

### Abusive or harmful sexual relationship

Consider whether the sexual relationship:

- is consensual.
- involves:
  - family members.
  - a significant age gap.
  - an inappropriate power differential.
- is coercive.



# HealthPathways-Sexual Health Check

## Management

1. If the patient is younger than 18 years and reasonable suspicion of child abuse and/or neglect, consider [mandatory reporting requirements](#) and [ensure the child's safety](#) ✓. See also [Child or Young Person Sexual Abuse - Health Professional Concern](#).
2. If the patient discloses they have been forced to have sex against their will, see [Better Health Channel – Sexual Assault](#) and [Sexual Assault Services Victoria](#) ✓. See also [Adult Recent Sexual Assault](#).
3. Manage for risk reduction:
  - Provide [education on sexual health risk reduction](#) ✓.
  - Discuss information and access to HIV [post-exposure prophylaxis \(PEP\)](#) ✓ and [pre-exposure prophylaxis \(PrEP\)](#) ✓ as appropriate for example (but not exclusively) in MSM patients or patients who have a partner who is MSM.
  - If PWID, always discuss [safe injection](#) ✓ and [needle exchange](#) ✓.
4. Provide immunisations if indicated:
  - Human papilloma virus (HPV) immunisation
  - Hepatitis A – if MSM, PWID, overseas partner, sex worker, or chronic hepatitis B
  - Hepatitis B (consider particularly household contacts of patients with chronic hepatitis B)
  - Mpox – for [individuals at higher risk](#) ✓
5. Ensure follow-up to discuss results (preferably face-to-face and particularly so if results are positive) and re-testing where appropriate (e.g. HIV, hepatitis B or C, syphilis). Use robust practice systems to make sure patients with significant positive results who fail to attend for follow-up are contacted.
6. If the patient is symptomatic, positive results are returned, or the patient discloses having sexual contact with a partner who has been diagnosed with an STI, treat according to the [relevant pathway](#) ✓.
7. If there are any concerns not addressed in this pathway, seek [sexual health advice](#).

## Referral

- If the patient is younger than 18 years and reasonable suspicion of child abuse and/or neglect, consider [mandatory reporting requirements](#) and [ensure the child's safety](#) ✓.
- If there are any concerns not addressed in this pathway, seek [sexual health advice](#).

## Information



For health professionals ✓

### Education

Victorian HIV and Hepatitis Integrated Training and Learning (VHHITAL) – [Education and Training](#) ✓ (includes course on decriminalisation of sex work and impacts to GP practice)

### Further Information

- Australian Sexual Health Alliance STI Management Guidelines – [Standard Asymptomatic Check-Up](#) ✓
- Melbourne Sexual Health Centre:

1. If the patient is younger than 18 years and reasonable suspicion of child abuse and/or neglect, consider [mandatory reporting requirements](#) and [ensure the child's safety](#) ✓. See also [Child or Young Person Sexual Abuse - Health Professional Concern](#).

### Ensure the child's safety

- Contact [Child Safety Services](#) ✓ immediately and manage according to their advice.
- If signs of physical abuse (inflicted injury), or child at imminent risk of harm, consider transfer by ambulance for [emergency assessment](#).
- Clearly document the event.
- See also [Child Abuse and Neglect](#).

6. If the patient is symptomatic, positive results are returned, or the patient discloses having sexual contact with a partner who has been diagnosed with an STI, treat according to the [relevant pathway](#) ✓.

### Relevant pathway

- Abnormal Vaginal Discharge
- Anogenital Ulcers
- Bacterial Vaginosis
- Candidiasis (Genital)
- Chlamydia
- Chronic Hepatitis B
- Donovanosis – see Australian STI Management Guidelines – [Donovanosis](#) ✓
- Epididymo-orchitis
- Genital Lumps Including Human Papilloma Virus (genital warts)
- Gonorrhoea
- Hepatitis C (HCV)
- Genital Herpes
- HIV
- Mpox (Formerly Monkeypox)
- Mycoplasma Genitalium (MG)
- Pelvic Inflammatory Disease (PID)
- Syphilis
- Trichomoniasis
- Urethritis (Penile)



# HealthPathways-Sexual Health Check

## **Relevant Pathways**

[Sexual Health Check](#)

[Chlamydia](#)

[Contact Tracing](#)

[Syphilis](#)

[Trichomoniasis](#)

[Mycoplasma Genitalium](#)

[Human Immunodeficiency Virus \(HIV\)](#)

[Genital Warts and Human Papilloma Virus \(HPV\)](#)

[Genital Herpes](#)

[Urethritis \(Penile\)](#)

## **Referral Pathways**

[Non-acute Sexual Health Referral \(> 24 hours\)](#)

[Sexual Health Advice](#)

## **Related Pathways**

[Abnormal Vaginal Discharge](#)

[Anogenital Ulcers](#)

[Bacterial Vaginosis](#)

[Candidiasis \(Genital\)](#)

[Child and Youth Mental Health Support Services](#)

[Youth Counselling and Therapy Referrals](#)

[CPD Hours for HealthPathways Use](#)

# Health Pathways



[Home](#) / [Child Health](#) / [Youth Health](#) / [Tips and Resources in Adolescent Health](#)



## Tips and Resources in Adolescent Health

This page is designed to assist those working in schools and/or otherwise working with youth. The aim is to maximise the rapport with youth and adolescents and improve interactions and health outcomes.

See also [Aboriginal and Torres Strait Islander Services Directory](#).

If there is a request for culturally specific general practitioner care, refer to the [Victorian Aboriginal Health Service \(VAHS\)](#) [link](#). VAHS provides telephone assistance to general practitioners.

[General guidance](#) ▾

[Acne](#) ▾

[Alcohol](#) ▾

[Contraception](#) ▾

[Grief](#) ▾


[Insomnia](#) ▾

[LGBTIQA+ health](#) ▾

[Sexual health and sexually transmitted infections](#) ▾

[Smoking](#) ▾

[Pregnancy](#) ▾



Melbourne

HealthPathways

Melbourne

Medical

Mental Health

Older Adults' Health

Medicines Information and Resources

Public Health

Specific Populations

Surgical

Women's Health

Our Health System

Carer Resources and Support Services

Community Health Services

CPD Hours for HealthPathways Use

MyMedicare

Department of Veterans' Affairs

Digital Health

Forms and Resources

Hospitals - Public

MBS Items

CPD

Our Health System / CPD Hours for HealthPathways Use

CPD Hours for HealthPathways Use

About Continuing Professional Development (CPD)

The aim of the continuing professional development (CPD) requirements of the [Medical Board of Australia](#) is to support quality, lifelong learning for doctors that is relevant, effective, and evidence-based.

The 3 core elements of CPD are:

1. CPD homes – for quality assurance

2. Professional development plans – for purpose

3. Different types of CPD – for value

Using HealthPathways for CPD

HealthPathways is a source of contemporary and practical clinical information, localised to the geographical region of the medical practitioner. Application of knowledge contained within pathways to the individual patient provides an opportunity for reflection upon current understanding of the patient's clinical condition, and how it may be improved. This reflective learning can be self-reported as a CPD activity.

Clinicians with an [individual HealthPathways account](#) can access a [CPD Reporting](#) tool to help log their HealthPathways CPD activity.

Clinicians without an individual HealthPathways account can still self-report time spent in HealthPathways as a reflective activity. To help reporting, reflective learning templates have been developed for both colleges:

ACRRM

RACGP

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Page information

Topic ID: 1348642

CPD REPORTING

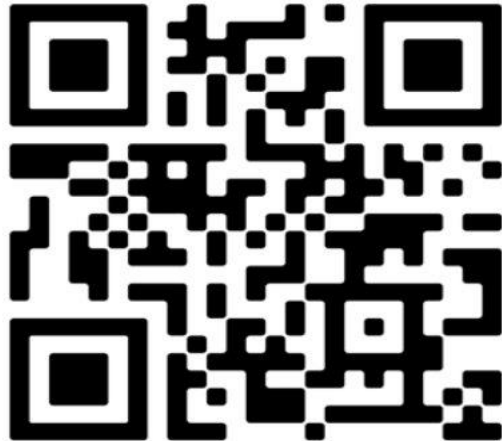
Add learning notes

Create a CPD report

# Accessing HealthPathways

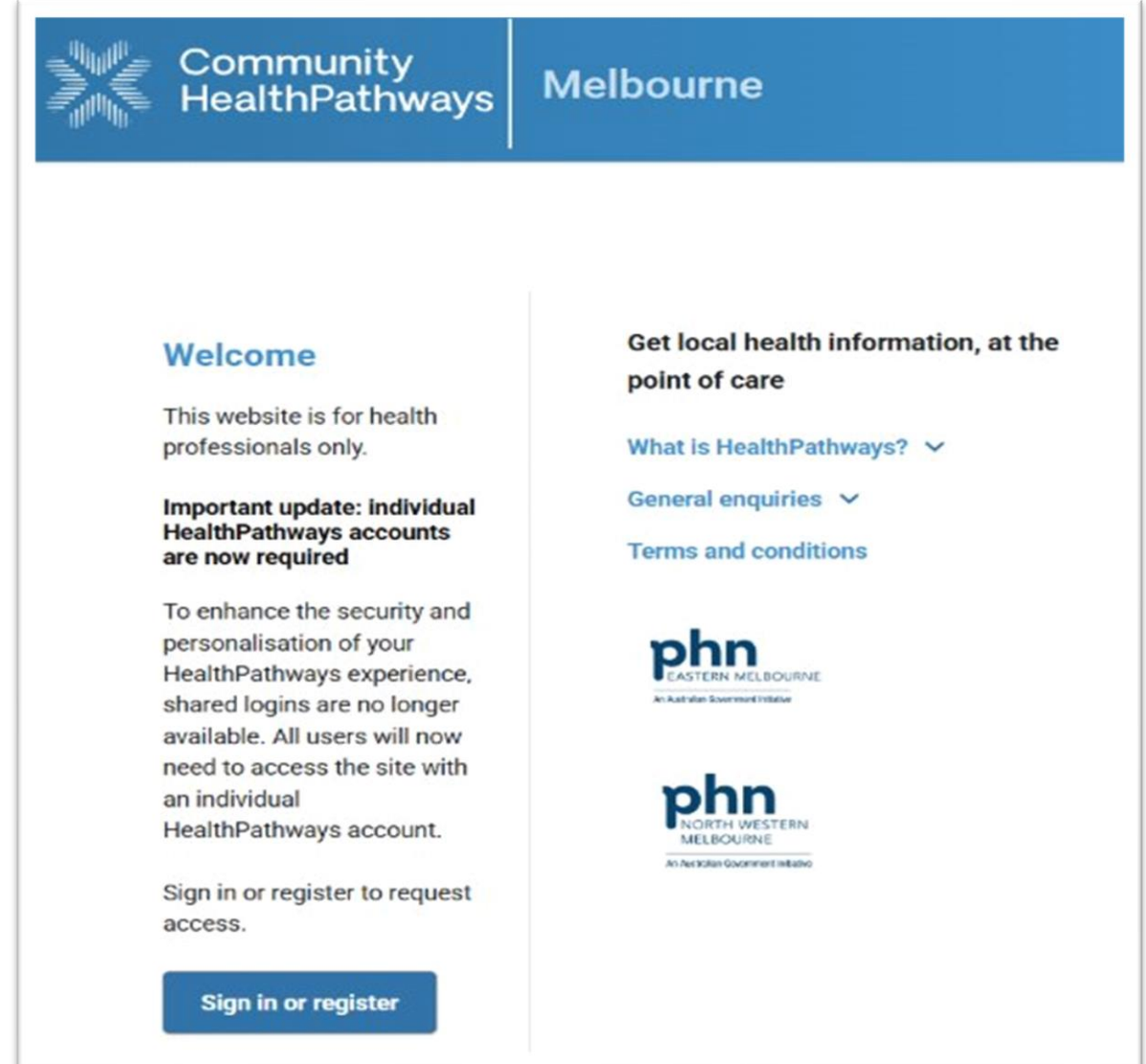
Please click on the **Sign in or register** button to create your individual account or scan the QR code below.

If you have any questions, please email the team  
[info@healthpathwaysmelbourne.org.au](mailto:info@healthpathwaysmelbourne.org.au)



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bulletin

Click "Subscribe to Updates" on [HealthPathways homepage](#)  
or email [info@healthpathwaysmelbourne.org.au](mailto:info@healthpathwaysmelbourne.org.au)

A screenshot of the HealthPathways Melbourne website. The header is blue with the "Community HealthPathways Melbourne" logo and name. The main content area is white. On the left, there is a "Welcome" section with a message for health professionals only, an "Important update" about individual accounts, and a "Sign in or register" button. On the right, there is a "Get local health information, at the point of care" section with links for "What is HealthPathways?", "General enquiries", and "Terms and conditions". Below these links are logos for "phn EASTERN MELBOURNE" and "phn NORTH WESTERN MELBOURNE".

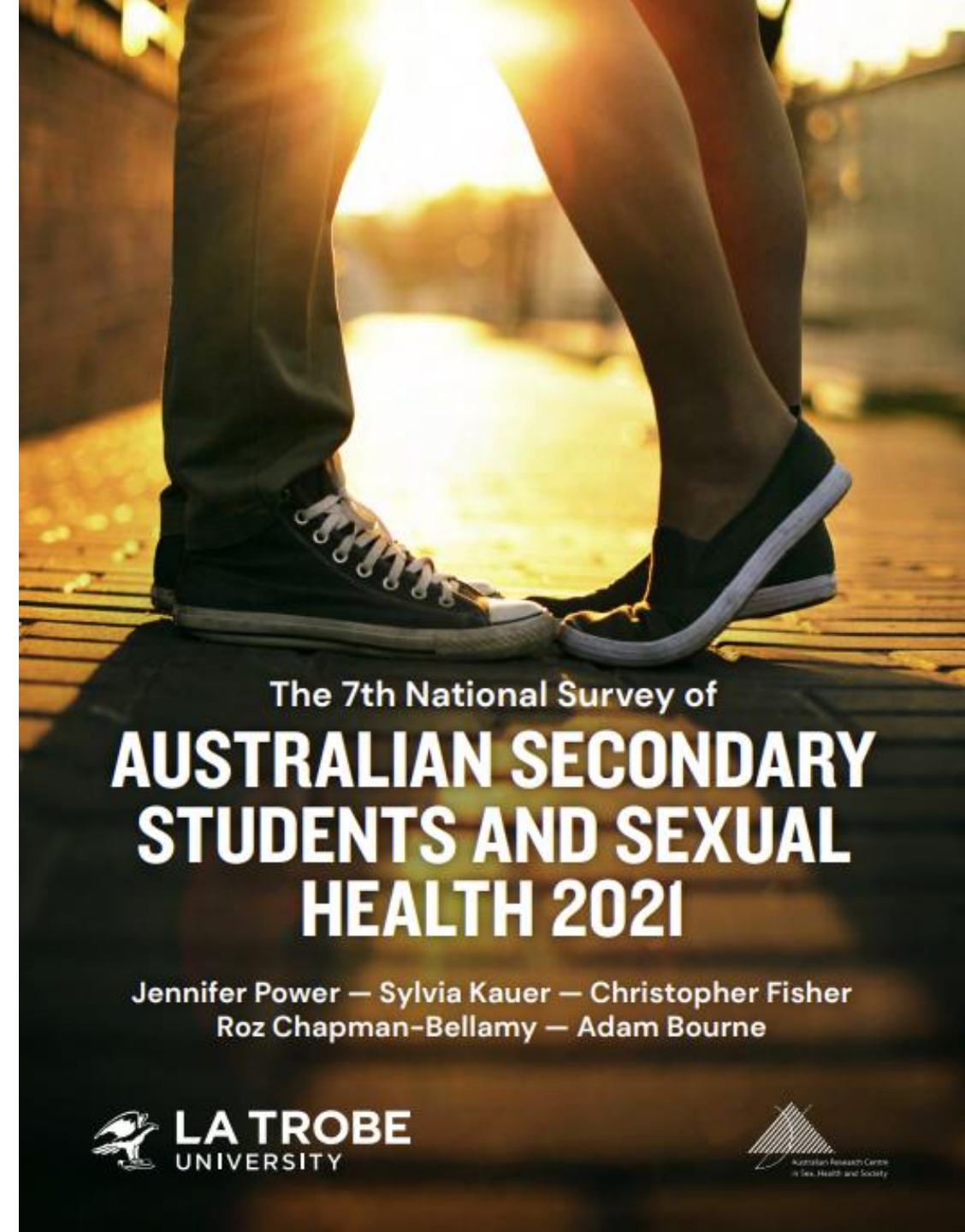
# Adolescents and Sex

[www.shvic.org.au](http://www.shvic.org.au)



# Australian Secondary Students and Sexual Health Survey

- Data on following slides is taken from Australian Secondary Students and Sexual Health 2021
- 6,841 students aged 14-18 took part
- Variety of questions relating to sex and sexuality
- 2024 survey data current being analysed



The 7th National Survey of  
**AUSTRALIAN SECONDARY  
STUDENTS AND SEXUAL  
HEALTH 2021**

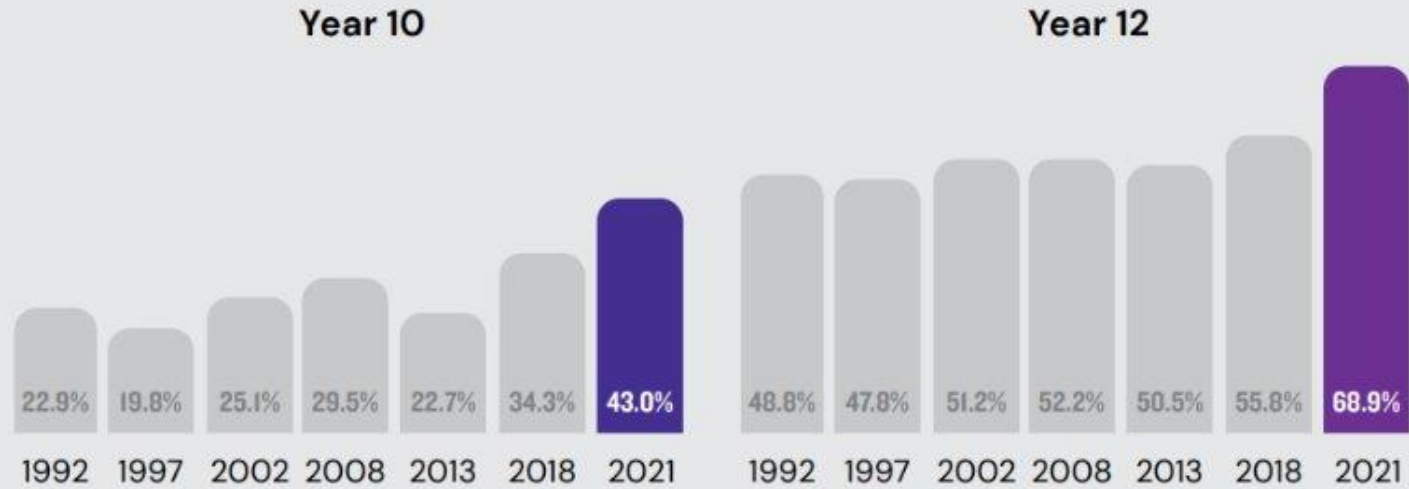
Jennifer Power — Sylvia Kauer — Christopher Fisher  
Roz Chapman-Bellamy — Adam Bourne

# Sexual Activity

## CHANGE OVER TIME

The SSASH survey has collected data on students in Years 10 and Years 12 since 1992. Here we provide a comparison of findings across time for students in these year levels

at school. In both year levels, young people in 2021 were more likely to be sexually active than in previous iterations of the survey (see Figure 5).



**Figure 5.** Percentage of Year 10 and 12 students who had had vaginal or anal sex, across survey years

# Condom Usage

## CHANGE OVER TIME

Whether or not a condom was available the most recent time young people had sex, and whether one was used, is a question that has been asked of SSASH respondents since 1992. In all surveys, over 65% of Year 10 and 12 students who reported having vaginal or anal sex indicated that a condom was available when they last had sex, and in 2021 this rose

to 75%. There has always been a gap between availability and use, with many young people not using a condom even though one was available. This gap has been widening since 2008, such that in 2021, fewer than 50% of students reported using a condom even though availability was high (Figure 14).



**Figure 14.** Percentage of young people who reported condom availability and use. Data from Year 10 and 12 students who have had vaginal or anal sex, across survey years

# Health seeking

Trust Gp to provide accurate information

78%

A horizontal bar chart with a blue segment representing 78% and a grey segment representing the remaining 22%.

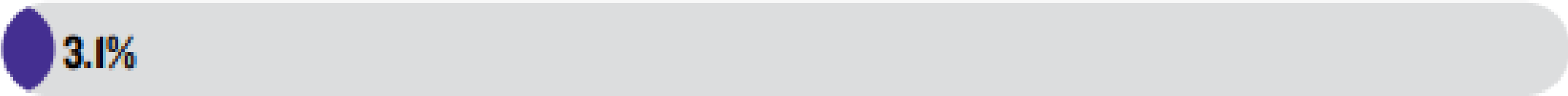
Spoken to GP at least once for sexual health advice

31.1%

A horizontal bar chart with a blue segment representing 31.1% and a grey segment representing the remaining 68.9%.

Spoken to GP several times or more in the past year for sexual health advice

3.1%

A horizontal bar chart with a dark blue segment representing 3.1% and a grey segment representing the remaining 96.9%.

# Adolescent Consultations



# Supporting adolescents seeking health care

- Explain and support privacy and confidentiality
- Location - Is it easy to find? Are signs at reception clear?
- Hours of opening (out of school hours)
- Understand they may have difficulty keeping appointments
- Cost considerations
- Gender of practitioner may be a factor for some adolescents
- Understand they may feel embarrassment talking about sensitive issues
- Medicare and pharmacy - support understanding and access





# Medicare

- Young people can get their own medicare card at 15y, or <15y in special circumstances
- A parent/carer cannot access information of any person aged 14 or over who are listed on the family card without the written consent of that person. My Health Record has same protections
- <https://www.myhealthrecord.gov.au/for-you-your-family/howtos/manage-your-record-from-age-14>
- A young person can be listed on two cards. They can be on the family card as well as have their own (with a different medicare number)



# Case example:

Stella, 15 yo, attends with mum

Mother says they have come in to discuss Stella's periods

Mother gives most of history – Stella is using lots of liners and pads. She thinks Stella might be iron deficient from having heavy periods



# Case example: Others in the room

Stella, 15 yo

With mother, who states she has come in to discuss her periods

On explaining you usually see young people for part of the consultation on their own...

Without her mother in the room, Stella tells you:

- Her periods are usually manageable and regular
- She has a boyfriend of 3 months and is sexually active
- She has been using condoms sometimes
- She is using pads and liners every day because she has noticed an increase in vaginal discharge over the last 2 months.
- She is worried she might have an STI

# If accompanied by a parent or guardian

- Greet young person first and ask them to introduce you to the person with them
- Ask if they want to be seen alone or with their parent
- If parent comes into the consultation explain that it is your practice to see a young person alone for some of the consultation
- When alone discuss confidentiality and exceptions
- Explain that you see young people for a range of health issues, including concerns related to sexual health, contraception, drug and alcohol use, mental health
- Before inviting the parent back in clarify issues to be discussed
- Be careful of what you ask when a parent is present



# Psychosocial risk assessment tool

H - home

E - education/employment (eating/exercise/bullying)

A - activities

D – drugs (including cigarettes, vaping and alcohol)

S – sex (sexuality)

S - suicide (self harm/depression/mood/safety)

S – social media

Goldenberg J. Cohen E. Getting into adolescents' HEADSS. *Contemp Pediatr* 1988: 75-80

[https://www.rch.org.au/clinicalguide/guideline\\_index/Engaging\\_with\\_and\\_assessing\\_the\\_adolescent\\_patient/](https://www.rch.org.au/clinicalguide/guideline_index/Engaging_with_and_assessing_the_adolescent_patient/)

# Phrasing questions to support engagement

**Start with easier question** such as “who lives with you at home?”

Follow with open questions such as “how are things at home for you at the moment?”

If open questions are too difficult ask more specific questions such as “can you talk to your parent/s if you are having any worries?”

**Ask questions about peers** “I see people your age who are experimenting with drugs, are any of your peers at school using drugs?”

Follow by asking about them “Is that something that you have tried?”

**Avoid making assumptions** about sex and sexuality.

“Have you ever been sexually active?”

Follow if appropriate with an open question such as “What is the gender or genders of your sexual partners”

# Questions about sex and sexuality

- Often when I see a young person I ask some questions about their sexual health. Is that OK?
- Don't presume gender of sexual partner/s (10% of young people don't identify as exclusively heterosexual)
- Ask about contraception - include condom use and withdrawal
- Are they able to get condoms easily?
- Do they know how to get emergency contraception if needed?
- May be pertinent to explore consent to sex



# Confidentiality

- We have a legal and ethical duty to provide confidentiality to our patients
- Not clearly defined in law for adolescents
- Reasonable to consider all information from an adolescent as confidential unless an exception applies
- Think carefully about breaching confidentiality, particularly if no exception applies

**CONFIDENTIAL**

# Confidentiality - exceptions

## Consents to disclosure to a third party

Consent must be given voluntarily and without coercion

## Disclosure to other health professionals necessary to treat a patient

Duty of confidentiality extends to other health professionals

## Disclosure in the best interests of the patient

This is an uncertain area as it has not been examined by an Australian court.

Disclosure to prevent a real risk of serious harm, such as risk of death, would probably be viewed as acceptable by a court. We will talk more about if someone is harming them.

## Disclosure in public interest (serious risk to others) may be permissible

Legal duty to disclose e.g. if required in court

Disclosure required by statute (DFFH in Victoria)



*“What we discuss today is confidential  
(private).*

*Only clinical staff in our practice have  
access to the health record.*

*I may need to talk to someone else if  
there is a risk of harm to you or  
someone else. I would discuss with you  
first if I had any concerns.”*

## Explaining confidentiality



# STI Screening

[www.shvic.org.au](http://www.shvic.org.au)

# What is a sexually transmitted infection (STI)?

An infection passed on through oral, vaginal or anal sexual practices or close oro/genital/anal contact

**Bacterial:** Chlamydia, gonorrhoea, mycoplasma genitalium, syphilis

**Viral:** Herpes simplex virus (HSV), Human papilloma virus (HPV), Hepatitis A,B,C, HIV, MPox

**Other:** eg protozoan (Trichomonas), parasitic insect (public lice), can be sexually transmitted (Shigella, Molluscum contagiosum, Bacterial Vaginosis).

# Key STI guideline for screening and management

The Australian STI management guidelines

<http://www.sti.guidelines.org.au/>



# What is offered in a standard STI screen?

Screening refers to asymptomatic testing

**Chlamydia and gonorrhoea PCR (NAAT)**

**Urine** – first pass urine: the first part of the stream is collected into a sterile collection jar

Option for people with a vagina to have a self-collected or clinician collected **vaginal swab**  
instead of urine

- Urine or vaginal swab are collected by the patient in the bathroom.

**Syphilis and HIV serology (and Hepatitis B if not immunised)**

**Blood test**

Offer STI screening annually or more frequently depending on risk



# STI screening for men who have sex with men

Chlamydia and gonorrhoea PCR (NAAT) from 3 sites:

1. Urine (first pass urine)
2. Throat swab (can be self-collected or clinician collected)
3. Anal swab (can be self-collected or clinician collected)

Serology for syphilis, HIV and Hepatitis A and B (unless vaccinated)

Blood test

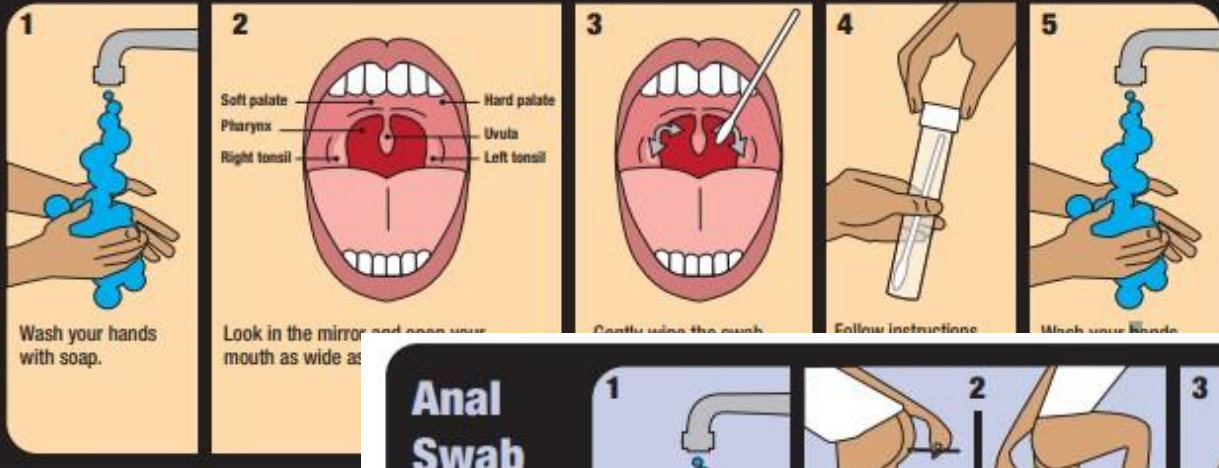
Offer STI screening 3 monthly

# Patient self-collection of swabs

## Vaginal Swab



## Throat Swab



## Anal Swab



# What is not offered in a standard STI screen

- Herpes (HSV) serology
- Hepatitis C serology
- Mycoplasma genitalium swab
- Mpox swab

# Treatment principles for positive STI results

Refer to STI guidelines <http://www.sti.guidelines.org.au/>

1. Antibiotic/anti-viral treatment
2. Contact tracing and DHHS notification
3. Follow up

# STI screening case scenarios

Tom is a 18-year-old gay male who presents for STI screening. His last test was 6 months ago, which was HIV negative. He has been vaccinated for Hepatitis A and B.

What testing do you recommend:

- A. HIV and syphilis serology
- B. HIV and syphilis serology, urine chlamydia and gonorrhoea PCR
- C. HIV and syphilis serology, urine, throat and anal chlamydia and gonorrhoea PCR

Safiya is a 16-year-old female who presents for STI screening. She has never had an STI test before. She is up to date with routine vaccinations.

What testing do you recommend:

- A. Urine or vaginal swab chlamydia and gonorrhoea PCR
- B. HIV and syphilis serology, urine or vaginal swab chlamydia and gonorrhoea PCR
- C. HIV and syphilis serology, urine or vaginal, throat and anal chlamydia and gonorrhoea PCR



# Sex and the law

[www.shvic.org.au](http://www.shvic.org.au)

# Health Pathways



## Disclosure by Child or Young Person of Sexual Abuse

See also:

- [Child or Young Person Sexual Abuse – Caregiver Concern](#)
- [Child Abuse and Neglect](#)
- [Child or Young Person Sexual Abuse – Health Professional Concern](#)

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### Background

[About disclosure by a child or young person of sexual abuse](#) ▼

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### Assessment

#### Practice point

##### Avoid over-questioning

It is only necessary to gain sufficient information to guide management.

1. Create a [confidential, trauma-informed, and safe space](#) ▼ where the patient can feel safe to discuss previous sexual abuse.
2. Be aware of the role of the general practitioner in the assessment of children suspected to be at risk of abuse or neglect:
  - Identify any injuries that need immediate medical attention.
  - Assess the child's immediate safety.
  - Gather enough information to:
    - decide whether there are indications for referral or reporting, including whether the threshold for [mandatory reporting](#) ▼ is met.
    - make a referral or report to appropriately trained services for the assessment of child abuse and neglect.

# Stella, 15

Met Stella earlier

She has a boyfriend of 3 months and is sexually active

She has been using condoms sometimes

Was concerned about an STI and results have since come back showing chlamydia

## Issues:

- How can we decide if Stella can consent to treatment?
- How can we decide if Stella can consent to contraception?



# Consent to medical treatment

## ‘The Competent Minor’

- The age of legal majority in Australia is 18 years
- There is no assumption that those under 18 are able to consent, or not able to consent, to medical treatment. There is no younger age limit defined in law.
- The Common Law applies across Australia

Common law states that a young person (<18 years) **might** be able to give informed consent, although the Health Practitioner must consider:

- the nature of the treatment proposed, and
- the ability of the young person to understand the treatment

# Consent to treatment: Mature minor

1985 (UK): *Gillick 's Case* the legal capacity of minors to consent to medical treatment was established in English law in 1985.

A young person under 18 years of age is legally competent to consent to medical treatment if they are capable of understanding the nature and consequences of that treatment.

We refer to a young person fulfilling this requirement as “Gillick Competent” or a **mature minor**.

# Consent to treatment: How to assess competency

The health professional must form their own opinion about a patient's intelligence and understanding.

## How do you assess this?

Consider factors such as:

- Age
- Level of schooling
- General maturity in speech and bearing
- Level of independence from parents
- Ability to express their wishes



# Consent to treatment: How to assess competency

You need to be satisfied the person understands:

- what the treatment is for
- other treatment options
- the risks vs benefits of the treatment
- possible side effects of the treatment and
- consequences of not treating

## Documentation:

- HEADSS assessment or similar
- Assessed to be “Gillick competent” or “mature minor”
- Discussion about whether the young person feels able to discuss with their parent/guardian or other appropriate adult

# Consent to treatment: The Fraser Guidelines

**Fraser guidelines** specifically relate only to contraception and sexual health.

The practitioner needs to:

- establish that the young person understands the advice and relevant clinical information
- believe that the young person is likely to begin or continue to have sex with or without contraception
- believe that the young person's physical or mental health or both are likely to suffer if the request for contraception is denied
- believe it is in the young person's best interests to prescribe contraception and maintain confidentiality
- discuss with the young person the benefits of discussing with their parent/s or guardian

# Stella, 15

Met Stella earlier

How can we best explore if this sex is consensual or if mandatory reporting is required?



# Unwanted sex

39.5% of all sexually active year 10-12 students report that they have had sex that they didn't want to have at some time in their lives

- Males 21.3%
- Females 44.5%
- Trans and non-binary 55.4%

The most common reasons cited for having sex when they did not want to were:

- Verbal pressure (65.2%)
- Worried about negative outcomes of not having sex (40.7%)
- Physically force to have sex (31.9%)
- Too drunk or high to consent (28%)



# Age and Consent to Sex in Victoria

**<12 yrs:** it is a criminal offence for anyone to have sex with anyone under 12 yrs of age

**12-15 yrs:** a person cannot have sex with someone if they are more than two years older than the young person (however, it may be a legal defense if that person honestly believed that there was less than a 24 month age gap)

**16/17 yrs:** may consent to sex with an older person as long as they are not under their care or supervision (includes teachers, youth workers)

Sex must be consensual.

Consensual sex between peers rarely results in legal prosecutions. Sexual exploration with mutual agreement between same or similar-aged peers is a legal defence in Victoria

# The consent continuum



Enthusiastic consent 😊 - means both people want to have sex

Compliance - means the compliant person is just going along with the idea of sex because they might not know how to say no or believe it is easier than saying no

Pressure - refers to one person talking the other into it and making them feel too uncomfortable about saying no

Coercion - implies the outcome for not having sex is worse than

having

Force - Force is having/taking sex against someone without their permission. It is rape and is a crime. Most rapes are committed

by someone

the victim knows. It is never the victim's fault



# Affirmative Consent Law

- If someone wants to engage in a sexual act with another person, they must actively gain consent, rather than rely on the other person to give their consent
- If a sexual assault is alleged, the burden of proof of consent is the responsibility of the alleged perpetrator, not the alleged victim survivor
- “What did I do to confirm that the person was consenting to sexual activity?”
- Includes stealthing (non-consensual condom removal) as a sexual offence
- **Also affirms a person’s right to withdraw consent at any point. If someone consents to one sexual act, it doesn’t mean they’ve consented to other sexual acts**
- If someone doesn't feel safe or respected about withdrawing their consent, then that is not consensual sex

# Trauma is common

- Sexual assault: over 1 in 5 (22%) of Australian women have experienced sexual violence since the age of 15 (ABS 2022)
- Intimate partner violence: on average, a full-time GP sees five women per week who have experienced IPAV in the last 12 months, 1 in 3 women in their lifetime (RACGP White Book, 5th Edition)



*Not all patients will disclose to you, but most important is making sure that patients always feel safe – consider a "universal precaution" approach to anything that may be considered sensitive*

# Trauma informed care – principles

## Patient-centred care, to "do no harm", with trauma-awareness

Experiences of trauma involve a loss of autonomy and safety, and recovery from trauma is about empowering and validating patients

- Actively promote recovery – empower the patient, placing their concerns at the center of their care
- If someone discloses: validate. Everyone deserves to feel safe. Disclosing is an act of bravery, and shows trust in you as a clinician. Acknowledge the seriousness of what they have told you.
- Avoid practices that may inadvertently re-traumatise

# Mandatory reporting

## Children, Youth and Families Act 2005 (Victoria)

- Certain professionals (including doctors, nurses, psychologists, social and welfare workers, youth workers and teachers) are required to report to DFFH cases of child physical or sexual abuse that they become aware of in the course of their employment
- Applies to all young persons <17 years of age (ie 16 years and under)
- Mandated to report **harm**, not under-age sex
- A report must be made as soon as possible
- Able to discuss any concern informally with a Child Protection Officer: After hours number 131278 (24 hours on weekends)
- Business hours (Mon to Fri) contact:

**North Division:** [1300 598 521](tel:1300598521)

**South Division:** [1300 555 526](tel:1300555526)

**East Division:** [1300 360 452](tel:1300360452)

**West Division:** [1300 360 462](tel:1300360462)

<https://services.dffh.vic.gov.au/child-protection-contacts>

# Mandatory reporting scenarios – is mandatory reporting required?

1. Ben, age 16 years, tells you that his step-father has hit him on two occasions and that he is fearful that he will be hurt again if his step-father becomes angry.

**Yes**, Ben is aged **under 17** and he is **at risk of harm** from **physical abuse**

2. Mia, age 19 years, tells you that her boyfriend has pressured her into types of sexual activity that she doesn't feel comfortable with.

**No**, Mia is **over 16** years of age, so mandatory reporting does not apply

3. Jess, age 15 years, is having consensual sex with her boyfriend, aged 16 years

**Probably not**, Jess is having **consensual sex with a peer**. Unless you determine that she is at risk of harm, this doesn't require mandatory reporting.

4. Ellie, age 15 years, is having sex with her tennis coach, aged 20 years

**Yes**, Ellie is under 17 and is having sex with someone in a **supervisory or carer role** where there is a power imbalance. Even if Ellie feels the sex is consensual this would require mandatory reporting because she is **at risk of harm** from sexual abuse

# Failure to Disclose Legislation

All adults in **Victoria**:

“...who form a reasonable belief that a **sexual offence** has been committed **by an adult** against a child **under 16** has an obligation to report that information to police.”

Crimes Amendment (Protection of Children) Act 2014

Registered medical practitioners are exempt if they become aware of a sexual offence during a consultation with the victim (not with the perpetrator). Nurses and medical students are not exempt.

<http://www.gvcasa.com.au/documents/failure+to+disclose.pdf>



# Case Study – Mandatory Reporting

[www.shvic.org.au](http://www.shvic.org.au)

# Meet Morgan



- Morgan is 15 years old and attends your clinic for advice on contraception
- Morgan discloses to you that her partner, Tom is 19

# Questions to consider

Q1. Does this need to be reported under **Mandatory Reporting** legislation? What else would you need to know?

Q2. Does the **doctor** seeing the patient need to report under **Failure to Disclose** legislation?

Q3. Does the **nurse** seeing the patient need to report under **Failure to Disclose** legislation?

Q4. If the doctor or nurse saw Tom as the patient and he disclosed that his partner Morgan is aged 15, do you need to report under **Failure to Disclose** legislation?

# Take home messages:

1. These situations can be isolating, we don't have to do it alone and it's a good idea to access support
2. These situations are not always black and white
3. You can call and ask to have a hypothetical discussion with child protection
4. We need to be thoughtful about our actions but ultimately our goal is to protect young people

# Questions

[www.shvic.org.au](http://www.shvic.org.au)

# Useful STI resources

STI Management Guidelines <http://www.sti.guidelines.org.au/>

NSW Health Specimens for STIs card

<https://pro.playsafe.health.nsw.gov.au/wp-content/uploads/2024/09/Swab-Self-Collection-Chart-2020.pdf>

ASHM Decision making in Syphilis [https://ashm.org.au/wp-content/uploads/2023/08/FINALSCREENDecision-makinginsyphilis\\_V2.2\\_Nov21-1.pdf](https://ashm.org.au/wp-content/uploads/2023/08/FINALSCREENDecision-makinginsyphilis_V2.2_Nov21-1.pdf)

ASHM Decision making in PrEP <https://ashm.org.au/resources/decision-making-in-prep/>

Melbourne Sexual Health Centre GP advice line – for GPs to seek advice from a sexual health physician, available Mon-Fri 8.30am-12.30pm, 1.30-5pm Call on [1800 009 903](tel:1800009903)





# Mandatory reporting resources

## Victoria

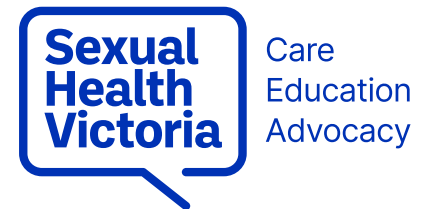
<https://providers.dffh.vic.gov.au/mandatory-reporting>

## Factsheets:

- <https://providers.dffh.vic.gov.au/mandatory-reporting-child-protection-victoria-generic-factsheet>
- <https://providers.dffh.vic.gov.au/mandatory-reporting-child-protection-victoria-frequently-asked-questions>

# Thank you

[www.shvic.org.au](http://www.shvic.org.au)



# Session Conclusion

We value your feedback, let us know your thoughts.

Scan this QR code



*You will receive a post session email within a week which will include slides and resources discussed during this session.*

*Attendance certificate will be received within 4-6 weeks.*

*RACGP CPD hours will be uploaded within 30 days.*

*To attend further education sessions, visit,*

<https://nwmpnhn.org.au/resources-events/events/>

*This session was recorded, and you will be able to view the recording at this link within the next week.*

<https://nwmpnhn.org.au/resources-events/resources/>