

Trauma-Informed Primary Care Response to Sexual Assault and Intimate Partner Violence



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Prioritising Safety, Dignity, and Autonomy in Clinical Care

When a patient presents following sexual assault—particularly in the context of intimate partner violence (IPV)—the health response must prioritise safety, dignity, and autonomy above all else. Victim-survivors of IPV often live under coercion, fear, and threats of retribution, and disclosures regarding sexual health can be weaponised by abusive partners.

Victim-survivor accounts highlight the pervasive use of blame and humiliation in abusive relationships, with statements such as, “If you weren’t so ugly, I wouldn’t need to sleep around,” and, “You’ve always been a slut—this just proves it.” As a result, clinical responses must emphasise trauma-informed care, keeping survivor safety as the highest priority.

Clinical priorities in STI screening and disclosure

While STI screening and treatment are clinically important, the timing and context of disclosures are equally critical. Immediate screening results or disclosure of an infection may heighten risk, escalate violence, and intensify shame. It is essential to recognise that if a victim-survivor contracts an STI in what they believed was a monogamous relationship, this constitutes a sexual assault in itself, even when the sexual act may have appeared consensual. Consequently, it is imperative to recognise the immense psychological and emotional strain that is placed on a victim-survivor as they navigate an inherently complex and distressing process.

The first priority for primary care providers is to ensure that the patient’s safety and wellbeing remain paramount. Screening should never compromise safety or wellbeing. Following a recent sexual assault, it is not clinically or ethically appropriate to immediately disclose that a patient may have contracted a sexually transmissible

infection from their partner. At this stage, primary care interventions should focus on empathetic care, validation of the patient's experience, and reassurance. The sequencing of care is critical to ensure safety, reduce distress, and support patient agency in subsequent health decisions.

Baseline testing remains best practice to rule out pre-existing infections; however, many STIs will not be detectable until at least 14 days post-exposure. Follow-up testing for bacterial STIs is recommended after 14 days, with blood-borne virus and syphilis testing at three months. All clinical information should be delivered in clear, supportive terms that restore agency, reduce shame, and allow patients to make informed decisions about next steps.

Managing risk

Victim-survivors who have contracted an STI face unique and heightened risks when considering disclosure to the partner responsible. Immediate disclosure to an abusive partner can significantly increase the risk of coercion, escalation of violence, and psychological harm. Consequently, clinical responses must emphasise trauma-informed care, ensuring that survivor safety is maintained above all other considerations.

Effective support for survivor decision-making requires a comprehensive risk assessment conducted by trained professionals. This assessment should evaluate the potential for further harm, including threats, blame, or punitive responses from the abusive partner. Victim-survivors benefit from engagement with a multidisciplinary support network, including family and sexual violence advocates, trauma-informed counsellors, and sexual health clinicians with expertise in IPV-informed practice. Such collaboration enables survivors to access both emotional support and practical guidance for navigating sexual health concerns in the context of abuse.

Restoring agency and promoting recovery

Empowerment and preparation are central to supporting survivors who may consider communicating with an abusive partner about an STI. Interventions should focus on enhancing victim-survivor agency, providing strategies for safe communication, and rehearsing potential interactions in a controlled, supportive environment. This may include neutral language scripts, clarification of legal and medical information, and discussion of options for mediated communication when appropriate. Survivor choice must be respected at every stage, recognising that in some cases disclosure may not be safe or necessary.

Ongoing support following disclosure—or following decisions not to disclose—is equally critical. Survivors require continuous access to sexual health care, counselling, advocacy, and safety planning. Baseline and follow-up STI testing, provision of clear medical information, and emotional support are all essential components of a trauma-informed response. By prioritising safety, agency, and comprehensive professional support, clinicians can facilitate informed decision-making, reduce the risk of further harm, and contribute to the survivor’s long-term health, wellbeing, and recovery.

More information including on how General Practices and Aboriginal Health Services can connect with the service is available at Engender Equality on 03 6268 1663, admin@pcfsv.org.au or <https://engenderequality.org.au/pcfsv/>.