

# The Medical Journal of Australia • MJA

# MEDIA RELEASE

## **SETTING THE RECORD STRAIGHT ON ABORIGINAL STI RATES**

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THE automatic assumption that sexually transmissible infections in young Aboriginal and Torres Strait Islander people are a result of sexual abuse further stigmatises them and discourages them from presenting to health services, according to the authors of a Perspective published online by the *Medical Journal of Australia*.

“Aboriginal people living in remote communities often face the brunt of public scrutiny because of careless reporting on sensitive issues,” wrote the authors, led by Professor James Ward, Director of the Poche Centre for Indigenous Health at the University of Queensland.

Ward and colleagues wrote that the median age of sexual debut was about 16 years for both Aboriginal and non-Indigenous Australians.

“This means that about half the population engages in first sexual activity earlier than the legal age of consent in most jurisdictions (currently 16 years),” they wrote.

“Therefore, young people living in non-remote areas are having sexual relationships too, but due to lower rates of infection, they may not encounter an STI at their first sexual relationship. It is the diagnosis of these STIs which people are linking with child sexual abuse in the public discussion.”

The authors named four factors affecting STIs in remote Aboriginal communities:

- poorer outcomes in known determinants of health, such as education, health care access, income and employment;
- age is a specific risk factor for STI transmission; only one third of non-Indigenous Australians are aged under 25 years, compared with over half of Aboriginal people;
- specific determinants of STI risk, such as age of sexual debut, number of sexual partners, mobility of population, alcohol and drug use, and condom use, contribute to the prevalence of STIs in Aboriginal people; and,
- in most remote areas, STIs are tested and treated by busy remote primary health care clinics, with high staff turnover and with support from sexual health teams or specialists often located hundreds to thousands of kilometres apart.

“While we cannot be certain that all STIs diagnosed in young people aged less than 16 years — especially those aged 13–15 years — were the result of consensual sexual relationships with their peers, the age of sexual debut and underlying community prevalence contextualises STI rates to some extent and, in future, should be apparent in the public discourse on this issue,” Ward and colleagues wrote.

“There should be no automatic assumption that STIs in young people mean sexual abuse; doing so further stigmatises young people and discourages them from presenting to health services for routine STI screening for fear of further investigation with authorities associated with mandatory reporting.”

Ward and colleagues wrote that more transparent reporting on child sexual abuse, “such as outlining the number of cases where the report is due to a 2-year age difference, would assist in the correct interpretation of the data, allowing targeted community education”.

“The conflation of child sexual abuse with STIs and vice versa is incorrect and continues to be reported,” they concluded.

“It is our hope that public discourse on this matter into the future is addressed more sensitively and that greater efforts are directed to dealing with these important issues by working in partnership with affected communities.”

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