



HIV/AIDS and Sexual Violence

Sexual violence is any act (verbal and/or physical) that is sexual in nature and violates a person's trust and/or safety. The term "sexual violence" includes date/acquaintance rape, partner rape, caregiver sexual assault/abuse, stranger rape, incest, molestation, child sexual abuse, sexual harassment, exposure, voyeurism, and more. Sexual contact becomes assault when a person is unable to or does not consent to an activity. Victims/survivors of sexual violence can be forced, coerced, and/or manipulated into participating in a sexual activity. Some assaults involving physical contact may expose victims/survivors to HIV (Human Immunodeficiency Virus) infection.

HIV is the virus that causes AIDS (Acquired Immune Deficiency Syndrome). HIV attacks and damages the immune system, placing a person at increased risk of infection. The virus can be transmitted through blood, semen, vaginal fluids, and breast milk. Sexual assault victims/survivors who have questions about their possible exposure to HIV or who are considering HIV testing can call the Wisconsin AIDS hotline at 1-800-334-2437.

Sexual Violence and Exposure to HIV/AIDS

Although victims/survivors of sexual assault face potential exposure during the assault, the risk of infection from a single assault is low. However, a history of sexual abuse increases the exposure, and thus the risk, of contracting HIV. Transmission of the virus is possible if the perpetrator is infected with HIV or has AIDS and if the victim comes into direct contact with blood, semen, pre-ejaculation fluid, or vaginal fluid of the perpetrator. Victims/survivors of sexual assault who struggle with its effects may abuse substances or have earlier and/or unsafe sexual experiences with a greater number of partners. These behaviors increase the risk of contracting HIV.

Victim/Survivor Testing

Victims/survivors should consider getting a baseline test soon after the assault to determine their pre-assault HIV status. It is recommended that this test be taken separately from the medical examination conducted at the hospital to ensure that it does not become part of the medical record used as evidence in the criminal trial. Testing should be conducted at a facility that offers anonymous testing as well as pre- and post-test counseling. Follow-up tests 3 months, 6 months, and 1 year after the baseline test will indicate any change in HIV status that may be due to the assault. Due to the psychological stress that results from sexual assault, greater numbers of people are tested than actually contract HIV.

Mandatory Testing of Alleged Perpetrators

Victims/survivors can ask the District Attorney to request that the court mandate HIV testing of the alleged assailant, regardless of whether the alleged assailant is a juvenile or an adult. The DA must have probable cause to believe that the victim/survivor was significantly exposed to potentially

This information sheet was compiled in 2002 by the Wisconsin Coalition Against Sexual Assault (WCASA). WCASA is a membership organization of sexual assault centers, other organizations, and individuals throughout Wisconsin working to end sexual violence. For information sheets on other topics or to become a member, contact WCASA 600 Williamson St., Suite N-2, Madison, WI 53703, (608)257-1516, www.wcasa.org. For more information about sexual assault or to receive support with a sexual assault experience, contact your local sexual assault program. This sheet may be reproduced in its original format only.

infectious body fluids. There are restrictions on the time period during which the DA can make this request, so victims/survivors should make their wishes known as early as possible. If the test is ordered, results are disclosed to the victim/survivor (or her/his parents, if in the best interests of a minor) and may be released to her/his doctor.

Considerations About Mandatory Testing for HIV

- * Testing may give victims/survivors greater peace of mind, and/or may allow them to take early steps to protect their health.
- * Representatives from the legal system do not generally have expertise in HIV/AIDS counseling and education. It is important that the victim/survivor seek out these services.
- * Having the alleged perpetrator tested will only tell you whether she/he had detectable levels of HIV in her/his blood at the time of the assault. It will not indicate whether the victim/survivor has become infected.
- * Results of an HIV test are not admissible in a victim impact statement and will not influence sentencing decisions.
- * The DA and the court make the mandatory testing decision. It is not automatically the right of the victim/survivor.

If You Test Positive

- * Build a good working relationship with a doctor who will help you monitor your health. Early intervention may slow the onset of illness.
- * Learn about safer sex and safer drug use practices to avoid spreading the virus to others.
- * Contact your local AIDS service organization to find out what programs and services they offer.

Facts:

- * A 1998 survey of publicly funded healthcare sites by the Center for Disease Control (CDC) revealed that 1.1% of women who were victims/survivors of sexual assault had been tested for HIV. 0.5% of those tested were infected with the virus. "HIV Counseling and Testing in Publicly Funded Sites." 2001. Centers for Disease Control and Prevention.
- * The same study showed that 0.1% of male victims/survivors of sexual assault were tested for HIV, and 0.0% tested positive. "HIV Counseling and Testing in Publicly Funded Sites." 2001. Centers for Disease Control and Prevention.
- * The CDC also reported that 74.1% victims/survivors of sexual assault who tested positive for HIV received posttest counseling. "HIV Counseling and Testing in Publicly Funded Sites." 2001. Centers for Disease Control and Prevention.
- * Among sexually active adolescents, those with a history of abuse are three times less likely to report consistent condom use. Brown, L.K. 2000. "Impact of sexual abuse on the HIV-risk-related behavior of adolescents in intensive psychiatric treatment." *The American Journal of Psychiatry*. Vol. 157: 1413-1415.
- * Adolescents with a history of abuse are significantly less likely than their peers to have knowledge of the risks surrounding HIV. They report less condom self-efficacy, higher rates of sexually transmitted infections, and higher rates of drug use. Brown, L.K. 2000. "Impact of sexual abuse on the HIV-risk-related behavior of adolescents in intensive psychiatric treatment." *The American Journal of Psychiatry*. Vol. 157: 1413-1415.

* Damage to the anal or genital area has been proven to facilitate the transmission of HIV. 40% to 87% of women who are sexually assaulted show signs of genital injury. "HIV and Sexual Violence Against Women" (1998). Health Canada.

* The risk of HIV transmission from a sexual assault is estimated to be greater than 0.2%. "HIV and Sexual Violence Against Women" (1998). Health Canada.

* If a victim/survivor and/or the perpetrator has a sexually transmitted infection (STI), the victim/survivor is three to five times more likely to acquire HIV if exposed to the virus. A history of repeated STIs may increase the risk of HIV infection. "HIV and Sexual Violence Against Women" (1998). Health Canada.