

Sexual assault is defined by the Calgary Communities against Sexual Abuse as including any form of sexual activity without a person's consent. This may include any kissing, fondling, touching, oral/anal sex or sexual intercourse without consent or not stopping sexual contact when asked to and forcing someone to engage in sexual intercourse or any other sexual act¹. Because sexual abuse of children is likely to be under recognized and underreported, sexually abused children are not routinely screened for HIV infection².

HIV AND ABUSIVE RELATIONSHIPS

Emotional abuse in a relationship can indicate actual or potential sexual abuse, and thus the potential for HIV transmission. In an emotionally abusive situation, the person being abused is more likely to experience self-doubt and fear for safety- and be less likely to actually initiate discussion - around safer sex precautions. This increases their risk of contracting HIV if their partner is HIV positive. Even if there is no actual physical violence involved, the threat of violence can pressure someone into unsafe sexual activities³.

Recommendations for HIV-Related Postexposure Assessment of Children within 72 Hours of Sexual Assault⁴:

- Review HIV/AIDS local epidemiology and assess risk for HIV infection in the assailant.
- Evaluate circumstances of assault that might affect risk for HIV transmission.
- Consult with a specialist in treating HIV-infected children if post exposure prophylaxis (PEP) is considered.
- If the child appears to be at risk for HIV transmission from the assault, discuss PEP with the caregiver(s), including its toxicity and unknown efficacy.
- If caregivers choose for the child to receive antiretroviral PEP, provide enough medication to last until the return visit at 3–7 days after the initial assessment, at which time the child should be re-evaluated and tolerance of medication should be assessed; dosages should not exceed those for adults.
- Perform HIV antibody test at original assessment, 6 weeks, 3 months, and 6 months.

Recommendations for Post exposure Assessment of Adolescent and Adult Survivors Within 72 hours of Sexual Assault⁴:

- Assess risk for HIV infection in the assailant.
- Evaluate characteristics of the assault event that might increase risk for HIV transmission.
- Consult with a specialist in HIV treatment, if PEP is being considered.
- If the survivor appears to be at risk for HIV transmission from the assault, discuss antiretroviral prophylaxis, including toxicity and lack of proven benefit.
- If the survivor chooses to start antiretroviral PEP, provide enough medication to last until the next return visit; re-evaluate the survivor 3–7 days after initial assessment and assess tolerance of medications.
- Perform HIV antibody test at original assessment; repeat at 6 weeks, 3 months, and 6 months.

Post-Exposure Prophylaxis (PEP) and Sexual Assault

Post-exposure prophylaxis (or PEP) has become used primarily after occupational exposure to HIV, and increasingly used after sexual assault cases. PEP is the use of AZT and 3TC, plus or minus a protease inhibitor to decrease the likelihood of infection after exposure to HIV⁵.

To date there are no published studies on the effectiveness of HIV post-exposure prophylaxis (PEP) after sexual exposure. There is no direct evidence that HIV PEP after rape prevents transmission. However, there may be certain rape cases where HIV PEP should be prescribed or at least considered. While we wait for more definitive clinical studies, HIV PEP after rape should be considered on a case to case basis.

The person who has been assaulted must be given the best information available so that they may make an informed decision. If PEP is to be utilized, treatment should begin no later than 72 hours after exposure and should be continued for 28 days. Treatment should be provided concurrently with a counseling program which takes into account the physical and psycho-social trauma associated with sexual assault⁵.

DISPELLING MYTHS

MYTH: Sexual assault is not a common problem.

FACT: Sexual assault is experienced by Canadian women every day at home, at work, at school and on the street.

- A 1993 Statistics Canada survey found that one-half of all Canadian women have experienced at least one incident of sexual or physical violence. Almost 60% of these women were the targets of more than one such incident.
- A 1984 study found that one in four Canadian women will be sexually assaulted during her lifetime. Half of these assaults will be against women under the age of 16.
- For women with disabilities, these figures may be even higher one study indicates that 83% of women with disabilities will be sexually assaulted during their lifetime.

MYTH: Women lie about being sexually assaulted, often because they feel guilty about having sex.

FACT: Women rarely make false reports about sexual assault. In fact, sexual assault is a vastly under-reported crime. According to Statistics Canada, only 6% of all sexual assaults are reported to police.

MYTH: Sexual assault is most often committed by strangers.

FACT: Women face the greatest risk of sexual assault from men they know, not strangers. Of the women who are sexually assaulted, most (69%) are sexually assaulted by men known to them dates, boyfriends, marital partners, friends, family members or neighbors.

For example, four out of five female undergraduates recently surveyed at Canadian universities said that they had been victims of violence in a dating relationship. Of that number, 29% reported incidents of sexual assault.

When a woman knows the man who sexually assaults her, it is less likely that it will be recognized as a crime, even by her. But these sexual assaults are no less a crime than those committed by strangers.

MYTH: Women who are sexually assaulted "ask for it" by the way they dress or act.

FACT: The idea that women "ask for it" is often used by offenders to rationalize their behaviour. It also blames the victim for the crime, not the offender.

Victims of sexual assault report a wide range of dress and actions at the time of the assault. Any woman of any age and physical type, in almost any situation, can be sexually assaulted. If a woman is sexually assaulted, it is not her fault.

No woman ever "asks" or deserves to be sexually assaulted. Whatever a woman wears, wherever she goes, whomever she talks to, "no" means "no". It's the law.

MYTH: It's only sexual assault if physical violence or weapons are used.

FACT: Sexual assault is any unwanted act of a sexual nature imposed by one person upon another. The Criminal Code definition of sexual assault includes a number of acts ranging from unwanted sexual touching, to sexual violence resulting in wounding, maiming or endangering the life of the victim.

Most sexual assaults are committed by a man known to the victim who is likely to use verbal pressure, tricks and/or threats during an assault.

MYTH: Unless she is physically harmed, a sexual assault victim will not suffer any long-term effects.

FACT: Sexual assault can have serious effects on women's health and well-being. A recent survey of Canadian women found that nine out of ten incidents of violence against women have an emotional effect on the victim. Women who have been sexually assaulted feel anger, fear and can become more cautious and less trusting.

MYTH: Women cannot be sexually assaulted by their husbands or boyfriends.

FACT: Under the law, women have the right to say no to any form of sex, even in a marriage or dating relationship. The Canadian Panel on Violence Against Women found that 38% of sexually assaulted women were assaulted by their husbands, common-law partners or boyfriends. Although sexual assault within relationships has been illegal in Canada since 1983, few women report such incidents to police⁶.

REFERENCES

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