Research Update

Sexual assault, or rape, refers to any sexual act between two people in which one person is forced to engage in the act without his or her consent. Rape is not about sexual expression; it is an expression of violence and anger and an attempt to achieve power and control. Studies find that as many as one in three women and one in seven men in the United States is sexually assaulted over the course of a lifetime. At greatest risk for sexual assault are women between 16 and 24 years old.

A person forced to engage in sexual behavior against his or her will is considered a victim of sexual assault. The term “victim” is sometimes used to indicate a person currently in an abusive situation. The word “survivor” is used to define a person as he or she attempts to cope over time with the effects of an attack. Many use it to recognize the healing process.

While some people may imagine rape occurring in the setting of a dark alley where a stranger attacks an unsuspecting woman, this is not the reality of most assaults. Sexual assault occurs in many settings, and assailants can be friends, lovers, spouses, parents, or other relatives of those who are attacked; 85% of people attacked know their assailants. While most instances of sexual assault are committed by men against women, men are also assaulted, and some women commit sexual assault. Sexual assault occurs among people of all ethnicities, sexual orientations, and socioeconomic levels.

Societal stigmas attached to sexual assault and a historic lack of response from the legal and justice systems have led many people not to report sexual assault crimes. Only an estimated 10% of sexual assaults are reported to police. Fewer than 40% of reported incidents are prosecuted, and only 3% of prosecutions result in conviction.

HIV Transmission and Assault

Little research has been conducted on the rates or risks of HIV transmission through sexual assault. As a result, health service providers have relied upon anecdotal information in assessing and discussing infection risks.

Service providers anecdotally suggest that the HIV infection rate for women who have been raped by men may be higher than the rate of heterosexual transmission in the general population. Service providers make this suggestion based partly on the idea that the forced nature of vaginal and anal...
penetration during an assault may lead to tissue trauma, increasing the risk of HIV transmission. In addition, because of the inherently violent nature of sexual assault, assailants often have little respect for the health risks they pose to their victims.

Many victims of sexual assault do not consider or discuss the possibility of HIV infection. Some rape counselors do not discuss HIV, perhaps because they feel that they are not trained to provide appropriate services or they are concerned that discussing HIV may unreasonably raise fears among clients. However, there are compelling reasons to address HIV infection risks promptly, even though the immediate shock of sexual assault may inhibit a victim’s ability to discuss what has happened or to give informed consent for an HIV test. Most importantly, victims often do not return for follow-up visits with rape service providers and so may never receive adequate HIV education or counseling.

Societal Biases about Sexual Assault

People who have been sexually assaulted face not only the distress of being attacked but also the societal attitudes that discount the severity of assault and blame victims for the violence of assailants.

Recent research indicates that people empathize less with the distress of women who have been raped by an acquaintance than those women who have been raped by a stranger. Women who are raped by an acquaintance are more likely to be blamed, and to blame themselves, for “allowing” the sexual assault to occur. A random survey of American men found that, in instances of acquaintance rape, these men were more likely to consider female victims, rather than male assailants, as being responsible for the assault.

According to a survey that measured views toward victims of acquaintance rape in various scenarios, the threat of HIV infection has created added biases against some victims of sexual assault. In the survey of female college students, participants believed those infected with HIV during assault were less respectable than assault victims who did not become infected during assault. Survey participants also were more likely to judge as being at fault those raped by someone the victims knew to have AIDS compared to someone they knew did not have AIDS.

Many people do not recognize that men can be victims of sexual assault. Others may incorrectly believe that sexual assault of men occurs only in jails or prisons, or only to men who are gay. These beliefs result from a variety of misconceptions. For instance, many people expect men to be powerful enough to defend themselves against sexual assault. In fact, most people, regardless of gender, are unable to defend themselves when physically attacked.

Domestic and Childhood Assault

Numerous factors complicate attempts to deal with sexual assault that occurs within existing or primary relationships. These include loyalty to and dependence on a partner and low self-esteem. Both of these factors may subject partners to repeated assaults. Emotional and economic attachments to an attacker can make survivors of sexual assault especially likely to blame themselves for the attack. Abusive partners often encourage victims to blame themselves, claiming violence to be an “appropriate punishment” for disobedience. In addition, those being abused within relationships often assign blame to themselves as a rationale for not leaving harmful relationships.

Sexual assault of children has taken on additional consequences as a result of the threat of HIV infection. In a study of 96 HIV-infected children, 14 of the children were confirmed to have been sexually abused; sexual assault was the proven method of transmission in four of these cases. In a survey of service providers who work with sexually abused children, providers reported that 41 of 5,622 children who received HIV tests were positive. In 28 of these cases, sexual assault was the only HIV risk factor. Given the presence of 6,611 pediatric AIDS cases reported in the United States through June 1996, and thousands more children estimated to be infected with HIV, research suggests that many more cases of HIV infection may have resulted from child sexual assault.
In addition to posing an immediate risk of HIV infection, childhood sexual assault negatively impacts psychological and social development. Psychological trauma resulting from childhood assault can lead to unsafe behaviors in adulthood. Men and women who have been sexually abused as children are more likely than others to work in the sex industry, to abuse substances, to have compulsive sexual patterns, and to have a history of STDs. In addition, they are likely to engage in sex with “casual” acquaintances more often than those who do not have a history of being sexually abused, and they can be at risk for later abusing others.

Studies have estimated that before age 18, one in four girls and one in six boys in the United States has been sexually assaulted, while only about one-third of all cases are reported to authorities.

Ethical and Legal Issues

While laws exist to protect people who have been sexually assaulted, legal experts state that these laws provide limited protection to victims and these laws are subject to abuse. For instance, alleged assailants often gain access to survivors’ medical and psychological records, including HIV test results, during court proceedings. Such material can then be used to discredit someone who has been assaulted.

A 1994 California law requires that convicted assailants be tested for HIV and that victims have access to test results. Considering the small percentage of sexual assailants who are convicted, however, mandatory testing laws have limited value.

HIV Treatment and Prophylaxis

Protocols for health care workers call for taking anti-HIV treatments immediately following occupational exposure to HIV. This is based on research that indicates immediate treatment may prevent HIV infection. Treatment advances have reinforced adherence to such protocols.

However, partly because questions remain unanswered about the effectiveness of prophylaxis and the possible negative effects of drug treatments, there are no standard protocols for others, including people who have been sexually assaulted. Health care providers and researchers have discussed the issue of post-exposure prophylaxis for those who have been sexually assaulted, and, in light of recent treatment advances, discussions continue. One report suggests that decisions about whether to initiate prophylaxis following sexual assault should be based on a risk assessment of the exposure, taking into account such things as the serostatus of the assailant, if this is known, and the type of exposure.

Related Issue: Effects of Sexual Assault

Sexual assault can affect a person in many ways. Survivors of sexual assault experience grief, irritability, anger, fear, depression, sadness, denial, and self-blame related to the assault. A history of assault can lead to patterns of self-destructive behavior, such as suicide attempts, isolation, and increased exposure to violence. Also, recent research suggests that sexual abuse may predispose a person to substance abuse. Researchers suggest that alcohol and other drugs are used as coping strategies to deal with the range of stress that survivors might experience.

In the absence of support and counseling, survivors may feel powerless in subsequent sexual encounters, and may develop a pattern in their relationships in which sexual or physical abuse continues and feelings of helplessness are reinforced.

A person who has been sexually assaulted is also likely to experience rational fears related to the genuine threat of HIV infection. Forty percent of the sexual assault survivors participating in one large study reported fears of being infected with HIV through the sexual assault. Partners of rape victims also expressed heightened fears of infection for themselves.

A survivor’s level of concern is affected by perceptions of how his or her social network would react to HIV infection. For instance, someone who is in a supportive environment likely will have decreased fears of being infected compared to someone in an unsupportive environment. Even with an HIV test, fear and anxiety related to possible HIV infection are unlikely to diminish unless testing is accompanied by thorough counseling.

Sexual assault can affect a person’s views toward sexual expression and sexual identity. For instance, after being assaulted, people may develop the belief that all sexual expression is assaultive. Some gay men assaulted by other men may experience internalized homophobia and feel that because they are homosexual they are somehow responsible for attracting an assailant. Some heterosexuals may feel their heterosexuality to be challenged by an assailant of the same gender.
Implications for Counseling

When clients disclose that they have been sexually assaulted it is important for counselors to do the following: listen and provide support for the disclosure; assess needs and provide referrals for support and other services; evaluate HIV infection risks from the assault; evaluate the appropriateness of testing; and validate clients’ desires and decisions of whether to test. To the extent possible, offer referrals that might help clients reduce the risk of future assault.

Counselors may have good reasons to feel hesitant about discussing sexual assault with clients. They may believe they do not have enough knowledge or they may have unresolved feelings from personal experiences of being assaulted or knowing friends or family members who have been assaulted. They may fear that these feelings will interfere with their ability to provide objective, detached support. An HIV test counselor is not expected to be an expert on the subject of sexual assault, but he or she is responsible for assessing a client’s HIV infection risks, supportively listening to a client, and providing referrals.

Client Disclosure and Assessment

For a variety of reasons, some clients who have been sexually assaulted may not wish to disclose this to an HIV counselor. They may feel ashamed, they may not believe that a discussion of sexual assault is relevant in an HIV test counseling session, or they may not want to bring up the painful experience in a “casual,” one-time counseling session. In addition, they may be afraid to acknowledge to themselves the possibility of having been infected by an assailant.

Other clients, even if they have never before disclosed their assault, may be particularly forthcoming in an HIV test counseling session. They may feel that as a result of the anonymity or confidentiality offered in the test counseling session, they can freely disclose it.

In the risk assessment session, assess the possibility that clients have been sexually assaulted. Be alert to the possibility of sexual assault when a client describes a sexual setting in which he or she has had sex without consent even if he or she does not consider such an act to be rape. Also be mindful of the possibility of sexual assault when a client discusses genital, vaginal, or anal injuries without offering an explanation for their occurrence. A client may be afraid to view him or herself as not having control over a given situation or a client may fear placing blame on a partner. Acknowledging a lack of control over a violent and abusive situation can be a frightening experience.

Counselors in confidential settings are required by state law to report to law-enforcement authorities cases in which they reasonably suspect a client is suffering physical injury as a result of current or ongoing assaultive or abusive conduct. This law does not apply in anonymous counseling and testing settings.

After an assault, it is important that a person seek services immediately from a rape counseling and treatment center and that a person receive a medical exam, which can detect pregnancy and the presence of STDs as well as evaluate physical trauma.

The Effects of Sexual Assault

It is important for counselors to understand the ways in which sexual assault can affect a person’s life, particularly as these relate to sexual expression and HIV risks. Be aware of the feelings of powerlessness and threat that occur during the assault and afterwards.

Recognize that responses to sexual assault involve immediate fears expressed by feelings of shock, fear, disbelief, anxiety, and vulnerability. When fears of HIV infection emerge, a victim’s reactions may intensify. Help clients understand these feelings as normal given the severity of what has happened, and be supportive of the range of feelings a client may experience.

In supporting clients, be aware of, and help clients understand, the following:

Being raped is never the victim’s fault. People often blame themselves and view themselves as having less value as a result of being attacked. Families, friends, partners, and others in society may promote such harmful views. Help clients understand that these views are not correct, while acknowledging clients’ feelings of shame and self-blame.

It takes time to heal. The effects of sexual assault can be long-lasting, and the process of physical and emotional recovery can be slow and difficult. Regardless of when a person was sexually assaulted, anxiety about being infected with HIV during rape may not diminish even after a person receives a negative test result. When this occurs, ongoing counseling becomes especially important.

Support is important. While people who have been sexually assaulted may express a desire to be alone, support can be especially valuable in reducing feelings of isolation or vulnerability. Determine whether a client has received support, either formally or from friends or family, and offer referrals to a rape crisis center or hotline. Emphasize the value of talking to someone the client trusts, but accept that clients may be unwilling to disclose an assault to others. There are times when clients might feel that no one in their lives can be trusted. This feel-
ing may be heightened when a person has been assaulted by someone he or she once trusted.

**Sexual Assault and HIV**

While survivors may have received support from rape service providers, they may have never discussed HIV infection risks related to the assault or received education about HIV testing. It is important to discuss with clients the specific acts that occurred during the assault in order to assess possible HIV infection risks. In some cases, clients may not realize that behaviors they were forced to engage in posed a risk for HIV infection. In other cases, behaviors might not have involved HIV infection risks, but clients may fear, nonetheless, that they were exposed to HIV.

In order for a client to discuss risks associated with an assault, it is important to create an environment that supports disclosure and to convey to the client that he or she did not cause the assault. Explain to the client that he or she can also receive support, education, and referrals regarding HIV risks that are related to sexual assault.

Help clients understand that sexual assault may affect a person’s subsequent sexual behaviors, including HIV risk behaviors. For instance, someone sexually assaulted as a child may unconsciously view abuse as “normal” and may subconsciously seek abusive environments in which he or she is at greater risk for assault or unsafe sex. Someone who has been sexually assaulted may wish to be sexual but be afraid of having any sexual contact, and may need more extensive counseling. A person in an ongoing relationship who has been sexually assaulted by someone other than a primary partner may feel unable to disclose the sexual assault to this partner, yet engage in unprotected intercourse within the relationship and potentially place the partner at risk.

Clients may report incidents in which they have been willing to engage in safer sex with someone, but were instead forced to engage in unsafe sex with that person. They may, therefore, not see the act as an assault. Assess clients’ reasons for not viewing this as a violation and help them see that this is an assault. Make clear to clients their right to refuse to engage in sex or specific sexual behavior with partners.

Emphasize the role of communication between partners about safer sex and behaviors in which each partner is willing to engage. Explore clients’ ability to assert their needs for safer sex and their options when partners violate or attempt to violate these boundaries. Recognize that people in abusive relationships may feel little control, hope, or power either to be respected in their relationships or to leave relationships. Provide referrals, when appropriate, to counseling centers that deal with domestic violence and to shelters for those who are abused.

**HIV Testing**

Help clients understand both the value and the limitations of HIV testing related to sexual assault. Rape service providers generally recommend that those who have been sexually assaulted seek an HIV test within one week of the assault to establish a baseline for determining whether they were infected during an assault. Such a test might be used in criminal proceedings or in receiving government financial support. Testing in a timely manner can also be useful in easing feelings of anxiety or fear a person may have about the testing process. Acknowledge the value of this approach, but make sure clients understand that it may take as long as six months after an assault before HIV testing can conclusively prove the absence of HIV infection. Service providers often recommend that, after a baseline test, those at risk for infection through sexual assault should test again midway through the six-month “window period” of infection and then again when this period has passed.

People need to make a series of choices about testing. If they want to use test results for criminal or civil proceedings at any point in the future, they should be tested in a confidential setting. For example, testing at a physician’s office or a private medical clinic, where records of testing exist, ensures that test results can be available for legal proceedings; if clients want the greatest protection of privacy, they can test at an anonymous site, but this information would not be accessible to a court. Explain to clients that if their HIV testing is documented, they may lose protections of confidentiality or anonymity, and they should discuss these options with an attorney and a rape crisis counselor.

In some cases, clients may wish to test anonymously prior to choosing to document their status for criminal proceedings. Anecdotal reports suggest that people who have been sexually assaulted are more likely than other clients not to return to the test site for test results.

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**A Counselor’s Perspective**

“As a test counselor, some of my most important work with clients who have recently been sexually assaulted is to make sure that I give them referrals to a rape crisis center and medical providers, and that we discuss their willingness to pursue these services.”
They may have strong feelings related to learning a result or recalling the abusive experience. During the risk assessment session discuss directly their feelings about returning for a result and any possibility they may feel unable to do so. If they acknowledge feelings of uncertainty or hesitation, help them determine when they might feel more prepared to complete the full testing sequence.

Domestic Violence

Someone in an ongoing relationship may engage in sex with a partner against his or her will but not label the behavior as abusive or have unsafe sex. Determine whose partner forces him or her to desire to engage in safer sex but for someone who expresses a desire to engage in safer sex but whose partner forces him or her to have unsafe sex. Determine whether such clients are able to view the behavior as abusive or whether they feel any discomfort about this. Keep in mind that people in abusive situations may not view their partners as harmful. Counselors will have to assess on a case-by-case basis the extent to which they can gently challenge clients concerning situations that seem abusive.

Clients may remain at risk for assault even after they have separated or distanced themselves from an abusive partner. Because of this, refer clients to counselors experienced in issues of domestic violence or sexual assault.

Rape Prevention Awareness

Sexual assault can occur regardless of the steps a potential victim takes to reduce his or her risk of assault. People can, however, adopt strategies to reduce their risks of being assaulted and the harm that occurs when they are attacked. It is important for people to trust their instincts to protect themselves, and to know that it is okay to do whatever is necessary to get out of situations that feel dangerous or uncomfortable.

Help clients understand that they have the right to say “no” to sex at any time to anyone. Assess to what extent clients believe this. For instance, clients may report that this concept feels foreign to them, and that as partners become aggressive in demanding sex, they feel less able to assert their desires. Often, people are quick to view their own desires as wrong and those of their partners as right, and may perceive their unwillingness to comply with a partner’s demands as unreasonable.

When there is ongoing abuse within relationships, help clients see that it is not their fault that the abuse is happening and that they in no way deserve to be abused. Assess whether they are willing to talk to someone who might help them. Provide referrals to help people gain self-defense skills that may help them reduce harm that

References

8. Conversation with Sally Thrasher, counselor at the San Francisco Rape Treatment Center, June 1994.

Additional Resource

Vasso ER. Counseling a rape survivor. Women Organized to Respond to Life-Threatening Diseases newsletter. May 1994. For more information on this newsletter, call (510) 688-6930.
can occur if they are attacked.

Counseling an Abuser

While it is infrequent that a person will acknowledge having sexually abused another person, some people may make such a disclosure. They might do this through a direct disclosure or by reporting behaviors in which they sexually assaulted another person, even though they may not consider an incident to have been an assault.

By law, when a client threatens to assault a specific person and that person is in imminent danger, some service providers have a “duty” to warn law-enforcement authorities or the individual in danger. This duty does not apply to anonymous test counseling sessions, and in most cases it does not apply to confidential test counseling sessions. For further information, consult with a supervisor.

If a client discloses that he or she has forced another person to engage in sex without that person’s consent, learn more about specific incidents and determine the client’s feelings related to his or her behavior. Do not discount the harm, violence, or illegality of this client’s actions, but attempt to maintain a productive dialogue. Determine the client’s willingness to stop abusive behaviors and seek help. Help him or her understand that it is possible to stop and that support is available to help abusers overcome violence. Assess and respond to factors that may affect a client’s willingness to seek support or counseling services. Rape crisis centers and anti-violence programs can provide counselors with information about programs for sexual abusers.
Test Yourself

Review Questions

1. True or False: People of all ages are at risk for sexual assault, but those at greatest risk are women between 16 and 24 years old.

2. The following are among the inaccurate societal views about sexual assault: a) a woman raped by an acquaintance is at fault, b) when HIV infection occurs during sexual assault, it is the victim’s fault, c) men cannot be victims of sexual assault, d) all of the above are examples of inaccurate societal views about sexual assault.

3. True or False: There are times when a victim of sexual assault is at fault for causing an assault.

4. True or False: A history of sexual assault can lead to patterns of self-destructive behavior, which may include abusing substances or engaging in unsafe sex.

5. Which of the following may be true about sexual assault? a) it is an expression of violence and anger, b) it almost always poses little HIV risk, c) it is based primarily in an assailant’s desire for sexual expression, d) all of the above.

6. True or False. A person who has been sexually assaulted may develop fears related to the threat of HIV infection, and many of these fears may continue even if the person receives a negative test result.

7. True or False: Most people who are sexually assaulted know their assailant.

8. Which of the following factors can make it difficult for people to remove themselves from ongoing abuse within relationships? a) loyalty to partners, b) economic or other dependence on partners, c) beliefs that they can remain in the relationship and stop the abuse or that their partners will no longer be abusive, d) all of the above.

Discussion Questions

1. There are many reasons that a client who has been sexually assaulted might hesitate to raise this issue in an HIV counseling session. What steps can counselors take to make such disclosures more likely?

2. Most HIV counselors do not have specialized training in counseling people who have been sexually assaulted. If a client does present a history of being sexually assaulted, what are the most important interventions the HIV counselor can offer?

3. Should the issue of sexual assault be a regular point of discussion in HIV counseling sessions, or is it more appropriate to discuss the issue only if a client raises it?

4. Is it appropriate for a counselor who has been personally affected by sexual assault to disclose this to a client? Why and when might this be appropriate or inappropriate?

Answers to Test Yourself

1. True.

2. d. All of the above are true.

3. False. Being attacked is never the fault of the victim, regardless of where the person was or what he or she did.

4. True.

5. a.

6. True.

7. True. About 85% of people who are sexually assaulted know their assailant.

8. d. All of the above are true.
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