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HIV TESTING AND RAPE : THE NATIONAL AIDS COUNCIL CONTINUES TO ADVOCATE VOLUNTARY TESTING

For several weeks now, the National AIDS Council has been addressing the issue of HIV testing for suspected rapists. On the grounds of its ongoing work, the Council wishes to emphasize certain elements that may fuel the current debate.

Whatever the case may be, the first emergency after a rape is to provide medical care to the victim within 48 hours and to administer a prophylactic anti-HIV treatment for one month. The treatment is definitely traumatic for the victim and medication should be carefully chosen so as to limit side effects and encourage adherence.

Interrupting such a difficult treatment for the victim could be an option once the hypothetical infection is invalidated. Even though knowledge of serostatus is useful, though not sufficient, compulsory testing of the suspect could seem to be the best response. However, the benefit remains to be proved :

- because of the seroconversion " window ", a negative result would not mean for sure that the suspect is HIV negative ;
- in a great number of cases, the suspect is not at the law's disposal or only when it is too late for a test to be beneficial to the victim's treatment ;
- available data show that suspects who are at the law's disposal nearly always consent to testing.

It is the entire medical and psychological care procedure provided to the victim that must be improved : it must ensure prompt hospital care and offer adequate monitoring so as to optimize adherence to treatment.

In the case of a suspected rapist, the health procedure should be implemented regardless of the legal procedure. Analogy with blood samples taken for the genetic data base is not valid: the suspect can refuse consent and that sample may serve the purpose of the legal investigation, but it is of no medical use to the victim. Moreover, compulsory testing should in no way mean testing under physical duress and also raises the awkward issue of possible sanctions for refusal to consent to testing. Everything must be done so that a physician can obtain the suspect's voluntary consent.

Finally, the monitoring of sexual assault victims must be reviewed so as to adapt current procedures. It is also critical to promote an emergency procedure to obtain suspects' voluntary consent ; precise modalities will help the duly appointed and accountable professionals involved to achieve the required consent.