

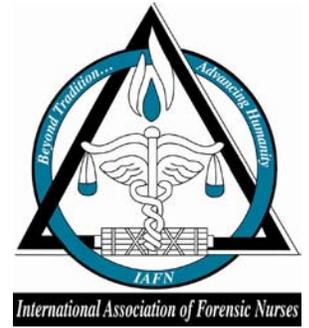
CONTACTS:

- Kimberly Carbaugh, Executive Director, Association of Nurses in AIDS Care, (330) 670-0101
- Carey Goryl, CEO, International Association of Forensic Nurses, (410) 626-7805, Ext. 102
- Monika Johnson Hostler, President, National Alliance to End Sexual Violence, (919) 871-1015
- Donna Greco, Training and Technical Assistance Director, National Sexual Violence Resource Center, (717) 909-0710, Ext. 131

August 19, 2013



National Alliance to
End Sexual Violence



PRESS RELEASE: FOR IMMEDIATE RELEASE

National leaders release policy statement on HIV prophylaxis for sexual assault survivors

ENOLA, Pa. – The Association of Nurses in AIDS Care (ANAC), International Association of Forensic Nurses (IAFN), National Alliance to End Sexual Violence (NAESV), and National Sexual Violence Resource Center (NSVRC) released a policy statement today, recommending that systems be established to ensure that survivors of sexual assault have universal access to medications to prevent HIV following rape. In too many communities, access to these medications is lacking or inconsistent.

According to the World Health Organization (WHO), at least 34 million people worldwide are living with HIV. ¹ Sexual assault survivors are potentially at risk of HIV transmission, due to oral, anal, and genital trauma resulting from sexual assaults. ² WHO, the Centers for Disease Control and Prevention (CDC), and several states and provinces recommend anti-HIV medications—also known as non-occupational post exposure prophylaxis, or “nPEP” — to prevent HIV following rape (WHO, 2007; CDC, 2010; New York State Department of Health AIDS Institute, 2010; Government of Alberta, 2010). ³

“We believe that globally, systems should be in place to support universal access to nPEP for all people who have been sexually assaulted. Costs should not stand in the way of survivors accessing this drug, which can cost upwards of \$2,000,” said Polly Campbell, President of IAFN. “We recognize the vital role that health providers play in assessing survivors for HIV risk and hope to create consistent practices that support them in these efforts,” said Robert Carroll, President of ANAC. “We know that effective services must be grounded in a collaborative, trauma-informed model that supports survivors in making informed choices about their health and options,” said Karen Baker, Director of NSVRC.

“We recommend that advocates, health care providers, and policy makers work together to ensure that all people—regardless of income, geographical location, cooperation with law enforcement, or other criteria—have access to nPEP when medically indicated,” said Monika Johnson Hostler, President of NAESV.

The Association of Nurses in AIDS Care (ANAC) is the leading nursing organization responding to HIV/AIDS. ANAC nurses work in all aspects of HIV and HIV-related prevention, care, treatment, research, education and policy. ANAC’s mission is to provide educational, professional development and networking opportunities for nurses about HIV. Visit www.nursesinaidscare.org for more information.

The International Association of Forensic Nurses (IAFN) leads the nursing response to violence with compassion and expertise. We are an international membership organization comprised of forensic nurses working around the world. The mission of IAFN is to provide leadership in forensic nursing practice by developing, promoting, and disseminating information internationally about forensic nursing science. Visit www.iafn.org for more information.

The National Alliance to End Sexual Violence (NAESV) is the voice in Washington for state coalitions and local programs working to end sexual violence and support survivors. NAESV educates the policy community about federal laws, legislation and appropriations impacting efforts to end sexual violence. Its team of experts and advocates publish written analyses, track legislation, provide media interviews, and advise members of Congress and the executive branch on a broad range of issues related to sexual violence. Visit <http://endsexualviolence.org/> for more information.

Founded by the Pennsylvania Coalition Against Rape in 2000, the National Sexual Violence Resource Center (NSVRC) identifies, develops and disseminates resources regarding all aspects of sexual violence prevention and intervention. Visit www.nsvrc.org for more information.

###

¹ World Health Organization. (2013). *Global health observatory: HIV/AIDS*. Retrieved from <http://www.who.int/gho/hiv/en/index.html>

² Dunkle, K. L., & Decker, M. R. (2013). Gender-based violence and HIV: Reviewing the evidence for links and causal pathways in the general population and high-risk groups. *American Journal of Reproductive Immunology*, 69 (Suppl. 1), 20-26. doi:10.1111/aji.12039

Campbell, J. C., Lucea, M. B., Stockman, J. K., & Draughon, J. E., (2013). Forced sex and HIV risk in violent relationships. *American Journal of Reproductive Immunology*, 69 (Suppl. 1), 41-44. doi:10.1111/aji.12026

Draughon, J. E. (2012). Sexual assault injuries and increased risk of HIV transmission. *Advanced Emergency Nursing Journal*, 34, 82-87. doi:10.1097/TME.0b013e3182439e1a

³ World Health Organization. (2007). *Post-exposure prophylaxis to prevent HIV infection: Joint WHO/ILO guidelines on post-exposure prophylaxis (PEP) to prevent HIV infection*. Retrieved from http://whqlibdoc.who.int/publications/2007/9789241596374_eng.pdf

Centers for Disease Control and Prevention. (2010). Sexually transmitted diseases treatment guidelines, 2010. *MMWR*, 59, (RR-12). Retrieved from <http://www.cdc.gov/std/treatment/2010/STD-Treatment-2010-RR5912.pdf>

New York State Department of Health AIDS Institute. (2010). *HIV prophylaxis following non-occupational exposure including sexual assault*. Retrieved from <http://www.hivguidelines.org/wp-content/uploads/2012/12/hiv-prophylaxis-following-non-occupational-exposure-11-30-2012.pdf>

Government of Alberta. (2010). *Alberta guidelines for post-exposure prophylaxis in non-occupational settings: HIV, hepatitis B, hepatitis C and sexually transmitted infections*. Retrieved from <http://www.health.alberta.ca/documents/nPEP-Protocol.pdf>