



Rape survivors need comprehensive, long-term health care and support to prevent HIV:

Evidence from the Rape Impact Cohort Evaluation (RICE) study

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BACKGROUND

Rape is a gross violation of human rights and its consequences impact lives across South Africa. Women, girls, boys and non-binary persons are mostly the targets of rape. In the 2019-2020 reporting period, 42 289 rapes were reported to the South African Police Services. This amounts to 116 rapes per day¹ but is not a true reflection, as most rapes perpetrated are not reported.

Rape has multiple detrimental impacts on health, families and society, yet research describing its health impact is limited. Physical injuries occur during rape but the longest impact stems from the severe psychological consequences experienced by most survivors. We know very little about the medium and long-term health impact of rape. Most importantly, as a country with high levels of sexual violence and HIV, it is essential that we understand how being raped may impact on long term risk of HIV infections.

THE RESEARCH QUESTION

Our aim was to understand the long-term health impact of rape on women and to discover whether women who have been raped have a greater risk for acquiring HIV in the longer term.

HOW WE CONDUCTED THE RESEARCH

The Rape Impact Cohort Evaluation (RICE) was a longitudinal study conducted in Durban, South Africa. Our study enrolled two groups of women aged 16–40 years: a group of women who reported a rape to post-rape care services (Thuthuzela Care Centres and a hospital based Crisis Clinic) were interviewed within 20 days of the rape, and a second group of women recruited from Primary Health Care services, who reported they had never been raped. We included women from the rape services irrespective of their sexual orientation and who perpetrated the rape (e.g. intimate partners and non-partners).

The study started in Oct 2014 and ended in March 2020. We conducted repeated interviews for between 12 months and 36 months. We tested all women for HIV and interviewed them about their



Photograph: SAMRC

sexual and reproductive health, mental health, and their HIV risk behaviour at every visit. These were held every three months in the first year and every six months thereafter.

The RICE study staff received extensive training to ensure the research was conducted ethically and sensitively. We created a supportive and caring environment, with our trauma counsellor providing immediate counselling if needed, and all staff were trained to facilitate access to services, care and support.

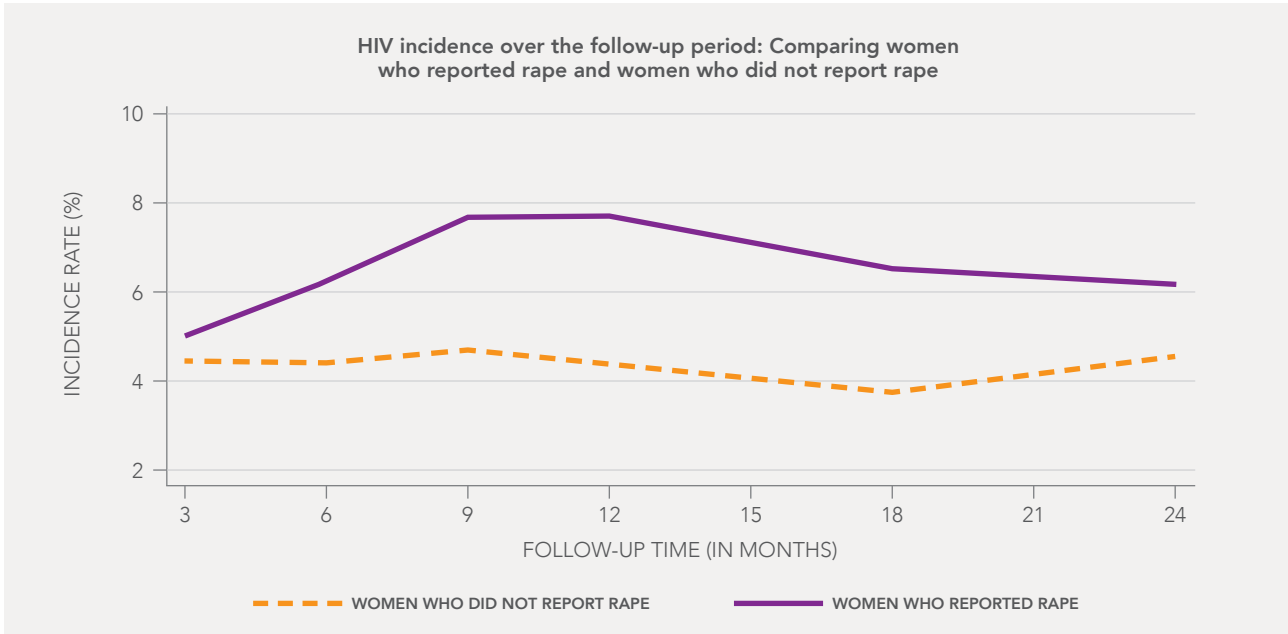
Assessing HIV status was key in understanding the role of rape in HIV acquisition over time. We therefore compared HIV sero-conversion between HIV negative women in the two study groups in the follow-up period.

¹ https://www.saps.gov.za/services/april_to_march_2019_20_presentation.pdf

THE FINDINGS

Among the women recruited, 1019 were HIV negative at baseline (441 among the women who reported a recent rape and 578 among the women who have not reported a rape). They were on average 23 years old.

We found that the **women who had been raped had a 60% increased likelihood of HIV infection over the next 1-2 years** compared to women who had not been raped.



The difference in the rate of HIV new infections among women who had been raped compared to those who had not was notable from the 6th month onwards (see diagram above). Preventing HIV transmission from the rape event is important and post-exposure prophylaxis (PEP) programming focuses on this, **but we have found that rape is also associated with a long-term increase in the risk of HIV infection.**

THE MONTHS AFTER RAPE ARE CRITICAL FOR HIV RISK
WOMEN WHO ARE RAPED ARE 60% MORE LIKELY TO CONTRACT HIV OVER THE NEXT FEW YEARS
RAPE SURVIVORS NEED LONG-TERM, COMPREHENSIVE HEALTHCARE AND SUPPORT

WHAT DOES THIS MEAN

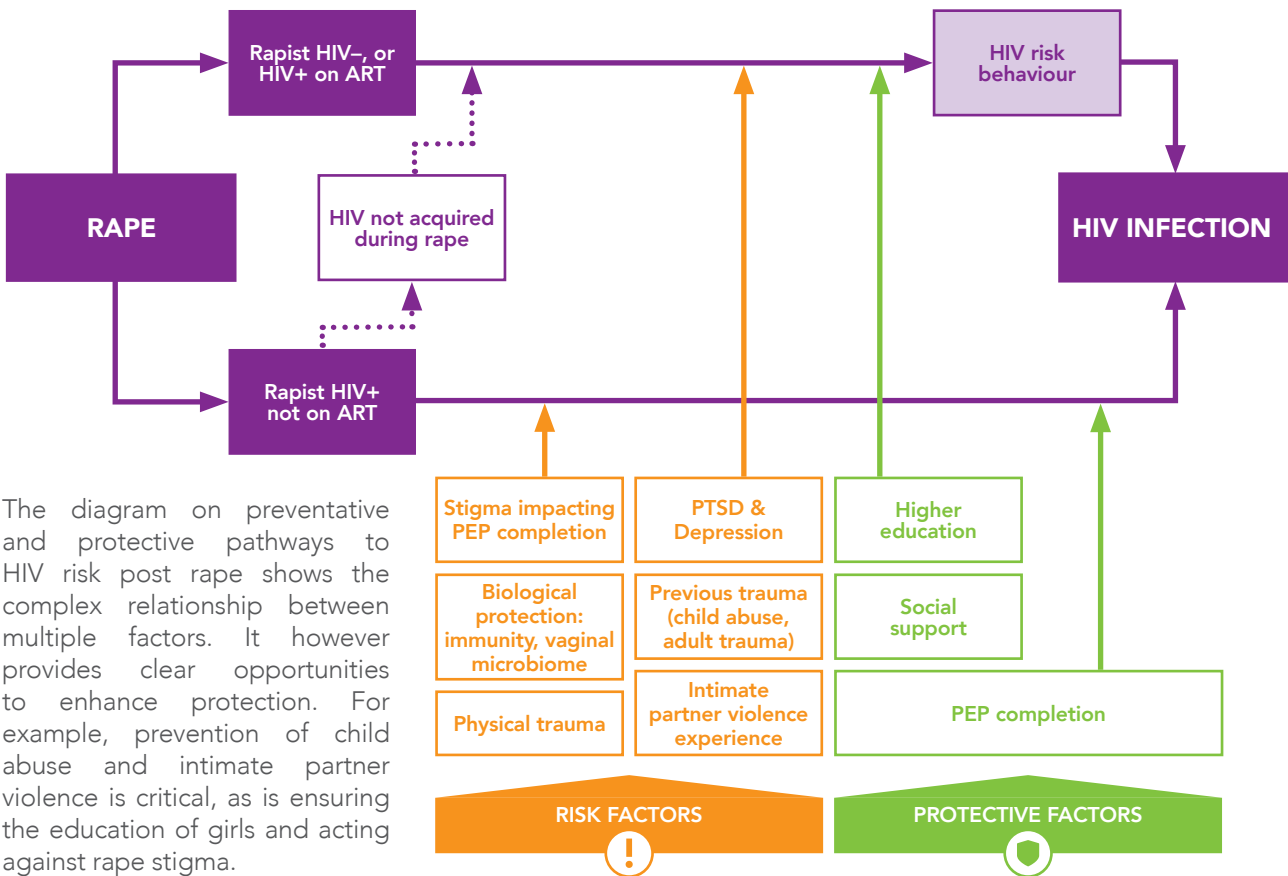
Rape affects both the physical and mental health of survivors and potentially **places them at increased risk of acquiring HIV for years after the rape.**

Rape survivors need quality **long-term mental health care**, as well as additional assistance in reducing their risk of HIV including access to Pre-Exposure Prophylaxis (PREP).



Photograph: SAMRC

PREVENTION AND PROTECTIVE PATHWAYS OF HIV RISK POST RAPE



The diagram on preventative and protective pathways to HIV risk post rape shows the complex relationship between multiple factors. It however provides clear opportunities to enhance protection. For example, prevention of child abuse and intimate partner violence is critical, as is ensuring the education of girls and acting against rape stigma.

PROGRAM AND POLICY RECOMMENDATIONS

The study provides empirical evidence of the role of rape in HIV acquisition. **Addressing these twin epidemics is critical.**

- Effective long-term psychosocial support for rape survivors is vitally important. Post-rape care policies and guidelines should enable the rape survivors to access quality long-term care and support.
- Post-exposure prophylaxis (PEP) remains **vital in the immediate period post rape** to prevent HIV acquisition from the rape.
- Pre-exposure prophylaxis (PrEP) should be included in the package of care for prevention of HIV in the long-term. Understanding how this will be done for rape survivors require further investigation.
- The evidence of the long-term health consequences following rape should be **used to attain justice for rape survivors**. The evidence of the impact on survivors' health must be used in the prosecuting process to argue for lengthier sentences.
- **Rape, intimate partner violence and HIV share root causes in gender inequalities and poverty.** This risk is exacerbated by individual and social factors including low levels of education, other trauma exposure and harmful use of alcohol. Evidence-based prevention interventions to stem the tide of these dual epidemics are critical.



Photograph: SAMRC

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