INTERNATIONAL ASSOCIATION OF Forensic Nurses

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The Use of Emergency Contraception After Sexual Assault

International Association of Forensic Nurses

Statement of Problem:

Sexual assault is a world-wide public health issue of epidemic proportions. Globally and across the lifespan, 1 in 3 women will experience physical or sexual violence by an intimate partner or sexual violence from a non-partner (WHO, 2021). In the United States alone approximately 1 in 5 women have experienced rape or attempted rape in their lifetime with 1 in 3 of these females experiencing rape for the first time between the ages of 11 to 17 years (Smith et al., 2018). Sexual violence occurs in a variety of settings. It can occur during times of crisis such as in armed conflicts, natural disasters, human trafficking, and refugee camps (UN Women, 2016). Sexual violence can also be experienced in intimate relationships, forced or coerced marriage of young girls and adolescents, and sexual abuse (Oxfam International, 2021). When the victim of sexual violence is a female or trans-male, one of the physical results of sexual violence is unintended pregnancy. Emergency contraception (EC) is a safe and efficacious method for avoiding unintended pregnancy following sexual assault or abuse.

EC can prevent up to over 95% of pregnancies when taken within 5 days after sexual intercourse (WHO, 2021). Many victims of sexual violence experience significant barriers to accessing this vital public health intervention (Moore et al., 2019; Khan et al., 2014). The purpose of this statement is to promote immediate access to EC information and medications for every victim of sexual assault or abuse worldwide who is at risk for unintended pregnancy.

Association's Position:

The International Association of Forensic Nurses (IAFN) acknowledges and assents to the statement of the World Health Organization (2021): "that the use of EC after sexual assault is both safe and effective."

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IAFN recommends that EC be immediately offered and available to all female (or trans-male) victims of sexual assault or abuse of reproductive age or stage who choose to use EC as a means of protection from unintended pregnancy.

Health care providers who treat victims of sexual assault and abuse should create protocols and procedures that guarantee access to EC for victims, while ensuring that the beliefs of medical providers who consciously object to EC are respected.

Rationale:

There are no absolute medical contraindications to the use of EC (WHO, 2021). There are no age restrictions for the use of EC, any woman, trans-male, or girl may receive EC following sexual assault or abuse (WHO, 2022). EC pills prevent pregnancy by preventing or delaying ovulation and cannot disrupt an established pregnancy (WHO, 2022). While a copper intrauterine device (IUD) is the most effective form of EC, it requires a provider whose scope of practice includes IUD insertion. In most situations insertion of a copper IUD is not a viable option immediately after sexual assault or abuse. EC medications are the most practical solution. Although multiple choices exist for EC medications, ulipristal acetate is the most evidence-based choice due to increased effectiveness up to 5 days post assault/abuse and increased efficacy in females (trans-males) who are overweight or obese, ACOG, 2019; WHO, 2022).

The IAFN is dedicated to the healthcare of patients affected by trauma and violence. IAFN recognizes the crucial importance of every patient's bio-psycho-social needs (ANA, 2017). IAFN also recognizes that denying access to EC following sexual assault or abuse is a violation of individual reproductive rights. The Institute for Women's Policy Research (2021) defines reproductive rights as an individual having the ability to decide whether and when to have children, granting individuals control that is vital to their socio-economic well-being and overall health. IAFN acknowledges that

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negative consequences can ensue for both mother and child when the right to EC is denied resulting in unintentional pregnancy. IAFN asserts that it is a basic human right that all females and trans-males of reproductive capacity be offered EC following sexual assault or abuse that could result in pregnancy.

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