



Access to Reproductive Healthcare for Women, Girls and Trans Persons who have Experienced Sexual Violence

International Association of Forensic Nurses

Problem Statement

According to the Centers for Disease Control and Prevention (2020), pregnancy resulting from rape or sexual abuse is a public health concern where sexual violence and reproductive health intersect. Approximately 3 million people of all races and ethnicities in the United States (US) will experience pregnancy resulting from rape in their lifetime (Basile et al., 2018). Women raped by a current or former intimate partner (26%) are more likely to report rape-related pregnancy than those raped by an acquaintance (5.2%) or a stranger (6.9%) (Basile et al., 2018). Sexual abuse of young girls can also result in pregnancy. Trans- and nonbinary individuals, who experience sexual violence at rates higher than their cisgender counterparts, may also become pregnant from the assault, although they are not represented in the existing research on sexual violence and pregnancy (James, et al., 2016). A female/trans-male can become pregnant once ovulation occurs, which can be prior to menarche (Johns Hopkins Medicine, 2020). The median age of menarche in the US is 12.25 years; some younger than 12 years of age can and do become pregnant (Biro et al., 2018). In 2020, the US birth rate for those aged 10-14 years was 0.2 per 1,000 (Hamilton et al., 2021). The numbers of young girls globally becoming pregnant is even higher. The 2017 birth rate for those aged 10-14 years in Bangladesh, Angola, Mozambique, and Nigeria was a staggering 10 per 1,000 (United Nations, 2020). As a result of incest and rape, young girls become pregnant in the US and worldwide every year. Childbirth in this young population is in many cases unsafe, putting their well-being at risk (Neal et al., 2012).

The legal age of sexual consent varies dramatically around the world with Nigeria being the lowest at age 11 years, and Bahrain the highest at 21 years (Age of consent, 2021). In the US and



Canada 16 years is generally the lowest legal age for sexual consent (Age of Consent, 2021; Government of Canada Department of Justice, 2017). Access to professional and safe reproductive health care, including sex education, contraception, and abortion, is essential to protecting the rights of persons to control their reproductive health. Currently, access to safe and timely reproductive health care is at particular peril. In addition to access, we believe individuals who have experienced sexual violence have the right to make their own informed healthcare decisions. Affirming a patient's right to choose or advocating autonomy in healthcare decisions is a key component of trauma-informed care.

Position

The International Association of Forensic Nurses (IAFN) recognizes that sexual violence is a gender-based crime predominately impacting women and girls. IAFN further recognizes that access to professional and safe reproductive healthcare is crucial to women, girls and trans persons who can become pregnant as a result of sexual violence. Reproductive rights are a tenet of basic human rights.

The International Association of Forensic Nurses asserts that:

1. Reproductive health is a basic human right and one of the most important aspects of patients' lives.
2. Individuals have the right to make informed healthcare decisions including exercising their reproductive health care options.
3. All forensic nursing programs should offer, and where requested, provide emergency contraception to their patients.
4. Individuals who experience pregnancy, whether from sexual violence or any other circumstance, have a right to exercise all reproductive health care options, including abortion.



5. Policies or laws that make contraception and abortion care inaccessible to all or some people are engaging in reproductive coercion on a structural level (Dejoy, 2019).
6. Denying reproductive rights to patients, including access to safe and legal abortion, is in itself a form of control and abuse and will result in serious negative consequences including immediate and long-term injury to reproductive organs, infertility, and even death (Dejoy, 2019; WHO, 2021).
7. Reproductive health research needs to be more gender inclusive in order to more fully inform the needs of transgender and gender diverse patients (Moseson et al., 2020).

Rationale

The Office of the High Commissioner for Human Rights at the United Nations defines human rights as “inherent to us all, regardless of nationality, sex, national or ethnic origin, color, religion, language, or any other status...” without discrimination – and further affirms that abortion is a human right (United Nations, Office of the High Commissioner, n.d.; United Nations, 2018). The United Nations (2018) also states that preventable maternal deaths resulting from unsafe abortions are a violation of the right to life. Reproductive rights are a specific form of human rights (Parker, 2020). 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. Reproductive justice means that every person has the human right to maintain personal bodily autonomy, have children, not have children, and parent children in safe and sustainable communities (Ross & Solinger, 2017).

Criminalizing abortion does not stop abortion but compels people to seek unsafe abortions instead (Faundes & Shah, 2015). Worldwide unsafe abortions account for 4.7 to 13.2% of pregnancy-related deaths and lead to 7 million largely preventable hospitalizations (Say et al., 2014; Singh & Maddow-Zimet, 2012). Restrictive reproductive rights and unintentional



pregnancy have been associated with premature labor, premature birth, low infant birth weight, and pregnancy-associated hypertension (Mohllajee et al. 2007; Wallace, Evans, & Theall, 2010). The societal cost to treat immediate and long-term unsafe abortion complications including infertility are in the billions of dollars in developing countries (Rodgers et al., 2021).

Sexual violence across the lifespan is linked to many negative consequences beyond pregnancy, including post-traumatic stress disorder (PTSD), depression, anxiety, high-risk sexual behaviors, substance abuse, suicidal ideation, and re-victimization (Barlow, Goldsmith-Turrow, & Gerhart, 2017). Additionally, experiencing sexual violence at any age can affect response to pregnancy and childbirth. Individuals who have experienced sexual violence have more health complaints during pregnancy, are fearful of childbirth, have difficulties with delivery, exhibit more PTSD symptoms and anxiety, and consume more harmful substances during pregnancy (Brunton & Dryer, 2021). These negative symptoms are exacerbated when pregnancy results from sexual violence (Brunton & Dryer, 2021).

IAFN is committed to the care of patients whose lives are affected by violence. IAFN understands that unrestricted access to reproductive health care, including abortion, is especially important for persons who have experienced sexual violence and crucial for those who experience pregnancy as a result of sexual violence.

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