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International Association of Forensic Nurses

Position Statement
On
The Use of Emergency Contraception Post Sexual Assault

Statement of Problem: Sexual Assault is a global public health issue problem. It is estimated that 1 out of 3 women worldwide has experienced rape or sexual assault.[i] Sexual assault can be experienced in intimate relationships, forced or coerced sexual initiation of young girls and adolescents, human trafficking and armed conflict and refugee settings.[ii] The physical results of sexual violence include unintended pregnancies. Emergency contraception (EC) is a safe and efficacious method for avoiding unintended pregnancy.

While EC could reduce the risk of unintended pregnancies by 60-90%, many women experience significant barriers to accessing this important public health intervention. These barriers include health care providers who do not provide evidenced based information about EC to victims of sexual assault, health care providers who, for moral or religious reasons, believe that they cannot provide EC [iii], lack of immediate access to EC at the health care facility, lack of a dedicated EC product available in the victim's country, lack of availability of EC without a prescription, and EC pricing that is not affordable for victims of sexual assault.[iv] The purpose of this statement is to promote immediate access to emergency contraceptive information and EC medications for every victim of sexual assault worldwide.

Association Position: The IAFN recognizes and supports the use of EC after sexual assault as a safe form of contraception as recommended by the World Health Organization and approved by the United States Food and Drug Administration .[v] The Association further believes that EC should be immediately offered and available to all female victims of sexual assault of reproductive age who choose to use EC as a means of protection from unintended pregnancy. Health care providers who treat victims of sexual assault should create protocols and procedures that guarantee access to EC, for victims of sexual assault, while ensuring that the beliefs of medical providers who consciously object to EC are respected.

Rationale: EC pills consist of the same hormones found in oral contraceptives, at a higher dose and have been available in the United States and other countries such as Canada in a dedicated EC product for 6 years. Levonorgestrel entails a two-pill treatment. Each pill contains 0.75mg; the two pills are taken 12 hours apart. The American College of Emergency Physicians[vi] and 60 other healthcare professional organizations support the use of EC, as well as the U.S. Catholic Bishops as described in Directive 36 regarding "...compassionate and understanding care to a person who is the victim of sexual assault...a female who has been raped should be able to defend herself against a potential conception from the sexual assault."[vii]

The World Health Organization recommends a single dose of levonorgestrel of 1.5 mg for EC. In a joint **Statement on Mechanism of Action** by the International Consortium for Emergency Contraception and the International Federation of Gynecology and Obstetrics, the research indicates that many studies "provide strong direct evidence that levonorgestrel emergency contraceptive pills prevent or delay ovulation if taken before ovulation… This is the primary and possibly the only mechanism of action for emergency contraceptive pills." The statement goes on to say that review of the evidence suggests that levonorgestrel cannot prevent implantation of a fertilized egg."[viii]

As members of IAFN we strive to "collaborate with nurses, health care providers, and other professionals throughout the world to promote ethically informed and culturally competent practices."[ix] While we respect the beliefs of our colleagues we acknowledge our first obligation is to provide care to our patients. Therefore we support the creation of protocols and procedures that will allow victims of sexual assault immediate access to emergency contraception.

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[i] Worldwide Sexual Assault Statistics 2005: George Mason University found at: http://www2.gmu.edu/dpt/unilife/sexual//brochures/WorldStats2005.pdf

[ii] WHO. **World Report on Violence and Health.** (2002) Chapter 6 Sexual Violence found at : http://www.who.int/violence_injury_prevention/violence/global_campaign/en/chap6.pdf

[iii] Womack, K.(2008) Emergency Contraception Following Sexual Assault. Women's Health Care, a practical journal for nurse practitioners. Vol.7, No. 6.

[iv] **Center for Reproductive Rights**. (2004) Governments Worldwide Put Emergency Contraception in Women's Hands: A Global Review of Law and Policies. Found at : http://reproductiverights.org/sites/default/files/documents/pub_bp_govtswwec.pdf

[v] World Health Organization (2005). Levonorgestrel for Emergency Contraception found at: http://www.who.int/reproductive-health/family_planning/ec.html

[vi] American College of Emergency Physicians (2002) Management of the Patient with Complaint of Sexual Assault found at: http://www.acep.org/practres.aspx?id=29562

[vii] United States Conference of Catholic Bishops. **Ethical and Religious Directives for Catholic Health Care Services, Fourth Edition .** found at : http://www.usccb.org/bishops/directives.shtml#partfour

[viii] Statement of Mechanism of Action (2008) How do levonorgestrel-only emergency contraceptive pills prevent pregnancy? International Consortium for Emergency Contraception and International Federation of Gynecology and Obstetrics found at: http://www.cecinfo.org/PDF/ICEC_MOA_10_14.pdf

[ix] IAFN Vision of Ethical Practice (2008) found at: http://www.iafn.org/displaycommon.cfm?an=1&subarticlenbr=56