

Emergency Contraception & Sexual Assault: Why Compassionate Care Should be a Standard of Care

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The Compassionate Assistance for Rape Emergencies (CARE) Act of 2009 (H.R.1236) and the Prevention First Act of 2009 (H.R.463/S.21) were introduced in Congress in early 2009. The sole purpose of the CARE Act, and one of several goals of the Prevention First Act, would be to direct hospitals and emergency medicine facilities that receive federal funding to inform all women who have been sexually assaulted about emergency contraception (also known as the "morning after pill" or "Plan B") and to make it available to them, regardless of their ability to pay.

The idea behind this legislation is not radical, but the bills were first introduced in 2005 and have failed to pass in the years since then. The legislation is supported by mainstream, national medical organizations, including the American Medical Association, the American College of Emergency Physicians,¹ the American College of Obstetrics and Gynecologists, the American Academy of Pediatrics,² and the American Public Health Association. It is needed because many hospital emergency departments don't talk about emergency contraception with assault victims, and neither dispense it, nor provide prescriptions, nor advise them where women 18 and over can buy the pills without a prescription.³ Now that the bills are not opposed by the White House, perhaps 2009 will be the year that these bills pass. Ideally, they would be added to the comprehensive health care reform bill that is expected to pass this fall.

Emergency contraception is now available over-the-counter in U.S. pharmacies for women ages 18 and over (which the FDA is in the process of changing to 17). It is still important to educate women who have been raped about this option to prevent pregnancy because approximately one-third of women remain unaware of emergency contraception, according to HR 1236.

What is Emergency Contraception?

Emergency contraception, also known as the "morning after" pill, contains the same active ingredients as daily birth control pills, but in higher concentrations. Emergency contraception has been determined by the Food and Drug Administration (FDA) to be safe for preventing pregnancy, and is most effective when taken within 72 hours after unprotected sex.⁴ Possible side effects—which include nausea, vomiting, and spotting—are relatively mild, but are unpleasant enough to discourage the use of emergency contraception as an alternative to regular birth control. Emergency contraception does not induce abortion, because it will not terminate an already established pregnancy. It is believed that it prevents pregnancy by preventing the egg from leaving the ovary; by preventing the sperm from joining the egg; or by preventing a fertilized egg from attaching to the uterus.

Emergency Contraception and Sexual Assault Victims

Almost two-thirds of all rapes are committed by individuals who are known by the victim, with 70% of these individuals being either an acquaintance or a friend of the victim.⁵ Approximately 57% of all acquaintance rapes occur while on a date.⁶ Dates and other social settings of acquaintance rape, like parties, typically occur at night or on the weekends, when the only medical facility available to a victim for treatment is the hospital emergency room.

One study, based on data from the National Hospital Ambulatory Medical Care Survey from 1992 to 1998, found that less than half of all women who went for treatment for sexual assault and who were considered to be at risk for pregnancy (that is, they were not already sterilized, pregnant, or currently taking regular oral contraceptives) received emergency contraception.⁷ A national telephone survey using a "mystery client" approach in which researchers pose as women simply inquiring about the availability of emergency contraception in 597 Catholic hospitals and 615 non-Catholic hospitals, found that 55% and 42%, respectively, do not dispense emergency contraception, even in cases of sexual assault.⁸

State Laws

In the absence of federal legislation, 16 states have established laws that require their state's hospital emergency departments to inform assault victims about emergency contraception or to dispense the pills to assault victims when they request it, or both.⁹ It is unclear whether these laws have corrected the problem.

One study looked at the availability of emergency contraception in Catholic hospitals in Washington, New York, California, and South Carolina, after these states passed legislation that either directly or indirectly mandated that emergency contraception be provided to sexual assault victims.¹⁰ Based on a survey administered to sexual assault nurse examiners regarding their hospitals' written policies on providing emergency contraception to rape victims and a "mystery client" approach, the researchers found that there is still room for improvement. While most of the hospitals' policies *appeared* to comply with their local emergency contraception laws, 35% of the hospitals informed a "mystery client" caller that they do not provide emergency contraception, regardless of a patient's circumstance, and 38% of the hospitals surveyed indicated that they do not treat sexual assault patients.

Federal Legislation is Still Needed

Legislation to ensure that women who are raped have easy access to emergency contraception—regardless of where they live and what hospital cares for them—is desperately needed. It is important that the public, along with public health professionals and sexual assault advocates, continue to let lawmakers know how important this issue is.

Women can't afford to be kept waiting for this legislation. Approximately 5% of all rape victims between the ages of 12 through 45 will become pregnant as a result of their attack. This translates into approximately 25,000 to 32,000 pregnancies each year. It is estimated that more widespread knowledge about and availability of emergency contraception could reduce that by as much as 89%.^{11, 12} Those victims of sexual assault

who summon the courage to go to a medical facility to receive treatment deserve the utmost compassion and respect. Just as they deserve to be fully informed about treatment options to prevent sexually transmitted infections, they deserve the opportunity to prevent unwanted pregnancy through the use of this safe and effective emergency contraceptive.

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