

May 2006

Official Position Statement on A Sexual Assault Survivor's Right to Emergency Contraception

BACKGROUND

In keeping with New Jersey P.L., 2005 c. 50, it is the position of the New Jersey Coalition Against Sexual Assault that all New Jersey hospitals and ambulatory care units medically and factually inform all sexual assault victims about their option and right to be provided with emergency contraception. Victims of rape face a host of emotional and psychological issues that may be compounded by the risk of a rape-related pregnancy. Emergency contraceptives (EC) have been proven by the FDA to be a medically safe option that can possibly ease the compounded trauma suffered by victims.¹ NJCASA strongly believes that all hospitals and emergency care facilities inform sexual assault victims of this provision and dispense Emergency Contraception at the victim's request, as mandated by law, to ensure that victims do not struggle to find the care they deserve. Access to information as well as provision of Emergency Contraception can be easily used by a victim to choose what course of action is best for her. In accordance with New Jersey's standards of a victim-centered approach to addressing sexual assault, a victim's choice is central; thus NJCASA also supports a women's right to choose not to use Emergency Contraception. What is truly in a survivor's best interest is the freedom to decide how best to cope with the aftermath of rape and a vital part of this is reproductive choice.

RATIONALE

Rape related pregnancy is about 5 percent among victims of reproductive age, based on Holmes, et al's estimates.² In New Jersey, based on reported rapes in 2004, an estimated 186 pregnancies occurred due to sexual assault.³ (Division on Women rape care program statistics, 2004).

N.J.S.A. C.26:2H-12.6b clearly defines the rights of all sexual assault victims to be provided with information about and dispensing of Emergency Contraceptives upon request, including follow-up dosages. NJCASA strongly supports this legislation; victims of rape deserve no less. Emergency Contraception must be obtained in a timely manner to be effective and medical evidence suggests that the sooner EC is administered the more effective it will be.⁴ The rights to information and ease of access to Emergency Contraception are important components in providing women substantive choices over their medical options. This is an important step in allowing victims to regain control over their lives in the important area of reproductive health.

¹ Food and Drug Administration Approval Announcement: Prescription Drug Products: Certain Combined Oral Contraceptives for use as a Postcoital Emergency Contraception. Federal Register. Vol. 62, No.37, February 25, 1997.

² Holmes, M.M., Resnick, H.S., Kilpatrick, D.G., & Best, C.L., Rape Related Pregnancy: Estimates and Descriptive Characteristics from a National Sample of Women. American Journal of Obstetrics and Gynecology. 1996. 175:320-325.

³ New Jersey Department of Community Affairs' Division on Women rape care program statistics, 2004.

⁴ Ellerston, C., Evans, M., Ferden, S., Leadbetter, C., Spears, A., Johnstone, K., et al. "Extending the time limit for starting the Yuzpe regimen of emergency contraception to 120 hours", Obstetrics and Gynecology, 2003. 101 (6): 1168-71.