

PREGNANCY PREVENTION AFTER ASSAULT

Tipsheet #5

People who have a uterus and ovaries may be able to get pregnant, even if they do not regularly menstruate/bleed. If a person is on testosterone, it generally stops menstruation after several months of use but is not a guaranteed pregnancy prevention medication.

If a survivor has not had other procedures (e.g. hysterectomy, oophorectomy) or medications (e.g. birth control) that prevent pregnancy, and the sexual assault was such that semen may have entered the survivor's vagina or vaginal opening, pregnancy is possible.

Advocates and Sexual Assault Nurse Examiners (SANEs) can provide important information, resources, and support to survivors who may be at risk of pregnancy or may become pregnant as the result of sexual violence.

Immediately after an assault

SANEs and medical advocates may provide care in the hours or days after an assault. The practice of trauma-informed, survivor-centered care is critical when working with any survivor.

When conducting an exam or providing care, also remember to:

Ask for the information you need.

For example, if you need to know if someone may be at risk for pregnancy, the information you need might be asking if they have a uterus.



“Sexual assault can have many medical impacts. I ask these questions of all my patients so I can provide appropriate care. Do you have a uterus? If so, have you had any procedures or take any medications that will prevent pregnancy?”

Provide information and choices to all people. Include options if you don't know about someone's body.

“

“Would you like to discuss medications that can prevent pregnancy?”

Or

“We can swab the genital area if that was touched in the assault, internally or externally, if you feel comfortable with that.”

Discussing the possibility of pregnancy

The discussion of pregnancy can be potentially very upsetting for the survivor. **Many trans men believe that pregnancy is not possible if they are on testosterone.** They may not believe a provider who brings up the subject of pregnancy, since there is such an in-community belief that pregnancy cannot happen. Since this is such a potentially sensitive subject, building trust and establishing a positive rapport with the survivor before broaching this subject might be essential for the conversation to happen.

One way you can start this conversation could be:

“

“Based on how you've described the assault, it is possible that you could become pregnant, even if you have not menstruated or bled in a long time. We can provide pregnancy prevention options. Would you like me to share more information about those with you?”

Some trans men or trans-masculine individuals who take testosterone may be concerned that pregnancy prevention medications may minimize the effects of testosterone. Emergency contraceptive (EC) medications are not contraindicated with testosterone.

Learn more from Planned Parenthood's [“Can trans men take the morning-after pill?”](#)

Reassuring patients that EC is a safe option that will not impact the effects of hormones is important.

Emergency contraceptive medications may induce bleeding. It can be helpful to discuss this with the survivor as part of helping them emotionally plan for that possibility. Bleeding may be a potent trigger (both related to the assault, as well as to their gender). One way to bring up this topic is by saying:



“This medication works by preventing ovulation. For some people this may result in bleeding, like when someone has their period. This may mean that you experience some bleeding. Usually, bleeding is fairly light. How do you feel about that?”

SANEs may need to provide education on what emergency contraception is, a one-time/short-term medication that is not the same as being on ongoing birth control medications. The survivor may have extensive or limited knowledge about pregnancy prevention, hormones, and the impact of EC.

All survivors have the right to choose for themselves what pregnancy prevention options they want, including none. Some trans men, nonbinary people, and trans-masculine people do want to become pregnant at some point in their lives. They may have questions about how the assault and/or any medications they take could impact their ability to get and stay pregnant in the future. As with any other survivor, it is important to not make assumptions about their desires related to pregnancy and childbirth.

It is also important to keep in mind that trans/nonbinary survivors who have uteruses may already be pregnant.

Discussing emergency contraception

When prescribing emergency contraception, refer to it as emergency contraception or levonorgestrel vs. “Plan B” – which has overt implications that their initial plan would have been to use another form of contraception. With an assault, there was no “Plan A” or “B.” Although at the time of this publication, the medication (levonorgestrel) in “Plan B: One Step” (using the brand name here, not the concept of a backup plan), this may not be easily available at many pharmacies, even though it is an over the counter medication. In some locations, emergency contraception is kept behind the

counter at pharmacies, so interaction with a pharmacist is still necessary, which may pose access challenges.

There are some prescribing considerations related to the levonorgestrel (Plan B) and ulipristal (Ella), in terms of their effectiveness due to body size and other factors. Take the patient's full medical history into consideration, as well as their body size, before prescribing one of these medications.

When possible, provide the emergency contraception to the survivor at the time of the exam rather than requiring them to go to a pharmacy or sending them elsewhere for it.

Follow-up care

When possible, offer follow-up care. Some trans survivors may not have access to a primary care provider or may be uncomfortable seeing their provider about issues related to possible pregnancy or sexual assault. Follow-up care could include screening for pregnancy and helping the survivor with any additional decision-making depending on the results. Follow-up care may also be about emotional support following the assault and having to be faced with the possibility of pregnancy. No-cost connections to advocates, therapists, or other supportive individuals can be effective in advancing a survivors' healing and reducing the long-term impacts of trauma.



This tip sheet is part of a series focusing on medical advocacy.

©August 2024



@forge_forward



@forge.trans



FORGE.trans



FORGEForwardTrans

FORGE provides training and technical assistance. Contact us to learn more about providing support to trans survivors.