

*Pregnancy and Sexually
Transmitted Diseases from:*
SEXUAL ASSAULT



Monarch Services ~ Servicios Monarca

formerly Women's Crisis Support-Defensa de Mujeres

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CONCERNS AFTER A SEXUAL ASSAULT

This packet will address Pregnancy and Sexually Transmitted Diseases separately, and outline all of your possible options. The most important thing to remember is that **you are not alone**, that you have choices, and that we (Monarch Services ~Servicios Monarcas) are here to support you in the process and in whatever decisions you ultimately make.

WHAT IS A SEXUAL ASSAULT?

“Sexual assault” is an umbrella term that includes any unwanted intercourse, touching, sodomy, oral sex, or vaginal or anal penetration by a finger or object. All sexual activities performed against your will.

Any degree of unwanted penetration, however slight, is enough to register it as a crime. Whether the attacker ejaculated or not is irrelevant to the legal definition of rape. It does not matter whether the attacker was a stranger or an acquaintance. Resistance by the victim is not required for the law to apply.

WHAT ABOUT PREGNANCY OR SEXUALLY TRANSMITTED DISEASES?

In addition to dealing with the emotions that may arise, you may have worries about whether or not you have become pregnant, and whether or not you may have been exposed to a sexually transmitted disease (STD) or to the Human Immunodeficiency Virus (HIV).

At the back of this packet there is a comprehensive list of RESOURCES & REFERRALS that may be helpful in this difficult time.



EVIDENCE COLLECTION

Here are a few things that may be important for evidence collection; only you should decide to make a police report.

If you have been sexually assaulted and especially if the assault included penetration (of vagina by penis, finger or object):

- Do not shower, bathe, or douche.
- If you must urinate, do so in a container (plastic or paper cup or Tupperware). Save the toilet paper and put into a paper bag.
- Do not wash your clothes (especially underwear), sheets, or anything that may be used later for evidence.
- When handling potential “evidence,” use gloves when possible, and put everything into a PAPER bag.
- If you have or had a tampon in, this may be removed and saved for evidence also.

Even if you do not think that you want to make a police report, if you change your mind, this evidence may be useful. Feel free to call Monarch Services ~Servicios Monarcas with questions and for more details. **1-888-900-4232**

WHAT ARE MY CHANCES THAT I COULD BE PREGNANT?

The National Victim Center estimates that almost 700,000 women are raped each year (National Victim Center, and Crime Victims Research and Treatment Center, Rape in America: A Report to the Nation, Arlington, VA; 1992: 1-16). The overall risk of conception as a result of the rape is probably somewhere between 1 and 5% (Goodman LA, Koss MP, Russo NF. Violence against women: physical and mental health effects. I. Research findings. Appl Prev Psychol 1993; 2: 79-89).

According to these statistics, as many as 35,000 girls and women may become pregnant each year as a result of being raped.

Of the pregnancies that occur from a sexual assault, approximately 60% result from a single assault, but the other 40% result from repetitive assaults, (i.e., by a boyfriend or husband). (Melisa M. Holmes, MD, Heidi S. Resnick, PhD, Dean G. Kilpatrick, PhD and Connie L. Best, PhD Rape-related pregnancy: Estimates and descriptive characteristics from a national sample of women.)

QUESTIONS AND ANSWERS



1. I don't want to get Pregnant, but my boyfriend/husband keeps forcing me to have sex...What can I do?

Often Domestic Violence begins during pregnancy and/or may increase during this time. When rape in an intimate relationship is occurring, and a non-pregnant woman does not wish to become pregnant, it is best to find a form of birth control that doesn't require the abuser's knowledge, consent or cooperation (i.e. birth control pills, or an I.U.D.).

2. I was assaulted recently and I want to make sure that I don't get pregnant. Do I have any options?

If you have been sexually assaulted **in the last 72 hours**, and the assault included penetration of the vagina by the penis, you have the option of taking an Emergency Contraceptive (E.C.).

3. What is Emergency contraception and what does it do?

The purpose of E.C. is to prevent pregnancy. It is basically a high dose of hormones, similar to the birth control pill.

4. How can I get E.C.?

E.C. can be obtained through Planned Parenthood, a clinic, or your private physician. It is not necessary to tell the person who is providing you with medical services that you have been sexually assaulted, but if you do tell them, they will be required by law to make a report.

5. You will also be offered E.C. if you have a "S.A.R.T"* exam.

*S.A.R.T. Stands for Sexual Assault Response Team. The "team" consists of a specially trained female nurse (who performs the physical exam), someone from law enforcement, and an advocate from Monarch Services –Servicios Monarcas. Only the police can authorize this exam. Usually, there will not be an exam if the assault took place more than 72 hours ago. The purpose of the exam is to check for injuries, and to collect evidence for the case. As part of the exam, you will be offered E.C. and antibiotics, which protect against some STDs.

6. Is E.C. only useful the "morning after?"

No. "Morning After" is a misnomer. E.C. must be taken **within 72 hours** (3 full days) of the assault. However, the sooner it is taken, the more effective it is. Make sure you ask whoever is providing the E.C. for information on the effectiveness of terminating the pregnancy, possible side effects, and in general what you can expect.

7. Is that it? Do I need to do anything else?

After taking E.C., you should follow up in the next week or so by taking a pregnancy test. You will want to do this to make sure that E.C. was effective in terminating the pregnancy. You can expect, if the E.C. was effective, to get your period within three weeks of taking the pills.

Depending on the brand of E.C., the pills are usually 75-89% effective. If you take E.C. and it is ineffective, and you choose to keep the pregnancy, there should be little risk to the embryo.

8. I decided not to take E.C. What now?

If you choose not to take E.C. and you miss your period, it is a good idea to take a pregnancy test. You can also take a pregnancy test before a missed period (as soon as 8-14 days after unprotected intercourse). *The sooner you find out your pregnancy status, the more options you will have.* The most fertile time for a woman usually occurs between 13 and 17 days from the first day of her last period. However, this is ONLY an estimate based on a regular cycle. Conception can occur at almost any point.

9. More than 72 hours have passed since the assault. Is there anything I can do?

If more than 72 hours have passed, E.C. is not an option.

There is another alternative in preventing pregnancy after unprotected intercourse. An IUD (intra-uterine device) can be inserted for up to five days after unprotected intercourse. This however, may not be a preferred option because it can be painful (cramps), costly, and there is a chance of infection. Again, ask your health care provider for details and more information if you are interested.

10. What do you suggest if I don't try the IUD option?

You can wait for 8-14 days after the assault and then get a pregnancy test. Pregnancy tests are available through grocery stores, pharmacies, Planned Parenthood, medical clinics, and your private physician.

11. My test result came back negative. That means I'm not pregnant, right?

If you get a negative result, wait a few weeks and if your period still hasn't begun, re-take the test.

12. Wow. The pregnancy test came back positive. What now?

If you get a positive result, you may decide to terminate the pregnancy, or you may decide to remain pregnant. This can be a difficult decision to make, but one that can be eased by having as much information as possible and by having knowledge of and access to all the resources available (see RESOURCES & REFERRALS).

CONTINUING THE PREGNANCY

- If you choose to continue the pregnancy, there are places that can help you with pre-natal care (see RESOURCES & REFERRALS).
- Sometimes when women choose to have the child, feelings come up later on around the child as a "product" of rape. The child may share physical traits with the assailant, or for whatever reason, the child may serve as a reminder of the assault. These feelings and reactions are normal and can be addressed in counseling and/or support groups (See “Other Things...” Page 9).
- If you decide to carry to term, adoption after birth is also an option. There are agencies that can help answer specific questions regarding adoption, and help you step by step through the process.
 - **What is open adoption?** This is where you would be allowed to help choose a family for your child, and to maintain contact.
 - **What is closed adoption?** This means there will be no future contact with your child or adoptive family.
- There are agencies that specifically deal with “post-adoption” counseling (see RESOURCES & REFERRALS). This can be an important step for you in working through unresolved feelings around the adoption.

TERMINATING THE PREGNANCY

Abortion (“surgical” or “medical”) is the primary method used for terminating a pregnancy. In California, even if you are under 18, you do not need your parents’ consent in order to get an abortion. Remember though, if you tell the person providing medical services that you were sexually assaulted, they will be required to make a police report. If a police report is made and you are a minor, your parents will most likely find out about the assault (especially if you live at home).

What is a medical abortion?

A “medical” abortion refers to terminating a pregnancy by taking mifepristone or mifeprex (also known as “RU 486”, or the “abortion pill”). With mifeprex, the pills must be taken sometime during the first 49 days of pregnancy. In Santa Cruz County, Planned Parenthood is the only place that can provide you with mifeprex.

The first step is a pill, usually given on a Friday at the Planned Parenthood Clinic. Two days later (Sunday) misoprotal is taken vaginally. Most women experience 4-6 hours of cramping, but vicodin (prescription pain killer) will also be made available to you. Two weeks later you will be required to go to the clinic for a follow -up appointment. At that time, an ultrasound (“picture” of your uterus) will be taken to make sure that everything is okay.

What makes a “medical” abortion different from a “surgical” abortion?

- A “medical” abortion can feel more private because it can be done at home. However, because you are not in a medical setting, you must have a person who is willing to be present with you throughout. If the “medical” abortion fails (and the pregnancy isn’t terminated), you will have to have a surgical abortion.
- Medical abortion can also be more painful.
- Lastly, you must be within a 30-mile radius of Dominican Hospital, so that if there are any complications, you will be able to get to services quickly.
- The appeal for some women is that this option is more similar to a miscarriage.

1. What is a surgical abortion?

- A “surgical” abortion is a procedure, which usually includes an evacuation (“vacuuming”) of the uterus.
- The first step is to get an ultrasound (a “picture” of your uterus). An ultrasound is used to confirm that you are pregnant and to determine how far along in the pregnancy you are.
- Surgical abortions can be performed at Planned Parenthood between the 6th and the 14th week of pregnancy (starting with the first day of your last period). Some places will be able to perform abortions after the 14th week.
- After the ultrasound, you will be given an appointment for the procedure. Planned Parenthood performs abortions two times a week, on Tuesdays and Fridays, and serves about 12-16 clients a day. The actual procedure is short, about 5 to 7 minutes, but you will need to spend a total of 2-4 hours at the clinic.
- Most women experience severe menstrual cramps during the procedure. Afterwards, there is a “recovery” room where you can rest for half an hour or so.

2. What can I expect after the procedure?

- Following an abortion, it is normal to have bleeding similar to a menstrual period for up to 14 days.

3. What are disadvantages and advantages to the surgical abortion?

- The main disadvantage to the surgical abortion is that you will have less privacy. The advantages are that it can be less painful, and that there are experienced professionals available in case you have questions or problems.
- If you are considering these options, be sure to ask about effectiveness of terminating the pregnancy, possible side effects, and in general, what to expect. Planned Parenthood, or the clinic of your choice, will be happy to assist you in understanding your options and providing you with counseling.

OTHER THINGS THAT MAY BE RELEVANT WHEN MAKING YOUR DECISION

- You may be unsure about who the father of the baby is if you had consensual sex with someone during the same period of time that the rape occurred. Talk to a doctor about ways that this may be determined.
- If you were raped by *and* have also had consensual sex with the *same* person, then you may not be sure about which time conception occurred. Talk to a doctor about ways that this may be determined.
- You may not want anyone to know about the rape.
- You may have certain religious beliefs that impact and influence your decision.
- You may feel pressure from family members, friends, or your partner about how to decide.
- You may feel overwhelmed when trying to deal with the decisions around pregnancy as well as the emotions and reactions that are a result of a sexual assault.

CONTINUING TO TERM

If you decide to continue the pregnancy:

- You may be concerned about how you will relate to the baby.
- You may not know how to explain the pregnancy.
- You may be concerned about how the child will feel/ react if s/he is aware of the circumstances by which s/he was conceived.
- You may be worried about your ability to love and care for the child

It may be helpful to speak with a counselor about these concerns. There is a 24-hour crisis line that you can access at any time by calling **1-888-900-4232**

**Reach out and get the support you need from here or somewhere else.
You deserve it!**

(Adapted in part from information at <http://www.wch.sa.gov.au/yarrow/pregnancy.html>)

SEXUALLY TRANSMITTED DISEASES

There are a variety of Sexually Transmitted Diseases (STDs) that could potentially be contracted during a sexual assault. These include, but are not limited to: Chlamydia, syphilis, gonorrhea, herpes, warts, Hepatitis B, and HIV. Most of these are treated simply with one course of antibiotics, while for others there is no cure.

Even when there is no “cure,” there are things that can be done to reduce the severity and the frequency of “flare ups.” If you are concerned about Hepatitis, ask a health care provider about the treatment and prevention. The most important thing is to get a check-up as soon as possible following the assault, and then again in a couple of months (or sooner if you are experiencing symptoms).

1. If I wanted to get antibiotics how could I get them?

At a SART exam (mentioned earlier) you will be offered antibiotics automatically. You may also obtain antibiotics from a clinic or a private doctor. They will be required by law to make a police report if you tell them that you were sexually assaulted. If you are experiencing symptoms and want medicine, but do not want to make a police report, you can explain the symptoms to a medical provider, without explaining the circumstances by which you were exposed.

2. How common is it to get a sexually transmitted disease from being raped?

It is not clear how common the transmission of STDs is, but certain factors make transmission more likely.

These factors include:

- more than one assailant
- previously existing STD(s) (victim and perpetrator)
- genital trauma
- an assailant (attacker) with known high-risk behaviors presently or in the past.
These “**high-risk**” behaviors that an attacker(s) may have engaged in include: drug use involving needles, anal intercourse, and intercourse with men. **Also at “higher risk”** are those who have been in jail or prison, those who have sexually assaulted someone in the past, and those with a history of multiple sexual partners.

HUMAN IMMUNODEFICIENCY VIRUS (HIV)

As with E.C. (Emergency Contraception), if you wish to receive medication to combat the virus, YOU MUST ACT IMMEDIATELY, AND BEGIN MEDICATION WITHIN 72 HOURS (3 full days) OF THE ASSAULT. The sooner the medication is taken, the more likely it is to be effective. In fact, although it is often not possible, the most optimal time to begin medication is within 1-2 hours after exposure. (See listed Resources & Referrals in the back of the packet for places that can provide the medications).

What are the chances that I will become HIV positive?

The risk of transmission when only one was act committed is significantly low (only one known case has been reported).

- With a **known HIV positive partner**, the rate of transmission for one act of intercourse (consensual vaginal sex) is approximately .1% or 1/1000.
- For (consensual) anal sex, the rate of transmission with a partner who is **known** to be HIV positive, is somewhere between .3 – 5% or between 3/1000 and 1/20.*

Keep in mind that these rates are specifically when one partner is KNOWN TO BE HIV POSITIVE, thereby making the transmission rate much higher.

When the HIV status of the assailant(s) is **unknown**, certain factors can be considered in making the decision about whether or not to take the medication (called PEP- Post Exposure Prophylaxis). Some of the behaviors that make it more likely that an assailant is HIV positive are the same ones that make an STD more likely. These behaviors are listed above (see STD section on assailant(s) “high risk” behaviors).

(* from Recommendations for the State of California in Offering HIV Prophylaxis Following Sexual Assault, 2001)

TELL ME MORE ABOUT THE MEDICATION AVAILABLE TO COMBAT THE VIRUS...

The current recommended treatment is known generally as **Post-Exposure Prophylaxis (PEP)**.

The treatment consists of a combination of two medications, and is taken in the form of one or several pills, over a period of 28 days.

Before beginning medication, or as soon as possible after beginning, it is important to get an HIV test. This test will only give you information about your HIV status *before* the assault. The test is important because PEP is not appropriate for someone who was HIV positive *prior* to the assault. Normally, it takes two weeks (after the test is given) to get the results. At this point, if you are HIV “negative” (i.e., there are no HIV antibodies in your system), you can continue taking the medication. If you are HIV “positive,” there will need to be a reevaluation.

Not all people can take these medications. Given the person’s health history, the medications used for prophylaxis may be contraindicated. Also, the medications can have serious side effects that can make it difficult to finish the course of treatment. The most common side effects from PEP medication are nausea and generally not feeling well. Other possible side effects include headaches, fatigue, vomiting, diarrhea, difficulty sleeping, kidney stones, and liver problems.

Finally, PEP is not 100% effective, although for many people, even given the possible side effects, it is a viable option. Do speak with a medical person to discuss this option if you think you might be interested.

When considering PEP for children under 12, a pediatric HIV specialist should be consulted.

RESOURCES & REFERRALS

ADOPTION:

Kelly J Walker (Adoption Attorney). (831) 685-8083
Academy of California Adoption Lawyers. (818) 501-8355

PREGNANCY: (testing and options counseling)

Choice Medical Group (831) 462- 1222
Medical Clinic – Family Services (provides abortions) (831)454-4030(SC) 763-8010 (WATS.)
Planned Parenthood * (provides abortions) (831) 426-5550 (SC) 724-7525 (WATS)
Santa Cruz Women’s Health Center* (831) 427-3500

* Also provides prenatal and pediatric care.

PRENATAL CARE:

Comprehensive Prenatal Outreach & Education. (831) 454-5482
Santa Cruz Health Center (831) 454-4100
Dominican Hospital (accepts Medical) (831) 462-7710
Siena House (831) 425-2229 (425-baby)
(prenatal care in the form of: housing, support, information, and parenting skills)

STDs (Testing and Treatment):

Beach Flats Clinic (831) 423-0222
Cabrillo College (for students only) (831) 479-6435
Clinica del Valle Del Pajaro (831) 761- 1588
Clinica Medica Santa Maria (831) 728-4030
Family Planning Clinic (831) 454-4030(SC) 763-8010 (WATS)
Homeless Persons Health Project (831) 454-2080
Planned Parenthood (831) 426-5550 (SC) 724-7525 (WATS)
Salud Para La Gente (831) 728-0222
Santa Cruz Women’s Health Center (831) 427-3500.
UCSC Health Center (for students only) (831) 459-2211
Watsonville Health Center (831) 763-8400

HIV TESTING (free and ANONYMOUS)*

Drop In Center (831) 457-1163 (SC)
Santa Cruz Country Health Services (831) 454-4014
Salud Para La Gente (831)728-0222 (WATS.)
Valley Resource Center (831) 336-2553
Casa Bienestar (831)427-3900

*There are some places where confidential, but not anonymous, testing is offered. There is a difference, and “anonymous” is the most private. Be sure to have someone at the place you are considering getting tested clarify what type of service is being offered.

HIV POST-EXPOSURE PROPHYLAXIS PEP:

County of Santa Cruz Health Services Agency (831) 454-4100
(1080 Emeline Ave.)
Dominican Hospital (831) 462-7700
Watsonville Hospital (831) 724-4741
Urban Community Health (415) 554-2664.
(in San Francisco, Contact Joshua Bamberger, MD)