

Requests for emergency contraception could be an important sign of abuse

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Women who experience domestic violence and abuse (DVA) are more than twice as likely to seek emergency contraception as other women, according to a study by National Institute for Health Research (NIHR)-funded researchers at the University of Bristol and Queen Mary University of London, suggesting that requests for emergency contraception could be an important sign of abuse.

In the study, published in the *British Journal of General Practice* today, the researchers analysed medical records of over 200,000 [women](#) of reproductive age registered with a GP and found that those who had a record of DVA were 2.06 times more likely to have a consultation for [emergency contraception](#) compared to other women, rising to 2.8 times for women aged 25-39.

The researchers also found some evidence that abused women are more likely to seek emergency contraception repeatedly.

DVA is a major public [health](#) problem, with devastating consequences for the women who experience it and great financial cost to the NHS. It is known to have a significant impact on women's reproductive health, including an increased risk of unintended pregnancy and abortion, as abusive and controlling partners coerce women to have unprotected sex or rape them.

Although emergency [hormonal contraceptive](#), also known as the morning-after pill, is available from pharmacies, women can also get it from their

GP. Up to a third of all emergency contraceptives are prescribed by GPs.

The researchers are calling for this new evidence to be included in existing DVA training programmes for GPs and sexual health practitioners, and for the training to be extended to [community pharmacists](#), to help them identify and refer women who have experienced DVA on to specialist support services. Such programmes are recommended by the National Institute for Health and Care Excellence (NICE) and the World Health Organization (WHO) as part of a multi-sector response to DVA.

Joni Jackson, Research Associate from the NIHR Collaboration for Leadership in Applied Health Research West (NIHR CLAHRC West) and co-lead author of the study, said: "We found a strong positive association between exposure to [domestic violence](#) and abuse and requests for emergency contraception. Our findings are in line with evidence from studies in other countries suggesting that women experiencing DVA use more emergency contraception than other women. GPs, pharmacists and sexual health practitioners are at the frontline responding to these requests, with community pharmacists dispensing 50 per cent of all [emergency](#) contraceptive pills. This presents an important opportunity to identify women experiencing DVA, signpost them to appropriate support services, and potentially save lives."

Dr. Natalia Lewis, from the Centre for Academic Primary Care at the University of Bristol and co-lead author, added: "The negative impact of domestic violence and abuse on health results in higher use of healthcare services by abused women compared to the general population. This means that healthcare services are an important point of contact for DVA victims and survivors. We have already seen improvements in GPs' ability to identify and refer women experiencing DVA through the success of the IRIS (Identification and Referral to Improve Safety) programme. IRIS has recently been adapted for sexual and reproductive

health services. Our findings support the case for adapting the IRIS intervention to the community pharmacy setting, although more research is needed to explore if and how this could be done."

More information: 'Exposure to domestic violence and abuse and consultations for emergency contraception: nested case-control study in a UK primary care dataset' by Joni Jackson, Natalia V Lewis, Gene S Feder, Penny Whiting, Timothy Jones, John Macleod, Maria Theresa Redaniel in *British Journal of General Practice*

'Use of emergency contraception among women with experience of domestic violence and abuse: a systematic review' by Natalia V Lewis, Theresa HM Moore, Gene S Feder, John Macleod, Penny Whiting in *BMC Family Practice*

Provided by University of Bristol

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