

Preventing Pregnancy after Rape

Emergency Care Facilities Put Women at Risk

Every day, women who have been sexually assaulted seek treatment at emergency care facilities. Among their concerns is the possibility of pregnancy: each year approximately 25,000 pregnancies result from sexual assault. Emergency contraception (EC)¹ is a safe and reliable method to prevent pregnancy after an assault. The American College of Obstetricians and Gynecologists and other major medical groups recommend that emergency facilities provide EC to all sexual assault patients at risk of pregnancy. Indeed, if emergency care facilities routinely provided EC, up to 22,000 pregnancies that result from rape each year could be prevented.

Unfortunately, recent surveys of emergency care facilities in states throughout the country show that all too often facilities fail to provide EC to sexual

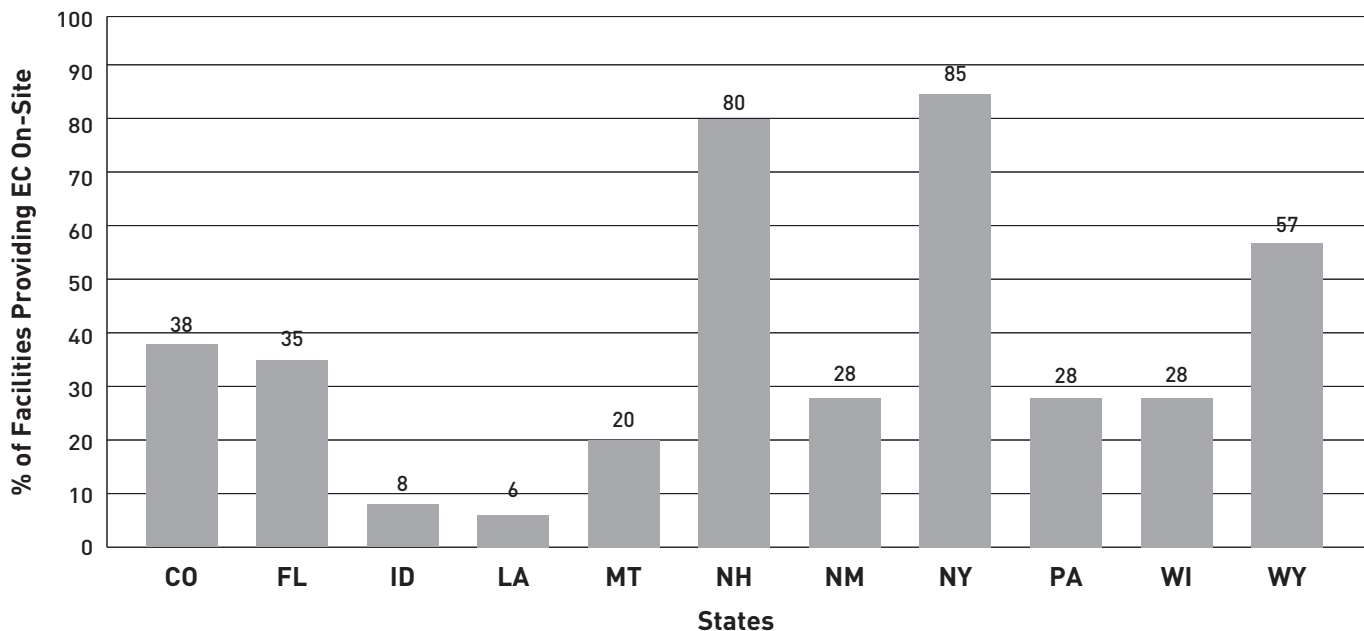
assault patients and in some instances even fail to inform women about EC. Failing to provide EC on-site can dangerously delay care and prevent women from obtaining EC at all.

This overview looks at studies done in states where researchers assessed if a facility provided EC on-site to sexual assault patients. The results show that there is much work to be done to ensure that all sexual assault patients receive the care they need to prevent pregnancy.

EC Access for Sexual Assault Patients: A Health Care Crisis

Surveys done of emergency care facilities in states throughout the country (including CO, FL, ID, LA,

Percentage of Emergency Care Facilities Providing EC On-Site to Sexual Assault Patients



State Laws Mandating EC in the ER



MT, NH, NM, NY, PA, WI, and WY) show that in eight of the eleven states studied fewer than 40 percent of facilities dispense EC on-site to sexual assault patients.² Practices vary widely across states ranging from a low of 6 percent of facilities in Louisiana and 8 percent in Idaho providing EC on-site to 28 percent in New Mexico, Pennsylvania, and Wisconsin to a high of 80 percent in New Hampshire and 85 percent in New York providing EC on-site. (See graph, *Percentage of Emergency Care Facilities Providing EC On-Site to Sexual Assault Patients.*)

Two states, New Mexico and New York, have since passed legislation mandating emergency facilities to provide EC. These states are joined by only two others, California and Washington, in requiring emergency rooms to provide EC to sexual assault

patients. One other state, Illinois, requires emergency facilities to counsel about EC, but does not require on-site provision. (See map.)

Turning Research into Policy

Because access to health care should not depend on geography or be left to chance, advocates have begun to use survey results to press for change in hospital or state policy to ensure that sexual assault patients are not burdened by the fear of becoming pregnant.

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For example, the New York State Coalition Against Sexual Assault and Family Planning Advocates of New York State conducted a survey in 2003 that found that, despite the

high percentage of facilities that provided EC on-site (85 percent) at that time, as many as 1000 rape victims were still being sent away from hospital emergency rooms each year without getting EC. These findings helped convince state lawmakers to enact legislation mandating that hospitals provide EC to all sexual assault patients.

Advocates in other states have used survey results to work directly with hospitals to improve access to EC. After finding that more than two-thirds of hospitals in Pennsylvania were not consistently providing EC to sexual assault patients, the Clara Bell Duvall Reproductive Freedom Project of the ACLU of Pennsylvania, working in coalition with the Pennsylvania Coalition Against Rape (PCAR), sent letters to every hospital in Pennsylvania, thanking those with good policies and urging others to change their policies to better meet the needs of sexual assault patients. In addition, the Duvall Project and PCAR held several training programs for advocates, as well as health care, law enforcement, and legal professionals, to help ensure that sexual assault patients in the state receive consistent and appropriate care. Because of these efforts, the number of Pennsylvania hospitals providing EC to sexual assault patients has increased 64 percent since the initial survey.

Next Steps

Building on the successes accomplished in a handful of states, advocates in the remaining states can take several steps to help increase access to EC in local emergency care facilities:

- Conduct a statewide or community-based survey of local hospitals. Support hospitals that provide EC and work with others to improve care.
- Review hospital policies and advocate for institutional or legislative change when needed.
- Encourage hospitals to have specially trained Sexual Assault Nurse Examiners (SANE) available to treat patients. Research shows that the presence of a SANE nurse makes it more likely that a patient will receive EC on-site.

- Educate medical groups, including those representing emergency care providers and hospital associations, about the importance of providing EC in emergency facilities.
- Make sure you reach out to potential allies, including advocates for sexual assault victims, health care, and women's rights to coordinate efforts and maximize strengths.

In addition, advocates can work to increase access to EC for all women:

- Hold forums to educate the community about EC.
- Develop a campaign to ensure that local pharmacies stock and provide EC.
- Encourage women to request an advanced prescription for EC from their health care providers.
- Participate in a national day of activism for EC. Go to www.backupyourbirthcontrol.org for ideas and materials.

Increasing access to EC both in and out of emergency care facilities will ensure that fewer women face unintended pregnancies.

Methodology

The surveys discussed in this overview were performed using a variety of methods and reflect varying degrees of formality; all were completed in 2000 or later, with most being completed in the last two years. Advocates in four states (FL, ID, MT, PA) used a survey instrument developed by the ACLU of Pennsylvania and the ACLU Reproductive Freedom Project to interview nurse managers or other knowledgeable personnel about their emergency care procedures for treating sexual assault patients.³ Advocates in Wisconsin performed a “mystery-caller” survey – an interviewer called an emergency care facility and identified herself as a friend calling on behalf of a sexual assault victim to ask whether the facility provides the “morning after pill” for sexual assault patients. Advocates in five states (CO, NH, NM, NY, WY) mailed surveys to emergency care or

hospital personnel and then followed up with phone calls (“mail-and-call” surveys). And advocates in Louisiana conducted a telephone survey of emergency room personnel about EC provision to sexual assault patients. While sample sizes and response rates differ from state to state, all of the studies included in this overview considered at least 25 percent of emergency care facilities in a given state.

Acknowledgments

This overview brings together surveys conducted by the following groups either alone or in coalition: American Civil Liberties Union affiliates in Florida, Idaho, and Pennsylvania; Family Planning Advocates of New York State; Montana Coalition Against Domestic and Sexual Violence; Montana Reproductive Rights Coalition; NARAL Pro-Choice America affiliates in Colorado, New Hampshire, New Mexico, Wisconsin, and Wyoming; New York State Coalition Against Sexual Assault; Pennsylvania Coalition Against Rape; and the Louisiana affiliate of Planned Parenthood Federation of America.

This overview was produced in consultation with Catholics for a Free Choice, the Clara Bell Duvall Reproductive Freedom Project of the ACLU of Pennsylvania, Family Planning Advocates of New York State, Ibis Reproductive Health, NARAL Pro-Choice America, and the Planned Parenthood Federation of America. It was written and produced

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Endnotes

¹ Emergency contraception (EC), often referred to as the “morning-after pill,” reduces the risk of pregnancy by as much as 89 percent if the first dose is taken within 72 hours of unprotected intercourse or contraceptive failure. It is most effective if taken within 12 hours of unprotected intercourse, but can be effective up to at least 120 hours. EC should not be confused with the early-abortion pill, mifepristone (also known as RU-486) – EC will not terminate or harm an existing pregnancy.

² This overview focuses on the treatment of sexual assault patients in emergency care facilities, including hospitals, clinics that provide emergency care, and designated sexual assault treatment centers. Thus, these results generally exclude from the survey samples those facilities that do not treat women who have been sexually assaulted. For example, the Pennsylvania research eliminated all of the Philadelphia-area hospitals that do not treat sexual assault patients because law enforcement and hospital personnel refer all sexual assault cases to two designated treatment centers.

³ For information about this survey instrument and an accompanying guide, *E.C. in the E.R.: A manual for improving services for women who have been sexually assaulted*, contact the ACLU Reproductive Freedom Project at 212-549-2633. A companion policy kit by the National Sexual Violence Resource Center, the Education Fund of Family Planning Advocates of New York State, and the Clara Bell Duvall Reproductive Freedom Project of the ACLU of Pennsylvania, *Preventing Pregnancy from Sexual Assault: Four Action Strategies to Improve Hospital Policies on Provision of Emergency Contraception*, can be obtained by contacting Jessica Fisher of Family Planning Advocates at jessica@fpaofnys.org.



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ACLU REPRODUCTIVE FREEDOM PROJECT

The American Civil Liberties Union — the nation’s foremost defender of individual rights — works to ensure that the decision whether or not to have a child is informed, meaningful, and protected from government interference.

The ACLU is particularly committed to ensuring that individuals’ reproductive rights are not compromised because of their race, age or

economic status, and believes that reproductive rights work must be informed by broader racial and social justice considerations.

Through litigation, advocacy, and public education, the ACLU Reproductive Freedom Project works to protect access to the full spectrum of reproductive health care, from sexuality education and family planning services to prenatal care and childbearing assistance to abortion counseling and services.

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