

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

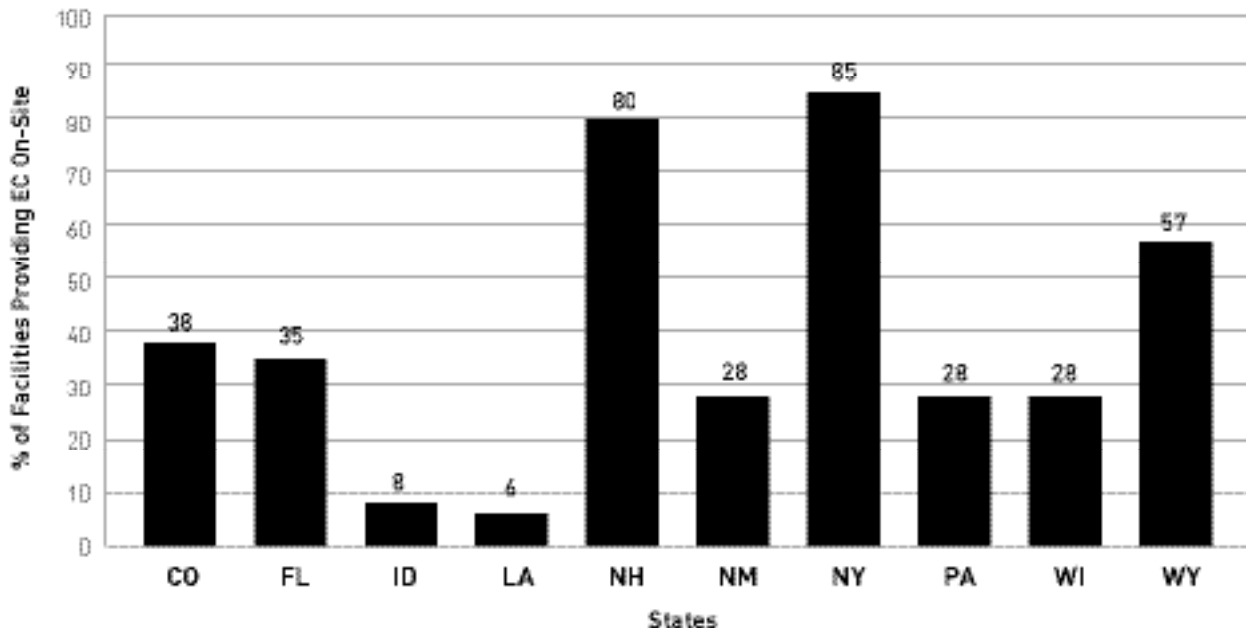
inform women about EC. Failing to provide EC on-site can dangerously delay care and even prevent women from obtaining EC at all.

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 in a timely and effective manner.

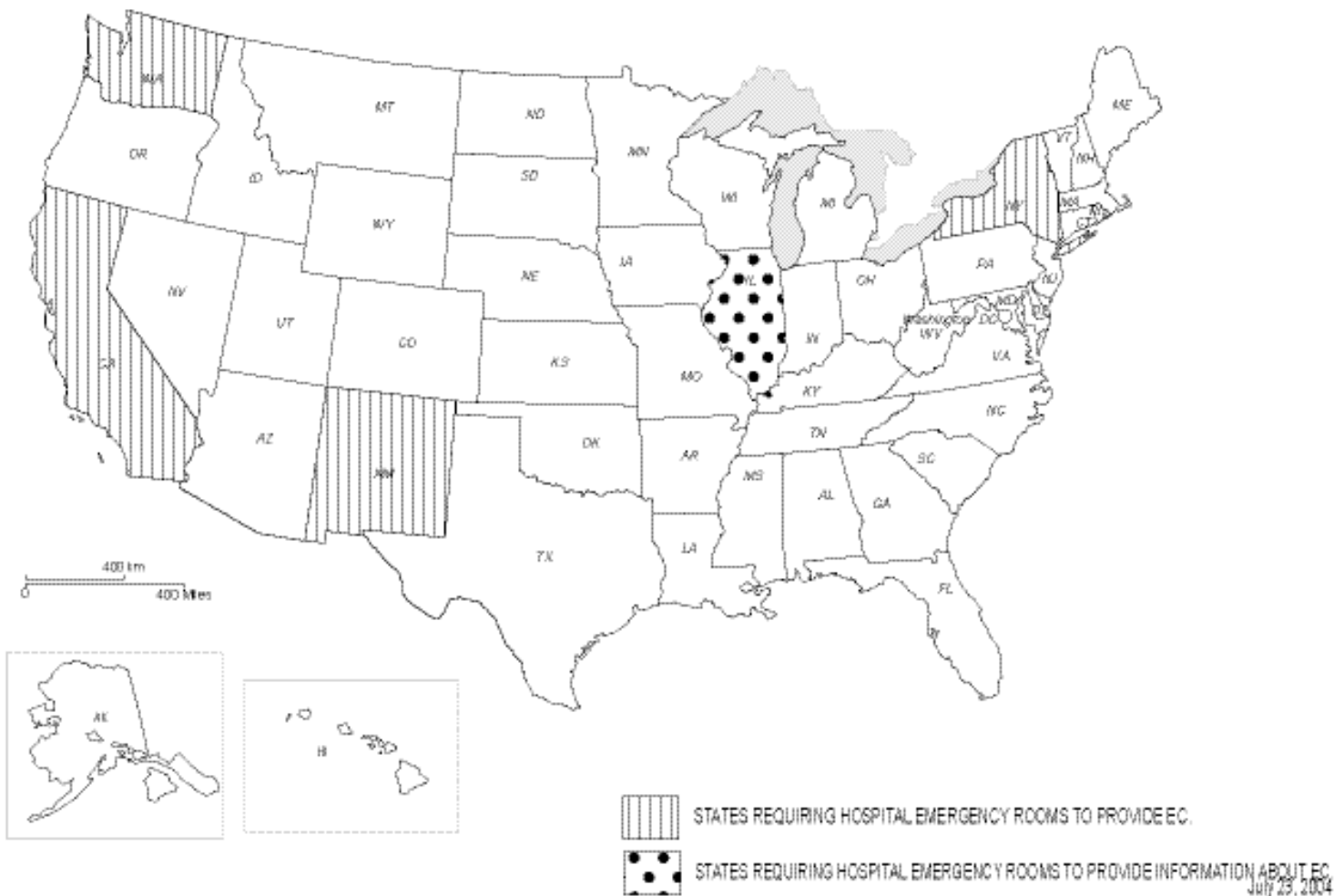
EC Access for Sexual Assault Patients: A Health Care Crisis

Surveys done of emergency care facilities in states throughout the country (including, CO, FL, ID, LA, NH, NM, NY, PA, WI, and WY) show that in seven out of ten of the states studied fewer than 40 percent of facilities dispense EC on-site to sexual assault

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



State Laws Mandating EC in the ER



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 on-site. (See graph, *Percentage of Emergency Care Facilities Providing EC to Sexual Assault Survivors On-Site*.)

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, and one 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, regardless of where they live or which emergency facility they turn to for where they seek treatment.

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. They used these findings to help 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

As advocates have shown, ensuring access to EC in emergency care facilities can be accomplished through a variety of approaches, including introducing new legislation mandating that facilities provide EC to sexual assault patients and launching public education efforts that result in institutional policy changes. 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.
- Educate medical groups, including groups representing emergency care providers and hospital

associations, about the importance of providing EC in emergency facilities.

- Work in broad coalitions with advocates for sexual assault victims, health care, and women's rights.
- In addition, advocates can work to increase access to EC more broadly:
- 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.
- Organize a letter writing campaign to the Food and Drug Administration in support of making EC available in pharmacies without a prescription.

Increasing access to EC both in and out of emergency care facilities will ensure that fewer women will 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 three states (FL, ID, 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 anonymously or identified herself as a social worker or friend calling on behalf of a sexual assault patient 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 knowledgeable emergency care or hospital personnel and then followed up with phone calls (“mail-and-call” surveys). And advocates in Louisiana conducted a variety of surveys over the

telephone, ranging from a few informal questions about EC to more detailed questions about access to a range of reproductive health services. 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.

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; 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 the Clara Bell Duvall Reproductive Freedom Project of the ACLU of Pennsylvania; Family Planning Advocates of New York State; Ibis Reproductive Health; and state affiliates of NARAL Pro-Choice America and of Planned Parenthood Federation of America. It was written and produced by staff of the ACLU Reproductive Freedom Project, including Jennifer McAllister-Nevins, Jennifer Barefoot, Jean Franzino, Lorraine Kenny, and Louise Melling.

¹ Emergency contraception (EC), often referred to as the “morning-after pill,” has the potential to reduce 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 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 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 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@mergerwatch.org.



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Women's Rights Project

The Women's Rights Project is responsible for implementing ACLU policy in the area of gender discrimination. The WRP is dedicated to the advancement of the rights and interests of women, with a particular emphasis on issues affecting low-income women, women of color and immigrant women. We bring direct litigation, file friend-of-the-court briefs, provide support

for ACLU affiliate litigation, serve as a resource for ACLU legislative work on women's rights and engage in public education. The WRP has actively participated in virtually every major gender discrimination case in the Supreme Court, in congressional and public education efforts to remedy gender discrimination and in other endeavors on behalf of women.

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