

Wisconsin Compassionate Care for Rape Victims 2009-2010 Survey Highlight Report

Introduction

Sexual assault is a major public health problem affecting over 17 million women nationally. Over 300,000 women are raped each year, resulting in over 25,000 unintended pregnancies and 16,000 abortions. In Wisconsin, 4,688 sexual assaults were reported in 2008, however, it is estimated that only 32% of assaults ever get reported. If all women who were raped used emergency contraception (EC), about 88% of these unintended pregnancies could be prevented and the number of abortions could be cut in half. EC is a high concentration of birth control pills that prevents pregnancy when taken within 120 hours of unprotected intercourse. The American Medical Association, the American College of Emergency Physicians, and the American College of Obstetricians and Gynecologists explicitly recommend that EC should be offered to all victims at risk of pregnancy.

Objective and Background

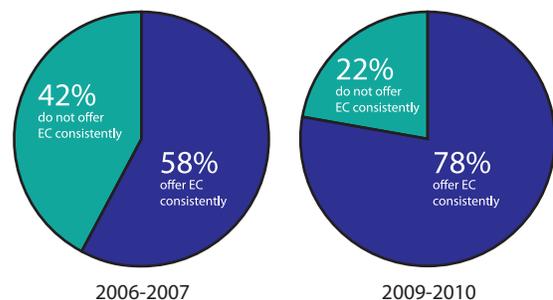
On March 13, 2008, Wisconsin passed the Compassionate Care for Rape Victims (CCRV) Act (Wisconsin Act 102) requiring all Wisconsin hospitals to abide by a minimum standard of care when treating rape victims after an assault. The Act states that all hospitals providing emergency services to a victim must provide “medically and factually accurate and unbiased written and oral information regarding emergency contraception”, and must immediately provide EC to the victim upon her request. This report follows up on a pre-CCRV legislation survey conducted in 2006. The primary objective of this follow-up research was to study the effectiveness of the law by examining hospital emergency departments’ policies for providing information about and dispensing EC to rape victims, and to uncover barriers to CCRV compliance.

Methods

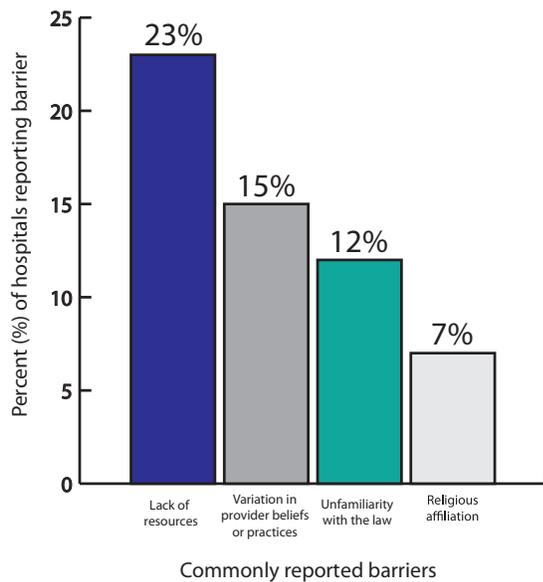
Hospitals surveyed included those with emergency departments that are acknowledged by the Wisconsin Hospital Association (WHA) and the Wisconsin Department of Health Services (DHS). The total number of hospitals included in the survey sample was 124. Data was gathered August through December of 2009. Self-reported surveys were initially mailed directly to the emergency department personnel that filled out the 2006 survey. If no contact was on file, or if the original contact was no longer available, the survey was sent to the director of the emergency department. Hospitals that did not respond to the initial mailing received up to three follow-up phone calls asking them to respond to the survey. An 84% response rate was achieved, with a total of 102 hospitals responding to the survey. Hospitals were given no incentive to fill out the survey and all results were kept entirely confidential.

Key Findings

Of the 102 hospitals that responded, 78% stated that they “always” offer EC immediately on-site. This is a dramatic improvement over the 2006 data when only 58% of hospitals reported that this was standard policy; however, 22% of hospitals still appear non-compliant with the law. In addition, only 74% of hospitals stated that they “always” provide victims with oral and written information about EC.



In regards to challenges in providing compassionate care, 23% of hospitals reported “lack of available resources” and 15% reported “individual provider beliefs or variations in provider practices” as barriers to compliance. Other barriers including “unfamiliarity with the law” and “religious affiliation of hospital” were also commonly noted.



Sexual Assault Nurse Examiners (SANE)

A Sexual Assault Nurse Examiner (SANE) is a registered nurse with advanced education and clinical preparation in forensic examination of sexual assault victims. Twenty-nine percent (29%) of hospitals reported participation in the SANE program and have a SANE nurse available 24 hours a day, seven days a week, to perform a comprehensive examination and assessment, collect high quality evidence and provide expert testimony in cases where the crime of sexual assault is reported. Twenty-eight percent (28%) of hospitals do not offer a full SANE program but have SANE-trained staff available. These numbers have not changed significantly from the 2006 survey.

Protocols

Eighty-seven percent of hospitals (87.6%) reported having a written policy regarding the treatment of sexual assault victims in their emergency department. Hospitals with a SANE program or SANE-trained staff were more likely to have a written poli-

cy regarding the treatment of sexual assault victims (97%) compared to those without a SANE program or SANE-trained staff (86%). Hospitals were encouraged to mail back a copy of their policy with their survey. An in-depth analysis of submitted policies showed that only 44% of hospitals claiming to provide CCRV consistently had policies that were in full compliance with the law. This discrepancy between self-reporting and written policies may indicate that the reported results of hospitals that are in full compliance are highly over-estimated.

Additional Findings

Various hospital demographics also had an impact on the care provided to rape victims. For example, non-religiously affiliated hospitals were more likely (84%) than religiously affiliated hospitals (70%) to “always” provide EC immediately on-site, and rural hospitals were significantly less likely (6%) to have a SANE program than metropolitan hospitals (45%). These various inconsistencies must be taken into consideration with future efforts to improve the quality of care provided to rape victims.

Conclusions

Victims of sexual assault deserve immediate access to safe, effective methods of pregnancy prevention. While survey results show that legislation has encouraged an improvement in access to this care, barriers such as a lack in available resources, individual provider beliefs, variations in provider practices and an unfamiliarity with the law create inconsistencies in the quality of care rape victims are receiving. Continued outreach and education to emergency department personnel is needed.

In response to this need, the Wisconsin Alliance for Women’s Health has created a 2010 CCRV Toolkit for hospitals and providers. The toolkit and further information regarding CCRV can be found at www.supportwomenshealth.org.

