



WISCONSIN HOSPITAL TOOLKIT 2008



*A Guide to Providing Comprehensive and
Compassionate Care to Rape Victims*

Acknowledgements

This toolkit is the product of collaborative work of the Wisconsin Compassionate Care for Rape Victims Coalition (CCRV), which is a diverse group of organizations dedicated to ensuring comprehensive health care for rape victims. Members of the CCRV Coalition include:

American College of Nurse Midwives WI Chapter	Planned Parenthood of Wisconsin
Brown County Coalition for Women's Health	Reach Counseling Services, Menasha
Chippewa Valley Citizens for Women's Health	Religious Coalition for Reproductive Choice WI
Citizens for Women's Health, Winnebago County	Republicans for Choice
Community Advocates	Sexual Assault Treatment Center
Eau Claire County Coordinated Community Response Team	Task Force on Family Violence
Family Planning Health Services	The Healing Center
Friends of Abused Families, Inc. of Washington County	United Council of UW Students
League of Women Voters of Wisconsin	Wisconsin Alliance for Women's Health
Medical Students for Choice	Wisconsin Association for Perinatal Care
NARAL Pro Choice Wisconsin	Wisconsin Coalition Against Domestic Violence
National Association of Social Workers, WI Chapter	Wisconsin Coalition Against Sexual Assault
Options Fund, Inc	Wisconsin Family Planning & Reproductive Health Association
PAVE: People Against a Violent Environment, Beaver Dam	Wisconsin NOW
PAVE: Promoting Awareness, Victim Empowerment, Madison	Wisconsin Women's Network Reproductive Rights Task Force
	Women's Medical Fund

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Introduction

On March 13, 2008, Governor Jim Doyle signed the Compassionate Care for Rape Victims (CCRV) Act into law, adding Wisconsin to a list of fourteen other states that have enacted laws providing emergency contraception related services to rape victims. This law was developed over years of advocacy by members of the Compassionate Care for Rape Victims Coalition, who recognize that sexual violence has a devastating impact on victims themselves and Wisconsin's communities as a whole. Victims of sexual assault are forced, coerced, and/or manipulated to participate in unwanted sexual activity; as such, it is crucial that Wisconsin's emergency rooms, who may be the first place that victims of sexual violence turn to for help, provide comprehensive and compassionate care to these patients.

While the CCRV Coalition recognizes the broad scope of behaviors included in sexual violence would require different health care protocol, we developed this toolkit to help hospitals comply with 2007 Wisconsin Act 102, which ensures foremost that emergency birth control is accessible to female victims of incest or forcible, marital and/or acquaintance rape in Wisconsin's emergency rooms.

More specifically, **Wisconsin's Compassionate Care for Rape Victims Law requires the following:**

- Accurate oral information about use and effectiveness of emergency contraception (EC) all female rape victims of reproductive potential who present in the ER
- Accurate written information about EC to all female victims of reproductive potential
- On site provision of first dose of EC to female victims who choose to take it
- On site dispense of all subsequent doses of EC, if applicable
- Oral information to all victims of sexual assault regarding options for reporting the crime
- Oral information to all victims of sexual assault regarding evidence collection options

This toolkit is divided into three main sections. The first deals with emergency contraception and sexual assault, the next deals with reporting the crime to law enforcement and the last section includes information about the important features of a sexual assault examination. In addition to the information we have compiled for you, we have also included sample protocol from model hospitals you may want to consult as you revise your hospital's policy.

Please note that this toolkit is just that – a toolkit. It is not intended to provide legal advice. Please direct any questions regarding official compliance with 2007 Wisconsin Act 107 to Crenear Mims, Director, Bureau of Health Services at (608) 264 9887 or (414) 227 4556.

To download a copy of this toolkit, please visit www.supportwomenshealth.org.

Compassionate Care for Rape Victims Law in Wisconsin

2007 Assembly Bill 377

Date of enactment: **March 13, 2008**
Date of publication*: **March 27, 2008**

2007 WISCONSIN ACT 102

AN ACT to create 50.375 and 50.389 of the statutes; relating to: requiring a hospital to provide to a sexual assault victim information and, upon her request, emergency contraception and providing a penalty.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

SECTION 1. 50.375 of the statutes is created to read:
50.375 Emergency contraception for sexual assault victims. (1) In this section:

(a) "Emergency contraception" means a drug, medicine, oral hormonal compound, mixture, preparation, instrument, article, or device that is approved by the federal food and drug administration and that prevents a pregnancy after sexual intercourse. "Emergency contraception" does not include a drug, medicine, oral hormonal compound, mixture, preparation, instrument, article, or device of any nature that is prescribed to terminate the pregnancy of a female.

(b) "Sexual assault" means a violation of s. 940.225 (1), (2), or (3).

(c) "Victim" means a female who alleges or for whom it is alleged that she suffered sexual assault and who, as a result of the sexual assault, presents as a patient at a hospital that provides emergency services.

(2) A hospital that provides emergency services to a victim shall do all of the following:

(a) Provide to the victim medically and factually accurate and unbiased written and oral information about emergency contraception and its use and efficacy.

(b) Orally inform the victim of all of the following:

1. Her option to receive emergency contraception at the hospital.

2. Her option to report the sexual assault to a law enforcement agency.

3. Any available options for her to receive an examination to gather evidence regarding the sexual assault.

(c) Except as specified in sub. (4), immediately provide to the victim upon her request emergency contraception, in accordance with instructions approved by the federal food and drug administration. If the medication is taken in more than one dosage, the hospital shall provide all subsequent dosages to the victim for later self administration.

(3) A hospital that provides emergency care shall ensure that each hospital employee who provides care to a victim has available medically and factually accurate and unbiased information about emergency contraception.

(4) No hospital may be required to provide emergency contraception to a victim who is pregnant, as indicated by a test for pregnancy.

(5) The department shall respond to any complaint received by the department concerning noncompliance by a hospital with the requirements of subs. (2) and (3) and shall periodically review hospital procedures to

* Section 991.11, WISCONSIN STATUTES 2005-06 : Effective date of acts. "Every act and every portion of an act enacted by the legislature over the governor's partial veto which does not expressly prescribe the time when it takes effect shall take effect on the day after its date of publication as designated" by the secretary of state [the date of publication may not be more than 10 working days after the date of enactment].

2007 Wisconsin Act 102

- 2 -

2007 Assembly Bill 377

determine whether a hospital is in compliance with the requirements.

SECTION 2. 50.389 of the statutes is created to read:
50.389 Forfeiture. (1) Whoever violates a requirement under s. 50.375 (2) or (3) may be required to forfeit not less than \$2,500 nor more than \$5,000 for each violation.

(2) The department may directly assess forfeitures provided for under sub. (1). If the department determines that a forfeiture should be assessed for a particular violation, the department shall send a notice of assessment to the hospital. The notice shall specify the amount of the forfeiture assessed, the violation and the statute or rule alleged to have been violated, and shall inform the hospital of the right to a hearing under sub. (3).

(3) A hospital may contest an assessment of a forfeiture by sending, within 10 days after receipt of notice under sub. (2), a written request for a hearing under s. 227.44 to the division of hearings and appeals created under s. 15.103 (1). The administrator of the division may designate a hearing examiner to preside over the case and recommend a decision to the administrator under s. 227.46. The decision of the administrator of the

division shall be the final administrative decision. The division shall commence the hearing within 30 days after receipt of the request for a hearing and shall issue a final decision within 15 days after the close of the hearing. Proceedings before the division are governed by ch. 227. In any petition for judicial review of a decision by the division, the party, other than the petitioner, who was in the proceeding before the division shall be the named respondent.

(4) All forfeitures shall be paid to the department within 10 days after receipt of notice of assessment or, if the forfeiture is contested under sub. (3), within 10 days after receipt of the final decision after exhaustion of administrative review, unless the final decision is appealed and the order is stayed by court order. The department shall remit all forfeitures paid to the secretary of administration for deposit in the school fund.

(5) The attorney general may bring an action in the name of the state to collect any forfeiture imposed under this section if the forfeiture has not been paid following the exhaustion of all administrative and judicial reviews. The only issue to be contested in any such action shall be whether the forfeiture has been paid.

DHFS Division of Quality Service Memo to Hospitals

Jim Doyle
Governor

Kevin R. Hayden
Secretary



State of Wisconsin
Department of Health and Family Services

DIVISION OF QUALITY ASSURANCE

1 WEST WILSON STREET
P O BOX 2969
MADISON WI 53701-2969

Telephone: 608-266-8481
FAX: 608-267-0352
TTY: 888-241-9432
dhfs.wisconsin.gov

Date: April 15, 2008 -- **DQA Memo 08-010**

To: Hospitals HOSP 07

From: Otis Woods, Administrator
Division of Quality Assurance

Revisions to Wisconsin Statutes, Chapter 50, Effective March 28, 2008

As many of you are aware, Governor Jim Doyle signed 2007 Wisconsin Act 102 into law on March 13, 2008. The new law created section 50.375 of the Statutes, effective March 28, 2008.

Section 50.375 requires hospitals to provide a victim of sexual assault with specific information, and upon the victim's request, emergency contraception. Hospitals that fail to comply with these requirements are subject to a forfeiture of not less than \$2,500 or more than \$5,000 for each violation.

The Department of Health and Family Services is responsible for ensuring that hospitals comply with the requirements of section 50.375, and is authorized to directly assess forfeitures for violations of the law.

The Department of Health & Family Services/Division of Quality Assurance is sending this information to all hospitals and asking all hospital administrators to inform their staff of their responsibilities under the new law.

The law requires a hospital that provides emergency services to a victim of sexual assault to do all of the following:

- Provide the victim with medically and factually accurate and unbiased written and oral information about emergency contraception and its use and efficacy.
- Orally inform the victim of her option to receive emergency contraception, her option to report the sexual assault to a law enforcement agency, and any available options for her to receive an examination to gather evidence regarding the sexual assault.
- Immediately provide emergency contraception to the victim upon her request, in accordance with instructions approved by the federal food and drug administration. If the medication is taken in more than one dosage, the hospital shall provide all subsequent dosages to the victim for later self administration.

The law requires a hospital that provides emergency care to ensure that each hospital employee who provides care to a victim of sexual assault has available medically and factually accurate and unbiased information about emergency contraception. No hospital is required to provide emergency contraception to a victim who is pregnant, as indicated by a pregnancy test.

Thank you for your attention to this matter. If you have any questions about this information, please contact Cremear Mims, Director, Bureau of Health Services at (608) 264-9887 or (414) 227-4556.

Facts About Emergency Contraception for Rape Victims

In accordance with Section 2 of 2008 Wisconsin Act 102, a hospital must provide “medically and factually accurate and unbiased written and oral information about emergency contraception, its use and efficacy” and orally inform her of “her option to receive emergency contraception at the hospital.”

Emergency contraception (EC) is a term that describes the use of contraceptive methods to prevent pregnancy after unprotected or incompletely protected intercourse. The approach most often used is the ingestion of combined oral contraceptives (COC) or progestin only pills (POP) within 120 hours of unprotected intercourse. Please see the following page for regimens of different formulations for EC.

Safe and Effective Pregnancy Prevention

- Emergency contraception is a safe and effective, FDA approved method of preventing pregnancy after unprotected intercourse.¹ Before ovulation, EC disrupts follicular maturation and acts to inhibit or delay ovulation. Prevention of implantation after ovulation may be a secondary mechanism of action. Additionally, POPs alter tubal motility.
- EC is time sensitive. The sooner it is given, the better it works. When taken within 12 hours of a sexual assault, EC methods can be up to 99.5% effective.² A study of Plan B® found that when given within 24 hours it was 95% effective at preventing pregnancy, but when given between 48 and 72 hours after unprotected intercourse, Plan B® was found to be 61% effective at preventing pregnancy.³
- There are two ways to dispense EC: One approach requires giving a first dose within 72 to 120 hours of unprotected intercourse and a second dose 12 HRS later. The second approach, which is unique to progestin only medications, entails giving the entire course of medication at one time within 72 to 120 hours after unprotected intercourse.⁴
- Progestin only regimens are slightly more effective at reducing the risk of pregnancy. When started within 72 hours of unprotected intercourse, 85% of pregnancies were prevented with Plan B®, compared to 57% after using progestin estrogen combined pills.⁵
- The side effects of emergency contraception are temporary and may include nausea, vomiting and breast tenderness. Plan B® appears to be associated with the fewest side effects.⁶

EC in the ER: Care for Rape Victims

- An estimated 25,000 U.S. women become pregnant as a result of sexual assault each year. Emergency birth control could be used to prevent as many as 22,000 of these pregnancies.⁷
- The American Medical Association, the American College of Emergency Physicians and the American College of Obstetricians and Gynecologists all recognize EC as part of standard rape treatment.
- All females of reproductive potential should be offered EC if seen by a health care provider within 120 hours of the assault. It may also be offered to those seen more than 120 hours after assault at physician discretion.

EC and Minors

- Under Wisconsin law, minors have a right to confidential reproductive health care services; therefore, victims under the age of 18 should be counseled about EC in private and assured that decisions regarding their choices with respect to EC will be kept confidential.
- Although minors may obtain EC confidentially, any licensed healthcare professional with knowledge or reasonable cause to suspect that a minor has been a victim of sexual abuse is required to make a report to law enforcement, child protective services or the child welfare office.

¹ Food and Drug Administration approval announcement. “Prescription Drug Products: Certain combined oral contraceptives for use as postcoital emergency contraception,” *Federal Register*. Vol. 62, No. 27. February 25, 1997.

² Ellertson, C., Evans, M., Ferden, S., Leadbetter, C., Spears, A., Johnstone, K., et al. “Extending the time limit for starting the Yuzpe Regimen of emergency contraception to 120 HRS,” *Obstetrics and Gynecology*. 2003. 101(6):1168-71.

³ Ledray, Linda, “Forensic Evidence Collection and Care of the Sexual Assault Survivor: The SANE SART Response,” *Violence Against Women Online Resources*. 2001. 7:8.

⁴ Von Hertzen, H., “Low dose mifepristone and two regimens of levonorgestrel for emergency contraception: a WHO multicentre randomized trial,” *The Lancet*. 2002. 360:1803-09.

⁵ Ledray, Linda, “Forensic Evidence Collection,” 7.

⁶ American College of Obstetricians and Gynecologists. “Emergency oral contraception,” *ACOG Practice Bulletin*. 2001. Washington, D.C.:ACOG.

⁷ Stewart, F. and Trussell, J. “Prevention of Pregnancy Resulting from Rape,” *American Journal of Preventive Medicine*. 2000. (19):228-229. An earlier estimate by Holmes (1996) is 32,000 pregnancies result from sexual assault.

Emergency Contraception Pills and Regimens

Source: <http://ec.princeton.edu>

Dedicated Products / Progestin Only

Take 2 pills within 120 HRS after unprotected sex:

Plan B

Oral Contraceptives used for EC / Progestin Only

Take 40 pills within 120 HRS after unprotected sex:

Ovrette

Oral Contraceptives used for EC / Progestin Estrogen Combined

Note: in 28 day packs, only the first 21 pills can be used

Take 2 pills within 120 HRS after unprotected sex and take 2 more pills 12 HRS later:

Ogestrel

Ovral

Take 4 pills within 120 HRS after unprotected sex and take 4 more pills 12 HRS later:

Cryselle

Levlen

Levora

Lo/Ovral

Low Ogestrel

Nordette

Portia

Seasonale

Seasonique

Take 5 pills within 120 HRS after unprotected sex and take 5 more pills 12 HRS later:

Alesse

Aviane

Lessina

Levlite

Lutera

Please note: Intrauterine Devices (IUDs) can also be used as emergency contraception within five days of unprotected intercourse. An IUD can be left in place for up to 12 years for very effective contraception, or it can be removed after the next menstrual period, when it is certain that the patient is not pregnant. Although IUDs are 99.9% effective as emergency contraception, emergency IUD insertion is not advisable for women at high risk for sexually transmitted diseases, for adolescents, or for victims of rape. While the CCRV Coalition, in accordance with Dane County and Milwaukee SANE Programs, recommends the use of Plan B or another pill regimen for victims of sexual assault, the health care provider should provide the patient with information about all viable options for emergency birth control and allow her to choose her preferred method.

Frequently Asked Questions about Hormonal Approaches to EC

- 1. What is the risk of pregnancy from sexual assault?** The probability of pregnancy from a single, random, unprotected intercourse is estimated to be between two and four percent. The probability of pregnancy from a single, unprotected midcycle intercourse is at least 10 percent and may be as high as 30 percent if the exposure was on the day of ovulation.
- 2. Should EC be offered to victims who do not come to hospital immediately after the assault?** Although the reduction in the risk of pregnancy is most striking in the first 12 24 hours, EC can be effective for up to 120 hours after unprotected or incompletely protected intercourse. EC may be offered to victims of reproductive potential seen more than 120 hours after the assault at physician discretion.
- 3. Can EC be dispensed to victims who already use hormonal contraception?** In compliance with the new law, every woman must be offered EC after an assault, regardless of the degree to which she is at risk for pregnancy. It is important to note that about half of unintended pregnancies in the US result from a contraceptive method failure, including missed hormonal birth control pills in a cycle, which means that a woman who takes regular birth control may still be at risk for pregnancy from the assault.
- 4. What are the side effects associated with EC use?** The most common side effects of EC use are nausea and vomiting. At least 50% of the COC regimen users will experience nausea and 18 20% will have vomiting. The Plan B® (POP) regimen is associated with less than 25% frequency of nausea and about 5% vomiting. An antiemetic could be offered in conjunction with the EC regimen (products such as those used for motion sickness are generally sufficient), especially if utilizing a COC method. The dose may need to be repeated if an EC user vomits within 1 hour of taking the medication. Additionally, menstrual cycle changes may be experienced by as many 16 % of EC users. The short term nature of EC regimens makes any vascular complications such as thrombosis highly unlikely. Consequently, most women can safely use EC even if they cannot use hormonal birth control as their regular method of contraception.
- 5. What are the contraindications to EC use?** Women should not use EC who are already pregnant or who have genital bleeding of unknown cause. Though it is still safe to use EC, women who take medications for HIV, seizures, acne and tuberculosis, or the herbal supplement St. John s Wart, should be informed that EC may be less effective.
- 6. Should a pregnancy test be performed before using EC?** A pregnancy test is not a prerequisite to the use of EC, but a hospital may choose to test for pregnancy if the victim is pre menopausal. Base line pregnancy tests are accurate at 10 14 days post conception. It is remotely possible that a woman may have an undetected pregnancy from prior intercourse before the assault despite a negative pregnancy test in the ER. If a woman is already pregnant, emergency contraception will not end this pregnancy. Furthermore, there is no evidence that an existing pregnancy will be harmed from the use of EC, or of an increased risk of birth defects or other problems for an ongoing pregnancy should EC fail.
- 7. Does the Compassionate Care Law conflict with the ethical and religious directives for Catholic hospitals?**
No. Directive 36 of the *Ethical and Religious Directives for Catholic Health Care Services* makes a specific exception for emergency treatment of victims of sexual assault when it says, "A female who has been raped should be able to defend herself against a potential conception from the sexual assault. If, after appropriate testing, there is no evidence that conception has occurred already, she may be treated with medications that would prevent ovulation, sperm capacitation, or fertilization." Wisconsin s Compassionate Care law allows Catholic hospitals flexibility in terms of the provision of pregnancy tests to rape victims to determine whether or not the woman was pregnant prior to her assault.

Sample EC Protocol and Consent Form

Aurora Health Care
Sexual Assault Treatment Center

Effective Date: 6/94
Revised Date: 08/07
Reviewed: 08/07

TITLE: POST COITAL CONTRACEPTION (MORNING AFTER PILL)

I. PURPOSE:

To provide guidelines of when and how post coital contraception is to be administered.

II. POLICY:

Post coital contraception will be offered to all reproductive age women seeking care at the Sexual Assault Treatment Center if seen within 120 hours of the assault. It may be offered to those seen more than 120 hours at physician discretion.

III. PROTOCOL:

- A.** All reproductive age women will be requested to provide a urine specimen to perform a pregnancy test. It is necessary to determine if the patient is pregnant at this time. For women reporting they are post-menopausal, if there has been no menses for two years, the pregnancy test is not necessary and will be deferred.
- B.** The pregnancy test is accurate at 10-14 days post conception. If the assault occurred <10-14 days, the test is unable to detect the pregnancy.
- C.** The Pregnancy Risk Assessment form must be completed for each patient of reproductive age whether or not they desire post-coital contraception. The form provides general background information for the client about test results, current method of contraception, contraindications to the medication and potential side effects to the medication.
- D.** If the sensitive urine pregnancy test is negative and the patient is within 120 hours of assault and the patient requests post coital contraception, provide two options:
 - a) Patient will be given both doses of Plan B at a single dose
 - b) Patient will receive one pill at visit, followed by a second (final) pill 12 hours later.

If vomiting occurs within one hour of either dose, advise patient to return to SATC for repeat dose.
- E.** Advise patient menses may be altered regarding timing, amount of flow and duration of flow.
- F.** Advise patient to follow up with health care provider if patient does not menstruate at the time she expects menses to occur

Effective Date: 6/87
Revised Date: 10/05
Reviewed: 08/07

TITLE: PREGNANCY RISK ASSESSMENT

- I. PURPOSE:** To provide protocol for pregnancy risk assessment.
- II. POLICY:**
- A. All reproductive-age, female sexual assault victims will be assessed for pregnancy risk. If a female is reporting she is post-menopausal, determine last menses. If no menses for two or more years, there is no pregnancy risk.
 - B. All reproductive-age, sexual assault victims will receive a copy of their pregnancy risk assessment.
 - C. All reproductive-age, female sexual assault victims will be asked to sign an informed consent to indicate that they have read and understand the options available to them.
- III. PROTOCOL:**
- A. Determine the first day of bleeding of last normal menstrual period.
 - B. This becomes day 1 of this cycle. The probability of conception from a single, unprotected intercourse on days 11 to 18 of a 28-day cycle puts the patient at risk for pregnancy. If the patient's cycle is 35 days, her days of risk are 18 to 25. If her cycles are irregular, it is impossible to determine risk days and places the patient in the risk category. There is always the risk of contraceptive failure and various other which place the victim at risk.
 - C. Obtain a urine sample for a pregnancy test. Perform the pregnancy test per the point-of-care testing procedure. Perform a urine specific gravity test per the point-of care testing procedure. Record these results in the lab record book. Document results on Pregnancy Risk Assessment form and on the examination sheet (pg. 4) of the chart. A negative test indicates the client may not be pregnant. (Test is accurate 9-12 days after fertilization). However, a negative test does not rule out conception as the result of a recent sexual exposure.
 - D. Identify current method of contraception.
 - E. Identify if there are any contra-indications for post-coital contraception. (See Pregnancy Risk Assessment form)
 - F. Advise the patient that post-coital contraception (Plan B) must be started within 120 hours of the assault. It is preferable to give the first dose at time of visit. Treatment delay up to 120 hours after unprotected intercourse does not diminish efficacy but patient should be advised that the medication should be given as early as possible following the unprotected event, preferable within 72 hours when it is most effective.
 - G. If any medical findings raise concerns about giving post-coital contraceptive, review the concerns with the SATC physician.
 - H. Determine if the patient is a candidate for post-coital contraceptive.
 - I. The patient should read and sign the Pregnancy Risk Assessment form. RN initials the form. Give the patient a copy and the original becomes part of the medical record.
 - J. Instruct patient on how to take the post-coital medication and give according to protocol. Offer the patient the option of taking as a single dose (both pills) or taking as a two dose medication (one at one visit and second dose 12 hours after the first dose.) A single high dose of levonorgestrol (Plan B) is *not* associated with more side effects (nausea and vomiting). The rates of nausea and vomiting are equivalent for each regimen.



Aurora Health Care®

Site: _____

PREGNANCY RISK ASSESSMENT AND EMERGENCY CONTRACEPTIVE MEDICATION CONSENT FORM

RISK OF PREGNANCY

The probability of pregnancy from a single, random, unprotected intercourse is estimated to be between two and four percent. The probability of pregnancy from a single, unprotected midcycle intercourse (days 11 to 18 of a 28-day cycle) is at least 10 percent and may be as high as 30 percent if the exposure was on the day of ovulation.

BASE LINE PREGNANCY TEST I understand a base line pregnancy test has been performed and the result is negative positive
CURRENT CONTRACEPTION None My current method of contraception is _____

Emergency Contraceptive Pills are used to help prevent unplanned pregnancy following unprotected intercourse. The brand of pills we use, Plan B, contains only the hormone Progestin, also call Levonorgestrel. This medicine is more effective if started right away but, could be started as late as 120 hours after the assault.

The most common side effects from this medication are nausea and vomiting. Other side effects include upset stomach, abdominal pain, tiredness, headache, dizziness, and breast tenderness. Menstrual changes such as bleeding or spotting between periods may happen. Most women can safely use emergency contraceptive pills, even if they cannot use birth control pills as their regular method of birth control.

You should not use Levonorgestrel if you have had an allergic reaction to it, or to other progestin drugs, such as progestogen oral contraceptives (Ovrette®, Micronor®, Nor-QD®), progesterone, medroxyprogesterone. You should not use Levonorgestrel if you are already pregnant, or have unusual vaginal bleeding. It is remotely possible that you have an undetected pregnancy from prior intercourse, despite your negative pregnancy test today. However, if you are already pregnant this medicine will not end your pregnancy.

Tell your nurse if you are taking medications for: HIV, seizures, acne, tuberculosis, or taking St. John's Wort. These medicines may make Levonorgestrel less effective. If you are diabetic, you must monitor your blood sugar for the next 4 days.

CONSENT TO OBTAIN EMERGENCY CONTRACEPTION TO PREVENT PREGNANCY

I know that this treatment is not 100 percent effective in preventing pregnancy, but is provided as an emergency treatment. I understand that I must not have unprotected intercourse until my next menstrual period begins. I have been told the common side effects of post coital medications.

I understand that I should start the medicine immediately.
The sooner the medication is taken the more effective it will be.

- I will take my full dose (2 tablets) of Plan B by mouth on _____ (date) at _____ (time)
- Or* I will take the first dose (1 tablet) of Plan B by mouth on _____ (date) at _____ (time)
and my second dose must be taken in 12 hours. I will take my second dose (1 tablet) on _____ (date) at _____ (time)

If your next menstrual period is not normal or does not come at its usual time, call your health care provider.

Note: If you vomit within 1 hour of taking your pills, you must contact your nurse or inform your healthcare provider, as you may need to obtain another dose.

I have read the above information and have discussed the risks and benefits:
 I choose to take emergency contraception I choose not to take emergency contraception

Patient _____ Date _____
 Parent / Guardian _____ Date _____
 Witness Signature _____ Date _____



PREGNANCY RISK ASSESSMENT

Milwaukee, Wisconsin
White - Medical Records / Yellow - Patient
AHC 55657.j (Rev. 06/05)

Information about Reporting Sexual Assault to Law Enforcement

In accordance with Section 2 of 2007 Wisconsin Act 102, a hospital must orally inform a victim of sexual assault of "her option to report the sexual assault to a law enforcement agency."

The following information compiled by the Wisconsin Coalition Against Sexual Assault (<http://www.wcasa.org>) may be provided as a supplement to verbal inquiry about whether a victim would like to report the crime to law enforcement. If she chooses to report the crime, it is recommended that the police come to the hospital premises, along with an advocate from a local Rape Crisis Center to provide counseling throughout the process. For a complete directory of Wisconsin's Rape Crisis Centers, please see page 14.



Wisconsin Coalition Against Sexual Assault, Inc.

Information Sheet Series

After An Assault: Reporting to Law Enforcement

The decision to report a sexual assault belongs to the victim. Nobody should force or coerce the victim into reporting an assault to the police. This fact sheet is designed to provide information on what happens after a report to help victims make informed decisions about reporting.

If a victim reports a sexual assault to law enforcement, the following can occur: law enforcement **investigation**, district attorney **charging** decision, **plea bargain or trial**, **sentencing** by the court, and **imprisonment and/or supervision** of the defendant. Not all cases make it through this entire process.

PROS OF REPORTING

- The suspect may be held accountable
- Sense of closure
- Crime Victim Compensation
- Some victims believe reporting will help other victims
- Even an arrest may prevent future assaults
- Reporting sooner means the SOL won't expire
- The victim can have support throughout the process
- Reporting can validate the victim's feelings

CONS OF REPORTING

- No guarantee of charge and conviction
- Victim may be unhappy with sentence
- Conviction may not prevent re-offense
- Privacy may not be protected
- Family and friends may find out
- A conviction may not bring closure
- Victim may not feel supported or believed by those s/he interacts with in the criminal justice system
- Victims may feel that they have to re-live the assault over and over

THE INVESTIGATION: The following are common components of a sexual assault investigation: interview by a law enforcement officer, sexual assault nurse forensic exam (rape kit), longer interview by a detective, interview of the suspect, investigation into corroborating evidence, and sometimes, the collection of additional physical evidence from the scene. Some victims feel uncomfortable with this process. Luckily, most law enforcement agencies allow an advocate from a local sexual assault service provider to be with the victim during these interviews.

THE DISTRICT ATTORNEY: The district attorney will only charge the defendant with a crime if s/he believes there is enough evidence to show **beyond a reasonable doubt** that the defendant committed the crime.

THE COURT PROCESS: If the defendant is charged, the following will take place:

Pre-Trial Proceedings: Many proceedings take place before trial. The court will establish bail and bond, at which time it determines whether to keep the defendant incarcerated pending trial, or what amount of money, if posted, will ensure his/her presence at future court proceedings. The court will also impose bail conditions on the defendant. The defendant must enter a **plea**: guilty, not guilty, or nolo contendere (defendant admits there is enough evidence to prove the assault, but doesn't admit guilt). The prosecution must also show the court that there is enough evidence to go forward with the case. The court will also try to resolve evidentiary issues before trial, such as whether evidence should be excluded by rape shield law.

Trial: The trial includes opening arguments, the presentation of evidence by the prosecution and defense, and the closing argument. Each side can present factual and expert witnesses, each of whom is questioned by the prosecutor, then cross-examined by the defense. After the closing arguments, the jury (12 people in a criminal felony case) must come to a verdict of guilty or acquittal. In Wisconsin, the jury must unanimously agree on the verdict.

Sentencing: In Wisconsin, a defendant convicted of a crime can receive probation or a prison sentence followed by a period of supervision. If the judge issues a prison sentence, it must fall within a range prescribed by statute and must be followed by a period of supervision within a range prescribed by statute. The court may also impose a fine. For example, a defendant convicted of second degree sexual assault, a Class C felony, can be fined up to \$100,000, be imprisoned for up to 25 years and receive up to 15 years of supervision, but the later two combined can't exceed 40 years. At sentencing, a victim has the right to submit a victim impact statement to the court describing the economic, emotional, and physical impact of the crime. If an offender was convicted of a crime under older sentencing schemes, s/he could be eligible for parole.

AFTER CONVICTION: The Wisconsin Department of Corrections oversees the sentence of the offender after conviction. Prison time can include sex offender treatment. Offenders in the community on probation or supervision are supervised by a Department of Corrections agent. This agent will impose rules of supervision and pursue any revocation against the offender for a violation of these rules.

FREQUENTLY ASKED QUESTIONS:

If I report to the police, do I have to press charges? Can I drop charges later? The prosecutor, not the victim, makes charging and dismissal decisions, although many prosecutors will respect a victim's wishes. Sometimes, when the prosecutor believes it necessary for community safety, s/he might proceed with a case even when a victim doesn't want to.

I'm scared of the perpetrator. When I make a report, will s/he be arrested immediately? Each law enforcement agency decides when to arrest the perpetrator. Many will investigate the crime before arresting a perpetrator. Victims concerned about their safety can file a restraining order and can contact local sexual assault service providers for help with safety planning.

Will I have to testify at trial? In many sexual assault cases, one of the best pieces of evidence is the victim's testimony. Victims should be prepared to testify if their case goes to trial. However, if a case is settled in a plea bargain, victims won't have to testify. Cases involving child victims are handled differently, but even children can be called to testify at trial.

Will I have to see the defendant? If a case goes to trial, it is very likely that the victim will see the defendant because s/he has a constitutional right to be present at trial. Many courthouses are structured to ensure that the victim has as little contact with the defendant as possible.

How long will it take before my case goes to trial? Investigations can vary in time from hours to weeks and sometimes more. Pre-trial proceedings can also take time. If a trial does occur, it would not be uncommon for it to take place anywhere from 9 months to a year after the report, and sometimes it can take place even two years after the assault.

My friend/family member doesn't want to report the assault. I don't understand why. Many people don't understand why many victims don't report. Try to think about it from the victim's perspective. Victims fear being put on trial. They fear testifying in open court about graphic and detailed descriptions of the assault. Many want to focus on healing. Many feel ashamed for making what they believe was a poor decision, for example, to go on a date with someone who later assaulted them. As most victims know their perpetrators, some worry that others will have sympathy for the perpetrator and won't believe the victim. Reassure the victim that what happened wasn't his/her fault and that nobody deserves to be sexually assaulted, period.

If you are a victim, you are not alone. Please see www.wcasa.org for a list of service providers and crisis line numbers in your area.

Directory of Wisconsin Rape Crisis Centers

It is recommended that every rape victim be referred to a local Rape Crisis Center, where staff has specialized training, experience and access to program resources that allow them to address a wide range of victim needs during the emergency medical-legal process and beyond.

Northwest Region

Ashland – New Day Shelter

PO BOX 88 ASHLAND, WI 54806
PHONE: (715) 682 9566
CRISIS LINE: (800) 924 4132 / (715) 682 9565 (24 HRS)
FAX NUMBER: (715) 682 6865

Chippewa Falls – Family Support Center

PO BOX 143 CHIPPEWA FALLS, WI 54729
PHONE: (715) 723 1138
CRISIS LINE: (800) 400 7020 (24 HRS)
FAX NUMBER: (715) 723 8460

Eau Claire – Bolton Refuge House

PO BOX 482 EAU CLAIRE, WI 54702
PHONE: (715) 834 0628
LEGAL ADVOCATE: (715) 834 0628
CRISIS LINE: (715) 834 9578 / (800) 252 4357 (24 HRS)
FAX NUMBER: (715) 834 9634

Hayward – LCO Oakwood Haven

13394 W TREPANIA RD HAYWARD, WI 54843
PHONE: (715) 634 9360
CRISIS LINE: (877) 552 7474 (24 HRS)

Ladysmith – Time Out Family Abuse Shelter

PO BOX 406 LADYSMITH, WI 54848
PHONE: (715) 532 6976 (8:00 4:00)
CRISIS LINE: (715) 532 7089 / (800) 924 0556 (24 HRS)
FAX NUMBER: (715) 532 0972

Medford – Stepping Stones

PO BOX 224 MEDFORD, WI 54451
PHONE: (715) 748 3795 (8:30 5:00)
CRISIS LINE: (715) 748 5140 (24 HRS)
FAX NUMBER: (715) 748 2398

Menomonie – The Bridge to Hope

PO BOX 700 MENOMONIE, WI 54751
PHONE: (715) 235 9074 (8:00 4:30)
CRISIS LINE: (715) 235 9074 or (800) 924 9918 (24 HRS)
FAX NUMBER: (715) 235 9073

Milltown – Community Referral Agency

PO BOX 365 MILLTOWN, WI 54858
PHONE: (715) 825 4414
FAX NUMBER: (715) 825 4418
CRISIS LINE: (715) 825 4404 / (800) 261 SAFE (7233) (24 HRS)
Burnett County Outreach Office: (715) 349 7272

River Falls – Turningpoint

PO BOX 304 RIVER FALLS, WI 54022
PHONE: (715) 425 6751
CRISIS LINE: (800) 345 5104 (24 HRS)
FAX NUMBER: (715) 425 6908

Superior CASDA

2231 CATLIN AVE SUPERIOR, WI 54880
PHONE: (715) 392 3136 (9:00 4:00)
CRISIS LINE: (800) 649 2921 / (715) 392 3136 (24 HRS)
FAX NUMBER: (715) 392 8463

Northeast Region

Algoma – Violence Intervention Project

1405 DIVISION ST ALGOMA, WI 54201
PHONE: (920) 487 2111 (9:00 3:00)
CRISIS LINE: (877) 847 3223 (24 HRS)
FAX NUMBER: (920) 487 2110

Antigo – AVAIL

PO BOX 355 ANTIGO, WI 54409
PHONE: (715) 623 5177
CRISIS LINE: (715) 623 5767 (24 HRS)
FAX NUMBER: (715) 627 4901

Green Bay – Sexual Assault Center

300 CROOKS STREET
PO BOX 22308 GREEN BAY, WI 54305 2308
PHONE: (920) 436 8890
24 HOUR CRISIS PHONE: (920) 436 8899

Marshfield – Central WI Area Sexual Assault Victim Services (SAVS)

503 CHERRY AVE, STE 2 MARSHFIELD, WI 54449
PHONE: (715) 387 2729
CRISIS LINE: (715) 384 5555
Wisconsin Rapids Crisis Line: (715) 421 2345

Merrill – HAVEN

PO BOX 32 MERRILL, WI 54452
PHONE: (715) 536 1300
CRISIS LINE: (715) 536 1300 (24 HRS)
FAX NUMBER: (715) 536 1801

Oconto – Oconto County Sexual Assault Center

1210 MAIN STREET OCONTO, WI 541535
MAILING ADDRESS: PO BOX 22308
GREEN BAY, WI 54305
24 HOUR CRISIS PHONE: (920) 846 2111

Rhineland – Tri County Sexual Assault Center

PO BOX 233 RHINELANDER, WI 54501 0233
PHONE: (715) 362 6841 (8:00 4:00)
CRISIS LINE: (800) 236 1222 (24 HRS)
FAX NUMBER: (715) 362 9650

FOREST COUNTY OFFICE

PO BOX 158 CRANDON, WI 54520
PHONE: (715) 478 3780 (8:00 4:00)
CRISIS LINE: (800) 236 1222 (24 HRS)
FAX NUMBER: (715) 478 3796

VILAS COUNTY OFFICE

PO BOX 1867 EAGLE RIVER, WI 54521
PHONE: (715) 479 2912 (8:00 4:00)
CRISIS LINE: (800) 236 1222 (24 HRS)
FAX NUMBER: (715) 479 1072

Shawano – Safe Haven

PO BOX 665 SHAWANO, WI 54166
PHONE: (715) 524 6759
CRISIS LINE: (715) 526 3421
FAX NUMBER: (715) 524 6763

Stevens Point – Sexual Assault Victims Services

1608 WEST RIVER DRIVE STEVENS POINT, WI 54481
PHONE: (715) 343 7101
CRISIS LINE: (800) 472 3377
FAX NUMBER: (715) 343 7175

Sturgeon Bay – Door County Sexual Assault Center

827 N. 8TH ST STURGEON BAY, WI 54235
MAILING ADDRESS: PO BOX 22308 GREEN BAY, WI 54305
24 HOUR CRISIS PHONE: (920) 746 8996
FAX NUMBER: (920) 432 5966

Wausau – The Women’s Community

2801 SEVENTH ST #300 WAUSAU, WI 54403 3222
PHONE: (715) 842 5663 (8:00 4:30)
CRISIS LINE: (715) 842 7323 OR (888) 665 1234 (24 HRS)
FAX NUMBER: (715) 842 7051

Southwest Region

Baraboo – Hope House

PO BOX 432 BARABOO, WI 53913
PHONE: (608) 356 9123
CRISIS LINE: (800) 584 6790 (24 HRS)
FAX NUMBER: (608) 356 9863

Beloit – Sexual Assault Recovery Program

MAIN OFFICE:
423 BLUFF ST BELOIT, WI 53511
PHONE: (608) 365 1244
CRISIS LINE: (866) 666 4576 (24 HRS)

JANESVILLE OFFICE:

YWCA CARE HOUSE
1126 CONDE ST JANESVILLE, WI 53546
VOICE PHONE: (608) 305 0193

GREEN COUNTY OFFICE:

THE MONROE CLINIC
515 22ND AVE MONROE, WI 53566
VOICE PHONE: (608) 324 2444
FAX NUMBER: (608) 324 2499

Janesville – YWCA Alternatives to Violence

1735 S WASHINGTON ST JANESVILLE, WI 53546
PHONE: (608) 752 5445
CRISIS LINE: (608) 752 2583 or (800) 750 7990 (24 HRS)
FAX NUMBER: (608) 755 4743

La Crosse – Gundersen Lutheran Sexual Assault Counseling Program

1910 SOUTH AVE LA CROSSE, WI 54601
PHONE: (608) 782 7300 EXT. 53845
CRISIS LINE: (800) 362 8255 (24 HRS) OR (608) 775 5950
FAX: (608)775 6342

La Crosse – Safe Path/Franciscan Skemp Healthcare

800 WEST AVE SOUTH LA CROSSE, WI 54601
PHONE: (608) 791 7804
CRISIS LINE: (800) 362 5454 x7804 / (608) 791 7804 (24 HRS)
FAX NUMBER: (608) 791 9834

Madison – Rape Crisis Center

128 E OLIN AVE MADISON, WI 53713
PHONE: (608) 251 5126
CRISIS LINE: (608) 251 7273 (24 HRS)
FAX NUMBER: (608) 251 6229
www.danecountyrc.com

Platteville – Family Advocates

PO BOX 705 PLATTEVILLE, WI 53818
PHONE: (608) 348 4290
CRISIS LINE: (608) 348 3838 / (800) 924 2624 (24 HRS)
FAX NUMBER: (608) 348 4291

Richland Center – Passages

PO BOX 546 RICHLAND CENTER, WI 53581
BUSINESS PHONE: (608) 647 8775 SHELTER: (608) 647 6317
CRISIS LINE: (800) 236 4325 (24 HRS)
BUSINESS FAX: (608) 647 2720

Tomah – Monroe County Domestic Abuse Project

PO BOX 161 SPARTA, WI 54656
PHONE: (608) 374 6975
CRISIS LINE: (866) 346 0374 (24 HRS)
FAX NUMBER: (608) 269 7063

Southeast Region

Appleton – Sexual Assault Crisis Center Fox Cities

17 Park Pl. Suite 950 Appleton, WI 54914
PHONE: (920) 733 8119
CRISIS LINE: (800) 722 7797 OR (920)733 8119
FAX NUMBER: (920) 733 8190
www.SACC_foxcities.org

Beaver Dam – People Against a Violent Environment (PAVE)

PO BOX 561 BEAVER DAM, WI 53916
PHONE: (920) 887 3810
CRISIS LINE: (800) 775 3785 (24 HRS)
FAX NUMBER: (920) 885 2270

Elkhorn – Association for the Prevention of Family Violence

461 E. GENEVA ST ELKHORN, WI 53121
PHONE: (262) 723 4653
CRISIS LINE: (262) 723 4653 (24 HRS)
FAX NUMBER: (262) 723 8367

Fond du Lac – ASTOP Sexual Abuse Center

430 EAST DIVISION ST FOND DU LAC, WI 54935
PHONE: (920) 926 5395 (8:00 4:30)
CRISIS LINE: (800) 418 0270 (24 HRS)
FAX NUMBER: (920) 926 4306
www.astop.org or www.feelsafe.org

Kenosha – Women & Children’s Horizons

1511 56TH ST KENOSHA, WI 53140
PHONE: (262) 656 3500
CRISIS LINE: (800) 853 3503 (24 HRS)
FAX NUMBER: (262) 656 3402

Manitowoc – Sexual Assault Resource Center

333 REED AVE
P.O. BOX 1450 MANITOWOC, WI 54221 1450
PHONE: (920) 320 8560
CRISIS LINE: (920) 320 8555 (24 HRS)
FAX NUMBER: (920) 320 8635

Menasha – REACH Counseling Services

United Way Agency
1244C MIDWAY RD MENASHA, WI 54952
36 BROAD ST OSHKOSH, WI 54901
PHONE: (920) 722 8150 / (920) 426 1460
CRISIS LINE: (920) 722 8150 OR (920) 426 1460 (24 HRS)
FAX NUMBER: (920) 722 0142
www.reachcounseling.com

Milwaukee – Counseling Center of Milwaukee

2038 NORTH BARTLETT AVE MILWAUKEE, WI 53202
PHONE: (414) 271 2565 (M TH 8:30 A.M. 9:00 P.M.; F 8:30 4:30;
SAT 9:00 A.M. 12:00 P.M.)
CRISIS LINE: (414) 271 9523 (24 HRS)
www.tccmilw.org

Milwaukee – Sexual Assault Treatment Center

SINAI SAMARITAN MEDICAL CENTER
960 NORTH 12TH ST, ROOM 2120 MILWAUKEE, WI 53201

WEST ALLIS MEMORIAL HOSPITAL

8900 W LINCOLN AVE MILWAUKEE, WI 53214
PHONE: (414) 219 5850
CRISIS AND INFORMATION LINE: (414) 219 5555 (24 HRS)
FAX NUMBER: (414) 219 7570

Milwaukee – The Healing Center

611 W NATIONAL AVE, 4TH FLOOR MILWAUKEE, WI 53204
PHONE: (414) 671 4325 (671 HEAL)
CRISIS LINE: (414) 671 4325 (24 HRS)
FAX: (414) 671 6836
www.thehealingcenter.org

Racine – Sexual Assault Services

1220 MOUND AVE. SUITE 304 RACINE, WI 53404
PHONE: (262) 619 1634
CRISIS LINE: (262) 637 7233 (24 HRS, COLLECT CALLS
ACCEPTED)
FAX NUMBER: (262) 619 1638

WESTERN RACINE COUNTY OFFICE:

480 SOUTH PINE ST BURLINGTON, WI 53105
PHONE: (262) 763 6226

Saukville – Advocates of Ozaukee

PO BOX 80166 SAUKVILLE, WI 53080
PHONE: (262) 284 3577
CRISIS LINE: (262) 284 6902 (24 HRS)
FAX NUMBER: (262) 284 4403

Sheboygan – Safe Harbor

PO BOX 582 SHEBOYGAN, WI 53082
PHONE: (920) 452 8611 (9:00 5:00)
CRISIS LINE: (920) 452 7640 (24 HRS)
FAX NUMBER: (920) 453 6642

Waukesha – Women’s Center

505 NORTH EAST AVENUE WAUKESHA, WI 53186
PHONE: (262) 547 4600
CRISIS LINE: (262) 542 3828 OR (888) 542 3828 (24 HRS)
FAX NUMBER: (262) 522 3882
www.twcwaukesha.org

West Bend – Friends of Abused Families

PO BOX 117 WEST BEND, WI 53095
PHONE: (262) 334 5598, EXT 104
CRISIS LINES: (262) 334 7298 (24 HRS)
(262) 255 9488 (24 HRS)
(262) 673 7298 (24 HRS)

SANE Program and Examination

In accordance with Section 2 of 2007 Wisconsin Act 102, a hospital must orally inform a rape victim of "any available options for her to receive an examination to gather evidence regarding the sexual assault."

If a victim chooses to have an evidence collection exam, the CCRV Coalition, in accordance with United States Department of Justice, the Wisconsin Coalition Against Sexual Assault and the International Association of Forensic Nurses (IAFN), recommends utilizing the expertise of a Sexual Assault Nurse Examiner (SANE). A SANE is a registered nurse who has advanced education and clinical preparation in forensic examination of sexual assault victims and experience in providing expert testimony should a suspect be prosecuted for the crime. Please see the following page for a current listing of Wisconsin's SANE programs, most of which use a pool of SANEs who are on call 24 hours a day. For information on developing a SANE Program, or coordinating a multidisciplinary Sexual Assault Response Team (SART) at your hospital, please visit: www.sane.sart.com.

Although some variation is likely between SANE programs, services usually include:

- Crisis intervention (victim and family / significant others)
- Victim needs assessment
- Assistance (to adults if they choose) with reporting of the crime to law enforcement. Mandatory reporting of all suspected cases of child sexual assault / abuse
- Provision of an intrusive, invasive examination in a manner which does not retraumatize the victim
- Physical assessment and treatment for injury which may be present
- Collection of medical forensic evidence which may be useful in court
- The examination may include the use of forensic colposcopy and photography, which enhances injury assessment and documentation
- Assessment / counseling regarding sexually transmitted infections (including HIV) and pregnancy
- Provision of prophylactic treatment for certain sexually transmitted infections and the prevention of pregnancy, if appropriate
- Counseling regarding suspected drug facilitated sexual assault and testing, if appropriate
- Safety planning
- Discharge planning assess need for/provide referral to Rape Crisis Center, (advocacy and counseling), healthcare providers (follow up care), Crime Victim Compensation funds, et cetera
- Follow up with victim within one week of assault to assess need for further support and referrals
- Provide testimony, as factual or expert witness should the case go to court

If a hospital nearby has a SANE Program already in place and your institution does not have a relationship with a SANE, it would be acceptable to direct the victim to another institution after she is stabilized. But please note that if your hospital refers rape victims to another institution for evidence exams, information about and provision of emergency contraception must still be administered to the victim as soon as possible in your emergency room. Also note that a physician should, whenever possible, wait to treat injuries until after the evidence collection is over.

Additional Recommendations

Please consider the following recommendations, gathered from resources from the Wisconsin Coalition Against Sexual Assault, the Dane County Rape Crisis Center, the Wisconsin Chapter of the International Association of Forensic Nurses and other sexual assault advocacy agencies, when reviewing your hospital's protocol for treating victims of rape and incest.

Prioritize Her Care

Studies have repeatedly shown that victims are left in the ER waiting room for hours as they await an exam. While it is true that rape victims do not appear to have endured as traumatic an event as some other patients, it is very important that she be seen right away, largely due to the psychological trauma she is experiencing. It is important that rape victims are treated as a priority in the hospital and that her wounds are not seen as less serious than the other trauma victims. Also, due to the time sensitive nature of emergency contraception, it is important that the victim is offered this medication right away.

Be Mindful of Your Words

The term "alleged sexual assault" should never be used in documentation of a sexual assault. Not only may the term exacerbate the victim's emotional distress, but it may be interpreted by judges and juries as indicating the victim exaggerated or lied. Furthermore, the Dane County Rape Crisis Center recommends that the following be communicated to a victim of sexual assault:

I am glad you survived.

It's not your fault.

I'm sorry it happened.

You did the best you could.

No one deserves to be raped.

Assist Her in Getting the Help She Needs

In order to regain control of her life, it is important that a rape victim is able to make her own decisions. But there are more decisions that need to be made than informed decisions about EC, about reporting the crime, and about having evidence collected. Victims may need to find alternative safe housing, such as a shelter. They may be worried about acquiring sexually related infections from the attacker, so STI prophylaxis should be offered. Additionally, you may wish to keep a change of clothes on hand in case her clothing is collected as evidence. Transportation arrangements may need to be made to ensure that a victim safely gets home. By being as supportive and helpful as possible, health care providers can have a positive effect on rape victims later work through their trauma.

WI IAFN Evaluation of Victim of Sexual Assault Guideline

The following guideline has been edited to accommodate inclusion in the CCRVC WI Hospital Toolkit 2008. The complete text is available at www.wi-iafn.org/resources.

SEXUAL ASSAULT NURSE EXAMINER (SANE) / FORENSIC NURSE EXAMINER (FNE) EVALUATION OF THE ADOLESCENT / ADULT VICTIM OF SEXUAL ASSAULT

This guideline was developed by the Wisconsin Chapter of the International Association of Forensic Nurses (IAFN). This guideline is recommended for the care of the adolescent and adult when there is a history or concern of sexual abuse or assault. The guideline is not intended to include all the triage issues, medical evaluations, tests, and follow up that may be necessary for appropriate care for an individual patient. Not all the steps outlined in this guideline will be appropriate for every patient. The purpose of this guideline is to provide direction for SANE / FNE in the care of the adolescent or adult sexual assault patient. The goal is to ensure that compassionate and sensitive services and care are provided in a non judgmental manner. The physical and psychological well being of the sexual assault patient is given precedence over forensic needs. The guideline represents the basic standards in the assessment and care of the sexual assault patient.

I. GENERAL INFORMATION

Purpose of Exam

Medical/Forensic

1. Identify and treat injuries. Injuries that require intervention beyond scope of practice of SANE/FNE should be referred to the physician for treatment
2. Assess risk of pregnancy and sexually transmitted infections
3. Provide prophylaxis for sexually transmitted infections and emergency contraception, when indicated
4. Document history
5. Document physical findings
6. Collect / document forensic evidence

Social/Psychological

1. Respond to patient's and family's immediate emotional needs and concerns
2. Assess patient safety and immediate mental health needs
3. Explain reporting process, Crime Victims Compensation, and resources for advocacy and counseling

Consult/Report/Refer

1. Refer for follow up medical care
2. Refer for advocacy and counseling
3. In the case of minors report to Child Protective Services (CPS) and/or law enforcement ASAP
4. Report to law enforcement in the county where crime occurred, when indicated (See section "Mandated Reporting" below)

II. TRIAGE DECISIONS

Acute If assault happens within prior 96 hours:

1. Medical/forensic exam is considered urgent
2. Advise patient, if possible:
 - Do not bathe before exam
 - Bring in clothes worn at time of assault and immediately after assault, especially undergarments
 - Bring change of clothing
 - Come to hospital with support person, if possible

Non Acute If assault >96 hours prior:

Forensic Exam Forensic exam is generally NOT indicated on emergency basis

1. Individual case circumstances may warrant urgent evidence collection beyond 96 hours after an assault (i.e., little or no post assault hygiene, held captive, etc.) or when requested by law enforcement

Medical Exam Medical evaluation is indicated for all patients at any time following sexual assault

1. Patients may be evaluated by the SANE / FNE or referred to primary care provider or clinic for medical care
2. Advise patient of mandated reporting to CPS and/or law enforcement when under 18 years old
3. Inform and/or assist adult patient in contacting police, if the patient gives his/her consent.
4. Refer to sexual assault center, advocacy organization or mental health counselor for psychological support

Emergency Department Triage Medical stabilization always precedes forensic examination

Advocacy

SANE / FNE Programs will contact advocacy when the SANE / FNE is called and together will respond as a team.

Mandated Reporting

Life threatening assault/use of weapons

Injury caused by any weapon or incidents involving life threatening assault must be reported to law enforcement irrespective of reporting the sexual assault (WI Statute)

Minors <18 years

1. Nursing and medical providers are mandated to report to CPS and/or law enforcement ASAP when the victim is under 18 years of age (WI Statute)
2. Mandatory reporting applies even when minor has signed consent for their own care

Adults If the patient is an adult age 18 years and older and is competent, (18 and older) notification of law enforcement is done only if the patient gives his/her consent.

Documentation All mandated reporting must be documented within the medical record.

Consent

Informed consent for all procedures, evidence collection and treatments is obtained in all cases.

A patient seeking treatment for medical conditions related to reproductive health care may consent to such medical care or treatment at any age and without consent of parent/guardian (WI Statute). Abortion requires parental consent or judicial bypass.

III. HISTORY AND INITIAL EVALUATION

See the WI IAFN SANE / FNE Adult/Adolescent Sexual Assault Report

Patient Information

History of Assault

Interview patient and document the following:

- Facts about assault
- Methods used for control
- Physical facts of sexual assault
- Post assault activity of the patient
- Risk factors of assailant regarding Hepatitis B/C, HIV, if known

Past Medical History

Plan of Care

1. Discuss options for medical and forensic examination
2. Discuss patient reporting to law enforcement
3. Discuss mandatory CPS and/or law enforcement reporting
4. Inform patient that written information and educational literature will be provided

IV. EVIDENCE COLLECTION & STORAGE

Forensic Evidence Collection

Standard Sexual Assault Evidence Collection Kit, provided by the Wisconsin State Crime Laboratory, is generally used for evidence collection. Someone is available at the Crime Lab 24/7 to answer questions at (608) 266 2031.

Chain of Custody of Forensic Specimens

One staff member must be responsible for maintaining chain of evidence at all times.

Injury Documentation

Obtain digital photographs or request law enforcement to obtain photos. Video or photocolposcopy may be used to document the anogenital exam. Alternatives are careful drawings using anatomical sheets, Polaroid photographs or 35mm camera with macro lens.

1. Obtain consent from patient for photographs
2. Secure photodocumentation per hospital protocol.
3. Careful documentation with drawings is necessary even when photos are taken

Evidence Collection

General

It is the patient's right to consent or refuse any aspect of the exam and evidence collection. The physical and psychological well being of the sexual assault patient is given precedence over forensic needs. The proper collection of evidence is dependent upon the examiner and evidence beyond what is generally collected (as described in the kit instructions) should be collected when appropriate. Envelopes may be relabeled when used to obtain swabs from sites other than those outlined in the kit. The Wisconsin State Crime Lab is available 24/7 @ (608) 266 2031 to answer questions about the collection of evidence.

V. INITIAL LAB TESTS

Pregnancy Test Obtain urine or serum pregnancy test on all patients at risk of pregnancy

Toxicology Tests

Obtain toxicology and/or alcohol level when:

1. Patient appears impaired, intoxicated, or has altered mental status
2. Patient reports blackout, memory lapse, or partial or total amnesia for event
3. Patient or other is concerned that he or she may have been drugged
4. Separate consents for toxicology specimens need not be obtained, but patient should be informed that specimens are obtained
5. Samples for toxicology should be obtained ASAP

Hospital toxicology

If toxicology and/or alcohol results are needed for patient care, stat hospital toxicology tests must be done

Crime Lab toxicology (if assault reported to law enforcement)

Drug and alcohol testing may be done for legal purposes; legal specimens follow a chain of custody and are given to law enforcement (not processed through hospital lab).

Toxicology for non reporting patients

1. Drug and alcohol testing may be done if the patient requests such testing
2. These specimens are not given to law enforcement
3. Testing should be done according to hospital protocol.
4. The results to such testing will become a part of the patient's medical record

VI. MEDICAL EXAMINATION

General Information

1. All patients should receive a complete head to toe physical examination.
2. It is the patient's right to consent or refuse any aspect of the exam and evidence collection.
3. The patient may have a support person (relative, friend, or advocate) present during the exam.

Exam Procedure

The following sections outline the steps for the exam and collection of evidence. The order of these steps may vary by examiner preference or patient need.

Oral Exam

Document: Lacerations, abrasions, petechiae, and bruises and how injury acquired, if known. Document sites of pain even if no injury is noted. Check mucosa, palate, upper/lower frenula and tongue. **Forensic Swabs**

Skin Exam

Document: Bruises, petechiae, abrasions, lacerations, bite marks, and suction ecchymoses and how injury acquired, if known. Document sites of pain even if no injury is noted. **Forensic Swabs**

Genital Exam – Female

Document: Genital lacerations, abrasions, bruises, petechiae, erythema, inflammation, bleeding, edema, discharge, degree of estrogenation. Document sites of pain even if no injury is noted. **Forensic Swabs**

Genital Exam – Male

Document: Penile, scrotal or perineal abrasions, bruises, lacerations, petechiae, bleeding, edema, discharge, erythema, inflammation, tenderness and Tanner Stage. Document sites of pain even if no injury is noted. Retract foreskin to examine glans penis. **Forensic Swabs**

Perianal and Anal Exam (Male and Female)

Document: Perianal bruising, petechiae, edema, discharge, bleeding, tenderness, abrasions, lacerations, erythema, inflammation, and visible anal laxity. Document sites of pain even if no injury is noted.

Exam Technique

1. Digital exam is not indicated, except if concern for foreign body retention
 2. Anoscopy is indicated if there is a report of anal assault, active rectal bleeding or rectal pain. May require physician consult.
- Forensic Swabs**

VII. DIAGNOSTIC TESTS FOR MEDICAL TREATMENT

The following tests and procedures are not recommended for forensic purposes but may be done for patient care

Pregnancy Test

Obtain urine or serum pregnancy test on all patients at risk of pregnancy prior to administration of emergency contraception. (See Section V. **Initial Lab Tests**)

Toxicology Tests

Vaginal Wet Mount

STI Tests for Gonorrhea and Chlamydia

STI Tests for Syphilis and Syphilis Serology

HIV Testing

Hepatitis Serology

TREATMENT

Every patient who is at risk for pregnancy will be offered prophylactic treatment for pregnancy prevention. Document on the medical record if the patient declines pregnancy prophylaxis. Offer emergency pregnancy prophylaxis when:

1. Patient is at risk for pregnancy and
 - patient is not using highly reliable method of contraception such as oral contraceptives (no pills missed in a cycle), Depo provera or IUD and
 - pregnancy test is negative

2. Emergency contraception must be given within 120 hours of a sexual assault to be effective.

Medications used “Plan B” or what hospital has within formulary.

- “Plan B” can be given 1 tab every 12 hours or as 2 tabs immediately, anti emetics not needed

Every patient will be offered prophylactic treatment for sexually transmitted infections per current CDC guidelines

(MMRW, May 10, 2002 and www.cdc.gov/std/treatment)

Hepatitis B Vaccine

Tetanus Prophylaxis

Every patient will be offered prophylactic treatment for sexually transmitted infections, with the exception of HIV. In the case of HIV, the patient will be offered information regarding HIV and appropriate medical follow up for HIV. Prophylactic treatment for HIV may be started in the emergency department if the emergency department has prophylactic HIV protocols in place.

Generally prophylaxis not recommended, except in cases considered high risk:

- Assailant gay or bisexual male, IV drug user, prostitution history or from endemic area
- Assailant known to have HIV
- Multiple assailants

VIII. DISCHARGE AND FOLLOW UP CONTACT

1. Discuss safety issues / plan
2. Appropriate medical follow up will be identified for the patient with respect to the evaluation of possible sexually transmitted infections, pregnancy and any physical injuries sustained during the assault
3. Explain follow up for test results
4. Offer patient education materials
5. Confirm plans for medical and counseling follow up
6. Give phone number for sexual assault victim advocate and other support services
7. Follow up counseling information will be provided to the patient by the sexual assault advocate or the forensic examiner
8. Give written discharge instructions for all treatment and follow up
9. Information on area resources concerning medical follow up, crisis intervention phone numbers, sexual assault crisis centers, shelters, CPS, Crime Victim Compensation Program, law enforcement and the district attorney’s office will be given to the patient at the time of discharge
10. Per community protocol, refer minor patients to local child abuse intervention center for medical and forensic follow up

Follow Up

Recommended within two weeks of the initial exam. Review with patient or parent/guardian.

1. Emergency department / clinic record
2. Lab results
3. Current physical symptoms
4. Emotional reactions (sleep disorders, anxiety, depressive symptoms, flashbacks, other)
5. Concerns for safety
6. Concerns regarding STIs and HIV
7. Assess social support (family, friends)
8. Additional history or any new information regarding the assault
9. If patient is a minor report any new allegations to law enforcement and/or CPS as appropriate
10. Document follow up contact and additional referral(s) made within the medical record.

Referral Refer for further medical follow up, mental health and social services

Completed on 3/1/06 by the members of the WI Chapter of the IAFN Documentation / Protocol Subcommittee.

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Sample Comprehensive Compassionate Care Discharge Summary

Developed by the Wisconsin Chapter of the International Association of Forensic Nurses (WI IAFN)

Sexual Assault Nurse Examiner (SANE)/ Forensic Nurse Examiner (FNE) Program

Discharge Summary / Instructions

Pregnancy

You were tested for pregnancy: YES NO Result: Positive Negative Testing Not Indicated
You were given _____ as emergency contraception to prevent pregnancy.
You have decided **not** to use emergency contraceptive at this time. Patient initials _____

Sexually Transmitted Infections

You were/were not tested for sexually transmitted infections. These infections can spread through sexual contact.

You were tested for the following sexually transmitted infections:

____ Gonorrhea ____ Chlamydia ____ Trichomoniasis
____ HIV ____ Syphilis ____ Other: _____
____ You received _____ as treatment to prevent Gonorrhea.
____ You received _____ as treatment to prevent Chlamydia.
____ You received _____ as treatment for _____
____ You received Hepatitis B vaccine. You must complete the series with your Primary Healthcare Provider.
____ You have decided **not** to use antibiotic prophylaxis for the prevention of GC/Chlamydia. Patient initials _____
You should use a condom every time you have sex until you are sure you are free of a sexually transmitted infection.

HIV Risk Assessment

We have discussed with you the potential risk factors for exposure to HIV from the assault.

____ Your exposure was not considered to be high risk. We recommend that you have a baseline HIV test done within two weeks.

____ Your exposure was considered to be high risk. Referral made to: _____

****Medications which may prevent HIV MUST be started within 72 hours of the assault.****

Evidence Collection

____ While you were here evidence was collected and given to law enforcement officers to become part of the legal record.

____ While you were here evidence was collected. Although you do not want police involvement at this time, you may change your mind. The evidence will be given to law enforcement, but no action will be taken without your initiation.

____ While you were here evidence was **not** collected.

Follow-up Phone Call

I will call you in _____ days to give you your test results and see how you are doing. If you need to speak with me before that time, please call _____ leave a message and I will call you back.

Phone numbers: Home _____ Work _____ Other _____

Best time to call: _____ Is it okay to leave a message YES NO

Support/Advocacy

You have been given a folder containing information about your care today, community resources that are available to assist you, and important issues related to your recovery. In addition, if you would like to talk with someone, call _____ at _____. Someone is available to talk with you 24 hours a day, seven days a week.

Medical Follow-up

You have decided to seek follow-up care with _____.

Please call and make an appointment to be seen in _____ days.

****Important Note**** When you see your healthcare provider for follow-up we recommend you discuss the need for further or repeat testing for pregnancy and STI's.

Safety

Discharged to: _____ Time: _____

Examiner Signature & Date

Patient Signature & Date

CCRV Wisconsin Resource Guide

Organizations

Wisconsin Coalition Against Sexual Assault (WCASA)

www.wcasa.org

(608) 257 1516 or (608) 257 2537 tty

Wisconsin Coalition Against Domestic Violence (WCADV)

www.wcadv.org

(608) 255 0539

Compassionate Care for Rape Victims Coalition (CCRV)

www.wiawh.org

(608) 251 0139

Sexual Assault Nurse Examiners Sexual Assault Response Team (SANE SART)

www.sane_sart.com

(612) 873 2434

International Association of Forensic Nurses (IAFN)

www.iafn.org

(410) 626 7805

WI Chapter of IAFN

www.wi_iafn.org

Wisconsin Department of Health & Family Services

www.dhfs.state.wi.us

(608) 266 1865

American College of Emergency Physicians

www.acep.org

(800) 798 1822 or (972) 550 0911

American College of Obstetricians & Gynecologists

www.acog.org

(202) 638 5577

American Medical Association

www.ama-assn.org

(800) 621 8335

U.S. Department of Justice – Office on Violence Against Women

www.usdoj.gov/ovw

(202) 307 6026

U.S. Department of Justice Office for Victims of Crimes

www.ovc.gov

(202) 307 5983

Hotlines

SAFETA Sexual Assault Nurse Examiner Technical Assistance Helpline

(877) 819 SART

National Sexual Assault Hotline

(800) 656 HOPE

Emergency Contraception Provider List

(888) NOT 2 LATE

www.not_2_late.com

Wisconsin EC Hotline

(866) EC FIRST

Planned Parenthood

(800) 230 PLAN

www.ppwi.org

Patient Resources

Rape, Abuse & Incest National Network (RAINN)

www.rainn.org

(800) 656 4673, x 3

National Sexual Violence Resource Center (NSVRC)

www.nsvrc.org

(877) 739 3895 or (717) 909 0715 tty

National Center for Victims of Crime

www.ncvc.org

(202) 467 8700

IAFN Education

www.iafn.org/cmpublic/education/list.cfm

National Alliance of Sexual Assault Coalitions, Library of Information

<http://connsacs.org/learn/library.html>

National Violence Against Women Prevention Research Center

www.vawprevention.org

Resources

WI IAFN Practice Guidelines for Adult & Adolescent Patient

www.wi_iafn.org/resources

Sexual Assault Nurse Examiner (SANE) Development & Operations Guide

ojp.usdoj.gov/ovc/publications/infores/sane/saneguide.pdf

International Association of Forensic Nurses (IAFN)

Professional Publications

www.iafn.org/publication/publicationTools.cfm

Publications

- The Alan Guttmacher Institute. (2003). Emergency Contraception: Increasing Public Awareness. *Issues in Brief*, No. 2.
- American College of Emergency Physicians (2002). Management of the patient with the complaint of sexual assault. *ACEP Policy Statements*. <http://www.acep.org/1,614,0.html>.
- Amey, A. & D., Bishai. (2002). Measuring the Quality of Medical Care for Women Who Experience Sexual Assault with Data from the National Hospital Ambulatory Medical Care Survey. *Annals of Emergency Medicine*, 39(6): 631 38.
- Bennett, W., Petraits, C., D'Anella, A. & Marcella, S. (2003). Pharmacists' knowledge and the difficulty of obtaining emergency contraception. *Contraception*, 68 (4):261 67.
- Ciancone, A.C. Wilson, C., Collette, R. & Gerson, L.W. (2000). Sexual Assault Nurse Examiner programs in the United States. *Annals of Emergency Medicine*, 35(4): 353 57.
- Derhammer, F., Lucente, V., Reed III, J.F. & Young, M.J. (2000). Using a SANE interdisciplinary approach to care for sexual assault victims. *Joint Commission Journal on Quality Improvement*, 26(8): 488 96.x
- Ellertson, C., Evans, M., Ferden, S., Leadbetter, C., Spears, A., Johnstone, K., et al. (2003). Extending the time limit for starting the Yuzpe regimen of emergency contraception to 120 hours. *Obstetrics and Gynecology*, 101(6): 1168 71.
- Feldhaus, K.M., Houry, D. & Kaminsky, R. (2000). Lifetime sexual assault prevalence rates and reporting practices in an emergency department population. *Annals of Emergency Medicine*, 36(1): 23 27.
- Glasier, A. & Baird, D. (1998). The Effects of Self Administering Emergency Contraception. *The New England Journal of Medicine*, 339(1): 1 4.
- Goldenring, J.M. & Allred, G. (2001). Post rape care in hospital emergency rooms. *American Journal of Public Health*, 91(8): 1169 70.
- Grimes, D. & Raymond, E. (2002). Emergency Contraception. *Annals of Internal Medicine*, 137(3): 180 89.
- Hamel, R. & Panicola, M. (2002). Emergency Contraception and Sexual Assault. *Health Progress: A Journal of the Catholic Health Association*, 83(5):12 19. St. Louis, MO: Catholic Health Association.
- Holmes, M., Resnick, H., Kilpatrick, D. & Best, C. (1996). Rape related pregnancy: Estimates and descriptive characteristics from a national sample of women. *American Journal of Obstetrics and Gynecology*, 175(2): 320 25.
- Jones, J. & Whitworth, J. (2002). Emergency Evaluation and Treatment of the Sexual Assault Victim. *Topics in Emergency Medicine*, 24(4): 47 61.
- Keshavarz, R., Merchant, R. & McGreal, J. (2002). Emergency Contraception Provision: A Survey of Emergency Department Practitioners. *Academic Emergency Medicine*, 9(1): 69 73.
- Lawrence, J. (1999). Rape treatment: A SANE approach. *Hospitals and Health Networks*, 73(10):30.
- Mayes, G. (2003). Emergency Contraception: When Does Failure to Dispense Give Rise to Liability? *Medscape Ob/Gyn & Women's Health*, HTUwww.medscape.comUTH. 8(1).
- Patel, M. & Minshall, L. (2001). Management of sexual assault. *Emergency Medicine Clinics of North America*, 19(3): 817 31.
- Perkins, C.A. (1997). Age patterns of victims of serious violent crime. Special Report NCJ 162031. Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics.
- Rovi, S. & Shimoni, N. (2002). Prophylaxis Provided to Sexual Assault Victims Seen at US Emergency Departments. *Journal of the American Medical Women's Association*, 57(4): 204 207.
- Smith, K., Holmseth, J., Macgregor, M. & Letourneau, M. (1998). Sexual Assault Response Team: Overcoming obstacle to program development. *Journal of Emergency Nursing*, 24(4): 365 67.
- Smugar, S.S., Spina, B.J. & Merz, J.F. (2000). Informed consent for emergency contraception: Variability in hospital care of rape victims. *American Journal of Public Health*, 90(9): 1372 76.
- Stewart, F. & Trussell, J. (2000). Prevention of pregnancy resulting from rape: A neglected preventive health measure. *American Journal of Preventive Medicine*, 19(4):228 29.
- Trussell, J., Duran, V., Shochet, T. & Moore, K. (2000). Access to Emergency Contraception. *Obstetrics and Gynecology*, 95(2): 267 270.
- Trussell, J., Ellertson, C. & Stewart, F. (1996). The effectiveness of the Yuzpe regimen of emergency contraception. *Family Planning Perspective*, 280(2): 58 64.
- Trussell, J., Koenig, J., Ellertson, C. & Stewart F. (1997) Preventing Unintended Pregnancy: The Cost Effectiveness of Three Methods of Emergency Contraception. *American Journal of Public Health*, 87(6): 932 37.
- World Health Organization (1998). Emergency contraception: A guide to the provision of services. *Reproductive Health and Research*. <http://www.who.int/reproductivehealth/publications/FPP>

Glossary of Terms

Conception Conception occurs when an egg is fertilized by sperm. Medically speaking, conception is not synonymous with pregnancy. Pregnancy begins after conception, when a fertilized egg successfully implants on the wall of the uterus.

Forensic Examination An examination provided to a sexual assault victim by health care personnel trained to gather evidence of sexual violence in a manner suitable for use in a court of law generally using a standardized forensic evidence collection kit. The examination includes a patient interview, examination for physical trauma and collection of evidence at a minimum.

“Morning after pill” Another name for emergency contraception. Reproductive health professionals are using this term less often because it gives the false impression that the medication can only be taken the morning after unprotected sex, when in actuality, it can be taken up to five days later.

Pregnancy The medical definition of pregnancy is that it begins when a fertilized egg is successfully implanted on the wall of the uterus.

RU 486 This is also known as medication abortion and can be used to end an established pregnancy up to seven weeks into gestation. It is not the same thing as emergency contraception, or the “morning after pill.”

Sexual Assault Counselor/Advocate A staff member or volunteer at a rape crisis center who represents and supports a victim of sexual violence with the victim’s permission. The counselor/advocate provides the victim with counseling, advocacy and options available to the victim through the medical, legal and counseling process.

Sexual Assault Forensic Exam Kit A designated box or bag containing envelopes and other items for holding possible evidence from a sexual assault forensic exam. Examples are envelopes of debris (e.g. leaves, grass, sand), hair combs and small boxes or envelopes for vaginal, anal and oral swabs. Clothing and other relevant items are also collected and placed in the kit. The kit is sealed and signed by everyone who handles it (e.g. the examiner, police, lab staff); this list of names is known as the chain of evidence or chain of custody. Many states have specifically designed dedicated kits. Another term for sexual assault forensic exams is physical evidence recovery kit (PERK).

Sexual Assault Nurse Examiner (SANE)/Sexual Assault Forensic Examiner (SAFE) A registered nurse or physician trained to provide comprehensive care, timely collection of forensic evidence and testimony in sexual assault cases.

Sexual Assault/Rape Crisis Center Facilities that provide crisis counseling and intervention to victims/survivors of sexual violence and their significant others (most 24 hours a day) as well as information and referrals.

Sexual Assault Response Team (SART) A multidisciplinary team working collaboratively to provide specialized services for victims of sexual violence in the community. The team includes at a minimum, a medical director, a sexual assault forensic examiner, a sexual assault counselor/advocate, a law enforcement representative and a prosecutor. Other members of the community can be part of the team.

Sexual Violence/Sexual Assault Any time a person is forced, coerced and/or manipulated into unwanted sexual activity. Sexual assault is legally defined in states.

State/Territory Sexual Violence Coalition State/territory wide network of sexual assault crisis programs which work to end sexual violence through victim assistance, community education and public policy advocacy.

Victim vs. Survivor When a person presents at the emergency department after a sexual assault, the person has been victimized. The person eligible for crime victims’ compensation and the police, generally speaking, view the person as a victim of crime. In the anti sexual assault field, the term “survivor” is also used to describe a victim of sexual assault, because they have lived through this terrible experience. “Survivor” is often a personal term which victims/survivors may use once they have reached a certain stage of healing.