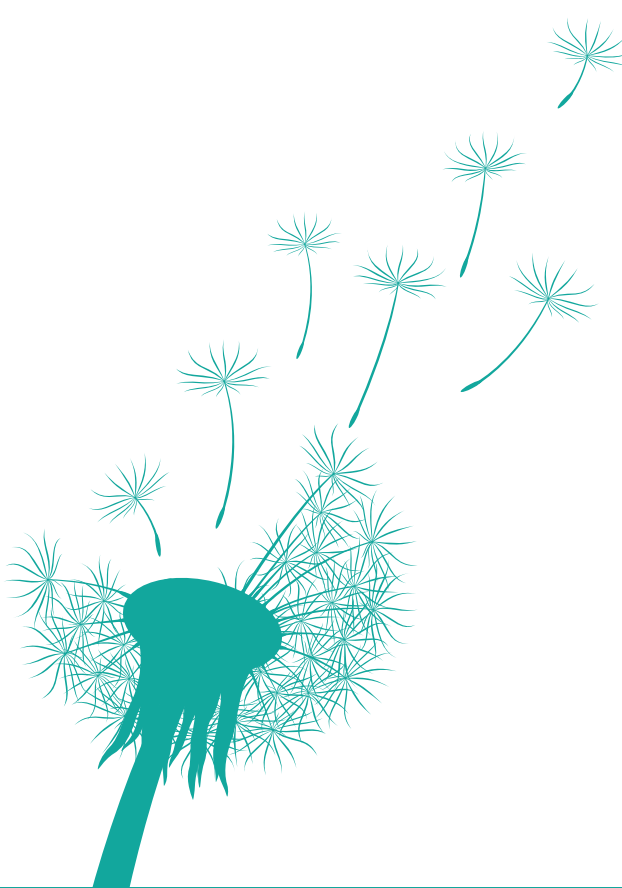


# Compassionate Care for Rape Victims in Wisconsin

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## Hospital and Provider Toolkit

2010 Edition



“Providing compassionate care can truly help transform a victim into a survivor.”

-Amanda Harrington, Sexual Assault Survivor



Wisconsin Alliance for  
**Women's Health**



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*Please note that this toolkit is not intended to provide legal advice. It should serve as a guideline for healthcare providers who are unfamiliar with the Compassionate Care for Rape Victims Law when treating victims of sexual assault. Please direct any questions regarding official compliance with 2007 Wisconsin Act 102 to the Bureau of Health Services at (608) 264-9887 or (414) 227-4556.*

*Compassionate Care requires oral and written information to ALL victims of sexual assault, regardless of language barriers. Please ensure your hospital makes arrangements for interpretation services as needed.*

**To download a copy of this toolkit, please visit [www.supportwomenshealth.org](http://www.supportwomenshealth.org).**

# Introduction: Why Compassionate Care for Rape Victims?

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“Providing compassionate care can truly help transform a victim into a survivor.” -Amanda Harrington, Sexual Assault Survivor

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—often the first place victims of sexual violence turn to for help—provide comprehensive and compassionate care to these patients.

In response to this need for comprehensive care, the Compassionate Care for Rape Victims (CCRV) Act was signed into law as Wisconsin Act 102 on March 13, 2008, adding Wisconsin to a list of 16 other states that have enacted laws providing rape crisis-related services to rape victims. This act ensures foremost that emergency contraception (EC) to prevent pregnancy is accessible to female victims of rape in Wisconsin’s emergency rooms.

The Compassionate Care for Rape Victims Coalition—a diverse group of organizations dedicated to ensuring comprehensive health care for rape victims—achieved a tremendous victory with the enactment of Wisconsin Act 102. This 2010 CCRV Toolkit is an updated version of the 2008 Toolkit that was created with the support of the CCRV Coalition. The Wisconsin Alliance for Women’s Health would like to extend a special acknowledgement to this group for paving the path to a more successful future for Wisconsin hospitals’ compliance with CCRV.



The Wisconsin Alliance for Women’s Health would also like to acknowledge MPH Graduate Student Researcher, Amy Olejniczak, and Intern, Emily Gordon, the authors of this toolkit, for creating a valuable resource to help Wisconsin hospitals comply with Wisconsin Act 102. In addition, the creation of this toolkit would not have been possible without the generous help and continued dedication of the following individuals and organizations:

- Amanda Harrington, Sexual Assault Survivor and Advocate
- Debbie Donovan, RN, SANE-A
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- Members of the Wisconsin Chapter of the International Association of Forensic Nurses
- Sara Finger, Executive Director - Wisconsin Alliance for Women’s Health
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- Wisconsin Coalition Against Sexual Assault, Inc. (WCASA)



# Understanding the Law: What is Compassionate Care for Rape Victims?

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The following is an explanation of everything you need to know about Wisconsin's Compassionate Care for Rape Victims Law.

## Wisconsin Act 102:

**1. Requires medically and factually accurate oral and written information about the use and effectiveness of emergency contraception (EC) to all female sexual assault victims of reproductive potential who present in the emergency room.**

All healthcare providers who treat female victims of sexual assault must present oral and written information about EC to the victim. This information must be unbiased and cannot reflect the individual provider's beliefs about EC. It is illegal for a healthcare provider to refuse to dispense EC to a victim upon her request. The only exception to this clause is if a victim tests positive for pregnancy, in which case the healthcare provider is not required to provide EC.

**2. Requires on-site provision of first dose and all subsequent doses (if applicable) of EC to female victims who choose to take it.**

Upon request, victims must be given all doses of EC at the emergency services facility in which they present. Victims cannot be transferred to secondary facilities or referred to a pharmacy to receive EC. All hospitals with emergency services therefore must have EC available on-site.

A full copy of Wisconsin Act 102 appears on page 6.

**Note:** Hospitals violating this law may be required to forfeit not less than \$2,500 nor more than \$5,000 for each violation.

**3. Requires oral information regarding options for reporting the crime given to all sexual assault victims.**

Adult victims are not obligated to report the assault to law enforcement. If a victim does choose to report the crime, it is recommended that the police are notified and come to the hospital premises. In addition, it is recommended that providers contact their local Rape Crisis Center and request an advocate to provide counseling for the victim throughout the process of reporting the crime. If the victim declines the option of reporting the crime, it is still recommended that the local Rape Crisis Center be contacted to provide advocacy services. More information about reporting an assault to law enforcement can be found on page 10. A comprehensive and updated listing of Rape Crisis Centers can be found on page 18.

**4. Requires oral information regarding options for evidence collection given to all sexual assault victims.**

Victims are not obligated to consent to an evidence collection exam; however, they must be given this option. If a victim agrees to have an exam, the United States Department of Justice and the International Association of Forensic Nurses (IAFN) recommend utilizing a Sexual Assault Nurse Examiner (SANE). A SANE is a registered nurse who has advanced educational and clinical training in forensic examinations of sexual assault victims. More information on SANE Examinations can be found on page 9. A comprehensive listing of Wisconsin SANE programs can be found on page 16.

# Compassionate Care for Rape Victims Law: Wisconsin Act 102

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.

# Compassionate Care for Rape Victims: Information for Providers

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## Frequently Asked Questions about Emergency Contraception (EC):

### What is EC?

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EC is a safe and effective method of pregnancy prevention. It is a high dose of ordinary birth control pills that can prevent pregnancy when taken within 5 days (120 hours) after intercourse.

### Who should not take EC?

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EC is safe for all women of reproductive capacity. However, women who are already pregnant should not take EC as it will not be effective. EC will not terminate an existing pregnancy, nor is there evidence that EC will harm an existing pregnancy.

### Should EC be offered to victims who are not seen immediately after the assault?

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EC can be effective for up to 5 days (120 hours) after intercourse. EC may be offered to victims of reproductive potential seen more than 5 days after the assault at their health care provider's discretion.

### Should EC be dispensed to victims who already use hormonal contraception?

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Yes. Every woman must be offered EC after an assault, regardless of the degree to which she is at risk for pregnancy. Fifty percent (50%) of unintended pregnancies result from misuse or failure of contraceptives. Therefore, a woman who takes regular birth control may still be at risk for pregnancy.

### What are the different forms of EC?

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Progestin-only pills (POP) can reduce the risk of pregnancy by 89%. These pills are available in the U.S. as Plan B®, Plan B One-Step® and Next Choice®. Combined Oral Contraception (COC) pills contain progestin and estrogen and can reduce the risk of pregnancy by 75%. For more information, visit [www.ec.princeton.edu](http://www.ec.princeton.edu).

### What side effects are associated with EC?

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The most common side effects of EC use are nausea and vomiting. Depending on the form of EC taken, up to 50% of EC users may experience nausea. An anti-emetic may be offered in conjunction with EC. Menstrual cycle changes may be experienced by as many 16% of EC users. Most women can safely use EC even if they cannot use hormonal birth control as their regular method of contraception. For more information, visit [www.ec.princeton.edu](http://www.ec.princeton.edu).

### What is the risk of pregnancy from sexual assault?

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The probability of becoming pregnant from a single, random, unprotected act of intercourse is 5%. This probability increases to at least 10% at mid-cycle and may be as high as 30% on the day of ovulation.

### Should a pregnancy test be performed before using EC?

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A pregnancy test is not a prerequisite to the use of EC, but a hospital may choose to test for pregnancy. Tests are accurate 10-14 days post conception. EC will not terminate an existing pregnancy.

### Do Catholic hospitals need to provide EC to victims of sexual assault?

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Yes. All hospitals, regardless of religious affiliation must provide EC immediately on-site. Directive 36 of the Ethical and Religious Directives for Catholic Health Care Services states: "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."

# Compassionate Care for Rape Victims: Information for Victims

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## Frequently Asked Questions for Victims of Sexual Assault

### What is the difference between Emergency Contraception and the “Morning After Pill”?

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Nothing. Emergency Contraception (EC) is the same as the Morning After Pill. The second term, however, is a little misleading. You can use EC anytime up to 5 days (120 hours) after unprotected intercourse, not just the “morning after.” EC is also often called Plan B.

### How does EC work?

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EC is made of the same hormones found in birth control pills. The hormones in EC work by keeping a woman’s ovaries from releasing eggs—a process called ovulation. Pregnancy cannot occur if there is no egg to join with the sperm. The hormones in EC also thicken a woman’s cervical mucus and thin the lining of her uterus, further reducing the chance that pregnancy will occur.

### What are the side effects of EC?

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The most common side effects of EC use are nausea and vomiting. Women using Combined Oral Contraception (COC) may experience more nausea and vomiting than those using Progestin-Only Pills (POP). You may be offered an anti-emetic (often used for motion sickness) along with EC to help with these side effects. If you vomit within 1 hour of taking the medication, tell your doctor. The dose may need to be repeated.

### When is the best time to take EC?

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EC is most effective within 5 days (120 hours) of unprotected sex, but the sooner it is started, the better it works. EC may be provided more than 120 hours after unprotected sex at your doctor’s discretion.

### Who can use EC?

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Almost all women can use a form of EC. EC is safe even for women who can not take regular birth control pills. Even though the type of hormones (estrogen and progestin) are the same in EC and regular birth control pills, the amount of hormones and the time that they are in your body are different. Women who are already pregnant should not take EC as it will be ineffective. EC will not terminate an existing pregnancy.

### How will I know if EC worked?

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After taking EC, you should expect your period within three weeks. It is normal for your next period to be irregular—it can be heavier, lighter, spottier, early, late or at the same time you usually expect it. If you do not have your period within three weeks of taking EC or are experiencing symptoms of pregnancy, take a pregnancy test or schedule an appointment with your doctor.

### Is EC the only way to prevent pregnancy after unprotected sex?

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Hormonal EC is not the only way to prevent an unintended pregnancy; however, it is considered to be more convenient and less invasive than its alternative, the Copper-T IUD. An IUD is a device that is inserted vaginally by your doctor and is more expensive than hormonal EC. Some women use the Copper-T IUD for regular birth control, but you can also have your doctor insert it up to five days after unprotected sex to prevent pregnancy.

To learn more about your EC options, talk with your doctor or visit [www.not-2-late.com](http://www.not-2-late.com).

*(This FAQ is based heavily on information provided by Planned Parenthood Federation of America, Inc. [www.plannedparenthood.org](http://www.plannedparenthood.org))*

# Treating the Victim: SANE Examinations

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If a victim chooses to have an evidence collection exam, the expertise of a Sexual Assault Nurse Examiner (SANE) is highly recommended. A SANE is a registered nurse who has advanced education and clinical preparation in forensic examination of sexual assault victims.

For information on developing a SANE Program, or coordinating a Sexual Assault Response Team (SART) at your hospital, please visit: [www.sane-sart.com](http://www.sane-sart.com).

If your hospital does not have a SANE program (SANE-trained staff available 24 hours/day) and a SANE is not available to conduct an exam, it is acceptable to transport the victim to another institution with a SANE program after stabilization. **Compassionate care, including written and oral information about and provision of emergency contraception (EC), must still be administered immediately in your emergency department before the transfer occurs.**

If your hospital's policy is to transfer patients to a nearby SANE program for evidence exams, a clear policy describing this process is critical. It is also important that a solid relationship and clear communication with the partnering institution is maintained. See page 16 for a current listing of SANE programs.

## SANE Examinations typically include:

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

All providers (SANE or other) conducting an evaluation of a victim of sexual assault should have a copy of the Wisconsin Chapter of the International Association of Forensic Nurses (WI-IAFN) recommended care guidelines available. These guidelines can be found at [www.wi-iafn.org](http://www.wi-iafn.org).



## After an Assault: Reporting to Law Enforcement

The information on pages 10 and 11 is provided by Wisconsin Coalition Against Sexual Assault, Inc.

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 help victims make informed decisions.

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
- Victim may experience a sense of closure
- Crime Victim Compensation
- Some believe reporting will help other victims
- Even an arrest may prevent future assaults
- Reporting sooner means the Statute of Limitations won't expire
- The victim can have support through 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 in the criminal justice system
- Victims may feel that they have to re-live the assault

**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, however most law enforcement agencies allow an advocate 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* - 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.

Please note: This information pertains to the adult victim's choice to report to law enforcement. For children and adolescents (< 18 years of age), mandatory reporting is required of health care providers of suspected child sexual assault.

- **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 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 not 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.

**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:

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### **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.

### **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 first. Victims concerned about their safety can file a restraining order and can contact 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 could take place anywhere from nine months to a year after the report, and sometimes up to 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.

# Showing Compassion: Additional Recommendations

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By being as supportive and helpful as possible, healthcare providers can have a positive effect on how successfully victims of sexual assault are able to work through their trauma.

## Prioritize Their Care

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It is important that rape victims are treated as priority in the emergency department. It is critical that the victim be seen right away largely due to the psychological trauma he/she is experiencing. Also, due to the time sensitive nature of EC, it is important that the victim is offered this medication as soon as possible.

## Be Mindful of Your Words

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The term “alleged sexual assault” should never be used in the documentation of a sexual assault. Not only may the term exacerbate the victim’s emotional distress, but judges and juries may interpret the assault as an exaggeration or lie. Furthermore, it is strongly recommended 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 Them in Getting the Help She Needs

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In order to regain control of their life, it is important that a victim is able to make their own decisions and fulfill personal needs. Below is a sample of efforts healthcare providers can take to ensure the victim’s needs are met:

- When appropriate, provide resources to find alternative safe housing, such as a shelter.
- Keep a change of clothes on hand in case their clothing is torn and/or collected as evidence.
- Make transportation arrangements to ensure he/she gets home safely.
- Connect the victim with a Rape Crisis Center for additional advocacy needs. A listing of Wisconsin Rape Crisis Centers can be found on page 18.

**Please note that written consent for emergency contraception is not required by law. This adds additional, unnecessary paperwork and stress for both the victim and providers. Please refer to the Sample Compassionate Care Discharge Summary on page 15 as an example of appropriate and useful documentation.**

*These recommendations have been gathered 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 advocates.*

# Sample Hospital Policy

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This sample policy, based on the Sexual Assault Policy used at Memorial Medical Center, Inc. in Ashland, Wisconsin, helps to ensure compassionate care for all victims of sexual assault.\*

\* This policy is intended for use by a hospital without a SANE program or a situation in which a SANE trained nurse is not available.

DEPARTMENT:	Nursing
SUB-UNIT:	ER
SUBJECT:	Sexual Assault
REFERENCE:	JC-PC; WI Statutes, Chapter 50
DATE REVISED:	6/11/2008

The victim of sexual assault comes to the Emergency Department seeking treatment for any injuries related to the assault and/or for medical collection of evidence that may be needed should she or he decide to prosecute the assailant at a later date. The patient should be offered psychological counseling as well as counseling regarding pregnancy and/or sexually transmitted diseases.

The patient may be suffering some emotional shock from the crisis. It is important that nursing staff who care for rape victims treat the patient with empathy and respect in a non-judgmental manner. The following guidelines for care should be followed:

1. The patient should be taken to a private room.
2. A female staff member should be assigned to care for a female patient. It is preferable to have one nurse care for the patient throughout her stay in the ER. The patient should be advised not to wash, rinse her mouth, urinate, defecate, eat or drink before the rape exam.
3. The nurse should fill out the ER Sexual Assault Form including history and physical examination. The patient should sign the consent for treatment and release of information form. The consent form includes permission for any necessary photography. The ER nurse should photograph any physical injuries seen.
4. Law enforcement personnel is to be notified:
  - at the request of the victim, to sign a complaint or to make a police report of the incident.
  - if the victim is a child.
  - due to the extent of the victim's injury such as a stabbing or gunshot wound.
  - at the request of either hospital personnel or the victim to restrain or escort the perpetrator away from the premises.

*Continued...*

# Sample Hospital Policy

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Continued...

5. The nurse and physician complete all evidence collection necessary for the Sexual Assault Kit. A physician must examine the patient and perform the vaginal examination collecting evidence as necessary and documenting this on the Sexual Assault form. The kit is then signed and sealed.

If the patient **consents** to release the kit to law enforcement:

- The kit will be given to law enforcement.
- Any clothing that is needed for evidence is given to the police in a paper bag and documented on the Sexual Assault record. Clothing should be placed in individual paper bags. Each item should be labeled with patient's name, item of clothing, date, time and name of nurse who collected the clothing. Each bag should be sealed with evidence tape.

If the patient **does not consent** to release the kit to law enforcement:

- The kit will be sent to the hospital lab. The lab will hold the kit for 30 days and then discard it unless the patient decides to press charges.
- The patient must be informed that the sexual assault evidence kit will be discarded after 30 days.

6. The **Compassionate Care for Rape Victims Law** (Wisconsin Act 102) requires that a hospital that provides emergency services to a victim of sexual assault 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.

Counseling regarding the possibility of sexually transmitted diseases should be done.

7. Arrangements for follow-up care should be made and discharge summary completed.
8. Counseling and emotional care in the ED or in the future can be provided by social services, rape advocates, or clergy. The nurse should contact an agency for assistance with referrals and counseling.\*

This sample policy is based on the Sexual Assault Policy used at Memorial Medical Center, Inc. in Ashland, Wisconsin.

\* For a listing of local rape crisis centers, see page 18.

# Sample Discharge Summary

This sexual assault discharge form was 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

## Directory of Wisconsin SANE Programs (1 of 2)

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A SANE is a registered nurse who has advanced education and clinical preparation in forensic examination of sexual assault victims.

### **Appleton Medical Center**

#### **Fox Valley SART**

1818 N Meade St  
Appleton, WI 54911  
Phone: 920-831-1853

### **Aspirus Wausau Hospital**

333 Pine Ridge Blvd  
Wausau, WI 54401  
Phone: 715-847-2160

### **Aurora Memorial Hospital of Burlington**

252 McHenry St  
Burlington, WI 53105  
Phone: 262-767-6806

### **Aurora Medical Center- Hartford Rose**

1032 E Sumner St  
Hartford, WI 53027  
Phone: 262-670-7201

### **Aurora Medical Center- Kenosha**

10400 75th St  
Kenosha, WI 53143  
Phone: 262-948-5667

### **Aurora Lakeland Medical Center**

W3985 County Hwy NN  
Elkhorn, WI 53121  
Phone: 262-741-2428

### **Aurora Medical Center- Two Rivers \***

5000 Memorial Dr  
Two Rivers, WI 54241  
Phone: 920-794-5125

### **Aurora Medical Center- Oshkosh**

855 N Westhaven Dr  
Oshkosh, WI 54904  
Phone: 920-456-7238

### **Aurora Sheboygan Memorial Medical Center**

2629 N 7th St  
Sheboygan, WI 53083  
Phone: 920-451-5553

### **Aurora Sinai Medical Center**

945 North 12th  
Milwaukee, WI 53233  
Phone: 414-219-5555

### **Aurora West Allis Medical Center**

8901 W Lincoln Ave  
West Allis, WI 53227  
Phone: 414-219-5555

### **Baldwin Area Medical Center**

730 10th Ave  
Baldwin, WI 54002  
Phone: 715-684-3311

### **Beaver Dam Community Hospital \***

707 S University Ave  
Beaver Dam, WI 53916  
Phone: 920-887-4024

### **Beloit Memorial Hospital \***

1969 W Hart Rd  
Beloit, WI 53511  
Phone: 608-364-5209

### **Berlin Memorial Hospital**

225 Memorial Dr  
Berlin, WI 54923  
Phone: 920-361-5935

### **Black River Memorial Hospital**

711 W Adams St  
Black River Falls, WI 54615  
Phone: 715-284-1306

### **Burnett Medical Center**

257 W St. George Ave  
Grantsburg, WI 54840  
Phone: 715-488-2284

### **Children's Hospital of Wisconsin \***

9000 W Wisconsin Ave  
Wauwatosa, WI 53226  
Phone: 414-266-2000

### **Columbia St. Mary's - Milwaukee \***

2727 N Lake Dr  
Milwaukee, WI 53211  
Phone: 414-291-1418

### **Community Memorial Hospital \***

815 S Main St  
Oconto Falls, WI 54154  
Phone: 920-846-3444

### **Divine Savior Healthcare \***

2817 New Pinery Rd  
Portage, WI 53901  
Phone: 608-145-5008

### **Franciscan Skemp Healthcare**

700 West Ave South  
LaCrosse, WI 54601  
Phone: 608-392-7059

### **Froedtert Hospital**

9200 W Wisconsin Ave  
Milwaukee, WI 53226  
Phone: 414-805-4700

### **Good Samaritan Health Center**

601 S Center Ave  
Merrill, WI 54452  
Phone: 715-539-5160

### **Gunderson Lutheran Medical Center**

1910 South Ave  
LaCrosse, WI 54601  
Phone: 608-775-3128

### **Holy Family Memorial**

2300 Western Ave  
Manitowoc, WI 54220  
Phone: 920-320-2603

### **Hudson Hospital \***

405 Stageline Rd  
Hudson, WI 54016  
Phone: 715-317-0062

### **Lakeview Medical Center \***

1100 N Main St  
Rice Lake, WI 54868  
Phone: 715-236-6142

### **Luther Hospital \***

1221 Whipple St  
Eau Claire, WI 54703  
Phone: 715-832-4760

## Directory of Wisconsin SANE Programs (2 of 2)

### Luther Midelfort Chippewa Valley \*

1501 Thompson St  
Bloomer, WI 54724  
Phone: 415-568-2000

### Mercy Hospital

1000 Mineral Point Ave  
Janesville, WI 53548  
Phone: 608-756-6522

### Mercy Medical Center \*

500 S Oakwood Rd  
Oshkosh, WI 54904  
Phone: 920-223-0567

### Meriter Hospital

202 S Park St  
Madison, WI 53719  
Phone: 608-417-5916

### New London Family Medical Center

1405 Mill St  
New London, WI 54961  
Phone: 920-531-2000

### Prairie du Chien Memorial Hospital \*

705 E Taylor St  
Prairie du Chien, WI 53821  
Phone: 608-357-2222

### Red Cedar Medical Center \*

2321 Stout Rd  
Menomonie, WI 54751  
Phone: 715-235-5531

### Reedsburg Area Medical Center \*

2000 N Dewey Ave  
Reedsburg, WI 53959  
Phone: 608-768-6222

### Ripon Medical Center \*

933 Newbury St  
Ripon, WI 54971  
Phone: 920-748-9126

### Riverside Medical Center \*

800 Riverside Dr  
Waupaca, WI 54983  
Phone: 715-258-1041

### Riverview Hospital Association

410 Dewy St  
Wisconsin Rapids, WI 54495  
Phone: 715-421-7474

### Shawano Medical Center

309 N Bartlette St  
Shawano, WI 54166  
Phone: 715-526-2111

### St. Agnes Hospital \*

430 E Division St  
Fond du Lac, WI 54901  
Phone: 920-926-4601

### Sacred Heart Hospital

900 West Claremont Ave  
Eau Claire, WI 54701  
Phone: 715-839-4222

### Sacred Heart- St. Mary's Hospital

2251 North Shore Dr  
Rhineland, WI 54501  
Phone: 715-361-2100

### Sauk Prairie Memorial Hospital \*

80 First St  
Prairie du Sac, WI 53578  
Phone: 608-643-7206

### St. Clare's Hospital

3400 Ministry Parkway  
Weston, WI 54476  
Phone: 715-393-2950

### St. Croix Valley

1343 N Main St  
River Falls, WI 54022  
Phone: 715-425-6443

### St. Elizabeth Hospital

1506 S Oneida  
Appleton, WI 54915  
Phone: 920-738-2100

### St. Joseph's Hospital

611 St Joseph Ave  
Marshfield, WI 54449  
Phone: 715-387-1713

### St. Mary's Medical Center

3801 Spring St  
Racine, WI 53405  
Phone: 414-687-4011

### St. Michael's Hospital

900 Illinois Ave  
Stevens Point, WI 54481  
Phone: 715-346-5000

### St. Vincent Hospital

835 S Van Buren St  
Green Bay, WI 54307  
Phone: 920-433-8181

### Stoughton Hospital \*

900 Ridge St  
Stoughton, WI 53589  
Phone: 608-873-2312

### The Monroe Clinic \*

515 22nd Ave  
Monroe, WI 53587  
Phone: 608-324-1160

### Theda Clark

130 Second St  
Neenah, WI 54956  
Phone: 920-729-3137

### Vernon Memorial Hospital \*

507 S Main St  
Viroqua, WI 54665  
Phone: 608-637-4265

### Watertown Memorial Hospital

125 Hospital Dr  
Watertown, WI 53098  
Phone: 920-262-4222

### Waukesha Memorial Hospital

725 American Ave  
Waukesha, WI 53188  
Phone: 262-928-7690

### Waupun Memorial \*

620 W Brown St  
Waupun, WI 53963  
Phone: 920-324-6522

### Wheaton Franciscan Healthcare - All Saints

3801 Spring St  
Racine, WI 53405  
Phone: 262-687-8970

**\* Location does NOT have a SANE program, but does have SANE-trained staff available.**

# Directory of Wisconsin Rape Crisis Centers (1 of 3)

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A Rape Crisis Center provides services to sexual assault victims and their family and friends. Services are typically free of charge and include crisis intervention, counseling, advocacy services and more.

## Northwest Region

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### Ashland - New Day Shelter

PO Box 88 Ashland, WI 54806  
Phone: 715-682-9566  
Crisis Line: 715-682-9565 (24 hrs)  
Fax: 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: 715-723-8460

### Eau Claire - Bolton Refuge House

PO Box 482 Eau Claire, WI 54702  
Phone: 715-834-9578  
Crisis Line: 715-834-9578/  
800-252-4357 (24 hrs)  
Fax: 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: 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/  
866-343-5140 (24 hrs)  
Fax: 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/  
800-924-9918 (24 hrs)  
Fax: 715-235-9073

### Milltown- Community Referral Agency

PO Box 365 Milltown, WI 54858  
Phone: 715-825-4414  
Crisis Line: 715-825-4404/  
800-261-7233 (24 hrs)  
Fax: 715-825-4418

### Burnett County Outreach Office

Phone: 715-349-7272  
Website: <http://crashelter.org>

### River Falls - Turning Point

PO Box 304 River Falls, WI 54022  
Phone: 715-425-6751  
Crisis Line: 800-345-5104 (24 hrs)  
Fax: 715-425-6908

### Superior - CASDA

2231 Catlin Ave Superior, WI 54880  
Phone: 715-392-3136 (9:00-4:00)  
Crisis Line: 800-649-2921/  
715-3923136 (24 hrs)  
Fax: 715-392-8463

## Northeast Region

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### 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: 920-487-2110

### Antigo- AVAIL

PO Box 355 Antigo, WI 54409  
Phone: 715-623-5177  
Crisis Line: 715-623-5767 (24 hrs)  
Fax: 715-627-4901

### Crandon- Forest County Sexual Assault Center

PO Box 158 Crandon, WI 54520  
Phone: 715-478-3780 (8:00-4:00)  
Crisis Line: 800-236-1222 (24 hrs)  
Fax: 715-478-3796

### Eagle River- Vilas County Sexual Assault Center

201 Hospital Rd  
Eagle River, WI 54521  
Phone: 715-479-2912 (8:00-4:00)  
Crisis Line: 800-236-1222 (24 hrs)

### Green Bay- Brown County Sexual Assault Center

300 Crooks St Green Bay, WI 54301  
Phone: 920-436-8899  
Crisis Line: 920-436-8899/  
920-436-8888

### Merinette - Merinette County Sexual Assault Center

1907 Ella Ct. Merinette, WI 54143  
Phone: 920-436-8899  
Crisis Line: 715-732-7300

### Merrill - HAVEN

PO Box 32 Merrill, WI 54452  
Phone: 715-536-1300  
Crisis Line: 715-536-1300 (24 hrs)  
Fax: 715-536-3816

# Directory of Wisconsin Rape Crisis Centers (2 of 3)

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## Oconto - Oconto County Sexual Assault Center

1201 Main St  
Oconto, WI 54153  
Phone: 920-846-2111  
Crisis Line: 920-436-8899

## Rhineland - Oneida County Sexual Assault Center

PO Box 233 Rhineland, WI 54501  
Phone: 715-362-6841 (8:00-4:00)  
Crisis Line: 800-236-1222 (24 hrs)  
Fax: 715-362-9650

## Shawano - Safe Haven

PO Box 665 Shawano, WI 54166  
Phone: 715-524-6759  
Crisis Line: 715-526-3421  
Fax: 715-524-6763

## Stevens Point - Sexual Assault Victims Services

1608 W River Dr Stevens Point, WI 54481  
Phone: 715-343-7101  
Crisis Line: 800-472-3377  
Fax: 715-343-7175

## Sturgeon Bay - Door County Sexual Assault Center

827 N 8th St Sturgeon Bay, WI 54235  
Phone: 920-436-8899  
Crisis Line: 920-746-8996 (24 hrs)  
Fax: 920-432-5966

## Wausau - The Women's Community

2801 7th St #300 Wausau, WI 54403  
Phone: 715-842-5663 (8:00-4:30)  
Crisis Line: 715-842-7323/  
888-665-1234 (24 hrs)  
Fax: 715-842-7051

## Wisconsin Rapids - The Family Center, Inc.

500 25th Ave N  
Wisconsin Rapids, WI 54494  
Phone: 715-421-1511  
Crisis Line: 715-421-2345 (24 hrs)

## Southwest Region

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### Baraboo - Hope House

PO Box 557 Baraboo, WI 53913  
Phone: 608-356-9123  
Crisis Line: 800-584-6790 (24 hrs)  
Fax: 608-356-9863

### Beloit - Sexual Assault Recovery Program

423 Bluff St Beloit, WI 53511  
Phone: 608-365-1244  
Crisis Line: 866-666-4576 (24 hrs)

### Monroe - The Monroe Clinic: Sexual Assault Recovery Program

515 22nd Ave Monroe, WI 53566  
Phone: 608-324-2444  
Crisis Line: 866-666-4576 (24 hrs)

### Janesville - YWCA Alternatives to Violence

1735 S Washington St  
Janesville, WI 53546  
Phone: 608-752-5445  
Crisis Line: 608-752-2583/  
800-750-7990 (24 hrs)  
Fax: 608-755-4743

### La Crosse - Gundersen Lutheran Sexual Assault Emergency Contacts

1900 South Ave  
La Crosse, WI 54601  
Phone: 608-782-7300  
Crisis Line: 800-362-9567/  
608-775-3128 (24 hrs)  
Fax: 608-775-6342

### La Crosse - Safe Path/ Franciscan Skemp Healthcare

800 West Ave S  
La Crosse, WI 54601  
Phone: 608-791-7804  
Crisis Line: 608-392-7804/  
800-362-5454 x7804 (24 hrs)  
Fax: 608-791-9834

### Madison - Rape Crisis Center

2801 Coho St Ste 301  
Madison WI 53713  
Phone: 608-251-5126  
Crisis Line: 608-251-7273 (24 hrs)  
Fax: 608-251-6229

### Platteville - Family Advocates

PO Box 705 Platteville, WI 53818  
Phone: 608-348-5995  
Crisis Line: 800-924-2624  
Fax: 608-348-3184

### Richland Center - Passages

PO Box 546  
Richland Center, WI 53581  
Phone: 608-647-8775  
Shelter: 608-647-6317  
Crisis Line: 800-236-4325 (24 hrs)  
Fax: 608-647-2720

### Sparta - Brighter Tomorrows

PO Box 161 Sparta, WI 54656  
Phone: 608-269-7853  
Phone (Tomah): 608-374-6975  
Crisis Line: 866-346-0374 (24 hrs)  
Fax: 608-269-7063

## Southeast Region

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### Appleton - Sexual Assault Crisis Center Fox Cities

35 Park Pl Ste 100  
Appleton WI 54914  
Phone: 920-733-8119  
Crisis Line: 920-733-8119/  
800-722-7797  
Fax: 920-733-8190

### 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: 920-885-2270

# Directory of Wisconsin Rape Crisis Centers (3 of 3)

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## **Elkhorn - Association for the Prevention of Family Violence**

35 S Wisconsin St  
Elkhorn WI 53121  
Phone: 262-723-4653  
Crisis Line: 262-723-4653 (24 hrs)  
Fax: 262-723-8367

## **Fond du Lac - ASTOP Sexual Abuse Center**

430 E Division St  
Fond du Lac, WI 54935  
Phone: 920-926-5395 (8:00-4:30)  
Crisis Line: 800-418-0270 (24 hrs)  
Fax: 920-926-4306

## **Kenosha - Women and Children's Horizons**

2525 63rd St Kenosha WI 53143  
Phone: 262-656-3500  
Crisis Line: 800-853-3503 (24 hrs)  
Fax: 262-652-3402

## **Manitowoc - Holy Family Memorial Sexual Assault Resource Center**

PO Box 1450 Manitowoc, WI 54221  
Phone: 715-235-5531  
Crisis Line: 920-320-8555

## **Milwaukee - Aurora Sinai: Sexual Assault Treatment Center**

945 N 12th St Milwaukee, WI 53233  
Phone: 414-219-5850  
Crisis Line: 414-219-5555 (24 hrs)  
Fax: 414-219-7570

## **Milwaukee - West Allis Memorial Hospital Sexual Assault Treatment Center (Aurora Sinai satellite facility)**

8901 W Lincoln Ave Milwaukee, WI 53233  
Phone: 414-219-5850  
Crisis Line: 414-219-5555 (24 hrs)  
Fax: 414-219-7570

## **Milwaukee - Pathfinders**

4200 N Holton St Ste. 400  
Milwaukee WI 53212  
Phone: 414-964-2565  
CRISIS: 414-257-7222  
Fax: 414-964-0102

## **Milwaukee - SafePath Youth Shelter**

1614 E Kane Place Milwaukee, WI 53202  
Phone: 414-271-1560  
Youth Hotline: 414-271-1560/  
414-271-9523  
Fax: 414-271-1831

## **Milwaukee - The Healing Center**

611 W National Ave, 4th Floor  
Milwaukee, WI 53204  
Phone: 414-671-4325  
Crisis Line: 414-671-4325  
Fax: 414-671-6836

## **Neenah- REACH Counseling Services**

1370 S Commercial St  
Neenah, WI 54956  
Phone: 920-722-8150/ 920-426-1460  
Crisis Line: 920-722-8150/  
920-426-1460 (24 hrs)  
Fax: 920-722-0142

## **Oshkosh - REACH Counseling Services**

2525 Bowen St Oshkosh WI 54901  
Phone: 920-722-8150/ 920-426-1460  
Crisis Line: 920-722-8150/  
920-426-1460 (24 hrs)  
Fax: 920-722-0142

## **Racine - Sexual Assault Services**

1220 Mound Ave Ste 304  
Racine, WI 53404  
Phone: 262-619-1634  
Crisis Line: 262-637-7233 (24 hrs)  
Fax: 262-619-1638

## **Saukville - Advocates of Ozaukee**

PO Box 80166 Saukville, WI 53080  
Phone: 262-284-3577  
Crisis Line: 877-375-4034/  
262-284-6902 (24 hrs)  
Fax: 262-284-4403

## **Sheboygan - Safe Harbor**

PO Box 582 Sheboygan, WI 53082  
Phone: 920-452-8611  
Crisis Line: 920-452-7640 (24 hrs)  
Fax: 920-452-2657

## **Waukesha - Women's Center**

505 NE Ave Waukesha, WI 53186  
Phone: 262-547-4600  
Crisis Line: 262-542-3828/  
888-542-3828 (24 hrs)  
Fax: 262-522-3882

## **West Bend- Friends of Abused Families**

PO Box 117 West Bend, WI 53095  
Phone: 262-334-5598 Ext. 2  
Crisis Line: 262-334-7298 (24 hrs)/  
262-255-9482 (24 hrs)/  
262-673-7298 (24 hrs)

# Helpful Resources for Providers and Victims

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## Useful Information for Victims

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### Websites

- FAQs about Emergency Contraception  
[www.not-2-late.com](http://www.not-2-late.com)
- Pregnancy Prevention Information  
[www.not-2-late.com](http://www.not-2-late.com)
- Plan B® Information  
[www.planbonestep.com](http://www.planbonestep.com)
- Women's Health and Advocacy Information  
[www.plannedparenthood.org](http://www.plannedparenthood.org)
- Rape, Abuse and Incest National Network  
[www.rainn.org](http://www.rainn.org)
- National Sexual Violence Resource Center  
[www.nsvrc.org](http://www.nsvrc.org)
- An Abuse, Rape and Domestic Violence Aid and Resource Collection  
[www.aardvarc.org](http://www.aardvarc.org)
- Financial and Legal Aid for Rape Survivors  
[www.ithappenedtoalexa.org](http://www.ithappenedtoalexa.org)
- Collection of Stories from Sexual Assault Survivors and Their Experiences with Emergency Contraception  
[www.raisinghervoice.org](http://www.raisinghervoice.org)

### Hotlines

- **Emergency Contraception Provider List:**  
888-NOT-2-LATE (668-2-5283)
- **National Center for Victims of Crime:**  
202-467-8700
- **National Sexual Assault Hotline:**  
800-656-HOPE (4673)
- **National Sexual Violence Resource Center:**  
877-739-3895 or 717-909-0715 TTY
- **Planned Parenthood:**  
800-230-PLAN (7526)
- **Rape, Abuse and Incest National Network:**  
800-656-4673 Ext. 3
- **Wisconsin EC Hotline:**  
866-EC-FIRST (323-4778)

### Organizations

- **Wisconsin Coalition Against Sexual Assault**  
608-257-1516 | (TTY) 608-257-2537 |  
[www.wcasa.org](http://www.wcasa.org)
- **Wisconsin Coalition Against Domestic Violence**  
608-255-0539 | [www.wcadv.org](http://www.wcadv.org)
- **Wisconsin Department of Health Services**  
608-266-1865 | [dhs.wisconsin.gov](http://dhs.wisconsin.gov)
- **U.S. Office on Violence Against Women**  
202-307-6026 |  
[www.ojp.usdoj.gov/ovc/help/rape.htm](http://www.ojp.usdoj.gov/ovc/help/rape.htm)
- **U.S. Office for Victims of Crimes**  
202-307-5983 | [www.ovc.gov](http://www.ovc.gov)

## Useful Information for Providers

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### Organizations

- **Sexual Assault Nurse Examiners/ Sexual Assault Response Teams**  
612-873-2434 | [www.sane-sart.com](http://www.sane-sart.com)
- **Association of Reproductive Health Professionals**  
510-986-8990 | [www.arhp.org](http://www.arhp.org)
- **International Association of Forensic Nurses**  
410-626-7805 | [www.iafn.org](http://www.iafn.org)
- **Wisconsin Chapter or IAFN**  
[www.wi-iafn.org](http://www.wi-iafn.org)
- **Guttmacher Institute**  
202-296-4012 | [www.guttmacher.org](http://www.guttmacher.org)
- **The Wisconsin Alliance for Women's Health**  
866.399.WAWH | [www.supportwomenshealth.org](http://www.supportwomenshealth.org)

### Resources

- **Wisconsin Adult Sexual Assault Response Team (SART) Protocol**  
<http://shared.buildmeaportal.com/websites/715/uploadedImages/CI715ID13578DOC1.pdf>
- **Sexual Assault Nurse Examiner (SANE) Development and Operations Guide**  
[www.ojp.usdoj.gov/ovc/publications/infores/sane/saneguide.pdf](http://www.ojp.usdoj.gov/ovc/publications/infores/sane/saneguide.pdf)



The mission of the Wisconsin Alliance for Women's Health is to advance comprehensive women's health in Wisconsin by engaging, educating, empowering and mobilizing individuals and organizations. With questions regarding this toolkit, feel free to contact us or visit [www.supportwomenshealth.org](http://www.supportwomenshealth.org).



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