Compassionate Care for Rape Victims in Wisconsin: Ensuring Policy Leads to Quality Care

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> "Providing compassionate care can truly help transform a victim into a survivor."

-Amanda Harrington, Sexual Assault Survivor

Objective

On March 13, 2008, Wisconsin passed the Compassionate Care for Rape Victims (CCRV) Act (Wisconsin Act 102) requiring all hospitals to provide medically accurate written and oral information about emergency contraception (EC) to victims of sexual assault, and to immediately dispense EC upon request.

Two years post-legislation, the Wisconsin Alliance for Women's Health (WAWH) conducted a follow-up study to determine the effectiveness of the law, uncover barriers to compliance and provide recommendations for next steps.

Problem

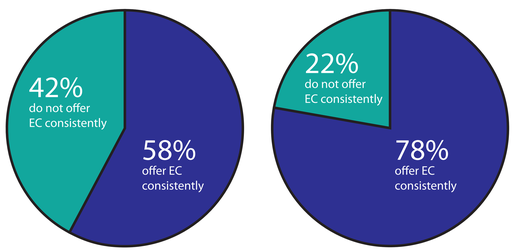
- 1 in 7 adult women in Wisconsin have been a victim of rape
- 5% experience unintended pregnancy by their perpetrator as a result
- Quality emergency reproductive health care is lacking for victims

Methods

A survey was distributed to all Wisconsin Hospital Emergency Rooms (n=124). After three follow-up phone calls, a response rate of 84% was achieved. Data was collected regarding the quality of care provided to rape victims, as well as barriers to CCRV compliance.

Results

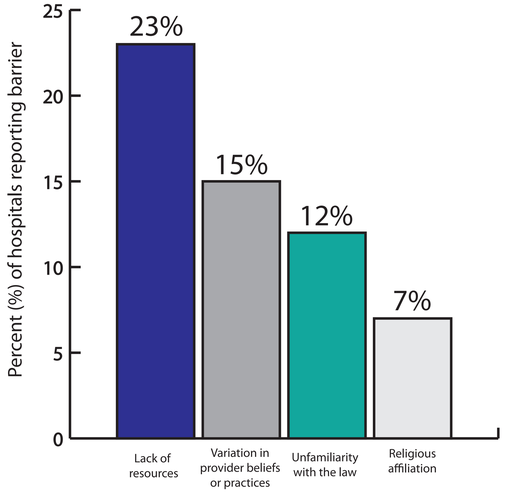
78% of hospitals reported that they always offer EC immediately on-site. This is a dramatic improvement from 2007 when only 58% of hospitals reported this was standard policy; however, 22% of hospitals still appear to be non-compliant with Wisconsin law.



2006-2007 2009-2010

In addition, actual compliance may be over reported. An in-depth review of submitted hospital policies showed that only 44% of those claiming to always provide full compassionate care had written policies complying with the law.

Common barriers to CCRV compliance included a lack of resources, individual provider beliefs or variation in practices, unfamiliarity with the law and religious affiliation of the hospital.



Commonly reported barriers

Various hospital demographics also had a direct impact on care provided to rape victims. Examples include:

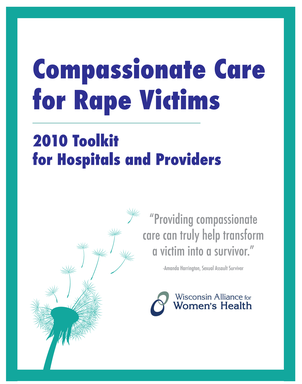
- Rural hospitals were significantly less likely (6%) to have a Sexual Assault Nurse Examiner (SANE) program than metropolitan hospitals (45%).
- Non-religiously affiliated hospitals were more likely (84%) than religiously affiliated (70%) to report always providing EC immediately on-site.

Conclusion

It is clear that knowledge about and adherence to CCRV is lacking in many Wisconsin hospitals. To avoid poor outcomes, victims must be provided the opportunity to prevent unwanted pregnancies by their perpetrators and avoid further social, psychological and physical harm.

Next Steps

Dedicated outreach and education to hospitals is needed. As a first step in fufilling this need, WAWH created and a 2010 Compassionate Care for Rape Victims Toolkit for Hospitals and Providers.



Wisconsin Alliance for Women's Health