

January 6, 2005

Diane M. Stuart, Director
Office on Violence Against Women
Department of Justice
810 Seventh Street, N.W.
Washington, DC 20531

Re: Failure to include information about emergency contraception in National Protocol for Sexual Assault Medical Forensic Examinations

Dear Ms. Stuart:

We write to strongly urge you to amend the National Protocol for Sexual Assault Medical Forensic Examination (“Protocol”) to include the routine offering of pregnancy prophylaxis (or “emergency contraception”) to sexual assault victims who are at risk of pregnancy from rape. The failure to include a specific discussion of emergency contraception in the first national protocol for sexual assault treatment is a glaring omission in an otherwise thorough document. Including counseling about pregnancy prevention and the provision of emergency contraception would help rape victims prevent the trauma of unintended pregnancies, avoid abortions, and safeguard their reproductive and mental health.

The establishment of a national protocol is an important step toward ensuring that all sexual assault victims receive high quality medical and forensic services. The 130-page Protocol provides step-by-step medical treatment guidelines for sexual assault patients. Yet despite recognizing that pregnancy is “often an overwhelming and genuine fear” of sexual assault victims, the Protocol includes only a single, vague sentence on pregnancy prevention: “[D]iscuss treatment options with patients, including reproductive health services.” For any further information, medical professionals are referred, in a footnote, to the National Sexual Violence Resource Center’s website. While the NSVRC is an excellent source of information, it is not a substitute for a clear explanation of the issues surrounding pregnancy risk and a woman’s options for treatment.

Nowhere does the Protocol mention emergency contraception or recommend that it be offered to sexual assault victims. Nor does the Protocol make clear that sexual assault victims have a right to be offered this basic care. Emergency contraception must be taken within days after unprotected intercourse, but experts agree that it is more effective the

sooner it is taken.¹ Because this narrow window of effectiveness makes timely access to emergency contraception critical, the Protocol should explicitly state that treatment of sexual assault victims must include routine counseling about and offering of emergency contraception.

The marked failure to include details about specific pregnancy prevention options is at odds with the Protocol's expansive treatment of other grave medical concerns a victim faces. For instance, the Protocol's section on sexually transmitted infection evaluation and care is more than eight times as long as the pregnancy section, with detailed instructions about counseling patients, providing referrals for treatment, dosage requirements, and factors to consider in deciding which patients should receive certain STI tests. The rights and health of sexual assault survivors will be unnecessarily endangered if they are not provided with similarly detailed information about pregnancy prevention options.

Major medical groups — including the American College of Obstetricians and Gynecologists, the American Medical Association, the American College of Emergency Physicians, and the American Public Health Association — support making emergency contraception more readily accessible to women to who need it. The American College of Obstetricians and Gynecologists recommends that emergency contraception be offered to all sexual assault victims at risk of pregnancy.²

Despite the clear need for sexual assault victims to have access to emergency contraception, hospitals often do not provide this vital service. Surveys have shown that only 6 percent of hospitals in Louisiana, 8 percent of hospitals in Idaho, and 20 percent of hospitals in Montana provide emergency contraception on-site to sexual assault patients. A recent overview of state surveys performed reveals that in eight of the 11 states studied, fewer than 40 percent of facilities dispense emergency contraception on-site to sexual assault patients.³

Frequently, hospitals do not have clear protocols on the treatment of sexual assault patients and many of the protocols that do exist fail to include emergency contraception. Further, surveys have shown that many emergency department personnel lack even basic information about emergency contraception, often confusing it with mifepristone, the early abortion pill, even though emergency contraception prevents pregnancy and does not disrupt an existing pregnancy.

¹ See Charlotte Ellertson et al., *Extending the time limit for starting the Yuzpe regimen of emergency contraception to 120 hours*, 101 *Obstet. Gynecol.* 1168, 1168 (2003); Helena von Hertzen et al., *Low dose mifepristone and two regimens of levonorgestrel for emergency contraception: A WHO multicentre randomized trial*, 360 *Lancet* 1803, 1809-10 (2002); Gilda Piaggio et al., *Timing of emergency contraception with levonorgestrel or the Yuzpe regimen*, 353 *Lancet* 721, 721 (1999).

² Am. Coll. Obstet. Gynecol., *Violence Against Women: Acute Care of Sexual Assault Victims* (2004), at http://www.acog.org/from_home/departments/dept_notice.cfm?recno=17&bulletin=1625.

³ ACLU Reproductive Freedom Project Briefing Paper, *Preventing Pregnancy after Rape: Emergency Care Facilities Put Women at Risk* (2004), at <http://www.aclu.org/ReproductiveRights/ReproductiveRights.cfm?ID=17212&c=30>.

The Protocol published by the Department of Justice has the potential to fill this information void at many hospitals and to ensure appropriate treatment for sexual assault patients. To do this effectively, however, the Protocol must be revised to include an explicit discussion of emergency contraception. The undersigned urge the Department of Justice to make this critical change.

Sincerely,

National Organizations

Advocates for Youth
African-American Women Evolving, Inc.
American Association of University Women
American Civil Liberties Union
American College of Obstetricians and Gynecologists
American Humanist Association
American Medical Women's Association
American Public Health Association
Association of Reproductive Health Professionals
Break the Cycle
Catholics for a Free Choice
Center for Health and Gender Equity
Center for Reproductive Rights
Center for Women Policy Studies
Choice USA
Christians for Justice Action (United Church of Christ)
Compton Foundation, Inc.
Concerned Clergy for Choice
Disciples for Choice
Disciples Justice Action Network
Episcopal Church USA
Equal Partners in Faith
General Board of Church and Society, United Methodist Church
Gynuity Health Projects
Hadassah
Healthy Teen Network
Ibis Reproductive Health
Ipas
MergerWatch
Ms. Foundation for Women
NARAL Pro-Choice America
National Abortion Federation
National Asian Pacific American Women's Forum
National Association of Nurse Practitioners in Women's Health
National Council of Jewish Women
National Family Planning and Reproductive Health Association

National Health Law Program
National Latina Institute for Reproductive Health
National Network of Abortion Funds
National Organization for Women
National Partnership for Women & Families
National Research Center for Women & Families
National Women's Health Network
People For the American Way
Physicians for Reproductive Choice and Health
Planned Parenthood Federation of America
Population Connection
Presbyterian Church (USA) Washington Office
Pro-Choice Public Education Project
Religious Coalition for Reproductive Choice
Religious Institute on Sexual Morality, Justice and Healing
Reproductive Health Technologies Project
Robert Sterling Clark Foundation
Sexuality Information and Education Council of the United States
Stop Family Violence
The Alan Guttmacher Institute
Union for Reform Judaism
United Church of Christ-Justice and Witness Ministries
Unitarian Universalist Association of Congregations
The WISH List
Women's Health Task Force

State and Local Organizations

ACCESS/Women's Health Rights Coalition, CA
Adolescent Health Center of The Door, NY
Alaska Emergency Contraception Project
Allegheny Reproductive Health Center, PA
Allentown Women's Center, PA
American Civil Liberties Union of Colorado
American Civil Liberties Union of Idaho
American Civil Liberties Union of Kentucky Reproductive Freedom Project
American Civil Liberties Union of Louisiana
American Civil Liberties Union of New Mexico
Aradia Women's Health Center, WA
Atlanta ProChoice Action Committee, GA
Berkshire Religious Resource Center, MA
Blue Mountain Clinic, MT
Boulder Valley Women's Health Center, CO
Break the Cycle, San Francisco, CA
Break the Cycle, Washington, DC
Brooklyn-Queens NOW, NY
Broward Women's Emergency Fund, FL

California Family Health Council, Inc.
Campaign for Access to Emergency Contraception, IL
Carbon County Domestic and Sexual Violence Services, MT
Cedar River Clinics, WA
Champaign County Health Care Consumers, IL
Christian Association, University of Pennsylvania
Citizen Action/Illinois
Clara Bell Duvall Reproductive Freedom Project, ACLU of Pennsylvania
Community HIV/AIDS Mobilization Project, NY
Eastern Massachusetts Abortion Fund
El Centro por los Trabajadores, IL
Family Health Council of Central Pennsylvania, Inc.
Family Planning Advocates of New York State
Family Planning Council, PA
Feminist Majority at the University of Illinois
Freedom Fund of Denver, CO
Freedom Fund, Inc., WI
Friendship Center of Helena, MT
Georgia Rural Urban Summit
Georgians for Choice
Health Access and Privacy Alliance, IL
Health and Medicine Policy Research Group, IL
Idaho Coalition Against Sexual and Domestic Violence
Idaho Women's Network
Illinois Disciples Foundation
Illinois Planned Parenthood Council
Indiana Religious Coalition for Reproductive Choice
Institute for Reproductive Health Access, NY
Interfaith Impact of New York State
Iowa Medical Aid Fund
Jane Doe Fund, MI
Jane Doe Inc., MA
Jane's Due Process, TX
Juneau Pro-Choice Coalition, AL
Lansing Area Advocates for Choice, MI
Lansing Area NOW, MI
Legal Momentum, NY
Massachusetts Coalition Against Sexual Assault and Domestic Violence
Massachusetts Emergency Contraception Network
Massachusetts Family Planning Association
McKinley Presbyterian Foundation, IL
Medical and Health Research Association of New York City, NY
Memphis Regional Planned Parenthood, TN
Montana Coalition Against Domestic and Sexual Violence
Mt. Baker Planned Parenthood, WA
My Sisters' Place, Inc., NY

NARAL Pro-Choice California
NARAL Pro-Choice Colorado
NARAL Pro-Choice Connecticut
NARAL Pro-Choice Massachusetts
NARAL Pro-Choice New York
NARAL Pro-Choice South Dakota
NARAL Pro-Choice Texas
NARAL Pro-Choice Washington
NARAL Pro-Choice Wisconsin
NARAL Pro-Choice Wyoming
Nebraska National Organization for Women
New York City Alliance Against Sexual Assault
New York Civil Liberties Union
Northern Adirondack Planned Parenthood, NY
Northwest Women's Law Center, WA
NW Chicago Choice, IL
Panhandle Community Services Reproductive Health Care Program, NE
PathWays, PA
Pennsylvania Coalition to Prevent Teen Pregnancy
Pennsylvania Section of the American College of Obstetricians and Gynecologists
Pharmacy Access Partnership, CA
Philadelphia Coalition of Labor Union Women, PA
Philadelphia NOW, PA
Planned Parenthood Advocates of Indiana
Planned Parenthood Association of Bucks County, PA
Planned Parenthood of Chester County, PA
Planned Parenthood/Chicago Area, IL
Planned Parenthood of the Columbia/Willamette, OR
Planned Parenthood of Connecticut
Planned Parenthood of East Central Illinois
Planned Parenthood Golden Gate, CA
Planned Parenthood of Greater Iowa
Planned Parenthood of Indiana
Planned Parenthood League of Massachusetts
Planned Parenthood Mohawk Hudson, NY
Planned Parenthood of Nassau County, NY
Planned Parenthood of Nebraska and Council Bluffs
Planned Parenthood of New York City, NY
Planned Parenthood of North Central Florida
Planned Parenthood of Northern New England
Planned Parenthood Pennsylvania Advocates
Planned Parenthood of the Rochester/Syracuse Region, NY
Planned Parenthood of San Diego and Riverside Counties, CA
Planned Parenthood of South Central New York, Inc.
Planned Parenthood of South Palm Beach and Broward Counties, FL
Planned Parenthood Southeastern Pennsylvania

Planned Parenthood of Southwest and Central Florida
Planned Parenthood of Stark County, OH
Planned Parenthood of the Susquehanna Valley, PA
Planned Parenthood of the Texas Capital Region
Planned Parenthood of Western Pennsylvania
Pro-Choice Coalition of Nebraska
Pro-Choice Resources, MN
Progressive Resource/Action Cooperative, IL
Rape Crisis Center of Dane County, WI
Rape Crisis Services, IL
Religious Coalition for Reproductive Choice of Connecticut, Inc.
Reproductive Health Access Project, NY
Richmond Reproductive Freedom Project, VA
Students for Access to Emergency Contraception, IL
Texas Association Against Sexual Assault
Tri-County Network Against Domestic and Sexual Violence, MT
University of Illinois National Organization for Women
University of Illinois Office of Women's Programs
Washington State Religious Coalition For Reproductive Choice
West Virginia Free Coalition for Reproductive Freedom
Western Pennsylvania Fund for Choice
A Woman's Fund, IL
Women's City Club of New York
Women's Crisis Support, Defensa de Mujeres
Women's Direct Action Collective, IL
Women's Emergency Network, FL
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Women's Law Project, PA
Women's Medical Fund, Inc., WI
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cc: John Ashcroft, Attorney General
Jana S. White, National Advisory Committee on Violence Against Women