

Broad Coalition of Advocates Urges U.S. Department of Justice to Add Pregnancy Prevention to National Protocol for Treating Rape Survivors

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WASHINGTON – A broad coalition of sexual assault groups, medical professionals, religious leaders, and advocates for women’s health sent a letter today to the U.S. Department of Justice urging it to amend the first-ever national protocol for treating sexual assault survivors to include information about preventing pregnancy.

“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 unintended pregnancies, avoid abortions, and safeguard their mental health,” today’s letter argues.

The Department of Justice released the 130-page national protocol for treating sexual assault patients at the end of last year. As today’s letter notes, “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. . . . [And] nowhere does [it] mention emergency contraception or recommend that it be offered to sexual assault victims.”

In a recently released briefing paper, [*Preventing Pregnancy after Rape: Emergency Care Facilities Put Women at Risk*](#), the American Civil Liberties Union reported that in eight out of eleven states studied, fewer than 40 percent of emergency care facilities routinely provide emergency contraception on-site to rape survivors. The results varied from a low of 6 percent of facilities in Louisiana and 8 percent in Idaho to 28 percent in New Mexico, Pennsylvania, and Wisconsin to a high of 80 percent in New Hampshire and 85 percent in New York.

If emergency care facilities routinely provided emergency contraception, up to 22,000 pregnancies that result from rape each year could be prevented, according to researchers at Princeton University and University of California.

Major medical groups, including the American College of Obstetricians and Gynecologists, recommend that EC be offered to all sexual assault victims at risk of pregnancy.

Today’s letter is signed by more than **277** groups and individuals from 36 states and Washington, DC, including the American College of Obstetricians and Gynecologists (ACOG), American Public Health Association, the American Medical Women's Association, the Association of Reproductive Health Professionals, emergency department nurses and doctors, the Episcopal Church USA, the National Council of Jewish Women, the Presbyterian Church (USA), the National Latina Institute for Reproductive Health, and several state sexual assault coalitions.

Among the 32 signers from Pennsylvania are the Pennsylvania Section of ACOG, the Pennsylvania Coalition Against Teen Pregnancy, and the Clara Bell Duvall Project at the ACLU of PA. Several prominent physicians also signed on, including Dr. Ralph Riviello, an emergency department physician at the rape trauma unit at Jefferson University Hospital, Dr. Melanie Gold an adolescent medicine physician at the University of Pittsburgh who publishes widely about emergency contraception and teens, and Dr. Mitchell Creinin, a Professor of Obstetrics and Gynecology at University of Pittsburgh and a national authority on women's health.

The national protocol "has the potential to fill [an] 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," today's letter concludes.

EC, often referred to as "the morning after pill," reduces the risk of pregnancy by as much as 89 percent if the first dose is taken within days of unprotected intercourse, but it is more effective the sooner it is taken.

A copy of today's letter to the Department of Justice is available online at:

<http://www.aclu.org/ReproductiveRights/ReproductiveRights.cfm?ID=17212&c=30>

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