

EMERGENCY CARE FOR SEXUAL ASSAULT SURVIVORS

To help us promote high quality care for sexual assault survivors, we ask you complete this survey and return it in the enclosed envelope or by fax to (919) 827-8779 .

The following are definitions for terms used in this survey.

SANE: Sexual Assault Nurse Examiners (SANE) are specially trained Registered Nurses who perform a comprehensive evaluation and assessment, collect high quality evidence and provide expert testimony in cases of sexual assault.

EMERGENCY CONTRACEPTION: Emergency contraception is a high dose oral contraceptive that prevents pregnancy if taken within 120 hours after intercourse, often referred to as the “morning-after pill.” Emergency contraception cannot harm or terminate an established pregnancy.

Hospital Name: _____

Name & Title of person filling out survey: _____

Phone Number: _____

Mailing Address: _____

1. Approximately how many sexual assault survivors are treated at your emergency department each year? (*please check one*)
 - a. 0-10
 - b. 11-50
 - c. 51-100
 - d. 101-200
 - e. >200


2. Is it standard policy for the hospital to provide information to sexual assault survivors about how to prevent pregnancy using emergency contraception (morning-after pill)?
 - Yes
 - No

3. Is it standard policy for the hospital to dispense emergency contraception on site to sexual assault survivors?
 - Yes
 - No **—————→ SKIP TO QUESTION 4**

- 3A. Are there any exceptions to your policy based on the refusal of the provider on duty to dispense medication?
 - Yes
 - No

- 3B. If dispensing emergency contraception on site, is it available 24 hours?
 - Yes
 - No


4. If you do not provide emergency contraception, or there are exceptions to your policy, do you: **(check all that apply)**
- a. Provide a prescription for emergency contraception
 - b. Refer to another provider
 - c. Other: **(please describe)** _____
 - d. Always provide emergency contraception on site 24 hours a day

5. Do you provide referrals for follow-up counseling to all, most, some or none of the sexual assault survivors?
- All
 - Most
 - Some
 - None  **SKIP TO QUESTION 6**

5A. **If you refer all, most, or some,** to whom do you refer? **(check all that apply)**

- a. Local rape crisis center
- b. On-site social worker
- c. Department of Social Services
- d. Social worker
- e. Other _____

6. If your hospital has a model protocol for treating sexual assault survivors, would you like to share it with the North Carolina Coalition Against Sexual Assault?
- Yes
 - No

7. Do you have a SANE (Sexual Assault Nurse Examiner) program?
- Yes
 - No  **END OF SURVEY**

7A. **If Yes,** do you have a SANE available 24 hours a day seven days a week?

- Yes
- No

If you would like further information sent to you, please check as many of the following categories as appropriate:

- A listing of Local Rape Crisis Center Programs*
- Sexual Assault and Health Care fact sheet*
- Emergency Contraception in the ER fact sheet*
- A listing of Sexual Assault Nurse Examiner programs by county*

Please return survey to:
NC Women United
PO Box 10013
Raleigh NC 27605
Or FAX to: (919) 827-8779

If you have any questions about this survey, or need clarification, please contact Robin at the North Carolina Coalition Against Sexual Assault at 1-888-737-CASA