

NC Emergency Care for Sexual Assault Survivors 2004-2005 Survey Highlights



Background

This profile summarizes data gathered through the NC Emergency Care for Sexual Assault Survivors survey. The primary objective of this survey was to determine emergency departments' policies for dispensing emergency contraception (EC) to survivors of sexual assault.

Methods

North Carolina hospitals surveyed included NC Hospital Association members and military hospitals. The total number of hospitals included in the survey sample was 115. Figure 1 illustrates hospital ownership in the sample. Hospitals without emergency departments (EDs) or that transfer sexual assault survivors to another facility were not included in the sample.

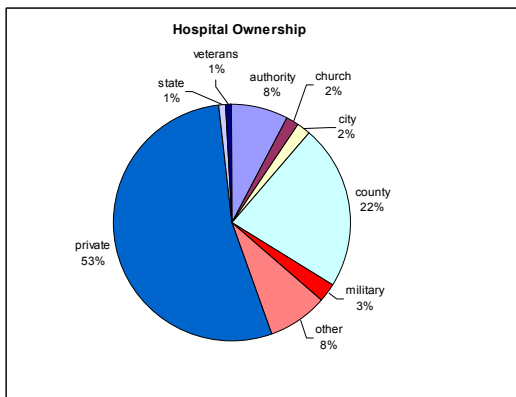


Figure 1: Type of hospital ownership

Each hospital's CEO, Attorney, Director of Nursing, and Medical Director of the ED were initially mailed surveys. Those hospitals that did not respond to the initial mailing received up to three phone calls to

their emergency departments asking them to return the survey. A total of 102 hospitals responded to the survey (88.7%).

In 12 cases, more than one survey was received from the same hospital. The survey filled out more completely or by a higher ranking staff was included in the analysis. Comments written in the margins of surveys were used to clarify responses. Follow-up phone calls were made to allow hospitals to confirm their answers when inconsistencies were found for specific questions of interest.

Number of Sexual Assault Survivors Treated in ED Each Year

Fifty-one hospitals (51%) reported that they treated 11-50 survivors in their emergency department each year. Twenty-two hospitals reported treating 0-10 survivors each year, 19 reported treating 51-100, and 7 reported 101-200. Two hospitals reported that more than 200 survivors were seen in its emergency department each year (See Figure 2).

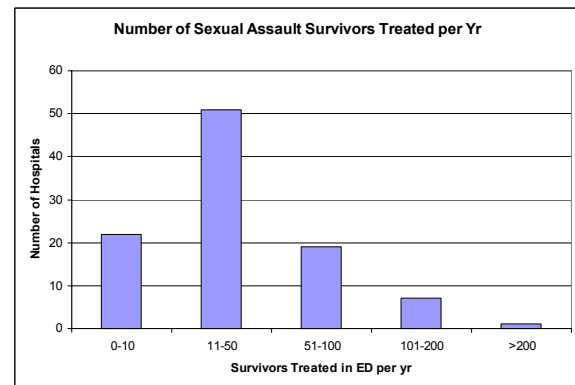


Figure 2: Number of sexual assault survivors treated per year in emergency departments

Hospital Policies

Seventy-six hospitals reported that it was standard policy to dispense emergency contraception on-site to sexual assault survivors. Of these hospitals, 9 had exceptions to their policy based on the refusal of the provider on duty to dispense medication.

Twenty-six hospitals reported that it was not standard policy to dispense EC on-site. Of these hospitals, 15 reported that they provide a prescription for EC (See Figure 4).

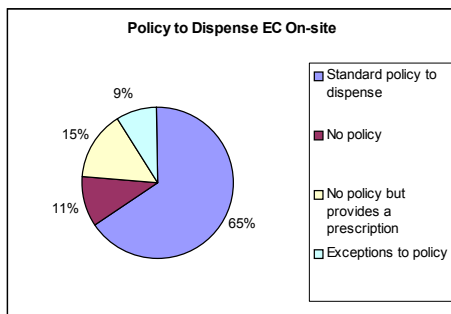


Figure 4: Policy to dispense EC

Sexual Assault Nurse Examiners

Fifty-three hospitals (52%) have a Sexual Assault Nurse Examiner (SANE) program. Of these, twenty-eight have a SANE available 24 hours a day, seven days a week.

Hospitals with a SANE program were more likely to have a standard policy to provide information on EC (92.31%) compared to those without a SANE program (72.92%) ($p=0.0099$). These hospitals with SANE programs are also more likely to have a standard policy to dispense EC (84.62%) compared to those without a SANE program (62.5%) ($p=0.0118$).

Referrals for Counseling

Ninety-three hospitals (91%) reported providing referrals for follow-up counseling to *all* sexual assault survivors and seven hospitals reported providing referrals to *most* survivors. Of these that provide referrals, 88 hospitals (86%) reported referring survivors to their local rape crisis center. Two hospitals did not provide any referrals for follow-up counseling (see Figure 5).

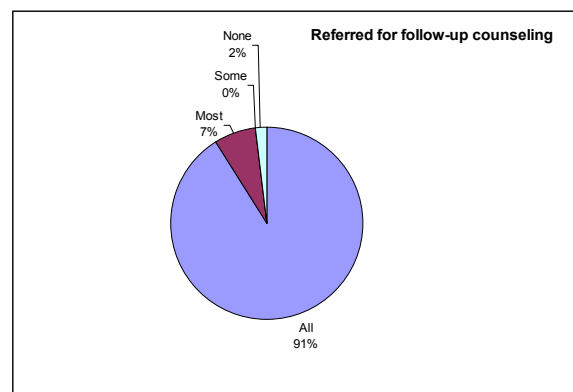


Figure 5: Sexual assault survivors referred for follow-up counseling

Other Significant Findings

Hospitals located in urban counties were more likely to have a standard policy to dispense EC (86%) compared to hospitals in rural counties (62.75%) ($p=.0075$). Office of Management and Budget guidelines were used to designate urban versus rural counties.

Limitations

Surveys were filled out by staff with varying job titles in the hospitals' emergency departments. This may impact the comparability of responses.