

Compassionate Care for Rape Victims in Wisconsin

Hospital and Provider Toolkit

2015 Edition



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

-Amanda Harrington, Sexual Assault Survivor



Wisconsin Alliance for
Women's Health
www.supportwomenshealth.org

Table of Contents

Introduction: Why Compassionate Care for Rape Victims?	3
Understanding the Law: What is Compassionate Care for Rape Victims?	4
Compassionate Care for Rape Victims Law: Wisconsin Act 102	5
Compassionate Care for Rape Victims: Information for Providers	6
Compassionate Care for Rape Victims: Information for Victims	7
Treating the Victim: Sexual Assault Nurse Examiner (SANE) Examinations	8
After an Assault: Reporting Sexual Assault to Law Enforcement	9
Showing Compassion: Additional Recommendations	11
Compliance Checklist for Hospitals	12
Sample Discharge Summary	13
Sample Emergency Contraception Information Sheet	15
Directory of Wisconsin Sexual Assault Victim Support	17
Map of Wisconsin Sexual Assault Victim Services	22
Helpful Resources	23

Please note that this toolkit is not intended to provide legal advice. It should serve as a guideline for healthcare providers who are unfamiliar with the Compassionate Care for Rape Victims Law when treating victims of sexual assault. Please direct any questions regarding official compliance with 2007 Wisconsin Act 102 to the Bureau of Health Services at (608) 264-9887 or (414) 227-4556.

Compassionate Care requires oral and written information to ALL victims of sexual assault, regardless of language barriers. Please ensure your hospital makes arrangements for interpretation services as needed.

To download a copy of this toolkit, please visit www.supportwomenshealth.org.

Introduction: Why Compassionate Care for Rape Victims?

“Providing compassionate care can truly help transform a victim into a survivor.” -Amanda Harrington, Sexual Assault Survivor

Victims of sexual assault are forced, coerced, and/or manipulated to participate in unwanted sexual activity. As such, it is crucial that Wisconsin’s emergency rooms—often the first place victims of sexual violence turn to for help—provide comprehensive and compassionate care to these patients.

In response to this need for comprehensive care, the Compassionate Care for Rape Victims (CCRV) Act was signed into law as 2007 Wisconsin Act 102 on March 13, 2008, adding Wisconsin to a list of 16 other states that have enacted laws to ensure compassionate care for rape victims. 2007 Wisconsin Act 102 ensures all female rape victims are offered information about and immediate access to emergency contraception as well as information about options for reporting and evidence collection in all Wisconsin emergency rooms.

The Compassionate Care for Rape Victims Coalition—a diverse group of organizations dedicated to ensuring comprehensive health care for rape victims—achieved a tremendous victory with the enactment of 2007 Wisconsin Act 102. The Wisconsin Alliance for Women’s Health would like to extend a special acknowledgement to this group for paving the path to successful implementation of CCRV throughout Wisconsin.



The 2015 Edition of the CCRV Hospital and Provider Toolkit is the 3rd edition published. Originally published in 2008, this valuable resource to help hospitals comply with CCRV would not have been possible without the generous help and continued dedication of the following individuals and organizations:

Wisconsin Alliance for Women’s Health (WAWH) Staff:

- Amy Olejniczak, Associate Director
- Mike Murray, Policy Director
- Sara Finger, Executive Director
- Stacey Park, Intern

Individual and Organizational Partners and Contributors:

- Amanda Harrington, Sexual Assault Survivor and Advocate
- Debbie Donovan, RN, SANE-A
- Emily Gordon, MPH Candidate & former WAWH Intern
- Jean Coopman-Jansen, RN, CEN
- Jill Poarch, BSN, RN, SANE-A, SANE-P
- Julie Baisa, BSN, RN, SANE-A
- Saskia Lodder, RN, BSN, SANE-A, SANE-P
- Wisconsin Coalition Against Sexual Assault, Inc. (WCASA)
- Wisconsin Chapter of the International Association of Forensic Nurses (WI-IAFN)



Understanding the Law: What is Compassionate Care for Rape Victims?

The following is an explanation of everything you need to know about Wisconsin's Compassionate Care for Rape Victims Law.

2007 Wisconsin Act 102:

1. Requires medically and factually accurate oral and written information about the use and effectiveness of emergency contraception (EC) to all female sexual assault victims of reproductive potential who present in the emergency room.

All healthcare providers who treat female victims of sexual assault must present oral and written information about EC to the victim. This information must be unbiased and cannot reflect the individual provider's beliefs about EC. It is illegal for a hospital to refuse to dispense EC to a victim upon her request. The only exception to this clause is if a victim tests positive for pregnancy, in which case the healthcare provider is not required to provide EC.

2. Requires on-site provision of first dose and all subsequent doses (if applicable) of EC to female victims who choose to take it.

Upon request, victims must be given all doses of EC at the emergency services facility in which they present. Victims cannot be transferred to secondary facilities or referred to a pharmacy to receive EC. All hospitals with emergency services therefore must have EC available on-site.

A full copy of 2007 Wisconsin Act 102 appears on page 5.

Note: Hospitals violating this law may be required to forfeit not less than \$2,500 nor more than \$5,000 for each violation.

3. Requires oral information regarding options for reporting the crime given to all sexual assault victims.

Adult victims are not obligated to report the assault to law enforcement. If a victim does choose to report the crime, it is recommended that the police are notified and come to the hospital premises. In addition, it is recommended that providers contact their local Sexual Assault Service Provider (SASP) and request an advocate to provide support for the victim throughout the process of reporting the crime. If the victim declines the option of reporting the crime, it is still recommended that the local SASP be contacted to provide advocacy services. More information about reporting an assault to law enforcement can be found on page 9. A comprehensive listing of Wisconsin Sexual Assault Victim Support services, including SASPs, can be found starting on page 17.

4. Requires oral information regarding options for evidence collection given to all sexual assault victims.

Victims are not obligated to consent to an evidence collection exam; however, they must be given this option. If a victim agrees to have an exam, the United States Department of Justice and the International Association of Forensic Nurses (IAFN) recommend utilizing a Sexual Assault Nurse Examiner (SANE). A SANE is a registered nurse who has advanced educational and clinical training in forensic examinations of sexual assault victims. More information on SANE Examinations can be found on page 8. A comprehensive listing of Wisconsin Sexual Assault Victim Support services, including SANE programs, can be found starting on page 17.

Compassionate Care for Rape Victims Law: Wisconsin Act 102

2007 Assembly Bill 377

Date of enactment: **March 13, 2008**

Date of publication*: **March 27, 2008**

2007 WISCONSIN ACT 102

AN ACT to create 50.375 and 50.389 of the statutes; relating to: requiring a hospital to provide to a sexual assault victim information and, upon her request, emergency contraception and providing a penalty.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

SECTION 1. 50.375 of the statutes is created to read:
50.375 Emergency contraception for sexual assault victims. (1) In this section:

(a) "Emergency contraception" means a drug, medicine, oral hormonal compound, mixture, preparation, instrument, article, or device that is approved by the federal food and drug administration and that prevents a pregnancy after sexual intercourse. "Emergency contraception" does not include a drug, medicine, oral hormonal compound, mixture, preparation, instrument, article, or device of any nature that is prescribed to terminate the pregnancy of a female.

(b) "Sexual assault" means a violation of s. 940.225 (1), (2), or (3).

(c) "Victim" means a female who alleges or for whom it is alleged that she suffered sexual assault and who, as a result of the sexual assault, presents as a patient at a hospital that provides emergency services.

(2) A hospital that provides emergency services to a victim shall do all of the following:

(a) Provide to the victim medically and factually accurate and unbiased written and oral information about emergency contraception and its use and efficacy.

(b) Orally inform the victim of all of the following:

1. Her option to receive emergency contraception at the hospital.

2. Her option to report the sexual assault to a law enforcement agency.

3. Any available options for her to receive an examination to gather evidence regarding the sexual assault.

(c) Except as specified in sub. (4), immediately provide to the victim upon her request emergency contraception, in accordance with instructions approved by the federal food and drug administration. If the medication is taken in more than one dosage, the hospital shall provide all subsequent dosages to the victim for later self administration.

(3) A hospital that provides emergency care shall ensure that each hospital employee who provides care to a victim has available medically and factually accurate and unbiased information about emergency contraception.

(4) No hospital may be required to provide emergency contraception to a victim who is pregnant, as indicated by a test for pregnancy.

(5) The department shall respond to any complaint received by the department concerning noncompliance by a hospital with the requirements of subs. (2) and (3) and shall periodically review hospital procedures to

* Section 991.11, WISCONSIN STATUTES 2005-06 : Effective date of acts. "Every act and every portion of an act enacted by the legislature over the governor's partial veto which does not expressly prescribe the time when it takes effect shall take effect on the day after its date of publication as designated" by the secretary of state [the date of publication may not be more than 10 working days after the date of enactment].

2007 Wisconsin Act 102

– 2 –

2007 Assembly Bill 377

determine whether a hospital is in compliance with the requirements.

SECTION 2. 50.389 of the statutes is created to read:
50.389 Forfeiture. (1) Whoever violates a requirement under s. 50.375 (2) or (3) may be required to forfeit not less than \$2,500 nor more than \$5,000 for each violation.

(2) The department may directly assess forfeitures provided for under sub. (1). If the department determines that a forfeiture should be assessed for a particular violation, the department shall send a notice of assessment to the hospital. The notice shall specify the amount of the forfeiture assessed, the violation and the statute or rule alleged to have been violated, and shall inform the hospital of the right to a hearing under sub. (3).

(3) A hospital may contest an assessment of a forfeiture by sending, within 10 days after receipt of notice under sub. (2), a written request for a hearing under s. 227.44 to the division of hearings and appeals created under s. 15.103 (1). The administrator of the division may designate a hearing examiner to preside over the case and recommend a decision to the administrator under s. 227.46. The decision of the administrator of the

division shall be the final administrative decision. The division shall commence the hearing within 30 days after receipt of the request for a hearing and shall issue a final decision within 15 days after the close of the hearing. Proceedings before the division are governed by ch. 227. In any petition for judicial review of a decision by the division, the party, other than the petitioner, who was in the proceeding before the division shall be the named respondent.

(4) All forfeitures shall be paid to the department within 10 days after receipt of notice of assessment or, if the forfeiture is contested under sub. (3), within 10 days after receipt of the final decision after exhaustion of administrative review, unless the final decision is appealed and the order is stayed by court order. The department shall remit all forfeitures paid to the secretary of administration for deposit in the school fund.

(5) The attorney general may bring an action in the name of the state to collect any forfeiture imposed under this section if the forfeiture has not been paid following the exhaustion of all administrative and judicial reviews. The only issue to be contested in any such action shall be whether the forfeiture has been paid.

Compassionate Care for Rape Victims: Information for Providers

Frequently Asked Questions about Emergency Contraception (EC):

What is EC?

EC is a safe and effective method of pregnancy prevention. It is a high dose of ordinary birth control pills that can prevent pregnancy when taken within 5 days (120 hours) after intercourse.

Who should not take EC?

EC is safe for all women of reproductive capacity. However, women who are already pregnant should not take EC as it will not be effective. EC will not terminate an existing pregnancy, nor is there evidence that EC will harm an existing pregnancy.

Should EC be offered to victims who are not seen immediately after the assault?

EC can be effective for up to 5 days (120 hours) after intercourse. EC may be offered to victims of reproductive potential seen more than 5 days after the assault at their health care provider's discretion.

Should EC be dispensed to victims who already use hormonal contraception?

Yes. Every woman must be offered EC after an assault, regardless of the degree to which she is at risk for pregnancy. Fifty percent (50%) of unintended pregnancies result from misuse or failure of contraceptives. Therefore, a woman who takes regular birth control may still be at risk for pregnancy.

What are the different forms of EC?

There are two types of EC pills available in the US: progestin-only (Plan B One-Step, Next Choice One Dose, My Way and Take Action) and ulipristal acetate (ella). Both types are effective, and both work primarily by delaying or inhibiting ovulation. Plan B One-Step and Next Choice are available over-the-counter in the US. For more information, visit www.ec.princeton.edu.

What side effects are associated with EC?

The most common side effects of EC use are nausea and vomiting. Depending on the form of EC taken, up to 50% of EC users may experience nausea. An anti-emetic may be offered in conjunction with EC. Menstrual cycle changes may be experienced by as many 16% of EC users. Most women can safely use EC even if they cannot use hormonal birth control as their regular method of contraception. For more information, visit www.ec.princeton.edu.

What is the risk of pregnancy from sexual assault?

The probability of becoming pregnant from a single, random, unprotected act of intercourse is 5%. This probability increases to at least 10% at mid-cycle and may be as high as 30% on the day of ovulation.

Should a pregnancy test be performed before using EC?

A pregnancy test is not a prerequisite to the use of EC, but a hospital may choose to test for pregnancy. Tests are accurate 10-14 days post conception. EC will not terminate an existing pregnancy.

Do Catholic hospitals need to provide EC to victims of sexual assault?

Yes. All hospitals, regardless of religious affiliation must provide EC immediately on-site. Directive 36 of the Ethical and Religious Directives for Catholic Health Care Services states: "A female who has been raped should be able to defend herself against a potential conception from the sexual assault. If, after appropriate testing, there is no evidence that conception has occurred already, she may be treated with medications that would prevent ovulation, sperm capacitation, or fertilization."

Compassionate Care for Rape Victims: Information for Victims

Frequently Asked Questions about EC for Victims of Sexual Assault

What is the difference between Emergency Contraception and the “Morning After Pill”?

Nothing. Emergency Contraception (EC) is the same as the “Morning After Pill”. The second term, however, is a little misleading. You can use EC anytime up to 5 days (120 hours) after unprotected intercourse, not just the “morning after.” EC is also often called Plan B.

How does EC work?

EC works primarily by keeping a woman’s ovaries from releasing eggs—a process called ovulation. Pregnancy cannot occur if there is no egg to join with the sperm. The hormones in EC may also thicken a woman’s cervical mucus and thin the lining of her uterus, further reducing the chance that pregnancy will occur.

What are the side effects of EC?

The most common side effects of EC use are nausea and vomiting. Women using Combined Oral Contraception (COC) may experience more nausea and vomiting than those using Progestin-Only Pills (POP). You may be offered an anti-emetic (often used for motion sickness) along with EC to help with these side effects. If you vomit within 1 hour of taking the medication, tell your doctor. The dose may need to be repeated.

When is the best time to take EC?

EC is most effective within 5 days (120 hours) of unprotected sex, but the sooner it is started, the better it works. EC may be provided more than 120 hours after unprotected sex at your doctor’s discretion.

How will I know if EC worked?

After taking EC, you should expect your period within three weeks. It is normal for your next period to be irregular—it can be heavier, lighter, spottier, early, late or at the same time you usually expect it. If you do not have your period within three weeks of taking EC or are experiencing symptoms of pregnancy, take a pregnancy test or schedule an appointment with your doctor.

Is EC the only way to prevent pregnancy after unprotected sex?

Hormonal EC is not the only way to prevent an unintended pregnancy after unprotected sex; however, it is often considered to be more convenient and less invasive than its alternative, the Copper-T IUD. An IUD is a device that is inserted vaginally by your doctor and is more expensive than hormonal EC. Some women use the Copper-T IUD for regular birth control, but you can also have your doctor insert it up to five days after unprotected sex to prevent pregnancy.

To learn more about your EC options, talk with your doctor or visit www.ec.princeton.edu.

Treating the Victim: SANE Examinations

If a victim chooses to have an evidence collection exam, the expertise of a Sexual Assault Nurse Examiner (SANE) is highly recommended. A SANE is a registered nurse who has advanced education and clinical preparation in forensic examination of sexual assault victims.

If your hospital does not have a SANE program (SANE-trained staff available 24 hours/day) and a SANE is not available to conduct an exam, it is acceptable to transport the victim to another institution with a SANE program after stabilization. **Compassionate care, including written and oral information about and provision of emergency contraception (EC), must still be administered immediately in your emergency department before the transfer occurs.**

If your hospital's policy is to transfer patients to a nearby SANE program for evidence exams, a clear policy describing this process is critical. It is also important that a solid relationship and clear communication with the partnering institution is maintained. See page 17 for a current listing of SANE programs.

Sexual Assault Service Provider (SASP) advocates are also available to respond to your hospital 24 hours a day in most communities. It is preferred practice to call a SASP advocate upon arrival of the victim, so they can provide support throughout the examination process. The advocate will also offer: confidential crisis intervention services, information, referral, and a variety of ancillary services such as help with housing, transportation, childcare, etc. See page 17 for a current listing of SASPs.

SANE Examinations typically include:

- Crisis intervention for the victim and her family and/or significant others
- Victim needs assessment
- Assistance (to adults, if they choose) with reporting the crime to law enforcement and mandatory reporting of all suspected child sexual abuse
- Provision of an examination in a manner which does not re-traumatize the victim (exam may include the use of forensic colposcopy and photography, which enhances injury assessment and documentation)
- Physical assessment and treatment for injury
- Collection of medical-forensic evidence which may be useful in court
- Assessment and counseling regarding pregnancy and sexually transmitted infections, including HIV
- Provision of prophylactic treatment for the prevention of pregnancy and certain sexually transmitted infections, if appropriate
- Counseling regarding suspected drug facilitated sexual assault and testing, if appropriate
- Safety planning
- Discharge planning (assess need for and provide referral to: SASP advocates for advocacy and counseling; healthcare providers for follow-up care; Crime Victim Compensation funds; any other necessary services)
- Follow-up with victim within one week to assess need for further support and referrals
- Provision of testimony as factual or expert witness should the case go to court

For information on developing a SANE Program, or coordinating a Sexual Assault Response Team (SART) at your hospital, please visit: www.sane-sart.com. All providers (SANE or other) conducting an evaluation of a victim of sexual assault should have a copy of the Wisconsin Chapter of the International Association of Forensic Nurses (WI-IAFN) recommended care guidelines available. These guidelines can be found at www.wi-iafn.org.



After an Assault: Reporting to Law Enforcement

The information on pages 9 and 10 is provided by Wisconsin Coalition Against Sexual Assault, Inc.

The decision to report a sexual assault belongs to the victim. Nobody should force or coerce the victim into reporting an assault to the police. This fact sheet is designed to help victims make informed decisions.

If a victim reports a sexual assault to law enforcement, the following can occur: law enforcement investigation, district attorney charging decision, plea bargain or trial, sentencing by the court, and imprisonment and/or supervision of the defendant. Not all cases make it through this entire process.

Sexual Assault Service Provider (SASP) advocates are available 24 hours a day in most communities. It is preferred practice to call a SASP advocate upon the arrival of the victim, so they can provide support throughout the reporting process. The advocate will also offer: confidential crisis intervention services, information, referral and a variety of ancillary services such as help with housing, transportation, childcare, etc. The advocate will provide services regardless of the victim's decision about the collection of forensic evidence or filing a police report.

PROS OF REPORTING:

- The suspect may be held accountable
- Victim may experience a sense of closure
- Crime Victim Compensation
- Some believe reporting will help other victims
- Even an arrest may prevent future assaults
- Reporting sooner means the Statute of Limitations won't expire
- The victim can have support through the process
- Reporting can validate the victim's feelings

CONS OF REPORTING:

- No guarantee of charge and conviction
- Victim may be unhappy with sentence
- Conviction may not prevent re-offense
- Privacy may not be protected
- Family and friends may find out
- A conviction may not bring closure
- Victim may not feel supported or believed by those in the criminal justice system
- Victims may feel that they have to re-live the assault

THE INVESTIGATION: The following are common components of a sexual assault investigation: interview by a law enforcement officer, sexual assault nurse forensic exam (rape kit), longer interview by a detective, interview of the suspect, investigation into corroborating evidence, and sometimes, the collection of additional physical evidence from the scene. Some victims feel uncomfortable with this process, however most law enforcement agencies allow a SASP advocate to be with the victim during these interviews.

THE DISTRICT ATTORNEY: The district attorney will only charge the defendant with a crime if s/he believes there is enough evidence to show beyond a reasonable doubt that the defendant committed the crime.

THE COURT PROCESS: If the defendant is charged, the following will take place.

- **Pre-Trial Proceedings** - The court will establish bail and bond, at which time it determines whether to keep the defendant incarcerated pending trial, or what amount of money, if posted, will ensure his/her presence at future court proceedings. The court will also impose bail conditions on the defendant. The defendant must enter a plea: guilty, not guilty, or nolo contendere (defendant admits there is enough evidence to prove the assault, but doesn't admit guilt). The prosecution must also show the court that there is enough evidence to go forward with the case. The court will also try to resolve evidentiary issues before trial.

Please note: This information pertains to the adult victim's choice to report to law enforcement. For children and adolescents (< 18 years of age), mandatory reporting is required of health care providers of suspected child sexual assault.

- **Trial** - The trial includes opening arguments, the presentation of evidence by the prosecution and defense, and the closing argument. Each side can present factual and expert witnesses, each of whom is questioned by the prosecutor, then cross-examined by the defense. After the closing arguments, the jury must come to a verdict of guilty or acquittal. In Wisconsin, the jury must unanimously agree on the verdict.
- **Sentencing**: In Wisconsin, a defendant convicted of a crime can receive probation or a prison sentence followed by a period of supervision. If the judge issues a prison sentence, it must fall within a range prescribed by statute and must be followed by a period of supervision within a range prescribed by statute. The court may also impose a fine. For example, a defendant convicted of second degree sexual assault, a Class C felony, can be fined up to \$100,000, be imprisoned for up to 25 years and receive up to 15 years of supervision, but the later two combined can not exceed 40 years. At sentencing, a victim has the right to submit a victim impact statement to the court describing the economic, emotional, and physical impact of the crime.

AFTER CONVICTION: The Wisconsin Department of Corrections oversees the sentence of the offender after conviction. Prison time can include sex offender treatment. Offenders in the community on probation or supervision are supervised by a Department of Corrections agent. This agent will impose rules of supervision and pursue any revocation against the offender for a violation of these rules.

Frequently Asked Questions:

If I report to the police, do I have to press charges?

Can I drop charges later? The prosecutor, not the victim, makes charging and dismissal decisions, although many prosecutors will respect a victim's wishes. Sometimes, when the prosecutor believes it necessary for community safety, s/he might proceed with a case even when a victim doesn't want to.

When I make a report, will s/he be arrested immediately?

Each law enforcement agency decides when to arrest the perpetrator. Many will investigate the crime first. Victims concerned about their safety can file a restraining order and can contact SASP advocates for help with safety planning.

Will I have to testify at trial? In many sexual assault cases, one of the best pieces of evidence is the victim's testimony. Victims should be prepared to testify if their case goes to trial. However, if a case is settled in a plea bargain, victims won't have to testify. Cases involving child victims are handled differently, but even children can be called to testify at trial.

Will I have to see the defendant? If a case goes to trial, it is very likely that the victim will see the defendant because s/he has a constitutional right to

be present at trial. Many courthouses are structured to ensure that the victim has as little contact with the defendant as possible.

How long will it take before my case goes to trial?

Investigations can vary in time from hours to weeks and sometimes more. Pre-trial proceedings can also take time. If a trial does occur, it could take place anywhere from nine months to a year after the report, and sometimes up to two years after the assault.

My friend/family member doesn't want to report the assault. I don't understand why.

Many people don't understand why many victims don't report. Try to think about it from the victim's perspective. Victims fear being put on trial. They fear testifying in open court about graphic and detailed descriptions of the assault. Many want to focus on healing. Many feel ashamed for making what they believe was a poor decision, for example, to go on a date with someone who later assaulted them. As most victims know their perpetrators, some worry that others will have sympathy for the perpetrator and won't believe the victim. Reassure the victim that what happened wasn't his/her fault and that nobody deserves to be sexually assaulted, period.

Showing Compassion: Additional Recommendations

By being as supportive and helpful as possible, healthcare providers can have a positive effect on how successfully victims of sexual assault are able to work through their trauma.

Prioritize Their Care

It is important that rape victims are treated as priority in the emergency department. It is critical that the victim be seen right away largely due to the psychological trauma he/she is experiencing. Also, due to the time sensitive nature of EC, it is important that the victim is offered this medication as soon as possible.

Be Mindful of Your Words

The term “alleged sexual assault” should never be used in the documentation of a sexual assault. Not only may the term exacerbate the victim’s emotional distress, but judges and juries may interpret the assault as an exaggeration or lie. It is strongly recommended that the following be communicated to a victim of sexual assault:

- It’s not your fault
- I’m sorry it happened
- No one deserves to be raped

Assist Them in Getting the Help She Needs

In order to regain control of their life, it is important that a victim is able to make their own decisions and fulfill personal needs. Below is a sample of efforts healthcare providers can take to ensure the victim’s needs are met:

- Connect the victim with a Sexual Assault Service Provider (SASP) advocate. Advocates are available 24 hours a day in most communities. It is preferred practice to call a SASP advocate upon the arrival of the victim, so they can provide support throughout the process. The advocate will also offer: confidential crisis intervention services, information, referral and a variety of ancillary services such as help with housing, transportation, childcare, etc. The advocate will provide services regardless of the victim’s decision about the collection of forensic evidence or filing a police report. A listing of current SASPs can be found starting on page 17.
- When appropriate, provide resources to find alternative safe housing, such as a shelter.
- Keep a change of clothes on hand in case their clothing is torn and/or collected as evidence.
- Make transportation arrangements to ensure he/she gets home safely.

Please note that written consent to be administered emergency contraception is not required by law. This adds additional, unnecessary paperwork and stress for both the victim and providers. Please refer to the Sample Compassionate Care Discharge Summary on page 13 as an example of appropriate and useful documentation.

These recommendations have been gathered from the Wisconsin Coalition Against Sexual Assault, the Dane County Sexual Assault Service Provider, the Wisconsin Chapter of the International Association of Forensic Nurses and other sexual assault advocates.

Compliance Checklist for Hospitals

Wisconsin hospitals should use the following checklist to ensure they are providing compassionate care and are in compliance with 2007 Wisconsin Act 102.

In order to be in compliance with 2007 Wisconsin Act 102, a hospital that provides emergency services to a victim of sexual assault must do ALL of the following:

- ☐ Provide the victim medically and factually accurate and unbiased **written and oral** information about emergency contraception and its use and efficacy.
- ☐ **Orally** inform the victim of the following:
 - ☐ her option to receive emergency contraception at the hospital;
 - ☐ her option to report the sexual assault to a law enforcement agency; and
 - ☐ any available options for her to receive an examination to gather evidence regarding the sexual assault.
- ☐ **Immediately** provide the victim, *upon her request*, emergency contraception in accordance with instructions approved by the federal Food and Drug Administration.
 - ☐ If the medication is taken in more than one dosage, the hospital must provide all subsequent dosages to the victim for later self-administration.
- ☐ Ensure that **each hospital employee** who provides care to a victim has available medically and factually accurate and unbiased information about emergency contraception.

For a sample patient discharge summary form, please see page 13 of this toolkit. The sample discharge summary form has been created to address documentation and informed consent violations that have been issued by the Department of Health Services to hospital emergency departments that have failed to fully comply with 2007 Wisconsin Act 102.

Sample Discharge Summary

Sexual Assault Nurse Examiner (SANE)/Forensic Nurse Examiner (FNE) Program Discharge Summary/Instructions

During your visit we have discussed the following concerns: (Note: patient initials are only required when applicable.)

Pregnancy

You were tested for pregnancy: YES NO **Result:** Positive Negative Testing Not Indicated

Yes/No/NA

_____ You were provided verbal and written information on emergency contraception. **Patient Initials:** _____

_____ You were given _____ as emergency contraception to prevent pregnancy. **Patient Initials:** _____

_____ If applicable, you were given subsequent dosages of emergency contraception and verbal and written information about how to administer the subsequent doses. **Patient Initials:** _____

_____ You have decided not to use emergency contraceptive at this time. **Patient initials:** _____

Sexually Transmitted Infections

While you were here, you were tested for sexually transmitted infections, (STI's). These infections can spread through sexual contact.

You were tested for the following sexually transmitted infections: (Yes/No/NA)

Gonorrhea _____ Chlamydia _____ Trichomoniasis _____ HIV _____ Syphilis _____ Other _____

Yes/No/NA

_____ You received _____ as treatment to prevent Gonorrhea.

_____ You received _____ as treatment to prevent Chlamydia.

_____ You received _____ as treatment to prevent Trichomoniasis.

_____ You received _____ as treatment for _____.

_____ You have decided not to use antibiotic prophylaxis for the prevention of GC/Chlamydia. **Patient initials:** _____

You should use a condom every time you have sex until you are sure you are free of sexually transmitted infections.

HIV Risk Assessment

Yes/No/NA

_____ We have discussed with you the potential risk factors for exposure to HIV from the assault. **Patient initials:** _____

_____ Your exposure was not considered to be high risk. We recommend that you have a baseline HIV test done within two weeks.

_____ Your exposure was considered to be high risk. Referral made to: _____.

** Medications which may prevent HIV **MUST** be started within 72 hours of the assault. **

Law Enforcement

Yes/No/NA

_____ You were informed of your option to report the sexual assault to law enforcement. **Patient initials:** _____

Continued...

Sample Discharge Summary

Evidence Collection

Yes/No/NA

_____ While you were here, you were informed of any available options for you to receive an examination to gather evidence regarding the sexual assault. **Patient initials:** _____

_____ While you were here, evidence was given to law enforcement officers. It may take bruises hours or days to be seen. If you see new bruises, please contact law enforcement or the SANE Program to arrange for documentation/pictures to be taken of any bruises that appear after your exam today. **Patient initials:** _____

_____ While you were here, evidence was collected. Although you do not want police involvement at this time, you may change your mind. The evidence will be given to law enforcement but no action will be taken without your initiation. **Patient initials:** _____

_____ While you were here, evidence was not collected for the Crime Lab. **Patient initials:** _____

Follow-up Phone Call

I will call you in _____ days to give you your test results and see how you are doing. If you need to speak with me before that time, please call _____ leave a message and I will call you back.

Patient phone numbers: Home: _____ Work: _____ Other: _____

Best time to call: _____ Is it okay to leave a message? YES NO **Patient initials:** _____

Support/Advocacy

You have been given a folder containing information about your care today, community resources that are available to assist you, and important issues related to your recovery. In addition, if you would like to talk with someone, call _____ at _____. Someone is available to talk with you 24 hours a day, seven days a week.

Medical Follow-up

You have decided to seek follow-up care with _____. **Patient initials:** _____

Please call and make an appointment to be seen in _____ days.

****Important Note**** When you see your healthcare provider for follow-up we recommend you discuss the need for further or repeat testing for pregnancy and STI's.

Safety

Discharged to: _____ Time: _____

SANE/FNE Signature & Date

Patient Signature & Date

This sexual assault discharge form was developed by the Wisconsin Chapter of the International Association of Forensic Nurses (WI-IAFN) and amended by the Wisconsin Alliance for Women's Health for use in the CCRV Hospital and Provider Toolkit.

Sample EC Information Sheet

This sample Emergency Contraception Information Sheet was developed by the Meriter Hospital SANE Program in Madison, WI.

Emergency Contraception Information Sheet

Patient Information: Levonorgestrel

What is Levonorgestrel?

Levonorgestrel can reduce your chance of pregnancy if it is taken within 3 day (72 hours) after unprotected sex or birth control failure. It does not protect you from HIV (the AIDS virus) or other sexually transmitted diseases. Emergency Contraception (the “morning after pill”) is a drug to prevent pregnancy that is used only in an emergency. Levonorgestrel is not effective in every case. Levonorgestrel is less effective in women weighing more than 175 pounds.

What are the possible side effects of Levonorgestrel:

The most common side effects of Levonorgestrel include: Heavier menstrual bleeding, nausea, stomach (abdominal) pain, fatigue, headaches, dizziness, or breast tenderness. Some women taking Levonorgestrel may have their next period earlier or later than expected.

If your period is more than a week late, you should get a pregnancy test. If you have severe lower stomach pain about 3 to 5 weeks after taking Levonorgestrel, you may have a pregnancy outside of the uterus, an ectopic pregnancy. An ectopic pregnancy is a serious condition that needs medical treatment right away. Call your healthcare provider or go to the nearest emergency room right away.

Who should not take Levonorgestrel?

Do not take Levonorgestrel if you know or suspect you are already pregnant. It will not work if you are already pregnant. Do not take Levonorgestrel if you are breastfeeding, because it is not known if it passes into breast milk.

What should I tell my healthcare provider before taking Levonorgestrel?

Tell your healthcare provider about all the medicines you take, including prescription and nonprescription medicines, vitamins, and herbal supplements.

Using some medicines may have an effect on how Levonorgestrel or the other medicine works. These include St. John’s Wort, phenytoin, rifampin, barbiturates, oxcarbazepine, bosentan, felbamate, griseofulvin, topiramate and carbamazepine. Talk to your healthcare provider if you are currently using these medications.

How does Levonorgestrel work?

Levonorgestrel is believed to act by preventing ovulation or fertilization (by altering tubal transport of sperm and/or ova). In addition, it may inhibit implantation (by altering the endometrium). It is not effective once the process of implantation has begun.

How should I take Levonorgestrel?

Take Levonorgestrel as soon as possible within 3 days (72 hours) after unprotected sex or if you had a birth control failure. Levonorgestrel can be taken at any time during the menstrual cycle.

Contact your healthcare provider right away if you vomit within 2 hours of taking Levonorgestrel. Your healthcare provider may prescribe another dose of Levonorgestrel for you.

Continued...

Sample EC Information Sheet

Patient Information: ella ("el-uh") (ulipristal acetate) tablet

What is ella?

Ella is a prescription emergency contraceptive that reduces your chance of becoming pregnant if your birth control fails or you have unprotected sex. It will not protect you against HIV infection (AIDS) and other sexually transmitted diseases (STDs). Ella should not be used as your regular birth control. It is very important that you have a reliable form of birth control that is right for you. If ella is taken as directed, it will reduce the chance that you will get pregnant. Ella is not effective in every case.

What are the possible side effects of ella?

The most common side effects of ella include: Headache, nausea, stomach (abdominal) pain, menstrual pain, tiredness, or dizziness. Some women taking ella may have their next period earlier or later than expected.

If your period is more than a week late, you should get a pregnancy test. If you have severe lower stomach pain about 3 to 5 weeks after taking ella, you may have a pregnancy outside of the uterus, an ectopic pregnancy. An ectopic pregnancy is a serious condition that needs medical treatment right away. Call your healthcare provider or go to the nearest emergency room right away.

Who should not take ella?

Do not take ella if you know or suspect you are already pregnant. Ella is not for use to end an existing pregnancy. Talk to your healthcare provider before taking ella if you think you are pregnant. Do not take ella if you are breastfeeding, because it is not known if ella passes into breast milk. Do not use ella more than one time in the same menstrual cycle for different acts of unprotected sex or birth control failure.

What should I tell my healthcare provider before taking ella?

Tell your healthcare provider about all the medicines you take, including prescription and nonprescription medicines, vitamins, and herbal supplements.

Using some medicines may have an effect on how ella or the other medicine works. These include St. John's Wort, phenytoin, rifampin, phenobarbital, dabigatran etexilate, digoxin and carbamazepine. Talk to your healthcare provider if you are currently using these medications. There is little information on whether ella would harm a developing baby. Contact your healthcare provider if you think you may be pregnant and have taken ella.

Using ella may make your regular hormonal birth control method less effective. After using ella, you should use a reliable barrier method of birth control (such as a condom with spermicide) during any other times that you have sex in that same menstrual cycle.

How does ella work?

Ella is thought to work for emergency contraception primarily by stopping or delaying the release of an egg from the ovary. It is possible that ella may also work by preventing attachment (implantation to the uterus). Ella is not for use to terminate an existing pregnancy.

How should I take ella?

Take ella as soon as possible within 5 days (120 hours) after unprotected sex or if you had a birth control failure. Ella can be taken with or without food. Ella can be taken at any time during the menstrual cycle.

Contact your healthcare provider right away if you vomit within 3 hours of taking ella. Your healthcare provider may prescribe another dose of ella for you.

Directory of Sexual Assault Victim Support by Region

This directory includes both **Sexual Assault Service Provider (SASP)** listings as well as **Sexual Assault Nurse Examiner (SANE)** listings. Please see a map that outlines regions on page 23.

SANEs are registered nurses who have advanced education and clinical preparation in forensic examination of sexual assault victims.

SASPs provide services to sexual assault victims and their family and friends. Services are typically free of charge and include crisis intervention, counseling, advocacy services, and more.

Northwest Region

SANE Listing

Baldwin Area Medical Center

730 10th Ave
Baldwin, WI 54002
Phone: 715-684-6606

Black River Memorial Hospital

711 W Adams St
Black River Falls, WI 54615
Phone: 715-284-1306

Burnett Medical Center

257 W St. George Ave
Grantsburg, WI 54840
Phone: 715-488-2284

Hudson Hospital *

405 Stageline Rd
Hudson, WI 54016
Phone: 715-317-0062

Lakeview Medical Center *

1100 N Main St
Rice Lake, WI 54868
Phone: 715-236-6292

Luther Hospital *

1221 Whipple St
Eau Claire, WI 54703
Phone: 715-832-4760

Luther Midelfort Chippewa Valley *

1501 Thompson St
Bloomer, WI 54724
Phone: 415-568-2000

Red Cedar Medical Center *

2321 Stout Rd
Menomonie, WI 54751
Phone: 715-235-5531

Sacred Heart Hospital

900 West Claremont Ave
Eau Claire, WI 54701
Phone: 715-717-4232

St. Croix Valley

1343 N Main St
River Falls, WI 54022
Phone: 715-425-6443

SASP Listing

Ashland - New Day Shelter

PO Box 88
Ashland, WI 54806
Phone: 715-682-9566
Crisis Line: 715-682-9565 (24 hrs)
Fax: 715-682-6865

Chippewa Falls - Family Support Center

PO Box 143
Chippewa Falls, WI 54729
Phone: 715-723-1138
Crisis Line: 800-400-7020 (24 hrs)
Fax: 715-723-8460

Hayward - LCO Oakwood-Haven

13394 W Trepania Rd
Hayward, WI 54843
Phone: 715-634-9360
Crisis Line: 877-552-7474 (24 hrs)

Ladysmith - TimeOut Family Abuse Shelter

PO Box 406
Ladysmith, WI 54848
Phone: 715-532-6976 (8:00-4:00)
Crisis Line: 800-924-0556 (24 hrs)
Fax: 715-532-0972

Medford - Stepping Stones

PO Box 224
Medford, WI 54451
Phone: 715-748-3795 (8:30-5:00)
Crisis Line: 715-748-5140/
866-343-5140 (24 hrs)
Fax: 715-748-2398

Menomonie- The Bridge to Hope

PO Box 700
Menomonie, WI 54751
Phone: 715-235-9074 (8:00-4:30)
Crisis Line: 800-924-9918 (24 hrs)
Fax: 715-235-9073

Milltown- Community Referral Agency

PO Box 365
Milltown, WI 54858
Phone: 715-825-4414
Crisis Line: 800-261-7233 (24 hrs)
Fax: 715-825-4418

New Horizons Shelter & Outreach Centers

PO Box 2031
La Crosse, WI 54602
Phone: 715-538-2810
Crisis Line: 800-706-8586 (24 hrs)

Personal Development Center Inc. Clark County Outreach

W4266 State Hwy 29
Owen, WI 54460
Phone: 715-229-9048
Crisis Line: 715-384-5555/715-937-1193
(Medical advocacy crisis)
Fax: 715-825-4418

Directory of Sexual Assault Victim Support by Region

Burnett County Outreach Office

Siren, WI 54872
Phone: 715-349-7272
Crisis Line: (800) 261-7233
Website: <http://crashelter.org>

River Falls - Turning Point

PO Box 304
River Falls, WI 54022
Phone: 715-425-6751 ext. 104
Crisis Line: 800-345-5104 (24 hrs)
Fax: 715-425-6908

Superior - CASDA

2231 Catlin Ave
Superior, WI 54880
Phone: 715-392-3136 (9:00-4:00)
Crisis Line: 715-392-3136 (24 hrs)
Fax: 715-392-8463

Northcentral Region

SANE Listing

Aspirus Wausau Hospital

333 Pine Ridge Blvd
Wausau, WI 54401
Phone: 715-847-2160

Good Samaritan Health Center

601 S Center Ave
Merrill, WI 54452
Phone: 715-539-5160

Ministry Eagle River Memorial Hospital

201 Hospital Rd
Eagle River, WI 54521
Phone: 715-356-8005

Ministry Howard Young Medical Center

240 Maple St
Woodruff, WI 54568
Phone: 715-356-8005

Riverview Hospital Association

410 Dewy St
Wisconsin Rapids, WI 54495
Phone: 715-421-7595

Sacred Heart- St. Mary's Hospital

2251 North Shore Dr
Rhineland, WI 54501
Phone: 715-361-2100

St. Clare's Hospital

3400 Ministry Parkway
Weston, WI 54476
Phone: 715-393-2950

St. Joseph's Hospital

611 St Joseph Ave
Marshfield, WI 54449
Phone: 715-393-2950

St. Michael's Hospital

900 Illinois Ave
Stevens Point, WI 54481
Phone: 715-346-5119/715-346-5101

SASP Listing

CAP Services

1608 W River Dr
Stevens Point, WI 54481
Phone: 715-343-7101
Crisis Line: 800-472-3377
Fax: 715-343-7175

Merrill - HAVEN

PO Box 32
Merrill, WI 54452
Phone: 715-536-1300
Crisis Line: 715-536-1300 (24 hrs)
Fax: 715-536-3816

Tri County Council

PO Box 233
Rhineland, WI 54501
Phone: 715-362-6841
Crisis Line: 800-236-1222

Wausau - The Women's Community

3200 Hilltop Ave,
Wausau, WI 54401
Phone: 715-842-5663 (8:00-4:30)
Crisis Line: 715-842-7323/
888-665-1234 (24 hrs)
Fax: 715-842-7051

Wisconsin Rapids - The Family Center, Inc.

500 25th Ave N
Wisconsin Rapids, WI 54494
Phone: 715-421-1511
Crisis Line: 715-421-1511 (24 hrs)

Northeast Region

SANE Listing

Appleton Medical Center

Fox Valley SART
1818 N Meade St
Appleton, WI 54911
Phone: 920-831-1853

Aurora Medical Center- Two Rivers *

5000 Memorial Dr
Two Rivers, WI 54241
Phone: 920-794-5125

Aurora Medical Center- Oshkosh

855 N Westhaven Dr
Oshkosh, WI 54904
Phone: 920-456-7496

Aurora Sheboygan Medical Center

2629 N 7th St
Sheboygan, WI 53083
Phone: 920-451-5553

Berlin Memorial Hospital

225 Memorial Dr
Berlin, WI 54923
Phone: 920-361-5525

Community Memorial Hospital *

815 S Main St
Oconto Falls, WI 54154
Phone: 920-846-3444

Holy Family Memorial

2300 Western Ave
Manitowoc, WI 54220
Phone: 920-320-2603

Mercy Medical Center *

500 S Oakwood Rd
Oshkosh, WI 54904
Phone: 920-223-0567

New London Family Medical Center

1405 Mill St
New London, WI 54961
Phone: 920-531-2000

Ripon Medical Center *

933 Newbury St
Ripon, WI 54971
Phone: 920-748-9126

Riverside Medical Center *

800 Riverside Dr
Waupaca, WI 54983
Phone: 715-258-1041

Shawano Medical Center

309 N Bartlett St
Shawano, WI 54166
Phone: 715-526-8120

St. Agnes Hospital *

430 E Division St
Fond du Lac, WI 54901
Phone: 920-926-4601

Directory of Sexual Assault Victim Support by Region

St. Elizabeth Hospital

1506 S Oneida St
Appleton, WI 54915
Phone: 920-738-2100/920-738-6300

St. Vincent Hospital

835 S Van Buren St
Green Bay, WI 54307
Phone: 920-433-8181

Theda Clark

130 Second St
Neenah, WI 54956
Phone: 920-729-3137

Wild Rose Hospital

601 Grove Ave
Wild Rose, WI 54984
Phone: 920-622-5590

SASP Listing

Algoma- Violence Intervention Project

1405 Division St
Algoma, WI 54201
Phone: 920-487-2111 (9:00-3:00)
Crisis Line: 877-847-3223 (24 hrs)
Fax: 920-487-2110

Antigo- AVAIL

PO Box 355
Antigo, WI 54409
Phone: 715-623-5177
Crisis Line: 715-623-5767 (24 hrs)
Fax: 715-627-4901

Appleton - Sexual Assault Crisis Center Fox Cities

35 Park Pl Ste 100
Appleton WI 54914
Phone: 920-733-8119
Crisis Line: 920-733-8119/800-722-7797
Fax: 920-733-8190

Fond du Lac - ASTOP Sexual Abuse Center

430 E Division St
Fond du Lac, WI 54935
Phone: 920-926-5395 (8:00-4:30)
Crisis Line: 800-418-0270 (24 hrs)
Fax: 920-926-4306

Forest County Potawatomi Sexual Assault Center

PO Box 340
Crandon, WI 54520
Phone: 715-478-4990 (8:00-4:00)
Crisis Line: 715-478-7201 (24 hrs)
Fax: 715-478-3796

Manitowoc - Domestic Violence Center's Sexual Assault

300 E. Reed Ave
Manitowoc, WI 54221
Phone: 920-684-4661 ext. 101
Crisis Line: 920-684-5770

Neenah- REACH Counseling Services

1509 S Commercial St
Neenah, WI 54956
Phone: 920-722-8150/ 920-426-1460
Crisis Line: 920-722-8150
Fax: 920-722-0142

Sexual Assault Center

PO Box 22308
Green Bay, WI 54301
Phone: 920-436-8890
Crisis Line: 920-436-8899

Oskey-Waepitah Domestic Violence and SA program

N2150 Kesaehkahtek
Gresham, WI 54128
Phone: 715-799-3835
Crisis Line: 715-799-3931

Shawano - Safe Haven

PO Box 665
Shawano, WI 54166
Phone: 715-526-3421
Crisis Line: 715-526-3421
Fax: 715-524-6763

Sheboygan - Safe Harbor

PO Box 582
Sheboygan, WI 53082
Phone: 920-452-8611
Crisis Line: 920-452-7640 (24 hrs)
Fax: 920-452-2657

Wise Women Gathering Place, Inc.

2482 Babcock Rd
Green Bay, WI 54313
Phone: 920-490-0627
Crisis Line: 920-883-8303 (24 hrs)

Southwest Region

SANE Listing

Franciscan Skemp Healthcare

700 West Ave South
LaCrosse, WI 54601
Phone: 608-392-7059

Gunderson Lutheran Medical Center

1900 South Ave
LaCrosse, WI 54601
Phone: 608-775-3128

Prairie du Chien Memorial Hospital *

705 E Taylor St
Prairie du Chien, WI 53821
Phone: 608-357-2222

Reedsburg Area Medical Center *

2000 N Dewey Ave
Reedsburg, WI 53959
Phone: 608-768-6222/608-524-6487

Sauk Prairie Memorial Hospital and Clinic

80 First St
Prairie du Sac, WI 53578
Phone: 608-643-7206

Southwest Health Center

1400 Eastside Rd
Platteville, WI 53818
Phone: 608-348-4730

Vernon Memorial Hospital *

507 S Main St
Viroqua, WI 54665
Phone: 608-637-4265

SASP Listing

Baraboo - Hope House

PO Box 557
Baraboo, WI 53913
Phone: 608-356-9123
Crisis Line: 800-584-6790 (24 hrs)
Fax: 608-356-9863

Brighter Tomorrow

PO Box 161
Sparta, WI 54656
Phone: 608-269-7853
Crisis Line: 888-886-2327 (24 hrs)

La Crosse - Gundersen Lutheran Sexual Assault Emergency Contacts

123 16th Ave.
Onalaska, WI 54650
Phone: 608-775-3845
Crisis Line: 800-362-9567 ext. 55950
Fax: 608-775-6342

La Crosse - Safe Path/ Mayo Health Clinic System

700 West Ave S
La Crosse, WI 54601
Phone: 608-392-7804
Crisis Line: 608-392-7804 (24 hrs)

Directory of Sexual Assault Victim Support by Region

Platteville - Family Advocates

PO Box 705
Platteville, WI 53818
Phone: 608-348-5995
Crisis Line: 800-924-2624
Fax: 608-348-3184

Richland Center - Passages

PO Box 546
Richland Center, WI 53581
Phone: 608-647-8775
Shelter: 608-647-6317
Crisis Line: 800-236-4325 (24 hrs)
Fax: 608-647-2720

Southcentral Region

SANE Listing

Aurora Lakeland Medical Center

W3985 County Hwy NN
Elkhorn, WI 53121
Phone: 262-741-2120/262-797-6806

Beaver Dam Community Hospital *

707 S University Ave
Beaver Dam, WI 53916
Phone: 920-887-4024

Beloit Memorial Hospital *

1969 W Hart Rd
Beloit, WI 53511
Phone: 608-364-5209

Divine Savior Healthcare *

2817 New Pinery Rd
Portage, WI 53901
Phone: 608-745-5010

Fort Memorial Hospital

611 Sherman Ave E
Fort Atkinson, WI 53538
Phone: 920-568-5330

Mercy Hospital

1000 Mineral Point Ave
Janesville, WI 53548
Phone: 608-756-6522/608-756-6611

Meriter Hospital

202 S Park St
Madison, WI 53719
Phone: 608-417-5916

Monroe Clinic Hospital

515 22nd Ave
Monroe, WI 53560
Phone: 608-324-1160

Stoughton Hospital *

900 Ridge St
Stoughton, WI 53589
Phone: 608-873-2312

Watertown Memorial Hospital

125 Hospital Dr
Watertown, WI 53098
Phone: 920-262-4222

Waupun Memorial *

620 W Brown St
Waupun, WI 53963
Phone: 920-324-6522

SASP Listing

Beloit - Sexual Assault

Recovery Program
423 Bluff St
Beloit, WI 53511
Phone: 608-365-1244
Crisis Line: 866-666-4576 (24 hrs)

Beaver Dam - People Against a Violent Environment (PAVE)

PO Box 561
Beaver Dam WI 53916
Phone: 920-887-3810
Crisis Line: 800-775-3785 (24 hrs)
Fax: 920-885-2270

Elkhorn - Association for the Prevention of Family Violence

735 N. Wisconsin St, Ste. 101
Elkhorn, WI 53121
Phone: 262-723-4653
Crisis Line: 262-723-4653 (24 hrs)
Fax: 262-723-8367

Madison - Rape Crisis Center

2801 Coho St Ste 301
Madison WI 53713
Phone: 608-251-5126
Crisis Line: 608-251-7273 (24 hrs)
Fax: 608-251-6229

People Against Domestic & Sexual Abuse

PO Box 395
Jefferson, WI 53549
Phone: 920-674-6748
Crisis Line: 920-674-6768

Project Respect

832 E. Johnson St
Madison, WI 53703
Phone: 608-283-6435
Crisis Line: 608-283-6435 ext. 12

Southeast Region

SANE Listing

Aurora Medical Center of Burlington

252 McHenry St
Burlington, WI 53105
Phone: 262-767-6806/262-797-6100

Aurora Medical Center-Hartford

1032 E Hwy St
Hartford, WI 53027
Phone: 262-670-7201

Aurora Medical Center- Kenosha

10400 75th St #205
Kenosha, WI 53143
Phone: 262-948-5667/262-948-5640

Aurora Sinai Medical Center

945 North 12th
Milwaukee, WI 53233
Phone: 414 219-5555

Aurora West Allis Medical Center

8901 W Lincoln Ave
West Allis, WI 53227
Phone: 414-219-5555

Children's Hospital of Wisconsin *

9000 W Wisconsin Ave
Wauwatosa, WI 53226
Phone: 414-266-2000

Columbia St. Mary's - Milwaukee *

2727 N Lake Dr
Milwaukee, WI 53211
Phone: 414-291-1418

Froedtert Health and the Medical College of WI- St. Joseph's Hospital

3200 Pleasant Valley Rd
West Bend, WI 53095
Phone: 414-836-8257

St. Mary's Medical Center

3801 Spring St
Racine, WI 53405
Phone: 414-687-4011

Waukesha Memorial Hospital

725 American Ave
Waukesha, WI 53188
Phone: 262-928-7690

Wheaton Franciscan

Healthcare - All Saints
3801 Spring St
Racine, WI 53405
Phone: 262-687-8970

Directory of Sexual Assault Victim Support by Region

SASP Listing

Kenosha - Women and Children's Horizons

2525 63rd St
Kenosha WI 53143
Phone: 262-656-3500
Crisis Line: 800-853-3503 (24 hrs)/
262-652-9900
Fax: 262-652-3402

Milwaukee - Aurora Sinai: Sexual Assault Treatment Center

945 N 12th St
Milwaukee, WI 53233
Phone: 414-219-4535
Crisis Line: 414-219-5555 (24 hrs)
Fax: 414-219-7570

Milwaukee - West Allis Memorial Hospital Sexual Assault Treatment Center (Aurora Sinai satellite facility)

8901 W Lincoln Ave
Milwaukee, WI 53233
Phone: 414-219-5850
Crisis Line: 414-219-5555 (24 hrs)
Fax: 414-219-7570

Milwaukee - Pathfinders

4200 N Holton St, Ste. 400
Milwaukee WI 53212
Phone: 414-810-1816
Crisis Line: 414-271-9523

Milwaukee - The Healing Center

130 W. Bruce St, Ste. 400
Milwaukee, WI 53204
Phone: 414-671-4325
Crisis Line: 414-671-4325
Fax: 414-671-6836

Milwaukee - UMOS Latina Resource Center

802 W. Mitchell St
Milwaukee, WI 53204
Phone: 414-389-6508
Crisis Line: 414-389-6510

Racine - Sexual Assault Services of LSS

1220 Mound Ave Ste 304
Racine, WI 53404
Phone: 262-619-1634
Crisis Line: 262-637-7233 (24 hrs)
Fax: 262-619-1638

Saukville - Advocates of Ozaukee

PO Box 80166
Saukville, WI 53080
Phone: 262-284-3577
Crisis Line: 262-284-6902 (24 hrs)
Fax: 262-284-4403

Waukesha - The Women's Center

505 NE Ave
Waukesha, WI 53186
Phone: 262-547-4600
Crisis Line: 262-542-3828
Fax: 262-522-3882

West Bend- Friends of Abused Families

PO Box 117
West Bend, WI 53095
Phone: 262-334-5598 Ext. 104
Crisis Line: 262-334-7298 (24 hrs)

*** Location does NOT have a SANE program, but does have SANE-trained staff available.**

These listings have been gathered from the Wisconsin Coalition Against Sexual Assault and the Wisconsin Department of Justice



Helpful Resources for Providers and Victims

Useful Information for Victims

Websites

- FAQs about Emergency Contraception
www.ec.princeton.edu
- Plan B® Information
www.planbonestep.com
- Women's Health and Advocacy Information
www.plannedparenthood.org
- Rape, Abuse and Incest National Network
www.rainn.org
- National Sexual Violence Resource Center
www.nsvrc.org
- An Abuse, Rape and Domestic Violence Aid and Resource Collection
www.aardvarc.org
- Financial and Legal Aid for Rape Survivors
www.ithappenedtoalexa.org

Hotlines

- **Emergency Contraception Provider List:**
888-NOT-2-LATE (668-2-5283)
- **National Center for Victims of Crime:**
202-467-8700
- **National Sexual Assault Hotline:**
800-656-HOPE (4673)
- **National Sexual Violence Resource Center:**
877-739-3895 or 717-909-0715 TTY
- **Planned Parenthood:**
800-230-PLAN (7526)
- **Rape, Abuse and Incest National Network:**
800-656-4673 Ext. 3
- **Wisconsin EC Hotline:**
866-EC-FIRST (323-4778)

Organizations

- **Wisconsin Coalition Against Sexual Assault**
608-257-1516 | (TTY) 608-257-2537 |
www.wcasa.org
- **Wisconsin Coalition Against Domestic Violence**
608-255-0539 | www.wcadv.org
- **Wisconsin Department of Health Services**
608-266-1865 | dhs.wisconsin.gov
- **U.S. Office on Violence Against Women**
202-307-6026 |
www.justice.gov/ovw
- **U.S. Office for Victims of Crimes**
202-307-5983 | www.ovc.gov

Useful Information for Providers

Organizations

- **Sexual Assault Nurse Examiners/ Sexual Assault Response Teams**
612-873-2434 | www.sane-sart.com
- **Association of Reproductive Health Professionals**
510-986-8990 | www.arhp.org
- **International Association of Forensic Nurses**
410-626-7805 | www.forensicnurses.org
- **Wisconsin Chapter or IAFN**
www.wi-iafn.org
- **Guttmacher Institute**
202-296-4012 | www.guttmacher.org
- **The Wisconsin Alliance for Women's Health**
866-399-WAWH | www.supportwomenshealth.org

Resources

- **Wisconsin Adult Sexual Assault Response Team (SART) Protocol**
<http://shared.buildmeaportal.com/websites/715/uploadedImages/CI715ID13578DOC1.pdf>
- **Sexual Assault Nurse Examiner (SANE) Development and Operations Guide**
www.ncjrs.gov/ovc_archives/reports/saneguide.pdf



The mission of the Wisconsin Alliance for Women's Health is to advance comprehensive women's health in Wisconsin by engaging, educating, empowering, and mobilizing individuals and organizations. For questions regarding this toolkit, feel free to contact us or visit www.supportwomenshealth.org.



Wisconsin Alliance for
Women's Health

P.O. Box 1726 Madison, WI 53701-1726
608-251-0139 (local) or 866-399-WAWH (toll free)
www.supportwomenshealth.org