Preventing Unwanted Pregnancies:

An Evaluation of Access to Emergency Contraceptives for victims of Sexual Assault in Los Angeles County

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EXECUTIVE SUMMARY

Emergency contraceptives have been approved for use in the United States since 1999, but access to the drug remains somewhat limited. Only nine states allow emergency contraceptives to be distributed over the counter and only 15 states mandate that emergency rooms give information about and dispense emergency contraceptives upon request.[1] Although emergency contraceptives are used to prevent pregnancy from occurring, many right-wing opponents contend that emergency contraception is an abortion pill, a mindset that is used to limit access in many states. Regardless of state laws regarding access, most women and men do not know that emergency contraceptives exist. The majority of physicians and gynecologists do not provide information about emergency contraceptives to patients, and there is little media coverage about the benefits of the drug. This lack of information and access to emergency contraceptives places women in fear of unwanted pregnancies at a disadvantage, especially if they do not have the resources or mental capacity to have an abortion.

For women who are sexually assaulted, emergency contraceptives offer victims a chance to prevent a pregnancy that is an unwanted outcome of the assault. Many of these women have difficulty coping with becoming pregnant from their assailant, and are forced to bear a double burden of facing choices about pregnancy and dealing with the

California has some of the best laws for promoting access to emergency contraceptives in the United States. In California, emergency contraceptives are available over-the-counter and emergency rooms are required to provide information and dispense emergency contraceptives if requested. However, there are still many ways

Finally, the study evaluates ways to enhance the organization of the sexual assault support network that can co-facilitate improving access to emergency contraceptives for victims of sexual assault. This includes Sexual Assault Response Teams, pharmacies and rape crisis centers. By gaining an understanding about the current national state of emergency contraceptive accessibility and the resources available for victims in Los Angeles County, we can begin to look at avenues for change that will help all women and victims of sexual assault nationwide. -8.7

INTRODUCTION

Access to emergency contraceptives is an important issue in the United States. It is especially crucial for women who are victims of rape, who are forced to deal with the assault and the possibility of a traumatic pregnancy. If access to emergency contraception was improved in pharmacies, hospitals and clinics and there was increased education about the drug, many women, including victims of sexual assault, would have greater chances to access emergency contraceptives and possibly prevent unwanted pregnancies. Evaluating access to emergency contraceptives is crucial step towards enacting change.

This study uses previously conducted research about emergency contraceptives and individual research about access for victims of sexual assault in Los Angeles County to address the following questions. What are some of the national, state, and local barriers for accessing emergency contraceptives? Where can victims of sexual assault obtain emergency contraceptives? How easy is it to access these services? How is the sexual assault resource network structured in Los Angeles County and is it effective in helping victims? Are there racial and economic disparities in access to resources that provide emergency contraceptives in Los Angeles County? What are some recommendations for improving local, state, and national access to emergency contraceptives, especially for victims of sexual assault?

The following sections will set the stage for evaluating the state of access to emergency contraception in the United States and Los Angeles County and providing possible avenues for change. The background will give a comprehensive history of emergency contraceptives and the importance of providing emergency contraceptives to

victims of sexual assault. Th

BACKGROUND

The US has the highest unintended pregnancy rate of any country in the developed world. In the United States, half of the six million pregnancies a year are unintended and 1.3 million end in abortion.[2] Half of these unintended pregnancies occur even when couples are using a contraceptive method. In California, nearly 900,000 of the 7.5 annual million pregnancies are unintended and 26 percent end in abortion.[3]

term contraceptive method.[7] Additionally, the morning after pill implies that women

funding.[16] California legislation provides easier access to emergency contraceptives. The state requires emergency rooms to provide information about emergency contraception and dispense it on request; mandates that pharmacists must dispense emergency contraception without a prescription under a collaborative practice agreement or state-approved protocol; and requires that pharmacies must fill valid prescriptions for emergency contraceptives.[17] California is a leading example of progressive policies regarding emergency contraceptive availability and distribution.

The only FDA approved form of emergency contraception in the United States is Plan B, a levonorgestrel method that works to protect women from getting pregnant after having unprotected sex. Plan B prevents the ovaries from releasing eggs or thwarts fertilization of the egg by sperm by releasing a higher dose of levonorgestrel than a regular birth control pill. If taken within 72 hours after having unprotected sex, Plan B can decrease the chance of pregnancy by up to 89 percent and is more effective if taken earlier.[18] Plan B does not affect already fertilized eggs. Side effects of Plan B include nausea, abdominal pain, fatigue, headache, menstrual changes, and vomiting.[19] Although some side effect are serious, there have been no long-term health problems or deaths associated with Plan B usage.[20] Although studies have not been conducted about the safety of emergency contraceptives if used over a long period of time, studies of similar drugs indicate that the risk of serious harm from moderate usage is low.[21]

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Despite FDA approval, emergency contraceptives continue to have limited availability and most physicians do not readily supply patients with information about the drug. A lack of commercial advertising and marketing also prevents emergency contraceptives from being widely distributed, prescribed or consumed.[22] In response to this lack of education about emergency contraceptives, the Association of Reproductive Health Professionals in Washington D.C. and the Office of Population Research at Princeton University teamed up to sponsor a free Emergency Contraception Hotline (1-888-NOT-2-LATE) and the Emergency Contraception Website (www.not-2-late.com) which provides general information about emergency contraceptives and how to get it. The hotline and website are in English and Spanish and have received increasing interest since they began in 1996.[23] Some cities, including Seattle and Philadelphia, have developed successful public media campaigns to raise awareness about emergency contraception. [24]

Emergency Contraception in Other Developed Countries

In the Netherlands and United Kingdom, emergency contraception is an accepted component of family planning services. In the United Kingdom, all contraceptives are free. Most women get emergency contraceptives from general practitioners, but emergency contraception is available at National Health Services family planning clinics where it has been free since 1972.[25] Emergency contraception usage has increased dramatically since the PC4 regimen was approved in 1984. In fact, one Edinburgh clinic reported that the use of emergency contraceptives doubled in the five years following this

[22] Trussel 7
[23] Trussel 8
[24] Trussel 8
[25] Glasier, Anna et. al. "Case Studies in Emergency Contraception from Six Countries". International Family Planning Perspectives. 22.2: 57-61, 1996. pg.58.

decision.

costs for both consumers and insurance companies if used properly. At Planned Parenthood, abortions cost between $350 and $700[31] in the first trimester whereas emergency contraceptives usually cost no more than $20-50.[32] In California, Medicaid often covers abortion costs in Planned Parenthood clinics for low income women, but covering the costs of emergency contraception would be a much more affordable option. In fact, a study by the New York State Comptroller in 2005 predicted that if emergency contraception was more widely accessible, the State's Medicaid system could save $261.6 million annually, $12.8 million from abortion alone.[33] Increased availability of emergency contraceptives would also result in social cost savings by preventing the psychological costs of unintended pregnancies.[34] Not only is emergency contraception a critical tool for reducing unwanted pregnancies, but it is a cost-effective family planning method.

Emergency contraceptives can improve that lives of women who are faced with unwanted pregnancies. Women who cannot support their children, are physically or mentally not well, or feel they are too young to have children, can use emergency contraceptives to stop pregnancy, a benefit to society and to themselves. Additionally, children who are the result of unintended pregnancies are more likely to face a number of physical, mental, emotional and financial hardships including abuse, neglect, depression and low-birth weight.[35] Emergency contraceptives allow women to make choices about

[31] Planned Parenthood. "Procedures". Online. Internet: http://www.plannedparenthood.org/birth-control-pregnancy/abortion/procedures.htm.
[32] Pharmacy Access Partnership. "Emergency Contraception: Getting EC". Online. Internet: http://www.ec-help.org/GettingEC.htm
[33] Hevesi 20
[34] Trussel 11
[35] Hevesi 7

when to have children before they are faced with the possibility of actual pregnancy or abortion.

Opposition to Emergency Contraception in the US

In the United States there is heated controversy about emergency contraception. Pro-life and anti-contraception activists oppose emergency contraception because they believe it terminates a pregnancy. Portraying emergency contraception as a drug that kills a fetus allows pro-life groups to personalize the issue. Definitions of when pregnancy begins vary from state to state, giving the religious right an opportunity to sabotage emergency contraception use. The federal government accepts the American College of Obstetricians and Gynecologists (ACOG) definition of pregnancy, which indicates that "the establishment of a pregnancy takes several days and is not complete until a fertilized egg is implanted in the lining of the woman's uterus".[36] However, many states have adopted provisions that define pregnancy differently. As of 2005, eighteen states adopted provisions that outline pregnancy as beginning at fertilization and conception.[37] Under this definition, emergency contraception terminates pregnancies, feeding the fuel for anti-abortion campaigns. Although these definitions of pregnancies are not scientifically based, they are confusing to female consumers who may mistake emergency contraception for abortion pills.

There are other reasons why opponents are concerned about emergency contraception. Some of the most potent opposition comes from advocates who are worried about teen use of the drug. Many people believe that educating teenagers about emergency contraceptives will increase promiscuity, but there are no studies that indicate

[36] Gold, Rachel Benson. "The Implications of Defining When a Woman is Pregnant". The Guttmacher Report on Public Policy. May 2005. pg 7.
[37] Gold 8.

that these claims are valid. Other opposition comes from people who worry that women

distribution of emergency contraception. As a result, pharmacist's individual and moral viewpoints have a significant impact on emergency contraceptive distribution, despite the substantial interest of the general public and other government policies in its availability.

Pharmacies also exercise their ability to refuse to stock emergency contraception. Public policy, which focuses primarily on the pharmacist's role in emergency contraception distribution, often overlook when pharmacies refuse to stock the drug. Until recently, Wal-Mart, the country's third largest pharmacy chain, refused to carry emergency contraceptives.[42] Effective March 20, 2006, Wal-Mart changed its policies by agreeing to stock Plan B due to an impending lawsuit in Massachusetts.[43] Wal-Mart claimed that it changed its policy because it could not "justify being the country's only

from offering health care services that they do not support for ethical or religious reasons.[46] Legislation also supports exemption of services for moral reasons. The Church Amendment, passed in 1973, allows healthcare providers to opt out of abortion or sterilization procedures that are against their beliefs.[47] Most states also have legislation that gives medical providers the right to choose when not to provide services.

Lack of Medicaid coverage for emergency contraception limits accessibility for those who need it the most. In 2005, 26 state Medicaid programs did not cover emergency contraception compared to 19 states that covered Plan B.[48] Even if emergency contraception is covered by Medicaid, the patient may have to pay out of pocket initially and wait to be reimbursed. Because emergency contraceptives must be taken within 72 hours, there is often not enough time to wait for coverage. This system puts low-income women at a disadvantage because they may not be able to afford to purchase Plan B initially, even if it is covered by Medicaid. Barriers to emergency contraceptive use impact populations at high risk for unintended pregnancies.[49]

In California, Medi-Cal and Family PACT cover emergency contraceptives. However, when a 17-year-old female client was unable to get Medi-Cal coverage for emergency contraceptives, advocates discovered that effective January 2007, Medi-Cal coverage was restricted to women 18 and over.[50] After negotiation between Medi-Cal

[46] Sonfield 7.
[47] Sonfield 9.
[48] Institute for Reproductive Health Access, National Health Law Program, National Latina Institute for Reproductive Health, Ibis Reproductive Health "Emergency Contraception & Medicaid: A State-by-State Analysis and Advocate's Toolkit". November 2005. pg. 9.
[49] Institute for Reproductive Health Access et. al. 4.
[50] Maderas, Nicole Monastersky. "Dear Pharmacy Access Partnership Friends and Colleagues". Pharmacy Access Partnership. 12 March, 2007. pg 1

of these women regretted their decisions.[56] Raising a child that is the result of rape can be a huge emotional burden to a rape victim and can cause harm to the child. The long-term physical and emotional consequences of rape, including higher rates of suicide, depression and sexual dysfunction, are enough of a burden for rape victims themselves, let alone their children.[57]

Easy access to emergency contraception in pharmacies is an important issue for victims of sexual assault. Victims who do not receive emergency contraceptives in the hospital immediately, have to find a doctor to fill a prescription and wait for the prescription to be filled, all the while decreasing the chances of stopping a pregnancy. Because emergency contraceptives are more reliable the sooner they are used, rape victims who are already traumatized from their attack may not have the energy or time to get a prescription within 72 hours. Additionally, victims who do not want to report the crime or seek medical help will not have access to emergency contraception if a prescription is needed.[58] Even if women are able to obtain emergency contraceptives at pharmacies without a prescription, the lack of privacy and fear of talking to a pharmacist may deter women from seeking out this valuable resource.[59]

In response to these concerns, legislators are formulating laws that make emergency contraception more accessible in pharmacies. Currently, seven states allow pharmacists to provide emergency contraceptives under a collaborative practice agreement. Under these laws, doctors are allowed to call in prescriptions in advance or whenever the need arises, eliminating the time used to schedule an appointment. Offering

[56] Gil 112
[57] Gil 111
[58] American Civil Liberties Union 1.
[59] Trussel 10

emergency contraceptives over the counter is one of the most effective ways to distribute emergency contraceptives, but only nine states have provisions allowing over-the-counter distribution.[60] A study conducted by the Guttmacher Institute in 2006 found that of eighty six percent of women in the study who needed emergency contraceptives immediately, women who chose to get it over the counter did so because it was faster and easier than getting a prescription from a doctor.[61] For victims of sexual assault, over-the-counter access is especially important because it is quick and maintains anonymity.

Medical professionals, including the American College of Obstetricians and Gynecologists believe that emergency contraceptives should be provided to female sexual assault victims following an attack as a "standard of care".[62] However, in many areas, over two thirds of emergency rooms do not regularly supply emergency contraceptives to female rape victims.[63] A survey of Pennsylvania hospital emergency rooms between 2000 and 2002 found that 10 percent of hospitals did not even offer emergency contraceptives as an option for sexually assaulted patients.[64] In Wisconsin, only 9 of the 35 Catholic hospitals supply emergency contraceptives to rape victims.[65] Only 16 states require that emergency rooms provide information about emergency contraceptives to victims of sexual assault.[66] Therefore, services in many states are inadequate and leave sexual assault victims vulnerable for traumatic pregnancies and possible abortions.

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[60] Guttmacher Institute. "State Policies in Brief: Emergency Contraceptives". 1.
[61] Foster, Diana Greene et. al. 2006. "Pharmacy Access to Emergency Contraception in California". Perspectives on Sexual and Reproductive Health. 38.1: 46-52. pg 1.
[62] "Compassionate Assistance for Rape and Emergencies Act of 2007".
[63] American Civil Liberties Union 2.
[64] Boonstra 10.
[65] Howard, Jane. "State legislators introduce 'Rape Victims Act'". The Badger Herald. 10 March, 2005. Online. Internet: http://badgerherald.com/news/2005/03/10/state_legislators_in.php
[66] Guttmacher Institute "State Policies in Brief: Emergency Contraception" 1.

Lack of education about emergency contraceptives is also an issue for victims of sexual assault. Many women do not know that there is a drug that can prevent pregnancy and as a result may not ask medical providers to supply it. In areas where emergency contraception is not widely discussed or distributed, victims without knowledge of the method are at a particular disadvantage. The Emergency Contraception Education Act, introduced on August 24, 2007 by Congressmember Slaughter (D, New York), would fund public health efforts and campaigns to education women about the benefits and availability of emergency contraception.[67] Increasing the number of gynecologists and general practitioners who inform patients about emergency contraceptives and developing public media campaigns would help increase education about the drug. Educating women emergency contraception is especially important for victims of sexual assault.

During Bush's presidency, access to contraceptive services has declined significantly. In September 2004, the Department of Justice (DOJ) released guidelines about medical protocol surrounding victims of sexual assault that did not include the mention of emergency contraceptives.[68] The 130 page report, entitled *National Protocol for Sexual Assault Medical Forensic Examinations,* sets the standards for medical protocol around the nation and therefore has the potential to hinder access to emergency contraceptives for thousands of women.[69] This exclusion represented a shift towards more conservative policies surrounding contraception especially because dispensing

[67] NARAL, Pro-Choice America. "Pro-Choice Americans Issue State of the Union Challenge to President Bush". NARAL Press Releases. 18 January, 2007. Online. Internet: http://www.prochoiceamerica.org/news/press-releases/2007/pr01182007_bushsotu.html
[68] Planned Parenthood. "'Best Help for Rape Victims Act' Giant Step Forward for Survivors of Sexual Assault". 14 March, 2005. Online. Internet: http://www.plannedparenthood.org/news-articles-press/politics-policy-issues/victims-act.html
[69] Trussel 8

information about emergency contraception was encouraged in previous handbooks. The DOJ manual gives medical professionals no advice as to how to discuss or distribute emergency contraception to victims. Similarly, the Department of Defense Pharmacy and Therapeutics Committee removed emergency contraceptives from the list of medications every Medical Treatment Facility should stock. As a result, women in the military are unable to obtain the drug, a particular concern for women soldiers who are raped.[70] The Pentagon records indicate that sexual assaults in the military increased by 24 percent in 2006 for a total number of 3000 reported assaults in 2006.[71] Military women, who are at increasing risk for sexual assault, do not even have access to this important drug.

There is widespread support for increasing access to emergency contraceptives for victims of sexual assault and federal and state legislation is underway in support of this issue. A recent poll found that 80 percent of American women believe that all hospitals, regardless of religious affiliation, should provide emergency contraception to victims of sexual assault.[72] Widespread constituency support encourages legislators to demand rights for rape victims by pushing for legislation on a state and federal level. Currently, 16 states require hospital emergency rooms to give emergency contraceptive-related services to sexual assault patients; 15 states require that emergency rooms discuss emergency contraceptives with patients and 11 states require emergency rooms to provide emergency contraceptives to victims if it is requested.[73] Even though steps are

[70] Trussel 8
[71] Press Office of Hilary Clinton. "Senator Clinton Introduces Bill to Give Servicewomen Access to Emergency Contraception". 17 July, 2007.
[72] NARAL, Pro-Choice America.
[73] Guttmacher Institute "State Policies in Brief: Emergency Contraceptives" 1.
For a list of emergency contraceptives by state see Appendix 3, pg. 68

being made in the right direction, more work needs to be done to ensure that victims of

police in Los Angeles County, but the total number of rapes or attempted rapes is much higher.[78]

Sexual assault is legally defined as any genital, oral, or anal penetration by a part of the accused's body or by an object, using force or without the victim's consent. Sexual assault has been used to expand the definition of rape to be gender-neutral. Rape, on the other hand, is defined similarly, and is often divided into the categories of date rape, acquaintance rape, rape, statutory rape, sexual child abuse and incest.[79] In California, rape is defined as an act of intercourse with a person who cannot give legal consent, by force or violence, with a person who is unconscious, or says no.[80] Children, defined as anyone under the age of 18 in California, are unable to consent to sexual relations with an adult even if it is consensual. Sex with a minor is called statutory rape or sexual child abuse.

relationship between the perpetrator and the female victim, the less likely the victim will report the crime to the police.[82] Because most rapes are committed by acquaintances, relatives or intimate partners, this could significantly lower reporting rates.

The sensitive nature of rape and sexual assault also prevents many victims from receiving medical help. The Department of Justice found that most women who are sexually assaulted or raped do not seek medical help. Only 32 percent of completed rape victims, 32 percent of injured attempted rape victims and 27 percent of injured sexual assault victims received medical treatment. Of these women who sought medical help, 48 percent were treated at the scene or at home, but not admitted to a hospital.[83] Due to the trauma of sexual assault or rape it is even more imperative that more women and men receive medical assistance for their injuries.

There are significant psychological impacts of sexual assault. After experiencing sexual assault, many victims suffer from Rape-Related Post Traumatic Stress Disorder, also known as Rape Trauma Syndrome, which results in persistent flashbacks or nightmares of the assault, social withdrawal and lack of feelings, avoidance of behaviors and actions that relate to the rape, and increased physiological arousal characteristics that can affect sleep and lead to exaggerated reactions to normal daily situations.[84] Due to the frightening nature of the event, victims often experience shock, feelings of shame and self-blame, intense emotions, anxiety, depression, fears about safety, avoidance of sex,

[82] Rennison 3
[83] Rennison 2
[84] Rape, Abuse & Incest Network (RAINN). "Effects of Rape".

and physical symptoms like headaches.[85] Some or all of these symptoms may appear suddenly after the rape or be significantly delayed.

[85] Rape Treatment Center, Santa Monica UCLA Med Center. “Impact of Rape: Common Reactions”. Online. Internet: http://66.216.123.69/RTC/Impact+of+Rape/Common+Reactions/

ACCESS FOR VICTIMS OF SEXUAL ASSAULT

If a woman is sexually assaulted, there are several scenarios that can follow. A woman may choose to report the incident to the police, who would then escort the victim to the nearest emergency facility that has a Sexual Assault Response Team (SART) Center so the woman can receive a forensic examination and crucial medical services. Or an assault victim may go directly to the hospital by herself or with supporters following an attack. If the hospital does not have a SART center, the patient is referred to the nearest hospital which provides these services. If the victim lives in a state which mandates that emergency rooms give information and dispense emergency contraception, she may have access to the drug. If not, she may not even know that she has that option. A forensic nurse examiner may refer the victim to a councilor, usually stationed at a nearby rape crisis center. Or, a victim of sexual assault may choose not to report to the police or receive medical attention. If she knows about emergency contraceptives she may go to the nearest pharmacy in search of this resource, or she may have a trusted loved one go for her. If she does not live close enough to a pharmacy that stocks emergency contraceptives over-the-counter she may not be able to prevent a possible pregnancy.

This is why access to services that provide emergency contraception to victims of sexual assault is important. The sooner emergency contraceptives are provided for victims of sexual assault, the less likely these women will develop unwanted, even traumatizing pregnancies. Examining the system of support for victims following an assault is a crucial part of evaluating the level of access to emergency contraceptives.

The following section provides a brief background of pharmacy access and protocol, SART history and SART teams and hospitals in Los Angeles, and the resources rape crisis centers in Los Angeles provide for victims of sexual assault. Data was gathered from communicating with non-profit organizations, Sexual Assault Response Team organizers and Rape Crisis centers in Los Angeles County and analyzing existing studies and information about these services.

Access to Emergency Contraceptives Over-the-Counter in California

Pharmacy Access Partnership, a non-profit devoted to expanding access to contraceptive services in pharmacies, was a valuable resource in determining the state of access to emergency contraceptives in California. In 2005, Pharmacy Access Partnership

has developed a website that provides a comprehensive search by zip code of all the pharmacies in the United States that stock emergency contraceptives and insurance providers who cover Plan B. However, the website does not allow the viewer to search by city or county, making it difficult to obtain a complete list of the pharmacies that stock Plan B regionally.

Pharmacy Protocol for Emergency Contraceptives Distribution in California

In order to distribute emergency contraceptives without a prescription, a pharmacy must have one pharmacist who is trained on how to administer the drug. Training programs for pharmacists have evolved over the years. Initially training programs were 20 hours, but as of 2004 only one hour of training was required by California State law. California Senate Bill 490, which was effective in January 2004, helped simplify the process of providing emergency contraceptives in pharmacies without a prescription by developing a standard protocol that all trained pharmacists can download online. And in June 2004, Pharmacy Access Partnership developed a one hour online training program that meets California training standards.[87] This process makes it easier for pharmacies to stock emergency contraceptives and distribute the drug without a prescription.

There is specific protocol that pharmacists are expected to follow when dispensing emergency contraceptives. Pharmacists often ask a series of questions to determine the need for treatment. These questions can include the date of the patient's last period and when unprotected sex occurred.[88] If the patient is deemed eligible for emergency contraceptives, the pharmacist will provide the patient with a standardized

[87] Pharmacy Access Partnership. "EC story in California". Online. Internet: http://www.pharmacyaccess.org/ECStoryInCA.htm
[88] Pharmacy Access Partnership. "Emergency Contraception: Getting EC".

fact sheet about emergency contraceptives.[89] If the pharmacy does not carry emergency contraceptives, a pharmacist is required to refer the client to another emergency contraceptive provider.[90]

Many pharmacies in California charge an administrative fee in addition to the cost of the drug to pay for the counseling component of providing emergency contraceptives to patients. California Senate Bill 545, enacted in 2004, prohibited pharmacies from charging more than 10 dollars for this consultation fee.[91] This fee is in addition to the price of emergency contraception in pharmacies which ranges from $20-50.[92]

Sexual Assault Response Teams

Sexual Assault Response Teams (SARTs) were first created in the 1970s in response to the need to improve resources available to rape victims. The primary goals of SARTs are to respond to the needs of victims of sexual assault and to provide necessary information, medical care, and services to these victims.[93] Services that SARTs provide vary, but can include: supporting victims through advocacy, counseling and intervention; providing medical and forensic examinations; and offering law enforcement assistance.[94]s3cy contrnsi victin

A 2006 study conducted by the National Sexua

transmitted infections and 55 percent provide crisis intervention services.[99] This national survey shows a sample of the types of services that SARTs provide.

Some localities have developed manuals for how SARTs should operate. In April, 2001 San Diego County developed a Standards of Practice for SARTs that outline the priorities and protocols for dealing with sexual assault victims. This report outlines the role of forensic examiners when treating victims of sexual assault. Some of the standards for care include involving and informing the patient in the exam and maintaining confidentiality of the patient. However, there is no part of the report which mentions medical tests or drugs that should be provided for the victim.[100] The report fails to mention the importance of offering emergency contraceptives to victims of sexual assault. Although California law requires hospitals to give information about emergency contraceptives and dispense it upon request, it is important to outline the standards of care for victims of sexual assault in the SART guidelines. However, this report outlines the roles different resources for victims of sexual assault should play following an assault, a critical component to improving organization. Written guidelines have the potential to improve the overall quality of care for victims of sexual assault in San Diego County.

SARTs and SART Hospitals in LA County

run out of advocacy organizations or rape crisis centers. A SART hospital is required to have an emergency room and there is a SART center at each SART hospital. Some

a victim is in need of emergency contraception when she visits the center, the East Los Angeles Women's Center gets Plan B through the Pacific Women's institute, but does not provide referrals to pharmacy providers or other clinics.

Rape crisis centers in Los Angeles County mostly provide follow-up treatment for survivors of sexual assault including counseling, group sessions, and sponsor 24-hour hotlines. Therefore, most rape crisis centers are not ideal places for victims of sexual assault to receive emergency contraceptives. Ideally women who are sexually assaulted should receive emergency contraceptives during forensic examinations and can use rape

SPATIAL ANALYSIS

Examining differing levels of access to emergency contraceptives for victims of sexual assault based on race and ethnicity is important in determining how to improve and expand access in Los Angeles County. Female victims of sexual assault who do not live near SART hospitals, any medical facility or pharmacies that stock emergency contraceptives may be less likely to get the resources they need to prevent unwanted pregnancies. A spatial analysis database is an ideal way to represent multiple data layers simultaneously, and analyze the spatial results. This may be one of the first studies that examines the relationships between income and race and locations of sexual assault resources in Los Angeles County using spatial analysis tools.

Past Studies

Some studies have been conducted that look at the relationship between race and income and healthcare facilities. A recent study by the Community Institute for Policy Heuristics, Education and Research (CIPHER) in 2005 examines the role of race and income in determining access to healthcare services in Los Angeles County. Focusing primarily on hospitals, the report examines low-income and different racial community's access to healthcare in Los Angeles through GIS mapping, and linear regression analysis.[103]

Los Angeles County was the focus of this study because of its high levels of unemployment and racial segregation. Los Angeles County has an unemployment rate of 9.1 percent, which disproportionally affects people of color. The unemployment rate for Latinos is 9.9 percent and is 13.8 percent for African American, both higher than the

[103] Bowden, Angela and Joanna Lee. "The Role of Race and Class in Determining the Geographic Distribution of Healthcare Facilities and Healthcare Employees inhtw 118 6oyLuni46(LC)-4(tmare Eu-4(tsyL)-ommuphic)]TJ-2.00

county average.[104] African Americans and Latinos are concentrated in South and East Los Angeles, areas which have few hospitals. The study shows that there is a correlation between areas of high poverty and all healthcare facilities that are facing closure or have already been shut down. In fact, out of the 23 hospitals that were shut down prior to 2005, six were located in South Los Angeles. [105] Spatial analysis determined that "the census tracts in South Los Angeles that are not within a three mile radius of a healthcare facility providing basic emergency services have the highest concentrations of poverty uninsurance and people of color in the entire county".[106] These areas are also the only areas with average or above average population densities that are not within a 3 mile radius of emergency services.[107] These areas are placed at a significant disadvantage for accessing healthcare because many of them do not have insurance and rely on emergency hospitals for their primary source of medical care. Overall, the study determined that race does contribute to access to healthcare, but results were not conclusive about the effect of income on healthcare accessibility. The differing results between the linear regression and the mapping indicate that more work needs to be done to evaluate the role that race and class play in healthcare access in Los Angeles County.

This study will focus primarily on access to pharmacies and SART hospitals, depending on race and ethnicity. Comparing the locations of SART hospitals and general hospitals is also utilized to determine the level of access to emergency contraceptives. Since pharmacies that provide emergency contraceptives and SART hospitals are two

[104] Bowden 7-8
[105] Bowden 9-10
[106] Bowden 13
[107] Bowden 12

major resources for the distribution of emergency contraception, they were used to evaluate the level of access varying by race and income in Los Angeles County.

Spatial Analysis Methods

In order to determine if there are disparities in the accessibility of emergency contraception for victims from different racial and/or economic backgrounds, a geospatial database was utilized. Geographic Information System (GIS) tools like ArcMap and ArcCatalog allowed for analysis of several data layers including the locations of hospitals with Sexual Assault Response Team (SART) centers, pharmacies with one pharmacist trained to distribute emergency contraceptives, general Los Angeles County hospital data and racial and income demographics from the 2000 census. ArcCatalog was used to geocode non-spatial data into a data layer that could be referenced spatially in ArcMap, the program used to formulate and display the maps.

I defined access to pharmacies that could distribute emergency contraceptives and general healthcare facilities as within a half mile radius of residents. Although a half mile seems a short distance for residents with access to a car, there are many people who rely on walking or public transportation in Los Angeles County, especially residents who live in low-income communities. I defined access to SART hospitals as within a one mile radius of all residents, since many of these women may be escorted to these hospitals by police following an assault. The radius around SART hospitals is still small to account for women who seek hospital assistance without the help of police, friends or relatives. Due to a limited number of SART hospitals, adequate access is out of the question.

In the following sections, I will define my data sources, the challenges of defining and compiling data, and how I compiled the maps.

Data Sources

The following sources were used in my mapping analysis:

1) The US Census Bureau 2000 geographic data set for census tracts, racial demographics, population density and streets found on the ESRI website (http://arcdata.esri.com/data/tiger2000/tiger_download.cfm).
2) US Census Bureau 2000 demographics for median household income (www.census.gov).
3) The geographic data layer of healthcare facilities in Los Angeles County from The Teale Data Center of CalDTS (http://www.dts.ca.gov/).
4) Pharmacy locations from the Pharmacy Access Partnership (http://www.ec-help.org/single_list.asp?state=CA&county=Los+Angeles)
5) The list of SART hospital names from Peace Over Violence in Los Angeles and Google Maps (www.googlemaps.com) to find their addresses.

Data was compiled then analyzed in ArcMap. James Sadd, a Professor at Occidental College, helped locate data sources and geocode the pharmacy database.

Defining the Data

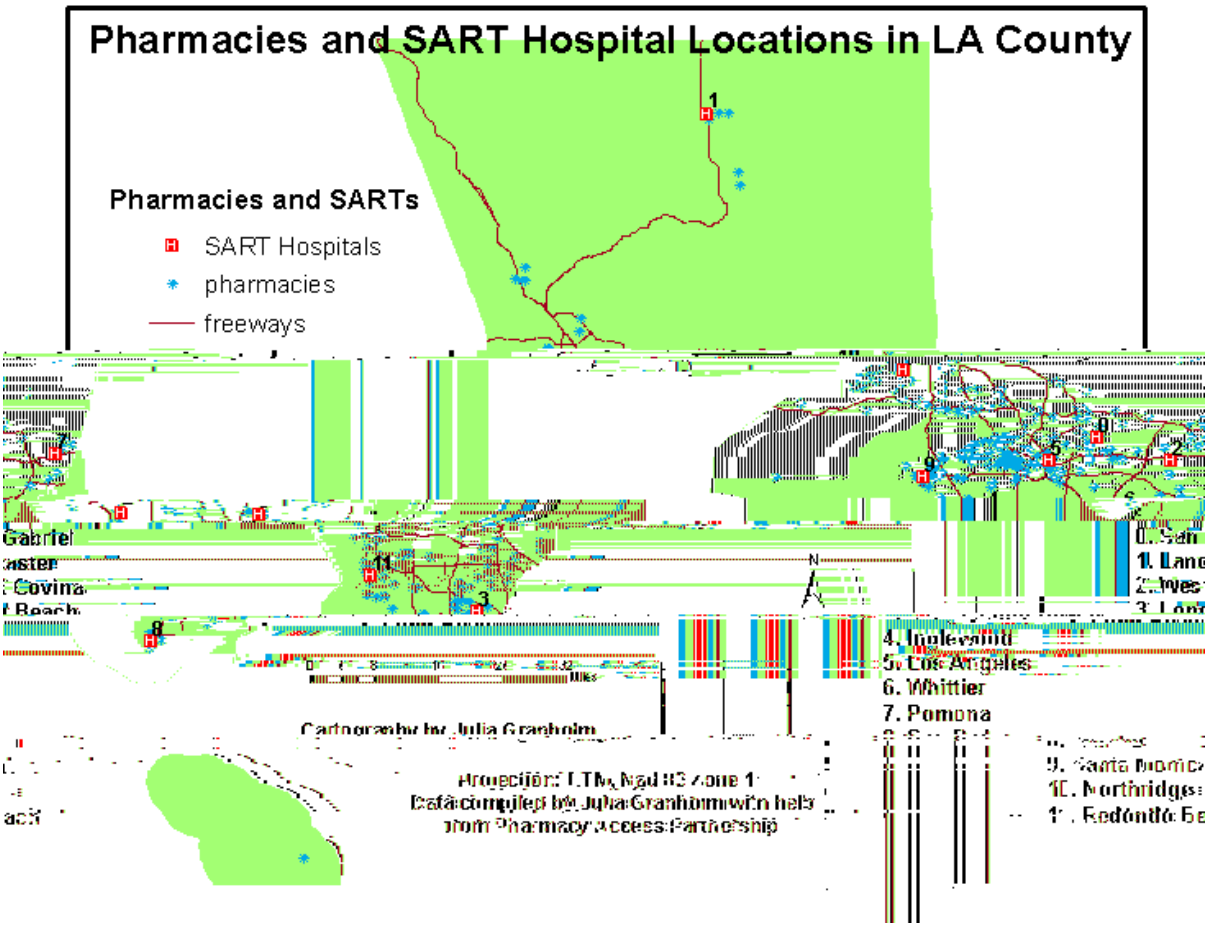
In order to look at differences in access based on race, I created maps to show access for Latinos, African Americans, Non-white, and white people. One map displays access in relation to median household income, which I defined by dividing incomes into five categories. The two lowest of the five classes, I defined as low-income, with the lowest class with incomes between 0 and 27,315 representing very low income. Additionally, I created a map to display variations in population density in order to see if pharmacies and SART hospitals were concentrated in areas of high population density.

The data layer composed of Los Angeles healthcare facilities includes all private and public hospitals, not all of which contain emergency rooms. All SART hospitals contain emergency rooms, thus limiting accurate comparisons of access between the two layers.

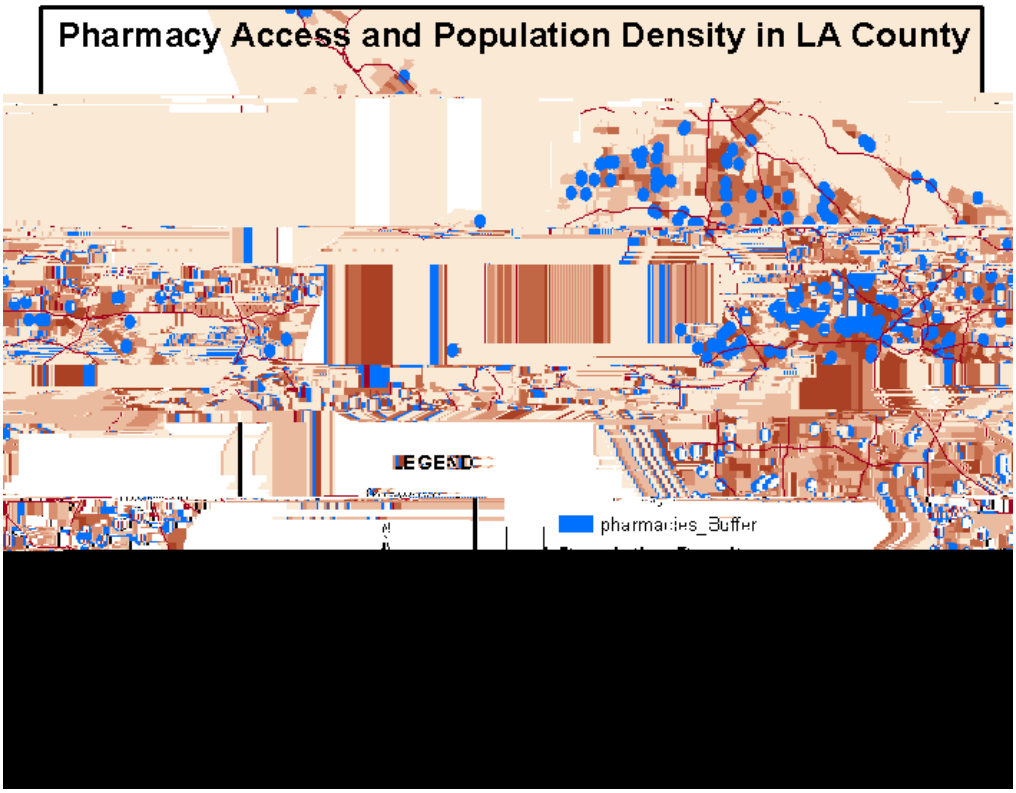
The pharmacy locations shown are pharmacies that have a pharmacist trained on

Spatial Analysis Results

For women who do not live near pharmacies that dispense emergency contraceptives over the counter or SART hospitals, access to Plan B following an assault is limited. To determine access, the results are divided into access to pharmacies, access to SART teams and total access, comprised of the combination of the buffers around pharmacy and SART locations. Additionally, there is a comparison between the locations of general healthcare facilities and SART hospitals. Pharmacy and SART distribution, depending on different racial population densities and income levels, can be effectively evaluated spatially and visually through examining patterns on the maps.



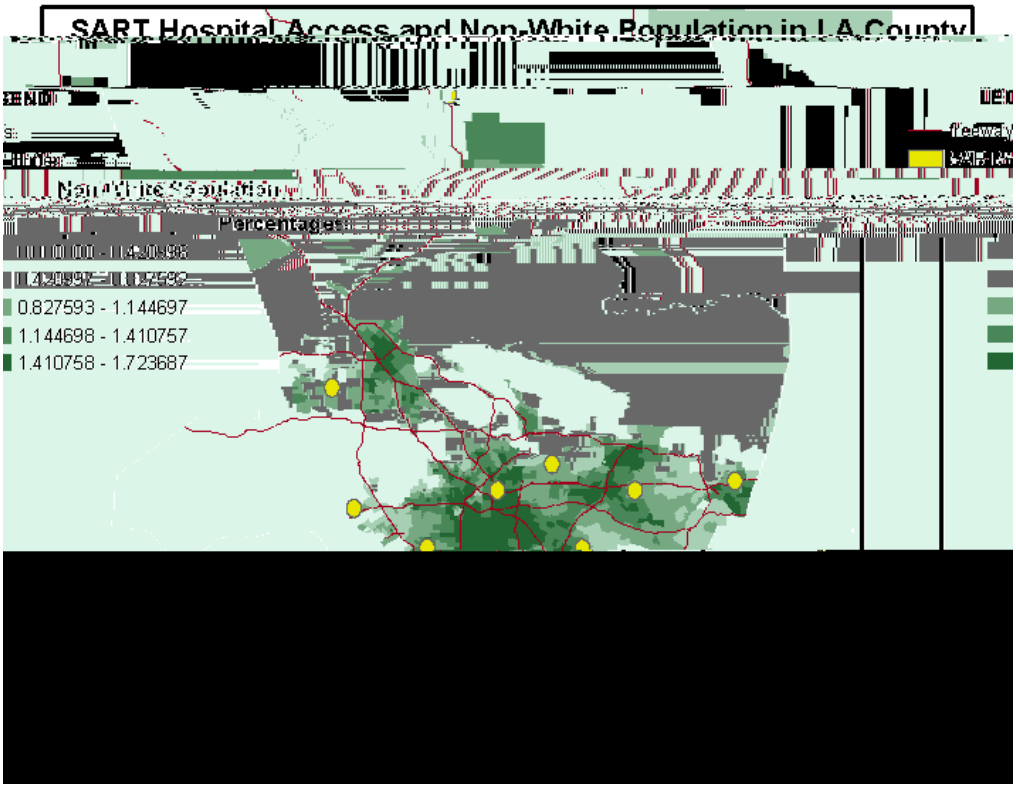
The majority of pharmacies and SART hospitals are not located in densely minority populated areas. Additionally, there is a shortage of pharmacies, healthcare facilities and SART hospitals in northern Los Angeles County. Although there are several pharmacies located in areas with minority populations, there are far more pharmacies in areas with majority white populations. The majority of SART hospitals are not within a mile radius of densely populated minority populated areas, indicated that access for minority racial populations may be difficult. Additionally, accessibility for women who live in the northern part of Los Angeles County, an area with high concentrations of white residents, may be difficult as well because most of the pharmacies and SART hospitals are located in central and south Los Angeles County. The lack of accessibility in the Northern half of Los Angeles County correlates with low population density in that region. Therefore, pharmacies and SART hospitals are thus more concentrated in areas with more people because there is more demand for their services. General healthcare facilities are fairly evenly distributed throughout densely populated minority areas, but the hospitals chosen as SART hospitals border these regions. Pharmacies and SART hospitals tend to be located in areas of moderate income.[108]



Pharmacy Access

There is not a significant disparity in accessibility of emergency contraceptives in pharmacies between races. However, there is a lack of pharmacies in densely populated racial areas. There appear to be several more pharmacies in densely populated Latino areas than African American or Asian areas, but the difference small. Overall, white people who live in central and south Los Angeles County have higher accessibility than other groups, but north and parts of east Los Angeles County, which have high populations of white residents, have limited access to Plan B in pharmacies. These areas have low population densities, which limits the services available. Areas with medium-high concentrations of all races seemed to have the best accessibility to pharmacy services, but areas of high concentration had poor access to emergency contraceptives

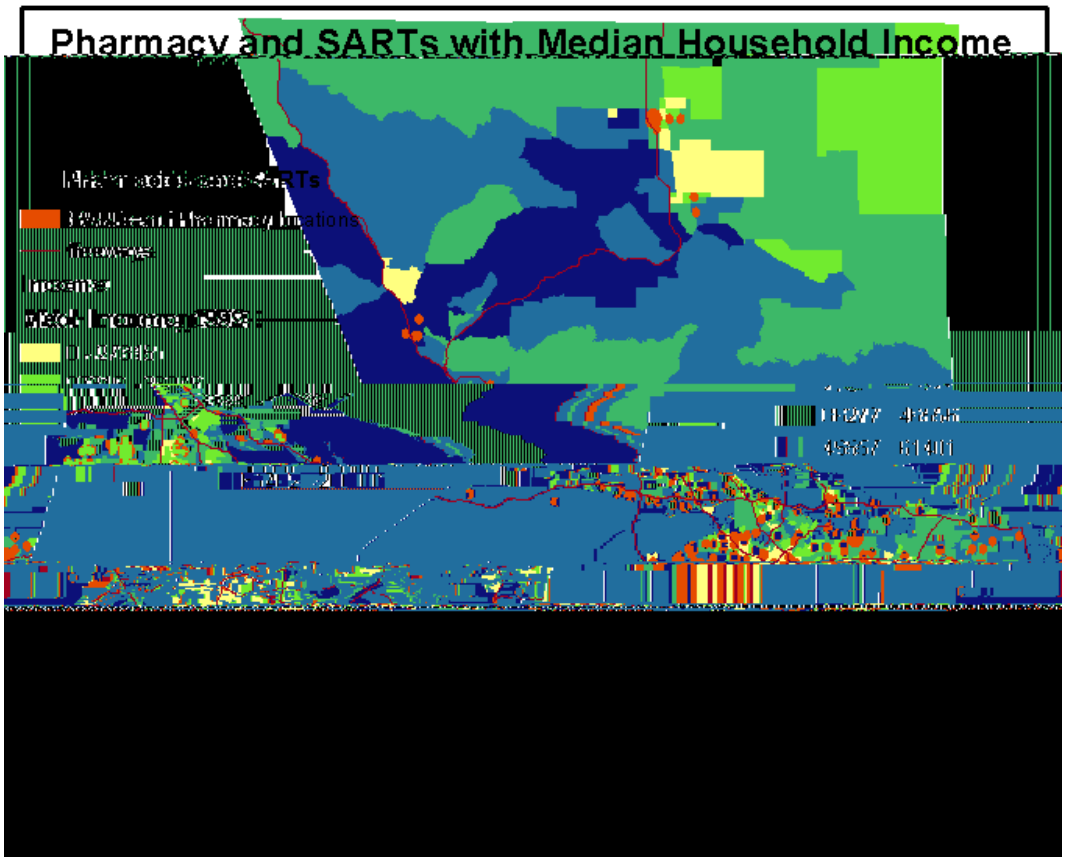
from pharmacies. A similar pattern occurred for income. Most of the pharmacies were located in the areas with moderate median household incomes.



SART Access

Generally, SART hospitals are not located in the highest populated minority neighborhoods, but they are located right on the outskirts. SART hospitals, for the most part, are also not located in areas with the highest density of white people. Many of the areas with high concentrations of high residents have low population densities, so there are fewer resources for these residents. In areas with the highest concentrations of Latino, Black and Asian populations, there are very few SART hospitals and therefore, little access to SART hospitals. SART hospitals are also located in areas with moderate median household income. Generally, the areas with the best access to SART hospitals

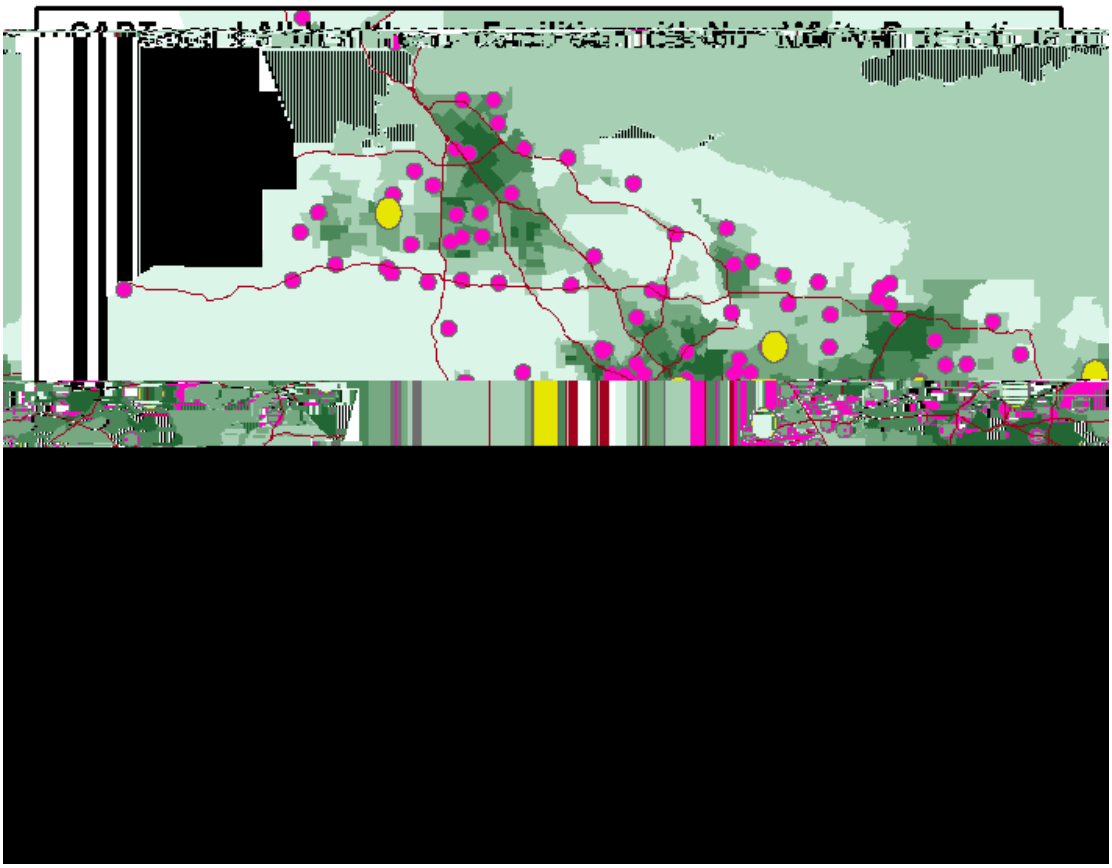
were areas with medium high levels of each racial population and incomes, not the areas with the highest concentration.



Pharmacy and SART Access

By combining SART and pharmacy access, the area of total access to emergency contraceptives increases. Although the variables together show similar results as the variables do apart, more resources mean more access for women in these areas. However, there is insufficient access in areas with high concentrations of each racial group, and there is inadequate access for low-income residents. Most pharmacies and SART hospitals are located on the border between areas with high minority population and areas with high numbers of white people. Most of these resources are also located TD[therhs9)w90 Tc 0 Tw -20.6

with moderate racial concentrations and moderate income levels is better than access for residents in areas of high racial densities and areas with high low-income populations.



SART Hospitals vs. General Healthcare Facilities

There are more general healthcare facilities located in areas with densely populated minority areas than there are SART hospitals in these areas. It seems as though SART hospitals were picked to accommodate both minority groups and the white population in LA and therefore locations were picked where racial concentration of any one group is not as strong. Similarly, there are more general healthcare facilities in low-income areas than SART hospitals. This could be due to the fact that there are significantly more general hospitals than SART hospitals. However, the lack of SART hospitals in low-income areas is limiting. Many low-income residents cannot afford cars,

and may not be able to travel long distances to healthcare facilities. In general there is better access to general healthcare facilities than there is to SART hospitals.

Spatial Analysis Results Summary

Access to emergency contraceptives in Los Angeles County is not sufficient. Areas with densely populated minority groups and low-income populations do not have adequate access to SART hospitals or pharmacies. For most groups and in most areas of Los Angeles County, access is limited and insufficient.[109] Access needs to improve to ensure that female victims of sexual assault can utilize this important resource.

[109] For more maps see Appendix 1, pg. 62

RECOMMENDATIONS

Based on the existing information about emergency contraceptives on a federal, state and local level and results collected in this study, there are several recommendations that could help improve the state of access to emergency contraceptives for all women and victims of sexual assault.

I. Recommendations for Policy and National Standards

There are several federal and statewide policies that could improve access to emergency contraceptives. Additionally, changes in national standard protocol for dealing with victims of sexual assault could be expanded to include distribution of emergency contraceptives. Some of these policies specifically target helping victims of sexual assault. However, some policy changes would expand access for women of all ages and backgrounds nationwide. Although many of these policy recommendations largely depend on federal and state policy makers, the general public and advocacy groups can put pressure on affiliates to pass laws that expand access to emergency contraceptives.

Pass national legislation to promote accessibility of emergency contraceptives for victims of sexual assault:

Several bills have been introduced into Congress that would help victims of sexual assault obtain emergency contraceptives. One such bill, called the "Compassionate Assistance for Rape and Emergencies Act of 2007", was introduced in the House of Representatives in January 2007 and in the Senate in April 2007. This bill would require that all hospitals that receive Federal funds through Medi-Care, provide information about and dispense emergency contraceptives upon request to victims of sexual

assault.[110] This bill would put economic pressure on hospitals to provide emergency contraceptives to sexual assault victims. If passed, this piece of legislation could challenge existing laws in states that prevent emergency contraceptive distribution in hospitals and increase opportunities for victims of sexual assault around the nation.

Legislation for women in the military like the "Compassionate Care for Servicewomen Act", introduced by Senator Clinton (D, New York) in July 2007, would increase emergency contraceptive access for servicewomen.[111] Because sexual assault rates for women in the military are increasing, legislation to help these women obtain emergency contraceptives is essential.

Pass state legislation to expand pharmacy access to emergency contraceptives:

Currently, only 9 states allow pharmacies to distribute emergency contraception without a prescription.[112] Since emergency contraception is the most effective the sooner it is used within 72 hours of unprotected sex, getting emergency contraceptives directly from pharmacies will cut down the time it takes to process a prescription. For victims of sexual assault this service is especially important if victims are wary of seeking doctor's assistance. Male or female friends are also able to obtain emergency contraceptives from a pharmacy without a prescription for a victim if she is unable to pick up the drug on her own. Expanding access to emergency contraception without a prescription may help speed up the process for obtaining emergency contraceptives and would give victims of sexual assault a greater chance of remaining anonymous.

There are laws in 7 states that allow pharmacists to dispense emergency contraceptives under a collaborative-practice agreement and several other states that have

[110] "Compassionate Assistance for Rape and Emergencies Act of 2007"
[111] Press Office for Hilary Clinton 1
[112] Guttmacher Institute. "State Policies in Brief: Emergency Contraception" 1

should be addressed and the FDA should be pressured to change these regulations. Availability of emergency contraceptives to women under 18 would cause additional scrutiny because some opponents claim that increasing access to emergency contraceptives for minors will increase promiscuity. However no studies have proven that this theory is correct.[115]

Teenage accessibility is crucial for many reasons. By age 18, six out of ten women have had sexual intercourse and of the approximately 750,000 teen pregnancies in the US each year, 82 percent are unintended.[116] Additionally, 44 percent rape victims are under the age of 18.[117] Providing safe and accessible ways to access emergency contraceptives for teenagers may help them feel more comfortable seeking help. Going to a family doctor to obtain a prescription for emergency contraceptives may feel unsafe for many teenage girls, especially if they fear their families will find out. For teenage victims of sexual assault, the fear may be even greater, especially if they were abused by men they know. Since 73 percent of sexual assaults are committed by non-strangers, fear of retribution for these teenagers may seem daunting if they have to tell a doctor.[118]

Pass state legislation that requires emergency rooms to provide information about emergency contraceptives and dispense them upon request:

There are only 12 states that require emergency rooms to give information about emergency contraceptives and 13 states that mandate that hospital emergency rooms provide these services to victims of sexual assault.[119] Requiring that hospitals provide

[115] Boonstra 13
[116] Guttmacher Institute. "Sex and Pregnancy Among Teens". In Brief: Facts on Sex Education in the United States. December 2006. Online. Internet: http://www.guttmacher.org/pubs/fb_sexEd2006.html
[117] RAINN. "Statistics: Key Facts" 1
[118] RAINN. "Statistics: Key Facts" 2
[119] Guttmacher Institute. "State Policies in Brief: Emergency Contraception" 1.

emergency contraceptives is a crucial step towards increasing access for victims of sexual assault. The U.S. Department of Justice found that Forty eight percent of women who were treated for rape related injuries were treated at a hospital. For injured victims, the hospital is often their first avenue for help. Therefore, it is important they are given the option of taking emergency contraceptives. Even though less than half of female rape victims are treated at a hospital, it is important that these services are provided immediately and as part of protocol when dealing with victims of sexual assault especially.

Include emergency contraceptives in *National Protocol for Sexual Assault Medical Forensic Examinations:*

The most recent report issued by the Department of Justice entitled the *National Protocol for Sexual Assault Medical Forensic Examinations* does not mention providing information about or distributing emergency contraceptives to victims of sexual assault. Because national standards for Sexual Assault Response Teams do not include emergency contraceptives as part of the forensic examination plan, it is reasonable to assume that these protocols might be lacking in states and/or areas that do not require hospitals to distribute or mention emergency contraceptives to patients.

Providing information about emergency contraceptives should be a crucial component of a SART examination because it gives the woman the right to make an educated decision about her body. Even medical professional associations like the American College of Obstetricians and Gynecologists believe that emergency contraception should be provided for victims of sexual assault.[120] Therefore, areas that

[120] "Compassionate Assistance for Rape and Emergencies Act of 2007"

adapt their policies from the DOJ's report are not adequately prepared to give their sexual assaulted patients the best care possible.

II. Recommendations to Help Improve Existing Access

There are several ways existing access and knowledge about emergency contraceptives could be improved. By educating people about emergency contraceptives, increasing patient confidentiality, lowering costs and expanding resources where emergency contraceptives are available, access will improve. These recommendations can take place with the help of state and local governments, advocacy and non-profit groups, and medical organizations dedicated to the struggle of increasing accessibility of emergency contraceptives in California and nationwide.

Educational campaigns about emergency contraceptives:

Several organizations, including Pharmacy Access Partnership and Ogilvy Public Relations Worldwide, have tried to increase education about emergency contraception by sending out mailings, constructing helpful websites and creating emergency contraceptive hotlines. Additionally, emergency contraceptive initiatives have been featured in several newspapers including the *Los Angeles Times*, the *San Francisco Chronicle* and the *Sacramento Bee.*[121] However, more mainstream media attention, in the form of educational advertising campaigns, could be more effective in educating people about emergency contraceptives and where to access them. The state of California, along with local city governments should work together to promote Plan B as a safe and accessible form of pregnancy prevention.

Expand knowledge of emergency contraceptives through provider practices:

[121] Pharmacy Access Partnership. "EC story in California".

Primary and reproductive healthcare physicians rarely provide information about emergency contraception to patients on a regular basis. Currently, only 25 percent of gynecologists and 14 percent of general physicians regularly discuss emergency contraception with patients. Education for doctors about the benefits of emergency contraceptives will help them pass on critical information to their patients. Additionally, medical organizations like the American College of Obstetricians and Gynecologists are encouraging the distribution of emergency contraceptives though posters, audio tools, brochures and wallet information cards. Pressure from other medical organizations may help set a standard of care that encourages doctors to discuss emergency contraceptives with patients.

Confidentiality in pharmacies:

In states where women are able to obtain emergency contraceptives from pharmacies without a prescription, women often have to speak to a pharmacist and/or fill out a questionnaire to get Plan B. The pharmacist might ask questions such as: the start of the woman's last period and when the unprotected sex took place.[122] The woman is also given a written description of key facts about emergency contraceptives.[123] For female rape victims this process could be damaging and triggering, especially if they are forced to relay the circumstances of the attack or think about the event itself. Additionally, pharmacies can be crowded and if it is a local pharmacy the victim might be scared of being seen when obtaining emergency contraceptives.

In 2007, the Pharmacy Access Partnership and the Pacific Institute of Women's Health introduced the Client Confidentiality Card in California, which allows the patient

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planning clinics provide emergency contraceptives at sliding scales based on income and are a valuable resource for low-income women without insurance.

create an interactive website that provides information about all of these resources. Therefore, victims of sexual assault and the community that supports them will have the tools to get and stay informed about access to emergency contraceptives and other important services for victims.

resource to discuss obstacles and successes in the system, leaving room for general systematic changes.

More SART hospitals:

There are only 12 SART hospitals to serve the needs of nearly 10 million people in Los Angeles County.[128] For low-income residents without insurance or reliable transportation, access to these hospitals is especially limited. Hospitals that can have SART programs have to have an emergency room. The SART examinations may take place in a separate area or directly in the emergency room. However, to provide SART services a SART center must be connected to the hospital. More hospitals should have the resources for SART programs to ensure that victims have more access to important services.

Better advertisement of the location of SART hospitals:

Finding all the hospitals with SARTs was extremely difficult. It is important that the locations of these hospitals be readily accessible for residents of Los Angeles County. Building a SART website that shows written SART protocol, locations of SART hospitals and other important resources for victims of sexual assault, would provide victims and allies with valuable information about available resources in Los Angeles County. Because there are so few hospitals that provide SART services, it is important that these hospitals also display information about their SART centers on their general websites.

Increased pharmacy access to emergency contraceptives:

[128] U.S. Census Bureau. "State & County Quickfacts: Los Angeles County, California". Online. Internet: http://quickfacts.census.gov/qfd/states/06/06037.html

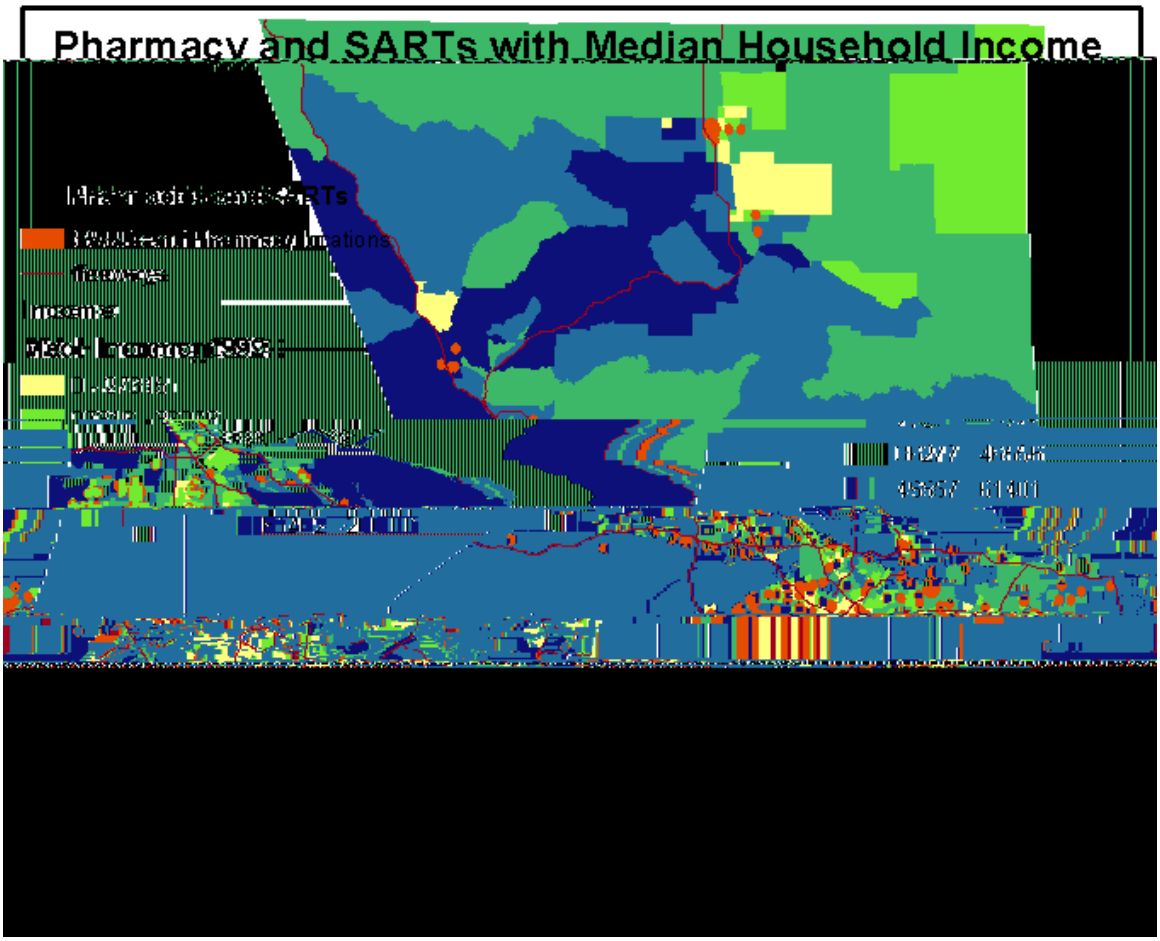
Areas with high concentrations of racial groups and areas with low income have less access to emergency contraceptives. Most of the areas where access is especially limited are in low-income minority neighborhoods. Because many low income residents rely on public transportation, this limits access to pharmacies even more. Better pharmacy access to emergency contraceptives in low-income, minority neighborhoods would help increase services available to victims of sexual assault and may help /

CONCLUSION

possible by conducting research that focuses on issues surrounding access to emergency contraception, especially for victims of sexual assault.

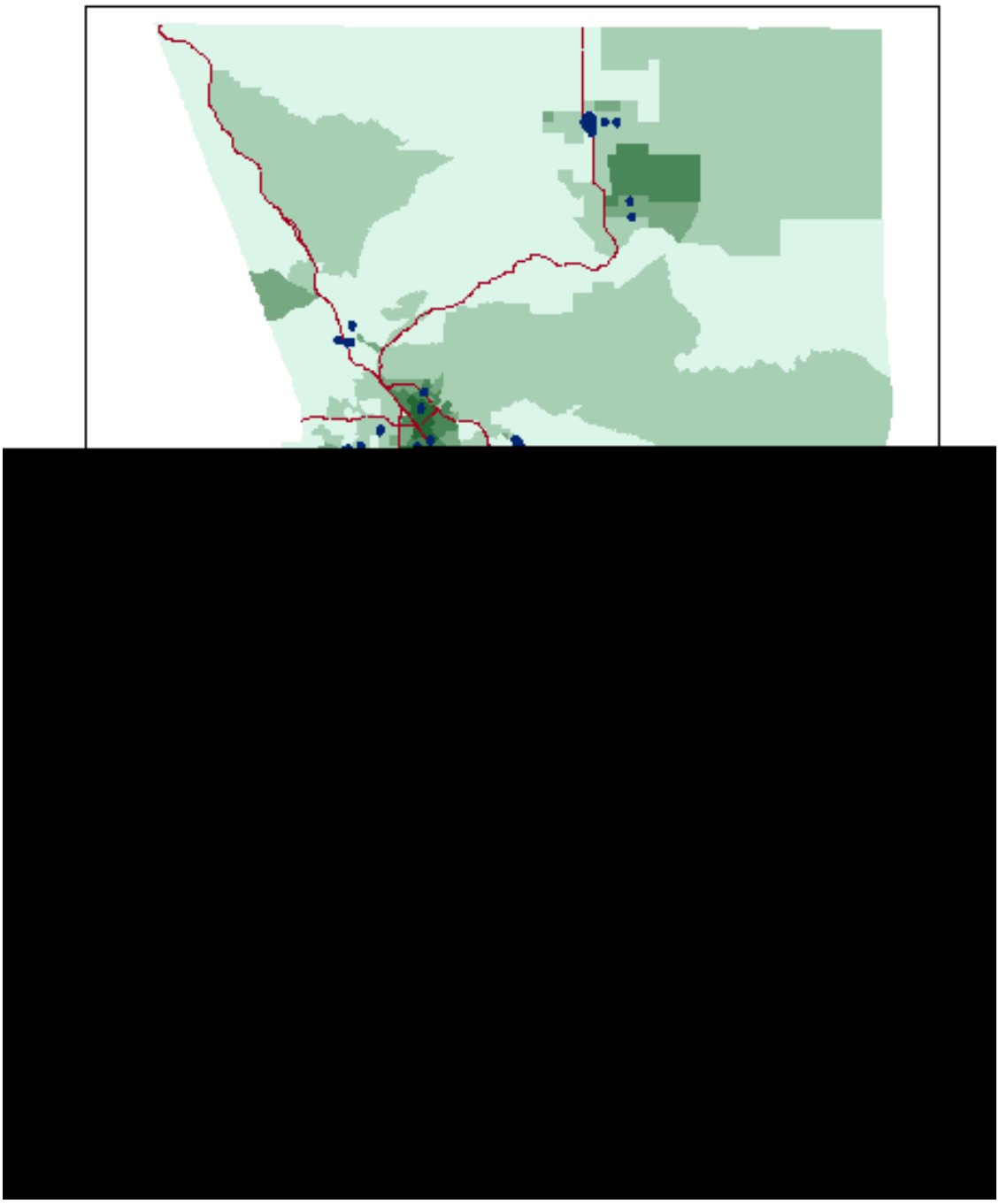
The complexity of this topic leaves many open-ended research questions available for future studies. More research needs to be conducted about the organization and components of SART teams in Los Angeles County including who is involved in these groups, how decisions are made, how often they meet and what are their protocols for treating victims of sexual assault. An examination of where sexual assaults take place in relation to pharmacies and SART hospitals could also enhance research on this topic and an evaluation of the role police play as resources to victims of sexual assault would be an important addition to this research. Additionally, research that includes experiences of victims of sexual assault would be helpful in painting a comprehensive picture of what is needed to help increase education and accessibility for victims of sexual assault, in addition to the need for confidentiality when obtaining the drug. Research that further addresses the implications of race and income in accessibility of emergency contraceptives would also add to the analysis and recommendations of improving access for victims of sexual assault and women nationwide. Determining the locations of other healthcare facilities and clinics would help expand the definition and the range of access to emergency contraceptives in Los Angeles County.

More work needs to be done to help improve access to emergency contraceptives for victims of sexual assault to ensure that

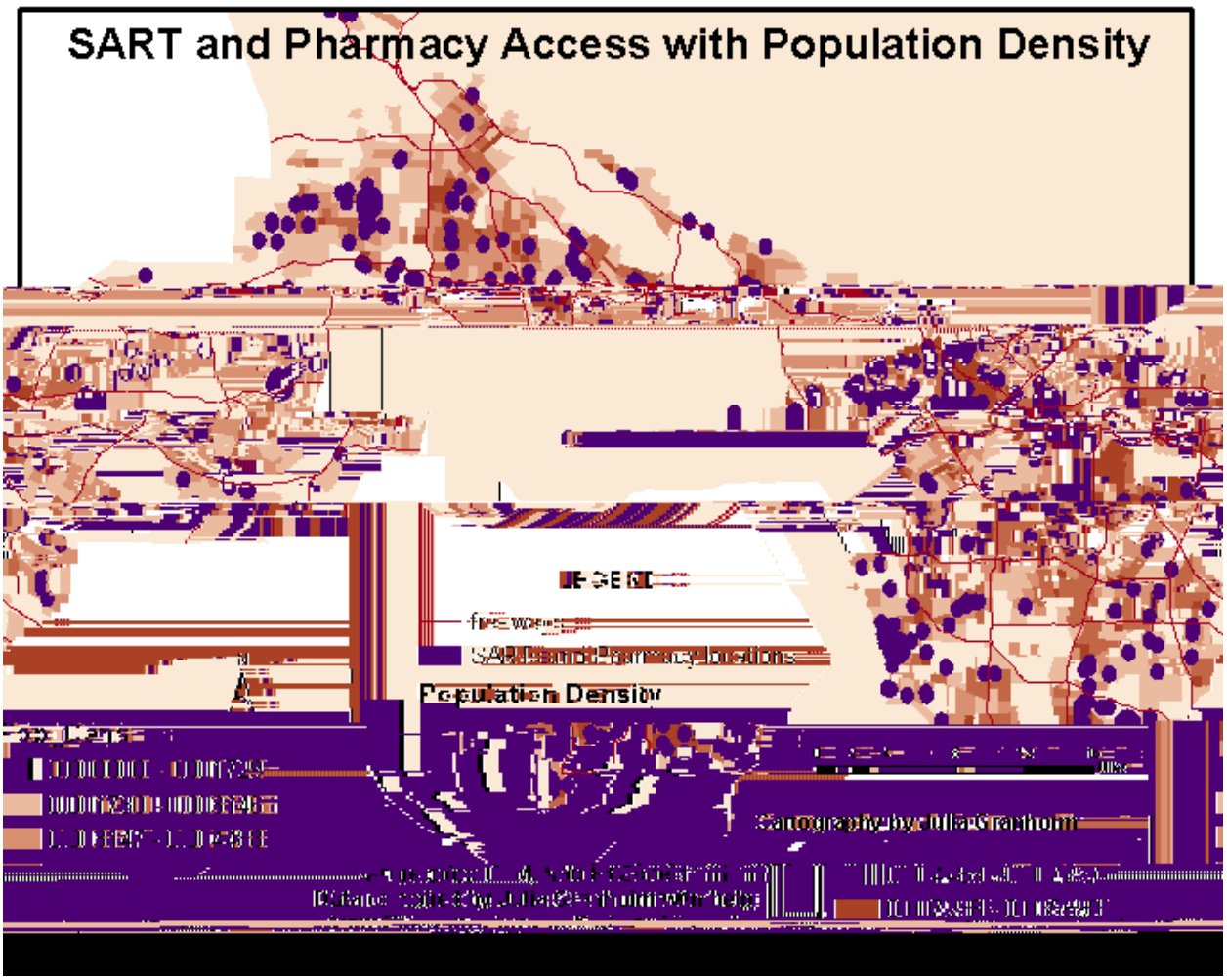


This map shows the total area of access to emergency contraceptives for victims of sexual assault (pharmacy and SART locations) with median household income (with percentages from 1999). The area of total access combines areas within a one mile radius of a SART hospital and/or within a half a mile of a pharmacy with a staff trained to dispense emergency contraceptives.

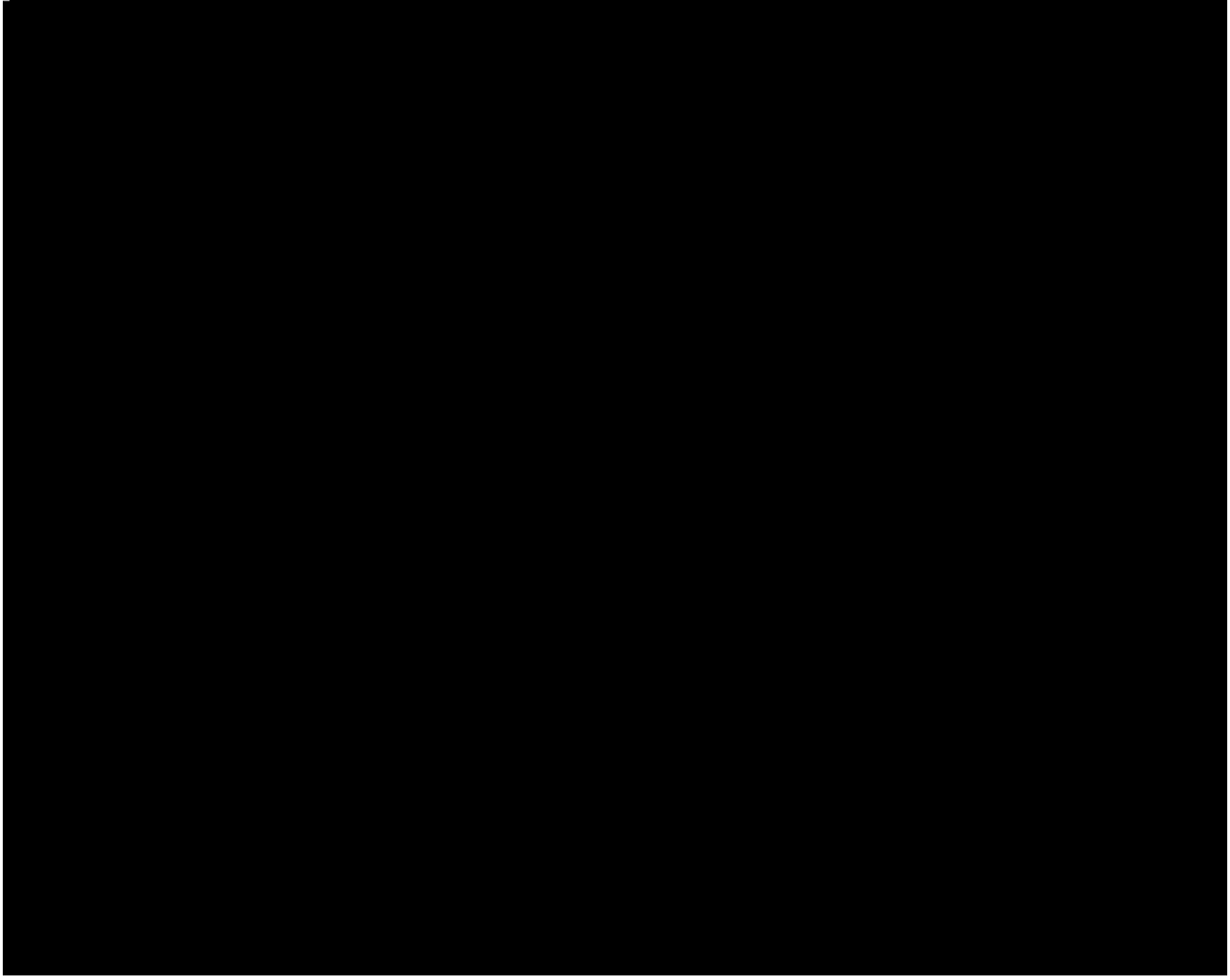
SARTs and Pharmacies with Non-White Population



This map shows the total area of access to emergency contraceptives for victims of sexual assault (pharmacy and SART locations) with the non-white population percentages in Los Angeles County.

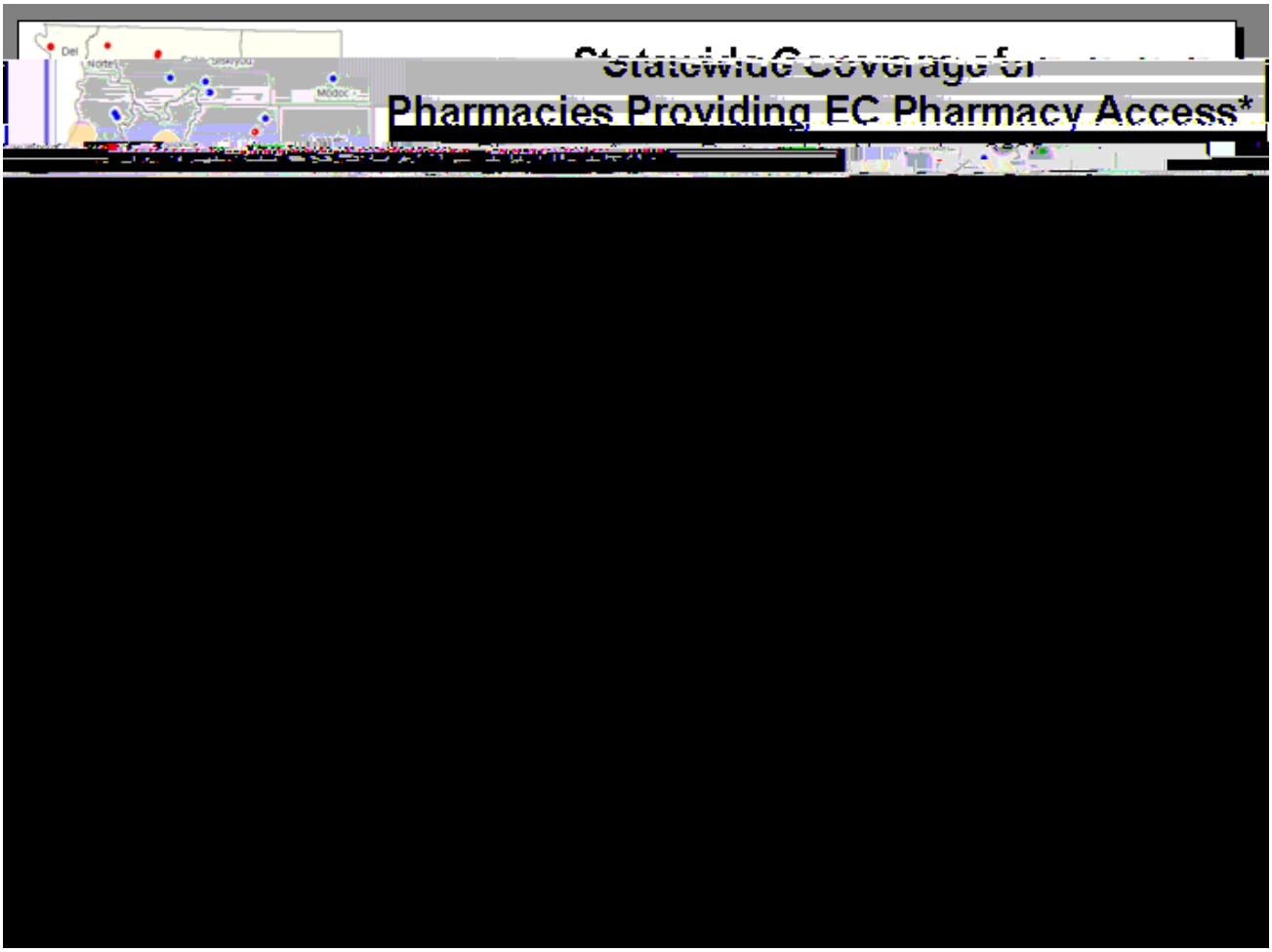


This map shows the total area of access to emergency contraceptives for victims of sexual assault (pharmacy and SART locations) with population density in Los Angeles County.



This map shows the total area of access to emergency contraceptives for victims of sexual assault (pharmacy and SART locations) with the white population percentages in Los Angeles County.

2. Pharmacy Access Partnership Access Map for California



Source: Pharmacy Access Project, courtesy of Sharon Landau

4. Fact Sheet For Patients Purchasing Emergency Contraceptives at Pharmacies

Key Facts About Emergency Contraception

Emergency Contraception (EC) is a safe and effective way to prevent pregnancy after sex.

Consider using Emergency Contraception if:

- You didn't use a contraceptive during sex, or
- You think your contraceptive didn't work.

What are Emergency Contraceptive pills?

Emergency Contraceptive pills contain the same medication as regular birth control pills, and help to prevent pregnancy. There are two basic types of Emergency Contraceptive pills:

- Plan B™ progestin-only pills
- High doses of regular oral contraceptive pills.

Don't wait! Take EC as soon as possible.

- It is best to take EC within three days of unprotected sex.
- The sooner you take EC the more effective it is.
- For more information talk to your pharmacist or doctor.

EC is safe and effective.

- Progestin-only pills reduce the risk of pregnancy by 89 percent.*
- Combined estrogen/progestin pills reduce the risk of pregnancy by 75 percent.*
- For regular, long-term use, other contraceptive methods are more effective than EC.
- Emergency Contraceptive pills do not protect against sexually transmitted infections, including HIV/AIDS.

** Pregnancy risk reduction based on one-time use.*

EC won't cause an abortion.

- Emergency Contraceptive pills are NOT the same as RU-486 (the abortion pill).
- Emergency Contraceptive pills are not effective after pregnancy has occurred and cannot interrupt it.

EC won't harm a developing fetus.

5. Resources for Victims of Sexual Assault in Los Angeles

Peace Over Violence – Pasadena | 626-793-3385
892 N. Fair Oaks Avenue, Suite D
Pasadena, CA 91103-3046
tel: 626-584-6191, fax: 626-584-6193

Project Sister Sexual Assault Crisis Services, Inc. | 909-623-1619
P.O. Box 1390
Claremont, CA 91711
tel: 909-623-1619, fax: 909-622-8389

Rape Treatment Center, UCLA

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