

Testimony Before the Human Services Committee

March 13, 2007

Raised Bill No. 1343, An Act Concerning Compassionate Care for Victims of Sexual Assault

Good afternoon, Chairman Harris, Chairman Villano, and members of the Human Services Committee. My name is Angie Wright and I am a graduate student at the University of Connecticut School of Social Work. I am here before you today to speak in support of **Raised Bill No. 1343, An Act Concerning Compassionate Care for Victims of Sexual Assault.**

The tragic contribution of rape to the problem of unintended pregnancy has received relatively little public health attention despite the fact that sexual assault and rape are significant social and health problems in the United States.

In January 2006, the U.S. Department of Justice, Office of Justice Programs, highlighted the results of the 1995/96 National Violence Against Women Survey (NVAWS), a nationally representative survey conducted to measure the extent of violence against women. Results indicate that 301,091 women had been forcibly raped in the year preceding the Survey, and that 17.6% of surveyed women were raped at some time in their lives. Thus, in the U.S., 1 of every 6 women has been raped at some time in her life.

While statistics about sexual violence vary due to differences in how it is defined and how data is collected, the Centers for Disease Control (CDC) emphasize that available data greatly underestimates the true magnitude of the problem.

Researchers also estimate that the national rape-related pregnancy rate is 5% among victims of reproductive age (aged 12-45), and while this may account for only a relatively small portion of unintended pregnancies occurring in the U.S., it still represents a significant number.

The occurrence of pregnancy resulting from rape holds important public health and policy implications. These findings underscore the need for victim service providers to expand their services to rape victims. Public policy should encourage rape victims to seek assistance; it should not discourage them.

Pregnancy following rape could potentially be reduced by approximately 90% if all women had access to Emergency Contraception (EC) following sexual assault. Offering Emergency Contraception as quickly as possible after rape is considered the medical standard of care by the American College of Obstetrics and Gynecology, the American Medical Association, the American College of Emergency Physicians, the US Centers for Disease Control, and the World Health Organization.

One objection to providing Emergency Contraception is the concern that women who know that they can use EC may become less diligent with their ongoing contraceptive method.

However, there is considerable evidence that Emergency Contraception does not increase risk taking, and that women who are the most diligent about ongoing contraceptive use are those most likely to seek emergency treatment.

Furthermore, Emergency Contraception is nearly always cost effective. Emergency Contraception reduces expenditures on medical care by preventing unintended pregnancies, which are very costly. Yet, this is more than an issue of economics and the expenditure of health care dollars. There are additional social cost savings as well, and these include the considerable psychological costs of truly painful unintended pregnancy.

As a matter of human dignity and compassion, victims of sexual assault should be able to access complete medical care no matter what hospital they turn to after being attacked.

I urge you to require that every licensed health care facility providing emergency medical services within the State follow the medical standard of care for treating sexual assault victims. Victims of sexual assault, who are members of our families and our communities, deserve, and should have, the moral agency and legal options embedded in Raised Bill No. 1343.

It has been a privilege to speak before you this afternoon.

I would be most happy to answer any questions that you may have.