

Testimony of Ellen Small  
Human Services Committee  
March 13, 2007

Good afternoon Senator Harris, Representative Villano, and members of the committee. My name is Ellen Small, and I am a graduate student at the UConn School of Social Work. I am here today to testify in support of **SB 1343 An Act Concerning Compassionate Care for Victims of Sexual Assault**.

A woman who has been the victim of rape will forever carry with her the traumatic experience of being violated, abused, and brutalized. I cannot even begin to imagine the lifelong devastation endured by victims of such a horrific crime.

This bill recognizes that victims of sexual assault respond to and cope with their trauma differently. This bill gives victims a choice. Although it would not erase the traumatic memories of rape, this bill would give victims of sexual assault one area of control in the midst of chaotic, overwhelming, and uncontrollable circumstances.

While I was in college, a friend of mine disclosed to me she was raped as a teenager. She chose not to report the crime committed against her. It was her position that reporting her abuser would only cause her to relive the event over and over. She was scared and worried no one would believe her. She wanted to move on with her life, to try to forget the rape ever happened. This was her choice. I remember saying to her at the time that if it had happened to me, I would have reported it. But after I told her that, I could not stop thinking, who am I to tell her what I would have done? This did not happen to me. I have no idea how I would react if I was brutalized and dehumanized as she was. Even if I would have responded differently, how do I know that such a response would not have further exacerbated her trauma? My friend chose not to report her rape. She determined the response she felt was most appropriate to help her begin to cope with her trauma and to protect herself from what she saw as further victimization. This was her choice and no one else's.

I testify today in support of this bill because if I were the victim of a sexual assault, I could not imagine my choice in how to cope with such a horrific situation being limited not by science or technology, but by the policy of the hospital at which I sought care. I could not imagine being denied the choice to take an emergency contraceptive that could prevent me from becoming pregnant as a result of the assault. I could not imagine being denied that choice only to later be forced to choose between giving birth to a child conceived through rape or terminating the pregnancy—a choice that could actually leave me further traumatized regardless of which decision I made.

Each year, sexual assaults and forcible rapes account for an estimated over 20,000 pregnancies, thousands of which are later terminated.<sup>1</sup> Offering survivors of rape

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1. Felicia Stewart and James Trussell (2000). "Prevention of pregnancy resulting from a neglected preventive health measure." *American Journal of Preventive Medicine*.

compassionate care, including information and access to care and treatment needed following their assault, can lead to a patient's decision to utilize emergency contraceptives to prevent a pregnancy from rape.

Plan B is similar to other oral contraceptives. It does not terminate a pregnancy, but rather prevents one by preventing ovulation. The distribution of this contraceptive to victims of sexual assault can help prevent abortions, protecting victims from having to make additional agonizing and traumatizing decisions. Offering emergency contraceptives to victims of sexual assault gives patients the ability to make treatment decisions based on an understanding of medical treatment options and their own ethical beliefs.

I appreciate the opportunity to testify today on a bill which would have a tremendous impact on the lives of women who are the victims of sexual assault and their families. Thank you.

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