

Testimony of Janet Alfano of the UCONN School of Social Work
Before the Human Services Committee
Tuesday, March 13, 2007

Good afternoon Senator Harris, Representative Villano, and members of the Human Services Committee. My name is Janet Alfano and I am a graduate student at the UCONN School of Social Work. In addition, since April 2006 I have been a certified sexual assault crisis counselor through the YWCA of New Britain Sexual Assault Crisis Services. Thank you for the opportunity to speak here today in support of SB 1343 An Act Concerning Compassionate Care for Victims of Sexual Assault, which would require licensed health care facilities to provide emergency contraception to victims of sexual assault upon their request.

Women and girls who have just been sexually assaulted may not be aware or able, either physically or emotionally, to decide to which hospital they should go in order to get the proper treatment, which includes emergency contraception. The American College of Obstetrics and Gynecology, the American Medical Association, the American College of Emergency Physicians, and the World Health Organization all affirm that emergency contraception is the standard of care for rape victims. It is imperative that Connecticut hospitals follow the guidelines for compassionate care set forth by our nation's most prominent medical associations.

Connecticut's hospitals may be the first point of contact for a rape victim after a sexual assault. The victim's treatment by health care professionals after the assault may have a substantial impact on her future recovery. Researchers from the University of Ohio conducted a study of the experiences of rape victims after their assaults. One third of the respondents rated their experiences with the medical system as hurtful or revictimizing. Rape victims who did not receive the morning after pill were more likely to rate their experience as negative.¹

According to Campbell and Raja (1999), "Secondary victimization refers to behaviors and attitudes of social service providers that are "victim-blaming" and insensitive, and which traumatize victims of violence who are being served by these agencies"². When organizations place their own values ahead of the well-being and needs of victims, the victims feel violated. According to Campbell and Raja (1999) "The disregard of victims' needs by providers can so closely mimic victims' experiences at the hands of their assailants that the secondary victimization is also called "the second rape" or "the second assault"³.

If we as a community are unable to prevent the rape of our mothers, sisters, daughters, our CAREGIVERS, let us AT THE VERY LEAST provide the compassionate care that they deserve. Thank you for the opportunity to testify in strong support for SB 1343 An Act Concerning Compassionate Care for Victims of Sexual Assault. Please feel free to contact me via email at janetalfano@cox.net or phone at 860-276-8020 if there are any questions.

¹ Campbell, R., Wasco, S., Ahrens, C., Sefl, T., & Barnes, H. (2001). Preventing the "Second Rape": Rape Survivors' Experiences With Community Service Providers. *Journal of Interpersonal Violence*, 16(12), 1239.

^{2,3} Campbell, R., Raja, S. (1999). Secondary victimization of rape victims: Insights from mental health professionals who treat survivors of violence. *Violence and Victims*, 14, 3.