



Connecticut Sexual Assault Crisis Services, Inc.

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Testimony of Connecticut Sexual Assault Crisis Services, Inc.

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*SB 1013 An Act Requiring Acute Care Hospitals to Make Forensic Nursing
Services Available to Patients*
Submitted to the Public Health Committee
Public Hearing, February 21, 2007

Senator Handley, Representative Sayers, and members of the Public Health Committee, my name is Laura Cordes and I am the Director of Policy and Advocacy with the Connecticut Sexual Assault Crisis Services (CONNSACS). CONNSACS is the statewide association of nine community-based rape crisis centers in Connecticut. Our mission is to end sexual violence and ensure high quality, comprehensive and culturally competent sexual assault victim services.

During fiscal year 2005-2006, CONNSACS' community-based program staff and volunteers provided services to 4,326 sexual assault victims and their families. Our member centers also provided risk reduction and prevention education to more than 46,000 children and youth and to over 8,000 members of the general public and training for nearly 3,400 professionals, including law enforcement personnel.

While we support the concepts raised in SB 1013, An Act Requiring Acute Care Hospitals to Make Forensic Nursing Services Available to Patients, we would like to encourage the committee to support the development of a statewide *sexual assault* forensic examiner program.

Currently in Connecticut, the State supports a process by which evidence can be collected within the first 72 hours following a sexual assault at Connecticut's hospitals. By undergoing an exam, commonly known as the "rape kit," evidence can be captured that would otherwise be lost.

Hospitals are reimbursed for the cost of the initial exam and evidence collection, including prophylactic treatment for STDs, and prophylactic treatment for pregnancy, also known as emergency contraception, or the morning after pill. Last year, the Division of Criminal Justice reimbursed hospitals and providers for over 1000 sexual assault exams.

Despite the progress made in establishing an evidence collection process, the State lacks the vital component that would ensure consistent evidence collection and make what is an invasive and time consuming process worthwhile for both the crime victim and the State: Sexual Assault Forensic Examiners (SAFEs).

Specially trained (SAFEs) also known as Sexual Assault Nurse Examiners (SANEs) are both sensitive to sexual assault victim dynamics and proficient in taking the necessary steps to detect and gather evidence. They understand how to document and collect evidence so as to negate contamination risks and establish the critical chain of evidence. With the evidence, the State can solve crimes, arrest sex offenders and help provide justice for rape victims.

SANEs and SAFEs have in their focus, to care for the immediate needs of victims of sexual and physical violence. In our experience, when skilled forensic providers are utilized, sexual assault victims are more likely to feel supported and believe that their willingness to undergo an invasive exam after surviving an assault will prove helpful in obtaining evidence that can be used in the successful prosecution of a criminal.

Unfortunately, there are not enough SAFEs practicing at enough hospitals to ensure that sexual assault victims will have access to them. There are approximately 50-60 SAFEs who work at hospitals in Connecticut. When SAFEs are not available, the exam and evidence collection is left in the hands of staff who may have received little or no training. Even for the most sensitive health care provider (and there are many throughout the state) gathering evidence is a difficult, time consuming and invasive task, for both provider and victim. Many express their discomfort at not feeling qualified to perform the exam which includes: careful fingernail scraping, pubic and head hair pulling, as well as vaginal, oral, and anal swabbing. To avoid destroying evidence, health care providers must take careful steps to ensure that evidence does not become contaminated or compromised. Hospital ERs, which face financial difficulties and overcrowding, are not able to keep SAFEs on call and are often unable to utilize the one SAFE that may by chance be working when a sexual assault patient presents, as they may be needed for other patients and can not afford to be tied up with one patient for upwards of 8 hours to maintain the chain of evidence.

As it would be too costly to support an around the clock staff of SAFEs at each hospital in Connecticut, we would propose that the State of Connecticut create a State funded regional on-call SAFE program similar to one developed in Massachusetts to serve patients 12 years and older. Funding would support State and regional coordinators and a pool of on-call SAFEs who would respond to calls from one of several hospitals in a designated region. The coordinators would partner with hospitals, and rape crisis programs, manage the on-call pool, and ensure quality care, case review, protocol development, and ongoing training of certified SAFEs.

By creating a sexual assault forensic examiner program, Connecticut hospitals can be assured of having specialized staff, sexual assault victims can be assured of the best care and treatment, and the State can be assured that it has the best possible evidence to prosecute sex offenders.

Thank you for your consideration.