



Connecticut Sexual Assault Crisis Services, Inc.

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Testimony of Connecticut Sexual Assault Crisis Services, Inc.

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**In support of SB1343: AN ACT CONCERNING COMPASSIONATE CARE FOR
VICTIMS OF SEXUAL ASSAULT**

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Public Hearing, March 13, 2007

Senator Harris, Representative Villano and members of the Human Services Committee, my name is Laura Cordes and I am the Director of Policy & 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.

I am here today in strong support Senate Bill 1343: *AN ACT CONCERNING COMPASSIONATE CARE FOR VICTIMS OF SEXUAL ASSAULT*. This bill is about addressing the health care needs of rape victims and providing them with the emergency treatment they need following an assault.

Emergency Contraception (EC) provides psychological relief for victims who rightfully fear becoming pregnant as a result of rape. We don't have specific numbers in Connecticut, but nationally an estimated 25,000 women annually become impregnated by a rapist.¹ With accessibility to EC, rape victims are spared the agony of waiting to find out if they must bear a rapist's child. Emergency Contraception is part of the standardized, appropriate care that is now being provided to rape victims at the majority of Connecticut hospitals, and supported by leading health organizations.

It is a time sensitive medication. When taken within the first 24 hours after a rape, EC is 95% effective. The sooner it is given, the more effective it is. Victims should not be referred elsewhere or given a prescription. EC would have no effect on an existing pregnancy. EC prevents a pregnancy; it does not cause an abortion.

Inconsistencies in treatment for rape victims vary across the state at both secular and Catholic affiliated hospitals. Certified sexual assault crisis counselors who respond to the hospital when called to support rape victims at all hours of the day and night, report that while the majority of victims receive the full dose of EC on site, others receive the first dose plus a prescription for the second dose, which must be taken twelve hours after the first, while still others receive a prescription or nothing at all.

Last year in Connecticut, the state reimbursed hospitals for over 1100 sexual assault exams and evidence collection kits. Rape crisis counselors accompanied nearly 400 adolescent and adult females for emergency medical treatment following a sexual assault. Some had been beaten. Some had been robbed. Some suffered from physical or psychological trauma. Some, whether due to shock, fear, or physical coercion, were unable to choose the timing or location of their treatment. Some went wherever the police took them, while others chose the hospital where they hoped no one would know them.

Over the course of the last year, rape crisis counselors reported that 28% of the victims at risk of pregnancy from the assault were not given the full dose of emergency contraception on site. Inconsistencies were found at 18 hospitals,

¹ Finer LB, HenshawSK. Disparities in rates of unintended pregnancy in the United States, 1994 and 2001. *Perspect Sex Reprod Health*. 2006;38-90-96; Stewart FH, Trussell J. Prevention of pregnancy resulting from rape: a neglected preventive health measure. *Am J Prev Med*. 2000;19:228-229.

including 15 secular ones. We know, however, that this is not a full picture, because we are not always called to support every victim, and we are not called to every hospital.

Rape crisis counselors have relayed stories of how they have driven around town in search of an open pharmacy, or in search of one that stocks emergency contraception; how they feared that the exhausted and traumatized woman they sat with for hours at the hospital would not likely make it to the pharmacy the next day; or how they have had to talk doctors into giving the full dose on site so the victim could go straight home.

These inconsistencies happen for a number of reasons. Providers may be unsure of the policy at the hospital where they work; others still confuse emergency contraception with the abortion pill, while others are reluctant to give medication that will be taken off site. CONNSACS is working with the hospitals in the state to develop protocols for treating sexual assault victims, and ensuring they are getting the appropriate standard of care. However, last year, the Catholic Conference asked their affiliated hospitals to adopt the first known policy in our state that would deny emergency contraception to rape victims when they need it most: when they may be ovulating. Some of the doctors and nurses at these hospitals now have their hands tied. They are afraid to speak out about being forced to subject women to an unnecessary and inappropriate medical test that is only used to deny care and is of questionable validity.

Rape crisis counselors work hard to make sure victims know how to access emergency contraception and that doctors and hospitals are trained about the effectiveness of emergency contraception. But we are not always called, rape victims do not always want to engage in follow-up care, and we have found that training a new set of medical providers is a short-term solution. Rape crisis counselors are part of the solution, but we are not *the* solution.

There is an urgent need for a clear and consistent policy that would apply equally to all state licensed, publicly funded hospitals to ensure that rape victims who come forward to the hospital are offered the full dose of emergency contraception. Victims should not be denied urgent health care based on where they live, the hospital to which they are taken, or the beliefs of the hospital or individual physician or nurse. SB 1343 would address the inconsistencies in treatment to rape victims and ensure that no matter to which hospital a rape victim is taken, she is offered medication to prevent a pregnancy.

We have an obligation to care for crime victims who bravely come forward and aid the state in the prosecution of the offender by undergoing the sexual assault exam and evidence collection process. This exam is extremely invasive and time consuming, referred to by some survivors as the second rape. We have an obligation to provide appropriate care and treatment, to prevent further injury from the crime, to prevent a possible pregnancy from the rapist, so a woman who survives rape will not have to agonize over the mere thought or bear the reality of choosing between bearing the child of the rapist or having an abortion.

When hospitals deny rape victims Emergency Contraception they are make an erroneous assumption that all victims of rape can easily access EC through a referral. That there are enough pharmacies open at 2am? That the one pharmacy that is open carries emergency contraception? That all rape victims conveniently have their wallets with them, or that rapists are kind enough to leave them with an insurance card and money for a prescription?

These are the realities that rape victims face, and why emergency contraception, a time sensitive medication, must be offered and given onsite.

There is no reason to exempt Catholic affiliated or any other hospital from the obligation to offer emergency contraception in emergency rooms to all victims of rape. All hospitals in Connecticut are licensed to serve the general public and employ people from many faiths (including emergency room personnel who have no problem dispensing EC and, in fact, often see it as part of their medical responsibility to their patients). All hospitals, including Catholic hospitals, rely heavily on public funding for their basic operating expenses. In addition, the State reimburses all hospitals for costs associated with the exam and evidence collection for rape victims (the rape kit), including emergency contraception.

Opponents of SB 1343 may say this is a religious issue. This is an issue about rape victims and the medical treatment they deserve immediately following an assault. Catholic hospitals in other states, including Massachusetts, New York and New Jersey, provide emergency contraception – why should Connecticut hospitals be any less compassionate in their care for rape victims?

Is it good enough for our sisters, our mothers, our aunts or our daughters to be simply given a card or referred to other medical facilities during the trauma of having been violated by a rapist in the most personal and horrific way? Absolutely not. Rape victims can't wait...and we urge our legislators not to wait either.

Thank you for your consideration.