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Senate Bill 1343

An Act Concerning Compassionate Care For Victims Of Sexual Assault

Senator Harris, Rep. Villano, and members of the committee:

My name is Cynthia Dugan; I am a counselor/advocate for the Rape Crisis Center of Milford. I am submitting this testimony in support of SB1343. I have been an advocate for the Milford center for over 15 years. In that time I have witnessed and participated in many of the changes the state of Connecticut has made to improve the quality of care to victims of sexual assault. Changes that include new laws to protect the innocent, improvements in the tools for evidence collection, and more comprehensive education and training for prosecutors, police, and medical personnel just to name a few. Therefore, it is with great disappointment that I find myself having to prepare this testimony in defense of victims receiving what every individual in this country has a right to expect when they enter a hospital, and that is the right to make treatment decisions based on accurate medical information regardless of the personal opinions of medical providers. It is ludicrous to me that Connecticut needs a law to force its hospitals to provide rape victims with emergency contraception, but so be it. A treatment I might add that is FDA approved as safe and effective in preventing pregnancy. The possibility that this effort could fail is outrageous and a slap in the face to every victim of this terrible crime, the effects of which can be life altering for her and every member of her family.

I have heard the opinions of those opposed to this bill. I would say to you in response, this is not a religious issue and to muddy the waters to make it so to promote their own agenda is not acceptable. The dioceses in New York and New Jersey recognize the need and have the compassion to dispense emergency contraception to rape victims. However in Connecticut our Catholic hospital are suggesting that a victim have yet another test to determine if she is ovulating which increases her chance of becoming pregnant by her attacker only to be told that she will not be given EC. As an advocate I am sickened by the impact that would have on a victim. Furthermore to suggest that the availability of EC over the counter alleviates the need for all hospitals to provide this treatment tells me that they do not understand the dynamics of this crime or its effects on the victims. I do,

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I've been in the emergency room with many of these victims. Let me start by saying it takes a tremendous amount of strength and courage to come forward and seek medical treatment. In doing so they must divulge information about the assault and then endure a necessary but invasive exam and forensic evidence collection kit. To further clarify this picture I need you to know that victims of this crime vary in many ways, and their reaction to this crime is as unique as the individual. Many are in a state of high anxiety and can't quite believe this has happened to them. They may have trouble following what is being asked of them and retaining information given in regards to follow-up care. I believe many who oppose this bill picture an adult victim who is in full control of her emotions, or has friends or family with her to help her through this difficult time and aid in the decisions that need to be made. That she will also have the financial means, or insurance coverage to reduce her burden is an inaccurate assumption as well.

Unfortunately that is very often not the case. Some have no financial resources at all, many are adolescents who may have been assaulted by a close family member and are terrified to tell anyone for fear of not being believed or supported. Should 13 year old Jane be forced to carry her father's child because the hospital she turned to for help refused to offer her EC? How does she access it from a pharmacy? Should the 35 year old married mother of three be expected to carry her attacker's child, whether it is a stranger who assaulted her or perhaps her next door neighbor? How does she now tell her husband that although she went for medical help she was not given the option of taking EC and at the time she was too exhausted, distraught and humiliated to now drive to her local pharmacy where she may be known to ask for the treatment even if she had the money or health insurance to cover the cost. This is the reality of rape.

Furthermore, most rape victims do not arrive at the hospital by ambulance or in a police vehicle, and those who do don't always have a choice as to which hospital they go to. Many drive themselves and in many instances the only person she has to support her is the sexual assault advocate if she or the hospital has remembered to call a rape crisis center. After experiencing the trauma of rape and summoning the courage to seek treatment victims should not be expected to have to decide which hospital to go to in order to receive comprehensive care. Don't assume she will have the money or insurance coverage to pay for EC at the pharmacy. Don't assume there will be an all night pharmacy in her area, or that the pharmacy will have EC available. In many instances the mindset of a rape victim is that everyone who sees her knows what has happened. Should she now have to tell the pharmacist or the employee behind the counter that she needs this medication and then show ID in order to obtain it? Don't assume and how could anyone expect that after several hours at the hospital she has the strength to tackle these additional obstacles. Do know however that by asking her to do so by limiting her options will cause additional trauma and humiliation, all of which could have been avoided by holding hospitals and medical personnel to the highest standard of providing the care and treatment every person deserves. Treatment I might add that is paid for by the Office of the Chief State's Attorney as part of the forensic evidence collection kit.

I ask you, after all the progress we have made to protect the innocent victims of this crime and their quality of care, do we really want to undo years of work with one swipe of the pen? By doing so I believe we send the message that says after falling prey to this

crime that you had no power to control we are now going to further inhibit your power to prevent carrying to term your attacker's child, or force you to submit to an abortion to avoid this consequence by limiting your access to EC. We understand that you may not have health insurance to pay for prenatal care or the abortion, not to mention the mental health services you will need to overcome the physical and emotional effects of this. We really are very sorry about that, good luck to you and your family.

Senator Harris, Rep. Villano, and members of the committee, thank you for the opportunity to speak in behalf of the victims.

Cynthia Dugan
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