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**Testimony of  
Teresa C. Younger, Executive Director  
Permanent Commission on the Status of Women  
Before the  
Committee on Health and Human Services  
Tuesday, March 13, 2007**

**In Support of: S.B. 1343, AAC Compassionate Care for Victims of Sexual Assault**

Good morning Senator Harris, Representative Villano and members of the Human Services Committee. I am Teresa C. Younger, the Executive Director of the Permanent Commission on the Status of Women. Thank you for this opportunity to testify in favor of S.B. 1343, AAC Compassionate Care for Victims of Sexual Assault.

At the PCSW, we have worked for many years to promote full access to comprehensive health care for women, and to protect the needs and rights of women who are victims of sexual assault and domestic violence. The bill before you today is about these two important issues – health care and the rights of crime victims - nothing less and nothing more. You will have the opportunity to hear from medical and legal specialists and experts and various religious perspectives. Today, I am fortunate to have with me, Reverend Kristen Leslie from Yale Divinity School.

According to the American Public Health Association, more than 600,000 women are raped in this country every year, and approximately 25,000 become pregnant as a result. Pregnancy could have been prevented for as many as 22,000 of these women by the prompt and timely use of emergency contraception.<sup>1</sup>

According to the Connecticut Sexual Assault Crisis Services, nearly 400 women were accompanied to hospital emergency rooms last year in Connecticut for treatment and evidence collection following a rape. (The total number of victims of sexual assault who sought treatment in hospital emergency rooms is higher, as this number represents only those who sought assistance from a rape crisis center.) Every single one of these victims of violent crime is entitled to complete, caring and thorough health care, no matter the time of day or night, and no matter where the police car, ambulance or loved one brings her. And every one of these victims of rape is entitled to the best possible chance to avoid becoming pregnant if she chooses.

Emergency contraception is safe and extremely effective when taken within 72 hours of unprotected sexual intercourse. It is approved by the Food and Drug Administration, and recommended as the standard method of care for sexual assault survivors by the American Medical Association, the American College of Emergency Physicians, the American College of Obstetricians and Gynecologists, and the World Health Organization<sup>2</sup>.

S.B. 1343 would require all licensed health care facilities that provide emergency treatment for victims of sexual assault to follow the standard of care and provide medically and factually accurate information about emergency contraception and to dispense emergency contraception when requested by the victim. Six other states currently have similar requirements, including New York, New Jersey and Massachusetts. Providing this standard of care will ensure medical care and psychological relief to rape victims, which they deserve without question.

If we imagine the circumstances of a rape victim who arrives at an emergency room for care and evidence collection, it is not hard to understand why this is so critical. The rape victim might arrive at the hospital ER in the middle of the night; she might be badly hurt or even unconscious; she might have been given drugs by the perpetrator of the assault; she might have injuries but have been too embarrassed or frightened to tell the police or whoever is

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<sup>1</sup> American Public Health Association, "Providing Access to Emergency Contraception for Survivors of Sexual Assault," policy report #2003-16, 2003.

<sup>2</sup> See American Medical Association, "Strategies for the Treatment and Prevention of Sexual Assault," 2003, and ACOG Practice Bulletin No. 25, "Emergency Oral Contraception," March, 2001.

assisting her that she was raped. Once she arrives at the ER and informs a health care professional that she was sexually assaulted, she will not only receive treatment and care, but will also be subjected to procedures for evidence collection that are so invasive and unpleasant that many women refer to the process as a second rape. Under these circumstances, a simple course of pills, taken promptly can prevent any pregnancy from occurring in large majority of cases. Health care providers are obligated to put the needs of their patients – in these cases the victims of a violent crime – first, and to meet the standard of care in treating them.

Opponents of this bill may confuse emergency contraception with abortion. As the APHA explains, "Emergency contraception has no effect on an established pregnancy and cannot dislodge an implanted embryo."<sup>3</sup> In fact, emergency contraception *prevents* abortion by preventing unwanted pregnancy.

Opponents of this bill may also say that it does not protect religious freedom. But this bill does exactly that – it protects the religious freedom of the patient who is a victim of rape. Patients must be able to make treatment decisions based on their own ethical or religious beliefs. The religious or moral beliefs of a caregiver cannot be allowed to obstruct a patient's access to care. It is unfair and increases the medical risk for rape victims to require them to wait or travel to a second hospital emergency room after they have been assaulted. Very few victims of rape will stop and consider whether the closest hospital will restrict their health care or provide them less than the standard of care – nor should they have to add that worry in the aftermath of a violent crime. Every one of us is entitled to expect a hospital to act like a hospital and provide the highest quality of care without restrictions in an emergency situation.

We urge you to support this bill to protect the victims of crime and ensure the standard of health care they receive. Thank you.

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<sup>3</sup> *op. cit.*, American Public Health Association