



Connecticut Sexual Assault Crisis Services, Inc.

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Testimony of Connecticut Sexual Assault Crisis Services

Public Hearing on Adolescent Health Care

Anna Doroghazi, Director of Public Policy and Communication
Program Review and Investigations Committee, June 21, 2011

Senator Fonfara, Representative Rowe, and members of the Program Review and Investigations Committee, my name is Anna Doroghazi, and I am the Director of Public Policy and Communication for Connecticut Sexual Assault Crisis Services (CONNSACS). CONNSACS is the statewide association of Connecticut's nine community-based rape crisis programs. During the last year, advocates throughout the state provided services to 5,190 victims of sexual violence and their loved ones, including over 700 adolescents.

Based on our work and our expertise in the area of sexual violence response and prevention, CONNSACS is a strong proponent of age-appropriate comprehensive sex education, healthy relationship education, and education that focuses specifically on the prevention of sexual violence. Connecticut took steps to provide adolescents with health education when the legislature passed SB 438, *An Act Concerning Education Reform* in 2010. This bill (which was signed into law as PA 10 – 111) makes one-half credit of health and safety education a requirement for high school graduation beginning in 2018.

Health education that includes accurate, age-appropriate information about sexual assault, dating violence, and appropriate interpersonal boundaries gives students an opportunity to learn facts about the issues that they already confront every day. Teenagers between the ages of sixteen and nineteen are three and a half times more likely than the general population to be victims of rape, attempted rape, or sexual assault.¹ While some of this violence is at the hands of adults, many teens are the victims of their peers: 23% of all sex offenders are under the age of eighteen.² As children age into adolescence, they need to develop an understanding of how to set appropriate interpersonal boundaries for themselves and how to respect the boundaries of their peers.

When it comes to combating sexual violence in the adolescent population, primary prevention education is an especially promising practice. Primary prevention – taking measures to prevent diseases or injuries rather than reacting to their symptoms – is an increasingly popular practice across all areas of public health, and it has great potential to impact incidence of sexual violence. While sexual violence education has traditionally

¹ U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, "National Crime Victimization Survey," (Washington, DC: GPO, 1996).

² U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, "Sexual Assault of Young Children as Reported to Law Enforcement: Victim, Incident, and Offender Characteristics," (Washington, DC: Government Printing Office, 2000).

focused on awareness and response, primary prevention education focuses on what individuals, communities, and society as a whole can do to address the attitudes and actions that precede a sexual assault. Just as anti-smoking programs can reduce rates of lung cancer and vaccines can prevent the onset of certain diseases, sexual violence prevention education can reduce the number of new victims.

CONNSACS would like to express appreciation to the state Department of Public Health for supporting primary prevention efforts in the form of Rape Prevention Education (RPE) funding. The money received through this funding stream supports primary prevention efforts in four of CONNSACS' community-based rape crisis programs. In the first quarter of 2011 (January to March), 5,300 students participated in educational sessions conducted by these four RPE-funded programs. Funding for Rape Prevention Education is critical to CONNSACS' ongoing prevention efforts.

Beyond education, there are other concrete ways in which the state of Connecticut could continue to support and improve the healthcare response to adolescent victims of sexual violence. First, the state could expand funding and support for the Gail Burns-Smith Sexual Assault Forensic Examiner (SAFE) Program. This program, which is housed in the Office of Victim Services, aims to provide timely, compassionate, patient-centered sexual assault forensic examination services to sexual assault victims, 13 years or older, who present within 72 hours of the assault at a participating hospital.³ The SAFE Program uses an integrated response to sexual assault by working with sexual assault victim advocates, law enforcement, emergency department staff and criminal justice personnel to ensure the quality, preservation, and documentation of forensic evidence. Despite only being in operation for just over six months, the program has already led to marked improvements in the level of care that victims receive when they seek services at a participating hospital. The reputation of the program is such that hospitals outside of the pilot region have referred victims to participating hospitals to receive services, and hospitals throughout the state have asked when they can start participating in the program. CONNSACS hopes that funding for this successful program will expand in the coming years so that all Connecticut hospitals can participate.

A second concrete step to improve the healthcare response to adolescents would be to clearly establish the rights of adolescents in relation to post-sexual assault evidence collection. In sexual assault cases, the crime scene is the victim's body, and evidence collection kits contain tools that healthcare providers can use to collect and preserve evidence. The process is valuable yet extremely invasive; many victims describe the process as a second assault. It is imperative that survivors of sexual violence have control over this process, which includes being swabbed in the vagina and anus, having blood drawn, and having pubic hair plucked with tweezers.

While it is considered best practice for healthcare providers to let sexual assault victims independently determine whether or not they undergo the evidence collection process, Connecticut statute is silent on the ability of minors to consent to or decline evidence

³ There are six hospitals participating in the SAFE Program: Hartford Hospital, The Hospital of Central Connecticut, Manchester Memorial Hospital, Middlesex Hospital, Saint Francis Hospital, and Windham Hospital.

collection. This lack of clarity has led to terrible situations in hospital emergency rooms. In one case, a victim under the age of sixteen sought care following a sexual assault and was told by hospital staff that she could not have an exam or undergo evidence collection with her parents' consent. There are many reasons why, in the immediate aftermath of an assault, a teen victim would not want to disclose to his or her parents. In these cases, it is important that adolescents still have the ability to receive medical attention and preserve evidence that could lead to the conviction of their offenders.

In another case, a teen victim did not want to have evidence collected, but her parents brought her to a hospital anyway and tried to force doctors to perform an evidence collection kit. The hospital staff did not ultimately do the kit, but they were concerned that there are no clear guidelines for what to do in such cases. Finally, in perhaps the most egregious violation of a teen's rights, a victim's parents encouraged doctors to perform a kit on their daughter while she was unconscious and unable to provide informed consent to the evidence collection process. These episodes are not acceptable and demonstrate the need for clear statutory guidelines that enable minors to independently consent to or refuse medical care related to a sexual assault.

CONNSACS is pleased with many of the ways in which the state of Connecticut supports adolescents in relation to sexual violence. In particular, we applaud efforts to mandate health education and to fund primary prevention education. We are thrilled with the initial response to the SAFE Program, and we look forward to continued support for this important initiative. There is still work to do, particularly with regard to expanding the SAFE program and clarifying a minor's right to consent to assault-related healthcare, but we are confident that these goals will come to fruition with the assistance of the General Assembly.

Thank you for your time and consideration of these important issues.

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