

Member Organizations

*The Umbrella Center for Domestic Violence Services*  
Ansonia, CT

*The Center for Family Justice*  
Bridgeport, CT

*Women's Center*  
Danbury, CT

*Domestic Violence Program United Services*  
Dayville, CT

*The Network*  
Enfield, CT

*Domestic Abuse Services Greenwich YWCA*  
Greenwich, CT

*Interval House*  
Hartford, CT

*Chrysalis Domestic Violence Services*  
Meriden, CT

*New Horizons*  
Middletown, CT

*Prudence Crandall Center*  
New Britain, CT

*The Umbrella Center for Domestic Violence Services*  
New Haven, CT

*Safe Futures*  
New London, CT

*Domestic Violence Crisis Center*  
Norwalk, CT

*Women's Support Services*  
Sharon, CT

*Domestic Violence Crisis Center*  
Stamford, CT

*Susan B. Anthony Project*  
Torrington, CT

*Safe Haven*  
Waterbury, CT

*Domestic Violence Program United Services*  
Willimantic, CT

Testimony in Support of

**H.B. 5416, AAC Deceptive Advertising Practices of Limited Service Pregnancy Centers**

**Public Health Committee  
Tuesday, March 20, 2018**

Good afternoon Senator Gerratana, Senator Somers, Representative Steinberg and members of the committee. I am Jillian Gilchrest, Director of Health Professional Outreach at CT Coalition Against Domestic Violence (CCADV), which is the state's leading voice for victims of domestic violence and those who serve them. Our members provide essential services to nearly 40,000 victims of domestic violence each year. Services provided include 24-hour crisis response, emergency shelter, safety planning, counseling, agency/staff training, support groups and court advocacy.

**We urge your support of HB 5416.**

As the Director of Health Professional Outreach, I travel the state of Connecticut training health professionals and those studying to become health professionals on the importance of screening patients for intimate partner violence (IPV). I talk through the various types of abuse victims of IPV may experience and the potential health consequences of said abuse. The majority of my training, however, focuses on *how* to screen for IPV. Adding a question about IPV to the social history intake makes sense operationally, but how that question is asked and responded to makes a world of difference. Research shows that women who speak with their healthcare provider about abuse are more likely to seek interventions and leave a relationship.

Which is why Crisis pregnancy centers (CPCs) are so problematic. We have proof in Connecticut about the deceptive practices used by CPCs to trick female patients into thinking they're receiving healthcare when what they are actually subjected to is someone's personal religious beliefs. Unfortunately for many women, the lecture they receive at CPCs that is almost entirely unrelated to their health needs may turn them off from seeking further reproductive health services. If the CPCs said that it was there to provide health information but largely provided just religious information, why would that woman believe that other health providers wouldn't do the same? For victims of domestic violence, this means that they may fall through the cracks and miss the opportunity to be screened by a health professional trained to advise patients based solely on their health needs. As a result, they may not have the chance to discuss their abuse with a health professional and get connected to services.

Many female victims of IPV experience reproductive coercion. One study found that women with unintended pregnancies were four times more likely to experience IPV than women whose pregnancies were intended. The most common forms of reproductive coercion include sabotage of contraceptive methods, pregnancy coercion, and pregnancy pressure. Abusive partners may hide or destroy birth control pills, poke holes in condoms or remove a condom during sex, pressure a partner to become pregnant when she doesn't want to

be, or threaten violence if a partner doesn't comply with an abusers wishes to terminate or continue a pregnancy.<sup>1</sup> In these instances, female patients need to be able to access comprehensive reproductive healthcare services, free from pressure and lies.

We urge your support of this measure. Please do not hesitate to contact me with questions.

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<sup>1</sup>The American College of Obstetricians and Gynecologists, Reproductive and Sexual Coercion, February 2013