



To: Members of the State Senate Committee on Health and Human Services and the State Assembly Committee on Health  
From: Wisconsin Coalition Against Sexual Assault  
Re: 20-Week Abortion Ban: SB 179 / AB 237  
Date: June 2, 2015

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Good morning, my name is Dominic Holt, public policy and communications coordinator at the Wisconsin Coalition Against Sexual Assault (WCASA). WCASA is a membership agency comprised of organizations and individuals working to end sexual violence in Wisconsin. Among these are the 50 sexual assault service provider agencies throughout the state that offer support, advocacy and information to survivors of sexual assault and their families.

WCASA asks that you join us in opposing SB 179 and AB 237, a 20-week abortion ban. In addition to its long-lasting trauma, sexual assault is about domination and control over another person's body and decision-making. Consequently, it is important to offer survivors of sexual assault opportunities to regain that control by empowering them to make their own decisions. This is especially true regarding their body and reproductive health.

Restricting access to abortion, as proposed, further limits the control survivors have to make decisions after an assault. Limiting access to abortion is also re-victimizing for survivors and impedes their long-term recovery. Such restrictions can cause a survivor who has become pregnant as a result of the assault to seek an unregulated abortion or to carry their perpetrator's child to term.

Consistent with our 2015-2016 Public Policy Agenda, WCASA supports policies that protect or advance women's reproductive health. WCASA also supports policies that allow survivors of sexual assault to make their own decisions about their health and reproductive care. In fact, one of WCASA's 10 core concepts of sexual violence prevention is empowerment and body autonomy. The proposed abortion ban stands in stark contrast to WCASA's positions.

If lawmakers are serious about preventing the need for abortion, then they should support policy initiatives that provide for comprehensive, evidence-based sexual health education and access to reproductive health services for all Wisconsinites. Not only is this education important for sexual health, it is also an important component to sexual violence prevention, by promoting healthy sexuality and teaching consent.<sup>1</sup> Prevention is incredibly important, as sexual violence affects Wisconsinites from every walk of life and every part of the state.

The numbers are staggering. An estimated 390,000 women — essentially one in five — have been raped in Wisconsin.<sup>2</sup> Nationally, it is estimated that 5% of sexual assaults result in pregnancy each year, which equates to over 32,000 pregnancies as a result of rape per year.<sup>3</sup> One

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<sup>1</sup> An Overview on Healthy Sexuality and Sexual Violence Prevention. National Sexual Violence Resource Center. [http://www.nsvrc.org/sites/default/files/SAAM\\_2012\\_An-overview-on-healthy-sexuality-and-sexual-violence.pdf](http://www.nsvrc.org/sites/default/files/SAAM_2012_An-overview-on-healthy-sexuality-and-sexual-violence.pdf)

<sup>2</sup> Prevalence estimates from the National Intimate Partner and Sexual Violence Survey: 2010 Summary Report. Published 2011. Centers for Disease Control and Prevention.

<sup>3</sup> Sexual Violence: Consequences. Centers for Disease Control and Prevention. <http://www.cdc.gov/violenceprevention/sexualviolence/consequences.html>

might assume that survivors receive medical care immediately after an assault to prevent pregnancy. However, one study found that only 11.7% of survivors received immediate medical care after the assault, and 47.1% received no medical care related to the assault.<sup>4</sup> Furthermore, 32.4% of survivors did not learn that they were pregnant until sometime in the second trimester, which overlaps with the proposed 20-week abortion ban.<sup>5</sup>

A survivor who becomes pregnant from an assault must be presented the full range of medical and treatment options. Decisions should be made between the pregnant woman and her healthcare provider, without interference from politicians. The proposed abortion ban puts politicians squarely in the middle of those critical healthcare discussions, where politicians do not belong.

Moreover, mainstream medical organizations, such as the Wisconsin Chapter of the American College of Obstetricians and Gynecologists and the Wisconsin Chapter of the American Academy of Pediatrics, oppose the 20-week ban legislation.<sup>6</sup> According to many medical organizations, abortion bans are based on inaccurate medical information, put women's lives at risk, and attempt to prescribe how medical professionals should care for patients.

Thank you for your consideration. If you have any questions, you can reach me at [dominich@wcasa.org](mailto:dominich@wcasa.org) or at the phone number above.

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<sup>4</sup> American Journal of Obstetrics and Gynecology. 1996 Aug; 175(2): 320-4; discussion 324-5. Cited as a primary resource article in Sexual Violence: Consequences. Centers for Disease Control and Prevention. <http://www.cdc.gov/violenceprevention/sexualviolence/consequences.html>

<sup>5</sup> Ibid.

<sup>6</sup> On May 26, 2015, the Wisconsin Chapter of the American Academy of Pediatrics endorsed Issue Paper 20 from the Wisconsin Section, American College of Obstetricians and Gynecologists. This issue paper addresses 2015 Senate Bill 179, which seeks to block termination of pregnancy after 20 weeks of gestation. <https://www.wiaap.org/termination-of-pregnancy-after-20-weeks/>