

## Why SB 33, if passed, MUST include exceptions for rape and incest victims:

- Louisiana Foundation Against Sexual Assault does not have a position on abortion in general.
- If an abortion ban is passed, it must include exceptions in cases of rape and/or incest.
- Rape and incest are about taking control of the victim's body and decisions about her life away from her. This ban does the same thing.
- One in eight Louisiana women over age 18 will be the victim of a forcible rape during her adult lifetime.<sup>1</sup>
- Fear of pregnancy is one of the most common fears of both women and adolescent girls following sexual assault. 34% of rape victims in the National Victim Center survey feared becoming pregnant.<sup>2</sup>
- In a survey of American adult women, rape resulted in pregnancy in 5% of all sexual assaults.<sup>3</sup>
- Between 11% and 20% of pregnant teenagers in a large study became pregnant as a direct result of rape.<sup>4</sup> These victims are unlikely to be on birth control pills, have an intrauterine device or a pre-existing pregnancy, or to have had a tubal ligation or hysterectomy.
- Forcing a rape or incest victim to continue a pregnancy resulting from rape or incest can result in her being re-victimized and re-traumatized every single day. Seventy-one percent of sexual assault survivors stated that one of their main concerns following the assault is that people will know she has been sexually assaulted.<sup>5</sup> A pregnancy following rape cannot be hidden from the world.
- Because of this continued victimization, it is unlikely that good prenatal care will result as some of the health related risks of sexual assault are:
  - Smoking cigarettes<sup>6</sup> (Sexually abused women started smoking about two years earlier than did other women, and were more likely to abuse other drugs as well.<sup>7</sup>)
  - Drinking alcohol, driving after drinking alcohol, taking drugs<sup>8</sup> (Sexual abuse survivors... were 70-80% more likely to report heavy alcohol abuse, as well as excessive use of tranquilizers.<sup>9</sup>)

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<sup>1</sup> Kilpatrick, D.G., & Ruggiero, K.J. (2003) *Rape in Louisiana: A Report to the State*. Charleston, SC: National Violence Against Women Prevention Resource Center, Medical University of South Carolina.

<sup>2</sup> Kilpatrick, D.J. et al, (1992) *Rape in America: A Report to the Nation*, Arlington VA: National Victim Center.

<sup>3</sup> Holmes, M.N., Resnick, H.S., Kilpatrick, D.G., & Best, C.L. (1996) Rape-related pregnancy: Estimates and descriptive characteristics from a national sample of women. *American Journal of Obstetrics and Gynecology*, 175(2): 320-25.

<sup>4</sup> Boyer & Fine, "Sexual Abuse as a Factor in Adolescent Pregnancy and Child Maltreatment." *Family Planning Perspectives*, Vol. 24(1), 1992.

<sup>5</sup> Kilpatrick, D.J. et al, (1992) *Rape in America: A Report to the Nation*, Arlington VA: National Victim Center.

<sup>6</sup> Champion HL, Foley KL, DuRant RH, Hensberry R, Altman D, Wolfson M. Adolescent sexual victimization, use of alcohol and other substances, and other health risk behaviors. *Journal of Adolescent Health* 2004;35(4):321-8.

<sup>7</sup> "Health Consequences of Sexual Abuse," *The Harvard Mental Health Letter*, Vol 9(7), Jan., 1993, citing Springs and Friedrich.

<sup>8</sup> Champion HL, Foley KL, DuRant RH, Hensberry R, Altman D, Wolfson M. Adolescent sexual victimization, use of alcohol and other substances, and other health risk behaviors. *Journal of Adolescent Health* 2004;35(4):321-8.

<sup>9</sup> S. Zierler, Feingold, L., Laufer, D., Velentgas, P., Kantrowitz-Gordon, I., and Mayer, K. "Adult Survivors of Childhood Sexual Abuse and Subsequent Risk of HIV Infection," *Am. J. Public Health*, Vol. 81(5), May, 1991.

- Attempted or completed suicide,<sup>10</sup> (Rape victims were 4.1 times more likely than non-crime victims to have contemplated suicide and 13 times more likely to have made a suicide attempt.<sup>11</sup>)
- Eating disorders such as fasting, vomiting, or abusing diet pills<sup>12</sup>.
- The inclusion of emergency contraception in this bill is good; however, many rape and incest victims are not able to understand what has happened to them within 72 hours (the window for receiving EC)<sup>13</sup>, much less tell a doctor or the police.
- The rape and incest exceptions should not mandate that the victim report the crime to law enforcement for the following reasons:
  - “There are many reasons why a sexual assault victim may not report the assault to the police. It is not easy to talk about being sexually assaulted. The experience of re-telling what happened may cause the person to relive the trauma. Other reasons for not immediately reporting the assault or not reporting it at all include fear of retaliation by the offender, fear of not being believed, fear of being blamed for the assault, fear of being “revictimized” if the case goes through the criminal justice system, belief that the offender will not be held accountable, wanting to forget the assault ever happened, not recognizing that what happened was sexual assault, shame, and/or shock. In fact, reporting a sexual assault incident to the police is the exception and not the norm.”<sup>14</sup>
  - Reasons victims resist reporting to law enforcement
    - Eighty-four percent of rapes are not reported to the police.<sup>15</sup>
    - When victims of rape did not report the crime to the police, 43% of victims thought nothing could be done, 27% cited that it was a personal matter, 12% were afraid of police response, and 12% felt it was not important enough.<sup>16</sup> In a separate study, 16.3% of victims cited a fear of reprisal from the perpetrator.<sup>17</sup>
    - The closer the relationship between victim and offender, the greater the likelihood that the police would not be told about the rape. When the offender was a current or former partner, 77% of rapes were not reported to the police.<sup>18</sup> In 8 out of 10 rape cases, the victim knows the perpetrator.<sup>19</sup>

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<sup>10</sup> Center for Disease Control. *Sexual Assault Fact Sheet*. National Center for Injury Prevention and Control. As accessed at <http://www.cdc.gov/ncipc/factsheets/svfacts.htm> on April 27, 2006.

<sup>11</sup> Green, Arthur H., M.D., “Sexual Abuse: Immediate and Long-Term Effects and Intervention.” *J. Am. Acad. Child Adolesc. Psychiatry*. 32:5, Sept. 1993.

<sup>12</sup> Center for Disease Control. *Sexual Assault Fact Sheet*. National Center for Injury Prevention and Control. As accessed at <http://www.cdc.gov/ncipc/factsheets/svfacts.htm> on April 27, 2006.

<sup>13</sup> Piaggio P, Von Hertzen H, Grimes DA, Van Look PFA. Timing of emergency contraception with levonorgestrel or the Yuzpe regimen. *Lancet* 1999;353:721

<sup>14</sup> U.S. Department of Justice. *Myths and Facts About Sexual Assault*. Office on Violence Against Women. As accessed at <http://www.usdoj.gov/ovw/docs/MFSexViol.pdf> on April 27, 2006

<sup>15</sup> Kilpatrick, D.J. et al, (1992) *Rape in America: A Report to the Nation*, Arlington VA: National Victim Center.

<sup>16</sup> Ibid

<sup>17</sup> U.S. Department of Justice. *Rape and Sexual Assault: Reporting to the Police and Medical Attention, 1992-2000*. Washington, DC: Bureau of Justice Statistics, 2002.

<sup>18</sup> Ibid

<sup>19</sup> National Institute of Justice. *Full report of the prevalence, incidence, and consequences of violence against women: findings from the national violence against women survey*. Washington, DC: National Institute of Justice, 2002