

Working to end sexual violence in Maryland

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Testimony Supporting House Bill 705 Lisae C. Jordan, Executive Director & Counsel

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The Maryland Coalition Against Sexual Assault (MCASA) is a non-profit membership organization that includes the State's seventeen rape crisis centers, law enforcement, mental health and health care providers, attorneys, educators, survivors of sexual violence and other concerned individuals. MCASA includes the Sexual Assault Legal Institute (SALI), a statewide legal services provider for survivors of sexual assault. MCASA represents the unified voice and combined energy of all of its members working to eliminate sexual violence. MCASA urges the Health & Government Operations Committee to issue a favorable report on House Bill 705.

House Bill 705 – Reproductive Liberty

This bill proposes an amendment to the Maryland Constitution to establish that every person, as a central component of the individual's rights to liberty and equality, has the fundamental right to reproductive liberty; prohibiting the State from directly or indirectly denying, burdening, or abridging the right unless justified by a compelling State interest achieved by the least restrictive means; and submitting the amendment to the qualified voters of the State at the next general election. MCASA strongly supports reproductive rights for all women, and for all people. Enshrining reproductive liberty in the State Constitution is sadly necessary given the threat to reproductive freedom on the federal level.

Access to abortion care and reproductive liberty is vital to survivors of rape.

The CDC reports that almost 3 million women in the U.S. experienced Rape-Related Pregnancy (RRP) during their lifetime. https://www.cdc.gov/violenceprevention/sexualviolence/understanding-RRP-inUS.html

A three year longitudinal study of rape-related pregnancy in the U.S., published in the American Journal of Obstetrics and Gynecology (1996, vol. 175, pp. 320-325), found:

5% of rape victims of reproductive age (age 12-45) became pregnant as a result of rape, with the majority of pregnancies in adolescents. Of these, half terminated the pregnancy, 5.9% placed the child for adoption, and 32.2% kept the child.

Each of these reproductive choices should be protected by our Constitution.

Adolescents are more likely to become pregnant as result of rape because they are less likely to be on birth control or to seek emergency contraception following a rape. 29% of all forcible rapes occurred

when the victim was less than 11 years old; 32% of all forcible rapes occurred when the victim was between the ages of 11 and 17.

Survivors of Reproductive Coercion Need Access to Abortion Care and Reproductive Liberty Reproductive coercion is a form of intimate partner violence where a woman's partner tries to control reproductive decisions by preventing access to or tampering with birth control, or forcing sexual intercourse with the intent of causing pregnancy. Of women who were raped by an intimate partner, 30% experienced a form of reproductive coercion by the same partner. Specifically, about 20% reported that their partner had tried to get them pregnant when they did not want to or tried to stop them from using birth control. About 23% reported their partner refused to use a condom. https://www.cdc.gov/violenceprevention/sexualviolence/understanding-RRP-inUS.html
These survivors need access to reproductive liberty.

Laws should not require survivors to disclose sexual assault or reproductive coercion in order to receive abortion care. Decisions about who to disclose sexual assault or reproductive coercion to should be left to the survivor. It is incorrect to assume that all health care providers will be supportive or that a survivor will want that person's support. Survivors should be free to choose whom to confide in and when to disclose assault. A constitutional right to reproductive liberty will help protect survivors' choices.

The Maryland Coalition Against Sexual Assault urges the Health & Government Operations Committee to report favorably on House Bill 705

