



WISCONSIN COALITION AGAINST SEXUAL ASSAULT

REPRODUCTIVE HEALTH POSITION STATEMENT

WCASA believes that all people are entitled to bodily autonomy and decision-making power regarding their reproductive health. We assert that comprehensive reproductive healthcare services - meaning, the full scope of services pertaining to reproductive and sexual health including but not limited to: birth control, emergency contraception, IVF, gender-affirming care, and abortion - are an essential right that must be safe, equitable, and accessible to all people who can become pregnant.

Therefore, WCASA staff and board of directors are opposed to any restrictions to comprehensive reproductive healthcare, including abortion. Further, WCASA staff and board of directors are committed to centering the reproductive rights of people who are Black, Indigenous, and people of color (BIPOC), and LGBTQ people. Because of white supremacy culture, homophobia, and transphobia in our medical and legal institutions, BIPOC and LGBTQ people are systemically most harmed by restrictive reproductive healthcare policies. In light of these systematic harms, WCASA recognizes that having 'freedom of choice' is insufficient – we must act to ensure that comprehensive reproductive healthcare services, including abortion and gender-affirming care, are accessible to all, not just those with privilege.

The state of Wisconsin has a [near-total abortion ban from 1849](#), which criminalizes the procedure with one exception: "therapeutic abortion...to save the life of the mother". This terminology is not only archaic and vague, but dangerous, as it places all decision-making power in the hands of individual physicians, and not the people in need of the procedure. Doctors may be hesitant, or refuse, to perform life-saving abortions for fear of criminal punishment and license revocation. This is further compounded by Wisconsin's [large proportion of Catholic-operated hospitals](#), where additional barriers exist for patients accessing reproductive health care and services.

WCASA also objects to abortion bans with "exception clauses", regardless of intent - be it to save the life of the birthing parent, or to terminate a rape-related pregnancy. Exception clauses for survivors of sexual violence are equally unacceptable. Such clauses force survivors to "prove" they are victims and often require a formal report

to the criminal legal system. This completely disregards the decision-making power of survivors, whose rights were already violated through violence. The decision to report is already difficult and very personal for survivors; evidenced by the fact that [less than 30% of survivors](#) file reports after an assault. This is further compounded for survivors from BIPOC and other historically marginalized communities, who have been targeted and harmed by the very systems they are required to report to.

Finally, WCASA commits to honoring and [upholding the tenets of Reproductive Justice](#) (RJ). RJ is the human right to maintain personal bodily autonomy, to have children, to not have children, and to parent the children we have in safe and sustainable communities. It supports the idea that justice will not be achieved until all people have access to the resources they need, as well as the power to make decisions about their bodies, sexuality, and reproduction. Those are all societal conditions which are crucial in ending sexual violence. RJ is not only intersectional with our mission, but foundational to it.

WCASA COMMITS TO:

Recognize Reproductive Justice as a foundational element to preventing sexual violence
Follow the guidance of BIPOC and LGBTQ leaders and organizations leading the RJ movement
Center BIPOC and LGBTQ experiences and needs in our work
Include all people who can become pregnant in our work, especially transgender, nonbinary, and gender fluid people
Support policies across all levels that will promote equitable access to comprehensive reproductive health services
Oppose policies that jeopardize access to abortion services
Understand the impact of racism, white supremacy, and transphobia within reproductive healthcare and the reproductive rights movement
Actively practice humility, be intentional in our anti-racism efforts, and be open to accountability

Reproductive Justice Movement

In 1994, a group of Black women gathered in preparation for attending an international conference on human development. From their conversation, the movement for Reproductive Justice (RJ) was born. Now led by the organization [SisterSong](#), the movement for RJ combines reproductive rights and social justice as a joint mission.

As we work to create the social change needed to end sexual violence (SV), we recognize RJ as an essential component of that effort. In the same way SV is rooted in systems of oppression, so too is the chronic inaccessibility of comprehensive reproductive healthcare. As [SisterSong](#) asserts “Reproductive politics in the US is based on gendered, sexualized, and racialized acts of dominance that occur on a daily basis. RJ works to understand and eradicate these nuanced dynamics.” Both reproductive oppression and sexual violence are reinforced by systemic misogyny and white supremacy; and thus, WCASA is committed to supporting the tenets of RJ in our fight to end SV.

Racism and Violence in Reproductive Healthcare

Reproductive healthcare in the United States has been characterized by violent and racist practices – both historically, and presently. BIPOC and LGBTQ people in particular are burdened by a disproportionate rate of reproductive health-related harm; and are subject to exceptionally violent and oppressive measures that deny them their bodily autonomy. While this is not an exhaustive list, we must recognize and acknowledge this history. Some examples include:

- Throughout the eras of colonization and slavery, enslaved people were often brutalized by rape and forced pregnancy. Much of the [early research efforts](#) in reproductive health was conducted on enslaved women, without consent or anesthesia.
- There was [forced sterilization and hysterectomies](#) performed on many members within BIPOC communities, as well as to people with disabilities. This has occurred as recently as within the past few years to asylum seekers in ICE detention facilities.

- Conversion therapy - a range of dangerous and discredited practices that falsely claim to change a person's sexual orientation, gender identity or expression - has been [banned in many places](#) throughout the state, and cannot be funded through [state dollars](#). However, Wisconsin lacks a state-wide ban. Further, conversion therapy is in and of itself sexual violence, as it can rely on harmful "methods" such as sexually explicit language, unnecessary touch, and showing someone sexually explicit images or videos.
- Proposed health care and state level policies and laws seek to ban gender-affirming care for transgender and nonbinary people - including hormone therapies and surgeries essential to their identity and care.

The violence of racism and white supremacy in reproductive healthcare is not just a thing of the past: it is all too common today. According to the [Department of Health Services](#), Wisconsin leads the nation in racial birth disparities. Black babies are 3x more likely to die than white babies. Consistently, Milwaukee County has been in the top 10 counties nationally for Black infant death. These data points do not include the disparities and barriers Black girls and women experience when accessing healthcare. We cannot work towards Reproductive Justice, rights, and healthcare without centering the needs and experiences of Black girls and women.

Insufficient Protection: The Laws on Abortion

In June 2022, the Supreme Court of the United States (SCOTUS) issued an opinion in [Dobbs v. Jackson Women's Health Organization](#), which reversed *Roe v. Wade* and eliminated the constitutional right to abortion. While the decision is abhorrent and will undoubtedly cause harm to millions, the reality is that the 'freedom of choice' ensured by *Roe* was not actually a guaranteed freedom at all. For the nearly 50 years that *Roe* was in effect, BIPOC and low-income people consistently experienced significant barriers to abortion services. [Monica Simpson of SisterSong](#) provides insight on how inequitable access means that 'choice' counts for little, noting:

"It's important to keep in mind that Roe never fully protected Black women - or poor women or so many others in this country. That's because Roe ensured the right to abortion without ensuring that people could actually get an abortion. People seeking abortions in America must consider: Do I have the money? How far is the nearest clinic, and can I get there? Can I

take off work? Will I be safe walking into the clinic? For more privileged people, these questions are rarely a deterrent. But for many women of color and poor people, they are major obstacles. That's how white supremacy works...to be pro-choice, you must have the privilege of having choices."

This reality illuminates a difficult but important truth: *Roe* was the floor, not the ceiling. Protecting freedom of choice is not enough – equitable and safe access to abortion must be the priority.

One of the biggest barriers to accessing abortion has been the Hyde Amendment. Enacted in 1976, the [Hyde Amendment](#) prohibits Medicaid funding for abortion services, with extremely narrow exceptions (when continuing the pregnancy will endanger the patient's life, or in cases of rape or incest). The burden imposed by the Hyde Amendment falls most heavily on BIPOC communities who are more likely to receive Medicaid Insurance due to inequities linked to racism and discrimination.

In Wisconsin, access to abortion services has been [further limited](#) due to policies limiting coverage of abortion services in health plans for public employees and in health plans offered in Wisconsin's health exchange under the Affordable Care Act (ACA). These restrictions on access to abortion services in Wisconsin exacerbate negative health outcomes for BIPOC communities as [Wisconsin is also one of 12 states](#) to decline Medicaid expansion under the ACA. This is particularly problematic as Black pregnant people in Wisconsin are [five times more likely](#) than their white counterparts to die during or within one year of pregnancy.

Equally of concern is what happens when abortion is not only banned but criminalized. In [states where getting an abortion is illegal](#), a pregnant person experiencing miscarriage could encounter multiple barriers to receiving medically-necessary care. Some of the procedures needed in the aftermath of a miscarriage are also utilized in abortion care. As consequence, access to these necessary procedures could be severely compromised, and in fact, [already is](#). Healthcare providers may hesitate or refuse to assist people who are miscarrying for fear of state-sanctioned repercussions. This leaves pregnant people in a dire position, forcing them to manage the experience of a miscarriage and traverse a hostile and inaccessible healthcare landscape.

The racial disparities in the criminal legal system are well documented, and the criminalization of abortion will no doubt disproportionately harm members of the BIPOC community. White and privileged individuals in need of abortion services are more likely to have supports in the way of childcare, income, benefits, and employment. This means they will not have to navigate the same barriers that low-income and BIPOC people will have, including institutional racism. As a result, the criminalization of abortion will ultimately disproportionately harm BIPOC people.

WCASA and Reproductive Justice

Reproductive Justice is a foundational component to the work of WCASA, though that was not always the case. Like many anti-sexual violence organizations, WCASA was always supportive of ensuring abortion services were available to survivors of sexual assault. However, our involvement with reproductive rights and healthcare was framed as an intersectional issue, not a central or foundational one. WCASA saw the need for abortion services for survivors but did not yet fully recognize how significant the issue was to our whole mission, including preventing sexual violence.

Under the Walker Administration (2010-2018), [5 abortion restrictions were](#) enacted. These policies threatened doctors with prison time for providing safe and legal abortion, and banned abortion procedures after 20 weeks, even in instances of rape and incest. During this process, WCASA was contacted to provide insight on how the ban might potentially impact survivors. In the process of this work, WCASA began to draw connections between abortion access and ending sexual violence.

As part of [our effort](#) to prevent sexual violence, WCASA is committed to ensuring all people have bodily autonomy, healthy sexual development, and freedom of sexual expression; reproductive health and abortion care is intricately linked to these rights. WCASA believes that all people deserve to have authority over their own bodies, whether it is the choice to participate in sexual activity, to use birth control, or to terminate a pregnancy.

Below is a list of talking-points—both with and without statistics—that can be utilized in discussions and resources when opposing restrictions, or when supporting comprehensive reproductive healthcare.

TALKING POINTS:

- The majority of Americans support a person’s right to safe and legal abortions
- Abortion, both surgical and medication, is basic healthcare and is safe
- Reproductive health, including abortion, is an important issue for survivors
- All individuals deserve choice and access to reproductive healthcare
- Bodily autonomy is not lost when a person becomes pregnant
- Survivors of sexual violence had their autonomy violated and deserve to have it restored
- Survivors need decision-making authority over their bodies
- Reproductive healthcare access promotes health and healing for survivors
- Medical decisions are private and should solely be between a patient and provider
- People will always need abortion care – even if it is illegal
- Abortion bans disproportionately harm BIPOC and marginalized communities
- Abortion bans, with exceptions for rape, incest, and health of the pregnant person, are still bans. Exception clauses force survivors to “prove” they are victims and require a formal report to the criminal legal system
- Criminalizing medical care contributes to racial disparities in criminal legal responses
- Banning and/or restricting access to reproductive healthcare, including abortion, is a tactic to control and oppress women, BIPOC, and LGBTQ people

DATA POINTS:

- According to the state [Department of Health services](#), Wisconsin leads the nation in racial birth disparities. Black babies are 3x more likely to die than white babies. Consistently, Milwaukee County has been in the top 10 counties nationally for Black infant death
- Nineteen percent (19.2%) of female sexual coercion victims contracted a sexually transmitted infection and 16.6% became pregnant as a result of sexual coercion, based on the [National Intimate Partner and Sexual Violence Survey \(NISVS\)](#)
- Being forced to carry a pregnancy to term is 33 times riskier than having an abortion, with 0.6 maternal deaths per 100,000 abortions compared to 20.1 maternal deaths per 100,000 live births, according to the [Centers for Disease Control](#)
- A [2021 University of Colorado study](#) found a nationwide abortion ban would lead to a 21% increase in pregnancy-related deaths and a 33% increase among Black women
- Ectopic pregnancy [occurs at a rate](#) of 19.7 cases per 1,000 pregnancies and is a leading cause of pregnancy-related mortality in the first trimester. With the overturning of Roe, pregnant people may die because many state laws have vague language that could delay or deter physicians from treating ectopic pregnancies for fear of lawsuits or prosecution
- States with the [most restrictive abortion laws](#) have notably **higher** infant mortality rates
- 61% of American adults say abortion should be legal and accessible, according to the [Pew Research Center](#)

WHAT YOU CAN DO:

Call your [state representatives](#) to demand protections for comprehensive reproductive healthcare and to repeal Wisconsin's criminal abortion law

Follow Action Items from [Planned Parenthood](#), [SisterSong](#), [In Our Own Voice](#), and other leaders in the movement

Understand the deception and harm of [Crisis Pregnancy Centers](#) and support access to accurate information on abortion services

Donate to [funding collectives and/providers](#), like the Midwest Access Coalition, the WI Women's Medical Fund, and Options Fund

Collaborate with others to support reproductive health access in your community

Be a conscious consumer; support business and organizations that uplift bodily autonomy and access to reproductive health for everyone

LEADERS IN REPRODUCTIVE HEALTH and JUSTICE:

There are many leaders we can follow and support in our professional and personal networks. Here are a few:

- [SisterSong](#)
- [Planned Parenthood](#)
- [National Black Women's Reproductive Justice Agenda](#)
- [Indigenous Women Rising](#)
- [Heart](#)
- [National Asian Pacific American Women's Forum](#)
- [National Latina Institute for Reproductive Justice](#)
- [NARAL Pro-Choice America](#)
- [SPARK: Reproductive Justice NOW!](#)
- [All Above All](#)