

August 14, 2019

Honorable Mayor Harry LaRosiliere  
Mayor Pro Tem Rick Smith  
Deputy Mayor Pro Tem Anthony Ricciardelli  
Council Member Maria Tu  
Council Member Rick Grady  
Council Member Kayci Prince  
Council Member Shelby Williams  
Council Member Lily Bao  
City Manager Mark Israelson  
1520 K Avenue  
Plano, Texas 75074

Dear Mayor LaRosiliere, Council Members, and City Manager Israelson,

The Texas Association Against Sexual Assault is the unifying voice to end sexual violence in Texas. As the statewide coalition of rape crisis centers, advocates, and survivors, we are committed to fostering a culture that respects the fundamental rights and dignity of all. Founded in 1982, TAASA is a trusted resource throughout the state for community education, legal services, youth outreach, law enforcement training, policy analysis, and legislative advocacy.

We write to urge your continued support of sexual assault counseling services at The Turning Point, to clarify the role of rape crisis centers in Texas communities, and to alleviate any concerns that rape crisis centers are abortion providers.

### **Rape Crisis Centers in Texas**

The Institute on Domestic Violence and Sexual Assault at the University of Texas-Austin School of Social Work estimates that 6.3 million Texans—one third of all Texans—have experienced some form of sexual assault in their lifetimes. Each year, 413,000 Texans are sexually assaulted.<sup>1</sup> Rape is one of the most severe of all traumas, causing various long-term negative outcomes. Rape survivors suffer from an array of severe physical and mental health problems, including post-traumatic stress disorder, depression, substance abuse, suicidality, repeated sexual victimization, and chronic physical health problems.<sup>2</sup> Between 32% and 80% of rape survivors experience PTSD following the assault, with symptoms continuing for months or years. By comparison, the prevalence of PTSD among the general population is between 9% and 15%.<sup>3</sup> Women who have been raped are also three times more likely to suffer from depression and 4 to 9 times more likely to contemplate suicide than those who have not experienced sexual assault.<sup>4</sup>

Rape crisis centers are the backbone of support and advocacy for sexual assault survivors in Texas. They are local nonprofit organizations whose services satisfy a statewide standard regulated by the Office of the Attorney General. Research indicates that survivors who obtain services from rape crisis centers have better medical and mental health outcomes, are more likely to receive medical treatment, and are more likely to pursue a criminal case against their assailants.<sup>5</sup>

Pursuant to Chapter 420 of the Texas Government Code, Texas rape crisis centers must at a minimum provide (1) 24-hour crisis hotlines; (2) crisis intervention; (3) public education; (4) advocacy; and (5) accompaniment to hospitals, law enforcement offices, prosecutors' offices, and courts.<sup>6</sup> Rape crisis center services are free, confidential, and available to all survivors, regardless of income or their relationship to the assailant.

This year, the Texas Legislature appropriated approximately \$7.7 million in new general revenue to the Office of the Attorney General, to be awarded to rape crisis centers in the form of grants. The explicit intent of this funding increase was to remedy widespread waitlists for sexual assault counseling, which extend for several months in some communities.<sup>7</sup> In addition to the direct harm a funding reduction would cause sexual assault survivors in Plano, such a reduction would also situate the City at cross-purposes with state-level policymakers.

### **The Turning Point**

The City of Plano is truly fortunate to have The Turning Point.

During 2018 The Turning Point provided 765 counseling sessions to sexual assault survivors in the Plano community, accompanied survivors to forensic medical exams 417 times, and fielded 1,710 hotline calls. Demand for services is dramatically on the rise in 2019. Through July, The Turning Point had already provided 1,392 counseling sessions, accompanied 225 survivors during forensic exams, and fielded 927 hotline calls, putting it on pace to exceed last year's community impact. Amazingly, *more than 99%* of survivors obtaining services from The Turning Point report feeling safer, receiving the emotional support they sought, and learning their legal rights as crime victims.

However, the increased community demand has strained the center's resources. The capacity shortfalls that the Legislature sought to address this year are particularly pronounced in Plano. As the figures above indicate, The Turning Point's counseling services are in extremely high demand. Since 2018, the program has experienced counseling waitlists lasting months. Plano City Council heard testimony on August 12 that at least one client waited 8 months for counseling following her rape.

Fortunately, The Turning Point has been able to use the entirety of its community grant from the City of Plano to support its counseling program. Reducing funding for such a necessary, over-burdened service would have an immediate and deleterious effect on the community.

Now is the time to invest *more* in life-saving rape crisis services, not less. Investments in rape crisis centers are investments in public health, public safety, and public trust.

### **Rape-Related Pregnancy & Emergency Contraception**

Neither The Turning Point nor any other rape crisis center uses public funds to supply emergency contraception, and the community grant at issue in Plano is for use solely to support The Turning Point's counseling program. Nevertheless, we must emphasize that access to emergency contraception, which prevents pregnancy and does not cause abortion, is a crucial support and safety measure for sexual assault survivors. This is especially urgent for those in abusive relationships.

Nationally, between 5% and 10% of rapes result in pregnancy.<sup>8</sup> Because rape deprives a person of the ability to avoid sex during ovulation or to negotiate birth control, rape results in unwanted pregnancy more frequently than the 2-4% rate usually attributed to consensual sex.<sup>9</sup> Because adolescents are less likely than adult women to be using birth control, adolescent survivors are at even higher risk of pregnancy resulting from rape.<sup>10</sup>

Pregnancy compounds the already severe health and safety consequences of rape, especially for those survivors assaulted by an intimate partner. Within an abusive relationship, a pregnancy can impede the survivor's ability to escape her abuser, putting her at greater risk of violence sustained over a longer period of time. Many survivors perceive that having a baby with their abuser will tether them to an abusive partner and risk exposing a child to the same abuse.<sup>11</sup>

Research on domestic abusers corroborates these fears. Abusive intimate partners often deny their victims access to birth control and use sexual violence as a means of control.<sup>12</sup> Between 33% and 50% of battered women have been raped by their batterers,<sup>13</sup> and an estimated 10-14% of all married women have been raped by their husbands.<sup>14</sup> Obstacles to accessing birth control, including emergency contraception, play directly into abusers' hands.

Because access to emergency contraception is such a dire safety need for some survivors, the Texas Health and Safety Code requires all health care facilities to provide sexual assault patients with an information form that includes information about emergency contraception, as well as prophylaxes for sexually transmitted infections.<sup>15</sup>

By providing HHSC's information sheet and providing emergency contraception to rape survivors who want it, The Turning Point does nothing differently from any health care facility certified as SAFE-ready in Texas. Any argument for denying public funding to The Turning Point on the ground that its forensic exam clinic offers emergency contraception applies with equal force regarding a hospital that provides emergency contraception. All of these facilities provide critical services for survivors in your community.

## Conclusion

The Turning Point is an indispensable resource in Plano. Every day The Turning Point assists members of your community to heal from unimaginable violence and trauma, and it serves as a model for rape crisis centers across the state.

Unfortunately, The Turning Point's counseling program operates beyond its capacity, as it has experienced steadily increased demand in recent years. The City has an opportunity to support this vital resource for sexual assault survivors in your community. We respectfully ask that you do so.

Please consider TAASA a resource to you as you continue to examine the prevention of and response to sexual violence in your city. Like you, we are committed to building communities in which all survivors can find safety, compassion, healing, and justice.

Respectfully,



Rose Luna  
C.E.O.

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<sup>1</sup> N. Busch-Armendariz et al., U. of Texas Inst. on Domestic Violence & Sexual Assault, *Health and Well-Being: Texas Statewide Sexual Assault Prevalence* at 31 (2015).

<sup>2</sup> R. Campbell, *The Psychological Impact of Rape Victims' Experiences with the Legal, Medical, and Mental Health Systems*, 63 AM. PSYCHOLOGIST 702, 703 (2008) (citing D. Kilpatrick et al., *Mental Health Needs of Crime Victims: Epidemiology and Outcomes*, 16 J. TRAUMATIC STRESS 119, 126-30 (2003)); M. Koss et al., *Depression and PTSD in Survivors of Male Violence: Research and Training Initiatives to Facilitate Recovery*, 27 PSYCHOL. OF WOMEN Q. 130 at 133 (2003); K. Basile et al., *Sexual Violence Victimization of Women: Prevalence, Characteristics, and the Role of Public Health and Prevention*, 5 AM. J. LIFESTYLE MED. 407, 410 (2011); N. Sarkar et al., *Sexual Assault on Woman: Its Impact on Her Life and Living in Society*, 20 SEXUAL & RELATIONSHIP THERAPY 407 (2005); L. Chen et al., *Sexual Abuse and Lifetime Diagnosis of Psychiatric Disorders: Systematic Review and Meta-Analysis*, 85 MAYO CLINIC PROC. 618 (2010).

<sup>3</sup> M. Koss, *supra* note 2; M. Munro, *Barriers to Care for Sexual Assault Survivors of Childbearing Age: An Integrative Review*, 2 WOMEN'S HEALTHCARE 19, 19 (2014).

<sup>4</sup> *Id.*; WORLD REPORT ON VIOLENCE AND HEALTH 163 (E. Krug et al. eds., 2002); *see also* J. Tomasula et al., *The Association Between Sexual Assault and Suicidal Activity in a National Sample*, 27 SCH. PSYCHOL. Q. 109, 115 (2012).

<sup>5</sup> Campbell, R., *Rape survivors' experiences with the legal and medical systems: Do rape victim advocates make a difference?* VIOLENCE AGAINST WOMEN, 12, 30-45 (2006).

<sup>6</sup> TEX. GOV. CODE § 420.003(1-e).

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<sup>7</sup> See, e.g., remarks by Senate Finance Committee Chair Jane Nelson, Meeting of Texas Senate Committee on Finance, January 24, 2019 (“With this funding, we are going to ensure that no sexual assault survivor in Texas will have to wait for counseling at a rape crisis center.”)

<sup>8</sup> See M. Holmes et al., *Rape-related Pregnancy: Estimates and Descriptive Characteristics from a National Sample of Women*, 175 AM. J. OBSTETRICS & GYNECOLOGY 320, 322 (1996)(finding a national rape-related pregnancy rate of 5% per rape among victims of reproductive age); J. Gottschall et al., *Are Per-Incident Rape-Pregnancy Rates Higher than Per-Incident Consensual Pregnancy Rates?*, 14 HUMAN NATURE 1 at 4 (2003)(finding an overall per-incident pregnancy rate following rape may be as high as 8%); N. Busch, *supra* note 1, at 41 (finding a pregnancy rate following rape in Texas of 10.1% with a margin of sampling error of 2.8 percentage points).

<sup>9</sup> J. Gottschall, *supra* note 8 (“[E]ven before adjusting for birth control usage, per incident rape-pregnancy rates (6.42%) are notably higher than per-incident consensual pregnancy rates (3.1%).”).

<sup>10</sup> *Id.*

<sup>11</sup> E. Miller, et al., *Pregnancy Coercion, Intimate Partner Violence, and Unintended Pregnancy*, 81 CONTRACEPTION 316 (2010); M. Hall, et al., *Associations between Intimate Partner Violence and Termination of Pregnancy: A Systematic Review and Meta-Analysis*, 11 PLOS MED. (2014); K. Eby, et al., *Health Effects of Experiences of Sexual Violence for Women with Abusive Partners*, 16 HEALTH CARE FOR WOMEN INT’L 563, 563-76 (1995).

<sup>12</sup> *Id.*

<sup>13</sup> M. Anderson, *Marital Immunity, Intimate Relationships, and Improper Inferences: A New Law on Sexual Offenses by Intimates*, 54 HASTINGS L. J. 1463, 1500 (2003).

<sup>14</sup> R. Bergen, Nat’l Resource Center on Domestic Violence, *Marital Rape: New Research and Directions* at 1 (Feb. 2006)(citing D. Finkelhor, et al, *License to Rape: Sexual Abuse of Wives* (1985) and D. Russell, *Rape in Marriage* (1990)); K. Basile, *Prevalence of Wife Rape and Other Intimate Partner Sexual Coercion in a Nationally Representative Sample of Women*, 17 VIOLENCE & VICTIMS 511 (Oct. 2002).

<sup>15</sup> TEX. HEALTH & SAFETY CODE § 323.005.