



# LB 67: Providing Survivors of Sexual Assault with Complete Emergency Care

This bill ensures survivors are provided trauma-informed, medically accurate and comprehensive health care post-assault.

In just one year in Nebraska, there were  
**1,592 CASES OF SEXUAL ASSAULT,**

a number which does not account for all sexual assaults given the low rates of reporting.<sup>1</sup>

**43%**  
of victims were  
**12 or younger**

**21%**  
of victims were  
**ages 13 or 17**

The vast majority of sexual assault victims are **women (83%)**, a significant percentage of those victims are of **reproductive age**.

All women and girls **deserve access** to medically accurate information and best health care practices if they choose to prevent a possible pregnancy that results from a sexual assault.

When survivors first enter a hospital to seek care, many are experiencing trauma associated with the assault. During this time, it's critical that medical care providers and advocates **provide timely, appropriate and compassionate care** so a survivor's immediate injuries are appropriately taken care of, and—equally important—to reduce the likelihood of re-traumatization.

**Emergency contraception is an integral component of a comprehensive medical response to sexual assault.** Emergency contraception, a form of birth control, prevents a pregnancy before it starts by delaying and preventing ovulation. It is not effective if a person is already pregnant. Denying or withholding information and access to emergency contraception leaves survivors vulnerable to an unplanned pregnancy resulting from a sexual assault.

For 30 years, emergency contraceptives have been a safe and effective method for preventing pregnancy.<sup>2</sup> Research shows that the rape-related pregnancy rate is between 5% - 7% among victims of reproductive age (12 to 45).<sup>3</sup> Unintended pregnancy is especially high among youth assault victims because of their relatively low use of contraception and because they are more likely to be repeatedly assaulted and victimized by family or trusted people.<sup>4</sup>

LB 67 aligns with the Women's Fund values of **Community Voice and Bodily Autonomy**. To learn more about our mission, vision and values, visit [www.OmahaWomensFund.org](http://www.OmahaWomensFund.org).



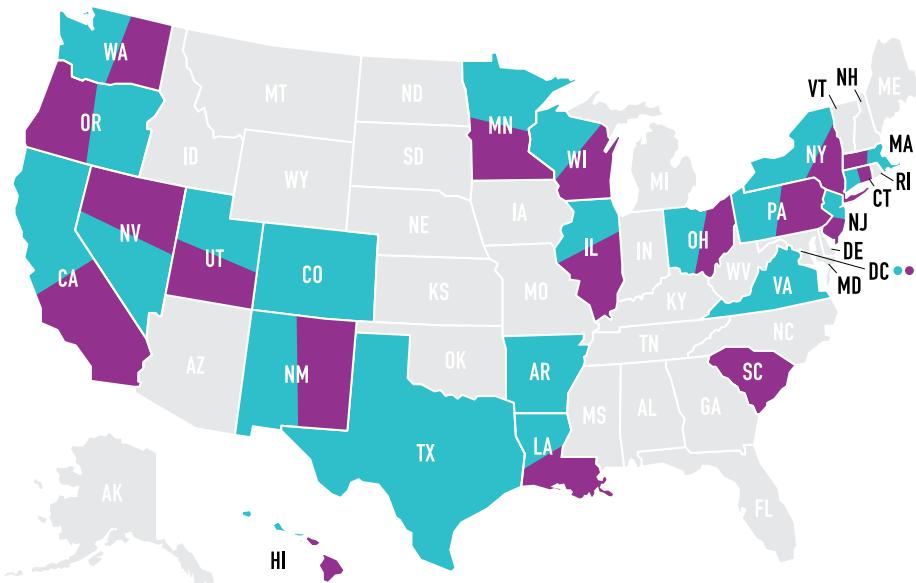
**Pregnancy resulting from sexual assault may be a cause of significant additional trauma to the victim, particularly for a child sexual assault victim, and can be prevented with the use of emergency contraception.**

- **Nearly 3 million people** in the United States have experienced **rape-related pregnancy** during their lifetime.<sup>5</sup>
- About **18 million people have experienced vaginal sexual assault in their lifetime**, and survivors who were sexually assaulted by a current or former intimate partner were **four to five times more likely to report a rape-related pregnancy (26%)** than those sexually assaulted by an acquaintance (5.2%) or a stranger (6.9%).<sup>6</sup>

## **LB 67 aligns with guidance and recommendations of the:**

- **American College of Obstetricians and Gynecologists (ACOG)**
- **World Health Organization (WHO)**
- **Centers for Disease Control and Prevention (CDC)**
- **American Academy of Pediatrics**
- **International Association of Forensic Nurses**
- **United States Department of Justice Office for Victims of Crime**

All of these organizations agree that offering pregnancy prevention with consent of the victim as medical best practice for a sexual assault patient.



As of January 2025, **21 states** and the **District of Columbia** currently require emergency rooms to **provide emergency contraception-related services to sexual assault victims**.<sup>7</sup>

**16 states** and the **District of Columbia** require emergency rooms to **dispense emergency contraception to survivors at their request**.<sup>8</sup>

<sup>1</sup> Nebraska Office of the Attorney General. "Nebraska Sexual Assault Payment Program. 2019-2020 Fiscal Year in Review." <https://ago.nebraska.gov/sites/ago.nebraska.gov/files/doc/Report%20-%20SAPP%20FY%202019-2020%20in%20Review.pdf>.

<sup>2</sup> Massachusetts Department of Health. "Emergency Contraception after Sexual Assault: Five Key Facts for Survivors." March 2015. <https://www.mass.gov/doc/ec-patient-fact-sheet-0/download>.

<sup>3</sup> Melisa M. Holmes, MD, Heidi S. Resnick, PhD, Dean G. Kilpatrick, PhD, Connie L. Best, PhD, "Rape-related pregnancy: Estimates and descriptive characteristics from a national sample of women," *American Journal of Obstetrics and Gynecology*, 1996; 175:3205, <https://www.sciencedirect.com/science/article/pii/S0002937896701412>.

<sup>4</sup> Nebraska Coalition to End Sexual and Domestic Violence. "Intimate Partner & Sexual Violence in Nebraska." 2022. [https://www.nebraskacoalition.org/get\\_informed/research-reports.html](https://www.nebraskacoalition.org/get_informed/research-reports.html).

<sup>5</sup> Centers for Disease and Control and Prevention. "Pregnancy Resulting from Sexual Violence." 2024 <https://www.cdc.gov/sexual-violence/about/pregnancy-resulting-from-rape.html>.

<sup>6</sup> Ibid.

<sup>7</sup> Guttmacher Institute. "Emergency Contraception." January 2025. <https://www.guttmacher.org/state-policy/explore/emergency-contraception>.

<sup>8</sup> Ibid.