



Pregnancy after Rape

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Abstract

This essay provides a brief and broad overview of rape, leading to a discussion of pregnancy after rape. This discussion focuses on myths and misinformation as well as research-based evidence pertaining to the likelihood of pregnancy occurring due to rape, perceptions of rape-related pregnancy, abortion following rape-related pregnancy, and perspectives on appropriate health care responses to pregnancy due to rape.

Context

RAPE is a powerful word. It is not a crime of lust or eroticism. It is a crime of power, intimidation, and violence [1]. Etymologically rape derives from rapere - signifying sexual assault by seizing or taking a person by force. Rape is an "egregiously violent act that inflicts unspeakable trauma upon the person assaulted" [2]. This trauma is exacerbated for women who become pregnant as a result of the assault. Traditional moral text books treated rape of a woman as a "violation of justice" [3]. Consequently, any semen within the woman's body was considered a continuation of the unjust aggression permitting the woman to licitly defend herself [4].

Victims are hesitant to report sexual assault because of humiliation, feelings of guilt, fear of retribution, lack of knowledge about their legal rights, and disillusionment with the criminal justice system [5].

Rape is a global scourge. A United Nations survey found that nearly a quarter of men in six Asian and Pacific countries admitted to having raped a woman, and 37 percent of men surveyed in one South African province admitted that they had raped women. Recent crime statistics indicate that there is still a high incidence of rape reported in South Africa. The latest statistics (March 2012) from the South African Police Services indicate that 64,514 cases of sexual assault were reported during the period from 2011 - 2012 [6].

Sexual assault has been studied under different nomenclatures which attempt to specifically define and morally assess its meaning. Examples include forced/forcible rape, legitimate rape [7], assault rape, marital/spousal rape (nonconsensual sex, a form of domestic violence, in which the partner is the victim's spouse), incestual rape, statutory rape, date/acquaintance rape, prison rape, and rape in the context of war. Rape is an extremely effective wartime weapon, used to shame, demoralize and humiliate the enemy.

Sexual assault is understood as any physical contact of a

sexual nature without voluntary consent, including inappropriate touching, anal and oral penetration, rape, attempted rape, and child molestation.

Sexual assault has plagued the eastern provinces of the Democratic Republic of Congo. Rape assaults range from babies to frail women. Some victims have been tortured and raped in front of their families. The stigma attached to rape often means that these women will face rejection in their homes, perpetuating a cycle of destitution and despair [8]. There is heightened concern as well about rape and related crimes in the armed forces where there persists a "cult of hyper-masculinity", which tells men that aggression is natural and sexual conquest enviable".

Rape is also described in terms of motivation, relationship between the victim and rapist, context, and method. There is, for example, anger rape, power rape, stranger rape, friend rape, rape of children, date rape, and a list of others. The frequency of date rape is reportedly as high as 20% among adolescent girls, peaking in the 16-19 year old group. Women may voluntarily participate in sexual play that advances to forced and unintended coitus. Date rape is thought to be exceedingly under-reported because the victim believes that she contributed to the act by participating in foreplay. Because it involves the violation of trust, rape by an acquaintance sometimes has even greater psychological effects than rape by unknown assailants [5].

Rape has, therefore, no unitary meaning. Nor should we automatically think of rape as being perpetrated by "the stranger in an alleyway". Statistics about perpetrator/victim demonstrate that 46% of rapes are committed by someone with whom the victim was in love, 22% by someone that the victim knew well, 19% by an acquaintance, 9% by a spouse, and only 4% by a stranger.

Spousal rape is likewise a serious matter as well as a violent crime. It is often more violent and repetitive than other types of rape, and less commonly reported because of the wife's economic dependency and sense of humiliation and marital failure.

Sexual assault is often followed by a "rape trauma syndrome". The short-term phase may last for hours or days and consists of the emotional shock, disbelief, and despair caused by a life-threatening event. The woman's outward response during this phase varies from emotional instability to a well-controlled behavior pattern. Common signs include somatic symptoms, eating and sleeping disturbances, and emotional reactions such as mood swings, anxiety, and depression. The long-term phase, during which the victim attempts to restructure her life and relationships, may last months or years.

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RAINN (Rape, Abuse & Incest National Network), the largest anti-sexual assault organization in the United States, indicates that 44% of women raped are under the age of eighteen and 80% are under the age of thirty. In the U.S. there is an average of 293,000 victims of sexual assault yearly, ranging from age twelve and older [9].

Rape is generally characterized by reference to the situation in which the assault occurs, the sex or characteristic of the victim, and/or the sex or characteristic of the perpetrator. While the context is critical for evaluation, a general understanding of rape must precede contextualization. This essay adopts the FBI's Uniform Crime Report (UCR) and Summary Reporting System (SRS) of 1927 which defines rape as any type of "penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim" [10].

This definition includes any gender of victim and perpetrator and not just women raped by men. It also recognizes that rape with an object can be as traumatic as penile/vaginal rape, and includes instances in which the victim is unable to give consent because of temporary or permanent mental or physical incapacity. Because rapes can be facilitated by drugs or alcohol, this definition recognizes that a victim can be incapacitated and unable to consent, or a victim may be legally incapable of consent due to age (usually named "statutory rape" or "unlawful sexual intercourse", regardless of whether it is consensual or not) [11]. Physical resistance is not required on the part of a victim to demonstrate consent, and consent can always be withdrawn at any time, so that any sexual activity after the withdrawal of consent constitutes rape.

Duress, in which the victim may be subject to or threatened by overwhelming force or violence (e.g., gang rape), and which may result in absence of objection to intercourse, leads to the presumption of lack of consent. Duress may be actual or threatened force or violence against the victim or someone close to the victim. Blackmail and abuse of power may also constitute duress.

To date, most rape research and reporting have been limited to male/female forms of rape. Research on male/male and female/female rape is only now beginning to be studied. As a group, *male* rape victims often receive little services or support and legal systems are little equipped to deal with this type of crime [12-14]. In addition, there is a widespread denial of women as sexual aggressors and this works to obscure the true dimensions of the problem. There has been a double standard about female/female rape based in large part on the idea that women do not violate other women by "sexual intercourse". Only men, penises, and penile penetration have been thought to cause harm. Therefore, anything a woman does to another woman has been judged, at best, as sexual abuse. This type of interpretation leads to the false conclusion that female-on-female rape is not traumatic.

Men who are raped by other men usually struggle with severe psychological after-effects. Confusion about their sexual orientation is a common result, and sometimes leads to promiscuity. The vast majority of male rapes are never reported. Survivors often struggle alone, dealing with the trauma in isolation.

The Many Faces a Rape Culture

In May 2015, two essays about rape appeared in the *New York Times* [15]. The first addressed concerns about a "rape culture" and "official indifference" which oftentimes tolerate sexual assault. The second essay concerned rape in prisons which disproportionately affects gay and transgender prisoners who are coerced by stronger inmates to being sexually active to survive. The most recent national survey by the Justice Department found that sexual victimization was reported by 3.1 percent of heterosexual prisoners, 14 percent of gay, lesbian and bisexual prisoners, and 40 percent of transgender inmates.

The term "rape culture" was first coined in the 1970s and is generally identified with such behaviors as victim blaming, sexual objectification, and trivializing rape. A rape culture manifests itself through the acceptance of rape as an everyday occurrence, even a male prerogative. It can be exacerbated by police apathy sometimes

called "rape indifference". Many writers believe that the root cause of a rape culture is the "domination and objectification of women". Pornography has also been commonly targeted as a contributor to rape culture because it is said to lead to patterns of oppression in the objectification of women, and reducing the female and male body to a commodity.

In July 2015, Michael Cohen, a high-powered lawyer who works for Donald Trump spoke to *The Daily Beast* regarding the allegation against Trump by his ex-wife that he emotionally raped her. The allegation was published in the 1993 book about Trump, *The Last Tycoon*. Commenting on the allegation, Cohen claimed that "you cannot rape your spouse" (despite the data given above about the meaning of spousal rape).

During August 2015 news media focused on "sex culture" at St. Paul's School (SPS) in Concord, New Hampshire. Founded in 1804, SPS is a highly selective, coeducational college preparatory school affiliated with the Episcopal Church. An 18 year old senior was accused of raping a 15 year old SPS student in the context of the so-called "senior salute/slaying of girls", a competition among male students to engage in "romantic encounters" with younger students before graduation. Owen Labrie, the accused rapist, was found not guilty of felony sexual assault charges, but convicted of three misdemeanors. Significantly, the not guilty judgment rested on consent: the state had not proved that what happened was against the girl's expressed wishes. This verdict demonstrates the growing trend to make lack of consent a defining requirement in sexual assault.

Pregnancy after Rape

Another "face of rape" that creates virulent reaction is the claim that women who are raped virtually never get pregnant. In published works in 1985 and 1999, and repeated on August 20, 2012, Dr. John C. Willke, former president of the U.S. National Right to Life Committee, claimed that the rape of a woman is a "traumatic thing" which causes the woman to become "uptight" and "frightened". Should sperm be deposited in her vagina, Willke attested, the woman is "less likely to be able to fertilize. The tubes are spastic... To get pregnant, a woman's body must produce a very sophisticated mix of hormones. Hormone production is controlled by a part of the brain that is easily influenced by emotions. There's no greater emotional trauma that can be experienced by a woman than an assault rape. This can radically upset her possibility of ovulation, fertilization, implantation and even nurturing of a pregnancy" [16].

Willke asserted that "way under 1%" of rape victims become pregnant, not just due to female biology but because half of rapists do not deposit sperm in the vagina "because they have a preference for rectal intercourse over vaginal, and experience premature ejaculation. Some of these guys just plain aren't fertile".

In "Rape Pregnancies Are Rare" [17], Willke maintained that hormonal factors work against a pregnancy of a raped woman, in addition to a number of others factors: of the 200,000 women forcibly raped each year, most are too young or old to get pregnant, a woman can get pregnant only about 3 to 5 days in her menstrual cycle, fifteen percent of raped women are naturally sterile, fifteen percent are using birth control or are already pregnant, and the miscarriage rate is fifteen percent higher for a woman who has been raped than in consensual sex.

Politicising the Question

During the 2012 American Presidential campaign, a contentious debate arose over the question of pregnancy after rape. In a television interview, Tod Akin, U.S. Representative for Missouri, said that it is "really rare" for a raped woman to get pregnant. He used the term "legitimate rape", meaning forced or forcible sexual assault causing violent sexual trauma. In this case, "the female body has ways to try to shut the whole thing down" [18].

This viewpoint is not new. In 1956, for example, Catholic moralist Edwin F. Healy wrote that "It is true ... that conception in the case of

rape is less probable because of the grave shock usually suffered by the victim” [3].

Other politicians who held similar views include Steven Friend and Henry Aldridge. Friend claimed “the odds of a woman becoming pregnant through rape are one in millions and millions and millions. The trauma of rape causes women to secrete a certain secretion ... which has a tendency to kill sperm”. Similarly, Aldridge opined that “the facts show that people who are raped, who are truly raped, the juices don’t flow, the body functions don’t work and they don’t get pregnant”.

More recently, Trent Franks (R-Arizona) put forth a bill to ban abortions after twenty weeks of pregnancy except when the mother’s life is threatened. An amendment to the bill was proposed by a committee of Democrats that would have added exceptions for rape and incest. Franks argued against the amendment because “the incidence of rape resulting in pregnancy [is] very low”. He later attempted to clarify his remarks by claiming that “pregnancies from rape that result in abortion after the beginning of the sixth month is very rare” [19].

These claims often reference a supposed Nazi experiment examined in a 1972 essay by obstetrician Fred Mecklenburg. He claimed that “...the Nazis tested the hypothesis that stress inhibits ovulation by selecting women who were about to ovulate and sending them to the gas chambers, only to bring them back after their realistic mock killing, to see what effects this had on their ovulatory patterns. An extremely high percentage of these women did not ovulate”. Bioethicist Arthur Caplan has determined that this experiment never took place: “.as of today, evidence of Nazi research on rape and pregnancy does not exist” [20].

Scientific Data

Most medical experts and published studies report that a woman’s chances of becoming pregnant are roughly the same after rape as they are after consensual intercourse [21]. While emotional, medical or nutritional stress impacts a woman’s capacity to get pregnant, there are an estimated 32,101 pregnancies in the United States each year as a result of rape [22].

According to the American Congress of Obstetricians and Gynecologists (ACOG), a single act of rape has about a 5% chance of resulting in pregnancy in victims aged 12 to 45 who are not using birth control. This percentage fluctuates greatly depending on a host of related factors, for example, if the rape occurred during a woman’s ovulation cycle and if the rapist ejaculates into the vagina.

The Rape, Abuse & Incest National Network (RAINN) reports that in the United States a woman is sexually assaulted every two minutes, with an average of about 207,754 victims age 12 or older. ACOG reports that in the United States yearly 10,000 to 15,000 abortions occur among women whose pregnancies are a result of rape or incest.

ACOG and RAINN conclude that pregnancy after sexual assault is considerable. A 2002 study from the United States National Violence against Women survey found that the rate at which women gets pregnant after an incident of sexual assault is more than double that of a single act of consensual sex. In this report [23], the per incident rape-pregnancy rate was 6.42% and as high as 7.98% with statistical correction. Of women having consensual sex, the per incident rate was 3.1%.

A three year longitudinal study of four thousand adult American women was published in 1996 in the *American Journal of Gynecology*. This study concluded that the national rape-related pregnancy rate is 5.0% per rape among victims of reproductive age (12 - 54). Among adult women, an estimated 32,101 pregnancies resulted from rape each year. Among thirty-four cases of rape-related pregnancy, the majority occurred among adolescents and resulted from assault by a known and often related perpetrator. This study concluded that rape-related pregnancy occurs with significant frequency, is the cause of

many unwanted pregnancies, and is closely linked with family and domestic violence. Another study concluded that in the U.S. in 2004 - 2005 alone, somewhere between 3.1% and 5% of pregnancies resulted from rape [24].

These studies show that there are a considerable number of pregnancies from rape. At the same time, they disagree widely on precise statistics. For example, with about 200,000+ rapes a year, and a rate of 5-7% resulting in pregnancy, there would be about 10 - 15,000 pregnancies. Some studies show, however, that there are in fact about 30,000 pregnancies. In any case, statistics do not support the judgment that pregnancy after rape rarely occurs.

Pastoral Considerations

A major study of pregnant rape victims was published in 2013 by Dr. Sandra Mahkorn [25]. While her study found that 75 - 85% of women who conceived after rape chose against abortion, other studies indicate that 50% of women who are raped and become pregnant choose in favor of abortion.

There are several reasons why some women do not chose abortion after a pregnancy resulting from rape: many believe that abortion is wrong even though it should be a legal choice, abortion would be another act of violence perpetrated against them, good can come from evil, they do not want to victimize an innocent child, if a woman gets through the pregnancy she will have conquered the rape and regain some loss of self-esteem, and keeping the baby is proof that she is better than the rapist [26].

Mahkorn’s study also showed that women who did abort their child after rape felt pressured to do so, and abortion increased their sense of grief and trauma. Women who chose to abort after rape mostly did so to rid themselves of the “horrible reminder of the rape” and the desire to distance themselves from thinking of their baby as the “rapist’s baby” and consequently “tainted” [27].

Women who become pregnant due to rape must be counseled with the greatest respect, sensitivity and compassion. Hampton’s “Care of the Woman who has been Raped” gives excellent pointers on the various steps to be taken to assist women who have been raped, including a medical evaluation, taking a non-judgmental history, the use of rape kits, prophylactic therapy, forensic analyses, and emotional support [5]. Victims must never be condemned. They must be helped to see that that the tragedy that occurred was the rape and not the child conceived. A baby conceived through violence is as blameless and innocent as one conceived in a loving marriage. It might help these women to know of the survey conducted by the Elliot Institute that showed that 192 women who became pregnant due to rape, 80% who chose to have an abortion later regretted aborting their child.

A counselor in a rape crisis center puts it this way: “After sexual assault, there is, for varying lengths of time, a natural revulsion toward anything associated with the rape. This may include the location, or characteristics of the rapist... It is normal for this feeling to attach to the unborn child conceived by rape. However, these feelings normally fade with time. When this does not happen spontaneously, counseling with someone qualified to treat victims of rape trauma is highly effective. Rape victims I have worked with were aware of and distressed by the ‘inappropriateness’ of these feelings. They were anxious to overcome their revulsion of anyone and anything that reminded them of the rape. They would not, for instance, have welcomed anyone telling them that men of their attacker’s race are natural criminals. Nor do women welcome being told that their children conceived in rape are unworthy of life, genetically prone to crime, and bound to feel unwanted and bitter. A person in crisis is seeking positive solutions, not a counsel of despair”.

Health care providers should offer compassionate and understanding care to women pregnant due to rape [28]. The focus should be on the woman’s physiological, psychological, and spiritual well-being. The Catholic moral tradition provides further guidance on this matter: “Compassionate and understanding care should be given to a person who is the victim of sexual assault. Health care providers

should cooperate with law enforcement officials and offer the person psychological and spiritual support as well as accurate medical information. A female who has been raped should be able to defend herself against a potential conception from the sexual assault. If, after appropriate testing, there is no evidence that conception has occurred already, she may be treated with medications that would prevent ovulation, sperm capacitation, or fertilization. It is not permissible, however, to initiate or to recommend treatments that have as their purpose or direct effect the removal, destruction, or interference with the implantation of a fertilized ovum” [29].

Another important point to discuss with many victims of rape is the image of God. Many religions affirm that we are all created in God’s image. No matter the nature of a sexual assault, this image can never be eradicated, even though it is often tarnished in the mind of the victim due to the sexual assaults violence and dehumanization. Researchers McFarland and Malecha have found that sexual assaulted women had worse mental, physical and spiritual health than women who had been physically but not sexually abused. “These women had more post-traumatic stress disorder symptoms, more pregnancies resulting from rape, and more sexually transmitted diseases” [30].

Conclusion

Rape victims struggle with two primary spiritual issues. The first is a crisis of faith that most believers experience when something terrible happens in their life. They struggle with why a loving God lets something so terrible happened to them. The other major issue is that of forgiveness. Forgiving the rapist is a major hurdle that must be achieved in order to attain peace of mind and soul. Oftentimes, a victim must also forgive herself should she somehow blame herself for the rape.

A noteworthy way of concluding this essay can be situated in a letter published on September 1, 2015 by Pope Francis. In this letter, Francis lays out certain elements he deems important during the upcoming Catholic Church’s Jubilee Year of Mercy which begins on December 8, 2015. Pope Francis respectfully addresses women who have had abortions, blaming abortion not so much on them but on “a widespread and insensitive mentality [that] has led to the loss of the proper personal and social sensitivity to welcome new life”. Francis urges women who have had abortions never to lose hope “for the forgiveness of God cannot be denied to one who has repented, especially when that person approaches the Sacrament of Confession with a sincere heart in order to obtain reconciliation with the Father”.

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