

## CHAPTER 30

### RAPE

*Pregnant from rape?  
Why not abort her?*

First, it is important to define terms. This issue concerns assault, or forcible, rape, not consensual, not marital rape. In recent years, semantics have muddied the water, particularly regarding “date rape.”

Rape is the forcible imposition of a man on a woman for sexual intercourse. Whether it occurs behind the bushes or on a date, it should be reported to the police and charges filed. (College students, are you listening?)

#### **Are assault rape pregnancies common?**

No, they are very rare.

#### **Are there accurate numbers?**

The Justice Dept., from 1973 to 1987, surveyed 49,000 households annually, asking questions on violence and criminal acts. Extrapolating to the entire population, the results of those reported were:

1973 — completed rapes — 95,934

1987 — completed rapes — 82,505

The study stated that only 53% were reported to police. Accordingly, the total numbers were:

1973 — 181,016

1987 — 155,667

The Washington Times, Jan. 14, 1991, A-5

In 1995, a Justice Dept. report, using a study designed differently with more direct questions, returned a result of 170,000 completed rapes plus 140,000 attempted rapes.

*Nat. Crime Victim Report*, US Justice Dept.  
Aug. 95, R. Bachman

But, in 1997, reporting for the year of 1995, only 97,000 assault rapes were recorded.

“Sexual Offences and Offenders,” Bureau of Justice Statistics, U.S. Justice Dept., Feb. 1997

### **And how many pregnancies result?**

About 1 or 2 for each 1,000. Using the 170,000 figure, this translates into an overall total of 170 to 340 assault rape pregnancies a year in the entire United States.

### **Only one or two out of 1,000? Please explain.**

There are about 100 million women in the United States old enough to be at risk for assault rape. Let's use a figure of 200,000 forcible rapes every year. The studies available agree that there are no more than two pregnancies per 1,000 assault rapes.

So much for the numbers. Let's look at it from another angle and see if that figure makes sense.

- Of these 200,000 women who were raped, one-third were either too old or too young to get pregnant. That leaves 133,000 at risk of pregnancy.
- A woman is capable of being fertilized only three days out of her 30-day month. So divide 133,000 by 10, and 13,300 women remain.
- One-fourth of all women in the United States of

child-bearing age have been sterilized. That drops the figure to 10,000.

- Only half of the assailants penetrate her body and/or deposit sperm. Cut it in half again. We are down to 5,000.
- Fifteen percent of men are sterile; that drops the figure to 4,250. Fifteen percent of non-surgically sterilized women are naturally sterile. That reduces the number to 3,600.
- Another 15% are on the pill and/or are already pregnant. Now the figure is 3,070.

Now factor in something that all adults know. It takes from five to ten months for an average couple to achieve a pregnancy. Using the smaller figure, to be conservative, divide the 3,000 figure by 5, and the number drops to about 600.

In a healthy, peaceful marriage, the miscarriage rate ranges up to about 15%. In this case, we have incredible emotional trauma. Her body is upset. Even if she conceives, the miscarriage rate is higher than in a more normal pregnancy. If she loses 20% of 600, there are 450 left.

Finally, we must factor in one of the most important reasons why a rape victim rarely gets pregnant, and that is psychic trauma. Every woman is aware that stress and emotional factors can alter her menstrual cycle. To get pregnant and stay pregnant, a woman's body must produce a very sophisticated mix of hormones. Hormone production is controlled by a part of the brain which 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. So what further percentage reduction in pregnancy will this cause? No one really knows, but this factor certainly cuts the last figure by at least 50%, and probably more, leaving a final figure of 225 women pregnant

each year, a number that closely matches the 200 found in clinical studies.

### **But are there specific studies?**

Here are several:

A study of 1,000 rape victims, who were treated medically right after the rape, reported no pregnancies.

L. Kuchera, "Postcoital Contraception with Diethylstilbestrol,"  
*JAMA*, October 25, 1971

In another study, medical treatment on more than 1,000 women was "100% effective," according to Dr. B. Craver at the Wilson Foundation.

B. Craver, "Morning After Pill Prevents Pregnancy in Victims of Rape,"  
*Family Practice News*, Mar. 1972

If the rape victim is not treated, and if it is limited to true assault rape, the pregnancy rate will still be extremely small. If all "reported" rapes, including statutory rape (under 18-years-old, but sometimes with consent given), when drunk (with questionable consent), etc., it is higher.

There are two such large, across-the-board studies of all reported rapes (with no reported attempt to validate them), in Washington, DC for the years 1965-69 and 1969-70. These reported on rape victims seen by private doctors, clinics, and hospitals, with no details as to treatment, if any. Of the 2,190 women in the first study and the 1,223 women in the second, a total of 23 and of 21 pregnancies occurred, or rates of 6 and 17 per 1,000. If these had been limited to true assaults, and the women had been given hormone treatment, the pregnancy rate would have been much lower, perhaps zero.

Hayman & Lanza, "Sexual Assault on Women and Girls,"  
*Amer. Jour. OB/GYN*, vol. 109, No. 3, Feb. 1971, pp. 480-486

Hayman et al., "Rape in the District of Columbia,"  
*Amer. Jour. OB/GYN*, vol. 113, no. 1, May 1972, pp. 91, 97

In another series of 117 assault rape victims, of whom only 17 were given hormone treatment after the attack, none became clinically pregnant.

Everett & Jimerson, "The Rape Victim,"  
*OB & GYN*, vol. 50, no. 1, July 1977, pp. 88-90

In still another series of 126 assault rape victims, only half of those at risk of pregnancy were treated, but none became clinically pregnant.

Evrard & Gold, "Epidemiology and Management of Sexual Assault Victims," *OB & GYN*, vol. 53, no. 3, Mar. 1979, pp. 381-387

Dr. Alfred Kinsey reported that, of 2,094 single females who had voluntary intercourse 460,000 times, the pregnancy rate was 1 per 1,000 exposures. Many of these women had used contraception, many had not, but it is also true that some assaulted women have I.U.D.s and/or are on the pill.

A. Kinsey, *Sexual Behavior of the Human Female*,  
N. Saunders Publishers, 1953, p. 327

In Czechoslovakia, out of 86,000 consecutive induced abortions, only 22 were done for rape.

### **Why not allow abortion for rape pregnancies?**

We must approach this with great compassion. The woman has been subjected to an ugly trauma, and she needs love, support and help. But she has been the victim of one violent act. Should we now ask her to be a party to a second violent act — that of abortion?

Unquestionably, many would return the violence of killing an innocent baby for the violence of rape. But, before making this decision, remember that most of the trauma has already occurred. She has been raped. That trauma will live with her all her life. Furthermore, this girl did not report for help, but kept this to herself. For several weeks or months, she has thought of little else. Now, she has finally asked for help, has shared her upset, and should be in a supportive situation.

The utilitarian question, from the mother's standpoint, is whether or not it would now be better to kill the developing baby within her. But will abortion now be best for her, or will it bring her more harm yet? What has happened, and its damage have already occurred. She's old enough to know and have an opinion as to whether she carries a "baby" or a "blob of protoplasm."

Will she be able to live comfortably with the memory that she "*killed her developing baby*"? Or would she ultimately be more mature and more at peace with herself if she could remember that, even though she became pregnant unwillingly, she nevertheless solved her problem by being unselfish, by giving of herself and of her love to an innocent baby, who had not asked to be created, to deliver, perhaps to place for adoption, if she decides that is what is best for her baby.

Compare this memory with the woman who can only look back and say, "I killed my baby."

### **But carry the rapist's child?**

True, it is half his. But remember, half of the baby is also hers, and there are other outstretched arms that will adopt and love that baby.

### **I don't see how she could!**

"Interestingly, the pregnant rape victim's chief complaint is not that she is unwillingly pregnant, as bad as the experience is. The critical moment is fleeting in this area, it frequently pulls families together like never before.

"We found this experience is forgotten, replaced by remembering the abortion, because it is what *they* did."

M. Uchtman, Director, Suicides Anonymous, Report to Cincinnati City Council, Sept. 1, 1981

"In the majority of these cases, the pregnant victim's problems stem more from the trauma of rape than from

the pregnancy itself.”

Mahkorn & Dolan, “Sexual Assault & Pregnancy.”  
In *New Perspectives on Human Abortion*,  
University Publishers of Amer., 1981, pp. 182-199

As to what factors make it most difficult to continue her pregnancy, the opinions, attitudes, and beliefs of others were most frequently cited; in other words, how her loved ones treated her.

Mahkorn, “Pregnancy & Sexual Assault.” In *Psychological Aspects of Abortion*, University Publishers of Amer., 1979, pp. 53-72

### **But many laws would allow for this exception.**

That is because many mistakenly think it is best for the mother. But we should also think of the baby. Should we kill an innocent unborn baby for the crime of his father? Do we punish other criminals by killing their children? Besides, such laws pose major problems in reporting, and also women have been known to report falsely.

### **You accuse women of lying?**

We don’t have to. Radical feminist guru Gloria Steinem, in a 1985 interview with *USA Today*, said that “to make abortion legal only in cases of rape and incest would force women to lie.”

The story of Jane Roe, of the *Roe v. Wade* Decision, is well known. Norma McCorvey (her real name) fabricated a story — that she had been gang raped at a circus — in the mistaken impression that this would permit her to obtain a legal abortion in Texas. Not until 1987 did she reveal that the baby was actually conceived “through what I thought was love.” (*Post*, Sept. 9, 1987.)

And:

Up until 1988, Pennsylvania’s Medicaid program funded abortions for women who claimed they had been raped, without any requirement for reporting of the purported assault to a law enforcement agency.

Under this law, abortion clinic personnel issued thinly veiled public invitations for women to simply state that they'd been raped, and the state ended up funding an average of 36 abortions a month based on such unsubstantiated claims. In 1988 the legislature added a requirement for reporting the rape to a law enforcement agency, and the average dropped to less than three abortions per month.

### **You said reporting was a problem?**

The problem is requiring proof. If the woman goes directly to the hospital, her word is accepted. But, sadly, through fright or ignorance, she may not report it and quietly nurse her fears. She misses her period and hopes against hope that it isn't what she thinks it is.

Sometimes months go by before finally, in tears, she reports to her mother, her physician, or some other counselor or confidante. To prove rape then is impossible. The only proof of rape then is to have a reliable witness corroborate the story, and such a witness almost never exists.

### **What proof would be needed early on?**

Reporting the rape to a law enforcement agency is needed. Any hospital emergency room will handle this.

If done within a day or two, she can be examined, given medicine for sexually transmitted diseases and counseled. Her word will rarely be questioned. But if it is many days later, especially after a missed period, her word may not be enough (see above).

### **What percentage of rape pregnancies are aborted?**

Less than half. The balance carry the baby to term. In one study of 37 rape pregnancies, 28 carried to term.

S. Makhorn, in *Psychological Aspects of Abortion*,  
Mall & Watts, Univ. Pub. 1979, pg. 58

### **What is her chief complaint?**

Perhaps, surprisingly, it is not the fact that she is pregnant. Her chief complaint is “how other people treat her.” This should be very sobering to everyone. How is she treated? Do others understand the trauma she has experienced, and love and support her? Or, do they avoid her and act as if it was partly her fault, or worse? Just think, if all such victims were given generous love and support, many more than at present would carry their babies to term.

Mahkorn & Dona, “Sexual Assault & Pregnancy.”  
In *New Perspectives on Human Abortion*,  
University Publishers of Amer., 1981, pp. 182-199

Mahkorn, “Pregnancy & Sexual Assault.” In *Psychological Aspects of Abortion*, University Publishers of Amer., 1979, pp. 53-72

### **What if she could not cope with raising the child?**

We must let these women know that it is all right to feel that way. We fully understand. That does not mean, however, that the baby is unwanted. There are innumerable arms outstretched, aching for a child to love. Any number of couples will want the child. She should be supported and encouraged if she chooses to place the child in a loving adoptive home.

### **She had a problem. Abortion permanently removes the problem. Or is there emotional aftermath?**

In recent years it has become clear that these women can and do suffer from Post-Abortion Syndrome. When PAS does develop, a woman, so affected, can carry the same burdens of guilt, denial and depression that a woman who aborted a “love” baby often does. Why is this? At least two dynamics seem obvious. Remember that the rape was done **to** her. She was not responsible. She was the innocent victim and should bear no guilt. But, by contrast, the abortion will be done **by** her. She agreed to it. She was a volitional participant in a second act of violence: the killing of her

own unborn child.

And it is her own unborn child. This is the other inescapable fact of biology that probably is a factor in the development of PAS. The newly-conceived baby is certainly the “rapist’s child,” but he or she is also her child, for half of the new baby’s genetic material came from her. She may try, but, inside of her, she cannot deny this biologic reality, however unwillingly it happened and however upsetting it may be. And so, to kill this little one by abortion is to participate in a violent, lethal act that destroys a baby who is partly her own flesh and blood.

In loving charity, we should never remind her of this. But we don’t have to, for she knows it instinctively and all of her maternal feelings may well rebel when faced with being a part of this killing.

### **The “treatment” for rape, isn’t it abortive?**

This is best illustrated by giving two theoretical case histories. Woman “A” is raped at midnight on Saturday and is treated in a hospital emergency room with a female hormone medication beginning at 3 a.m. Sunday morning. In this case, the woman’s body was scheduled to ovulate two days later, on Monday. If that were to have occurred, and if the assailant’s sperm were still alive in her body, she might have been fertilized two days after the assault and become pregnant at that time. A very small body of medical opinion believes that the dose of medication given might prevent that ovulation, and she would therefore not get pregnant. This mechanism of action would be one of temporary sterilization, or, in more commonly used (however technically inaccurate) terms, the action would be contraceptive.

Woman “B” presents a different case. She had ovulated at 9 p.m. on Saturday, was raped at midnight, and also received treatment at 3 a.m. To her own observation, this lady also does not “get pregnant.” In fact, something entirely different happened inside her

body. Let us assume that she was one of those very rare cases where fertilization did occur, and had, in fact, occurred prior to the giving of the medication. The life of a tiny new little boy or girl had begun. The cells of this tiny body begin to divide, and divide again, but at one week of life, when implantation within the nutrient lining of the mother's womb should occur, this tiny new human being could not implant and died. The mechanism of action of the drug, in this case, had been to harden the lining of the womb in order to prevent implantation. This effect was one of a micro-abortion, at one week of life and represents the large majority of medical opinion.

**Would a Human Life Amendment in America, or a law forbidding abortion in another nation, prevent such treatment?**

Most legal opinion agrees that since these drugs have a multiplicity of other beneficial and therapeutic effects, they would never be removed from the market. Since they would in some cases have a legally permissible effect (temporary sterilization or/and contraception), even with a strong Human Life Amendment in place, the use of such drugs after rape could not be forbidden. Therefore, the choice now available to a woman after a assault rape — to use or not use such treatment — would still be available after such a law.

**Does anyone win after a rape?**

Once, after answering questions on rape on a radio show, one of your authors was called to the phone after the program. A woman's voice said,

“You were talking about me. You see, I am the product of rape. An intruder forced his way into my parents' house, tied up my father and, with him watching, raped my mother. I was conceived that night. Everyone advised an abortion. The local doctors and hospital were willing. My father,

however, said, 'Even though not mine, that is a child and I will not allow it to be killed!' I don't know how many times that, as I lay secure in the loving arms of my husband, I have thanked God for my wonderful Christian father."

And so, does anyone win? Yes, the baby does.

### **What of incest?**

Incest is intercourse by a father with his daughter, uncle with niece, etc. It usually involves a sick man, often a sick mother who frequently knows it's happening (even if not consciously admitting it), and an exploited child. Fortunately, pregnancy is not very common. When incest does occur, however, it is seldom reported and, when reported, is hard to prove.

Most pregnancies from incest have a very different dynamic than from rape and must be counseled in a very different manner.

Even strongly pro-abortion people, if they approach an incest case professionally, must be absolutely convinced before advising abortion, for abortion is not only an assault on the young mother, who may well be pregnant with a "love object," but it may completely fail to solve the original problem.

It is also unusual for wisdom to dictate anything but adoptive placement of the baby.

### **Love object?**

When pregnancy does occur, it is often an attempt to end the relationship. In a twisted sort of way, however, the father is a love object. In one study, only 3 of 13 child-mothers had any negative feelings toward him.

H. Maisch, *Incest*,  
New York: Stein & Day Publishers, 1972

### **In incest, is pregnancy common?**

No. "Considering the prevalence of teenage preg-

nancies in general, incest treatment programs marvel at the low incidence of pregnancy from incest.” Several reports agree at 1% or less.

G. Maloof, “The Consequences of Incest,” *The Psychological Aspects of Abortion*, University Publications of Amer., 1979, p. 74

### **How does the incest victim feel about being pregnant?**

For her, it is a way to stop the incest, a way to unite mother and daughter, a way to get out of the house. Most incestuous pregnancies, if not pressured, will not get abortions.

“As socially inappropriate as incest and incestuous pregnancies are, their harmful effects depend largely upon the reaction of others.”

G. Maloof, “The Consequences of Incest,” *The Psychological Aspects of Abortion*, University Publications of Amer., 1979, p. 100

A recent book out of the Elliot Institute has added greatly to our knowledge of rape and incest victims. It reports the testimonies of 192 women, pregnant from rape or incest, and 55 children so conceived. Ninety-four percent of the rape victims and 100% of the incest victims said abortion was not a good option.

Of those who carried to term, none regretted doing it. Editor David Reardon summarizes that there is no documented evidence that abortion ever benefits such a victim. There is documented evidence that abortion for rape or incest victims actually makes their problems worse.

Victims & Victors, D. Reardon, J. Makimaa & A. Sobie, Acorn Books, 2000

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