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Rape related pregnancy: Concept analysis

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Abstract

Rape related pregnancy is a public health problem affecting female rape survivors of sexual assault especially adolescents. A number of factors influence the occurrence of rape related pregnancy which includes environmental, cultural, social, religious beliefs and some family relationships that lead to delays or total failure to seek care. Rape victims who fall pregnant experience considerable physical, psychological, social and spiritual trauma which could be avoided if emergency interventions were accessed but care seeking is low. Therefore, it is essential to obtain data that will assist the caregivers in the difficult task of reducing consequences of rape related pregnancy.

Methodology: Walker & Avant (2011) 8 step classic procedure for concept analysis was adopted in analysing the concept of rape related pregnancy. Literature search was done in 3 weeks and out of 28 reviewed only 10 articles were selected for analysis. Google scholar search engine was used to assess journals and papers.

Results: Literature focused on defining types of rape which in this paper are attributes of rape related pregnancy. Rape related pregnancy was defined as any pregnancy resulting from forced sex, reproductive coercion, statutory rape and sexual act with a woman of any age who cannot offer consent or resistance due to drug or alcohol intoxication or any other vulnerability.

Conclusion: In addressing needs of women with rape related pregnancy, there is need for a well-informed decision-making process covering the scope of legal, religious, social and cultural aspects in the context of each individual survivor. There is therefore need to explore the lived experiences of these women so as to develop client centred care protocols.

Keywords: Rape related pregnancy, victims, reproductive coercion, forced sex, statutory rape and consent

Introduction

Literature informs that rape related pregnancy is a public health problem where sexual violence and reproductive health meet; and yet there is scarce research to adequately inform public health practice (Basile *et al*, 2018) [1]. It is a multidisciplinary issue which involves health care practitioners, legal services, and police, social, cultural and religious players. According to a study by Holmes *et al.*, 1996) [5], in America, the national rape –related pregnancy rate was 5% per rape among victims of reproductive age 12 and 45 years.

Rape is a type of sexual violence and is defined as forced or alcohol facilitated anal or vaginal penetration. Rape related pregnancy includes pregnancy that a rape victim attributes to rape (CDC, 2015) [16]. According to the Federal Bureau (2013), the definition of rape and sexual assault occur in situations in which consent is not given such as in situations of intoxication or when individuals are otherwise mentally or physically incapable of demonstrating consent. Statutory rape refers to consensual sexual intercourse with an individual younger than a specific age. The age at which adolescents may consent to sexual intercourse varies by state, and is generally between 16-18 years.

Pregnancy may result from rape though the rate varies between settings and depends particularly on the extent to

which non-barrier contraceptives are being used (WHO, 2018) [17]. Rape related pregnancy may occur from a stranger, acquaintance (dating) marital partner, relative, family member, neighbour or any service provider e.g. a teacher. The occurrence of pregnancy following rape can be avoided if victim were to take immediate action according to the guidelines for sexual gender-based violence. The guidelines for sexual gender-based violence makes provision for immediate care of rape victims within 72 hours, that is free medical and psychological care, post exposure prophylaxis, sexually transmitted disease treatment, emergency contraceptive pills, and legal support. However, these services are not always available or accessible in all areas where sexual assault occurs.

Victims of rape related pregnancy include minors who consent to sex in a mutual relationship and adults who experience forced sex or reproductive coercion. The experiences of those who consent to sex as minors and those that experience forced sex are different. The minors are more at risk of pregnancy resulting from rape as well as birth complications but they are the ones who are unlikely to report. A study at a sexual gender based violence clinic in 2011-2014 revealed that majority of survivors were referred to the clinics by police (94%), timely presentation (within 72 hours of the last event) was significantly high for rape

cases as compared to those who had sex as minor (40% versus 26%) (Harrison *et al*, 2014) [3].

Rape related pregnancy is influenced by environmental, cultural, social, religious beliefs and some family relationships that lead to delay or total failure to seek health care interventions after an episode of sexual violence. The situation of rape imposes varying degrees of embarrassment to victims, thus inhibiting their attendance to the police and even to health services.

A woman who has been raped should be able to defend herself against potential conception from 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 fertilisation. The occurrence of rape related pregnancy shows lack of empowerment for women to defend themselves from this stressful experience.

Education on emergency action is of paramount importance. Though the information on success of the morning after pill in preventing rape related pregnancy is not available, the effectiveness of the morning after pill is 95%. A number of rape related pregnancies could be avoided. Dube (2013) [6] recommended that there is need for increased public education especially in areas that could mitigate horrific effects of rape on the victims such as HIV prevention through PEP and pregnancy prevention. There is need to emphasize the need for victims to report immediately after rape occurs as well as making these services available and accessible in remote and rural areas where sexual assault occurs.

According to Hampton (1995) [20], victims are hesitant to report sexual assault because of feelings of guilt, fear of retribution, lack of knowledge about her legal rights and disillusionment with the criminal justice system. This leads to chances of rape related pregnancy due to lack of immediate management of rape survivors.

There is a lot of effort and focus on the law on women reproductive rights, its amendment and seeking of authorisation of termination of pregnancy. In the Maputo protocol (Article 14(2) (c), for example, states parties were called upon to take all appropriate measures to “protect the reproductive rights of women by authorising medical abortion in cases of sexual assault, rape, incest and where continuing with pregnancy endangers the mental and physical health of the mother or the foetus (ACHPR, 2019) [8]. These amendments and paperwork have been done but groundwork to the vulnerable women and girls has not covered much. There is still underutilisation of these services and lack of exercise of these rights due to reasons still to be investigated.

Scholars lack evidence from rape victims themselves as to what they feel and their experiences as well as quantification of women who had rape related pregnancy who felt they needed an abortion and those who did not need it. According to Beck (2019) [21], these two choices depend on socio-cultural factors, what she believes, the gestational age and laws surrounding termination of pregnancy. Either option costs years of emotional and

financial stress and further exposure to violence and trauma. Some woman decide to terminate their pregnancies because it is a result of violence against their will, they feel unconnected and alienated from the fetus and the baby. Some have anti-abortion sentiments and struggle with their decision to terminate the pregnancy (Fernandez, 2014) [12]. The central issue then should not be whether we can abort all pregnant sexual assault victims, but exploration into unmet needs for comprehensive care among survivors of sexual assault.

The decision made by victims of sexual assault may be personal, family based, religious, sociocultural and no single system should be blamed for the fate of women with rape related pregnancy. Therefore, it is essential to obtain data that will assist the practitioner in the difficult task of reducing the consequences of rape related pregnancy, identifying possible reasons linked to the delay in accessing hospital services (Vertamatti *et al* 2013) [18].

Care givers should use informed consent process with clients to explain what is known to arrive at a tailored plan of care that is consistent with the client’s personal beliefs and contextual factors (Rice, 2011) [19].

Problem statement

Rape related pregnancy is documented when a pregnancy occurs as a result of non-consensual sexual intercourse or consensual sexual intercourse with a minor. Lack of documentation on experiences in these groups of women indicates presence of unmet needs for comprehensive care among rape survivors going into pregnancy. The occurrence of rape related pregnancy is evidence that not all rape survivors pursue or receive health services that address immediate needs of the survivor and prevention of the sequelae.

Objective

The main objective is to have a critical analysis of the concept of rape related pregnancy so as to develop a comprehensive standardised care protocol.

Significance of the concept

In depth description of the concept will help sensitize care providers to have an open mind and be able to offer contextual and individualised care to women with rape related pregnancy.

Purpose of the analysis

The purpose of this paper is to describe rape related pregnancy in terms of its antecedents, attributes and consequences for the purpose of developing standardised care in preventing and managing rape related pregnancy.

Literature review

Literature search was done from 28 October to 18 November 2019 and out of 28 reviewed only 10 articles were selected for analysis. Google scholar search engine was used to assess journals and papers.

Table 1: The ten (10) articles with relevant literature, that were consulted in analysing the concept

Author	Source	Definition	Antecedents	Attributes	Comments
Coleman (2015) ^[7]	Journal	Pregnancy occurring due to rape	Religious beliefs	Pregnancy resulting from rape, sexual assault	Focused on perceptions of rape related pregnancy, abortion and appropriate health care responses
Munro <i>et al.</i> (2012) ^[4]	Journal	No definition	Unmet survivor needs in the acute post assault period	Pregnant woman with a history of rape	Focus on unmet needs for rape related pregnancy victims and consequences
WHO (2002) ^[9]	Google Scholar	A pregnancy that a rape victim attributes to rape	Low use of contraceptives, unavailability and inaccessibility of medical services.	Pregnancy resulting from rape	Describes prevalence, factors associated and consequences.
Hoyson (2010) ^[15]	Journal	No definition	Nil	Nil	In depth description of consequences
Dastagir (2019) ^[14]	Magazine	No definition	Personal beliefs	Pregnant through rape	Explains varying rape related victims decisions
Gray (2019) ^[13]	Google Scholar	Rape with a resulting pregnancy	Environmental issues, personal beliefs	Pregnancy occurring among kidnapped victims	Analyses some experiences of women with rape related pregnancy
Harrison <i>et al.</i> (2014) ^[3]	Journal	No definition	Inaccessibility to care	Nil	Outlines care requirements for rape victims
ACOG (2014) ^[11]	Journal	No definition	Low use of contraception	Pregnancy from rape/sexual assault	Detailed description of attributes of rape related pregnancy
Holmes <i>et al.</i> (1996) ^[5]	Journal	Unwanted pregnancy that results from sexual victimisation	Family and domestic violence, lack of medical attention, lack of awareness	Pregnancy resulting from sexual victimisation	Describes characteristics from a national sample of women
Lakshim (2019) ^[10]	Journal	By definition, a rape related pregnancy is unintended	Delays through legislation process.	Pregnancy by rape	Description of psychological consequences of rape related pregnancy

Methodology

The method used for this concept analysis was adopted from Walker and Avant's (2011)^[24] classic procedure for concept analysis. The 8 step process examines basic elements of a concept and helps to develop consistent operational definition that increases validity of the construct in midwifery practice as follows: Select a concept; Determine aims or purpose of analysis; Identify uses of the concept that you discover; Determine the defining attributes; Identify a model case; Identify borderline, related, contrary, invented and illegitimate cases; Identify antecedents and consequences; and Define empirical referents.

Definition of rape related pregnancy in literature

WHO (2002)^[9] defined rape related pregnancy as a pregnancy that a rape victim attributes to rape. According to Holmes *et al.* (1996)^[5], it is an unwanted pregnancy that results from rape. Most scholars do not define rape related pregnancy as it is mentioned when it comes up as a result of rape. Literature has focused more on defining types of rape, sexual assault, sexual abuse and reproductive coercion. Considering the different types of sexual coercion and types of rape it is important to have a definition which is inclusive of all the attributes. For example in pregnancy resulting from statutory rape, the victim may not attribute the pregnancy to rape in cases where there is consensus and the minor wants the pregnancy. The fact that there was consensus and the pregnant is wanted does not exclude a pregnancy from being rape related.

Working definition

An interdisciplinary analysis was done in the fields of

midwifery, obstetrics and gynaecology as well as legal laws and human rights; in the context of this paper, rape related pregnancy is defined as, any pregnancy resulting from forced sex, reproductive coercion, statutory rape and sexual act with women of any age who cannot offer consent or resistance due to drug/alcohol intoxication or any other vulnerabilities.

Antecedents

According to Walker and Avant (2005)^[23] the antecedents are events or incidents that must occur prior to the occurrence of the concept. The main antecedents to rape related pregnancy from reviewed literature, are as follows:

Lack of knowledge: The victims may not be aware of their human rights, protection laws, and immediate action to take after a sexual assault and where to find help

Age: It is reported that rape related pregnancy is more prevalent in adolescent girls as a vulnerable group

Limited access to police, medical services and support centres due to long distances, lack of finances, transport and environmental and other barriers.

Religious beliefs and cultural values: Influence victim's own belief about the immediate medical procedures for example emergency contraception. In cases of teenagers and adolescents, legal representatives such as parents or guardians will make decisions on behalf of the victims to their convenience and in accordance to their own faith and beliefs. These may cause delay in reporting and seeking

medical care leading to occurrence of rape related pregnancy.

Environment: For example kidnapped women and girls who are raped and have no way of escape will be forced to carry the unwanted pregnancies. Again if the perpetrator is a family member who is the bread winner and the provider and offers some threats, the victim is likely not to report the assault.

Type of perpetrator: Victims who are raped by acquaintances, close friends and relatives are less likely to report in 72 hours increasing their chance of getting pregnancy from the rape.

Psychosocial issues: Fear of humiliation, embarrassment and stigma lead some to hide the sexual violence that occurred leading to failure to get help in time.

Unaware of the event and occurrence of the pregnancy: For example in drug or alcohol intoxication, victims do not understand what happened. Adolescents may not be aware of the pregnancy because of little experience with menstrual cycles until it is discovered by some adults at an advanced age.

Defining attributes

Defining attributes are the characteristics of a concept that appear repeatedly in the literature and are consistently

present when the concept occurs (Walker & Avant, 2005) [23]. The defining attributes for rape related pregnancy were determined by definitions of types of rape. The acts of sexual violence which results in a girl or women having a pregnancy defined rape related pregnancy.

Sexual coercion resulting in pregnancy: Involves use of physical force, violence and threats. It is non- consensual sexual intercourse and against the women’s will. It is mostly unprotected sexual intercourse leading to unwanted pregnancy

Reproductive coercion: This is a form of sexual violence that involves exercising power and control through interference with contraception use and pregnancy pressure by an intimate partner in a marital union

Alcohol/drug facilitated sexual assault: Drugs and alcohol interferes with ability to give consent as well as use of contraception or protection.

Statutory rape: Is having consensual sexual intercourse with a minor resulting in pregnancy.



Fig 1: Diagrammatic Representation of Defining Attributes of the Concept

Consequences

Post traumatic depression

Women with rape related pregnancy will have depression or post traumatic distress syndrome and will be limited to only 2 choices if they report late when the pregnancy is viable, on-going interaction with the rapist if they are to parent a

child born and/or revoking the pregnancy. These two choices depend on sociocultural factors, what she believes, gestational age and the legal laws surrounding termination of pregnancy. Either option costs years of emotional and financial stress and further exposure to violence and trauma (Beck, 2019) [21]. Blake *et al.*, (2015) [2] concluded that, the

subject of discussing the conflict of interrupting an unwanted pregnancy as a consequence or not requires a well-informed decision-making process covering the scope of legal, moral, religious, social and cultural aspects linked to it.

Physical trauma

In rape related pregnancy, the pregnancy shares many characteristics with injuries that are considered substantial bodily injuries which include a cut, abrasion, bruise, burn or disfigurement and physical pain or temporary illness or impairment of the function of a body member, organ or faculty (Tenn, 2006) [22]. Some of the physical effects include birth fistulas and operative delivery procedures.

Unsafe abortion: A 2014 study of female military members found that pregnancy after rape was associated with self-harm as an attempt to self-terminate pregnancy as well as feelings of isolation and loss of self (ACOG, 2014) [11].

Discussion

The purpose of this paper was to describe rape related pregnancy in terms of its attributes, antecedents and consequences so as to develop a standardised care protocol to address all the unmet needs in rape victims who go in to pregnancy.

Information from literature revealed that most scholars focus on aspects that are related to failure for abortion after rape with emphasis on law and police amendment as a means to avoid late and unsafe abortion. There were very few articles in literature which defined rape related pregnancy and the definitions did not include the important attributes. Rape related pregnancy is defined as a pregnancy that a rape victim attributes to rape (WHO, 2002) [9], but in case of statutory rape, the rape victim may not attribute the pregnancy to rape except the law and the guardians. The lack of important attributes and antecedents in these definitions lead to generalisation of care protocols for women with rape related pregnancy yet there is need for specialised care protocols according to categories of these victims.

Cases

A model case is an ideal case that encompasses all attributes or traits of the concept (Walker & Avant, 2011) [24].

Model case

A 13-year-old girl was raped by a 30 year old neighbour in a bush while going home from school. She experienced sexual coercion with use of physical force and violent threats with a resultant pregnancy. She was then threatened with death by a machete if ever she was to tell anyone about the incident. The young girl did not discover that she was pregnant until at 24 weeks when a school teacher noticed it during sports time. She was then counselled and her safety assured and was able to narrate her full story to the teacher who then informed the parents and facilitated reporting of the case to the police. The perpetrator was arrested and given a jail sentence. Medical and legal proceedings were done but by the time the girl reached the hospital for termination of pregnancy with a letter from the magistrate, the pregnancy was already 28 weeks and to her distress, it could not be terminated. She had to carry the pregnancy to term, had caesarean section because of cephalo-pelvic

disproportion but did not want the baby so her mother opted to keep the baby while she continued with school.

This is a model case of rape related pregnancy. It resulted from sexual coercion and violence. The threat of death, lack of knowledge and empowerment and age vulnerability were antecedents to this rape related pregnancy. Therefore the victim did not receive immediate medical care to prevent the pregnancy and had to bear the physical, psychological and social consequences of the sexual assault.

Borderline case

A 16 year old girl reported to a paediatric opportunistic infection clinic that she was pregnant and wanted to book her pregnancy. She stayed with an elder brother who was 2 years older than her since both their parents had passed away and she had vertical transmission of HIV. On history taking the nurse discovered that she is below the age of consent to sex according to the law of that country which considered 18 years as the age of consent to sex. She was referred for counselling to the unit that deals with rape victims and they explained to her that at her age the sexual activity was considered rape. She never wanted to take it in and she expressed that she loved her 25-year-old boyfriend who had made her pregnant. The girl wanted her pregnancy and was expecting a baby which she loved. She threatened to kill herself if her boyfriend gets arrested.

This is a borderline case in which the pregnancy is considered rape related according to the law of that specific state but the victim does not attribute her pregnancy to rape. The age at which adolescents may consent to sex varies by state and is generally between 16 and 18 years.

Contrary case

A 21-year-old university student, after taking alcohol, had unprotected sexual intercourse with her date and discovered that she was pregnant when she missed her next menstrual period. She told her boyfriend that she was pregnant, he told her to terminate the pregnancy since he was not ready for family. She obtained abortion from a private doctor which was done successfully.

This pregnancy cannot be attributed to rape. Though there was influence of alcohol both the girl and her boyfriend deliberately took alcohol and this resulted in impaired judgement, unprotected sex and unwanted and unplanned pregnancy.

Empirical referents

Determining the empirical referents for the defining attributes is the final step of a concept analysis (Walker & Avant, 2011) [24]. Empirical referents are categories or groups of actual phenomena that by their existence demonstrate occurrence of the concept itself. There are a number of published papers and reports on rape related pregnancy. For the purpose of this paper the selected articles in literature review were critically analysed and key empirical referents for rape related pregnancy were discovered. In the context of this study the empirical referents fundamental to rape related pregnancy are all pregnancies resulting from, sexual coercion, reproductive coercion, statutory rape, inability to consent to sex due to drug/alcohol intoxication or mental illness or retardation.

Implications

In describing the uses of concept analysis, Walker & Avant

(2005) [23] include implications for future theory, practice and research. They state that concept analysis will refine ambiguous terms, provide operational definitions with a clear theoretical base, facilitate instrument development and enhance the development of nursing language. This concept analysis on rape related pregnancy clearly establishes critical attributes that will in turn allow for them to be clearly distinguished. Defining attributes, antecedents and consequences of rape related pregnancy facilitates research on problems identified such as the victims' experiences and their own point of view. Intervention protocols will be developed and engaged to improve health outcomes for victims of sexual assault who get pregnant.

Recommendations

Community awareness and education on emergency action is of paramount importance as well as addressing the factors that hinder sexually assaulted women from reporting and seeking emergency medical help. There is also need for multidisciplinary training for all cadres who are involved in handling issues of rape related pregnancy and standardising care by making sure they are assisted by personnel who have received special training. In addition to policy amendments and development of protocols, a lot of work needs to be done in making sure the services are available and within reach of the most remote communities.

Conclusion

The purpose of this paper was to describe rape related pregnancy in terms of its antecedents, attributes and consequences for the purpose of developing standardised care to meet the needs of victims of sexual assault who get pregnant. The identified antecedents of rape related pregnancy give light to the care providers on issues that need to be addressed such as barriers to seeking emergency help following sexual assault. The defining attributes which are sexual coercion, reproductive coercion, inability to consent and statutory rape; represent different approaches in managing cases of rape related pregnancy. In addressing consequences, there is need for a well-informed decision-making process covering the scope of legal, moral, religious, social and cultural aspects linked to the rape-related pregnancy.

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