Pregnancy in Context of Sexual Violence: SATU Perspective

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Sexual Violence occurs in all cultures and countries, with a range of epidemiological studies recording a far higher prevalence than previously thought. There is no 'typical victim' or 'typical scenario'. In the Irish context, as summarised in the SAVI report, more than four in ten (42 per cent) women reported some form of sexual abuse or assault in their lifetime. The most serious form of abuse, penetrative abuse, was experienced by 10 per cent of women (1).

Disclosure of sexual violence enables the patient to access appropriate medical and psychological care as well as facilitating commencement of a judicial investigation (if the person choses to engage with the criminal justice system). However, both national and international data highlight that for a broad range of reasons including self-blame, shame, fear of judgment and lack of information, many people who experience sexual violence never tell anyone about it. For example, almost half of those who disclosed a history of sexual abuse or assault within the SAVI survey (1) had never previously disclosed it to anyone.

However, if someone is going to disclose sexual violence, it is important to facilitate them to do so as soon as possible after the incident. Doing so enables appropriate provision of care and collection of relevant forensic evidence, including DNA evidence. It is hoped that provision of early, responsive care may reduce the long term physical and psychological effects of sexual violence.

To respond to this need, this country has 6 Sexual Assault Treatment Units (SATUs) to provide care to men and women over the age of 14 years who disclose sexual violence. These are located in Dublin, Cork, Waterford, Mullingar, Galway and Letterkenny and they provide responsive care 24 hours a day, 7 days a week. In addition there is a service in Limerick which provides out-of-hours care only. SATUs are staffed by Clinical Nurse/Midwife Specialists and doctors trained in Sexual Assault Forensic Examination. Since 2009, national data for SATU attendances have been collated (2), and last year over 700 people attended SATU services.

SATU staff work collaboratively with allied agencies, including An Garda Síochána, Forensic Science Ireland, Rape Crisis Centres and Rape Crisis Network, paediatric forensic medical services and the Office of the DPP who together form the Sexual Assault Response Services. This group have developed National Guidelines(3) and aim to provide responsive patient care as espoused by our mission, vision and working philosophy.

As with my presentation to the Citizen's Assembly, I am not presenting anonymised cases to assist deliberation and discussion. Even though any cases we discuss would be anonymous to the general population, a survivor of sexual violence may recognise themselves in the scenario and may feel

revictimised. For this reason I offer a fact based overview of the current position, and will address questions.

When a patient discloses a recent incident of sexual violence and wishes to receive care in this regard, they have three options – these are explained to the patient in detail, and informed consent is obtained:

Option 1: Allows for prompt and thorough investigation of the incident and is most frequently chosen. This involves the patient reporting the incident to An Garda Síochána, who brings them to a SATU. The patient receives comprehensive medical (including emergency contraception & infectious disease prophylaxis), psychological and forensic care, injuries (if present) are documented and treated and appropriate intimate and non-intimate forensic samples are taken.

Option 2: Attend SATU to avail of a health check and receive medical (including emergency contraception & infectious disease prophylaxis) and psychological care, but without reporting the incident to An Garda Síochána. This option can only be accessed if the person is over 18 years of age (4,5). If the patient chooses this option, but subsequently changed their mind and reports the incident to An Garda Síochána, the opportunity to take time sensitive forensic samples may have passed, which could compromise potential prosecution.

Option 3: Is for patients over 18 years of age (4,5)who are undecided whether or not to report to An Garda Síochána. They receive a health check and medical (including emergency contraception& infectious disease prophylaxis) and psychological care. In addition forensic samples which may be evidentially valuable will be taken and securely stored (within the SATU) for a period of up to one year.

So it is clear from this summary of care options, that regardless of which option the patient chooses in terms of reporting the incident, she will be offered emergency contraception (EC), which is successful in preventing pregnancy in the majority of patients if provided within the appropriate timeframe (3, 6).

Method	Dose	Timing*	Reported Efficacy
Levonorgestrel	1.5mg	Within 72hrs of intercourse	59-94% of pregnancies prevented
Ullipristal acetate	30mg	Within 120hrs of intercourse	98-99% of pregnancies prevented
Copper IUD	-	Within 120hrs of intercourse or expected date of ovulation	At least 99% of pregnancies prevented

*Emergency contraception should be given as soon as possible after incident.

All patients who attend SATUs are then offered a series of follow up appointments, to provide ongoing support and to undertake STI screening, pregnancy testing and to meet any other needs as required by the individual. All of these women will have been offered emergency contraception and it is thus rare that we confirm a pregnancy at follow-up, however up to one third of our patients do not attend for such reviews, meaning that follow-up data on some who attend SATU services is incomplete (2).

Regarding pregnancy after rape, while it is infrequently seen in those who attend SATU services, the extrapolated rape related pregnancy rate is 5% (7). This estimate results from a 3 year survey of over 4000 women regarding the prevalence and incidence of rape and related physical and mental health outcomes. This was published more than 20 years ago, although in broad terms the figure is consistent with recent data from RCNI. An individual's pregnancy risk will of course be influenced by the time in the menstrual cycle at which the incident occurred (8) as well as other variables.

While few pregnancies occur in the population who attend SATU services for care, women do become pregnant after sexual violence – either because they did not disclose the incident (and thus did not receive EC), or because EC failed. Studies have identified that women who become pregnant after sexual violence may only present after the first trimester of pregnancy (7), which of itself limits options in terms of decision making with regard to continuing the pregnancy. In 2015, 5% of women attending an Irish Rape Crisis Centre reported that they became pregnant as a result of rape(9), the majority went on to give birth and parent, other outcomes included miscarriage& stillbirth, adoption/fostering and termination of pregnancy (10). Termination of pregnancy for a woman who is pregnant as a result of rape is currently only available in this country if there is a substantial risk to her life (including risk of suicide) which can only be averted by termination of pregnancy (11). Additionally, as underdisclosure of sexual violence is common, it is very likely that women who have become pregnant as a result of sexual violence are represented in the population who travel for termination of pregnancy in another jurisdiction. It must also be emphasised that even if termination of pregnancy was available for women who conceived as a result of sexual violence, it would absolutely not be appropriate to mandate that these women would be obliged to report the details and circumstances of this incident to An Garda Síochána or other regulatory body prior to being 'approved' for termination of pregnancy.

Finally, it is vital to remember that even in the context of intimate examination, there is no physical finding that conclusively determines that unwanted sexual contact has occurred (12). Published and peer-reviewed literature shows that the presence & pattern of injuries sustained during a sexual assault can show considerable variation ranging from a complete absence of injuries (most frequently) to fatal injuries (very rare)(13). There is certainly a considerable evidence base confirming that genital injury is not an inevitable consequence of sexual assault and that lack of genital injury does not imply consent by the victim or lack of penetration by the assailant (3,14). Furthermore the belief that absence of the hymen confirms that there has been penetration of the vagina is incorrect, and equally false is the suggestion that a 'normal' or 'intact' hymen means that penetration has not occurred (15). In support of this, for example, one paper reviewed examination findings in a group of pregnant adolescents and identified that despite definitive evidence of sexual contact (pregnancy), only 2 of 36 adolescents had genital changes that were diagnostic of penetrating trauma (16). From the physical perspective, therefore, there is no conclusive test that women who are pregnant after rape could or should be subjected to.

In summary, holistic, patient focussed services for women who have experienced sexual crime mean that pregnancy as a result of rape is infrequently encountered in SATU services. Therefore, in addition to the other health, forensic and societal benefits of reporting sexual crime, in terms of pregnancy prevention it is imperative that people are encouraged and enabled to disclose acutely in order that they can receive appropriate care including emergency contraception. With regard to access to termination of pregnancy on the grounds that the pregnancy was conceived through

sexual violence, it is important to acknowledge that very many women do not wish to report that rape has occurred, and should not be mandated to do so. Furthermore, even if disclosure does occur I must reiterate the absence and inappropriateness of any single conclusive 'test' which could be used to either confirm or refute the disclosure.

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