



Rape and Abortion

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As a woman, I can hardly imagine a more violent action against a woman than rape. Not only is a rape physically violent, but because this act involves an attack against the deepest, life-bearing part of our psyche, the violence is also psychological and spiritual. Every fiber of our being shouts out the perversion of the event, and we long to help the woman who has been so violated. We want to undo the rape. But nothing we can do will make her “un-raped”. The reality is that we can only do our best to help her to heal from the horror.

Our compassion multiplies when we find out that she has an unborn child within her as a result of

the rape. We want to make her “un-pregnant”. But the harsh reality is that she will never be “un-pregnant” with this child, because she already is a mother; the pregnancy itself is an event that has already forever changed her life. What she chooses to do with the pregnancy will also alter her life in an immutable way. She will become either the mother of a living child or the mother of a dead child. What is the best way to bring healing to help the woman who conceives her unborn child by rape? Is abortion really a better solution for her physically and mentally?

Scope of the problem

One of the few published studies available on the incidence of pregnancy after rape¹ estimates that 32,101 pregnancies result from rape each year with a pregnancy rate of 5%. In a sample of 34 rape-related pregnancies in the study, most occurred in adolescents from a known, often related, perpetrator. Only roughly 12% of the girls sought, and received, immediate medical attention, and a little over half received no medical attention related to the rape. A third of these victims did not discover they were pregnant until they were in their second trimester.

What did the women chose to do when they discovered their pregnancy? Roughly half of the victims underwent abortion. A third opted to keep their baby. Only one out of 17 girls placed their baby for adoption. One out of 9 of the girls had a spontaneous abortion. Although roughly half of the women in the study chose to abort their unborn child conceived in rape, the other half did not choose abortion. For a significant number of women, aborting their unborn children was not seen as a solution to their trauma.

What was the outcome for the women who aborted compared to the women who gave birth? Unfortunately, the study does not address that question. However, other studies do shed light on both the physical and psychological outcomes of women who abort compared to the women who give birth. Childbirth is a natural process, and the woman’s body is perfectly suited to going through this natural event. The risks of childbirth have been greatly reduced due to the advances of modern medicine. However, abortion interrupts this natural event and can cause both short-term and long-term problems for the women having an abortion.

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Immediate risks of abortion

The risks of any surgical procedure are: bleeding, infection and damage to the organ being worked on or the organs nearby. For abortion, the organ being worked on is the womb (uterus), and the organs nearby are her bowels, her bladder and huge blood vessels and nerves. During the process of abortion, especially second trimester abortions, the woman's womb can be perforated by sharp surgical instruments or even by pieces of the baby's bones which have been broken during the extraction. Hemorrhage also is very common during abortion, and the risk of hemorrhage increases as the pregnancy gets further along. The risk of death during an abortion in the late second and third trimester exceeds the risk of death during childbirth². This is especially pertinent for women, who are pregnant as a result of rape, since such a large percentage of them do not discover the pregnancy until they have reached the second trimester.

Recent studies^{3,4} from Finland looked at the complication rate from medical and surgical abortion in the first trimester and second trimester. Medical abortion refers to those abortions done using drugs, which are intended to avoid the use of surgery. The study found that in the first trimester, medical abortions with mifepristone and misoprostol resulted in 15 out of every 100 women with hemorrhaging, 7 out of every 100 women with tissue left inside, and 6 out of every 100 women needing additional surgery (due to incomplete abortion with the drugs). In the second trimester, abortions with mifepristone resulted in an increased risk of hemorrhage compared to the first trimester, and additional surgery was needed in 40 out of every 100 women.

The risk of death from an abortion increases as the gestational age of the unborn child increases⁵. Compared to giving birth in the United States, which has a risk of death of 8.8 in 100,000⁶, the risk of death with abortion after 21 weeks (late second trimester) is at least 8.9 in 100,000.

A study from the CDC of women, who died after elective abortion, showed a dramatic increase in deaths from abortions done after the first 12 weeks of pregnancy. Compared with women who had abortions in the first 12 weeks, women who had abortions between 13 and 15 weeks of gestation were 147% more likely to die. Women who had abortions from 16-20 weeks were 295% more likely to die; and those who had abortions after 21 weeks were 766% more likely to die from abortion than women who abort in the first trimester. Death from abortion after 20 weeks is greater than death from live birth. Recalling that, in the study on rape and pregnancy, many of the women in the study did not have a diagnosis of pregnancy until the second trimester. This automatically puts these women, who are pregnant as a result of rape, at dramatically increased risk of death, should they choose to abort their pregnancy.⁷

Abortion and Preterm Birth in Subsequent Pregnancies

Over 130 studies in the medical literature demonstrate that women who abort compared to women who give birth have an increased risk of delivering a child who is very premature in subsequent pregnancies. The more abortions a woman has, the greater her risk of having a premature baby in a later pregnancy. These very premature babies must be maintained in an incubator for

months and face many special problems in their lives, including higher risks for cerebral palsy and learning disabilities.

One abortion increases a woman's risk of preterm birth by 36-50%.^{8,9,10,11} Two abortions resulted in an 80-160% increased risk of preterm birth.^{12,13,14,15} Since the legalization of abortion, the rate of preterm birth has risen dramatically in the United States. This is especially apparent in the African-American population, where the rate of preterm birth is three times the preterm birth rate in the Caucasian population¹⁶. This corresponds to the threefold increased rate of abortion in the African American population compared to the Caucasian population¹⁷.

A woman who has been raped must consider the risks involved in choosing to have an abortion as compared with giving birth. Having an abortion can hurt her chances of having a normal pregnancy in the future. This, of course, only adds to the trauma of the rape by putting her at higher risk of prematurity with its attendant health risks when she is ready to have a family later.

Abortion and the Risk of Breast Cancer

In addition to increasing a woman's risk of preterm birth, abortion can increase a woman's risk of breast cancer. Understanding the link between abortion and breast cancer requires some understanding of how the breast is affected by pregnancy. In a first pregnancy, a woman's breast tissue changes so that by the end of the pregnancy, the breast is able to make milk. The most dramatic changes in the breast happen in the first pregnancy. Changing the breast from "never pregnant" to "making milk" requires rapid growth

of certain cells in the breast, and then a change in those cells when a woman nears term. The second trimester is the time of rapid growth, and the third trimester is the time when the breast cells, which have grown rapidly in the second trimester, now convert to making milk.

If we look at the 1996 study of women who have been raped, we see that most of the women raped were adolescents; and a significant number were in their second trimester when they discovered their pregnancy. That means that this pregnancy by rape would likely be their first pregnancy. What does that mean for this girl's future breast cancer risk?

A 2004 study from the *International Journal of Cancer* states this:

*“Pregnancy, and especially first pregnancy, appears to represent a critical window in determining future breast cancer risk. The occurrence of a first completed pregnancy and age at first pregnancy are among the strongest known predictors of breast cancer risk.”*¹⁸

This study went on to state “A significant elevation of risk was associated with a history of induced abortion but not spontaneous abortion”. In fact, the study showed double the risk for women who aborted as compared to women who gave birth.

Another study from the *Journal of the National Cancer Institute* examined 845 breast cancer cases from the National Cancer Institute tumor registry matched with 961 controls. There was a significant increased risk of breast cancer in women who aborted as compared to women who gave birth.

“Results: While this increased risk did not vary by the number of induced abortions or by the history

*of a completed pregnancy, it did vary according to the age at which the abortion occurred and the duration of the pregnancy. Highest risks were observed when the abortion was done at ages younger than 18 years-particularly if it took place after 8 weeks gestation-or at 30 years of age or older.”*¹⁹

The study goes on to state:

“Among women who had been pregnant at least once, the risk of breast cancer in those who had experienced induced abortion was 50% higher than among other women by age 45. Teenagers under age 18 and women over 29 years of age who procure an abortion increase their breast cancer risk by more than 100% by age 45.”

But, the most alarming finding was this:

“Teenagers with a family history of breast cancer who procure an abortion face a risk of breast cancer that is incalculably high.”

All 12 women in the study with this history were diagnosed with breast cancer by the age of 45.

In a 2012 study by the French equivalent of the National Cancer Institute, the following findings were reported:

*“Results: Our results confirm the existence of a protective effect of an increasing number of full-term pregnancies (FTP's) toward breast cancer among BRCA1 and BRCA2 mutation carriers. ... Additionally, hazard ratio shows an association between incomplete pregnancies and a higher breast cancer risk.”*²⁰

Aborting a first pregnancy, especially in the second trimester causes the greatest increase in risk for breast cancer. Thus the subset of adolescents who are pregnant by rape would be the exact subset of women who would be harmed the most.

Abortion of this first pregnancy in a teen adds the harm of increased risk of breast cancer to the trauma already caused by the rape.

When we look at the evidence in the medical literature about the physical effects of abortion as compared to childbirth, we see that elective abortion is associated with an increased risk of preterm birth in subsequent pregnancies; and, in some cases, abortion can increase a woman's chance of developing breast cancer. If a woman undergoes an abortion in the third trimester, she has a greater risk of dying during the abortion itself than if she had given birth. Adding the trauma of abortion to a woman already traumatized from the horror of rape is not the answer. We need to look for ways to help these women heal from the trauma and support them in the most healing decision: choosing life. 

Donna Harrison, M.D. graduated from the University of Michigan Medical School in 1986 and completed her residency in Obstetrics and Gynecology in Ypsilanti, MI in 1990. She worked in Haiti as a consultant physician from 1989 to 1994. She has been actively involved in pro-life public policy activities since medical school. She has testified before state and national hearings on the abortion issue, including the House Subcommittee on Criminal Justice, Drug Policy and Human Resources of the U.S. House of Representatives regarding adverse events related to the use of mifepristone (RU-486) and before the Reproductive Health Advisory Committee of the Food and Drug Administration regarding the approval of RU-486 for use as a chemical abortifacient. In 2000, Dr. Harrison retired from Clinical practice to pursue a more active role in pro-life public policy work. She is currently serving as Executive Director and Director of Research and Public Policy for the American Association of Pro Life Obstetricians and Gynecologists (AAPLOG). She is board certified by the American Board of Obstetrics and Gynecology.

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The Psychology of Rape

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Rape is a topic that is always viewed as very difficult to address, presumably because it deals with complex psychological problems and because it involves sensitive sexual issues. However, those who support abortion rights argue that abortion provides a necessary benefit to the woman, who is pregnant as a result of rape. This discussion on the psychological aspects of rape will challenge this assumption.

Psychological aspects of the rapist

The first question to be addressed is: "What is the psychological nature of rape?" Can it be characterized as youthful exuberance, over-active sexual attraction, enthusiastic expressions of love; or is it, in fact, a sexual deviation? Groth and Burgess²¹ of Boston College wrote that the medical evidence justifies their position that rape should be considered a sexual deviation. Their research suggested that the rapist is driven by psychological deviations, which express themselves in sexual aggression.

They argued, in their study, that there are four definitions of sexual deviancy, which cannot fully explain the data on rapists. These are often the ones the average person thinks of when thinking of rape, but which are, in fact, inadequate explanations. They include measuring deviancy by determining:

- (1) the sexual object (as in pedophilia),
- (2) the mode of gratification (as in exhibitionism),

- (3) the intensity and/or frequency of sexual activity (as in nymphomania), and
- (4) the context of the act (as in group sex).

They recommend, instead, that sexual deviancy should be seen as caused by the psychological dynamic of the sexual perpetrator. It is "sexual behavior in the service of non-sexual needs." They argue that rape should be defined as a pseudo-sexual act that is not about sex but occurs to gratify other needs.

They studied both rape perpetrators and their victims and found that rape is always characterized by force (including verbal and physical force). In the majority of cases, the rapist simply overpowers his victim. In addition, most victims of rape have some form of physical damage, such as bruising or cuts, as a result of the rape.

They identified two types of rape. Every act of rape includes components of both, but every act can be characterized as meeting primarily one or the other definitions: "anger rape" or "power rape." In the rape motivated by anger, the rapist generally doesn't plan the rape in advance, but will suddenly violently attack his victim, often expressing verbal abuse and forcing his victim into degrading acts. This form of rape appears to be motivated by hatred of women in general, which is then acted out on the victim.

The rape motivated by power is, instead, a planned attack in which

the rapist fantasizes about the way his victim will appreciate and enjoy the power he uses. It is about seeing his victim completely powerless and gaining pleasure from the feeling of having power and control over her.

Rapists often have diagnosable personality disorders, but they can also suffer from developmental disorders. A developmental disorder represents, "a failure to achieve an adequate sense of self-identity and self-worth." The disorder occurs because the rapist is "inhibited in forming an adequate masculine self-image and cannot gain mastery over his life." Rape provides him with the false feeling of having power and control. Thus, the authors define rape as the violent misuse of the sexual act to fulfill deviant psychological, developmental and personal needs.

Psychology of the victims of rape

In the 1970's, Sandra Mahkorn wrote a number of articles describing the psychological needs of the victims of rape and explaining how the public's misunderstanding of the psychological causes of rape added to the pain experienced by the victims.^{22,23} She worked with rape victims and knew their needs and problems. Her articles were written to explain the mistaken ideas about the victims of rape. She wrote that it was incorrect to think of rape as being about sex, when it is mostly about power, control and anger. It is incorrect to assume that the victim wants to be raped. As we have seen, this is, in fact, the fantasy practiced

by the rapist, not the feelings of the victim.

Making these false assumptions about the female victim of rape is very degrading and humiliating to the woman. These attitudes promote the idea that the woman is somehow defiled by the rape, that she is damaged goods. Blaming the victim for her victimization leads to feelings of guilt and shame and inhibits her ability to find peace and healing from her ordeal.

These feelings are exacerbated by any pregnancy that may occur. Those who support abortion rights assume that abortion is required in these cases to solve “the problem.” Mahkorn argued that this attitude sends a negative message about the woman herself. If the child is damaged goods, what does that say about the woman? Mahkorn’s professional position is that this pro-abortion position demeans, rather than, assists the woman.

The pro-abortion position assumes that the pregnant victim of rape will have negative feelings about the child, may feel the child is really the property of the hated rapist or may look like the father and remind her of the horrible conditions of the conception. Well-meaning members of the public tend to simply adopt this line of thinking without understanding its implications for these women. As Mahkorn points out, this kind of thinking is really related to a “sexist mentality.”

This sexist mentality leads to thinking of the woman as “merchandise to which a man can claim ownership, any offspring from that relationship becomes the property of the owner, the father. Similar to the serf-landlord relationship in which the master is entitled to the ‘fruits of labor,’ this notion promotes the idea of woman as subservient. Perhaps unwittingly,

proponents of abortion in the case of rape reinforce the property status of both the woman and the child.” (Mahkorn & Dolan, 1981, Page 192.)

Sadly, this is the kind of argument that occurs in Islamic cultures, where women are rejected by their husbands following rape, even if it occurs by force. Brownmiller²⁴ described such a situation when thousands of Bengali women were raped by Pakistani soldiers. Their Muslim husbands wouldn’t take them back because they had been “touched” by another man and were, therefore, “unclean” and “tainted”; they were the husband’s damaged goods, which he rightfully rejected. Americans rightfully reject such kind of thinking. However, arguing that a woman should reject her child conceived in rape by having an abortion, is the identical kind of thinking. The child has no value because it is the property of a man, which has been damaged by being conceived in rape.

In fact, the child is a second victim of the rape. Totally innocent, the child exists because of another’s crime. To attack and kill this innocent victim closely mirrors the conditions of the mother herself. If she succumbs to the pressure to abort her child, she is following in the footsteps of the violent abuser, who raped her. She joins him in victimizing an innocent person.

Mahkorn’s experience working with pregnant rape victims leads her to recognize a series of steps required by the women in order to find healing. It is necessary that she accept the fact that she is totally innocent and has not brought the crime upon herself, that she accepts and understands the deviance that lead to the crime, and that she forgives her attacker so she can move forward without anger to continue

to respond to others in positive and loving ways. Killing her own child can only make it much more difficult for her to fulfill these tasks of healing.

Mahkorn’s research on women pregnant from rape shows that some chose to carry their babies to term because they denied the pregnancy for so long that it was too late to perform an abortion. However, most of the women gave birth to their babies because they believed in the value of the unborn child and acknowledged the immorality of killing the innocent child. The counselors found that these women improved in their mental outlook over the course of the pregnancy; and every woman in the study had a positive mental outlook by the time of the birth. The women in the study were split in their decisions about keeping their babies or giving them up for adoption; however, all were satisfied with their decision to carry the babies to term.

Women who chose to abort their babies did so primarily because of pressure from others and the attitude of those who believed that the pregnancy would be a reminder of the rape and of the hated attacker. Many of these women felt guilty about the rape and had poor self-esteem. Thus, these women, sadly, had accepted the idea that they were somehow partly to blame and that they and their babies were somehow “damaged goods.”

Psychological effects of abortion following rape

Unfortunately, there are no long-term studies that provide data on groups of women who have been raped, who have had abortions. We do have some data on the numbers of victims, who seek abortions for rape-related pregnancy. There is evidence that women tend to avoid abortion

as a “solution” to their pregnancy from rape. The statistical estimates of pregnancy following rape vary widely, but 5% has been given as an estimated national rape-related pregnancy rate.²⁵

However, it is interesting that, in the many studies that have recruited women from abortion facilities for research purposes, it is rare to find a woman who is getting an abortion due to pregnancy from rape. In one study from Norway, a single woman was found of the 255 women asked to participate in the study.²⁶ These kinds of data suggest that there are few abortions for rape-related pregnancy, but it is difficult to know the exact numbers at this time. It would appear that most women who become pregnant from rape do not have abortions.

We do have anecdotal evidence that aborting a child conceived in rape can have a negative impact on the woman. David Reardon reports such a case in his book:²⁷

“I still feel that I probably couldn’t have loved that child conceived of rape, but there are so many people who would have loved that baby dearly. The man who raped me took a few moments of my life, but I took that innocent baby’s entire life. That’s not justice as I see it.” (Debbie, page 212.)

Other personal anecdotes of women, who aborted their children, include:

“I felt an emptiness that nothing could fill, and quickly discovered that the aftermath of abortion continued a long time after the memory of the rape had dimmed. For the next three years I experienced horrible depression and nightmares. I’d dream I was giving birth, but then they’d take my baby away from me.

I’d hear her crying and I’d search, but I couldn’t find her anywhere. I’d just hear her cries echoing in the distance...Contrary to what everyone had told me, the abortion was much harder to deal with than the rape. The rape was a violent crime against me, an innocent victim. The abortion was the violent murder of my child, and I was a willing participant.” (Jackie Bakker)

Another woman has written:

“Now, nearly five years removed from the decision to have my abortion, I can say with some certainty that I regret it to the fullest extent possible. My heart hurts deeply with the wounds that came from my assault. But the pain of knowing that I will never meet my child hurts more deeply. While I continue to wonder how I could have coped with having a baby from rape, I know that killing him did nothing to heal my pain.” (Anonymous)

These comments demonstrate that the analysis made by Mahkorn accurately predicted the difficulty faced by these women, who chose to abort their babies conceived in rape. They clearly feel regret over the violence of abortion and their participation in it. Their ability to heal from the damaging effects of the rape is limited by the difficulty of healing from the effects of the abortion. Unlike the women that Mahkorn studied, who carried their babies to term, these women seem to be stuck in their grief and guilt over the rape incident. They clearly do not feel healed.

These women also reflect on the fact that a life is gone that could have existed and provided joy. What if these children had not been aborted? They will never know the missing children. Of course, we know many individuals today, who were

conceived in rape, but were allowed to live. They are giving their testimonies, which demonstrate the value of choosing life in these cases. They are the best argument against the current practice that allows abortion in the case of rape.

Psychological problems following abortion

The pain reported by these women is not unlike that reported by women who have had abortions for reasons other than rape. Regardless of the reasons that a woman chooses to have an abortion, there is evidence that the act of abortion can be very damaging to the mental health of women.²⁸ Priscilla Coleman studied the costs of abortion to the state-funded medical program in California. Compared to those who gave birth, women, who had abortions, had higher claims for mental illness, although they had no prior history of these problems:

- 21% more claims for adjustment reactions
- 95% more claims for bipolar disorder
- 40% more claims for neurotic depression
- 97% more claims for schizophrenia

In addition, in the same population, the women, who had abortions, had higher rates of admission to psychiatric hospitals following abortion:²⁹

- 90% more claims for depressive psychosis
- 110% more claims for recurring episodes
- 200% more claims for bipolar disorder

Thus, the evidence is good that having an abortion leads to more

psychological problems then carrying the pregnancy to term.

Coleman performed a meta-analysis of the strongest studies published on the psychological after-effects of abortion on women.³⁰ She found that women, who have had an abortion, experience an 81% higher risk for mental health problems of various forms compared to women who have not had an abortion. Women, who had had abortions, were at significantly higher risk for suicidal behaviors, depression and anxiety, and for the use of marijuana and alcohol. She found that 10% of mental health problems in women were due to abortion.

Given the psychological problems associated with the choice to have an abortion, rape victims have no reason to believe that abortion is the best solution for them in dealing with a pregnancy following rape.

Conclusions

Sandra Mahkorn was working with rape victims in the early days of the legalization of abortion. She made it clear that those working with these women were not the

ones calling for legalized abortion on behalf of rape victims. It was abortion advocates who were using rape to justify legalized abortion; and they appear to have little real knowledge about the women they claimed to be helping. It appears that this is another case of abortion advocates misusing an issue to call for abortion rights. True compassion begins with the victims who need help and provides programs developed to meet those needs.

It is difficult to do statistical group research on a target group that is so small in comparison to the population as a whole. However, we can get a good picture of the impact of abortion on these women by combining the psychological understanding of the needs of this victimized group with the clinical evidence of individuals who have chosen abortion and those who have not.

There is good reason to argue that abortion is not a solution for women who become pregnant as a result of rape. Abortion itself puts women at risk for psychological problems. It does not contribute

to their healing. Even worse, by encouraging these women to abort, we are inadvertently causing them to take on the mentality of the rapist. We are asking them to attack an innocent victim, which is exactly what the rapist did to them. This is hardly the best prescription for health and healing for these women.



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