President's Page

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Rape and Abortion

Rape is one of the most abhorrent and dastardly crimes in any society. Although often categorized as a sex crime, rape is more properly understood as a pseudo-sexual act—a pattern of behavior which is more concerned with aggression, dominance, control and status than sexual satisfaction. Because of the emotional charge associated with the discussion of rape, it remained a poorly understood and improperly managed crime of violence until very recently. One of the most unfortunate aspects of this misunderstanding was the peculiar phenomenon of “blaming the victim” when rape occurred, as if the crime could have been prevented by dressing modestly or avoiding bad neighborhoods.

Because of the overwhelming sense of injustice done to the rape victim, society has recently become preoccupied with offering compensations. Some of these reactions have been laudatory and have resulted in the development of counseling centers and much improved sensibility on the part of law-enforcement personnel. A more unfortunate compensation, however, has been the proposal of abortion as a remedy for rape. Although 99.99% of abortions in the United States are performed on women who do not even allege that their pregnancy is a result of rape, it is nonetheless common for people opposed to abortion in general to insist that it be available for victims of felonious intercourse. This attitude was particularly obvious during debate in Congress leading to the rape exception in the Hyde Amendment preventing federal funding for welfare abortions. It has become a self-serving political ploy of pro-abortionists to insist on the discussion of abortion in the context of felonious intercourse as if this were a major
statistical factor in the million-plus abortions in the United States each year. It has also become incumbent on pro-life advocates to understand the issue in its true dimensions and to become involved actively in community efforts to offer sympathetic assistance to the woman subjected to this most dehumanizing experience.

One major impediment to rational discussion has been the tendency to exaggerate the frequency of pregnancy resulting from a single act of forcible rape.

In a very comprehensive study, Pearl reported that a single random act of intercourse among consenting adults would be likely to result in pregnancy 0.3% of the time. Even this incidence of 3 pregnancies per thousand acts of intercourse, however, may be too high when estimating the expectation of pregnancy resulting from forcible rape. In a retrospective study, the state's attorney from Cook County, Illinois (including Chicago), reported no pregnancies during a nine-year period of prosecutions for rape. Similar retrospective studies done by law enforcement agencies in Cuyahoga County, Ohio and Erie County, New York reported not a single prosecution involving pregnancy following rape over a period of 10 years in Ohio and 30 years in New York. While not all rapes are reported to law enforcement authorities, there is no reason to believe that pregnancy is more common after unreported rape than after reported rape. In a recent prospective study of 4,000 rapes in Minnesota, no pregnancies were reported. Recent studies have helped to shed light on this lower-than-expected incidence of post-rape pregnancy.

1. There is a high rate of sexual dysfunction related to sexual assault. Groth and Burgess reported that 57% of 101 rapists had erectile or ejaculatory dysfunction. The incidence of retarded ejaculation was 180 times higher among rapists than that reported in the general population.

2. Rape is defined legally as penetration even without ejaculation. A series of studies has reported the recovery of spermatozoa from only about half of rape victims including even victims of gang rape.

3. No pregnancies were reported among a group of 100 women not given anti-implantation medication after rape. Of these, over 70% were at reduced or absent risk of pregnancy because they were on oral contraceptives, had an IUD in place, were already pregnant, had had a hysterectomy, were post-menopausal, or had not yet reached menarche.

4. Among fertile women raped on the day of ovulation, only 10% became pregnant.

5. There is evidence that the acute stress reaction related to rape may affect fertility through a variety of mechanisms affecting reproductive function.
In a superb and comprehensive article, Mahkorn has described the psychological profile of the pregnant sexual assault victim. 11

In contrast to the rarity of pregnancy resulting from a single act of forcible rape, pregnancy resulting from statutory rape (in which the victim is too young to give legal consent) is widespread and growing in frequency. Because of the teenage “copulation explosion” and the tolerance for adolescent “sexual activity” promoted by Planned Parenthood clinics and SIECUS-oriented sex education, there is a growing reluctance on the part of law enforcement authorities to pursue or prosecute jaded older men who prey on vulnerable adolescent victims of statutory rape.

If pregnancy is so rare as a result of forcible rape, then why not allow it as an exception in a human life amendment? The evidence, of course, is that any exception becomes a loophole. When a Model Penal Code abortion law was passed in Colorado in 1967, 18% of abortions performed in the first year under the semi-restrictive law were performed for the indication of pregnancy due to forcible rape. There was no evidence, however, that the alleged rapes had been reported or that any rapists had been prosecuted. The number of abortions performed for rape in Colorado as contrasted with the number performed under the permissive law in Czechoslovakia would lead to the dubious conclusion that, on a per-capita basis, rape was 300 times more common in Colorado than in Czechoslovakia. Pregnancy due to rape, in other words, became a pretext for abortion to be alleged by the cynical all out of proportion to its true occurrence.

It too often happens, however, that abortion is proposed as a “solution” to rape. In those rare instances where pregnancy results from felonious intercourse, there is a tendency to single out the innocent unborn child for execution and to misplace on the fetus the anger which should be more appropriately directed toward the rapist who has committed the heinous crime. Frequently the rape victim who has been aborted is then abandoned, as if her need for care ended with the death of her child. The necessity for counseling is increased, however, when the shame of rape is compounded with the possible guilt of abortion.

The Birthright organizations have had the opportunity to deal with women whose pregnancy was the result of an alleged rape. Such pregnancies, rare as they are, give rise to agonizing problems and the need for intensive psychiatric assistance. The continuation of the pregnancy unquestionably increases the likelihood of a continuity of psychiatric after-care. The child born of such a pregnancy is frequently adopted and the woman who has given life to an adoptable child will frequently attest to this fact as a positive feature in an otherwise distasteful and negative experience.

All persons of good will should join in insisting on the vigorous prosecution of rapists by law enforcement agencies, improved medical
assistance for the immediate post-rape period and guaranteed non-judgmental long-term counseling for victims. One should not confuse the abortion issue with the issue of rape, however, and society should insist on a better answer to the rape problem than abortion can possibly provide.

— Eugene F. Diamond, M.D.

REFERENCES

7. Groth and Burgess, op. cit.