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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, results of a telephone questionnaire reported that 6% of adult women have been raped as adults with an additional 13% experiencing some other form of contact sexual abuse. While the prevalence is lower in men, the same study identified that 1% of adult men had been raped as adult with an additional 9% experiencing some other form of contact sexual abuse (1).

Unfortunately, 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. Disclosure of sexual violence enables the patient to access appropriate medical and psychological care as well as enabling a judicial investigation to begin (if the person chooses to engage with the criminal justice system). The earlier the better this disclosure occurs, as this facilitates appropriate provision of care and appropriate collection of relevant forensic 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. While there are areas of the country that provide an excellent level of timely and responsive care for children less than 14 years, acute services for child victims in this country are less geographically standardized than those for people over 14 years.

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). The number of attendances is tabulated below:

Year	Male	Female	Total
2009	29	500	529
2010	37	624	661
2011	38	685	723
2012	48	600	648
2013	29	648	677
2014	43	585	628
2015	54	631	685
2016	48	665	713

SATU staff work collaboratively with allied agencies, including An Garda Síochána, Forensic Science Ireland, Rape Crisis Centres and Rape Crisis Network, 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.

I am aware that the Citizen’s Assembly favour provision of anonymised cases to assist their deliberations. I have thought long and hard about this, and indeed discussed with other SATU colleagues. 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 unfortunately feel revictimised. For this reason I have chosen not to offer case presentations but have offered a fact based overview of the current position, and am happy to address questions as they arise.

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 the first option is most frequently chosen: **Option 1:** To report the incident to An Garda Síochána, who bring them to a SATU where they receive comprehensive medical (including emergency contraception & infectious disease prophylaxis), psychological and forensic care, injuries (if present) are documented and treated and appropriate 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 cannot generally be chosen by those less than 18 years because of child protection guidance and law (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: Can only be accessed if the person is over 18 years of age (4,5) and is undecided whether or not to report to An Garda Síochána. This option cannot be chosen by those less than 18 years because of child protection guidance and law (4,5). They attend SATU and 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.

Thus 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.

The extrapolated rape related pregnancy rate is 5% (7), this estimate results from a 3 year long survey of over 4000 women regarding the prevalence and incidence of rape and related physical and mental health outcomes, published more than 20 years ago. An individual's pregnancy risk will be influenced by the time in the menstrual cycle at which the incident occurred (8) as well as other variables.

All patients are also 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. About two thirds of patients attend for such reviews, meaning that follow-up data on some who attend SATU services is incomplete.

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 are more likely to present after the first trimester of pregnancy (7), which of itself limits their 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 only available in this country if there is a substantive 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.

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 those who attend 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 sexual violence acutely in order that they can receive appropriate care to limit short and long term physical and psychological consequences including pregnancy.

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