**OPENING STATEMENT FOR THE JOINT OIREACHTAS COMMITTEE ON THE EIGHTH AMENDMENT OF THE CONSTITUTION**

The Dublin Rape Crisis Centre (DRCC) is grateful to the Chairman and members of the Eighth Committee for their invitation to us to present to the Committee today. I am the Chief Executive of the DRCC and I am attending with my colleague Angela McCarthy who is our Head of Clinical Services. We have submitted a slightly longer paper to the Committee and will speak to an edited version of that paper now.

Our purpose today is to furnish evidence on the impact of pregnancy as a result of rape on women. Our information is based on the experience of our personnel and the analysis of the data we collect. We run the National 24-hour Helpline for those impacted by sexual violence. We see clients face-to-face. We support those attending the Sexual Assault Treatment Unit (SATU) and those reporting to police and giving court evidence.

Over the last number of years, approximately 80% of callers to the National 24-Hour Helpline were women. Callers to the National 24-Hour Helpline may not give their age. Of the 12,388 contacts in 2016 whose age was known, 40% were females under 50 and 44% were under 60.

Over the last years, about 90% of those who attend for face-to-face therapy were women. Of our 495 clients in 2016, 80% were females under 50 and 89% were under 60.

## RAPE

While rape is about abuse of power, and violence, it does not always require force. Many rapes do involve force but many also happen when a person feels compelled to have non-consensual sex through external or societal pressures. Where sexual intercourse happens without consent, it is rape.

Our therapists and helpline counsellors bear witness to the trauma of rape every day. The psychological impact of rape can include self-blame, depression, post-traumatic stress disorder, flashbacks, sleep or eating disorders, distrust of others, feelings of personal powerlessness. Women may experience none, some or many of the possible impacts of the rape at different times.

Impacts are not signs of illness, deficiencies or weakness, nor are they characteristics of the individual; they are responses to traumatic events. In the experience of our personnel, the trauma of rape is exacerbated for those who become pregnant as a result of the rape.

## HOW WOMEN PRESENT

In our experience, there is no such thing as a 'normal' response to rape. Rape impacts on everyone differently depending not just on the circumstances of the rape but on their own personal circumstances.

The immediate aftermath of a rape can vary. It can be a time of overwhelming turmoil and confusion, where a victim/survivor feels extreme and conflicting emotions. Some women present as numb, quiet and reserved. Others will respond quite differently: appearing distraught, anxious, or hostile. The effects of the trauma can be short-term or last long after the rape.

## EXPERIENCE WITHIN OUR SERVICES

### Sexual Assault Treatment Unit (SATU) Accompaniment

Dr. Eogan will speak to the experience of women at the SATU and there is some information on our volunteers' role there in our longer paper.

### National 24-Hour Helpline

On the Helpline, we endeavour to hold a confidential non-judgmental space for our callers where they feel empowered to explore their feelings, consider how the rape has impacted on them and make their own decisions about what to do and how to proceed. We seek to engage the caller and establish whether they are safe, have support or are in need of medical care.

Raising that issue of medical attention can prompt mixed responses. The possibility of having contracted a sexually transmitted disease or getting pregnant is now something else the woman must consider. A caller may ask questions related to a possible pregnancy. These may include questions about termination of a pregnancy. In those instances, callers are referred on to a service that would be better placed to answer questions and provide information such as a free text number or the Positive Options website. Calls that relate to pregnancy are not the only ones that necessitate referral to another agency. Referrals are also made to other rape crisis centres, domestic violence support agencies, social workers, other helplines and the like.

It is important that not only does the caller have the correct information but that they understand that we are here to support them irrespective of the outcome of their decision about the pregnancy. Such calls tend to finish quite quickly because a pregnancy and the decisions around it are uppermost in the caller's thoughts.

### Face to Face Therapy

Clients present for face to face therapy with a blend of issues. Memories of the rape may carry feelings of shame or betrayal; evoke the terror of the physical hurt; the fear of a violent threat; the possibility of a pregnancy. The intensity of their feelings can often overwhelm them as they embark on their therapeutic journey.

Some clients will even have difficulty acknowledging the reality of their rape. Some may only reveal that the rape resulted in pregnancy weeks, months or years later. A therapist may never hear about the pregnancy at all. While we note information on those who reveal to us that they have become pregnant as a result of rape, it is important to note that we will often only hear about it as a historical event in the client's past. The scenarios we hear about include:

1. A client has had a baby as a result of a recent rape. This can bring conflicting emotions: an innocent child but born out of aggression; a loving and/or loathing of the child;

2. A client has had a miscarriage and may have a sense of relief that there isn't the added dilemma of being pregnant. But there may be a sense of loss of a baby even if they hadn't wanted the baby;

3. A client may present as being pregnant and unsure what she is going to do. The pregnancy presents a double crisis: on top of the rape they also face the additional crises of pregnancy and a decision in relation to that pregnancy. What they have to work through are the practical, financial and emotional difficulties in having an abortion or having to proceed with an unplanned pregnancy. The client will have to assess that in terms of all existing relationships within her family and her community;

4. A client may present as having had an abortion. She may feel relief that that there isn't the added dilemma of being pregnant. Some feel a sense of guilt and sadness at having terminated the pregnancy. Some feel stigma, shame and isolation. The secrecy surrounding the abortion presents a burden for some. Some will feel anger that they couldn't have the abortion procedure in Ireland, travel having made the whole process expensive, complicated and traumatic;

5. A client may have had a baby as a result of a historic rape.

In 2016, 11 women disclosed pregnancies as a result of rape to DRCC. The outcomes noted for the 11 who revealed that they became pregnant are:

Pregnant, parenting: 4
Pregnant, termination: 3
Pregnant, miscarried: 1
Pregnant, adopted: 1
Pregnant, fostered: 1
Pregnant unknown: 1

These statistics do not indicate a victim/survivor's choice, but merely of the ultimate outcome. The figures may relate to recent or historic pregnancies.

**PREVALENCE**

There is no reliable Irish information available about the prevalence of pregnancy as a result of rape because there is such massive under-reporting of rape.

The 2002 The SAVI Report found that that 42% of women reporting abuse had never told anyone. Only 8% of women reported their experience of sexual violence to the Gardaí; 6% disclosed to medical professionals and 14% of women reported to counsellors. Other studies give comparable results.

A 2014 survey undertaken by the European Union Agency for Fundamental Rights (FRA) found that about 2% of women aged 18-74 in the EU experienced sexual violence in the previous 12 months.

From our own evidence, most rape and serious sexual violence is perpetrated by someone known to the victim. The DRCC statistics for 2016 identified that just under 17% of adult rape and sexual assault was perpetrated by the client's spouse or partner, 2% by other family members and almost 46% by other known persons. This includes friends, recent dates, work-mates and the like. About 50% of childhood sexual abuse revealed to us by adults was perpetrated by a family member.

We have no reliable national data on the prevalence of pregnancy as a result of rape. However, from our own statistics over 11 years, and also using the statistics from the Rape Crisis Network of Ireland which collected from a number of other rape crisis centres, it seems that approximately **4%** of the total number of female victims/survivors who presented to Rape Crisis Centres report pregnancies as a result of rape.

Of that 4%, a little over 1/3rd of DRCC clients went on to parent while a little less than 1/3rd terminated their pregnancy. The RCNI figures show almost half went on to parent, and a little less than 20% terminated their pregnancy.

**CONCERNS ABOUT WOMEN'S HEALTH IF RAPE MUST BE REPORTED TO ACCESS TERMINATION**

If the Committee considers special provisions for those who have suffered rape to access termination, then it seems inevitable that the pregnant rape victim/survivor will have to say that a rape occurred.

Many of those who contact us are not ready to report to police for a long time, if ever. It is noteworthy that the Gardaí now provide storage of forensic evidence at SATU for up to a year, recognising the realities of investigation of rape crimes.

Clients are sometimes fearful of the reality that once they report to the Gardaí, the Gardaí must commence the investigation of a crime, thus notifying the alleged perpetrator of the complaint even if the victim is not ready.

They may also initially have concerns about their own blame for the events which makes them reluctant to speak.

Clients may not be ready to report to a doctor, social worker or the like. They may not want to talk to someone whom they fear will judge them. In the context of the long journey our clients and callers must take to re-build their self-esteem and manage their self-doubt, many would be set back if questions were raised about their credibility.

Requiring a woman to share such a traumatising experience about her rape and subsequent pregnancy has the potential to not only re-traumatise, re-trigger and re-victimise her, it also leaves her in a situation where she has to convince people that her story justifies access to support. It disempowers the person who has suffered the rape, while empowering the person giving permission to access a procedure or service. Once more, the consent of the victim/survivor is seen as irrelevant.

We are happy to answer any questions that the Committee may have.