

When Women Conceive in Rape:
A Mixed-Methods Investigation of Legal Obstacles, Public Misperceptions, and Policy Implications

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Abstract

Objectives. Women who conceive in rape—an estimated 2.4% of all U.S. women, or 2.9 million U.S. women total—experience the double vulnerability of violent victimization and unintended pregnancy. This already extremely vulnerable group then faces the additional obstacles of (a) a legal landscape resulting in numerous risks and challenges unique to their situation and (b) frequent endorsement of negative perceptions and inaccurate beliefs about rape-related pregnancy by legal personnel and others around them. The goal of this mixed-methods study (using a sequential exploratory design) was to investigate the legal choices, experiences, and outcomes of women who conceive in rape by way of qualitative interviews with survivors, and then use this data to craft a quantitative survey investigating associated attitudes, beliefs, and policy preferences among the general U.S. population.

Qualitative interviews. I conducted two-hour individual interviews with 35 women who conceived in rape, recruited primarily from online sources relevant to sexual assault or rape conception. The sampling goal was phenomenal variation of legal experiences. Interviews were transcribed and analyzed by way of thematic analysis with multiple coding passes, resulting in over two dozen final themes illustrating how participants interacted with the legal system and other adjacent institutions. Results suggest that women who conceive in rape frequently face legal double binds, where they must choose between two undesirable courses of action with the potential for negative collateral consequences, exacerbated by poor legal knowledge and biased or unhelpful responses from legal personnel and others.

Quantitative survey. A general U.S. sample ($N = 592$) matched to the U.S. census on several demographic variables recruited via a survey company completed a 15-minute online survey containing the following types of items: (a) two experimental vignettes with random assignment assessing how a woman's claim of rape-related pregnancy impacts respondents' perceptions of her, as compared to a woman claiming rape alone (6-11 items per vignette); (b) polling of respondents' attitudes and beliefs about rape-related pregnancy (25 items); and (c) polling of respondents' endorsement of public policies relevant to rape-related pregnancy (16 items). Regarding the experimental vignettes, respondents were hypothesized to endorse more negative appraisals (more skeptical, less sympathetic, angrier) toward a

woman a claiming rape-related pregnancy as compared to a woman claiming rape alone. Results suggested that respondents viewed an adolescent claiming rape-related pregnancy more skeptically than an adolescent claiming rape alone, but that pregnancy did not change perceptions of a woman involved in a custody dispute. A sizeable minority of respondents endorsed negative perceptions or inaccurate beliefs about rape-related pregnancy (e.g., biological fallacies, pregnant-raped-woman prototype). Respondents were generally in favor of public policies friendly to women who conceive in rape, as long as these policies contain procedures to manage the risk of false rape claims.

Conclusions. Numerous reforms to law and institutional policy have the potential to improve legal experiences and outcomes for women pregnant from rape. The success of these changes depends in part on taking into account (if not actively repudiating) misperceptions regarding these women.

Keywords: *mixed-methods, qualitative methods, rape-related pregnancy, rape conception, sexual assault, law enforcement, child custody*

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When Women Conceive in Rape:

A Mixed-Methods Investigation of Legal Obstacles, Public Misperceptions, and Policy Implications

Women who conceive in rape occupy a fraught space as they navigate the U.S legal system. First, women who conceive in rape are crime victims¹ who face decisions about reporting and cooperating with the criminal justice system in order to potentially arrest and prosecute their assailant. At the same time, women who conceive in rape face unplanned pregnancies (and potentially childbirth and childrearing) that engage the family court system and related areas of law and policy, including abortion, adoption, visitation, custody, child support, and government assistance. These issues are even more pressing for women who give birth to their rape-conceived children. Importantly, women who conceive in rape often move through these two spheres—the criminal justice sphere and the civil sphere—simultaneously, due to the immutable timeline of pregnancy. Thus, women’s decisions and outcomes in one sphere may influence their decisions and outcomes in the other in a complex interplay. Layered on top of these challenges are the attitudes and beliefs regarding rape-related pregnancy held by police, prosecutors, custody attorneys, family court judges, government program officers, and other legal and institutional actors influencing women’s trajectories through these systems—attitudes and beliefs that may be prone to inaccuracies and bias. Despite the complex legal position of women who conceive in rape, and the potential influence of negative attitudes and inaccurate perceptions about rape-related pregnancy, there is little empirical data on the legal choices, experiences, and outcomes of these women.

Rape-Related Pregnancy in the United States

How common is rape-related pregnancy? With a few exceptions, research on rates of rape-related pregnancy in the United States is generally limited, dated, or methodologically weak, contributing

¹ Many researchers, activists, and others prefer to use the term “survivor” rather than “victim” when referring to individuals who have experienced sexual assault. The term “survivor” is thought to emphasize strength and resilience, rather than define the individual only in negative terms in relationship to the assailant. I use both terms throughout this dissertation. Following the terminology recommendations of the Rape, Abuse, and Incest National Network (RAINN), I generally use the term “victim” when focusing on the criminal justice system and “survivor” in other contexts.

to our inadequate understanding of this phenomenon. While older estimates of the rape conception rate ranged from 1-10% depending on population and methodology (see Krueger, 1988), the best available studies place the conception rate of a single incidence of penile-vaginal rape of a female of childbearing age at 5-7% (de Haas, van Berlo, Bakker, & Vanwesenbeeck, 2012²; Gottschall & Gottschall, 2003; Holmes, Resnick, Kilpatrick, & Best, 1996).³ Rape conception rates in each of these three studies were calculated using national probability samples of approximately 3,000-4,000 women using random-digit dialing or random recruitment to an online research panel. This 5-7% rape conception rate takes into account the naturally occurring rates of contraception in the population, and so would likely change as contraception usage rates change.

Only two papers, published over 20 years apart, speak to prevalence rates of rape-related pregnancy in the U.S. The most recent, most rigorous study is drawn from the CDC's National Intimate Partner and Sexual Violence Survey (NISVS; Basile et al., 2018). Using a nationally representative sample of over 22,000 U.S. women pooled across two data collection waves (2010 and 2012), Basile and colleagues found that an estimated 2.4% of all U.S. women have experienced rape-related pregnancy, which corresponds to approximately 2.9 million women in total. In contrast, Holmes and colleagues (1996)—using a much smaller and older sample of approximately 4,000 women from the 1989-1991 National Women's Survey—estimated that only 0.63% of all U.S. women had experienced rape-related pregnancy, for a total of 606,690 women given the U.S. population at that time. Given that the Holmes et al. (1996) study involved less than 35 total women reporting rape-related pregnancy (compared to several hundred in the pooled 2010-2012 NISVS sample), the more recent 2.4% prevalence rate reported by

² While the de Haas et al. (2012) survey was conducted in the Netherlands rather than the United States, the rape-conception rate was similar to that obtained in the U.S. samples described in Holmes et al. (1996) and Gottschall and Gottschall (2003).

³ As a comparison, Wilcox, Dunson, Weinberg, Trussell, and Baird (2001) estimated the probability of pregnancy with one completely random act of unprotected intercourse to be 3.1%.

Basile et al. (2018) should be considered the most reliable.⁴ In other words, as of 2012, more than 1 in 50 U.S. women are estimated to have experienced rape-related pregnancy.

Unfortunately, the NISVS data from which the Basile et al. (2018) study is drawn do not allow for an estimate of the annual incidence of rape-related pregnancy in the U.S. Thus, the best available incidence rate comes from Holmes et al. (1996), who estimated 32,101 rape-related pregnancies per year in the U.S.—the most commonly cited single figure—extrapolating from data in the 1989-1991 National Women's Survey. Most sources report that sexual assault (along with most other violent crimes) has decreased by about half over the last 20 years (Blumstein, Wallman, & Farrington, 2006). This means the annual incidence of rape-related pregnancies has likely also decreased by about half since the National Women's Survey was conducted, to approximately 16,000 per year. However, this is not a settled matter: Kilpatrick and colleagues (2007) found a 61% *increase* in rapes from 1990 to 2006 using rigorous population-based sampling and explicitly inquiring about sexual assault facilitated by drugs or other forms of incapacitation. Given this increase, Kilpatrick (one of the original authors of the Holmes et al. [1996] paper) has updated his estimate to 50,000 rape-related pregnancies per year in the U.S. currently (Geiger, 2012).

Taking a different approach, research suggests that approximately 1% percent of all women seeking abortions report that they conceived in rape (with less than 1% reporting that they conceived in incest, which usually but not necessarily involves sexual assault; Finer, Frohworth, Dauphinee, Singh, & Moore, 2005).⁵ Although the most recent U.S. abortion surveillance numbers report 638,169 abortions in 2015, this number excludes abortions in California, Maryland, and New Hampshire because these states chose not to provide data to the CDC (Jatlaoui et al., 2018). The Guttmacher Institute estimated 926,200

⁴ As another point of comparison, de Haas et al. (2012) found that 1% of all women in the Netherlands had experienced rape-related pregnancy.

⁵ However, the 1% figure may be an underestimation because the percentage of abortions sought as a result of rape conception may vary significantly by locality and population served. A recent study conducted at two urban abortion clinics in Chicago (serving primarily African-American, low-income patients) found a 1.9% overall weighted rape conception rate, corresponding to a rate of 1.5% at the first clinic and 6.9% at the second clinic (Perry, Zimmerman, et al., 2015).

abortions in 2014 in order to correct for this missing data (Guttmacher Institute, 2018b). Simple multiplication by the 1% statistic gives an estimated 9,262 rape-related pregnancies in 2014 in the U.S. that *resulted in abortion*. The total number of rape-related pregnancies in the U.S. per year is likely at least double the number of abortions sought for rape-related pregnancy per year (see Table 1 and discussion below), suggesting a minimum of approximately 18,000 total rape-related pregnancies in 2014.

Regardless of the precise prevalence and incidence of rape-related pregnancy in the U.S., two important trends regarding victims and perpetrators emerge from the limited available data. First, adolescents seem to be disproportionately likely to become pregnant from rape. The only available data on the age of women at the time of rape conception (again, reported in Holmes et al., 1996) showed that almost half of assaults occurred when the victim was a teenager (21%: victim aged 12-15 years; 27%: victim aged 16-17 years). This is probably due to a combination of factors. First, adolescents are disproportionately likely to experience sexual victimization generally; approximately 30% of all rape victims are between the ages of 11 and 17 (Breiding et al., 2015). Second, adolescents are less likely than adults to use hormonal or long-acting birth control that would reduce the chance of rape conception (Martinez, Chandra, Febo-Vazquez, & Mosher, 2013).

Second, a supermajority of perpetrators causing rape-related pregnancy appear to be current or former intimate partners of the victim. Basile et al. (2018) found that over three-quarters (77.3%) of all women reporting rape-related pregnancy said the perpetrator was an intimate partner.⁶ Thus, the proportion of intimate partner perpetrators appears to be much higher among women reporting rape-related pregnancy than among rape victims in general. For example, Kilpatrick, Resnick, Ruggiero, Conoscenti, and McCauley (2007) found that only 16-24% of rape victims in a general U.S. sample identified the perpetrator as a dating partner or former or current spouse. Along these lines, Basile et al. (2018) also found a higher rate of rape-related pregnancy among women reporting vaginal rape by an intimate partner (26.2%) as opposed to women reporting vaginal rape by an acquaintance (5.2%) or a

⁶ Again, this rate is much higher than that tallied from Holmes et al.'s (1996) small sample, with only 47.0% of women reporting that the perpetrator causing their rape-related pregnancy was a husband or boyfriend.

stranger (6.9%). These data suggest that rape-related pregnancy may be most likely in an ongoing sexually violent relationship where the woman is raped many times over months or years. Given a rape-conception rate of approximately 5%, this kind of pattern of assaults within an intimate relationship may create an increased opportunity for rape-related pregnancy to occur, as compared to a one-time sexual assault by an acquaintance, stranger, or other perpetrator.

In sum, the best available evidence suggests that close to 3 million women in the U.S. have experienced rape-related pregnancy—more than 1 out of 50 U.S. women, or an estimated 15,000-50,000 U.S. women per year. While these numbers remain small compared to the total number of U.S. women who are sexually assaulted, women experiencing rape-related pregnancy still represent a meaningfully large subgroup who may have distinctive experiences within the legal system. Further, data suggest that adolescents and women raped by an intimate partner appear to be disproportionately likely to become pregnant as a result of rape—trends that provide a critical context for understanding the legal trajectories of women who conceive in rape. Within both the criminal justice system and the family court system, legal experiences may differ significant for an adolescent vs. an adult, as well as for a woman claiming rape-related pregnancy by, for example, her current spouse vs. a stranger perpetrator

What choices do women make about rape-related pregnancy? Only six studies could be located that describe the pregnancy choices of women who conceive in rape, and all of these studies are limited by old age, small sample sizes, non-U.S. or special populations, and ideological orientation of the researchers. Nevertheless, all six studies suggest diverse pregnancy outcomes for women who conceive in rape. Because the 2010-2012 NISVS from which the Basile et al. (2018) study is drawn contains only a single item about rape-related pregnancy and does not query pregnancy outcomes, arguably the most representative single set of statistics comes from Holmes et al. (1996). Reporting on a subsample of only 20 rape-related pregnancies (experienced by 19 different women), Holmes et al. (1996) reported that 11.8% of rape-related pregnancies resulted in miscarriage, 50.0% in abortion, 5.9% in adoption, and 32.3% in childrearing. To get a broader perspective, a weighted average was calculated using the statistics reported in all six published studies that could be located that reported pregnancy outcomes for women

who conceive in rape (see Table 1). Weighting by sample size gives a rough overall estimate of 42.7% ($SE = 10.8$, 95% CI = 20.7-61.7%) obtaining an abortion, 33.0% ($SE = 7.6$, 95% CI = 24.3-49.7%) raising the child themselves, and 22.3% ($SE = 8.2$, 95% CI = 6.2-38.4%) placing the child for adoption.⁷

While the precise percentages of rape-related pregnancy outcomes in the U.S. remain uncertain, all available data agree that somewhere between a sizeable minority to a majority of women who conceive in rape choose to give birth to their rape-conceived children. Given a conservative current estimate of 18,000 rape-related pregnancies per year in the U.S., at least 10,000 U.S. women give birth to their rape-conceived children every year. This is important when considering the legal experiences of women pregnant from rape, since some legal challenges (e.g., perpetrator interfering with adoption, perpetrator seeking custody, problems pursuing child support for a rape-conceived-child) can only occur if a survivor gives birth.

⁷ A combined miscarriage rate was not calculated since only two studies, Holmes et al. (1996) and de Haas et al. (2012), reported a miscarriage rate.

Table 1: Review of available statistics on the outcomes of rape-related pregnancies

Study	Sample size	Study context	% miscarriage	% abortion	% adoption	% parenting
Mahkorn (1979) ^a	32 ^b	Convenience sample recruited by anti-abortion counselor	None reported	15.6%	68.0%	12.0%
Holmes et al. (1996)	20	U.S. national population-based sample	11.8%	50.0%	5.9%	32.3%
Reardon, Makimaa, & Sobie, (2000) ^a	192	Convenience sample recruited by anti-abortion organization	None reported	26.0%	26.3%	46.7%
Gil, Ortiz, & Jaramillo, (2001); Londoño et al., (2000)	106 ^c	Convenience sample of women seeking services in Cali, Columbia ^d	None reported	71.7%	7.5%	20.8%
de Haas et al. (2012)	31	Dutch national population-based sample ^e	22.6%	51.6%	10.0%	19.4%
Zaleski & Katz (2014)	7	Convenience sample of veterans seeking care at VA facility	None reported	42.8%	28.6%	28.6%
Combination of above rates, weighted by sample size (total <i>N</i> = 388)			n/a	42.7% (<i>SE</i> = 10.8)	22.3% (<i>SE</i> = 8.2)	33.0% (<i>SE</i> = 7.6)

^a Mahkorn (1979) and Reardon, Makimaa, & Sobie (2000) published their data in non-peer-reviewed edited books. Authors for both of these studies come from explicitly anti-abortion orientations. Unsurprisingly, these two studies report the lowest rates of abortion, perhaps due to ideological skew in their convenience samples.

^b Mahkorn (1979) interviewed a total of 37 women who conceived in rape, but pregnancy outcomes were unknown for 5 women. Therefore, percentages are derived from a sample size of 32. Mahkorn (1979) reported that 28 women continued in their pregnancies (i.e., did not abort), but for eight of these women, it is unknown whether they chose to place their children for adoption or raise their children themselves. Therefore, percentages for adoption and parenting are derived from a sample size of 25 for whom the ultimate pregnancy outcome is known.

^c Gil et al. (2001) and Londoño et al. (2000) conducted interviews with 121 women. However, they reported that 76 women obtained abortions, 8 women placed their children for adoption, and 22 women raised the children themselves (total = 106), while the remaining 15 women (12.8%) used emergency contraception. Given that emergency contraception is effective at most 5 days after intercourse, and pregnancy cannot be detected within such a short time frame, it is unclear if or how these 15 women knew they had ever become pregnant. Therefore, percentages are derived from a sample size of 106, excluding these 15 women.

^d Columbia has the highest abortion rate in all of Latin America, an abortion rate approximately 2.5 times that of the U.S. (39/1000 women in Columbia in 2008 vs. 16/1000 women in U.S. in 2008), meaning these figures may not translate to a U.S. population (Guttmacher Institute, 2013; Pazol et al., 2011).

^e The Netherlands has one of the lowest abortion rates in the world (9.7/1000 women in the Netherlands in 2012 vs. 13.2/1000 women in the U.S. in 2012), meaning these figures may not translate to a U.S. population (Mishra, Gaigbe-Togbe, & Ferre, 2014; Pazol, Creanga, & Jamieson, 2015).

Legal Obstacles Faced by Women Who Conceive in Rape

In review, approximately 15,000-50,000 women become pregnant from rape each year in the U.S., and around half of these women give birth to their rape-conceived children. Women who conceive in rape, and particularly women who give birth to their rape-conceived children, interact with the criminal justice and family court systems in a variety of ways, creating possibilities for pregnancy to meaningfully change these women's legal trajectories because of (a) a legal landscape resulting in numerous additional risks and challenges unique to their situation and (b) frequent endorsement of negative perceptions and inaccurate beliefs about rape-related pregnancy by legal personnel and others around them. A brief introduction to these two key issues follows.

Parental rights of rapists. In general, U.S. courts presume that people have parental rights over their biological children, so-called "genetic entitlement" (Hendricks, 2017). The Supreme Court has repeatedly affirmed that the right to raise a family is fundamental and grounded in 14th Amendment due process protections, so parents cannot be easily deprived of those rights in the absence of "grave and weighty reasons" (*Meyer v. Nebraska*, 1923; *S.J. v. L.T.*, 1986). Genetic entitlement means that in most states, men who father children via rape are presumed to have the same parental rights over their rape-conceived children as any other biological father, including visitation, custody, and required consent for adoption, unless these rights are proactively terminated (Bitar, 2011). Until very recent reforms, only 31 states had *any* legislation limiting the parental rights of perpetrator-fathers, and those restrictions often provide little protection to women in practice (Bitar, 2011; Prewitt, 2009). For example, some states require conviction of first-degree rape in order to sever parental rights—a tall order, given that even among the minority of victims who report a rape to law enforcement (approximately 14-40%), only approximately 2% see their assailant convicted of a felony (RAINN, 2016). Other states only limit parental rights in particular circumstances (e.g., when a mother is seeking to place her rape-conceived child for adoption), and still others *allow* for termination of a perpetrator-father's parental rights, but grant judges such wide discretion that termination is far from guaranteed even if the rape conception is well established (Bitar, 2011).

States may have initially failed to implement sufficient protection for women due to an assumption that no perpetrator-father would *want* parental rights, perhaps due to the lingering prototype of the stranger assailant. However, all modern research concurs that the vast majority of rape survivors know their assailant, and many were intimately involved with their assailant (e.g., Kilpatrick, Resnick, Ruggiero, Conoscenti, & McCauley, 2007). In the Holmes et al. (1996) study of 20 rape-related pregnancies drawn from a population-based sample, only 8.8% of women reported being raped by a stranger, while the other 91.2% knew their assailant (29.4% reported being raped by a boyfriend; 17.6%, a husband; 14.7%, a friend; 8.8%, an acquaintance; 5.9%, a father or stepfather; and 11.8%, another relative). Given the close relational distance between victim and assailant in the lion's share of cases, it is likely that many rapist-fathers learn of the pregnancy and could be interested in pursuing parental rights if the pregnancy is carried to term.

Due to a growing realization about the problem of parental rights for men who father children via rape, the legal landscape has recently changed with the passage of the federal Rape Survivor Child Custody Act (RSCCA, a subset of the Justice for Victims of Trafficking Act, 2015). This legislation affords federal grant money (\$5 million each year for five years) to states that adopt a civil procedure for terminating the parental rights of perpetrators, independent of any criminal proceeding or conviction. During a RSCCA proceeding, if a judge determines that a rape occurred and that a child was born from that rape according to "clear and convincing evidence" (a lower standard of proof than "beyond a reasonable doubt" used in criminal cases), then "the court is authorized" to completely and permanently terminate parental rights of the rapist-father.⁸ In its findings, Congress's stated rationale for the bill was threefold:

⁸ This language still allows for some judicial discretion. Compare to the original language of the bill (which was not enacted), which stated that "the court *shall*" terminate parental rights upon a finding of rape conception. The Department of Justice waffled on this issue in informal recommendations, and currently seems to imply that some judicial discretion (i.e., consideration of best interests of the child) would be permitted (Hendricks, 2017; Kaplan, 2016).

- (a) “A rapist pursuing parental or custody rights forces the survivor to have continued interaction with the rapist, which can have traumatic psychological effects on the survivor, making it more difficult for her to recover.”
- (b) “These traumatic effects on the mother can severely negatively impact her ability to raise a healthy child.”
- (c) “Rapists may use the threat of pursuing custody or parental rights to coerce survivors into not prosecuting rape, or otherwise harass, intimidate, or manipulate them.” (Justice for Victims of Trafficking Act, 2015)

Since the bill passed in 2015, many states have quickly and easily adopted the new procedure (e.g., Michigan, Iowa, Florida, Pennsylvania, Connecticut, Massachusetts; Office on Violence Against Women, 2016). However, the RSCCA has faced considerable opposition in some quarters. For example, in Maryland, a state-level RSCCA bill failed to pass multiple times over a course of more than a decade before it was finally approved in 2018, at least partially out of concerns that “women could abuse the law by saying they were raped to punish a man from whom they were estranged,” in the words of one Maryland politician (Board, 2016; Rein, 2007). Regardless, with little empirical knowledge about the complexities of survivors’ choices and experiences following rape conception, it is unknown to what extent the RSCCA will effectively address their problems and needs.

Child support and government assistance. Women who choose to parent a child conceived in rape face additional difficulties receiving child support and government assistance—which are often sorely needed both because rape victims are disproportionately of lower income and because many women raising a child conceived in rape are single parents (Breiding et al., 2015). If a woman raising her rape-conceived child wants to pursue child support to help her financial situation, she (in coordination with a child support enforcement agency) must locate the non-custodial parent, notify him of the request for child support, establish paternity (i.e., with a DNA test), obtain a court order, keep track of payments, and raise legal challenges regarding non-payment or changes in the noncustodial parent’s financial situation (Nusbaum, 2013). In some states, she may have to reveal personal details like her address to her

assailant in order to receive payments. Thus, pursuing child support from the perpetrator forces a women to initiate a significant, long-term interaction between her and her assailant—which some women choose to avoid by forgoing child support entirely (Nusbaum, 2013).

The problem is similar when low-income women raising children conceived in rape want to pursue government assistance. Following changes to federal welfare rules in the mid-1990s, a variety of government assistance programs require a noncustodial parent to be pursued for child support before a custodial single parent can receive full benefits, in order to lessen the tax burden of welfare payouts (Personal Responsibility and Work Opportunity Reconciliation Act [PRWORA], 1996). Failure to cooperate with child support enforcement can result in a benefits reduction of 25% or more or an outright denial of benefits (Nusbaum, 2013). While specific provisions vary from state to state, Temporary Assistance for Needy Families (TANF) and other emergency programs providing *cash* payouts typically require child support enforcement, while most other programs without cash payouts do not (e.g., Special Supplemental Nutrition Program for Women, Infants, and Children [WIC], Supplemental Nutrition Assistance Program [SNAP, also known as food stamps]). An exception to this rule is Medicaid health coverage. While a needy child will typically not be denied coverage, depending on the state a mother raising a child conceived in rape can be denied coverage if she fails to cooperate with child support enforcement (Roberts, 2003). Although all states have a “good cause exemption” to the cooperation requirement—meaning that the custodial parent is *not* required to cooperate with child support enforcement if doing so is not “in the best interests of the child”—states set their own standards for “good cause,” “best interests of the child,” and required documentation and evidence (e.g., doctor’s notes or police reports verifying a rape, which are often not available). Thus, a woman raising a rape-conceived child may face a choice between initiating interaction with her assailant pursuant to a child support order or facing denial of much-needed government benefits.

Interactions between criminal and non-criminal matters. All of these legal issues in the *civil* system—custody, visitation, consent for adoption, child support, and government assistance—may also influence women’s trajectory through the *criminal* justice system. Victims of crime conduct a “cost-

benefit analysis” when deciding if and when to report and whether to continue cooperating with law enforcement, and these civil law concerns and problems in living may have a significant influence on this calculation (Gottfredson & Gottfredson, 1988, p. 25). When a rape victim chooses not to report the crime to law enforcement or cooperate with the criminal justice process, she likely “believed prosecution was not in her best interest,” perhaps for a variety of complex reasons (Spohn, Beichner, & Davis-Frenzel, 2001, p. 231). For example, some women who conceive in rape may decline to report or cooperate due to concerns that a formal legal process will make their child’s rape conception public knowledge, thereby impinging on the mother’s discretion of when and how to inform her child about his origins (Prewitt, personal communication, November 26, 2014). Along these lines, there are also documented cases of assailants blackmailing their victims, threatening to pursue visitation or custody or block an adoption if the woman reports the assault to police or continues to cooperate with prosecution (Sheehan, 2004). It is yet unknown how much police, prosecutors, and victim services providers are aware of these concerns or the extent to which such concerns influence the behavior and choices of women pregnant from rape within the criminal justice sphere.

Negative Perceptions and Inaccurate Beliefs About Rape-Related Pregnancy

In addition to existing laws and procedures hostile to women who conceive in rape, a second way that pregnancy might influence survivors’ trajectories through the legal system is the potential for bias against women who become pregnant from rape. Negative perceptions or inaccurate beliefs regarding rape-related pregnancy among legal personnel might make a police officer less likely to pursue a case if the victim is pregnant, or make a family court judge less likely to consider a litigant’s claim of rape-related pregnancy when apportioning custody. In addition, research indicates that “convictability” is the primary determinant in whether prosecutors will pursue a rape case, meaning prosecutors are unlikely to accept cases that they do not perceive as “strong” or “winnable” (Frohmann, 1991, p. 215). Convictability takes into account both the prosecutor’s perception of the alleged victim’s credibility *and* the prosecutor’s assessment of how other “downstream” legal actors (e.g., judge, jury, defense attorney) will perceive the victim’s credibility (Frohmann, 1997, p. 535). This “downstream orientation” may afford greater

opportunity for rape-related pregnancy to influence prosecutorial decision-making in rape cases. A prosecutor in the Spohn et al. (2001) study described this exact dynamic: “[An inconvenient fact about the alleged rape victim] doesn’t necessarily change the way *you* look at the evidence, but it probably will change the way the jury looks at the evidence” (p. 230). And, of course, in the rare rape case that goes to trial, bias or stigma surrounding rape-related pregnancy among any one juror could have an outsized impact on trial outcomes (Temkin & Krahé, 2008).

The biological fallacy. The biological fallacy that the trauma of rape makes conception less likely persists in American culture, despite a lack of empirical evidence.⁹ This idea appears to have its origins¹⁰ with Greek physician and philosopher Galen of Pergamon, who worked and wrote in second-century Rome. In his work *De Semen* [*On Semen*], Galen postulated that sexual arousal, pleasure, and orgasm were necessary to heat the blood to the point that it coagulated into semen and was ejaculated from the body—for *both* men and women. Only by fusing seed from the man and seed from the woman in the literal heat of passion could new life be created. Thus, Galen’s writings propagated the belief that a woman needed to experience orgasmic sexual pleasure in order for conception to occur.

The belief that female sexual pleasure was necessary for conception found its way into early British common law by way of the (incorrect) assumption that physiologically pleasurable sexual arousal is impossible during rape (e.g., “no woman can conceive if she does not consent”; Staundforde, 1577). These beliefs persisted in some form until the nineteenth century; as one leading nineteenth-century text entitled *The Elements of Medical Jurisprudence* summarized:

⁹ In fact, the per-incident 5-7% rape conception rate demonstrated in the most recent, rigorous research (calculated from population-based samples of women, including women with reduced fertility, using long-acting contraception, or already pregnant at the time) is markedly higher than the general consensual per-incident conception rate of a single random act of sexual intercourse among *non-contracepting women* of 3.1% (Wilcox et al., 2001). Some researchers ascribe this difference to measurement error, such as rape victims attributing the pregnancy to a rape when in reality, the pregnancy originated from a consensual sexual encounter. Evolutionary theorists propose numerous other reasons for the apparently greater conception rate for rape than consensual sexual encounters, such as rapists selecting women of peak fertility as a reproductive strategy (Gottschall & Gottschall, 2003).

¹⁰ The following summary of the intellectual and legal history regarding rape conception is drawn primarily from MacFarlane (1993). See this source for additional detail and textual examples.

With respect to the next question, whether a woman, upon whom a rape hath been committed, can become pregnant? It may be necessary to enquire how far lust was excited, or if she experienced any enjoyment. For without the enjoyment of pleasure in the venereal act no conception can probably take place. So that if absolute rape were to be perpetrated, it is not likely she would become pregnant. (Farr, 1815, p. 34)

The biological fallacy might have been completely extinguished over time had it not found new life in the twentieth century from a surprising source: Anti-abortion activists seized on the concept beginning in the 1980s, with the goal of delegitimizing “rape exceptions” to abortion restrictions by arguing that rape conception almost never happens (Bazelon, 2013). But instead of beliefs about the role of female sexual pleasure in conception, anti-abortion activists’ version of the biological fallacy relied on beliefs about how trauma affects the female body. For example, the influential anti-abortion activist and physician John Wilke (1999) wrote in a tract about rape-related pregnancy, “Assault rape pregnancies are extremely rare.... There’s no greater emotional trauma that can be experienced by a woman than an assault rape. This can radically upset her possibility of ovulation, fertilization, implantation and even nurturing of a pregnancy.” Bazelon (2013) persuasively argues that this trauma rationale was inspired by German anatomist Hermann Stieve, whose human experimentation with Nazi prisoners during World War II suggested that extreme stress (but not rape specifically) disrupted women’s fertility.

Some version of the biological fallacy has been repeated by politicians and other public figures over the years (see Table 2), showing that it still has some place in the national consciousness. Notably, in 2012, U.S. Representative Todd Akin argued during a campaign stop, “[F]rom what I understand from doctors, [rape conception] is really rare. If it’s a legitimate rape, the female body has ways to try to shut that whole thing down” (Eligon & Schwirtz, 2012). Although the public outrage following this statement was swift and harsh—Akin lost the Senate race—a poll one day after Akin’s comments reported that 76% of Missouri adults disagreed with Akin, 13% agreed with the statement, and 11% were unsure ($\pm 3.8\%$; SurveyUSA, 2012). In other words, fully one quarter of Missourians did not repudiate the biological fallacy—with the obvious implication that a woman claiming to have conceived in rape is likely lying.

Table 2: The biological fallacy in modern American political discourse

Source	Year	Quotation
Pete Neilsen, State Representative (ID)	2016	"I'm of the understanding that in many cases of rape it does not involve any pregnancy because of the trauma of the incident. That may be true with incest a little bit.... [Pregnancy] doesn't happen as often as it does with consensual sex, because of the trauma involved."
Celeste Greig, State Assembly President (CA)	2013	"The percentage of pregnancies due to rape is small because it's an act of violence, because the body is traumatized. I don't know what percentage of pregnancies are due to the violence of rape. Because of the trauma the body goes through, I don't know what percentage of pregnancy results from the act."
Phil Gingrey, U.S. Representative (GA)	2013	Responding to the Akin controversy: "We tell infertile couples all the time that are having trouble conceiving because of the woman not ovulating, 'Just relax. Drink a glass of wine. And don't be so tense and uptight because all that adrenaline can cause you not to ovulate.' So [Akin] was partially right, wasn't he?"
Todd Akin, U.S. Representative (MO)	2012	"[F]rom what I understand from doctors, [rape conception] is really rare. If it's a legitimate rape, the female body has ways to try to shut that whole thing down." He later clarified, "I never said that a woman can't get pregnant who is raped. I was simply talking about the fact that stress affects the statistics of people becoming pregnant."
John Finnis, University of Notre Dame legal scholar and philosopher	1998	"But it would be more realistic to acknowledge that the whole process of copulation, involving as it does the brains of the man and woman, their nerves, blood, vaginal and other secretions, and coordinated activity (such that conception is much less likely to result from rape) is biological through and through."
Fay Boozman, State Senator (AR)	1998	"Fear-induced hormonal changes could block a rape victim's ability to conceive," a mechanism Boozman reportedly described as "God's little shield" (although he later denied having said this).
Henry Aldrige, State Representative (NC)	1995	"The facts show that people who are raped—who are truly raped—the juices don't flow, the body functions don't work, and they don't get pregnant. Medical authorities agree that this is a rarity, if ever.... To get pregnant, it takes a little cooperation. And there ain't much cooperation in a rape."
Stephen Friend, State Representative (PA)	1988	"It is almost but not quite impossible to become pregnant on the basis of rape. The odds are one in millions and millions and millions. And there is a physical reason for that. Rape, obviously, is a traumatic experience. When that traumatic experience is undergone, a woman secretes a certain secretion, which has a tendency to kill sperm."
Hadley Arkes, Amherst College political science professor	1986	"The number of pregnancies resulting from rape in this country is minuscule.... In addition, the fear induced by rape may interrupt the normal operation in hormones in the body of the woman, which in turn may prevent ovulation and conception."
James Leon Holmes, federal judge	1980	Regarding abortion: "Concern for rape victims is a red herring because conceptions from rape occur with approximately the same frequency as snowfall in Miami."

Note. Quotations selected from the Republican Rape Advisory Chart (n.d.)

Pregnancy as ulterior motive to fabricate a rape claim. Research with police and prosecutors reveals that both groups may consider pregnancy to be an “ulterior motive” to fabricate a rape story, as a way for a woman to “explain away” an unplanned pregnancy to family, friends, or a romantic partner. A prosecutor interviewed by Spohn et al. (2001) described this dynamic:

We have to recognize that there are situations in which people make false allegations....

[A] woman may falsely claim that she was raped in order to cover up a premarital or extramarital sexual relationship or to explain away a sexually transmitted disease or pregnancy. In these situations, you have to determine whether the victim is being truthful.

You have to see if there are circumstances that allow you to conclude that the allegation is real. (p. 230)

A police officer concerned that pregnancy constitutes an ulterior motive for a complainant to lie might be less likely to pursue the case. As previously mentioned, one reason Maryland failed to pass a state-level RSCCA multiple times in the last decade was concern that pregnancy might serve as an ulterior motive to fabricate a rape claim and “punish” an “estranged” partner by attempting to terminate his parental rights (Rein, 2007).

While rates of false rape claims are difficult to know conclusively due to the frequent lack of clear evidence either *proving* or *disproving* a rape, the most methodologically rigorous studies suggest that 2-10% of rape claims are conclusively disproven (Lisak, Gardinier, Nicksa, & Cote, 2010). It is unknown whether rape claims among women claiming to be pregnant from rape are more or less likely to be false than rape claims not involving pregnancy. While pregnancy might constitute an ulterior motive to lie (e.g., to cover up an extramarital affair or punish an ex-partner), pregnancy also might create additional reasons for a victim to report a *true* claim who might otherwise have chosen not to go to police (e.g., to protect a child conceived in rape by creating formal documentation).

The pregnant-raped-woman prototype and counterintuitive victim behavior. In an influential law review article on the issue of rape-related pregnancy, Prewitt (2009) proposes that choosing to give birth to a rape-conceived child (and in particular, choosing to parent a rape-conceived

child) damages a woman's credibility in the eyes of the law. Echoing a large body of scholarly research, Prewitt (2009) first reviews the raped-woman prototype—that is, a schema or set of assumptions about how a “genuine” rape victim reacts or behaves. Research suggests that when women deviate from this prototype by engaging in “counterintuitive victim behavior” (e.g., appearing insufficiently emotional when discussing the rape, or continuing any form of contact with the assailant), they may be seen as “imposter rape victims” and lose credibility (Campbell, 2012; Krahé, Temkin, Bieneck, & Berger, 2008).

Extending this well-established concept of rape victim schemas, Prewitt (2009) then proposes the existence of a pregnant-raped-woman prototype, a set of assumptions about how women pregnant from rape “should” behave or respond. The pregnant-raped-woman prototype assumes that rape-related pregnancy is always psychologically torturous, and so continuing the pregnancy (and especially raising the rape-conceived child, who may look like the assailant) always perpetuates the trauma of the rape. What follows is the assumption that “preventing or terminating a rape pregnancy is the only choice that a raped woman possibly would make” (p. 848). Prewitt (2009) cites a variety of source material to support the presumed psychological necessity of abortion in the case of rape, including medical texts advising universal abortion after rape; the willingness of even ardent anti-abortion activists to allow abortion in the case of rape; and political language describing the rape-conceived child in pejorative terms (e.g., the “animal's child” or the “remnants of a degrading violation”; NARAL, 2007).

The corollary of the pregnant-raped-woman prototype—which espouses that abortion is the “only choice that a raped woman possibly would make”—is that a woman who chooses to continue her pregnancy must be lying. For example, Solomon (2012), in interviews with women raising children conceived in rape in his book *Far From the Tree*, confirms that women who chose to continue their pregnancy heard the message from friends and family that if they had “really” been raped, they would have had an abortion.

In reality, available research suggests that anywhere from a sizeable minority to a majority of women who conceive in rape choose to continue their pregnancies (see Table 1). Nevertheless, to the extent that prosecutors, family court judges, or other legal personnel might hold to the pregnant-raped-

woman prototype, a woman choosing to give birth to and raise a rape-conceived child might be subject to even greater bias and skepticism within the legal system.

The Present Study

In sum, existing evidence compiled from law reviews, news articles, congressional testimonies, medical texts, and other sources suggests that both (a) legal obstacles for women who conceive in rape and (b) myths and biases about rape-related pregnancy may create serious problems for vulnerable women who are already experiencing crime victimization and unplanned pregnancy. Myths and legal obstacles may also contribute to the so-called “justice gap” between the high number of women who experience sexual assault and the much lower number of women who report the crime to law enforcement or see their case successfully prosecuted (Temkin & Krahé, 2008).

While the sources already reviewed suggest the outlines of these problems in broad strokes by way of case law and isolated anecdotes, there is no systematic, empirical research on the *actual lived legal experiences* of women who become pregnant from rape. Existing empirical research on women pregnant from rape has tended to focus on prevalence and general demographics (e.g., Holmes et al., 1996), women’s pregnancy decisions (e.g., Reardon et al., 2000), or the experiences of special groups, such as military service members who become pregnant from rape (Zaleski & Katz, 2014). Thus, we do not yet have rich, nuanced data to shed light on how women who conceive in rape make legal decisions and travel through the justice system. Furthermore, while the sources overviewed here *suggest* that many people hold negative perceptions or inaccurate beliefs about rape-related pregnancy, we do not know how common such beliefs are and to what extent these beliefs might influence the legal landscape for women who conceive in rape. Deriving and integrating reliable data in these two areas has the potential to suggest what new reforms would be most helpful to women and how these reforms might be achieved as a matter of public policy.

Research goals¹¹. As a mixed-methods study, this research was driven by three types of goals:

¹¹ This manuscript was prepared in accordance with the recently-released Journal Article Reporting Standards for Qualitative Primary, Qualitative Meta-Analytic, and Mixed Methods Research in Psychology (JARS-Qual) and

(a) qualitative goals, (b) quantitative goals, and (c) mixed-methods goals (i.e., what can be achieved by integrating the qualitative and quantitative phases of the project). Each of these types of research goals is presented below.

The qualitative phase of the project consisted of individual, in-depth interviews averaging two hours in length with women who had become pregnant as a result of rape ($N = 35$). The qualitative research goal was to describe the ways in which pregnancy as a result of rape influences women's legal trajectories, including their interactions with the criminal justice system, family court system, and other organizations (e.g., healthcare providers) that may play a more distal role in women's legal experiences. The qualitative phase of the study included an explicit focus on the dynamic interplay between a woman's social context, her legal choices, her pregnancy outcomes, the behavior of the perpetrator, and the behavior of legal and institutional actors (e.g., police). The qualitative phase also intentionally focused on women's exposure to negative attitudes or mistaken perceptions about rape-related pregnancy, and the extent to which these attitudes influenced women's legal experiences.

The quantitative phase of the project involved an online questionnaire administered to a general U.S. adult sample ($N = 592$) matched to the U.S. census on several demographic variables. The quantitative goals of the project were threefold:

- (a) *To experimentally investigate the influence of rape-related pregnancy on perceptions of women, including in legal contexts.* I hypothesized that respondents¹² would view women claiming to be pregnant from rape more skeptically and appraise them more negatively than women claiming rape alone. Although theory in this area is not well-developed, this

Journal Article Reporting Standards for Quantitative Research in Psychology (JARS-Quant), prepared by the APA Publications and Communications Board Task Force (Appelbaum et al., 2018; Levitt et al., 2018). Since these APA reporting standards are new and the qualitative/mixed-methods reporting standards in particular may be unfamiliar to many psychology readers, I have chosen to mark almost all of the recommended sections with separate headers in this manuscript.

¹² I refer to individuals completing surveys as “respondents” herein to distinguish them from the qualitative interviewees, whom I refer to as “participants.”

hypothesis is in line with the disparate sources of information presented in the introduction, which suggest that women pregnant from rape may be viewed as “imposter” rape victims with a motive to fabricate a rape claim, particularly those women who are raising their rape-conceived children.

- (b) *To assess respondents’ attitudes and beliefs about rape-related pregnancy.* For similar reasons, I expected that a sizeable minority of respondents would support negative or inaccurate perceptions about rape-related pregnancy for the reasons already supplied. Specifically, in line with Prewitt’s (2009) pregnant-raped-woman prototype, I hypothesized that the adult sample will generally *underestimate* the incidence of rape-related pregnancy; *overestimate* the percentage of rape-related pregnancies ending in abortion; and select *childrearing* as the least appropriate response to rape-related pregnancy.
- (c) *To gauge the level of support for various public policies that affect women who become pregnant from rape.* Given the repeated failure of the Rape Survivor Child Custody Act to pass in some states due to concerns about women lying, I expect mixed support on most policies, particularly policies where respondents might be concerned that women could “game the system” to gain some advantage.

Given that the overall goal of this study is to provide useful information for policymakers (among others), surveying a general U.S. sample on their attitudes, beliefs, and policy preferences is an appropriate research strategy for two main reasons. First, the results will be broadly representative of voting constituents (as compared, for example, to a college sample). Second, women pregnant from rape often present with multiple factors that may make legal actors skeptical of their claims (e.g., young age, rape by an intimate partner). An experimental design—where pregnancy is the only factor varied between conditions—is appropriate to assess the extent to which rape-related pregnancy *per se* contributes to the negative reactions some qualitative participants received from legal personnel and others.

The primary mixed-methods goal—and the overall goal for the project—was to obtain pragmatic,

useful information to (a) inform women pregnant from rape about possible legal trajectories in order to help them make decisions about their life and potentially their children's lives and (b) guide policymakers and helping organizations (e.g., healthcare providers, sexual assault resource agencies) as they consider laws and policies that affect women pregnant from rape. The qualitative and quantitative portions of this study work in tandem to support this goal. For example, by integrating information about public policies that women pregnant from rape say would be helpful to them (from the qualitative phase) with information about which of these policies the general public supports (from the quantitative phase), policymakers can gain useful information about which policies to pursue or prioritize.

Research design overview. A mixed-methods design is appropriate for this study because the ultimate goal is a pragmatic one—to guide policymakers, helping organizations, and women pregnant from rape as they consider laws, policies, and personal decisions that affect this vulnerable group. Integrating the accounts of women pregnant from rape with associated beliefs, opinions, and preferences of the general population provides a more comprehensive view of the issue than would be achieved by speaking only to in-group members or only to out-group members, since the needs and views of both groups are important in crafting effective public policy. The mixed-methods approach also allows some triangulation to gauge how widespread particular beliefs or responses to rape-related pregnancy are. For example, while most women could name at least one negative or inaccurate comment they heard from others about their rape-related pregnancy (e.g., “If you’re pregnant, you weren’t really raped”), it is impossible to tell via individual narratives how pervasive these cultural beliefs really are. Thus, surveying a U.S.-census-matched, general adult sample about their beliefs regarding rape-related pregnancy provides a useful supplement to women’s accounts.

This study employed a sequential exploratory mixed-methods design, which begins with a qualitative phase and then uses the qualitative findings to develop a quantitative instrument or experiment (Creswell & Clark, 2017, see Figure 1 below). This design is well-suited to an understudied issue like the legal correlates of rape-related pregnancy because the information provided by women during the qualitative interviews was necessary to craft meaningful experimental vignettes and survey items for the

quantitative phase. For example, the two experimental vignettes (one involving an adolescent, and one involving a child custody scenario) were modeled directly from individual participants' stories in order to reflect key situations where pregnancy as a result of rape may prompt doubts about a woman's credibility.

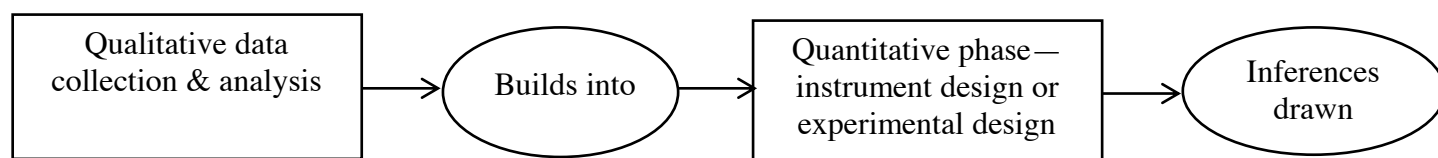


Figure 1: Sequential exploratory mixed-methods design (adapted from Creswell & Clark, 2017).

While much qualitative and mixed-methods research is driven by a specific pre-existing approach to inquiry (e.g., feminist theory) or technical methodology (e.g., discourse analysis), this project was question-driven and conducted pragmatically (Morgan, 2007). Research design decisions flowed from this overarching goal of practical usefulness. For example, in the qualitative phase, thematic analysis of the interviews embraced an essentialist or realist perspective, meaning that women's narratives were assumed to be relatively straightforward reports of their experiences and reality (Braun & Clarke, 2006). Since the goal of the qualitative phase was to describe women's experiences in order to deepen understanding of possible legal trajectories—i.e., to answer the question, “How do women pregnant from rape interact with the legal system?”—this goal would be ill-served by looking beyond the plain meaning of women's own accounts (e.g., from a constructivist perspective).

Methods and findings (or results) are presented separately below for the qualitative and quantitative phases, in that order. These sections are followed by a discussion that integrates findings from both phases of the study and offers implications for policy and practice.

PHASE ONE: QUALITATIVE INTERVIEWS WITH WOMEN WHO CONCEIVED IN RAPE

Methods**Researcher Description**

I was the primary architect of this study¹³, from conceptualization to design, execution, analysis, and interpretation, and so my background in approaching the research is important to evaluating any claims made. My introduction to the issue of rape-related pregnancy and the law came from personal interaction with several women pregnant from rape, both in my immediate circle and my clinical practice. This first-hand experience with women in this vulnerable position exposed me to some of the legal stressors and decisions that women face—such as women’s agony making pregnancy decisions with the threat of the perpetrator’s legal interference hanging over them. With this initial exposure to the legal issues women pregnant from rape may face, I then searched the research literature for empirical data on women’s experiences. While I found a spate of recent law review articles discussing the legal frameworks affecting women pregnant from rape (Bitar, 2011; S. Bonanno, 2009; Bridges, 2013; Hoyson, 2009; Nusbaum, 2013; Prewitt, 2009; Stevens, 2014), I was surprised at what little empirical research had investigated actual women’s legal experiences in a systematic way, beyond a few anecdotes included in news articles or law reviews. This observed gap in the research literature inspired the current study.

I believe my first-hand experience with women pregnant from rape and research into the subject matter prior to conducting this study mostly enhanced the information learned from the qualitative interviews. For example, after consulting with my research advisor, I chose to self-disclose my first-hand experience with rape-related pregnancy, which many participants volunteered was an important factor that helped them feel more comfortable sharing their stories. Furthermore, since the legal landscape governing rape-related pregnancy is complex with many interconnected issues, considerable background

¹³ Qualitative research reports often use the first-person in order to highlight (rather than obscure) how the identity, background, and decisions of the researcher played a role in conducting and interpreting the study. In this manuscript, I use first-person pronouns when the goal is to “own” research design decisions that I made (and that another researcher might have made differently).

knowledge is needed to effectively interview women about their experiences and respond in the moment to the particularities of each story. While I (along with my research advisor and other graduate students in my lab) considered training additional interviewers in order to cabin my individual influence on the study, I ultimately decided that the interviews would yield more useful information if I conducted all of them myself as a knowledgeable interviewer with a global view of the project. Despite coming into the interviews with many pre-established topics of interest built into a semi-structured interview protocol, I felt reassured that I was not unduly limiting participants' scope of response since many participants shared information I would not have known to ask about (e.g., the behavior of perpetrators who intentionally caused pregnancy and/or tried to coerce an abortion or miscarriage; the fact that many participants had previously been told they were infertile).

Because my individual footprint on this project was large, I built in several layers of structure in data analysis and interpretation in order in order to check my interpretations against others' views. As my undergraduate research assistants (RAs) were transcribing interviews, we had weekly lab meetings where RAs shared their own observations on the interviews. I also presented in-process findings regularly to my research advisor and other graduate students in my lab for feedback. In order to include others' views in the analytic process, seven undergraduate RAs completed structured data extraction forms and three graduate coders completed higher-order semi-structured coding forms. I also attended a professional workshop on qualitative methods and met several times with an expert in qualitative methods to devise appropriate approaches to data analysis.

In general, I approached the interviews with an activist mindset, expecting to identify legal problems that could be mitigated if not solved. And while there was no shortage of problems to be found, I was continually impressed by participants' shrewdness and resilience in handling these difficult issues.

Participants

Recruitment process. Women who conceive in rape are a "hidden" population, difficult to locate and inefficient to sample using probability-based methods (Magnani, Sabin, Saidel, & Heckathorn, 2005). To overcome these challenges, I used purposive sampling with multiple, strategically selected starting

points, since theoretical analyses suggest this approach results in a relatively unbiased final sample (Heckathorn, 1997). For example, some recent research with women experiencing rape-related pregnancies (with different research goals) recruited participants only from abortion clinics. However, limiting the start points for recruitment for this study to abortion clinics would have precluded legal outcomes (like custody battles) that can only occur if a pregnancy is carried to term (Perry, Murphy, Haider, & Harwood, 2015; Perry, Zimmerman, et al., 2015).

There were four main categories of recruitment sources:

1. Online sources: Approximately 50 individual online sources (social media groups, listservs, and discussion boards relevant to sexual assault, pregnancy, or rape-related pregnancy) agreed to post a study advertisement with a link to the study recruitment website. Research team members also shared study advertisements on their personal social media accounts, with an invitation for others to share on their accounts as well (approximately 75 distinct shares).
2. Brick-and-mortar institutions: Research assistants contacted approximately 100 brick-and-mortar institutions relevant to sexual assault, pregnancy, intimate partner violence, or legal help (e.g., sexual assault resources agencies, domestic violence shelters, legal aid organizations, abortion clinics, free medical clinics) located in the Commonwealth of Virginia. Approximately 30% of organizations contacted agreed to advertise for the study by posting a paper flyer with contact information in their offices and/or posting a short study description with a link to the study website on the organizational listserv, Facebook page, Twitter account, etc. Organizations that failed to participate either did not respond, stated they did not serve clientele relevant to the study, or indicated that their organizational rules did not permit posting an advertisement.
3. Gatekeepers: Gatekeepers are organizational leaders who can help link the research team with potential participants (Penrod, Preston, Cain, & Starks, 2003). There are relatively few formal organizations that cater specifically to the issue of rape-related pregnancy, so

only four potential gatekeepers were identified and contacted. All four gatekeepers agreed to advertise the study to eligible individuals within their personal and organizational network.

4. Chain referral: Current participants were invited to provide study information to any eligible individuals they knew who might be interested in participating.

In total, the 35¹⁴ final participants were recruited from 15 distinct sources out of the many start points described above. All participants heard about the study from either an online source or a gatekeeper contact: social media groups or online discussion boards specific to rape-related pregnancy (18/35), gatekeeper referrals (7/35), social media groups or online discussion boards about sexual assault (7/35), and general social media shares (3/35). The greatest number of participants recruited from a single source was eight (from one social media group specific to rape-related pregnancy). No one who participated heard about the study from either a brick-and-mortar institution or from another participant.

Study advertisement materials directed interested individuals to a study website that explained the research study process, goals, incentives, and participant protections. The website specified that “any person¹⁵ of any age who became pregnant from sexual assault, even if this was many years ago, is eligible to participate,” and described the study purpose accurately as an effort to learn about the “legal choices, experiences, and outcomes of women who became pregnant from sexual assault.” The website also contained a secure web form to sign up to participate or ask a question about the study. Interested individuals did not have to provide a name or any other identifying information to participate. The only required information was a contact method (e.g., phone number, Skype username) by which to contact the

¹⁴ The initial sample consisted of 36 women, but one participant contacted the researcher approximately one year after her interview and asked that her data be withdrawn. She declined to provide a reason for withdrawing.

¹⁵ The study website used gender-neutral language throughout (rather than using the word “woman” or female pronouns) in order to be inclusive toward trans and non-binary individuals, although all interviewed individuals identified as cisgender female.

participant and conduct the interview (although most participants chose to provide their first and last names).

Incentives and participants protections. Participants were paid \$50 for their time by way of a Visa gift card mailed to an address of their choosing (or an e-gift card if participants lived outside the U.S. or did not want to provide a mailing address).¹⁶ The study (including the incentive scheme) was approved by the University of Virginia Institutional Review Board for the Social and Behavioral Sciences (IRB-SBS). To further protect vulnerable individuals who have a high likelihood of current or future involvement in legal proceedings, I obtained a Certificate of Confidentiality from the National Institutes of Health (NIH). Researchers can use this Certificate to legally refuse to disclose information that might identify participants in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings (e.g., if there is a court subpoena).

Number of participants. The emphasis in qualitative research is “understanding *how* and *why*, not understanding *how many*,” and so a qualitative sample is best conceptualized as a series of individual case studies rather than a small, quasi-representative or “unbiased” sample (Small, 2008, p. 8). Thus, the number of participants in a qualitative study needs to strike a balance between comprehensiveness of information gathered and ability to understand each individual participant’s *how*’s and *why*’s in depth.

While there is no precise analogue to power analysis in qualitative research, nor an agreed-upon minimum number of participants, Malterud and colleagues (2015) proposed the concept of “information power” as a guide to determining sample size in qualitative research. Information power is a multifactorial concept such that the higher the information power in any given study, the lower sample size is needed. This sample had moderate to high information power due to the relatively narrow study aim, participants who were highly tailored to the research question, the high quality of interview dialogue, and the absence of stratified groups intended for cross-case comparison. The only factor in Malterud and

¹⁶ Two participants refused payment. One refused because she said she wanted to do the interview to help others and “get back at” her assailant, not for money. The second refused because she was very concerned about her privacy and did not want to give a mailing address or receive an e-gift card.

colleagues' list suggesting low information power in this study is the relative lack of established theory in this area, which means that a larger number of participants may be required to offer a firmer grounding for conclusions. Given this consideration, I settled on a moderate qualitative sample size of 20-30 participants, with some flexibility to account for both potential difficulty recruiting a hard-to-find population and my own subjective sense of the amount of new information each additional interview was yielding. Given diminishing returns on new categories of legal experiences in later interviews, I decided to halt data collection at 36 women. After removing one participants' information at her request, the final sample consisted of 35 women reporting a total of 39 rape-related pregnancies.¹⁷

Participant selection. The participant selection goal was *phenomenal variation*, meaning maximum variation of the target phenomenon under study—i.e., legal choices, experiences, and outcomes of women who become pregnant as a result of rape (Sandelowski, 1995). Phenomenal variation is an appropriate sampling goal given the overarching research goal of exposing a range of legal trajectories, since good laws and policies need to be concerned with what *can* happen and not just with what *usually* happens. Given that these interviews were an initial step to understanding an understudied phenomenon (in addition to my initial concern that recruitment of women who became pregnant from rape would be difficult), I decided that *a priori* stratification of the sample (i.e., recruiting pre-specified numbers of participants that fit particular categories, such as pregnancy outcomes) was premature. Thus, I contacted participants in the order they responded to the study advertisement, without any pre-screening or exclusion criteria, until data collection concluded as described above.

Sixty individuals filled out the interview scheduling form on the project website and were contacted by their indicated preferred contact method (phone, voicemail, text, and/or email). Of those sixty, 43 replied at some point, while the remaining 17 never replied.¹⁸ Of the 43 that replied, 40

¹⁷ Throughout this manuscript, “participants” refers to the 35 women who participated in an interview, while “cases” refers to the 39 distinct rape-related pregnancies described by these 35 women.

¹⁸ Participants were contacted a maximum of three times, with notice in the third email, voicemail, etc. that the study was closing and they should respond soon if they still wanted to participate.

scheduled an interview and 36 completed an interview. Only one individual who replied but did not complete an interview indicated that the reason was anxiety about discussing her experience. The remainder failed to follow through with scheduling with no reason provided.

Although the study's IRB approval permitted recruitment of minors with parent/guardian permission, only one person under age 18 filled out an interview scheduling form on the project website, and she did not schedule an interview.

Researcher-participant relationship. I did not know 35 of the 36 women interviewed prior to the study. I had previously spoken to one participant on the phone prior to her interview to gather background information about the legal ramifications of rape-related pregnancy, since she had been publicly involved in efforts to change public policies relevant to sexual assault. She agreed to serve as my first "practice" participant as I was still refining the interview process. I included her information in the study.

Likely due to the intimacy fostered during a 2-hour individual interview, I had more continuing interaction with participants than I had ever experienced previously in a research project. Several participants emailed me or sent messages on the project's social media accounts in the year or so after their interview. The majority asked for updates on the project, while some wanted advice either on personal issues or their own academic projects on the subject of rape-related pregnancy. Although I intentionally declined to give advice on any personal matters (particularly legal matters), I empathized with those participants' situations and sent links to resources as appropriate.

Participant demographics and cultural information. The median age at the time of assault resulting in pregnancy was 19 years, with a range from 12 to 39 years (see Figure 2 below). Since the childbearing years are approximately 12 to 45, this age distribution represents a distinct skew toward adolescence, in line with the general sexual assault literature (Breiding et al., 2015). In 14 out of 39 cases, participants were under the age of 18 at the time of assault; in 22 out of 39 cases, participants were under

the age of 20 at the time of assault.¹⁹

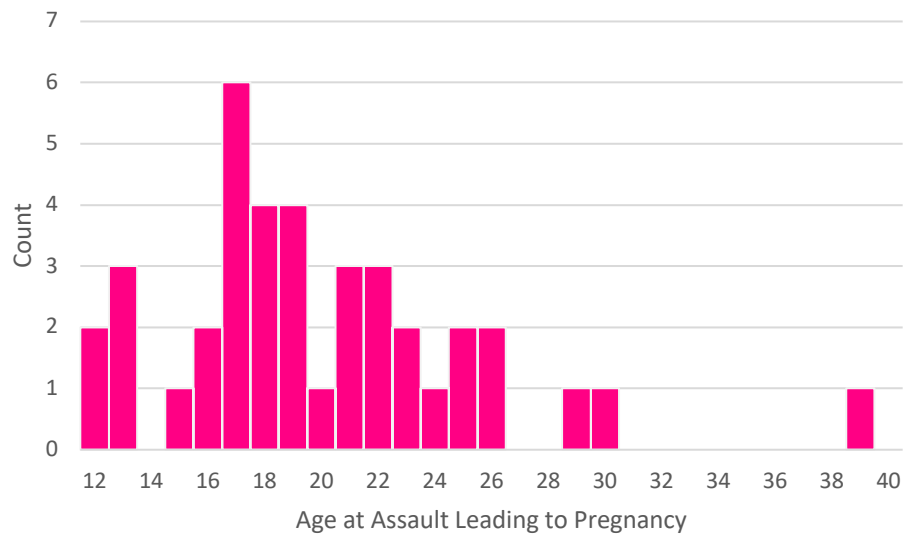


Figure 2: Histogram of participant age at time of assault (39 total pregnancies).

Also expected based on the general assault literature (e.g., Black et al., 2011), in most cases participants were assaulted by someone they knew, with the bulk (17/39) describing the perpetrator as an acquaintance (i.e., someone they met prior to the assault, but not necessarily someone they knew well; see Figure 3 below). Next most common was assault by an intimate partner (9/39), either current legal spouse (3/39), current partner (not a legal spouse, 3/39), or former intimate partner (3/39). In most cases participants were assaulted by a single perpetrator, but two pregnancies resulted from gang rapes by multiple (3 and 10) perpetrators.

¹⁹ Throughout this manuscript, counts of participants or cases are described as fractions instead of percentages. Fractions are preferred when reporting qualitative research findings for two reasons: (a) to make the denominator explicit because the denominator may change by analysis (e.g. whether the denominator is the number of *participants* or the number of *pregnancies*) and (b) to avoid an implicit suggestion that counts in this study can be generalized to the population at large. This is not a representative sample, nor is it intended to be, and so counts are provided for the purpose of describing *this* sample rather than generalizing to a larger population.

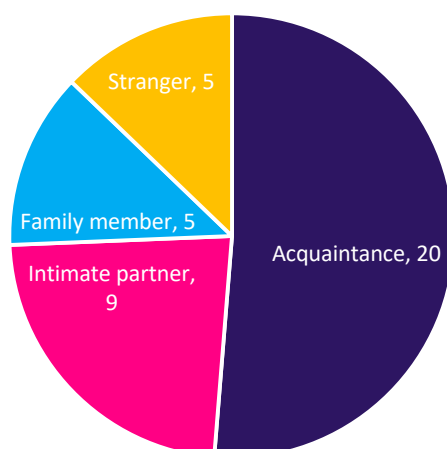


Figure 3: Relational distance between the perpetrator and victim (39 total pregnancies).²⁰

Overall, participants reported a great deal of sexual and interpersonal risk and victimization. For example, 12 out of 39 pregnancies occurred as part of a pattern of multiple assaults, most commonly occurring in the context of an abusive romantic relationship (7/12), but also occurring in contexts as diverse as ongoing childhood sexual abuse by a family member, sexual kidnapping, sex trafficking, and extended abuse by a staff member at a psychiatric hospital where the participant was a patient. Along these lines, only eight out of 35 participants said the assault leading to pregnancy was the only sexual assault they ever experienced, with 10 participants reporting over 100 sexual assaults in their lifetimes. Fifteen out of 35 participants volunteered that they were involved in an abusive romantic relationship at some other point in their lives (*not* including with the assailant causing a rape-related pregnancy); however, because this question was not asked of all participants, this may be an underestimate.

Participants were diverse with respect to race/ethnicity, sexual orientation, socioeconomic status, education, and geography:

²⁰ One participant reported her assailant's identity as unknown because she was assaulted in her home while unconscious and never learned the perpetrator's identity.

- ***Race and ethnicity:*** Out of 34 participants providing their race or ethnicity, 21 identified as white and 13 identified as women of color (2 black, 3 Latinx, 1 Native American, and 8 biracial/multiethnic). This breakdown is roughly proportional to the general U.S. population (Humes, Jones, & Ramirez, 2011). Although this question was not explicitly asked of participants, out of 33 women living in the United States at the time of the interview, four described themselves as immigrants to the U.S.
- ***Sexual orientation and gender identity:*** Participants were asked to describe their sexual orientation both now and at the time of the (first) assault resulting in pregnancy. The majority of participants (30/33 providing a self-identification) identified as heterosexual or straight at both timepoints. Five participants identified as bisexual or bi-curious at the time of assault (although two clarified that although they were attracted to both sexes at the time they were assaulted as adolescents, they were not aware of the term “bisexual” at that time). Of those five, four continue to identify as bisexual or pansexual at the time of the interview; one now self-identifies as heterosexual. Regarding gender identity, all participants identified as cisgender female.
- ***Socioeconomic status:*** In line with the general sexual assault literature suggesting that poverty is a risk factor for sexual assault (Krug, Mercy, Dahlberg, & Zwi, 2002), most participants described their childhood socioeconomic status as either low-income or working class (see Figure 4 below). Mother’s highest level of education, which is often used as a proxy for childhood socioeconomic status, painted a similar picture of economic disadvantage with about half (16/35) of participants reporting that their mothers had a high school education or less (see Figure 5 below). Twelve out of 35 participants reported living in more than one placement as a child, with five of these reporting some foster care as a child.

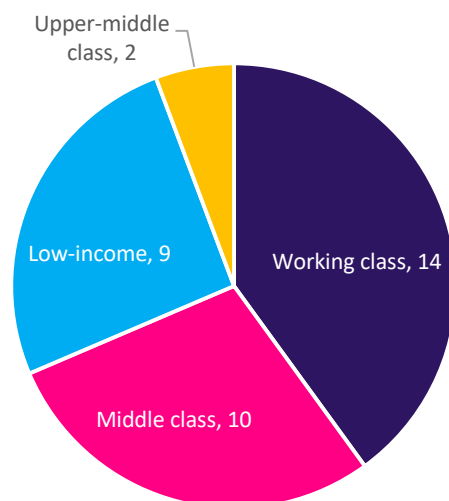


Figure 4: Participant self-reported childhood socioeconomic status (35 total participants).

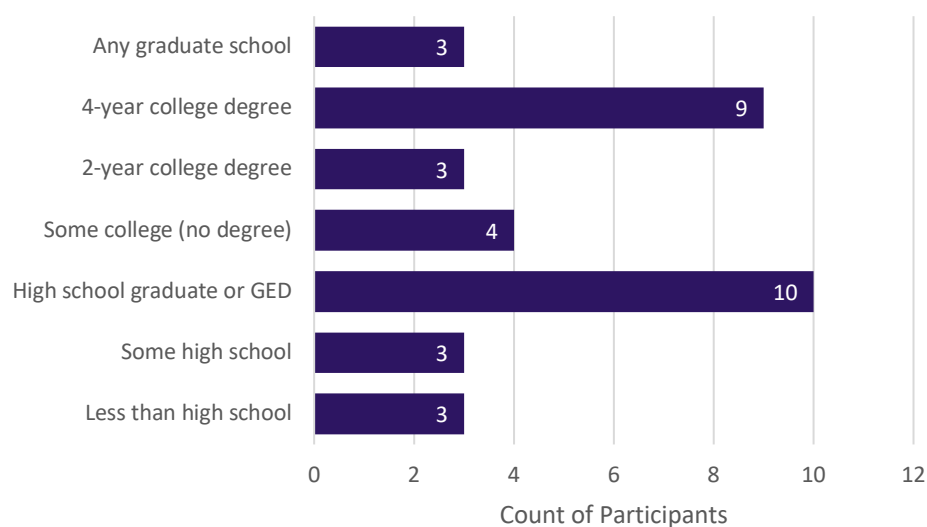


Figure 5: Participants' report of their *mothers'* highest level of education (35 total participants).

- **Education and vocation:** Participants reported a range of educational attainment, with approximately half reporting some college degree (see Figure 6 below). At the time of the interview, two out of 34 participants providing information on current employment described themselves as unemployed and three reporting receiving disability benefits.

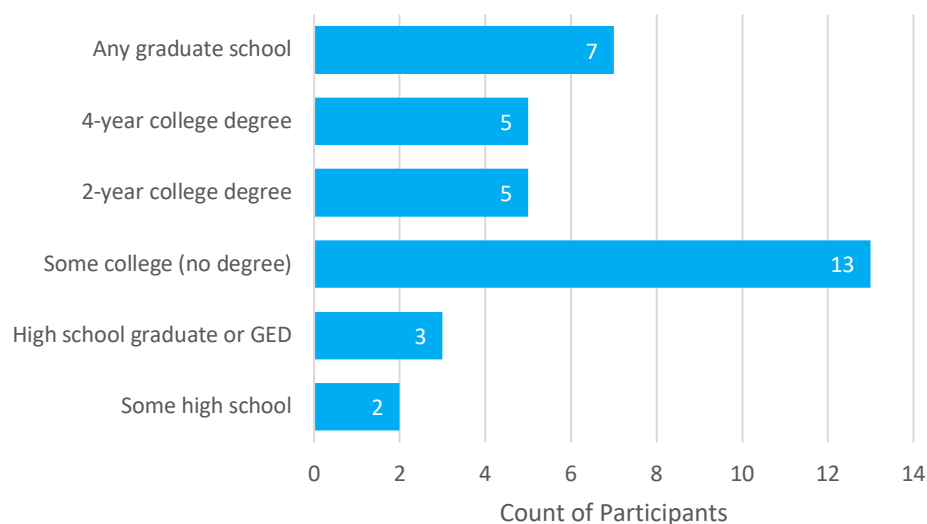


Figure 6: Participants' self-report of their *own* highest level of education (35 total participants).

- **Geography:** At the time of assault resulting in pregnancy, participants lived across 20 different U.S. states and 6 non-U.S. countries. In most cases, participants described their locality at the time of assault as urban (20/39), followed by suburban (11/39), rural (4/39), and military base (3/39).

Characteristics of data sources that might influence the data collected. Three important characteristics of participants must be kept in mind when interpreting the data, since these trends may have influenced the data collected.

High percentage of childrearing and anti-abortion views. First, the sample is notable for the high percentage of pregnancies resulting in childrearing (24/39), particularly as compared to the low proportion of pregnancies resulting in abortion (4/39; see Figure 7 below). Although the proportions of pregnancy outcomes in previous research vary wildly by sample, research has found that 15.6-71.7% of rape-related pregnancies result in abortion (compared to 10.3% abortion in this sample) and 12.0-46.7% of rape-related pregnancies result in childrearing (compared to 59.0% childrearing in this sample). This skew is likely due to the fact that, unsurprisingly, the most successful recruiting sources were three organizations or social media groups dedicated exclusively to rape-related pregnancy. Women who

choose to raise their rape-conceived child seem particularly likely to join support or advocacy groups for rape-related pregnancy, perhaps because of a greater long-term impact of the rape-related pregnancy on their daily lives or the desire to advocate for legal changes that are only relevant to women raising their rape-conceived children (e.g., the Rape Survivor Child Custody Act). In this vein, it is possible that women who join support or advocacy groups specifically for rape-related pregnancy do so *because* they are experiencing stressful legal outcomes (like custody battles), and so the rate of custody battles and other legal problems might be higher in this sample than in other samples recruited in different ways.

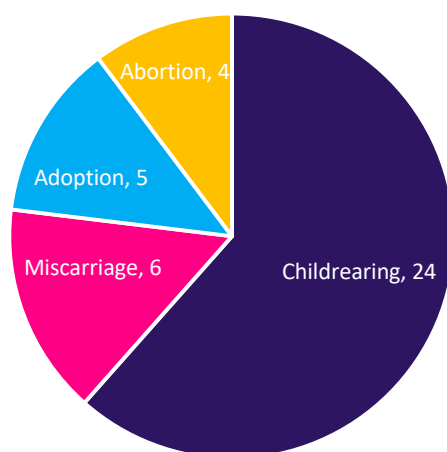


Figure 7: Counts of pregnancy outcomes (out of 39 pregnancies).²¹

Along these lines, women who raised their rape-conceived children themselves seemed particularly likely to hold anti-abortion views, meaning that the sample overall trended toward anti-

²¹ For one pregnancy coded under “childrearing,” the participant initially placed the child for adoption but annulled the adoption and regained custody within several weeks. For one pregnancy coded under “miscarriage,” the perpetrator physically assaulted the victim with the intention of causing a miscarriage. For another pregnancy coded under “miscarriage,” the participant intentionally self-induced a miscarriage.

abortion views²². Out of 34 women who provided an answer to the question, “If you had to pick a label, would you consider yourself ‘pro-life’ or ‘pro-choice’?”, 23 chose “pro-life” and 11 chose “pro-choice,” while most U.S. polls show approximately a 50-50 split using these labels (Gallup, 2019). However, asking for a scaled rating of abortion opinions (rather than a dichotomous label) painted a more mixed picture: Out of 30 participants who provided a scaled rating of their abortion opinions (scale of 1 to 5, with 1 being “extremely pro-life” and 5 being “extremely pro-choice”), the mean rating was closer to the midpoint although somewhat closer to the pro-life side (2.48, $SD = 1.44$). This pro-life skew was likely because out of the three most common recruiting sources (all of which were specific to rape-related pregnancy), two have an explicit anti-abortion stance. Although I reached out to *all* organizations, online platforms, and social media groups specific to rape-related pregnancy that I could locate via Internet searching and the suggestions of gatekeepers, *most* existing groups specific to rape-related pregnancy have an anti-abortion stance.

Although this skew toward childrearing and a higher endorsement of anti-abortion views was not intentional (since the sample was not stratified by pregnancy outcome *a priori*), it turned out to be an asset for the research question. Because many legal choices and outcomes of interest (e.g., custody battles, child support, government assistance, step-parent adoption) can only occur if a woman is raising her rape-conceived child, the skew toward childrearing allowed for *good phenomenal variation on many legal variables of interest*—the key research question. Again, this qualitative research project was designed to learn what *can* happen to women who conceive in rape rather than what *usually* happens, so range of experiences—rather than representativeness—is most important to reach study goals. Furthermore, although there is no existing data on this issue, it is intuitively plausible that, in general, women who choose to raise their rape-conceived children hold stronger anti-abortion views than the national average. So the women in this sample raising children conceived in rape are likely typical of the

²² Although it should be noted that, while no participants choosing abortion described themselves as “pro-life,” four participants choosing to raise their rape-conceived child (out of 21 total participants providing an opinion on abortion who chose to raise their rape-conceived child) described themselves as “pro-choice.”

wider population of women raising children conceived in rape. At the same time, this research can clearly speak most comprehensively to the experiences of women who choose to parent their rape-conceived children, and with less confidence to the experiences of women with other pregnancy outcomes.

Time elapsed since rape-related pregnancy. Second, the study was open to any person who conceived in rape, and so some women became pregnant by rape many years or even decades ago (see Figure 8 below). The median number of years ago a rape-related pregnancy occurred was 11 (i.e., 2006, since interviews were conducted in 2017), with 29 out of 39 pregnancies occurring in the 2000s. Decade of assault ranged from the 1950s (although this was an early outlier; the next earliest assault occurred in the 1980s) to the 2010s. No participant was pregnant from rape at the time of the interview. Clearly, participants who became pregnant from rape decades ago lived within very different legal, political, and cultural contexts than participants who became pregnant a few years ago. This is important to keep in mind when interpreting the data (e.g., a participant assaulted decades ago may have been responding to a legal rule that has since changed), and so all interview excerpts are accompanied with the decade of assault.²³

Taking another view, the chronological range of assaults can be seen as another form of valuable phenomenal variation, since participants assaulted many years ago provide information on varying legal or cultural constraints that may influence women pregnant from rape. For example, the participant who was assaulted in the 1950s reported that her own family repeatedly attempted to kill her, force a miscarriage, or coerce her to get an abortion because they were ashamed that she was pregnant while unmarried—not specifically because she was pregnant as a result of rape. This suggests that strong cultural norms against bearing children outside of marriage (much stronger in the U.S. in the 1950s as compared to now) may add additional hurdles for women who conceive in rape.

²³ The decade of assault rather than year of assault is provided in order to protect participants' privacy.

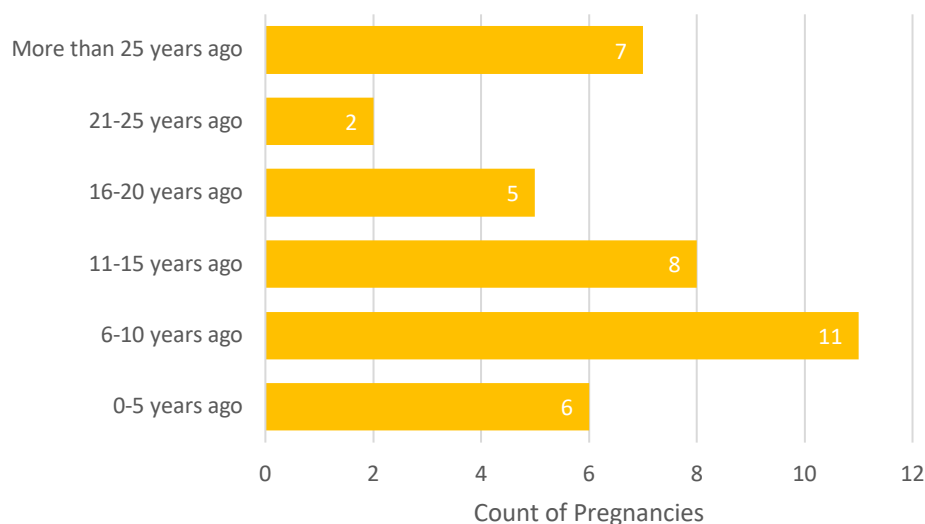


Figure 8: Number of years ago rape-related pregnancies in sample occurred (39 total pregnancies).

Non-U.S. participants. A third characteristic of the sample that may influence the data collected is that six assaults resulting in pregnancy occurred in countries outside the U.S., notable since this project is intended to address U.S. law and policy (although findings may still be useful guides for individuals and organizations in other countries). For that reason, excerpts that involved a survivor or perpetrator living abroad are noted as such. However, of those six assaults occurring outside the U.S, only two assaults happened to a woman who never lived in the U.S. Of the other four, two assaults happened to U.S. citizens who were temporarily living abroad (e.g., on a U.S. military base) but then returned to the U.S., and two assaults happened to non-U.S. citizens who were assaulted in their home country but who later moved to the U.S. (one with her rape-conceived child). These women provided a valuable perspective on the additional legal entanglements that can occur when the perpetrator father lives in a foreign country (e.g., increased problems reporting the assault and obtaining a step-parent adoption). In general, assaults occurring in non-U.S. countries added phenomenal variation for how the differing legal, political, and cultural contexts of different countries (e.g., response of law enforcement to reported rape) can impact women's legal choices and experiences.

Data Collection

Data collection procedures. Data consisted of one-on-one interviews with participants, all of which were conducted by me. Participants had a choice of audio call, video call, or in-person interview at a location of their choosing (for participants within driving distance of UVA). Most participants chose an audio call (21/35) or video call (13/35). Only one participant lived within driving distance from UVA, and she chose to do an in-person interview in her home. Her infant son (conceived in rape) was present for the interview. Otherwise, no one else was present during the interviews. Interviews were conducted from March to November 2017.

I conducted the interviews according to a semi-structured interview protocol designed to cover key aspects of women's legal choices, experiences, and outcomes, along with some other general questions about women's responses to the rape and pregnancy (see Appendix A). The interview protocol opened with an oral consent script, which conveyed that the interview is completely voluntary and that participants can skip any question or stop the interview at any time. I then introduced myself and described my background and interest in the subject and goals for the study. I then started the interview by asking, "How do you feel about doing this interview today?" to get a sense of each woman's emotional state vis-à-vis participating in the interview. While some women said that they were anxious about sharing their story, many said that they were eager to speak if it might help other women in the same situation. I then asked participants to introduce themselves to give me a general sense of their current status (e.g., who they live with, how they spend their time).

After this introductory section of the protocol, the bulk of the interview proceeded in two parts: First, I read participants a set list of 22 demographic questions (e.g., current age, political orientation, number of lifetime sexual assaults, childhood socioeconomic status), followed by 12 questions specific to the assault leading to pregnancy (e.g., age of assailant, relationship with assailant, location of assault). Participants with two rape-related pregnancies repeated this set of 12 questions for the second pregnancy. In one of these 12 items, I asked participants how they refer to the person or people who assaulted them

(e.g., a specific name, “the guy,” “the sperm donor”) so that I could use the same language throughout the interview as a way of respecting how participants wanted to tell their own story.

Second, participants were asked to tell their story, in chronological order, starting with how they first came in contact with the person or people who assaulted them. Women with two rape-related pregnancies told two narratives, one for each pregnancy. The semi-structured interview protocol contained 13 broad topic areas (with relevant follow-up prompts): discovery of the pregnancy, pregnancy choices and outcomes, reporting the assault, the criminal justice process, family court and government assistance, DNA evidence, others’ perceptions of the rape-related pregnancy, financial considerations, resources accessed, people told, horizontal identity (i.e., interactions with other women pregnant from rape), wishes and suggestions, and post-traumatic change. Some topic areas were relevant to all participants (e.g., discovery of the pregnancy), while some topic areas were relevant to only some participants (e.g., “family court and government assistance” was only relevant for women raising a rape-conceived child). I covered these topic areas flexibly in response to women’s narrative flow, rather than in a fixed order, in order to help the interview feel more like a natural conversation than a set of standardized questions. Although the order and wording of interview questions depended on a woman’s narrative, a typical question format consisted of a closed-ended question to establish a key event (e.g., “Did the guy ever find out that you became pregnant?”) followed by an open-ended prompt to establish context and elaborate on events (e.g., “Tell me about that”). Drawing on my clinical skills, I checked my understanding of a participant’s story throughout the interview (e.g., “So what I’m hearing is X. Is that right?”).

At the conclusion of the interview, I directed participants to a resources page on the study website with links to hotlines and other organizations related to sexual assault, mental health, suicidality, and other issues. I invited women to tell other eligible individuals that they knew about the study. I also asked if they wanted me to send them information about findings of the research when the project was complete, which most participants were eager to receive.

I based the first draft of the interview protocol on background knowledge and research about the types of legal experiences women pregnant from rape might encounter. In response to feedback from colleagues, I added the introductory sections of the interview to help develop rapport, as well as some new general topic areas (e.g., post-traumatic change). I fine-tuned the interview protocol slightly as the interviews went along, in response to participants' reactions to questions or new information provided by participants. For example, multiple participants reported that they believed their assailant raped them with the specific intention of causing pregnancy, a finding I had not anticipated in advance. In response to evolving findings, I added a question specifically addressing whether the participant had any reason to believe the perpetrator intended to cause pregnancy.

Recording and data transformation. Participants had the option to audio-record the interviews or have the interviewer take written notes only, although all participants agreed to audio-recording. All interviews were recorded via two different devices (a handheld digital recorder and a computer-based audio recording program) in case of equipment malfunction. Interviews lasted from 1 hour 19 minutes to 4 hours 43 minutes, with average interview duration of 2 hours 9 minutes. Interviews with participants reporting two rape-related pregnancies tended to be among the longer interviews. Most interviews were conducted in one session, but three participants' interviews were conducted in two sessions across two days due to participant scheduling needs.

Immediately after the conclusion of each interview, I wrote field notes to help remind me of key interview content and engage with evolving themes. Field notes (about two pages each) covered the following categories: brief summary of interview, participants' emotionality or reaction to the interview, themes in common with previous interviews, new themes, and my reflections.

A team of eight undergraduate research assistants transcribed the audio-recordings of interviews using the web-based transcription program Transcribe (<https://transcribe.wreally.com/>). One research assistant completed the initial transcription, and then a second research assistant checked the transcription by listening to the audio-recording and editing the initial transcript as needed. The second transcriber also redacted any personally identifying information to protect participants' confidentiality. Given that the

focus of analysis was the content of the interviews rather than nuances of women's language choices or styles of speech, "um's", "uh's" and other language tics were not transcribed. Non-speech markers (e.g., <laughter>, <sarcasm>) were transcribed only if they provided important context to understand the meaning of the women's words.

Data-Analytic Strategies

Data were analyzed in three passes at three increasing levels of abstraction:

(a) First pass: Data extraction form. Given this qualitative project's focus on the *content* of women's legal experiences (i.e., "what happened"), the first pass consisted of a structured data extraction form to record basic, largely factual events and contexts from a woman's narrative (e.g., pregnancy outcome, reporting to law enforcement, conviction, custody battle; see Appendix B). The purpose of the data extraction form was to provide an "at a glance" overview of key events in each interview and allow for calculation of counts of events when describing findings.

Seven advanced undergraduate research assistants working for course credit completed the data extraction forms. Interested undergraduates submitted a written application and interviewed with me before selection for the project. These research assistants also read extensive background information on rape-related pregnancy and transcribed interviews prior to completing the data extraction forms, and so were well-versed in the source material and legal issues facing women pregnant from rape.

The data extraction form consisted of 72 items, 65 of which were repeated for a participant with two rape-related pregnancies. Thirty-eight items were "check-box" items assessing presence or absence of concrete events or contexts (e.g., check "yes," "no," or "unsure" for the following statement: "The perpetrator found out that the participant became pregnant from assault"). Out of the remaining 34 items, five required a numerical response (e.g., "How many weeks or months after the assault did the participant first discover that she was pregnant?") and 29 required a brief open-ended response (e.g., "Briefly describe how the participant discovered she was pregnant").

I wrote the first version of the data extraction form after approximately 75% of interviews were complete, taking into account legal events and contexts drawn from background research and knowledge,

as well as some new categories that emerged from women's narratives (e.g., "Participant relied on perpetrator for material support" during pregnancy). The research assistants and I iteratively refined the data extraction form in research team meetings, clarifying item wording and adding examples to aid in coding accuracy and inter-rater reliability. Two different research assistants independently completed data extraction forms for each interview. The mean percentage agreement for the 43 check-box and numerical items (84 for participants with two rape-related pregnancies) was 90%. Most discrepancies were relatively minor (e.g., "no" vs. "unsure"). Any discrepancies on check-box or numerical items were resolved by consensus, and then a final "reconciled" data extraction form was compiled for each participant with all discrepancies resolved and open-ended responses combined.

Research assistants entered responses from the check-box and numerical items from the final reconciled forms into SPSS Statistics, along with responses to the standardized set of 22 demographic questions and 12 questions specific to each rape-related pregnancy collected at the beginning of each interview. A second research assistant checked all data entry.

SPSS Statistics was used to calculate frequencies and other summary statistics as needed. Again, because this is a small, non-representative qualitative sample, frequencies of events were *not* calculated in order to generalize to the population of women pregnant from rape. Instead, calculating frequencies served as a check on the "groundedness" of data, so that I did not misconstrue how common particular themes were in the data based solely on a few vivid examples in my memory. For example, I came away from the interviews with the perception that few women reported the rape to law enforcement, given that many women shared striking, memorable concerns specific to their pregnancy that made them hesitant to report. However, when I actually calculated the frequency of reporting, I was surprised to find that in most cases (25/39 pregnancies) the rape had been reported to law enforcement.

(b) Second pass: Bucket coding form. Going beyond the basic, factual events and contexts recorded in the data extraction forms, the second pass of data analysis involved more conceptually sophisticated coding of key content areas (e.g., "perpetrator behavior," "others' perceptions of participant," "social support"; see Appendix C). For each general content area or "bucket," coders

provided a brief summary, followed by 1-5 supporting excerpts from the transcript. The bucket coding form also contained space for an overall summary of the interview and any additional coder notes or questions not otherwise covered in the form. The goal of bucket coding was to manage my own reflexivity by involving others in the process of thematic analysis, to avoid bias or missed opportunities that might occur as a result of only one person conducting all interviews, analyzing all data, and interpreting all findings. To this end, the bucket coding forms provided some mild structure (by orienting coders' attention toward major content areas), but still allowed freedom within each bucket for coders to include observations and excerpts that they found meaningful. For example, the most conceptually abstract bucket was "Rape-related pregnancy made a difference: Examples of how the fact that a woman became pregnant following rape influenced her choices, experiences, or outcomes," which invited coders' own perspectives on the key research question.

The original analytic plan was for graduate students to code text excerpts within-transcript on the online qualitative data analysis platform Dedoose for approximately 40 pre-defined codes, but after attempting this process on a few transcripts, the graduate students found that the density of the transcripts and the variety of possible legal outcomes made this procedure untenable. In addition, the research team and I were concerned that this overly structured approach (using pre-defined codes only) might limit others' "discovery" of novel, emergent findings. Given these concerns, I developed the first version of the bucket coding form in consultation with the three graduate student coders and a study consultant specializing in qualitative methods, as a strategy to streamline the coding process and strike a balance between structure and flexibility.

Three clinical or community psychology graduate students and one hand-selected advanced undergraduate research assistant completed the bucket coding forms. The graduate students were members of the larger research team that helped develop the project, and so were familiar with the issues affecting women who conceive in rape. Only one bucket coding form was completed per interview. Bucket coding forms were uploaded to Dedoose (<https://www.dedoose.com/>) to help organize excerpts by bucket as a preliminary step in thematic analysis.

(c) Third pass: Thematic analysis. The final stage of data analysis involved thematic analysis in accordance with Braun and Clarke (2006). Thematic analysis is a method of organizing and describing a data set in rich detail by way of identifying, analyzing, and reporting patterns within the data. I chose thematic analysis as my ultimate data-analytic strategy because it lends itself well to the pragmatic, question-driven, descriptive approach of this research project (Braun & Clarke, 2006). Along these lines, the goal of thematic coding was to identify a limited number of shared contexts or patterns describing how women who conceive in rape interact with the legal system that might constitute actionable information for survivors, policymakers, and helping organizations. The unit of analysis was the entire transcript, since a key focus of the research was the *interplay* of different aspects of women's choices and experiences (e.g., how criminal justice experiences influence family court experiences and vice-versa). In order to understand this interplay, each woman's transcript needed to be considered in its entirety to understand the sequence of events and the interactions among events.

Below is a brief description of how I implemented each of Braun and Clarke's (2006) six steps of thematic analysis in the current project:

1. *Familiarizing yourself with your data:* In addition to conducting all interviews and writing field notes, I read through and took notes on all transcripts, field notes, data extraction forms, and bucket coding forms multiple times throughout the data analysis process. I uploaded all of these documents to Dedoose to help organize my notes and interview excerpts.
2. *Generating initial codes:* I generated initial candidate codes through writing field notes and re-reading each interview, and further refined these initial codes through the process of creating the data extraction form and bucket coding form. Across all three passes of data analysis, I hypothesized some coding categories *a priori* based on background knowledge and research, while other coding categories came from novel events or trends in women's stories that were not hypothesized in advance. Reading through the bucket coding forms also introduced some new candidate codes (e.g., attorneys in family court arguing that women's rape trauma is a reason to deny custody).

3. *Searching for themes:* I collated individual codes (from field notes, data extraction forms, and bucket coding forms) into more abstract, conceptually rich semantic themes. For example, I organized multiple specific anecdotes involving women's pregnancy choices, which differed in many ways, into the higher-order theme of "Legal realities impinge on women's pregnancy decisions."
4. *Reviewing themes:* I dropped, combined, or expanded themes as needed, and developed a chronological map to organize themes according to women's timelines from assault to pregnancy to potential childbirth and childrearing (see Figure 9 in Findings section).
5. *Defining and naming themes:* I finalized the names for each code to be maximally discrete and descriptive.
6. *Producing the report:* I selected a limited number of vivid extracts tagged in Dedoose from the transcripts and the bucket coding forms in order to illustrate the final themes in a compelling way.

The first two passes of data analysis served as building blocks to aid in the selection and development of the final themes. In other words, data from the data extraction forms and bucket coding forms were integrated into the thematic analysis process. Although the final codes were ultimately my own, they reflected the observations of the four coders who completed the bucket coding forms and input from my academic advisor.

Findings

Before I begin to detail my qualitative findings, I present here some facts and general observations, as well as a few important caveats, to keep in mind.

First, the stories of these 35 women, as relayed during the interview process, totaled over 75 hours of audio recordings and 1,000 pages of transcripts. Given this tremendous quantity and density of narrative, by necessity only a fraction of the richness of their experiences is described here. To aid this study's goal of practical usefulness for law, policy, and advocacy, findings in this manuscript are limited to those that (a) directly describe participants' interactions with legal institutions, (b) indirectly describe factors that influenced participants' trajectories through the legal system, or (c) identify outcomes clearly

influenced by public or institutional policies that impact women pregnant from rape. This limited scope means that many other meaningful aspects of these women's stories (e.g., what women chose to tell children conceived in rape about their origins) are not discussed in depth here.

Second, the experiences of women who conceive in rape overlap with many of the experiences of rape survivors who do not become pregnant. For example, how participants made decisions about reporting the assault to law enforcement *in the hours or days immediately after the assault* is similar to the decision-making process of rape victims in general, since at that point the pregnancy is not apparent and cannot be an influence. In the same vein, the experiences of women facing custody disputes with the rapist-fathers of their children have a good deal in common with the experiences of other women facing custody disputes with abusive, unreliable, or dangerous men with whom the children under dispute were conceived consensually. Given this overlap—and the considerable extant general research on rape survivors and child custody disputes—the findings here focus only on situations where *rape-related pregnancy per se changed women's experiences*.

Third, participants described a range of experiences with the legal system and other relevant institutions, which included occasions of positive interactions with law enforcement, medical providers, and others. However, the findings here tend to focus on where things went *wrong*, given this study's pragmatic goal of providing actionable information on how to improve legal and institutional responses to rape-related pregnancy. This study's intentional focus on problems does not imply that women pregnant from rape have only negative experiences. Indeed, participants' stories were often marked by resilience and even personal growth in the aftermath of trauma, as well as tremendous kindness and support from others (see theme on posttraumatic growth). Women's positive experiences are generally described only when they might provide a specific model for others to follow.

Finally, these findings are organized into cross-sectional themes common to many women's narratives, rather than following individual women's narratives from beginning to end. This approach is used to highlight discrete issues that may be foci of legal or institutional change and to protect participants' confidentiality. However, through the process of data analysis it became apparent how much

legal decisions and events at different points in time overlapped and interacted with each other to produce particular outcomes. In other words, no individual theme is entirely discrete, because they all influence one another. For this reason, the same sequence of events from a single participant's narrative may be repeated in multiple places in order to highlight a different angle of the story, or to more fully explicate issues hinted at in earlier sections of this paper.

Two sets of cross-sectional themes are identified and described herein. The first set is *timepoint-specific themes*—that is, issues that are limited to a particular chronological point along a woman's timeline of assault, pregnancy, and potential childbirth and childrearing. These timeline-specific themes are presented in roughly chronological order (see Figure 9 for a schematic). The second set is *cross-cutting themes* that may present themselves at a variety of points across women's narrative timelines.

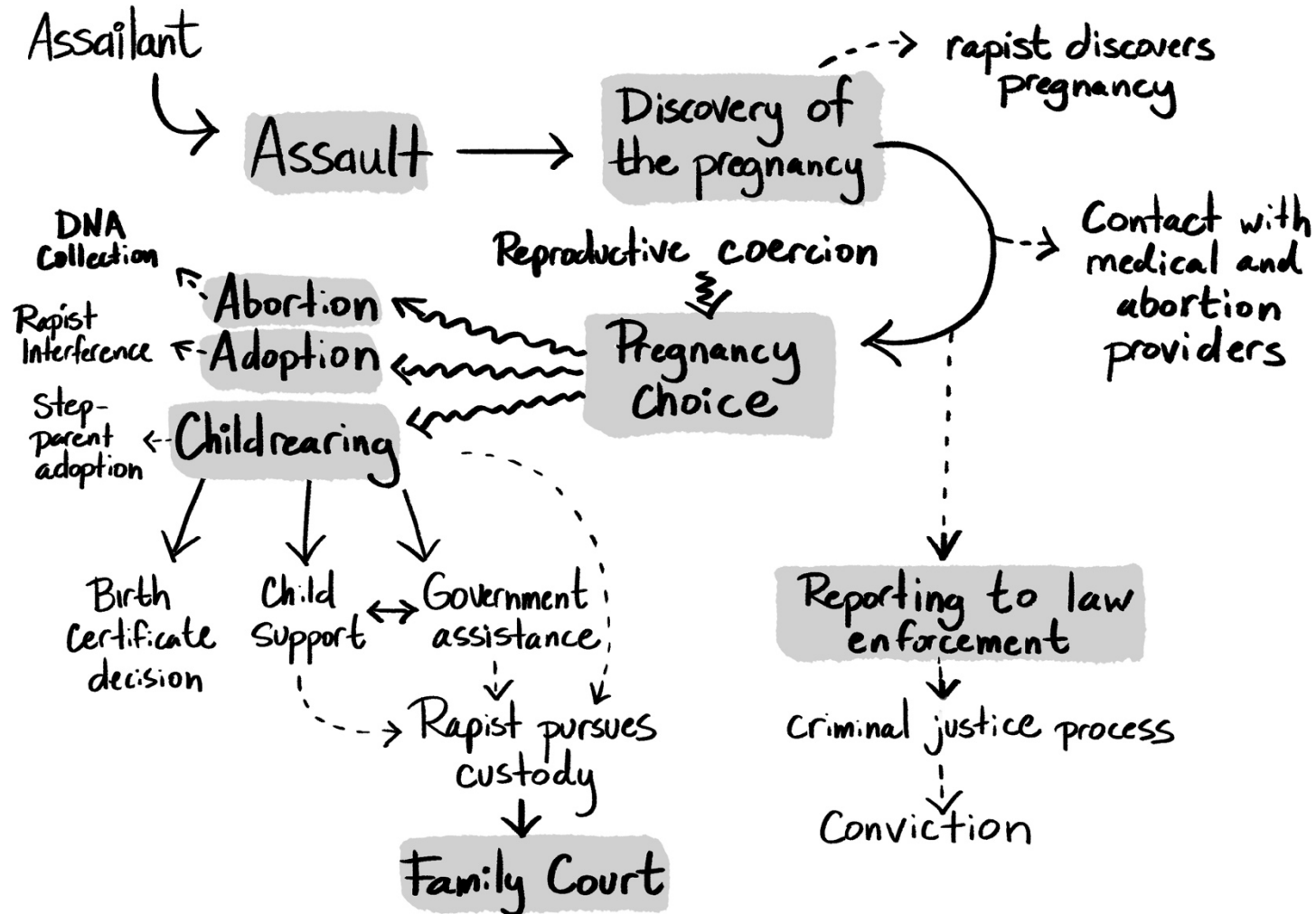


Figure 9: Schematic of timepoint-specific themes.

TIMEPOINT-SPECIFIC THEMES

Rapists Often Intend to Cause Pregnancy

In eight out of 39 pregnancies in the sample, women perceived that their assailant had intentionally caused the pregnancy, which is a form of reproductive coercion (Miller, Jordan, Levenson, & Silverman, 2010). Three of these eight women indicated that the perpetrator was tracking their menstrual cycles in order to increase the odds of impregnation; in one case, police found an ovulation cycle tracking program on the perpetrator's computer after the participant reported the assault to law enforcement.

Participants' perceptions of the perpetrator's motivations for trying to cause pregnancy fell into two categories:

- (a) The perpetrator wanted children.** Some perpetrators seemed to rape out a desire for children. For example, according to one participant, her assailant told her that "his other kids' mothers wouldn't let him see his kids when he wanted to, so he figured I would give him mine since I already had three." Another woman described a complex scheme in which the perpetrator (an acquaintance of the participant) raped her while concealing his identity in the hope that she would place the child for adoption with the perpetrator and his wife, who were infertile.
- (b) The perpetrator wanted to use the pregnancy as a method of power and control.** Other assailants engaged in reproductive coercion not for the purpose of producing children, but as a method of power and control—either to terrorize the participant or to force her into a relationship. Multiple participants characterized the intentional impregnation as an extension of other controlling or abusive behavior. Here is one description:

“He wanted me, and he couldn’t have me, so he drugged me, ultimately ending up with what he wanted, I think: me pregnant. So he could control me for the next eighteen years. And that’s what he’s doing....

“I know that’s why he waited. Because I had known him for years. He waited until I was eighteen.... ‘Cause I do believe he had every intention of getting me pregnant.” (2000s)

Another participant who was raped and intentionally impregnated by her ex-husband described it as his revenge for her “getting away” and a way to re-assert ties with her:

“Maybe it was also a punishment for me. Maybe it was like, ‘Okay, well, you got away once and now I have you forever,’ type of thing.” (2010s)

Sometimes these two motives (children and control) were indistinct, as in the case of one perpetrator who reportedly held a delusional, religiously-inspired belief that the woman he attacked was meant to be his wife and bear his children.

This finding is in line with Basile et al. (2018), who found a higher rate of reproductive coercion among women who became pregnant after being vaginally raped by an intimate partner (51.8%) as compared to women who reported vaginal rape by an intimate partner but who did not become pregnant (22.1%). This is likely the case because the definition of reproductive coercion in the NISVS from which the Basile et al. (2018) data is drawn included “partner tried to get me pregnant or stop me from using birth control.” Together with the qualitative findings described above, this suggests that pregnancy is not always incidental to rape—particularly rape by an intimate partner—but may be a motivation for rape.

Pregnancy Often Reveals That a Rape Occurred

In eight out of 39 pregnancies in the sample, participants did not know that they been raped until they became pregnant. Three participants believed they were drugged by the perpetrator; two had voluntarily consumed alcohol or illegal drugs to the point where they were incapable of giving consent; one had taken prescription sleeping medication; one had been beaten unconscious by the perpetrator; and one described herself as being in a foggy mental state that made her unaware of what was happening to

her. These participants discovered their pregnancies—and thereby their rapes—between two weeks and six months after the assaults occurred.

Ironically, if these eight woman had not become pregnant, they would never have known they were crime victims. In a logical extension of this finding, there are likely many women who have been raped while drugged, intoxicated, or otherwise unconscious—and *never* realize they are rape victims because they happened not to become pregnant (or show another definite physical sign of rape, such as anogenital injury or a sexually transmitted infection).

Rape-Related Pregnancy Has a Variable Impact on Reporting to Law Enforcement

Rape-related pregnancy seems to sometimes encourage and sometimes discourage reporting of the crime to law enforcement.

Pregnancy encourages reporting. On one hand, multiple participants reported that they had no intention of ever telling anyone about the rape—*until* they became pregnant. As one participant (who was 19 when she was assaulted) put it:

“If I wouldn’t have found out I was pregnant, I had every intention of never saying a single word to anybody about it.... I went, what—almost five and a half months—without saying a single word. I had every intent to take it to the grave.” (2010s)

Another participant, who was 16 years old when she was assaulted by several older students not of her race, said she would have never told anyone about the gang rape—and pretended that her boyfriend was her baby’s father—if she were not pregnant with a biracial child. But she disclosed the rape to her family because otherwise, in her words, “How do you explain having a biracial child?”

The stress and looming physicality of pregnancy often prompted an initial disclosure of the rape—particularly adolescent or young adult victims disclosing to their parents—and this initial disclosure opened the door to reporting to law enforcement. In both of the cases quoted above, participants ultimately reported the crimes to police at their parents’ behest. In total, in 25 out of 39 pregnancies in the sample, the participant or another party reported the rape to law enforcement (civilian or military).

Pregnancy discourages reporting. On the other hand, within every crime victim's cost-benefit analysis about if or when to report to law enforcement (Gottfredson & Gottfredson, 1988), rape-related pregnancy sometimes raised additional issues that tipped the scale toward not reporting. Some of these issues were personal and idiosyncratic (e.g., one participant not wanting her child to resent her in the future for bringing charges against the child's father); however, some raised systemic issues regarding the legal landscape for women who conceive in rape. For example, among participants who did not realize they had been raped until they discovered the pregnancy weeks to months after the assault, this meant their initial opportunity to report the rape to law enforcement was delayed, which sometimes discouraged reporting. For example, one woman (who confirmed the rape only after learning she was pregnant four to five weeks later) did not report because she felt that the delay had already sunk her case:

"When I really was preemptively grappling with the whole thing, it was like, 'Well, it's too late now. You can't do anything.... It's been too long.' ...So within like a week [of finding out I was pregnant], the decision had been made that I couldn't report, but I don't know if it was a decision that I felt, 'I'm deciding not to report.' I felt like it was, 'My opportunity to report has passed, so deal with that and move on.'

"...I had no confidence that anything would come of it [reporting]. Because how would it possibly?" (2000s)

As another example, one participant whose assailant harassed and threatened her throughout her early pregnancy decided to lie, telling him she had an abortion in order to stop the harassment. She chose not to report to law enforcement because she was worried that he would discover the ruse if she ever had to testify against him. Her assailant still does not know that she gave birth. So not reporting has been borne out as a rational, personally advantageous choice in that she has been able, thus far, to avoid his interference in her life and her child's life.

Along these lines, another participant said she did not report to law enforcement specifically because she became pregnant and needed to "think for two." She had been raped by an unidentified stranger and so did not want to risk law enforcement successfully locating him and thereby revealing to him the existence of his biological child:

“I also did not want him to know that he had a child and possibly come after and take that child away from me ... and/or possibly cause any harm to her. I’m like, ‘No, now I have to think for two. No, I don’t want her to possibly be harmed either.’ ...I had to think of my child as well.... I don’t even know who this person is, let alone [does he know] if I’m pregnant or not. No, I just can’t do that [report to law enforcement] because I don’t want my child to be at risk as well as myself.” (2010s)

Unfortunately, this survivor’s fear that reporting could invite violence or interference into her life and her child’s life is far from unfounded (see theme on pregnancy vulnerability).

Although women who conceive in rape may have rational reasons for *not* reporting to law enforcement—reasons both specific to rape-related pregnancy and reasons that might apply to any rape victim—women who conceive in rape, in fact, often find there are unique benefits to reporting as well as risks from not reporting. Regarding benefits to reporting, participants who filed a police report establishing the rape-related pregnancy had an easier time accessing government assistance programs (such as Temporary Assistance for Needy Families [TANF]) that require the absent parent to be located and pursued for child support before benefits are conferred (see theme on government assistance for more details). Regarding risks from not reporting, multiple participants who had a child custody dispute with the perpetrator said they were not able to allege the rape in family court because there was no police report to support their claims (see theme on custody disputes for more details).

Rape-Related Pregnancy Prompts Skepticism Within the Criminal Justice System

Among the women who did have contact with the criminal justice system (25/39 cases in the sample), many described specific ways in which rape-related pregnancy made police, prosecutors, and judges less likely to believe their stories and pursue criminal prosecution of their assailants.

Reporting delays undermine the rape survivor’s credibility. To review, rape-related pregnancy was generally associated with delayed reporting to law enforcement, either because a survivor did not know she had been raped until she learned she was pregnant or because the pregnancy prompted disclosure of a rape that the woman had otherwise planned to keep secret. This delay often caused police to be skeptical about a woman’s claims. For example, one participant, who was 13 when she was

assaulted, did not realize she had been raped until she was six months pregnant, when her mother noticed she was feeling sick and putting on weight. Although her parents helped her report to law enforcement, she felt the delay made her less likely to be believed by police:

“Honestly I guess for me [the most stressful aspect of the whole experience] was the—and I know they were just—but just the questions [from police]. Feeling like they didn’t believe me, just them tearing me down almost: ‘Where were you?...’ ‘Well I don’t know where.’ ‘Well who were you with?’ ‘I don’t know.’ ‘Well, when was it?’ ‘I don’t know.’ Just his questions would just get more pointed, and more—little bit more hateful, not hateful, but aggressive. Each question got worse....

“[I was] just feeling beat down, and just crying. And I’m the type of person, if I’m crying it’s hard for me to look you in the eye, so at—especially at that young, like I didn’t want to look at him. I was embarrassed, and not knowing all these answers, and for him to sit there and tell me like, ‘I don’t believe you because you won’t look me in the eye.’”
(2000s)

Another participant, who reported several weeks after the assault when discovery of the pregnancy prompted her to disclose the rape to her parents, recalls that the first question police asked her was, “Why did you wait so long?” She expressed frustration about the police’s doubts:

“People didn’t believe me because I didn’t tell until I got pregnant. Like, why can no one understand that?” (2000s)

Pregnancy is seen as an ulterior motive to fabricate a rape claim. Multiple participants shared stories suggesting that the police may perceive pregnancy as an ulterior motive to fabricate a rape claim (e.g., falsely claiming rape as an attempt to explain away an embarrassing pregnancy). In the eyes of these participants, *a priori* police skepticism decreased the likelihood of criminal prosecution of the assailant. For example:

“I was told [by police] it was like, ‘Well consensual sex and then you end up being pregnant doesn’t make it rape or sexual assault,’ and I was like, ‘It wasn’t consensual,’ but it just kind of felt like they were mocking me. It really didn’t feel like they trusted me. I mean, here I am 19 years old, I’m pregnant and now coming forward with a sexual assault claim, and so it—I didn’t feel like I was getting any support from the police.”
(2010s)

As another example, a participant who was married and serving in the military when she was raped by a fellow service member received this admonition from the military prosecutor:

“Make sure you’re not just saying it now and regretting the fact that you slept with him because you’re pregnant and the military can kick you out for adultery.” (2010s)

Adolescent girls were especially likely to be doubted by police. For example, a participant who was 13 when she was assaulted said police assumed she was trying to explain away a consensually-conceived pregnancy to hide the fact that she was having sex from her parents:

“[The detective] kind of accused me of just not wanting my parents to know who the guy was.” (2000s)

Another participant, who was 15 when she was assaulted and was pregnant with a biracial child, said police accused her of being “racist,” claiming she made the rape accusation to cover up that she, as a white teenager, was having sex with black men. Detectives asked her:

“Are you saying this is rape because you are gonna have a biracial baby, and you’re worried what people are gonna say?” (1990s)

Adolescent claimants’ special risk of disbelief is especially troubling because adolescents are disproportionately likely to be sexually assaulted and disproportionately likely to become pregnant from rape (Breiding et al., 2015; Holmes et al., 1996).

Pregnancy and childrearing are construed as contradicting a rape claim. Finally, two participants reported that pregnancy or childrearing was construed as *de facto* evidence that no rape occurred. One participant, who testified at her assailant’s trial, reported that his defense attorney ludicrously argued that her pregnancy negated the rape because “women can only become pregnant if they’re aroused as well.” (The participant also noted that, fortunately, “Everyone looked at his attorney as if he was stupid” following this comment.)

Another participant reported that police viewed her (eventual) excitement about impending motherhood as negating the rape accusation, which became a factor in her assailant never being charged:

“The idiot [city police department] actually helped the defense side of it! Because I was nine months pregnant, and I was talking to my best friend on a Facebook conversation that—they also like, subpoenaed all of my Facebook interactions. Just anything they can get their hands on to prove whatever, that I wasn’t raped, I don’t know. But I was like, nine or eight months pregnant, and I said to my friend, ‘Oh, my God! I’m gonna be a mom, I’m so excited, I’m so thrilled to be a mom.’ And they put that in records for like the defense side of saying that I wasn’t raped because I was thrilled that I was gonna be a mom.” (2010s)

The Special Vulnerability of Pregnancy and Childbirth Affects the Criminal Justice Process

A unique legal obstacle that women pregnant from rape face is that they have to make many of these decisions about reporting to law enforcement and cooperating with prosecution *while* they are pregnant or postpartum. Pregnancy and childbirth are times of increased physiological stress and vulnerability for women, particular women experiencing high-risk pregnancies or problems during delivery. This kind of physiological vulnerability might inhibit a successful prosecution in a variety of ways. For example, one participant said that police took advantage of her concern over her high-risk pregnancy to convince her to assent to an unsatisfactory plea bargain:

“I was really sick, and my daughter was sick the whole time too that I was pregnant. They thought she was going to be born with half an arm, with half a head and everything, because that’s what the ultrasound showed, but when she was born she was completely healthy.... [The police] were the ones that pushed me to agree to the plea bargain.... They even told me, ‘Maybe your daughter will die if you have to witness several times at trial’ and stuff like that.... Yeah, they were supposed to be working for my child and me, but it seems like they were working for him instead.” (2000s)

The plea bargain meant that her assailant—who raped her with the intention of causing pregnancy—only received probation and an order to attend substance abuse counseling.

Another participant described the physical pain and stress of testifying at her assailant’s trial just days after she delivered her rape-conceived child via Caesarian section:

“It was horrible.... It was physically brutal. I had to get a ride there, I had to get a ride back. I couldn’t sit very much. And I was also trying to be tough because I didn’t want to look weak and vulnerable. And I was scared because I had my friend taking care of my daughter at home for me to come back to after I was done testifying.... I just took a picture of her with me.” (2000s)

Although this participant pushed through the physical pain and stress to appear at trial and help convict her assailant, it is not hard to imagine another woman in a similar situation being waylaid by these kinds of physical problems associated with pregnancy and childbirth. Indeed, other woman spoke about how they “didn’t have the energy” or “didn’t want to deal with” the process of reporting while they were also handling a very stressful and sometimes physically painful or restricting unplanned pregnancy.

Most Rapists Knew About the Pregnancy Due to Close Relational Distance to the Victim

In the vast majority of cases in this sample (34 out of 39 pregnancies), participants were assaulted by someone they knew, whether a former or current intimate partner, family member, or acquaintance. This close relational distance meant that, in most cases (28/39 pregnancies), the assailant found out about the pregnancy. This is important because the assailant *knowing* about the pregnancy is a prerequisite to many of the other themes discussed later, such as the assailant threatening or controlling his victim during pregnancy or the assailant pursuing child custody.

Perpetrators found out about their victims’ pregnancies in a variety of ways. Most commonly (9/28 pregnancies where the perpetrator knew about the pregnancy), participants reported that the assailant found out from mutual acquaintances or word of mouth. For example, one participant said that her assailant learned she had given birth to a child because a mutual acquaintance noticed that she had a car seat in her car and told him about it. Another participant summarized, “It’s a small town, people knew.” In seven other cases, the assailant found out because he was living with the participant (i.e., perpetrator was either an abusive intimate partner or family member). One assailant found out directly as a result of a criminal investigation when police informed him about the pregnancy during an interview, another as a result of a civil suit against the hospital where the rape occurred, and another due to his victim pursuing government assistance (see theme on government assistance).

Surprisingly, many participants (8/28 pregnancies) told the perpetrator about the pregnancy themselves, generally because they were angry, felt they had no one else to tell, or needed financial support related to the pregnancy. For example, one low-income participant turned to her assailant to help pay for an abortion, which is how he found out about the pregnancy:

“I told him I was pregnant and I needed to have an abortion ... ‘cause I couldn’t really go to anyone else. ‘Cause I didn’t want anybody to know of the situation, I felt ashamed, even though I know now it wasn’t my fault. I just felt dirty and ashamed about the whole situation. So I couldn’t reach out to anyone else. I know I kind of needed the financial help with the abortion, and I felt, you know, he did this to me. He deserves to pay for this, that was I guess my initial feelings of it.” (2010s)

Another participant, an immigrant earning only \$12,000 per year, turned to her assailant for health coverage during her high-risk pregnancy, since as a green card holder she was not eligible for Medicaid or other government health benefits:

“I got denied for Medicaid, I got denied for all this other stuff. And so I really felt my life was in danger. I felt my daughter was in danger.... At this point I was really upset because I was a high-risk pregnancy. I needed to see a specialist.... Had I not been denied and I had health coverage, then I would not have told him. But it was either, ‘Okay, well, I die and have complications’—‘cause I was feeling sick—and I put my life and my daughter’s life in danger, and God knows we both might die.’ Or I tell him and ask for support. And so that’s what I did. And at the end he didn’t help me anyway.” (2010s)

The above incidents suggest that financially vulnerable women in need of material support during pregnancy may be at particular risk for disclosing the pregnancy to their assailant, which then invites his otherwise unwanted involvement in their lives and potentially in their children’s lives (see also themes on child support and government assistance).

Pregnancy Affords Increased Opportunities for Rapists to Manipulate and Control Women

Once the perpetrator knows about the pregnancy, the existence of the pregnancy affords him increased opportunities to exploit the physical vulnerability of the prenatal period or his victim’s fears about the safety and future of her rape-conceived child. Perpetrators’ threats, manipulation, and violence

during pregnancy may undermine the criminal justice process by destroying evidence and discouraging victims from reporting the crime or cooperating with law enforcement.

Rapists take advantage of the special vulnerabilities of pregnancy to threaten and abuse women. In 13 out of 39 pregnancies in this sample, the perpetrator inflicted or threatened to inflict physical violence on his victim *while* she was pregnant. Along these lines, in 10 out of 39 pregnancies, women sought or received an order of protection or restraining order against the perpetrator *while pregnant* to protect themselves from threats and violence. These individual reports correspond with general research findings showing that women are especially vulnerable to gender-based violence during pregnancy, particularly from an abusive intimate partner (Gazmararian et al., 1996). For example, a few participants reported how their assailants explicitly threatened their unborn children in order to intimidate them out of cooperating with a criminal prosecution. In one case:

“[H]e started directly intimidating me to stop cooperating with the prosecutor and talking to the police and retaliating on me for communicating with the police.... He got into my home, broke into my home, and threatened me because it had gotten around that I’d reported the rape, that I’d talked to the prosecutor. And I had to crawl out of my roof through a window while I was pregnant with my daughter.... He ... pointed the gun at my belly. He was going to either kill me or kill ‘it’—he was calling the baby ‘it’—if I didn’t stop talking to the police and the prosecutors.... [He also threatened that] he was going to force me to do other sexual acts on him ... or he was going to make the baby do it.” (2000s)

This participant said that his threats and violence were successful to the extent that she *wished* she could withdraw from the prosecution to get him to leave her alone; however, as a witness in an active sexual assault case, she did not have to power to drop charges.

Another participant, who was raped by a dangerous and abusive man while involved in sex trafficking, chose not to report to law enforcement out of fear of continued violence against her and possible future violence against her unborn daughter (who represented irrefutable physical evidence that the perpetrator engaged in sex acts with the victim):

“My primary fear was that we would be killed. I was very afraid that he would kill her because there was evidence, you know—DNA evidence. So that’s why I kind of kept her a secret for so long....” (1980s)

In addition to the threat of doing violence to a pregnant woman or her unborn child, rape-related pregnancy adds another special weapon to the rapist’s arsenal of abuse: threatening to gain custody of the child after birth. One participant spoke about how her assailant intimidated her in this way during pregnancy:

“He was talking about how he was going to take her away from me, how he was going to get custody.... [H]e was talking about [how] he lawyered up ... and how he was going to watch my world burn.” (2010s)

As a result of these threats, she fled the state and the criminal report she had lodged went nowhere. In this case, the perpetrator’s *threat* of obtaining custody was enough to interfere with a criminal investigation; he never took any formal legal action to gain custody. However, many perpetrators can and do obtain custody over their rape-conceived children (see theme on child custody).

Rapists pressure or force women into pregnancy termination. In nine out of 39 pregnancies in this sample, the assailant pressured or forced his victim into having an abortion or miscarriage, which is a form of reproductive coercion (Miller et al., 2014). At the lower end of the spectrum of coerciveness, a perpetrator might demand that the victim get an abortion. For example:

“I begged him not to make me go [get an abortion], but he was very insistent. He made me make an appointment in his presence.... He was sitting right at my shoulder, right there.” (1980s)

“I still hadn’t told the police, and then I started getting messages from him saying that he knew that I was pregnant, and that if I didn’t get an abortion, that he was going to abort it for me.” (2010s)

Further along the continuum of coerciveness, other perpetrators took more direct action to force a pregnancy termination. For example, one accompanied a participant to the abortion clinic to make sure she went through with the procedure, although he eventually relented:

“So, [the abortion tech] said, ‘Okay, well the doctor will be ready in 15 minutes,’ and I went outside. I refused to sit in there, and I was just bawling my eyes out, and I was praying that God would get me out of there. At one point, I was about ready to run down the road because he [perpetrator] took my phone from me. He finally, after an hour of begging ... he said, ‘Okay, fine.’ And he made me pay for it [the abortion] too, so he said, ‘Go get your money back.’ And I ran in there and got my refund and left.” (2000s)

Another assailant attempted to trick a participant into taking abortifacient substances:

“And the first thing he told me is, ‘How could you get yourself pregnant?’ ...And so immediately he was like, ‘The only way for me not to go to jail is you gotta hide this pregnancy.’ So then it almost became like a kidnapping at that point. ‘Cause their one mind for both of them [assailant and accomplice] was, ‘No one can see you pregnant.... You cannot go anywhere, you gotta be locked in this room, so no one sees you. And then anything we can do to make sure you are just no longer pregnant.’ ...He’d come by on random days and be like, ‘Oh, I picked up something from the store that’s supposed to be very good for the baby if you wanted to take it.’ And of course it would be something to induce miscarriage.” (2010s)

At the extreme end of coerciveness is direct termination of the pregnancy by the perpetrator himself, which occurred once in this sample. In this case, the participant, institutionalized at age 12 at a psychiatric facility, was repeatedly raped and abused by a male staff member. Her pregnancy was confirmed at the facility’s medical clinic, and then news spread across the ward by word of mouth so that her abuser found out. He then beat the participant viciously because “he was trying to cover his tracks that he did what he did,” which succeeded in causing a miscarriage.

Sometimes perpetrators’ efforts to terminate a pregnancy seemed driven by anger or a desire to control the victim, but sometimes these efforts seemed motivated by the explicit goal of destroying physical evidence of the rape in order to reduce the chance of a successful prosecution. The above-referenced case involving a forced miscarriage is illustrative on this point. This participant never reported to law enforcement (and so her assailant was never prosecuted), in large part due to a perceived lack of evidence:

“[The major reason I didn’t report was] just really the fact that I had no evidence. I mean, I had no proof whatsoever of what I was saying. I was afraid that they [police] were going to tell me again, ‘We can’t prove it. There’s nothing we can do.’” (1990s)

Had her perpetrator not succeeding in inducing a miscarriage and eliminating the physical evidence of his rape, DNA evidence collected from an abortion, live birth, or even spontaneous miscarriage under medical care could have conclusively established his criminal rape, since sexual activity with a 12-year-old child is illegal across the U.S. even without evidence of force.

Given rapists’ frequent pressure to terminate rape-related pregnancies, in three cases participants *told* their perpetrators that they had abortions—even though they did not—to protect themselves and their children from the assailant’s violence or continued intrusion in their lives. For example:

“I was terrified because he said I’d have to have an abortion if I got pregnant.... He told me about numerous other girls who he forced to have an abortion.... He didn’t have mercy for anybody.... But I thought maybe he would let me go or let me not have one.... I convinced him somehow that I had had the abortion.... If he found out I didn’t have an abortion, I think I would not be here today.... Oh, I don’t think I would be alive.” (1980s)

In two out of these three cases, the assailant *never* found out that the participant gave birth—meaning these two participants live in continued fear, even today, that their child’s existence might be exposed and prompt violent reprisals or legal intrusion from the perpetrator years after the assault (see section on step-parent adoption for more details).

Medical and Abortion Providers Harm Women’s Legal Prospects by Failing to Ask About Rape

While rape-related pregnancy clearly confers many special risks (as compared to rape that does not result in pregnancy), rape-related pregnancy can also create contexts that have some collateral benefits for women. As one important example, pregnancy tends to bring women in contact with helping professionals, such as medical and abortion providers, who have the potential to serve as sources of emotional support and practical resources. For 37 out of 39 pregnancies in this sample, participants came

in contact with either a medical provider or an abortion provider (or both).²⁴ As a comparison, in a recent national survey of U.S. women, only one out of five rape victims sought medical care after the rape (Zinzow, Resnick, Barr, Danielson, & Kilpatrick, 2012).²⁵ Even in cases where women were involved in long-term sexual kidnapping or abusive intimate relationships, assailants tended to acknowledge that pregnancy requires medical care and allowed their victims to seek such care, sometimes even accompanying them to prenatal care visits. This means that medical and abortion providers may be “first responders” to a rape resulting in pregnancy, and so have a unique opportunity to intervene in survivors’ lives beyond simply providing healthcare. However, the unique capability of medical and abortion providers to provide emotional support and practical intervention to pregnant rape survivors was typically not realized to its full potential in this sample.

Medical and abortion providers usually do not screen for rape. First of all, medical and abortion providers mentioned in this sample sometimes did not know that their pregnant patient had been assaulted. Medical providers knew about the assault in only 21 out of 34 pregnancies where the woman met with a medical provider, and abortion providers knew about the assault in only three out of seven pregnancies where the woman met with an abortion provider. In most cases where a medical or abortion provider did know about the assault, they knew *not* because the medical or abortion provider inquired about the possibility of assault, but because the participant or an accompanying parent disclosed the assault voluntarily. For example, when one participant went to the emergency room to confirm her pregnancy while visibly “terrified” and “upset” (because she knew a pregnancy would anger her assailant), she said she received no questions or follow-up beyond a phone call from a nurse offering to schedule an abortion. Another participant said that she openly raised the question with her doctor of how she could possibly be pregnant since she was not sexually active, but the doctor did not bring up the

²⁴ For the two pregnancies in which there was no contact with any medical or abortion provider, the participants (who were young adolescents at the time) experienced spontaneous miscarriages at home.

²⁵ In this study, even merely *concern about the possibility of becoming pregnant* increased the odds that a rape victim would seek post-rape medical care.

possibility of rape, possibly for cultural reasons:

“They didn’t put two and two together. They were kind of in a rush. Like, ‘Here you go, here’s some doctors you can follow up with, you need to come back in, get some prenatal vitamins, get some rest.’ ...[W]e never got into talking about rape or sexual assault.... But I think, to be fair, I’m in the deep South.... You just don’t talk about some things. You just don’t talk about it. You don’t.” (2000s)

Another participant—who shared one of the rare examples of a medical or abortion provider proactively screening for rape—explained how the *way* the abortion clinic screened was ineffective, given that her assailant was allowed to stay at her side during the entirety of the visit:

“So we went to [the abortion clinic], and he sat there and made me fill out all the paperwork. He actually pointed when it said, ‘Were you forced to have sex, or was this baby conceived in forced sex?’ and he made sure that I circled ‘no.’” (2000s)

The above examples should not be surprising, because while the American College of Obstetricians and Gynecologists (2014) recommends that “health care providers routinely screen all women for a history of sexual assault,” there is no guidance for when or how this should be done (p. 2). In one recent self-report study, only about a quarter of women reported ever being screened for sexual assault by a healthcare provider, although approximately three-quarters indicated they would be receptive to such an inquiry (Berry & Rutledge, 2016). Along these lines, a recent survey of abortion providers indicated that only 50 percent have a policy to screen for rape, and only one in five has a specific protocol in place to care for women who report a rape-related pregnancy (Perry, Murphy, Rankin, Cowett, & Harwood, 2016).

Abortion providers usually do not counsel women pregnant from rape about DNA evidence collection. Abortion providers specifically can serve a crucial role in the criminal justice process by counseling women pregnant from rape about their options regarding DNA collection. In most rape cases, the opportunity to gather DNA evidence establishing that the perpetrator committed a sexual act with the victim is extremely limited. If a victim does not undergo specimen collection immediately after the rape (e.g., she waits more than a few days, or washes her body first), or if the assailant did not leave behind

sufficient ejaculate or other biological material, then the opportunity is lost. Not so for a rape-related pregnancy. When a woman happens to become pregnant as a result of rape, an enduring genetic link to the perpetrator exists throughout the pregnancy and the lifetime of any child born from the pregnancy. However, this link can be permanently severed if a woman obtains an abortion and DNA evidence is not collected from the fetal remains (D. J. Johnson, Matthies, Roberts, & Yorker, 2010).

While a woman might rationally *choose* not to retain DNA evidence from an abortion because she does not wish to pursue charges against her assailant or for other reasons, none of the seven women in the sample who met with an abortion provider had this choice because none were counseled about the possibility of retaining DNA evidence of paternity (including the two cases where the abortion provider knew the pregnancy was the result of rape)²⁶. Limited available evidence suggests that women want to know about this option. A qualitative research study with nine women pregnant from rape who disclosed the rape to an abortion provider suggests that patients want to receive information regarding evidence collection, even if they ultimately choose not to report (Perry, Murphy, et al., 2015). One of the women in the Perry et al. (2015) study who did not recall being informed about evidence collection prior to her abortion said that she likely would have reported to law enforcement if she had known about this option.

Case example: The power of DNA evidence to convict rapists who cause pregnancy. In only one case in this sample was DNA evidence from a fetus or child conceived in rape essential to a criminal conviction, but this case speaks powerfully to the special potential of DNA evidence to aid prosecution in cases of rape-related pregnancy. This participant (referenced in some earlier excerpts) was 13 when she learned she was six months pregnant. She was not previously aware of any assault, and so the pregnancy revealed for the first time that she must have been raped many months ago while incapacitated in some way. She did not have any idea who might have assaulted her. Obviously, this extended delay meant that a standard “rape kit” would have been useless in gathering any biological samples from the perpetrator.

²⁶ All of these contacts with abortion providers occurred after the advent of mainstream DNA paternity testing in the early 1990s.

The participant chose to give birth to her rape-conceived child, whom she raised with the help of her family—still without any knowledge of the identity of the child’s biological father. When her child was ten years old, a relative confessed to the rape, apparently because he mistakenly believed the statute of limitations had expired. Police gathered DNA evidence from her child using a simple buccal swab. The perpetrator was convicted and given the longest prison sentence of any case in this sample (10 years), without the participant even having to testify in court since her young age at the time of conception served as incontrovertible evidence of a crime. All this occurred *ten years* after the rape (a very cold case indeed), and it was only possible because the participant’s rape-conceived child served as enduring genetic link to the perpetrator.

This case is obviously unusual, and DNA evidence of paternity is not always legally helpful (e.g., if the victim is an adult and the perpetrator does not deny intercourse but claims it was consensual). Regardless, given the special power of DNA evidence to convict rapists who cause pregnancy, women pregnant from rape should at least be aware of the capability to collect and store DNA evidence from an abortion before that evidence is lost forever.

Medical and abortion providers tend to assume that a man accompanying a woman is a consensual partner. Another consequence of medical and abortion providers failing to screen for rape is that they seem to assume that a man accompanying a woman to an appointment must be a safe, consensual partner. This is not always the case, as several women in this sample said that their abusers accompanied them to appointments. In addition to efforts to coerce abortion (as detailed earlier), abusers in this sample also occasionally coerced women to choose particular medical options related to pregnancy and childbirth—for example, forcing a survivor to undergo invasive and risky amniocentesis to establish paternity, to undergo a VBAC (vaginal birth after Caesarean), and to accept not having any family members or friends present in the room during childbirth except for the assailant himself.

Generally, medical and abortion providers in this sample did not ever express concern or ask participants questions about the man accompanying them. Even in the one case in which hospital staff

seemed to have suspicions that the man accompanying a participant during her childbirth was dangerous, they intervened in an ineffective way:

“[Medical staff] called me after I gave birth, they called me in my room to ask questions and see how—you know, kind of like a welfare check. But I couldn’t say anything because [my assailant] was sitting right there staring at me. And I really wish they would have come around to my room and talked to me in private so I that I could actually— ‘cause I was terrified to go home with him, with the baby.... Instead of just a phone call, like, come and make sure that that person’s not there and talk in private.” (2000s)

This action by hospital staff directly contravened the common-sense guidance provided by the American College of Obstetrics and Gynecology (2012): “Screen for [intimate partner violence] in a private and safe setting with the woman alone and not with her partner, friends, family, or caregiver” (p. 3).

The assumption by medical and abortion providers that a man accompanying a woman to an appointment must be a safe and consensual partner not only allowed perpetrators’ violence and reproductive coercion to continue, but also, in one case, created confusion during the criminal investigation of the perpetrator via faulty medical documentation:

“If [my assailant] had shown up with me [to a prenatal appointment], because I was pregnant and I was with him, they didn’t pry—they basically would just chart on the notes, ‘Boyfriend came in, 19-year-old pregnant woman, 18-year-old pregnant woman.’ So they kept writing the words ‘boyfriend.’ So then the [police department] contacts me and they’re like, ‘We have all of these police records ... about you and your boyfriend....’ I’m like, ‘What are you talking about?’ And they’re like, ‘Well, that’s what the doctors were putting on there.’ ‘Cause you would go to the ER, and nobody thought he was my rapist.... They just assumed because he was the father of the child that he was my boyfriend.... And so these records now say ‘boyfriend and patient,’ basically.” (2010s)

For this reason, the American College of Obstetrics and Gynecology (2014) recommends careful documentation by healthcare workers when dealing with rape victims (e.g., avoiding the term “alleged rape”), although there is no specific mention of how to chart a male accompanying a pregnant woman to appointments.

When medical and abortion providers do know about the rape, they provide variable responses and support. In the 23 cases in this sample where a medical or abortion provider knew about

the rape (again, most often because the participant or a family member volunteered the information), participants described varying reactions to this disclosure. Some participants reported that doctors and nurses acknowledged the disclosure and responded empathetically in a way that felt helpful. For example, one adolescent participant living in Europe traveled alone to another country to obtain an abortion; after disclosing the rape, the abortion technician replied, “I’m sorry, you didn’t have to go through that, but we’re going to take care of you” and held the participant’s hand during the procedure, which she found comforting. Another participant, who was an adolescent at the time of assault, said her longtime family doctor cried with her when she disclosed the rape and was genuinely concerned for her welfare.

However, many other participants felt that healthcare providers ignored their disclosure, reacted poorly to it, or offered unwanted opinions about their pregnancy choices. For example, one participant said that she disclosed to every medical provider she saw while she moved from state to state during her pregnancy, fleeing from her assailant. One doctor “got uncomfortable” after she disclosed, but most of the others responded with indifference because they apparently did not construe the assault as a medical issue:

“I mean, a couple of the other ones were like, ‘Oh, yeah, gotcha,’ but it didn’t seem like it really fazed them any, like it really mattered in any medical sense.... No, I mean, a lot of the time it felt like nobody believed me.” (2010s)

Another participant echoed the experience that medical personnel often responded to disclosure with discomfort, and felt that this discomfort made her nurses treat her differently during childbirth:

“And so, generally speaking, people [upon disclosure of rape conception] are just quiet. The nurses at the hospital especially have no idea how to deal with me. They have no idea whether to help me push or not help me push or talk to me or not talk to me.... Somehow the story just sidelined them, and they just didn’t know how to deal with me, so they just kind of dealt with me with kid gloves, which is not necessarily what I needed.” (2000s)

Multiple participants also reported that medical providers, out of apparent concern for participants’ wellbeing, challenged their choice of pregnancy outcome or pressured them to change their mind. For example, one participant said that while she was in the hospital immediately after giving birth

to her son, social workers and nurses questioned her choice to raise her rape-conceived child and pressured her to place him for adoption:

“I just had a baby. I had four social workers come to make sure that he was going to be good, because I was keeping him, I wasn’t—you know. I was even asked, “Are you sure that you’re going to be fine keeping him?” ...It was, ‘You’re sure you’re going to do it?’ One nurse had the audacity to tell [me], ‘You shouldn’t keep him. You don’t know what the outcome is going to be.’” (2010s)

Another participant voluntarily checked herself into an inpatient psychiatric unit for a week due to severe mental health problems stemming from her kidnapping and rape. While this woman identified her mental health issues as the primary problem, the medical staff felt that her rape-related pregnancy was the primary problem:

“That whole week, every day, [hospital staff] said, ‘We can perform an abortion.’ And I just [said], ‘I’m here to get my mind right.’ ...Medical staff definitely was like, ‘This is what you do in a situation with a rape-conceived baby. You have an abortion. You get rid of it.’” (2010s)

Similarly, another participant visited an abortion clinic to get a free pregnancy test to confirm her pregnancy, not because she was considering an abortion. Abortion staff did screen for rape, and when the participant disclosed the rape conception to clinic staff, she felt pressured to abort:

“It just said a pregnancy center. Free pregnancy test, okay. So, I went and immediately, they offered an abortion.... When you’re pregnant, they ask the circumstances. I said it was from a rape, and, ‘Well, you’re pregnant from rape.’ And I was like, ‘And?’ And they’re like, ‘Well, you wanna get rid of it, you know, it’s from a rape.’ And I’m like, ‘And?’” (2000s)

In general, participants perceived this kind of advice or pressure from healthcare providers as unwanted and unhelpful.

Legal Realities Impinge on Women’s Pregnancy Choices

The women in this sample spoke eloquently and powerfully about their reasons for choosing abortion, adoption, or childrearing. But given the limited legal focus of this study, only cases where existing laws and policies tangibly influenced women’s pregnancy decisions are discussed here in detail.

For multiple participants, the legal landscape surrounding rape conception impinged on their freedom to make desired choices about the outcome of their pregnancy.

Abortion. Many women pregnant from rape do not realize they are pregnant until weeks or even months into the pregnancy. In this sample, women typically discovered the pregnancy several weeks after the assault (approximately 4-10 weeks), with a range of 1 week to 6 months. This timeline reflects the nationally-representative sample collected by Holmes et al. (1996), where about a third of women did not realize they were pregnant until the second trimester. In the present sample, women had delayed recognition of a pregnancy because they did not expect a pregnancy (particularly among those participants who did not realize they had been raped) and because they had few pregnancy symptoms or did not recognize these symptoms. Participants who were adolescents when they were assaulted were particularly prone to ignore pregnancy symptoms. For example, one participant who was fifteen when she was assaulted attributed her lack of a menstrual period to “stress” following the assault and thought she was “just getting her big girl boobies” when her breasts began to swell. Furthermore, multiple women in this sample who knew they were pregnant (i.e., had seen a positive pregnancy test) said they were *in denial* about the pregnancy, which impeded them from seeking medical help or making a definitive choice about the pregnancy’s outcome.

This combination of delay and denial means that women pregnant from rape may seek later-term abortions. Indeed, a recent study at two urban abortion clinics found that rape-related pregnancy was associated with later gestational age for abortion (Perry, Zimmerman, et al., 2015). Currently, 43 U.S. states have gestational restrictions on abortion except in exceptional circumstances, with most of these limits falling at 20-24 weeks or at viability (Guttmacher Institute, 2018a). For example, one participant talked about how scheduling an abortion would make her rape conception “too real,” so she delayed making an appointment. This delay ultimately limited her pregnancy options, because she could not “have an abortion totally full-term.”

Another participant, who lived in a European country at the time of her assault and pregnancy, obtained several thousand Euros to travel alone to another European nation in order to avoid mandatory reporting of the rape by abortion providers to police and her parents:

“No, in [my country], [abortion for adolescents] is legal, but you have to go through the whole process. So, basically, I would have to go to police. I would have to file a report. I would have to have a rape kit. And I would have to go to court. I would have to go through that whole thing for them to decide if I deserve it to get one or not.... That’s because I was under 18, yes. And of course, because I was under 18, they would have to tell ... my mom.” (2010s)

Had this participant not been resourceful enough to raise funds to seek an abortion in a different county, she would have been forced to choose between obtaining an abortion and maintaining control over the decision to report the rape to police—a fraught decision given that reporting to law enforcement can have many undesirable consequences for women pregnant from rape.

Adoption and childrearing. In most states in the U.S., a man who fathers a child via rape has the same parental rights as any other biological father—unless (a) he is convicted of a high-level sexual offense (which varies by state) or (b) has his parental rights terminated in a civil hearing in line with the 2015 Rape Survivor Child Custody Act (available only in some states). Parental rights include the requirement to notify and/or obtain consent from the biological father in order to place a child for adoption (or to complete a step-parent adoption) and the right of the biological father to pursue visitation and custody.²⁷

In this sample, *no* participant said that her assailant formally had his parental rights terminated via either of these two routes. First, most participants were assaulted at a time before a civil process for terminating a rapist’s parental rights was widely available. Second—regarding termination of a rapist’s parental rights via a criminal conviction—in this sample the perpetrator was found guilty of *any* sexual offense in only six out of 39 cases (see Table 3). Most of these convictions were for lower-level offenses,

²⁷ Parental *rights* also come with the *responsibility* to pay child support. See theme on child support for more details.

and so were unlikely to qualify for termination of parental rights in most states. Furthermore, most convictions did not occur until well *after* the participant was no longer pregnant—suggesting that, even in the rare case where a perpetrator is (eventually) convicted of a high-level sexual offense and has his parental rights terminated, the victim would not know this ruling by the time she needs to make final decisions about the outcome of her pregnancy. Compared to the slow-grinding gears of the criminal justice system, the nine-month timeline of pregnancy is quite short.

Table 3: Perpetrator convictions for sexual offenses within this sample (ordered from most severe to least severe sentence)

Case #	Convicted of	Sentence	Conviction secured how long after assault?	Conviction secured during pregnancy?
122.0	Unknown sexual offense	10 years in prison	10 years	No
132.1	Aggravated sexual touching of a minor	10 years in prison	6 years after assault, 3 years after report	No
124.0	Second-degree intrafamilial sexual abuse	90 days in jail, 50 years' probation	1 year	No
116.0	Sodomy with force	9 months in jail (served 3 months), dishonorable discharge from military	6 months	Yes
210.2	Sexual misconduct	2 years of substance abuse counseling, 5 years' probation	4 months	Yes
117.0	Unknown sexual offense	Probation only	Unknown	No

For all of these reasons, multiple women in this sample reported that either the specter of their assailant gaining parental rights or their assailant's assertion of parental rights during pregnancy influenced their decision-making about their pregnancy outcome. For example, one woman had already chosen an adoptive family for her unborn child when her assailant telephoned and threatened to locate the adoptive family and hassle them relentlessly until he regained custody:

“Oh [that phone call from the perpetrator] definitely had an impact on [my decision to raise my child]. ‘Cause I’ll be damned if he was getting my baby. The family that I had researched and loved and felt would raise my son in their best interest was one thing. The man who raped me was a whole ‘nother.” (2000s)

Another participant was 13 when she gave birth as a result of repeated sexual abuse by her stepfather. A social worker’s involvement after the birth prompted her to disclose the abuse for the first time. Although her stepfather was arrested and charged “that night,” he was immediately added to her child’s birth certificate, so his consent was needed to place the child for adoption (which he did not oppose). As a result, she found herself having to stand next to her abuser in court so that they could both give consent for adoption and sign the necessary papers, despite the sexual abuse charges against him at that time. This participant was understandably baffled and distressed by this requirement:

“I don’t think he should have had any part of signing the adoption papers, or being any part of that. I mean ... he should have no rights. No rights at all. Yeah, that’s probably the biggest thing that I want.” (1980s)

Two additional case examples on this theme are discussed at length below. These two cases are particularly notable since the perpetrators’ impingement on their victims’ pregnancy choices also had collateral consequences for the odds of criminal conviction.

Case example 1: Concerns about custody pushes woman to choose adoption, which influences her not to pursue prosecution. This participant was in her early 20s when she was raped by a man she had dated briefly and became pregnant as a result. She wanted to place her child for adoption for a variety of reasons, including the possibility of her assailant obtaining custody:

“The fact is, what if he does try [to get custody]? In [my state], a rapist can get custody of the child. So I just wanted to avoid that at all costs.” (2010s)

In a disheartening turn of events, she soon learned from police that even placing her child for adoption at birth was in fact *not* a foolproof way of preventing her assailant from gaining custody²⁸:

²⁸ In a case frequently cited in law review articles, a fourteen-year-old girl was raped by an older man and forced to notify him and seek his consent when placing her child for adoption at birth. Although the court terminated her

“[Police] warned me that, you know, since he was the dad, there’s a chance that he could annul the adoption and then just get custody, if that was his wishes.” (2010s)

To avoid this potentiality, this participant’s adoption counselor advised her to lie and say that she did not know the identity of the father during adoption proceedings:

“After I spoke to the adoption counselor, ‘cause that [perpetrator interfering in adoption] was something that I feared, ...she told me basically that if I didn’t bring up any names, if I said I didn’t know who the father was, things like that, that would keep that blocked out.” (2010s)

While illegal, lying and claiming an unknown father during adoption proceedings may be a rational choice and a woman’s best option for avoiding his later interference.

Unfortunately, this participant ultimately felt she had to choose between placing her child for adoption according to her wishes and pursuing a criminal case against her assailant. Although she had reported the rape to law enforcement, police advised her that she could not place her child for adoption at birth while pursuing a criminal case due to the need for DNA evidence:

“‘Cause at that point I was seven months, eight months pregnant, I was very interested in doing the adoption. They [police] told me that if I were to go and press charges, I would have to put my plans for that on hold.... They told me I would have to put off the adoption until a court case because she was considered evidence, and they would need biological samples, maybe a piece of her hair.” (2010s)

This assessment by police seems to have been in error, unnecessarily shutting down the criminal case against her assailant when the participant opted to continue the adoption proceedings and withdraw from the prosecution. While her child’s DNA might be important evidence, in the mid-2010’s when this assault occurred, DNA evidence establishing paternity could have been obtained during pregnancy (e.g., via non-invasive prenatal paternity testing, which is somewhat unusual and expensive; Dhallan et al., 2007; Guo et al., 2012) or more cheaply via a simple buccal swab immediately after childbirth before the adoption was finalized.

rights as part of the adoption process, her rapist retained his rights, gained custody of the child, and then pursued the girl for child support payments (Silver, 2014).

Because the participant claimed she did not know the identity of the father—and because her assailant happened to have no interest in pursuing custody—she was able to complete the adoption without his interference. However, she later bitterly regretted her decision to place her child for adoption and sought unsuccessfully to regain custody. The perpetrator never faced any charges.

Case example 2: Perpetrator uses threat of pursuing custody to blackmail woman into dropping the criminal case against him. Another participant was 17 years old when she found out she was pregnant, and so realized she must have been drugged and raped by a man she met at a club several weeks prior. She wanted to place her child for adoption, and soon learned that she needed to notify her assailant and ask for his consent in order to proceed with the adoption:

“I started to look into adoption, and that’s kind of when more legal fun started. Because in [my state] you have to have two parental signatures, despite how anything happened, or anything went down—you have to have it. So, at that point ... my lawyer had to reach out ... to my rapist to get him to sign rights.” (2000s)

It is also notable that this participant’s assailant only knew about her pregnancy *because* she reported the rape to police; she believes detectives told him about the pregnancy at some point, because she and her assailant otherwise had no contact and no mutual acquaintances. Because the identity of her child’s biological father was enshrined in official police records, she did not have the option to lie during the adoption proceedings and say that she did not know who the father was.

While her assailant initially denied paternity, he eventually admitted that he was the biological father and made motions to pursue custody. Since it *is* possible for a biological father to gain full custody of a child if the mother relinquishes custody en route to an adoption, this turn of events meant the participant had to change her adoption plan mid-pregnancy:

“So at that point when he was contacted he decided that, well, *he* just wanted to raise the child. So, he was just gonna say, ‘Well you want to give him up, so *I* will just take the child and *I’ll* raise him.’ So at that point I had to really change my whole plan for this baby because I was pretty sold on adoption. You know, that was the path I was on, and then it was like, ‘Ok, well, pump the brakes, now I have to fight for custody.’

“I just remember being floored. Like, are you freaking kidding me? Like again? Like, you already hurt me, and you’re going to try to mess with me—for real? ...But yeah, I can just remember being scared.... Like, ‘What’s about to happen? Oh my gosh, now I have to raise this baby, oh my gosh.’” (2000s)

However, her assailant never actually implemented his plan to pursue custody. He eventually realized the power he held over her via the *threat* to disrupt her adoption plan, and leveraged this power to forestall any criminal case against him:

“He got a lawyer, and they presented this, basically: ‘I’ll sign my rights away if you sign your right away to prosecute me for the rape.... So my decision is, ‘Do I let him off the hook and ensure the safety of my child ... and the plan that I had worked out, or do I, you know, fight ... to take him down and risk ... if I don’t take him down then I’m potentially sharing custody with this man?’

“So, yeah, put in that position I chose to sign. So I signed my right away to prosecute him, and he signed his right away—his parental rights away.... So [sigh] I never got to prosecute him.” (2000s)

The participant said the detective on her case had “begged” her to continue cooperating with prosecution because “it was not the first time that he had been accused of something like this,” but the participant did not change her mind. She made the choice she felt she “had to make” to ensure her child’s safety.

This kind of blackmail contract is patently illegal and unenforceable. Contrary to popular belief, a rape victim typically cannot decide unilaterally to “press” or “drop” charges, but merely serves as the state’s witness, subject to subpoena like any other witness. However, police and prosecutors are often reluctant to proceed with a sexual assault case without the victim’s willing cooperation (Spohn et al., 2001). And this participant likely made a rational assessment that the best way to ensure she could freely choose a safe, desired outcome for her child was to make an agreement *outside* the formal justice system (see, generally, Mnookin & Kornhauser [1979] for a discussion of “private ordering” of custody

arrangements outside the courtroom). Ironically, then, the fact that this participant reported the rape to law enforcement started a cascade of dominos that led to the perpetrator walking free.

Women Raising Children Conceived in Rape Often Do Not Want or Cannot Get Child Support

Women raising children conceived in rape face two serious, opposing challenges related to child support. The first challenge is that many survivors do not want or cannot get child support, and the absence of child support represents a significant financial loss over 18 years of a rape-conceived child's life. The second is that survivors are sometimes forced to pursue child support against their will in order to receive particular forms of government assistance, exposing them and their children to negative collateral consequences, such as the perpetrator pursuing custody. Each of these child support issues will be addressed in turn.

Most women accept a financial loss to avoid pursuing child support. Twenty out of 24 women in this sample raising children conceived in rape did *not* willingly choose to pursue child support. They expressed three main rationales for this decision. First, many wanted nothing further to do with the perpetrator, having reasonable concern that pursuing child support would invite further opportunities for the perpetrator to interfere with their lives:

"I don't want anything. I don't want anything because that gives him more options.... Gives him a connection, opportunity to come through that door again. With the many issues that he has given me, there's no way." (2010s)

"No. Not at all. I don't want anything to do with him. Like, I would much rather work two to three jobs and work my way to having money than ever have to deal with him again." (2010s)

On this theme, one participant expressed the reality that enforcing parental *responsibilities*, like child support, simultaneously affirms parental *rights* and so invites the perpetrator's continuing involvement:

"Those men pay child support, but I don't like—it should not be called 'child support,' because that kind of gives them parental rights.... That kind of gives them the label that they're a father." (1980s)

Second, some participants expressed the specific fear that pursuing their assailants for child support might spark violent retaliation against them or their children:

“No, no way. Nothing, never. I would never.... As far as I know, he would kill me just out of retaliation because I was disturbing his life.” (1980s)

“He was so dangerous I didn’t want to dabble too much. It’s like I was hoping he would forget about me.” (1990s)

“I wasn’t pursuing any child support, I never did.... I didn’t want to have that kind of dangerous interaction for myself or with [my child]. I thought it would bring danger into our lives.” (2000s)

Third, many participants expressed disgust at the thought of taking their assailants’ money. They did not want to receive any financial support from a man who had violated them:

“For me, it seemed like blood money. I didn’t want to receive money from the man who raped me and tried to kill me and threaten to also assault my child, his biological child. It wasn’t worth money to me.” (2000s)

“I didn’t want his stupid money.... I didn’t approve of what happened and certainly wasn’t taking any freakin’ payments for it.” (2000s)

“The main reason why I didn’t wanna file for child support, I thought I had already lost so much of my dignity.... For someone to completely brutalize and terrorize me on such a deep psychological level—on such a despicable, physical level—I don’t want that person to provide me with any sort of income.” (2010s)

As one participant succinctly summarized her position: “I don’t want his support, you know?”

Women who pursue child support often regret it. In the four out of 24 cases where a woman did willingly choose to pursue her assailant for child support, two women regretted their decision because the perpetrator immediately sued them for child custody in retaliation or as an attempt to reduce child support payments. One of these cases merits additional comment because of the tie between child support and another important legal decision to be made: whose names should go on the child’s birth certificate?

In this case, a participant who gave birth at age 18 chose to pursue her assailant for child support at her family's urging, both because she was young and poor, and because she felt that he deserved to be held accountable in some way for the rape:

"If he's not gonna have any sort of legal repercussions by actually being where he deserves to be, which is prison, then at least he should have repercussions to his pockets." (2010s)

Most participants raising their rape-conceived children chose to put only their own name on the birth certificate (17 out of 22 cases where the birth certificate status was known). However, wanting to receive child support, this participant chose to list her assailant as her child's father on the birth certificate in order to expedite child support; she said that in her state, absence of the father's name can cause delays of six months or more to execute a child support order. Unfortunately, this decision created a vicious circle: she listed him as the father on the birth certificate in order to expedite child support payments; filing for child support provoked him to sue for custody; and then the fact that he was listed as the father on the birth certificate was used to bolster his case in custody court (which is still ongoing):

"But then it also helped his paternity case of getting custody as well.... 'Cause then he's like, 'Okay, well, my name's on the birth certificate. I know that's my kid, why can't I see my kid?'" (2010s)

Due to the "biology-plus" standard used in most legal proceedings considering parental rights, any action by a noncustodial biological parent that shows interest in the child or an attempt to provide care—such as placing the parent's name on the birth certificate—can be used to bolster a suit for custody or other parental rights (Oren, 2004).

Women raped by strangers cannot pursue child support. Furthermore, while most women raising rape-conceived children in this sample did not willingly choose to pursue child support, the three women raped by unknown perpetrators who chose to raise their rape-conceived children did not even have the option to pursue child support.

Government Assistance Forces Women Raising Children Conceived in Rape to “Poke the Bear” to Pursue Child Support

To review, women raising children conceived in rape typically do not *willingly* choose to pursue child support because (as one participant put it) they are afraid of “poking the bear, making it worse.” But for low-income women in need of government assistance, sometimes the decision is taken out of their hands due to child support cooperation requirements of TANF and other government assistance programs. Given that most women raising children conceived in rape are single parents facing significant childrearing costs²⁹, and many are already financially vulnerable due to patterns of risk for sexual assault and unplanned pregnancy, child support cooperation requirements can force women into a cruel trilemma, choosing among three bad options:

(a) Woman can choose *not* to pursue TANF or other government assistance programs with a cooperation requirement and miss out on much-needed financial support—and their child is often the one that suffers:

“It was hard. It was really, really hard. There was a lot of times where we went hungry. There was a lot of times when I would have liked to get her something nice.” (1980s)

For example, one participant and her rape-conceived child became homeless as a result of missing out on government funding because she did not want to risk provoking her assailant into pursuing visitation or custody:

“Here’s the thing. Right now, I am technically homeless, you know, because I lost my job and then I lost my place of living because I couldn’t afford it. And I tried to apply for the TANF, and they also have a program that’s an emergency—like, they’ll pay your rent or whatever amount of money, you know? And they require a child support person on there. I’m like, ‘So I can’t do *anything* besides getting food stamps for me and Medicaid for my daughter?’ Because trust me, \$500—I think they give me \$350, you know—would be a heck of a lot better than not having a place to live.” (2010s)

²⁹ The current cost of raising a child is approximately \$10,000/year for single-parent families making less than \$59,000 per year (Lino, Kuczynski, Rodriguez, & Schap, 2017).

Because of other costs and disruptions resulting from the rape and rape-related pregnancy (e.g., moving costs, mental health treatment, disrupted schooling and vocational attainment due to unexpected childbearing), it can be particularly difficult for these mothers to make up for these lost monies with other income (see theme on financial loss for more details).

(b) For women assaulted by a known perpetrator, survivors can lie and say they do not know the identity of the biological father of the child when applying for benefits, in order to avoid risking his further involvement or retaliation. However, this is illegal; if a woman is discovered (e.g., because her assailant or another family member discovers the ruse and reports her), she can be charged with fraud, potentially jailed, and become permanently ineligible for TANF and other benefits going forward (Kohler-Hausmann, 2007). Furthermore, lying about the identity of the biological father is not always possible (e.g., if a woman is or was legally married to the man who raped her, or if she had already named the father in other paperwork, like a police report).

Regardless of this risk, lying is often a woman's best option for receiving benefits without "poking the bear":

"While they were doing the interview [for TANF] they told me that part of the process is that they try to hunt down the father and get child support. Well, I know who the father is, but I've been telling people that I don't—it just makes things easier because if I say, 'Hey, I know who the father is,' even if I say I was sexually assaulted by him, you know—'Well, you know who he is, let's go get him then.'"
(2010s)

One participant even reported that Social Services *counseled her to lie*, and that this resulted in a good outcome for her and her children:

"[Social Services] felt safer that way [not naming a father] than to keep trying to force him to do a DNA test because he goes on her birth certificate and everything else then he gets rights to my daughter, and he doesn't need rights to my daughter.... [Social Services] are the ones that go through with the DNA test and when they found out that she was from rape and everything else, that's when they told me it was best not to add him to anything. It was in our best interest, so that did work out for us." (2000s)

Another participant bitterly *wished* that she had lied and refused to name her assailant as the biological father when pursuing TANF. After filing for child support in order to receive TANF, the perpetrator immediately sued for custody, which ultimately forced her to flee the country with her daughter to get away from his unrelenting harassment and abuse:

"I never lied. I *should've* lied and said I didn't know who the father is. No, I will not give his name and if it means I'm cut off, so be it. I'll do something else.

"Never, ever give his name. Never, ever do a paternity suit. A person that would rape a person is not a person you want anything to do with.... Do it the old-fashioned way of never dealing with the guy. Don't let the guy know about your baby.... You'll never get enough money that's worth them being involved. 'Cause the baby—it's gonna kill you, it's gonna tear your heart when you have to send your baby off with a guy you hardly know.... You don't want that happening to your child, it will ruin them for the rest of their life.... It's not worth it." (1980s)

(c) For women who need benefits and are unwilling or unable to lie about their child's paternity, their only other option is to "poke the bear" and cooperate with child support enforcement in order to receive TANF and other forms of government assistance. This often has disastrous outcomes for women: All three participants who named a known perpetrator when applying for TANF post-1996 (after the passage of welfare reform) said their assailant pursued custody as a direct result.

Most child support cooperation provisions do contain a "good cause" exemption—where the custodial parent does not have to name the absent parent given a finding of "good cause" that doing so could be dangerous, such as in the cases of intimate partner violence or rape conception. However, in practice, this protection often does not help women who conceive in rape (Nusbaum, 2013).

First, good cause findings are typically at the discretion of the program officer and may require a police report in order to support a finding of rape conception, and these conditions do not ensure a rape survivor receives an exemption. For example, one participant reported that she told her TANF officer about her rape conception but was *not* given a good cause exemption, provoking her assailant to sue for custody:

“Yeah, they [TANF program officers] made me [identify the biological father]. I told them the circumstances, and they said, ‘We don’t really give a shit what your circumstance are. If you want our money, they you’re going to tell us who the father’s been.’ I said, ‘Well, fine, ‘cause I need to eat, [and also] the baby.... If welfare wouldn’t’ve made me get the DNA test, I don’t think he ever would’ve come after me for custody. I think they were directly related.... They went after him for child support. And he went after me immediately for custody.’ (2000s)

Another participant who was assaulted in the early 1990s received two years of government assistance without involving her assailant *before* PRWORA became law in 1996. After the 1996 welfare reforms, she was not granted a good cause exemption and was now required to name the biological father and pursue child support in order to continue receiving benefits. It is unclear whether her good cause petition was explicitly denied or if her claim of rape conception simply fell through the bureaucratic cracks. Either way, her assailant pursued custody as a result:

“I think it was the first Bush president or somebody, or I don’t know, there was this thing, ‘make these absent fathers pay child support.’ ...Make them pay for kids. They [TANF officers] told me—and it was in writing—that if there was a rape or anything violent they will not be involved. So I made it very clear and then it was a big lie.... ‘Cause they served him with papers and required that he take a blood test.” (1980s)

The unpredictability and lack of certainty of the good cause exemption process makes it a risky procedure for women pregnant from rape who need government benefits.

However, even for participants who truly did not know their assailant’s identity (e.g., because they were unconscious at the time or raped by a stranger), convincing TANF officers of this fact caused delays in benefits and increased paperwork and stress. For example, one participant raped by an unknown perpetrator at age 13 was ultimately awarded TANF but her benefits were delayed at least “months” (which was a serious burden for her extremely poor family), and may not have been awarded at all if she had not reported the rape to police:

“There was for a little while [not being able to name the father] was an issue. Like, they were wanting me to go through the legal system again because they were wanting to file child support and, like, finally—I don’t know how it eventually got to where it ... wasn’t an issue. But, like, I showed them because I had the police report, which was a good thing because I still had that, I had the police report that shows that I did file. So that helped out....

“[My benefits were delayed] at least months ... between letters, and going to the office, and bringing birth certificates.... I mean, I understand they got their process they have to do, but when you’re in that situation, it’s hard to understand it.” (2000s)

Another reason good cause exemptions do not always help women who conceived in rape is that they may simply be unaware of this option. For example, as one participant told it, the forms she needed to fill out contained a line for the father’s name, which she obediently supplied, without realizing that this meant he would be pursued for child support and without being counseled about the potential exemption for women who conceived in rape:

“After [my son] was born, I filed for state assistance, and I wish I never would have done this, but I had to say who the father was. I should have said I didn’t know. I wish someone had told me that, because then I would have never had to share custody with my rapist, but I didn’t know to do that....” (2000s)

This participant’s lack of counseling about the good cause exemption was particularly regrettable since she had, in fact, filed a police report against the perpetrator, and so was particularly likely to be granted the exemption. Simple ignorance about the good cause exemption may be even more problematic today when many applications for government assistance are completed online, without an in-person program officer to advise the applicant.

Rapists Pursue Custody for Instrumental Ends—or to Exert Control Over Their Victims

In total, out of 24 cases where participants chose to raise their rape-conceived children, 12 had to fight their rapist for custody, and in multiple other cases, the assailant *threatened* to pursue custody although he never actually did so. As many of the case examples already provided suggest, in almost all cases participants felt that their assailants were *not* pursuing custody out of genuine interest in being a father. Instead, these participants believed their assailant pursued custody to achieve some instrumental

end—as retaliation for pursuing child support, as an attempt to reduce child support payments, or as leverage to reduce the chances of criminal conviction. For example:

“Then when they had me fill out those papers ... he called my parents’ house for three days in a row, wanting to talk to me and tell me—his words were, ‘He’s gonna make my life hell for 18 years for naming him as the father.’ Yeah. And he was successful.” (1980s)

“I filed for child support, and almost immediately, after we have the child support hearings, he goes ahead and he filed for partial custody of the child. ...He’s like, ‘Hey, listen. I’m only filing for custody ‘cause I don’t really wanna pay that much in child support. I don’t really want custody. I could care less about it.’” (2010s)

“I think he was trying to use [custody] as leverage to try ... to get me to drop charges against him and retaliate for me having talked to the police and the prosecutor.” (2000s)

The above is in line with general research on custody disputes among divorcing couples, which suggests that fathers often ask for more custody than they actually want as a strategy to get their ex-partners to agree to more favorable conditions (e.g., alimony, marital property, child support; Mnookin & Kornhauser, 1979).

Other participants believed their assailants pursued custody in bizarre attempts to force intimate relationships with them. For example, one perpetrator told a participant, “I’ll sign over rights if we can have fun again.” Another participant viewed her assailant’s complaints that she was “depriving [him] of the chance to be a dad” as an attempt to manipulate her into returning to his country, where he had raped her repeatedly.

In addition to these instrumental motivations, many participants believed their assailants pursued custody as an extension of ongoing attempts to manipulate, control, and terrorize them as victims. For example, when one participant was asked why she thought her assailant wanted custody, she replied as follows:

“To hurt me.... You know, if he couldn’t have me, he wanted what I had.... Oh no, he doesn’t care about [my son] at all. At all. He cares about making my life miserable. I know that sounds really conceited, but I swear to God, that’s what it is.” (2000s)

Another participant explicitly connected the perpetrator's pursuit of custody to the power he wielded over her during the rape itself:

"He made it very obvious that he didn't want to be a father, he wanted to control me.... I think it's just all for control, you know. He didn't want me to have the baby, and then me having the baby, I was kind of taking control of my own body, taking control of my own decision to have her. And then once she's born, you can't abort a baby that's already born.... So, you know, the next best thing to kind of ruin me for disobeying him and taking that power away from him is trying to take her from me....

"I don't know if a 'power trip' is the word I'm looking for, but I think that's what it is, and it's all just for power. I mean, isn't that what sexual assault is? You just want to overpower your victim." (2010s)

Family Courts Are Often Indifferent to Claims of Rape-Related Pregnancy and Can Be Biased Against Them

Among the 12 participants who faced a custody dispute with the perpetrator, many raised the claim of rape-related pregnancy in family court with the hope that this information would spur a favorable ruling. Unfortunately, this was almost never the case. Several participants reported that their claim of rape conception was ignored by the judge and seemed to have no impact at all on their case. For example:

"It was a two-year custody battle, and that was the very last question that my attorney asked: 'How did you become pregnant with him?' And I said, and nobody cared. That's what I couldn't believe—'cause I had told the attorney, and he didn't really seem to care. I could not figure out why nobody cared. And I've just kind of talked it up to, 'I didn't do what I was supposed to do, I didn't report it, I didn't, you know—anything else,' so there's really nothing that can be done. It's kind of like he-said/she-said, her word against his word." (2000s)

As the following excerpt suggests, several participants felt their claims of rape-related pregnancy were ignored in family court due to the lack of a police report or criminal conviction:

"Especially when we were going through all our custody for two years, it was basically my word against his. He hadn't been arrested for anything. There wasn't anything else. I had no other witnesses, I had no history, just what I was saying." (2000s)

In one case, the family court judge even explicitly barred the participant from raising the issue of rape-related pregnancy in open court because there was no police report:

“My attorney brought it [the fact that my son was conceived in rape] to the judge. The judge said I was not allowed to present it because I had not filed charges.” (2000s)

In some cases, family court judges and related court officials did not seem to have a mental category for rape-related pregnancy—no concept that a woman might be engaged in a custody battle with a man who fathered her child via rape. Participants were sometimes treated like consensual partners in typical custody disputes:

“They call me ‘the ex-wife.’ I was not married to him, I went on three dates with him. He drugged me.... They basically just ignore that, and they just talk as if this was a divorce or something.” (1980s)

“I remember walking in [to mediation] and the mediator was treating it like we knew each other.... She was treating it like we were ex-boyfriend and girlfriend, and she’s like, ‘Remember back to when you guys were dating and you loved each other....’ But we never dated. This asshole raped me.” (2000s)

When claims of rape-related pregnancy were not outright ignored in family court, these claims tended to hurt rather than help women’s custody cases. For example, one participant felt that bringing up the rape conception in family court made her seem vindictive and untrustworthy, as if she were piling on yet another baseless complaint against her ex-husband in an attempt to damage his reputation:

“The first judge didn’t know [about the rape conception]; the second one, she just kind of rolled her eyes when opposing council kind of laughed about it.... They kind of made it into a joke, like, ‘Oh my God, [she’s] done so many police reports and so many this and that and now she’s claiming it was a sexual assault. Like, oh my God, what else is she going to say?’ And she laughed about it. And the judge just kind of looked at me and rolled her eyes like, ‘Okay, you know. Come on, what else are you going to say?’ ... They blamed me, like I was so crazy and out of hand, like I was vindictive and I was just trying to get him.” (2010s)

Another participant similarly reported that her claim of rape-related pregnancy made the family court judge view her as untrustworthy:

"They [attorneys] very specifically asked, 'Did we ever have consensual sex?' and I said 'no.' And they were like, 'So you're telling us that you're pregnant from assault?' and I said 'yes.' ...The other lawyer kind of looked at the judge, like, 'See? She's making all this up.'" (2000s)

While a claim of rape-related pregnancy can directly hurt a woman's custody case by making her seem vindictive or untrustworthy, such a claim can also have indirect negative effects in court. For example, one participant said that her receipt of rape crisis counseling was used against her in family court as evidence she would be an unfit parent:

"It was then extensively brought up that I had received rape crisis counseling, which I think is good. I think it's healthy ... but it was used against me in court.... That I received mental health counseling in the past for having been raped ... was used to kind of argue, well, I'm damaged goods. I had to receive this counseling, and it's some undiagnosable psychological disturbance.... His psychologist, his hired gun, was able to argue this and the judge subscribed to it." (2000s)

Fortunately, this woman had the means to hire her own psychologist as an expert witness to successfully refute this claim. In contrast, another participant of meager means said that she lost custody of her rape-conceived child to her rapist for five years due to manageable PTSD symptoms that were a direct result of the rape—in effect rewarding her assailant for having traumatized her:

"And they [family court] were punishing me for having PTSD by taking my son away from me. But in it they were saying I was unstable and not fit to raise him, but I don't think that was the case at all, neither did my mother, neither did anyone that knew me." (2000s)

Finally, in one instance, a participant's rape-related pregnancy had harmful ripple effects in family court *beyond* a custody battle with her rapist. This participant was assaulted by an acquaintance and chose to raise her rape-conceived child. Years later, during a custody battle with her ex-husband (who was *not* the man who raped her), his attorneys brought up her child's rape conception as a rationale for why her children should not stay together following the divorce (i.e., why her ex-husband should gain primary custody of their shared biological child, while she retained primary custody of her rape-conceived child):

“It was very much [said] in family court that they didn’t need to have a relationship between brother and sister because she was tainted, she was damaged, she was contaminated. [That] was the phrase that was used by his court-appointed psychologist that he hired to do a parenting assessment—on why we didn’t have the need for the siblings to have much of a relationship because my daughter was contaminated and tainted from how she was conceived.” (2000s)

The Costs of Engaging in a Custody Battle with a Rapist Are Extremely High

In eight out of 12 cases in this sample involving custody disputes, the perpetrator was legally granted some sort of access to his rape-conceived child (custody or visitation). This ruling generally involved joint custody between the survivor and her rapist, but in two cases, the assailant gained *full* custody of the child—in one case for a period of five years (before the participant was able to regain custody as a result of the perpetrator’s child abuse and neglect), and in the other case permanently (the perpetrator still has full custody to this day).

The high incidence of granting the rapist-father some kind of custody in the sample corresponds with historical trends nationwide. In the early to mid-20th century, children were primarily placed with their mothers following custody disputes as a result of the “tender years doctrine,” which posited that children, especially young children, need their mother’s care the most (Emery, 2012). However, starting in the 1970s, the default in most jurisdictions started to change from mother-only custody to joint custody—replacing the “tender years doctrine” with the “best interests of the child doctrine”—in order to avoid legally-enshrined gender discrimination and respond to fathers’ increasing role in their children’s lives as more women joined the workforce (Meyer, Cancian, & Cook, 2017). Given the equal-time parenting assumption that underlies most modern family courts, women fighting their rapists for custody have an uphill battle to convince the court to deviate from the default of shared custody.

Unsurprisingly, all participants facing a custody battle with their assailant—particularly those who ultimately were forced to share some visitation or custody—found it extremely stressful. Many participants spoke about the fear and anxiety they faced when they knew they had to interact with their

assailants in some legal context. For example, one participant forced to share custody described her resulting depression and suicidality:

“[Sharing custody] makes your life hell on Earth. You cannot imagine. I didn’t even want to wake up, I was so depressed. I couldn’t pick up anything, all my things were on the floor in my apartment. I was so overwhelmed, depressed. I’m forced to send my baby off with this madman....” (1980s)

Another participant forced to undergo mediation with her assailant spoke of her fear and anxiety upon seeing him at the first mediation meeting (prior to this, she had only met him once in her life—the time he raped her):

“The first time I saw him after all this happened ... I was scared for my life. I was absolutely terrified. I puked, like, the whole morning because I was so nerved up, and I had every power in me not to beat the shit out of him when I saw him.... That was one of the most pivotal, scariest moments of my life.... I was scared that he was going to follow me home. I purposefully took all sorts of back roads and weird ways because I thought he was going to follow me....

“And the weird thing was, I had to suck it up and walk into this room like I owned the place. I knew I didn’t want to let him win, or my emotions. I was trying not to cry or freak out.” (2000s)

Along these lines, several participants said that they developed PTSD as a result of the rape, and that being forced to interact with their assailant during custody disputes was a trigger prompting flashbacks and other PTSD symptoms. For example, the participant cited above also said she experienced a major PTSD flashback the first time she was informed over the phone that she would have to do mediation with the man who raped her:

“No, that was not clear at all. I had absolutely no idea. I had no idea that the next step was going to be that I would have to go to mediation with my son’s father and come up with a parenting plan.... When I was told this, I remember being like, ‘You have got to be fucking kidding me. You think I’m going to share my child with a rapist? Absolutely not’....

“One of my major PTSD flashbacks was that moment, because I remember being in my parents’ living room on their phone that was still held by a cord to the wall and just standing there and standing there.” (2000s)

Another participant with PTSD from the rape (and other intimate partner violence at the hands of her rapist, an abusive ex-boyfriend) was involved in a seven-year custody battle. At one point during custody proceedings, she was legally required to make her pre-teen son call his biological father for 15 minutes every night—despite her son begging her to stop the calls. Otherwise, she risked being held in contempt of court and potentially losing majority-time custody or facing jail time. She spoke about how interacting with her assailant in court and supervising these phone calls triggered her PTSD symptoms:

“It’s like, not only is this guy dangerous and violent and you want him to be around ... a child, but you’re forcing me to co-parent with somebody that beats the crap out of me and raped me numerous times. Like, do you know what that does to a person? I mean, you’re forcing somebody to try and co-parent with their abuser.... It’s like, how does the courts not see this? They don’t care...

“I have severe anxiety any time that I’ve had to go to court or anything. It’s really hard to explain, like my palms get really sweaty, and I start shaking because I feel freezing cold but yet I’m sweating profusely. I can’t breathe. It’s weird, like even every night when he calls [my son for his scheduled phone call], it’s kinda the same thing.... [It] makes me angry that I can’t control my own body.” (2000s)

Many participants also spoke of the intense fear that their assailant would victimize their child if granted visitation or custody. As one participant put it, “The fact that he raped me, I was worried that he would do something to [my son].” And this fear was not unfounded; out of eight cases where a perpetrator gained some legal access to their rape-conceived child, three women stated that their assailants sexually abused the child while in the assailant’s care, and four reported that their assailants physically abused the child while in the assailant’s care. This information is consistent with general intimate partner violence research suggesting that many men who are violent with their partners are also violent with their children (Dixon, Hamilton-Giachritsis, Browne, & Ostapuk, 2007).

Furthermore, all five participants who said that their children were sexually or physically victimized while in their rapist-fathers’ care reported that this information was not particularly influential in court—even when the perpetrator had been convicted of other sexual offenses against children, when there was photographic or medical evidence of the abuse, or when the child disclosed the abuse. In none

of these cases was the perpetrators' legal access to their child curtailed as a result of a child abuse claim. This is likely because family courts perceive that women often falsely claim child abuse (particularly child sexual abuse) as a form of "gamesmanship" during custody disputes (Kasper, 2005). The extent to which this perception matches reality is unclear. For example, careful research has found that approximately 50% of all claims of partner abuse (including intimate partner violence) raised during custody disputes are substantiated in some way (i.e., police records, witnesses, medical reports, or expert testimony), with somewhat lower rates of substantiation of child sexual abuse (23-42%; Brown, 2003; Jaffe, Crooks, & Poisson, 2003). Of course, though, lack of third-party substantiation of a claim of partner or child abuse does not necessarily imply that the incident did not occur. Regardless, the extent to which women are *perceived* to lie about, exaggerate, or overemphasize child abuse in custody proceedings hurts women (and children) who are raising truthful claims.

In addition to the mental and emotional turmoil participants experienced as a result of custody battles or sharing custody with a rapist, many women also spoke about the crushing financial impact. When asked to estimate money spent in the course of the custody battle, participants gave answers as high as \$30,000, \$50,000, and \$100,000. While most of these funds went to attorney fees and court fees, women also needed to pay for other court-related expenses, including psychological evaluations, guardians *ad litem*, and supervised visitation (i.e., paying a court-approved agent to supervise the perpetrator's visitation). Women described these kinds of five- and six-digit financial outlays as permanently ruining their credit, preventing them from returning to school, and (in one case) affecting retirement savings even 25 years later. Given the severe, lifelong impact this debt has on women, one participant described her financial ruin as more personally damaging than the rape itself:

"Okay, well, being raped and going through all that—that was tough. And deciding whether I wanted to keep my daughter or not, that was rough too. [crying] But I think the worst part is the court because they are destroying me financially. And I had all—all the evidence, I mean, I have it. And it means nothing. It means nothing. ...[T]he family court has really struck me over more than the rape and more than anything else. I mean, they have really, really, you know, allowed him to abuse me even in court. And he really kills me. ...They legally abuse me. That's the worst part of it." (2010s)

Unsurprisingly, given the high costs associated with attorney fees in custody cases, several low-income participants felt it was financially impossible for them to secure legal help, forcing them to face the men who raped them in court alone:

“I decided to start calling around to different lawyers. Well, all of them wanted a bunch of money because lawyers are lawyers, and lawyers like money.... Yeah, they wouldn’t even talk to me unless I gave them—I think it was like \$400 for an hour.” (2010s)

While some legal aid offices or other firms are able to provide *pro bono* representation during custody proceedings, these services are not available in all areas, or women might not have known they were available. Furthermore, legal aid clinics receiving federal funding may be barred from representing non-citizens and face additional restrictions (Legal Services Corporation Act, 2007).

Step-Parent Adoption Extends Women’s Risk and Financial Impact Years After the Rape

To review, multiple excerpts already presented highlight the risks survivors face if they choose to place their rape-conceived child for adoption at birth. In virtually all states, a known biological father needs to be notified and give his consent for adoption. As such, women are forced to invite involvement of their assailants in their lives—creating further opportunities for legal coercion or traumatic interaction, and even risking the perpetrator gaining custody as a direct result of the adoption.³⁰ These risks dissuaded some women in the sample from placing their child for adoption at birth, even though this was their preferred course of action.

Although legal scholars have raised concerns about women’s risk when placing their rape-conceived children for adoption *at birth* (e.g., Bitar, 2011; Silver, 2014), the continuation of these risks during *step-parent adoption* has received almost no attention. During a step-parent adoption (also called a second parent adoption), the spouse or partner of one biological, custodial parent of a child adopts that child. Because a step-parent adoption permanently terminates the parental rights of the second biological

³⁰ This can be avoided if the rapist has had his parental rights terminated by way of a civil procedure or criminal conviction of a high-level sexual offense, but, again, no participant in this sample (including those seeking to place a child for adoption) reported that their rapist’s parental rights were terminated by either of these routes.

parent, step-parent adoptions also have consent or notification requirements. These requirements vary depending on the state, but may hold *even if* the step-parent adoption is sought many years after the child's birth and the second biological parent has never been involved in the child's life (Ahlers, 2014). In this situation, the perpetrator can contest the termination of his parental rights just like in any other adoption, which may result in a court hearing to determine whether or not the step-parent adoption is in the best interests of the child (Ahlers, 2014). Therefore, a woman who chooses to raise her rape-conceived child and later wants her partner or spouse to legally adopt the child essentially faces a delayed risk of interference from the perpetrator, as well as incurring additional financial costs associated with step-parent adoption.

For example, in a case previously cited, one participant had convinced her "extremely dangerous" rapist that she had had an abortion in order to escape his control and abuse. When she wanted her husband to adopt her rape-conceived child eight years later, she was legally required to post notifications about the adoption in multiple newspapers in the area where her assailant was last known to live. She described her fear that this action might reveal to him for the first time that she had lied about the abortion and in fact given birth to his biological child, as well as the financial burden the step-parent adoption placed on her and her husband:

"So, in [our state], you don't have to have direct contact. You can do a public notice, and so that's what we did. It was [scary], but she was eight at the time. That's when I started to be like, 'Okay I'm going to do this,' and once that public notice went out, and nothing came back on us, that's when I started to be like, 'Oh, we're okay now.' That's when it happened, that was like [sigh of relief].

"I remember it was a lot of money for us, but I don't think it was more than maybe \$1000 each. Maybe it was \$2000 or \$2500, something like that, for the both of them [her rape-conceived child and a second child]. For us it was a lot of money." (1980s)

Another participant faced an even larger financial burden, as well as extensive delays, in order to secure a step-parent adoption. After marrying her husband when her rape-conceived child was six years old, the couple inquired with their privately-retained attorney about a step-parent adoption. Their attorney

told them, “In [your state], the courts like to see a stable family in a year. Come back in a year.” Once they formally applied for the step-parent adoption a year into their marriage, it took another two years to secure the adoption because the perpetrator lived in another country:

“The lawyer had to do a ton of research on how to sever his parental rights and how to provide appropriate notice of action because [the county where the perpetrator lives] doesn’t have a lot of the same treaties with the U.S. as other countries.... So what we ended up having to do was to hire a separate company to serve process in [that country]. And then the company had to serve process. But we had to get the [family court’s] approval of that process server, and it took them a long time to consider the motion. They denied the first motion, and then they approved the second motion. So then they could file the papers, and then the process servers could deliver the papers. I just took a really long time.

“I think it’s upwards of like \$8,000, maybe closer to \$10,000, by the time we paid the separate company and, you know, did all of that.” (2010s)

In total, then, it took three years and approximately \$10,000 to secure a step-parent adoption for this participant’s rape-conceived child.

Given the risk of re-inviting the perpetrator’s interference and the potential financial burden, two participants raising a rape-conceived child said they *wanted* their current partner to adopt the child but felt it was impossible. Although no woman in this sample reported that her rapist contested a step-parent adoption, one participant chose not to pursue a step-parent adoption at all because she believed her assailant *would* contest any such action. Furthermore, two other participants who said they were thinking about a step-parent adoption in the near future seemed unaware that the process would require notification or consent of the perpetrator.

These logistical and financial hurdles to step-parent adoption of rape-conceived children loom large for two reasons: First, step-parent adoption generally increases a child’s relational stability and financial security. The second person raising them becomes a legal parent, with all the attending rights and responsibilities of a natural parent (e.g., medical, educational, and religious decision-making rights; rights of inheritance; and child support obligations should the couple separate; Ahlers, 2014). For a child

conceived in rape—who by definition lacks a safe, stable second biological parent—these kinds of increased legal and financial protections may be particularly important.

Second, in most instances, step-parent adoption remains the surest, most practical way to permanently terminate a rapist's parental rights. Without termination of rights via a step-parent adoption or other mechanism, even if the perpetrator has “lost” a custody battle or initially seems to have no interest in the child, this does not preclude him from pursuing visitation or custody at some point in the next 18 years because he remains the child's legal parent.³¹ Even in states that have adopted some version of the RSCCA, which creates a civil procedure to proactively terminate a rapist's parental rights upon “clear and convincing evidence” of the child's rape conception, step-parent adoption may remain a simpler, more dependable route. While step-parent adoption may require as little as a signature or newspaper posting and some court fees, the civil procedure involves an adversarial hearing where the woman must put forward evidence of her rape and rape conception, which her assailant can rebut in court. A woman who conceived in rape may be reluctant to engage in such an adversarial legal process with her assailant for many of the same reasons that make rape victims often reluctant to report to law enforcement.

For all these reasons, one participant was advised by her attorney that a step-parent adoption at some future date was her most viable option to terminate the perpetrator's parental rights:

“I said [to my attorney], ‘Ok, what would it cost me to go through and get full custody of this child once it's born?’ And it was, like, some huge amount of money.... I forget what she said it was going to be, like ten grand or something.... And then what she said was, ‘You're such a nice girl. You'll get married soon enough and then your husband can adopt your child.’ And I just felt like, ‘Ok, well, good to know. But also, I don't want to have to get married to have full custody of my child!’” (2010s)

³¹ Indeed, one participant reported that her rapist first sued for custody when her child was *six years old*, after having zero contact for the first six years of the child's life.

CROSS-CUTTING THEMES

Unequal Distribution of Risk for Rape-Related Pregnancy

While population-based research extrapolates that approximately 0.6-1.0% of all U.S. women become pregnant as a result of rape at some point in their lives (Holmes et al., 1996), participants' stories serve as a reminder that risk for rape conception is not equally distributed across the population. Instead, women who have become pregnant from rape previously may be more likely to become pregnant from rape again due to patterns of sexual risk and contraception usage (see, e.g., Walker, Freud, Ellis, Fraine, & Wilson, 2017). Notably, four out of 35 women in this sample became pregnant from rape *twice*, yet none were impregnated twice by the same man. In other words, each of these four women found themselves in two separate contexts where rape-related pregnancy occurred. For two of these women, the contexts of risk were separate but interrelated: One woman, after being physically assaulted and raped multiple times by her ex-husband (including a rape leading to pregnancy), fled to the house of a relative of her ex-husband, who also raped her and caused a pregnancy. A second woman, too frightened to live in her college dormitory after a rape that resulted in pregnancy, chose to become homeless and was subsequently raped on the streets by a homeless acquaintance, which also led to pregnancy. In both of these circumstances, participants' financial vulnerability forced them into unstable living situations where they were re-victimized.

Speaking to intergenerational transmission of violence and intra-familial risk, two participants who conceived in rape were themselves conceived in rape or incest. Another participant, although she herself was not conceived in rape, learned later that both her mother and her mother-in-law had conceived in rape at very young ages.³²

³² Participants were not asked during the interview about whether they themselves had been conceived in rape or had close relatives who experienced rape conception, so it is possible more women in this sample would have disclosed this information if asked directly.

Inaccurate Beliefs and Negative Perceptions About Rape-Related Pregnancy Are Common

Previous sections in this manuscript detail instances where *legal personnel* (e.g., police, prosecutors, judges, defense attorneys) seemed to hold inaccurate beliefs or negative perceptions about rape-related pregnancy, to the detriment of the survivors. However, for every example of bias or stigma among law enforcement or in the courtroom, participants shared many more examples of their own families, friends, and acquaintances voicing the same kind of views. In general, participants found these comments hurtful and degrading and felt less willing to share their experiences with others after receiving negative feedback. Some common categories of inaccurate beliefs or negative perceptions that participants heard from their family and friends are described below:

Raising a child conceived in rape is undesirable and unnatural. By far the most common negative perception reported was some variant of the belief that a mother cannot really love a child conceived in rape, or that raising a child conceived in rape is somehow wrong or unnatural:

“I’ve also had people even today ask me, ‘Well, how do you go every day knowing that she’s a product of rape and not look at her and feel some form of resentment?’” (2000s)

I have heard, ‘How can you love them like that?’ ...All the time.” (2000s)

“‘You don’t want a daily reminder’ was one I heard a lot.” (2000s)

Several women stated that, as a corollary of the belief that raising a rape-conceived child is undesirable, others pressured them to make a different pregnancy decision (see also theme on medical and abortion providers). For example:

“[People told me if] I want to have my baby, then I must be mentally unfit to have a child. Because nobody would want a child like this.... They kind of went straight to, ‘You can’t give birth to a child like that....’ Pressure to, of course, have an abortion. Or to give my child up for adoption. But not to have my child and raise my child.” (2000s)

"I even went to a rape support group. And once they found out that I was the mother of my rapist's child, I felt totally different vibes from everybody. So I quit going.... Like, [the other rape survivors seemed to think that] I should hate the person so much that I shouldn't have been able to keep the baby or whatever.... Whether it was adoption, or abortion, or whatever, I shouldn't even be parenting it." (2000s)

Sometimes participants found that others viewed their decision to raise their rape-conceived child as *de facto* evidence that they were imposter rape victims:

"I was really judged for my decision to keep her to begin with, because, you know, they're like, 'If you were truly raped, you wouldn't keep her.... I don't believe you, if you were really raped, or really assaulted, then I don't see why you would keep that child because you wouldn't be able to love it.' Like, where's the correlation between the two? Like, just because I was assaulted does not mean, you know, that she still isn't alive, that she still isn't a part of me, that she doesn't deserve to be loved." (2010s)

The implicit assumption behind these sorts of comments is that participant raising rape-conceived children were *not* genuine rape victims. If they were, they would feel so disgusted and horrified by their rape-conceived pregnancy that they could not bear to parent such a child—an example of Prewitt's (2009) pregnant-raped-woman prototype in action.

It's impossible to conceive in rape. Upon disclosing their rape conception, many women reported hearing some version of the biological fallacy that "it's impossible to conceive in rape":

"People would be like, 'Oh well, you had a baby, so obviously you enjoyed it.' I'm like, 'I don't know if you went to biology in high school and learned about the human body and what it does and what it takes to make a baby.'" (2010s)

"I learned real quick to keep my mouth shut, because it was seen as ... I must have wanted it if I became pregnant, it wasn't really rape, right, because your body shuts down or whatever." (2000s)

"I got constantly told [at my mother's cult-like church]..., 'God provides defenses in the woman's body so she can't get pregnant if she's attacked.' I'm like, 'No?'" (2000s)

The obvious implication is that the participants must have been lying to claim such an "impossible" occurrence had taken place.

A man who pursues custody could not be a rapist. Two women reported that their families interpreted the assailant's interest in custody or the court's granting of custody as *de facto* evidence that no crime had been committed:

"When he had rights to the baby and didn't get convicted or anything, [my family] all thought I was lying about it because he has rights.... They take the cops' and the court's opinion seriously and were willing to take that over their own family member.... They sometimes will be like, 'You weren't really raped if he had rights to him.'" (2000s)

"Somehow, I don't know how, [the perpetrator] got my address, and he sent me letters about how he wanted to help me raise the child and all this stuff. And I think because of that, my parents assumed that I had wanted it." (1990s)

The implicit assumption seems to be that a man who expresses interest in his biological child could not possibly have fathered that child via rape (or, stated in the inverse, no rapist could possibly be interested in having any form of custody over a child he fathered via rape).

There's something wrong with a child conceived in rape. Even when the rape conception itself seemed to be accepted as factual, many participants heard comments from friends, family, and acquaintances that implied there is something inherently wrong with a child conceived in rape. In particular, participants often heard intimations that their child (particularly a male child) was likely to be sexually violent himself or "evil" in some other way as a result of genetic transmission from the perpetrator:

"People were so negative and ugly about a child like this, or even saying, like, this was from some kind of evil action because of the evil source that I'm allowing brought into this world—this really crazy, conservative shit. ...I was literally afraid that if I ever tried to give her up for adoption, she could end up with some cuckoo person who was like, 'Oh, you weren't supposed to be born.' I didn't trust everybody to be perfectly loving and accepting towards my child if I were to ever give her up for adoption anyway, because of the cuckoo stuff people were not smart enough to keep their mouth shut about in my presence." (1990s)

"[People said to me,] 'Oh, you don't want a rapist's child. What if he turns out just like him?'" (2000s)

Interestingly, multiple participants *themselves* expressed the concern that their own child might “be like” the perpetrator in some way, particularly those who were giving birth to boys:

“I didn’t want him to turn out like his dad.” (2000s)

“I didn’t want it to be a boy, because I thought it was gonna be like him. And of course, it was a boy. Yeah, and it was, like, the worst day ever.” (2010s)

“I guess one thing that I heard over the years that kind of worried me for a little bit [was] it being hereditary, like that aggressive—the ‘Oh, you’ve got to watch him, he could turn out like him [the perpetrator].’ And that was one thing that was a little fear in the back of my head for a while.” (2000s)

While violence is somewhat heritable (as are almost all measurable traits), the strong epigenetic and environmental influences on behavior—particularly for children never raised by the rapist-father—mitigate this concern about genetic transmission of sexual violence (e.g., Hines & Saudino, 2002).

Again, the beliefs and perceptions listed here were all heard from friends, family, and acquaintances, *not* legal personnel. However, the apparent prevalence of these attitudes in the population suggests that legal personnel might also ascribe to and be influenced by them when interacting with women pregnant from rape, even if such attitudes are not openly expressed. For example, a general sense that “a man who pursues custody can’t be a rapist” might have percolated through some of participants’ custody hearings, particularly for participants who were repeatedly labeled as a “girlfriend” or “ex-wife.”

Women’s Lack of Legal Knowledge and Agency Leads to Unintended Consequences—Particularly for Adolescents

Participants routinely lacked *knowledge* about their legal options or potential consequences, or lacked the *agency* to execute their desired choices. These handicaps often led to unintended legal consequences and other outcomes contrary to participants’ personal goals.

Widespread ignorance and strategic legal errors are not surprising when considering the young age of this sample. To review, out of 39 rape-related pregnancies, 14 participants (36%) were under 18 years old at the time of assault; 22 (56%) were under 20 years old; and 32 (82%) were under 25 years old.

This young age range seems to be typical of the population of women who conceive in rape (Holmes et al., 1996), due to both demographic trends in sexual assault and contraception use and declining fertility over the lifespan. Thus, survivors are often forced to make complex legal decisions with far-reaching consequences while they are too young to legally drink, vote, or even drive.

Multiple participants specifically mentioned their youthful inexperience and ignorance as a source of problems:

“I guess even just—even knowing the legal. Even to this day I don’t even know a lot of how the legal options that are available to people that have been in this situation. Especially back then [when I was 13 years old], I didn’t know none of it!” (2000s)

“I definitely wish I would have asked more, ... like known more. I think the problem with me was I was so young that I just didn’t have really a basis of knowledge yet.... A lot of the legal stuff just went right over my head, I just let my mom deal with it.... I definitely would have liked to ... really have understood what was happening when it was happening.... I get that I was young, and I might be to blame.... It might be that is the reason is because I was just so young, but I do wish that I would have ... had a better understanding of it.” (2000s)

In addition to being ignorant about the legal circumstances they were facing, many participants who were adolescents when assaulted talked about lacking autonomy and agency to pursue their own goals. Participants repeatedly referred to their teenaged selves as “weak,” following whatever their families told them to do—but that advice was not always good. Family members were often well-meaning but themselves uninformed, and so led these young women to make decisions contrary to their personal goals. For example, one participant (who was 18 years old at the time of assault) spoke openly about her ignorance about her perpetrator’s ability to pursue parental rights, which in turn led her to rely on her family’s guidance:

“I don’t know where I came up with this perception, ‘cause it’s totally false, that I would just be able to terminate his rights. Because I always kinda went into it thinking, ‘If he so strongly wanted me to have an abortion, and he so strongly didn’t want to be part of the child’s life, then I’m just gonna be a single mother.’” (2010s)

Unfortunately, her parents advised that she include the name of the perpetrator on the birth certificate and pursue him for child support. The result was a likely avoidable multi-year custody battle, which is still ongoing.³³ Another participant, who was 16 when she was assaulted, applied for TANF at age 18 at her parents' urging. Neither she nor her parents seemed aware of TANF's child support cooperation requirement, which also led to her assailant pursuing custody.

Because of their own and their family members' legal ignorance, multiple participants regretted that they did not have an advocate to help explain and offer advice on the legal options and resources available to them:

"'Cause I was stupid young, and I just didn't know.... I think having an advocate for me would've been fantastic. But I say that in hindsight. You know, then I wouldn't have known to ask for one, see what I'm saying? So if you have someone in that situation, who's in the middle of it, who honestly has the wherewithal to say, 'I need someone to advocate for me'? ...But that would've been extremely helpful, 'cause I'm sure a lot of things would've gone a lot differently.'" (1990s)

"I wish [my mother] would have had some assistance or some things, because I was pretty much—I was gonna do whatever they wanted me to do. Whatever my mom wanted me to do, I was going to do it, because that's just the way our family structure was done. I wish my mom would have had that support to make her—to be a stronger person at that time, or to give her the strength to make some of the decisions that she may have made maybe a little bit different." (1980s)

As a final note, to be fair to participants' adolescent selves and their families, the legal issues surrounding rape-related pregnancy are complex and often non-intuitive. Multiple participants reported receiving incorrect legal information from police and even family law attorneys. For example, one participant's attorneys told her that moving states would not expose her to increased risk—but, in fact, her assailant was able to pursue custody in her new state for the first time, years after her child was born, due to differences in state laws. Thus, while participants' expressed desire for advocates who could have helped both themselves and their families is understandable, advocates *without* specific familiarity with

³³ These latter events were previously related in the section discussing birth certificate decisions.

the laws surrounding rape-related pregnancy may also be prone to strategic legal errors, prompting unintended consequences down the line.

Women Find the Uncertainty and Lack of Control Over Legal Issues Extremely Stressful

The legal landscape surrounding rape-related pregnancy throws women into *uncertainty*—uncertainty that is intensely anxiety-provoking and may last for decades. Indeed, uncertainty and lack of control are some of the key building blocks of anxiety (e.g., Barlow, 2000). Survivors *do not know* whether reporting to law enforcement will help them (e.g., by supporting their TANF and custody claims) or hurt them (e.g., by revealing to their assailant that they are pregnant, potentially prompting reprisals). And they *do not know* if they will be able to make their desired pregnancy choices free from the perpetrators' interference. The following exchange with a participant gives voice to these anxieties:

[Interviewer: If you had to pick just one thing, what has been the most stressful thing for you about your experience?]

"I mean definitely the unknown.... Like I'm pregnant and I don't even know where my life is going. At the end of my pregnancy I might be a mom, I might be a birth mom, I might—I don't know! This man might be in jail; he might not be in jail—just like that unknown was the most stressful." (2000s)

Furthermore, for those survivors raising a rape-conceived child, they *do not know* if or when their assailant might reappear and interfere with their lives, even years after their child's birth:

"[M]y only lingering fear at that point was that he would somehow reinsert himself in our lives, and I would have no legal basis. Because I don't have—there's no—he was never criminalized for rape or anything. That he would somehow gain custody over my daughter." (2000s)

This fear is particularly potent for women who have, to date, successfully hidden their child's existence from their assailants and thereby avoided his involvement in their lives. For example, one participant, who convinced her assailant she had had an abortion in order to escape his harassment and interference, still lives in the same vicinity as her never-prosecuted attacker and has had several close calls over the years:

"So, last year, somehow on the same day [the perpetrator] came into a diner where we were eating, and if we would've been—if the babysitter that took [my son] for the night would have been ten minutes late, he would have found out that [my son] exists.... I was just like shaking and stuff.... I was just so mad he exists, and that he was living and breathing." (2010s)

As previously mentioned, unless a woman raising her rape-conceived child secures a termination of parental rights, her assailant's legal tie to her child (and the accompanying anxiety) persists until the child turns 18:

"After two years of court battles, they finally ended the divorce [with the perpetrator], gave me full rights and custody, responsibilities, and he had nothing. But they warned me that in [my state] he can petition to get the rights back. I'm like, what's the point of ending them if he can just come back and get them?" (2000s)

And even though the *legal* exposure may end when the child turns 18, this fact does not end fears about the perpetrator's potential reappearance:

"I always think about when [my son]'s older, what if this sperm donor is waiting until he's 18 to make contact with him? I'm trying to prepare myself now for what I'm going to do and what I'm going to say. And I just don't know." (2000s)

Finally, one participant spoke about how not knowing the ultimate financial impact of the custody battle with her assailant caused just as much stress as not knowing how custody would ultimately be decided:

"Like I said, financially, it's like, my God, they have destroyed me.... And this is going to last a lot longer. This is probably going to last two years. I can easily see that and by then it'll be more than—it's probably going to be about \$100,000 or more by then. And I just, I don't understand. I guess the circus continues if we're paying the monkeys. It continues and they just don't care. You know? They just don't care." (2010s)

Rape survivors have already experienced a traumatic loss of control (Burt & Katz, 1987). For women who become pregnant from rape, uncertainty and lack of control continue via the ongoing legal realities to be faced, which can continue the trauma and impede recovery and resilience (see, generally, Heckhausen & Schulz, 1995). In this vein, one woman eloquently expressed how her anxiety about her assailant's potential reappearance and legal role in her child's life reminds her of the rape itself:

"I guess he just kind of gave up [pursuing custody], and I'm hoping that that's truly what happened, you know? Because it's always really scary to be like, 'Oh, they gave up,' and you let your guard down, and then—I mean, that's what happens with sexual assault in the first place. You let your guard down." (2010s)

Even One Person's Informed Support Can Significantly Change a Survivor's Legal and Personal Experiences

In general, social support was supremely important to determining how women fared in the aftermath of their assault and pregnancy. Some of the most heartbreaking cases in this sample involved participants who did not disclose the rape or pregnancy to *anyone* at the time, and so lacked any social support to help them through these challenging experiences:

"I was so isolated and I didn't have anybody." (2000s)

"I thought about it [telling someone], but I don't know—it was like, I had no idea what to even say. It's like there were no actual words the way I have now, like I couldn't—the second I tried to even think about talking about it, like, just describing it even in the most high-level way, I just—my brain would shut off.... I just—it wasn't possible. And so I didn't do it." (2010s)

"[The most stressful thing for me was] wanting to tell people but not being able to.... I don't know if the anxiety—I mean, I'm sure that some of it comes from having to keep secrets, for forever, from everyone that I interact with." (2010s)

"I didn't have any friends, I didn't have anybody to talk [to]. I didn't have nobody to say, 'What do I do, what can I do.' I only had my mom.... I never told her. I took care of it myself.'" (2010s)

These participants described their lack of social support as extremely distressing at the time and frequently reported poor adjustment (e.g., substance abuse problems, mental health problems) later in life.

The importance of social support to participants' coping and adjustment is hardly surprising, given the well-documented salubrious effects of social support on rape survivors (e.g., Dworkin, Ullman, Stappenbeck, Brill, & Kaysen, 2018; Ullman & Relyea, 2016) and pregnant women (e.g., Kim, Connolly, & Tamim, 2014; Morikawa et al., 2015) generally. What was more surprising was participants' frequent

account of how *just one supportive person* dramatically influenced the course of their experience, including their legal outcomes. A few case examples illustrate this point:

- A participant involved in sex trafficking wanted to escape after she became pregnant, but she did not know how to leave and had no financial resources. She happened to remember a trusted social worker with whom she used to meet several years ago when she was considered a runaway. She was able to get in touch with that social worker, who immediately found her a home for unwed mothers, provided her with transportation, and helped her make other plans for escape:

“Like I said, that one social worker, she had a different kind of job. Her job was called a key tracker. She was specifically for runaways, so her job was very different. We didn’t go to the office, we would go out to have coffee. Her job was to develop relationships, and that’s what saved me, was the relationship that I had with her.” (1980s)

- An adolescent participant had been sexually abused by her stepfather for years before she became pregnant at age 13 as a result of the abuse. No one around her knew she was pregnant until she gave birth. A week later, a social worker sensitively and skillfully interviewed her, which helped the participant disclose the abuse for the first time. The social worker immediately removed her from her home in accordance with her wishes, and her step-father was arrested that very day and ultimately convicted (although he received only 90 days in jail and probation):

“Probably keeping the secret [was the most stressful thing for me]. I do remember the day I actually told the social worker, I felt like I had this huge weight lifted off of me.” (1980s)

- A participant who became pregnant from rape for the second time, while homeless, did not want an abortion since she felt her previous abortion of a rape-related pregnancy was traumatizing. Yet she feared that if she gave birth without a place to live, the child would be taken from her and abused while in foster care (the participant had herself been abused in foster care as a child). She was contemplating suicide as her only way out of what she saw as an impossible situation. She then unexpectedly received a Facebook message from a young woman who was a distant acquaintance (whom she had met once two years ago at a community meal for the homeless),

who asked the participant how she was doing. The participant disclosed her rape, pregnancy, and suicidal thoughts via Facebook message, and the young woman immediately offered to help and later accompanied her on a clinic visit to confirm pregnancy:

“[At the appointment] she got down on eye level because I was on the floor in a fetal position crying. And she got to my level and she was just like, ‘You know what? You are [pregnant] and I’m gonna walk with you through it. I’m gonna be here, I’m gonna be consistent in your life.’” (2010s)

With this one supportive individual in her corner, the participant’s suicidal thoughts lessened. The young woman soon connected her with numerous other helpful individuals at the young woman’s church who offered both emotional support (e.g., throwing her a baby shower) and material support (e.g., giving her a car, buying diapers, raising money to help support her and her child). While the problems facing women pregnant from rape are serious and complex, these examples provide hope that just one person can make a real difference in their lives.

Rape-Related Pregnancy Has Diffuse and Long-Term Financial Impacts

Many financial impacts specific to rape-related pregnancy have already been discussed: abortion costs, lack of child support, inability to access government assistance, and tremendous legal fees from custody battles and step-parent adoptions. In addition to these more discrete legal and medical costs, women who conceive in rape face many other financial impacts from their experiences that are more diffuse and often long term. Some of these costs are similar to those borne by rape survivors who do *not* become pregnant, or by women who become pregnant unexpectedly through consensual sex, and others are more specific to rape conception. For example:

- ***Disruptions to work and education:*** Continuous with the experiences of women who are raped and do not become pregnant, multiple participants reported needing to leave their jobs at some point due to mental health problems stemming from their experience. Other participants needed to take unpaid leave from work to attend to legal matters related to the rape.

Participants who gave birth to a rape-conceived child described particular financial hardships, needing to leave school or work due to their pregnancy and unexpected childrearing, which often occurred in adolescence or earlier in life than they would have chosen. For example, one participant who was raped and became pregnant while working abroad left that position so she could return home to the U.S. and raise her child with the support of her family. Some participants dropped out of college and either never completed their degree or attained a degree a decade or more later. Other participants reported turning down a promotion to spend more time with their children or, conversely, being unable to pursue a desired career path because of needing a higher-paying job to support a rape-conceived child. In this vein, one participant spoke poignantly about her love for her rape-conceived child, but also her sense of loss at the life she will never have as a result of deciding to raise him:

“What if I had given [my child] up for adoption? If I had given him up for adoption, maybe I’d be living in Portland being a guidance counselor or maybe I’d be an art therapist or maybe I’d be a photographer. You know, all these what-ifs. I try to talk to different people about it and they say, ‘You’re not old, you’re only 30.’ No, I am old though. I am an old soul. I have had a life that you haven’t. I can’t just miraculously make these things happen.” (2000s)

Particularly problematic was the compounding effect of these financial hurdles over time. For example, one participant spoke about how debt from a custody case prevented her from returning to school in order to secure a higher-paying job to support herself and her child:

“I don’t have a career because I paid court and I paid attorneys, and that’s my career, paying everybody else’s careers. I have a bigger debt now than a student loan, and I’m not getting a degree. And I’ll be so screwed trying to pay that back, I’ll never be able to get a degree. So it’s just like a cycle. I won’t be able to get out of it.” (2010s)

- **Moving costs.** At least five participants described changing residences as a result of their rapes, incurring significant financial loss in moving costs and job changes. Sometimes this desire to move was related to trauma from the rape in general, rather than from the rape-related pregnancy specifically. For example, one participant described moving from a one-story house to a two-

story house years after the rape because she felt unsafe sleeping in a bedroom on the ground floor. Another low-income participant, who was raped outside her dormitory while attending a private university on scholarship, was so afraid to keep living in that room that she chose to become homeless rather than stay there. Her university refused to allow her to switch dorm rooms, and she had no money to pay rent in the community.

Other participants described moving with the specific goal of creating distance from the perpetrator, often to dissuade him from pursuing custody. For example, one participant reported moving twice while pregnant to escape her assailant's harassment and to create a logistical "roadblock" regarding custody:

"I didn't like living so close to him where, you know, he could find me—he would show up at my apartment even after I moved. And he just always knew how to find me. And so my aunt told us, 'Well, hey, come to [State 2].' ...And, you know, I would get text messages from him constantly, like reminding me, like, 'Don't you do it, I'm watching you. I know where you are right now.' And it was just incredibly terrifying... like, just knowing he has so much control.... So we packed up our stuff and a month later we had moved to [State 2]....

"I wanted to move back to [State 1], but if I live in [State 1] that makes it so much easier for him to try to fight for custody.... And so [if] he was really trying to get custody, ... I guess he had a roadblock, because ... she was born in [State 2], that's her residence, and so he would have to go to her. And so he would have to travel the 16 hours to [State 2] for a custody hearing, frequently too....

"And so, you know, out of fear we can't go back. And—and that really sucks because [State 1] was home." (2000s)

This participant also described other collateral financial consequences of moving frequently: she needed to reapply for Medicaid and TANF in each new state, and delays and logistical hurdles in receiving these benefits meant she received poor prenatal care.

- **Mental health costs:** Similar to many rape survivors who do not become pregnant, participants reporting paying significant out-of-pocket costs for mental health treatment to address PTSD, anxiety, depression, and other issues stemming from the rape. In total, 29 out of 35 participants

reported seeking some kind of mental health treatment as a result of the rape or pregnancy.

Several participants also reported paying for mental health treatment for their rape-conceived *child* to help address difficulties the child was having after learning about the circumstances of their conception.

- **Miscellaneous:** Other participants described collateral costs as diverse as paying money to help locate a rape-conceived child placed for adoption at birth; paying for cabs while pregnant because they were too exhausted to walk anywhere; and replacing all their clothes and bedding because those items were now perceived as “disgusting” following the rape.

Very few participants received any financial recompense for these costs. Only one participant reported receiving victim compensation as a result of her rape, and only one participant reported receiving a civil settlement.³⁴ In general, participants bore these financial costs alone or with the help of family and friends.

The Specter of False Rape Claims Impacts Victims Who Tell the Truth

As previously described, many women in this sample said that their pregnancy caused others (including legal personnel) to believe that their rape claims were false. However, during the interview many participants also volunteered that they perceived false rape claims to be a real problem in their communities, which contributed to others doubting their stories³⁵. For example, one participant living in a low-income section of a small town reported that false rape claims are common where she lives:

³⁴ Regarding the civil settlement, this participant was raped by another patient in a hospital as a result of negligent hospital protocols, ultimately raising her rape-conceived child herself. Although her family successfully sued the hospital (not her rapist), she was awarded only \$3,000.

³⁵ Of course, all participants in this sample self-reported their rapes, and no outside sources were used to corroborate any aspect of their stories. However, each of these women volunteered to speak to a stranger for two hours and told a compelling and coherent account of events, in return for a relatively small benefit of a one-time payment of \$50 (which a few participants refused). In only one instance was I concerned about the plausibility and veracity of a participant's account, although of course I may have been mistaken. After discussing these concerns with my advisor and research team, I chose not to feature excerpts from her narrative in this paper.

"[W]ith a lot of people 'yelling rape' all the time and it's not true in our area, that's a big deal."

[Interviewer: Why do you think women do this?]

"Because they get mad. They want out of the relationship. They find out the guy's cheating, so they make up a lie that he raped them and then it causes people like me not to get the help they need when it really happens. That is what a lot of them do."
(2000s)

Another participant, a military wife who was raped by her husband while stationed abroad, said that she perceived false domestic violence claims to be common among military spouses as a direct result of the Transitional Compensation Program, which provides monetary payments and military benefits to dependents of service members who have been separated from the military due to domestic violence or child abuse (Mortimer, 2011):

"And now, to kind of play devil's advocate, there is a lot of that in the military: Military wives will decide they don't like the life they're living, they don't like moving constantly, and they will take him for everything he has if they make up a story about abuse. The military will pay for their college, they'll support their kids for a while, up until you get remarried.

"So I kind of understand that, but at the same time, just because others are crying wolf doesn't mean that I was, and to be treated that way was not helpful at all." (2000s)

Along these lines, a participant who was serving in the military at the time of her interview said that rape claims are common among her female peers as a strategy to escape an undesirable, majority-male post rampant with sexual harassment.

These accounts are troubling, although of course participants' perceptions of *other* women's mendacity may be in error, just like others often disbelieved participants' seemingly true claims. Regardless, respecting these women's stories must also involve taking seriously their proffered claims of frequent false rape claims in their communities.

Connections with the Military Were Notable Within This Sample

A striking number of participants in this sample reported some connection to the military, even though no recruitment sources were specifically linked to the military. Three participants were active duty service members at the time of their rape conception, and one was a military wife married to an officer. Furthermore, seven perpetrators served in the military at some point (five were current service members at the time of assault, and two were former service members).

Participants who were either service members or married to service members all reported that their military context influenced their legal choices, experiences, and outcomes. For example, one participant (who was assaulted in the 1950s) was discharged from the military due to her pregnancy, which she said was the policy for all pregnant women at the time—although her discharge papers reportedly contained a note that she was being discharged for “less than honorable conduct” after becoming pregnant while unmarried.

Another participant, who was living on a foreign military base with her abusive husband in the early 2000s, said that her isolation on the base and lack of a 911 number to call made it difficult for her to know how to ask for help and escape from him. As previously mentioned, many military personnel believed she was lying in order to leave military life and receive Transitional Compensation Program benefits. Although she ultimately secured a conviction on *some* charges against her rapist-husband in military court, she was then issued a gag order preventing her from speaking about his many other crimes against her. This military gag order later hindered her case to gain custody of her rape-conceived child from her abusive ex-husband:

“I have a piece of paper saying that I cannot mention that he did any of the things he was found not guilty of.... Because I wasn’t allowed to mention what he did before, it made the court case so much harder to get the custody.” (2000s)

Also of note, another participant was married and on active duty when she was assaulted on post by another service member within the last decade. As previously mentioned, many military personnel assumed she was lying about the rape to cover up for an adulterous affair that accidentally resulted in

pregnancy, given that adultery is illegal in the military. She described being so disillusioned by the way the military treated her after the rape that she wanted to leave the armed forces—except that she has mental health problems stemming from the rape, physical health problems stemming from childbirth, and is currently raising her rape-conceived child, all of which make her dependent on the military’s health insurance coverage and other benefits. Furthermore, the participant said she was unable to get the military to pay for prenatal paternity testing, and so she did not know for sure whether her assailant or her husband had fathered her child until *after* the child was born:

“The victim advocate wasn’t helping. She didn’t even care.... She didn’t give me any information on what I can do about him. It was basically, ‘The [military] pays if you are raped so you can get an abortion.’ ...And the only thing I wanted was to know if [my son] was my husband’s or if he was [the perpetrator’s].” (2010s)

Furthermore, when her infant son was experiencing serious, unexplained medical problems, she reached out to the perpetrator’s parents to get information about their family’s medical history, only to receive a restraining order from the military as a consequence for contacting them. Because of her negative experiences reporting sexual assault within the military system, the participant gave this advice to others facing similar circumstances:

“Don’t use the military. I would definitely, definitely, definitely—I’ve told [military sexual assault representatives] this, that I’ll never send anybody to them. That I will take them right to the police station off post.” (2010s)

Lack of Horizontal Identity Leads to Isolation

In his book *Far from the Tree: Parents, Children, and the Search for Identity* (2012), Andrew Solomon introduces the concept of “horizontal identity,” meaning identification with a peer group defined by an exceptional characteristic—a characteristic that is typically not shared with those within one’s family (Solomon terms such hereditary characteristics “vertical identity”). Solomon argues that for people different from their family members, locating others who share their horizontal identity and creating a positive community united by that identity is the key to acceptance, resilience, and well-being.

The concept of horizontal identity has specific relevance to women experiencing rape-related pregnancy—who often described feeling isolated from others, but at the same time finding it difficult to locate other women who could understand their experiences. Rape-related pregnancy is typically a “hidden” characteristic that is not directly observable, with no natural clustering of survivors by geography or social networks. When participants were asked, “At the time of your pregnancy, how many other women had you ever encountered who became pregnant as a result of rape?” the modal response was *zero*. Without others to relate to their experiences, participants often felt supremely isolated and hesitant to tell others about what they had been through:

“I mean, it’s such a traumatic situation that it’s hard to—and then ... you feel like you’re alone because nobody—they don’t believe you, or it’s hard to describe that feeling to somebody. Because if you haven’t been in that situation you don’t understand it.” (2000s)

“[I wish that] there actually would be groups [for mothers who conceived in rape].... You don’t want to go and be in a regular mom’s group! They’re telling about their lovey-dovey, you know, they’re so happy and you’re not happy. You’re just trying to do the right thing and give that child a life.” (2010s)

“I’ve wanted to write a book or get into counseling of some sort just so I could be a connector for either teen parents or women that are pregnant from rape. Because I felt absolutely lost and alone. It’s a different type of alone. It’s a strange type of alone that you can’t describe to anyone else.” (2000s)

At present, there are several organizations, online communities, and social media groups created specifically for (and often by) women who conceived in rape, for the purpose of providing mutual support and advice. Twenty-four out of 35 participants described eventually interacting with resources of this kind, which most described as helpful.³⁶ However, most online support groups and communities specific to rape-related pregnancy have come into existence only within the past five years or so, meaning that

³⁶ This is unsurprising given the high number of participants recruited from online communities specific to rape-related pregnancy.

very few participants had the opportunity to benefit from this form of support *during* their pregnancies (which occurred a median of 11 years ago).

Establishing connections with other survivors who became pregnant from rape has relevance not only for women's emotional health and sense of belonging, but also for women's navigation through the legal system. A survivor may be more informed about her legal choices and likely outcomes after hearing from other women who have been in similar situations. However, participants in this study, for the most part, did not have access to the experience of others who share their horizontal identity when they faced their most important legal decisions, leading to frequent strategic legal errors, unintended consequences, and regret.

There Are Opportunities for Posttraumatic Growth After Rape-Related Pregnancy

Due to the double vulnerability of rape-related pregnancy itself and a legal landscape hostile to survivors, women who conceive in rape face stress and adversity at every turn. Many participants described intensely negative responses to the rape-related pregnancy and listed only damaging consequences that these traumatic events have had on their lives. Yet despite experiencing rape trauma, unintended pregnancy, threats and violence from the perpetrator, mistreatment in the legal system, critical reception from their communities, mental health problems, and financial hardship, many participants also offered ways in which they had experienced positive changes as a result of their struggles. This process has been termed posttraumatic growth (Tedeschi & Calhoun, 2004).

For example, many participants spoke about how their experiences had made them more empathetic or gave them greater insight into the suffering of others:

"I feel like I have a lot of insight into relationships and I'm able to connect with people who have similar stories.... I have perspective." (2000s)

"It's made me a lot more to where I, emotionally, I can attach to people a lot easier. I try to sympathize with what they're going through 'cause the way I always see it that, you don't know what somebody's—they might be smiling, but you don't know what's digging on the inside. Because that was me. I was good at putting a big old smile on, putting a mask on, nobody knew the turmoil I was going through on the inside." (2000s)

"I think honestly it's made me more compassionate.... All those kinds of [experiences] shaped me to be kind of compassionate and more understanding to the situation, you know?" (2010s)

Other participants described how their experiences fostered personal qualities of strength and resilience, and that thinking of themselves as strong survivors has helped them in other situations over the years:

"I think even when I feel weak, I can think about those times and I know I'm a strong person.... Like if I could survive all of that, then I could survive what's going on now." (2000s)

"I'm resilient, I'm brave, determined, have tenacity. So, I think those are the things that were added or enhanced in me—those qualities." (2010s)

"I have become a warrior princess through all the hardships that I've had to live through. And they've all been a training ground to make me who I am today." (1990s)

Multiple participants described being inspired to pursue new careers or related activities in order to help other women experiencing similar challenges, which they have found personally meaningful. Participants have become therapists, attorneys, sexual assault advocates, activists, and crisis pregnancy counselors as a result of their experiences. One participant who is now a counselor said she cannot imagine her life any other way:

"I mean, ...it's one of the worst things that's ever happened to me, but at the same time one of the best things that's ever happened to me as far as where I am because ... who knows where I would be if that didn't happen, but I know where I am and I'm thankful for that." (2000s)

Finally, many participants described the pregnancy itself or their children conceived in rape as positive influences in their lives. For example, a surprising number of participants (seven out of 35) said that either they had been told they were infertile prior to their rape conception, or they experienced secondary infertility following their rape conception, and so they expressed gratitude that they were able to conceive a biological child by any means.

Several other participants described the pregnancy as helping them cope with the trauma of the rape and continued abuse by the perpetrator:

“As soon as I knew I was pregnant with [my daughter], I had a hinge moment. I had a whole new direction.... [M]y baby saved my life because it changed everything. Now there was somebody I could take care of that would draw all my attention. It did distract me from my own healing for a long time—many, many, many years [laughter]. But it also protected me because I wasn’t able to deal with all that pain. I was able to pay attention to her for years, do a little bit of healing, pay attention to her. That sort of drew it out.” (1980s)

“I felt so destroyed and so broken inside, and this was this hopeful life, this amazing person is right there with me saying, ‘Yes you can. You can survive this. You have to survive this.’ She inspired me in so many ways, so I felt very much in her debt.” (2000s)

“In a way I was very excited, too, because it was kind of a—I know this is going to sound so corny—but it was kinda a light in the darkness. ‘Cause it was something beautiful that was just mine that was going to come out of something so horrible. I was actually very excited about it and convinced myself that I was having a little girl and went ahead and named her and everything.... Even though I wasn’t pregnant for very long [because the perpetrator physically assaulted her and induced a miscarriage], the pregnancy itself was kinda uplifting to me because it let me know that even during the darkest time something good can happen.” (1990s)

These examples of posttraumatic growth illustrate how pregnancy can change the meaning women construct out of the sexual violation they have experienced.

PHASE TWO: QUANTITATIVE SURVEYING OF A GENERAL U.S. SAMPLE

Method**Sampling Procedures**

Given this study's focus on U.S. laws and policies, respondents were limited to adults (age 18 and older) who reported residing in the U.S. for at least five years. Respondents were recruited by the survey research company Survey Sampling International (SSI). SSI recruits via online ads and maintains a large pool of potential workers. Workers submit demographic information to SSI so that they receive only surveys for which they are eligible. Then SSI electronically sends them a variety of survey offerings for which they are eligible, and they can choose which surveys they would like to complete for an agreed-upon payment.

Respondents completed the surveys online on their personal computers, tablets, or smartphones—either in their own homes or at other locations of their choosing—from May 22-24, 2018. Although compensation from SSI varies depending on the recruitment source, respondents were paid approximately \$2 to complete the online survey hosted by Qualtrics. Quotas were set in Qualtrics so that the final sample was roughly proportionally matched to the most recent U.S. census on the variables of age, race/ethnicity, gender, household income, and census region. The research study, including payment plan, was approved by the University of Virginia's Institutional Review Board for the Social and Behavioral Sciences.

Sample Size, Power, and Precision

The intended sample size and the achieved sample size were the same ($N = 592$) because SSI only charges for completed surveys. Because this survey was an amalgamation of different kinds of items—including experimental manipulations with random assignment and opinion polling items—two different kinds of sample size calculations were conducted in advance to determine minimum acceptable sample size:

- (a) An *a priori* power analysis for *t*-test comparing the difference between two independent means (two-tailed) was conducted in order to determine the sample size needed for the experimental vignettes (i.e., random assignment to one of two conditions, pregnancy or no pregnancy following

rape). Assuming a medium effect size of $d = 0.5$ and setting $\alpha = 0.05$, a sample size of 64 respondents per condition (total $N = 128$) is needed to achieve 80% power. Since the survey included two different experimental vignettes, but only half of the sample completed each vignette in order to reduce survey length, this sample size was doubled to $N = 256$.

- (b) Polls meant to represent the opinions of a larger population (e.g., the population of the U.S.) do not involve statistical power, but do involve margin of error. While most national opinion polling sets a 3% margin of error, a 5% margin of error was selected for this study. Too high a level of polling precision is likely not meaningful because most people rarely think about rape-related pregnancy. As a result, their responses to items measuring attitudes, beliefs, and policy preferences will probably vary considerably from day to day. Margin of error depends inversely on the square root of the sample size, so a 5% margin of error corresponds to a sample size of 400. This calculation assumes that survey respondents are picked at random from all people in the U.S., which is not the case for this survey, but is approximated using a large, diverse sample with demographic quotas roughly proportional to the U.S. population on several key variables.

Given these calculations, I requested and received funding for a minimum acceptable sample size of 400. Because the per-respondent cost for survey recruitment was lower than projected, a final sample size of 592 was possible. This oversample allowed for somewhat greater power and lower margin of error than calculated above, as well as creating margin to exclude respondents post-data collection according to the procedures outlined below.

Conditions, Design, Measures, and Covariates

The study consisted of four main parts (see Appendix D for full text of the survey). The first part of the study was an experimental manipulation with respondents randomly assigned to conditions. The other three parts of this study used nonexperimental, single-group design. The measures used for each part of the study are described in turn below:

- (a) Part one: Experimental vignettes.** Respondents were randomly presented with one of two

vignettes about a woman claiming rape³⁷. Within each vignette, respondents were randomly assigned to a pregnancy or no-pregnancy condition:

- (i) **Adolescent vignette.** A 15-year-old girl, “Brianna,” confesses to her “very strict” mother that she had been secretly dating a senior boy at her high school who, about three months ago, raped her. In the pregnancy condition, Brianna also claims to be pregnant as a result of this rape. Pregnancy is not mentioned in the no-pregnancy condition. The vignette was adapted from one particular qualitative participant’s narrative.

Measures. On a seven-point Likert scale (1: strongly disagree, 7: strongly agree), respondents rated how *credible*, *honest*, and *believable* Brianna was, as well as how much *sympathy* and *anger* they felt toward her. They then indicated their agreement with the following item using the same Likert scale: “I am concerned that Brianna might be making up the story about the rape,” as well as giving a qualitative rationale for their score on this item. Finally, respondents answered a true-false manipulation check item about whether Brianna claimed to be pregnant from the rape.

- (ii) **Custody vignette.** Former intimate partners “Amber” and “Tony” are in family court to determine custody of the their three-year-old child “Frankie.” Amber wants full custody, accusing Tony of several misdeeds that include raping her while they were together, driving too fast with Frankie in the car, and watching pornography with Frankie in the house. In the pregnancy condition, Amber states that she became pregnant with Frankie as a result of the rape. In the no-pregnancy condition, it is stated explicitly that Frankie was already born when Tony allegedly raped Amber. This vignette was also adapted from one particular qualitative participant’s narrative.

Measures. Respondents rated the same set of five perception items (*credible*, *honest*,

³⁷ Respondents were presented with only one of two vignettes in order to reduce total survey length.

believable, sympathy, anger) using the same Likert scale described above for both Amber and Tony. Respondents then were asked to put themselves in the place of the family court judge and make a custody determination, choosing one of three options: Amber has full custody, 50-50 joint custody, or Tony has full custody. Respondents then provided a brief qualitative rationale for their custody choice. Finally, respondents answered a true-false manipulation check item about whether Amber claimed Frankie was conceived in rape.

(b) Part two: Attitudes and beliefs about rape-related pregnancy. Several question formats were used to assess respondents' attitudes and beliefs about rape-related pregnancy:

(i) Attitudes about rape-related pregnancy. On a seven-point Likert scale (1: strongly disagree, 7: strongly agree), respondents rated their agreement with 22 items assessing a variety of attitudes about rape-related pregnancy (e.g., "A woman who agrees to have sex and then regrets it afterward is even more likely to say it was rape if she becomes pregnant as a result;" "It's virtually impossible for a woman to become pregnant as a result of rape"). These items were adapted from background research on potential cultural myths about rape-related pregnancy, as well as specific negative or inaccurate statements qualitative participants described in their interviews.

(ii) Best option for women who conceive in rape. Respondents replied to the following item: "I think the best option for most women who become pregnant as a result of rape is to ____." Respondents could choose from one of three options: have an abortion, place the child for adoption, or raise the child herself. This item was intended as a direct test of Prewitt's (2009) hypothesized pregnant-raped-woman prototype, which proposes that most people believe women pregnant from rape should not raise their rape-conceived children because such an action will extend their trauma.

(iii) Estimating the frequency of pregnancy outcomes. Respondents were asked to select the most common outcome of pregnancies resulting from rape, with answer choices of miscarriage, abortion, adoption, and childrearing. After making a selection, respondents

estimated the percentage of pregnancies resulting from rape that they believe result in that outcome. This item was also intended as a direct test of the pregnant-raped-woman prototype, which states that most people assume that vanishingly few women who conceive in rape choose to raise their rape-conceived child.

(iv) *Estimating the incidence of rape-related pregnancy.* Respondents completed two training items to familiarize themselves with estimating frequency by choosing an appropriate denominator (e.g., “In America today, marriage ends in divorce approximately 1 time in _____,” followed by a range of possible values). After training, respondents estimated the frequency of pregnancy resulting from the penile-vaginal rape of a woman of childbearing age (i.e., the only type of rape where there is a possibility of pregnancy occurring), with answer choices ranging from one in two to one in one billion (as well as the answer choice, “It is impossible for a woman to become pregnant as a result of rape”). This intuitive method of indicating the estimated frequency of (rare) events by choosing a denominator was adapted from Koehler (2017). This item was intended as an indirect test of the biological fallacy, which asserts that pregnancy following rape is either impossible or vanishingly rare.

(c) Part three: Policy preferences. On a seven-point Likert scale (1: strongly disagree, 7: strongly agree), respondents rated their agreement with 16 items assessing support for a variety of public policies relevant to women who conceive in rape (e.g., “If a man rapes a woman and causes her to become pregnant, then the man should NOT be able to have any form of legal custody over the child”; “If a woman gives birth to a child that was conceived in rape, the woman should have to identify the biological father of the child before she receives financial support from the government”).

(d) Part four: Demographics and other respondent information. Respondents provided information about their age, gender, educational attainment, race/ethnicity, annual household income, political views, religiosity, views on abortion, state of residence, and eligibility to vote in the U.S. Given the subject matter of the survey, respondents were also asked whether they have ever been sexually

assaulted; whether a family member or close friend has ever been sexually assaulted; and how many people they know personally who have become pregnant as a result of rape.

Data Collection and Quality of Measurements

The order of presentation of items was randomized whenever possible for the purpose of reducing the impact of order effects.

In order to enhance the quality of measurements (since online survey-takers frequently give minimal attention to surveys), the final screen of the survey explicitly asked about attentiveness.

Respondents replied to the item “I gave this study ____ of my attention,” with answer choices of *almost none*, *very little*, *some*, *most*, and *all*. Respondents also responded *yes* or *no* to an item asking explicitly about whether they thought their responses should be included in analyses.

Results

Respondent Flow

A total of 624 individuals clicked the link to begin the survey. Of these, 12 opened the link but completed no items; 24 clicked “do not agree to participate” on the consent page and were screened out; and six did not meet the U.S. residency requirement and were screened out. This left an initial sample size of $N = 592$ respondents who completed survey items.

Out of these 592 respondents, 57 were excluded post-data collection for completing the study unusually fast (in less than five minutes)³⁸. Out of 535 respondents who completed the survey in five minutes or more, 23 additional respondents were excluded post-data collection for self-reporting that they gave the study less than “most” of their attention, leaving a working sample of $N = 512$ respondents

³⁸ The range of completion times was 1.7 minutes to 518.5 minutes (over eight hours). Five minutes was chosen as a “rule of thumb” minimally acceptable completion time because colleagues giving good effort completed the survey in approximately 8-16 minutes. Respondents with extremely long completion times appear to have begun the survey, walked away from their device for several hours, and then returned and completed the survey later, so no respondents were excluded for unusually long completion times.

whose data were included in analyses.³⁹ Considering just these 512 respondents, less than 1% of all data were missing. Missing data were excluded by analysis, not imputed.

Out of the 512 respondents whose data were retained for analyses, 255 were randomly assigned to the adolescent vignette; of these, 126 were randomly assigned to the pregnancy condition and 129 to the no-pregnancy condition. The remaining 257 respondents were randomly assigned to the custody vignette; of these, 129 were randomly assigned to the pregnancy condition and 128 to the no-pregnancy condition.

Respondent Characteristics⁴⁰

Age. Respondents' ages ranged from 18-65, with a mean of 40.8 ($SD = 13.9$). See Figure 10 for the age breakdown.

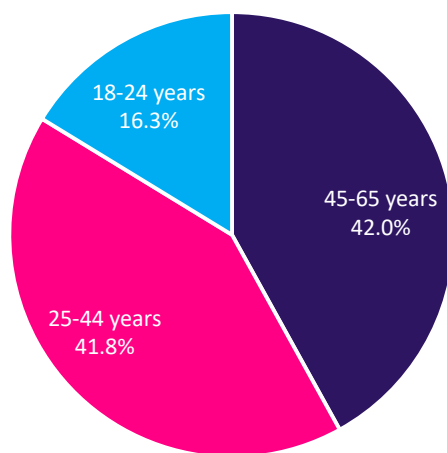


Figure 10: Ages of respondents.

Gender. 55.3% of respondents ($N = 283$) identified as female, 44.1% ($N = 226$) identified as

³⁹ I had initially planned to exclude respondents who selected “no” to the item “In your honest opinion, do you think we should include your responses when we analyze the results of this survey?” But after excluding respondents who completed the survey in less than 5 minutes, of the 24 respondents who selected “no” to the above item, 16 indicated they gave “all” of their attention to the study. This suggests respondents may have misunderstood the intent of the item, and so I chose not to exclude any respondents based on their response to the item asking directly about data inclusion.

⁴⁰ All respondents' characteristics herein are reported only for the 512 respondents whose data were retained for analyses.

male, and 0.6% ($N = 3$) identified as non-binary/other.

Race/ethnicity. In line with the general U.S. population, approximately two-third of respondents identified as white or Caucasian, with approximately one-third of respondents identifying as racial or ethnic minorities (see Figure 11).

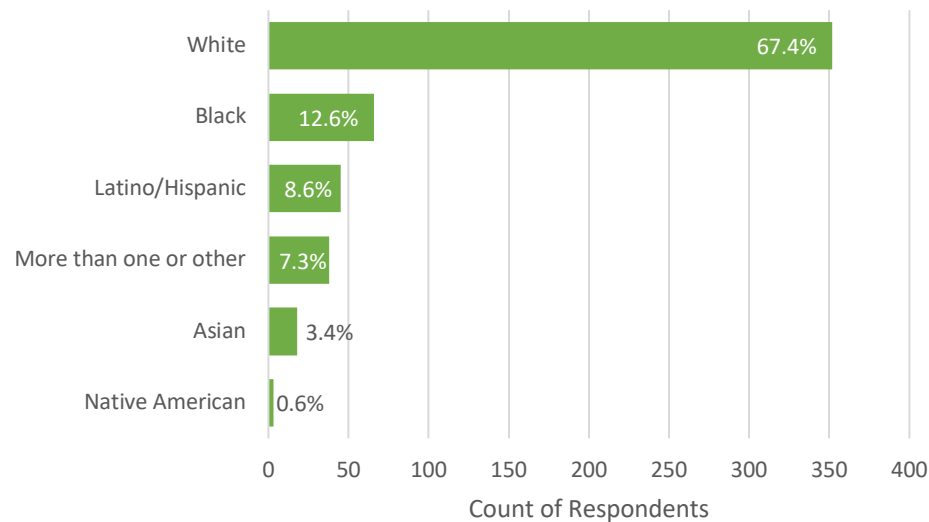


Figure 11: Respondent race/ethnicity.

Annual household income. Approximately half of all respondents had an annual household income of between \$10,000 and \$59,999 (see Figure 12).

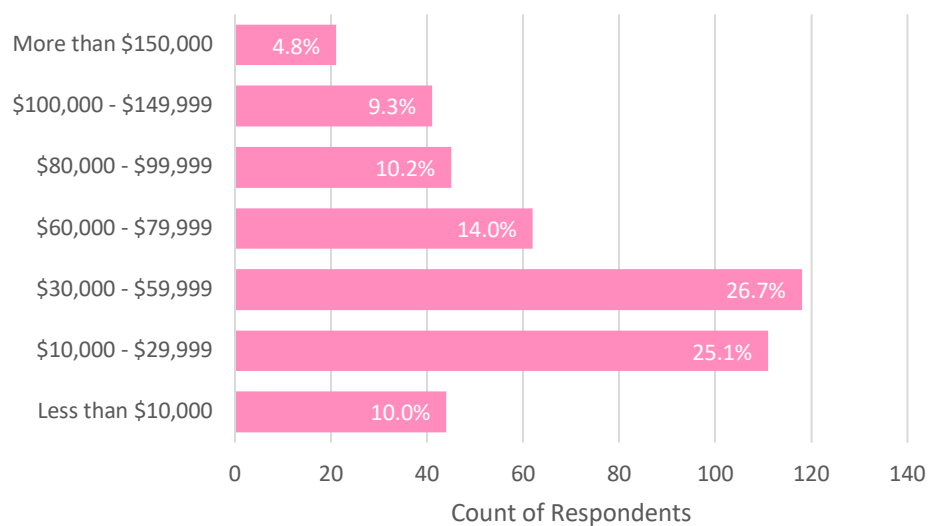


Figure 12: Respondent annual household income.

Educational attainment. Approximately 60% of respondents reported less than a college degree (see Figure 13).

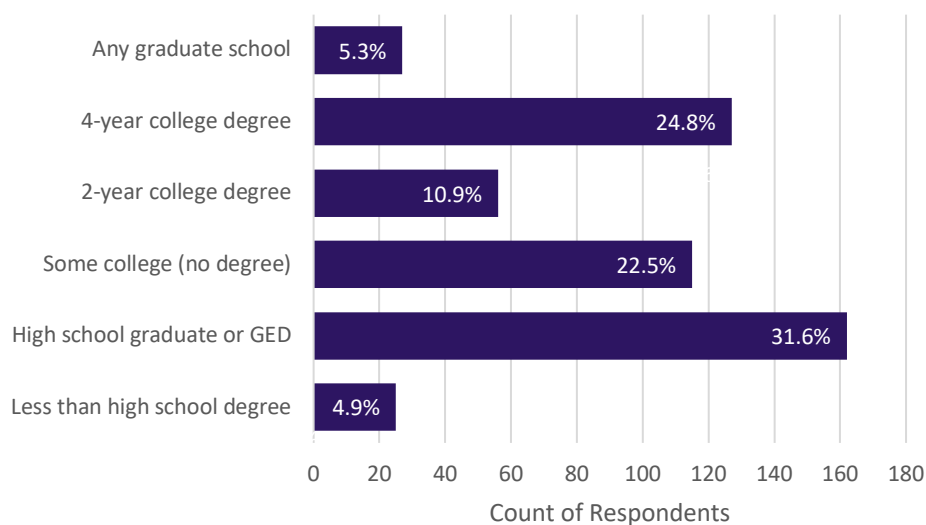


Figure 13: Respondent educational attainment.

State of residence. Respondents were geographically diverse with respect to their current state of

residence. Percentages of respondents according to each U.S. census region are shown in the boxes overlaid on the map in Figure 14 below. Almost all respondents (96.7%, $N = 495$) indicated that they were eligible to vote in the U.S.

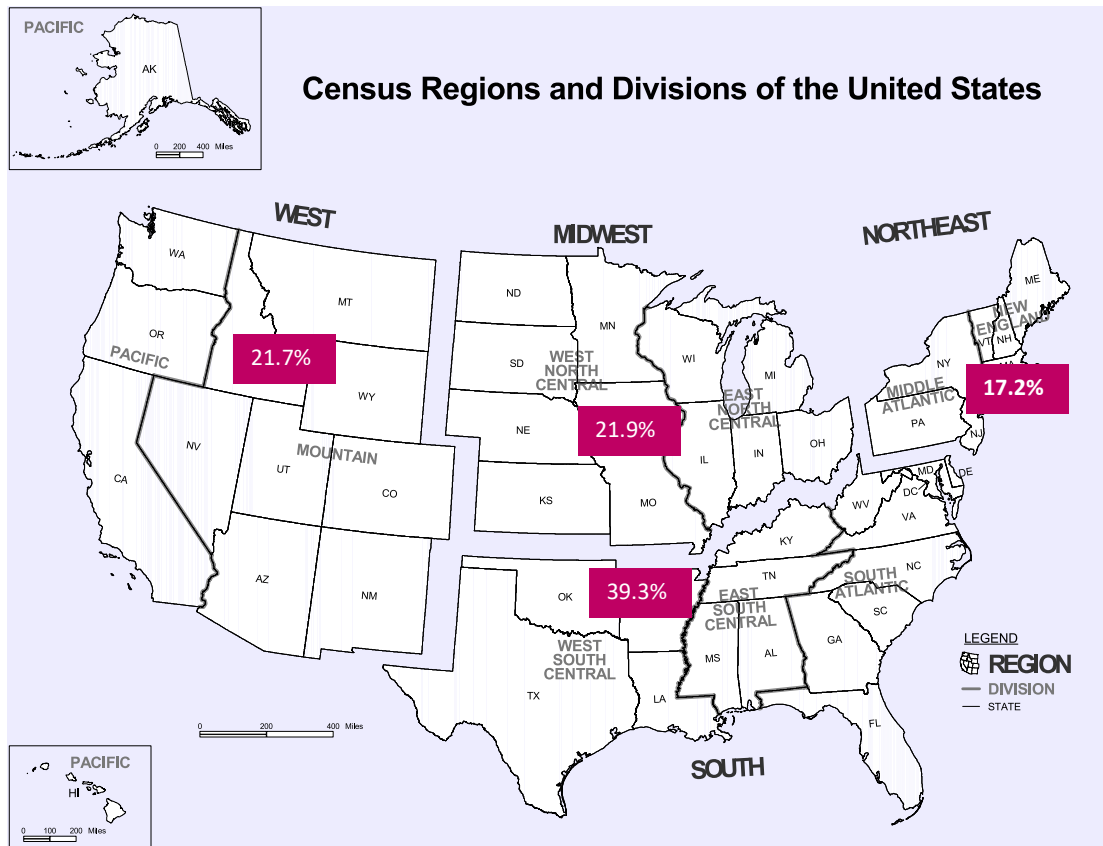


Figure 14: Respondent residence according to U.S. census region.

In addition to the general demographics described above, respondents also provided some topic-specific characteristics that could be relevant to attitudes about rape-related pregnancy and related public policy:

Political orientation. Respondents were approximately evenly split on political orientation ($M = 4.0$, $SD = 1.7$ on a 7-point scale ranging from 1 = “extremely conservative” to 7 = “extremely liberal,” with a score of 4 indicating “moderate”). “Moderate” was also the modal response, with 42.2% of respondents ($N = 216$) selecting that option. Overall, 27.9% ($N = 143$) described themselves as some degree of conservative, and 29.9% ($N = 153$) described themselves as some degree of liberal.

Religiosity. Respondents' average score was $M = 4.23$ ($SD = 2.1$) on a 7-point scale of religiosity ranging from 1 = "not at all religious" to 7 = "extremely religious," with a score of 4 indicating "neither religious nor non-religious."

Opinion on abortion. Respondents' average score was $M = 4.15$ ($SD = 2.23$) on a 7-point scale of abortion opinion ranging from 1 = "extremely pro-life (against legalized abortion)" to 7 = "extremely pro-choice (in favor of legalized abortion)."

Sexual assault and rape-related pregnancy. About one-fifth (20.5%, $N = 105$) of respondents reported that they themselves have been sexually assaulted (a term that was not defined any further for these brief items). About one-third (34.6%, $N = 177$) reported that a family member or close friend had been sexually assaulted.

About four-fifths of respondents (80.7%, $N = 413$) said they did not know anyone personally (defined as an acquaintance, friend, or family member) who had become pregnant as a result of rape. However, 11.9% of respondents ($N = 61$) said they knew one person who had become pregnant as a result of rape, 4.7% ($N = 24$) said they knew two or three people who had become pregnant as a result of rape, and 2.7% ($N = 14$) said they knew more than three people who had become pregnant as a result of rape.

Statistics and Data Analysis

Part one: Experimental investigation of the influence of rape-related pregnancy on perceptions of women.

Adolescent vignette ("Brianna"). Out of the 255 respondents randomly assigned to this vignette, 31 (12.2%) did not pass the manipulation check asking whether or not Brianna claimed to be pregnant from rape in the brief narrative they read. These 31 respondents were excluded from the following analysis, leaving a sample size of 224.

A standard independent-samples t -test assumes that the response variable has an approximately normal distribution within each of the two groups; however, this assumption did not hold for any of the six response items assessing respondents' perceptions of Brianna ($p < .000$ for all Shapiro-Wilk tests of

normality).⁴¹ In general, distributions of variables skewed toward thinking Brianna is honest ($M = 5.62$, $SD = 1.31$), credible ($M = 5.29$, $SD = 1.45$), and believable ($M = 5.73$, $SD = 1.25$); having sympathy for Brianna ($M = 5.83$, $SD = 1.31$); and *not* feeling angry toward Brianna ($M = 2.38$, $SD = 1.70$). The item “I am concerned that Brianna might be making up the story about the rape” had a somewhat flatter distribution than the others ($M = 2.93$, $SD = 1.62$).

To avoid assuming a normal distribution of response variables, a series of independent-samples *t*-tests with bootstrapping (5,000 resamples) were conducted to compare respondents’ perceptions of Brianna when she reported a rape alone (no-pregnancy condition) vs. when she reported a rape-related pregnancy (pregnancy condition). Bootstrapping techniques are non-parametric and so do not assume normal distribution of response variables. There was a statistically significant difference between experimental conditions for five out of the six response variables (see Table 4). When Brianna reported a rape-related pregnancy in the vignette, respondents felt angrier toward Brianna and judged Brianna to be less credible, less honest, and less believable by approximately one half-step between scale points on a scale with six total steps (small to medium effect size, Cohen’s $d = .32$ -.38). Respondents in the pregnancy condition also judged Brianna to be more likely to be “making up the story about the rape” by approximately three-quarters of a step (medium effect size, Cohen’s $d = .49$). There was no statistically significant difference between experimental conditions on an item querying respondents’ sympathy toward Brianna. Results were all in the same direction but somewhat weaker if including the 31 respondents who failed the manipulation check; see Appendix E for results with all respondents assigned to the vignette included.

⁴¹ Technically the *residuals* need to be normally distributed, but assessing for the normality of the variables themselves will yield the same results.

Table 4: *t*-test results with bootstrapping (5,000 resamples), “Brianna” adolescent victim vignette

Item	Mean diff.	SE	Bootstrapped <i>p</i> -value (2-tailed, $\alpha = .05$)	95% Confidence interval of the mean diff.	Cohen’s <i>d</i>
“I think Brianna is credible.”	.537	.191	.006**	[.145, .906]	0.37
“I think Brianna is being honest.”	.447	.174	.011**	[.116, .748]	0.35
“I find Brianna’s story believable”	.477	.164	.005**	[.160, .798]	0.38
“I feel sympathy for Brianna.”	.300	.173	<i>ns</i>	[-.042, .637]	0.23
“I feel angry toward Brianna.”	-.537	.229	.020*	[-.983, -.092]	0.32
“I am concerned that Brianna might be making up the story about the rape.”	-.773	.210	.001**	[-1.181, -.336]	0.49

Notes. *N* = 224; respondents who failed a manipulation check inquiring about Brianna’s pregnancy status were excluded in these analyses. All items were scored on a 7-point Likert scale ranging from 1 = “strongly disagree” to 7 = “strongly agree.” Equal variances assumed for all test statistics since Levene’s test was not significant for any item.

Respondents also responded to an open-ended query asking them to explain their reasoning on the final item, “I am concerned that Brianna might be making up the story about the rape.”⁴² Respondents in the pregnancy condition who specifically referenced the pregnancy always suggested that it was a motive to fabricate, e.g.:

- “If she had consensual sex but doesn’t want her mom to know, she’d lie.”
- “She is covering up how she got pregnant.”
- “Sounds like she got pregnant by her own doing, and to avoid getting in trouble she blames it on rape from her boyfriend.”

⁴² I had initially intended to code open-ended responses for content, but the quality of these open-ended responses was so variable (e.g., a lot of blank responses, gibberish responses, or marginal responses) as to make formal coding unfruitful. Responses provided as examples were corrected for grammar and spelling, but otherwise unchanged.

Other respondents (in both conditions) specifically referenced Brianna's delay in telling her mother about the rape as a reason not to believe her, e.g.:

- "If she had been raped should told her mother 3 months earlier."
- "Waited too long to tell."
- "Could have been consensual since it took her so long to tell someone & doesn't want to be held accountable for being pregnant."

Custody vignette ("Amber and Tony"). Out of the 257 respondents randomly assigned to this vignette, 57 (22.2%) did not pass the manipulation check, which assessed whether or not Amber claimed to be pregnant from rape, and so were excluded from these analyses, leaving a sample size of $N = 200$. Again, all continuous response variables were non-normal ($p < .000$ for all Shapiro-Wilk tests of normality). Respondents felt less positively about both Amber and Tony as compared to Brianna (see Table 5). Average scores were near the midpoint (4: neither agree nor disagree), although generally trended slightly toward the side indicating positive perceptions for both Amber and Tony.

Table 5: Means of "Amber" and "Tony" response variables

Item	"Amber" variables		"Tony" variables	
	Mean	SD	Mean	SD
"I think _____ is credible."	4.35	1.43	4.11	1.34
"I think _____ is being honest."	4.19	1.42	4.22	1.36
"I find _____'s story believable"	4.31	1.49	4.36	1.32
"I feel sympathy for _____."	4.62	1.44	3.91	1.44
"I feel angry toward _____."	3.37	1.40	3.99	1.38

Notes. $N = 200$; respondents who failed a manipulation check inquiring about Amber's pregnancy status were excluded in these analyses. All items were scored on a 7-point Likert scale ranging from 1 = "strongly disagree" to 7 = "strongly agree."

The same series of independent samples *t*-tests with bootstrapping (5,000 resamples) described above were repeated. There were no significant differences in perceptions between the two experimental conditions on any of these ten response variables (absolute value of mean difference ranged from .01 to .26, all *p*'s > .173, all 95% CI's contained zero). Including the 57 respondents who failed the manipulation check did not change results meaningfully.

In the vignette, Amber is requesting full custody of Frankie and Tony is requesting joint custody. Overall, 68.5% of respondents awarded 50-50 joint custody (*N* = 137), 29.5% awarded Amber full custody (*N* = 59), and 1.0% awarded Tony full custody (*N* = 2). A Pearson chi-square test with bootstrapping for symmetric measures was conducted to assess whether respondents' custody determination varied according to experimental condition. There were no significant differences between expected and actual cell counts according to condition, $\chi^2(2, N = 200) = 3.08, p = .214$. Again, results did not change meaningfully when including respondents who failed the manipulation check.

Respondents also replied to an open-ended query asking them to explain their reasoning for choice of custody arrangement. Some respondents in the pregnancy condition expressed particular concern about a rapist gaining parental rights as a reason to award Amber full custody, e.g.:

- "If Amber's story is true then a rapist should not have custody of a child."
- "If the rape allegation is true, Amber has the right to full custody and not to have any contact with Tony."

However, other respondents construed her claim of raising a rape-conceived child as *de facto* proof of fabrication, e.g.:

- "She easily could've had an abortion if Tony raped her, and then why did she stay with him? I call BS."
- "If she had been raped why did she have the kid then?"

In general, respondents in both conditions often had distinctly negative appraisals of Amber and perceived her as untruthful, even if a claim of rape-related pregnancy was not specifically referenced, e.g.:

- “She was just trying to play games using her sex and the rape card.”
- “I’ve seen too many cases where the mothers would say anything because they are bitter towards the father.”
- “Amber sounds crazy.”
- “Amber’s a cunt.”

Part Two: Attitudes and beliefs about rape-related pregnancy.

Best option for women who conceive in rape. About equal numbers of respondents believed the “best option for most women who become pregnant as a result of rape” is either adoption (37.3%, $N = 191$) or abortion (36.8%, $N = 188$). Approximately one-quarter of respondents believed the best option was to raise the rape-conceived child (25.8%, $N = 132$).

Estimating expectations regarding pregnancy outcomes. Most respondents (63.9%, $N = 327$) indicated that they believed abortion is the most common outcome of rape-related pregnancy, followed by childrearing (16.6%, $N = 85$), adoption (15.8%, $N = 8$), and miscarriage (3.5%, $N = 18$).⁴³

Estimating the incidence of rape-related pregnancy. Sixteen percent of respondents ($N = 82$) selected the correct incidence of rape-related pregnancy, which is approximately one in 20 (5%) penile-vaginal rapes of women of childbearing age. Approximately one quarter of respondents (26.4%, $N = 135$) overestimated the incidence of rape-related pregnancy, and the remaining 57.5% ($N = 294$) underestimated the incidence of rape-related pregnancy—sometimes significantly so. Almost one in five respondents (18.2%, $N = 94$) estimated an incidence between one in 100,000 and one in one billion, and four respondents (0.8%) selected the option “It is impossible for a woman to become pregnant as a result of rape.”

⁴³ After selecting what they believed to be the most common pregnancy outcomes, respondents were also asked to estimate the percentage of rape-related pregnancies they believed resulted in that outcome. However, many respondents likely did not understand this item or did not give adequate attention, given that percentage estimates ranged from 1% to 100% (which are nonsensical figures given task demands), and so results on this item are not reported.

Attitudes about rape-related pregnancy. Respondents rated their agreement with 22 statements about rape-related pregnancy on a 7-point Likert scale (1: strongly disagree, 7: strongly agree). Respondents' attitudes and beliefs are summarized in a series of tables below (Tables 6-9) presented by conceptual theme, with items listed from greatest to least agreement within each theme ("any agreement" corresponds to Likert scale scores of 5, 6, or 7). In general, a meaningful minority of respondents endorsed negative or inaccurate attitudes and beliefs about rape-related pregnancy, although endorsement varied by item and by conceptual theme. Given a final sample size of 512, these attitude items have an estimated $\pm 4.4\%$ margin of error, meaning there is a 95% chance that the survey results will be within 4.4% of the population value (assuming random selection from the population of the U.S.).

Table 6: Respondent attitudes on the theme “A pregnancy or child resulting from rape is always traumatic,” $\pm 4.4\%$

Item	Mean	<i>SD</i>	Any agreement (score of 5, 6, or 7)
Most of the time, a woman who is pregnant from rape feels horrified that the rapist’s baby is growing inside her.	4.91	1.30	58.8%
Most women pregnant from rape think of their pregnancy as another trauma brought on by the rape.	4.83	1.31	57.0%
If a child conceived in rape looks like the rapist father, the mother can’t help but feel some disgust.	4.12	1.50	36.3%
A woman who chooses to raise a child conceived in rape will never be able to get over the rape.	3.77	1.66	31.6%
It is unnatural for a woman to be excited about giving birth to a child conceived in rape.	3.73	1.61	27.3%
If a woman raises a child conceived in rape, she will probably treat the child worse than other mothers treat their children.	3.19	1.56	16.8%
A woman who becomes pregnant from rape is not likely to be a good mother to the child.	2.93	1.63	14.6%
A woman can’t really love a child conceived in rape.	2.50	1.36	9.8%

Table 7: Respondent attitudes on the theme “Rape-related pregnancy or childrearing is a motive to fabricate,” $\pm 4.4\%$

Item	Mean	SD	Any agreement (score of 5, 6, or 7)
A woman who agrees to have sex and then becomes pregnant might claim she was raped so that the guy can't have a say in what she decides to do about the pregnancy.	4.29	1.55	45.8%
If a woman agrees to have sex and then becomes pregnant, sometimes she'll say it was rape in order to explain the pregnancy to her family and friends.	4.34	1.47	45.7%
A woman who agrees to have sex and then regrets it afterward is even more likely to say it was rape if she becomes pregnant as a result.	4.19	1.53	40.0%
If a mother raising a child claims her child was conceived during a rape, there's some reason to be skeptical about her story.	3.36	1.53	18.8%
A woman who claims she got pregnant from rape is more likely to be making it up if she gives birth to the baby than if she gets an abortion.	3.01	1.63	13.7%

Table 8: Respondent attitudes on the theme “A woman cannot become pregnant from rape,” $\pm 4.4\%$

Item	Mean	SD	Any agreement (score of 5, 6, or 7)						
Women are statistically less likely to become pregnant from a rape than from a consensual sexual encounter.	3.27	1.65	18.9%						
The female biology makes it highly unlikely that a woman will become pregnant after enduring the trauma of a forcible rape.	2.68	1.64	11.7%						
Only in the most extraordinary circumstances does a woman become pregnant from rape.	2.76	1.54	11.5%						
If a woman becomes pregnant from rape, that means she must have experienced some sexual pleasure during the encounter.	2.06	1.62	10.2%						
It's virtually impossible for a woman to become pregnant as a result of rape.	1.89	1.48	6.8%						

Table 9: Respondent attitudes on the theme “Children and fathers from rape,” $\pm 4.4\%$

Item	Mean	SD	Any agreement (score of 5, 6, or 7)
No rapist would want parental rights over a child he fathered from rape.	3.73	1.74	26.6%
A child conceived in rape is more likely to have a bad life than other children.	3.50	1.58	21.7%
Children conceived in rape are better off not being born because of all the stigma they will experience in their lives	3.03	1.71	14.5%
A male child conceived in rape is likely to be sexually violent when he grows up due to genetic influences.	2.93	1.61	14.3%

Although no formal scale construction or validation was undertaken, these 22 items demonstrated high internal consistency (Cronbach's $\alpha = .91$). Therefore, it was reasonable to average all 22 items into a single scale ($M = 3.41$, $SD = .93$, range: 1.18-6.86) in order to explore relationships between rape-related pregnancy attitudes and demographic factors while avoiding alpha inflation due to multiple comparisons. To reduce the number of candidate demographic variables to be entered as predictors in a multiple regression, bivariate correlations were conducted between respondents' average score on the 22 attitude items and the following demographic variables: age, gender (0: female, 1: male), race/ethnicity (0: minority, 1: white only), annual household income, level of education, census region, political orientation, religiosity, abortion opinion, if respondent was ever assaulted (0: no/not sure, 1: yes), if respondent has a family member or close friend who was sexually assaulted (0: no/not sure, 1: yes), if respondent knows anyone who conceived in rape (0: no, 1: yes). Out of these candidate variables, only the following were more likely to hold negative perceptions or inaccurate beliefs about rape-related pregnancy:

- male respondents (.255**),
- respondents who did *not* have a family member or close friend who was assaulted (-.190**),
- respondents who were less in favor of legalized abortion (-.118*),
- respondents who were more religious (.101*), and
- respondents who identified as white only (-.091*)

When these five variables were entered in this order (from greatest to least correlation) into a hierarchical linear multiple regression (Type III sum of squares) with respondents' average score on the 22 attitude items as the response variable, only male gender (unstandardized $\beta = .484$, $p < .000$), *not* having a family member or close friend who was sexually assaulted ($\beta = -.279$, $p = .001$), and identifying as white only ($\beta = -.301$, $p < .000$) remained significant predictors. However, the final model with all five variables accounted for only 13% of the variance in attitudes ($R^2 = .13$, $F(5, 503) = 14.42$, $p < .000$).

Part three: Policy preferences. Respondents' endorsements of 16 public policies relevant to rape-related pregnancy are listed in Tables 10 and 11 as trichotomized responses: any disagreement (Likert scale scores of 1, 2, or 3), neutral (Likert scale score of 4), and any agreement (Likert scale scores

of 5, 6, or 7). Table 10 lists items where *agreement* indicates endorsement of policies friendly to women who conceive in rape (listed in order from greatest agreement to least agreement), and Table 11 lists items where *disagreement* indicates endorsement of policies friendly to women who conceive in rape (listed in order from greatest disagreement to least disagreement). Again, these policy items have an estimated $\pm 4.4\%$ margin of error.

Table 10: Respondent support of public policies relevant to rape-related pregnancy (*AGREE* = *friendly to women who conceive in rape*), $\pm 4.4\%$

Item	Mean	SD	■ Any disagreement ■ Neutral ■ Any agreement		
If a woman is pregnant as a result of rape, she should have access to free legal advice to learn about her options regarding child custody, child support, and government assistance.	6.02	1.22	3.5%	8.4%	88.1%
If a man rapes a woman and causes her to become pregnant, then the man should NOT be able to have any form of legal custody over the child.	6.04	1.37	5.9%	8.8%	85.4%
If a man rapes a woman and causes her to become pregnant, then the man should NOT be able to prevent the woman from placing the child for adoption if that's what she wants to do.	6.04	1.46	6.6%	8.6%	84.4%
If a man rapes a woman with the intention of getting her pregnant, he should get even more legal punishment.	5.64	1.52	8.8%	15.4%	75.8%
Health insurance companies should pay for prenatal paternity testing for women pregnant from rape, so that women can confirm the identity of the biological father right away.	5.38	1.43	7.2%	21.7%	71.1%
A woman who is pregnant as a result of rape should NOT have to pay for her own medical bills related to the pregnancy and birth.	5.19	1.58	11.3%	23.0%	65.6%
A woman raising her child conceived in rape should be able to get financial support to help raise her child even if she does not know the identity of the man who raped her.	5.07	1.54	12.5%	25.4%	62.1%
If a woman becomes pregnant as a result of rape, the man who raped her should get even more legal punishment (as compared to a rape where the victim didn't become pregnant).	4.91	1.77	19.3%	20.5%	60.2%
Abortion providers should be required to ask women whether they got pregnant from rape so that women have the opportunity to get support and resources if they want it.	4.69	1.79	21.3%	21.5%	57.2%
A woman who gives birth to a child that was conceived in rape should NOT have to pursue child support from her rapist in order to get the money she needs for her child.	4.54	1.96	26.8%	21.1%	52.1%

Table 11: Respondent support of public policies relevant to rape-related pregnancy (*DISAGREE* = friendly to women who conceive in rape), $\pm 4.4\%$

Item	Mean	SD	■ Any disagreement ■ Neutral ■ Any agreement		
If a man rapes a woman and causes her to become pregnant, he should still be allowed to visit the child as long as he's not a danger to the child.	2.36	1.72	73.6%	11.9%	14.5%
If a woman gives birth to a child that was conceived in rape, the woman should have to identify the biological father of the child before she receives financial support from the government.	4.15	2.03	35.4%	20.3%	44.3%
I'm concerned that special financial benefits for women who become pregnant from rape might encourage women to lie about being raped.	4.56	1.73	24.0%	28.3%	47.7%
If there is a special legal procedure to take away the parental rights from a man who rapes a woman and causes her to become pregnant, I'm concerned this might encourage women to lie about being raped.	4.31	1.62	23.2%	19.5%	57.2%
If a woman is raising her child conceived in rape, and later on she wants her new spouse to adopt the child, they should have to pay the court fees for step-parent adoption out-of-pocket like everybody else.	4.63	1.70	20.7%	24.8%	54.5%
If a woman claims she became pregnant as a result of rape, she should be able to receive special financial benefits only if she reported the rape to the police.	4.77	1.72	19.5%	22.5%	58.0%

These 16 items demonstrated only moderate internal consistency (Cronbach's $\alpha = .67$, with items in Table 11 reverse-scored). Therefore, the three policy items most responsible for lowering the reliability coefficient (identify biological father before receiving government benefits, receive benefits only if reported to police, pay step-parent adoption fees out of pocket) were dropped, so that the remaining 13 policy items demonstrated an acceptable Cronbach's α of .73 ($M = 5.1$, $SD = .78$, range: 2.85-6.85). When bivariate correlations were conducted between respondents' average scores on these 13 policy items and the same list of candidate variables previously described (with the addition of respondents' average scores on the 22 attitude items), only the following were associated with greater support of public policies friendly to women who conceive in rape:

- more liberal political orientation (.198**),
- less endorsement of negative or inaccurate perceptions of rape-related pregnancy (-.167**),⁴⁴
- greater approval of legalized abortion (.132**),
- female gender (-.120**),
- self-identification as a racial/ethnic minority (-.108*), and
- lower annual household income (-.096*)

When these six variables were entered in this order (from greatest to least correlation) into a hierarchical linear multiple regression (Type III sum of squares) with respondents' average score on the 13 policy items as the response variable, only politically liberal views (unstandardized $\beta = .071$, $p = .002$) and less endorsement of negative or inaccurate perceptions of rape-related pregnancy ($\beta = -.140$, $p < .001$) remained significant predictors. However, the final model with all six variables accounted for only 9% of the variance in policy preferences ($R^2 = .09$, $F(6, 465) = 7.62$, $p < .000$).

⁴⁴ Attitudes about rape-related pregnancy can be considered a "predictor" of policy preferences because, theoretically, policy preferences spring from attitudes and beliefs about the issue at hand, not the other way around.

Discussion

In the “Brianna” vignette involving an adolescent disclosing a rape to her mother, a claim of rape-related pregnancy (as compared to a claim of rape alone) made participants more skeptical of her story. Many respondents who read that Brianna was claiming to be pregnant from rape believed she was “crying rape” in order to cover up consensual sex with her boyfriend, according to their open-ended responses. This finding suggests that the disproportionately great number of adolescents who become pregnant from rape may have the additional disadvantage that their stories are particularly likely to be doubted, since their youth automatically provides an additional potential motive to falsely claim that a consensually-conceived pregnancy was the result of rape. Other participants voiced skepticism about Brianna’s three-month delay in disclosure in their open-ended responses. Qualitative findings suggest that women who become pregnant from rape often delay disclosure above and beyond the timeline of disclosure for a rape not resulting in pregnancy; survivors may reveal an assault they had initially planned to keep private only *after* they discover the pregnancy weeks or months later. In the real-life “Brianna’s” story, the police detective interviewing her about the crime doubted her story for both of these reasons (i.e., her delay in reporting and the perception that she was trying to hide consensual sex from her parents).

In contrast, a claim of rape-related pregnancy did *not* significantly impact respondents’ judgments in the “Amber and Tony” custody vignette as compared to a claim of rape alone, although a few individual respondents said the fact that Amber was raising a child conceived in rape was evidence of fabrication (e.g., “If she had been raped, why did she have the kid then?”). The lack of significant differences between experimental groups seems attributable to the fact that respondents were overall more skeptical, angrier, and less sympathetic toward Amber as compared to Brianna, meaning the addition of a rape-related pregnancy claim did not make much of an impact. Indeed, respondents’ open-ended comments about Amber were notably harsh (“bitter,” “crazy,” “cunt”) whether she was claiming rape-related pregnancy or rape alone. Another reason respondents seemed generally suspicious of Amber was the adversarial context of the custody case, since her gain would mean Tony’s loss. As a comparison,

one respondent assigned to the Brianna vignette wrote that her reason for trusting Brianna was “she kept the rape to herself and wasn’t trying to use it against him [boyfriend].” Unfortunately, respondents’ perceptions of Amber mirrored the experience that the real-life “Amber” described during her qualitative interview: On the advice of her attorney, she filed a police report for every legal misstep her rapist-ex-husband made in order to create a paper trail and reduce his chances of receiving custody. However, this backfired as the judge perceived the long list of police reports as vindictive and over-the-top, which further discredited her later claim of rape-related pregnancy (even though she had a police report from the time of the assault).

While these experimental vignettes provided mixed evidence for bias against women claiming rape-related pregnancy, respondents also explicitly rated their agreement with 22 statements espousing negative perceptions or inaccurate beliefs about rape-related pregnancy. Several important themes emerged from respondents’ pattern of endorsement of these items. First, by far the most frequently endorsed items were those suggesting that rape-related pregnancy itself and children conceived in rape are especially traumatic to survivors, since respondents appeared to perceive pregnancy and children as “products,” reminders, or continuations of the rape. For example, approximately 60% of respondents agreed with statements suggesting that women pregnant from rape “feel horrified that the rapist’s baby is growing inside them” and “think of their pregnancy as another trauma brought on by the rape.” A third of respondents also agreed that a mother from rape “can’t help but feel some disgust” at a rape-conceived child who looks like the perpetrator and that choosing to raise a child conceived in rape means a woman “will never be able to get over the rape.”

Certainly, many qualitative participants expressed these kinds of distinctly negative beliefs about their rape-related pregnancies, but many others expressed positive construals of their pregnancies and rape-conceived children. As Prewitt (2009) argues, problematic bias can arise when assuming that the negative construal is the *only possible* reaction to a rape-related pregnancy, when there is likely a greater diversity of reactions among women. While this belief that *virtually all* survivors are horrified or

traumatized by their pregnancy likely springs from the understandable desire to respect women's pain and reinforce the horror of rape, the unfortunate corollary to this sort of "benevolent stigma" is the belief that no "genuine" victim would choose to raise a rape-conceived child because the pregnancy is believed to be unbearable (Prewitt, 2009). Given the high internal consistency of these 22 attitude items, almost all items were moderately correlated with one another, meaning endorsement of "benevolent stigma" was associated with endorsement of statements such as "if a mother raising a child claims her child was conceived during a rape, there's some reason to be skeptical about her story" (almost 20% of respondents agreed) and "it is unnatural for a woman to be excited about giving birth to a child conceived in rape" (more than 25% agreed). This latter item was inspired by one particular qualitative participant's story. In her ninth month of pregnancy, this woman sent Facebook messages to a friend in which she expressed enthusiasm about her impending motherhood. These statements were used against her in court to suggest that she must not have conceived in rape—illustrating the real-world problems "benevolent stigma" can cause.

Along these lines, most respondents believed that the most common outcome of real-world rape-related pregnancy is abortion (which is likely factually correct at least in the U.S., although existing data vary depending on source and geographic source of data; see Table 1), and that abortion and adoption are the "best options" for most women who conceive in rape (with more than one-third of participants endorsing each of these options). Only one-quarter of participants believed that the "best option" for a woman who conceives in rape is to raise her child. This echoes one qualitative participant's comment that others pressured her "to, of course, have an abortion. Or to give my child up for adoption. But not to have my child and raise my child." Along these lines, "benevolent stigma" about the unendurable trauma of rape-related pregnancy and raising children conceived in rape was also correlated with negative beliefs about *children* conceived in rape. While such items had relatively low endorsement, still approximately one out of seven respondents agreed with statements suggesting that children conceived in rape are likely to be violent and "better off not being born" due to the stigma they will face.

Second, respondents were very concerned about the potential for pregnancy to create instrumental motives for women to lie about rape. Items about fabrication were the second most highly endorsed, after the “benevolent stigma” items about pregnancy/childrearing trauma. For example, approximately 40-45% of respondents agreed with statements suggesting that women often falsely claim rape-related pregnancy “if a woman agrees to have sex and then regrets it afterward,” “in order to explain the pregnancy to her family and friends,” and “so that the guy can’t have a say in what she decides to do about the pregnancy.” As an important reminder, these kinds of beliefs cannot properly be categorized as *myths*, since no data exist to answer the question “Are women claiming rape-related pregnancy more likely to fabricate than women claiming rape alone?” The empirical answer might be *yes* or *no*. So while such beliefs—that pregnancy frequently serves as an ulterior motive to fabricate a rape claim—might not be factually *incorrect*, such beliefs can undoubtedly harm those 15,000-50,000 women per year in the U.S. who *do* actually conceive in rape, as the qualitative findings demonstrate.

Third, more than one-quarter of respondents agreed with the statement “no rapist would want parental rights over a child he fathered from rape.” This belief is problematic because it is demonstrably untrue and may cast doubt on the credibility of women claiming rape conception whose assailant is also pursuing parental rights. The sizeable minority of survey respondents endorsing this item accords with comments from several qualitative participants, suggesting that family and friends sometimes disbelieved their rape claim *because* their assailant pursued custody. The belief that “no rapist would want parental rights over a child he fathered in rape” does not seem to take into account qualitative findings suggesting that rapists generally pursue parental rights as an instrumental means to an end rather than out of genuine interest in their child. While no qualitative participant said that a family court judge or attorney voiced this myth specifically, several women did report that judges and attorneys expressed indifference or distrust when evaluating a claim of rape conception in family court.

Finally, out of all 22 items, respondents were least likely to endorse statements asserting some version of “women can’t get pregnant from rape”—which, all evidence shows, is certainly a myth. Yet

meaningful minorities still endorsed this biological fallacy or its watered-down version, which asserts that rape-related pregnancy may not be *impossible* but is *virtually impossible* or *vanishingly rare*. For example, close to 60% of respondents underestimated the per-rape pregnancy rate, sometimes significantly so (e.g., one in one billion). Furthermore, almost one in five respondents agreed with the statement “women are statistically less likely to become pregnant from a rape than from a consensual sexual encounter,” and one in ten agreed with the statement “If a woman becomes pregnant from rape, that means she must have experienced some sexual pleasure during the encounter”—a belief that one legal writer said was “quite exploded” as far back as 1826 (Russell, 1826, p. 105). Fortunately, the qualitative participant whose experience inspired this latter item said that, at trial, the defense attorney who raised the point was laughed out of the courtroom for asserting such an obvious fallacy.

Unsurprisingly, respondents holding negative perceptions or inaccurate beliefs about rape-related pregnancy were less likely to endorse public policies friendly to women pregnant from rape. Respondents’ pattern of endorsement of the 16 public policy items was striking in its paradox. On one hand, respondents were extremely opposed to a rapist having custody over his rape-conceived child or interfering in women’s pregnancy decision-making. Some of the most highly endorsed items, at approximately 85%, were “If a man rapes a woman and causes her to become pregnant, then the man should NOT be able to have any form of legal custody over the child” and “If a man rapes a woman and causes her to become pregnant, then the man should NOT be able to prevent the woman from placing the child for adoption if that’s what she wants to do.” Along these lines, 75% of respondents *disagreed* with the statement “If a man rapes a woman and causes her to become pregnant, he should still be allowed to visit the child as long as he’s not a danger to the child.” Participants did not seem to share Hendricks’ (2017) concerns that rapist-father rights might be in the best interests of the child in some cases. On the other hand, despite this strong repudiation of rapist parental rights in the abstract, respondents were anxious about the *process* that would be necessary to legally separate the perpetrator from his victim and rape-conceived child. Half of respondents agreed with the statement “If there is a special legal procedure

to take away the parental rights from a man who rapes a woman and causes her to become pregnant, I'm concerned this might encourage women to lie about being raped."

This paradox repeated itself with regards to financial benefits for women who become pregnant from rape. Respondents highly endorsed a variety of policies that involve distributing money or other resources specifically to women pregnant from rape that would not be available to other women. For example, approximately 90% of respondents supported free legal advice, 70% wanted prenatal paternity testing to be covered by insurance, 65% thought women pregnant from rape should not have to pay for their own medical bills related to pregnancy and childbirth, and about 50% thought a woman who conceived in rape should be able to "get the money she needs for her child" without turning to her assailant for child support. But again, although respondents seemed to support the *concept* of special financial or government benefits for women who conceive in rape, the *reality* of how this might actually be accomplished engendered doubt, since about half of respondents agreed with the statement "I'm concerned that special financial benefits for women who become pregnant from rape might encourage women to lie about being raped." Perhaps given this anxiety, approximately 60% of respondents thought a police report should be required before women claiming rape-related pregnancy receive any special financial benefits—even though the qualitative findings show that women pregnant from rape have many rational reasons for not reporting to law enforcement.

Overall, these results suggest that cultural misperceptions and falsehoods about rape-related pregnancy—such as periodic statements by politicians asserting that rape-related pregnancy almost never occurs (see Table 2)—seem at be at least partially to blame for laws and public policies that are indifferent or outright hostile to women pregnant from rape. Furthermore, activists and politicians seeking to provide financial benefits to women pregnant from rape or prevent rapists' involvement in women's pregnancy decisions can count on widespread public support—as long as these laws and policies take seriously people's fears about the possibility of false rape claims, particularly in an adversarial context, harming wrongly accused men. For example, when the U.K. began limiting child tax credits to two

children, they created a legal carve-out for women to receive support for a third or subsequent “child conceived without your consent” (HM Revenue & Customs, 2017). Some politicians and journalists sharply criticized the policy because it required women applying for the additional tax credit to offer some evidence of the rape, which was seen as degrading and re-traumatizing (Ross, 2017). Yet the survey results presented in this paper suggest that this is exactly the kind of policy likely to receive broad-based support in the United States. Such a policy would extend financial help to women who conceive in rape, yet still address the possibility of false rape claims in a way that poses the fewest hurdles for women in need: Under the U.K. policy, no police report is required. Woman can “prove” their rape claim with a variety of forms of documentation, including simply describing their story to a social worker provided to them free of charge at the time of application (HM Revenue & Customs, 2017).

Requiring evidence of rape within some formal process in order to receive a benefit will always exclude and disadvantage some proportion of women who conceive in rape, who may not have any forms of documentation or may be too traumatized to speak about their experiences to anyone. However, public policies that offer a benefit to women who conceive in rape without *any* controls to verify rape claims and limit access to benefits may not be politically viable. The key, then, is crafting policies so that these controls can be passed safely and expediently by the greatest proportion of women pregnant from rape or raising children conceived in rape, so these vulnerable women can actually receive the benefit created for them with limited waste of government resources on ineligible persons.

General Discussion: Implications, Limitations, and Future Directions

Women who conceive in rape occupy a place of tension while navigating the U.S. legal system, experiencing risks that are explicit, extensive, and oppressive. Women pregnant from rape or parenting a child conceived in rape are repeatedly faced with legal double binds, where they must choose between two undesirable courses of action. For example, if a woman pregnant from rape chooses to report the rape to law enforcement, this action may prompt violent retaliation from her assailant while she is in vulnerable physical state of pregnancy. Reporting might also make her assailant aware of the pregnancy for the very first time, giving him another source of power and control over his victim and, potentially, prompting interference in her reproductive decision-making. However, if a woman chooses *not* to report the rape to law enforcement, not only does her assailant have no chance of being convicted and punished, but the absence of a police report documenting the rape can also be used against her in later legal contexts—such as when applying for government assistance or fighting the perpetrator for custody in family court. Since a disproportionate number of *adolescents* conceive in rape (Holmes et al., 1996), many women must make these complex legal decisions while very young, often lacking both adequate knowledge about potential legal consequences and the autonomy needed to make decisions in line with their personal goals. In addition, given widespread negative perceptions and inaccurate beliefs about rape-related pregnancy, women who conceive in rape may face stymying biases when they interact with legal institutions—such as the belief that pregnancy constitutes an ulterior motive to fabricate a rape claim.

Furthermore, women who conceive in rape face a variety of threats to their ability to make autonomous reproductive and childrearing choices. For example, women who conceive in rape seem to face a particularly high risk of reproductive coercion by the perpetrator, who may coerce a pregnancy termination as the means to eliminate enduring physical evidence of his crime. Women choosing to raise their children conceived in rape, in particular, face the longest-term risk of interference from the perpetrator, who may threaten to seek custody or other parental rights even years after the assault. These women also face the greatest financial losses, as well as additional biases specific to women raising rape-

conceived children (e.g., the belief that no “genuine” rape victim would choose to raise a child conceived in rape).

Paradoxically, despite these multiple layers of risk and stigma, women who conceive in rape may also experience unique opportunities that have the potential to promote positive legal and personal outcomes. Women who conceive in rape have the distinct legal advantage of durable DNA evidence providing incontrovertible proof of sexual penetration by the perpetrator—which, in some cases, can lead to convictions that otherwise would never have happened if the rape did not lead to pregnancy. Pregnancy sometimes reveals the occurrence of a rape for the first time (i.e., if a woman was incapacitated at the time of assault), bringing to light a crime that might have otherwise remained unknown and thereby opening up a formerly hidden perpetrator to criminal prosecution. The discovery of a rape-related pregnancy can also prompt disclosure of a rape (including disclosure to law enforcement) that a woman had otherwise planned to keep private. Along these lines, pregnancy from rape tends to bring women in contact with medical providers, abortion providers, and other helping professionals, “first responders” who then have the opportunity to support women and offer help and resources—an opportunity other rape survivors may not experience without a pregnancy to prompt these contacts. Because pregnancy often brings to light a rape that otherwise would have remained unacknowledged or hidden by the victim, pregnancy from rape can create a “hinge moment” (as one qualitative participant put it), starting a chain of events that can rescue a woman from further sexual exploitation (e.g., a sexually abusive home or sex trafficking).

Policy reform and changes to institutional norms have the potential both to reduce these risks and nurture these opportunities. What follows are implications, grounded in the research, for various groups that interact with women who conceive in rape, as well as implications for survivors themselves.

Implications for Law, Policy, and Practice

Police and prosecutors. If uninformed about the special risks and needs of women pregnant from rape, police and prosecutors may unnecessarily jeopardize justice and public safety by decreasing the odds of a successful conviction, as well as risk re-victimization of vulnerable women. Police and

prosecutors interested in better protecting women pregnant from rape may consider the following suggestions:

- Be aware of common patterns of rape-related pregnancy that may influence your perceptions of complainant credibility. For example:
 - Rape-related pregnancy occurs in approximately one in 20 penile-vaginal rapes of women of childbearing age (approximately 15,000-50,000 women per year in the U.S.). Given the unequal distribution of risk for rape-related pregnancy, *multiple* rape-related pregnancies are far from unheard of and do not in themselves constitute evidence of fabrication.
 - Rape-related pregnancy often prompts continuing interaction with the perpetrator (e.g., turning to the perpetrator for emotional or financial support during a stressful pregnancy) that might otherwise be considered counterintuitive victim behavior.
 - Rape-related pregnancy is associated with delayed reporting. Some women do not realize they were raped until they discover the pregnancy (e.g., because they were drugged or otherwise incapacitated). Other women may choose to disclose a rape they had otherwise planned to keep private only after they discover the pregnancy.
 - Many women pregnant from rape choose to raise their rape-conceived child, and many women pregnant from rape have positive feelings about their pregnancy or rape-conceived child. Neither of these facts in themselves constitutes evidence of fabrication.
 - The existence of a *potential* ulterior motive to fabricate a rape claim does not automatically mean that a particular complainant's account is false. As one noteworthy example, all adolescents have a "built-in" ulterior motive when claiming rape conception—that is, to explain a consensually-conceived but unplanned pregnancy to their parents. Yet research suggests that adolescents are in fact disproportionately likely to become pregnant from rape.

- Be aware that women pregnant from rape may be at elevated risk of violence from the perpetrator during the vulnerable pregnancy period. Inquire about the complainant's safety and need for an order of protection or other services. Inform complainants about the possibility of filing an "information report" (or similar non-criminal or anonymous report, if available in your jurisdiction) if they are concerned about retaliation from the perpetrator, since women often benefit from having *some* official documentation of a claim of rape-related pregnancy in later legal situations.
- With the complainant, discuss the options for *if, how, and when* you will inform the suspect about the complainant's pregnancy if he does not already know. Be aware that revealing the pregnancy to the suspect can put the complainant at risk for violent retaliation, reproductive coercion, and other interference from the suspect.
- At the complainant's first contact with law enforcement, discuss DNA evidence collection options to reduce the risk of unnecessarily losing potentially valuable evidence, even if the complainant says she is not currently intending abortion. Offer non-invasive prenatal paternity testing (NIPP) to all complainants intending to continue the pregnancy, so that (a) the nine-month pregnancy timeline does not unnecessarily delay prosecution and (b) a sudden miscarriage or attempt by the perpetrator to deliberately cause a miscarriage does not result in loss of DNA evidence. If your local or state forensic laboratory does not offer NIPP, work to make the test available or ask if an external laboratory can be used instead. For a complainant choosing to place her rape-conceived child for adoption at birth, arrange for a forensic technician to obtain a DNA sample (e.g., buccal swab) from the infant in the hospital. There are *no* circumstances under which the need for DNA evidence means a woman has to change her choice of pregnancy outcome, since DNA evidence can be collected whether a woman chooses abortion, adoption, or childrearing.
- Be aware of how the case timeline might interact with the timeline of pregnancy, childbirth, and childrearing. For example, try to avoid scheduling interviews or court dates immediately before

or after a complainant's scheduled abortion date or expected delivery date. Along these lines, be aware of how criminal justice outcomes (and the timing of those outcomes) may impact a complainant's reproductive choices. For example, let the complainant know whether the specific charge in a prospective plea bargain implies automatic termination of parental rights in your state. Update the complainant regularly as to the case timeline, since the timing of when the suspect is charged, convicted, etc. may influence a woman's choices.

- Women pregnant from rape almost always face particular financial hardship (costs related to prenatal care, abortion, childbirth, adoption, childrearing, and/or family court), so inform women about victim compensation programs in your jurisdiction and connect them to your victim/witness assistance program, if available, who can help them file for compensation.
- *Most* people do not believe myths and misperceptions about rape-related pregnancy (e.g., that the female biology prevents pregnancy following rape), yet a sizeable minority do—which can create problems for your case if the judge or a jury member do hold these negative or inaccurate beliefs. For the rare case that goes to trial, consider whether an expert witness might be helpful to dispel any fact-finder misconceptions about rape-related pregnancy and account for supposed “counterintuitive victim behavior” that might be attributable to pregnancy.

Custody attorneys, guardians *ad litem*, and family court judges. When the various legal personnel involved in child custody disputes are uninformed about the special needs of women raising children conceived in rape, they unnecessarily risk rewarding rapists for their crimes by granting visitation or custody, while at the same time placing vulnerable women and children in danger. Here are some suggestions when a woman involved in a custody dispute claims rape-related pregnancy:

- Become familiar with statistics and common patterns associated with rape-related pregnancy (described above) to avoid letting myths and misperceptions influence the outcomes of custody disputes.
- Be aware that women who conceive in rape may not report the rape to law enforcement for rational reasons (e.g., delayed discovery of rape, fear of violent retaliation, fear of perpetrator

interference in reproductive decision-making, threats or blackmail from the perpetrator). If a woman is asserting rape-related pregnancy in family court, consider allowing her to present alternative evidence of the rape (e.g., medical records, “good cause” exemption paperwork for TANF, friend and family witnesses) for scrutiny if there is no police report.

- Be aware that rapists often pursue visitation or custody of their rape-conceived children for instrumental purposes (e.g., to reduce child support payments, manipulate and control their victim, or terrorize their victim). The relatively common belief that “no rapist would want parental rights over a child he fathered from rape” is demonstrably false.
- Do not assume that litigants in a custody suit must have been romantic partners or even know each other well. Stranger rapists and acquaintance rapists that women barely know *do* sue for custody for the reasons described above, so do not unthinkingly refer to the litigants as “partners” or similar language that implies a consensual relationship.
- Intimate partner violence is generally considered a contraindication for mediation (N. E. Johnson, Saccuzzo, & Koen, 2005; Krieger, 2002; Ver Steegh, 2003). While some rape-related pregnancy occurs in the context of a violent intimate partnership, other women become pregnant when they are raped by an acquaintance, stranger, or family member, who may later pursue custody. Thus, mediation is likely a dangerous, inappropriate option for *all* women who conceive in rape.
- Mental and behavioral health concerns following rape are common, often largely resolve within less than a year, and do not in themselves constitute a reason to deny custody to a woman without specific evidence that these problems seriously endanger the child (G. A. Bonanno, 2004; Campbell, Dworkin, & Cabral, 2009). As an illustration, approximately 25% of all U.S. adults have a mental illness, and approximately 50% of all U.S. adults will develop at least one mental illness during their lifetime (CDC, 2018). The proportion is likely roughly similar among U.S. parents. Yet since a custody dispute does not happen to bring the vast majority of these parents in contact with the family court system, their fitness to parent will never be questioned.

- For legal aid offices and *pro bono* attorneys: Many legal aid offices limit the number of custody cases they can accept because they are so time-consuming and resource-intensive. Given the special vulnerabilities of women raising rape-conceived children, consider prioritizing cases where women pregnant from rape are fighting their assailants for custody. Furthermore, consider raising or eliminating any income requirement when representing a woman fighting her assailant for custody, so that moderate-income women raising children conceived in rape are not punished financially for the perpetrator's crime by being forced to pay for a custody attorney to protect their children.

Medical and abortion providers. Medical and abortion providers have a tremendous opportunity to offer support, help, and resources to women pregnant from rape as “first responders”—but this opportunity cannot be realized if they do not *know* about the rape-related pregnancy. Qualitative participants said that their medical and abortion providers rarely asked about rape-related pregnancy. Therefore, all healthcare institutions that interact with pregnant women should screen for rape-related pregnancy and associated risks (i.e., intimate partner violence, ongoing incest or other sexual abuse, reproductive coercion), in line with prevailing practice recommendations (American College of Obstetricians and Gynecologists, 2012, 2014). Furthermore, healthcare providers need to devote the additional time and office space required to screen all women *alone* in a private room, since multiple qualitative participants reported that their assailant accompanied them to medical appointments, coerced their reproductive and other medical choices, and prevented disclosure (e.g., forcing a woman to circle “no” on a written screener asking about rape-related pregnancy).

For example, Arizona recently passed a law requiring all abortion clinics to screen patients in a private room for rape-related pregnancy, intimate partner violence, sex trafficking, and reproductive coercion, although patients may choose not to respond and abortion services are not contingent on responding (Howard Fischer Capitol Media Services, 2018). If women do report rape-related pregnancy, Arizona abortion providers must provide women with information on how to report the crime if they so choose (Howard Fischer Capitol Media Services, 2018). However, this kind of top-down legislative

action is unusual (and does not extend to obstetricians, family physicians, and other healthcare providers who work with pregnant patients), and so most hospitals and clinics need to take the initiative to create these screening procedures themselves.

Women also have occasional concern that disclosing to healthcare providers might force them to report to law enforcement—a concern that is unfounded for most adult women but accurate for most adolescents. In response, written or in-person screening for rape-related pregnancy should be accompanied by informed consent explaining the guarantees and limits of confidentiality, so that women can make an informed decision about the risks and benefits of disclosing the rape in a healthcare context.

Finally, healthcare institutions need to have best-practice protocols in place when pregnant patients *do* disclose a rape-related pregnancy, whether spontaneously or in response to the screening. Qualitative participants reported variable and often unhelpful responses from doctors, nurses, and other medical or abortion providers. Based on participants' experiences, the following are examples of some specific protocols to implement:

- Respond with empathy and ask the patient what kind of help she needs from your practice.
Refrain from making suggestions about her reproductive choices.
- Counsel the patient about the potential for DNA evidence collection should she choose an abortion, making the timeline and other details as clear as possible (Perry, Murphy, et al., 2015).
While this is obviously critical in settings that provide abortions, providers in other settings (e.g., emergency rooms) should also counsel patients about DNA evidence collection, so that women have this important information in case they later choose abortion.
- Ask if the patient wants assistance reporting the rape to law enforcement without pressuring her to report, explaining that some women choose to report and some do not. Provide information about the possibility of making an anonymous report or other police report that does not initiate a criminal investigation, if available in your jurisdiction. Provide referrals to appropriate community resources (e.g., hospital social worker, sexual assault resource agency, victim/witness assistance program, domestic violence shelter).

- Be aware that, in cases of rape-related pregnancy, medical records may provide important documentation of the rape for legal purposes and may receive intense scrutiny in court. Avoid implying a romantic relationship between the patient and biological father in charts if not warranted (e.g., use neutral terminology like “biological father” rather than “partner”). Describe the patient’s version of events in her own words (e.g., “The patient reported...”) and avoid language that unnecessarily casts doubt on the patient’s version of events (e.g., “alleged rape”; American College of Obstetricians and Gynecologists, 2014).

Schools. Participants who were pre-adolescents or adolescents when they were assaulted frequently *did not realize* they were pregnant (or did not realize they had miscarried a pregnancy) until weeks, months, or even years after the assault due to lack of familiarity with the signs of pregnancy. This delayed recognition can have negative collateral consequences for young victims and their legal prospects, including delaying medical care and abortion, delaying the possibility for disclosure and ensuing social support, and delaying reporting to law enforcement until after the case is already “cold.”

School sexual education curriculum typically focuses on preventing teen pregnancy by way of contraception or abstinence—but this model implicitly assumes teens always have control over preventing pregnancy, which is not the case for teens who conceive in rape (Kehily, 2005). Furthermore, an exclusive emphasis on *preventing* pregnancy can leave teens uninformed about what happens if they actually *become* pregnant (e.g., when a woman is most likely to become pregnant in the course of her menstrual cycle, how emergency contraception works, signs and symptoms of pregnancy and miscarriage). To be more inclusive of teens who may become pregnant from rape, school sexual education curricula should shift from an approach exclusively focused on pregnancy prevention to a more holistic *fertility education* or *reproductive justice* approach so that adolescents are aware of the full range of reproductive choices and outcomes they may experience (Luna & Luker, 2013). Furthermore, since qualitative participants were as young as 12 years old when they experienced their pregnancy or miscarriage, this kind of sexual education needs to begin in middle school.

Policymakers and activists. Many changes to existing law and policy would benefit women who

conceive in rape and children conceived in rape. Fortunately, the quantitative survey revealed that American adults are generally in favor of public policies friendly to women who conceive in rape, *as long as* these policies contain procedures to manage people's considerable concern about the risk of false rape claims. Therefore, public rhetoric surrounding proposed policy changes should emphasize both how the policy will help vulnerable women and children *and* how the law will protect against false rape claims. Successful public policy reforms may also need to address any myths or misperceptions that might wrongly cause other policymakers or constituents to oppose the policy (e.g., "No laws limiting the parental rights of rapists are necessary because virtually no women choose to raise their rape-conceived children *and* virtually no rapists are interested in such rights"). Survey results also suggest that people who are more politically conservative are less likely to support public policies friendly to women who conceive in rape, which means policymakers in conservative areas may need to work particularly hard at persuasion. Some examples of potential changes in policy are as follows:

- Consider adopting a state version of the federal Rape Survivor Child Custody Act (RSCCA, 2015) to establish a civil procedure to terminate a rapist's parental rights upon "clear and convincing evidence" of rape conception. Many states have passed such provisions over the past several years, in line with survey results suggesting that the general U.S. population is highly opposed to men who father children via rape gaining custody over their rape-conceived children (Office on Violence Against Women, 2016).⁴⁵ States vary considerably in the language they use in such provisions and how explicitly they limit a rapist's rights across the areas of termination of parental rights, adoption, and paternity/legitimation; see Appendix F for a few selected examples for comparison. Colorado likely boasts the most extensive and carefully constructed model

⁴⁵ Of note, the research described herein specifically considers a *male* perpetrator who impregnates a *female* victim. As Hendricks (2017) argues, people (and the law) tend to view the parental rights of rapist-*mothers* (i.e., women who rape men and become pregnant as a result) differently from rapist-*fathers*, because of the preexisting relationship between mother and child via the biological process of gestation. However, most state statutes dealing with parental rights following rape conception are gender-neutral and apply equally to male and female perpetrators (see Appendix F for examples). Thus, the language in this section is also gender-neutral when discussing potential policy changes.

legislation, as Colorado explicitly lays out the procedure for the civil hearing; specifies that both parties have the right to state-appointed legal representation; requires that the complainant's and child's whereabouts be kept confidential; requires a guardian *ad litem* be appointed to represent the child's interests; allows the judge to order the perpetrator to provide family medical information for the sake of the child's health; and specifically states that the judge may not assume that having one parent is against the child's best interests (Colorado Revised Statutes, Children's Code, 2014).

- Consider a policy specifying that even if a perpetrator has their parental rights terminated, they maintain the obligation to pay child support unless waived by the complainant so that they do not benefit financially from their crime. Ensure the safety and privacy of the complainant by creating a child support registry that allows a survivor to receive child support without disclosing their whereabouts to the perpetrator or having continuing interactions with the perpetrator (see again Colorado's statute for model legislation; Colo. Rev. Stat. § 19-5-105.7, 2014 HB 1162). While qualitative findings suggest that few women raising children conceived in rape will *want to* pursue their assailant for child support, women should not be punished for the perpetrator's crime by losing this financial option *if* they want to pursue it.
- Consider explicitly expanding the scope of your state's crime victim compensation program to consider the needs of women who conceive in rape. As illustrated in the qualitative findings, women who conceive in rape (particularly women raising children conceived in rape) face significant, long-term financial loss in diffuse categories that may not be covered under existing victim compensation program distribution rules. For example, would a woman be reimbursed for moving costs accrued when fleeing her assailant to avoid his violence or interference? Would a woman's abortion fees, prenatal medical bills, or hospital bills related to childbirth be reimbursed? What kind of expenses related to a child born from rape should be reimbursed (e.g., health insurance premiums, diapers, car seat, baby clothes), and for how many years of a child's life would any such compensation continue to apply? Should compensation change if a survivor

has no opportunity to receive child support because she was raped by a stranger, or if a survivor's moderate income makes her ineligible for government assistance? These are all questions that should be clarified to help women pregnant from rape receive deserved financial compensation as crime victims. Furthermore, states with a requirement that a crime must be reported to law enforcement within a specified amount of time after the event in order to be eligible for compensation should include provisions to grant exceptions for good cause, given qualitative findings suggesting that many women who conceive in rape delay reporting to police (National Center for Victims of Crime, 2012).

- For public policies with carve-outs that make exceptions for women pregnant from rape (e.g., “good cause” exemptions for TANF, Hyde Amendment exceptions permitting public funding for abortion in cases of rape), consider ways to make these exceptions more accessible so that they reach their intended beneficiaries (Dennis & Blanchard, 2013; Nusbaum, 2013). For example, given qualitative findings that women pregnant from rape face special risks by reporting to police, requiring a police report to access a benefit such as TANF constitutes an undue burden to women pregnant from rape. Consider accepting alternative sources of evidence such as medical records, witness statements, or applicant interviews to increase the number of eligible women who can receive the benefit without indiscriminately opening to gates to all applications (see, e.g., HM Revenue & Customs, 2017).
- Consider adding carve-outs for rape-related pregnancy to relevant programs where none currently exist. For example, immigrant children seeking Special Immigrant Juvenile classification as a result of parental abandonment may face difficulty gaining lawful permanent residence without a father listed on the birth certificate, ironically, since they cannot prove abandonment by a specific legal parent (U.S. Citizenship and Immigration Services, 2018; G. Appollon, personal communication, June 3, 2018). Given the potential collateral consequences women pregnant from rape face by including the perpetrator on the child's birth certificate, this requirement may unfairly impact immigrant children conceived in rape.

- The Patient Protection and Affordable Care Act (“Obamacare,” 2010) created a variety of minimum standards that all health insurance policies in the U.S. must meet. Consider extending these requirements such that all health insurance plans must cover noninvasive prenatal paternity testing (NIPP) for women pregnant from rape (with a low bar of evidence required in order to establish the rape and qualify for coverage). One qualitative participant did not know *until her child was born* whether her husband or her assailant was the child’s biological father, since her military health insurance did not cover NIPP and she could not afford it herself.
- Consider drafting legislation (like the 2018 Arizona law previously described; Howard Fischer Capitol Media Services, 2018) or other recommendations (e.g., a Dear Colleague letter from the state public health board) specifying that abortion providers and other medical providers who treat pregnant patients should screen women in private for rape-related pregnancy, intimate partner violence, and reproductive coercion and have a concrete plan in place for steps to follow if a patient endorses rape-related pregnancy (see suggestions above).
- Some states consider pregnancy to be an “injury” that is legally considered an aggravating factor against a person charged with a sexual crime, which can lead to a more severe charge or punishment (Bridges, 2013). Quantitative survey results suggest that there is broad support for such a measure. Consider expanding this kind of statutory aggravating factor to include “*attempt to cause pregnancy*” (analogous to “attempted manslaughter” or the like), given the qualitative finding that men who rape frequently intend to cause pregnancy, whether or not they happen to be successful. Evidence of tracking fertility cycles, explicit statements about intent to cause pregnancy, etc. could be used as evidence to establish such criminal intent.
- Consider eliminating child marriage, including provisions that allow exceptions to minimum marriage age laws in the case of parental consent or pregnancy. Currently, seven states expressly permit pregnancy to lower the minimum marriage age, and ten states allow clerks to issue marriage licenses for all minors (e.g., there is no consideration of possible coercion or best interests of the child by a judge; Forced Marriage Initiative, 2018). Although no participant in the

present study experienced child marriage, Kristof (2017, 2018) reports numerous case examples of adolescent girls forced to marry the men who raped them after becoming pregnant (generally because parents wanted to avoid the embarrassment of an unmarried teen daughter).

Survivors pregnant from rape, allies, and advocacy organizations. Qualitative participants were asked about *what advice they would give to another woman pregnant from rape*. Some of those responses, and other relevant information gleaned from the interviews, are summarized below for survivors, but also for friends, family, and helping organizations such as sexual assault resource agencies and domestic violence shelters to keep in mind when they offer assistance⁴⁶:

- Learn about the resources and policy carve-outs available to women pregnant from rape (e.g., crime victim compensation, Medicaid coverage for abortion, “good cause” exemption to TANF requirement of child support cooperation, RSCCA proceedings). Victim/witness assistance programs, sexual assault resource agencies, and other helping organizations intended for rape survivors also need to be aware of these resources and associated policies in order to best serve women pregnant from rape.
- Many qualitative participants benefited (or would have benefited) from having *some* official documentation of their rape, whether that was a police report, medical record, or other documentation. Documentation can help with receiving government assistance, victim compensation, and Medicaid funding for abortion; providing evidence for rape conception during custody disputes; and other legal matters. Even if a survivor does not wish to report to law enforcement, other forms of documentation are available. For example, consider filing an “information report” with police (or similar report that does not initiate a criminal proceeding) if available in your jurisdiction, or describing the assault and resulting pregnancy to a therapist or medical provider so it is documented in medical records.

⁴⁶ This information comes directly from the narratives of other women pregnant from rape and should not be construed as legal advice.

- Be informed about the potential collateral consequences of various decisions that need to be made in the aftermath of the assault—for example, telling the perpetrator about the pregnancy, reporting to police, naming the perpetrator as the father in an adoption case, putting the perpetrator's name on the birth certificate, applying for TANF, and pursuing child support. Many qualitative participants said that they were uninformed about the potential outcomes of their actions, and so they inadvertently initiated a chain of events that led to undesirable results (e.g., perpetrator pursuing custody). Several discovered (in some cases, too late) that their best option to make reproductive and childrearing choices free from interference by the perpetrator was to have as little interaction with him as possible. For some this involved hiding the pregnancy from the assailant or claiming they did not know the biological father's identity on official forms, even if that meant forgoing benefits like child support. By knowing what *might* happen, the survivor pregnant from rape can weigh the risks and benefits of any decision to increase the odds of achieving an outcome in line with her personal goals.
- Be aware that friends, family, and even attorneys may not know about these kinds of collateral legal consequences and so may not be offering good advice. A few qualitative participants reported receiving misinformation from attorneys. If hiring an attorney, ask if that attorney has ever had a case involving rape-related pregnancy before.
- If seeking an abortion, inquire about DNA evidence collection if clinic staff does not address this topic. Even if you are unsure about reporting to law enforcement (or have decided not to report), you can have DNA evidence collected so that it is available should you decide to report to law enforcement in the future. DNA evidence may be particularly helpful in a criminal case if the survivor pregnant from rape was under the age of 18 at the time of assault; in many cases, sex with a minor is a strict liability offense that does not require evidence of impaired consent, which can make conviction more likely with DNA evidence to prove sexual penetration.

- Many participants wished they knew more women who conceived in rape so that they could benefit from mutual support and advice. You may consider joining a social media group or other organization for women pregnant from rape in order to connect with other survivors.

Limitations and Future Directions

Several key study limitations of this mixed-methods research are discussed below, each of which suggests future research directions to address these limitations and expand on current findings.

Non-representative interview data. As already discussed, qualitative data is not intended to be representative, and so frequencies of survivor demographics or events in these 35 women's narratives cannot be extrapolated to the wider population. The qualitative portion of this research is intended to provide information about what *can happen* when women conceive in rape, not necessarily what *usually happens*. However, by establishing what *can happen*, these qualitative findings lay the groundwork for future research with larger, more representative samples of women who conceived in rape. Such future research would be able to provide a better sense of the frequency of particular experiences and outcomes unique to women who conceive in rape. For example, the most recent nationally representative survey to ask about pregnancy outcomes of rape-related pregnancy was Holmes et al. (1996), drawing on data from only 34 women who were interviewed in 1989-1991. There have never been any national estimates of rates of perpetrators seeking child custody or other family court outcomes. Without this information, it is difficult to define the scope of the problem and prioritize policy reform efforts.

This kind of research could be conducted by taking advantage of existing large, ongoing or multi-wave nationally representative surveys that ask about sexual violence, such as the National Crime Victimization Survey (NCVS), the National Intimate Partner and Sexual Violence Survey (NISVS), or the National Violence Against Women Survey (NVAWS; Kilpatrick & McCauley, 2009). The Basile et al. (2018) paper, drawn from 2010-2012 NISVS, presented the first nationally representative data on rape-related pregnancy in over 20 years—but even so, the NISVS asked only a single question about rape-related pregnancy and so could provide little contextual information about the phenomenon, even data as basic as the woman's age at the time of the rape-related pregnancy. To allow for more detailed

questioning about rape-related pregnancy, these extremely expensive, large-scale surveys constructed with rigorous sampling methodology (e.g., random digit dialing and/or dual frame sampling) could include a screener question about rape-related pregnancy. Participants who screen positive for rape-related pregnancy could then complete an additional survey module asking about pregnancy outcomes, legal outcomes, and other events of interest. However, given that these large surveys regarding violence against women have many competing goals, the study organizers would need to prioritize gaining first-ever frequency data about rape-related pregnancy in order to justify devoting additional study time to these questions.

However, even piggybacking off of a large nationally representative sample, the resulting sample size of women who conceive in rape would likely still be small, perhaps too small to draw reliable national estimates, particularly of rarer legal events. For example, the 2010 NISVS surveyed over 9000 women and yielded 223 women reporting rape-related pregnancy—the largest sample of U.S. women reporting rape-related pregnancy to date, but still a relatively small number (Breiding et al., 2014). Subdividing this relatively small sample size into further categories (e.g., pregnancy outcomes) and then attempting to perform statistical inference would likely be untenable. Thus, supplementing national probability-based samples with purposive samples may be necessary to amass larger samples of women who conceived in rape in order to perform more fine-grained analyses. While not rigorously nationally representative, purposive sampling can result in a relatively unbiased final sample if enough independent start points are used (Heckathorn, 1997).

Intersectional identities of women pregnant from rape. Because the qualitative study was an initial exploration of the legal and social experiences of women pregnant from rape, participants were screened in according to just one characteristic: self-reported rape conception at any point in life. However, women who conceive in rape take on many different intersectional identities beyond this one characteristic—including race/ethnicity, sexual orientation, gender identity, socioeconomic status, and immigration status—that might change their legal experiences. Survivors' experiences may also vary significantly according to other relevant contexts (e.g., rape vs. incest, involvement in sex trafficking) and

events (e.g., pregnancy outcome). However, because the sample was not stratified *a priori* according to one or more of these variables, formal comparison of, for example, the experiences of white vs. racial/ethnic minority women who conceive in rape is not possible with the current data. Furthermore, as already mentioned, the small numbers of participants whose pregnancies resulted in miscarriage, abortion, and adoption mean that less can be concluded from the current data about these groups, as compared to women raising their rape-conceived children.

Future qualitative research on this topic could stratify the sample according to one or more of these intersectional identities or other important contexts or events to learn more about the variability of women's legal experiences. Nationally representative surveying of women who conceive in rape could also allow for statistical comparison of different groups.

Lack of data on the Rape Survivor Child Custody Act. Qualitative interviews were conducted from March to November 2017. This is just a few years after the passage of the federal RSCCA (2015), and even sooner after the state grants promised by the federal law became available (2016). While a few states already had civil procedures for terminating the parental rights of rapists prior to the passage of this federal law, the number of states adopting RSCCA procedures exploded post-2016 (Office on Violence Against Women, 2016). Because interviews were conducted so soon after the expansion of the RSCCA (and participants reported on rapes occurring a median of 11 years ago), no participant described attempting to terminate their assailant's parental rights via an RSCCA hearing.

This is an important limitation to the current study because the RSCCA is on the cutting edge of public policy intended to help women who conceive in rape, and perhaps some of the custody cases described by qualitative participants would have gone better (or at least differently) had the RSCCA been available at the time. But we know nothing about how the RSCCA actually functions in the real world—for example, if and when women use this process, the role of attorneys, what kinds of evidence judges permit, and how judges make their final decision about termination of rights. As many have pointed out in *support* of the RSCCA—against opponents who fear that it may be used to strip parental rights capriciously from innocent men—“clear and convincing evidence” is still a high burden of proof to meet,

particularly in rape cases where there may be little or no evidence aside from a woman's testimony (Nolan, 2016). Concerns about retaliation from the assailant may be just as present in RSCCA proceedings as in criminal trials, which may discourage women from accessing the protections offered under the RSCCA. Others have worried that conducting what basically amounts to a rape quasi-trial in overburdened, underprepared family court (where the accused is not guaranteed counsel or other procedural protections available in criminal court in most states that have adopted the RSCCA) is bound to create injustice for both sides, likening the situation to the imbroglio that has resulted from universities attempting to adjudicate sexual assault claims in quasi-trials on campus (Berkowitz, 2015). Other critics (e.g., Hendricks, 2017) argue that the RSCCA disregards the best interests of the child because sometimes continued contact with the biological father is in the child's best interests, even if that child was conceived in rape. Information about how often judges fail to terminate custody despite a finding of rape conception due to concerns about best interests of the child might also shed light on this critique. Without this kind of information, there is no way to know whether the RSCCA is living up to its potential to protect women raising rape-conceived children, or if alterations or additional legal mechanisms are needed.

Future research could explore this and other questions about how the RSCCA works in the real world by compiling and reviewing available case law (e.g., the 2017 Christopher Mirasolo case in Sanilac County, Michigan, which was the state's first example of an RSCCA proceeding; Eyman, 2016). Future qualitative and quantitative research with women who conceived in rape could also include questions about the RSCCA or proactively seek participants who initiated an RSCCA hearing.

Unstable public opinion about rape-related pregnancy and associated public policies.

Almost 600 respondents were surveyed about their attitudes and beliefs on rape-related pregnancy and endorsement of relevant public policies. The patterns of response seem to suggest that respondents gave unreflective, off-the-cuff answers that reflected little deep processing or careful consideration of the issues. This is likely because most people rarely think about rape-related pregnancy, and so respondents did not approach the survey by merely reporting their own settled opinions, but instead *formed* opinions

for the first time through the process of responding to survey items. For example, respondents were both strongly opposed to rapist parental rights of any kind *and* very concerned that “a special legal procedure to take away the parental rights from a man who rapes a woman and causes her to become pregnant” might “encourage women to lie about being raped.” The first opinion largely opposes the second, but the large majority of respondents opposed to rapist parental rights had likely never considered *how* stripping parental rights from men who father children via rape would actually occur in practice (i.e., by way of a special legal procedure that might be open to abuse by ineligible claimants).

Because people’s opinions about public policies relevant to rape-related pregnancy are likely unformed and unstable, their opinions might be particularly sensitive to framing effects. This means that constituents and other stakeholders instinctively opposed to a policy might be receptive to a different framing of the same policy, since they have likely not thought through the complex, often conflicting needs of the victim, the accused, the child, the taxpayer, and the government in cases of rape-related pregnancy. For example, laws or policies requiring screening for rape-related pregnancy, intimate partner violence, and reproductive coercion at abortion clinics (like the 2018 Arizona law previously cited) can be framed either as interfering with women’s reproductive freedom (i.e., by adding another hoop to pass through before receiving an abortion) or promoting women’s reproductive freedom (i.e., by assessing the risk of reproductive coercion by a rapist or violent intimate partner). Future research could investigate how people respond to different framings or rationales for public policies relevant to rape-related pregnancy, which could help inform policymakers pursuing change.

Conclusion

Women who conceive in rape face the double vulnerability of violent victimization and unintended pregnancy, which is further intensified because most survivors endure this vulnerability at a young age. These women then face the additional obstacles of (a) a legal landscape resulting in numerous additional risks and challenges unique to their situation and (b) frequent endorsement of negative perceptions and inaccurate beliefs about rape-related pregnancy by legal personnel and others around them. Reforming public and institutional policies has the potential to remove some of these obstacles to

help women make autonomous reproductive and childrearing decisions, receive much-needed financial assistance and social support, and avoid the perpetrator's continuing interference in their lives. But these reforms can only happen if people—particularly those in positions of influence—are motivated or compelled to grapple with the complexities of an issue they rarely think about and would rather avoid. As one participant put it, “I can share a lot about my story, but ... I feel like people are like, ‘We don’t wanna hear that.’”

That being said, a number of meaningful first steps have been taken (mostly at the state level) specifically in support of women who conceive in rape. Hopefully, the combination of compelling personal narratives and rich numerical data contained in this dissertation will help continue the process of change.

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Appendix A: Qualitative Interview Protocol

Interview Script

Greeting

Hi, how are you doing? This is Lucy Guarnera. I'm the team leader of the research project and I'll be doing your interview today.

Is this still a good time for you to talk? Do you have the next two hours blocked off? It may not take that long, but I want to make sure we have that time available, just in case.

[Consent Form Oral Script]**Introduce Myself**

So let me start off by introducing myself. I'm a graduate student in clinical psychology at the University of Virginia, this is my 6th year in the program. I've done clinical work with all sorts of people—children, teenagers, adults, couples, and people involved in the legal system. I also research issues related to children, families, and the law, including about sexual violence and other kinds of intimate partner violence. I'm interested in how pregnancy as a result of sexual assault affects women's experiences.

Any other questions now before we start?

Framing the Interview

Okay, so I just want to frame what we'll be talking about today a little bit. The primary focus of this interview is learning how pregnancy affected your legal choices, experiences, and outcomes after your sexual assault. We'll start off with some brief questions, just to get some of the basics about you and your situation. This part takes about 10-15 minutes, so just bear with me for that—it helps me to have some of the basics now so I can ask you more detailed questions later. Then for most of the interview, you'll be taking the lead in talking about what happened after you were assaulted. But a lot of things will enter into that, and everyone's story is different. So I'll introduce some general topics and then ask you some questions about them. If you ever have something you want to add that I didn't ask specifically, please do so! If we get too far off track, I'll re-focus us, so you don't have to worry about doing that.

HDYFAB?

To start off, I want to ask how do you feel about doing this interview today?

[Reflect and validate response]

Lay of the Land

So it helps me to start with a bit of a lay of the land—just the basics about your current situation, so that I’ve got a sense of where you’re at now. Things like where you live, what you do for work, who you live with, things like that.

Demographics

Okay, so let me just get a few more basic details about you, your past and current situation, and your assault and assailant. This will help me ask more detailed questions later.

Let me ask some basic question about you now:

- How did you hear about the project?
- How old are you now?
- What year were you born?
- Where do you live now? Would you describe it as urban, suburban, or rural?
- How would you describe your race or ethnicity?
- What is your current marital status? Single, in a committed relationship of at least 1 year, married, divorced, widowed?
- Have you ever been married? Before or after the assault in question?
- How would you describe your political affiliation—you know, conservative, liberal, libertarian. 1 to 5 (only a little to strongly).
- How would you describe your religion or spirituality? How religious do you consider yourself, if 1 is not at all religious, and 5 is very religious?
- If you had to pick a label, would you describe yourself as pro-life or pro-choice? If 1 is extremely pro-life and 5 is extremely pro-choice, what ranking would you give yourself?
- What is the highest level of education you have attained?
- What is your current job or position? What industry is it in?
- What’s the job that you’ve held for the longest time? What industry is it in?
- How would you describe your sexual orientation now?
 - What about at the time of the assault? Same or different?
- How would you describe your gender identity?
- How many times total have you been pregnant, including after the assault?
 - What are the outcomes of each of these pregnancies?
- About how many times have you been sexually assaulted in your life, including the assault that resulted in pregnancy?
 - How many before the pregnancy? How many after?

Now I’m going to ask some basic questions about your family background:

- When you were a child, who did you live with?
- What was the highest level of education your mother attained?
- What was the highest level of education your father (or other caregiver) attained? Same

- As a child, would you consider yourself low-income, working class, middle class, upper-middle class, or upper class?

Now I'm going to ask some basic questions about the sexual assault that resulted in pregnancy:

- Where were you living when the assault took place? Would you describe it as urban, suburban, or rural?
- Did the assault take place in the town you lived in at the time, or some other town?
- How old were you when the assault took place?
- What was your living situation at the time? Who were you living with?
- What year was it?
- Were you assaulted by one person or more than one person the time that led to pregnancy?
- In your own mind, or when you talk to other people about what happened, how do you refer to the person who assaulted you (just so I know how to talk about him in this interview)? Some people use the person's first name, some just say "the guy" or "he," some say "my rapist," etc.
- How old was your assailant at the time?
- How would you describe your assailant's race or ethnicity?
- Did you know him at all, or was he a stranger to you?
- Where did the assault take place? I mean, in your home, in the assailant's home, in a public place, things like that.
- At the time of the assault, how would you describe your sexual orientation?

Narrative Prompt

So we've found that the best way to go about the more open-ended part of the interview is to just ask you to tell your story, in chronological order, about what happened after you were assaulted. Then I will probably jump in with some questions as you're going along. Does that sound okay?

How did you first come in contact with the man [men] who assaulted you?

Incapacitation

- Were you under the influence of drugs or alcohol, or incapacitated in any other way, at the time of the assault? How did this come about?

Discovery of the pregnancy

- How did you find out you were pregnant?
 - How long after the assault did you find out you were pregnant?

- Were you on any birth control at the time? Did he use a condom or any other kind of birth control?
- Did you get any medical care?
 - If medical care: Did they know you had been assaulted / were pregnant as a result of assault? Did they ask if this was the result of assault? How did medical personnel react to this information?
- What did you do next?
- Some people choose to tell others about what happened to them, and some don't. At the time, did you tell anyone that you had been sexually assaulted? Did you tell anyone that you were pregnant?
- Who supported you or helped you during your pregnancy?

Pregnancy choices and outcomes

- Women face all sorts of decisions when they have an unexpected pregnancy. They might have a miscarriage, or choose to get an abortion, place the child for adoption, or raise the child themselves. What happened with your pregnancy?
 - How did you come to make this decision?
 - Tell me about what happened after you decided [to get an abortion, place the child for adoption, raise the child yourself].
- Did your assailant ever find out about your pregnancy?
 - How did he find out [or, how did you prevent him from finding out]?
 - If he found out: What happened after he found out?
 - Did you ever hear anything about him trying to have some involvement in your pregnancy, your decision about what to do about your pregnancy, or your child's life?
 - Tell me about his involvement, in as much detail as possible.
- It's pretty common for women who have been sexually assaulted to have contact with their assailants over the years. Did you have any contact with your assailant after the assault? Do you have any contact with him now?

Reporting the assault

- How much did you know about your legal options at the time? Do you talk to anyone about what your legal options were (sexual assault resource agency, legal aid, etc.)?
- Did you ever try to get more information about how your pregnancy might affect your legal options or process? Tell me about that.
- When women are sexually assaulted, some choose to report the assault (to the police, military officials, university officials, etc.), some choose not to report, and some didn't even know what their legal options were. What did you decide?

- Tell me about your decision to report [not to report] the assault.
- Did you know you were pregnant when you decided to report [not to report] the assault?
- Did you know what you were going to do about the pregnancy when you decided to report [not to report] the assault?
- How, if at all, did your pregnancy impact your decision to report [not to report] the assault?

DNA evidence

- Did anyone ever collect a DNA sample from the fetus/child to prove paternity?
 - *If abortion*: Did the clinic where you got the abortion offer to take a DNA sample?
 - *If reported*: Did anyone involved in the legal process advise you that you could get a DNA sample (e.g., before you got an abortion)?

For those who reported: Cooperating with legal process

- Tell me about what happened after you reported the assault, in as much detail as possible.
- How, if at all, did your pregnancy impact what happened after you reported?
- How, if at all, did your decision about what you were going to do about the pregnancy impact what happened after you reported?

For those who reported: Perceptions of legal actors

- Tell me all the people who had something to do with your legal case after you reported. This could be police officers, detectives, prosecutors, victim-witness staff, sexual assault advocates, your assailant's defense attorney, or anyone else.
 - How were you treated by [named party]?
 - How, if at all, did your pregnancy impact how you were treated by [named party]?
 - How, if at all, did your decision about what you were going to do about your pregnancy impact how you were treated by [named party]?

For those who gave birth to their rape-conceived child: Legal connections with assailant

- Did you ever try to get more information about any legal connection your assailant might have to you or your child? Tell me about that.
- Whose name(s) went on your child's birth certificate? What about your child's last name? How did you decide what to put on the birth certificate?
- Do you know what kind of legal connection, if any, your assailant currently has to your child? Tell me about that.

- Did you ever pursue child support from your assailant? Tell me about that.
- Did you ever pursue government assistance for yourself or your child, like WIC, food stamps, Medicaid, or welfare? Tell me about that.
- Have you ever been involved in civil litigation, family court, juvenile and domestic relations court, anything like that involving your child who was conceived in rape? Tell me about that.

Civil suit

- Did you ever think about suing your assailant in civil court, like for pain and suffering, monetary reimbursement, or wrongful birth? What happened?

Financial considerations.

- How has your experience included you financially?
 - Do you think you lost any money due to your sexual assault? This could be either money you spent or money you lost (like lost wages). Tell me about that.
 - *For those who gave birth to their rape-conceived child:* Do you think you lost any money due to giving birth to or raising your child conceived in rape? Tell me about that.

Resources accessed

- Some women who are sexually assaulted visit agencies like sexual assault resources centers or pregnancy resource centers for help. Others might do therapy or counseling. What kind of resources or other help did you get after the assault?
- Some crime victims get financial reimbursement or other benefits to help them. Did you get any benefits after the assault?

People told:

- How have you talked about your assault or pregnancy since then? To friends and family, online, in therapy, in support groups, etc.
 - How did people react when you told them that you had become pregnant from sexual assault? What kinds of things did they say?
 - Did anyone ever make assumptions about you or your pregnancy that you felt were inaccurate?
 - I've had some other women tell me that when they tell other people that they became pregnant after rape, people say things along the lines of "If you got pregnant, then it wasn't really rape." Did anyone ever say anything like this to you?
 - *For those who gave birth:* I've had some other women tell me that when they tell other people that they gave birth to a child conceived in rape, people say things

along the lines of “You can’t be a good mother to a child conceived in rape.” Did anyone ever say anything like this to you?

- *For those who gave birth:* Does your child know about the assault? How did you decide what/when to tell them?

Most stressful:

- Thinking back over your whole experience, from the assault to the pregnancy to your life after, if you had to pick just one thing, what was the single most stressful thing for you?

Horizontal identity:

- Besides yourself, about how many people do you know who have become pregnant through sexual assault? It doesn’t have to be someone you know very well.
- Did you ever hear about any kind of support group or organization for women who became pregnant from sexual assault? Did you join one?
 - Do you think you would have benefited from this at the time?

Wishes

- Is there anything you wish had been available to you at the time that wasn’t? Or something you wish you had known about at the time?
- If another women came to you who was currently pregnant as a result of sexual assault, is there any advice you would give her?
- *If assault occurred many years ago:* How do you think your experience might have been different if it happened today?

Post-Traumatic Growth

- When you look back on your experience, how has it shaped you on your way to the person you are today?
- How have you incorporated this experience into your life?

Wrap-up

- Is there anything else you’d like to say that we haven’t covered yet?
- What was it like talking to me today?
- A few last logistical things before we wrap up:
 - If you’re interested in pursuing mental health or other resources, you can go to www.uvastudy.org/resources for some.

- Do you know anyone else who is eligible for the study? Would you be willing to tell them about it?
- Can we contact you about future research in this area? This would be at least a year or so down the line.
 - Take down name, phone, email, Facebook, any other good way to get in touch with you a few years from now?

Appendix B: Data Extraction Form

Your name:		Participant code [example, WaJe]:
Number of rape-related pregnancies [1 or 2]:		This form is for pregnancy #[1 or 2]:
THIS SECTION NEEDS TO BE REPEATED IF PARTICIPANT REPORTS MORE THAN ONE RAPE-RELATED PREGNANCY		
Code	Guidance and Example	Your code
1. First sexual experience	<p>Guidance: Participant describes this resulting in pregnancy as her first sexual experience as an <i>adolescent/adult</i>.</p> <p>Note: You can still apply this code if a participant reports being molested/sexually abused as a <i>child</i>.</p> <p>Note: If participant was assaulted many times by a single perpetrator, but the pregnancy did not result from the very first assault in this series, code "No."</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <p>If yes or unsure, copy and paste the participant's exact statement that led to your code</p>
2. Pregnancy was twins	Participant said rape-related pregnancy was twins.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Pregnancy outcome	Outcome of the rape-related pregnancy.	<input type="checkbox"/> Miscarriage <input type="checkbox"/> Abortion <input type="checkbox"/> Adoption; child remained with adoptive family

		<input type="checkbox"/> Child originally placed for adoption, but mother regained custody <input type="checkbox"/> Childrearing
4. Reasons why	<p>Describe in a few sentences the reasons the participant gave for choosing the pregnancy outcome (if they were able to choose; may not apply for miscarriage unless self-induced).</p> <p>EXAMPLE: The participant stated that she was very young, single, and just starting her life and getting ready to go to college. She did not want a baby at that point in her life and so chose an abortion. She said she probably would have gotten an abortion at that point in her life no matter how she became pregnant.</p>	
5. Influence of others	<p>If others (parents, other family, friends, etc.) had an opinion about what pregnancy choice she should make and tried to influence her in that direction, please describe briefly here</p> <p>EXAMPLE: Participant stated that her mother really wanted her to keep the baby. So even though she had made an adoption plan and was planning on placing the child for adoption right up until birth, she ended up keeping the baby. She also named the child the name her mother wanted, rather than the name she wanted.</p>	
6. Vulnerable participant	<p>Was the participant particularly vulnerable around the time of the assault?</p> <p>Example: young age [may be 18 or older and still qualify as "young"], undocumented immigrant, homeless, low socio-economic status, poverty, extremely isolated, perceived racial discrimination, college student, low education, unemployed</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

		Note: Do not include being under the influence of substances at the time of the offense in this code.	If yes, briefly describe why you would consider the participant particularly vulnerable:
7.	Participant's discovery of the pregnancy	Briefly describe how the participant discovered she was pregnant	
	8. How far along	How many weeks or months after the assault did the participant first discover that she was pregnant?	
9.	Single or multiple assaults	<p>Check the appropriate box at right:</p> <p>(1) One-time assault: Was the assault that resulted in pregnancy the only time that the perpetrator assaulted the participant?</p> <p>(2) Pattern of assaults: Was the assault that resulted in pregnancy part of a pattern of multiple assaults by the perpetrator against the participant?</p> <p>Note: Code as "one-time assault" if pregnancy resulted from a single discrete episode of sexual violence, even if that single episode might have included more than one instance of rape. For example, if a participant was drugged and kidnapped for one day and became pregnant as a result of this episode (but the perpetrator did not rape her on any other occasion), code as "one-time assault."</p>	<input type="checkbox"/> One-time assault <input type="checkbox"/> Pattern of assaults
10.	Intoxication during assault	Check the appropriate box describing the participant's self-reported intoxication at the time of the assault	<input type="checkbox"/> Voluntarily ingested alcohol and/or street drugs <input type="checkbox"/> Prescription medication taken for a medical reason (e.g., sleeping pills) <input type="checkbox"/> Participant believes that perpetrator drugged her (i.e., she was "roofied")

		<input type="checkbox"/> Other
11. Pregnancy reveals assault	Participant says that she did not know she was assaulted (or was not sure she was assaulted) until she became pregnant.	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Reasons why	IF YES TO ABOVE: Reasons participant gives for why she did not know (or did not know for sure) she had been assaulted.	<input type="checkbox"/> Voluntarily ingested alcohol and/or street drugs <input type="checkbox"/> Prescription medication taken for a medical reason (e.g., sleeping pills) <input type="checkbox"/> Participant believes that perpetrator drugged her (i.e., she was “roofied”) <input type="checkbox"/> Other
13. Abusive relationship	The perpetrator and victim are involved in an ongoing abusive intimate partnership <i>at the time of the assault that resulted in pregnancy</i> . Code “yes” if participant describes the relationship as “abusive” or uses a similar term (can be verbally, physically, and/or sexually abusive).	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Perpetrator was in the military	The participant mentions that the perpetrator was in the military.	<input type="checkbox"/> In the military at the time of the assault <input type="checkbox"/> In the military at some time, but not at the time of the assault <input type="checkbox"/> No or not sure
15. Perp discovered the pregnancy	The perpetrator ever found out that the participant became pregnant from assault. Note: Only code “no” (vs. “not sure”) if participant definitely says that the perpetrator never found out about the pregnancy.	<input type="checkbox"/> Yes <input type="checkbox"/> No

		<input type="checkbox"/> Not sure (describe the situation briefly below):
16. How did he find out?	If "Yes" to above: Briefly describe how the perpetrator found out about the pregnancy.	
17. Perp uses pregnancy/child to control victim		
18. Perp tried to get participant pregnant	Participant states that she had reason to believe that the perpetrator raped her with the specific intention of getting her pregnant.	<input type="checkbox"/> Yes <input type="checkbox"/> No If the perpetrator attempted to track the participant's menstrual cycle or take any other steps to make conception more likely, write about that in a few sentences here:
19. Perp tried to get participant to abort or miscarry	Participant states that the perpetrator, in any way, attempted to manipulate or force her into having an abortion or miscarriage. This may be less coercive (e.g., making an abortion appointment for her) or more coercive (e.g., beating her with the intention of causing her to miscarry).	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe what the perpetrator did in a few sentences:
20. Perp was violent during the pregnancy	Participant states that the perpetrator physically or sexually abused her *during the pregnancy*, or threatened her health or safety *during the pregnancy.*	<input type="checkbox"/> Yes <input type="checkbox"/> No

	Note: Even a single instance of violence counts as a “yes.” Does not have to be a pattern of violence.	If yes, describe what the perpetrator did in a few sentences:
21. Participant relied on perpetrator for material support	Participant states that she relied on the perpetrator for material support (money, food, housing, health insurance) while she was pregnant or after the baby was born.	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe what kind of material support the participant needed in a few sentences:
22. Criminal proceedings		
23. Reported assault to law enforcement	The assault was reported to civilian law enforcement (e.g., police) or military hierarchy (e.g., commanding officer) at any time following the assault, by any person (e.g., the participant does not have to report herself). Note: Reporting to other non-law-enforcement authorities (e.g., university officials) does not count for this category.	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe briefly how law enforcement came to know about the assault:
24. <i>Timing</i>	IF REPORTED: How long after assault (hours, days, weeks, years) did the report happen?	
25. <i>Reasons why</i>	Briefly describe the reasons participant gave for reporting or not reporting the assault. Note: Include reasons for delaying reporting (or delaying reporting, and then ultimately deciding not to report) if relevant. EXAMPLE: Her parents called the police on her behalf and made her report. EXAMPLE: She did not think there was enough evidence to make it worthwhile to report, as he would never be convicted.	

26. Perp is charged	(Leave blank unless assault was reported) Civilian or military police formally charge the perpetrator with some sexual offending charge.	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. <i>What charge?</i>	IF CHARGED: List the name of the charge (e.g., "rape," "sexual battery," "lascivious conduct with a child," etc.) if known.	
28. <i>Reasons why</i>	Briefly describe the reasons participant gave for why police or prosecutors made the decisions they did about investigating and charging the perpetrator for the assault.	
29. Perp is convicted	(Leave blank unless perp was charged) Perpetrator either pleads guilty or is convicted at trial of any sexual offending charge.	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. <i>What charge?</i>	IF CONVICTED: List the name of the charge the perpetrator is convicted of (e.g., "rape," "sexual battery," "lascivious conduct with a child," etc.) if known.	
31. <i>What sentence?</i>	IF CONVICTED: List the sentence the perpetrator received as a result of being convicted (e.g., probation, 5 years in prison, etc.).	
32. <i>Timing</i>	IF CONVICTED: How long after the initial assault (months, years) was the perpetrator convicted?	
33. <i>Reasons why</i>	Briefly describe the reasons the participant gave for why they think the perpetrator was or was not convicted. If convicted, briefly describe why participant thinks the perpetrator received the sentence he did.	
34. Civil suit	Participant mentions suing the perpetrator (i.e., in a civil suit) at any point during the interview, even if she did not go through with suing him. Example: "My parents hired a lawyer after I got pregnant, and all I can remember him saying is 'We can't sue the guy for wrongful life.'"	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. Restraining order pursued	Participant pursued a restraining order against her perpetrator.	<input type="checkbox"/> Yes <input type="checkbox"/> No

	36. Restraining order granted	IF YES TO ABOVE: Participant is granted a restraining order against the perpetrator (at least once).	<input type="checkbox"/> Yes <input type="checkbox"/> No
	37. Any continuing interactions with perp	<p>Guidance: AFTER the assault, did the participant ever have any personal contact with the perpetrator? (Could be in person, phone, letters, social media, etc.)</p> <p>Example: Participant describes working at the same office as her perpetrator years after the assault.</p> <p>Example: Perpetrator's family members continue to send her threatening/insulting Facebook messages over the years.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	38. Reasons why	<p>Write a few sentences describing the reasons the participant gave for interacting with the perpetrator. This is particularly relevant if the participant chose to initiate or continue interactions with the perpetrator.</p> <p>Example: Participant describes having a romantic/sexual relationship with the perpetrator following the assault because she did not initially label her experience as assault or abuse.</p> <p>Example: Participant describes allowing the perpetrator to spend time with her child, because he feels indebted to the perp's mother and sister for their financial help.</p> <p>Example: Participant does not want her child to hate her for separating him from his biological father, so continues to allow perpetrator to see child.</p>	
	39. School involvement	Was the participant in school at the time of the assault?	<input type="checkbox"/> Homeschooled <input type="checkbox"/> High school <input type="checkbox"/> College <input type="checkbox"/> Other type of school (describe:)

40. Government assistance	Did the participant ever receive any government assistance?	<input type="checkbox"/> Medicaid <input type="checkbox"/> SNAP/food stamps <input type="checkbox"/> TANF/welfare <input type="checkbox"/> WIC <input type="checkbox"/> Other (describe:)
41. Subcode: Pregnancy complicates government assistance	Did the fact that the pregnancy resulted from rape ever make it more difficult to receive government assistance (e.g., due to absent parent rules for TANF)? Example: "Yeah, I had to submit some paperwork because they said needed to find John's biological father before they I could get the TANF. It took a long time, but I did get it."	<input type="checkbox"/> Yes <input type="checkbox"/> No IF YES: Describe the difficulty in a few sentences.
42. DNA	Was DNA evidence *from the fetus/child* ever gathered for any purpose?	<input type="checkbox"/> Yes <input type="checkbox"/> No
43. DNA timing	IF YES: How old was the fetus/child at the time DNA was gathered (days, months, years)?	
44. DNA context	IF YES: Write a few sentences about the context in which DNA evidence was gathered from the fetus/child. EXAMPLE: Police took a DNA sample as evidence in the criminal case against the perpetrator. She the participant was underage at the time of the alleged assault, evidence that the perpetrator was her child's biological father would conclusively establish guilt.	
45. Contact with abortion provider	Participant had any contact with abortion provider	<input type="checkbox"/> Spoke to abortion provider on phone only

		<input type="checkbox"/> Went to appointment at abortion provider office but did not have abortion procedure <input type="checkbox"/> Went to appointment at abortion provider office and had abortion procedure <input type="checkbox"/> No contact with abortion provider
46. Abortion provider knew about assault?	IF ANY CONTACT WITH ABORTION PROVIDER: Did the abortion provider know that the pregnancy was the result of rape?	<input type="checkbox"/> Yes <input type="checkbox"/> No
47. Abortion provider context	Describe in a few sentences any conversation or interaction the participant had with an abortion provider about the fact that their pregnancy was the result of rape. Example: "They had a question on the forms you fill out in the waiting room that asked if you were pregnant as a result of rape. But he was sitting there with me in the waiting room and made me pick 'no.'" 	
48. Contact with medical provider	Had some interaction with a medical provider regarding pregnancy (e.g., OB-GYN doctor, family physician, midwife, hospital staff, etc.).	<input type="checkbox"/> Yes <input type="checkbox"/> No
49. Medical provider knew about assault?	IF ANY CONTACT WITH MEDICAL PROVIDER: Did the medical provider know that the pregnancy was the result of rape?	<input type="checkbox"/> Yes <input type="checkbox"/> No

50. Medical provider context	<p>IF YES TO ABOVE: Describe in a few sentences any conversation or interaction the participant had with a medical provider about the fact that their pregnancy was the result of rape.</p> <p>EXAMPLE: "My doctor knew I was pregnant from rape. I'm not really sure how he knew. I don't think he asked. Maybe my mom told him? He didn't really talk to me about it, but he was really nice to me."</p>	
51. Birth certificate	<p>What was listed on the child's birth certificate <i>when the child was born</i>?</p> <p>NOTE: Consider only what was listed at the child's birth. It does not matter if there was a step-parent adoption when the child was older that changed the birth certificate.</p>	<input type="checkbox"/> Abortion, no birth certificate <input type="checkbox"/> Mother's name only (no second parent listed) <input type="checkbox"/> Perpetrator listed as father <input type="checkbox"/> Child has perpetrator's last name <input type="checkbox"/> Unknown <input type="checkbox"/> Other (describe:)
52. Reasons why	A few sentences summarizing woman's decision about who to include on birth certificate.	
53. Formal sources of support	Formal sources of support participant accessed over the years to help them cope with their assault/pregnancy. Still code it even if they accessed this source many years after the assault.	<input type="checkbox"/> Individual counseling/therapy <input type="checkbox"/> Sexual assault resource agency / rape crisis center <input type="checkbox"/> Domestic violence shelter <input type="checkbox"/> Homeless shelter <input type="checkbox"/> Attorney (to seek advice) <input type="checkbox"/> Organization for women pregnancy from rape

		<input type="checkbox"/> Facebook group for women pregnant from assault <input type="checkbox"/> Church [provided some sort of formal support] <input type="checkbox"/> Other (describe:)
54. Social support	<p>Briefly describe the participant's quantity and quality of social support (e.g., informal support from parents, other family, friends, church, etc.). You do not have to describe every single person she told or did not tell – just a general sense of how much help and support she had around the time of the assault/pregnancy/birth/childrearing.</p> <p>EXAMPLE: The participant stated that at the time of her assault/pregnancy, she didn't have much support because she didn't want to tell anyone that she was getting an abortion. She told one friend in an indirect manner that she might have been assaulted, and the friend was not supportive. She told the perpetrator about the pregnancy (at the time, she did not consider herself to have been raped) and they communicated often about the abortion via letters since he was in basic training. She described the dynamic with him as "partners in crime." Years later (in college), she started identifying as a survivor and got a lot of support through sexual assault groups on campus.</p>	
55. Financial impact	<p>Code money a participant spent or lost (e.g., through lost career opportunities) as a result of their experience. Money a parent or close relative spent or lost (e.g., parents paying for crib, diapers, or medical bills) also counts under this category.</p> <p>Note: I specifically query this toward the end of the interview and that response should be included. However, a participant may also mention money spent or lost throughout the interview, which should also be included.</p>	<p>Money spent:</p> <p>List items one by one and corresponding and dollar amount (if specified/estimated):</p> <p>Lost opportunities (list one by one):</p>

	Examples: moving costs to get away from perpetrator, abortion or medical costs, legal costs, missed opportunities (e.g., needing to quit job or delay school because of pregnancy or child), etc.	
56. Most stressful	Copy and paste verbatim the participant's response to the interview query, "What was the most stressful thing to you about your experience?" It should be only a few words at most.	
ONLY COMPLETE FOR PREGNANCIES WHERE PARTICIPANT EVER HAD PHYSICAL CUSTODY OF HER RAPE-CONCEIVED CHILD		
57. Custody battles	Participant reports that perpetrator engaged in a formal legal process to gain access to his rape-conceived child (e.g., visitation, custody, etc.).	<input type="checkbox"/> Yes <input type="checkbox"/> No
58. Perpetrator granted access	IF YES TO CUSTODY BATTLE: Perpetrator is granted any formal legal access to the rape-conceived child at any point. Could be visitation, physical custody, legal custody, etc. Select "yes" even if the perpetrator's access was revoked at some point.	<input type="checkbox"/> Yes <input type="checkbox"/> No
59. Final outcome	IF YES TO CUSTODY BATTLE: Describe the final outcome of the custody battle in a few sentences (e.g., final court ruling, current arrangements, etc.). If the custody battle is still ongoing, make sure you say that. EXAMPLE: "The judge gave full legal and physical custody to the participant. The perpetrator is allowed some visitation but he hasn't asked for any visits or made any other contact in 10 years."	
60. Reasons why	IF YES TO CUSTODY BATTLE: Write a few sentences on the reasons the participant gives for why the perpetrator engaged in custody battles (e.g., to control/manipulate her, to avoid paying child support, to appear as a "good father" to help him in a criminal case).	

61. Step-parent adoption	Did the participant obtain a step-parent adoption for her rape-conceived child (e.g., to have a current or previous husband adopt the child)?	<input type="checkbox"/> Yes, husband formally adopted child <input type="checkbox"/> No, participant was never married following rape-related pregnancy <input type="checkbox"/> No, participant was married following rape-related pregnancy but husband never formally adopted child
62. Reasons why	<p>IF PARTICIPANT WAS MARRIED BUT HUSBAND DID NOT ADOPT CHILD: Briefly describe the reasons participant gave for not completing a step-parent adoption.</p> <p>EXAMPLE: The participant said she and her husband just never got around to it. They were not having any problems with the current arrangement and so did not see a need for him to formally adopt her daughter.</p>	
63. Child support pursued	Participant PURSUED court-ordered child support from the perpetrator. The participant informally asking the perpetrator for money or support (or the perpetrator informally offering money or support) does not count.	<input type="checkbox"/> Yes <input type="checkbox"/> No
64. Reasons why	Write a few sentences summarizing reasons participant gave for choosing to seek or not seek child support from perpetrator	
65. Child support granted	Perpetrator was at any time court-ordered to pay child support (even if he never actually paid).	<input type="checkbox"/> Yes <input type="checkbox"/> No

TO BE COMPLETED ONLY ONCE PER PARTICIPANT – DO NOT REPEAT FOR MULTIPLE PREGNANCIES

66. Other abusive relationship	Guidance: Participant describes being involved in at least one other abusive relationship(s) at some point in her life, <i>not</i> involving the man who assaulted her resulting in pregnancy.	<input type="checkbox"/> Yes <input type="checkbox"/> No
67. Horizontal identity	Number given in response to the query, “Besides yourself, about how many people do you know who have become pregnant through sexual assault?” Include brief further notes as warranted.	How many people?
68. Wishes	<p>What participant wishes could have been different (things they wish they had known, resources they wish had been available, ways they wish others had responded to them) to have a better experience</p> <p>Note: I specifically query this toward the end of the interview and that response should be included. However, a participant may also mention things throughout the interview they wish had been different, which should also be included.</p>	<p>Summarize each of their wishes briefly, feel free to quote if appropriate:</p> <ol style="list-style-type: none"> 1. 2. 3.
69. Post-traumatic change	<p>Brief summary of participant’s perception of how their experience has shaped her on the way to the person she is today.</p> <p>Note: I specifically query this toward the end of the interview and that response should be included (“How has your experience shaped you on the way to the person you are today?”). However, a participant may also mention ways they have changed as a result of her experience throughout the interview, and this should also be coded. For example, if a participant describes becoming a sexual assault advocate, or describes becoming involved in efforts to change laws relevant to women who become pregnant from rape, code this here, even if the woman does not give this answer to the precise questions.</p>	
70. RA questions	Any questions you have about this interview that do not belong elsewhere.	
71. Other important themes	Other themes you think are important or interesting that do not come up in the previous categories. Among other things, this is a space for situations that	

	are unusual enough that they may not come up in more than one participant's story and so do not merit a separate category. Use your intuition and good judgment here.	
72. Great quotes: Quotes that really grabbed you or that seem like they would be good to use in papers/presentations drawn from this material. Ideally should not be longer than a few sentences maximum, but use your judgment.		

Appendix C: Bucket Coding Form

Rape, Pregnancy, and the Law

Thematic Coding Guide

Participant code (example, GiKr):

Your name:

You must either fill in each gray box or write N/A.

1. SUMMARY. Your summary of the case. Please be thorough in covering all *major* events, but brief. Do not exceed this page at MAXIMUM.

2. RAPE-RELATED PREGNANCY MADE A DIFFERENCE. Examples of how the fact that a woman became pregnant following rape influenced her choices, experiences, or outcomes. In other words, how is this woman's story different than if she had been assaulted under the same circumstances, but happened not to become pregnant? OR, if she gave birth to her child, how were her experiences after the child's birth different because the child had been conceived in rape vs. conceived consensually with an estranged partner?

This code is generally distinguished from "Child decision-making" because it is about how pregnancy/childbirth/childrearing influenced the WOMAN's life (although there may be some double codes between these two categories). For example, if a participant says she was not able to go to college because she had a baby so young, that is clearly "Pregnancy made a difference" (because it changed the woman's life) but not "Child decision-making" because it was not a decision she specifically made about her child's life or legal status.

2a. SUBCODE: LEGAL. Instances of the above where pregnancy following sexual assault influenced a woman's LEGAL choices, experiences, or outcomes. Please recall that "legal" does not only encompass the criminal justice system, but also the family law system, civil system, abortion law, adoption law, government assistance, and potentially other areas.

NOTE: Significant money spent in relation to something legal (e.g., family court-related fees, adoption costs) also goes in this category. Please only include monies spent that the participant describes as particularly meaningful or important to her (since RAs are coding all money).

EXAMPLE: "The prosecutor really wanted me to be okay with my rapist taking a plea deal. He told me, 'Well, you're pregnant, and the stress of having to testify at trial might kill your baby.'"

EXAMPLE: "I was so stressed out by the pregnancy and planning for the baby, I just couldn't deal with the police too. I think that's why I didn't pursue anything."

EXAMPLE: "I am in so much debt now because of lawyer fees and court costs. I spent probably \$40,000 fighting my rapist for custody, and it's still not over."

Criminal justice system:

Summary:

1-5 supporting quotes:

Family court system:*Summary:**1-5 supporting quotes:***Abortion law:***Summary:**1-5 supporting quotes:***Adoption law:***Summary:**1-5 supporting quotes:***Government assistance:***Summary:**1-5 supporting quotes:***Other:***Summary:**1-5 supporting quotes:*

2b. SUBCODE: NON-LEGAL: Instances of the above where pregnancy following sexual assault influenced a woman's choices, experiences, or outcomes but NOT related to specifically legal outcomes. For example, if the fact her pregnancy originated in rape changed her pregnancy decision, that would go here.

EXAMPLE: "I got an abortion because I didn't want to have that man's baby. It was rape. I wanted to become a mother someday, but I didn't want to become a mother that way."

EXAMPLE: "I had to move to another state because I needed to get away from him. I didn't want him to run into me or my daughter."

EXAMPLE: "Well, I didn't go to college because I had a baby. I think that really changed the kinds of jobs I've been able to get over the years."

Pregnancy decision-making (influenced by rape ONLY; RAs are coding all reasons for pregnancy decision):

*Summary:**1-5 quotes to support your point:***Mental health:***Summary:**1-5 quotes to support your point:***Schooling or career:***Summary:**1-5 quotes to support your point:***Other:***Summary:**1-5 quotes to support your point:*

3. CHILD-DECISION-MAKING: REASONS WHY. Reasons the participants gave for why they made the choices they did about various aspects of their child's life - step-parent adoption, visitation, custody, birth certificate names, child

support, government assistance, DNA testing, telling their rape-conceived child about the circumstances of their conception, etc.

Note that this code will primarily apply for women who raised their rape-conceived child themselves. It cannot apply for pregnancies that ended in abortion or miscarriage.

Names on birth certificate:

Summary:

1-5 supporting quotes:

Visitation/custody:

Summary:

1-5 supporting quotes:

Child support:

Summary:

1-5 supporting quotes:

Adoption at birth:

Summary:

1-5 supporting quotes:

Step-parent adoption:

Summary:

1-5 supporting quotes:

DNA testing:

Summary:

1-5 supporting quotes:

Applying for government assistance:

Summary:

1-5 supporting quotes:

Telling child about rape conception:

Summary:

1-5 supporting quotes:

Other:

Summary:

1-5 supporting quotes:

4. OTHERS' PERCEPTIONS OF PARTICIPANT. Others' perceptions of or reactions to the victim, directly relevant to her rape-related pregnancy. Could be statements made by others, or participant's perception of others' beliefs.

5a. SUBCODE: LEGAL. Legal personnel's' perceptions of the victim, directly relevant to her rape-related pregnancy -- e.g., police, attorneys, judges, CPS staff, administrators of government programs.

EXAMPLE: "When I told them that she was born because of rape, his attorney and the judge just looked at each other with this look that said, 'Look what this crazy bitch is making up now.'"

EXAMPLE: "The police told me I was just making it up because I was having a biracial baby and didn't want to tell my parents I had been sleeping with black guys."

Law enforcement:

Summary:

1-5 supporting quotes:

Attorneys:

Summary:

1-5 supporting quotes:

Judges:

Summary:

1-5 supporting quotes:

Child Protective Services staff:

Summary:

1-5 supporting quotes:

Other:

Summary:

1-5 supporting quotes:

5b. SUBCODE: NON-LEGAL. Other (non-legal) people's perceptions of the victim, directly relevant to her rape-related pregnancy -- e.g., family, friends, coworkers, teachers, medical personnel

EXAMPLE: "Everyone I've ever told has been really nice to me, really supportive."

EXAMPLE: "Oh yeah, you can't believe some of the stuff I've heard from people. Like, 'How do you stand it that she looks like him?'"

Medical providers (doctors, nurses, etc.):

Summary:

1-5 supporting quotes:

Abortion providers:

Summary:

1-5 supporting quotes:

Family:

Summary:

1-5 supporting quotes:

Friends/acquaintances:

Summary:

1-5 supporting quotes:

Other:

Summary:

1-5 supporting quotes:

5. PERPETRATOR BEHAVIOR: Anything the perpetrator does, including any continuing interactions with the participant over time. Use this code liberally.

This code will may not be used much in cases with an unknown perpetrator with whom the participant never has further contact following the assault.

EXAMPLE: "The police found out afterward he's been tracking my cycles on his computer. Like, to see when he would have the best chance of getting me pregnant."

EXAMPLE: "He made me give the baby his last name. I don't know why, I think he just wanted to mess with me."

EXAMPLE: "We were actually romantic off and on for a while afterward. Like, kissing and stuff. But that's back when I didn't think of it as a rape."

EXAMPLE: "He kept sending me Facebook messages, telling me I was stealing his daughter from him. Eventually I just blocked him on social media."

During pregnancy:

Summary:

1-5 supporting quotes:

Around time of birth of child:

Summary:

1-5 supporting quotes:

After pregnancy (i.e., after abortion, miscarriage, or birth of child):

Summary:

1-5 supporting quotes:

6. SOCIAL SUPPORT: Meaningful statements participant makes about the role of social support (or lack of social support) in how they coped with their rape-related pregnancy and potential childrearing.

Note: You need not code every mention of someone who knew about the rape-related pregnancy. This code is intended to capture more meaningful summary statements by participants about the role of social support.

EXAMPLE: "I was completely alone. If I had had someone I could tell, I think it would have made it easier."

EXAMPLE: "My mother was best friend throughout everything. I really relied on her. I don't know what I would have done without her."

Summary:

1-5 supporting quotes:

7. PARTICIPANT WAS A MINOR AND/OR DEPENDENT ON PARENTS: How was this participant's story different because she was a minor and/or dependent on parents at the time of her assault? Some of these may overlap with other categories; that is okay.

EXAMPLE: "My parents made me meet with the police, but I couldn't remember anything. The police kept asking me questions that made it clear they thought I was lying about the rape because I got pregnant as a teenager."

EXAMPLE: "I was so young, I was pretty clueless about all the legal stuff. I didn't put Sofia's name on the birth certificate because my uncle told me not to."

EXAMPLE: I was just shy of 18 when I got pregnant, so I had to wait until I turned 18 to get the abortion. I raised money to pay for it in cash because I was still on my parents' insurance and I didn't want them to know I was getting an abortion."

Influence of minor status and/or dependence of parents on...

Reporting/criminal justice process:

Summary:

1-5 supporting quotes:

Abortion access (including financial considerations):

Summary:

1-5 supporting quotes:

Healthcare (including financial considerations):

Summary:

1-5 supporting quotes:

Level of knowledge and/or decision-making autonomy:

Summary:

1-5 supporting quotes:

High school or college considerations:

Summary:

1-5 supporting quotes:

Other:

Summary:

1-5 supporting quotes:

8. OTHER IMPORTANT THEMES OR NOTES:

Appendix D: Quantitative Survey Text

[Consent form]

Geography screen-out

Have you lived in the United States of America for at least 5 years?

Yes

No

Teenager vignette: Pregnancy condition

Please read the following story.

Brianna is 15 years old. She is a freshman in high school and lives with her mom and younger sister. Her mother is very strict and has made it clear that she does not want Brianna dating or having sex until she is older.

Over the last few months, Brianna has not been acting like herself: Normally friendly and excited, she has been quiet, anxious, and withdrawn. Her mother notices the change and asks Brianna if anything is bothering her. Brianna starts crying. She tells her mother that she had been secretly dating a senior boy at her high school, and, about three months ago, **her boyfriend raped her.**

Brianna says she is now **three months pregnant as a result of the rape.** She says she is scared and doesn't know what to do.

Teenager vignette: No pregnancy condition

Please read the following story.

Brianna is 15 years old. She is a freshman in high school and lives with her mom and younger sister. Her mother is very strict and has made it clear that she does not want Brianna dating or having sex until she is older.

Over the last few months, Brianna has not been acting like herself: Normally friendly and excited, she has been quiet, anxious, and withdrawn. Her mother notices the change and asks Brianna if anything is bothering her. Brianna starts crying. She tells her mother that she had been secretly dating a senior boy at her high school, and, about three months ago, **her boyfriend raped her.**

She says she is scared and doesn't know what to do.

Teenager Vignette: Brianna questions

Please indicate how much you agree or disagree with the following statements about the story.

	Strongly disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Agree	Strongly agree
I think Brianna is being honest.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think Brianna is credible.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel sympathy for Brianna.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I find Brianna's story believable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel angry toward Brianna.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Teenager Vignette: Open ended + manipulation check

-

	Strongly disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Agree	Strongly agree
I am concerned that Brianna might be making up the story about the rape.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please briefly explain why you answered this way.

Please think back to the story and select the correct answer:

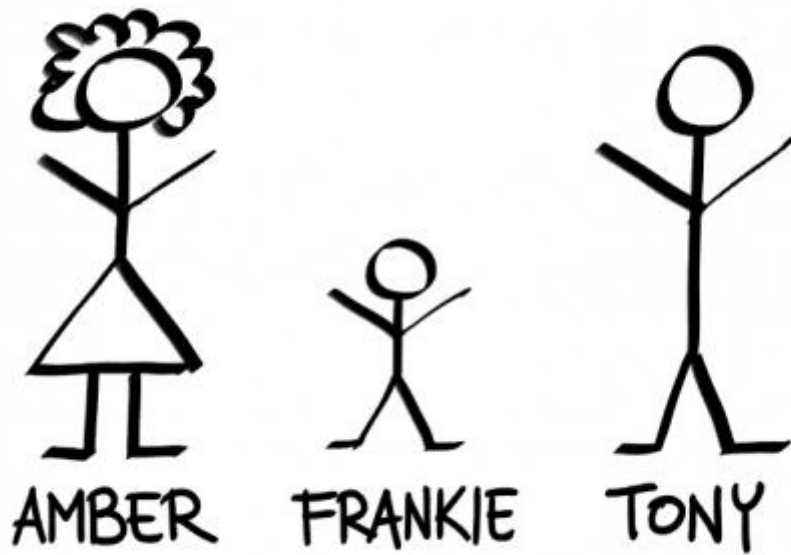
In the story, Brianna tells her mother that she is three months pregnant.

- True
- False

Child custody vignette: Pregnancy condition

Please read the following story.

Amber and Tony were in an on-and-off relationship several years ago. They had a child while together, named Frankie, who is now three years old.



Today, Amber and Tony are in family court to determine custody. Amber wants sole custody of Frankie, while Tony wants to have shared custody of Frankie. Amber argues that Tony shouldn't have any custody because....

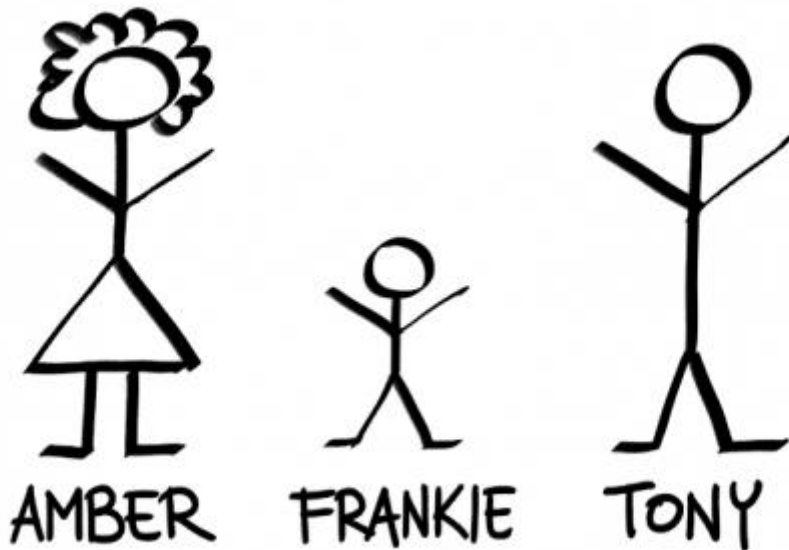
- *Amber says* Tony **raped her** while they were dating, which is **how she became pregnant with Frankie**. Amber says it was very stressful and traumatic for her to deal with the rape and the resulting pregnancy. She also says she's afraid Tony might sexually abuse Frankie one day too;
- *Amber says* Tony takes **dangerous risks** while watching Frankie (like driving too fast with Frankie in the car); and
- *Amber says* Tony watches **pornography** while Frankie is in the house.

Tony says that he never sexually assaulted Amber or anyone else, and that he never would. He says he does sometimes watch porn while Frankie is asleep, and that he once got a speeding ticket with Frankie in the car, but he argues that this doesn't make him a bad parent. He says that Amber is just "throwing things against the wall to see what sticks" because she doesn't like him. Tony says he wants to be part of his child's life.

Child custody vignette No pregnancy condition

Please read the following story.

Amber and Tony were in an on-and-off relationship several years ago. They had a child while together, named Frankie, who is now three years old.



Today, Amber and Tony are in family court to determine custody. Amber wants sole custody of Frankie, while Tony wants to have shared custody of Frankie. Amber argues that Tony shouldn't have any custody because....

- *Amber says* Tony **raped her** while they were dating, about **a year after Frankie was born**. Amber says it was very stressful and traumatic for her to deal with the rape while also caring for a young child. She also says she's afraid Tony might sexually abuse Frankie one day too;
- *Amber says* Tony takes **dangerous risks** while watching Frankie (like driving too fast with Frankie in the car); and
- *Amber says* Tony watches **pornography** while Frankie is in the house.

Tony says that he never sexually assaulted Amber or anyone else, and that he never would. He says he does sometimes watch porn while Frankie is asleep, and that he once got a speeding ticket with Frankie in the car, but he argues that this doesn't make him a bad parent. He says that Amber is just "throwing things against the wall to see what sticks" because she doesn't like him. Tony says he wants to be part of his child's life.

Amber questions

Please indicate how much you agree or disagree with the following statements about the story.

	Strongly disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Agree	Strongly agree
I think Amber is credible.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel sympathy for Amber.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think Amber is being honest.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I find Amber's story believable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel angry toward Amber.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Tony questions

Please indicate how much you agree or disagree with the following statements about the story.

Strongly disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Agree	Strongly agree
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I find Tony’s story believable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel angry toward Tony.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think Tony is being honest.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think Tony is credible.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel sympathy for Tony.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Family court judge + manipulation check

Imagine you are the judge in family court hearing Amber and Tony's case. You need to take both the rights of the parents and the best interests of the child into account.

Based on what you know now, what child custody arrangement would you choose for Frankie?

- I would give Amber full custody.
- I would give Amber and Tony 50/50 joint custody.
- I would give Tony full custody.

Please briefly explain why you answered this way.

Please think back to the story and select the correct answer:

- In court, Amber said that she became pregnant with Frankie as a result of Tony raping her.
- True
 - False

Advice on outcome

I think the **best option** for most women who become pregnant as a result of rape is to _____.

place the child for adoption.

have an abortion.

raise the child herself.

Policy preferences 1

Please indicate how much you agree or disagree with the following statements about public policies related to rape and pregnancy.

	Strongly disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewha t agree
If a woman becomes pregnant as a result of rape, the man who raped her should get even more legal punishment (as compared to a rape where the victim didn't become pregnant).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a man rapes a woman and causes her to become pregnant, he should still be allowed to visit the child as long as he's not a danger to the child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a woman is pregnant as a result of rape, she should have access to free legal advice to learn about her options regarding child custody, child support, and government assistance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A woman who is pregnant as a result of rape should NOT have to pay for her own medical bills related to the pregnancy and birth.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Policy preferences 2

Please indicate how much you agree or disagree with the following statements about public policies related to rape and pregnancy.

	Strongly disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewh at agree
If a man rapes a woman with the intention of getting her pregnant, he should get even more legal punishment .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A woman who gives birth to a child that was conceived in rape should NOT have to pursue child support from her rapist in order to get the money she needs for her child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a woman gives birth to a child that was conceived in rape, the woman should have to identify the biological father of the child before she receives financial support from the government.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a woman claims she became pregnant as a result of rape, she should be able to receive special financial benefits only if she reported the rape to the police .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Policy preferences 3

Please indicate how much you agree or disagree with the following statements about public policies related to rape and pregnancy.

	Strongly disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewha t agree
If a man rapes a woman and causes her to become pregnant, then the man should NOT be able to have any form of legal custody over the child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a man rapes a woman and causes her to become pregnant, then the man should NOT be able to prevent the woman from placing the child for adoption if that's what she wants to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If there is a special legal procedure to take away the parental rights from a man who rapes a woman and causes her to become pregnant, I'm concerned this might encourage women to lie about being raped .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree
Health insurance companies should pay for pre-natal paternity testing for women pregnant from rape, so that women can confirm the identity of the biological father right away.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Policy preferences 4

Please indicate how much you agree or disagree with the following statements about public policies related to rape and pregnancy.

	Strongly disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree
I'm concerned that special financial benefits for women who become pregnant from rape might encourage women to lie about being raped .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A woman raising her child conceived in rape should be able to get financial support to help raise her child even if she does not know the identity of the man who raped her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a woman is raising her child conceived in rape, and later on she wants her new spouse to adopt the child, they should have to pay the court fees for step-parent adoption out-of-pocket like everybody else.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abortion providers should be required to ask women whether they got pregnant from rape so that women have the opportunity to get support and resources if they want it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Estimating frequency practice items

Please read the following questions carefully and then give your best answer.

In America today, a marriage ends in divorce approximately **1** time in _____.

- 2 (50%)
- 3 (33%)
- 5 (20%)
- 10 (10%)
- 50 (2%)
- 100 (1%)

A pregnancy results in twins approximately **1** time in _____.

- 2
- 10
- 20
- 100
- 1,000
- 100,000

Estimating frequency of rape-related pregnancy.

*For the following item, please consider “rape” to include **ONLY** the vaginal penetration of a female victim age 12-45 by a male perpetrator’s penis. In other words, please consider **ONLY** the kind of rape where there is the possibility of a pregnancy resulting.*

Among women raped in this way, a rape results in pregnancy approximately **1** time in _____.

- | | |
|-------|--|
| 2 | 100,000 |
| 10 | 1,000,000 (one million) |
| 20 | 1,000,000,000 (one billion) |
| 100 | It is impossible for a woman to become pregnant as a result of rape. |
| 1,000 | |

Please select the answer choice you think occurs **most frequently**.

The **MOST COMMON OUTCOME** of pregnancies resulting from rape is _____.

- Woman has spontaneous **miscarriage**.
- Woman obtains **abortion** to terminate pregnancy.
- Woman places the rape-conceived child for **adoption**.
- Woman **raises** the rape-conceived child herself.

Percentage of top pregnancy outcome

What **PERCENTAGE** of rape-related pregnancies do you think result in this outcome? - $\{q://QID84/ChoiceGroup/SelectedChoices\}$

Note: Maximum allowed value is 100 percent.

Rape-pregnancy myths scale 1

Please indicate how much you agree or disagree with the following statements about rape and pregnancy.

	Strongly disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewha t agree
A woman who claims she got pregnant from rape is more likely to be making it up if she gives birth to the baby than if she gets an abortion.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A woman can't really love a child conceived in rape.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A male child conceived in rape is likely to be sexually violent when he grows up due to genetic influences.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat t agree
A woman who agrees to have sex and then regrets it afterward is even more likely to say it was rape if she becomes pregnant as a result.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is unnatural for a woman to be excited about giving birth to a child conceived in rape.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It's virtually impossible for a woman to become pregnant as a result of rape.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Rape-pregnancy myths scale 2

Please indicate how much you agree or disagree with the following statements about rape and pregnancy.

	Strongly disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree
Only in the most extraordinary circumstances does a woman become pregnant from rape.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A woman who becomes pregnant from rape is not likely to be a good mother to the child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Women are statistically less likely to become pregnant from a rape than from a consensual sexual encounter.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a woman raises a child conceived in rape, she will probably treat the child worse than other mothers treat their children.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A woman who chooses to raise a child conceived in rape will never be able to get over the rape.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Rape-pregnancy myths scale 3

Please indicate how much you agree or disagree with the following statements about rape and pregnancy.

	Strongly disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree
Most women pregnant from rape think of their pregnancy as another trauma brought on by the rape.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most of the time, a woman who is pregnant from rape feels horrified that the rapist's baby is growing inside her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children conceived in rape are better off not being born because of all the stigma they will experience in their lives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A child conceived in rape is more likely to have a bad life than other children.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a woman agrees to have sex and then becomes pregnant, sometimes she'll say it was rape in order to explain the pregnancy to her family and friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Rape-pregnancy myths scale 4

Please indicate how much you agree or disagree with the following statements about rape and pregnancy.

	Strongly disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree
If a mother raising a child claims her child was conceived during a rape, there's some reason to be skeptical about her story.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A woman who agrees to have sex and then becomes pregnant might claim she was raped so that the guy can't have a say in what she decides to do about the pregnancy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a child conceived in rape looks like the rapist father, the mother can't help but feel some disgust.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree
If a woman becomes pregnant from rape, that means she must have experienced some sexual pleasure during the encounter.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No rapist would want parental rights over a child he fathered from rape.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The female biology makes it highly unlikely that a woman will become pregnant after enduring the trauma of a forcible rape.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Demographics 1

How old are you now?

What is your gender?

- Male
- Female
- Non-binary/other

What is the highest level of school you have completed or the highest degree you have received?

- Less than high school degree
- High school graduate (high school diploma or equivalent including GED)
- Some college but no degree
- Associate degree in college (2-year)
- Bachelor's degree in college (4-year)
- Master's degree
- Doctoral degree
- Professional degree (JD, MD)

Choose one or more races/ethnicities that you consider yourself to be:

<input type="checkbox"/> White or Caucasian	<input type="checkbox"/> Native Hawaiian or Pacific Islander
<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Latino or Hispanic	<input type="checkbox"/> Other
<input type="checkbox"/> Asian	<input type="text"/>

What is your **annual household income**?

- ☐ Less than \$10,000
- ☐ \$10,000 - \$19,999
- ☐ \$20,000 - \$29,999
- ☐ \$30,000 - \$39,999
- ☐ \$40,000 - \$49,999
- ☐ \$50,000 - \$59,999
- ☐ \$60,000 - \$69,999
- ☐ \$70,000 - \$79,999
- ☐ \$80,000 - \$89,999
- ☐ \$90,000 - \$99,999
- ☐ \$100,000 - \$149,999
- ☐ More than \$150,000

Demographics 2

Which option best describes your political views?

<input type="checkbox"/> Extremely conservative	<input type="checkbox"/> Somewhat conservative	<input type="checkbox"/> Slightly conservative	<input type="checkbox"/> Moderate	<input type="checkbox"/> Slightly liberal	<input type="checkbox"/> Somewhat liberal	<input type="checkbox"/> Extremely liberal
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Which option best describes your religiousness?

<input type="checkbox"/> Not at all religious	<input type="checkbox"/> Moderately non-religious	<input type="checkbox"/> Slightly non-religious	<input type="checkbox"/> Neither religious nor not-religious	<input type="checkbox"/> Slightly religious	<input type="checkbox"/> Moderately religious	<input type="checkbox"/> Extremely religious
---	---	---	--	---	---	--

Which option best describes your opinion on abortion?

Extremely pro-life (against legalized abortion)	Somewhat pro-life	Slightly pro- life	Neither pro- life nor pro- choice	Slightly pro- choice	Somewhat pro-choice	Extremely pro-choice (in favor of legalized abortion)
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In which U.S. state do you currently reside?

Are you **eligible to vote** in the United States of America?

- Yes
- No

Demographics 3

Have you ever been sexually assaulted?

- Yes
- No
- Don't know/prefer not to answer

Has a family member or close friend ever been sexually assaulted?

- Yes
- No
- Don't know/prefer not to answer

How many people do you know personally (acquaintance, friend, or family member) that have become pregnant as a result of rape?

- 0
- 1

2

3

More than 3

Attention check

People taking surveys often experience distractions (other people, noises, thinking about other things, etc.). Please indicate how much attention you gave to this study. You will be paid for your participation regardless of your answer to this question.

We appreciate your honesty!

Please select the most appropriate option:

"I gave this study _____ of my attention."

almost none

very little

some

most

all

Thinking about your response above...

In your honest opinion, do you think we should include your responses when we analyze the results of the survey?

Yes

No

Any other comments or feedback about the survey you'd like to give?

Appendix E: *t*-Test Results for “Brianna” Vignette with All Respondents Included (*N* = 592)

t-test results with bootstrapping (5,000 resamples), “Brianna” adolescent victim vignette – all respondents included (*N* = 592)

Item	Mean diff.	<i>SE</i>	Bootstrapped <i>p</i> -value (2-tailed, $\alpha = .05$)	95% Confidence interval	Cohen’s <i>d</i>
“I think Brianna is credible.”	.434	.185	.018*	[.076, .787]	0.30
“I think Brianna is being honest.”	.433	.163	.009**	[.105, .755]	0.33
“I find Brianna’s story believable”	.478	.153	.002**	[.176, .772]	0.39
“I feel sympathy for Brianna.”	.255	.165	<i>ns</i>	[-.073, .575]	0.20
“I feel angry toward Brianna.”	-.457	.211	<i>ns</i>	[-.866, -.032]	0.27
“I am concerned that Brianna might be making up the story about the rape.”	-.745	.200	.001**	[-1.128, -.356]	0.47

Notes. All items were scored on a 7-point Likert scale ranging from 1 = “strongly disagree” to 7 = “strongly agree.” Equal variances assumed for all test statistics since Levene’s test was not significant for any item.

Appendix F: Sample Statutory Language from States with Laws Consistent with the Rape Survivor**Child Custody Act**

What follows are excerpts from the statutes of several states that received funding according to the federal Rape Survivor Child Custody Act (2015), meaning these states' laws conformed to federal guidelines to provide for termination of parental rights when it is shown by "clear and convincing evidence" in a civil proceeding that a child was conceived via rape. This is not an exhaustive list as many other states also have qualifying statutes.

Although all states listed below have qualifying statutes, there is a wide variety in statutory language and what areas of law are covered (e.g., termination of parental rights, adoption, paternity/legitimation, child support, child support cooperation requirements for government assistance). Compare, for example, Colorado's lengthy description of exact procedures for petitioning to terminate parental rights to Florida's very brief statute on the subject.

This Appendix is current as of December 2018. See <http://www.ncsl.org/research/human-services/parental-rights-and-sexual-assault.aspx> for more states' laws.

STATE	STATUTORY LANGUAGE
Florida	(1) Grounds for the termination of parental rights may be established under any of the following circumstances:
Fla. Stat. § 39.806	(m) The court determines by clear and convincing evidence that the child was conceived as a result of an act of sexual battery made unlawful pursuant to s. 794.011, or pursuant to a similar law of another state, territory, possession, or Native American tribe where the offense occurred. It is presumed that termination of parental rights is in the best interest of the child if the child was conceived as a result of the unlawful sexual battery. A petition for termination of parental rights under this paragraph may be filed at any time. The court must accept a guilty plea or conviction of unlawful sexual battery pursuant to s. 794.011 as conclusive proof that the child was conceived by a violation of criminal law as set forth in this subsection.
	http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&URL=000-0099/0039/Sections/0039.806.html
Colorado	(1) The general assembly hereby declares that the purpose of this statute is to protect a person in a case where it is determined that he or she is a victim of sexual assault but in which no conviction occurred and to protect a child conceived as a result of that sexual assault by creating a process to seek termination of the parental rights of the perpetrator of the sexual assault and by issuing protective orders preventing future contact between the parties. The general assembly further declares that this section creates civil remedies and is not created to punish the perpetrator but rather to protect the interests of the petitioner and the child. The
Colo. Rev. Stat. § 19-5-105.7	
2014 HB 1162	

general assembly creates this section to address the procedures in cases where there are allegations of sexual assault but in which a conviction did not occur.

(Colorado cont.)

(2) As used in this section, unless the context otherwise requires:

(a) “Conviction” has the same meaning as defined in section 19-1-103(29.3).

(b) “Petitioner” means a person who alleges that he or she is a victim of sexual assault and who files a petition for termination of the parent-child legal relationship of the other parent as provided in this section.

(c) “Respondent” means a person against whom a petition for termination of the parent-child legal relationship is filed as provided in this section.

(d) “Sexual assault” has the same meaning as defined in section 19-1-103(96.5).

(3) The person who alleges that he or she is a victim of sexual assault and who alleges that a child was conceived as a result of a sexual assault in which a conviction did not occur may file a petition in the juvenile court to prevent future contact with the parent who allegedly committed the sexual assault and to terminate the parent-child legal relationship of the parent who allegedly committed the sexual assault.

(4) The verified petition filed under this section must allege that:

(a) The respondent committed an act of sexual assault against the petitioner;

(b) The respondent has not been convicted for the act of sexual assault;

(c) A child was conceived as a result of the act of sexual assault as described under paragraph (a) of this subsection (4); and

(d) Termination of the parent-child legal relationship of the respondent with the child is in the best interests of the child.

(5)(a) After a petition has been filed pursuant to this section, the court shall issue a summons that recites briefly the substance of the petition and contains a statement that the purpose of the proceeding is to determine whether to terminate the parent-child legal relationship of the respondent. The petitioner shall have the respondent personally served with a copy of the summons or notified through notice by publication consistent with the statutory provisions for notice in section 19-3-503 and pursuant to the Colorado rules of civil procedure, unless the respondent appears voluntarily or waives service. Upon request, the court shall protect the whereabouts of the petitioner and must identify the petitioner and the child in the summons by initials.

(b) The court will work to ensure that a petitioner or a respondent who has a disability has equal access to participate in the proceeding. If the petitioner or respondent has a disability, he or she has the right to request reasonable

(Colorado cont.)

accommodations in order to participate in the proceeding; except that the disability of the petitioner, the respondent, or the child must not be the cause for the unnecessary delay of the process. The court shall presume that a petitioner or a respondent with a disability is legally competent and able to understand and participate in the proceeding unless the petitioner or respondent is determined to be an incapacitated person, as defined in section 15-14-102(5), C.R.S.

(6) After a petition has been filed pursuant to this section, the court shall appoint a guardian ad litem, who must be an attorney, to represent the child's best interests in the proceeding; except that, if at any time the court determines that a guardian ad litem for the child is no longer necessary, the court may discharge the guardian ad litem. The petitioner and the respondent have the right to be represented by legal counsel in proceedings under this section. The petitioner and the respondent each have the right to seek the appointment of legal counsel if he or she is unable financially to secure legal counsel on his or her own. The court shall waive filing fees for an indigent petitioner.

(7) In any proceeding held under this section, the court may grant protective measures in the courtroom as requested by the petitioner, including but not limited to allowing the petitioner to not appear in the presence of the respondent so long as these measures do not violate due process. The petitioner's and the child's whereabouts must be kept confidential.

(8) A respondent may admit parentage or may request genetic testing or other tests of inherited characteristics to confirm paternity. The test results must be admitted into evidence as provided in section 13-25-126, C.R.S. The final costs for genetic tests or other tests of inherited characteristics must be assessed against the nonprevailing party on the parentage issue.

(9) If the parties consent, the court has continuing jurisdiction and authority in the same proceeding to enter an order of relinquishment pursuant to part 1 of article 5 of this title without a finding or admission of the elements required by subsection (11) of this section. As part of the agreement, the respondent must agree in writing to waive the right to access the original birth certificate or other relinquishment documents as permitted by law under article 5 of this title or pursuant to the rules of the state department of human services. The waiver must be filed with the court that issues the order of relinquishment and with the state registrar of vital statistics.

(10) The court shall hear a petition to terminate the parent-child legal relationship no more than one hundred twenty days after service of the petition or from the first appearance date, whichever is later, unless both parties consent to an extension or the court finds good cause to extend the hearing beyond one hundred twenty days.

(11)(a) The court shall terminate the parent-child legal relationship of the respondent if the court finds by clear and convincing evidence that:

(I) A sexual assault against the petitioner occurred;

- (II) The sexual assault was perpetrated by the respondent;
- (Colorado cont.)** (III) A child was conceived as a result of that act of sexual assault as evidenced by the respondent admitting parentage or genetic testing establishing the paternity;
- (IV) Termination of the parent-child legal relationship is in the best interests of the child. The court shall not presume that having only one remaining parent is contrary to the child's best interests.
- (b) If the child is an Indian child, the court shall ensure compliance with the federal "Indian Child Welfare Act", 25 U.S.C. sec. 1901 et seq., and the provisions of section 19-1-126 .
- (12) If the court denies the petition to terminate the parent-child legal relationship, the court shall articulate its reasons for the denial of the petition. If the court denies the petition, the court has continuing jurisdiction and authority to enter an order in the same proceeding allocating parental responsibilities between the petitioner and the respondent, including but not limited to an order to not allocate parental responsibilities to the respondent. In issuing any order allocating parental responsibilities, including the duty of support, guardianship, and parenting time privileges with the child or any other matter, the court shall determine whether the order is in the best interests of the child based on a preponderance of the evidence.
- (13)(a) A respondent whose parental rights are terminated in accordance with this section has:
- (I) No right to allocation of parental responsibilities, including parenting time and decision-making responsibilities for the child;
- (II) No right of inheritance from the child; and
- (III) No right to notification of, or standing to object to, the adoption of the child.
- (b) Notwithstanding the provisions of section 19-3-608 , termination of parental rights under subsection (10) of this section does not relieve the respondent of any obligation to pay child support or birth-related costs unless waived by the petitioner. In cases in which child support obligations are not waived, the court, as informed by the wishes of the petitioner, shall determine if entering an order to pay child support is in the best interests of the child. If the court orders the respondent to pay child support, the court shall order the payments to be made through the child support registry to avoid the need for any contact between the parties and order that the payments be treated as a nondisclosure of information case. If the petitioner's parent-child legal relationship to the child is terminated after the entry of a child support order against the respondent, the court shall modify the child support order accordingly.
- (14) A respondent whose parent-child legal relationship has been terminated in accordance with this section has no right to make medical treatment decisions or any other decisions on behalf of the child.

(Colorado cont.)

(15) The court may order a respondent whose parent-child legal relationship has been terminated to provide medical and family information to be shared with the child, as appropriate, and with the petitioner. The sharing of information must be consistent with the uniform process established by the state court administrator as provided in section 19-5-105.5(9.5). The court may order that a respondent's failure to comply with the request for information in a timely manner constitutes contempt of court.

(16) The juvenile court has original concurrent jurisdiction to issue a temporary or permanent civil protection order pursuant to section 13-14-104.5 or 13-14-106, C.R.S.

(17) Termination of the parent-child legal relationship pursuant to subsection (10) of this section is an independent basis for termination of parental rights, and the court need not make any of the considerations or findings described in section 19-3-604, 19-5-103.5, or 19-5-105.

(18) Nothing in this section prohibits the termination of parental rights by the court using the criteria described in section 19-3-604, 19-5-103.5, or 19-5-105.

<https://leg.colorado.gov/sites/default/files/images/olls/crs2016-title-19.rtf>

Texas

Tex. Fam. Code §
161.007
1997 HB 1091

Sec. 161.007. TERMINATION WHEN PREGNANCY RESULTS FROM CRIMINAL ACT. (a) Except as provided by Subsection (b), the court shall order the termination of the parent-child relationship of a parent and a child if the court finds by clear and convincing evidence that:

- (1) the parent has engaged in conduct that constitutes an offense under Section [21.02](#), [22.011](#), [22.021](#), or [25.02](#), Penal Code;
- (2) as a direct result of the conduct described by Subdivision (1), the victim of the conduct became pregnant with the parent's child; and
- (3) termination is in the best interest of the child.

(b) If, for the two years after the birth of the child, the parent was married to or cohabiting with the other parent of the child, the court may order the termination of the parent-child relationship of the parent and the child if the court finds that:

- (1) the parent has been convicted of an offense committed under Section [21.02](#), [22.011](#), [22.021](#), or [25.02](#), Penal Code;
- (2) as a direct result of the commission of the offense by the parent, the other parent became pregnant with the child; and
- (3) termination is in the best interest of the child.

<https://statutes.capitol.texas.gov/Docs/FA/htm/FA.161.htm>

Michigan**PROHIBITION ON CUSTODY**

Mich. Comp. Laws
§ 722.25

(2) Notwithstanding other provisions of this act, if a child custody dispute involves a child who is conceived as the result of acts for which 1 of the child's biological

2016 HB 4481

(Michigan cont.)

parents is convicted of criminal sexual conduct as provided in sections 520a to 520e and 520g of the Michigan penal code, 1931 PA 328, MCL 750.520a to 750.520e and 750.520g, or a substantially similar statute of another state or the federal government, or is found by clear and convincing evidence in a fact-finding hearing to have committed acts of nonconsensual sexual penetration, the court shall not award custody to that biological parent. This subsection does not apply to a conviction under section 520d(1)(a) of the Michigan penal code, 1931 PA 328, MCL 750.520d. This subsection does not apply if, after the date of the conviction, or the date of the finding in a fact-finding hearing described in this subsection, the biological parents cohabit and establish a mutual custodial environment for the child.

(3) An offending parent is not entitled to custody of a child described in subsection (2) without the consent of that child's other parent or guardian.

(4) Notwithstanding other provisions of this act, subsection (2) does not relieve an offending parent of any support or maintenance obligation to the child. The other parent or the guardian of the child may decline support or maintenance from the offending parent.

(5) A parent may assert an affirmative defense of the provisions of subsection (2) in a proceeding brought by the offending parent regarding a child described in subsection (2).

<http://legislature.mi.gov/doc.aspx?mcl-722-25>

Mich. Comp. Laws
§ 722.1445

ESTABLISHING PATERNITY

2016 SB 858

Sec. 15. (1) If an action is brought by an alleged father who proves by clear and convincing evidence that he is the child's father, the court may make a determination of paternity and enter an order of filiation as provided for under section 7 of the paternity act, 1956 PA 205, MCL 722.717.

(2) If an action is brought by a mother who, after a fact-finding hearing, proves by clear and convincing evidence that the child was conceived as a result of nonconsensual sexual penetration, the court shall do 1 of the following:

(a) Revoke an acknowledgment of parentage for an acknowledged father.

(b) Determine that a genetic father is not the child's father.

(c) Set aside an order of filiation for an affiliated father.

(d) Make a determination of paternity regarding an alleged father and enter an order of revocation of paternity for that alleged father.

(3) Subsection (2) does not apply if, after the date of the alleged nonconsensual sexual penetration described in subsection (2), the biological parents cohabit and establish a mutual custodial environment for the child.

(4) As used in this section, "sexual penetration" means that term as defined in section 520a of the Michigan penal code, 1931 PA 328, MCL 750.520a.

<http://legislature.mi.gov/doc.aspx?mcl-722-1445>

<p>Michigan – proposed change to MCL 400.57g</p> <p>Senate Bill No. 1086 (2018), currently in committee</p>	<p>(5) Family independence program assistance benefits shall be denied or terminated if a recipient fails, without good cause, to comply with applicable child support requirements including efforts to establish paternity, and assign or obtain child support. The family independence program assistance group is ineligible for family independence program assistance for not less than 1 calendar month. After family independence program assistance has been terminated for not less than 1 calendar month, family independence program assistance may be restored if the noncompliant recipient complies with child support requirements including the action to establish paternity and obtain child support. As used in this subsection, "good cause" includes an instance in which efforts to establish paternity or assign or obtain child support would harm the child or in which there is danger of physical or emotional harm to the child or the recipient. Good cause also includes, but is not limited to, an instance in which the child is a victim of abuse, the child was conceived as the result of nonconsensual sexual penetration, or the child was conceived as a result of an act for which the child's biological father was convicted of criminal sexual conduct as provided in sections 520a to 520e and 520g of the Michigan penal code, 1931 pa 328, mcl 750.520a to 750.520e and 750.520g, or a substantially similar statute of another state or the federal government.</p> <p>(6) If an applicant or recipient is denied a good cause exemption as described in subsection (5), the department must notify the applicant or recipient not more than 30 days after the determination is made that the request for a good cause exemption was denied. This notification must be sent by mail and must include a space for the applicant or recipient to sign to consent or not consent to the application being processed. The form must clearly state that if the applicant or recipient consents to proceed with the application, information shall be provided to the county prosecutor for the purpose of establishing paternity, obtaining child support, or both. The form must also clearly state that if the applicant or recipient chooses to withdraw the application, the child support specialist cannot provide the county prosecutor with information for the purpose of establishing paternity, obtaining child support, or both. The applicant or recipient must provide this information to the department within 30 days after the date of the letter denying a good cause exemption.</p> <p>(7) If the recipient receives a good cause exemption from the department as described in subsections (5) and (6), the department shall not provide the county prosecutor with any information for the purpose of establishing paternity, obtaining child support, or both.</p>
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<http://www.legislature.mi.gov/documents/2017-2018/billintroduced/Senate/pdf/2018-SIB-1086.pdf>

Georgia

LEGITIMATION/PATERNITY/INHERITANCE

Ga. Code § 19-7-22
2016 SB 331

(d) (2)(A) If the court determines by clear and convincing evidence that the father caused his child to be conceived as a result of having nonconsensual sexual intercourse with the mother of his child or when the mother is less than ten years of age, or an offense which consists of the same or similar elements under federal law or the laws of another state or territory of the United States, it shall create a presumption against legitimation.

(B) Notwithstanding Code Section 53-2-3, if the court denies a legitimation petition under this paragraph, the child shall be capable of inheriting from or through his or her father. Notwithstanding Code Section 53-2-4, if the court denies a legitimation petition under this paragraph, the father shall not be capable of inheriting from or through his child.

(C) If there is a pending criminal proceeding in connection with an allegation made pursuant to subparagraph (A) of this paragraph, the court shall stay discovery in the legitimation action until the completion of such criminal proceeding.

<https://law.justia.com/codes/georgia/2017/title-19/chapter-7/article-2/section-19-7-22/>

Ga. Code § 19-8-10
2016 SB 331

CONSENT FOR ADOPTION

(a) Surrender or termination of rights of a parent pursuant to subsection (a) of Code Section 19-8-4, 19-8-5, 19-8-6, or 19-8-7 shall not be required as a prerequisite to the filing of a petition for adoption of a child of that parent pursuant to Code Section 19-8-13 when the court determines by clear and convincing evidence that the:

(4) Parent caused his child to be conceived as a result of having nonconsensual sexual intercourse with the mother of his child or when the mother is less than ten years of age; and the court is of the opinion that the adoption is in the best interests of that child, after considering the physical, mental, emotional, and moral condition and needs of the child who is the subject of the proceeding, including the need for a secure and stable home.

<https://law.justia.com/codes/georgia/2017/title-19/chapter-8/article-1/section-19-8-10/>

Ga. Code § 19-8-11
2016 SB 331

TERMINATION OF PARENTAL RIGHTS

(Georgia cont.)

(a) (3) Parental rights may be terminated pursuant to paragraph (1) or (2) of this subsection when the court determines by clear and convincing evidence that the:

(D) Parent caused his child to be conceived as a result of having nonconsensual sexual intercourse with the mother of his child or when the mother is less than ten years of age;

and the court shall set the matter down to be heard in chambers not less than 30 and not more than 60 days following the receipt by such remaining parent of the notice under subsection (b) of this Code section and shall enter an order terminating such parental rights if it so finds and if it is of the opinion that adoption is in the best interests of the child, after considering the physical, mental, emotional, and moral condition and needs of the child who is the subject of the proceeding, including the need for a secure and stable home.

<https://law.justia.com/codes/georgia/2017/title-19/chapter-8/article-1/section-19-8-11/>