



Pregnancy in Context of Sexual Violence: SATU Perspective

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Background

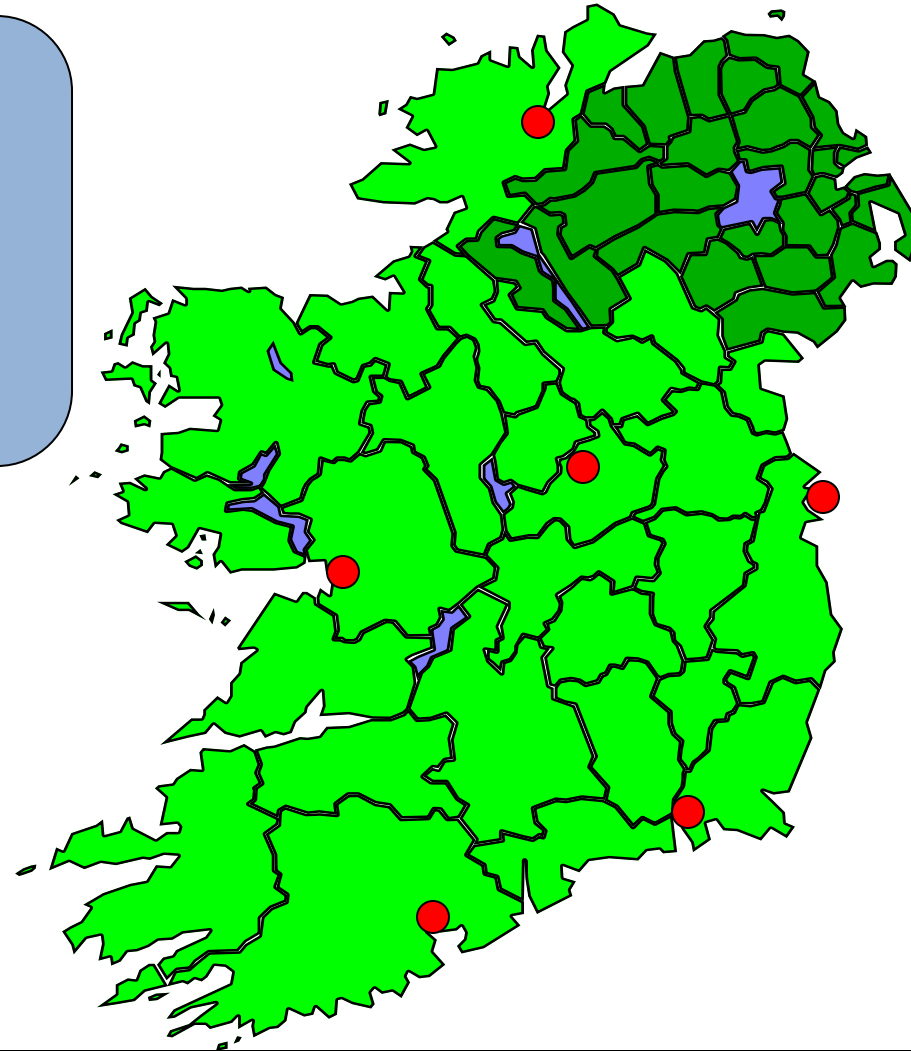
- Sexual Violence occurs in all cultures and countries
- There is no 'typical victim' or 'typical scenario'
- Irish data have reported that 6% of adult women have been raped as adults with an additional 13% experiencing some other form of contact sexual abuse [1]
- Many people never disclose

Why should people be helped & supported to disclose?

- Enables access to care – physical and psychological needs are priority
- Facilitates access to healthcare including emergency contraception and prophylaxis for infectious disease
- Enables engagement with criminal justice system – allows an investigation to commence
- Allows patient recovery to begin

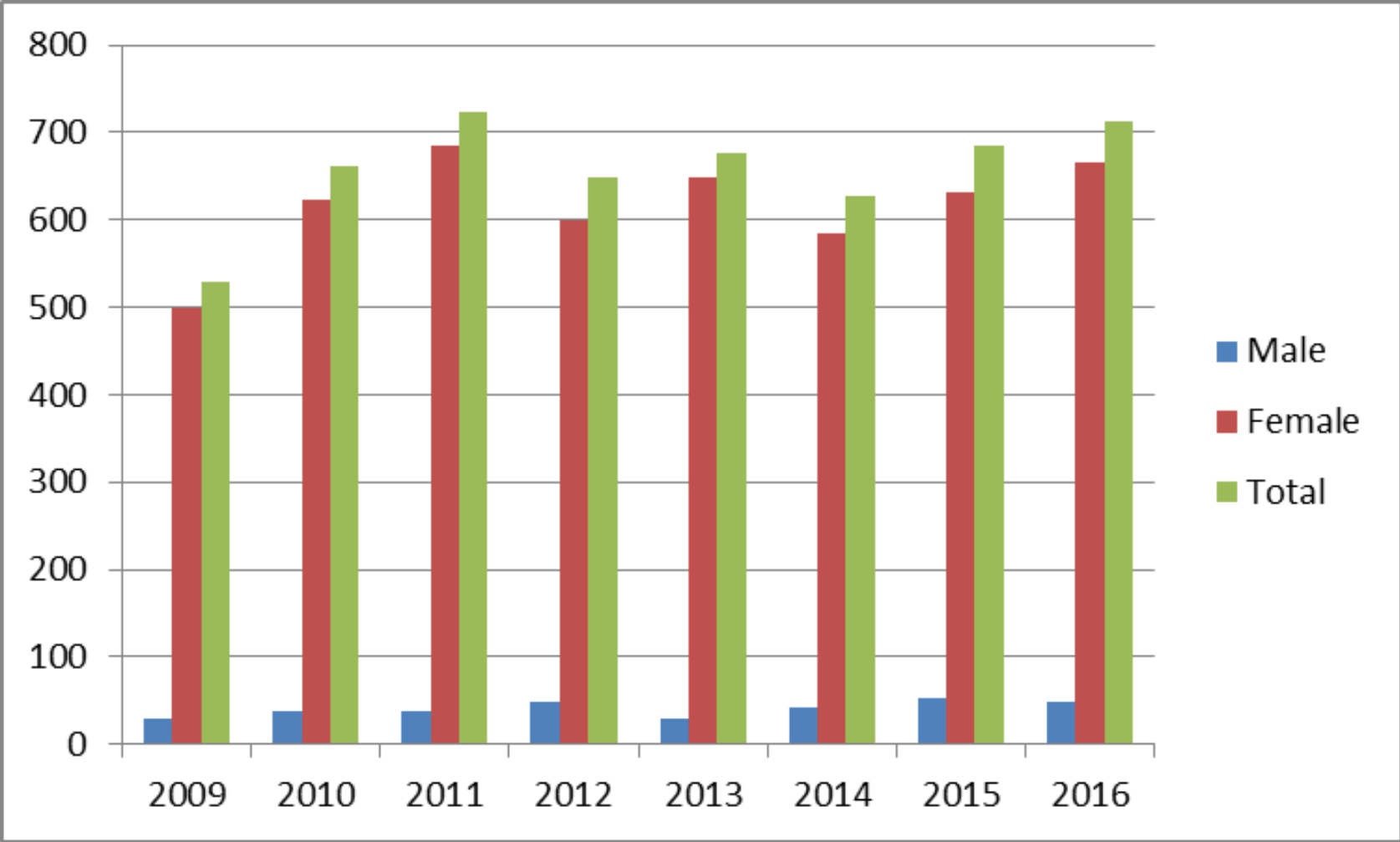
'Adult' SATUs since 2009

Dublin (Rotunda)
Cork (South Infirmery -
Victoria)
Waterford
Mullingar (Feb 09)
Galway (Sept 09)
Letterkenny

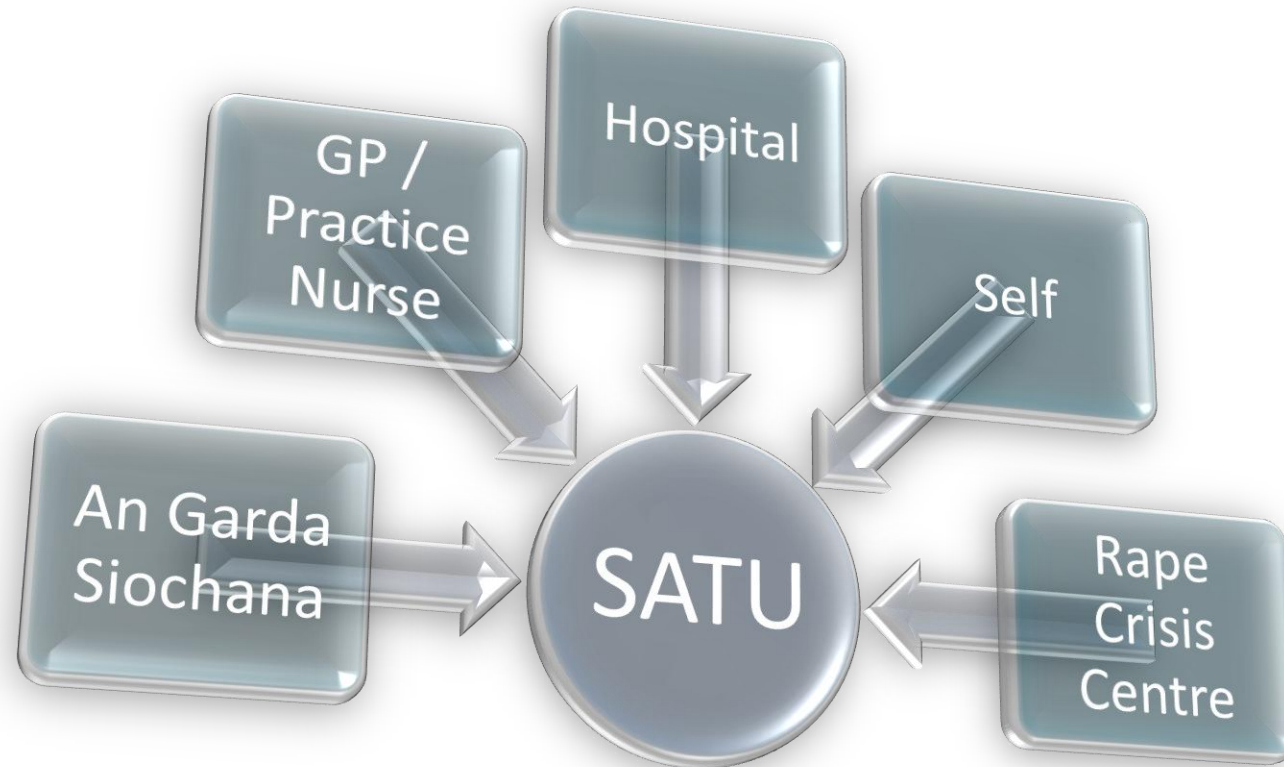


Rotas for forensic examiners and assisting nurses, Full time CNS (+/- 2), Admin support and links with support services (RCC)

SATU Attendances 2009-2016 [2]



referral to SATU



Options For Care Within SATU [3]

SATU Response

Physical & Psychological needs of the patient are the priority

Following discussion and explanation the patient may choose from the following options:

Option 1: Forensic Clinical Examination and care (Section 2, p. 56)

Option 2: Health check and care (Section 2, p. 87)

Option 3: Collection and Storage of Forensic Evidence without Immediate Reporting to of An Garda Síochána (Section 2:21 p. 100)

Subject to statutory reporting requirements e.g. Children First Guidance¹ or Withholding Information Act.²

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Option 1

- Report the incident to An Garda Síochána
- Attend SATU
- Receive comprehensive medical (including emergency contraception & infectious disease prophylaxis), psychological and forensic care, injuries (if present) are documented and treated
- Appropriate forensic samples are taken.

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Option 2

- Attend SATU without disclosure to An Garda Síochána (over 18s only [4,5])
- Receive a health check and medical (including emergency contraception & infectious disease prophylaxis) and psychological care
- If the patient chooses this option, but subsequently changes their mind and reports the incident to An Garda Síochána, the opportunity to take time sensitive forensic samples may have passed, which could compromise potential prosecution.

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Option 3

- SATU based health check and medical (including emergency contraception & infectious disease prophylaxis) and psychological care.
- In addition forensic samples which may be evidentially valuable are securely stored (within the SATU) for a period of up to one year.
- Over 18 years only (Children First [4,5])

Emergency Contraception offered regardless of care option chosen

- Rape related pregnancy rate extrapolated to be 5% [7]
- BUT individuals pregnancy risk influenced by menstrual cycle and other variables [6]

3 days before ovulation	15 percent
1 or 2 days before ovulation	30 percent
day of ovulation	12 percent
1 or 2 days after ovulation	near zero

Emergency Contraception offered regardless of care option chosen

EC successful in preventing pregnancy in the majority of patients if provided within the appropriate timeframe [8]

Method	Dose	Timing*	Reported Efficacy
Levonorgestel	1.5mg	Within 72hrs of intercourse	59-94% of pregnancies prevented
Ullipristal Acetate	30mg	Within 120hrs of intercourse	98-99% of pregnancies prevented
Copper IUD	-	Within 120hrs of intercourse or expected date of ovulation	At least 99% of pregnancies prevented

*Emergency contraception should be given as soon as possible after incident.

THEREFORE FEW PREGNANCIES OCCUR IN THOSE WHO ATTEND SATU

SATU Follow Up

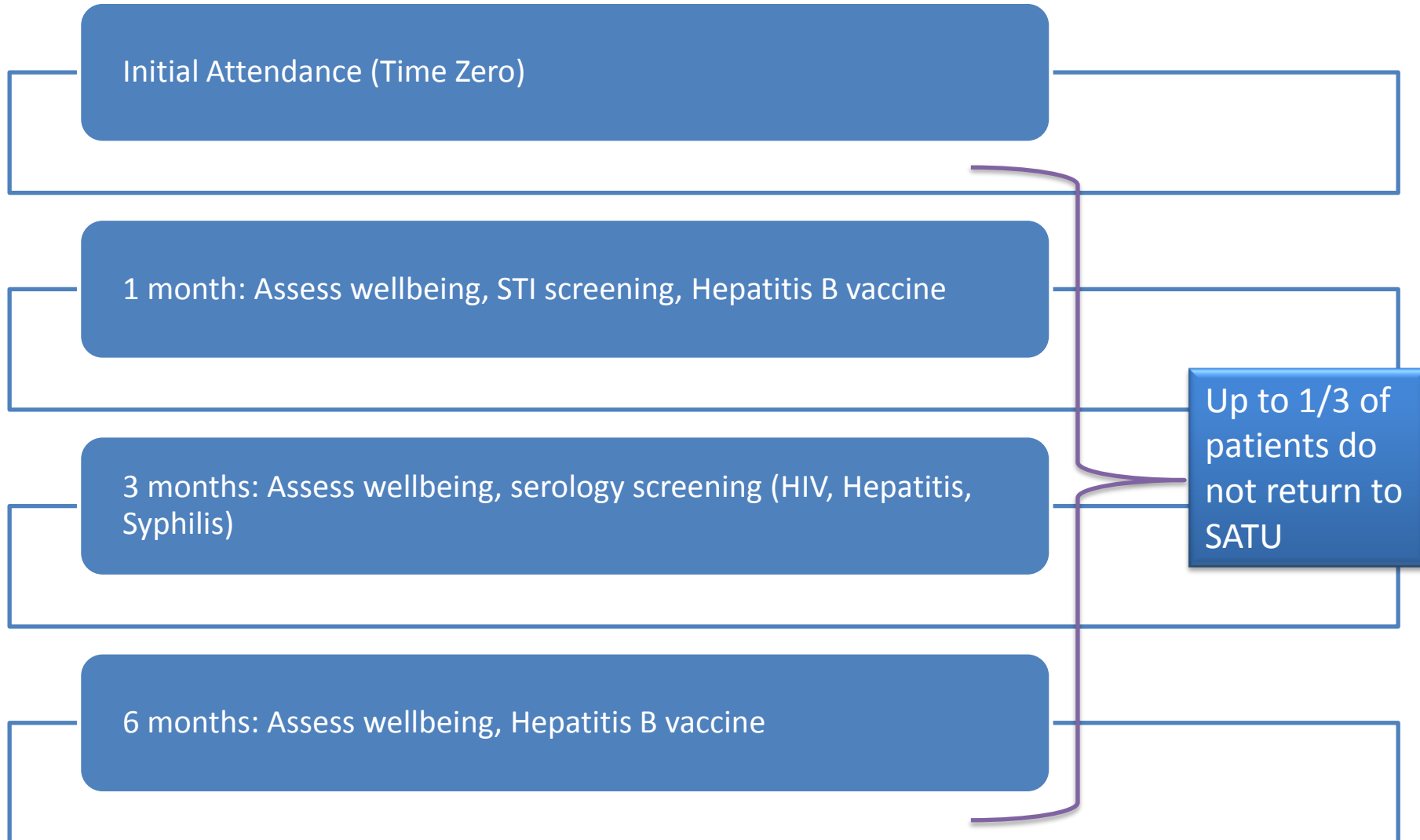
Initial Attendance (Time Zero)

1 month: Assess wellbeing, STI screening, Hepatitis B vaccine

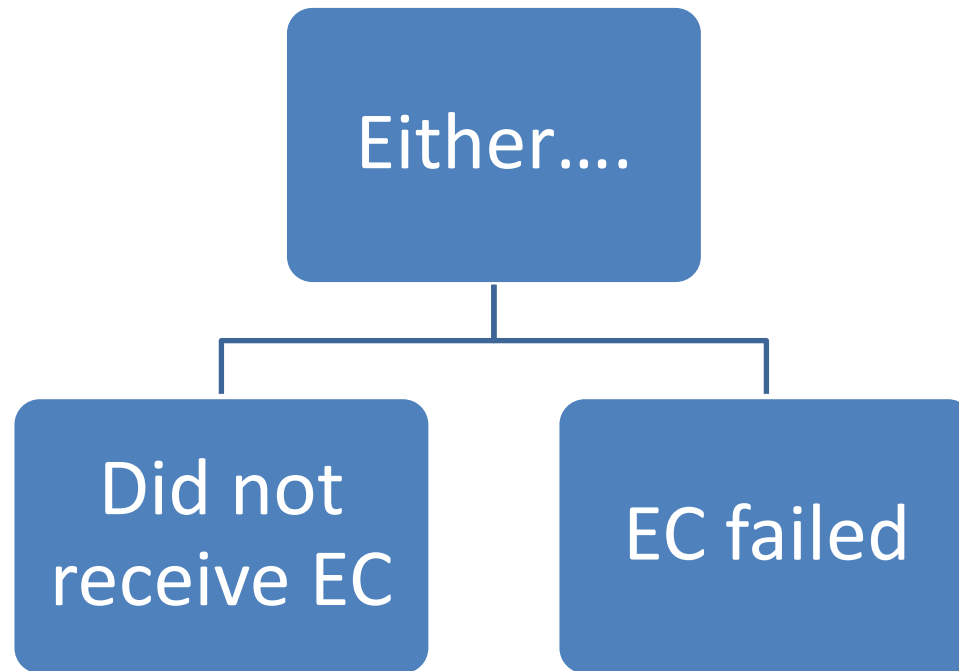
3 months: Assess wellbeing, serology screening (HIV, Hepatitis, Syphilis)

6 months: Assess wellbeing, Hepatitis B vaccine

SATU Follow Up



Women Do Become Pregnant After Sexual Crime

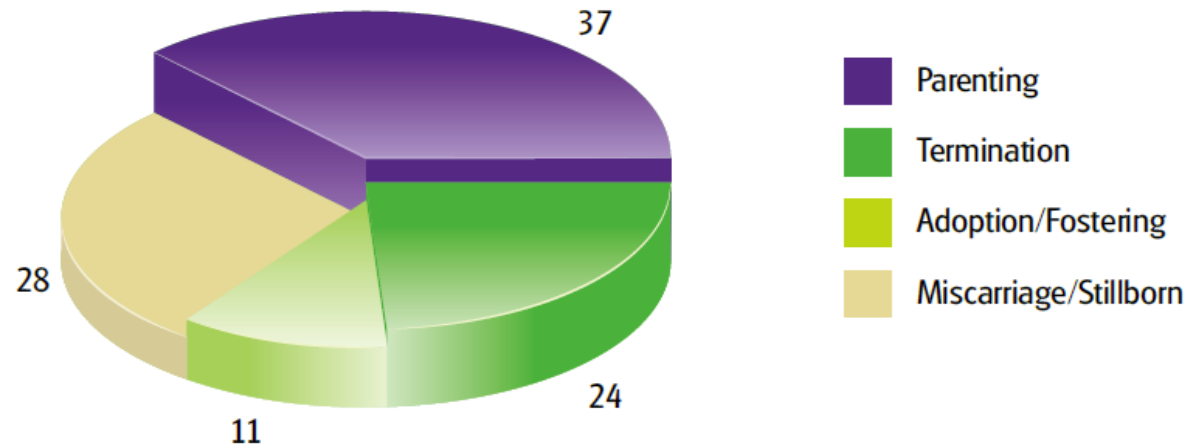


More likely to present in 2nd or 3rd trimester of pregnancy: limits options

2015 RCNI Data [9,10]

5% became pregnant as a result of rape

- Of the 46 girls and women attending an RCC and pregnant as a result of rape in 2015:
 - The majority of these survivors went on to give birth and parent (37%).
 - 24% of these survivors had their pregnancy terminated.
 - 11% of survivors who became pregnant had their child placed for adoption or fostering.
 - 28% of these survivors miscarried or had stillbirths .



Termination of Pregnancy for Rape

- Only available in this country if substantive risk to life (including suicide)[11]
- As underdisclosure of sexual violence is common, it is very likely that women who have become pregnant as a result of sexual violence are represented in the population who travel for termination of pregnancy in another jurisdiction.

Conclusion

- Holistic, patient focussed services for women who have experienced sexual crime mean that pregnancy as a result of rape is infrequently encountered in those who attend SATU services.
- Imperative that people are encouraged and enabled to disclose sexual violence acutely in order that they can receive appropriate care to limit short and long term physical and psychological consequences including pregnancy.



References

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