

## **Alice in Wonderland: Exploring the Experiences of Female Service Members With a Pregnancy Resulting From Rape**

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*Currently, no clinical research has ever been conducted to examine what, if any, traumatic effects take place when pregnancy results from a sexual assault during military service. The present study investigated the emotional experience and impact of rape and pregnancy on women serving in the military. A qualitative, grounded theory research methodology analyzed single-session interview data with seven self-selected participants. Five major themes emerged from the data. The authors discuss the implications of pregnancy from a sexual assault in military service and suggest future research regarding how social workers can begin to address the traumatic impact of this silent epidemic of pregnancy resulting from rape.*

*KEYWORDS* *military, sexual assault, pregnancy, trauma, mental health, maternal*

You are very lucky to have JUST been raped. You truly were. And I know that's mean because I never want to put that on somebody else that you are lucky to be raped but what I meant is you are lucky that you didn't get pregnant, that puts a whole different set of things on you. — Participant B

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The present study was designed to explore the emotional experience and impact of rape and pregnancy on women serving in the military. For the purpose of this research, rape has been defined to be vaginal–penile intercourse without consent. Rape is one of many offenses that constitutes military sexual trauma (MST) as defined by the Department of Defense (DoD) that also includes sexual battery, sexual harassment, and other non-consensual sexual acts (U.S. Department of Defense, 2013). Burgess, Slattery, and Herlily (2013) report 1 in 5 women, and 1 in 500 men, will experience MST while active in military service. According to the DoD, there were 3,374 reported victims of MST in the 2012 fiscal year. However, the study estimated that 26,000 instances of MST went unreported during the same period (U.S. Department of Defense, 2013). Historically, reports have shown consistently high rates of MST among women veterans. A review of 21 studies found MST rates of sexual harassment from 55% to 70% and rates of sexual assault from 11% to 48% (Goldzweig, Balekian, Rolon, Yano, & Shekelle, 2006). Studies on MST incurred in recent conflicts in Iraq and Afghanistan found rates for women from 15% to 42% and rates for men from 1% to 12.5% (Katz, Cojucar, Beheshti, Nakamura, & Murray, 2012; Kimerling et al, 2010).

Despite the increased attention paid to MST in recent years, there exists a large gap in the psychological literature focused on military (or civilian) pregnancy resulting from rape. Currently, no clinical research has ever been conducted to examine what, if any, traumatic effects take place when pregnancy results from a sexual assault and the only information published are incidence reports from the medical community.

#### BACKGROUND: HOW OFTEN DOES PREGNANCY RESULT FROM SEXUAL ASSAULT?

Little research has been done on the incidence of rape-related pregnancy. The following review is an exhaustive list. For a military specific rate of unintended pregnancy there are numerous studies that suggest over a 50% incidence of unintended pregnancy from consensual sex. Specifically, Grindley, Yanow, Jeslinska, Gomperts, and Grossman (2011) estimate that 97 pregnancies will result per 1,000 sexual assaults. In addition, this study asserted that the unintended pregnancy rate for military populations is higher than civilian rates, which they attributed to the higher percentage of women in the military who are of child bearing age. Grindley et al. (2011) estimate that approximately 2,000 pregnancies result from MST each year (p. 259).

Custer, Waller, Vernon, and O'Rourke (2008) collected self-reports from 212 female service members, to determine if their pregnancies were intended. The results showed that 62% were unintended. Similarly, Lindberg (2011) examined over 3,700 female military personnel self-reports and found that 54% of respondents reported that their pregnancies were unintended.

These results indicate that military women have over a 1 in 2 chance of becoming pregnant from a random act of consensual sexual intercourse.

With respect to pregnancy resulting from non-consensual sexual intercourse, the literature supports a high incidence of rape-related pregnancy. Lathrop (1998) posits “a theory of coitus-induced ovulation suggests that fear, anger, and stress may act to trigger ovulation in humans, and that rape may actually be more likely than consensual intercourse to result in pregnancy” (p. 25). On this subject, Gil (2000) hypothesized that stress may trigger endocrine pathways that induce premature ovulation and create a higher potential for pregnancy. In a commentary published in 2000, researchers described pregnancy from rape as a “public health issue,” estimating that from 333,000 sexual assaults reported in 1998, 25,000 pregnancies resulted (Stewart & Trussel, 2000, p. 228). All of these studies argued for the existence of emergency contraception immediately following a sexual assault. The impediment to this medical intervention, however, is that most women do not report their assaults and, if they do, many do so outside of the 72-hour window required for emergency contraception to be effective.

Holmes, Resnick, Kilpatrick, and Best (1996) argued that the rape-related pregnancy rate is 5% among victims of reproductive ages (12 to 45), and that an estimated 32,101 pregnancies result from rape each year. In that same study, Holmes et al. reported that 32.2% of rape victims kept the infant, 11.8% had a spontaneous abortion, 50% chose abortion, and 5.9% chose adoption.

The most relevant research for this study was performed by Jaramillo (2001), who conducted research at a women’s clinic in Columbia. Over a span of 18 months, she studied 121 rape victims whose assaults resulted in pregnancy. Speaking about the nature of the study, Jaramillo stated, “[T]he victim’s stories portray not only the tragedy of pregnancy after rape, but also the health, police and legal services’ failure to react appropriately and their lack of resources with which to confront this problem” (p. 1). Jaramillo’s study found that of 121 rape victims, 62.8% chose abortion, 18.2% kept the child, and 6.6% elected adoption. She also reported that only 15 victims (12%) had reported their assault in time for emergency contraception to be effective.

## METHOD

Qualitative, grounded theory analysis was the preferred method for this study because of its inductive nature for exploring human experience. Additionally, due to the study’s small sample size ( $n = 7$ ), qualitative, grounded theory was the best way to collect specific data unique to each individual. Because the nature of sexual assault and resulting pregnancy is so distinct from any other trauma, the hope of the investigators was that grounded theory would be the optimal way to collect and synthesize the various stories into a conceptual framework.

The study is guided by the following research question: What is the emotional and psychological experience and impact of pregnancy from rape on a woman serving in the military? Appendix A outlines the interview guide for the study.

### Recruitment and Screening

Potential participants were recruited through the therapists employed at the Women's Mental Health Center located at the Veterans Administration in Long Beach, California or through a flyer disseminated through the Veterans Administration Hospital. Initial screening for respondents consisted of a telephone call of 20 minute or less or in a brief face-to-face interview of 20 minutes or less at the VA Long Beach. Inclusion criteria for the study required at least three months of sobriety, a stable housing situation (transitional, Section 8, or more traditional) for at least three months, and no recent history of psychosis. Participation also required a minimum of one year without suicidal ideation or suicidal behaviors. The clinician's screening interview asked candidates to self-report depressive symptoms. The researchers also screened out any potential participant in an acute phase of clinical distress, such as severe sleeping disturbances, eating disturbances, nightmares, concentration difficulties, experiencing regular flashbacks or dissociative symptoms, and to assess for their amount of social support. Purposefully, the clinician gave each client at least one week between screening interview and research interview so she had some time to think about her participation and ask any questions that may arise. Enrolling in the study was optional and had no bearing on clinical services received at the VA. Participants completed an Internal Review Board (IRB) approved Informed Consent Form and HIPAA form. The local IRB monitored the study and no adverse events were reported.

### The Sample Population

This study involved interviews with seven female participants. Ethnic identities ranged from Mayan Indian (1 participant), Cherokee Indian (1 participant), Black (2 participants), White (2 participants), and Hispanic (1 participant). They ranged in age from 31 to 55 years at the time of the interview. One participant self-identified as lesbian. The women served in Air Force, Navy, Army, and Marines. One participant had been deployed twice during recent wars. Four women gave birth to the child, two of those four had raised the children, while the other two elected to pursue adoption. The three other women aborted their pregnancy between 12 and 14 weeks gestation.

All of the women had been raped during their first 18 months in military service, and their age at the times of the assaults ranged between 18 and

22 years old. As is consistent with current MST literature (Skinner et al., 2000) all participants knew their assailants, who were enlisted and not superiors, although many of the assailants had held a higher rank at the time of the assault. None of the women informed a medical provider that their pregnancy resulted from rape. For six of the seven women, the research interview represented the first time they had discussed the details of the event since it had happened. At the time of the interview, four of the participants had no children other than the rape-related pregnancy outcome. None of the women at the time of interview was married and none were currently employed.

### Data Analysis

The hope for this study was to derive some inductive analysis of how pregnancy from rape can impact a female service member throughout her life span in social, psychological, and existential realms. Data analysis was conducted as outlined by Strauss and Corbin (1998), as well as by Urquhart, Lehmann, and Myers (2010). After the recorded interviews were transcribed, the investigators attempted to “slice” the data to see similarities among the participant responses and to “code” them into conceptual categories. As emphasized by grounded theory, the researchers attempted to derive theory only from the interviewee’s experiences expressed during the research interview.

The data were first analyzed through a careful reading of the material and by noting the important subjective descriptions of each participant’s experience. Next, the researchers attempted to find commonalities among the narratives and developed categories to describe those similarities. Once the data became “saturated,” five categories emerged and described in detail below.

### DISCUSSION OF QUALITATIVE CATEGORIES THAT EMERGED

The interviews were tape recorded and transcribed by the investigators, then entered into a Microsoft Word document that was uploaded into QSR International’s NVivo 9 software (2012). The investigators used participant quotes to categorize whenever possible. Upon the first review, there were 24 categories. It is important to note that the investigators had originally created 23 and the NVivo program noticed frequent use of the word “God.” The investigators looked at the quotes with God in the text and added it as a separate category. After some time, and the use of post-it notes to allow abstraction and a new point of view from the computer-driven coding, five major categories emerged. The detailed categories are outlined in Appendix B and elucidated in the following discussion.

### Category I: Adjusting to Military Life as a Woman

As the participants looked back at their younger selves, they painted a picture of a wide-eyed, ambitious new service member who had left her childhood home for a career and an opportunity for adventure. None of them had anticipated any potential for the victimization and predation they later experienced. "Adjusting to military life as a woman," emerged as the women reflected on their younger selves as "naïve and young." Sexual harassment was perceived as "happening to everybody," and they coped by dissociating from internal alarms of feeling threatened by their peers and superiors.

Participant B suggests she did not realize there was anything to worry about regarding her safety. Her naivety was related to not knowing rape existed. Participant B states, "I didn't know anything. I didn't really even know anybody that had been raped. You know. You grow up, you get married, and you have sex and all that. That was where my understanding was."

The feeling of being "naïve and young" also emerges when the women talk about their assailant, and the men in the military, before they were assaulted. Best described as "fresh meat" which was a quote from Participant A regarding the predation and sexual harassment she began to experience early on in her military training. Some participants describe a sense of being watched, or sculpted, into their victim identity. Participant F states, "I've learned to accept that he was targeting me all along. And I was too naïve to really see it." Participant B, who experienced sustained harassment and targeting for many months before the rape took place describes that despite the targeting and harassment, she never anticipated forced copulation. She states, "I wasn't sexually active so I didn't even think that. That it could even evolve to rape. I thought he was just harassing me to go out. I wasn't even, my mind wasn't even there."

All participants had been sexually assaulted within the first 18 months of military service time; three of the participants, A, B, and F, described being "naïve and young" as a precursor to the sexual assault. Although self-blame is a theme that emerged later on, the researchers observed that this notion of being "naïve and young" served as a form of setting the stage for the assault; that is, that the participants appeared to take some responsibility for what happened. Self-blame is a highly documented symptom of posttraumatic stress disorder (PTSD) for sexual assault in nonmilitary settings. Indeed, Najdowski and Ullman (2009) described various findings in the literature regarding self-blame and its adaptive quality to processing adult sexual assault. Surprisingly, they reported that "perceived control" in a sexual assault victim leads to better coping in the aftermath of the trauma. However, self-blame, specifically characterological self-blame, can mitigate those effects. Further, they have defined perceived control as the victim's belief that he or she can control the impact of the trauma on his or her life (Najdowski & Ullman, 2009). In describing themselves as "young and naïve,"

the participants appear to have taken on the characterological attribution of their assault. That is, if they had been older and wiser, they would have had more control and would not have been assaulted.

## Category II: Looking for Support in the Immediate Aftermath of the Rape

Participant B sets that stage for this category in her interview. After her assault, she describes:

There was just a lack of, a breakdown of trust, in that. You know. You hear it from the other ladies. The other ladies talking. I don't know what happened to them but I know they had their own set of problems. You know, you are in a male dominated field what do you expect? Not to have the jokes being made and all of that? So then you just get sensitized and say to yourself, okay, I am in a male dominated field you know, I'm in nuclear weapons, me and my roommate were the only other females and there were 12 other females at that time on the post around you know, all these men, so then you start to think, okay, maybe I'm supposed to have a little bit of this because I am just a, we are such a small group compared to everybody else and yes, I set out, I didn't set out to be a nurse where I was going to be surrounded by other women, you know, I picked a field—I didn't know it was going to be so small, just me and my roommate, but I picked a field that okay well, maybe it's, maybe it's partly me.

Two subcategories emerged from this data: “no one was listening” and “betrayed in every direction.” This theme emerged as the women talked about feeling that they could not find any support from their military leaders or peers. This finding is not unique and is, in fact, documented heavily in the U.S. press about the incidence of military sexual trauma as well as in various feminist law journal articles examining military culture, the institutionalization of abuse, and power dynamics (Burgess et al., 2013; Skinner et al., 2000).

In talking about her perception of being “naïve and young,” Participant F described coming from an overprotective family. She stated that she trusted others and believed that others were safe. The first betrayal, of rape by a trusted comrade, was enough to destabilize her sense of safety. When she sought out friends and support systems after her rape and found that “no one was listening,” she described this as a second, more devastating, betrayal.

Two of the participants in the study tried to report their rape to a superior officer, both had disappointing results. Participant D describes her attempt to report fear of being assaulted to her superior officer. She states:

Even though I did report and all of that, for him to say you are the only black female officer and there is no one to compare you to and there's nothing we can do, I just knew this was gonna be a downhill struggle. But there was, there was nothing that was going to be done.

Participant A spoke to her superior officer after her assault and found, "He didn't believe me, he didn't care. He didn't deal with it. Nothing." She states that "I was screaming and nobody heard me. Let's get the abortion done so we can all forget about it."

### Category III: Coping With the New Reality of Being a Rape Victim

This category consists of two subthemes: "self-blame, denial, and fear responses," and "Alice in Wonderland." This category, although linked to the pregnancy, centers around the internal world of the victim, who has sustained the unimaginable reality of sexual assault. The themes in this category began with the participant's distorted perception of the sexual assault. The participants stated that they had tried to convince themselves it was "bad sex" and not a rape—even denying that the events had taken place. Some participants recalled telling themselves they were to blame because of drinking too much alcohol or "putting" themselves in compromising situation. Though this theme is congruent with the literature on acute stress disorder (ASD) and PTSD as outlined in the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; DSM-5; American Psychiatric Association, 2013), blaming themselves also set the stage for will be discussed in Category 4 below with "not this way." Many of the responses in this category support the literature around ASD and PTSD symptoms following a sexual assault.

"Alice in Wonderland" revealed a new perspective on sexual assault trauma. This was the emergence of a more detailed look into the psychological life of a female service member entering the military and how she copes with institutionalized abuse. This theme offered a more subjective narrative of the inner world of women who found themselves pregnant from rape. It began to illustrate the isolation, fear, and post-trauma symptoms taking hold in the world in which she had been assaulted—as well as the recognition that she could not find anyone to protect her, and was unable to quit her job as an assaulted civilian could choose to do.

"Alice in Wonderland" is a quote from Participant F who describes the internal conflict and confusion of being raped and pregnant while coping with external factors such as the military and filial cultures and norms. She states,

I was lost, it was one fucked up whirlwind or something. It was like an Alice in Wonderland experience. I felt like I was in this labyrinth and everywhere I looked the walls were higher, the bushels were higher, and it was darker and here I am and now this guy, and I have to save face for the family.



The isolation described in this sub-category is both societal and self-induced by the participants. The isolation comes from the dismissive attitude of senior officers or peers who were supposed to assist these women. In addition, the participants perceived a sense of disbelief from others, within a toxic and harassing culture, that left them feeling abandoned and deprived of social support resources. This in turn left them feeling isolated and coping alone.

Participant A describes the isolation in her journey. Stating simply, “I remember just walking around lost. I was just lost. I didn’t know where to go, what to do, who to talk to.” When Participant C talks about the moment that the first stranger on her base yelled “baby killer” when she returned from having an abortion she reports feeling isolated and alone, remembering immediately afterward, “I think I kept it just to myself and I went to my room; I didn’t know what else to do. I just cried.” Participant D reported feeling hesitant to report her rape because her assailant was a boyfriend with whom she had previously had consensual sex. When she became pregnant, she told no one. She states, “at the time I was like, who do you tell? You know because people have seen you with this person before.”

Feelings of isolation also arose based on the actions undertaken by participants as a means of coping with their trauma, often with the intent of physically removing themselves from places, or people, that reminded them of the assault. For instance, Participant B’s *Alice in Wonderland* experience came from the decision to keep the child and move to a new duty station to escape the assailant’s harassment and from discovering her pregnancy. She reports a sense of feeling lost in the “lies” she told her family, friends, and military colleagues to avoid any questions about the rape. Participant B states,

First of all you can’t talk about it because I already went down that road, especially after you go to a new duty station who is gonna believe you, you know that, that the pregnancy is because of that. You would think you’d feel safe to go to somebody then because you’re like in a whole new group of people, this person’s not there, and yet, it’s not. Then you become the person that’s a liar. That, well then you should have spoke up at a certain point in time.

The participants in this study were unable to find their own ego resources to cope and, because of the nature of the military contractual commitment, were unable to quit their jobs and retreat to childhood homes in order to make better sense of the trauma that just happened to them. The nature of their military assault and military service prevented them from acting on the innate desire to return to a safer place; or, for those who did not feel that their families provided a safe place, to at least run away and escape the imprisonment and betrayal that they felt.

The proximity-seeking behavior arose from the need for comfort and security that the raped female participants in this sample were unable to fill. Instead, they described becoming fearful, without anyone to help them feel safe, and isolated, which prevented them from reaching out, leaving them to cope with the news of a pregnancy alone and without guidance.

#### Category IV: The Pregnancy

This category focused on how the women participants described their emotional reactions and ability to cope with being pregnant. It is important to notice the similarities among their responses, even though three of the seven women terminated their pregnancies, and the others all carried the child to term. The participants described a similar idea of “not this way,” indicating that they all (before the rape) desired to be a mom and to have a child but not by way of a rape.

“Not that Way” is labeled after Participant A’s statement, “Well I was really young and I, I had wanted kids, you know. But I didn’t want it that way.” This sub-category highlights the intersection of what they wanted for their life and what they were encountered with through the rape. Another way to conceptualize the experience that they describe in this sub-category is a sort of “life flashing by their eyes,” which is a life they had wanted, an experience they had wanted, but were not given as a result of the pregnancy. Participant B describes her thoughts as, “I was just stunned. I wasn’t, I never even thought of, that it could even happen. But yeah, that was my first thought of ‘what am I going to do’ ‘how is this going to affect my career’ ‘what am I going to tell people’ ‘who am I going to say is the father?’ ‘what is going to happen’. All those questions went through my mind.”

The existence of a maternal connection was another similarity among the participants—despite the ultimate decision regarding the unborn fetus. Most participants described an initial period of disconnection, but upon making the ultimate decision, they reported feeling connected with the fetus and having fantasies about what the child could or would be. Thus, they all faced a moral dilemma, describing a torturous time of spiritual, religious, ethical, personal, and egocentric ideals intersecting. Each participant came through the decision-making process at a different place. A consistent theme for the participants was a lingering feeling of being “unresolved” with their final decision, regardless of whether they elected to terminate the pregnancy or not.

Five out of seven participants reported struggling with “self-injury” where they attempted to self-terminate the pregnancy by engaging in self-destructive behavior during their initial trimester, immediately finding out about becoming pregnant. For Participant D admitted trying to induce a miscarriage, reporting that she was, “Working out a lot, hitting myself in the stomach, you know you aren’t really supposed to be taking strong pain

killers but I was because I was having really bad physical pain with this pregnancy. Um, so, I was taking stuff like 800 mg ibuprofen, stuff like that.”

Participant F also engaged in heavy physical activity with a desire to miscarry. Participant B states,

I tried not eating, you know, um, really there would be days I would go without eating and I would pray “please let me lose this child,” so different things, I mean, I remember taking like aspirin where maybe I thought if I took enough that, you know, maybe I would just, you know something would happen where I would just have a miscarriage. So yeah, there’s things. That I have to answer to now, but there are things that I tried, I tried to not eat and just “please please please, you know.”

The women who kept the pregnancy to full term reported their connection and love “turning on” more during the last trimester of pregnancy. This response corresponds to Winnicott’s theory of primary maternal preoccupation, which takes place from the third trimester on into the first few months of infancy:

Winnicott observes that primary maternal preoccupation gradually develops during pregnancy, especially towards the end, and lasts a few weeks after the birth: in this heightened form, it does not last very long. Winnicott’s basic observation here, that women’s former balance of mind is temporarily disturbed if they enter this state, is consistent with my general conclusions about ordinary internal conflict and psychological upheaval in becoming a mother. (Hollway, 2012, p. 25)

Most of the research on this psychoanalytic concept supports the idea of maternal connection and fantasy about life with the unborn child; however, for the participants in this research study, the feeling of an idealized infant in the third trimester of pregnancy did not endure, and two of the participants described the difficulty of being a “good enough mother” to their newborns.

Three out of four of the women who elected to give birth found connection to their child difficult and two ended up giving their child up for adoption a few months after birth. For Participant G, she remembers giving birth and immediately experiencing anger and disgust with her child. She states, “the second she came out, they wrap her up and they give her to me and I said ‘no, I don’t want her.’” She becomes tearful as she describes her difficulty bonding with her child and denies feeding the child, holding the child, or helping with any activities after birth. She left the child care to her husband. One day when her husband left for a period of time she reports hearing the baby cry and it being like “nails on a chalkboard.” She states that she “I let her cry. I tried to suffocate her one time. Because, I didn’t want to deal with it.”

Participant B does not describe the same kind of homicidal tendencies, but does endorse the disconnected feeling she had with her baby and the difficulty bonding that never came easy for the few months she had her daughter. Participant B states,

I tried very hard to be a mom. Like, okay, this is what the military expects you know in New York I had a commander and they made all these things about getting me housing this is what you are supposed to do once you decide to be a mom, even though I don't know that I truly wanted to be a mom, but, you know I told my mom I would do that, "okay, gotta be a mom now," um, so it was, I tried very hard to make sure I had a connection with her because I wouldn't just like leave her, but I know I probably didn't do everything I could. You know my mom was there and stuff, she did a lot of things, and took care of her and played with her more than I think I tried to do that bond and then tried to make sure she was healthy but I don't know if I gave her everything that a mother should give her. You know, all the time and the attention.

Both participant G and Participant B state they thought their child looked like the assailant, which made it harder for them to bond. Participant B states the day she decided to put her daughter up for adoption was the day her mother expressed to her that "the baby doesn't look like you."

The feelings of disconnection, and their ultimate decision to give up their children for adoption, compliments research findings on attachment styles for pregnant women. Leerkes, Parade, and Gudmundson (2011) performed a study investigating how pregnant women responded to other infants crying prenatally. After 16 months postpartum, the Strange Situation experiment was performed to determine if the mother's prenatal response to crying was linked to the infant child's attachment classification. They found women who responded negatively to infant crying before giving birth had poor attachment relationships to their 16 month old children (p. 470). For the women who gave birth to the baby conceived during the sexual assault, their connection to their child did prove difficult.

This finding is reminiscent of Participant G's report of being unable to hold her child in the delivery room—or anytime following. Difficulties in performing simple tasks of parenting, such as holding the child in the delivery room or tolerating cries, were described by Participant G as impossible to fulfill. Participant B admitted that her mother did all the important newborn work because she felt too disconnected to do it herself.

The difficulty described by the participants complements recent studies conducted on new mothers who had given birth after a significant trauma. Moskowitz (2011) looked at the effects on primary maternal preoccupation for new mothers who had lost their husbands in the 9/11 attacks. The author noted:

Although the mothers in our Project were heroic in their attempts to simultaneously experience and process these highly contradictory states, we found the work of mourning largely incompatible with the work of primary maternal preoccupation. It did not seem possible for the psyche to be consumed with the lost object in mourning and at the same time to be consumed with the infant in primary maternal preoccupation. (p. 229)

The idea of mourning, as the above citation notes, appeared to fit the description of the participants in this category. The news of pregnancy was certainly not what was anticipated in their idealized fantasy of motherhood. Instead of excitement, pregnancy was met with fear. Instead of anticipation, it was met with dread. The women in this study were mourning their idealized motherhood, “soldierhood,” and traditional family roles—but also their identities and whom they had always envisioned themselves to be in their lives. They were bereft from having lost a past life of who they were and a future of what they wanted to be. As stated by Participant F, they found themselves *alone* in a type of wonderland, a world they did not know existed, with a baby whom some said looked like the assailant. The women experienced deep ambivalence about taking part in this new life and mourned the life they believed they deserved. This idea of mourning carries us into the final category in this study.

#### Category V: Looking back

This final category described the women’s perceptions of themselves at the time of the assault, and how they felt it had shaped the trajectory of their lives. One of the participants was still in her early 30s and had the potential to become a mother consensually; however, she felt that the assault had tainted her perception of motherhood, and she described experiencing fear that she would not love any future the child, just as she had not loved the child who resulted from her rape. She reported having romantic feelings for others, but could not imagine finding a person to trust and take care of her in her lifetime. Another participant—also in her 30s—had two other children, both removed from her parental custody. During the interview, she stated that she believed the rape and resulting child had impacted her ability to be a good mother to her other children. She expressed mourning her youth, her idealized perception of motherhood, and being saddened that her drug use after the rape had thrown her life off course.

The older participants, no longer in their child-bearing years, appeared to mourn the idea of a traditional family and what they could have had. Participant F, divorced four times, mourned the loss of Christmas and the loving family moments she always thought she would have as a mother. Participants A and B never had children after the assault, both admitting that had they had wanted to be mothers before the rape, but that their sense of identity shifted after becoming pregnant from the assault.

Most participants also described a loss of youth. They yearned for innocence and the option to have a future without the emotional weight the assault and pregnancy imposed on them. Despite the age differences of 30 to 50 years old, they all agreed that they were not satisfied or settled in their lives. Like the younger versions of themselves who were “young and naïve,” they still feel like they had not found meaning in life and were trying to figure out “what to do when they grow up”—though many admitted they had “grown up” but did not have anything to show for their years. In mourning their loss of time, the women all questioned whether they had been full participants in their own lives. As stated in the introduction, though all of the participants had wanted to be married and have loving partners, at the time of interview five of the seven were not dating or in romantic relationships. Of the two who reported being in a relationship of some duration, only one felt she was in a stable, romantic, committed relationship, whereas the other reported having ongoing difficulty with her partner dynamics. Participant A was the only participant who had engaged in psychotherapy earlier in her life and had a specialized certificate in substance abuse counseling. The researchers wondered if their earlier experience with mental health treatment for resolving the trauma affected her ability to be in stable, intimate relationships, as she is one of the two participants who sustains a romantic relationship at this time.

When talking about the effects of the sexual assault and resulting pregnancy, Participant F stated simply, “It’s a wound that goes to your soul, and affects the rest of your life.” However, despite grimly “looking back” on the past, most of the women still had hope for their future—in therapy and in life—that they would be happier in their future than they had been in their past. Many referenced their participation in the research as a way of wanting to help themselves, and each other.

God appeared to be—for all but one participant—a figure of safety and trust. Their perception of God and their faith meant that despite their mourning and radically changing lives, they could still have hope for their future. In some ways, the belief and presence of God in their trauma meant that these women had a purpose, and that God was guiding them, and holding them, when no earthly creature would. In other words, the majority of these women described what one could hypothesize as a secure attachment to God—some being who provided unconditional acceptance and support, despite the betrayals. This idea will be further discussed in the implications for further research section.

## LIMITATIONS TO THE STUDY

The participants were self-selected through flyers and peers at the Women’s Mental Health Center at the Long Beach Veterans Administration. All of the women in this sample were unemployed and unmarried. Although it

appeared that being pregnant from a sexual assault may permanently affect a woman's sense of self and her future goals, this sample of women did not represent women who had gone through similar experiences and still maintain full-time employment and supportive family units.

This sample was small. Although the raw data included information on seven women, only six were analyzed. The subtraction of one participant was due to some symptoms of magical thinking and loose associations potentially attributable to psychosis. This participant was referred for ongoing psychological therapy and her interview data was removed from the study.

To generalize the data and develop further conclusions about how a woman experiences pregnancy from rape and to draw a valid hypothesis from these interviews, a much greater number of participants would need to be interviewed. Further, the women in this sample were recruited from a mental health center where they were seeking psychotherapy for a life event (not necessarily sexual assault). The nature of their motivation to seek psychotherapy may affect the results of these findings.

Finally, because the women who participated in this study had not talked about this trauma before, they often lacked words to describe their affective responses. In conversations the researchers had with the participants in less formal anecdotal ways after the interview had taken place, they appeared to have more to say and more affect to access. Thus, subsequent research on this topic would benefit from having an initial and follow-up interview to allow for any material that was not easily accessible when participants initially talked about these experiences—for some—for the first time in 30 years.

Also notable was that the 90-minute research interview format was limiting. If there had been more time, or if the study had allowed a second and third interview session, perhaps more developmental and relational experience could have been explored, which could have illustrated prior-attachment relationships. As will be discussed below, some women did follow up with the researchers and stated that they had further thoughts they wanted to share. If the interview had permitted them to process and re-interview, some of the attachment assumptions could have been much richer. This implication could also inform further research, which will be discussed next.

## IMPLICATIONS FOR SOCIAL WORK IN MENTAL HEALTH

Most of the participants in this study had been assaulted during their “freshman year” in the military—within their first 18 months of military service. If generalizable to military service, this study could help explain how the

women found it difficult to make social adjustments following the trauma and faced challenges assimilating successfully into military culture. These findings can also be helpful for policy makers to implement training and education to the newly enrolled service members if the first few years of service are the most vulnerable.

Second, for a mental health social worker to understand the deep psychological shift from feeling secure in their life to not feeling safe anywhere with anyone, as a result of the sexual trauma and ongoing relationship impingements during military service, the better equipped the worker can be to help them find security again. Because of the effects of the betrayal they experienced, the women did not seek out psychotherapy earlier in their life (with the exception of Participant B). If the military and the obstetric medical community could have identified the problems earlier in these women's lives they may have had an opportunity to engage in psychotherapy at an earlier time. This is important to note in all areas of social work employment such as medical social work assessments following childbirth as well as psychiatric social work when treating depressive symptoms. This is also important for child welfare social workers who may be able to design early intervention strategies for the vulnerable children who are being raised in the wake of sexual assault.

From a developmental perspective, experiencing this kind of interpersonal trauma in late adolescence/early adulthood, and becoming pregnant as a result, may be worse than having these experiences at any other time in adult psychological development. This phase of life is characterized by individuation, identity formation, and rapprochement strategies to internal working models of safety and trust, which are important across the lifespan for the development of a healthy sense of self and others. For these women, their rapes and the resulting pregnancy, appear to have shattered these models. However, the betrayal of the rape did not appear to be as significant as the institutional, filial, and peer betrayals suffered by these women, which were responsible for the destruction of their core sense of self and impeded mastery over their subjective worlds. If a trusted social worker could have entered the picture and understood this unique crisis of identity and trust, the women plausibly could have experienced a shift from their traumatized states to a more secure relationship with the world.

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## APPENDIX A: INTERVIEW GUIDE

The following prompts were formulated to investigate this topic:

*Tell me about the circumstances that led to your becoming pregnant during your military time.*

### *I. Details surrounding assault*

- a. Did you know your assailant? For how long? What was his position/rank?*
- b. Excluding this experience, have you been assaulted prior or after?*
- c. Did you report your military assault? How was it received by authorities? Family and friends? Fellow colleagues?*
- d. When did you find out you had become pregnant? What do you remember about the time following your awareness of being pregnant?*
- e. What considerations did you make around the pregnancy?*
- f. Whom did you tell about your pregnancy? Were you supported? What were others' reactions?*
- g. How did you cope? Did you receive any mental health support or crisis intervention?*
- h. Did you have the baby?*

### *II. In the case of miscarriage*

- a. How did you understand this happening to you? Whom did you tell? Did you feel supported? How did you cope? How do you feel about this experience today?*

### *III. In the case of abortion*

- a. How did you make this decision? Whom did you tell? Did you feel supported? How did you cope?*
- b. How do you feel about this today?*

- IV. *In the case of childbirth*
  - a. *How did you experience pregnancy?*
  - b. *How was your mental health during pregnancy?*
  - c. *Risk Factors: Suicidal thoughts? Self-injury? Substance abuse? Partner violence?*
  - d. *Whom did you tell? Did you feel supported? How did you cope?*
  - e. *How do you feel about this experience today?*
- V. *In the case of adoption*
  - a. *What led you to the decision to adopt?*
  - b. *Did you feel supported in this decision?*
  - c. *Whom did you tell? How did you cope? How do you feel about this decision today?*
- VI. *Understanding the event today*
  - a. *Have you ever been diagnosed with PTSD, depression, anxiety, or other mental health conditions? Do you feel that this diagnosis is related to this experience?*
  - b. *How do you make sense of this experience today? How did you make sense of it then?*
  - c. *How do you feel being a member of the US military impacted this experience?*
  - d. *What meaning, if any, do you have today around this experience?*
  - e. *How do you feel this experience shaped the woman, mother, friend, intimate partner, wife, family member, etc. you are today?*
  - f. *How has this experience impacted your body?*
  - g. *How has this experience impacted your sexuality?*
  - h. *Is this experience something you share now? With whom?*
  - i. *If this experience had never happened, do you feel you would be different in your friendships, intimate relationships, and caretaking roles?*

## APPENDIX B: CATEGORIES THAT EMERGED FROM THE DATA

- I. Adjusting to military life as a woman
  - a. Naïve and Young
  - b. It was happening to everybody
  - c. Learn to Dissociate
- II. Looking for support in the immediate aftermath
  - a. Nobody was Listening
  - b. Betrayed in Every Direction
- III. Coping with the new reality of being a rape victim
  - a. Self Blame, Denial, and Fear Responses
  - b. Alice In Wonderland (Isolation)
- IV. The Pregnancy

- a. Not that way
  - b. Moral beliefs intersecting the decision
  - c. Self injury
  - d. Maternal connection
- V. Looking backwards on the trauma
- a. They ruined my whole ideal
  - b. Making sense of the trauma
  - c. God
  - d. Hope