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## Raising a Child of Rape

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Rebecca is a beautiful 2-year-old with curly dark brown hair, light brown skin, expressive eyes and a bright, warm smile. Sometimes, though, her mother, Helen, looks at the child and sees something that causes her to turn away in anguish or flee to another room. "I'll look at her and recognize a bit of her father—the hair, the round face—and I'll just walk away," Helen says. "I just can't take it."

Helen—both her name and her daughter's have been changed to conceal their identities—is a 33-year-old divorcee who is doing what few women would ever consider: She is raising the child of her rapist. Her story came to public attention this year when she sued the Baltimore doctor who, she claimed, failed to prevent her pregnancy by prescribing inadequate "morning-after" pills. Helen lost the case—which she has appealed—but her story illustrates one woman's response to the heartrending issues of rape, abortion and adoption. "This is a one-of-a-kind case," says Marvin Ellin, Helen's lawyer. "None of our research has shown anything like this in the courts before—a case involving a raped woman who kept the child she bore and sued the doctor." As an editorial in her hometown newspaper, the Baltimore Sun, put it: "She overcame the violence done to her by pouring love into a child."

Helen's life changed forever one overcast afternoon in the fall of 1981. As she told a Baltimore jury recently, she was then 30 and divorced, after a three-month marriage to an abusive man. That afternoon she left the suburban office where she worked as a government insurance-claims examiner and entered a nearby bank to apply for a mortgage. Returning to work, she took a shortcut through a wooded area when a black man in a jogging suit stepped from behind a tree and pointed a gun at her. "Don't say anything," he ordered. The man led her down a steep hill. "I tried saying everything," she adds. "I even told him I had VD, which I didn't. But nothing worked. I thought he would shoot me.... He kept trying to cover my face with his clothes, but I saw what he looked like. Then, when it was all over, he ran off. I ran up the hill and banged on the door of this gas and electric company and said, 'I was raped, please help me.' I have an almost photographic memory, so I was able to tell the police just what he looked like."

A few hours later Helen was examined at the Greater Baltimore Medical Center. **Dr. Julio Novoa, then 40, a Peruvian-born obstetrician and gynecologist, performed the examination.** In

his seven years at the center **Dr. Novoa** had treated some 500 rape victims, but Helen stands out in his memory. "It was the first time the patient requested a priest to come and talk to her." When the priest arrived, Helen, a recent convert to Catholicism, asked him if she would violate Church law by taking morning-after pills to prevent pregnancy. He told her he didn't know how the pill worked and that it was her decision to make. She decided to take the pill. **Dr. Novoa** prescribed a drug called Estrace, the trade name for an estrogen compound. For the next five days Helen took the pills, trusting that they would end her risk of pregnancy. (Actually, the Church's position on such drugs is clear. Says Russell Shaw, a spokesman for the National Conference of Catholic Bishops, "In case of rape the use of a contraceptive, anything to prevent conception, is okay. But the bottom line is: How does the morning-after pill work? The best understanding is that it prevents implantation. It results in an early abortion, and that is not morally acceptable.")

A month later that Church teaching became moot when Helen began to experience nausea in the mornings. She confided to a friend, who took her to a doctor for a pregnancy test. For a tense hour and a half she awaited the results in a fast-food restaurant near the doctor's office. "I was having trouble getting anything down," she recalls. "I was sitting there thinking, 'Don't let me be pregnant, God.' "

But she was pregnant. **The doctor, who knew that she had been raped, suggested that she have an abortion.** So did her parents and her older brother. But since abortion is forbidden by her religion, Helen refused. "I had prepared myself to say no to that," she says. She went to a Catholic organization for counseling. There she was advised to put her baby up for adoption. Everybody, it seemed, knew what was best for her, but Helen was uncertain. "I cried every day I was pregnant," she says. "I kept wondering what to do."

Meanwhile, her sleep was haunted by nightmares about her baby. "One time I had a dream that the baby was going to be very ugly," she says. "Another time I had a dream that it was a very pretty baby, and everybody was trying to take her from me. I woke up in tears. After that dream I felt I would never be able to live with giving up a child for adoption. I knew I couldn't do it.... I'm doing the only thing I could do and still live with myself."

In June 1982 Rebecca was born in Baltimore's Sinai Hospital. "I was expecting an ugly child, a really ugly child," Helen says. "Then she was born and they cleaned her off and they brought her over to my belly and I was able to look at her face. Her eyes were open and she was looking at me. At that moment I knew there was no question in my mind that I was going to keep this child."

And so she did, although it would not be easy raising the little girl while working full-time. Her parents helped with babysitting and emotional support. "We never imagined she would want to keep the child," says her brother, Joe. "Now we wouldn't trade Rebecca for anything. The grandparents are devoted to her and my sister adores her. But she never asked to become a single parent and it's been real rough." Feeling unable to juggle full-time work and motherhood, Helen quit her \$22,000 job last October. She now is doing part-time work for an accounting firm and living off \$10,000 she withdrew from her government retirement fund.

In addition to the usual problems of a single parent, she has had to face difficult legal matters. A few months after Rebecca's birth, Helen was summoned to testify against her assailant, who had been apprehended in the West. The prospect of seeing him again terrified her, but she was determined to help convict him. "I was shaking a lot," she recalls. "The defense attorney started asking questions, trying to make the implication that I didn't call for help; therefore, it was supposedly my fault for the rape. I was getting irritated. I broke down and cried." The jury convicted her assailant of rape and robbery (he had stolen her wallet) and he is now serving a sentence of life plus 20 years. (He could be paroled in 15 years.) "I think my testimony convicted him," she says.

Meanwhile, Helen pressed a malpractice case against Dr. Novoa, charging that he was negligent in not prescribing a stronger morning-after dosage. Dr. Novoa responded that other drugs he had prescribed in previous cases (such as DES and ethinyl estradiol) had caused side effects like severe nausea and that Estrace had worked well on other patients. "In my experience with more than 500 [rape] cases," says Dr. Novoa, "I came to the conclusion that [Estrace] worked." He says he has treated 67 rape victims with Estrace, and Helen is the only one known to have become pregnant. In 1983 a Maryland state health-claims arbitration panel ruled in Helen's favor, finding Dr. Novoa negligent and awarding her \$250,000 in damages. Dr. Novoa appealed; so did Helen, who claimed that the award was too low, and she is asking for the sum of \$1.5 million.

That set the stage for a trial that began last January and lasted for six weeks, with medical experts debating the merits of Estrace and other morning-after drugs. "This is the way I see this case," says Dr. Novoa. "This is a patient who, according to her own testimony, was totally opposed to abortion. Nevertheless, she came to the clinic looking for some way to avoid pregnancy. And when the medication fails, she sues me." Helen didn't see it that way. "If there was a stronger drug available—which there was—then why play around with a weaker drug? The five days of nausea is no problem. It would have been over and done with, and I would have had a chance to get back to my life."

As the case dragged on, the tension between the adversaries grew. On the day Helen brought Rebecca to the courtroom, Dr. Novoa seemed visibly shaken by the sight of the girl. During a recess that day he sat on one end of a bench in the hall while Helen sat on the other, playing with Rebecca. As Dr. Novoa watched, tears welled up in his eyes and he turned away. The silence was heavy with emotion.

Later both Helen and the doctor recalled the courtroom tensions. "I just didn't want to talk to him," Helen says. "It's something I feel uncomfortable about." Dr. Novoa admitted to mixed emotions. "I liked the baby," he says. "I feel good that the baby is living and that she is healthy. [But] I thought bringing the baby into the courtroom to derive sympathy from the jury was totally away from the question of whether I committed malpractice."

Apparently, the jury agreed. On their second day of deliberation the jurors rejected Helen's claim. Sobbing, Dr. Novoa hugged his lawyer and said that he'd been "vindicated." Disappointed, Helen has taken the verdict to the Court of Special Appeals. "I'm committed to this case, not only for my sake and my daughter's sake, but for other rape victims," she said.

While her appeal moves through the legal process, Helen faces more mundane problems raising Rebecca. “I don’t know how I will make it financially,” she says. She also fears the rapist might seek contact with his daughter. “I just don’t want to hear from him or any of his family.” There is also the gut-wrenching future problem of how to tell Rebecca who her father is. “I don’t want her hearing it from someone else,” Helen says. “I would like to tell her the truth because, after all, everybody else knows. When she starts asking about Daddy, I’ll probably say something to the effect that he’s very far away. And I’ll just see how it goes when she gets older. If she wants me to elaborate...well, I have no easy answers for that.”

Meanwhile, Helen copes. At home in their redbrick row house, she sits in a rocking chair and scoops Rebecca into her lap, and they watch cartoons on television. Slowly Rebecca grows still, her eyes narrow to sleepy slits and her body goes limp. Helen carries her off to bed and spreads a blanket over her, and Rebecca sleeps, cute as a kitten, clutching her Mickey Mouse doll. Helen pauses for a moment, standing over the bed, gazing at her daughter. She returns to the living room. The dilemma with which she lives is inescapable. “Someday I’ve got to tell her,” she says. “It’s like a sword over my head. If I tell her what happened, then what? My greatest fear about that comes when I see her laughing and trying to enjoy a normal childhood. She is a fun-loving child, so sweet, with so many good qualities. When I tell her about her daddy, will that wipe the smile off her face forever? Then what would I have to live for after that?”