

**Research Article**
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## Adult Experience of Pregnancy and Childbirth in Survivors of Underage Sexual Violence

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**ABSTRACT**

**Objective:** Ms. A, who was a victim of sexual violence as a minor, spoke about pregnancy and childbirth as an adult and revealed her thoughts on the medical treatment and care she received.

**Methods:** Semi-structured interview was conducted on zoom using an interview guide about Ms. A's thoughts on pregnancy and childbirth. The contents of the interview were coded using NVivo version 1.6.1, a qualitative data analysis support software. Content analysis was performed on 62 coded data and categorized them.

**Results:** Seven categories were generated: resistance, disgust, pain, flashbacks, childbirth, positive emotions, and children. "Flashbacks" and "resistance" "pain" and "disgust" and "children" and "childbirth" were related.

**Discussion:** It became clear that pregnancy and childbirth are experiences that are connected to past sexual violence victims. Consideration is required for everyone, even if it is supportive care, such as the medical treatment and care that pregnant women receive on a routine basis, or the situation where they touch the female genitals. Even if appropriate support is not available during pregnancy, it is necessary to continue to provide support during the child-rearing period so that pregnancy and childbirth can be viewed in a positive light.

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**Introduction**

Sexual violence is defined as "any sexual act committed by force, intimidation or violence, any act intended to be sexually assaulted, any offensive sexual behaviour or trafficking behaviour, or any conduct contrary to the sexual interest of the person, regardless of the circumstances in which the person commits it, including at home or at work, regardless of the relationship between the person and the victim." (WHO), and unwanted sexual acts constitute sexual violence [1]. Victims of sexual violence have a very high incidence of post-traumatic stress disorder (PTSD) and are known to cause long-term distress in the victim's life [2]. It has been pointed out that a vicious cycle such as deterioration of social life and mental health is likely to occur [3,4]. According to the results of the "Survey on Violence between Men and Women", 6.9% of all women have "experienced forced sexual intercourse," or about one in 14 women [5]. In addition, about 70% of the victims of sexual crimes and sexual violence are in their 20s or younger, both in telephone consultations and in interviews [5]. These findings suggest that women who have been victims of sexual violence will eventually reach the age of experiencing pregnancy and childbirth while suffering from the emotional distress of sexual violence, and that there are many cases in which this is the case.

In 2020, the "Relevant Ministries and Ministers Meeting for Strengthening Measures against Sexual Crimes and Sexual Violence" was held, and 2020~2022 was designated as a "period of intensive strengthening of measures against sexual crimes and sexual violence," and efforts are being made to strengthen the prevention of sexual crimes and sexual violence, such as the creation of an environment where it is easy to report damage and consultations, the establishment of seamless and generous victim support, and the prevention of social awareness and violence prevention through education and awareness-raising activities. In addition, the Japan Association of Forensic Nursing has created a certification system for "Sexual Assault Nurse Examiner-Japan: SANE-J" and the SANE-J Education Guidelines. Efforts are also being made to develop professionals who can respond to support victims of sexual violence, which requires a wide range of knowledge. Support for victims of sexual violence in obstetrics and gynecology clinics and the results of responses in the acute phase after SANE-J have also been studied, and implementation is being promoted according to national policies and the situation of victims of sexual violence [6,7].

However, although the importance of medium- to long-term support for victims of sexual violence has been proposed, there is no consideration of care for cases in which women who have been victims of sexual violence in childhood become adults and become pregnant and give birth.

Therefore, the purpose of this study is to clarify the thoughts of Ms. A, who disclosed her real name as a victim of sexual violence as a child, about the medical treatment and care she received from her account of pregnancy and childbirth as an adult. It is hoped that this study will help guide the care of medical professionals during pregnancy and childbirth for women who have been victims of sexual violence.

## Method

### Overview

This study is a qualitative descriptive study in which verbatim transcripts were prepared from the narratives of Ms. A, who was a victim of sexual violence as a minor, and the contents were analyzed.

### Selection of Targets and Subjects

I met Ms. A as a mutual acquaintance. Ms. A has published her profile on the Internet, and she hopes to use her own experience of being a victim of sexual violence as a child for research. For this reason, Ms. A was selected as a research subject.

### Method of Interview

The interview was conducted via Zoom, and Ms. A was connected from an environment where he could talk calmly. With the consent of Ms. A, the conversation between the interviewer, the principal investigator, and Ms. A was recorded using an IC recorder. A verbatim transcript was created from the recording of the conversation, and Ms. A was checked to see if there were any deviations in the content of the conversation and if there was any content that he wanted to delete (peer reading).

### Interview Content

- Emotions when you find out you are pregnant,
- Experiences and timing of wanting to have children,
- Status of prenatal health checkups and thoughts at the time of health checkups,
- Criteria for selecting a delivery facility,
- Thoughts on medical examination on the examination table and childbirth on the delivery table,
- What you wanted to be considered at the time of delivery and what you were glad to be considered,
- Thoughts on pregnancy, childbirth, childcare, and damage,
- The study consisted of the relationship between pregnancy, childbirth, and childcare and recovery from damage.

### Analyze the Data

Next, the descriptions necessary for analysis were cut out while determining the size of the semantic units of the context, and the condensed semantic units were determined and encoded.

The advantages of the qualitative data analysis support software "NVivo Version 1.6.1" (referred to herein as NVivo) were used in conjunction with the coding software, which greatly reduced the work time and allowed the researchers to concentrate on the analysis, and the visualization of the results of the encoding in graphs and other forms made it possible for researchers to smoothly examine the data.

In addition, it is very easy to compare the coded verbatim with the raw verbatim transcript, so NVivo was used while repeatedly checking where the code appears in the verbatim transcript and whether the extraction is unnatural in the overall context.

In this study, we considered that it is important to understand how Ms. A assign meaning to his own experience, so we adopted a content analysis that leads to a systematic description and aimed to categorize the meaning of qualitative data by an inductive approach [8].

The semantic units condensed by encoding were aggregated into subcategories according to their similarity. With the aim of extracting higher-dimensional meanings from them, categories were created.

### Ethical Considerations

The survey was conducted with the approval of the Ethics Committee on Sophia University Ethics Committee for "Research on Human Subjects" (Approval No. 2023-123).

### Joint Research Assignment

- **Principal Investigator:** Preparation of research proposals, explanation and consent of research subjects, preparation of verbatim transcripts, analysis, and writing of papers (Introduction, Methods, Results, Discussion)
- **Co-Investigators:** Analysis, Writing Papers (Results, Discussion)

### Results

#### About the Generated "Categories" and "Subcategories"

Seven "categories" were generated by the content analysis. For each, describe a "subcategory" and a description to interpret the "category". The description of the explanation is quoted verbatim and expressed in " ".

#### Category: Resistance

##### Subcategory: Reluctance to Open Up

- When I imagine a situation where I tell others about my experience of being a victim, I feel a sense of resistance, saying, "If I say it, I will be bombarded with questions as if I were being interviewed," and "I will not be able to receive support unless I say at least once that I have been a victim."
- In addition, it is also painful not to be understood by others, such as "it is very painful if you do not understand even if you do not say it," and it is thought that the resistance to communicating is increasing.

#### Category: Disgust

##### Subcategories: Experiences of Sexual Victimization, Femininity and Negativity about Yourself

- "I really didn't like my period, and I had terrible menstrual cramps because I thought I didn't like it," "I really didn't like the idea of being a woman," and "I had a feeling that my uterus was dirty," indicating that they have a strong sense of rejection and disgust for their own femininity.
- On the other hand, she also thinks that giving birth to a child means that she must recognize herself as a woman. Women and femininity are the same as themselves, and the aforementioned negativity toward femininity is considered to be a feeling of oneself at the same time.

#### Category: Pain

##### Subcategory: Overlapping Pains

- "Childbirth is supposed to be a happy event, but in terms of sex, it is attached to the victimization in my mind," or "When I was dating my husband, I had flashbacks during sexual intercourse, and I was wowed," and they have negative feelings about childbirth and actions with their husbands that

are not normally related to the victim experience. Past and present experiences seem to be mixed up due to damage and flashbacks.

- Each event that is different from the damage also has a painful result.

### Category: Flashbacks

#### Subcategories: Flashbacks and their Meaning

- As a flashback to sexual abuse, it is described as "I actually hyperventilated on the delivery table," and at first it was accompanied by surprise that "I was very surprised."
- The flashbacks began "from that day," and she felt that "I was a little more stable, I was able to get married, I had a husband who understood my feelings, and I was starting to loosen up, so that kind of closed things were starting to come out."
- In addition, it is expressed that "childbirth is the same theme of sexuality, or rather, the keywords that started to stick together," and as she says, "Childbirth is supposed to be a happy event, but in the part of sexuality, it has become attached to the damage in my mind." In addition, the content of the flashback is "hyperventilation", and I feel that it is related to the breathing technique during childbirth.
- On the other hand, there were also data that talked about flashbacks by borrowing the words of others, such as "There are people who got married and became pregnant and started flashbacks due to the outpatient treatment" and "I have had flashbacks in addition to being unwell, and I have never told my husband that I was a victim."

### Category: Childbirth

#### Subcategory: Subjective Experiences during Childbirth

- Emotional responses during childbirth are ambiguous. "I have a lot of memories of how many things happened when I gave birth to my first child, and it was very difficult," she said, "but I was really distressed, and I don't remember."
- However, as she says, "I lived my pregnancy while I was confused, and I actually gave birth while I was confused," something other than the emotional reaction may be a subjective part of the childbirth experience.

### Category: Positive Emotions

#### Subcategory: Positive Emotions, Trust and Peace of Mind for Healthcare Professionals

As shown in the following data, they have positive feelings toward medical professionals. It also seems to be because the information of the medical professional has been obtained in advance. "I went to see a male doctor at the maternity hospital after hearing about it, and he seemed to be very relaxed," "I think I was able to go without being too nervous because I had the doctor's information in advance. It was easy to build a relationship of trust right away, and I was happy because she told me that it would be nice if the second midwife was also a doctor because she knew me all the time, and I was happy because I had told her when I met her at checkups.

### Category: Children

#### Subcategories: Emotions for Children, Subjective Experiences

- The fact that she was initially unprepared for her own pregnancy can be seen from the fact that she was honestly surprised because she had a child right away, or that she thought it was more likely that she would not be able to have it, and that she started a relationship on the premise that she would not be able to have children. In addition, it is said that he was in a state of "not being accepted" because

of his surprise.

- On the other hand, the fact that he thought that he did not want to have children and that he did not like children in the first place, although I don't know if he did not like them, suggests that he did not necessarily feel positive about children.
- In addition, we can see the way of perceiving children from the fact that they agree with the words of others who have also been sexually victimized, "I feel that my female genitals are dirty because I have been victimized, and I feel that my uterus is dirty, so I can't give love to what is in dirty things." Although not negative, she describes her pregnancy and childbirth as "a little complicated."
- After giving birth, the focus shifts to "what I have to do" and actual actions in daily life, such as "I felt like I couldn't sleep without holding her, so I held her all the time." Through daily activities, you will be able to feel that "that was very good" for children and childcare, as if you were telling your child, "If you don't do it, you won't have a chance to love me."

### Examination of the Relationship between "Categories"

#### Calculation of Frequent Words

Duplicate words in the unprocessed verbatim transcript were extracted using NVivo along with the number of occurrences. However, among the extracted words, those that do not make sense by themselves, such as those that are only conjunctions, were excluded.

Next, we checked which data each word was used for. In addition, Table 1 was obtained by aggregating which words were used and how much of them were used in the "categories" that are aggregates of data. In addition, "Category" No. in the table It is as follows

- Resistance
- Disgust
- Pain
- Flashbacks
- Childbirth
- Positive emotions
- Children

#### Cluster Analysis

Again, NVivo was used for the unprocessed verbatim transcript, and cluster analysis was performed by word similarity in the diagram (illustration) function. In NVivo, the more common words are used in the data, the higher the similarity, and the metric is calculated using the Pearson correlation coefficient.

In addition, the "categories" were compared with each other to confirm the extent of common words used from Table 1, and the researchers examined it together with Table 2 to create Figure 1.

Finally, the researchers re-read the unprocessed verbatim transcripts, "categories," and coded data. We examined the flow of data appearing in verbatim transcripts, and the relationship between data and meaning. We carefully examined whether "categories" could be explained by data.

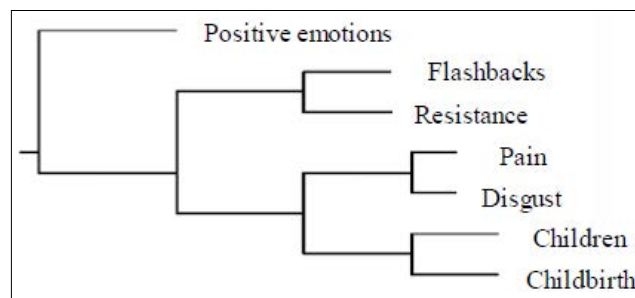
As a result, I would like to present Figure 1 as an indication of the relationship between each "category". Table 2 quantifies the strength of the relationships between categories, and it is thought that the relationships between categories become stronger as they branch.

**Table 1: Frequent Words in the Category**

Word	Frequency (times)	1 Resistance	2 Disgust	3 Pain	4 Flashbacks	5 Childbirth	6 Positive emotions	7 Children
think	14	o	o		o		o	o
person	13	o			o			o
say	12	o		o				
birth	9		o	o	o	o		
I	9	o	o	o				
Damage	9		o	o				o
Child	8			o				o
Flashback	7	o				o		
woman	7		o		o	o		
Disgusting	5		o			o		o
sex	5	o	o	o				
Husband	4	o			o			
Pregnancy	4	o			o	o		
Hear	4						o	
talk	4	o			o			
Painful	3	o						
Doctor	3						o	
Delivery	3				o			
messy	3		o					o
Menstruation	3		o	o				
Marriage	3	o			o			
Hyperventilation	3				o	o		

**Table 2: Cluster Analysis**

Concept	Pearson correlation coefficient
Disgust	Pain 0.76
Pain	Flashbacks 0.37
Childbirth	Children 0.33
Resistance	Flashbacks 0.32
Children	Disgust 0.32
Childbirth	Pain 0.25
Childbirth	Disgust 0.22
Resistance	Pain 0.20
Children	Pain 0.12
Disgust	Flashbacks 0.11
Resistance	Disgust 0.10



**Figure 1: Strength of Relationship between Concepts**

## Discussion

### Care during Pregnancy

"Resistance" and "flashbacks" are especially manifested in the experience of pregnancy. There are cases where people need support for themselves as a pregnant person, such as "a situation where you can't receive support unless you tell yourself about your experience of being a victim," or "there are people who got married and became pregnant and started flashbacks due to the outpatient treatment," and they seem to be reminded of the damage when they become pregnant, even if they borrow the words of others. Phyllis Krauss states that when a victim of sexual violence becomes pregnant, she may perceive that her body is being invaded by the fetus and that she cannot control the changes in her body [9,10]. Ms. A also thinks that her experience of being a victim of sexual violence that occurred in the past more than ten years ago when she was a child overlapped with her own pregnancy experience. Flashbacks are accompanied by a sense that a traumatic event is happening in the present, rather than being remembered as something in the past [11]. This suggests that, in general, pregnancy is a joyful emotional experience, but for Ms. A, the experience of being a victim of sexual violence is now occurring, and unimaginable pain was occurring. In the process of pregnancy and childbirth, it is a series of experiences that touch the female genitals, and this also makes flashbacks easier. Normally, when a woman becomes pregnant (if there is a possibility of pregnancy), the presence of the gestational sac and foetus is confirmed by a transvaginal ultrasound performed by a doctor on the internal examination table. At this time, it is unlikely that medical professionals will respond to women with the intention of asking whether they are victims of sexual violence. Consideration has been given to women who have been victims of sexual violence when they visit an obstetrician and gynecologist immediately after being a victim and undergo necessary examinations [12]. However, it is important that women who have been victims of sexual violence take into account when they get married, become pregnant, and visit obstetric facilities. It is necessary for victims of sexual violence to be able to receive support from the time of pregnancy without having to share their experiences. If appropriate care is provided from the time of pregnancy, resistance and flashbacks can be prevented or reduced, and the impact on childbirth, which will be described later, can be avoided.

### Care during Childbirth

Since "at the time of childbirth" was generated in the category, "childbirth" is considered to have a special meaning for Ms. A. It is thought that the child expressed "pain" at the time of childbirth, and that even if the experiences of "childbirth" and "sexual violence victimization" were different, the victim was in a state of recalling the victim of sexual violence. In particular, "hyperventilation on the delivery table" is important. It has been found that even supportive voices that encourage breathing techniques such as "Relax..." and "Breathe slowly" during labor will recall the scene if the victim is a victim of sexual violence and has a similar experience [9,10]. It is presumed that Ms. A was also in this state.

In addition, Ms. A had the experience of being surrounded by police officers who rushed to report the incident immediately after the incident [13]. During delivery, many facilities use a delivery table, and the woman is in a supine position on the delivery table, and medical professionals such as delivery assistants surround and care for the woman. This may have been a similar experience to the one I had when I was a victim.

PTSD during childbirth is known to be associated with postpartum PTSD [14,15]. If a traumatic event occurs in the child's own childbirth experience, PTSD may progress further. For this reason, care during childbirth is important. If a person hyperventilates while taking breathing techniques during labor, it is necessary to take care of the child carefully, keeping in mind the experience of being a victim of sexual violence. It is necessary to understand that medical professionals do not have a preconceived notion of "a childbirth experience that should be happy," and that there are cases where childbirth is greeted with anguish over something that does not seem to be so, and that it is not always known in advance.

### Care after Childbirth

As shown in Figure 1, "pain" and "disgust" were grouped in the same category as "children" and "childbirth," indicating that it was difficult to say that they were accepting the birth of children. I think that the existence of a child who was born through female genitalia may have been an object that led to the experience of sexual violence. It is known that holding one's child after birth is a natural act, and that skin-to-skin contact immediately after birth has an effect on breastfeeding and the physical and mental stability of the mother and child, and has a positive effect on the mother-child relationship [16]. If both mother and child are in good health, it is common to carry out "early mother-child contact". In "early mother-child contact," the baby drinks breast milk from the mother's breast for the first time after birth, and this is a time when both mother and child feel happy. However, it has been stated that for victims of sexual violence, contact with their children and touching their breasts is an act that reminds them of the experience of victimization [9,10]. It is necessary for medical professionals to recognize that the act of holding their child after childbirth and breastfeeding early is not uniformly good, but that some mothers may feel disgusted.

In addition, Ms. A said, "I gave birth while I was confused." The perception of the childbirth experience also affects the subsequent mother-child relationship. It has become clear that abundant childbirth leads to a positive view of the role of a mother and a gentle treatment of the child [17]. If possible, it was desirable to receive appropriate care during pregnancy and to give birth without embarrassment. However, even in such cases, there is a birth review as one of the cares that makes the childbirth experience a good experience. Birth review is described as "a mother's reflection on the childbirth experience after childbirth, a re-experience of childbirth through the act of 'talking,' giving meaning to the childbirth experience and reconstructing one's self-category" [18,19]. Birth reviews are recommended to be conducted in the early puerperal period on the 1~2nd day of the puerperium [18]. but it is suggested that not only the birth review in the early puerperal period but also the birth review in the childcare period is effective for recovering from the experience of loss of childbirth for subjects with high-risk pregnancies and delivery [20]. Childbirth of a victim of sexual violence is considered to be a high-risk pregnancy and childbirth, but it is not known in advance whether the victim is a victim of sexual violence. Therefore, it is necessary to provide continuous support for all pregnant women on the premise of conducting birth reviews during the child-rearing period using early puerperium and one-month postpartum checkups, etc., and responding to individual circumstances.

### Attitude of Medical Professionals

Ms. A has received positive emotions about the reassuring response of medical staff. Pregnancy, childbirth, and childcare are in the process of adapting both physically and mentally, even if you

are not a victim of sexual violence, and you must adapt to a situation where you care about your own health and that of your child. Positive midwife care and relationships with health care providers are important for pregnant women [19]. In a situation where it is unavoidable to have a medical examination or care that touches the female genitals, this process itself is a critical situation for the victim of sexual violence. It is not known whether a pregnant woman is a victim of sexual violence unless she reports it. In addition, it can be said that the victims of sexual violence themselves do not know how their pregnancy and delivery process is related to the experience of victimization. Medical professionals are always required to have a reassuring and trustworthy attitude toward pregnant women. We believe that by considering each individual, rather than providing routine medical examinations and care during pregnancy and childbirth, victims of sexual violence can be freed from the painful and painful experience of pregnancy and childbirth.

### Conclusion

It has become clear that the pregnancy and childbirth of women who were victims of sexual violence as minors is an experience that is connected to past sexual violence victimization. Consideration is required for everyone, even if it is supportive care, such as the medical treatment and care that pregnant women receive on a routine basis, or the situation where they touch the female genitals. Even if appropriate support is not available during pregnancy, it is necessary to continue to provide support during the child-rearing period so that pregnancy and childbirth can be viewed in a positive light.

**Conflicts of Interest:** The authors declare no conflict of interest related to the content of this paper.

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