Intimate Partner Violence among women in Sweden- a clinical study of experience, occurrence, severity of violence and the care given

Akademisk avhandling

som för avläggande av filosofie doktorsexamen vid Sahlgrenska akademin vid Göteborgs universitet kommer att offentligen försvaras i Arvid Carlsson, Medicinargatan 3 fredagen den 15 september 2016, klockan 09:00

av

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Professor Bruce Burton
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Australia

Avhandlingen baseras på följande arbeten:

I. Pratt-Eriksson, D., & Bergbom I., & Dahlborg Lyckhage., E. (2014). Don't ask don't tell: Battered women living in Sweden Encounter with healthcare personnel and their experience of the care given. International Journal of Qualitative Studies on Health and Well-being. 9: 23166- Doi: 10.3402/qhw.v9.23166. eCollection 2014 of Intimate Partner Violence among Women in Sweden Seeking

II. Pratt-Eriksson, D., Dahlborg-Lyckhage, E., Lind, C., Sundberg, K., & Bergbom, I. (2015). Identifying Lifetime and Occurrence of Intimate Partner Violence among Women in Sweden Seeking emergency Care. *Open Journal of Nursing*, 5, 548-557. DOI: 10.4236/ojn.2015.56058

III. Pratt-Eriksson, D., Dahlborg-Lyckhage, E., & Bergbom, I. Risk factors with intimate partner violence among women seeking emergency care. (*Submitted*).

IV. Pratt-Eriksson, D., Bergbom, I., & Dahlborg- Lyckhage E. A study of the documented care of abused women in emergency care (*Manuscript*).

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ABSTRACT

Each year a significant number of women are killed or seriously injured as a result of Intimate Partner Violence (IPV). Healthcare professionals have a vital role to play in identifying IPV in their day-to-day encounters with women seeking treatment and care in a variety of healthcare settings.

Aims: The overall aim of this thesis was to understand, identify, explore and evaluate women's experience of Intimate Partner Violence and their subsequent encounters during the course of emergency care.

Methods: Papers I and IV involve text interpretation. The texts in Paper I relating to the lived experience of 12 women were analysed using the phenomenological hermeneutic method. In Paper IV the case texts were analysed using qualitative content analysis. Papers II and III take an explorative and comparative approach with questionnaires being completed by 234 women (Paper II) and 82 women (Paper III) respectively, using descriptive statistical analysis in both studies.

Results: In Paper I the women expressed feelings of betrayal, of not being taken seriously. They felt neglected and invisible. Papers I and IV reveal that the women experienced re-traumatization, uncaring behaviour and unendurable suffering during their encounters with healthcare professionals, social workers and police. In Paper I it is apparent that in cases where a healthcare professional failed to ask about intimate partner violence, the women felt no reason to raise the subject themselves. Paper IV reflects the gap in the care given to abused women in emergency healthcare. The study shows three main categories: management of the care given; unconnected care; and being dehumanized. They felt abandoned at a crossroads once discharged, without follow-up care and lacking continuity in the care provided. In Paper II, 54 (67%) women reported being forced to have sex. A total of 18 (7%) women were force into sexual activity during the year prior to becoming pregnant. Thirteen (31%) women reported that they were afraid of their partner. In Paper III, the data showed an increase in the severity and frequency of violence. Significant numbers of women were at risk of being killed. The women disclosed that when their abuser used narcotics and or illegal substance the risk of being violently and severely abuse increased. Several women disclose that a weapon such as a knife or gun was used to harm them.

Conclusions: Educating healthcare professionals, police, social-workers and other authorities and the use of questionnaires may facilitate the identification of abuse women and prevent under-diagnosis and the risk of re-hospitalization. Promoting the integration of behavioural and emergency healthcare is important. By acknowledging, evaluating, assessing and documenting the care of female IPV victims, it is possible to give abused women a voice, to empower them to recover and to facilitate and improve their transfer to outpatient care.

Keywords: emergency care, intimate partner violence, experience, caring, lethal violence, trauma-informed care

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