Linköping University Medical Dissertation No. 794

Prevalence of gender violence

Studies of four kinds of abuse in five Nordic countries

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Akademisk avhandling som med vederbörligt tillstånd av medicinska fakulteten vid Linköpings Universitet för avläggande av medicine doktorsexamen offentligen kommer att försvaras i aulan i Hälsans hus, onsdagen den 4 juni 2003 kl 9.00.

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ISBN 91-7373-486-1
ISSN 0345-0082

ABSTRACT

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Background

Abuse against women causes much suffering for the individual and is a major public health problem. The general aims of the present studies were 1. to validate the NorVold Abuse Questionnaire (NorAQ) in a randomised population sample, and 2. to estimate the prevalence of emotional, physical and sexual abuse and abuse in the health care system by means of NorAQ in seven Nordic gynaecology and one Swedish population sample.

Methods

In the validation study, data were collected in two steps. (1) NorAQ was sent to a random sample of 1923 women in Östergötland. (2) A subsample of 64 women filled in the NorAQ for a second time and were interviewed. The interview had open questions about abuse and was considered our gold standard. In the prevalence studies, NorAQ was sent to 6729 women visiting seven departments of gynaecology in Denmark (1), Finland (1), Iceland (1), Norway (1) and Sweden (3). The main outcome measures were prevalence rates of emotional, physical, and sexual abuse and abuse in the health care system, current suffering from abuse and communication of a history of abuse to the gynaecologist.

Findings

The 13 questions in NorAQ concerning experiences of abuse had satisfactory validity and reliability. The response rate was 67-85% at the clinics and 61% in the Swedish population sample. In general the participants did not feel uncomfortable when answering NorAQ. We found differences in lifetime prevalence of the four kinds of abuse as defined by NorAQ among the Nordic countries: emotional abuse 19-37%; physical abuse 38-66%; sexual abuse 17-33%; abuse in the health care system 13-28%. In Sweden, the lifetime prevalence of abuse was in clinical *and* population samples: emotional abuse 17-21%; physical abuse 32-38%; sexual abuse 16-17%; abuse in the health care system 14-20%. There were generally no differences in prevalence rates of abuse among the four Swedish samples, except for abuse in the health care system, which was more commonly reported in the clinical sample of Linköping than in the population sample of Östergötland. Not all abused women reported current suffering from the abusive experience. To estimate prevalence of such abuse that causes current suffering is a new approach. Childhood experiences of emotional, physical and/or sexual abuse were associated with adult experiences of abuse in the health care system. Yet two thirds of women who felt abused in the health care system as adult had no history of earlier abuse. Most women had not talked to the gynaecologist about their experiences of abuse at their latest visit to the clinic.

Conclusion

The questions about abuse in NorAQ had good validity and reliability. We found high prevalences of all four kinds of abuse. Prevalence estimates are highly sensitive to methodology issues and must be related to a specified definition of abuse. Prevalence of abuse causing current suffering was considerably lower than the mere occurrence rates for all four kinds of abuse. In general, women had not discussed a background of abuse with the gynaecologist at their latest visit to the clinic. Experiences of emotional, physical and/or sexual abuse in childhood were associated with adult abuse in the health care system. Yet the majority of our cases were not victims of childhood abuse. Both findings call for attention and further exploration.