

At spørge om vold: Hvad virker – og hvad gør vi ikke?

Erfaringer fra STOP-projektet og implikationer for praksis

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Hvem er jeg?

Karen Andreassen, afd. D på OUH, KI på SDU

- Jordemoder, forperson for PRO-sekretariatet, forsker
- Forsker i vold blandt gravide og var bl.a. ph.d.-studerende på STOP-projektet
- Projektleder på Stop Mino Vold



Hvad vil jeg fortælle om?

1. Hvorfor skal vi spørge om vold?
2. Hvad ved vi – og hvad virker?
3. Hvorfor virker det ikke altid?
4. Hvad skal vi gøre anderledes i praksis?

1. Hvorfor skal vi spørge om vold?

Fra “husspektakler” til et samfundsproblem

- Indtil 1920 tillod dansk lov, at mænd fysisk kunne disciplinere deres hustru.
- 1970'erne: vold mod kvinder et samfunds- og ligestillingsproblem.
- 2010'erne: styrket lovgivning og støtte til voldsudsatte
- Indtil for nylig har der manglet en national strategi i sundhedsvæsenet

Politisk prioritet- klinisk ansvar

- National handlingsplan mod partnervold (2022)
- Sundhedsvæsenet spiller en central rolle—
Sundhedspersonalet har vigtig funktion i opsporingen af partnervold

Politisk er det prioriteret, men hvordan gør vi det i praksis?



Hvad er vold i nære relationer?

”En handling eller hændelse, der – uanset formålet – er egnet til at krænke den udsatte persons integritet eller skræmme, smerte eller skade personen fysisk eller psykisk. Nære relationer omfatter en nuværende eller tidligere partner, et familiemedlem eller en anden person i den udsatte persons nære, private netværk”

Økonomisk

Kontrol over økonomiske ressourcer, der begrænser ofrets autonomi, for eksempel ved at forhindre dem i at arbejde eller tvinge dem til gæld.

Seksuel

Uønskede seksuelle handlinger, som en person tvinges til at udføre eller udsættes for

Fysisk

Alle former for fysisk overfald, der skader, intimiderer eller forårsager smerte hos en person.

Følelsesmæssig

Gentagne handlinger, der nedbryder og kontrollerer den misbrugte gennem ydmygelse, isolation og manipulation.

Digital

Vold gennem digitale medier, såsom overvågning eller krænkende beskeder på sociale medier, som udstiller og kontrollerer offeret

Materiel

Ødelæggelse eller nægtelse af adgang til personlige ejendele for at udøve kontrol eller krænke personen

Stalking

Gentagen, uønsket kontakt, der skaber en følelse af overvågning eller trussel, såsom gennem vedvarende beskeder eller forfølgelse

Hvorfor er graviditeten et vigtigt tidspunkt?

- 2–25% udsat for partnervold under graviditet
- Graviditet beskytter ikke - kan eskalere
- Konsekvenser for graviditet, forældreskab og barnets udvikling
- Kvinder søger ofte hjælp sent
- Graviditet motiverer til handling





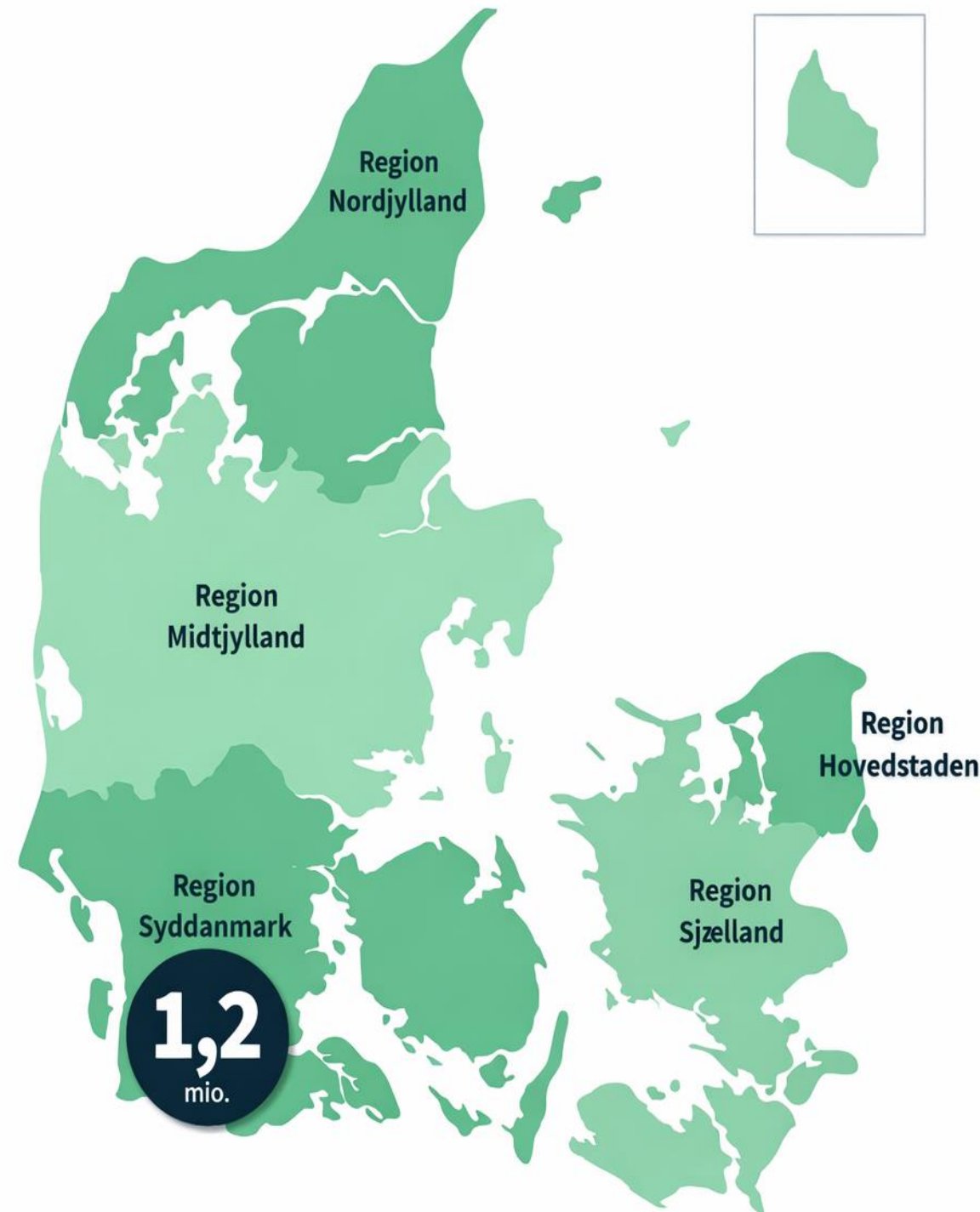
**2. Hvad lærte vi
fra en indsats til
gravide?**

STOP-projektet

Vi afprøvede en model til opsporing og støtte ved partnervold i svangreomsorgen.

Vi undersøgte:

1. Hvor mange der blev screenet for vold og svære konflikter og tog imod støtte
2. Om støtten havde effekt på kvindernes trivsel og vold
3. Hvordan kvinder oplevede indsatsen



STOP-projektet: Opsporing og støtte i praksis

Implementeret i Region Syddanmark fra 2021

1

Rutinescreening via
PRO-skema



2

Opfølgning ved **første**
jordemoderbesøg



3

Støtte ved positiv
screening



Den oprindelige STOP-indsats

STOP støtteindsatsen

Vurdering af vold og risiko

– afdækning af voldstyper og risikovurdering

Sikkerhedsplanlægning og netværk

– identifikation af ressourcer og udvikling af personlig sikkerhedsplan

Psykoedukation

– forståelse af voldens dynamikker og konsekvenser

Selvværd og egenomsorg

– styrke selvtillid og mestring

Handlemuligheder og beslutningstagning

– støtte til refleksion, valg og eventuel henvisning

(forløbet tilpasses den enkelte kvinde)...

Hvad fandt vi – hvad virker?

Hvad fandt vi – hvad virker?

- 80 % besvarede screeningsspørgsmålene
(8,4 % screenede positivt for vold eller svære konflikter)
- Vold kan ramme alle
- Mange gravide er villige til at fortælle om vold
- Screening kan føre til erkendelse af vold
- Vold kan fortsætte efter relationen er ophørt

Screening virker til at identificere vold → Men én gang er ikke nok



”Jeg troede ikke, at jeg var udsat for noget af det [vold i parforholdet], men da jeg udfyldte spørgeskemaet, kunne jeg se, at mange af de ting, der stod der, var meget lig det, min partner havde gjort [mod mig] [...] Nu kan jeg se, at det ikke bør være sådan i et parforhold”

(Citat deltager)

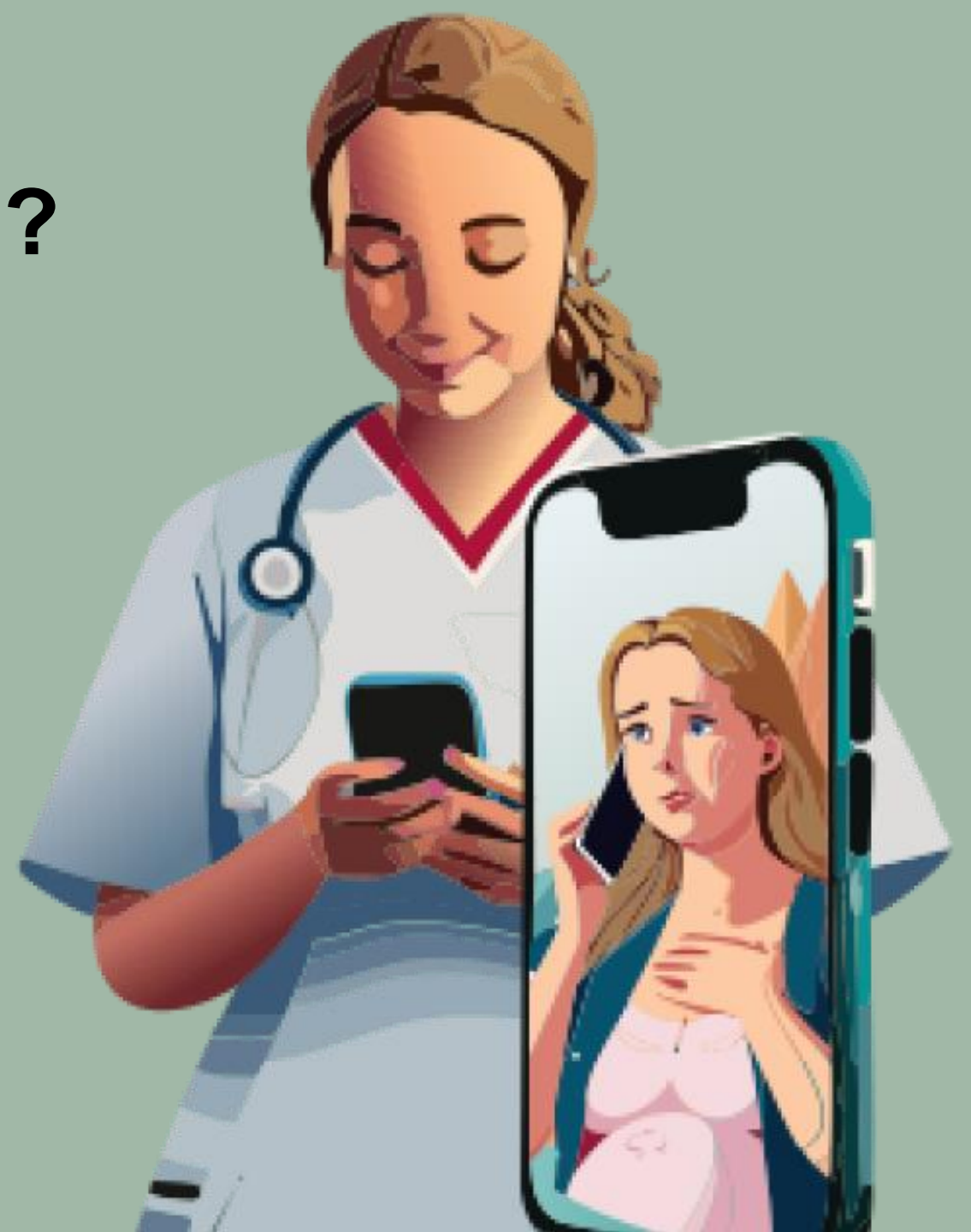
Hjælpesøgning: hvorfor virker opsporing ikke altid?

- genkender ikke volden med det samme
- normaliserer volden
- føler skam eller skyld
- er ambivalente over for hjælp
- frygter konsekvenserne
- Afprøver gradvist om det er trygt at fortælle

→ **Derfor virker én screening ikke altid**

Hvad gjorde en forskel?

- Graviditeten motiverer
- Tillid til sundhedsvæsenet
- Relation over tid
- Mundtlig opfølgning
- At spørge alle- og spørge igen
- Ikke være for hurtig eller for direkte



Dette virker ikke

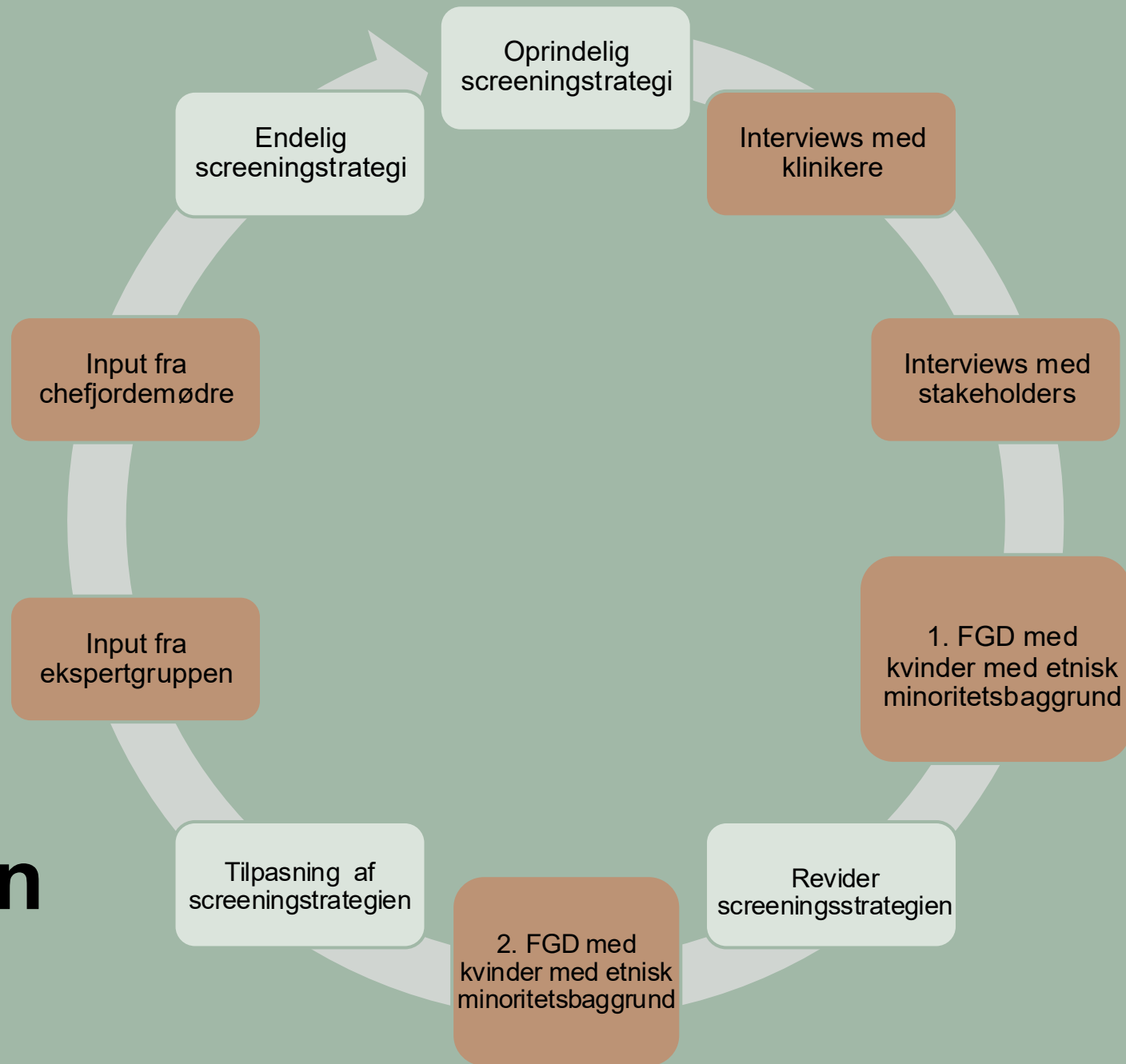
- Sproglige barrierer
 - Manglende digital adgang
 - Mistillid til systemet
 - Vold genkendes ikke altid som vold
 - Nogle kvinder havde brug for andre veje ind i samtalen
- **Én metode når ikke alle kvinder**



3. Hvorfor virker det ikke altid?

STOP 2.0 – hvad lærte vi, da vi tilpassede indsatsen?

Hvordan vi tilpassede indsatsen



Hvorfor virker opsporing ikke altid? – centrale barrierer

Klinikere

- Frygt for at støde kvinden
- Tidspres i konsultationen
- Usikkerhed om, hvordan man spørger
- Forventning om, at kvinden selv siger det

Bydelsmødre

- Formålet med screening er uklart
- Mistillid til systemet
- Vold genkendes ikke som vold
- Ikke alle trives med digital screening







Ekspertter

- Systemangst hos målgruppen
- Kulturelle forskelle i forståelse af vold
- Tillid tager tid at opbygge
- Én screening er ikke nok

→ Opsporing fejler ikke ét sted – men på tværs af systemet

**4. Hvad betyder det for
klinisk praksis- konkret?**

Hvad gør vi anderledes i praksis?

Før		Version 2.0
Primært digital screening		Flere adgangsveje
Fokus på ét screeningstidspunkt		Fokus på proces over tid
Standardiseret tilgang		Mere fleksibel tilgang
Kvinden skulle selv svare		Mere støtte i konsultationen
Fokus på partnervold		Fokus på vold i nære relationer
Én metode		Tilpassede løsninger

Så hvad virker? Og hvad gør ikke?

Gør mere af

- Spørg alle gravide systematisk
- Spørg flere gange gennem graviditeten
- Vær nysgerrig og åben i samtalen
- Husk at vold kan være normaliseret
- Vær opmærksom på tidligere vold og traumer
- Tænk bredt: vold i nære relationer
- Gør hjælpen tydelig og konkret

Undgå

- Kun at spørge ved mistanke
- At tro et “nej” første gang betyder, at der ikke er vold
- At blive for direkte eller konfronterende
- At forvente disclosure med det samme
- Kun fokus på nuværende partnervold
- At reducere vold til kun fysisk vold
- At spørge uden mulighed for opfølgning
- At tro én screeningsmetode passer til alle

Opsporing virker bedst som en proces – ikke en enkelt handling

Hvad kræver det i praksis?

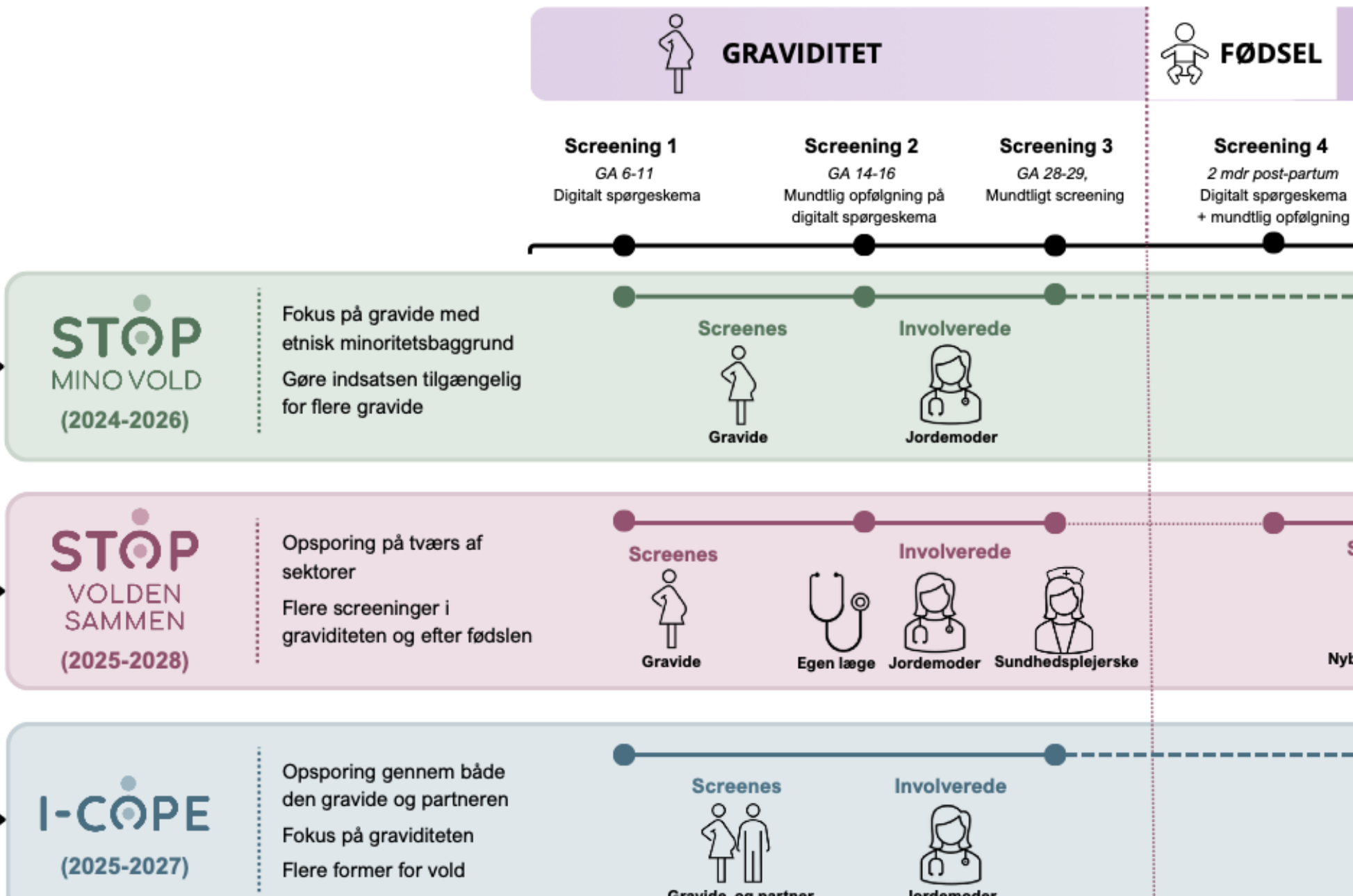
- Kræver tid, kontinuitet og mulighed for opfølgning
- Det er et stort ansvar at spørge om vold og håndtere svaret
- Klinikerne skal ikke stå alene
 - adgang til sparring og tværfagligt samarbejde
- Tydelige arbejdsgange og retningslinjer
- Opsporing kræver fleksibilitet
 - én tilgang passer ikke nødvendigvis til alle kvinder
- Sundhedsvæsenet skal være tydeligt om, hvilken hjælp og støtte der findes

“I skal spørge mig, for jeg siger det ikke selv”

(citat deltager)

STOP
Intimate Partner Violence in Pregnancy
(2021-2024)

Grundlaget for indsatsen. Implementerede systematisk screening for partnervold i svangreomsorgen samt en digital støtteindsats til screen-positive gravide



Take-Home message

- Vold kan være usynlig og normaliseret – spørg systematisk
- Anerkend kvindens oplevelse og tilbyd hjælp
- Vold – også fra tidligere relationer – kan have **langvarige konsekvenser**
- Graviditet og forældreskabet er stærke motivationer til at handle

Tak for jeres tid

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Hvordan skal man gøre?

- Systematisk opsporing i kontakten med gravide og nye forældre
- Strukturerede/validerede spørgeredskaber kan understøtte identificering
- Opsporing skal følges op af mulighed for støtte
- Opmærksomhed på forskellige former for vold, inkl. æresrelateret vold og negativ social kontrol



Vold i nære relationer hos gravide, kommende og nye forældre

Fagligt grundlag for opsporing og indsatser

Nye håndbøger fra Sundhedsstyrelsen



Du kan læse om...

- 4 Hvorfor opspore for vold i nære relationer?
- 6 Opsporing blandt borgere med etnisk minoritetsbaggrund
- 8 Opsporing i svangreomsorgen
- 10 Sikkerhed i forbindelse med opsporing
- 14 Spørgeguides
- 16 Sikkerhed efter opsporing
- 18 Opfølgning
- 20 Indsatser og henvisninger ved identifikation af vold
- 22 Samtykke, dokumentation og underretning
- 24 Voldsformer
- 26 Tegn på, at en person udsættes for vold
- 28 Tegn på æresrelaterede konflikter

Vold i nære relationer hos gravide, kommende og nye forældre
Håndbog om opsporing i svangreomsorgen

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Publikationer fra STOP-undersøgelsen



JMIR FORMATIVE RESEARCH Andreasen et al.

Original Paper

Video Consultations and Safety App Targeting Pregnant Women Exposed to Intimate Partner Violence in Denmark and Spain: Nested Cohort Intervention Study (STOP Study)

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Abstract

Background: Intimate partner violence (IPV) during pregnancy is a public health issue with wide-ranging consequences for both the mother and fetus, and interventions are needed. Therefore, the Stop Intimate Partner Violence in Pregnancy (STOP) cohort was established with the overall aim to identify pregnant women exposed to IPV through digital screening and offer women screening positive for IPV a digital supportive intervention.

Objective: The aim of this study was to (1) introduce the design and profile of the STOP cohort study, (2) assess the feasibility of implementing digital IPV screening among pregnant women, and (3) assess the feasibility of implementing a digital supportive intervention targeting pregnant women exposed to IPV.

Methods: Pregnant women attending antenatal care in the Region of Southern Denmark and in Andalucía, Spain were offered digital screening for IPV using validated scales (Abuse Assessment Screen and Women Abuse Screening Tool). Women who screened positive were eligible to receive a digital supportive intervention. The intervention consisted of 3-6 video consultations with an IPV counselor and a safety planning app. In Denmark, IPV counselors were antenatal care midwives trained by a psychologist specialized in IPV, whereas in Spain, the counselor was a psychologist.

Results: Data collection started in February 2021 and was completed in October 2022. Across Denmark and Spain, a total of 19,442 pregnant women were invited for IPV screening and 16,068 women (82.65%) completed the screening. More women in Spain screened positive for exposure to IPV (350/2055, 17.03%) than in Denmark (1195/14,013, 8.53%). Among the women who screened positive, only 31,395 (485/1545) were eligible to receive the intervention with only 104 (21.4%) of those women ultimately receiving it.

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Full length article

The effect of a digital intervention on symptoms of depression in pregnant women exposed to Intimate partner violence in Denmark and Spain (STOP study)

Karen Andreasen^{1,2,3}, Rodrigo Fernández López⁴, Chansen Wu^{5,6}, Ditte S. Linde^{7,8}, Alba Oviedo Gutiérrez⁹, Jesús López Megías¹⁰, Stella Martín-de-las-Heras¹¹, Antonella Ludmila Zapata-Calvente¹², Lea Ankerstjerne¹³, Sabina de León-de-León¹⁴, Sarah Dokkedahl¹⁵, Berit Schei^{16,17}, Vibeke Rasch¹⁸

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ARTICLE INFO

Keywords:
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Digital Counseling
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Antenatal Care
Mobile

ABSTRACT

Introduction and objective: Intimate Partner Violence (IPV) during pregnancy is a significant public health concern associated with adverse maternal and fetal health outcomes, including increased risk of depression. This study aimed to assess the effectiveness of a digital engagement-based intervention in reducing symptoms of depression among IPV-exposed pregnant women.

Study design: This intervention study was nested within a cohort study conducted in Denmark and Spain. Pregnant women identifying antenatal care were digital screened for IPV using the Abuse Assessment Screen (AAS) and the Women's Abuse Screening Tool (WAST). Those screening positive were offered a digital intervention comprising 3-6 video consultations with trained IPV counselors and access to a safety planning app. Changes in depression scores from baseline to follow-up were evaluated using mixed model regression.

Results: From February 2021–October 2022, 1,349 pregnant women (9.6%) screened positive for IPV within our population (8.5% in Denmark and 17.6% in Spain) with 485 (31.4%) meeting the criteria for the intervention. Of those eligible, 104 (21.4%) accepted the intervention, and 55 completed it (13.1%). Post-intervention, a significant reduction in Edinburgh Postnatal Depression Scale (EPDS) was found, with a mean difference of -3.9 (95% CI: -5.3, -2.4), compared to the average pre-intervention score of 11.1. Stratifying the analyses across sociodemographic variables did not alter the overall result, indicating a reduction in EPDS scores irrespective of setting or sociodemographic factors. Notably, the intervention was most effective for women initially presenting with EPDS scores above the depression cut-off.

Conclusion: The findings suggest that a brief digital intervention is associated with a reduction in depression symptoms among pregnant women exposed to IPV, particularly among those with high depressive scores. This highlights the potential of digital interventions in delivering convenient and timely efficacy when administered

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Sexual & Reproductive Healthcare

Journal homepage: www.elsevier.com/locate/srh

Facilitators and barriers for digital screening and a supportive intervention within antenatal care among danish pregnant women facing intimate partner violence: A qualitative study nested in the STOP study

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ARTICLE INFO

Keywords:
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Digital Counseling
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Antenatal Care
Mobile

ABSTRACT

Objective: To understand barriers and facilitators for participation in digital IPV screening and a digital supportive intervention among pregnant women.

Methods: Pregnant women attending standard antenatal care in the Region of Southern Denmark were systematically screened for IPV through a digital questionnaire. Those who screened positive were offered 3-6 video consultations with counselors and access to safety planning app. In-depth structured qualitative interviews were conducted with pregnant women who screened positive for IPV and participated in a digital supportive intervention.

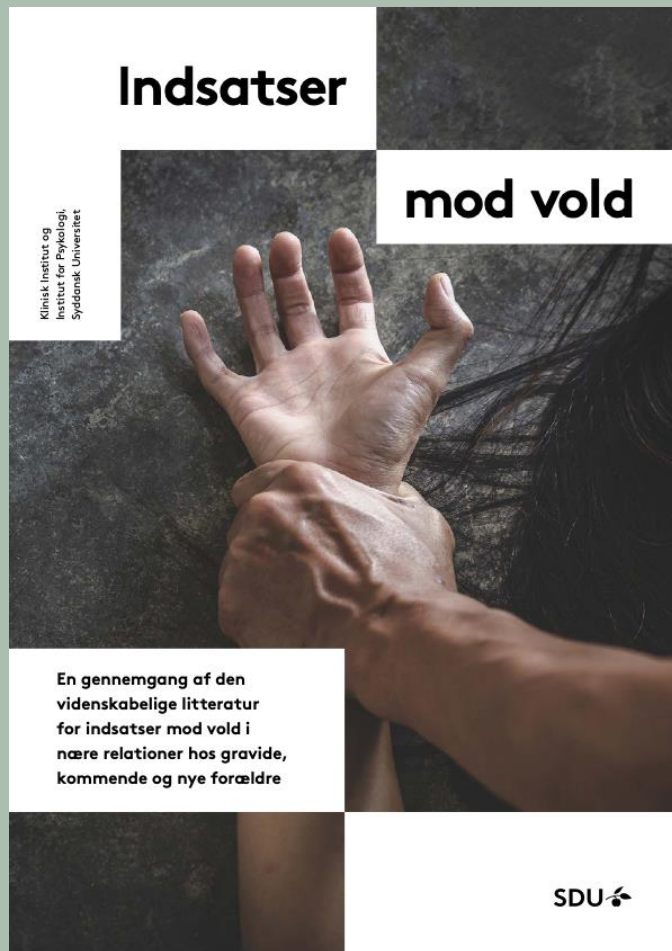
Results: Twenty pregnant women were interviewed, and the following facilitators for participation were highlighted: The digital systematic screening approach was acceptable and helped acknowledge IPV exposure as women experienced it as more private and allowed for reflection time compared to risk-based, face-to-face screening. Video counseling was highly acceptable, as the digital approach eased conversations on sensitive topics and the flexibility boosted participation. Trust in the healthcare system, having a trained midwife as a counselor, and familiarity with the digital tool enhanced participation. Barriers included concerns about disclosing IPV, technological issues, and the need for a private space for counseling. Additionally, women who had experienced digital violence were uncomfortable with the digital nature of the intervention. The safety app was perceived as being sufficient as it did not meet the needs of the women.

Conclusion: Systematic digital screening and supportive video counseling for IPV within antenatal care is well-received among pregnant women as it offers increased privacy and flexibility and facilitates discussions on sensitive topics. To enhance participation, barriers such as confidentiality concerns, technological challenges, and the need for private counseling spaces must be addressed. Incorporating digital tools into antenatal care can supplement other support services and increase the proportion of pregnant women who receive help.

Introduction

Intimate partner violence (IPV) constitutes a critical public health issue with severe physical, psychological, and social consequences for those affected. IPV encompasses various forms of violence, including physical, emotional, and sexual abuse [1–3] with emotional violence as the most prevalent type. Pregnant women are particularly vulnerable to exposure to violence, which can include during pregnancy and cause both short- and long-term complications for the pregnant woman and the unborn child. It is well-documented that IPV exposure increases the risk of maternal depression, PTSD, preterm birth, intrauterine growth restriction, and fetal death. For the child, it can result in delayed motor

Publikationer fra Sundhedsstyrelsen



Link til materialer: <https://sst.dk/da/Fagperson/Graviditet-og-smaaboern/Vold-i-naere-relationer/Baggrundsmaterialer>

Øvrig litteratur

1. Ditte Søndergaard Linde KA, Nina Beck Hansen, Lea Ankerstjerne, Lea Marie Helmer-Hansen, Morten Soidemann, Vibeke Rasch, Ask Elklit (Klinisk Institut og Institut for Psykologi). Opsoring af vold i nære relationer hos gravide, kommende og nye forældre. . Syddansk Universitet: Udført på vegne af Sundhedsstyrelsen og Styrelsen for International Rekruttering og Intergration, Danmark. ; 2024.
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