Sexual & Reproductive Healthcare 6 (2015) 50–53

Contents lists available at ScienceDirect

Sexual & Reproductive Healthcare

journal homepage: www.srhcjournal.org

Exposure to violence among women with unwanted pregnancies and the association with post-traumatic stress disorder, symptoms of anxiety and depression

Soile Tinglöf [a], Ulf Högberg [a], Inger Wallin Lundell [a,b], Agneta Skoog Svanberg [a,*]

[a] Department of Women's and Children's Health, Uppsala University, Uppsala, Sweden
[b] Sophiahemmet University, Stockholm, Sweden

ARTICLE INFO

Article history:
Received 4 October 2013
Revised 4 August 2014
Accepted 20 August 2014

Keywords:
Induced abortion
Violence
Posttraumatic stress disorder
Anxiety
Depression
Unwanted pregnancies

ABSTRACT

Aim: The objective was to examine lifetime exposure to violence, physical and sexual, among women seeking termination of pregnancy (TOP) and its association with socio-demographic factors, PTSD, symptoms of anxiety and depression.
Design: The design of the study was a Swedish multi-centre study targeting women requesting TOP.
Methods: All women requesting TOP with a gestational length less than 12 pregnancy weeks were approached for participation in the study. The questionnaire comprised the following research instruments: Screen Questionnaire-Post traumatic Stress Disorder (SQ-PTSD) and Hospital Anxiety and Depression Scale (HADS). The response rate was 57% and the final sample was 1514 women. Descriptive and analytic statistics were applied.
Results: Lifetime exposure to violence was common among women seeking abortion. Exposure to violence was associated with low education, single marital status, smoking and high alcohol consumption. Exposure to violence was associated with the occurrence of signs of PTSD and symptoms of anxiety and depression. Among those having PTSD, all had been exposed to sexual violence and almost all had been exposed to physical violence, while for those with symptoms of anxiety and depression almost half had been exposed to either physical or sexual violence.
Conclusion: Exposure to physical and sexual abuse was common among women requesting TOP, and was strongly associated with the occurrence of PTSD, symptoms of anxiety and depression. This underscores the importance for health professionals to recognize and offer support to those women exposed to violence.

Introduction

Violence against women is a serious health problem around the world. Exposure to violence is associated with induced abortion [1–3]. The World Health Organization's Multi-country Study on Women's Health and Domestic Violence reported that women with a history of intimate partner violence (IPV) had significantly higher odds of unintended pregnancy in 8 of 14 sites and of induced abortion in 12 of 15 sites [4]. Contextual factors including community levels of poverty, low levels of education, a low proportion of women using modern contraceptives, and a high proportion of partners who engaged in controlling behaviour by a partner, do contribute to increased incidence of unintended pregnancies [5]. It is estimated that a 50% decline in IPV might potentially reduce unintended pregnancy by 2%–18% and abortion by 4.5%–40% [1].

Women requesting termination of pregnancy (TOP) are more likely to report exposure to IPV than a) other gynecologic patients [6], b) women attending antenatal clinics [7] or c) post-partum women [8]. A systematic review and meta-analysis concluded there was a strong association between IPV and poor mental health among women, such as depressive disorders, anxiety disorders, and post-traumatic stress disorder (PTSD) [9] Women with unintended pregnancies in Sweden are reported in our previous published paper to have a lifetime prevalence of PTSD of 7%, and they have more symptoms of anxiety and depression than others [10]. The fact that women who request abortions a) are more likely to have been exposed to violence than other women, and b) are more likely to suffer from mental problems calls for increased clinical awareness and increased focus on the detection and support of IPV. Hence, there is a strong rationale for increasing knowledge about the prevalence of IPV and its association with poor mental health among women opting for TOP.

* Corresponding author. Department of Women's and Children's Health, Uppsala University, Akademiska sjukhuset, Uppsala 75185, Sweden. Tel.: +46 18 6110170.
E-mail address: agneta.skoog_svanberg@kbh.uu.se (A.S. Svanberg).

http://dx.doi.org/10.1016/j.srhc.2014.08.003
1877-5756/

The majorities of the abortions in Sweden are medical, and performed before the ninth week of pregnancy. Abortions are most common among women age 20–24. Socioeconomic issues such as poor personal finances and worries about the relationship, are often stated as reasons for an abortion [11]. Smoking [11], alcohol and drug abuse [12], and experience of physical and sexual violence are factors that have been revealed to be more common among women who have undergone repeated abortions [13]. The Swedish healthcare system is undergoing a shift in which midwives are given more responsibility for abortion procedure than in the past, and they are taking on the responsibilities for booking, consultation, ultrasound dating of pregnancy, and providing care during medically induced abortion.

The association of exposure to violence with PTSD, anxiety, and depression among women with unintended pregnancies has not yet been explored, to date. The purpose of the present study was to examine lifetime prevalence of violent physical and sexual assault among women seeking abortion, and its association with sociodemographic factors, PTSD, and symptoms of anxiety and depression.

Methods

Study population

The study included women who were undergoing abortion prior to the end of the 12th gestational week. A total of 2602 women seeking abortion were asked to participate in the study, and the response rate was 58% (n = 1514). During the study period, 4001 abortions were performed at these clinics. Of these 4001 women 1086 were not approached owing to high workload and lack of time at the clinic, and 313 participants were excluded. The criterion for exclusion was the inability to read and understand the questionnaire because of language difficulties.

Study design

The present study analysed cross-sectional baseline data from the PADIA study [28]. The PADIA study was a multi-centre study that targeted women who requested induced abortion at the outpatient clinics at the Obstetrics and Gynecology departments of six public hospitals in Sweden. When the women were registering for their first abortion visit, research nurses or midwives informed the women about the study. Women agreeing to participate received written information together with a questionnaire, coded with an ID number. They were asked to complete the questionnaire and to sign an informed consent form. Completed questionnaires were deposited in a locked mailbox [10].

Ethics

The study was approved by the independent Research Ethics Committee at Uppsala University (Nr 2009/012).

Study instrument

Part of the questionnaire contained questions about sociodemographic variables, including age, education, marital status, occupation, ethnicity, and tobacco and alcohol use. Another section of the questionnaire included 2 research instruments: the Screen Questionnaire-Posttraumatic Stress Disorder (SQ-PTSD) and the Hospital Anxiety and Depression Scale (HADS). The SQ-PTSD is based on the diagnostic criteria for PTSD, according to the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) [25]. In this cross-sectional study only questions about violence were included.

All participants were asked to answer the following questions: 1) Have you ever felt seriously physically threatened? 2) Have you ever seen someone being exposed to physical threats? 3) Have you ever felt seriously psychologically threatened? 4) Have you ever seen someone being exposed to psychological threats? 5) Have you ever been seriously injured? 6) Have you ever seen someone seriously injured? 7) Have you ever been exposed to death threats and/or life danger? 8) Have you ever seen someone being exposed to death threats and/or life danger? 9) Have you ever experienced real death up close?

If the participants answered one or more of these questions in the affirmative, they were asked to answer the four following questions that were used to identify violence exposure: 1) Have you ever been beaten or attacked? 2) Have you ever been threatened with a beating or attack? 3) Have you ever been violently forced to perform sexual acts? 4) Have you ever been threatened into performing sexual acts?

Analysis

Socio-demographic data were categorized as follows: Age was classified in four categories 15–19, 20–24, 25–34 and 35 years and older. Education was dichotomized into *less than 12 years* (not completed high school) or *12 years or more*. Reported occupations were categorized into three groups: working, students or other occupation, which included unemployment or sick leave. Alcohol use was categorized as *no use*, *moderate drinking* or *heavy drinking*, where *moderate drinking* was defined as less than 1.5 bottles of wine (1 bottle of wine = 75 cl) or seven beers (1 beer = 50 cl) per week or the equivalent, and *heavy drinking* was defined as more than 1.5 bottles of wine or seven beers per week or the equivalent [14]. Participants were classified as having been exposed to physical violence if they answered yes to both or one of the questions "Have you ever been beaten or attacked?" and "Have you ever been threatened with a beating or attack?" Participants were classified as having been exposed to sexual violence if they answered yes to both or one of the questions "Have you ever been violently forced to perform sexual acts?" and "Have you ever been threatened into performing sexual acts?"

The associations of exposure to physical or sexual violence with socio-demographic variables and adverse mental health were explored using bivariate analysis, with a p-value < 0.05 considered as significant. Analyses for estimating the impact of violence exposure on adverse mental health crude (COR) and adjusted odds ratios (AOR), adjustment for socio-demographic factors, with 95% confidence intervals, attributable proportion and population attributable proportion were calculated. IBM SPSS Statistics for Windows, Version 20.0 (Armonk, NY: IBM Corp.) was used for statistical analysis.

Results

Out of the 1514 participants, 989 women reported a lifetime trauma exposure at the time of the interview. The lifetime prevalence of ever being threatened or beaten/attacked was 39.6% (95% CI 37.1–42.0). The lifetime prevalence of ever being violently threatened or forced into performing sexual acts was 12.1% (95% CI 10.6–13.7).

Table 1 shows distribution of socio-demographic risk factors for women who were ever exposed to violence. The youngest women were more likely to be exposed to sexual violence and less likely to be exposed to physical violence. Women with less than a college or university education, and women who lived alone, were more likely to be exposed to both sexual and physical violence. Women reporting high alcohol consumption, or those who smoked, were more likely to be exposed to sexual and physical violence.