



How do youth with experience of violence victimization and/or risk drinking perceive routine inquiry about violence and alcohol consumption in Swedish youth clinics? A qualitative study



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ABSTRACT

Objective: To explore perceptions and experiences among youth who underwent structured questions about violence victimization and alcohol consumption when visiting Swedish youth clinics.

Methods: This study is part of a larger research project examining the effect of including routine inquiry about violence victimization and alcohol consumption for youth visiting youth clinics. Fifteen youth with experiences of victimization and/or risk drinking (AUDIT-C ≥ 5) were interviewed. Content analysis was used.

Results: The findings were grouped into three main categories: The first; "Disclosure – talking about violence" reflected the participants' experiences of being asked about victimization. Participants were in favor of routine inquiry about violence victimization, even when questions caused distress. The questions helped participants reflect on prior victimization and process what had happened to them. The second; "Influence on the life situation" demonstrated that many of the participants still were effected by prior victimization, but also how talking about violence sometimes led to the possibility of initiating change such as leaving a destructive relationship or starting therapy. In the third; "One's own alcohol consumption in black and white" participants considered it natural to be asked about alcohol consumption. However, most participants did not consider their drinking problematic, even when told they exceeded guidelines. They viewed risk drinking in terms of immediate consequences rather than in quantity or frequency of alcohol intake.

Conclusion: Routine inquiry about violence victimization and risk drinking at youth clinics was well received. Questions about violence helped participants to interpret and process prior victimization and sometimes initiated change.

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Introduction

Youth clinics might serve as the pillar for delivering free and accessible health care services to youth [1]. For more than 40 years, almost all Swedish municipalities have operated youth clinics where youth up to the age of 23 can attend for counseling on sexual and reproductive health as well as psychological or physical problems [1]. In recent years, the high rates of violence victimization in youth have gained focus, and the association between victimization and ill health is well documented [2–4]. Youth are also overrepresented in alcohol harm statistics and in the United States and Northern Europe, 18- to 25-year-olds have the highest rates of alcohol consumption. [5]. However, youth rarely seek pro-

fessional help when victimized, and alcohol drinking is generally hidden from adult society [5–7]. How to incorporate this knowledge into youth-friendly services, such as youth clinics, constitutes a new challenge for health care personnel working with youth.

Health care providers are often hesitant to inquire about violence victimization, reporting a lack of training, a fear of offending the patient and time constraints as important barriers [8]. In contrast to these findings, studies have suggested that youth are positive about routine inquiry into violence victimization [9,10]. To date, these studies are scarce and have been conducted using questionnaires with youth [9,10]. Qualitative research addressing victimized youth's experience of being asked about victimization is lacking.

Routine inquiry about alcohol consumption in youth and the effect of brief intervention for those considered being risk drinkers, mainly using motivational interviewing (MI) principles, has been

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examined in several studies [11,12]. The results are mixed: some studies have shown promising results in reducing drinking in youth, whereas a recent Cochrane review found that although there were some significant effects, the effect sizes were too small to be of clinical relevance [13]. However, to our knowledge no qualitative studies have explored how both routine inquiry about alcohol consumption and MI are received by youth with risk drinking.

For routine inquiries and intervention strategies to be effective, it is important to understand how they are perceived by the youth they are directed to [14]. The objective of this study was to explore how youth with experiences of violence victimization and/or risk drinking, in this study defined as AUDIT-C ≥ 5 , perceived undergoing a health dialogue consisting of structured questions about violence and alcohol consumption when visiting Swedish youth clinics.

Materials and methods

A qualitative approach was used to gain greater knowledge of the youth's own experiences and feelings during and after the health dialogue and the possible impact on their lives [15]. Since all of the participants had personal experiences of violence victimization and/or risk drinking individual interviews were considered preferable in order to ensure confidentiality. Qualitative inductive content analysis was used to analyze the data [15,16].

Setting and study design

In Sweden, most cities have youth clinics staffed by midwives, social workers and physicians. Young women account for about 90% of the visits, probably due to the prescription of contraceptives being the predominant reason for the visits. It is very common for young women in Sweden to attend youth clinics in the Swedish National Public Health Survey 25% of all 16- to 24-year-old women reported having attended a youth clinic in the previous 3 months. In young men the corresponding figure was 5%.

The present study is part of a larger research project that includes a randomized controlled intervention study with 1137 (73% participation rate) youth aged 15–22 conducted at four youth clinics in two mid-size towns and two small towns in Sweden in 2012 (ISRCTN40388402) [4]. In addition to the regular visit, the participants in the intervention group underwent a health dialogue with structured questions about lifetime violence victimization modeled on the NorVold Abuse Questionnaire [17] and alcohol consumption using AUDIT-C [18]. Participants who had been victimized were offered further contact and those with risk drinking were offered motivational interviewing.

In a three-month follow-up questionnaire, the participants were asked for consent to be contacted for an interview by one of the researchers. In response, 50% of the participants consented to be contacted and 50% declined.

Inclusion criteria and participants

Purposeful sampling was used. Inclusion criteria for the participants was being in the health dialogue intervention group, having lifetime experience of violence victimization and/or risk drinking, i.e. scoring ≥ 5 at AUDIT-C at the time of the health dialogue, and being 18 years or older. Of those who volunteered to be interviewed, 22 youth met the criteria. Six of these did not respond when contacted and one had moved abroad, leaving 15 youth who completed the interview.

Of the 15 youth participating, 13 were victims of violence and eight had risk drinking behavior; six of the participants were both victimized and risk drinkers. Two were male and 13 were female. They were between 18 and 22 years of age. Eight attended or had attended an academic program in high school and seven a vocational program. Three of the participants had been or were presently enrolled in university studies.

Ethics

An ethical review by an ethics review board is mandatory in Sweden when a research method is used that is aimed at influencing research participants physically or psychologically. When youth are involved in research the ethical concerns are of course even more important. There is a risk that researchers may cause feelings of distress when asking questions about violence victimization. However, it is also momentous for society to gain knowledge to use in finding the best way of offering support and intervening. So far there is a lack of data on youths' experiences of participating in research entailing routine inquiry about violence victimization.

Oral information concerning the study aim, voluntary participation and confidentiality was given to the participants, and a time and a place for the interview were planned. Oral consent was obtained and participants were assured that all information would be kept confidential in accordance with research ethics, and that they could end the interview at any time and without explanation. All participants were also informed that prompt counseling was available after the interviews if needed. At the participating youth clinics, action plans were established on how to handle victimized youth and youth with alcohol risk drinking as well as addressing safety issues if needed. The study was approved by the Regional Ethical Review Board in Umeå (D.nr. 2011-110-31Ö).

Table 1
Domains, categories and subcategories.

Domains	Categories	Subcategories
Experience of a health dialogue about violence victimization	Disclosure – to talk about violence	Important to ask about violence victimization Questions about violence victimization raised mixed feelings and sometimes no feelings The health dialogue made the victimization visible To have left the victimization behind
	Influence on the life situation	The long-time impact of violence The health dialogue as a start of reflection and change Insight of one's own ability to handle difficult situations
Experience of a health dialogue about alcohol risk drinking	One's own alcohol consumption in black and white	Questions about alcohol was natural and sometimes led to reflection and change Normalisation Insight on group pressure and expectations

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