



Possibilities for dialogue on sexuality and sexual abuse

“As I see it, what’s taught me a great deal is seeing my patients. You become your own teacher, you have your methods and tools, but you learn to see patterns from different points of view.”

“I’ve not asked about that... but if I had a major suspicion, I might just do it... right now when I’m talking to you... that if I was seeing women like that, I really should ask...ask about abuse...but so far.....I haven’t.”

Objectives

To describe midwives’ and physicians’ experiences of dialogue with young women on sexuality and sexual abuse, with a focus on possibilities

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Background

Health care professionals often avoid raising questions about sexuality and sexual abuse due to several obstacles. However:

- Many women feel it would be natural to be asked questions about these issues when attending health-care facilities
- Women’s visits to midwives and physicians can be an opportunity for dialogue about sexual problems and abuse

Methods/Design

- Qualitative interview study
- A purposive sample of 15 midwives, 6 gynecologists and 5 general practitioners
- Age ranged from 30 to 65 years
- Professional experience ranged from 5 to more than 35 years
- Youth clinics, primary health care centers, gynecology clinics and prenatal clinics
- Small and large cities
- Qualitative content analysis

Results

Midwives and physicians saw possibilities to:

- Create a respectful meeting
- Strengthen women
- Use personal skills and assets in the dialogue
- Obtain support from the organization in terms of education, guidelines and supervision

But they also saw obstacles, due to:

- Lack of communicative skills
- Difficult emotions arising from raising sexual issues
- Lack of organizational support

Discussion and Recommendations

- There are possibilities in the encounter to create a dialogue on sexuality and sexual abuse which, in turn, can improve and promote women’s health... but...
- Physicians and midwives must handle diverse obstacles, including dealing with difficulties, such as poor communication and difficult emotions which...
- Underlines the importance of support from the organization in terms of education and supervision

“As you gain more experience, and continue your education and training, you change your manner of relating to women and asking them questions. You think along different lines; there’s a shift in your own role, function and life perspective. The more you learn, the more you can step to the side and see a whole new set of possibilities.”

“You can open up with a nice dialogue and get the patient to tell you about her situation, for instance how her relationship is working. And from there you can go off in a number of different directions, perhaps find out more about her life, her day-to-day situation, it’s more natural, and then asking the questions about sexuality and abuse feels more natural.”