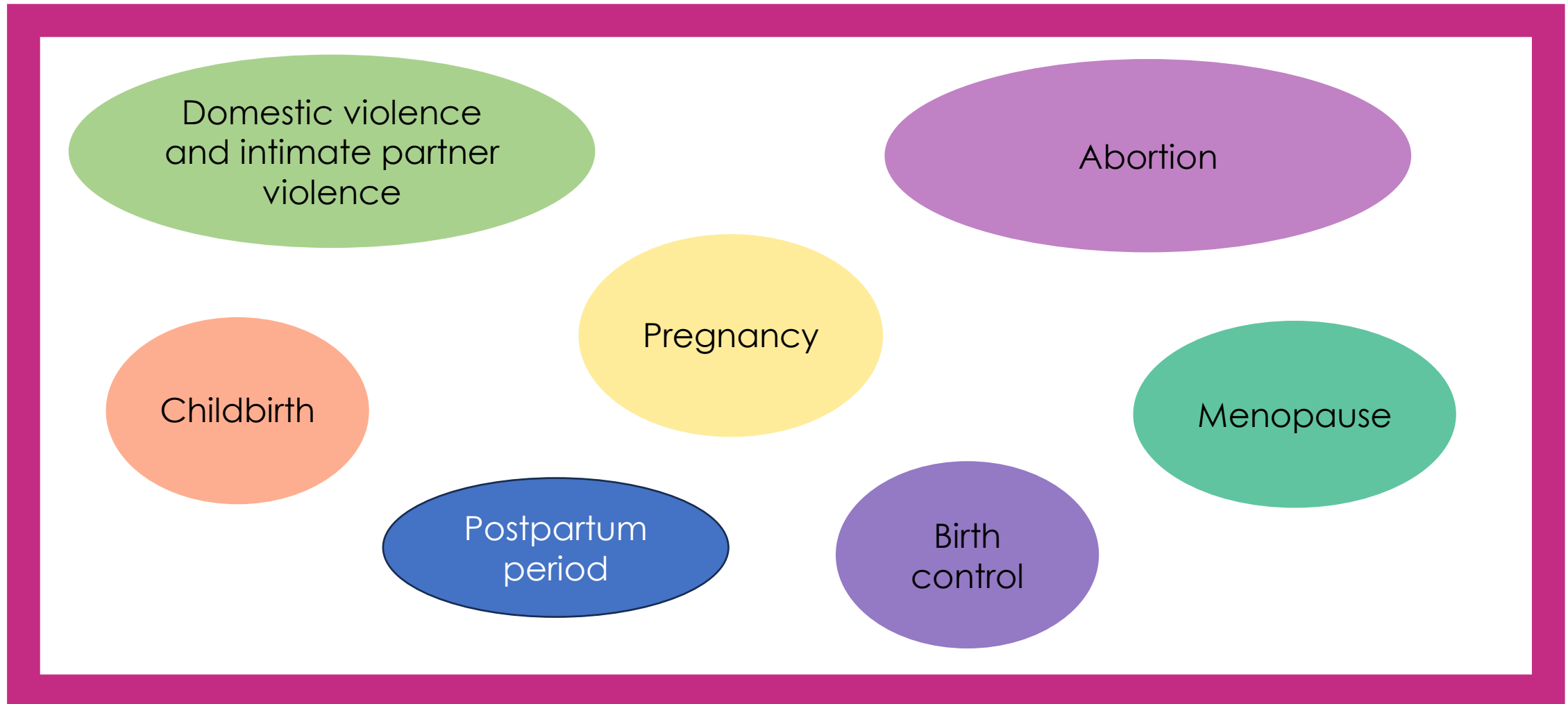


Everyone knows  
about it,  
everyone knows  
how important it is,  
but the question is  
always: How?

Prof. (FH) Martina König Bachmann BSc, MHPE  
Pauline Herzog, BSc, MSc, phd.cand.

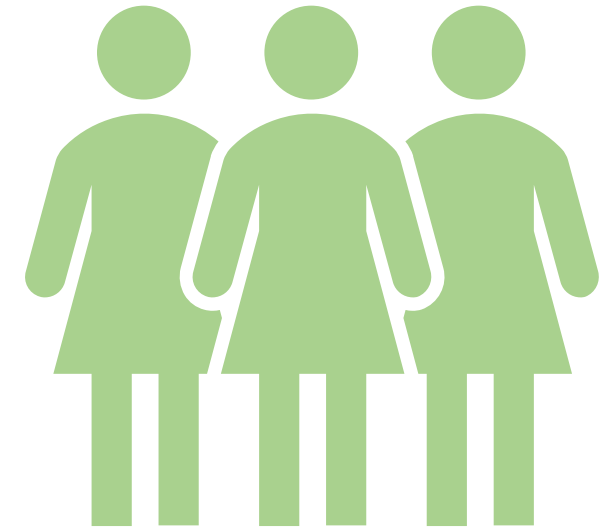
7th EMA Education Conference  
2023-10-27

# Women's Health





# Domestic violence and intimate partner violence

- Domestic violence (DV) is “...a pattern of behavior in any relationship that is used to gain or maintain power and control over an intimate partner.” (United Nations, 2023)
- Worldwide, one in three women has experienced DV. (World Health Organization 2021)
- Intimate partner violence (IPV) “...includes physical, sexual and emotional abuse and controlling behaviours by an intimate partner.” (World Health Organization 2012)
- In Austria, one in three women has experienced physical or sexual violence. (Statistik Austria 2022)



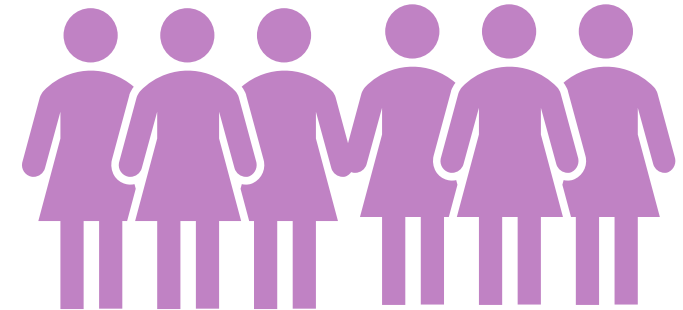
# Influence of domestic violence and intimate partner violence during pregnancy

- IPV and DV affect health and quality of life of mother and infant (Siller et al. 2020)
  - Adverse health effects resulting from IPV can increase during pregnancy  
(Chisholm et al. 2017; Howell et al. 2017)
  - IPV before and during pregnancy is connected with:
    - Risk of postpartum depression
    - Preterm Delivery 
    - Risk of traumatic birth experiences
    - Infant birth weight 
- (Alhusen et al. 2015; Hill et al. 2016)



# Abortion

- Worldwide, 39 abortions per 1000 women are performed annually (Bearak et al. 2020)
- Austria: no statistical recording; ~ about 25–50% of all women in Austria (Fiala 2012)
- Germany: six abortions per 1000 women in 2022 (Statistisches Bundesamt 2023)
  - 96% of these abortions occur in the first trimester for social reasons



# Possible needs of women after abortion for social reasons

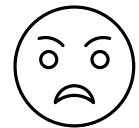
(Rocca et al. 2020; Rocca et al. 2013; Kero et al. 2004; Kimport et al. 2011)



Relief



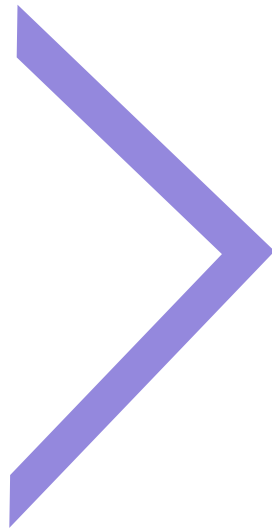
Grief



Guilt



Regret



Possibility of emotional  
stress



Desire to talk about the  
abortion



# Midwives and abortion for social reasons

- By Austrian and German law, midwives are not involved in abortions during the first trimester  
(Strafgesetzbuch 1975; Bundesministerium für Justiz und für Verbraucherschutz 1993)
- World Health Organization recommends midwives for first trimester abortions since 2003  
(World Health Organization 2003)



(<https://images.unsplash.com/photo-1522543558187-768b6df7c25c?ixlib=rb-4.0.3&ixid=M3wxMjA3fDB8MHxwaG90by1wYWdlfHx8fGVufDB8fHx8fA%3D%3D&auto=format&fit=crop&w=870&q=80>)

# Domestic violence, intimate partner violence and abortion for social reasons



- Public health issue
- Taboo and stigmatized topics
- Affects mostly women



No communication takes place

(World Health Organization 2021)



*“My fear is violating the women ... And then, what can I do? I am not a social worker, psychotherapist ...  
I have no contact to other institutions ...”*

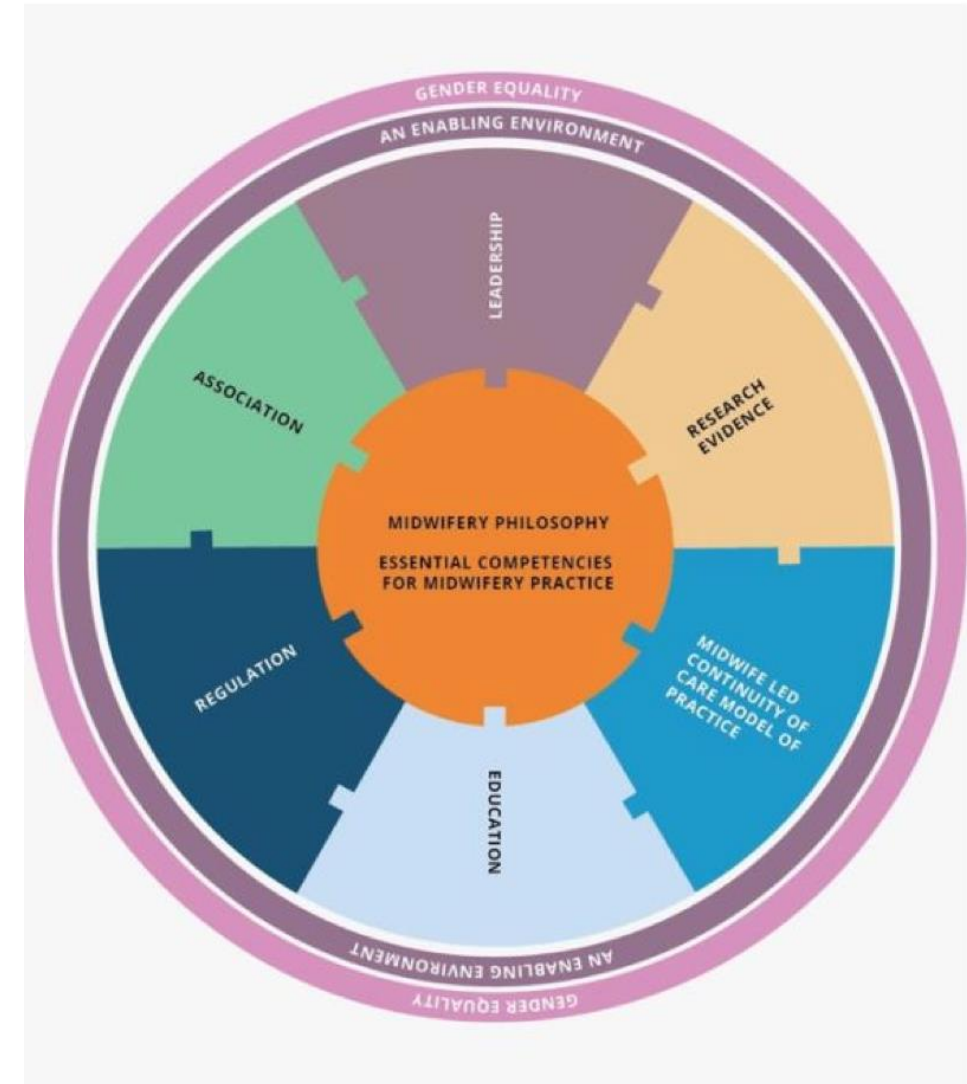
(Midwife 9; 34 years, training, 5-10 years of experience)

“I think it's important that this somehow also flows more into the care of pregnant women, that you have more training about such things, because simply the comments that I hear from midwives or gynecologists, they are really not cool and I'm glad that I have to say really, I have the feeling that my experience with my abortion makes me a better midwife ...” (Quin, midwifery student)

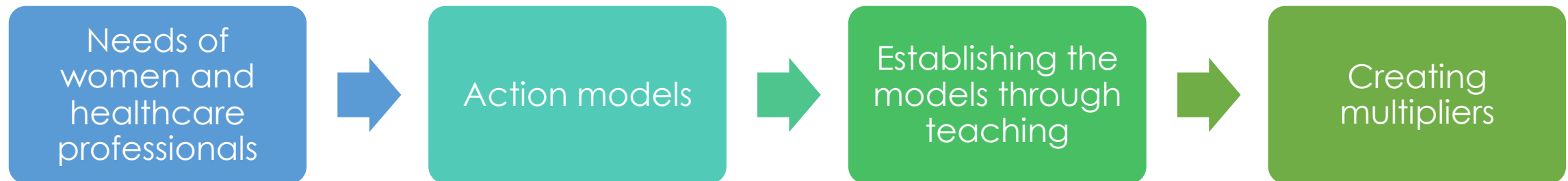
# Midwifery and domestic violence, intimate partner violence and abortion for social reasons

“The midwife is the first  
choice of health  
professional for  
childbearing women”

(International Confederation of Midwives 2023)



(<https://www.internationalmidwives.org/assets/files/general-files/2022/05/professional-framework-2022.pdf>)



# Domestic violence and intimate partner violence

*Prof. (FH) Martina König-Bachmann BSc, MHPE; Postdoc-Ass. Mag. Dr. Heidi Ulrike Siller (University of Klagenfurt)*

## I. Violence and sexuality in patients – a study with midwives

A qualitative study with midwives in Tyrol/A

at the Women's Health Center in cooperation with the FH Gesundheit (FHG)

2014–2016



**1. Problem-centred interviews** (Witzel, 2000) with **15 midwives** participating in individual interviews between December 2014 and December 2015

Interviewees were conceived as experts with regard to their own actions (Witzel, 2000), thus how VAW was approached in midwifery, and their perception of VAW in midwifery.

# Domestic violence and intimate partner violence

*Prof. (FH) Martina König-Bachmann BSc, MHPE; Postdoc-Ass. Mag. Dr. Heidi Ulrike Siller (University of Klagenfurt)*

## Resilience-oriented strengthening of midwives in the care of women affected by violence “From the hand to the hand”

A qualitative study with midwives and Experts from violence protection institutions in Tyrol/A at the Women’s Health Center, University Klagenfurt in cooperation with the FH Gesundheit (FHG)

Externally funded

2018–2022



**1. Exploratory qualitative study design – focus groups/semistructured guide (Mayring, 2014)**  
**with 11 Experts/2 focus groups (n=3, n=8) from violence protection institutions** – from urban and rural regions  
(Victim advocacy groups, Violence against women, Women’s shelter ...)  
in Tyrol/A

1a. Subsequently a **training on the topic of violence** took place  
at the FHG with midwives and experts from violence protection  
institutions – with a panel discussion

Fortbildung:  
**Gewalt gegen (schwangere) Frauen**



7. Dezember 2018, fhg – Zentrum für Gesundheitsberufe Tirol GmbH, Mehrzwecksaal, Innsbruck



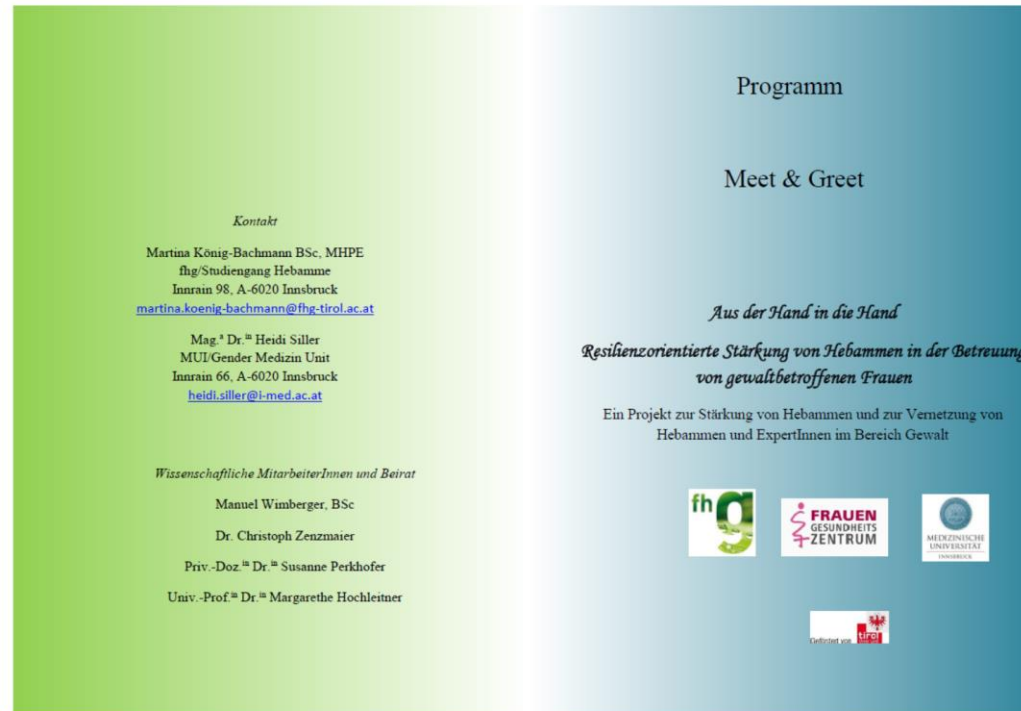
# Domestic violence and intimate partner violence

Prof. (FH) Martina König-Bachmann BSc, MHPE; Postdoc-Ass. Mag. Dr. Heidi Ulrike Siller (University of Klagenfurt)

**2. Meet and greets** – Midwives in practice as well as experts from specialized institutions in five districts of Tyrol were networked, accompanied by a before and after survey.

*“I think it already helps a lot if they have the information, the legal information especially, and if they know the processes and our offerings, and what the options are in general.”*

*“We very much hope that midwives just reach out to us.”*



Connecting midwives and relevant institutions via so-called Meet & Greet to narrow the gap in referral

- Building trust to each other

# Domestic violence and intimate partner violence

*Prof. (FH) Martina König-Bachmann BSc, MHPE; Postdoc-Ass. Mag. Dr. Heidi Ulrike Siller (University of Klagenfurt)*

## 3. Qualitative Study after a networking meeting between midwives and professionals (meet and greets) in violence prevention

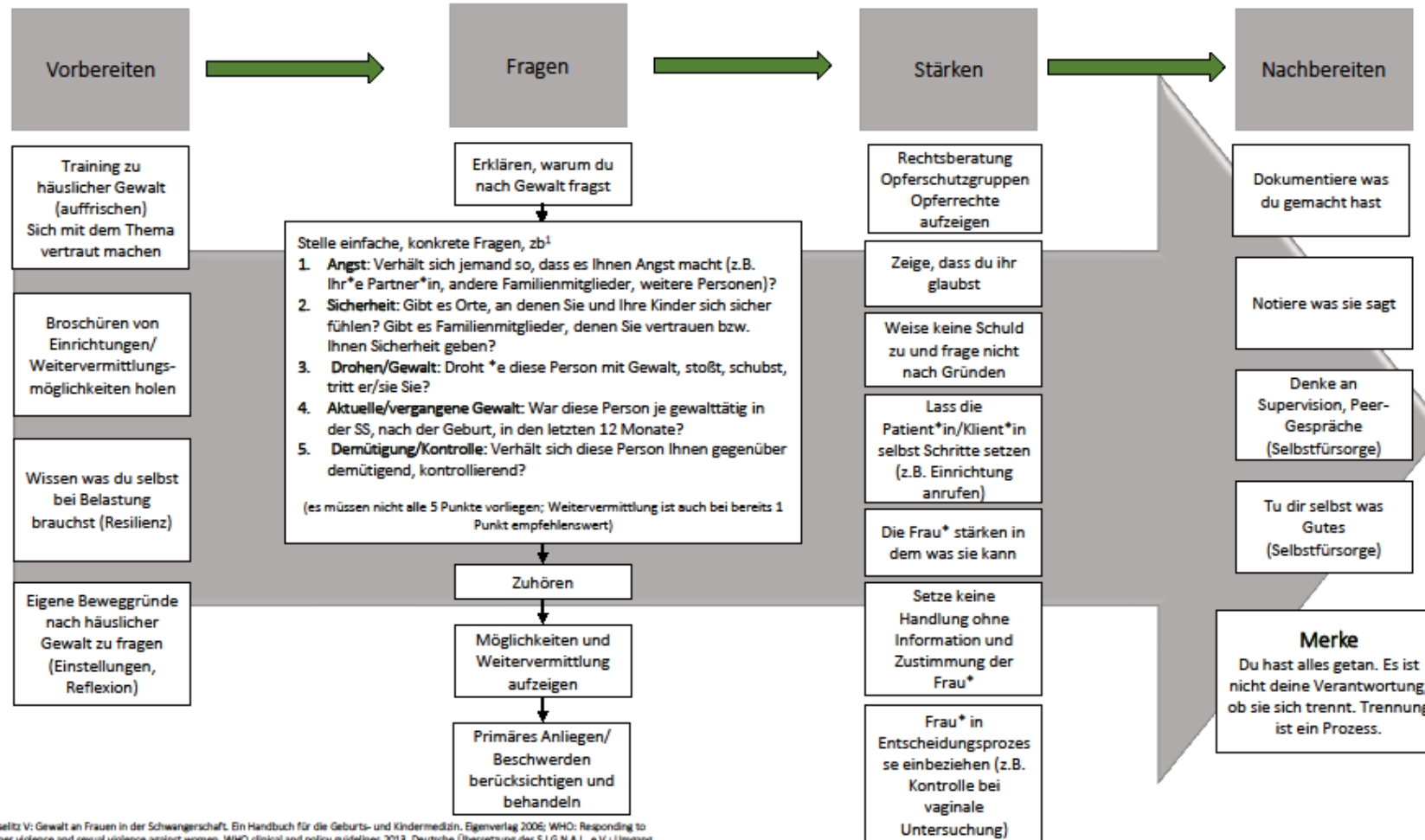
- 22 interviews (21 women; 1 man)
  - purposive sampling
  - midwives, professionals working in violence prevention or psychosocial support, psychotherapists and psychologists
- Interview topics
  - How domestic violence was managed
  - Strategies for promoting resilience and self-care
- Analysis with (reflexive) thematic analysis (Braun & Clarke)

The Analysis is still in progress.



# Domestic violence and intimate partner violence

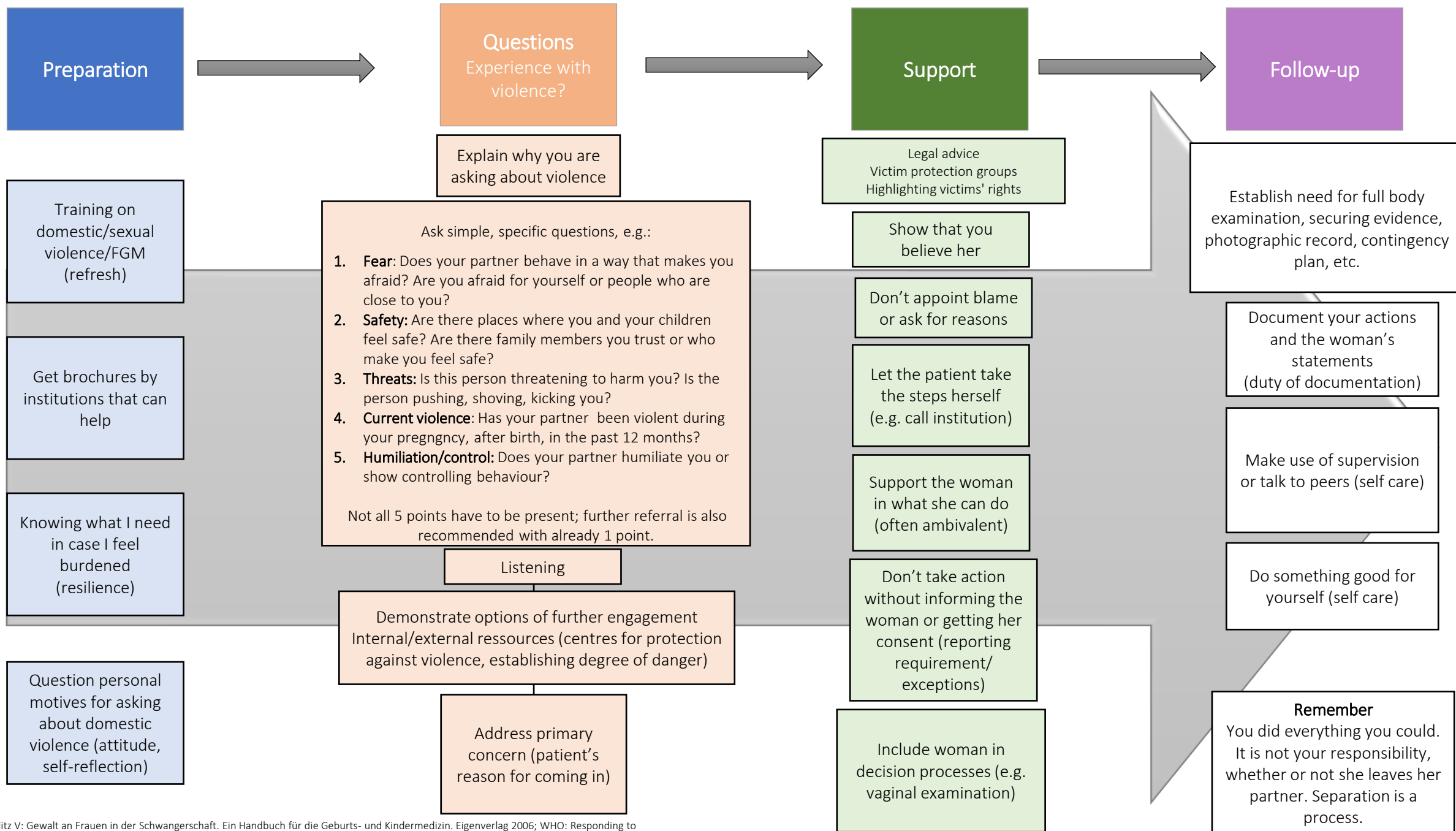
Prof. (FH) Martina König-Bachmann BSc, MHPE; Postdoc-Ass. Mag. Dr. Heidi Ulrike Siller (University of Klagenfurt)



<https://www.fhg-tirol.ac.at/page.cfm?vpath=forschung/forschungsprojekte/haeu-sliche-gewalt---lass-uns-reden>

Guidelines for midwives:  
how to talk about **violence**

<sup>1</sup> Perttu S, Kaselitz V: Gewalt an Frauen in der Schwangerschaft. Ein Handbuch für die Geburts- und Kindermedizin. Eigenverlag 2006; WHO: Responding to intimate partner violence and sexual violence against women. WHO clinical and policy guidelines 2013. Deutsche Übersetzung des S.I.G.N.A.L. e.V.: Umgang mit Gewalt in Partnerschaften und mit sexueller Gewalt gegen Frauen. Leitlinien der WHO für Gesundheitsversorgung und Gesundheitspolitik 2013



# Domestic violence and intimate partner violence

Prof. (FH) Martina König-Bachmann BSc, MHPE; Postdoc-Ass. Mag. Dr. Heidi Ulrike Siller (University of Klagenfurt)

Siller, H., König-Bachmann, M., Perkhofer, S., & Hochleitner, M. (2022). Midwives Perceiving and Dealing With Violence Against Women: Is It Mostly About Midwives Actively Protecting Women? A Modified Grounded Theory Study. *Journal of Interpersonal Violence*, 37(3-4), 1902-1932, Article 0886260520927497. <https://doi.org/10.1177/0886260520927497>

Siller, H. , Perkhofer, S., Hochleitner, M. & König-Bachmann, M. (2018). Häusliche Gewalt in der Hebammentätigkeit - Perspektiven von Hebammenstudentinnen. *Hebammenforum*, 19(10), 1163-1164

König-Bachmann, M., Siller, H. (2023). Sich über Gewalt verständigen. Wissen, reflektieren, gegen Gewalt handeln: Wie die resilienzorienteerte Stärkung von Hebammen funktionieren kann. *Obstetrica*, 3/36-39

König-Bachmann, M., Pittl, M., Hochleitner, M., Perkhofer, S., Zenzmaier, Ch. & Siller, H. (2023). Herausforderungen in der Betreuung gewaltbetroffener Frauen während der Zeit von Schwangerschaft und Wochenbett aus der Sicht von Gewaltschutz- und Beratungseinrichtungen. *Die Hebamme*, Thieme 36:40-46



Eine Handreichung für  
Hebammen zu  
Gesprächen über **Gewalt**



# Abortion for social reasons

Pauline Herzog, BSc, MSc, phd.cand

**Question 1:** “What are women’s motives for having an abortion for ‘social reasons’?”

**Question 2:** “What needs arise in women after an abortion for ‘social reasons’?”

**Question 3:** “How can the needs mentioned be met in terms of health services?”

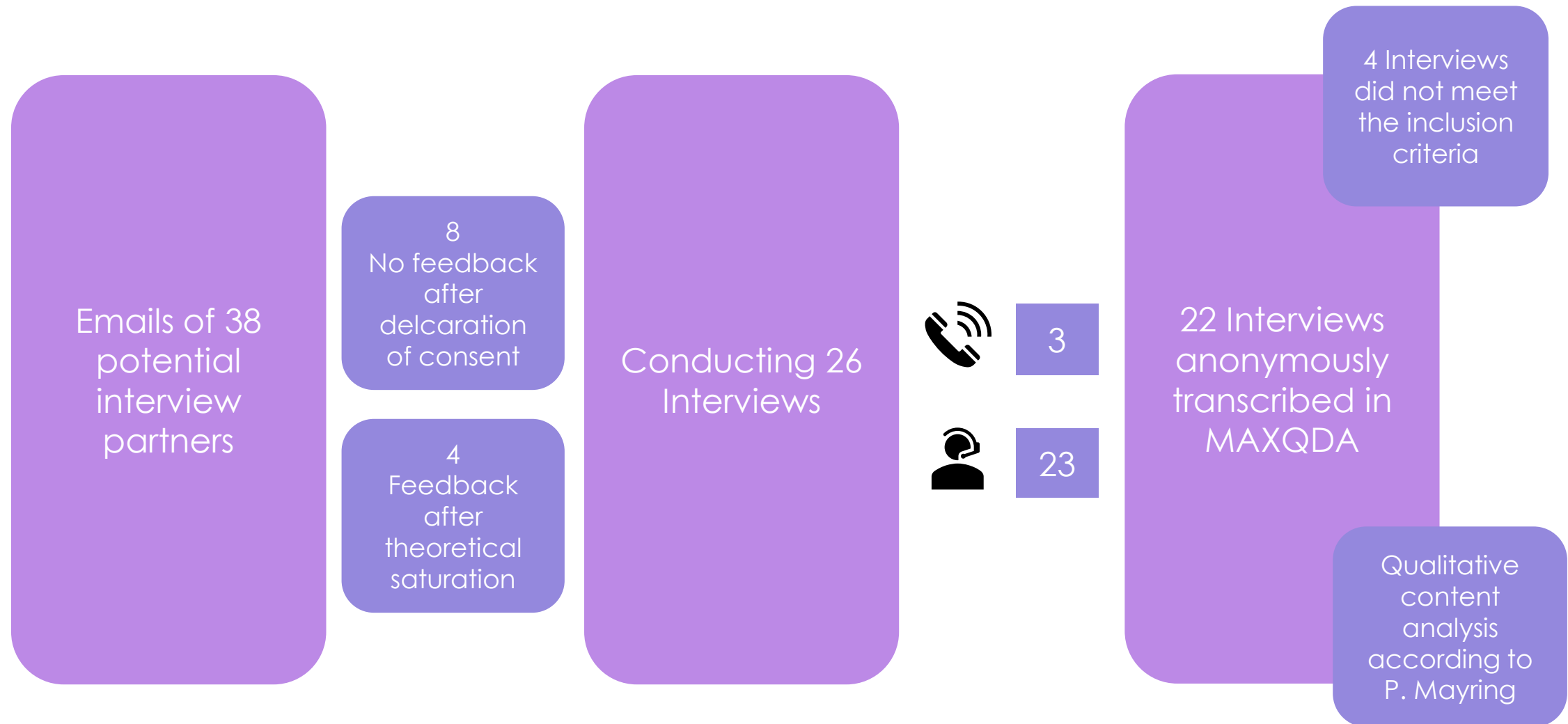
# Abortion for social reasons

## Qualitative inductive research design

- March 2021: Drawing attention to the study:
  - Social media (Facebook, Instagram, Twitter)
  - Austrian Midwifery Congress
- March 2021 to January 2022:  
Conducting semi-structured, personal individual interviews with interview guidelines in Germany and Austria

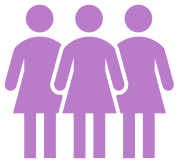
Positive ethics vote by RCSEQ

# Abortion for social reasons



# Abortion for social reasons

Women's needs after an abortion for social reasons



Exchange with other women who have had an abortion



Online exchange with other women who have had an abortion



Psychosocial counseling with empathetic, non-stigmatising professionals like a midwife

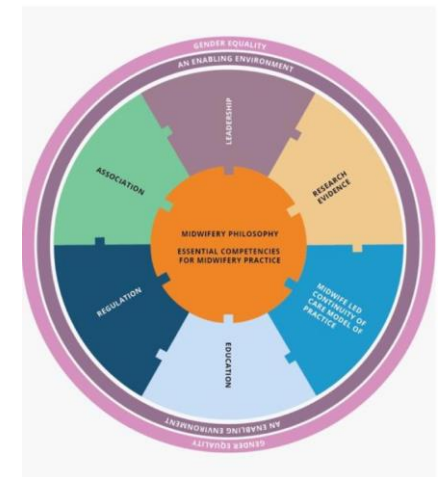
## NOW – How we do it:

- Abortion and domestic violence and intimate partner violence must be part of the curriculum
- Awareness for the importance of these topics in midwifery
- Teaching how the topics can be approached in practice leads to security
- Security leads to responsibility

<https://training.viprom-cerv.eu/en/>

<https://www.fhg-tirol.ac.at/page.cfm?vpath=forschung/forschungsprojekte/haeusliche-gewalt---lass-uns-reden>

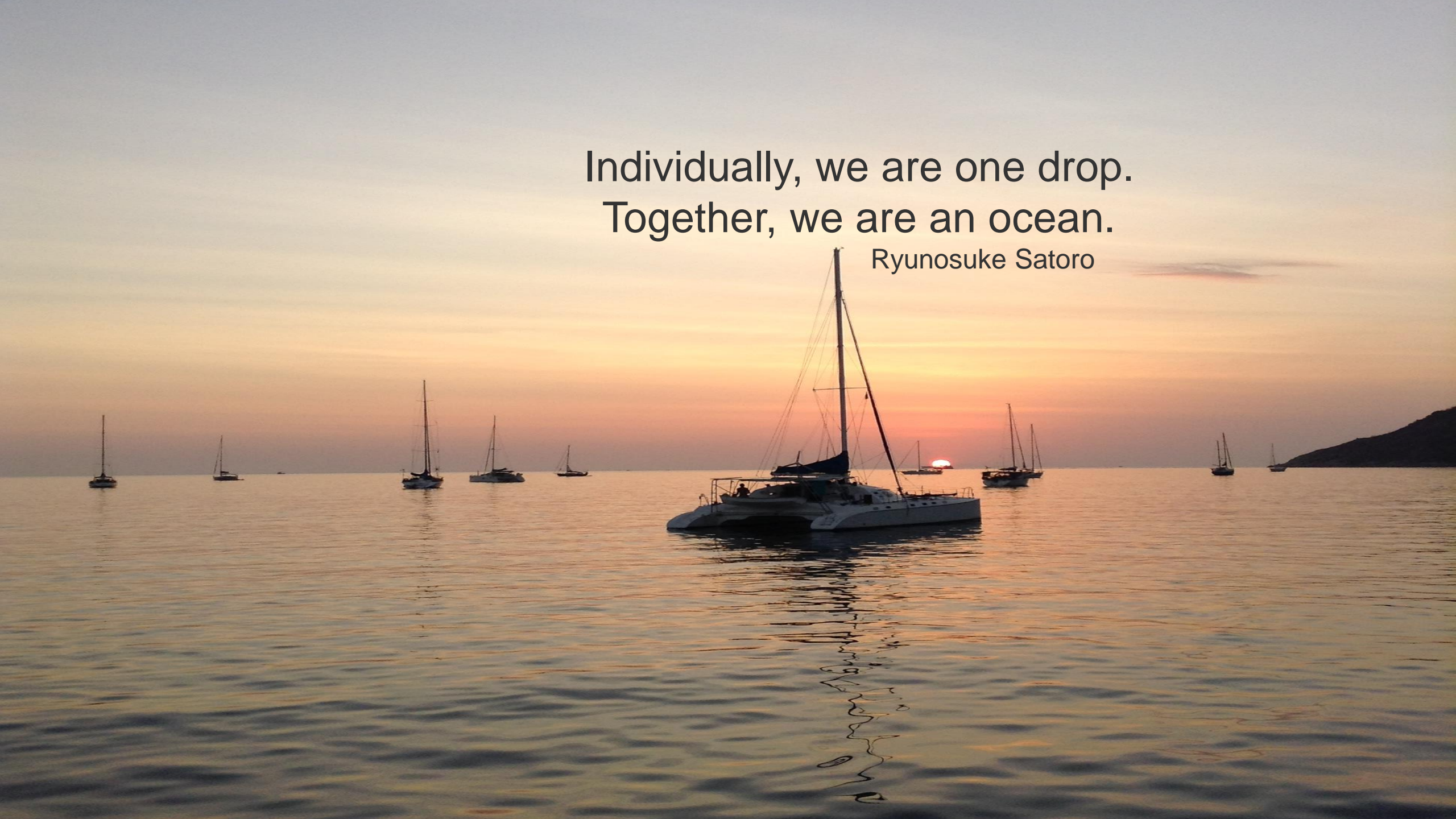
Guidelines for midwives:  
how to talk about **violence**





Individually, we are one drop.  
Together, we are an ocean.

Ryunosuke Satoro



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