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K A R O L I N S K A I N S T I T U T E T

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Curriculum Vitae

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Men's Violence against Women – A Public Health Issue in Sweden?

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Men's Violence Against Women - A Public Health Issue in Sweden?

Is the problem of men's violence against women in Sweden met by means of public health?
What is being done and what could be done in terms of safety promotion?

Abstract

Introduction: In Sweden there were 22 481 crimes reported to the police in 2003 concerning women who had been assaulted, a figure that has risen over the past decade. The real figure is unknown because it is underestimated in criminal statistics. Most of the work done to counteract this violence is not evidence-based.

Purpose: The question is raised whether this violence is addressed as a public health issue and whether it would be beneficial to work with the problem "men's violence against women" as a safety promotion issue? Are there methods within safety promotion which could be applicable to the problem of male violence against women? It is necessary to further develop the work to prevent violence against women and to promote safety for women. The intervention "Operation Kvinnofrid" which uses a multi-agency community approach is examined from a public health perspective and with a safety promotion approach.

Methodology: In the thesis some theoretical models for planning, implementing and evaluating intervention programs used in safety promotion are applied to the intervention "Operation Kvinnofrid".

Results: The results show that theories and models from safety promotion could very well be applied to Operation Kvinnofrid, which is important for the evaluation and further development of this type of intervention.

Conclusion: It would be beneficial to continue the development of multi-agency work such as "Operation Kvinnofrid". Using methods and models from safety promotion would create a base for community action against men's violence against women.

Introduction

Men's violence against women is a global problem of considerable dimensions. Results from 48 population-based surveys from around the world, show that between 10 % and 69 % of women reported that an intimate male partner at some point in their lives had physically assaulted them. (1) The consequences of this violence include extensive effects on women's health, resulting in both physical and psychological suffering, sometimes lifelong. (2, 3). The WHO World Report on Violence and Health 2002 maintains that it is due to the efforts of women's organisations around the world that violence against women has become an issue of international concern. "Initially viewed largely as a human rights issue, partner violence is increasingly seen as an important public health problem." (1)

Background

In Sweden there were 22 481 reports to the police concerning assaults against women in 2003. Compared to 2002, this is an increase of 4 %. According to statisticians, this rise reflects in part an increase in these crimes, and not just an increase in people's willingness to report the crime. Violence against women is underestimated in the criminal statistics. The largest problem may be that the dark figures are very high, and that the real extent of the problem therefore is unknown. Generally, violence committed in the home is more seldom reported than violence committed elsewhere, and violence committed by someone known to the victim is reported more seldom than violence committed by someone unknown to the victim. What is characteristic for violence against women is that it occurs indoors and is committed by a man that the woman knows.(4) The National Organization for Women's Shelters and Young Women's Shelters in Sweden (ROKS) estimates that 25 percent of women who are exposed to violence will report it to the police.(5) Changes in the legislation have also affected the criminal statistics making it difficult to know the real extent of violence against women.(4)

According to the national survey "Slagen dam" (Captured Queen) from 2001, nearly half of all women in Sweden (46%) have experienced violence from a man after their 15th birthday, violence being defined here quite broadly. The survey also shows that women exposed to violence suffer from more bad health and consume more pharmaceuticals than other women.(6) Women who have been exposed to violence are more frequent users of health-care than other women. It is common that women will seek health care presenting various physical injuries, but many times without the true cause of the injury being revealed. Anxiety, sleeping-problems, depression, PTSD, and suicide are examples of consequences of being exposed to violence. Among women with pain problems, there is an over-representation of those who have been exposed to violence.(7) There is an ongoing discussion about how health-care providers can improve their work with women who have been exposed to violence and develop preventive strategies.

The Swedish government began a comprehensive reform effort with the proposal of a new law on Equal Opportunities in 1990/91.(8) After that, the Minister of Social Affairs Bengt Westerberg launched a commission called the Commission on Violence Against Women (Kvinnovåldskommissionen). The result was the government bill for action against violence against women 1997/98. Though Sweden is regarded by many as a society in which there is a relatively high degree of equality between women and men, there are many areas where there is a considerable imbalance in the power relations between women and men. The most extreme example of such an imbalance is the occurrence of men's violence against women. "Violence against women is therefore an obstacle to the ongoing development towards equality between women and men."(9)

In 1998 a new law took effect, creating a new crime captioned "Gross violation of a woman's integrity". "Its purpose is to deal with repeated punishable acts directed by men against women having a close relationship with the perpetrator."(9) Other measures were also proposed in the Bill. Various national public authorities were mandated to increase their efforts to prevent violence against women. For example, every relevant public administration was directed to draft action programmes and policy documents for its work on this question. Mutual collaboration with other administrations and relevant organisations was also cited as an important step.

It has been argued that it would be beneficial to view violence against women from a public health perspective, since the latter emphasises prevention, not regarding violence as something inevitable, but rather as something possible to prevent.(10)

In the documentation from the EU-project "Operation Kvinnofrid International", The worst scars are on the inside, it is argued that in light of knowledge we have today about the prevalence and deleteriousness of this violence, there is good reason to deal with it also as a public health issue, which is increasingly the case.(11)

Working against men's violence against women is a task for several authorities in the society, with the government bill addressing the role of the legal authorities, as well as the health care and social services. It is also important that the schools deal with this violence, and that various NGO:s are recognized as important partners in the collaborative work. There is a substantial amount of work going on to counteract men's violence against women on various levels and by different agencies.

The Aim and Objectives of the Thesis

The overarching objective of the thesis is to gain a greater understanding of whether men's violence against women is being addressed as a public health issue in Sweden, in part by investigating the intervention called "Operation Kvinnofrid" and in part by reviewing articles where men's violence against women is discussed from a public health perspective.

The specific aims are to understand whether models of safety promotion are useful and meaningful for future research and work with men's violence against women.

Materials and Methods

The materials include reports, brochures, and other printed materials from Operation Kvinnofrid(12,13) as well as articles from relevant journals on public health and men's violence against women. The articles have been found by searching Pub Med, Swe Med for articles on "violence against women", "domestic violence", and "public health".

The method used is to review the articles, using them as examples of viewing men's violence against women as a public health issue and comparing their discussions and suggested actions with the situation in Sweden today.

Further, the intervention Operation Kvinnofrid will be studied, with the help of definitions, models and typologies used in Safety Promotion.

I will start with a brief review of articles, then Operation Kvinnofrid will be presented, followed by definitions of terms and concepts and a presentation of typologies and models.

Article Review

Six articles from scientific journals, from the USA, UK and Sweden, have been reviewed. In the articles, men's violence against women is referred to as a public health issue. The importance of a functioning surveillance system is highlighted. (14) It is necessary to identify the risk groups or other environmental factors that are of importance when deciding which preventive measures should be carried out. On the other hand, there are difficulties if surveillance systems are differently constructed and are not comparable with each other. Difficulties also arise with the terminology, many different terms being used for the same phenomenon, or the same term being defined differently in different settings. (15) In addition, an injury surveillance system will most likely not capture all the cases, due to several factors: the violence is not always physical; there are other violent behaviours that the perpetrator can use as well, (1, 16, 17); and all injuries do not always warrant treatment in a hospital.

Under discussion are screening in emergency departments or health-care settings and routinely asked questions about violence. (18, 19, 20) A study from the USA shows no support for recommendations for or against routine screening in the emergency departments. The article arguing in favour of routinely asked questions stresses the importance of proper training of the staff who will be asking the questions about abuse. Further, inquiring about violence must be accompanied by information about support services and safety planning. (21) One of the articles argues strongly for the public health approach in preventing violence against women and offers suggestions for the future, "for example to have a primary prevention focus targeting attitudes and behaviours that result in victimisation of women". (15)

Limitations

The articles have not been chosen by any scientific methods, and thus they are not a representative choice. The Operation Kvinnofrid is not analysed in its entirety, instead with only certain selected interventions being focused upon.

The Intervention Operation Kvinnofrid

A steering group with representatives from twelve authorities is formally responsible for the intervention, Operation Kvinnofrid, with the County Governor serving as chairperson. A working group carries out the intervention, with members from the County Administrative Board, the County Council, the municipality of Stockholm and the police – the representative from the police also functions as the co-ordinator of the working group. Operation Kvinnofrid is a multi-agency initiative, with the police, the health-care services, and the social services working on the intervention together with, for example, women's shelters in Stockholm County. The authorities all have taken on the task of training their staff and of developing action plans and routines with the goal of instructing the personnel on how to counteract men's violence against women. (22) The co-operation and exchange of experiences shall increase between authorities and between them and the NGOs.

An ambition of Operation Kvinnofrid is to increase knowledge and understanding among the general public about this violence and to encourage everyone to intervene if they come into contact with physical or psychological violence against women or if they witness children living under these circumstances. It is also hoped that politicians, commentators,

and the media will focus on the societal problem men's violence against women. New methods for early detection of and counteracting and preventing men's violence against women should be tried. (23, 14)

Four poster campaigns have been conducted, in 1997, 1999, 2000, and 2003. The campaigns have been aimed at raising awareness and at stimulating discussions among the general public. The first poster campaign included a picture of a rose stem with thorns accompanied by the text "The worst scars are on the inside", this becoming the trademark for Operation Kvinnofrid.

Definitions

Here it is important to explain the various definitions in this paper. The concept of "Public Health" is used here as an umbrella term under which "Safety Promotion" and "Injury Prevention" are included. I will use Safety Promotion as a special branch of Public Health, which means that an issue might be addressed as a public health issue and a safety promotion issue at the same time. It is possible to be safe without being healthy, but if you are not safe, then you cannot be healthy either. Good health presupposes safety. This is one reason why "men's violence against women" is an issue within this field. Women exposed to violence are not safe and therefore not as healthy as they could be.

Public health

According to WHO, "health is a condition of complete physical, psychological and social well-being and not only the absence of illness and disability". Public health is the condition of health within a country. (24) Public health work is aimed at preventing diseases and promoting health.

Safety promotion

"Safety promotion is the process applied at local, national and international level by individuals, communities, governments and others, including enterprises and non-governmental organizations, to develop and sustain safety. This process includes all efforts agreed upon to modify structures, environment (physical, social, technological, political, economical and organizational), as well as attitudes and behaviours related to safety."(25)

"Safety promotion focuses more on societal structures, public policies environment engineering, legislation and the administration of justice."(26)

"Safety promotion looks at the human being as the product of environmental and societal factors, and tries to find solutions on the basis of the knowledge that comes out of this."(26)

Many expressions are used to describe violence against women. Below I will clarify and define what I mean by men's violence against women and how it is used in this thesis.

Men's violence against women

The term interpersonal violence is used in the WHO report on violence and health, when describing men's violence against women. From statistics we know that the violence women are exposed to is mostly carried out by men, therefore the term men's violence against women, or male violence against women seems appropriate. I am going to use the term

men's violence against women, because that is the term Operation Kvinnofrid eventually decided to use. It could be seen as a further development, from early stages when the terms "woman battering" or "violence against women" were used to a term which now clearly indicates who the perpetrator is and who the victim is.

This phenomenon is often referred to as gender-based violence because it evolves in part from women's subordinate status in society.

In Sweden, the term sexualised violence is sometimes used to encompass the various forms of structural and personal acts of power that men execute over women, including phenomena such as prostitution and pornography.

The form of violence which I am referring to here is the violence perpetrated by a man against a woman within a relationship, marriage, or cohabitation, or other forms of partnership, such as dating, and it also covers violence after the relationship ends, thus when the woman is trying to leave or has left the relationship. The violence commonly includes physical, psychological, economical, and sexual abuse.(1,16,17)

The process of violence – the process of normalisation The violence in the relationship is generally described as a process. Eva Lundgren, Professor of Sociology (with special orientation on violence against women) at Uppsala University has coined the term "process of normalisation". She has described the violent relationship as a process where both the man and the woman develop their own strategies, the man's aimed at taking control and gaining power over the woman and the woman's aimed at adapting herself first to get the man to stop the violence and later on just to survive. As the process continues, the woman places the blame for the violence on herself, and the violence becomes a normal part of her daily life, which is why it is called the process of normalisation. The woman gradually loses her self-confidence and becomes weaker until one day the man kills her or loses interest and leaves her. The theory is grounded on a structural explanation of the construction of gender. The roles of men and women are developed to fit the social and cultural pattern of the society in which they live. (16) This way of describing the violent relationship and the development of the violence matched the experiences that the women's shelter movement in Sweden gained from their contacts with many abused women. It has also become the main theoretical model used to explain "men's violence against women" in the material produced and the educational programs carried out by Operation Kvinnofrid.

According to this model, the violent relationship usually passes through different stages. The relationship starts with love and non-violence and changes over time. The man's behaviour evolves step-by-step from the verbal abuse to physical violence, ending in the worst cases with death.

Models and Typologies

As the first model to apply to men's violence against women, I have chosen Gjestland's typology with the three levels of prevention: primary, secondary, and tertiary:

- Primary preventive actions can be general or specific in nature, depending on the range of risk factors addressed.
- Secondary prevention is defined as early detection and diagnosis of the disease, including rapid treatment.
- Tertiary prevention means limitation of the consequences of the disease and rehabilitation.

Primary prevention interventions are introduced at a community or group level. Secondary and tertiary preventions are on the individual level. (25)

The second model is the plate of prevention (Fig.2). According to this model, there are five levels of prevention work: Individual – oriented, Group – oriented, Organisation – oriented, Community – oriented and National – oriented. Within each of these levels, work can focus on one or more factors at a time: mono-factorial, multi-factorial, or general. It is also possible to focus on a single cause and work with that on the individual or another level, two or more causes can be chosen and worked with on any level. All this is illustrated in the plate of prevention.(26)

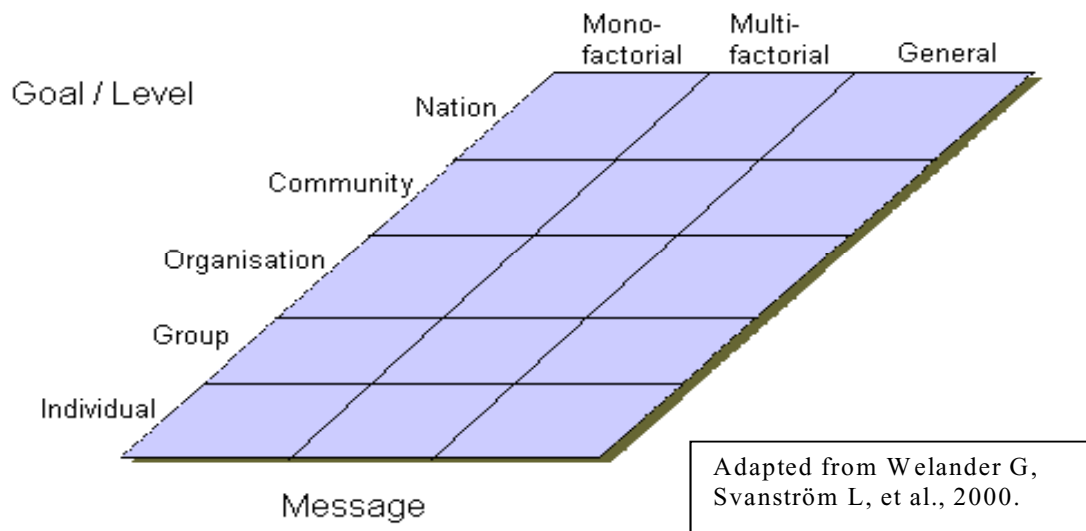


Figure.2. The plate of prevention (Svanström 1987)

The third model is the Haddon matrix where injuries are analysed in relation to three phases and three different factors. The three phases appear in chronological order: before the event, the actual event, and after the event. The model also takes into account the traditional epidemiological "host-agent-environment" model. The host is the human factor in this context. Here it will be the woman, the agent will be the man, and the environment refers to both the physical and the social environment. The model can be used to analyse a case and as a guide to find preventive measures. (26, 27)

The fourth model is the Svanström evaluation model. This is a framework that can be used for evaluating safety promotion interventions over time from input to injury occurrence. The inputs create or modify activities that determine the level of exposure. This affects KAP (knowledge, attitude, performance), which in turn modifies risk conditions and, eventually, injury occurrence. (28)

Results

Judging from the review of the articles as a comparison to the situation in Sweden today, a longer tradition exists in the USA of addressing men's violence against women as a public health issue. There is a great deal of experience on working with surveillance systems and the difficulties that arise. Further, there is considerable knowledge about the prevalence of this violence. Screening versus routine inquiry about violence within health-care was an issue discussed in articles from the USA, UK, and Sweden. No consensus is found about the benefits or harm of these routines in any of the articles.

The actions suggested in these articles, such as training staff in health settings, developing community intervention programs, and targeting primary prevention work to affect attitudes towards violence against women, closely resemble the kind of actions carried out by Operation Kvinnofrid.

When comparing Operation Kvinnofrid with the theoretical models for prevention and Safety Promotion chosen here to represent this field, many similarities are found in the way the intervention was designed. I will first show the results when Gjestland's typology is applied to Operation Kvinnofrid. The various activities of the intervention could be classified as follows:

Examples of primary prevention activities in Operation Kvinnofrid:

- The poster campaigns aimed at spreading basic information to the general public, at raising awareness, and at stimulating the discussion among the general public as well as among the professionals who will work with the perpetrators or the victims.
- The brochures which provide more facts and information than the posters, could function as sources of knowledge, as well as bases for discussions. One series of brochures were written for the general public and a special one for young girls and boys which was made available to schools all over the county.
- The seminars which were held free of charge during the poster campaigns, featured qualified lecturers who discussed different aspects of the issue "men's violence against women".
- Visits to schools and lectures and discussions with pupils and school personnel on themes such as equal opportunities, sex, pornography, and violence.
- Training programs for personnel within authorities such as the police, the health care system, the social services, and the school system.
- The municipally-based multi-agency groups which encouraged professionals and NGO-representatives to exchange experiences, to develop a common basis for their knowledge, and to learn from each other. The possibility of working with prevention becomes easier with a broader perspective on the problem.
- NGO-sponsored groups for young girls in techniques of "feminist self-defence" and discussing relationships and sexuality.

Examples of secondary prevention:

- The use of action plans in the emergency rooms.
- Directives mandating the health-care staff to ask women presenting with injuries about what happened. In cases where they believe the woman has been exposed to violence, they are encouraged to ask a simple straightforward question about it.
- The health care staff was to become especially observant about possible cases of violence, a practice that could result in early detection and rapid treatment.
- The message was sent to both the health care and the social services personnel "dare to see and dare to ask"! If this were to be followed, it would also result in early detection and rapid treatment.

Examples of tertiary prevention:

- The health care units treat the injuries, offer counselling and information or actively assisting women to get to shelters or to contact the police or the social services.
- The careful documentation of injuries for reporting to the courts.

- The social services render support to the women and children, including financial assistance and accommodations.
- The police record the women's crime complaints and make risk assessments, taking steps to apply for restraining orders and to ensure the women's future safety.
- Womens' shelter organisations provide accommodations and support groups.
- The children are given counselling and therapy when necessary.

The classification above shows that in Operation Kvinnofrid there are many activities which can clearly be defined as prevention efforts even if the precise terminology is not used.

Applying the plate of prevention

Operation Kvinnofrid is a multi-agency effort and works with the issue of "men's violence against women" from various perspectives. Applying the "Plate of prevention" from Safety Promotion helps develop a good picture of the intervention. The problem, men's violence against women, is seen as the product of a multitude of causes. This approach entails creating an assembled programme with many different actors and stakeholders. The intervention is carried out on three levels: the group, the organisational, and the community. At each level, the work is multi-factorial. For example, the poster campaign is applied at the community level, the training of professionals at the group and organisational levels, and classes at schools on equal opportunities, sexual harassment, and violence are other examples of multifactorial work on the group level. Individuals are reached by the message (of the posters and brochures) because they are at the end of the "chain", even though messages are not necessarily individually adapted. The plate of prevention could also be used as a tool when planning for future preventive work within Operation Kvinnofrid.

Applying the Haddon Matrix

To find an answer to my questions as to whether it would be meaningful and advantageous to apply methods from safety promotion to work with "men's violence against women", I decided to apply the Haddon matrix. It is a useful tool for analysing any type of injury, and both risk factors and possible interventions can be analysed using the Haddon Matrix.

Below, two "typical cases" have been described, the first one being an example of the process of a violent relationship, starting with various verbal insults and ending with physical violence. In this case, the process proceeds undisturbed because friends and relatives do not understand, do not want to see, do not dare to see what is happening or perhaps feel that the violence is too private to talk about. Among professionals, there is a lack of knowledge, and there are no action plans or routines in place.(Table 1)

The second scenario is an example of how the progress of the violent relationship could be different if friends and relatives and so on did understand the phenomenon, and dared to see and to ask about it. In addition, the professional staff was in this case trained to ask questions about violence, and suggested routines were followed. (Table 2)

The order has been altered from the typical use of the Matrix. Here, the agent who is the man comes first, followed by the host, who is the woman, and finally comes the environment which in these examples are friends, relatives, and professionals. I have chosen four phases from the process of violence described above.

Table 1: Example of the Haddon Matrix. The progress of a violent relationship with no interventions from outside.

Phases/factors	Agent (Man)	Host (Woman)	Environment
Disability/Exhaustion	Calls the woman names, is patronising.	Starts to feel sad, tries to change herself, gradually losing self-confidence.	No friends or relatives ask, see, or hear anything.
Isolation	Tries to stop her from seeing friends and relatives.	Sees friends and relatives more seldom, finally not at all.	Friends and relatives stop calling.
Threats	Threatens to kill himself if she leaves him.	Feels responsible for the man and the relationship. Fears what will happen if she leaves.	When woman sees her family doctor because of anxiety and sleeping problems, nobody asks about her home-situation; woman is given medicines.
Physical violence	He beats, kicks etc.	Incurs injuries and the man brings her to the emergency room.	In the emergency room, the man tells the staff that the woman stumbled and fell on the stairs. No one asks the woman anything.

[Adapted from Welander G, Svanström L, et al 2000]

Table 2: Example of the Haddon Matrix. The progress of a violent relationship with interventions from outside, after a multifactorial intervention.

Phases/factors	Agent (Man)	Host (Woman)	Environment
Disability/Exhaustion	Calls the woman names, is patronising	Tells him to stop, talks to friends.	Friends and relatives tell him to stop.
Isolation	Tries to stop her from seeing friends and relatives.	Maintains contact with friends and relatives.	Friends and relatives keep calling.
Threats	Threatens to kill himself or her if she leaves him.	Considers her situation, asks, am I afraid? Is it time to leave? Talks to someone.	The woman sees the family doctor for anxiety and sleeping problems, he/she asks about the situation at home. When she tells the doctor, she will be given information about where to turn for help. The advice she gets is that she should change her situation. Date set for new appointment with her doctor.
Physical violence	He beats, kicks etc	Leaves, goes to the police, a shelter, the hospital, friends, etc.	In the emergency room the staff talks to the woman alone about her injuries. A protocol is filled out about the injuries. The woman is offered counselling and gets help to contact a shelter or the social services.

[Adapted from Welander G, Svanström L, et al 2000]

The application of the Svanström evaluation model

As mentioned earlier, the only part of the intervention Operation Kvinnofrid that has been evaluated are the poster campaigns. The training programs have not been evaluated so far. According to a report from the Stockholm County Administrative Board, work with women exposed to violence within the social services has generally not yet been formalised. There are too few action plans or routines in spite of the interventions and training programs. The problems and difficulties are similar to what they were 15 years ago.(29) Using a model for implementation and evaluation of the intervention would be helpful in developing cost effective and sustainable results. I am going to use the Svanström evaluation model.(28)

Below, the framework of this evaluation model has been used, and the different parts of Operation Kvinnofrid have been hypothetically inserted into it. Then, suggestions are made as to what could be measured and how. The costs and results can be measured and compared with the goals, which must be clearly set out so that the intervention can be evaluated. I have chosen one part of the intervention, namely, the training of the staff within the social services. (Table 3)

Table 3. Evaluation form for the intervention with training for social service staff in Operation Kvinnofrid.

<i>Input:</i>	<i>Measurement:</i>
The planning of the intervention	Time used to plan
The educators	Time
The social workers	Time
The local head of social services department	Time to participate, time to plan
Material for the education	Number of these
Education room	Cost per hour
<i>Activity:</i>	<i>Measurement:</i>
The education program for social workers.	How was the education received? Questionnaire to the staff.
<i>Exposure:</i>	<i>Measurement:</i>
How many participated in the education?	Numbers (in percentage) of the staff.
<i>KAP:</i>	<i>Measurement:</i>
What are the knowledge and attitudes of the social workers about this? Do they ask women about violence when there are indications that violence has occurred?	Questionnaire to the staff about this.
What do women think about being asked these questions?	Questionnaires to women seeking various services.
<i>Risk:</i>	<i>Measurement:</i>
Are the risks of women being exposed to violence affected?	How many cases have been detected, assessed after 3 months. Compare with 3 months the prior year.
<i>Injury:</i>	<i>Measurement:</i>
Psychological and physical violence from a man against his partner or former partner.	Interviews with women who have changed their situation to non-violence about what they think of the support they received.

[Adapted from Laflamme L, Svanström L et al., 2000]

Even if the model needs to be somewhat modified to fit this intervention, this is another example of a model in safety promotion work that would be of great help in the work against men's violence against women. The cost-effectiveness approach plays an important role in today's public policies, and this is a strong argument for evaluating the training. It is necessary to know whether training is effective as a means for prevention.

Discussion

The results show that despite the fact that Operation Kvinnofrid does not refer to men's violence against women as a public health issue, the examples of implemented actions using Gjestland's typology have the characteristics of prevention and fit well into the concept of public health work. For future development of the preventive work, the typology could be a tool when designing new actions by stimulating a way of thinking with a preventive orientation.

The question was raised here as to whether it would be meaningful to use models and methods from safety promotion when working with preventing men's violence against women. Comment will be made in particular on the use of the Haddon Matrix. A much discussed question in prevention work with abused women is "at what point in the process does the woman finally leave her violent husband?" This is followed by; "what can we (as professionals) do to influence her to leave early in the process?" "Are there different measures that should be taken in different phases?" The Haddon Matrix makes it possible to divide the phases in the process of violence into smaller parts and thereby make the analysis deeper. It is sometimes difficult to tell when the violent behaviour actually starts as it is often a long process, and the borders between what is normal and what is not are sometimes difficult to discern. The term "postvention" is used to reflect the fact that even if we cannot prevent the violence from the beginning, we can stop it from being repeated.(30) In the future postvention work, the Haddon Matrix will be a useful tool.

Here it is suggested that the Svanström evaluation model be used to evaluate the training program for social services personnel. The model could be used for evaluating other interventions as well. In the articles reviewed, training staff in emergency departments and other health settings was suggested, seemingly an important part of many prevention programs. Examples can be found from earlier training programs in Sweden, in the late 1980s, when the national organisation of County Councils in Sweden launched a campaign for the health care sector in Sweden entitled "Dare to see, dare to ask". Many training programs have been conducted since then, but there is a need for evaluation, since we still do not know the effects of the training and how it should be carried out.

To supply Operation Kvinnofrid with evaluation tools could be one important contribution from public health and safety promotion. Another important aspect is that action is not enough. To quote Karen Leander: "public health helps emphasise prevention, not just reaction."(30) Prevention is the essence of public health. Public health is multidisciplinary and should therefore be suitable for collaborative interventions. It is also important that the work is carried out at the collective level since men's violence against women is a societal issue.

Conclusion

Though it is not addressed as a public health issue, the intervention "Operation Kvinnofrid" encompasses many parts that could be called public health work. Theories and models from safety promotion are well suited to develop the work with men's violence against women. It would be beneficial to continue the development of multi-agency work as "Operation Kvinnofrid" within the area of safety promotion. Using methods and models from safety promotion would create a base for community action against men's violence against women and would be a field for further research.

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