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# VIOLENCE AND HEALTH IN SWEDEN A National Prevalence Study on Exposure to Violence among Women and Men and its Association to Health

Tommy Andersson, Gun Heimer, Steven Lucas



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The National Centre for Knowledge on Men's Violence Against Women (NCK) is a knowledge and resource centre based at Uppsala University. NCK is commissioned by the Swedish Government to compile and spread knowledge, research and methods; provide training for professionals; develop new methods; and provide support for women subjected to violence.

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# Foreword

Being subjected to violence (sexual, physical and psychological) is a serious problem, for the individual as well as for society. Knowledge about the prevalence and consequences of violence is strictly limited in Sweden as well as in the rest of the world, not least in terms of the connection between early exposure and consequences later in life.

The National Centre for Knowledge on Men's Violence Against Women (NCK) has, within the framework of its mandate, initiated a research project entitled *Women's and men's exposure to violence from a life-course and population perspective – A national study*. In the study 10,000 women and 10,000 men between the ages of 18 and 74 were invited to participate in a survey and register study on exposure to violence. The study also includes questions regarding health and life circumstances. The purpose of this study is to use national prevalence to shed light on women's and men's exposure to sexual, physical and psychological violence over time, and to look at the connection between being subjected to violence and various indicators of ill-health. Statistics Sweden conducted the data collection.

This report, *Violence and Health in Sweden – A National Prevalence Study on Exposure to Violence among Women and Men and its Association to Health*, is the first to be published within the scope of the research project.

The researchers behind the project are Associate Professor Tommy Andersson, Department of Social Work, Umeå University, Professor Gun Heimer, NCK, Uppsala University, Steven Lucas M.D, Ph.D, Department of Women's and Children's Health, Uppsala University. Tommy Andersson is the research leader, and responsible for the methodology section and Part 1 of the results section of this report. Steven Lucas is responsible for Part 2 of the results sec-

tion. Participants from NCK have been Heads of Unit Anna Berglund and Karin Sandell as well as analyst Rickard Pettersson.

Comments on the formulation of the survey were provided by Professor Håkan Hydén, Lund University, Professor Marie Torstensson Levander, Malmö University, Professor Margareta Hydén, Linköping University, Professor Per-Anders Granhag, Göteborg University, and former Director-General Jan Andersson, Stockholm.

The methodology and results sections of this report were fact-checked by Professor Henrik Belfrage, Mid Sweden University in Sundsvall, Professor Marie Torstensson Levander, Malmö University, Associate Professor Peter Lindström, Police Authority of Stockholm County, former Director-General Lars Nylén, Uppsala, and Professor Margaretha Fahlgren, Uppsala University.

Given the limited research and data available in this field, we believe that this report is a significant contribution to the knowledge base. It will be of value both from an international academic perspective, and as a domestic resource within Sweden. In particular it may inform further development of the Swedish national strategy for prevention, detection and provision of support and treatment for people who experience violence.

Uppsala, January 2014

Gun Heimer  
Professor, Head of NCK

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# Introduction

Gun Heimer

## A piece of the puzzle of knowledge on violence and health

Many people, both women and men, experience violence at some stage in their lives. There are many different causes and forms of violence, and it affects each person differently. In general terms, it is normally divided into self-directed violence, interpersonal violence and collective violence.<sup>1</sup> As Nelson Mandela said: “No country, no city, no community is immune. But neither are we powerless against it.”<sup>2</sup>

The World Health Organization (WHO) has repeatedly raised the issue of violence as an extensive and growing public health concern all over the world, and has emphasised that this issue is one of its public health priorities.<sup>3</sup> In 2013, the WHO listed domestic violence as one of the most serious threats to women’s health.<sup>4</sup>

The WHO defines violence as:

*The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation.*<sup>5</sup>

Based on the characteristics of violence, the WHO has developed a typology in which violence is classified into four different types: *Physical*, *Sexual* and *Psychological violence* as well as *Neglect*.<sup>6</sup>

The WHO definition of violence is intentionally a broad one. It reflects an increasing awareness among researchers and practitioners that the definition must also include violence that does not necessarily result in injury or death, but which still has significant effects on individuals, families and communities, as well as on health and welfare systems around the world. Indeed many forms of violence can result in physical, psychological and social problems that will

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<sup>1</sup> WHO (2002).

<sup>2</sup> Ibid.

<sup>3</sup> WHO (1996), WHO (2002), WHO (2005) and WHO (2013).

<sup>4</sup> WHO (2013).

<sup>5</sup> WHO (2002).

<sup>6</sup> Ibid.

not necessarily result in visible damage, disability or death. The consequences may be immediate or latent, and may even remain for long periods of time after the abuse. If the consequences were only to be defined in terms of damage and death, our understanding of the full extent of the effects of violence would be limited.<sup>7</sup>

*The Universal Declaration of Human Rights* adopted by the UN in 1948 establishes everyone's right to life, liberty and security of person. Just like several other conventions of international law, the *Declaration of Human Rights* is gender neutral. For this reason, it was not previously emphasised that gender discrimination makes women particularly vulnerable in several areas. Against this backdrop, the UN General Assembly adopted the *Declaration on the Elimination of Violence against Women* in 1993. The declaration determines that violence constitutes a violation of the rights and fundamental freedoms of women and defines the term "violence against women" as any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.<sup>8</sup> Based on the recognition of the historically unequal power relations between men and women as an explanation for this violence, the declaration emphasises the responsibility of states to implement policies aimed at eliminating violence against women.

The right of children to grow up free from violence was formulated by the UN in the 1989 *Convention on the Rights of the Child*.<sup>9</sup> This convention placed an emphasis on states to take active measures to protect every child against all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation. In a similar move to strengthen the rights of elderly women and men, the UN General Assembly adopted the 1991 resolution *Principles for Older Persons*.<sup>10</sup>

There has been extensive international research on the subject of violence. The research has been characterised by the use of numerous terms, definitions and methods of measurement. The research is carried out within several academic disciplines, from different perspectives, and the definitions of concepts that may appear to be the same can vary. The context of any given study, as well as the chosen methods of collecting data, affects the results and the conclusions drawn.

The studies may be limited to certain age groups or other specific subgroups, and they may include either one or both genders. Violence has been studied in various periods and may refer to shorter or longer episodes in a person's life, for example, having been subjected to violence in the last month, the last year or

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<sup>7</sup> WHO (2002).

<sup>8</sup> United Nations General Assembly (1993).

<sup>9</sup> United Nations General Assembly (1989).

<sup>10</sup> United Nations General Assembly (1991).

ever. However, few studies have focused on the exposure to violence from a life-course perspective. In Sweden, no recent study has focused on the long-term connections between various forms of violence and ill-health.

While some studies draw on crime or emergency medical care data, others are based on individually reported data from surveys or interviews with the general public or with particularly vulnerable groups.

The phrasing of questions and response options has a significant impact on the results. Questions about violence posed to women are often worded differently to those posed to men. Some studies are limited to a single issue. In other cases, questions relating to exposure to violence have been included in larger population surveys on a number of different living conditions, which may affect the answers relating to violence.

Without detailed analysis, it is difficult to compare results and draw conclusions about the scope, development and nature of violence, or to make any comparisons between different periods of time or different countries. Differences in living patterns in the studied countries and the differences between the definitions of violence used by the UN and the WHO, as well as the legal terms, also make comparative studies more difficult.

Public debate about violence is often based on prejudice rather than on empirically sound research. The image is also tinted by social attitudes and myths about violence. Single events that receive a lot of attention sometimes result in sweeping generalisations.

Both political and other decisions relating to violence, as well as reactions to violence and the treatment of both victims and perpetrators, should, however, be based on reliable and objective reasoning. What is the current state of research relating to violence? Is a comprehensive picture of the prevalence of violence and its effects available? What links are there between violence and ill-health? What gaps need to be filled to build a comprehensive picture?

The present study aims to complement data obtained in earlier Swedish studies by connecting the various parts of the problem and providing an up-to-date and more comprehensive view of the exposure to violence of women and men in Sweden in 2012. The study also aims to provide a perspective on the relationship between exposure to violence and subsequent ill-health.

First, it is appropriate to describe a few relevant international and Swedish studies on women's and men's exposure to violence.

### International prevalence studies

From a Nordic perspective, the national prevalence study from Norway *Vold i parforhold – ulike perspektiver* (Couple violence – different perspectives) shows that one third of women and nearly half of men had experienced violence after the age of fifteen.

10 % of women and 1 % of men had been subjected to sexual violence by a current or previous partner.<sup>11</sup>

In the Danish study *Volden i Danmark 1995 og 2005* (Violence in Denmark 1995 and 2005), the researchers found that approximately 5 % of adult women and 6 % of adult men had been subjected to violence or threatened with violence in the past year. A little over 1 % of the women and 2 % of the men had been subjected to violence.<sup>12</sup>

Denmark also participated in the *International Violence Against Women Survey* (VAWS), which was initiated by the UN in 1997. The results showed that 50 % of Danish women had been subjected to some form of violence after the age of 16.<sup>13</sup>

In 1997, a national survey was conducted in Finland to map women's exposure to physical and sexual violence called *Faith, Hope, Battering: A Survey of Men's Violence against Women in Finland*.<sup>14</sup> The study, which included 5,000 women, showed that 40 % of the adult women participating in the study had been subjected to physical or sexual violence or threats after the age of 15 years. Eight years later, in 2005, the survey was repeated. It found that 43 % of women surveyed had been subjected to physical or sexual violence or threats of such violence after the age of 15.<sup>15</sup> In 2009/2010, another study was carried out in collaboration with the European Commission called *Men's experience of violence in Finland 2009*, which primarily focused on men's experiences of violence, but which included both women and men in Finland aged 15 to 74.<sup>16</sup> During childhood, 13 % of women and almost 3 % of men surveyed had experienced some form of sexual violence, and just over half of both women and men had been subjected to physical violence. Just over half of the women and men had been subjected to physical violence, sexual violence, threats or other violence at some point after the day they turned 15. When the nature of this violence was analysed in more detail, it was found that women were subjected to sexual violence to a greater extent than men (19 % and 2.5 % respectively). Women were also found to have been subjected to severe physical violence more often than men.

The results of an international victimological study carried out in collaboration with the UN; *The International Crime Victim Survey 2004/2005*, showed that across the 30 countries included in the study, an average of 1.7 % of women and 0.5 % of men had been subjected to sexual abuse in the previous year.<sup>17</sup> However, there were significant differences between countries.

<sup>11</sup> Haaland et al. (2005).

<sup>12</sup> Balvig & Kyvsgaard (2006a).

<sup>13</sup> Balvig & Kyvsgaard (2006a).

<sup>14</sup> Heiskanen & Piispa (1998).

<sup>15</sup> Heiskanen & Piispa (2007).

<sup>16</sup> Heiskanen & Ruuskanen (2011).

<sup>17</sup> van Dijk et al. (2007).

Another representative demographic survey including both genders, the *British Crime Survey*, showed that 13 % of women and 9 % of men had been exposed to domestic violence, sexual assault or stalking in the past year.<sup>18</sup> Among women, 2 % had been exposed to less serious sexual assault and 0.5 % had been subjected to serious sexual assault. 0.2 % of men were found to have been subjected to any form of sexual assault. One fifth of women and one tenth of men had experienced violence or violent threats at some point in their adult life.

### Swedish prevalence studies

In Sweden there are three recurring nationally representative surveys which highlight, to some degree, the prevalence of exposure to violence among women and men.

One such survey is the annual *Swedish Crime Survey* conducted by the National Council for Crime Prevention, which measures the exposure to various forms of crime, as well as safety, trust in the legal system, and experiences of dealing with the legal system. The survey consists of three questions, each with follow-up questions, relating specifically to violence that is considered a crime under Swedish law. The survey is conducted via telephone interviews. For 2012, as reported in the 2013 Swedish Crime Survey, 4.6 % of women stated that they had been subjected to threats during the year, 1.3 % stated that they had been subjected to abuse and 1.4 % stated that they had been the victim of a sexual offence. The corresponding figures for male respondents were 3.9, 2.6 and 0.3 % respectively.<sup>19</sup>

Another study, *the Living Conditions Survey* (ULF), is conducted by Statistics Sweden via telephone interviews exploring the subject of living habits in general. The survey includes two questions regarding exposure to violence. The results of the 2012 survey showed that 3 % of women and 4.3 % of men stated that they had been subjected to violence in the past year. 6 % of women and almost 7 % of men reported that they had been exposed to violence or threats of violence.<sup>20</sup>

A third recurring population survey is the national public health survey conducted by the Swedish National Institute of Public Health called *Health on equal terms?*, which contains two questions on the exposure to violence and threats of physical violence during the past year. In the 2012 survey, 2 % of women and 4 % of men stated that they had been subjected to physical violence in the previous twelve months, and 5 % and 4 % respectively said they had been threatened with violence.<sup>21</sup>

<sup>18</sup> Walby & Allen (2004).

<sup>19</sup> The Swedish National Council for Crime Prevention (2014).

<sup>20</sup> Statistics Sweden (2013).

<sup>21</sup> Swedish National Institute of Public Health (2013).

Another national survey, *Captured Queen*, which focused specifically on women's exposure to violence, was carried out nearly fifteen years ago.<sup>22</sup> The survey asked a large number of detailed questions. The results showed that 46 % of adult women had been subjected to violence perpetrated by a man at one time or another, that five per cent had been subjected to physical violence in the past year, and that 34 % had experienced sexual violence perpetrated by a man at some point since turning fifteen.

### In summary

There is strong empirical evidence to suggest that exposure to violence is a major public health issue. Because violence is multifaceted, it has been studied from many different angles. Because of this, and because research in this field tends to use different concepts and definitions, it is difficult to build a coherent picture of the prevalence of violence and to make comparisons. There is also quite limited research into the connections between exposure to psychological, physical, sexual and social violence during childhood and subsequent ill-health.

The three recurring nationally representative surveys in Sweden, identified above, provide some insight into the problem. However, these surveys are limited to exposure in the last year, and generally include a limited number of overall questions. This has been shown to lead to an underestimation of actual exposure. None of the surveys examine long-term consequences for health and welfare. The only Swedish survey which did go into more detail, *Captured Queen*, looked only at women, and has not been repeated.

This report reflects the results of a national study focusing on the prevalence of exposure to psychological, physical and sexual violence among women and men between the ages of 18 and 74. The report includes a one-year prevalence study; a lifetime prevalence study; as well as a study of the prevalence of exposure to violence during childhood; and the connections between exposure at various ages and psychological, physical and social ill-health. The study also complements earlier surveys by connecting the various parts of the problem and providing a current and more comprehensive view of exposure to violence of women and men from a life-course perspective and its associations to health. Information about method, sample and the statistical processing applied are given in each section.

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<sup>22</sup> Lundgren et al. (2002).

# Method

Tommy Andersson

This study stems from a research project developed at the National Centre for Knowledge on Men's Violence Against Women at Uppsala University. The overall purpose of the research project is to examine, through a nationally representative study, the prevalence of women's and men's exposure to sexual, physical and psychological violence from a life-course perspective and to explore the connections between exposure to violence and indicators of ill-health. This section gives a basic description of the methodological foundation for the research project. Subsequent sections present descriptive results of fundamental findings, which will be further analysed in greater depth in forthcoming studies arising from this research project.

The research project is based on a random national sample of 10,000 women and 10,000 men aged between 18 and 74. The data were collected in the spring of 2012 through a combined online and postal survey, as well as from register information about the respondents' utilization of health care and social security rights systems. Statistics Sweden was engaged to carry out the data collection.

## Sample

A power analysis was conducted to determine the initial sample size using estimates of the expected survey response rate (50 %) and expected response patterns for the most important questions. The results of these analyses indicated that an initial sample of 10,000 women and 10,000 men would provide a sufficient number of respondents to analyse the central questions of this project to a satisfactory level of statistical power. The sampling of participants was conducted by Statistics Sweden based on information from the Swedish Total Population Register (RTB). Simple Random Sampling (OSU) was carried out among women and men who were registered residents of Sweden and aged between 18 and 74 years old in 2011.

## Data

The data consists of survey responses and information collected from the National Patient Register (PAR) held by the National Board of Health and Welfare and from the Longitudinal Integration Database for Health Insurance and Labour Market Studies (LISA) held by Statistics Sweden.

Survey questions were constructed using the results of an expert review carried out by Statistics Sweden. One part of the review contained cognitive interviews with a sample of potential respondents in which they were asked about important aspects of the questionnaire construction. For example, the respondents were asked how they had interpreted and perceived the questions, response options, wording, phrasing, the length of the questionnaire, its disposition, and question topics. Before the questionnaire was finalized, a pilot survey of 2,000 respondents was used to test the length, contents, and construction of the questionnaire<sup>23</sup>, as well as whether the response rate was influenced by the knowledge that medical and social insurance register data would be collected.<sup>24</sup> The frequency and quality of responses were only marginally affected by these various factors. The final questionnaire contained 97 questions, of which most had several follow-up questions.

The questionnaire<sup>25</sup> begins with a block of questions focusing on socio-demographic information such as country of birth, education level, profession, marital status, financial situation and questions on psychosocial conditions during childhood including experience of violence and abuse at home, aspects of nurture, periods of separation, school satisfaction, relations with parents and friends, anti-social behaviour, self-harming behaviour and ages at which respondents first encountered alcohol, drugs, and sex.

The second block of questions explores experiences of being exposed to sexual, physical and psychological violence:

- Prior to the age of 15
- Between the ages of 15 and 17<sup>26</sup>
- After the age of 18
- In the past twelve months

<sup>23</sup> Half of the respondents received a questionnaire with 97 questions and the other half a questionnaire with 46 questions.

<sup>24</sup> Half of the respondents received a questionnaire where the accompanying letter stated that register data would be collected and the other half a questionnaire where the accompanying letter did not specify that such data would be collected.

<sup>25</sup> The complete questionnaire (in Swedish) can be found at [www.nck.uu.se](http://www.nck.uu.se). Two versions of the questionnaire were sent out; one to women and one to men. The questions and response options were identical, with one exception (a question regarding a gynaecological affliction that was included in the women's questionnaire but removed from the men's version). In the introduction and preamble to some sections, words such as woman/man and girl/boy are used differently depending on which gender the questionnaire is directed to.

<sup>26</sup> The age limit between childhood and adulthood can vary from study to study. When the term "child" is used in this study without any further definition of age limit, the term refers to persons under the age of 18. If the term "child" is used to refer only to persons younger than 15 years of age, this will be specified.



Existing sets of questions from both international and Swedish surveys were initially examined with a view to using an established set of questions relating to exposure to violence. No established set of questions fully meeting the requirements of this study were identified. The questions about exposure to violence used in this study therefore include a mix of questions from different established questionnaires as well as a number of newly formulated questions, response options and formulations.

Exposure to sexual violence items includes questions about physical and psychological abuse with, exploitation when the victim was in an incapacitated or defenceless state,<sup>27</sup> and humiliation and harassment. Exposure to physical violence items includes questions about actual physical violence and threats of physical violence. Questions on the exposure to psychological violence include items about exposure to degradation, dominance, control, humiliation, bullying, and harassment. In terms of exposure as an adult, the exposure to psychological violence is limited to systematic and repeated psychological violence (i.e., not exposure on single occasions during adult life). The questions posed focused mainly on concrete incidents and are clarified with examples of concrete incidents (such as: "... an adult made you pose naked", "... struck you with an open palm (slap), pulled your hair, pushed you etc.", "your partner (or former partner) systematically and repeatedly sought to control you, decided who you could see, how much money you could have, when you could go out, what clothes you could wear etc.").<sup>28</sup> With respect to exposure to violence during childhood, separate questions were asked regarding violence perpetrated by adults and violence perpetrated by a contemporary (defined as someone up to five years younger or older). Exposure after the age of 18 refers to being subjected to violence by a current or previous partner and by other perpetrators such as relatives, colleagues, acquaintances, individuals met through the workplace (such as clients and patients) and strangers. Following each question about exposure to violence, respondents are asked to identify where the violence took place (at home, in school/at work, in a public place, etc.) and what happened afterwards (whether the respondent spoke to family/friends, psychologist/teacher, the police etc.). The definition of violence used by WHO<sup>29</sup> guided the formulation of questions related to the experience of violence. The WHO definition of violence includes sexual humiliation and harassment, psychological dominance, control and bullying. In other words, it includes exposure to phenomena based more on the subjective experience of an event rather than on a concrete and objectively describable event (such as being injured with a knife or being kicked

<sup>27</sup> For example, being asleep, ill, or under the influence of alcohol or drugs.

<sup>28</sup> The questions and response options that are the basis of the results in this study are provided with their exact wording in connection with presenting the results.

<sup>29</sup> WHO (2002).

in the head), which may be difficult to grasp using only the legal definition of the term violence. The WHO definition of violence also includes various kinds of neglect, including child and elder neglect. Exposure to these kinds of violence was included in the questionnaire to a limited extent.

The final block of questions focuses on physical, psychological and social well-being, usually in reference to the present, but also included ill-health earlier in life. This block included a number of established instruments, such as AUDIT (alcohol consumption/abuse), PCL (post-traumatic stress syndrome), HAD (anxiety and depression) and Healthy Days (health-related quality of life), as well as questions regarding self-harming behaviour, experience with drugs, sexual preferences and experience, weight, height, exercise habits, tobacco use, functional disabilities, social capital, etc.

Data from the National Patient Register (PAR) refers to outpatient and inpatient physical and psychiatric care during the past five years and includes information about the number of admissions, length of any hospital stay and diagnoses. Data from the Longitudinal Integration Database for Health Insurance and Labour Market Studies (LISA) refers to the respondents' use of social welfare systems such as sickness compensation, unemployment benefits, sickness benefit, retirement pension and other social welfare payments.

The results of the present study are based on a sample of the questionnaire and register data described above. In reference to the exposure to sexual, physical and psychological violence the results are based on self-reported data from the questionnaire. The results relating to psychological and physical well-being are based both on self-reported data from the questionnaire and, in one case (of heart attack), on register data from PAR.

## Implementation

The survey was conducted by Statistics Sweden between January and April of 2012. Initial contact was made by a letter in which the respondents were informed, in general terms, about the purpose of the project, that they had been selected at random, that participation was voluntary, that they would be contacted within one week, and that they could opt not to participate by contacting NCK or Statistics Sweden. In the following letter, the respondents were given more detail about the purpose of the project, the voluntary nature of participation, confidentiality, collection of register data, that the project was approved by a regional ethics review board and about who to contact if they needed to talk to someone about thoughts and feelings that might arise when completing the questionnaire. Respondents were asked to respond to the questions online using login information provided or by answering a paper questionnaire, which was to be sent to those who did not respond online. Four reminder letters were sent.

When the survey had been completed Statistics Sweden added register data from PAR and LISA.

## Ethics

Prior to initiation, the purpose, structure, method, implementation plan, formulation and contents of the project, as well as the collection of register data, were assessed and approved by the Regional Ethics Review Board in Uppsala. To gain access to register data from the National Board of Health and Welfare and Statistics Sweden, permission from the respective authority was sought and granted. As previously mentioned respondents were informed that participation was voluntary and were provided with guidance as to where they could turn if they had any questions or felt the need to talk to someone about any thoughts and feelings arising from the questionnaire.

## Response rate and attrition

The total response rate was 52 %. Among women the response rate was 57 % (5,681 women) and among men 47 % (4,654 men). Just under half (46 %) responded online and just over half (54 %) through the postal survey. Although the response rate was somewhat higher than expected based on experience from similar surveys there were quite a number who chose not to participate. The choice not to participate may have depended on a number of circumstances such as lack of time, never having been exposed to violence and therefore feeling unable to contribute, having been exposed to violence but not wanting to be reminded of it, not participating in surveys as a matter of principle, not trusting the guarantee of confidentiality. As normal in this kind of survey the non-response rate was disproportionately high among younger subjects, men, subjects with low education and subjects born abroad. In addition it is reasonable to assume that some marginalized groups (such as substance abusers, criminals, subjects with mental illnesses and people experiencing homelessness), as well as people tightly controlled by their partner are to some extent overrepresented among non-responders. If the subjects who chose not to respond differ significantly from those who did respond to the survey in terms of exposure to violence, some results may be misleading. In order to reduce the risk of such bias, Statistics Sweden performed non-response analysis with subsequent calibration and weighting of the data, a standard method in this kind of survey. In short, this entails first comparing those who participated in the survey with those who did not participate based on various national register data (gender, age, country of birth, marital status, level of education, financial aid, activity and sickness compensation and unemployment), which in previous analyses have

proven to correlate with exposure to violence. This information is then used to assign different weights to the participating respondents in order to compensate for the possible non-response bias and to adjust the dataset to make the results as representative as possible for a national sample of women and men between the ages of 18 and 74, in terms of exposure to violence. The results presented in this report are based on analyses of this weighted data. Another kind of non-response occurs when respondents choose to ignore or provide no answer to one or more questions. The level of such partial non-response was generally very low, usually a few percent, and is considered to have had only a marginal effect on the results.

## Statistical analyses

The data on which the results in this report are based has been analysed using SPSS software (Statistical Package for the Social Sciences<sup>30</sup>). The prevalence rates are given in tables, while results describing differences and associations (which are consistently based on chi-squared analyses<sup>31</sup>) are described in the running text. Since the analyses are performed on data from a very large number of subjects practically all differences and associations become statistically significant, even very small and perhaps substantially insignificant ones. The level of significance chosen was 0.05. For the few cases where an analysis did not reach statistical significance, this is stated as NS (not statistically significant) in the running text and/or in tables. All other differences and associations presented are statistically significant.

## Reliability, validity and generalizability

Although great effort was made to ensure the quality of the survey, it is impossible to fully guarantee perfect reliability and validity. Respondents may misunderstand a question, misplace an incident in time, accidentally mark the wrong box, intentionally or unintentionally give a false or misleading answer, or simply not remember an incident. This is probable most common if an incident was experienced as less severe, occurred long ago or has not affected the respondent's everyday life. For some questions there may also be room for the respondent to reinterpret an incident that took place far in the past. Limitations of this kind should not be ignored nor exaggerated, but be taken into consideration when interpreting the results presented. The overall effect is unlikely to lead to an overestimation of the prevalence of violence, but could quite reasonably

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<sup>30</sup> IBM (2010).

<sup>31</sup> In a few cases, where the expected value of a cell has been lower than 5, Fisher's exact test has been applied.

lead to an underestimation, particularly where it concerns less severe exposure and exposure in the distant past. In this regard, it may be appropriate to keep in mind that some results can be regarded as a minimum level of the proportion of women and men who have been subjected to violence and that the data reflect the experiences and memories that respondents had at the time of answering the survey, which is an estimation of reality.

One of the main objectives of this project is to highlight the prevalence of exposure to violence at a national level in Sweden. In particular it examines the prevalence of exposure to sexual, physical and psychological violence among women and men, and the connections of this violence to ill-health. This objective has guided the choice of research method and sampling. The sampling procedure, power analyses, non-response analyses and weighting procedures used were designed to enable the data to be generalized to the whole population. However, the method and sample were not adapted to study local conditions or the exposure to violence within certain groups of subjects that constitute a very small proportion of the total population. Such groups are normally too small to carry out analyses to an acceptable level of statistical reliability. Studying levels of exposure to violence in such groups would require other research methods and sampling procedures.

Exposure to violence is a major social issue and so is the relationship between exposure to violence and health. The current knowledge in this area of research is quite limited, while all the available research methods have various limitations and strengths. From such a perspective the overall aim of the research project, of which the present study is a part, is by no means to present a complete and definitive knowledge in the field but, as research in most areas, to significantly contribute to the existing body knowledge, utilizing the most relevant research methods available.

# Results

The results are presented in two parts. Part 1 presents prevalence rates giving a picture of how many women and men who, in 2012, lived with experience and memories of having been subjected to violence. Results focusing on the exposure to sexual, physical and psychological violence are presented in separate sections, each including results covering exposure during childhood, in adult life, in the past year and in a total life-course perspective. Thereafter follows a section focusing on the prevalence of exposure to any kind of violence and to any kind of severe violence. Part 1 concludes with a summary and reflections.

In Part 2 the associations between exposure to violence during childhood (before the age of 18) and a sample of indicators of current health, will be presented. Initially the health indicators included in the study will be given, after which the results will be presented following the same structure as in Part 1 (i.e. the associations between exposure to sexual, physical and psychological violence and the current state of health are explored separately). Part 2 also concludes with a summary and reflection.

The results in Part 1 and Part 2 are largely presented in whole percentages and are based on weighted data in order to limit the effects of possible non-response bias. In sections and single analyses where prevalence figures are very low, tenths of a percentage point will be used. The term “child” is consistently used to refer to people under the age of 18 unless otherwise specified. Since the term “violence” can be defined and understood in different ways, this report has endeavoured to be as clear as possible in defining the type of violence referred to. In some cases this involves phrasing that may seem unnecessarily clunky but which has been deemed necessary to reduce the risk of misunderstanding. For the same reason, the exact wording of the survey questions, and response options, have been translated from the original Swedish questionnaire and are continuously reported in the footnotes. Each section is introduced with a bullet point summary providing an overview of the results presented in that section.

*Part 1. Exposure to violence  
– prevalence*





# Part 1. Exposure to violence – prevalence

Tommy Andersson

## Exposure to sexual violence

### Exposure during childhood

- More than one in ten women and nearly one in twenty men aged 18 to 74 in 2012 lived with experiences and memories of having been subjected to forced sexual intercourse (including attempts) before the age of 18.
- Two percent of women and half a percent of men had been subjected, before the age of 18, to some kind of sexual abuse (including touching/caressing in a sexual way) by their father, stepfather or mother's spouse/partner.
- Women and men subjected to sexual abuse before the age of 18 reported same-aged perpetrators as often as adult perpetrators.
- Just over half of those who had been subjected to sexual abuse before the age of 18 had experienced this abuse repeatedly.
- Less than 10 % of those affected had received professional help, and less than five percent had reported their experiences to the police.
- Nearly half of women and slightly more than one in ten men had been subjected to sexual harassment before the age of 18.

Exposure to sexual violence during childhood (before the age of 18) refers in this study to forced oral, vaginal or anal intercourse or attempts at such, as well as abuse in the form of a perpetrator touching/caressing the child in a sexual way, forcing the child to touch the perpetrator sexually, or making the child pose naked<sup>32</sup>. In addition to these kinds of sexual abuse, the study includes

<sup>32</sup> In the questionnaire the following four questions were asked: 1. *Did it ever happen, before you were 15 years old, that an adult did any of the following to you?* A. An adult made you pose naked; B. An adult touched or caressed you in a sexual way; C. An adult made you touch him/her in a sexual way; D. An adult tried to have intercourse with you (oral, vaginal or anal) but did not complete the act; E. An adult had intercourse with you (oral, vaginal or anal). 2. *Did it ever happen, when you were 15–17 years old, that an adult did any of the following to you against your will, i.e., by coercion or violence, or because you were unable to defend yourself since you were sleeping, ill or under the influence of alcohol or drugs?* Same examples as above (A – E). 3. *Did it*

exposure to various forms of sexual harassment<sup>33</sup> during childhood. According to the World Health Organization's definition of sexual violence, sexual abuse and harassment are both included.<sup>34</sup>

How frequent?

Eight percent of women and three percent of men stated that they had experiences and memories of having been subjected, before the age of 15, to sexual abuse involving forced oral, vaginal or anal intercourse, or attempts (Table 1). Considerably more women and men, 20 and 8 % respectively, stated that they had been subjected to other kinds of sexual abuse, such as being forced to pose naked or touched by someone in a sexual manner. In total, about one in five women and about one in ten men (21 and 9 % respectively) reported experiences of being subjected to any of these kinds of sexual abuse before reaching the age of 15.<sup>35</sup>

Furthermore, eight percent of women and two percent of men stated that between the ages of 15 and 17, they had been subjected to sexual abuse involving forced intercourse or attempts. Eleven and three percent, respectively, stated that they had been subjected to other forms of sexual abuse. In total 13 % of women and four percent of men had been subjected to some form of sexual abuse between the ages of 15 and 17.

A large proportion of women (44 %) and many men (12 %) reported experiencing sexual harassment prior to the age of 18.<sup>36</sup> The most frequently reported experiences were unwanted sexual comments, advances or proposals of a sexual nature.

In total, 13 % of women and four percent of men stated that they had been subjected to sexual abuse involving forced oral, vaginal or anal intercourse, or attempts, at some point during childhood (before age 18). Adjusted for the entire population of Sweden, this suggests that in 2012, approximately 435,000 women and 137,000 men between the ages of 18 and 74 lived their daily lives

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*ever happen, before you were 15 years old, that someone in your own age, i.e., a friend, partner, classmate or other person your own age did any of the following to you against your will?* Same examples as above (A–E) but with the word “adult” replaced by “person your own age”. 4. *Did it ever happen, when you were 15–17 years old, that a person your own age did any of the following to you against your will, i.e., by coercion or violence, or because you were unable to defend yourself because you were sleeping, ill or under the influence of alcohol or drugs?* Same examples as above (A – E).

<sup>33</sup> In the questionnaire the following four questions were asked: *Were you at any point while you were growing up (before the age of 18) subjected to the following forms of sexual harassment by any man or woman, adult or peer, partner, acquaintance or stranger?* A. Received indecent or nasty letters, text messages, e-mails, telephone calls, etc. B. Were subjected to sexually related slander through rumours, images online, etc.; C. Exposed to a flasher; D. Received unwanted comments of a sexual nature; E. Received unwanted advances/proposals of a sexual nature; F. Were exposed to other forms of sexual harassment.

<sup>34</sup> “Sexual violence is defined as: any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work.” WHO (2002).

<sup>35</sup> The fact that the total number of people subjected prior to the age of 18 is not the sum of those subjected prior to the age of 15 and those subjected between the ages of 15 and 17 is a natural consequence of some individuals having been exposed in both age intervals.

<sup>36</sup> The question relating to exposure to sexual harassment referred to the entire childhood period, until the age of 18, see footnote 33.

carrying with them experiences and memories of sexual abuse during childhood. When experiences of other kinds of sexual abuse (such as being forced to pose naked, being touched in a sexual way or being forced to touch someone else in a sexual way) are included, the number of women with experiences and memories of sexual abuse during childhood is approximately 903,000 (27 %) and the number of men about 376,000 (11 %). If, in accordance with WHO's definition of sexual violence (see page 26, footnote 34), both sexual abuse and sexual harassment are included, the results show that just over half of all adult women and one in five adult men, 54 and 20 % respectively, have experiences and memories of being subjected to some kind of sexual violence during childhood.

**Table 1. Exposure to sexual violence before the age of 18**

	Proportion of women			Proportion of men			Total proportion		
	Exposed by an adult %	Exposed by a same aged person <sup>37</sup> %	Total exposure %	Exposed by an adult %	Exposed by a same aged person %	Total exposure %	Exposed by an adult %	Exposed by a same aged person %	Total exposure %
<b>Exposed to sexual abuse before the age of 15</b>									
– Forced intercourse, incl. attempts <sup>38</sup>	4	5	8	2	2	3	3	3	6
– Other kind of sexual abuse <sup>39</sup>	13	10	20	5	4	8	9	7	14
– Total	14	11	21	5	5	9	9	8	15
<b>Exposed to sexual abuse between the ages of 15 and 17</b>									
– Forced intercourse, incl. attempts	3	6	8	1	1	2	2	3	5
– Other kind of sexual abuse	5	6	11	2	2	3	4	4	7
– Total	6	8	13	2	2	4	4	5	8
<b>Total proportion exposed to sexual abuse before the age of 18</b>									
– Forced intercourse, incl. attempts	6	9	13	2	3	4	4	6	8
– Other kind of sexual abuse	15	13	25	6	5	10	11	9	17
– Total	17	16	27	6	6	11	12	11	19
Exposure to sexual harassment before the age of 18 <sup>40</sup>			44			12			28
Total proportion exposed to sexual violence before the age of 18			54			20			37

<sup>37</sup> Persons between five years younger and five years older than the person subjected.

<sup>38</sup> Refers to abuse where a perpetrator forces or attempts to force oral, vaginal or anal intercourse, see footnote 32, 1 D–E.

<sup>39</sup> Refers to abuse where a perpetrator touches/caresses the body of a child in a sexual way, where the child is forced to touch the perpetrator in a sexual way, or where the perpetrator forces the child to pose naked, footnote 32, A–C.

<sup>40</sup> The question relating to exposure to sexual harassment referred to the entire childhood period, until the age of 18, see footnote 33.

Who was the perpetrator?

Who then, are the perpetrators subjecting children to sexual abuse? As Table 1 shows it were, among respondents reporting experiences of sexual abuse prior to the age of 15, just as likely to have been perpetrated by an adult as it was to have been perpetrated by someone of their own age. It is probable that this reflects different kinds of abuse; that early childhood abuse is often committed by adults, while abuse that takes place when the child is closer to the age of 15 is more likely to be perpetrated by someone of a similar age. Between the ages of 15 and 17 it was more likely for women to experience forced intercourse by same-aged perpetrators (six percent) than by adult perpetrators (three percent).

Almost two percent of all the women in the study and approximately half a percent of all the men stated that they had, at some point during their childhood, been subjected to sexual abuse by their father/stepfather/mother's spouse/partner. A little over one percent of women and just under one percent of men stated that they had been subjected to sexual abuse by an adult male that they trusted, such as a teacher, coach, priest or similar.

Considerably more common was abuse perpetrated by male relatives other than the father or by other men they know which was reported by five and eight percent, respectively, among women and by half a percent and two percent, respectively, among men. A little over four percent of women and two percent of men reported that they had been abused by men unknown to them.

Very few stated that they had been subjected to sexual abuse by a woman. Among women, only a few respondents reported that they, during their childhood, had been abused by an adult woman. Similarly, very few men who reported experience of sexual abuse stated that the perpetrator had been an adult woman. However, it may be noted that almost a quarter of the 99 men who had been subjected to sexual abuse between the ages of 15 and 17 stated that the perpetrator had been an adult woman they knew, but were not related to, and 11 % that they had been abused by an adult woman unknown to them. However, men who were abused by women when they were between the ages of 15 and 17 constitute a very small group, approximately half a percent of all the men in the study.

Not only adults expose children to sexual abuse. As Table 1 demonstrates, many women and men referred to experiences and memories of sexual abuse perpetrated by people of their own age. Most frequently, perpetrators were reported to be boys they knew but were not related to, which was reported by approximately 10 % of all women and three percent of all men in the study. Furthermore, approximately four percent of women reported that they had been sexually abused by boys unknown to them, and four percent by current or former boyfriends. Approximately two percent of the men stated that they had been sexually abused by current or former girlfriends and about two percent that they had been abused by other girls known to them.

What happened afterwards?

How frequently do those who experience sexual abuse during childhood talk about it with family and friends, seek professional help or contact the police?<sup>41</sup> According to the results of this study, approximately 35 to 40 % of women who had been sexually abused before the age of 18 had spoken to someone about their experiences. In most cases, they turned to family or close friends. Approximately 5 to 10 % of women who had been abused stated that they had, at some point, received professional help from a counsellor, psychologist or physician. About five percent of women with experience of abuse stated that a police report had been filed after one or more occasions of sexual abuse during childhood.

Among the men who had been subjected to sexual abuse during childhood, approximately 10 to 20 % stated that they had, at some point, spoken to someone about what happened. Only a few percent reported that they had received professional help and/or that a police report had been filed.

Regardless of whether the abuse took place before or after the age of 15, or whether the perpetrator was an adult or someone of the same age, the propensity of men and women to speak to family or friends, seek professional help or contact the police did not differ significantly.

The above results must be viewed in light of the fact that “sexual abuse during childhood” covers a spectrum of different incidents of varying severity: from being subjected to repeated rape as an infant to being touched sexually against one’s will on a single occasion at age 17. A closer analysis based solely on exposure to forced or attempted sexual intercourse showed a marginally higher propensity for the subjected to speak to family or friends and about twice the tendency to seek help from a counsellor, psychologist or physician. Furthermore, the proportion subjects stating that a police report had been filed after one or more occasions were somewhat higher, approximately six to seven percent among subjected women and two to three percent among subjected men.

Single or repeated exposure?

For some women and men sexual abuse during childhood was an isolated incident. For others it was a recurring feature. The analyses in this study show that for a little over half of both women and men who experienced sexual abuse during childhood, the abuse occurred repeatedly. This was true both for abuse experienced prior to the age of 15 and abuse experienced between the ages of 15 and 17.

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<sup>41</sup> Since small children cannot seek professional help or file a police report on their own, this question was formulated in the following way: “Did any of the following take place afterwards”, which allows for the possibility that persons other than the subjected child initiated the help or police report.

There is a substantial relationship between having been subjected to sexual abuse before the age of 15 and being subjected to abuse between the ages of 15 and 17. The risk of abuse between the ages of 15 and 17 was five times higher among women who had been abused before the age of 15 and approximately 12 times higher among men who had been abused before the age of 15. Limiting the scope to experience of forced sexual intercourse or attempts, the relationship is even stronger. Among women who had been subjected to such sexual abuse before the age of 15, approximately one third were also subjected to the same kind of abuse between the ages of 15 and 17. This is approximately ten times more frequent than among women who had not been abused before the age of 15. There is a similar pattern among men, but this is less robust owing to the relatively small number of men upon which the calculations are based.

Different experiences in different age groups?

What experiences and memories do younger women and men have of sexual abuse during childhood, compared with older women and men? Dividing the subjects into ten-year age groups<sup>42</sup>, the results show that the proportion of women stating that they had been subjected to some kind of sexual abuse during childhood was consistent across all age groups excluding the oldest (aged 65 to 74), where the prevalence was somewhat lower. The same was true when focusing exclusively on forced sexual intercourse, or attempts, and independent of whether the abuse had taken place before the age of 15 or between the ages of 15 and 17. The extent to which the results can be explained by general societal changes relating to the propensity to commit child sexual offences (the 18-year-old respondent was a child between 1994 and 2012 while the 74-year-old respondent grew up between 1938 and 1956), the effect of memory or other factors cannot be assessed given the available data. The results reflect the experiences and memories of respondents in different age groups as they reported them at the time of the survey in 2012.

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<sup>42</sup> The youngest age group consists of women and men 18 – 24 years old. Thereafter follows five ten-year intervals.

## Exposure during adult life

- Slightly more than one in ten women and one in a hundred men reported experience of severe sexual violence after the age of 18, in the sense of being forced (through the use or threat of physical violence) to have sexual intercourse or similar, including attempts as well as sexual exploitation when in an incapacitated or defenceless state.
- Approximately 20 % of women and about five percent of men had, after the age of 18, been subjected to other, less severe sexual abuse with elements of violence (for example being restrained, kissed or caressed against their will).
- Using the WHO definition of sexual violence which includes sexual abuse, humiliation and harassment, almost half of women and 15 % of men had experiences of such violence since turning 18.
- In most cases of severe sexual abuse, the perpetrator was identified as the current partner whereas less severe abuse was typically perpetrated by acquaintances or strangers.
- Approximately half of the women and about two thirds of the men who had been subjected to sexual violence as adults had never spoken to their family or friends about their experiences.
- Less than 10 % of women and about one percent of men with experience of sexual abuse had sought professional help from a counsellor, psychologist or physician. These figures were slightly higher among those who had been subjected to more severe sexual abuse.
- Approximately five percent of women and about one percent of men with experience of sexual abuse had at some point filed a police report. These figures were slightly higher among those who had been subjected to more severe sexual abuse.

Being subjected to sexual violence as an adult refers in this study to abuse where a perpetrator has used or threatened physical violence or has used psychological coercion to forcibly perform oral, vaginal or anal intercourse or a similar sexual act, including attempts and sexual exploitation of a victim in an incapacitated or defenceless state. Other sexual abuse featuring violent elements that is included in the study is when a perpetrator has restrained, kissed, caressed, hugged or inappropriately touched the victim with sexual intent.<sup>43</sup> In addition to these

<sup>43</sup> In the questionnaire the following questions were asked: 1. *Has it ever happened, after you turned 18 years old, that a person (partner, relative, acquaintance, boss, co-worker, client/patient, stranger, etc.) has done any of the following to you?* A. Forced you to have sexual intercourse (oral, vaginal, anal) or another similar sexual act (such as masturbation) by using or threatening physical violence; B. Attempted to force you to have sexual intercourse (oral, vaginal, anal) or another similar sexual act (such as masturbation) by using or threatening physical violence; C. Forced you, or attempted to force you to engage in some kind of sexual activity when you were unable to defend yourself because you were sleeping, ill or under the influence of alcohol or drugs; D. Grabbed or touched you in a sexual way against your will (e.g. caressed, restrained, hugged, kissed or "groped" you) or made you touch his/her body in a sexual way against your will. 2. *Has it ever happened, after you turned 18 years old, that a*

kinds of sexual abuse, the study also explores the extent to which women and men have experienced sexual humiliation<sup>44</sup> and harassment<sup>45</sup>, both of which are included in the definition of sexual violence provided by WHO (see page 26, footnote 34).

How frequent?

The results of this study show that 11 % of women and one percent of men had experiences and memories of, as adults, having being forced, through physical violence or threats of physical violence, into sexual intercourse or a similar act, including attempts and sexual exploitation when they were in an incapacitated or defenceless state (Table 2). Furthermore 19 % of women and four percent of men stated that they had been subjected to other kinds of sexual abuse with elements of violence, such as being forcefully restrained, kissed, hugged or caressed. In total, 22 % of women and five percent of men had experiences and memories of, at some point since turning 18, being subjected to some kind of sexual abuse where physical violence or threats of such violence were used.

Sexual abuse is not necessarily solely based on the perpetrator using or threatening physical violence but can also be based on psychological violence of varying types and severity. The women and men who took part in this study were asked about their experiences of having been coerced into some kind of sexual act against their will by psychological pressure or threats, for example by making them agree to sex so that the other person would not get angry, break up with them or go to someone else. Where the line is drawn between concepts such as “free will”, “sexual abuse” and “violence” is, of course, difficult to assess, and is likely to be different for each individual. However, the findings of this study show that 14 % of women and three percent of men had, in their own assessment, experienced this type of non-consensual sexual act at some point during their adult life.

Many women and quite a few men reported experiences of being subjected to different kinds of sexual humiliation and/or harassment. Twelve percent of women and three percent of men stated that they had, at some point after the age of 18, been subjected to sexual humiliation in terms of being criticized for

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*person (partner, relative, acquaintance, boss, co-worker, client/patient, stranger, etc.) has done any of the following to you? A. Forced you into any kind of sexual act against your will through psychological threats or coercion, for example, making you agree to sex so that he/she would not get angry, upset, sad, disappointed, break up with you, go to someone else or otherwise make your life harder.*

<sup>44</sup> In the questionnaire the following questions were asked: *Has it ever happened, after you turned 18 years old, that a person (partner, relative, acquaintance, boss, co-worker, client/patient, stranger, etc.) has done any of the following to you? A. Made you feel sexually humiliated by, for example, criticising your body, criticising your lack of sexual desire/capability, the fact that you did not want to do certain things in terms of sex, compared you to others, made you watch pornographic video or images against your will, made you show yourself naked or in any other manner that you perceived as sexually humiliating.*

<sup>45</sup> In the questionnaire the following questions were asked: *Has it ever happened, after you turned 18 years old, that you were subjected to the following forms of sexual harassment by any man or woman, regardless of whether it was your partner? A. Received indecent or nasty letters, text messages, e-mails, telephone calls, etc.; B. Were subjected to sexually related slander through rumours, images online etc.; C. Were exposed to a flasher; D. Received unwanted comments of a sexual nature; E. Received unwanted advances/proposals of a sexual nature; F. Were exposed to other forms of sexual harassment.*



their body, for their lack of sexual desire/capability, being compared to others, etc. Experience of sexual harassment was even more prevalent. Close to four in ten women (38 %) and a little over one in ten men (12 %) had been subjected to sexual harassment in the form of unwanted sexually charged letters, comments, proposals or advances at some point since turning 18.

In sum, the findings show that 11 % of women and one percent of men aged 18 to 74 reported experiences and memories of being forced, by means of physical violence or threats, to have sexual intercourse or similar, including attempts and sexual exploitation when they have been in an incapacitated or defenceless state. Adjusted for the Swedish population, this corresponds to approximately 368,000 women and approximately 34,000 men. Including experiences of other sexual abuse with violent elements, for example being restrained, hugged or kissed against their will, the results show that 28 % of women and six percent of men between the ages of 18 and 74 have experiences and memories of being subjected to sexual abuse involving some kind of physical or psychological force or coercion, during their adult life. And finally, that nearly one in two women (47 %) and 15 % of men aged 18 to 74 have experiences and memories of being subjected to some kind of sexual violence in their adult life according to the broader definition of sexual violence provided by WHO (see page 26, footnote 34), which also includes exposure to sexual humiliation and harassment.

Table 2. Exposure to sexual violence after the age of 18

	Proportion of women %	Proportion of men %	Total proportion %
<b>Exposed to sexual abuse with elements of physical violence or threats thereof</b>			
– being forced, through the use or threat of physical violence, to have sexual intercourse or similar, including attempts and sexual exploitation of a person in an incapacitated or defenceless state <sup>46</sup>	11	1	6
– being exposed, through physical violence, to another kind of sexual abuse <sup>47</sup>	19	4	12
– Total exposed to sexual abuse with the use or threat of physical violence	22	5	13
Exposed to sexual abuse through the use of psychological coercion <sup>48</sup>	14	3	8
<b>Exposed to sexual humiliation/harassment</b>			
– humiliation <sup>49</sup>	12	3	8
– harassment <sup>50</sup>	38	12	24
<b>Total proportion exposed to sexual violence after the age of 18</b>			
– excluding humiliation and harassment	28	6	17
– including humiliation and harassment	47	15	31

### Who was the perpetrator?

Sexual abuse is committed by different kind of perpetrators as a current or previous partner, relatives, friends, co-workers or other known or unknown men and women. Approximately five percent of the women in the present study stated that they had, at some point after turning 18, been subjected to sexual abuse where they were forced, by means of physical violence or threats, to have sexual intercourse or similar, including attempts and sexual exploitation when they were in an incapacitated or defenceless state, by a perpetrator who at the time of the abuse was their current partner.

Approximately one percent of the women had been subjected to such abuse by a former partner whom they were no longer involved with at the time, about three percent by an acquaintance and about three percent by a stranger. Among the few men who had been subjected to this kind of sexual abuse, most stated

<sup>46</sup> Refers to being forced to have sexual intercourse or similar acts through the use of physical violence, and/or to engage in a sexual act while being in an incapacitated or defenceless state, see footnote 43, 1, A – C.

<sup>47</sup> Refers to being restrained, hugged, kissed, caressed, etc., against one's will, or being forced to touch another person in a sexual way against one's will, see footnote 43, 1, D.

<sup>48</sup> Refers to performing a sexual act against one's will due to psychological threats or coercion, see footnote 43, 2, A.

<sup>49</sup> Refers to a person doing something that made the respondent feel sexually humiliated, for example, criticised their body, their lack of sexual lust/capability or similar, see footnote 44, A.

<sup>50</sup> Refers to receiving unwanted, sexually charged letters, proposals or advances, or being subjected to sexually related slander, etc., see footnote 45, A – F.

that the perpetrator had been a current or former partner, an acquaintance, co-worker or stranger. While the majority of the men who reported sexual abuse of this kind stated that the perpetrator had been a woman, some men also reported that other men were responsible for the abuse while only a few women reported that the perpetrator had been another woman.

In cases of less severe sexual abuse with elements of physical violence, such as when the perpetrator restrained the victim or forcibly kissed or hugged them, the reported perpetrators were less likely to have been a current or former partner. Women and men alike stated that the perpetrator in such cases had most commonly been a stranger. The second most common perpetrator was reported to be an acquaintance or co-worker, followed by a current partner.

While the more severe forms of sexual abuse with elements of physical violence (such as forced intercourse), or threats thereof, were primarily linked to a current or former partner, being subjected to less severe kinds of sexual abuse with elements of violence (such as forced kisses) was primarily linked to unknown perpetrators or acquaintances. However, the incidence of less severe sexual abuse was significantly more common than the incidence of more severe forms of sexual abuse.

In total approximately eight percent of women stated that they had, at some point in their adult life, been subjected to some kind of sexual abuse with physical violence or threats thereof by an unknown person, approximately seven percent by a current or former partner, approximately six percent by an acquaintance and about six percent by a co-worker, neighbour or similar.<sup>51</sup> The corresponding figures for men were approximately one percent for each category of perpetrator mentioned above. Women stated almost exclusively that they had been abused by men. The men who had been abused by a current or former partner stated, with a few exceptions, that the perpetrator had been a woman. However, the men who had been abused by unknown perpetrators reported that the perpetrator had been a man as often as a woman.

What happened afterwards?

As discussed earlier, a high proportion of those subjected to sexual abuse during childhood did not talk about the abuse with family or friends, and very few sought professional help and/or reported the abuse to the police (see page 29). Among women and men subjected to sexual abuse as adults, it was significantly more common to speak to family or friends about what happened.

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<sup>51</sup> It should be noted that the results refer to the proportion of women who at some point have been subjected to sexual abuse by different perpetrator groups, not the number of times a person has been abused. Assuming that many women who are abused by a partner will be abused repeatedly while many women who are abused by other perpetrators will be subjected on a few single occasions, the number of times a person is subjected to abuse by a partner may significantly exceed the number of abuses committed by other perpetrators.

Approximately half of the women with experience of such abuse and about a third of the men with such experience stated that they had spoken to family or friends about abuse they had experienced as adults. However, the propensity to seek professional help from a counsellor, psychologist or physician, or to make contact with the police, was similar to the levels found amongst those who experienced sexual abuse during childhood. Approximately 5 to 10 % of the abused women and a few percent of the abused men had sought professional help at least once. About 5 to 10 % of the abused women and two percent of the abused men had filed a police report at least once.

Experience of sexual abuse during adulthood followed a similar pattern to that identified amongst those with childhood experience of abuse. The exposure to severe sexual abuse in adulthood, in the sense of being forced by means of physical violence, or threats, to have sexual intercourse or similar acts, including attempts and sexual exploitation when in an incapacitated or defenceless state,<sup>52</sup> led to a somewhat greater likelihood to seek professional help and to contact the police, but not to any greater tendency to speak to family or friends.

Different experiences in different age groups?

Up to the age of 54, women and men in different age groups reported experiences and memories of being subjected to some kind of sexual violence as adults to roughly the same extent. This was regardless of whether the experience related to physical or psychological sexual abuse, or being subjected to sexual humiliation or harassment. Reports of experiences and memories of sexual violence during adulthood were lower among older women and men. Against a background of 11 % of all women reporting some experience of forced intercourse or similar acts through physical violence or threats of physical violence during adult life (Table 2), it is worth noting that this figure was 13 % among women aged 25 to 34, dropping to six percent among women aged 65 to 74. This pattern was slightly less pronounced among men. The corresponding figures among the men were one percent (all men), three percent for men aged 25 to 34 and 0.4 % for men aged 65 to 74. Obviously these results could, to some extent, be influenced by general societal changes over time, memory, or differing periods of time in adulthood.

The extent to which the results can be explained by general societal changes relating to the propensity to commit child sexual offences (the 18-year-old respondent was a child between 1994 and 2012 while the 74-year-old respondent grew up between 1938 and 1956), the effect of memory or other factors cannot be assessed given the available data. The results reflect the experiences

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<sup>52</sup> See footnote 43, question 1, A–C.

and memories of respondents in different age groups as they reported them at the time of the survey in 2012.

### Exposure in the past year

- In the 12 months prior to the survey (spring 2011 to spring 2012), 3.4 % of women and 0.9 % of men reported that they had been subjected to sexual abuse with elements of violence or threats (from forced intercourse to being restrained, caressed or kissed against their will).
- Among the youngest women (aged 18 to 24) 10 % had been subjected to such abuse and among the oldest (aged 65 to 74) the figure was 0.7 %. Among men, the corresponding figures were 2.9 and 0 %, respectively.
- Approximately 60 % of the women who had experienced sexual abuse with elements of violence in the past year had spoken to their family or friends about what had happened. Fifteen percent had reported it to the police at some point.
- Approximately 15 % of women and five percent of men had been subjected to some kind of sexual violence in the past year in terms of sexual abuse, sexual humiliation or sexual harassment.

To get a current and contemporary picture of how common it is to be exposed to sexual violence, respondents were asked about their experiences during the past year (spring 2011 to spring 2012). The results, presented in Table 3, show that 0.8 % of the women and 0.3 % of the men had been subjected to some form of sexual abuse during the past year involving being forced, by means of physical violence or threats thereof, to have intercourse or similar, including attempts, and sexual exploitation when they were in an incapacitated or defenceless state. Adjusted for the Swedish population, this implies that approximately 27,000 women and approximately 10,000 men aged 18 to 74 were subjected to such sexual abuse between spring 2011 and spring 2012. Just above three percent (3.1 %) of women and 0.8 % of men stated that they had experienced other kinds of sexual abuse with elements of violence, such as being forcefully restrained, kissed, caressed or similar. In total, 3.4 % of women and 0.9 % of men had been subjected to some form of sexual abuse involving elements of physical violence.

Slightly more than three percent of women and nearly one percent of men stated that they had been pressured into having sex against their will through psychological coercion.

In total, 5.8 % of women and 1.7 % of men stated that they had, sometime in the past year, been subjected to some kind of sexual abuse, as defined above.

When, according to the WHO definition of sexual violence (see page 26, footnote 34), including experiences of sexual humiliation and harassment, 14.6 % of women and 4.8 % of men had been exposed to sexual violence during the past year. This corresponds to approximately 488,000 women and 164,000 men when adjusted for the total Swedish population.

Table 3. Exposure to sexual violence in the past year (spring 2011 – spring 2012).

	Proportion of women %	Proportion of men %	Total proportion %
<b>Exposed to sexual abuse with elements of physical violence or threats thereof</b>			
– being forced, through the use or threat of physical violence, to have sexual intercourse or similar acts, including attempts and sexual exploitation of a person in an incapacitated or defenceless state <sup>53</sup>	0.8	0.3	0.6
– being exposed, through physical violence, to another kind of sexual abuse <sup>54</sup>	3.1	0.8	1.9
– Total exposed to sexual abuse with the use or threat of physical violence	3.4	0.9	2.2
<b>Exposed to sexual abuse through the use of psychological coercion <sup>55</sup></b>	3.1	0.8	2.0
<b>Exposed to sexual humiliation/harassment</b>			
– humiliation <sup>56</sup>	2.8	0.8	1.8
– harassment <sup>57</sup>	10.6	3.4	6.9
<b>Total proportion exposed to sexual violence in the past year</b>			
– excluding humiliation and harassment	5.8	1.7	3.7
– including humiliation and harassment	14.6	4.8	9.6

Focusing on the most severe kinds of sexual abuse in the sense of being forced by means of physical violence or threats thereof to have sexual intercourse or similar, including attempts and sexual exploitation when in an incapacitated or defenceless state, approximately half of the women subjected stated that they had been subjected by a current or former partner and about one third that they had been subjected by an unknown man. Women subjected to less severe forms of forced sexual acts with elements of violence (such as being restrained,

<sup>53</sup> Refers to being forced to have sexual intercourse or similar acts through the use of physical violence, and/or to engage in a sexual act while being in an incapacitated or defenceless state, see footnote 43, 1, A – C.

<sup>54</sup> Refers to being restrained, hugged, kissed, caressed, etc., against one's will, or being forced to touch another person in a sexual way against one's will, see footnote 43, 1, D.

<sup>55</sup> Refers to performing a sexual act against one's will due to psychological threats or coercion, see footnote 43, 2, A.

<sup>56</sup> Refers to a person doing something that made the respondent feel sexually humiliated, for example, criticised their body, their lack of sexual lust/capability or similar, see footnote 44, A.

<sup>57</sup> Refers to receiving unwanted, sexually charged letters, proposals or advances, or being subjected to sexually related slander etc., see footnote 45, A – F.

kissed, caressed, etc.) reported much more frequently that the perpetrator was an unknown man. In total, approximately a quarter of the 3.4 % of women who had, in the past year, experienced some kind of sexual abuse with elements of physical violence stated that they had been abused by a current or former partner, almost a third that they had been abused by an unknown man and approximately one fifth that they had been abused by a male acquaintance. The number of men who had been abused in the past year was too few to draw on for comparison.

The inclination to speak to family and friends about experience of abuse was somewhat greater among those who had been subjected to sexual abuse in the past year than among those who were subjected to sexual abuse as children or during adult life in general. Approximately 60 % of the women who had been subjected to sexual abuse in the past year stated that they had spoken to their family and friends about what had happened. The propensity to report the incident to the police was also somewhat higher among the women who had been abused in the past year. Approximately 15 % of women who had been subjected to sexual abuse in the sense of being forced by means of physical violence or threats of forced intercourse or similar, including attempts and sexual exploitation when they were in an incapacitated or defenceless state, reported that they had, at some point, contacted the police.

Younger women and men were more likely to have experienced sexual abuse in the past year compared to older women and men, regardless of the nature of that abuse. While 3.4 % of all women had been subjected to sexual abuse with elements of violence, this was the case for 10.3 % of the youngest women (aged 18 to 24) and 0.7 % of the oldest women (aged 65 to 74). The corresponding figures for men were 0.9 % (all men), 2.9 % (18 to 24) and 0.0 % (aged 65 to 74).

### Exposure in a life-course perspective

- Approximately 20 % of women and five percent of men had, at some time during their life, been subjected to severe sexual violence in the sense of being forced by means of physical violence, or threats thereof, to have sexual intercourse or similar, including attempts and sexual exploitation when in an incapacitated or defenceless state.
- Approximately 65 % of women and 30 % of men had been subjected to some kind of sexual violence in their life in terms of sexual abuse, humiliation or harassment.
- Women and men who had been subjected to sexual abuse during childhood were more likely to have experienced sexual abuse after the age of 18 than women and men who had not been subjected to sexual abuse during childhood.

The results presented in previous sections have reflected separately on the experiences and memories of sexual violence during childhood and adulthood respectively. Viewed from a life-course perspective, the findings show that 20 % of women and five percent of men had been, at some point in their life, subjected to sexual abuse in the sense of being forced by means of physical violence or threats thereof, to have sexual intercourse or similar acts, including attempts. Adjusted for the Swedish population, this corresponds to approximately 669,000 women and 171,000 men between the ages of 18 and 74 (Table 4).

When including exposure to less severe kinds of sexual abuse, such as being caressed, kissed, restrained, or having sex against one's will through psychological coercion, the corresponding figures are 42 % for women and 15 % for men. Nearly two in three women (65 %) and almost one in three men (28 %) had experiences and memories of having been, at some point in their life, subjected to sexual violence as defined by WHO (see page 26, footnote 34) i.e., some kind of sexual abuse, sexual humiliation or sexual harassment.

**Table 4. Exposure to sexual violence in a life-course perspective**

	Proportion of women %	Proportion of men %	Total proportion %
<b>Exposed to sexual abuse with elements of physical violence or threats thereof</b>			
– being forced, through the use or threat of physical violence, to have sexual intercourse or similar acts <sup>58</sup>	20	5	12
– being exposed, through physical violence, to another kind of sexual abuse <sup>59</sup>	35	13	23
– Total exposed to sexual abuse with the use or threat of physical violence	38	14	26
Exposed to sexual abuse through the use of psychological coercion <sup>60</sup>	14	3	8
Exposed to sexual humiliation/harassment <sup>61</sup>	56	20	38
<b>Total proportion exposed to sexual violence in a life-course perspective</b>			
– excluding humiliation and harassment	42	15	28
– including humiliation and harassment	65	28	47

<sup>58</sup> Refers to abuse where a perpetrator forces or attempts to force oral, vaginal or anal intercourse (see footnote 32, 1 D – E) and/or being forced to have sexual intercourse or similar acts through the use of physical violence, and/or to engage in a sexual act while being in an incapacitated or defenceless state, see footnote 43, 1, A – C.

<sup>59</sup> Refers to abuse where a perpetrator touches/caresses the body of a child in a sexual way, etc. (see footnote 32, 1, A – C) and/or as an adult being restrained, hugged, kissed, caressed, etc., against one's will (see footnote 43, 1, D).

<sup>60</sup> Refers to performing a sexual act against one's will due to psychological threats or coercion, see footnote 43, 2, A.

<sup>61</sup> Refers to being subjected to sexual harassment as a child (see footnote 33) and/or to being subjected as an adult to something that made the respondent feel sexually humiliated (see footnote 44, A) or sexual harassment (see footnote 45, A – F).



Analyses show a clear association between childhood experiences of sexual abuse and abuse experienced as an adult. Both women and men who experienced sexual abuse as children were more likely to have been abused as adults as well. Of the women who stated that they had been subjected to sexual abuse as children, just over 40 % stated that they had also been subjected to sexual abuse as adults. This contrasts with approximately 15 % among women who had not been abused as children. A similar pattern was found among men (13 and 3 % respectively). The relationship between childhood experience of sexual abuse and experience during adulthood was even more prominent in analyses referring solely to sexual abuse involving forced sexual intercourse, including attempts, or similar acts. Among women who were subjected to such abuse as children, approximately one third stated that they had been subjected to the same kind of abuse as adults, compared with seven percent of other women. For men, the corresponding figures were eight percent among those who had been abused as children, compared with just less than one percent among other men.<sup>62</sup>

To some extent the association between being sexually abused as a child and as an adult can be attributed to women and men who experienced repeated sexual abuse around the cusp of adulthood (defined here as age 18), without having been subjected before or after this limited period. However, analyses show that a similar pattern emerges when examining the relationship between being abused prior to the age of 15 and after the age of 18. In addition, the same pattern emerged when analysing the association between childhood abuse and abuse experienced during the year prior to the survey (spring 2011 to spring 2012).

It is important to note that such statistical associations cannot automatically be interpreted as causality; sexual abuse during childhood is not necessarily a cause of an increased risk of being abused in adult life. It is, for example, plausible that early exposure to sexual abuse is often one of several elements in a general psychosocially vulnerable childhood which may be the main active component in contributing to an increased risk of various kinds of future psychosocial vulnerability, of which sexual abuse may be one. The extent to which early exposure to sexual abuse, in itself and/or in combination with other factors, contributes to an increased risk of future exposure to sexual abuse falls outside the scope of this study and requires further and more detailed analyses.

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<sup>62</sup> The results referring to men are based on the relatively low number of men who were abused as children, and must therefore be viewed with some caution.

# Exposure to physical violence

## Exposure during childhood

- Fourteen percent of women and 17 % of men had experiences and memories of being subjected to repeated physical violence during childhood (before age 18).
- Women were subjected to physical violence, or threats of physical violence, primarily by adults while men primarily experienced such violence or threats from same-aged perpetrators.
- Women reported that their childhood experiences of parental violence or threats were almost as likely to have come from their mothers as from their fathers. More than twice as many men reported that they had been subjected by their fathers than by their mothers.
- Among the women, it was about as common to have been subjected by girls their own age as by boys their own age. Men subjected by same-aged perpetrators almost exclusively reported boys as perpetrators.
- Approximately two to three percent of women and men who were subjected to physical violence, or threats thereof, during their childhood stated that a police report had been filed on one or more occasion.

In order to study the experiences and memories of being subjected to physical violence during childhood, questions were asked both about exposure to different kinds of physical violence (such as having one's hair pulled, being pushed in a way that was painful, being struck, kicked, injured with a knife or subjected to any other type of physical violence), and about being threatened with physical violence.<sup>63</sup> While it seems natural to highlight exposure to threats of physical violence and exposure to actual physical violence in the same context, the threats may also be seen as one of several kinds of psychological violence. In later sections, experiences of being subjected to psychological violence will therefore be presented both including and excluding experience of threats of physical violence.

<sup>63</sup> In the questionnaire the following questions were asked: *About how often before you were 15 years old did it happen that an adult did any of the following to you?* B. An adult threatened you with a beating; C. an adult hit you with their open palm (a slap), pulled your hair, pushed or shook you in a way that was painful; D. an adult hit you with their fist or a hard object, kicked you, took you in a chokehold, etc... E. an adult caused you harm using a knife or firearm; F. An adult subjected you to another kind of physical violence. The same question was then asked with reference to the age period 15 – 17. Both these questions were repeated later on in the questionnaire, with the one difference of replacing "adult" with "same aged person". The preamble to these questions specified that "same aged person" referred to a person between five years younger and five years older than oneself.

How frequent?

A large proportion of both women and men had experiences and memories of physical violence or threats of physical violence at some point during their childhood (Table 5). In total, slightly more than a third of women (36 %) and half the men (54 %) stated that they had been subjected to some kind of actual physical violence before the age of 15. About as many (33 and 58 % respectively) stated that they had been subjected to threats of physical violence.

Furthermore, 18 % of women and 32 % of men reported that they had been subjected to physical violence between the ages of 15 and 17 while 19 % of women and 40 % of men reported experiences of threats of physical violence.

Focusing on the entire period of childhood (before age 18), the findings shows that almost four in ten women (39 %) and six in ten men (59 %) experienced actual physical violence at some point. Nearly half of all the women (46 %) and just over two thirds of the men (69 %) in this study carry with them experiences and memories of physical violence, or threats thereof, from childhood.

**Table 5. Exposure to physical violence and threats of physical violence before the age of 18**

	Proportion of women			Proportion of men			Total proportion		
	Exposed by an adult %	Exposed by a same aged person <sup>64</sup> %	Total exposure %	Exposed by an adult %	Exposed by a same aged person %	Total exposure %	Exposed by an adult %	Exposed by a same aged person %	Total exposure %
<b>Exposed to physical violence/threats before the age of 15</b>									
– Violence <sup>65</sup>	27	18	36	34	42	54	31	30	45
– Threats <sup>66</sup>	23	19	33	33	49	58	28	34	46
– Total	32	25	43	42	53	64	37	39	54
<b>Exposed to physical violence/threats between the ages of 15 and 17</b>									
– Violence	13	9	18	15	26	32	14	17	25
– Threats	13	10	19	20	34	40	16	22	30
– Total	17	13	24	23	37	44	20	25	34
<b>Total proportion exposed to physical violence/threats before the age of 18</b>									
– Violence	30	21	39	37	47	59	33	34	49
– Threats	25	22	36	36	54	62	30	38	49
– Total	34	28	46	46	59	69	40	44	58

<sup>64</sup> Persons between five years younger and five years older than the person subjected.

<sup>65</sup> Refers to being slapped, struck with a hard object, injured by knife or similar, see footnote 63, C – F.

<sup>66</sup> Refers to being threatened with a beating, see footnote 63, B.

Who was the perpetrator?

Children are subjected to violence and threats by adults as well as by same-aged perpetrators. Among the women in the study, there were more subjects who, prior to the age of 15, had experienced physical violence or threats of physical violence at the hands of adult perpetrators (32 %) than at the hands of perpetrators their own age (25 %). Among the men the opposite was true, more men had been subjected to violence or threats by a perpetrator their own age (53 %) than by an adult (42 %). The same pattern emerges when exclusively focusing exposures to actual physical violence and also when focusing on respondent subjected between the ages of 15 and 17.

Which adults commit violence and make threats? The experiences of women and men differ somewhat in this regard. A little over 15 % of the women in the study stated that they had, before turning 18, experienced physical violence or threats of physical violence perpetrated by their father (or stepfather, mother's spouse/partner) and 12 % stated that they had been subjected by their mother (or stepmother, father's spouse/partner). Among men, it was slightly more likely to have been subjected by the father (19 %), but distinctively less commonly by the mother (eight percent). A significantly larger proportion of men than women stated that they had been subjected to physical violence or threats of physical violence perpetrated either by an adult man that they knew but were not related to or by an unknown adult man; 12 and 11 % respectively. Only about two to three percent of the women stated that they had been subjected to physical violence or threats of physical violence by men (either known or unknown) other than their fathers. This pattern of reported perpetrators was similar both for exposure before the age of 15 and exposure between the ages of 15 and 17.

Many respondents stated that they had, as children, experienced physical violence or threats of physical violence at the hands of offenders their own age (Table 5). This typically involved being struck or threatened by boys they knew but were not related to, and was reported by approximately 10 % of the women and a little over 40 % of the men in the study. Approximately eight percent of women had been struck or threatened by girls they knew which was hardly seen at all among men. Being struck or threatened by unknown boys was also relatively common and reported by approximately four percent of women and just over 25 % of men. Approximately four percent of women stated that they had been subjected to violence or threats of violence by unknown girls at some point during childhood, which was reported only by a few single men. When focusing at the overall picture of physical violence and threats of physical violence perpetrated by same-aged offenders a similar overall pattern holds regardless of focusing on experiences before the age of 15 or between the ages of 15 and 17.

What happened afterwards?

While quite a few of the women who had been subjected to physical violence or threats of physical violence stated that they had spoken to family or friends about what happened, the findings also shows that many chose to keep their experiences to themselves. Approximately 35 % of the women who experienced physical violence or threats of physical violence before the age of 15 stated that they had, after one or several incidents, spoken to family or friends about what had happened. This figure rise to about 55 % among those who experienced such violence or threats between the ages of 15 and 17. Only seven percent of affected women had, at some point, received professional help from a counsellor, psychologist, physician or someone of a similar profession. Among men, it was somewhat less common to talk about what happened with family or friends: approximately 30 % stated that they had, after one or more incidents, spoken to family or friends about what had happened. This rose to approximately 40 % among those with experience or threats of violence between the ages of 15 and 17.

About two to three percent of women and men who had been subjected to physical violence or threats of physical violence stated that a police report had been filed at some point. There was no significant difference depending on whether they had been subjected to violence by an adult or by a same aged perpetrator, nor whether the experience occurred prior to the age of 15 or between the ages of 15 and 17.

Occasional or repeated exposure?

The experience of physical violence or threats of physical violence during childhood is thus very common among both women and men. Indeed not every incident is a serious one. Experience of repeated physical violence<sup>67</sup> may be more severe, but is significantly less frequently reported. Approximately 13 % of women and 16 % of men stated that they had been subjected to repeated physical violence before the age of 15. Approximately seven and six percent, respectively, reported repeated violence between the ages of 15 and 17.

In total, just over 14 % of the women and slightly more than 17 % of the men in this study carry with them experiences and memories of being repeatedly subjected to violence as children. Adjusted for the total population of Sweden, this corresponds to approximately 468,000 women and close to 581,000 men between the ages of 18 and 74.

Different experiences in different age groups?

To what extent are experiences and memories of being subjected to physical violence or threats of physical violence as a child an issue of age and generation?

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<sup>67</sup> The response options given were: never, on one occasion, sometimes and often. Repeatedly refers to sometimes or often.

The results show that the proportion of women subjected to physical violence or threats of physical violence during childhood remains relatively constant across all the ten-year age groups<sup>68</sup> up to the age of 54. About 45 to 50 % of the women in these age groups stated that they had, at some point before the age of 18, experienced physical violence or threats of physical violence. Among women over 54 years of age, the figure is approximately 35 %.

The overall picture that emerges from the memories and experiences of childhood violence among the men who took part in the study is different. Among men in the youngest age group (aged 18 to 24) and in the two oldest age groups (aged 55 to 64 and 65 to 74), approximately 65 % of respondents stated that they had been subjected to physical violence or threats of physical violence at some point before the age of 18. Among men in the intermediate age groups the corresponding proportion was higher (approximately 75 %). This picture remained relatively stable both in terms of exposure prior to the age of 15 and between the ages of 15 and 17 as well as in terms of being subjected by adults and by same-aged perpetrators, both in terms of exposure to actual violence and exposure to threats of violence.

### Exposure during adult life

- Slightly above 10 % of women and 15 % of men had been subjected to more severe kinds of physical violence at some point of their adult life, defined as receiving fist blows or being struck with an object, kicked, or subjected to violence with a weapon or similar.
- Approximately 20 % of both women and men had been subjected to some kind of physical violence, including less severe forms such as having their hair pulled, being slapped or similar.
- Fourteen percent of women had, as adults, been subjected to violence or threats of violence by a current or former partner and three percent by unknown men.
- Five percent of men had, as adults, been subjected to violence or threats of violence by a current or former partner and 16 % by unknown men.
- Approximately 20 % of women and men who had been subjected to physical violence or threats of physical violence had reported it to the police at some point.

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<sup>68</sup> See footnote 42.

Exposure to physical violence or threats of physical violence during adult life includes, on the one hand, being subjected to actual physical violence in terms of being slapped, having one's hair pulled, receiving fist blows, being kicked, injured with a knife, firearm, or other type of physical violence, and on the other hand, being threatened with physical violence<sup>69</sup>. The questions asked in the questionnaire refer to experiences at any point after the age of 18 as well as experiences in the previous twelve months (between spring 2011 and spring 2012).

How frequent?

Among women, 0.7 % stated that they had, at some point in their adult life, been subjected to violence involving a knife or firearm. For men the corresponding figure was 1.2 % (Table 6). It was significantly more common to have received a blow with a fist or hard object, or been kicked, etc., which was reported by 10 % of women and 15 % of men. Experiences of being subjected to less severe forms of violence (for example being slapped, having one's hair pulled, being pushed, etc.), were reported by 16 % of women and 14 % of men while 14 % and 19 %, respectively, reported that they had been threatened with violence at some point after the age of 18. In total, approximately one in five women (22 %) and one in four men (26 %) had experiences and memories of being subjected to some kind of physical violence or threats of physical violence during their adult life, which, adjusted for the total Swedish population corresponds to approximately 736,000 women and 888,000 men between the ages of 18 and 74.

**Table 6. Exposure to physical violence and threats of physical violence after the age of 18**

	Proportion of women %	Proportion of men %	Total proportion %
<b>Exposed to physical violence</b>			
– with knife or firearm	0.7	1.2	1.0
– with fist blows, hard objects, kicks, chokeholds, etc.	10	15	12
– with slaps, pushes, hair-pulling, etc.	16	14	15
– other kind of physical violence	6	4	5
– Total exposed to physical violence	19	20	20
<b>Exposed to threats of physical violence</b>	<b>14</b>	<b>19</b>	<b>16</b>
<b>Total proportion exposed to physical violence or threats of physical violence after the age of 18</b>	<b>22</b>	<b>26</b>	<b>24</b>

<sup>69</sup> In the questionnaire the following question was asked: *Has it ever happened, after you turned 18 years old, that a person (partner, relative, acquaintance, boss, co-worker, client/patient, stranger, etc.) has done any of the following to you?* A. Threatened to hurt you with physical violence; B. Hit you with their open palm (a slap), pulled your hair, pushed you, etc.; C. Hit you with their fist or a hard object, kicked you, took you in a chokehold, etc.; D. Caused you harm using a knife or firearm; E. Subjected you to another kind of physical violence.

Who was the perpetrator?

Violence and threats thereof originate with different kinds of perpetrators and appears to a large extent to depend on the gender of the victim. Approximately 14 % of all the women and about five percent of all the men who took part in the study stated that they had, at some point after turning 18, been subjected to physical violence or threats of physical violence by a perpetrator who was a current or former partner. Adjusted for the Swedish population, this implies that approximately 468,000 women and 171,000 men between the ages of 18 and 74 have experiences and memories of being subjected to physical violence or threats of physical violence by a partner. Among men, it was more common to experience violence at the hands of an unknown perpetrator which was reported by 16 %. This compares with three percent among women. Approximately four percent of men stated that they had been subjected to physical violence or threats of physical violence by clients, patients or other people they came into contact with in a professional context, while the corresponding figure for women was two percent.

What happened afterwards?

While significantly fewer women and men have been subjected to physical violence or threats of physical violence as adults than as children, it is much more common for adults to discuss what they have been subjected to with family and friends. About 65 % of the women who had been subjected to physical violence or threats of physical violence after the age of 18 stated that they had, on one or more occasions, discussed the incident with family or friends. The corresponding figure for men was slightly lower, about 60 %. It was similarly more common for respondents experiencing violence in adulthood to seek help from a psychologist, counsellor or physician than among those respondents who reported experiences of being subjected to violence during childhood.

Approximately 20 % of the women and men who had been subjected to physical violence or threats of physical violence after the age of 18 stated that they had, at some point, reported it to the police.

Different experiences in different age groups?

There are significant differences between age groups in terms of experience of being subjected to physical violence or threats of physical violence during adulthood and different patterns emerge for women and men. Among women, the proportion subjected to violence increases consistently up to the 45 to 54 year age bracket, of which just over 25 % stated that they had experienced physical violence or threats of physical violence since turning 18. Over the age of 54, the proportion of women with experiences and memories of violence declines and is approximately 10 % in the oldest age group surveyed (aged 65



to 74). Among men, however, the proportion subjected to physical violence or threats of physical violence increases only up to the 25 to 34 year age bracket, among which 40 % had experienced such violence or threats. After 35 years of age the proportion of men with such experiences declines consistently and stands at 15 % for the oldest age group. This pattern is consistent regardless of whether it relates to actual physical violence, threats of physical violence or particular forms of violence. The extent to which these results can be attributed to differences in the physical violence inflicted on women and men respectively, a generally increased level of violence in society, the effect of memory or other factors, cannot be analysed with the data available.

### Exposure in the past year

- In the previous 12 months (spring 2011 to spring 2012), 1.4 % of women and 1.7 % of men were subjected to more severe forms of violence, defined as receiving fist blows or being struck with an object, kicked, or subjected to violence with a weapon or similar.
- 3.9 % of women and 4.9 % of men had been subjected to some kind of physical violence or threat of physical violence during the past year.
- Among the youngest women and men (aged 18 to 24), 8 and 13 % respectively had been subjected to some kind of physical violence or threat of physical violence, and among the oldest (aged 65 to 74) about one percent for both women and men.
- Approximately one in two women who had been subjected to physical violence reported that they had been subjected by a current or former partner, about 10 % that they had been subjected by an unknown man. Almost one in two men exposed to physical violence reported that they had been subjected by a man unknown to them, and 25 % by a current or former partner.

Nearly four percent of women (3.9 %) and close to five percent of men (4.9 %) stated that they had been subjected to physical violence or threats of physical violence in the past 12 months (Table 7). For 3.0 % of women and 3.2 % of men it was a matter of actual physical violence in terms of receiving a slap, fist blow, or being subjected to violence with a weapon or similar. Furthermore 2.4 % of women and 3.4 % of men stated that they had, at some point in the past year, been threatened with violence.

Adjusted for the Swedish population, this would suggest that approximately 100,000 women and approximately 109,000 men between the ages of 18 and 74 have been subjected to actual physical violence in the past year and about 130,000 women and 167,000 men when including threats of physical violence.

Table 7. Exposure to physical violence and threats of physical violence in the past year (spring 2011 – spring 2012)

	Proportion of women %	Proportion of men %	Total proportion %
<b>Exposed to physical violence</b>			
– with knife or firearm	0.1	0.1	0.1
– with fist blows, hard objects, kicks, chokeholds, etc.	1.4	1.7	1.5
– with slaps, pushes, hair-pulling, etc.	2.5	2.5	2.5
– other kind of physical violence	1.0	0.8	0.9
– Total exposed to physical violence	3.0	3.2	3.1
<b>Exposed to threats of physical violence</b>	<b>2.4</b>	<b>3.4</b>	<b>2.9</b>
<b>Total proportion exposed to physical violence or threats of physical violence in the past year</b>	<b>3.9</b>	<b>4.9</b>	<b>4.4</b>

The 3.9 % of women who had been subjected to physical violence or threats of physical violence in the past year primarily reported that they had been subjected by a current partner (approximately 45 %). Secondly the women concerned stated that the perpetrator had been a former partner (approximately eight percent), another male family member or relative (about 10 %), a patient/client or other person they met in a professional context (about 10 %) or an unknown person (about 10 %). Among the 4.9 % of men who had been subjected to physical violence or threats of physical violence in the past year, most stated that they had been subjected by a man unknown to them (45 %), their current partner (about 25 %) or a patient/client or another person they met in a professional context (about 15 %). The propensity to report such incidents to the police was similar among women (24 %) and men (26 %).

Younger women and men were more likely than their older counterparts to have experienced physical violence or threats of physical violence in the past year. While approximately 8 and 13 % of the youngest women and men, respectively, had been subjected to physical violence or threats of physical violence, the corresponding figures were about one percent for both the oldest women and men. Focusing exclusively on exposure to actual physical violence, approximately six percent of the youngest women and about eight percent of the youngest men had been affected in the past year. The corresponding figures among the oldest group of respondents were about half a percent. The proportion of subjected respondents continually declined with age for both women and men.

## Exposure in a life-course perspective

- About two in ten women and four in ten men had, at some point in their life, received a fist blow, been struck with an object, been kicked or injured with a weapon etc.
- About four in ten women and six in ten men had, at some point in their lives, been threatened with physical violence.
- Women and men who have been subjected to physical violence or threats of physical violence during childhood were more likely to experience violence or threats as adults, compared with those who had not experienced violence or threats during childhood.

As previously shown, a little less than half of women and just above two-thirds of men had been subjected to physical violence or threats of physical violence at some point during their childhood (Table 5). Approximately one in five women and one in four men had been subjected as adults (Table 6). Focusing on the results from a life-course perspective, approximately two percent of adult women and three percent of adult men had been subjected to physical violence involving a knife or firearm. Overall, 46 % of women and 62 % of men had experienced some kind of actual physical violence (excluding threats) in their lifetime. When including exposure to threats of physical violence, the corresponding figures were 53 % among women and 71 % among men.

Table 8. Exposure to physical violence and threats of physical violence in a life-course perspective

	Proportion of women %	Proportion of men %	Total proportion %
<b>Exposed to physical violence at some point in life</b>			
– with knife or firearm	2	3	2
– with fist blows, hard objects, kicks, chokeholds, etc.	19	40	30
– with slaps, pushes, hair-pulling, etc.	42	56	49
– other kind of physical violence	15	19	17
– <i>Total exposed to physical violence</i>	46	62	55
<b>Exposed to threats of physical violence</b>	41	64	53
<b>Total exposed to physical violence or threats of physical violence in a life-course perspective</b>	53	71	62

The relationship between exposure to physical violence, or threats thereof, in childhood and later in life follows a similar pattern to that seen for sexual abuse (see page 41). Women who experienced physical violence or threats of physical violence prior to the age of 18 were approximately three times more likely to experience such violence or threats during adulthood compared with women who had no exposure to violence or threats as children. A similar pattern emerges when exclusively focusing on exposure to actual physical violence. Among men, this relationship was particularly strong: men who experienced violence as children were six times more likely to have experienced violence as adults than men with no such experience during childhood. The results are consistent across age groups and the relationship remains strong even when focusing on the association between violence experienced prior to the age of 15 and during the past year. The extent to which exposure during childhood may constitute a cause for subsequent exposure is, as with sexual violence, impossible to comment on based on the results presented in this study (refer to page 41 for further explanation).

## Exposure to psychological violence

### Exposure during childhood

- Fifteen percent of women and 13 % of men had experiences and memories from childhood of having seen or heard violence between their parents, of which sex percent of women and four percent of men repeatedly.
- Just over a quarter of both women and men had been subjected to repeated psychological violence as children in terms of humiliation, a violation of dignity, bullying or similar.
- It was more common to experience such psychological violence perpetrated by a same-aged perpetrator than by an adult perpetrator.
- Women were equally likely to have experienced such psychological violence from their mother as from their father. Men reported exposure to such violence by their father significantly more frequently than exposure by their mother.
- Women stated that they had been subjected by same-aged girls known to them about as often as by same-aged boys known to them, but very rarely by unknown girls or boys. In contrast, the overwhelming majority of the subjected men stated that they had been subjected by boys their own age, known and unknown.

In this study, exposure to psychological violence during childhood refers to having been subjected to treatment perceived as violating of dignity, oppressive, devaluating, humiliating or bullying, perpetrated either by adults or by people of the same age.<sup>70</sup> Experience of psychological violence during childhood also includes having seen or heard physical violence between parents.<sup>71</sup>

How frequent?

Experience of being subjected to psychological violence during childhood appears fairly common: about a quarter of both women (26 %) and men (26 %) surveyed had experiences and memories of being violated, humiliated or oppressed by an adult before the age of 15. Even more women and men (40 and 47 %, respectively) stated that they had been subjected to such treatment by someone their own age. Twenty-four percent of women and 21 % of men stated that they, between age 15 and 17, had been subjected to psychological violence by adults and 27 and 35 percent, respectively, that they had been perpetrated by same-aged offenders. In total, nearly a third (31 %) of both women and men stated that they had, at some point before turning 18, been subjected to a violation of their dignity, humiliated or oppressed by an adult, and about half (45 and 53 % respectively) by same-aged perpetrators. (Table 9).

Fifteen percent of women and 13 % of men reported childhood experiences and memories of having seen or heard violence between parents. Adjusted for the total Swedish population in 2012, this corresponds to approximately 501,000 women and 444,000 men aged 18 to 74 who had childhood experiences and memories of having seen or heard physical violence between parents.

When combining childhood experiences of being violated, humiliated and oppressed, with experience of seeing or hearing violence between parents, the prevalence of childhood experience of psychological violence stands at 57 % among women and 61 % among men.<sup>72</sup>

<sup>70</sup> In the questionnaire the following question was asked: About how often before you were 15 years old did it happen that an adult did any of the following to you? A: An adult violated or oppressed you verbally (for example degraded, insulted or humiliated you). The same question was asked in reference to being subjected between the ages of 15 and 17, and in reference to the perpetrator being a same aged person.

<sup>71</sup> In the questionnaire the following question was asked: Did it ever happen during your childhood that you saw/heard your father (or equivalent) use any kind of physical violence against your mother (or equivalent) (e.g., slapped her, pulled her hair, threw things at her, punched or kicked her). The same question was also asked with reference to the mother's violence towards the father.

<sup>72</sup> If we also include the exposure to threats of physical violence, these figures will amount to 61 and 71 percent for the respective groups.

Table 9. Exposure to psychological violence before the age of 18

	Proportion of women %			Proportion of men %			Total proportion %		
	Exposed by an adult	Exposed by a same aged person <sup>73</sup>	Total exposure	Exposed by an adult	Exposed by a same aged person	Total exposure	Exposed by an adult	Exposed by a same aged person	Total exposure
<b>Exposed to psychological violence before the age of 15</b>									
– violation of dignity, oppression, humiliation, bullying, etc.	26	40	49	26	47	53	26	44	51
<b>Exposed to psychological violence between the ages of 15 and 17</b>									
– violation of dignity, oppression, humiliation, bullying, etc.	24	27	38	21	35	41	23	31	39
Seen/heard physical violence between parents during childhood	15	–	15	13	–	13	14	–	14
<b>Total proportion exposed to psychological violence before the age of 18</b>									
– violation of dignity, oppression, humiliation, bullying, etc.	31	45	54	31	53	58	31	49	56
– seen/heard physical violence between parents	15	–	15	13	–	13	14	–	14
<b>Total proportion exposed to psychological violence before the age of 18</b>	<b>37</b>	<b>45</b>	<b>57</b>	<b>36</b>	<b>53</b>	<b>61</b>	<b>36</b>	<b>49</b>	<b>59</b>

### Who was the perpetrator?

The overall picture of the adults who expose children to psychological violence corresponds fairly well with the picture that emerged regarding exposure to physical violence. Among the women in this study approximately nine percent stated that they, before age 15, had been violated, humiliated or similar by their father (or stepfather or mother's spouse/partner), about eight percent by their mother (or stepmother, father's spouse/partner) and about three to four percent that they had been subjected to such treatment by other adult men they knew, other adult women they knew and/or by unknown adult men. Among men it was somewhat less common to report being subjected to this kind of violence by the father (approximately seven percent), significantly less common to have been subjected by the mother (approximately four percent), while it was more frequent to have been subjected by unknown adult men (approximately seven

<sup>73</sup> Persons between five years younger and five years older than the person subjected.

percent). A similar pattern emerged when focusing on experiences of being subjected between the ages of 15 and 17.

Focusing on experiences of being subjected by perpetrators of the same age, a similar pattern emerges to that seen for exposure to physical violence. Approximately 20 % of women stated that they had, before the age of 15, been subjected to a violation of their dignity, humiliation, bullying or similar treatment by boys they knew and 20 % by girls they knew. Nearly one in three men reported that they had, before the age of 15, been subjected to a violation of their dignity, bullying, etc., by same-aged boys they knew, and close to 15 % by unknown boys of the same age. Approximately three to four percent of men stated that they had been subjected by girls. The pattern of reported categories of perpetrators was similar among those subjected to psychological violence between the ages of 15 and 17.

One particular form of severe psychological violence is when children are forced to see or hear physical violence between parents. Fifteen percent of women and 13 % of men reported such experiences during childhood. Approximately 10 % of both women and men reported that they had seen or heard their father exert violence on their mother and about six percent that they had seen or heard their mother use violence against their father. About three percent stated that they had seen or heard both of their parents use violence against the other.

Occasional or repeated exposure?

While the majority of women and men surveyed did experience psychological violence during childhood, approximately half of both women and men stated that it had happened occasionally. Among women in the study, approximately 10 % had been subject to repeated<sup>74</sup> psychological violence by adults both prior to the age of 15 and between the ages of 15 and 17. About 20 % reported that they had been repeatedly subjected by same-aged perpetrators before the age of 15 and about 10 % between the ages of 15 and 17 years. In total, approximately 28 % of the women reported childhood experiences and memories of being repeatedly subjected to violations of their dignity, bullying, humiliation or similar treatment by adults and/or by same-aged perpetrators.

The picture that emerges from the responses of the men surveyed is similar and differs only in that a smaller proportion of men stated that they had been repeatedly subjected to such psychological violence by adults. In total, approximately 26 % of men stated that they had childhood experiences of being repeatedly subjected to violations of their dignity, bullying, or similar acts by adults and/or by same aged perpetrators.

Most of the women and men who, in childhood, had seen or heard physical violence between their parents stated that this had happened on just one occa-

<sup>74</sup> The response options given were: never, on one occasion, sometimes and often. Repeatedly refers to sometimes or often.

sion. However, six percent of women and four percent of men stated that they had repeatedly seen or heard violence between their parents.

In total this implies that approximately 30 % of women and about 28 % of men who took part in the study had been, on repeated occasions during childhood, subjected by adults or same-aged perpetrators to psychological violence manifest in either violation of their dignity, humiliation, bullying, or similar acts or by seeing/hearing violence between their parents.

Different experiences in different age groups?

Memories and experiences of being subjected to psychological violence as a child differ substantially between different age groups, and also between female and male respondents. One general and systematic pattern was that younger women were more likely to have been subjected to violations of dignity and oppression during childhood than older counterparts. This was consistent irrespective of whether the results referred to exposure prior to the age of 15 or between the ages of 15 and 17, whether the violence was perpetrated by adults or people of the same age or whether it related to one-off or repeated exposure. The proportion of women with experience of violations of their dignity and/or oppression, by adults or same-aged perpetrators, amounted to 38 % of those in the youngest age bracket (aged 18 to 24), followed by 36, 32, 28, 20 and 15 %, respectively, for those in the subsequent five age brackets.

There was also a clear and systematic pattern across age groups for men, but this differed to the picture among women. Among men, it was consistently and without exception the youngest age group (aged 18 to 24) and the two oldest age groups (aged 55 to 64 and 65 to 74) who reported the lowest experience of violations of dignity and oppression during childhood. The proportion of men who stated that they had, before the age of 18, been repeatedly subjected to violations of their dignity and/or oppression, by adults or by same-aged perpetrators, was 29, 36, 34, 29, 20 and 16 % for the six different age groups, respectively.

The experience of seeing or hearing physical violence between parents varied among age groups. Among the youngest women and men (aged 18 to 24) about 10 % stated that they had seen or heard violence between their parents, and in the oldest group (aged 66 to 74) about eight percent. In the age groups in between, a significantly greater proportion, approximately 15 %, stated that they had, at some point during their childhood, seen or heard violence between their parents. Focusing on the proportion of women and men who had seen or heard repeated violence, the same pattern emerges, but to a lesser extent. Approximately three percent of women and four percent of men in the youngest and oldest age groups stated that they had repeatedly seen or heard violence between their parents during their childhood. For the age groups



in between, the corresponding figures are somewhat higher (four to seven percent).

### Exposure during adult life

- Twenty percent of women and eight percent of men had, during some period in their adult life, lived with exposure to repeated and systematic psychological violence exerted by a current or former partner.
- Five percent of women and three percent of men had, during some period of their adult life, been subjected to repeated and systematic psychological violence exerted by other perpetrators (mainly co-workers or bosses).

Exposure to psychological violence as an adult refers either to actions of a, at the moment of the violence, current or former partner that were perceived as a violation of dignity, domination, threat from a partner to self-harm, to harm the children, to take the children and leave, bullying, or to violation of dignity or harassment from neighbours, relatives, co-workers and others.<sup>75</sup> The questions posed made clear that this related only to exposure that the respondent felt was repeated and systematic, not temporary or occasional.

How frequent?

Given the above definition, 20 % of the women and eight percent of the men surveyed stated that, during some period after the age of 18, they had lived in a situation where they were repeatedly and systematically subjected to psychological violence from a current or former partner (Table 10). Significantly less, but still five percent of women and three percent of men, stated that they had been repeatedly and systematically subjected to such violence by someone else: a relative, neighbour, co-worker or other. In total 22 % of women and nine percent of men had been repeatedly and systematically subjected to psychological violence at some stage during adulthood. Adjusted for the Swedish population, this corresponds to approximately 735,000 women and about 307,000 men aged 18 to 74.<sup>76</sup>

<sup>75</sup> In the questionnaire the following question was asked: *Has it ever happened, after you turned 18 years old, that a person (partner, relative, acquaintance, boss, co-worker, client/patient, stranger, etc.) has done any of the following to you?* A. That your partner (or former partner) systematically and repeatedly degraded, insulted, humiliated or otherwise violated your dignity or oppressed you verbally; B. That your partner (or former partner) systematically and repeatedly dominated you and decided who you could see, how much money you were allowed to have, when you could go out, what clothes you could wear, etc.; C. That your partner (or former partner) systematically and repeatedly threatened to hurt him/herself or your children, to take the children and leave you, to break your valuables, to tell others things you would like to keep secret, etc.; D. That you have been systematically and repeatedly bullied, violated or harassed by relatives or at your workplace, in school, in your residential area, etc.

<sup>76</sup> If we include being subjected to threats of physical violence, the proportion of affected women increases from 22 to 24 %, and the proportion of affected men from 9 to 24 %.

**Table 10. Exposure to systematic and repeated psychological violence after the age of 18**

	Proportion of women %	Proportion of men %	Total proportion %
<b>Exposed to systematic and repeated psychological violence after the age of 18</b>			
– degraded, insulted, humiliated, etc. (by a current/former partner)	17	6	11
– dominated and controlled (by a current/former partner)	12	4	8
– threatened that the partner would self-harm, take the children, etc. (by a current/former partner)	7	4	6
– <i>Total exposed by current or former partner</i>	20	8	14
– violated, harassed, bullied (by someone other than a partner)	5	3	4
<b>Total proportion exposed to systematic and repeated psychological violence after the age of 18</b>	22	9	16

### Who was the perpetrator?

This systematic and repeated psychological violence has primarily been perpetrated by current or former partners. The most common form of psychological violence was being systematically and repeatedly degraded, insulted or otherwise verbally violated or oppressed, which was reported by 17 % of the women and six percent of the men. Furthermore, 12 % of women and four percent of men stated that they had, at some point in their adult life, been in a situation where their current or former partner had systematically and repeatedly dominated and controlled them (for example in terms of who they could see, what clothes they could wear and how much money they were allowed to have). Seven percent of women and four percent of men had been systematically and repeatedly subjected to psychological violence in terms of their current or former partner threatening to self-harm or harm the children, take the children and leave, break valuables, reveal secrets or similar. As previously mentioned, experiences of being systematically and repeatedly subjected to psychological violence outside the home was reported by five percent of women and three percent of men. This could be a matter of being bullied, violated or harassed by relatives, at work, in school, in the neighbourhood, or similar. Among the five percent of women who at some time in their adult life had been subjected to this type of psychological violence, about a third stated that the perpetrator had been a female co-worker, boss, teacher, neighbour or similar and another third that it had been a male co-worker, boss, teacher, neighbour or similar. Significantly fewer stated that they had been subjected to such violence by female or male family members or relatives. Among the three percent of men who at some time in their adult life had been subjected to systematic and repeated psychological violence, just under half stated that this violence was perpetrated by a male co-worker, boss, teacher, neighbour or similar, while approximately one in

four stated that the psychological violence came from a female co-worker, boss, teacher, neighbour or similar. Approximately one in ten affected men stated that they had been subjected to this kind of violence by female or male family members or relatives.

Different experiences in different age groups?

There were no tangible or systematic differences between various age groups between women and men, nor between partner-related and other psychological violence. There was, in general, a tendency for the youngest age groups to a less extent report exposure for psychological violence than intermediate age groups. The two oldest age groups reported being subjected to psychological violence to a somewhat greater extent than younger age groups.

### Exposure in the past year

- During the past year (spring 2011 to spring 2012), 4.8 % of women and 2.5 % of men reported exposure to systematic and repeated psychological violence from a current or former partner. Adjusted for the total Swedish population, this corresponds to approximately 160,000 women and 85,000 men aged 18 to 74.
- Younger women and men were more likely than their older counterparts to have experienced this type of violence in the past year. Amongst the youngest women and men (aged 18 to 24), the figures were 8.2 and 3.4 %, respectively. Amongst the oldest respondents (aged 65 to 74) the corresponding figures were 1.4 % and 0.9 %, respectively.

Nearly five percent of women (4.8 %) and about 2.5 % of men stated that they had been subjected to systematic and repeated psychological violence by a current or former partner during the past year. Adjusted to the Swedish population level this would mean that approximately 160,000 women and 85,000 men lived their daily life in a situation where they were systematically and repeatedly subjected to humiliating, degrading, violating, controlling or dominating treatment and/or their partner had threatened to take the children and leave or similar. Two percent of women and just less than one percent (0.9 %) of men stated that they had, during the past year, been systematically and repeatedly bullied, harassed or violated either at work or by relatives, taking place either in their neighbourhood or elsewhere.

This implies that a total of 6.2 % of women and 3.2 % of men lived with systematic and repeated psychological violence as part of their daily life at some time during this period.<sup>77</sup>

Table 11. Exposure to systematic and repeated psychological violence in the past year (spring 2011 – spring 2012)

	Proportion of women %	Proportion of men %	Total proportion %
<b>Exposed to systematic and repeated psychological violence after the age of 18</b>			
– degraded, insulted, humiliated, etc. (by a current/former partner)	3.9	1.7	2.8
– dominated and controlled (by a current/former partner)	1.8	1.3	1.6
– threatened that the partner would hurt her/himself, take the children, etc. (by a current/former partner)	1.1	1.2	1.1
– <i>Total exposed by current or former partner</i>	4.8	2.5	3.6
– violated, harassed, bullied (by someone other than a partner)	2.0	0.9	1.4
<b>Total proportion exposed to systematic and repeated psychological violence in the past year</b>	<b>6.2</b>	<b>3.2</b>	<b>4.7</b>

Approximately three quarters of the women and men who had been repeatedly and systematically subjected to psychological violence within the past year stated that this had come from a current partner. About a quarter had been subjected to such violence by a former partner. Both women and men stated that the most frequent kind of psychological violence was being systematically and repeatedly subjected to degradation, violations of their dignity, humiliation or similar. Among women in the youngest age group (aged 18 to 24), slightly over eight percent stated that they had been systematically and repeatedly subjected to psychological violence by a current or former partner in the course of the past year. Among women in the oldest age group (aged 65 to 74) this was markedly less common (1.4 %). Among men, the corresponding figures were 3.4 and 0.9 % respectively.

Two percent of women and slightly less than one percent (0.9 %) of men had been subjected to psychological violence by someone other than their current or former partner. For the most part, the perpetrator had been a co-worker, boss, teacher, neighbour or similar, but in some cases it had also been a family member or relative (other than the partner). In a few cases, the respondents stated that they had been subjected to systematic and repeated psychological violence by friends, patients, clients or unknown perpetrators.

<sup>77</sup> If we also include threats of physical violence, the proportions increase to 7.1 % of women and 5.6 % of men.

## Exposure in a life-course perspective

- Approximately four in ten women and three in ten men had experience of being subjected to repeated psychological violence during some period of their life.
- Exposure to psychological violence during childhood was strongly related to exposure to psychological violence in adult life among both women and men.

To illustrate the frequency of being subjected to psychological violence from a life-course perspective, the results from the previous sections have been combined.<sup>78</sup> The results show that slightly more than six in ten women and men (62 and 63 % respectively) reported experiences and memories of being subjected to psychological violence at some point in their life (Table 12)<sup>79</sup>. Focusing only on exposure to repeated psychological violence, the results (in parentheses) show that 41 % of women and 32 % of men have experiences of being subjected during their lifetime.

Table 12. Exposure to psychological violence in a life-course perspective

	Proportion of women %	Proportion of men %	Total proportion %
Seen or heard physical violence between parents <sup>80</sup>	15 (6)	13 (4)	14 (5)
Exposure to other psychological violence at some point in life <sup>81</sup>	57 (37)	60 (29)	59 (33)
<b>Total proportion exposed to psychological violence in a life-course perspective</b>	<b>62 (41)</b>	<b>63 (32)</b>	<b>62 (36)</b>

Among women, experiences of having been subjected to psychological violence were about equally common for subjects up to age 54, with approximately 55 % stating that they had been subjected to psychological violence, and about 45 % stating that they had been repeatedly subjected at some point in their life. Among women aged 55 and over, the corresponding figures were somewhat lower: about 45 and 25 % respectively. Among men, a somewhat different pattern emerged across age groups. The proportion of men subjected to psychological violence in a life-course perspective was lowest for the youngest age group, with approximately 60 % stating that they had experienced some kind

<sup>78</sup> It should be noted that being subjected to psychological violence as an adult refers to repeated and systematic psychological violence.

<sup>79</sup> If we also include threats of physical violence, the proportions increase to 66 % of the women and 73 % of the men.

<sup>80</sup> The percentage within parentheses refers to repeated exposure.

<sup>81</sup> Refers to at some point before the age of 18 and/or systematically and repeatedly after the age of 18.

of psychological violence and about a third that they had experienced repeated exposure. In the intermediate age groups (covering those aged 25 to 54), the corresponding proportions were higher, approximately 70 and 40 %, respectively and in the oldest two age groups (aged 55 to 74) lower, approximately 50 and 25 %, respectively.

As with exposure to sexual and physical violence, there is a clear association, for both women and men, between exposure to psychological violence as a child and exposure to psychological violence in later life. Among respondents reporting that they had been subjected to psychological violence as children, two to three times as many women, and three to four times as many men, stated that they had been systematically and repeatedly subjected to psychological violence at some point in their adult life, when compared to those who had not experienced psychological violence during childhood. These results are consistent regardless of whether we examine exposure prior to the age of 18 or prior to the age of 15 and irrespective of isolated incidents or repeated exposure. When analysing the relationship between being subjected to psychological violence during childhood and exposure during the past year the results show a similar pattern, both among women and men and in different age groups (i.e., regardless of whether the respondent recently exited childhood and left such experiences behind, or if 40 to 50 years had passed since the respondent was a child).

## An overview of the exposure to violence

- Forty-six percent of women and 38 % of men had, at some point, been subjected to severe sexual, physical or psychological violence.
- Women were significantly more likely than men to have been subjected to severe sexual violence, both during childhood and adult life.
- Women were significantly more likely than men to have been subjected to severe psychological violence in adult life.
- Men were somewhat more likely to have experienced severe physical violence, both during childhood and in adult life.

### Exposure to any kind of violence and to severe violence

In previous sections, the experiences of being subjected to sexual, physical and psychological violence have been studied separately. However, women and men are sometimes subjected to more than one kind of violence. For instance, a rape can involve sexual, physical and psychological violence. Some respondents had been subjected to sexual violence on one occasion, to physical violence on another, and to psychological violence on a third. Others had experienced one

type of violence on one or more occasions without ever experiencing any other kind of violence. While there are many different possible scenarios, there is a common shared experience of being subjected to violence. In order to get an overall picture of how common it is that women and men experience any kind of violence, the results presented above have been combined.

The results, presented in Table 13, show that 65 % of women and 71 % of men had, at some point before the age of 15, been subjected to some kind of sexual, physical or psychological violence. Forty-six and 53 %, respectively, had experienced some kind of violence between the ages of 15 and 17. In total, 75 % of women and 77 % of men surveyed had been subjected, either once or repeatedly, to some kind of sexual, physical or psychological violence during their childhood (before the age of 18).<sup>82</sup>

Experience of violence as an adult was less common. It should be noted that the questions relating to violence during adulthood were about systematic and repeated psychological violence and did not cover the kind of isolated incidents that may be very commonly experienced. Approximately half of women (55 %) and more than a third of men (36 %) stated that they had been subjected to some kind of sexual, physical or psychological violence during their adult life. During the year prior to taking part in the study (spring 2011 to spring 2012), 20 % of women and 11 % of men had been subjected to violence. Among the women with such experience during the past year, 75 % had been subjected to sexual violence (most often sexual harassment), about 20 % had experienced physical violence or threats and approximately 35 % had experienced psychological violence. Among men, the corresponding figures were 45, 49 and 32 %, respectively.

Overall, this implies that approximately eight in ten women and men (81 and 80 %, respectively) have experiences and memories of being subjected, at some point in their lifetime, to some form of sexual, physical or psychological violence outlined above. This includes forced sexual intercourse as well as sexual harassment, physical violence involving a weapon as well as verbal threats of violence and systematic and repeated psychological violations as well as occasional bullying.

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<sup>82</sup> The numbers referring to exposure before the age of 15 and between the ages 15 to 17 do not include exposure to sexual harassment, as that question related to the entire childhood period; up to and including 17 years old. Exposure to sexual harassment is, on the other hand, included in the data referring to "Total exposure before the age of 18".

Table 13. Exposure to any kind of violence in a life-course perspective

	Proportion of women		Proportion of men		Total proportion	
	Any kind of violence %	Severe violence %	Any kind of violence %	Severe violence %	Any kind of violence %	Severe violence %
Exposed before the age of 15	65	27	71	22	68	25
Exposed between the ages of 15 and 17	46	16	53	10	49	13
Total exposed before the age of 18	75	32	77	25	76	29
Exposed during adult life (after the age of 18)	55	29	36	22	46	25
– Of which during the past year	20	7	11	5	15	6
Total proportion exposed to any kind of violence at some point in life	81	46	80	38	80	42

Experience of some kind of violence is thus very common and, statistically speaking, a normal phenomenon that affects most women and men during their lifetime and may not necessarily leave any deeper traces. However, some women and men are subjected to more severe forms of violence than others and some experience violence more often than others.

As previously mentioned, the term violence has many different definitions, both nationally and internationally, and as many ways to operationalize, measure and grade the act. With a view to focusing on the incidence of more severe forms of violence, a subjective assessment of the data provided by the respondents has been used to estimate, roughly, the proportion of women and men who have been subjected to what is, in this section, referred to as “severe violence”. Being exposed to severe violence, as defined in this study, means being subjected to one of the following:

*Being forced at any point as a child to have sexual intercourse (including attempts), and/or being repeatedly subjected to other sexual abuse, and/or sometimes/often received a blow with a fist, being injured with a weapon or other object, and/or often being subjected to other forms of physical violence, and/or often being threatened with physical violence, and/or often being violated, bullied or similar, and/or repeatedly seeing or hearing violence between the parents.*

*Being forced at some point as an adult to have sexual intercourse or similar acts (including attempts), and/or being struck with a fist/object, being kicked or subjected to violence with a weapon, and/or being systematically and repeatedly subjected to psychological violence.*



Based on this working definition, the results show that 32 % of women and 25 % of men had been subjected to some kind of severe violence before reaching the age of 18 and the 29 % of women and 22 % of men experienced such violence after the age of 18. Focusing on a life-course perspective, 46 % of women and 38 % of men had experience of such violence (Table 13). The different kinds of severe violence are outlined in Table 14.

**Table 14. Exposure to different kinds of severe violence in a life-course perspective**

	Proportion of women %	Proportion of men %	Total proportion %
<b>Exposed during childhood</b>			
– Sexual violence	17	6	11
– Physical violence	14	18	16
– Psychological violence	14	10	12
<b>Exposed during adult life</b>			
– Sexual violence	11	1	6
– Physical violence	10	15	12
– Psychological violence	22	9	16
<b>Total proportion exposed to any kind of severe violence</b>	<b>46</b>	<b>38</b>	<b>42</b>

While 46 % of women and 38 % of men had been subjected to severe violence, the results show that the types of violence experienced by women and men were significantly different. Severe sexual violence during childhood affected 17 % of women but only six percent of men. This refers to having been forced at some point during childhood to have sexual intercourse (including attempts), and/or being repeatedly subjected to other sexual abuse, such as being touched in a sexual way or being forced to touch the perpetrator. Eleven percent of women but only one percent of men had been subjected to severe sexual violence as adults. This refers to forced sexual intercourse through physical violence (including attempts) or similar, and/or being subjected to a sexual act while in an incapacitated or defenceless state. A third type of severe violence where the exposure of women and men differs significantly is exposure to severe psychological violence, which affected 22 % of women and nine percent of men. This applies to women and men who at some point in their adult life have lived with systematic and repeated oppression, degradation, violation of dignity, and/or have been controlled/dominated, and/or whose partner has threatened to self-harm or harm the children, take the children and leave, reveal secrets, break valuables or similar. When focusing on exposure to severe physical violence or

threats thereof, the proportion of men affected was larger than the proportion of women. However, the differences were significantly smaller when compared to the differences in experience of sexual and psychological violence. This holds true both when looking at exposure during childhood (14 and 18 % respectively) and in adulthood (10 and 15 % respectively). Exposure to severe physical violence during childhood could include incidences such as sometimes or frequently receiving blows with a fist and/or being threatened. As an adult, severe violence refers to receiving a blow with a fist or similar and/or being subjected to violence with a weapon.

The overall picture that emerges is thus that women are some more likely to have experienced severe violence, that women are much more likely to have been subjected to severe sexual violence and to severe psychological violence as adults, while men are slightly more likely to have been subjected to severe physical violence.

## *Part 1. Exposure to violence – prevalence*

### Summary and reflections

#### **A large gap between ideal and reality**

In the introduction to this report, various UN declarations relating to children's, women's and men's human rights to live free from violence were explored. The introduction also outlined how the WHO has declared exposure to violence to be a serious public health issue which may cause or contribute to physical, psychological and social ill-health. The results of this study clearly indicate that Sweden is quite far from realizing this widely acknowledged public health ideal and enabling people to realise their human right to live free from violence and the fear of violence.

A very large percentage of women and men living in Sweden in 2012 carried with them experiences and memories of violence, including severe violence. More than one in ten women and nearly one in twenty men had childhood experience of forced sexual intercourse (including attempts) through the use of violence. About 10 % of women and one percent of men experienced such violence during adulthood.<sup>83</sup> Approximately four in ten women and six in ten men had been subjected to physical violence before the age of 18 and approximately 20 % of both men and women had such experiences after the age of 18. Approximately six in ten women and men had been subjected to some form of psychological violence during childhood, and 22 % of women and nine percent of men had experienced repeated and systematic psychological violence since reaching the age of 18.

#### **The perpetrators are most often men – but not always**

The perpetrators of sexual violence are almost exclusively men. The sexual abuse of children (before age 18) is just as likely to be perpetrated by a same aged boy as by an adult man. Severe sexual abuse among adults is mainly committed by a male partner, while less severe abuse is mainly committed by other men. With respect to physical violence, the most common perpetrators are boys and men. However, women who were subjected to physical violence during childhood reported their mothers as often as their fathers as the perpetrator, while men were much more likely to cite their fathers or other men as the perpetrator. A very large percentage of childhood experience of both physical and psychological violence was perpetrated by people of the same age rather than adults. Among men, the perpetrators were almost exclusively reported to be boys their own age while women to a great extent also reported that the perpetrators were girls their own age. Regarding exposure to physical

<sup>83</sup> This also includes sexual abuse of a person who is in a state without the ability to defence oneself, see footnote 32.

violence and threats of physical violence in adulthood, 14 % of women stated that the perpetrator had been their current or former partner, and three percent reported being abused by another man. Among men these figures were more or less the opposite, 5 and 16 %, respectively.

### **Few tell – and even fewer report**

A significant result, consistent across the different types of exposure to violence and for all age groups, was a generally low propensity to speak to family and friends about experience of violence. Approximately 35 to 40 % of women and 10 to 20 % of men who experienced sexual abuse during childhood had spoken about their experience with a friend or family member. About 5 to 10 % of women, and even fewer men, stated that they had sought professional help from a physician, psychologist, counsellor or similar. A similar pattern emerged for exposure to physical violence: the inclination to talk about what had happened was somewhat greater when it came to exposure during adulthood, and particularly for occurrences during the past year. In general, women were slightly more likely than men to speak to friends or family and to seek help from a professional. Fewer than five percent of women and men who were subjected to sexual or physical violence during childhood had reported their experiences to the police at any point. The inclination to report physical violence or threats of physical violence to the police was significantly greater for experiences during adulthood. Approximately 20 % of both women and men, and even more when it came to exposure during the past year (approximately 25 %) had made contact with the police, which may be an indication of a generally increased propensity to report violent crimes. Among women who had been subjected to sexual violence at least once during adulthood, five percent had filed a police report at some point. However, this rose to 15 % for those who had been subjected to such violence during the past year.

### **Early exposure is clearly associated with exposure later in life**

Another very substantial result, similarly consistent across different kinds of violence exposure, age groups and genders, was a clear association between exposure before the age of 18 (and even before the age of 15) to exposure in adult life (including in the past year). Women and men who had been subjected to sexual, physical or psychological violence during childhood were significantly more likely to experience the same type of violence as adults, when compared with women and men who did not experience such violence during childhood. However, the extent to which early exposure to violence or other psychosocial circumstances during childhood can be considered causal factors which increase the risk of violence later in life cannot be assessed based on the results presented in this report.

## **Women and men are exposed to severe violence to about the same extent but to different forms of violence**

In total 46 % of women and 38 % of men surveyed stated that they had, at some point, been subjected to some kind of severe violence.<sup>84</sup> Gender differences were evident insofar as women were significantly more likely than men to have been subjected to severe sexual violence, both during childhood (17 % compared with six percent for men) and as adults (11 % and one percent respectively). Women were also more likely to have experienced severe psychological violence during childhood (14 % for women and 10 % for men) and in adult life (22 and 9 % respectively). On the other hand, it was somewhat more likely for men to have been subjected to severe physical violence, both during childhood (18 % of men compared with 14 % of women) and as adults (15 % of men and 10 % of women). As women are significantly more likely to have been subjected to severe sexual and psychological violence, and men are marginally more likely to have been subjected to some form of severe physical violence, an overall picture emerges that more women than men carry with them experiences and memories of exposure to some kind of severe violence based on the definitions applied in this study (see page 64).

### **Exposure during the past year**

Adjusted for the Swedish population, the results of this study would indicate that in the 12 months between spring 2011 and spring 2012, approximately 114,000 women and 31,000 men aged between 18 and 74 were subjected to sexual abuse in terms of forced sexual intercourse, sexual acts while in an incapacitated or defenceless state, or unwanted kisses or caresses. Furthermore, that approximately 130,000 women and 167,000 men were subjected to physical violence or threats of physical violence, and approximately 207,000 women and 109,000 men to repeated and systematic psychological violence in terms of oppression, humiliation or similar.

### **Limitations, merits and a balanced approach**

The picture that emerges in this report is based on self-reported experiences and memories provided by the women and men who took part in the study. This information represents estimations of the reality of what happened to the respondents and must therefore be viewed with some caution (see page 20). Furthermore, it is not self-evident that the reader interprets the term “violence” as per WHO definition that guides this study (see page 9). The values applied to the term “violence” will, of course, affect the images that are brought to mind

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<sup>84</sup> For a definition of the term “severe violence”, see page 64.

which demands careful attention when interpreting and understanding the results presented.

Both national and international prevalence studies carry limitations of various kinds and may therefore present differing results, making them hard to compare. This kind of study may nonetheless be the most important tool available to achieve an overall picture of the scope, development and nature of exposure to violence on a national scale, as it is actually experienced by the women and men affected. Obtaining an up-to-date and in-depth set of data of the prevalence of exposure to different types of violence is not an end in itself, but rather a fundamental prerequisite to reduce the incidence of violence: it is a tool for relevant actors to use in order to develop strategies and measures to reduce the risk of violence, and as an aid to assist those who are affected. Put simply: it is a foundation on which to promote the human rights of children, women and men, as well as public health in this area. Another important function is to contribute to the provision of information, as well as the formation of public education and opinion, by presenting current empirical knowledge as a basis for public discourse on violence and exposure to violence. The results presented are extensive, and should constitute a knowledge base for future social interventions. The results may also contribute to an increased level of public insight into violence as well as an increased effort to reduce its prevalence within the population, not just in terms of the violence that affects children and women, but also violence against men, which typically receives far less attention.

Although results of nationally representative prevalence studies of this kind, despite their limitations, may provide the best single basis for an overall perception of the prevalence and nature of exposure to violence, there are many important questions that studies of this kind cannot answer. To reach a deeper understanding of the scope, nature and development of violence among children, women and men as well as for particularly vulnerable groups, would require a deeper analysis of the material presented here, as well as the incorporation of other types of research. To achieve a better understanding of exposure to violence in Sweden, the results of this study should not be regarded in isolation but alongside results from other nationally and locally representative surveys, interview- and register studies in Sweden as well as more in-depth qualitative studies that provide opportunities to capture important nuances and details at the individual level.

*Part 2. Exposure to violence  
– associations to health*





# Part 2. Exposure to violence – associations to health

Steven Lucas

- Among both women and men who had been subjected to severe sexual abuse as children or adults, symptoms of PTSD were approximately three to five times more common as for others.
- Among women and men who had been subjected to severe psychological abuse as children or adults, symptoms of depression were twice as common as for others.
- Exposure to severe sexual violence in adult life was strongly linked to self-harming behaviour, which was more than three times as common among women who had experienced severe sexual violence, and five times more common for men.
- Approximately every third woman and man who had experienced severe sexual or physical violence as adults reported hazardous drinking habits;, which was about twice as common as for the respondents who had not experienced such violence.
- Women who experienced sexual violence during childhood were twice as likely to have psychosomatic symptoms in later life; men with childhood experiences of sexual violence were three times more likely to have such symptoms.
- Among women aged 56 to 74 who had been subjected to severe sexual violence or physical violence, heart attacks were two to four times more common.

Being subjected to sexual, physical or psychological violence can lead to an increased risk of various forms of psychological and physical ill-health, in both the short and/or the long term. This chapter provides a general picture of how experiences of being subjected to severe violence<sup>85</sup> during childhood and in

<sup>85</sup> Severe violence refers to: *As a child being forced to have sexual intercourse (including attempts), being repeatedly subjected to other sexual abuse, sometimes/often hit with a closed fist, being hit with a weapon or other object, often being subjected to other forms of physical violence, often being threatened with physical violence, often being humiliated or bullied, or repeatedly seeing or hearing violence between the parents.*

*As an adult being forced to have sexual intercourse or similar sexual acts (including attempts), being struck with a fist/object, being kicked or subjected to violence with a weapon, or being systematically and repeatedly subjected to psychological violence.*

Analyses have also been conducted with respect to exposure to less severe violence. The results showed that those who were subjected to less severe forms of violence were also over-represented in terms of psychological and physical ill-health.

adult life are linked to a number of central aspects of current psychological and physical health.

The results presented reflect the extent to which being subjected to violence and current physical or psychological ill-health coincide in the same individuals, and cannot automatically be interpreted as causality, i.e., the extent to which being subjected to violence *causes* ill-health. Many other circumstances in any given respondent's background and development can, of course, influence the presented associations. In order to highlight the extent to which the exposure to violence actually causes or contributes to causing physical and psychological ill-health, more in-depth analyses of the current survey material and of studies using different methodology would be required.

## Indicators of psychological and physical ill-health

In order to highlight possible connections between past exposure to violence and current physical and psychological ill-health, results from previous research within this field have been used for guidance.<sup>86</sup> Internationally established instruments have been applied whenever possible.

### Psychological ill-health

The indicators chosen to highlight the respondents' psychological ill-health are post-traumatic stress disorder (PTSD), depression, self-harming behaviour and hazardous drinking.

**Post-traumatic stress disorder (PTSD):** Long-term increases in stress levels are often seen in people who have experienced traumatic events, and may result in post-traumatic stress disorder. People who suffer from PTSD often experience sudden, obtrusive memories of the traumatic event, they become intensely vigilant, are easily stressed, sleep poorly and have difficulty concentrating. The survey contains the well-established PTSD Checklist (PCL)<sup>87</sup>, consisting of 17 questions about current symptoms (those experienced within the past month) that may indicate PTSD. A person who answers yes to at least nine of these questions is deemed to have severe PTSD symptoms<sup>88</sup>, which are strongly linked to the clinical diagnosis of PTSD. Among the respondents, a total of eight percent displayed symptoms that could indicate PTSD; eleven percent among women and six percent among men.

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<sup>86</sup> The background to the choice of health indicators can be found, inter alia, in Chapman et al. (2004) and the Swedish National Institute of Public Health (2011).

<sup>87</sup> McDonald & Calhoun (2010).

<sup>88</sup> Hem et al. (2012).

**Depression:** Depression is a common condition among both women and men in Sweden, and an important cause of sick leave and use of health care resources. The survey included a short screening instrument consisting of 14 questions regarding current symptoms (in the past week) of anxiety and depression: the Hospital Anxiety and Depression Scale (HAD). HAD has been used in a large number of studies in several countries, and is deemed to be a reliable measure of the incidence of symptoms that may require psychiatric treatment.<sup>89</sup> Each question is graded from no symptoms (zero points) to frequent symptoms (three points), with eleven points in total indicating a case of suspected depression. In total, approximately 11 % of the participants showed signs of depression according to HAD; 11 % of women and 10 % of men.

**Self-harming behaviour:** Self-harming through scratching or cutting, or otherwise inflicting injury, as well as suicidal thoughts and suicide attempts are an expression of anxiety and psychological ill-health. Questions were formulated to survey all these types of self-harming behaviour in all age groups: before the age of 15; between 15 and 17; and after the age of 18. In the analyses we have examined the occurrence of self-harming behaviour at any point in life. The proportion of respondents who stated that they had engaged in self-harming behaviour was 13 % in total, with a higher proportion of women (16 %) compared to men (nine percent).

**Hazardous drinking:** In order to identify levels of hazardous drinking, we used the established WHO instrument the Alcohol Use Disorders Identification Test (AUDIT)<sup>90</sup>, which has been well documented in Sweden.<sup>91</sup> AUDIT consists of ten questions on current alcohol consumption and how it affects the respondent's life. A total score of at least eight points for men or at least six points for women is considered to be a hazardous level of drinking, in accordance with recommendations from the Swedish National Institute of Public Health.<sup>92</sup> Hazardous drinking was identified in 20 % of all the respondents, and was slightly more common among men (21 %) than among women (18 %).

### Physical ill-health

The physical ill-health of the respondents was gauged using the number of days of poor health, psychosomatic symptoms and, for the age group 56 to 74, the prevalence of heart attacks (myocardial infarction).<sup>93</sup>

<sup>89</sup> Sullivan et al. (1993).

<sup>90</sup> WHO (1992).

<sup>91</sup> Berman et al. (2012).

<sup>92</sup> Swedish National Institute of Public Health (2013).

<sup>93</sup> Heart attacks are an important public health issue, which unlike the other indicators rarely happens before the age of 56.

**Healthy Days:** The number of days during which the respondents felt unable to do things they normally would because of physical health issues over the past month has proven to be a sensitive measure of general physical health. The question “thinking about your physical health, which includes physical illness and injury, how many days during the past 30 days was your physical health not good?” has been used in a large number of studies conducted by the Swedish National Institute of Public Health (FHI)<sup>94</sup> and the American Centers for Disease Control and Prevention. Respondents were divided into two groups, in accordance with the threshold value of 15 days applied by FHI.<sup>95</sup> Based on this threshold value, 14 % of the respondents reported poor physical health (more than 15 unhealthy days in the last month); 17 % of women and 12 % of men.

**Psychosomatic symptoms:** Experiencing isolated physical symptoms, with or without a known underlying illness, is common among both women and men. The occurrence of several symptoms, such as headaches, pain in the shoulders or neck, vertigo, ringing in the ears or recurring intestinal problems may indicate a somatisation disorder, where physical problems can be linked to psychological unrest, anxiety, sadness or stress. The survey contains twelve questions on current physical symptoms, based on a frequently used instrument (PHQ-15)<sup>96</sup> with a graded scale from no symptoms (zero points) to severe symptoms (two points). Respondents were divided into two groups: those who currently have at least 10 points, which is equivalent to moderate to severe psychosomatic symptoms; and those who have less than ten points.<sup>97</sup> A total of seven percent of the respondents had at least 10 points; the proportion among women (10 %) was more than twice that of the men (four percent).

**Heart attack (Myocardial infarction):** The incidence of the diagnosis of a heart attack during the past five years was analysed using data from the National Patient Register (PAR), which records information on all hospital admissions and visits to specialised clinics across Sweden. A total of 0.7 % of respondents had been diagnosed with a heart attack at some point in the past five years. Of those, 88 % were between the ages of 56 and 74. As such, the analyses of heart attacks in this report focus only on this age group. 1,882 female respondents and 1,809 male respondents were between the ages of 56 and 74 at the time of the survey. Of these 1.6 % had been given a diagnosis of a heart attack; 0.6 % among women (n=11) and 2.7 % among men (n=48).

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<sup>94</sup> Swedish National Institute of Public Health (2008).

<sup>95</sup> Ibid.

<sup>96</sup> Kroenke et al. (2002).

<sup>97</sup> This cut-off was recommended by the Swedish National Institute of Public Health.

## Exposure to severe sexual violence and current psychological/physical ill-health

### Exposure to severe sexual violence during childhood

As previously shown (in Table 14), 17 % of women and six percent of men stated that they had been subjected to severe sexual violence as children.

**Psychological ill-health:** Among those who had been subjected to severe sexual violence before the age of 18, 26 % of the women and 16 % of the men stated that they had, at the time of taking the survey, symptoms that would indicate PTSD.

This is approximately three times as common as among those who had not been subjected to such violence. Women and men who had been subjected to severe sexual violence at an early age were also significantly more prone to symptoms of depression (17 and 19 %, respectively), compared to the women and men who had not been subjected to severe sexual violence as children (nine percent for both women and men).

It was even more common for people who had been subjected to severe sexual violence as children to display self-harming behaviour at some point in life. Self-harming behaviour was generally more common in affected women than affected men, and was reported by 36 % of the women and 27 % of the men with experiences of severe sexual violence during childhood. This can be compared to 12 % of the women and eight percent of the men who had not been subjected to such violence.

In both gender groups, those who had been subjected to severe sexual violence before the age of 18 were more inclined to hazardous drinking (26 and 27 % respectively) than those who had not (16 and 21 % respectively).

**Physical ill-health:** Both women and men who had been subjected to severe sexual violence during childhood stated physical ill-health during the past month to a greater degree than the women and men who had not been subjected to severe sexual violence as children. Twenty-three percent of the affected women stated that they experienced physical ill-health, and 16 % of the affected men, which can be compared to 15 and 11 %, respectively, among the women and men who had not been subjected.

Those who had been subjected to severe sexual violence during childhood were also more likely to report psychosomatic symptoms at the time of completing the survey. Among the affected women, this was more than twice as common (17 compared to 8 %) and among the affected men it was three times more common (12 compared to 4 %).

Twice as many of the 266 women between the ages of 56 and 74 who had been subjected to severe sexual violence during childhood had experienced a heart attack at some point in the past five years, compared with women in the same age group who had not experienced sexual violence as children (1.1 % and 0.5 % respectively). The corresponding figures were 3.9 % of the 102 affected men, compared to 2.5 % of the men who had not been exposed.

### **Exposure to severe sexual violence as an adult**

Approximately 11 % of women and one percent of men had been subjected to severe sexual violence after the age of 18 (Table 14).

**Psychological ill-health:** Experiencing severe sexual violence as an adult was associated to a somewhat greater degree with current PTSD symptoms, compared to exposure before the age of 18, and this was particularly evident among the affected men (Table 15). PTSD symptoms were approximately three times more common among women who had been subjected to severe sexual violence in adult life, and about five times more common in the affected men. Among the women who were subjected to severe sexual violence after turning 18, 19 % stated that they had current symptoms suggesting depression, compared with 10 % among women who had not been exposed. Among the 52 men who had been subjected to severe sexual violence as adults, 23 % showed symptoms of depression, which contrasts with nine percent among men without such experiences.

Experiences of severe sexual violence during adulthood were also strongly linked to self-harming behaviour. Among the women who had been subjected to severe sexual violence as adults, it was three times more common, and among men, five times more common, to have self-harmed at some point. Furthermore, one in three women and men who had been subjected to severe sexual violence as adults reported hazardous drinking, contrasting with about one in six among women and men with no adult exposure to severe sexual violence.

**Physical ill-health:** The link between experiencing severe sexual violence as an adult and current physical ill-health was clear. Women and men who had been subjected to severe sexual violence as adults stated to a significantly greater degree (24 and 22 % respectively) that they had current issues with their physical health compared to respondents with no such experiences (16 and 11 % respectively).

Psychosomatic symptoms were more than twice as common in affected women (18 %) and more than three times as common in affected men (15 %) compared to those who had not been subjected to severe sexual violence in adult life (eight and four percent respectively). Heart attacks were nearly four times

more common in affected women between the ages of 56 and 74. A corresponding analysis could not be carried out for the affected men, since only 7 out of the 52 men who had experienced severe sexual violence as adults were above the age of 55.

Table 15. The link between exposure to severe sexual violence during childhood and in adult life, and indicators of ill-health as an adult <sup>98</sup>

Women								
		PTSD-symptoms %	Symptoms of depression %	Self-harming behaviour %	Hazardous drinking %	Physical ill-health %	Psycho-somatic symptoms %	Heart attack <sup>99</sup> %
Exposure to severe sexual violence before the age of 18	Yes (N = 888)	26	17	36	26	23	17	1,1
	No (N = 4,562)	8	9	12	16	15	8	0,5
Exposure to severe sexual violence after the age of 18	Yes (N = 573)	29	19	43	36	24	18	1,9
	No (N = 5,027)	8	10	13	16	16	8	0,5

  

Men								
		PTSD-symptoms %	Symptoms of depression %	Self-harming behaviour %	Hazardous drinking %	Physical ill-health %	Psycho-somatic symptoms %	Heart attack <sup>100</sup> %
Exposure to severe sexual violence before the age of 18	Yes (N = 240)	16	19	27	27	16	12	3,9
	No (N = 4,261)	5	9	8	21	11	4	2,5
Exposure to severe sexual violence after the age of 18	Yes (N = 52)	27	23	45	40	22	15	— <sup>101</sup>
	No (N = 4,536)	6	9	9	21	11	4	— <sup>102</sup>

99 100 101 102

<sup>98</sup> The figures in parentheses in the second column refer to the number of respondents who have answered yes and no, respectively to the questions on the specified type of exposure to violence.

The other figures in the table refer to the percentage in reference to each respective health variable, calculated using weighted data (see method).

<sup>99</sup> Refers to respondents aged 56–74.

<sup>100</sup> Refers to respondents aged 56–74.

<sup>101</sup> Was not analysed, as there were too few individuals in this group

<sup>102</sup> Was not analysed, as there were too few individuals in this group



## Exposure to severe physical violence and current psychological/physical ill-health

### Exposure to severe physical violence during childhood

Approximately 14 % of women and 18 % of men were, at some point during childhood, subjected to severe physical violence (Table 14).

**Psychological ill-health:** The women and men who were subjected to severe physical violence during childhood show several signs of current psychological and physical ill-health. The association was particularly pronounced among women, where 31 % of those affected gave indications of PTSD symptoms, and 22 % showed symptoms of depression. This contrasts with seven and eight percent, respectively, among women who had not been subjected to severe physical violence as children. Although the proportion of affected men indicating symptoms of PTSD and depression was smaller, there was, nevertheless, a strong link between exposure and health among men as well. PTSD symptoms were more than four times as common, and depression twice as common, among men who had been subjected to severe physical violence as children, compared to men who had not (Table 16).

Exposure to severe physical violence during childhood was also clearly linked to self-harming behaviour. The women who had been subject to severe physical violence as children were approximately three times more likely than other women to have intentionally harmed themselves at some point. Among the affected men, self-harming behaviour was four times more common than among men who had not been subjected to severe physical violence as children.

Hazardous drinking behaviour was also significantly more common among both women and men who had been subjected to severe physical violence as children (24 % and 30 %, respectively), compared with women and men who had not been subjected to such violence (17 and 20 %, respectively).

**Physical ill-health:** Women and men who experienced severe physical violence during childhood were more likely to indicate psychosomatic problems and perceive their current physical health as poorer than women and men without such experiences. Among affected women, it was more than twice as common to have experienced poor physical health compared with those who were not affected (29 and 14 %, respectively). The frequency of poorer physical health was generally lower among the men, but in this group too, nearly twice as many of those who had experienced severe physical violence as children indicated current physical ill-health (18 and 10 %, respectively).

With respect to psychosomatic symptoms, there was a similar overrepresentation of people with physical ill-health among those who had been subjected to

severe physical violence as children. Affected women were more than three times more likely to report psychosomatic symptoms than women who had not experienced severe physical violence during childhood (23 and 7 %, respectively). The same pattern was evident among men who had experienced severe violence as children. Psychosomatic symptoms were generally half as common in men as in women, but the men who were subjected to severe physical violence during childhood stated that they had psychosomatic problems approximately three times as often as other men.

Twice as many women aged 56 to 74 who had been subjected to severe physical violence during childhood had been diagnosed with a heart attack (1.1 %) compared with women in the same age group with no such childhood experiences (0.6 %). Generally speaking, a significantly higher number of men than women had suffered a heart attack within the past five years, however the connection between being subjected to severe physical violence during childhood and a heart attack in the past five years was considerably weaker among men than among women.

#### **Exposure to severe physical violence as an adult**

Approximately 10 % of women and 15 % of men have, at some point after the age of 18, been subjected to severe physical violence (Table 14).

**Psychological ill-health:** Among the women who had been subjected to severe physical violence as adults, nearly a third showed current symptoms of PTSD; a fifth had signs of depression; a little more than a third described self-harming behaviour at some point in life; and nearly a third displayed current hazardous drinking behaviour. These indications of psychological ill-health were two to four times more common among women who had been subjected to severe physical violence as adults, compared to women who had not experienced severe physical violence during adulthood. The same trend was evident among men. Affected men indicated current symptoms of PTSD twice as often as other men. Self-harming behaviour was reported by 21 % and hazardous alcohol consumption by 37 %. This contrasts with 7 % and 19 %, respectively, among men who had not been subjected to severe physical violence in their adult life.

**Physical ill-health:** Respondents who at some point in their adult life had been subjected to severe physical violence reported, to a somewhat greater degree than others, indications of current physical ill-health. Among women who had been subjected to severe physical violence as adults, it was one and a half times more common to experience current physical ill-health and nearly three times as common to have severe psychosomatic symptoms, compared to other women. Among men, the link between exposure to severe physical violence and current

physical ill-health was weak, however psychosomatic symptoms were almost twice as common compared with other men.

Among women and men between the ages 56 and 74, the occurrence of heart attacks in the past five years was three times more common in women who had been subjected to severe physical violence in their adult life and somewhat more common in the affected men, compared to the women and men who had not been subjected to severe physical violence in adulthood.

Table 16. The link between exposure to severe physical violence during childhood and in adult life, respectively, and indicators of ill-health as an adult <sup>103</sup>

Women								
		PTSD-symptoms %	Symptoms of depression %	Self-harming behaviour %	Hazardous drinking %	Physical ill-health %	Psycho-somatic symptoms %	Heart attack <sup>104</sup> %
Exposure to severe sexual violence before the age of 18	Yes (N = 667)	31	22	39	24	29	23	1.1
	No (N = 4,620)	7	8	12	17	14	7	0.6
Exposure to severe sexual violence after the age of 18	Yes (N = 480)	30	21	36	30	26	23	1.7
	No (N = 5,101)	9	9	14	17	16	8	0.5

  

Men								
		PTSD-symptoms %	Symptoms of depression %	Self-harming behaviour %	Hazardous drinking %	Physical ill-health %	Psycho-somatic symptoms %	Heart attack <sup>105</sup> %
Exposure to severe sexual violence before the age of 18	Yes (N = 723)	17	16	24	30	18	10	3.0
	No (N = 3,577)	4	8	6	20	10	3	2.8
Exposure to severe sexual violence after the age of 18	Yes (N = 659)	11	14	21	37	13	7	3.3
	No (N = 3,916)	5	9	7	19	11	4	2.7

<sup>103</sup> The figures in parentheses in the second column refer to the number of respondents who have answered yes and no, respectively to the questions on the specified type of exposure to violence. The other figures in the table refer to the percentage in reference to each respective health variable, calculated on weighted data (see method).

<sup>104</sup> Refers to respondents aged 56–74.

<sup>105</sup> Refers to respondents aged 56–74.

## Exposure to severe psychological violence and current psychological/physical ill-health

### Exposure to severe psychological violence during childhood

A significant proportion of both women (14 %) and men (10 %) were subjected to severe psychological violence during childhood (before the age of 18) (Table 14).

**Psychological ill-health:** Much like the results presented above in terms of the exposure to severe sexual and physical violence, there is a clear link between being subjected to severe psychological violence during childhood and indicators of current psychological ill-health (Table 17). Among women and men who were subjected to severe psychological violence during childhood, indicators of current PTSD symptoms were between three and five times higher than among those who had not been subjected to such violence as children.

Among women with childhood experience of psychological violence, the proportion showing current indications of depression was more than twice as high, at 22 %, than the nine percent found among women who did not have childhood experience of severe psychological violence. Among men, the difference was not as great, but still significant: 19 % compared to eight percent.

Women and men who had experienced severe psychological violence as children were about four times more likely to have engaged in self-harming behaviour at some point in life.

Respondents with childhood experience of psychological violence were also much more likely to describe hazardous drinking in the past year. In all, among those affected, one in four women and men displayed hazardous drinking behaviour, compared with one in six women and one in five men who had not experienced this form of violence during childhood.

**Physical ill-health:** Both women and men who have been subjected to severe psychological violence during childhood stated about twice as often as other women and men that they were currently suffering from physical ill-health. Furthermore, the prevalence of psychosomatic symptoms at the time of the survey was nearly three times as high in the women subjected to this form of violence compared to other women; a link that was even stronger among the men (four times).

Among the 131 women aged 56 to 74 who had been subjected to severe psychological violence as children, suffering a heart attack during the past five years was three times more common than among the women who had not been exposed. Among men, however, heart attacks were actually less common in the affected group.

### **Exposure to severe psychological violence in adult life**

Exposure to severe psychological violence during adulthood was reported by 22 % of women and nine percent of men surveyed in this study (Table 14).

**Psychological ill-health:** Among the women and men who had been subjected to severe psychological violence during adulthood, a quarter of women and a fifth of men showed current symptoms of PTSD. This is in contrast to seven and four percent among women and men who had not experienced severe psychological violence since turning 18 (Table 17). Exposure to severe psychological violence in adult life was also clearly linked to showing signs of depression. Such signs were identified in 19 % of affected women and 17 % of affected men, which is twice as common as among those who have not had such experiences.

Women and men who have been subjected to severe psychological violence during their adult life also stated, to a much greater extent than those who had not, that they had self-harmed at some point in life. This was just under three times as common for women and more than four times as common for men. There was a similar correlation with hazardous drinking behaviour. Among women and men who have been subjected to severe psychological violence during their adult life, 24 and 30 % respectively indicated hazardous drinking behaviour. This contrasts with 16 and 21 % among other women and men.

**Physical ill-health:** The experience of being subjected to severe psychological violence as an adult was also linked to indicators of current physical ill-health. Among affected women, one quarter reported at least 15 unhealthy days in the last month, in contrast to 14 % among women with no such experiences of psychological violence in adulthood. The corresponding figures for men were 18 and 11 %.

Women and men who have been subjected to severe psychological violence as adults were approximately three times as likely to report psychosomatic symptoms. Among women and men between the ages of 56 and 74, the occurrence of heart attacks during the past five years was slightly but not significantly higher among those who had experienced severe psychological violence after the age of 18.

Table 17. The link between exposure to severe psychological violence during childhood and in adult life, respectively, and indicators of ill-health as an adult <sup>106</sup>

Women								
		PTSD-symptoms %	Symptoms of depression %	Self-harming behaviour %	Hazardous drinking %	Physical ill-health %	Psycho-somatic symptoms %	Heart attack <sup>107</sup> %
Exposure to severe psychological violence before the age of 18	Yes (N = 682)	27	22	42	24	29	22	1,5
	No (N = 4,832)	8	9	12	17	15	8	0,5
Exposure to severe psychological violence after the age of 18	Yes (N = 1,135)	26	19	32	24	25	19	0,7
	No (N = 4,423)	7	8	12	16	14	7	0,6

  

Men								
		PTSD-symptoms %	Symptoms of depression %	Self-harming behaviour %	Hazardous drinking %	Physical ill-health %	Psycho-somatic symptoms %	Heart attack <sup>108</sup> %
Exposure to severe psychological violence before the age of 18	Yes (N = 416)	20	19	30	28	20	12	0,9
	No (N = 4,068)	4	8	7	21	10	3	2,7
Exposure to severe psychological violence after the age of 18	Yes (N = 400)	20	17	29	30	18	11	2,8
	No (N = 4,142)	4	9	7	21	11	3	2,7

<sup>106</sup> The figures in parentheses in the second column refer to the number of respondents who have answered yes and no, respectively to the questions on the specified type of exposure to violence. The other figures in the table refer to the percentage in reference to each respective health variable, calculated on weighted data (see method).

<sup>107</sup> Refers to respondents aged 56–74.

<sup>108</sup> Refers to respondents aged 56–74.

## *Part 2. Exposure to violence – associations to health*

### Summary and reflections

In the previous sections we have seen that sexual, physical and/or psychological violence, even in their most severe forms, have been experienced by a significant proportion of the population of Sweden. This chapter has focused on the connection between experiences of severe violence at different ages and current psychological and physical health. The analyses demonstrate that psychological and physical ill-health are more common, sometimes several-fold more common, in individuals who have been subjected to severe violence. However, it is important to note that these connections cannot be said to be causal. The analyses concern the answers given by the respondents to the survey questions asked about events in their childhood and adult life; events that in some cases happened long ago. The results must therefore be interpreted with caution since they represent the individual respondent's report of events as they remember them. We cannot know for certain whether the results accurately describe reality.

Among women subjected to violence, the proportion showing signs of psychological and physical ill-health was relatively consistent, regardless of whether the violence they had been subjected to was of a sexual, physical or psychological nature. Similarly, the prevalence of ill-health did not appear to differ between those with childhood experiences of violence and those with experiences during adulthood. More than every fourth woman who had been subjected to severe violence showed symptoms of PTSD. Such symptoms were three to four times more common in that group, compared to women without such experiences. PTSD has been cited in the past decade as a probable link between a psychological trauma and manifestations of physical ill-health. This connection is largely considered to be the result of disturbances in the way the body handles stress hormones, which leads to both hypofunction and hyperfunction of the systems that control inflammation and immune defence.<sup>109</sup> Such an effect is believed to explain why an increasing number of studies demonstrate connections between exposure to violence and a wide range of illnesses, such as fibromyalgia, cardiovascular disease, obesity and cancer.

Approximately one in five women with experiences of severe violence described symptoms that indicate depression, in many regards one of the most severe illnesses in our society. Depression is twice as common in the group subjected to violence as in the group that was not subjected to violence. Psychological illness, and particularly depression, is the second most common cause of sick leave in Sweden.<sup>110</sup> Much like PTSD, depression is connected with an increased risk of other psychological and physical ill-health, health risk behaviours such as smoking and alcohol abuse, and a risk of self-harming behaviour. International

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<sup>109</sup> Gupta (2013).

<sup>110</sup> The Swedish Social Insurance Agency (2011).

studies show that over 90 % of those who commit suicide had suffered from depression or another psychological illness.<sup>111</sup> In this study, women with experiences of severe violence were three times more likely to self-harm, including entertaining suicidal thoughts or attempts, and much more likely to engage in hazardous alcohol consumption.

Among women with experiences of violence, physical ill-health affected one in four and significant psychosomatic symptoms affected one in five. This is about two and three times as common as in women who have not been subjected to violence, respectively. From a macroeconomic perspective, poor physical health results in high costs in terms of sick leave and loss of productivity, and from an individual perspective it entails poorer personal finances and lower quality of life. Among women between the ages of 56 and 74 who had been subjected to violence, heart attacks, one of the most common causes of severe illness and death in those over 50, was two to four times more common than among other women in that age group.

Among the men in the survey, there were significant variations in the proportion showing signs of ill-health depending on the type of violence experienced and the age at which it took place. Men who were subjected to severe sexual violence as adults displayed particularly high levels of ill-health; as high as, or higher, than among women. Among the small number of men in this group, signs of PTSD and self-harming behaviour were nearly five times as common, while depression and harmful levels of alcohol consumption were about twice as common. Physical ill-health was also clearly more common in this group. General physical ill-health was twice as common and psychosomatic symptoms were nearly four times as common. The correlation to ill-health was the least pronounced in men who had experiences of severe physical violence in adult life. For them, the frequency of several of the ill-health variables was half that of men who had been subjected to severe sexual violence after the age of 18. The reasons for this are not clear, but it is worth noting that exposure to severe physical violence during adulthood is significantly more common among men than is severe sexual or psychological violence. Preliminary analyses indicate that men who were subjected to sexual or psychological violence as children or as adults have been subjected to more types of violence compared with the group of men who experienced physical violence as adults. This could explain, to some extent, the differences between the groups in terms of the increased incidence of ill-health.

Overall the results show that women and men who have experienced severe sexual, physical or psychological violence during childhood, youth or adult life suffer from a disproportionately large share of the psychological and physical ill-health studied here.

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<sup>111</sup> INSERM Collective Expertise Centre (2005).



# Final remarks

*Violence and health in Sweden – A National Prevalence Study on Exposure to Violence among Women and Men and its Association to Health* is the first report resulting from the research project *Women's and men's exposure to violence from a life-course and population perspective – A national study*. The ambition of this report is to contribute to the base of available knowledge. We hope that this will contribute to further development of the Swedish national strategy for the prevention of violence, as well as for the development of structures of support and treatment for individuals affected by violence.

5,681 women and 4,654 men between the ages of 18 and 74 completed a very extensive survey and provided us with information relating to their exposure to sexual, physical and psychological violence from a life-course perspective, as well as essential information on physical, psychological and social health. We are grateful that so many people were willing to share their experiences and memories of violence. Their answers indicate that violence is common, and also that women and men are subjected to different forms of violence. Women reported exposure to severe sexual and psychological violence to a much greater extent, while men reported a somewhat greater level of exposure to severe physical violence. The data also showed that women were much more likely to be subjected to violence by their partners, while men were more often subjected to violence by a person unknown to them.

Psychological and physical ill-health were more common among women and men who had been subjected to severe sexual, physical or psychological violence at some point in life than among those who had not been subjected to such violence. In this study 8 % of women and 3 % of men stated that they had experiences and memories of being subjected to sexual abuse where the perpetrator forced or attempted to force them to have oral, vaginal or anal intercourse at some point before the age of 15. Among both women and men who had been subjected to severe sexual abuse as children or adults, symptoms of PTSD were approximately three to five times more common than among others. From a life-course perspective, the study also showed that women and men who had been subjected to sexual abuse during childhood were much more likely to experience sexual abuse in later life, compared to the women and men who had not been subjected to sexual abuse during childhood. Few of those subjected to sexual abuse as children talked to someone about it, and only a fraction of the cases had been reported to the police.

The report shows that in 2012, many women and men in Sweden carried with them experiences and memories of violence. We have tried to create an overall picture of the scope, development and nature of violence, as it appears to those subjected to it. It is unacceptable that in a welfare state such as Sweden, the human rights of children, women and men are not respected. Violence is also a public health issue with significant associated economic costs to society.

Increased insight into how people are exposed to different forms of violence is a prerequisite to achieving change. For politicians and public authorities, this research provides up-to-date data that can be used as a basis for pro-actively addressing violence. Prioritising resources for preventive measures, as well as support and treatment, is essential, not least when it comes to children.

The research project *Women's and men's exposure to violence from a life-course and population perspective – A national study* now moves into the next phase, where the following areas will be studied in further detail: domestic violence; exposure to violence among the elderly; sexual abuse of children and young people; possible connections between violence, social vulnerability and ill-health.

For a deeper understanding of exposure to violence in Sweden, the results of this report should not be looked at on their own, but rather in combination with results from other nationally representative survey, interview and register studies. This report does not present the full picture: like all research, it contributes to the existing knowledge base.

## References

Balvig, F. & Kyvsgaard, B. (2006a) *Volden i Danmark 1995 og 2005*. Københavns Universitet, Justitsministeriet, Det Kriminalpræventive Råd, Rigspolitechefen. Available at: [www.dkr.dk/](http://www.dkr.dk/) (Downloaded on 20/12/2013).

Balvig, F. & Kyvsgaard, B. (2006b) *Vold og overgreb mod kvinder. Dansk rapport vedrørende deltagelse i International Violence Against Women Survey (IVAWS)*. – Københavns Universitet/Justitsministeriets Forskningsenhed.

Berman, A., Wennberg, P. & Källmén, H. (2012) *AUDIT & DUDIT: identifiera problem med alkohol och droger*. 1st edition. Stockholm: Gothia

Chapman, DP., Anda, RF., Felitti VJ., Dube SR., Edwards, VJ. & Whitfield, CL. (2004) Adverse childhood experiences and the risk of depressive disorders in adulthood. *Journal of Affective Disorders*. 2004(82):2, pp. 217–225.

Gupta, MA. (2013) Review of somatic symptoms in post-traumatic stress-disorder. *International review of psychiatry*. 2013(25):1, pp. 86–89.

Haaland, T., Clausen, S-E. & Schei, B. (Ed.) (2005) *Vold i parforhold – ulike perspektiver. Resultater fra den første landsdekkende undersøkelsen i Norge*. NIBR report 2005:03. Oslo: Norsk institutt for by- og regionforskning.

Heiskanen, M. & Piispa, M. (1998) *Faith, Hope, Battering: A Survey of Men's Violence against Women in Finland*. Helsinki: Statistics Finland. Available at: [www.unece.org](http://www.unece.org) (Downloaded on 20/12/2013).

Heiskanen, M. & Piispa, M. (2007) Violence against Women in Finland. Results from Two National Victimisation Surveys. I Aroma, K. & Heiskanen, M. (Red.) (2007) *Victimisation surveys in comparative perspective*. Publication series No. 56. Helsinki: European Institute for Crime Prevention and Control, affiliated with the United Nations (HEUNI). Available at: [www.heuni.fi](http://www.heuni.fi) (Downloaded on 20/12/2013).

Heiskanen, M. & Ruuskanen, E. (2011) *Men's experience of violence in Finland 2009*. Publication Series No 71. Helsinki: European Institute for Crime Prevention and Control, affiliated with the United Nations (HEUNI). Available at: [www.heuni.fi](http://www.heuni.fi) (Downloaded on 20/12/2013).

Hem, C., Hussain, A., Wentzel-Larsen, T. & Heir, T. (2012) The Norwegian version of the PTSD Checklist (PCL): construct validity in a community sample of 2004 tsunami survivors. *Nordic journal of psychiatry*. 2012(66):5, pp. 355–359.

INSERM Collective Expertise Centre (2005) Suicide: Psychological autopsy, a research tool for prevention. INSERM Collective Expert Reports. Paris: Institut national de la santé et de la recherche médicale.

Available at: [www.ncbi.nlm.nih.gov/books/NBK7126/](http://www.ncbi.nlm.nih.gov/books/NBK7126/).

Kroenke, K., Spitzer, R.L. & Williams, J.B.W. (2002) The PHQ-15: Validity of a New Measure for Evaluating the Severity of Somatic Symptoms. *Psychosomatic medicine*. 2002(64):2, pp. 258–266.

Lundgren, E., Heimer, G., Westerstrand, J. & Kalliokoski, A-M. (2002) *Captured queen: men's violence against women in "equal" Sweden : a prevalence study*. Umeå: Brottsövermyndigheten

McDonald, S.D. & Calhoun, P.S. (2010) The diagnostic accuracy of the PTSD Checklist: A critical review. *Clinical psychology review*. 2010(30):8, pp. 976–987.

Statistics Sweden (2013) Undersökningarna av levnadsförhållanden (ULF/SILC). See table *Trygghet och säkerhet – fler indikatorer 2012*. Available at: [www.scb.se/sv\\_/Hitta-statistik/Statistik-efter-amne/Levnadsforhallanden/Levnadsforhallanden/Undersokningarna-av-levnadsforhallanden-ULFSIL-C/12202/2012A02B/](http://www.scb.se/sv_/Hitta-statistik/Statistik-efter-amne/Levnadsforhallanden/Levnadsforhallanden/Undersokningarna-av-levnadsforhallanden-ULFSIL-C/12202/2012A02B/) (Downloaded on 09/09/2013).

Sullivan, M., Karlsson, J., Sjöström, L., Backman, L., Bengtsson, C., Bouchard, C., Dahlgren, S., Jonsson, E., Larsson, B., Lindstedt, S., Näslund, I., Olbe, L. & Wedel, H. (1993) Swedish Obese Subjects (SOS). An Intervention Study of Obesity. Baseline evaluation of health and psychosocial functioning in the first 1,743 subjects examined. *International journal of obesity*. 1993(17):9, pp. 503–512.

Swedish National Institute of Public Health (2008) *Hälsa på lika villkor. Syfte och bakgrund till frågorna i nationella folkhälsoenkäten*. Report 2008:06. Stockholm: Statens folkhälsoinstitut. Statens folkhälsoinstitut (2011) *Syfte och bakgrund till frågorna i hälsoenkäten*. Report 2011:09. Stockholm: Statens folkhälsoinstitut. Available at: [www.fhi.se/PageFiles/12380/A-2011-09-Syfte-o-bakgrund-till-fragorna-i-halsoenkaten.pdf](http://www.fhi.se/PageFiles/12380/A-2011-09-Syfte-o-bakgrund-till-fragorna-i-halsoenkaten.pdf)

Swedish National Institute of Public Health (2013) Sociala relationer. Refer to table *Sociala relationer – tidsserier och regionala resultat 2012*. Available at: <http://folkhalsomyndigheten.se/amnesomraden/statistik-och-undersokningar/enkater-och-undersokningar/nationella-folkhalsoenkaten/sociala-relationer/> (Downloaded on 08/01/2014).

Swedish National Institute of Public Health (2013) *Tolkning av AUDIT*. Stockholm: Statens folkhälsoinstitut. Available at: [www.fhi.se/Documents/ANTD/Riskbruk/AUDIT-tolkhj%C3%A4lp.pdf](http://www.fhi.se/Documents/ANTD/Riskbruk/AUDIT-tolkhj%C3%A4lp.pdf)

The Swedish National Council for Crime Prevention (Brå) (2014) *Nationella trygghetsundersökningen 2013. Om utsatthet, otrygghet och förtroende*. [The Swedish Crime Survey 2013 Concerning exposure to crime, insecurity and confidence.] Report 2014:1. Stockholm: Brottsförebyggande rådet.

The Swedish Social Insurance Agency (2011) *Sjukskrivningsdiagnoser i olika yrken. Startade sjukskrivningar (>14 dagar) per diagnos bland anställda i olika yrken år 2009*. – Socialförsäkringsrapport 2011:17. Stockholm: Försäkringskassan. Available at: [www.forsakringskassan.se/wps/wcm/connect/b3b07773-165a-4368-92c7-43e29ca053b7/sfr1117.pdf?MOD=AJPERES](http://www.forsakringskassan.se/wps/wcm/connect/b3b07773-165a-4368-92c7-43e29ca053b7/sfr1117.pdf?MOD=AJPERES).

United Nations General Assembly (1989) *Convention on the Rights of the Child*. General Assembly Resolution A/RES/48/104.

United Nations General Assembly (1991) *Implementation of the International Plan of Action on Ageing and related activities*. General Assembly Resolution A/RES/46/91.

United Nations General Assembly (1993) *Declaration on the Elimination of Violence Against Women*. General Assembly Resolution A/RES/48/104.

van Dijk, J., van Kesteren, J. & Smit, P. (2007) *Criminal victimisation in international perspective: Key findings from the 2004–2005 ICVS and EU ICS*. Hague: Ministry of Justice.

Walby, S. & Allen, J. (2004) *Domestic violence, sexual assault and stalking: findings from the British Crime Survey*. London: Home Office Research, Development and Statistics Directorate.

WHO (1992) *The Alcohol Use Disorders Identification Test: Guidelines for Use in Primary Health Care*. Geneva: World Health Organization. WHO (1996) *Prevention of violence: a public health priority*. Resolution WHA49.25.

WHO (2002) *World Report on Violence and Health*. Geneva: World Health Organization.

WHO (2005) *WHO Multi-country Study on Women's Health and Domestic Violence against Women*. Geneva: World Health Organization.

WHO (2013) *Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence*. Geneva: World Health Organization.







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