# Comparative reanalysis of prevalence of violence against women and health impact data in Europe – obstacles and possible solutions

## Testing a comparative approach on selected studies


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## INTRODUCTION

Since the 1980s a number of countries have conducted major nationwide statistical surveys on the extent of interpersonal violence and its impact.[1] While the gravity of the problem and the need to combat it are now recognized by international organizations and conventions, and many states have taken a variety of actions to address the issue, statistical measurement and analysis of the extent, distribution and varying patterns of such human rights violations is needed so that social and political intervention can be effectively targeted and tailored to meet current needs.

The issue of data comparison between regions, countries and over time has emerged as an important question, especially since differences in prevalence rates have become more visible through quantitative research.[2] Data comparison between locations and over time can help us understand whether the data reflect a common and persistent social problem, which explanations may account for differences in findings, and which political and societal circumstances may be responsible for variations and continuities. Comparative data can advance theory and suggest improvements to cultural, political and societal response to violence and human rights violations. However, accurate data comparison is more difficult than it seems. Ignoring or misjudging the scientific and methodological framework of specific data sets and studies easily leads to wrong conclusions and unwarranted interpretations. Sometimes even small differences in the details of data collection, time-frames, recorded acts and contexts seriously limit comparability.

Recently there have been several attempts to compare prevalence data and health impact data post hoc,[3] but these approaches faced many political, scientific and methodological problems and data comparison was sometimes not conducted in an adequate manner.

Addressing these problems has been one of the goals of the “Coordination Action on Human Rights Violations” (CAHRV), a European research network that includes experts in the field of prevalence and health impact research. In a first step researchers reviewed European surveys on the prevalence and health impact of violence against women and compiled an overview of the methodologies used, and the findings reported in each study. Results showed that the studies are constructed quite differently from one country to the next, and that in its present published form neither prevalence nor health impact data are comparable on a European level.[4]

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[1] See Overview and description of methodology in: Manuela Martinez, Monika Schröttle et al. (2006): State of European research on the prevalence of interpersonal violence and its impact on health and human rights. Online: http://www.cahrv.uni-osnabrueck.de/reddot/CAHRVreportPrevalence(1).pdf

[2] see Carol Hagemann-White (2001): European Research on the Prevalence of Violence against Women. In: Violence against Women, Vol 7, No. 7, Juli 2001, 732-759. Liz Kelly / Linda Regan (2003): Rape: Still a forgotten issue. Briefing Document for Strengthening the Linkages – Consolidating the European Network Project. London.

[3] see EWL-Study (2001): „Unveiling the Hidden Data on Domestic Violence in the EU“. Carol Hagemann-White (2000): Male violence and control. Constructing a comparative European perspective. In: Duncan, Simon / Pfau-Effinger, Birgit (Hrsg.): Gender, Economy and Culture in the European Union. London. Carol Hagemann-White, Carol (2001): European Research on the Prevalence of Violence against Women. In: Violence against Women, Vol 7, No. 7, Juli 2001, 732-759. Vanita Sundaram/Tine Curtis/Karin Helweg-Larsen/Peter Bjerregard (2003): Can we compare violence data across countries? In: Circumpolar Health, pp. 389-396. Download: http://ijch.oulu.fi/issues/63suppl2/ICCH12_Sundaram.pdf.

[4] See Martinez, Manuela / Schröttle, Monika et al.: State of European research on the prevalence of interpersonal violence and its impact on health and human rights. CAHRV – Report 2006. Co-ordination Action on Human Rights Violations funded through the European Commission, 6th Framework Programme, Project No. 506348. www.cahrv.uni-osnabrueck.de

The present report documents the second step towards making existing prevalence data more comparable. This involved post-hoc, inter-country comparisons through secondary analysis of original datasets and is presented here as an exemplary case for the comparative study of published survey data. Included in the analysis were surveys that were fairly comparable with regard to methodology and the questions asked about violence. The datasets are from the national violence against women surveys in Finland, France, Germany, Lithuania and Sweden, and were available because members of the CAHRV research group had been involved in the original data collection in their countries and were familiar with the datasets and their methodology. The central aim of the secondary analysis was to test whether it is possible to compare prevalence data post hoc through a harmonization of definitions and samples (as will be explained in the next chapter). This procedure highlighted possibilities and limitations for post-hoc data comparison of studies that are not identical in methodology, data collection and sampling. The results suggest that the procedure is useful not only for further post-hoc research in the field but also as a way to ground policy recommendations more reliably in an emerging comparative knowledge base. The secondary analysis shows the difficulties and challenges for comparison and comparability of prevalence and health impact data in Europe. This approach can contribute to the development of data collection standards, a high priority in the development of the field that will be the focus of the third year of the CAHRV research network.

A final point deserves mention: Limited funding often constrains researchers' ability to conduct complex analyses or mine existing data for additional insights. The analyses presented in this report in many respects can only be illustrative of what could and should be done in future research on data comparison.

The first chapter documents the work plan for the secondary analysis of prevalence data. The results of the procedure are described in detail. They show that post-hoc data reanalysis is - under certain circumstances - an appropriate method to make existing prevalence data more comparable. It is also a way of collecting experience and knowledge about the possibilities and limitations of data comparison between countries. These limitations are related to differences in definitions and methods and to differences in cultural variables, for example with regard to reporting, that have not been sufficiently studied.

The second chapter summarizes the results of a secondary data analysis of violence against migrant and non-migrant women in Germany and France. The analysis illustrates the usefulness and necessity of inter-country and inter-cultural data comparison.

The third chapter reflects considerations relating to the comparability of health impact data in Europe and makes recommendations for future research. The chapter concentrates on health questions within selected violence against women surveys, but the results may also be transferable to research on the health impact of other forms of interpersonal violence.

The final chapter discusses considerations for the development of standards for comparative re-analysis of prevalence and health impact data.

# 1 – COMPARATIVE REANALYSES OF PREVALENCE DATA – TESTING A COMPARATIVE APPROACH ON SELECTED STUDIES ON VIOLENCE AGAINST WOMEN

(by Stephanie Condon, Maryse Jaspard, Eva Lundgren, Minna Piispa, Jolanta Reingardiene, Monika Schröttle, Jenny Westerstrand)

## 1.1 Comparison and comparability of prevalence data

Comparison and comparability of prevalence data on interpersonal violence face a variety of obstacles related to the perception and reporting of the violent behaviours that are assessed in prevalence surveys. These obstacles emerge from socio-cultural, economic and political differences between countries and populations, and from differences in methodology, in particular the wording of survey questions.

Survey reports often do not provide the information needed for interpreting differences in reported rates. Often only partial findings are published. In the absence of more detailed information, comparisons between studies can lead to erroneous conclusions. Language is another obstacle. The full results of a survey may be available only in the language of the country in which the survey was conducted, and only a summary may be available in English. For valid syntheses it is necessary to use the original data and to derive statistics that are more comparable.

Comparative analyses of existing surveys need to take into account the variability in the wording of the questions, the location of questions within the questionnaire, the diversity of target populations (age range, relationship context, matrimonial status), the method of interviewing (face-to-face, self-administered, telephone), and the grouping of variables in the construction of indicators. Post hoc comparisons of existing studies need a procedure that addresses these sources of variability in a systematic, structured way.

To do this, CAHRV researchers developed the following plan. It was clear that no valid comparison of prevalence rates would be possible as long as age groups, definitions, calculation bases, instruments and other methodological aspects differed too much. Therefore, the aim was to test how far prevalence data can be made comparable by equalizing and harmonizing definitions and calculation bases. This was done by selecting for reanalysis those data points from the original data sets that were most comparable for a given question. For example, to compare prevalence rates for different age groups the cut off points between groups were chosen so that in each of the original data sets the same age ranges could be constructed. Similarly, time periods can be harmonized for comparison and estimates can be recalculated for similar acts of violence, and comparable populations groups (see section 1.2).

In contrast, other obstacles to comparability problems cannot be solved by data reanalysis such as variation in cultural factors, differences in reporting, and differences in sampling and data collection methods. Full comparability can not be achieved as long as methodology and cultural frameworks differ. The following analysis thus illustrates the possibilities of post-hoc data comparison as much as its limitations.

The data sets selected for reanalysis were those that already offered a high level of comparability. The French, German, Finnish, Lithuanian and Swedish national violence against women surveys were selected because of the availability and the comparability of data sets. Table 1 shows differences and similarities of sample size and age range, data collection methods and year of the surveys.

**Table 1: Prevalence studies on violence against women used for data secondary analyses**

| Country | Year of Survey | Sample N | Sample Age | Data collection | Publication/Survey |
|---|---|---|---|---|---|
| Finland | 1997 | 4,955 | 18-74 | Postal + self-administered | Heiskanen and Piispa, 1998 |
| France | 2000 | 6,970 | 20-59 | Telephone | Jaspard et al, 2003 |
| Germany | 2003 | 10,265 | 16-85 | Face-to-face+ self-administered | Schröttle and Müller, 2004 |
| Lithuania | 2000 | 517 | 18-74 | Face-to-face | Reingardiene, 2002, 2003 |
| Sweden | 1999/0 | 6,926 | 18-64 | Postal + self-administered | Lundgren et al, 2002 |

A review of the original survey instruments suggested that data comparison would be relatively straightforward with regard to sexual, psychological and physical violence by an intimate partner because the instruments used a common core of items that reflect similar definitions. In particular the Swedish, Finnish and Lithuanian surveys resemble each other closely here but cautious comparisons between these studies and the German and French surveys also seemed possible. In contrast, data comparison for violence by somebody other than an intimate partner, in particular psychological violence, seemed more difficult. Non-intimate victim-perpetrator-contexts were either not included in all studies or were investigated in different ways.

## 1.2 Definitions and Measurement

The first stage of the secondary analysis entailed harmonizing age groups, victim-perpetrator contexts, time periods and forms of violence.

(1) Age group

The data for each study was recalculated for the same age groups:

a) for one central age-group, covered by all studies (20-59 years), and

b) insofar as younger and older women were included, the age groups: 18 to 24, 25 to 34, 35 to 44, 45 to 59, 60 and older.

The latter should provide more information on violence against younger and older women.

Attention was also given to violence experienced in childhood and youth, but the data are not comparable because the instruments differed considerably. Thus only the correlations between violence in childhood and violence in adulthood were checked and compared.

(2) Victim-perpetrator context of violence

All studies asked questions about violence in different life situations inside and outside of the home and all contained a particular focus on intimate partner violence (IPV). Thus, for the structured data re-analyses a first distinction was made between:

- Violence by an intimate partner
- Violence by somebody other than an intimate partner

Intimate partner violence was divided into three categories for data comparison: violence by current and/or former partner, by current partner and by former partner.[5]

Where possible, perpetrators other than intimate partners were distinguished as:

- unknown persons/strangers
- persons in the work place
- family members (other than partner)
- acquaintances
- professional caregivers.

These distinctions should provide more comparability of the concrete perpetrator-victim-relationships.

(3)Time period

The prevalence of violence in adult life was recalculated for

- the past twelve months and
- any time during adult life (since age 16 or 18),

Because most studies have this information both time periods were included in re-analysis.

(4) Form of violence

All studies asked about different forms of violence, either with separate questions or separate items within behaviourally specific item-lists.

Forms of violence were divided into:

- physical violence (not including threats)
- sexual violence (narrow definition: rape and attempted rape)
- psychological violence (using similar items), and
- threat of violence.

For intimate partner violence, the overlap of physical, sexual and psychological violence in the current or former partnership was also analysed.

[5] The Swedish study differentiated between: a) violence by men with whom the respondent did not have a sexual relationship, b) violence by boyfriends and other men, with whom the respondent has/had a sexual relationship c) violence by current or previous spouse or cohabiting partner. Results on IPV are limited to category c), while in other studies all kinds of partners were included whether cohabiting or not. This may have influenced comparability of data.

(5) Level/severity of violence

To assess the severity of violence, additional data on injuries and frequencies of violent acts were recalculated. This information is important for interpreting differences in reported victimization rates. However, it was difficult to produce comparable figures on levels of severity, because the frame of reference (the last or most serious act or the overall rate for a number of acts) differed. As much as possible injury data were included for overall victimization rates and/or for selected incidents of physical and sexual victimization. This allows a tentative interpretation of the variation in severity levels.

(6) Frequency/incidence of violent acts were recalculated for:

a) the past twelve months:
- once
- more than once

b) ever and within a past relationship
- 1 incident
- 2-10 incidents
- more than 10 incidents.

(7) Definition of violence

On the basis of the item lists from the original questionnaires a list of core items common to all or most studies was selected. In cases where interesting data had been collected in a comparable way in some, but not all surveys, the re-analysis included the respective subsets of data. Each researcher recalculated the existing data based on the new variables following a uniform definition that presents the smallest common denominator.

a) Common items for physical violence

- Shoved/pushed/pulled/kicked her/pressed her against the wall
- Slapped/beaten her (down, with a fist, with a hard object, her head against something) – light as well as more serious forms were included
- bitten or scratched her (so that it hurt)
- thrown a (hard) object at her/hit her with something that could hurt
- strangled/tried to strangle/scalded/burned her
- threatened or injured her with a weapon/shot at her/cut or stabbed her
- behaved violently against her in some other manner.

Threats of violence often appear within item lists on physical violence and are sometimes included in item lists on partner violence. In the present analysis, threats of violence, as well as items on sexual violence, were excluded from the re-analysis of physical violence.

Although the behavioral specification of physical violence seemed at first the area of greatest similarity, it was not possible to give comparable figures for these items separately, because they were grouped together in different combinations in the item lists of the studies. Thus, the comparative analysis only tells us what proportion of women in the sample had ever experienced any one of these acts.

b) Definition of sexual violence

Some studies used narrower, others broader definitions of sexual violence. To approach comparability data for this re-analysis were limited to narrower definitions and thus included only forms of *forced* sexual acts (against her will or perpetrated with physical force). As far as possible, the data were analyzed to distinguish between:

- rape
- attempted rape
- other forced sexual acts or unwanted sexual practices.

c) Definition of psychological violence

Psychological violence was only comparable for current intimate partner relationships. Only a few studies have investigated this for other life contexts (e.g. the workplace), and the definitions were too different for comparison. Thus, prevalence of psychological violence refers only to experiences with the current intimate partner. The following dimensions represent combinations of very similar items in the surveys:

- extreme jealousy
- restricting the partner from seeing friends or other relatives
- humiliating behaviour
- economic control
- threat to harm the children
- threat of suicide.

Here it was possible to give figures summarized for all items as well as separately for each item.

d) Definition of threat of physical harm

In several surveys threat of physical harm was included in the item lists of physical violence by partners. The working group constructed a separate variable comprising:

- threat of violence (threat to physically harm or hurt the victim)
- threat to kill the victim.

The combination of items on threat of physical harm differed in the studies: some used threat of physical violence only (Swedish and Finnish survey), some used only threat to kill (French survey) and some used both (German and Lithuanian survey). In the re-analysis these differences are visible in distinctions between categories.

## 1.3 Results of the secondary data analyses on violence against women from 5 national prevalence surveys

This section focuses on the data for different victim-perpetrator contexts and different forms of violence. Before reporting the recalculated statistical estimates we contrast item wording and other aspects of method that distinguished the five surveys. The results show remarkable similarity between some estimates and persisting differences between others. Some of this variation may be due to remaining methodological differences, and some to cultural differences (perhaps in reporting behaviour). However, at least some, and maybe a

significant amount, of variation may indicate actual differences in the prevalence of intimate partner violence in different countries. For these reasons the data presented in the tables must be interpreted very cautiously.

### 1.3.1 Violence by intimate partners

### a) Physical Violence by Intimate Partners

Table 2 shows that across data sets the questions used to estimate physical violence by intimate partners were similar but not identical.

**Table 2: Questions/items on physical violence by intimate partners from each study used in the secondary analyses.**

| French Study | Finnish Study | German Study | Lithuanian Study | Swedish Study |
|---|---|---|---|---|
| Has your current/ former partner:<br>- Thrown an object at you, shoved/pushed you or touched you brutally?<br>- Slapped or beaten you or behaved violently against you in some other manner?<br>- Threatened you with a weapon (knife, tool, gun)?<br>- Tried to strangle or kill you? | Has your current/ former partner sometimes behaved violently against you, such as:<br>-slapped you?<br>-thrown a hard object at you?<br>-beaten you with a fist or a hard object or kicked you?<br>-strangled or tried to strangle you?<br>-shot at you or stabbed or cut you with an edged weapon?<br>-beaten your head against something?<br>-behaved violently against you in some other manner? | How often have you experienced your current (former) partner attacking you physically, for example hitting you, slapping you, pulling your hair, kicking you, or threatening you with a weapon or other object? Frequently, sometimes, rarely or never?<br><br>My current/former partner has:<br>- pushed me away angrily<br>- given me a light slap in the face.<br>- bitten or scratched me so hard that it hurt or I became frightened.<br>- twisted my arm until it hurt.<br>- kicked me painfully, pushed or grabbed me hard.<br>- shoved me so hard that I stumbled or fell.<br>- given me a hard slap in the face or hit me with an open hand.<br>- thrown something at me that could have injured me.<br>- hit me with an object that could have injured me.<br>- hit me with a fist so that it hurt or I became frightened.<br>- thrashed me or beaten me up.<br>- strangled me or tried to smother me.<br>- scalded or burned me on purpose with a hot object.<br>- threatened me with a weapon, for example a knife or a pistol.<br>- injured me with a weapon, for example a knife or a pistol.<br>- assaulted me physically in another way that hurt me or made me afraid. | Indicate if your current or previous partner has ever:<br>-Thrown something at you?<br>-Pushed or grabbed you painfully?<br>-Slapped you?<br>-Pulled your hair?<br>-Hit you with a hard object?<br>-Kicked you?<br>-Beaten you with a fist?<br>-Strangled you?<br>-Shot at you or cut you with a knife? | Has your current/ previous partner ever behaved violently against you:<br>- thrown something at you that could have injured you?<br>- pushed you, prevented you from moving, pulled you?<br>- hit you with a fist, slapped you with a hard object or kicked you?<br>- tried to strangle you?<br>- beaten your head against something?<br>- used a knife, firearm or other weapon against you or threatened you with it?<br>- behaved violently against you in some other manner? |

Although similar acts were included in the questions and item lists (see section 1.2, 6a), they were grouped differently; the questions are of different length and use various levels of differentiation. For example, the French survey combined several acts into four separate items, whereas the German survey used 17 different items. The other surveys lay in between. Also, some of the surveys specified that they are asking about violence, while others merely list the acts that might occur.

Because of these differences, the new variable created for comparison purposes is based on the proportion of women who have experienced "at least one of these acts". Longer and more differentiated item lists, such as the one in the German survey, may produce higher prevalence rates because they increase the likelihood of remembering single acts, whereas summarizing questions like those used in the French survey may focus the respondent on more serious violence and thus deliver lower prevalence rates. Furthermore, specific wordings such as "so that it hurt and I became frightened" or "that could have injured me", which were used in the German survey in order to distinguish the more serious acts, could have led to lower rates because they tend to exclude less severe acts. In the Finnish, Lithuanian and Swedish surveys the item lists and the questions on physical violence by an intimate partner were very similar and are therefore more readily comparable. Here again, however, the use of a generalized item "behaved violently against you in some other manner", in the Finnish and Swedish study, may have influenced responses.

The following table lists some of the methodological aspects that may have influenced comparability of the prevalence data in relation to physical partner violence.

**Table 3: Methodological aspects that may have influenced comparability of prevalence data on physical violence by intimate partners in the studies.**

| French Study | Finnish Study | German Study | Lithuanian Study | Swedish Study |
|---|---|---|---|---|
| Short and only summarizing questions (-) | | Summarizing questions (+) additional longer item lists (+) | | |
| More serious acts (-) | | Some items were modified to more serious acts (-) | | |
| | | Potentially less serious acts included like pushing/ slapping (+) | Potentially less serious acts included like slapping/ thrown an object (+) | Potentially less serious acts included like pushing/ slapping (+) |
| | Alternative category "behaved violently in an other manner" (+) | Alternative category "behaved violently in an other manner" (+) | | Alternative category "behaved violently in an other manner" (+) |
| Telephone survey (+-) | Postal/self-administered (+) | Face-to-face + written self-administered (+) | Face-to-Face (-) | Postal/self-administered (+) |
| All kinds of current/former partners / only violence before or after separation last 12 months (-) | All kinds of current/former partners / only violence before separation (-) | All kinds of current/former partners included / violence before and after separation (+) | All kinds of current/former partners included/ violence before and after separation (+) | Only spouses and cohabitants (-) |

*(+)=may have hightened prevalence rates; (-)=may have reduced prevalence rates.*

Lifetime prevalence

Taking due account of the limitations described above lifetime prevalence rates for physical violence by intimate partners were compared for the Finnish, German, Lithuanian and Swedish surveys; the French survey only collected data on prevalence in the past 12 months.

Table 4 documents lifetime prevalence rates for physical violence by current and/or former partners. Prevalence rates range from almost 21% to 33% for women in the central age group of 20 – 59 who ever had a partner. One in five to one in three women in this age group have experienced at least one act of physical violence by a current and/or former partner. The lowest prevalence rates were found in Sweden, the highest rates in Lithuania. Overall prevalence rates in Finland and Germany were very similar (almost 28%, see table 4, 1st row).

**Table 4: Physical violence by intimate partners – lifetime-prevalence. Central age-group (20-59 years).**

| | Finland | Germany | Lithuania | Sweden |
|---|---|---|---|---|
| **Physical violence by current and/or former partner** (based on women who ever had a partner) | 27,5% | 27,9% | 32,7% | 20,5% |
| **Physical violence by current partner** (based on women who currently have a partner) | 17,0% | 13,2% | 23,4% | 8,6% |
| **Physical violence by former partner** (based on women who had a partner before) | 42,1% | 39,5% | 41,9% | 31,8% |

For current partners, between 9% and 23% of women in the central age group have experienced at least one act of physical violence. Again, prevalence rates in Sweden are lowest and prevalence rates in Lithuania are highest while Finnish and German rates fall in between (see table 4, 2nd row). The relatively low rates in the Swedish study may, to some extent, have to do with the fact that only violence by spouses and cohabitants was counted and not violence by other partners (non-marital relationships and those where partners do not live together may be more common among women in younger age groups). However, this cannot fully explain the enormous differences between the Finnish, Lithuanian and Swedish rates. There is no evidence that methodology, data collection, or sampling factors elicited the much higher prevalence rates in Finland and Lithuania. The German study may have uncovered higher rates of violence because of some aspects of its methodology (e.g. by using a very detailed list of items and tapping a broader range of actions an other aspects, see table 3). These considerations suggest the tentative conclusion that real prevalence

rates for physical violence by current partners are lowest in Sweden, followed by Germany and Finland and highest in Lithuania.[6]

The prevalence rates for physical violence by former partners (see table 4, 3rd row) are very similar and extremely high. In the Finnish, German and Lithuanian study around 40% of women, that is two out of five women who have at one time separated from a partner, report violence. The rates for violence by former partners are even higher when sexual and/or physical violence by partners is included (see table 5). More than half of the Finnish women who have ever been separated have experienced at least one act of physical or sexual violence by a partner.

**Table 5: Physical and/or sexual violence by Intimate Partners – lifetime-prevalence. Central age-group (20-59 years).**

| | Finland | Germany | Lithuania | Sweden |
|---|---|---|---|---|
| **Physical and/or sexual violence by current and/or former partner** (based on women who ever had a partner) | 29,9% | 28,9% | 37,6% | 21,4% |
| **Physical and/or sexual violence by current partner** (based on women who currently have a partner) | 18,9% | 13,7% | 23,7% | 9,2% |
| **Physical and/or sexual violence by former partner** (based on women who had a partner before) | 51,8% | 41,3% | 46,3% | 32,8% |

A clear overall pattern emerges: Violence from a former partner is always at least twice as frequent as that reported from current partners. Surveys have not yet found an approach to studying whether this pattern reflects differences in willingness to report (normalizing and denying the violence as long as the relationship is maintained), higher probability of separation when there is violence, or an increase in violence after the separation has occurred, since the surveys do not ask when the violence occurred in relation to separation. Qualitative research and service-based studies have shown that denial of violence in the current relationship can be a coping mechanism, particularly when the violence is both chronic and severe.

Some of the data from the studies seem to imply that women tend to portray their current partner, even if violent, in 'brighter colours' than the men they have split up with. It seems to be easier to be open about the relationship when it is over than to assess the current partnership as violent (the German study found that women tend to define the same levels of

[6] However, any interpretation would have to consider levels of severity as well, which is discussed in chapter 1.3.1 d).

violence perpetrated by current partners less often as “violence” or as “a crime” for which the perpetrator is responsible, than such acts experienced by former partners). There may also be cultural and age-specific differences in reporting violence by current partners. The findings of the German study for example give some indication that women over the age of 45 tend to be more ashamed and less willing than younger women to disclose physical and sexual violence by current partners to third persons.

For a more accurate interpretation and comparison of such prevalence data it could be important for future research to include additional questions on attitudes, norms and cognitions in surveys that provide information about possible differences in reporting, e.g. questions on norms, shame or openness to report on violence or on the perception of the acts as violence, crime or “normal” behaviour. Before asking about actual experiences of violence, questions could be added such as: “If you had experienced violence by your partner, would you talk about it with third persons for example: …? Or would you feel too ashamed?” This could improve analysis and comparison by age group.

Perhaps the rates of violence by former partners should also be interpreted in relation to trends in divorce and norms surrounding the divorce process in each country.[7] Rates can also be examined from the perspective of women’s capacity to end violent partnerships by divorce and separation. Violence against women often appears or escalates in the context of separation and – vice versa - separation is often a consequence of violence by intimate partners. Correlations between separation and violence were found in all country studies. The deeper analyses from the German survey show that women who have separated from a partner report much higher rates of partner violence than women who have not been separated or divorced and the rates rapidly increase with the number of separations.[8] Separation can be a trigger as well as a consequence of violence.

Another important task for future research could be to distinguish violence by former partners perpetrated before and after separation in order to investigate the direction of this connection and to learn more about the starting points of violence, as well as possible connections with political and societal circumstances of separation and intimate partner violence.

Annual rates of physical violence

To assess the current extent of intimate partner violence, its development over time and by age group, it is, in general, helpful to examine prevalence and incidence over the past 12 months. Because the surveys under consideration here measured incidence quite differently incidence data were not recalculated and the results below reflect prevalence estimates only. A weakness of restricting the focus to annual prevalence (or incidence) is that such estimates do not measure long-term and systematic violence in abusive partner relationships. The strength of 12-month-prevalence data is that they promise more comparable data between countries and population groups because of a more uniform time period. Thus, prevalence research needs both lifetime prevalence indicators and prevalence rates for a well-defined recent period such as the past one, two or five years.

[7] Divorce rates in Lithuania and Finland are highest (3,0 and 2,7 per 1.000) and higher than in Germany, France and Sweden (each 2,4 per 1.000). See http://www.scheidungsfamilie.de/statistik.php?statisticsid=20, http://homepage.hispeed.ch/pgrant/,
[8] See Schröttle/Müller 2004.

For this comparative data analysis we recalculated comparable data for the French, Finnish, Swedish and – with some limitations – German survey.[9] The Lithuanian survey did not include questions on last-year-prevalence.

**Table 6: Physical Violence by Intimate Partners – prevalence over the past 12 months. Central age-group (20-59 years).[10]**

| | Finland | France | Germany | Sweden |
|---|---|---|---|---|
| **Physical violence by current and/or former partner** (based on women who ever had a partner) | 7,0% | 2,7% | (2,8%)* | 4,6% |

* Data is related to both: physical and sexual violence and not comparable, because of high non-response.

The annual rates of physical violence by a current or former partner range from 3% in Germany and France to 5% in Sweden and 7% in Finland. As can be see in table 6, prevalence rates in Finland are still highest, but what is interesting is that Swedish rates, too, are relatively high in relation to German and French rates. This result should be treated with caution, because both validity and comparability of German data for annual rates of physical partner violence is limited.[11] The data show relatively low rates in the French study and rates more than twice as high in the Finnish study. The low rates for France can partly be explained by the methodology used, measuring more serious forms of physical violence (see table 2) and in the different way in which each survey was administered. But the tendency of relatively high rates of partner violence in the Finnish survey remains consistent.

Physical partner violence and age groups

Another interesting finding concerns the relationship between age and violence prevalence, which does not seem to follow the same pattern across studies. Past-12-months rates (which are more relevant for age-group comparisons) show higher prevalence in younger age groups under the age of 34 in the Finnish, German and French surveys (see table 7), but they are constant across age groups in the Swedish survey.

[9] The German survey has on the one hand only a common question on 12-months-prevalence for IPV by both: current and former partners as well as physical and sexual violence and can´t separate these categories for annual prevalence; on the other hand in this section of the interview non-response was quite high and a number of women who had experienced IPV did not answer this question any more, suggesting underreporting.

[10] Distinctions between violence by current and former partners were not comparable or possible for annual prevalence rates for several studies. Thus we present only general rates for current and/or former partners here.

[11] See footnote 8.

**Table 7: Physical Violence by partners through age-groups.**

| | France Study | | Finnish Study | | German Study | | Lithuanian Study | | Swedish Study | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Last Year | Ever | Last Year | Ever | Last Year* | Ever | Last Year | Ever | Last Year | Ever |
| **Physical violence by current and/or former partner by age** | | | | | | | | | | |
| 18 – 24 years | 3,9% | | 14,6% | 25,7% | (6,9%) | 28,9% | - | 22,7% | 4,7% | 20,3% |
| 25 – 34 years | 2,5% | | 9,0% | 28,6% | (4,1%) | 30,7% | - | 30,8% | 4,4% | 19,5% |
| 35 – 44 years | 2,6% | | 6,9% | 27,4% | (2,8%) | 28,0% | - | 33,3% | 4,6% | 21,1% |
| 45 – 59 years | 2,3% | | 4,7% | 27,7% | (1,4%) | 25,4% | - | 44,5% | 4,7% | 20,8% |
| 60 + | - | | 2,3% | 14,3% | (0,1%) | 13,1% | - | 29,6% | 5,2% | 17,1% |
| **Physical violence by current partner by age** | | | | | | | | | | |
| 18 – 24 years | 3,9% | | 11,0% | 15,6% | - | 16,7% | - | 18,2% | 4,5% | 10,8% |
| 25 – 34 years | 2,5% | | 8,4% | 17,2% | - | 14,6% | - | 26,9% | 3,0% | 7,5% |
| 35 – 44 years | 2,5% | | 6,3% | 15,2% | - | 13,2% | - | 15,6% | 3,3% | 9,0% |
| 45 – 59 years | 2,2% | | 4,7% | 19,0% | - | 13,0% | - | 26,5% | 4,1% | 8,5% |
| 60 + | - | | 2,6% | 11,4% | - | 7,9% | - | 18,5% | 3,3% | 7,0% |
| **Physical violence by former partners by age** | | | | | | | | | | |
| 18 – 24 years | 3,3% | | 20,2% | 53,6% | - | 33.3% | - | 27,5% | 2,4% | 27,8% |
| 25 – 34 years | 1,9% | | 5,3% | 46,8% | - | 38,5% | - | 36,7% | 4,6% | 31,4% |
| 35 – 44 years | 5,5% | | 4,8% | 49,2% | - | 41,6% | - | 51,3% | 4,4% | 33,3% |
| 45 – 59 years | 5,0% | | 3,1% | 48,5% | - | 40,3% | - | 60,1% | 3,2% | 32,1% |
| 60 + | - | | 1,3% | 19,8% | - | 15,6% | - | 31,7% | 7,2% | 28,7% |

* Annual rates for physical and/or sexual violence; not comparable.

Whereas in the German and Finnish study women over 60 reported less lifetime prevalence of violence than younger age groups, this drop was less pronounced in the Swedish study. In the Lithuanian study, women between 45 and 59 reported the highest rates of physical partner violence through lifetime. This may reflect to some extent reality but it could also be a consequence of (cultural) differences in reporting.[12] The lower rates of intimate partner violence for older women in some studies may perhaps reflect the reality of lower current victimisation; a larger number will be widows, and disinclined to think about the "bad parts" of the marriage. The data also fit with general findings in crime surveys that show that elder women and men tend to report less victimisation through lifetime than younger interviewees because there is a tendency to not remember violence that was perpetrated many years ago.

Overall, one in four to one in five Finnish, Swedish and German women over 45 reported physical violence by a partner over the lifetime. For the oldest age group of women over 60 one in seven of Finnish, German and Swedish women and almost one third of Lithuanian women reported lifetime physical violence by a partner. Although these reported rates may be lower than for some of the younger age groups in these countries, the prevalence is still high.

[12] As an example the Lithuanian researcher from the CAHRV working-group pointed out that the high rates of violence against women over 45 in Lithuania relate to a generation which is (and feels itself as) the most socially deprived in the Lithuanian post-soviet society in all senses. Socialized in Soviet system, they lost all "benefits" provided by the Soviet state, the rate of unemployment, crime and suicide incidence is the highest amongst them (also among men of same age). They furthermore had very strong patriarchal attitudes inherited from the Soviet system as well as paternalistic views towards the role of the state. Perhaps Lithuanian women over 45 were also more open to talk about violence in their intimate partnership, because intimate partner violence seems to be perceived as "normal" and an acceptable aspect of behaviour within relationships in this generation.

The variations in physical partner violence by age may also be biographical. The youngest are at the beginning of their life in a couple whilst there could be adjustment for the partners in older age groups, who are near the end of their life in a couple or already separated. In her analyses of the Finnish study Minna Piispa found that younger women reported less severe violence more often than others, based on both descriptions of the incidents and their physical and psychological consequences. Younger women seemed more likely to recognise violence as such and more willing to report it. Perhaps this reflects more sensitivity to the issue in recent years and the fact that the subject is more openly recognised and no longer such a taboo topic within society.

This discussion of differences in lifetime prevalence by age-group again shows how important it is to obtain additional information on factors that may influence reporting (see above) in order to arrive at realistic and comparable data by age group and generation.

### b) Sexual Violence by Intimate Partners

It is very difficult to define exactly where sexual violence by intimate partners actually begins and where pressure is perceived as an (unwelcome) sexual advance, but not a violation. Some studies use rather broad definitions of unwanted sexual acts, others define it by forced acts that refer to legal definitions of rape and attempted rape. Some studies use very exact and clinical phrases to identify sexual violence in the questionnaires, others remain rather vague.

In all studies there is a relative consensus on the contents and the categorisation of acts of sexual violence but the detailed description of the actions, the structuring of the questionnaires, the time frame, and above all the grouping together of events and the subdivision into private or public spheres differs. Thus the comparability of sexual violence “irrespective of context” (see Chapter 1.3.3) is difficult. Furthermore some research, such as in the Scandinavian surveys, addresses only male sexual violence.

The questions about sexual violence by intimate partners differ between the surveys and such differences in wording may limit comparability. However, cautious comparisons are possible because all five surveys obtained information on forced sexual acts, and did so in a similar way, and all but the Finnish study differentiate between forced sexual acts and attempts to force acts (see table 8).

**Table 8: Questions/items on sexual violence by intimate partners included for reanalysis.**

| France | Finland | Germany | Lithuania | Sweden |
|---|---|---|---|---|
| Has your current/ previous partner:<br>- Forced you to have intercourse by physical violence?<br>- Forced you to unwanted sexual practices? | Has your current/ former partner sometimes behaved violently against you, such as:<br>- Coerced or tried to coerce you to have sex with him? | How often has your current/ former partner:<br>- forced you to perform sexual acts, that you did not want to do?<br>- tried to force you to perform sexual acts that you did not want to do.<br>(once, several times, never) | Has your current / former partner:<br>- raped you?<br>- forced to have sex with him after threatening you (by word, hard object, gun, etc.)? | Has your current / former partner:<br>- forced you to sexual activities by threat, adherence or by hurting you somehow?<br>- attempted to force you to sexual activities by threat, adherence or by hurting you somehow?<br>- forced you or attempted to force you to sexual activities, when you couldn´t defend yourself, e.g. because you slept or used drugs? |

Lifetime-Prevalence

Where lifetime prevalence estimates of sexual violence were available the central age group of women between 20 and 59 reported high levels of sexual violence by current and/or former partners. Rates varied between 11.5% in the Finnish study and 6.2% in the Swedish study (see table 9, 1st row).

**Table 9: Sexual Violence by Intimate Partners – lifetime-prevalence - central age-group (20-59 years).**

| | Finland | Germany | Lithuania | Sweden |
|---|---|---|---|---|
| **Sexual violence by current and/or former partner**<br>(based on women who ever had a partner) | 11,5% | 6,5% | 7,5% | 6,2% |
| **Sexual violence by current partner**<br>(based on women who currently have a partner) | 5,0% | 1,0% | 2,9% | 1,4% |
| **Sexual violence by former partner**<br>(based on women who had a partner before) | 17,6% | 12,1% | 12,4% | 11,1% |

The differences may to some extent be a consequence of methodology and wording, and may perhaps reflect differences in reporting or in the sensitivity of the topic (for which empirical evidence is lacking at present). However this would not explain why the rates in

the Finnish study are so high compared to the rates in the German, Lithuanian and Swedish studies. Furthermore, the Finnish and Swedish surveys were administered in the same way. Thus there may in fact be higher rates of sexual violence against women by current and former partners in Finland.

As with physical violence, sexual violence is more often reported to be perpetrated by former partners in all countries included, and here again the Finnish rates are highest. Between one and two out of ten women (11-18%) who have separated from a partner have at least once experienced sexual violence (see table 9, 3rd row). It is not known whether this violence occurred before or after separation, but this would be a worthwhile question for future research designed to inform adequate policies and social practice. In previous research and social work, it has often been reported that women experience sexual violence in the course of separation, but of course sexual violence is perpetrated in ongoing relationships too.

For sexual violence by *current* partners the Finnish study again shows the highest prevalence rates whilst the German survey has the lowest rates. It is not clear how far we can rely upon the reported levels of sexual violence by current partners because women often tend to feel ashamed to disclose sexual violence to third persons. The tendency to think of forced sexual acts by the current partner as violence (and not as unwanted but normal sexual partner behaviour) is very likely to depend on factors such as respondent's age and the cultural meanings of such acts as well as the meanings of questions used to assess victimisation. In the German survey 78% of women who reported sexual violence by the current partner also indicated that they did not talk about their victimisation to anybody. A high proportion of women did not define the situation as rape when the perpetrator was the current partner. There are also hints in the German survey that older women tend to be more silent and ashamed of sexual violence than younger women. All data on victimisation through sexual violence by current partners depend deeply on openness to reporting. Comparative analysis needs more information on country- and culture-specific differences in the acceptance of sexual violence by partners and on openness to disclose experiences of violation. Questions on attitudes, cognitions and values in this area could be of high relevance for interpreting the results. In addition, the relationship to one's body and to sexuality will differ from one context to another and could be investigated in prevalence surveys.

Annual rates of sexual violence

The annual rates of sexual violence could be recalculated for the French, the Finnish and the Swedish survey[13]; they are perhaps too small for adequate data comparison. Nevertheless the data gives further evidence of high rates of reported violence in Finland compared to Sweden and France (see table 10).

**Table 10: Sexual Violence by Intimate Partners – annual prevalence - central age-group (20-59 years).[14]**

| | France | Finland | Sweden |
|---|---|---|---|
| **Sexual violence by current and/or former partner** (based on women, who ever had a partner) | 1,1% | 2,8% | 0,7% |

In all five surveys physical violence by intimate partners was reported more often than sexual violence. It is not clear how far this reflects the reality of partner violence and to what extent it is influenced by openness to recognize and report sexual partner violence. It is probable that sexual violence, especially in partner relationships, is underreported because it is especially hard for women to talk about such violations when perpetrated by close persons such as partners. It may also be difficult for women in a partnership to make clear distinctions between forced sex and unwanted sex, especially when other forms of violence are present in the relationship. Some studies – like the Swedish and the German one - found that sexual violence tends to cause even more psychological harm (and trauma) than physical violence (anxiety, low self esteem, suicide thoughts/attempts, feelings of shame and guilt). This is a further indicator of the difficulty to recall and report sexual violence in surveys. These findings highlight the need to intensify public discourse on sexual violence by partners and close persons as a precondition for its visibility in society and research. More needs to be done towards finding ways of asking about sexual partner violence that are adequate, sensitive, non-offending but clear.There is also a need to identify and include factors that could influence the interpretation of partner behavior in the light of gender norms and openness to report. In-depth qualitative studies may further illuminate the phenomenology of living with sexual violence.

Age groups

In an analysis of sexual partner violence by age-group, no consistent patterns were found across studies. The Finnish data show particularly high past-12-months prevalence rates of sexual violence for women aged 18 to 59. The French data show a small but consistent decrease in 12-month prevalence from the youngest to the oldest age group. In the Swedish data reported rates drop from the youngest age group to the group of 25 to 34 year olds, and from there increase slightly for each age group.

[13] The German and Lithuanian surveys did not allow to distinguish 12-month-prevalence for sexual violence by partners seperately.

[14] Distinctions between violence by current and former partners were not comparable or possible for annual prevalence rates for several studies. Thus we present only general rates for current and/or former partners here.

**Table 11: Sexual Violence by partners through age-groups.**

| | France | | Finland | | Germany | | Lithuania | | Sweden | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Last Year | Ever | Last Year | Ever | Last Year | Ever | Last Year | Ever | Last Year | Ever |
| **Sexual violence by current and/or former partner** | | | | | | | | | | |
| 18 – 24 years | 1,2% | - | 2,9% | 6,8% | - | 8,6% | - | 9,1% | 1,2% | 7,2% |
| 25 – 34 years | 1,1% | - | 3,9% | 11,5% | - | 6,3% | - | 3,3% | 0,4% | 5,3% |
| 35 – 44 years | 1,0% | - | 2,6% | 11,9% | - | 7,1% | - | 8,9% | 0,7% | 5,8% |
| 45 – 59 years | 0,7% | - | 2,4% | 12,5% | - | 5,5% | - | 9,6% | 0,9% | 7,0% |
| 60 + | - | - | 1,1% | 5,8% | - | 2,5% | - | 3,7% | 1,3% | 6,1% |
| **Sexual violence by current partner** | | | | | | | | | | |
| 18 – 24 years | 1,2% | - | 1,9% | 3,0% | - | 0,8% | - | 4,5% | 0,8% | 1,5% |
| 25 – 34 years | 0,9% | - | 3,5% | 5,0% | - | 1,1% | - | 2,1% | 0,3% | 1,1% |
| 35 – 44 years | 1,0% | - | 2,6% | 4,6% | - | 1,2% | - | 2,2% | 0,5% | 1,2% |
| 45 – 59 years | 0,6% | - | 2,6% | 7,8% | - | 1,0% | - | 3,9% | 0,6% | 1,8% |
| 60 + | - | - | 1,4% | 5,6% | - | 1,0% | - | 3,9% | 0,0% | 0,8% |
| **Sexual violence by former partners** | | | | | | | | | | |
| 18 – 24 years | 5,0% | - | 4,8% | 20,2% | - | 12,6% | - | 16,1% | 1,1% | 12,8% |
| 25 – 34 years | 3,8% | - | 2,6% | 21,5% | - | 10,3% | - | 4,8% | 0,5% | 10,2% |
| 35 – 44 years | 4,4% | - | 1,3% | 25,1% | - | 12,9% | - | 14,9% | 0,8% | 10,8% |
| 45 – 59 years | 6,7% | - | 1,0% | 22,2% | - | 11,8% | - | 13,8% | 0,8% | 11,8% |
| 60 + | - | - | 0,3% | 6,1% | - | 3,8% | - | 3, 4% | 2,9% | 12,4% |

One might have expected more pronounced linear trends across age groups in reported sexual violence by partners in the past 12 months because it is often said that younger women experience more sexual violence inside and outside their homes. There is some indication that younger women may be particularly vulnerable to sexual violence, as appears in the estimates for the two younger age groups in France and Finland, but the data also reveal inconsistencies such as the increase across age groups in reported victimization in Sweden. Without more detailed information about the age groups, and about factors that may influence experiences and reporting patterns for different age groups in different countries definite conclusions about the role of age seem premature.

There may be country- and culture-specific differences in how young women, middle-aged and older women interpret and deal with sexual interactions and pressures. The German study suggests that women in older age groups tend to be less willing and more ashamed to disclose experiences of sexual violence to third persons.[15] The Finnish study investigated how people talk about sensitive issues and found that older women (aged 45+) were reluctant to talk about sexuality, any problems or violence in relationships with other people. This may also influence their willingness to disclose violence, especially sexual violence, in surveys and such disclosure patterns may differ between countries. Furthermore these considerations could be relevant for particular social and ethnic minorities in societies (e.g. migrant women). Factors such as age, culture, and sexual violence experience and reporting are to be investigated more deeply in future research. As long as empirical information on these factors remains insufficient, population- and age-group- as well as inter-country-comparison will be difficult and interpretations will remain highly speculative.

[15] The women were questioned if they had reported on the situations to third persons after they happened.

## c) Psychological Violence, Threat and Control by Intimate Partners

Psychological violence and control

It is still very difficult to define exactly what psychological violence in intimate partner relationships is, where it begins and when it is just one aspect of "bad partner behaviour". Most prevalence studies use several dimensions of dominance, humiliating behaviour, threat and control in order to measure psychological violence; sometimes indicators are developed in order to assess lower or higher levels of psychological violence.[16] It is often the combination and the frequency of several dimensions of psychological violence and control that point to more serious forms of psychological violence; these often appear in combination with physical and sexual violence. But the problem remains of not being able to define objectively and precisely what psychological violence comprises. It is still a highly subjective and also culturally related question as to what men, women and society experience as "psychological violence".

For this current data comparison it was important to select similar questions and dimensions of the topic that were included in each survey. Thus, the following aspects of psychological violence from a current partner were selected for comparison, using indicators that were assessed in the Swedish, Finnish, Lithuanian, German surveys and, to some extent, in the French survey:

- extreme jealousy
- restricting the woman from seeing friends or other relatives
- humiliating behaviour
- economic control
- threat to harm the children
- threat of suicide.

Threat of violence against the woman herself was separated from the definition of psychological violence and placed in a separate category, because it is often difficult to determine whether it most appropriately belongs to physical or to psychological violence.

As can be seen in the next table most studies used very similar items for the selected dimensions of psychological violence, except for the French questionnaire and for a few items in the German and the Lithuanian questionnaires. Thus the data are broadly comparable, with some limitations, across the Finnish, German, Lithuanian and Swedish surveys. The next table shows items that were included for the analysis of psychological violence from each survey; items that are not strictly comparable are marked in yellow.

[16] See German survey, Schröttle/Müller 2004.

**Table 12: Questions on psychological violence by the current partner included from each study for reanalysis.**

| | France | Finland | Germany | Lithuania | Sweden |
|---|---|---|---|---|---|
| My current partner … | | | | | |
| **a) extreme jealousy** | prevented me from talking to other men. | was jealous and did not want me to speak with other men. | is jealous and doesn't want me to speak to other men/women. | is jealous and does not want me to speak with other men. | is jealous and demands to know whom I met and what I´ve done. |
| **b) restricting the woman from seeing friends or relatives** | prevented me from meeting friends or relatives or talking to them. | tried to restrict me seeing my friends or relatives. | prevents me from meeting friends, acquaintances or relatives. | tries to restrict me seeing my friends and relatives. | forbids me to meet friends and relatives. |
| **c) humiliating behaviour** | criticised, devalued everything I did; made remarks about my physical appearance; ignored or scorned my opinions, 1) in public 2) in private. | called me names in order to subdue me or to humiliate me. | says that I'm ridiculous, stupid or incapable. | calls me names in order to subdue or humiliate me. | calls me names in order to subdue or humiliate me. |
| **d) economic control** | prevented me from having access to the household money for day-to-day necessities. | prevented me from making decisions about the family finances and from shopping independently. | prevents me from making my own decisions about money or things I'd like to purchase. | ignores my opinion about financial decisions in our family. | prevents me from making decisions about finances or from shopping independently. |
| **e) threaten to harm the children** | threatened to harm the children or to separate me from the children. | threatened to harm the children. | threatens to take the children away from me. | threatens to harm or abuse the children. | threatens to harm the children. |
| **f) threaten to suicide** | threatened to commit suicide. | threatened to do something to himself if I leave him. | threatens to do something to himself. | threatens to do something to himself if I leave him. | threatens to do something to himself if I leave him. |

Comparing the French data with the other four surveys is also limited in that the French data refers to annual rates only, whereas the other surveys have not set time periods; in these questions refer to the 'current' partner. It is not clear if and how this may have influenced the rates. Figures that are not fully comparable are in parentheses ().

Table 13 shows relatively high overall rates of psychological violence in the Lithuanian study, lower rates in the Finnish and German study and again lowest rates in the Swedish study. Between 12% of women in the Swedish and 29% of women in the Lithuanian study have

reported at least one of these partner behaviours for the current partner. This was the case for 14% of women in the German and almost 17% of women in the French study.

**Table 13: Psychological violence by current Intimate Partner - central age group: 20-59 years.**

| | France | Finland | Germany | Lithuania | Sweden |
|---|---|---|---|---|---|
| a) extreme jealousy | (4,4%) | 8,2% | 8,1% | 24,4% | 5,7% |
| b) restricting the woman from seeing friends or other relatives | 3,2% | 5,7% | 8,1% | 15,2% | 0,5% |
| c) humiliating behaviour | (24,5%) | 6,7% | (2,6%) | 17,1% | 5,9% |
| d) economic control | (1,2%) | 3,8% | 5,2% | (12,2%) | 2,2% |
| e) threaten to harm the children | (1,1%) | 0,2% | (0,6%) | 8% | 0,0% |
| f) threaten to suicide | (1,0%) | 2,8% | 1,3% | 4,9% | 1,0% |
| **At least one of these …** | **(24,3%)** | **16,5%** | **14,3%** | **28,6%** | **11,6%** |

The figures on “extreme jealousy” as well as on other dimensions are very high in the Lithuanian and again lowest in the Swedish study. This may reflect different perceptions and cultural meanings of jealousy and control (e.g. as an expression of love, of male dominance or as an aggressive restriction of individual freedom) which can influence both the reality of partner behaviour as well as reporting on that behaviour in surveys. Does jealousy and controlling behaviour by intimate partners have different cultural meanings in societies and are certain cultures with more traditional gender relationships more restrictive with respect to jealousy and control of women’s social contacts and activities? Does this reflect patriarchal interpersonal relationships in which women are, first of all, conceived as family members and not as individuals, and in which male partners feel themselves to be owner of his spouse/partner, thus, “having a right” to control her behaviour? Results from a German-French project on migrant women and their descendants (see chapter 2) seem to support such conclusions but also show that generalization and polarisation between traditional vs. egalitarian ‘cultures’ does not adequately describe the wide differentiations that actually exist within each culture and population group.

For the interpretation of these differences more qualitative research is necessary on the construction, perception and understanding of different types of partner behaviour in different countries, cultures and subcultures.

The meaning and interpretation of psychological violence has been illuminated by analyses of the Finnish data. Among the types of partner violence one cluster was found of women who had experienced severe physical violence in the past and whose relationship was now characterised by psychological violence at the time of the survey. This can also indicate that psychological violence can serve as a strategy of “invisible” and seemingly “non-injurious” oppression of women.

The meaning and consequences of this rather “invisible” form of partner violence must not be underestimated. Several studies that have investigated the impact of psychological violence on the health status and wellbeing of women concluded that its impact on women’s physical

and psychological health is even worse than that of physical violence; victims often report on the high relevance of psychological violence in the context of partner violence.[17]

Threat of physical harm

The data for lifetime prevalence of threats of violence can be compared between the Finnish, German and Lithuanian surveys.[18] The German and Lithuanian studies have included questions on both threat of violence and threat to kill, whereas the Finnish study used a general question on threat of violence (see Table 14).

**Table 14: Questions/items on threat of physical harm by Intimate Partners included from each study for the reanalyses.**

| France | Finland | Germany | Lithuania |
|---|---|---|---|
| Your partner has … | | | |
| (threatened to kill you.) – excluded from the analyses because only severe forms were measured here. | - threatened you with violence. | - seriously threatened to assault or injure you.<br>- made serious threats to kill you. | - threatened to do any of above indicated forms of violence.<br>- threatened to kill you. |

Table 15 below shows very high rates of threat of violence by partners in the Finnish study and somewhat lower but still high rates in the Lithuanian study, especially for threats by former partners. Lower rates are to be found in the German study. This may to some extent have to do with slightly broader definitions of threat in the Finnish and Lithuanian surveys but they are not sufficient to explain the considerable differences. There is some evidence that the findings actually reflect high rates of threat and partner violence in Lithuania and Finland.[19] They may also be connected with separation rates, circumstances and separation behaviour.

Serious threat of physical violence mostly appears in combination with other forms of physical/sexual violence and seldom alone. For example in the German study there were no women who had experienced threat of physical harm through a partner that had not additionally reported other forms of physical violence by partners.[20]

Finland shows a much higher prevalence of threats than Germany, but in both countries, threat of violence is usually combined with other forms of physical and/or sexual violence and seldom occurs without them. Threat of violence thus must be taken very seriously in terms of women´s safety.

[17] See Schröttle/Müller 2004; Glammeier/Müller/Schröttle 2004.
[18] The French survey has annual prevalence only for threat to kill and the rates are too small for annual inter-country comparison: the Swedish data has no comparable data to separate for this analyses. See Jaspard et al. 2003.
[19] In Finland threats and other acts of physical violence correlate with each other. See Heiskannen/Piispa 1998.
[20] See Schröttle/Müller 2004.

**Table 15: Threat of physical harm by Intimate Partners – lifetime-prevalence - central age-group (20-59 years).**

| | Finland | Germany | Lithuania |
|---|---|---|---|
| **Threat by current and/or former partner** (based on women who ever had a partner) | 19,4% | 6,9% | 15,3% |
| **Threat by current partner** (based on women who currently have a partner) | 9,3% | 1,1% | 8,4% |
| **Threat by former partner** (based on women who had a partner before) | 40,1% | 12,6% | 24,1% |

## d) Levels of severity of physical and sexual violence by partners

Comparison of prevalence data on violence by intimate partners has to take into account that reported levels of violence may differ widely. It is thus important to determine whether similar levels of severity and consequences are being counted. Severity of violence can be defined by:

- concrete acts of violence
- consequences of violence (injuries, psychological and social consequences)
- frequency of acts in a given time period.

Studies using the CTS[21] frequently define severity as if it were inherent in the concrete act. This is empirically not well founded. Sometimes acts that seem to be quite minor can cause severe injuries: “pushing someone angrily” for example could be an act that is not important and severe at all, or it could be an act that may cause very severe harm, e.g. when a person is pushed to the ground or down the stairs. The German study found that in numerous cases acts that seemed minor in themselves actually had caused physical injuries.[22] Thus, the actual severity of such acts would be underestimated if there consequences are not considered. For accurate data comparison of levels of severity physical consequences such as injuries have to be included. In addition, the frequency of acts is a highly relevant indicator for severity of violence because partner violence is often a series or pattern of violent acts and behaviour. Fear and distress can also be used to measure severity, but this strategy was not available for comparison here.

Though most studies have collected information on these aspects in more or less detail, it is quite difficult to compare the levels of physical partner violence because they are partly related to different acts and contexts.

[21] The Conflict Tactics Scales (CTS) developed by Strauss et al. measure aggression and violence in the context of conflict in intimate partnerships (see Straus et al., 1996). The items from the CTS were often used in a shortened or modified form in European Violence against Women surveys (see Schröttle/Martinez et al. 2006, p. 60f), but usually not as a scale to measure severity of violence.

[22] This was the case for one in seven to one in three of the acts that were estimated to be minor or not very serious. Schröttle/Müller (2004), S. 43.

As was shown in chapter 1.3.1a (table 2), most studies have included similar behaviour-related items on physical violence and are, by and large, comparable; but they were grouped together in very different combinations and sometimes modified slightly so that it is not possible to separate single acts for accurate data comparison between countries.

Another possibility for comparing levels of severity of physical violence by partners is to consider injuries as a consequence of physical violence and the frequency of violent acts.

Rates of violence causing injuries can be compared cautiously and with some limitations with regard to the most serious violent act for the Finnish, German and Lithuanian studies. However, the Lithuanian study cannot provide separate data for injuries due to sexual or physical violence.

The following table shows that the rates of physical violence with injuries range between 61% and 79% depending on the inclusion/exclusion of sexual violence and they tend to be higher in the Finnish survey (see table 16, 1st and third line). This suggests that the Finnish study has not only found a higher extent of prevalence of intimate partner violence but also higher levels of violence. Levels of violence between the Finnish and the Lithuanian studies seem to be more similar.

**Table 16: Injuries through physical and/or sexual violence in the most serious violent situation.**

| | **Finnish Study** | | **German Study** | | **Lithuanian Study*** | |
|---|---|---|---|---|---|---|
| | Without Injuries | With Injuries | Without Injuries | With Injuries | Without Injuries | With Injuries |
| **Physical violence by current and/or former partner** | 20,9% | 79,1% | 39,3% | 60,7% | - | - |
| **Sexual violence by current and/or former partner** | 29,1% | 70,9% | 43,2% | 56,8% | - | - |
| **Physical and/or sexual violence by current and/or former partners** | 32,6% | 67,4% | - | - | 38,4% | 61,6% |

* The question about the most serious incident is not specified to physical and sexual violence separately. The question is „Did your partner's violence cause physical injuries to you?".

Frequency of violent acts can be compared cautiously with regard to physical and/or sexual violence within the past twelve months for France, Finland, Germany and Sweden. Comparability is limited, because some studies ask this question only on violence by current partner while others referred to both current and former partners, which may result in higher levels of violence.

The following table suggests that levels of intimate partner violence that was perpetrated more than once, were again slightly higher in Finland, whereas in the German and French surveys the rate is around 50% and the Swedish study shows the lowest rates of repeated violence (36%). This could be a further indication that Swedish women did not only

experience less intimate partner violence in terms of prevalence but also in terms of frequency.

**Table 17 – Frequency of acts within the past 12 months – central age group 20-59.**

| | French Study (current partner only) | | Finnish Study (current partner only)* | | German Study (current and/or former partner) | | Swedish Study (current and/or former partner) | |
|---|---|---|---|---|---|---|---|---|
| | Once | More than once | Once | More than once | Once | More than once | Once | More than once |
| **Physical violence by current and/or former partner** | 46,5% | 53,5% | - | - | - | - | - | - |
| **Sexual violence by current and/or former partner** | 48,5% | 51,5% | - | - | - | - | - | - |
| **Physical and/or sexual violence by current and/or former partners** | 47,2% | 52,8% | 44,5% | 55,5% | 50,3% | 49,7% | 63,6% | 36,4% |

* No differentiation between physical and sexual violence for 12-month-frequency of acts.

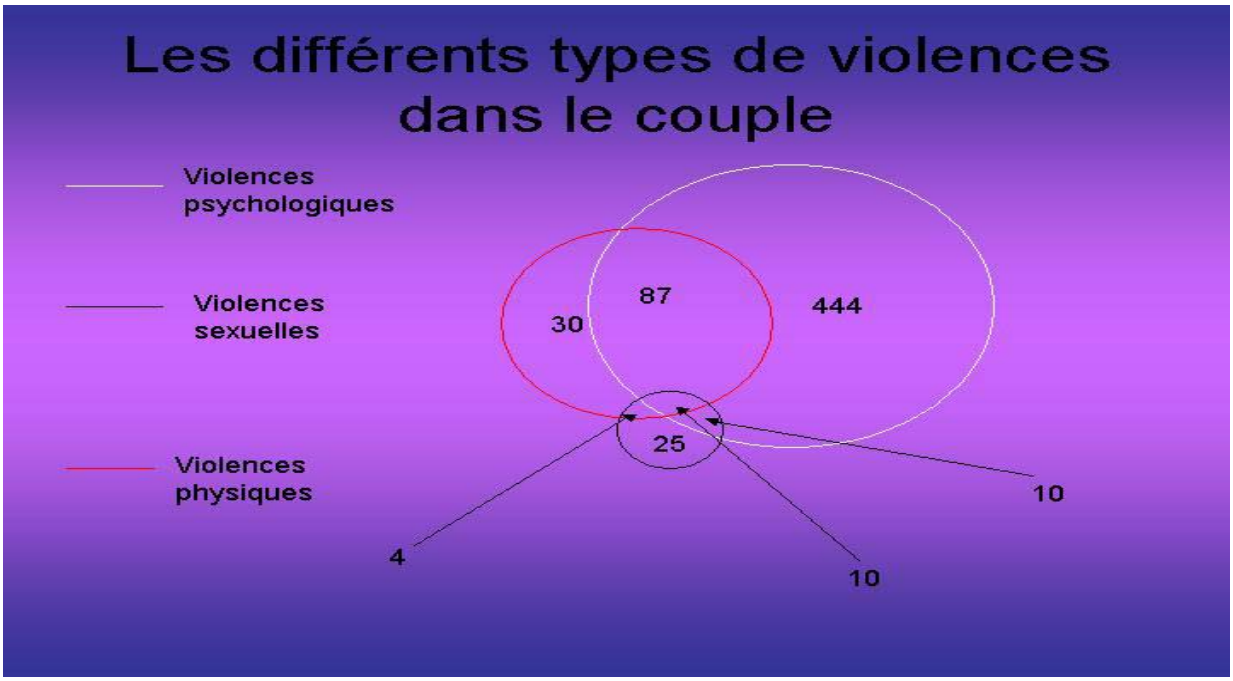
The difficulties in comparing levels of severity of violence between the European studies reflect the lack of agreement and common definitions on how to measure severity of partner violence. It would be interesting and useful to develop well-defined and elaborated instruments for severity of violence and perceptions of severity. For this it would be important to ask experts and prevalence researchers on the most reliable way to assess frequency and consequences of violence, on the usefulness of different time frames (e.g., lifetime prevalence, violence in the past year, violence in one relationship), on ways to aggregate information on acts consequences and frequency for maximum comparability, and on reliable and comparable indicators of patterns of partner violence.

### e) Overlap of forms of violence

Victimisation is often described in a very fragmented way, especially when quantitative data on different forms of violence are presented. This fragmentation gives a distorted picture, in particular in the context of intimate partner violence because different forms of violence such as physical and psychological violence overlap considerably. Different forms and acts of violence are often perpetrated in the same relationship. Furthermore, the harm done can be due to the fact that one person can suffer different forms of violence in different life contexts over time.

All studies included in the secondary data analysis found an enormous overlap between different forms of violence (see appendix 1). The most common form of partner violence against women in all studies is psychological violence, which often occurs without any other form of violence, but just as often occurs in combination with physical violence (see the example of the French study below). On the other hand physical violence is frequently reported without any other form of violence (e.g. in the German survey). Sexual violence is generally reported more rarely, but when it is, it often appears combined with other forms of physical and/or psychological violence.

**Diagram 1: Overlap of Forms of Intimate Partner Violence in the French Study.**




(Translation: The different forms of intimate partner violence: psychological, sexual, physical)

In the French survey almost all women (90%) who reported violence by a current partner cited psychological violence, over 80% of them without any other form of physical or sexual violence; 19% experienced psychological violence in combination with physical violence, and approximately 5% experienced psychological violence in combination with sexual violence. In two out of three cases physical violence was perpetrated along with psychological violence and in 1 out of 10 cases it was perpetrated along with sexual violence. More than one fifth of cases (23%) of physical violence were not combined with other forms of violence. As in other studies, sexual violence is the form of partner violence that was reported most rarely; but where it appears, in half of the cases it occurs with psychological and/or physical violence.

Other studies show slightly different patterns here (see appendix 1). For example, the German study found a higher proportion of women who experienced physical violence by a partner without reporting any other form of psychological and/or sexual violence. But the tendencies towards overlap of multiple forms of violence are very similar in all studies.

Future research should developed agreed-upon measures not only of different forms of intimate partner violence but also of their co-occurrence and overlap in relationships.

## f) Correlations of violence with other factors

There is growing interest in research and in practice in identifying risk and protective factors. Many studies have collected relevant information, but in most cases limited resources have not permitted multidimensional analysis of factors that are likely to increase or reduce the risk of violence and the risk of staying in violent situations and relationships when escape is not possible.

This report can only offer a few correlations that suggest certain continuities and similarities

across studies. Difficult situations and violence experienced during childhood dramatically increase the risk of being a victim in adulthood; divorce and separation are strongly correlated with more physical and sexual partner violence, which may be a consequence as well as the occasion for intimate partner violence to escalate. The practise of violence does not follow a social hierarchy and all social and educational groups can experience violence, but persons socially and economically deprived or marginalised are at greater risk not to be able to stop or leave violent situations and violent partners.

Public and scientific discourse often suggests that unemployment, alcohol use, low level of education, low social status and dependency on others for financial support or care are causes or risk factors for violence. Some studies confirm this interpretation; others have found only weak links. The German, Swedish and to some extent also the Finnish study found that the social and cultural spread of violence challenges the notion that the perpetrators predominantly belong to socially disadvantaged or ethnic groups. Many well educated, non-alcoholic and employed men exercise intimate partner violence.

In many countries it is a widespread belief that alcoholism is the main reason for domestic violence. The Lithuanian survey found that the relationship between prevalence and the consumption of alcohol (by both partners) is statistically not significant. Women whose partners often consume alcohol to the level of being drunk are as often victimised through violence as those women whose husbands get drunk rarely. In the German survey, the relevance of the influence of alcohol in violent situations was confirmed, especially for serious forms of violence, but a high proportion of intimate partner violence was not connected with alcohol abuse on the part of perpetrators (and victims) at all. The Finnish study found a connection between alcohol and intimate partner violence, but here again a considerable number of men exercise violence who do not use alcohol to the level of intoxication.

Factors such as social isolation and social participation, women and men's attitudes towards violence and the normalisation of violent behaviour also play a role in chronic partner violence. The Lithuanian study found that women who live in isolated nuclear households are under higher risk of violence than those who live in extended families or with other relatives. Women's social participation was also a statistically significant factor: those women who keep close ties with their relatives, have a broader social network of friends and more actively participate in social life less often reported partner violence. This could be both a risk factor as well as a consequence of violence. Isolation certainly lessens the chance to get help or find a way out.

One of the most important factors appears to be difficult experiences during childhood, as the French, the German and other studies show. Women from the German study, who in childhood and adolescence have witnessed their parents fighting physically, have experienced violence from a partner in adult life at twice the rate of women who have not witnessed such parental conflicts. Women who, as children, occasionally or frequently experienced violence at the hands of their parents were three times as likely to become victims of

violence by partners in adult life. Women who had been sexually victimised before the age of 16 were more than twice as likely to become victims of partner violence and four times more likely to become victims of sexual violence in adult life. Seventy-one percent of all women (aged 20-59) who have been victims of physical/sexual violence in adulthood have been victims of physical/sexual violence in childhood. This shows the strong connection between childhood violence and violence in adulthood. On the other hand, many women (about 50% in the German study)[23] who experienced violence in childhood and youth have encountered no further violence in adult life: this suggests that protective factors should be studied.

The French study found strong correlations between problems and violence in childhood and violence against women in adulthood, with regard to conflict and violence between parents and towards children as well as alcohol and drug abuse by family members (see table 18). Contrary to received knowledge, it is important to note that in the French study traumatic experiences in childhood are reported by women of all social backgrounds, in particular maltreatment and physical violence. Furthermore it has to be stressed that traumatic experiences in childhood are not sufficient determinants of violence and as evidenced above, do not necessarily lead to violence in adulthood.

**Table 18: Proportions of IPV according to difficulties during childhood (%) from the French survey.**

| | **Intimate partner violence** | |
|---|---|---|
| | **« Serious »** | **«Very serious»** |
| **Number of difficulties reported** | | |
| None | 5,0* | 1,3* |
| At least one difficulty | 9,6 | 4,7 |
| Three or more difficulties | 13,8** | 7,6** |
| **Yourself…** | | |
| Very serious conflict with one or both parents | 14,1 | 8,1 |
| High level of tension between parents or atmosphere of violence | 12,0 | 5,7 |
| Maltreatment or repeated beatings | 17,2 | 11,1 |
| Sexual violence before the age of 15 | 12,0 | 9,0 |
| **Other members of your household…** | | |
| Alcohol or drug abuse | 12,2 | 4,9 |
| Maltreatment or repeated beatings | 14,6 | 8,6 |
| **Total** | **7,0** | **2,5** |

Source: Enveff, 2000, IDUP. Population sample: 5908 women having stable intimate partner relationships.
Notes: *Amongst women reporting no difficulties during childhood, 5% were experiencing serious IPV, 1.3%, very serious IPV. ** Amongst women cumulating 3 or more "difficulties", 13.8% were experiencing serious IPV, 7.6%, very serious.

More multidimensional analyses on the causes of intimate partner violence, the strength and direction of influencing factors and their interdependency are needed in future research. A closer view of similarities and differences between societies could give more insight into which aspects of political and societal contexts contribute to a decrease or increase of interpersonal violence.

[23] see Schröttle/Müller 2004, p. 269

### 1.3.2 Physical violence outside of partner relationships

All studies collected data on violence by perpetrators other than partners. During face-to-face interviews the German survey, for example, asked about physical violence by any person and presented a list of possible perpetrators. In some studies questions on violence by persons other than partners were placed in separate sections and they were not always related to the same perpetrator groups. The French telephone survey asked questions on each life context in separate sections of the interview (public space, workplace, etc.), the Finnish and Swedish postal surveys added summarizing questions on violence by men other than partners/cohabitants (in different wordings), whilst the Lithuanian survey asked about different victim-perpetrator contexts in one section of the interview only.

**Table 19: Questions from each survey about physical violence by perpetrators other than intimate partners and the framing of such violence.**

| French study | Finnish study | German study | Lithuanian study | Swedish study |
|---|---|---|---|---|
| Questions/Items | | | | |
| Has anybody slapped or beaten you or behaved violently against you in some other manner?<br>Has anybody threatened or attacked you by a weapon or dangerous object (knife, stick, teargas, bottle, gun …)?<br>Has anybody tried to kill or strangle you? | After your 15.th birthday, has a man you know or a stranger (other than your current or previous husband or cohabitating partner):<br>– assaulted you physically, such as beaten or kicked you or used a weapon against you? | Sometimes people are physically attacked or become involved in physical conflicts. How often have you personally experienced being physically attacked since the age of 16, for example, someone hitting, slapping you, pulling you hair, kicking, or threatening you with a weapon or other object?<br>Frequently, sometimes, rarely or never?<br>+ additional Item-List (see physical violence by partners, table 2) | Indicate if your father/stepfather, any other known person or stranger has ever:<br>-Thrown something at you?<br>-Pushed or grabbed you painfully?<br>-Slapped you?<br>-Pulled your hair?<br>-Hit you with a hard object?<br>-Kicked you?<br>-Beaten you with a fist?<br>-Strangled you?<br>-Shot at you or cut you with a knife? | Has it happened to you, that a man, with whom you did / did not have a sexual relationship (but with whom you were not married or cohabitant),<br>- used physical violence against you (by physical violence is meant: slaps in the face and body; being pushed, pressed against the wall, kicked, restrained, slapped, bitten, hurt by a knife or shot by a weapon)? |
| Framing | | | | |
| Questions were placed in different sections of the interview for each life context separately. | Question for violence by other than partners in one section. | Question for violence by any perpetrator in one section, followed by a differentiated victim-perpetrator-list. | Question for violence by any perpetrator in one section, but asked separately for different perpetrators. | Question for violence by other than partners in one section. |
| Perpetrators / Contexts | | | | |
| Male and female perpetrators. | Male perpetrators only. | Male and female perpetrators. | Male and female perpetrators. | Male perpetrators only. |

Besides question wording and framing, the concrete questions on physical violence differed in length and combination of acts (see table 19), although the violent acts that were included were ultimately quite similar. Thus, data on violence outside of intimate partner violence can

be compared, but care must be taken to account for possible influences of methodology, wording and definitions of perpetrators.

Recalculation of data for the central age group and with harmonized definitions yielded lifetime prevalences in the range of 9% to 23% (see table 20). The highest lifetime prevalence rates of physical violence by perpetrators other than partners were found in the Lithuanian and in the German study. It seems very likely that this is partly a result of methodological differences, because the German and Lithuanian studies used longer questions with behaviour-specific item lists, whereas the other studies used summarizing or shorter questions on violence. Furthermore, the high rates obtained in the German study may be a consequence of using a combination of both summarizing questions and item lists (the German as well as the British study found that this methodology increases reporting and prevalence rates). Additionally both the Lithuanian and the German study included male and female perpetrators, whereas the Swedish and Finnish surveys asked about male perpetrators only. In the German survey, among women who reported physical violence by others who were not partners, 10% reported exclusively female perpetrators, 19% both male and female perpetrators, and 71% exclusively male perpetrators. Thus, differences in the prevalence of physical violence by perpetrators other than partners may be a consequence of different contexts and questions.[24]

**Table 20: Physical violence by others perpetrators than partners. Lifetime prevalence.**

| | Finland* | Germany* | Lithuania* | Sweden* |
|---|---|---|---|---|
| **Physical violence by other perpetrators than partners (central age group: 20-59 years)** | **12,0%** | **22,8%** | **18,4%** | **9,1%** |
| 18 – 24 years old | 17,1% | 31,4% | 25,8% | 11,9% |
| 25 – 34 years old | 14,1% | 26,5% | 24,4% | 10,2% |
| 35 – 44 years old | 12,6% | 22,4% | 21,2% | 10,1% |
| 45 – 59 years old | 8,8% | 18,3% | 8,7% | 6,6% |
| Since age of 60 | 4,7% | 11,2% | 4,2% | 3,3% |

* Prevalence rates are not fully comparable because of differences in methodology and perpetrators included (see text above)

For all four countries age group differentiation shows a linear decline in the prevalence rate from the youngest to the oldest age group. The younger the women, the more violence by non-partners they report, although lifetime prevalence might be presumed to be cumulative. There is evidence that younger and middle-aged women experience more violence at school and through other family members in the youngest age group and that younger and middle-aged women experience more violence in the public space because they spend more time outside the homes. Older women might have forgotten or may not recall violence that was perpetrated a longer time ago, an effect that was also discussed in crime-victimisation-surveys for both sexes.

The rare information on perpetrator groups that can be gleaned from these studies shows a tendency for women to experience physical violence mostly either from family members or by unknown persons and to a much lesser extent by slightly known persons or people in the

[24] Past 12-month-prevalence is not comparable between the studies, because the only studies that could recalculate it for these victim-perpetrator-contexts – the French, Finnish and Swedish studies – differ in questions and in the genders of perpetrators included.

workplace or in educational establishments.[25]

Figures on injuries show that more than 50% of victims have experienced violence with injuries in the German and Lithuanian study. The rate of injuries was higher when the perpetrator was a partner (see chapter 1.3.1, Severity of violence).

### 1.3.3 Sexual violence outside of partner relationships

Questions on sexual violence by perpetrators other than partners were included in all surveys, but again the questions were placed in different parts of the questionnaire and were related to different contexts and perpetrators. Furthermore, the questions on sexual violence by perpetrators other than partners differ widely: some have asked for detailed information on behavioural acts, as in the German and French studies, whilst others have used summarizing questions (as in the Finnish, Lithuanian and Swedish surveys). Some have asked specifically about rape and sexual intercourse, and all studies made a distinction between attempted and actual forced sexual acts (see table 21).

The questionnaires in prevalence studies are often based on the national legal norms for sexual assault. Thus the terminology of the Scandinavian countries refers to “sexual activity” whereas the German study refers to penetration and distinguishes between rape, attempted rape and other forced sexual acts. The forms of constraint are taken into account in the studies differently.

**Table 21: Questions on and framing of sexual violence by perpetrators other than partners.**

| France | Finland | Germany | Lithuania | Sweden |
|---|---|---|---|---|
| Questions/Items | | | | |
| Did you have to take part in receiving or giving sexual contact against your will; has anybody tried or achieved to have sexual intercourse with you against your will? If yes, was it:<br>- sexual touching<br>- attempted forced intercourse<br>- forced intercourse? | After your 15th birthday, has a man you know or a stranger (other than your current or previous husband or cohabiting partner):<br>- Tried to force you to sexual activity?<br>- Forced you to sexual activity? | How often have you experienced forced sexual acts since the age of 16? Frequently, sometimes, rarely or never?<br>+ additional Item list on forced sexual acts:<br>- someone forced you to have sexual intercourse and penetrated you with a penis or another object against your will.<br>- someone attempted to penetrate you with a penis or another object against your will but this attempt wasn´t completed.<br>- someone forced you into intimate physical contact, stroking, petting or the like.<br>- You were forced to take part in other sexual acts or practices that you did not want. | Has your father/stepfather, any other known person or stranger ever:<br>- raped you?<br>- forced to have sex with him after threatening you (by word, hard object, gun, etc.)? | Has a man other than your current / former partner:<br>- forced you to sexual activities by threat, adherence or by hurting you somehow?<br>- attempted to force you to sexual activities by threat, adherence or by hurting you somehow?<br>- forced you or attempted to force you to sexual activities, when you couldn´t defend yourself, e.g. because you slept or used drugs? |

[25] See Swedish and German, as well as Lithuanian studies.

| France | Finland | Germany | Lithuania | Sweden |
|---|---|---|---|---|
| Framing | | | | |
| Questions were placed in different sections of the interview for each life context separately. | Question for violence by other than partners in one section. | Question for violence by any perpetrator in one section, followed by a differentiated victim-perpetrator-list. | Question for violence by any perpetrator in one section, but asked separately for different perpetrators. | Question for violence by other than partners in one section. |
| Perpetrators / Contexts | | | | |
| Male and female perpetrators. | Male perpetrators only. | Male and female perpetrators. | Male and female perpetrators. | Male perpetrators only. |

For the purpose of this secondary data analysis only those items on sexual violence were included that refer to forced acts in order to make the data more comparable. Thus, the aim of constructing comparability narrowed the scope of sexual violence taken into account.[26]

Most studies found that sexual violence is predominantly perpetrated by intimate partners. For sexual violence by perpetrators other than partners, lifetime prevalence rates varied from about 8% in Germany up to 19% in Finland (see table 22). Highest rates were reported in the Finnish and Lithuanian surveys, followed by the Swedish survey, whereas rates in the Germany survey were lowest (more than a half lower than in Finnish/Lithuanian study). It must be underlined that these rates relate to rather narrow definitions of sexual violence and to violence perpetrated by others than intimate partners.[27]

**Table 22: Sexual violence by perpetrators other than partners. Lifetime prevalence (since 16).**

| | Finland | Germany | Lithuania | Sweden |
|---|---|---|---|---|
| Sexual violence by other perpetrators than partners (central age group: 20-59 years) | 19,0% | 7,7% | 17,3% | 13,4% |
| 18 – 24 years old | 18,6% | 6,2% | 21,4% | 11,7% |
| 25 – 34 years old | 21,4% | 7,6% | 25,8% | 13,0% |
| 35 – 44 years old | 20,6% | 8,1% | 23,7% | 17,1% |
| 45 – 59 years old | 16,3% | 7,7% | 12,4% | 11,8% |
| Since age of 60 | 7,5% | 4,5% | 6,8% | 5,4% |

How can the high rates in Finland and Lithuania be explained? One possibility is that less specific or differentiated questions produce higher rates in relation to sexual violence, because women may be ashamed to answer very detailed questions. It is not clear how far the differences in the rates reflect actual differences in the extent of sexual violence in the countries or rather methodological differences and to what extent they may also be a

[26] Although this may be inevitable in post-hoc comparison, consideration should be given in future research to avoid this, since the effect is to filter out results that do not fall into the common core area.

[27] Prevalence rates of sexual violence are highly related to definitions. The German survey asked about unwanted sexual acts, sexual harassment and forced sexual acts and could show that the overall rate of sexual violence (independent of perpetrator) lies between 13% and 33% , dependent on the definition.

consequence of culture-specific openness to disclose experiences of (sexual) partner violence and sensitivity of the topic.[28] Further basic research on the measurement of sexual violence, on the impact of differences in reporting and other cultural and sub-cultural aspects would be necessary to answer these questions.

The high levels of intimate partner violence in Finland and Lithuania could correspond with high levels of sexual violence outside of intimate partnerships and relate to a climate or societal circumstances that tend to heighten violence against women. For the confirmation of such interpretations, more comparable cross-national research would be needed.

Annual prevalence rates can be compared for the French, Finnish and Swedish surveys, whereas for the German and Lithuanian data the recalculation of annual prevalence for special perpetrator groups was not possible. The annual prevalence comparison shows highest rates in France and Finland and relatively lower rates in Sweden (see table 23).

**Table 23: Sexual violence by perpetrators other than partners. Annual prevalence rates (since 16). Central age group: 20-59 years.**

| | France | Finland | Sweden |
|---|---|---|---|
| **Sexual violence by other perpetrators than partners** | 2,0% | 2,5% | 0,9% |

The information on specific forms of sexual violence experienced by women shows different tendencies that may also reflect differences in which kinds of sexual violence are reported and which are not. In the Finnish survey, women reported attempted rape and other forced sexual acts or practices more often; in the German and Swedish surveys women reported more frequently rape and other forced sexual acts or practices (perhaps attempted rape was not perceived as sexual violence); in the Lithuanian study women mostly reported rape (see table 24).

**Table 24: Sexual violence by others perpetrators than partners. Forms of sexual violence.**

| | Finland | Germany | Lithuania | Sweden |
|---|---|---|---|---|
| **Forms of sexual violence** | | | | |
| Rape | 5,3% | 6,1% | 6,8% | 4,9% |
| Attempted Rape | 12,8% | 4,8% | - | 9,2% |
| Other forced sexual acts or practices | 17,1% | 7,5% | - | 5,3% |

The complexity and difficulty of comparing data on sexual violence between countries suggests that the use of more similar questions on sexual violence and on the different forms of sexual violence would be enlightening. This is more complex than it seems, because there can be culture-specific as well as language-specific subtexts to asking and answering questions in this very sensitive area. In the pre-study to the German survey, for example, the rather clinical and very detailed item list from the British Crime Survey was tested. Feedback from the interviewers indicated that women in Germany found the questions too detailed, offensive and uncomfortable; after the pre-test the list was shortened and partly summarized.

[28] In addition, there is a lack of information about specific timeframes: for example, within lifetime prevalence it is not possible to know if this violence took place 5 years, 10 years or 30 years ago for respondents.

But interviews conducted with Turkish migrant women showed that many migrant women still felt these questions to be too offensive; this may have been the case for some of the older women in the general population, too. Thus, the use of questions that come across as offensive, which may include detailed questions, may lead to underreporting of sexual violence in some population groups. Prevalence studies should consider including some questions on attitudes, norms and values to help interpret different reporting levels. Besides that, the measurement of sexual violence has to be developed further and tested in different countries and population groups. Perhaps it will be possible to develop new item lists that are neither too detailed and possibly offensive nor too vague and unclear; this could improve the chance for valid and reliable comparisons between countries and population groups.

### 1.4 Comparability and comparison of prevalence data – conclusions

What have the reanalyses above shown and what does this mean for future research?

Post hoc comparisons of prevalence data are possible and constitute a useful contribution to the discussion of inter-country comparability. Such comparisons require detailed information on the methodology of the studies that are to be compared, including details on measurements, data sets and conceptual frameworks, and must carefully interpret resulting estimates against this methodological background. At a minimum, there is a need to harmonize time frames and age groups before quoting figures from different countries, as is frequently done in international reports. Considering this, the experience within the CAHRV programme showed that appropriate reanalyses were possible only for five national prevalence studies, although a total of at least 19 such studies have been carried out in EU countries. Major obstacles are the unavailability of data for secondary analysis, the language of publication and the lack of comparable methods and questions.

Overall, the data comparison presented in this report suggests that real prevalence rates of violence against women might be higher in Finland and Lithuania and lower in Sweden, while France and Germany were placed differently in the middle range depending on the type of violence. However, it is not possible to assess to what extent this may have been a consequence of differing social acceptability of reporting the different forms of aggressive behaviour, differences in how the items were phrased and the questions were asked, or whether other factors might enter into this.

Even with the efforts taken in the present reanalyses there may still be influences on reporting rates that are beyond the reach of this methodology, such as differences in the social desirability of disclosing different forms of violent victimization. Nonetheless, this report delivers one of the most reliable post hoc comparisons of prevalence data presently available.

More accurate data comparisons can, of course, be reached by using identical methodologies, which would entail new cross-national and internationally coordinated studies. To achieve this, a more similar or standardised methodology for questionnaires and modules would have to be developed at a European level, drawing on the extensive knowledge from prevalence research in Europe within the past 10-15 years[29]. However, even

[29] See Garcia-Moreno et al., WHO multi-country study.

if methodology between studies were absolutely identical, there would still be cultural and societal aspects that may lead to different understandings of questions and to differences in reporting.

There is of course the major question of what in fact we have measured and then compared. There is frequently the expectation among politicians and other decision makers that official statistics should reflect some "reality" of violence prevalence. Yet specialists in the study of violence and of barriers to reporting violent victimisation warn against taking published rates as the "real" rates; they also point to the importance of taking into account the cultural context within which questions are being posed to women. What Liz Kelly wrote in her landmark Council of Europe report of 1997 still holds true and limits comparability of prevalence rates between countries and in time: "The level of official reporting should never be taken as an accurate estimate of the problem (…) Once the taboo on talking begins to be broken, (…) reporting increases (…) No country in Europe has yet created a climate of confidence for women and girls experiencing violence (…) Admitting that one has been/is victimized is difficult even for the women themselves. There are many powerful reasons to stay silent."[30]

Nonetheless, survey data has to be taken for what it is: Surveys capture a certain reality at a particular point in time. Their questions mean something to respondents, and so do the answers they choose to give at that moment and in view of the circumstances within which the survey takes place. None of the results of one or another set of survey data we analyzed here are any less "real" than those of other surveys. They have been reanalyzed and compared after a long process of drawing together the questions that encapsulated the same or very similar acts. Based on discussions of the political and cultural context – sensitivity to the issue of violence against women, public information campaigns, political activism, highly publicized legal trials and so on – this report makes several suggestions of how such factors may have influenced disclosure and reporting in different cultural contexts.

For gender-based violence and other sensitive or tabooed forms of violence (e.g. sexual violence, violence towards older women, violence in very close relationships/families) research needs to continue to think of innovative ways of questioning respondents and capturing such soft "cultural" data. Future development of prevalence research will move towards overcoming some of these problems by improving methodology. For example, we may explore different levels of shame and openness to report on violent experiences to a third person as well as on individual perceptions of violence. Other questions about attitudes to broader social issues may give further insight. Such information could support a more culturally sensitive interpretation of the prevalence data in different countries, in our view a vital necessity for comparative analysis.

Further conclusions and recommendations for European research will be summarized in chapter 6. At this point it suffices to repeat that cross-national comparisons of prevalence data are far from straightforward. Sometimes only very small differences in the details of data collection and the reference of data to different time-frames, acts and contexts set limitations on comparability.

[30] Group of Specialists for Combating Violence Against Women: Final Report of Activities of the EG-S-VL. Strasbourg (Council of Europe) 1997, p. 17.

Nonetheless, the results of the present data analyses show that to some extent data can be made “more comparable” on a European level when at least age groups, calculation bases and definitions of violence are harmonized as far as possible. One important precondition for this is that the items on violence used in the studies should have almost the same content. At present, this is only the case for a limited number of studies in Europe. This represents a challenge for future research on violence prevalence in Europe that aims to develop more standardized methodology.[31] But even in standardized measurement instruments the terminology used to describe acts of physical, sexual or psychological violence might retain different connotations and meanings in different languages and cultures. Thus, perfect comparability of data may never be reached. Nevertheless, systematic research efforts toward this goal should continue, and future methodological developments and improvements most likely will benefit from ongoing international collaboration.

[31] See Garcia-Moreno et al., WHO multi-country study.

## 2 - VIOLENCE AGAINST IMMIGRANT WOMEN AND THEIR DAUGHTERS: A FIRST COMPARATIVE STUDY USING DATA FROM THE FRENCH AND GERMAN NATIONAL SURVEYS ON VIOLENCE AGAINST WOMEN

(Stéphanie Condon / Monika Schröttle)

The concerns surrounding the status of immigrant women, which have emerged very recently on the French political scene, are now established issues in several European countries. This is particularly so in those with a long history of foreign or post-colonial immigration. There has been rising concern about violence described as 'specific', experienced by immigrant women and their descendants, with attention being drawn in particular towards migrants from North and West Africa and from Turkey. One important issue which has emerged in recent years is the social and family control of young women in Moslem families, symbolised by the wearing of the headscarf. In addition, but dealt separately from the issue of violence within "immigrant families", growing concern has arisen regarding the vulnerable status of young women from Eastern Europe migrating through prostitution networks.

The impassioned debate amongst politicians and academics over recent years, which strongly divided feminists, has done little to assist in the formulation of a solid response to the issue of violence against women in general. Only cultural interpretations are advanced as explanations of highly publicised violence involving members of the 'ethnic minorities'. At the same time, acts of violence experienced by European women are considered as individual acts, bearing no relation to a broader system of gender relations and, above all, no reference to a 'sexist culture' is ever made. Such a context results in the cultural identity of these countries, as in the United States, in Britain, and so on, being considered, following Leti Volpp's expression, "(…) a neutral and unquestioned backdrop"[32] against which is projected the image of static, monolithic and uncivilised 'cultures'. Such representations intervene in the functioning of social and specialised services and limit the response and support to black and ethnic minority women.[33]

The following text documents results of a small German-French research project on violence against migrant- and non-migrant women in both countries. During the second year of CAHRV, S. Condon and M. Schröttle began a comparative analysis of intimate partner violence experienced by groups designated as 'ethnic minorities' in France and Germany, based on the national survey data on violence against women. The originality of the German survey is that it included a specific sample of 'Turkish' women; that is, women born in Turkey or descendants of migrants. In addition, translator-interviewers were used to put the ques-

[32] Volpp L, 1994, "Asian women and the 'Cultural defense' ", *Harvard Women's Law Journal, 17*, p61.

[33] Burman E, Smailes S L et Chantler K, 2004, "'Culture' as a barrier to service provision and delivery. Domestic violence services for minoritized women", *Critical Social Policy*, 24(3), 332-357; See also work by Ravi Thiara: C. Humphreys and R.K.Thiara (2001) *Routes to Safety: protection issues facing abused women and children and the role of outreach services*, WAFE, Bristol.; Thiara R, 2005, Strengthening Diversity:responses to BME women experiencing domestic violence in the UK, paper at the Sept 2005 CAHRV conference, Paris.

tionnaire to women with an insufficient command of German. Conversely, the French survey was based on a representative sample of women living in France and the analysis of violence experienced by migrant women or descendants of migrants could only be achieved by constructing sub-populations, using the questions on nationality at birth and country of birth.[34] Moreover, the survey having been conducted by telephone, only women having a sufficient command of French could be interviewed. Finally, for statistical reasons, also linked to France's immigration history and the relative importance of North African immigration, the experience of Turkish women could not be analysed.[35]

There are differences of course in the French and German immigration contexts. The French and Algerian populations are linked by colonial history, whereas no such link exists between the German and Turkish populations. France's publicly announced wish for a complete assimilation of North African immigrants in all contexts of French society would appear to contrast with the reception of Turkish 'gastarbeiter' (guest worker) migrants who were not officially required to assimilate into German society; that is until the emergence of a more recent public discourse focussing on a rather aggressive pro-assimilation rhetoric. However, present discourses in each country, constructed through the media and by politicians, bear many similarities and reveal the profound conviction – partly based on representations of the inferior status of women within these groups leading to a 'cultural' justification of violence against women- that these 'foreign' populations were not assimilable[36].

The aim of this analysis is to inform public debate by providing some indication of the prevalence and forms of violence against certain groups of ethnic minority women. Comparison of rates of reported violence between these groups and the majority group in each country goes some way to contextualising the phenomenon. We have attempted to override differences between the two survey methodologies, examining indicators which are the most comparable, and analyse the trends and patterns in each national context. The section compares indicators of intimate partner violence, then looks at the quality of couple relationships, the extent of male dominance and control, and the different forms of violence. The results presented are based on the subsamples of women under the age of 60 living as a couple – whether co-residing with their partner or not – at the time of the surveys. The German sample size for this group is 4.768 women of German origin, 259 Turkish-origin women and 317 women from Eastern European countries[37]. The French sample includes 186 women of North-African origin and 6.300 women of mostly French origin.

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[34] Condon S, 2005, "Violence against women in France and issues of ethnicity" in Malsch M et Smeenk W, *Family violence and police reaction*, London, Ashgate Publishers, pp.59-82.

[35] Local studies conducted by NGOs include : Petek-Salom G, 1998, « Situations de violence rencontrées par les femmes et les jeunes filles turques en France » ELELE, *Honneur et violence : fatalité ou conjoncture pour les femmes turques*, Actes du colloque (12.12.97) à l'Unesco, ELELE/FAS/Service des droits des femmes (Unpublished report ).

[36] Hamel C, 2005, « De la racialisation du sexisme au sexisme identitaire », *Migrations Société*, 2005, vol. 17, n°99-100. Condon S and Hamel C, 2007, "Etude du contrôle social et des violences exercés à encontre des descendantes d'immigrés maghrébins » in M. Jaspard et N. Chetcuti, *Violences envers les femmes : 'trois pas en avant, deux pas en arrière!' Réflexions autour d'une enquête en France*, Paris, Harmattan, La bibliothèque du féminisme, in press.

[37] Included for this analyses were only women that came from former Warsaw pact countries.

There is an important difference between the two surveys that has limits for the extent of the comparative analysis. The period of reference used for reporting violence differed in that the French data refers to the twelve months prior to the survey whereas the German data covers experiences since the age of sixteen. Thus rates for intimate partner violence relate to that perpetrated by the current partner during the last twelve months for the French survey, whereas such rates produced from the German survey relate to the current intimate partnership, whatever the length of the relationship. However, since the aim in the present research is not to compare rates between national contexts but between groups within each context, this is not an obstacle to analysis.

### Violence prevalence rates amongst ethnic minority women in Germany and France, compared to the rates within the majority population

Results from both surveys revealed higher rates of violence for ethnic minority women in both countries. The surveys did not only find higher rates of violence against these women but also higher levels of violence with respect to severity of violence.[38]

In the German study women of Turkish origin experienced violence by their current partners twice as often as German women (see Table 25). There are less pronounced differences between Turkish-origin and German-origin women when violence by former and/or current partners is included (29% vs. 37%). This could be an indicator for the tendency that women of Turkish origin tend to stay longer in violent relationships than women of German origin whose divorce-rate is generally higher, an aspect that may have contributed to higher rates of violence by current partners in the population of Turkish origin.

**Table 25 – Violence by current partners – German survey.**

| | German origin | Turkish origin | Ex-URSS origin |
|---|---|---|---|
| **Physical and/or sexual violence by current partner (all age groups)** | **14,0%** | **28,6%** | **17,0%** |
| More serious forms of violence* | 5,5% | 16,8% | 7,5% |

* In this category were included forms of violence that were more seriously than “push angrily away/light slap in the face”, furthermore forms of sexual and physical violence that were perpetrated more often than seldom/once.

Similar results were found in the French survey: women of North African origin have suffered significantly higher rates of violence by their partners within the past 12 months compared to women of French origin, especially in relation to the serious and very serious levels of violence (see table 26).

[38] The majority of partners (over 90% in the German survey) had the same ethnic background as the interviewees.

**Table 26 – Violence by an Intimate Partner within the past 12 months – French survey*.**

| | No violence | Serious level | Very serious level |
|---|---|---|---|
| **'North African' women** | **85.2%** | **10.1%** | **4.7%** |
| **'French' women** | **91.1%** | **6.6%** | **2.3%** |

* The levels of violence are not comparable between the French survey and the German survey.

An important result to stress is that in all population groups, including the ethnic minority women populations, the majority of women did not report physical or sexual violence by their current partner (see tables 25 and 26).

## Male dominance and control

The results from the German as well as from the French survey show significantly higher rates of male dominance and control reported by ethnic minority women in couples than within the majority population. Items relating to jealousy, dominance and restriction of outside contacts showed higher rates for the ethnic minority women in both contexts. For example, the German survey item "He is jealous and prevents my contacts" generated positive responses over three times more frequently amongst Turkish women than it did amongst German women. Similarly, the French survey item "Prevented me from speaking to other men" produced a rate for North African women four times higher than for the French women. Other direct comparisons were more difficult as the content and scope of items differed between the surveys; moreover, the German survey contained a greater number of items exploring these issues.

Though male dominance and control is reported significantly more often by ethnic minority women in both surveys, the German survey shows that this problem is relevant for women of the majority group, too and can not be reduced to ethnic minority women: Almost one fifth of German women responded positively to items related to control by current or former partners; one in seven women responded positively to items related to dominance by current partners.

## Psychological abuse and verbal violence

Fewer significant differences between the minority and majority populations were observed in relation to psychological or verbal violence, but there are partly contradictory results between the surveys. To give an example of two similar items in the surveys compared, we can cite the experience of women being put down in front of other people. The German survey item ("he puts me down in front of others") produced a rate twice as high for Turkish women in relation to German women, whereas the rates of positive responses to "he scorns my opinions in public" were very similar for French and North African women. Likewise, the French survey item "he regularly criticises me" produced virtually identical rates for the two

sub-groups, whereas Turkish women in the German survey responded positively twice as often as German women to the somewhat stronger items like “He says I’m stupid, ridiculous or incapable”. All in all it has to be noted that far from the majority of ethnic minority women – less than one in five in the German survey - have reported on forms of psychological violence and verbal aggression by the current partner.

### Threats of violence

Various items were proposed in the two surveys with the objective of exploring the extent of threats of violence. Very similar results on threats are to be found in each survey, as ethnic minority women reported significantly higher rates of threat with a weapon, and threat to kill, especially within the younger age groups. Threats to harm others than the respondent – children, other close persons – or the partner himself generated contradictory results between the two surveys. Such acts are clearly very complex and the manner and context in which the threat is made will influence women’s perceptions of how serious is the threat.

The higher rates of threat of violence against minority women in both countries may reflect the higher rates of manifest violence perpetrated against women by their partners. But here again the broad majority also of ethnic minority women (90% in the German survey) have not experienced threats of violence by the current partner.

### Contextualising reported violence rates using other gender relations indicators

Both surveys included a number of questions with the intention of constructing gender relations indicators. One such set of questions related to the division of household tasks. A preliminary analysis of the responses to these questions revealed interestingly fewer differences between each group within each national context. Thus the German and minority women in Germany scored similarly on some indicators, e.g. shopping, preparing meals, washing clothes; such a similarity was also found in the French case, with more task sharing being reported by the French and minority women. Higher levels of task sharing were reported by younger women. On the contrary, greater differences were observed when tasks related to the care of children were considered: in both national contexts, minority women more often took charge of most tasks and whatever their age. Indeed, the results of the German survey suggest more differences between French and German culture than between the migrant and non-migrant-population groups in Germany. Future analyses of experience of violence will gain from being situated in a wider context of gender norms and practices, which can be measured using such indicators.

**Early conclusions after the first stage of the study**

In both countries, violence reported by ethnic minority women, and covered in the mass media, is used as a tool with which the dominant voices in society maintain and increase the cultural distance between certain minorities and the majority European population. And this is a distance which implies the inferiority of one group with respect to the other. What has been missing from discourse surrounding these – very rightly – denounced acts of violence is the recognition that such violence is also frequent within the European populations. Hence the difference being examined here was not that between the behaviour of men and women in minority groups and the 'normally functioning', 'egalitarian' relationships in majority German and French societies. As studies in each country have shown over the last two or three decades, many German and French women experience violence at the hands of their partner, in the street, at work or in other life contexts. Thus we expected to find certain rates of violence experienced by majority women, as well as higher rates of some types of violence reported by ethnic minority women. Nevertheless the actual higher rates and levels of violence against ethnic minority women are a problem that have to be addressed and taken seriously politically and by institutions and statutory services, but without stigmatizing the women.

The exercise proved most useful and revealing. Some results of the analysis were unexpected, for example those relating to different forms of controlling behaviour and psychological violence. The internal comparison in each national context has thrown a new light upon the extent of equality between partners and also on the variety of types of violence experienced by women in majority and minority groups. We will be continuing the analysis in more detail during the final year of the CAHRV programme, using a number of contextual variables and gender relations indicators that will enable us to better understand the social and cultural factors that may explain differences in experiences of violence.

# 3 - ASSESSMENT AND COMPARABILITY OF HEALTH IMPACT IN EUROPEAN PREVALENCE SURVEYS OF VIOLENCE AGAINST WOMEN

(by Manuela Martinez, Monika Schröttle, Marianne Springer-Kremser, Bridget Penhale and Petra Brzank)

## 3.1 Introduction

A very important consequence of interpersonal violence is its impact on the health status of the victims. For society, violence against women is a problem of epidemic dimensions that has a major and lasting impact on women's health. Because of these consequences, the World Health Organization (WHO) evaluates violence against women as the most serious risk factor for women's health (Krug/Dahlenberg et al., 2002) and has put it on its agenda as an important public health issue (Garcia-Moreno et al., 2006; Saltzman et al., 2000; Watts and Zimmerman, 2002). Violence not only affects the health status in a direct way but also has an influence on the wellbeing, the preconditions for good health, the individual health behaviour or unhealthy coping strategies. Homicide, suicide and fatal injuries are the mortal consequences of violence. In addition, we can find a wide deterioration in women's health as a result of exposure to violence.

There is extensive literature (e.g., Arias, 2004; Campbell, 2002; Farley and Patsalides, 2001; Hawker and Boulton, 2000; Helweg-Larsen and Kruse, 2003; Kendall-Tackett, 2002; Krug et al, 2002; Martinez et al, 2004; Resnick et al, 1997; Romito et al, 2005; and Weaver and Clum, 1995) which indicates the tremendous impact that violence has on all levels of health, from death and disability to mental, physical and social health impairment.

Cross-sectional and longitudinal studies of women from shelter programs, emergency rooms, and primary health clinic settings consistently demonstrate that violence places women at the risk of suffering serious short- and long-term physical health consequences (Campbell 2002) and mental disorders (reviewed by Campbell and Lewandowski, 1997).

Despite this evidence, in health care settings violence is often not taken into account as a cause of injury and health problems for women. Consequently, there is a higher risk of women receiving inadequate or inappropriate health care (under- or over-treatment) (Maschewsky-Schneider/Hellbernd et al. 2001) and a higher risk of chronic health problems. The physical trauma diagnosed in female patients is seldom linked to experiences of violence, and therefore it is often neglected by health professionals within typical treatment regimens. Furthermore, victimized women are often not able to protect themselves or prevent the health consequences effectively and may not recognize these as potentially serious. Injuries such as minor cuts and bruises etc. might cure quickly, but the psychological health impact will last and can consolidate in mental disorders like anxiety, depression, etc. This is not surprising if we consider that violence is a source of (social) stress. Many of the health consequences of violence on women are not just due to the physical and sexual violence but also to the psychological violence. Consequently, we should not only expect specific illnesses or health problems in female victims but also need to consider the possibility of a stress-related deterioration of their general health status. Furthermore, the

nature and degree of this deterioration is likely to vary depending on the characteristics of the violence, the woman herself and her specific social circumstances.

In general, it must be kept in mind that despite growing evidence of the health impact of violence there is not yet enough systematic empirical research to fully understand the health related sequelae of different forms of interpersonal violence.

To systematically estimate the health impact of violence, it is important to differentiate between those studies in which female victims have been recruited at medical health services or in women's shelters from studies carried out with a population-based sample. According to the type of sample, different selection biases have to be taken into account. Population-based (prevalence) surveys offer the opportunity to obtain information about the impact of violence on women's health from a wider range of socioeconomic backgrounds.

## 3.2 Assessment of health impact in European prevalence surveys of violence against women

The assessment of the health impact of violence against women through population-based surveys can contribute considerably to the knowledge and the degree to which violence is detrimental to women's health. Thus, the results obtained from this kind of survey need to be added to those carried out on selected samples of women from specific contexts (shelters, clinical setting, and so forth).

Representative national prevalence studies on violence against women carried out recently in Europe included in their interviews questions about the health status of the women respondents (Finland: Heiskanen and Piispa 1998; France: Jaspard et al. 2003; Germany: Schröttle and Müller 2004; Lithuania: Proos and Pettai 2001; Reingardiene 2002; Russia: Gorchkova and Shurygina 2004; Spain: Institute of Women's Affairs 1999/2002; Sweden: Lundgren et al. 2002; and United Kingdom: Walby and Allen 2004). The following detailed analysis is based on the studies in Finland (1997, Heiskanen and Piispa 1998), France (Jaspard et al, 2003), Germany (Schröttle and Müller 2004), Lithuania (1999, Purvaneckiene 1999; 2000, Reingardiene 2002, 2003) and Sweden (1999/2000, Lundgren et al., 2002). This will serve as an example of the analysis of how the assessment of the health impact of violence against women has been approached recently in population-based surveys and will also provide recommendations concerning future surveys.

### 3.2.1 Methodology

There are many methodological aspects that characterize the information obtained about the health status of women through a population-based survey. Some of them are of great value and contribute to the general knowledge about violence and health while others may limit or preclude potential insights.

Some of the main advantages are the following:

Population-based victimization surveys play an important part in the national estimation of the amount and quality of violence-related health consequences and can be seen as a component for health surveillance.

Random sampling. This is a very important aspect of population-based surveys because women from all socioeconomic statuses and backgrounds participate. Furthermore, not only women who have suffered violence but also those without this experience take part in the survey and thus constitute a control group.

Most importantly, population-based surveys reflect a more realistic picture of factors that can influence health status and violence-related health impact such as age, social status, migration or immigration background, and so forth.

The possibility of differentiating between the different experiences of violence. Since the samples are large, and all questions about specific types of violence (from childhood to adulthood, from domestic to public contexts, and from physical to psychological violence) can be included in the questionnaire, they can be divided into specific groups depending on the experiences of violence. Thus, a comparison between the health status of the different groups can be made because of higher case-bases (from no violence at all, to all types of violence, with specific types of violence in between) and including experiences at different points in the life-course.

Distinction between the immediate impact of violence and long-term consequences on the physical, mental and social health of women. Several population-based surveys include questions both related to the immediate and direct health impact of different types of violence experienced by the women, and the general physical and mental health status of women as well as the use of health services. The latter information can be considered in relation to the long-term consequences of the violence on health, which is useful because longitudinal health impact studies are rare.

As an indirect outcome, population-based surveys can break the silence and taboo related to violence against women or others. The announcement of the study results can initiate a broad discussion and thus lead to a change in policies and practices. Interviewed victims will learn to recognize that interpersonal and intimate partner violence is a human rights violation that has to be prosecuted and fought against. This effect can also lead to a change within the individual's behaviour.

Some of the main limitations are the following:

The way information about health is obtained in population-based surveys. Surveys are based on the woman's self-report about her health status and since victimized women may not recall all of their injuries or may not consider them to be as serious as they are, it can be difficult to obtain reliable, accurate data about diagnoses or specific treatments that were received. Generally within such studies, there is no independent diagnosis or clinical assessment of the health of the women made by a physician. On the other hand this method of self-report is common in national health surveillances, and the problems with accuracy of

diagnosis exist there as well. Thus self-reporting is still an important source of information about the health impact of violence for national and European health care.

Underestimation of prevalence and health consequences is another main problem. Methodological considerations may lead to a sample or selection bias, as only women who are capable of expressing themselves verbally or in written form are included in the sample, whereas those with specific disabilities or other forms of marginalization are often excluded. Many women do not consider their disorders to be a result of violence. Others do not talk about the violence experienced or their injuries due to shame or feelings of guilt.

Time limitations for interviews or other data collection methods restrict the amount of information gathered. Typically, surveys aim to measure multiple forms of violence and context variables as well as a range of consequences and help sought by various agencies, limiting the time available for specific health-related questions.

The instruments used to assess the health status. Although different instruments exist in order to assess the health status, they are not commonly used within the prevalence studies due to the above-mentioned time limitations. Thus, most studies ask women very specific questions about their general health status, their physical and mental health, the direct impact of violent situations and their use of health care.

### 3.2.2 Categorization of the health questions

Those prevalence studies of violence against women that have included questions about the health status of the respondent have mainly focused on the self-perceived/subjective state of health (the general, physical and mental health status), on the impact of violence on physical and mental health (e.g., injuries) and on the use of health care as a consequence of the violence. Information about the incidence of chronic illnesses and disabilities, the impact of violence on life and work, general health care utilization, the use of psychopharmacological drugs and recreational drugs has been obtained in some, but not in all surveys.

The questions about health that were included in the Finnish, French, German, Lithuanian, and Swedish violence against women surveys can be categorized into three major groups.

a-The health status of the women at the time of their participation in the survey or the near past (12 months):

a.1-General state of health at the time of the participation in the survey
a.2-Physical health status (somatic complaints)

a.3-Mental health status (somatoform complaints, psychological disorders)
a.4-General health care utilization

a.5-Consumption of psychopharmacological drugs
a.6-Consumption of non-prescribed/recreational drugs
a.7-Chronic illnesses and disabilities and their impact on life and work

b-The impact of violence on the health of the women:

b.1-Impact of violence on physical health/injuries
b.2-Impact of violence on mental health (including psychological functioning)
b.3-Impact of violence on women's life and work
b.4-Health care utilization as a consequence of violence

c-The perception of medical care in relation to violence

## 3.3 Comparability between the prevalence surveys

### 3.3.1 Similarities and differences

Although most of the above-mentioned health questions are not included in all the surveys and some of them are only included in one specific survey, there are some questions in which the Finnish, Lithuanian and Swedish surveys are almost identical. Thus, it would theoretically be possible to make direct comparisons between these three that use similar questions, albeit after selecting specific contexts of violence (e.g. intimate partner violence), while the comparison with the other two surveys – the French and the German – would need a different approach because they differ with respect to health questions. Furthermore, surveys differ in the periods of time relating to the incidence of specific health items.

Comparisons between surveys can be carried out in two ways: a) direct comparisons between identical or similar questions and findings in surveys, and b) comparisons of patterns of health impact that may be similar or different across surveys, for example, the relation between different experiences of victimization and specific health complaints.

Below follows a description of the similarities and differences that make comparisons between surveys possible along with a discussion of the extent of comparability.

#### a-Questions about the health status of the women at the time of their participation in the survey

a.1-General state of health at the time of the participation in the survey

As all the above surveys refer to the health status of women at the time of the interview, it is possible to compare data on health status. However, the response scales used were slightly different. For post-hoc comparisons health status responses were recoded into three levels: 1-good; 2-average and 3-bad.

**Table 27: Questions on general state of health in selected studies.**

| French study | German study | Lithuanian and Finnish studies | Swedish study |
|---|---|---|---|
| Regarding your age, how would you describe your present state of health :<br>1. very good; 2. good; 3. average; 4 .bad; 5 very bad. | I would like to ask you some basic questions about your health in general. On a scale of 1 to 6, where one constitutes "very good" and 6 "very poor", please rate the general state of your health. | Which of the following alternatives describes best your present state of health?<br>1. Very good; 2. Good; 3. Average; 4. Bad; 5. Very bad. | How would you describe your state of health? Would you say that it is...<br>1-Excellent; 2-Very good; 3-Good; 4-Fairly good; 5-Poor; 6-Very poor. |

With this recoding, comparisons between studies can be made with regard to the following issues:

- Health status of women exposed to violence in specific contexts (e.g. 0-control group, women not exposed to violence during their life; 1- women exposed to intimate partner violence and any other violence perpetrated against them during their adulthood; 2 - women exposed to intimate partner violence, any other violence perpetrated against them during their childhood and adulthood; 3-women exposed only to intimate partner violence).
- Health status of women exposed to specific types and levels of intimate partner violence (e.g.: 0-control group, no exposure to violence; 1-physical, psychological and sexual violence; 2-physical and sexual violence; 3-physical and psychological violence; 4-psychological violence or women exposed to different levels and types of intimate partner violence).
- Health status of women depending on the age group and exposure to violence in general (=control of age as a relevant factor for health status).

In the French and German surveys, the incidence of symptoms refers to the last 12 months and in the other surveys to the last month. Thus, these discrepancies mean that accurate comparisons are relatively more likely between the Swedish, Lithuanian and the Finnish surveys.

a.2- Physical health status (somatic complaints)

**Table 28: Questions on physical health status in selected studies.**

| Finnish study | French study | German study | Swedish study |
|---|---|---|---|
| Over the last month, have you suffered from the following health problems often, sometimes, or not at all?<br>- Headaches<br>- Recurrent pain in other parts of the body<br>- Stomach trouble<br>- Numbness or weakness of the limbs<br>- Heart palpitation or irregular heartbeat<br>- Nausea or vomiting<br>- Dizziness<br>- Tremor of the hands<br>- Abundant sweating without physical exertion | During the last 12 months, did you suffer from a fracture<br>0. no; 1. yes<br>If yes, which part of your body was involved?<br>1. bones of your face: nose, chin, orbit<br>2. other parts of your head<br>3. the higher limbs (shoulder, arm, elbow, hand, finger)<br>4. the lower limbs (hip, leg, knee, ankle, foot)<br>5. torso (clavicle, spine, sternum, rib)<br>During the last 12 months, did you suffer from a sprain, a contortion or a torn muscle?<br>0. no; 1. yes<br>If yes, which part of your body was involved?<br>1. the higher limbs (shoulder, arm, elbow, hand, finger)<br>2. the lower limbs (hip, leg, knee, ankle, foot)<br>3. elsewhere<br>During the last 12 months, have you had any injury which brought up the necessity for a surgical suture?<br>0. no; 1. yes<br>If yes, which part of your body was involved?<br>1. face or cranium<br>2. the higher limbs (shoulder, arm, elbow, hand, finger)<br>3. the lower limbs (hip, leg, knee, ankle, foot)<br>4. elsewhere<br>During the last 12 months, did you suffer from any of the following infections?<br>1. genital infection like mycosis or candida<br>2. chlamydia infection<br>3. gonococcal infection<br>4. trichomonal infection<br>5. syphilis infection<br>6. papilloma virus infection<br>7. other genital infections (hepatitis for example)<br>8. none of these infections<br><br>Did you suffer from a viral hepatitis?<br>0. no; 1. yes | Have you suffered from the following symptoms (1) often, (2) occasionally, (3) seldom, (4) never during the last 12 months?<br>- Headaches<br>- Aches and pains in your upper or lower stomach<br>- Backaches<br>- Aches and pains in your joints<br>- Chest pains<br>- Gastrointestinal problems<br>- Nausea/vomiting<br>- Eating disorders<br>- Weakness in your arms or legs<br>- Numbness or circulatory disorders<br>- Shaking or nervous twitching<br>- Temporary paralysis or convulsions<br>- Cardiovascular ailments<br>- Profuse perspiration without physical exertion<br>- Dizziness<br>- Problems with your vision in one or both eyes (without needing a pair of glasses)<br>- Hearing/ear problems<br>- Hypotension or Hypertension (excessively low or high blood pressure)<br>- Dermatological problems/allergies<br>- Heavy hair loss<br>- Pains in the uterine region or ovaries<br>- Pains or infection in you intimate regions<br>- Sexual problems/little desire for sex<br>- Very painful menstrual problems<br>- Too little or too much or no menstrual flow<br>- Kidney or bladder complaints<br>- Problems with your gall-bladder or liver<br>- Respiratory complaints/shortness of breath<br>- Loss of voice/trouble swallowing<br>- Chronic sore neck and throat<br>- Further complaints<br>Did you ever have<br>- Complications during pregnancy and birth<br>- An operation on your lower abdomen<br>How often have you ever had the following:<br>- Fractured bones<br>- Sprains<br>- Torn muscles<br>- Facial injuries or haematoma in the eyes<br>- Burns<br>- Deep stab wounds or lacerations<br>- Dislocated joints<br>Other serious injuries, _____ (which?) | In the last month, have you suffered much, little or not at all from the following?<br>- Headaches<br>- Recurrent pain in other parts of the body<br>- Stomach trouble<br>- Numbness or weakness of arms or legs<br>- Palpitation of the heart or irregular heartbeat<br>- Nausea or vomiting<br>- Dizziness<br>- Shakiness of the hands<br>- Heavy perspiration without having exerted your body |

a.3-Mental health status

Regarding mental health status similar considerations hold as for physical health status. However, by selecting specific items, it would be possible to make comparisons between the four surveys (Finnish, French, German, and Swedish) in relation to mental health status.

**Table 29: Questions on mental health status in selected studies.**

| Finnish study | French study | German study | Swedish study |
|---|---|---|---|
| Over the last month, have you suffered from the following symptoms? (often, sometimes or not at all)<br>- Stress/Over-exertion<br>- Weakening of memory or ability of concentration<br>- Weakness or fatigue<br>- Insomnia<br>- Nervousness or tension<br>- Irritability<br>- Dispiritedness or depression<br>- Lack of initiative or irresoluteness<br>- A feeling that everything is insuperable | Lately, especially during the last couple of weeks<br>- Could you concentrate on everything you had to do? (answer category 1: 1. better than usual; 2. as usual; 3. almost as good as usual; 4. not as good as usual)<br><br>- Did you suffer from insomnia because of your worries? (answer category 2: 1. not at all; 2. not more than usual; 3. a little more than usual; 4. a lot more than usual)<br><br>- Did you feel capable of making decisions? (answer category 1)<br>- Did you feel constantly tensioned or stressed? (answer category 2)<br>- Did you feel useful? (answer category 1)<br>- Did you feel as if you could not get over your difficulties? (answer category 2)<br>- Did you feel capable of getting pleasure out of your daily activities? (answer category 1)<br>- Could you face your problems? (answer category 1)<br>- Have you been unhappy and depressed? (answer category 2)<br>- Did you loose self-confidence? (answer category 2)<br>- Did you think that you're worthless? (answer category 2)<br>- Do you think that you felt more or less happy? (answer category 1)<br>During the last 12 months,<br>- Did you have nightmares? (0. no; 1. sometimes; 2. often; 3. very often)<br>- Did you feel worried or anxious?<br>- Did you have panic attacks, which means moments when you felt very anxious, feeling your heart race, suffocating or having the feeling of losing control?<br>- Did you ever try to commit suicide? (0. no; 1. yes)<br>If yes, did it happen more than once?<br>When did it happen? (for the last time if it happened more than once)<br>1. during the last 12 month,<br>2. between the last 1 and 5 years, 3. between the last 6 and 10 years, 4. before the last 10 years. | Have you had the following problems (1) often, (2) occasionally, (3) seldom, (4) never during the last 12 months?<br>- Stress<br>- Loss of memory/ difficulties concentrating<br>- Exhaustion/Fatigue<br>- Insomnia/sleeping disorders/nightmares<br>- Nervousness/ Irritability<br>- Anxiety attacks/panic attacks<br>- Despondency/depression<br>- Lack of motivation/ indecisiveness<br>- Feeling that it's all become to much to handle<br>- Feeling like you don't want to go on living<br>- Feeling like you'd like to hurt yourself<br>- Addictive/compulsive spending | In the last month, have you had the following symptoms? (much, little or not at all)<br>- Over-exertion<br>- Impaired memory or impaired concentration<br>- Weakness or tiredness<br>- Sleeplessness<br>- Nervousness or tension<br>- Irritability<br>- Depression<br>- A feeling of everything becoming too much for you<br><br>Have you ever… (yes/no)<br>- Attempted suicide?<br>- Contemplated suicide? |

a.4-General health care utilization

An assessment of health care utilization was included only in the French and German surveys, where it referred to the last 12 months. Even so, the specific questions used in the two surveys were too different for comparison (see Table 28).

**Table 30: Questions on general health care utilization in selected studies.**

| French Study | German study |
|---|---|
| During the last 12 months, did you visit<br><br>a) a general practitioner?<br>1. never; 2. once; 3. twice to 4 times; 4. between 5 and 10 times; 5. 10 times or more<br><br>b) a gynecologist-obstetrician ?<br>1. never; 2. once; 3. twice to 4 times; 4. between 5 and 10 times; 5. 10 times or more<br><br>c) a psychotherapist, psychiatrist or psychologist ?<br>1. never; 2. once; 3. twice to 4 times; 4. between 5 and 10 times; 5. 10 times or more<br><br>d) another medical specialist?<br>1. never; 2. once; 3. twice to 4 times; 4. between 5 and 10 times; 5. 10 times or more | How often during the past 12 months were you...<br><br>- At the doctors (medical practice) because of injuries or serious health problems? _____times<br><br>- At the hospital?_____times |

a.5-Consumption of psychopharmacological drugs

Consumption of psychopharmacological drugs was addressed only in the German and Swedish surveys and they differ completely in the items used to assess it and the period of time to which they refer: the last 5 years in the case of the German survey and the last month in the case of the Swedish survey (see Table 29). These differences mean that meaningful comparisons of this type of drug use are not possible.

**Table 31: Questions on consumption of psychopharmacological drugs in selected studies**

| French study | German Study | Swedish study |
|---|---|---|
| - During the last 12 months, did you take any medicine against insomnia, for sedation, Anti-depressants or sleeping-pills, tranquillisers or anxiolytics ? 0. never, 1. occasionally, 2. regularly, but not any more, 3. regularly, until now | Which of the drugs from the following list have you taken within the last 5 years?<br>- Medicine for pain<br>- Medicine for sedation<br>- Medicine for insomnia<br>- Medicine that influences the mood, e.g. medicine against despondency/depression/fear<br>- Stimulant drugs<br>- Other psychotropic drugs<br>- Drugs like Cannabis, LSD, Heroin, Ecstasy-<br><br>_____ | In the last month, have you taken medication in order to sleep, calm your nerves or relieve depression? (select one alternative or more) (Sedatives, Anti-depressants or Sleeping pills)<br>- Yes, in order to sleep<br>- Yes, in order to calm my nerves<br>- Yes, to relieve depression<br>No, I do not use medication in order to sleep, calm my nerves or relieve depression<br><br>Name the medication used |

a.6-Consumption of non-prescribed/recreational drugs

Consumption of non-prescribed/recreational drugs was addressed only in the French and German surveys. In the French survey the information obtained is very detailed and referred to the last 12 months.

**Table 32: Questions on consumption of non-prescribed/recreational drugs in selected studies.**

| French Study | German study |
|---|---|
| Until now, have you ever consumed:<br>a) cannabis (hashish, marijuana, joint, shit, weed) ?<br>0. no; 1. yes, once; 2. twice to 10 times; 3. more than 10 times<br>Did you consume it within the last 12 months? (0. no, 1. yes, once, 2. twice to 10 times, 3. more than 10 times)<br>b) Ecstasy?<br>c) Amphetamines?<br>d) Cocaine (except for crack)?<br>e) LSD, Acid, magic mushrooms (Psilocybin)<br>f)Abuse of legal substances such as appetite-suppressants or codeine?<br>g)Products to inhale (ether, glue, solvents...)?<br>h)Other substances (for example: crack, heroin, opium)? | Which of the drugs on the following list have you taken within the last 5 years?<br>- Drugs like Cannabis, LSD, Heroin, Ecstasy |
| Detailed questions on tobacco and alcohol consumption in both: French and German survey (see Appendix 2) | |

a.7-Chronic illnesses and disabilities and their impact on women's life and work

Chronic illness, disability, and sick leave were addressed in the French, German and Swedish surveys. Despite some differences in questions and the period of time to which they refer comparisons between surveys are possible.

**Table 33: Questions on chronic illnesses and disabilities and impact on life and work in selected studies.**

| French study | German study | Swedish study |
|---|---|---|
| Do you currently suffer from chronic or serious illnesses or from a physical disability?<br>0. no<br>1. if yes, please specify: .....<br>(please don't write down more than three ). | Do you currently suffer from chronic or serious illnesses or from a physical disability?<br>-Yes, chronic illnesses<br>-Yes, physical disability<br>If Yes (please specify): ___<br><br>How strongly are you hindered by physical disability in your daily life?<br>-Very strongly<br>-Strongly<br>-Medium<br>-Slightly<br>-Not at all. | Are there things you cannot do at home, at work or at school because of functional disorder/disability or long-term problems?<br>- Yes<br>- No<br><br>If yes, what is the functional disorder/disability or long-term problem which restricts your activities? |

| French study | German study | Swedish study |
|---|---|---|
| | Does it hinder you to the extent that you require regular assistance, care, or support from others?<br>-Yes<br>-No | |
| During the last 12 months, did you take sick-leave from work?<br>0. no, 1. yes, 2. I didn't work the last 12 months<br>If yes, how often? .....<br>How many days in total did you take sick leave? .....<br><br>During the last 12 months, have you received a certificate of temporary disability from a doctor?<br>0. no<br>1. yes, up to 8 days<br>2. yes, for more than 8 days | How often during the past 12 months did you:<br>- Report sick at work/school/vocational training?<br>_____times | |

These questions do not determine if the disability, chronic illness or sick-leave and temporary disabilities are due to violence or not. Cross-tabulation between victimization and these factors may produce interesting results on possible consequences of and risk factors for violence, though the direction of impact can not be determined on the basis of the available data.

### b-Impact of violence on the health of the women

Most studies have asked women directly whether they have suffered physical or mental health problems and injuries as a consequence of violent acts or situations.

b.1-Impact of violence on physical health / injuries

The items used in the surveys differ with regard to the types of injuries assessed, the period to which the assessment refers (from violence since the age of 15 or 16, to the last 12 months), and whether questions are asked about only the most serious case of violence or in reference to all acts that were suffered in adulthood. Some studies, such as the German survey, have included questions on injuries both during the lifetime and with regard to individual situations and violent partnerships. However, all surveys refer to both physical and sexual violence. The French and German surveys differ from the other three surveys in the items included,[39] in their relation to specific types of violence and in the period of time to which the health complaints refer. The Swedish, Lithuanian and Finnish surveys are all similar with respect to the items included but differ in the type of violence they refer to (intimate partner violence in the Lithuanian survey and violence perpetrated by any man after the age of 15 in the case of the Swedish survey). Thus, comparisons would be possible between the Swedish, Lithuanian and Finnish surveys after selecting comparable cases

[39] They are more similar to the British, Canadian and United States violence against women surveys here.

(e.g., only intimate partner violence) and time periods. It would also be possible to differentiate between injuries to the reproductive system and other physical injuries.

**Table 34: Questions on the impact of violence on physical health/injuries in selected studies.**

| Finnish study | French study | German study | Lithuanian study | Swedish study |
|---|---|---|---|---|
| Did the violence cause physical injuries? (you may choose more than one)<br>- No physical injuries<br>- Bruise<br>- Wound<br>- Sprain, pulled muscle, dislocation<br>- Bone fracture<br>- Tooth injury<br>- Miscarriage<br>- Internal injury (what type?)<br>- Concussion<br>- Others, what?____ | During the last 12 months, did you have a fracture? (no/yes)<br>b) If yes, was it caused by a struggle, fight or a physical aggression? (no/yes)<br><br>During the last 12 months, did you suffer from a sprain, a contortion or a torn muscle? (no/yes)<br>b) If yes, was it caused by a struggle, fight or a physical aggression? (no/yes)<br><br>During the last 12 months, have you had any injury which brought up the necessity for a surgical suture? (no/yes)<br>b) If yes, was it caused by a struggle, fight or a physical aggression? (no/yes) | In relation to all incidents of physical or sexual violence since 16 +, and to the most serious one: Have you suffered from one or more of the following injuries as a result ?<br>- Bruises, swellings<br>- Open wounds, for example, cuts, scrapes, burns<br>- Vaginal injuries, bleeding in the genital area<br>- Abdominal pains<br>- Sprains, pulled, strained or torn muscles, ligaments or tendons<br>- Broken bones on your body<br>- Head injuries/facial injuries (broken nose, injuries to the teeth)<br>- Concussion<br>- Miscarriage<br>- Internal injuries<br>- Pains in your body<br>- Other injuries<br>- None of these injuries<br><br>Have you ever had the following:<br>- Fractured bones<br>- Sprains<br>- Torn muscles<br>- Facial injuries or haematoma in the eyes<br>- Burns<br>- Deep stab wounds or lacerations<br>- Dislocated joints<br>- Other serious injuries, _____ (which?)<br>Was one of these injuries the consequence of a struggle or violent act? | Did your partner's violence cause physical injuries to you? (you may choose more than 1 option) (yes/no; no time period)<br>- Bruise<br>- Wound<br>- Sprain, dislocation<br>- Bone fracture<br>- Tooth injury<br>- Miscarriage<br>- Internal injury (what type?)<br>- Other, what?___<br>- No physical injuries. | Have you ever been physically injured as a result of physical violence or sexual abuse (by any man, after your fifteenth birthday)? (one or more alternatives may be selected)<br>- No physical injuries<br>- Bruises, grazes<br>- Wounds<br>- Pulled muscle, rupture or dislocation of joint(s)<br>- Fracture<br>- Broken tooth<br>- Internal injuries (what type?)<br>- Concussion<br>- Bodily ache/pain<br>- Other injury, please specify:__ |

b.2-Impact of violence on mental health (including psychological functioning)

All surveys, with the exception of the French one, have included very similar assessments of a range of mental dysfunctions. That should make it possible to select identical items for comparison. However, whereas the Lithuanian, German and Finnish surveys refer to the most serious incident of violence, the Swedish survey refers to all incidents.

The German questions on mental consequences of violence refer to violence in several victim-perpetrator-contexts while the other studies specifically refer to intimate partner violence. Thus, comparisons would be possible between the Lithuanian and Finnish surveys, which are referring to the same incidents and victim-perpetrator-contexts.

**Table 35: Questions on the impact of violence on mental health in selected studies.**

| Finnish study | German study | Lithuanian study | Swedish study |
|---|---|---|---|
| What effect did your most serious incident of partner violence have on you? Did it cause: (yes/no, no time period)<br>- Fears?<br>- Shame?<br>- Guilt?<br>- Hatred?<br>- Depression?<br>- Numbness?<br>- Loss of self-esteem?<br>- Sleeping difficulties or nightmares?<br>- Concentration difficulties?<br>- Difficulties in relations with men?<br>- Difficulties in gynecological examinations?<br>- Difficulties in your work or studies?<br>- Other problems, what?_____ | Questions related to a) the worst physical incident; b) the worst sexual incident; c) all incidents of sexual harassment; d) all incidents of psychological violence (all kinds of perpetrators included).<br><br>Which of the following health and emotional consequences did this situation (these situations) have for you?<br>- Despondency or depression?<br>- Insomnia and nightmares?<br>- Continually returning to the situation in your thoughts?<br>- Increased vulnerability to illnesses / frequently on sick-leave?<br>- Lower self-esteem, sense of humiliation?<br>- Increased anxiety (i.e. of leaving the house, of meeting other people)?<br>- Problems in dealing with men?<br>- Difficulties in building trust in relationships with others?<br>- Long-term issues with your sexuality?<br>- Sense of shame and feelings of guilt?<br>- Anger and the desire for revenge?<br>- Lack of motivation and concentration, lower productivity?<br>- Difficulties at work, with your studies or with another form of training?<br>- Suicidal thoughts?<br>- Eating disorders?<br>- Any other problems, please specify __<br>- None of these/no problems. | What effect did the most serious incident of partner violence have on you? Did it cause: (yes/no) (No time period)<br>- Fear<br>- Shame<br>- Guilt<br>- Anger, hatred<br>- Depression<br>- Tension<br>- Powerlessness<br>- Sleeping difficulties or nightmares<br>- Concentration difficulties<br>- Difficulties in relations with men<br>- Difficulties in your work or studies<br>- Other problems, what?_____ | How have your experiences affected you? Do you think that they have resulted in any of the following? (yes/no)<br>- Fear?<br>- Feelings of shame?<br>- Feelings of guilt?<br>- Anger or hatred?<br>- Sleeplessness or nightmares?<br>- Difficulties in concentrating?<br>- Depression?<br>- Tiredness and listlessness?<br>- Poor self-esteem?<br>- Difficulties in relationships with men?<br>- Difficulties during gynecological examinations?<br>- Difficulties at work or with studies?<br>- Other problems, please specify:_____ |

b.3-Impact of violence on women's life and work

Only the French and German surveys addressed the impact of violence on women's life and work.

**Table 36: Questions on impact of violence on women's life and work in selected studies.**

| French study | German study |
|---|---|
| Following intimate partner violence:<br>Have you experienced the following consequences?:<br>(read the items and cross: 0.no /1.yes)<br>1. you were afraid of going home<br>2. you are separated since then<br>3. you are divorced or in the process of getting divorced<br>4. you felt the necessity to see a psychologist<br>5. you changed some life – circumstances (change of residence, changed your ways of going out, enforced your apartment security)<br>6. you have broken up with people who were close to you or they broke up with you<br>7. you asked to get your telephone calls observed<br>8. long-term issues with your sexuality<br>9. you have been pregnant as result of sexual violence<br>9a. If yes, did you perform an abortion or did you think about abortion<br>10. you have been infected by a sexually transmitted disease<br><br>Has there been a reference to a juridical mediation<br>Did you obtain the authorization by a judge for leaving the conjugal home 0. no,1. yes<br><br>If yes, where did you go to :<br>1-an independent place of your own<br>1-to your parents or friends<br>3-"centre for battered women"<br>4-hotel/hostel | Did this event/these events lead to one or several of the following long-term consequences?<br>- Change of residence<br>- Separation from partner<br>- Breaking off relations with your family of origin<br>- Notice or change of workplace<br>- Quitting or change of school/training programs/university study<br>- Beginning a therapy<br>- Clinical treatment<br>- Other consequences.<br><br>Which of the following health and emotional consequences did this situation (these situations) have for you?<br>- Lack of motivation and concentration, lower productivity.<br>- Difficulties at work, with your studies or with another form of training.<br><br>Was the negative impact of the incident so severe for you that you were no longer able to work as you used to be able to?<br>-Yes<br>-No<br>-Have no job/work.<br><br>Did you request sick-leave from your job as a result of the incident?<br>-Yes<br>-No<br>-I don't need sick-leave.<br><br>Have you tried to cope with this event/these events by using alcohol, drugs or medication?<br>-Yes, with alcohol<br>-Yes, with drugs<br>-Yes, with sedatives or sleeping tablets.<br>-Yes, with anti-depressants or stimulants<br>-No, none of these |

b.4- Health care utilization as a consequence of the violence

In relation to health care utilization, surveys differed in the items included, the type of violence to which the items referred and the specific time periods covered. More specifically, in terms of items, types of violence, and time periods the French and German surveys differed from the Swedish, Lithuanian and Finnish surveys, which in turn were very similar to

each other. Thus, comparisons would be possible between the Lithuanian, Swedish and Finnish surveys in relation to intimate partner violence.

**Table 37: Questions on health care utilization as a consequence of violence in selected studies.**

| Finnish study | French study | German study | Lithuanian study | Swedish study |
|---|---|---|---|---|
| Did you get medical attention for your injuries?<br>- No, since the incident was so slight (reporting to the police)<br>- No, but I should have<br>- I saw a doctor or a nurse but I did not have to stay in hospital<br>- I had to stay in hospital. | (following intimate partner violence): Afterwards, did you … (yes/no)<br>- go to see a doctor?<br>- stay at a hospital?<br>- went to a medical-legal service?<br><br>(following violence from an ex-partner seen during previous 12 months): Afterwards, did you:<br>- go to see a doctor?<br>- stay at a hospital?<br>- went to a medical-legal service? | Regarding all acts since 16 years old: Did you ever require medical care as a consequence of one of these situations?<br><br>Regarding the only one or most serious incident in the case of physical injuries: Did you seek medical care as a consequence of this situation?<br>- Yes, I consulted a doctor/needed an ambulance but was not hospitalized<br>- Yes, I was hospitalized (Follow-up question: for how long?)<br>- No, I sustained no injuries at all or only slight injuries<br>- No, but I actually did need medical assistance.<br><br>Did you tell the person who treated you how the injuries arose? (yes/no)<br><br>Were you asked how the injuries arose? (yes/no) | Did you get medical attention for your injuries? (No time period)<br>- No, since the incident was very slight.<br>- No, but I should have.<br>- I saw a doctor or a nurse but I did not have to stay in hospital.<br>- I had to stay in hospital. | Did you consult a doctor about your injuries?<br>- No, since they were only minor.<br>- No, but I should have.<br>- Yes, I saw a doctor or nurse but was not admitted to hospital.<br>- Yes, I was admitted to hospital. |

**c-Perception of medical care in relation to violence:**

Only the German and Lithuanian surveys addressed perceptions of medical care but differed in the specific questions used and are thus not comparable.

**Table 38: Questions on the perception of medical care in relation to violence in selected studies**

| German study | Lithuanian study |
|---|---|
| How satisfied were you with the medical assistance you received? Please give grades from 1 – 6.<br>1-Completely satisfied; 6-Very dissatisfied<br><br>(Only related to violent acts with injuries and that were followed by utilization of medical care) | Are you satisfied with the medical care you received?<br>- Yes, completely satisfied<br>- Yes, partly satisfied<br>- Not satisfied<br>During the medical care, did any of the following problems occur:<br>- I felt the care was not good enough<br>- The staff belittled the incident or were not sufficiently interested<br>- The staff did not treat me in an appropriate manner<br>- I was not informed of other options of support or help<br>-Others (indicate)_____ |

### 3.3.2 Possibilities for comparison

How can we compare information from the different surveys on the impact of violence on women's health?

As already mentioned, a direct cross-tabulation and interpretation between the different surveys is not possible because the health questions were not standardized in advance. Thus, a direct cross-national comparison between the results obtained regarding the relation between violence and health status of the women is not possible. Additionally, because surveys differ not only in the health questions included but also in the assessment of the violence, direct comparisons are even more difficult.

Nonetheless, many comparisons can be made between the different surveys by examining in detail the information each one has gathered about specific types of violence experienced, the severity of each type of violence, and the direct impact of the violence on the health status of the women.

In addition, it is worthwhile to analyze the health impact of violence within each survey. Women who participated in the same survey responded to the same questions about violence and about health symptoms. This would facilitate health impact comparisons between subgroups of women within the same survey, for example with regard to type of violence experienced, age, or other variables that may yield insight into violence-related health impact patterns.

For example, it would be possible to compare if the women in a survey who had experienced a medium to severe level of partner physical violence had similar, higher or lower levels of specific complaints than those who experienced less severe violence or no violence at all. Relationships between levels of violence and levels of complaints could then be compared with other surveys. This strategy of examining health impact patterns within surveys is

promising for future research, in particular with regard to efforts to better document the role of cultural factors that may mediate or shape the impact of violence on women's health in the different countries.

## 4 - CONCLUSION: METHODOLOGICAL STANDARDS AND RECOMMENDATIONS FOR COMPARATIVE REANALYSIS OF PREVALENCE OF VIOLENCE AGAINST WOMEN AND HEALTH IMPACT IN EUROPE

A considerable body of national prevalence data on violence against women has been produced in the past 10-15 years. However, the data are not fully comparable on a European level because of differences in methodology, calculation bases and definitions of violence. These differences are likely to influence observed prevalence rates and health impact data and limit inter-country comparability. This report presented a novel approach to the systemic comparison across countries of existing prevalence data that is based on detailed analyses of the methodological differences between national surveys. The results of post-hoc, secondary data analyses support the following conclusions:

1. Prevalence and health impact data of existing data-sets in Europe are not comparable without taking into account the different methodologies, research instruments, samples, calculation bases and cultural backgrounds upon which the data are based.
2. One precondition for the possibility to compare prevalence data between studies is that they are based on similar sampling, methodology, definitions of and questions on violence and health impact. If this precondition is not given, the data is not adequately comparable.
3. When studies bear a sufficient number of similarities, and respect this precondition, structured post-hoc reanalysis using the same age groups, calculation bases and definitions of violence is one possible way for data comparison between countries.
4. A structured post-hoc-data comparison must include at least the following elements:
    - A detailed plan for secondary data analyses with an explicit agreement on exact definitions of violence, reference and age-groups for recalculation.
    - Tables or information that document the similarities and differences between studies with respect to sampling and sample size, methodology, data collection, calculation bases and definitions/questions on violence and health impact that are to be compared.
    - Overview tables on recalculated data that contain information on prevalence rates, health impact (and if available other types of impact) and calculation bases/definitions from each study and each context of violence.
    - Background information on the direction in which methodological factors and also cultural aspects and possible differences in reporting may have influenced prevalence and health impact data.
    - Interpretation of the results and the comparability of data; this requires considerable methodological expertise and detailed knowledge of the data sets as well as an understanding of the wider cultural contexts in which surveys were conducted. Following the recommendations in this report should

help researchers to arrive at meaningful interpretations based on secondary data analyses.

5. Even if more comparability of data can be achieved by recalculating them on the basis of uniform definitions, other dimensions that may have influenced prevalence rates and reporting have to be considered, such as cultural differences in the openness to disclose experiences of violence, differences in sampling and sample size of the studies, differences in the methodology of data collection, in the exact wording and cultural meaning of questions on violence and health impact. Post-hoc data comparison is like a puzzle with missing pieces that reveals interesting trends but will never be able to fully capture exact differences between countries, cultures and population groups.

6. For more accurate data comparisons on a European level it would be important to develop more similar or standardized questionnaires or modules of questions on violence and health impact, and on broader social issues related to violence and health impact assessment. It is important to stress that even if studies with identical methodologies were conducted, there will still be cultural and societal aspects that may lead to a different understanding of questions and to different reporting on violence by interviewees.[40] Thus, a standardized measuring procedure should first adequately investigate and take into account possible national and cultural differences that may be relevant for reporting, specific understanding of, and reactions to violence by individuals, on societal levels, and in policies. Furthermore differences and changes in the openness to report about violence in surveys have to be taken into account.

7. Additional questions on factors that could influence the prevalence and interpretation of partner violence in the light of gender and generational norms, as well as those that may influence openness to disclose experiences of violation, should be included in future surveys. Such information could permit a culturally sensitive interpretation of the prevalence data and the context in different countries—a vital necessity for comparative analysis—including questions on perceptions of violence, on understanding of questions, and on norms or opinions about disclosing sexual or intimate partner violence.

8. Variations within country-based prevalence data have been analysed using pre-defined groups as the basis for understanding the varied levels and experiences of violence. Care must be taken to ensure that such groups are not defined essentially as culturally different in a fixed and permanent manner. For example, the cultural context within which immigrant women live in Europe is most often an overlapping of different sets of cultural practices - those related to the migration experience, those pertaining to the values and beliefs of the culture in which they grew up, those predominant in the society on which they have settled as

[40] This is especially so for gender-based violence and very sensitive forms of violence (e.g. sexual violence, violence in very close relationships or within families) where the “real” rates will never be known.

immigrants. The interaction between these different practices will be influenced by the family and social networks in which they live out their daily lives and the types of contact they have with different levels or groups in the European society. Intergroup comparisons of violence experienced must take into account the life contexts of the individuals and use a variety of indicators of social practices and gender norms.

9. The aim to produce more accurate and more comparable data on various forms of violence remains a priority and forms a central basis for policies. Such data should include information about the extent of violence, risk factors and protective factors, consequences of and reactions to violence, reporting to the police and justice system, help-seeking behaviour and protection by institutions. Here more statistical data from large-scale studies enabling comparison of countries and over time is needed and should be combined with data from different sources (such as crime reports, medical care data, quality of life surveys).

10. More basic research on methodology is necessary in order to overcome some problems of data comparability and to improve and further develop methodologies on violence prevalence and health impact research. One important precondition for the development of accurate and more standardized methodology and research instruments for future research, in order to be useful at both the European as well as national levels, is to involve a wide range of researchers and experts from several countries and cultures, who have conducted prevalence and health impact studies and can therefore contribute from the knowledge that has been built up by European research over the past 10-15 years. It is this combined knowledge and experience which will be of central importance in the design and implementation of future studies of this most challenging of topics not only in order to find solutions to the problem but to assist in the development of preventative strategies.

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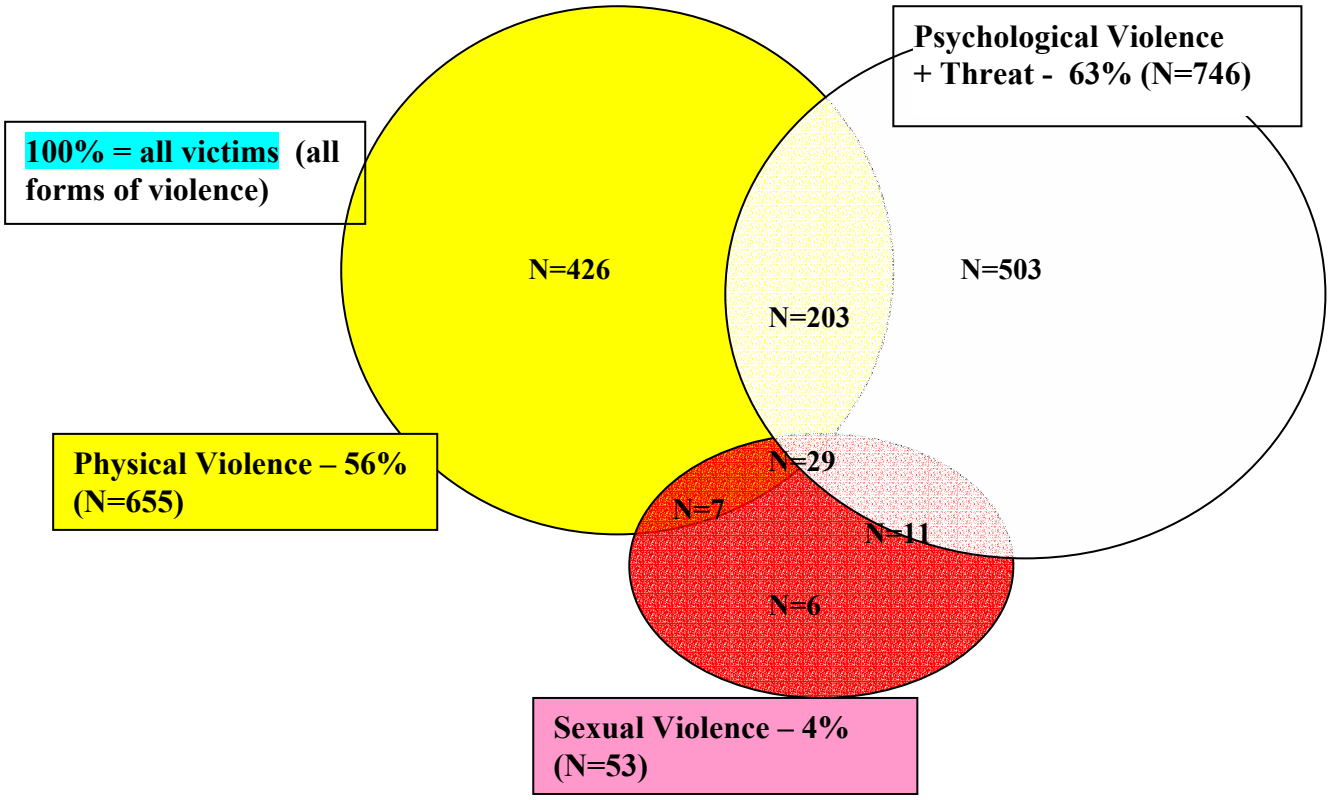
# Appendix - Overlap between different forms of violence

**German study:**

Calculation of overlap between different forms is possible for violence by current partners and based on women who had a partner currently (age: 20-59).

- **76%** of women living with a current partner have experienced none of these forms, neither psychological, physical nor sexual violence by their partner. **24%** have experienced at least one of these forms.
- **13%** have experienced physical violence by the current partner (65% of them without any other form of violence; 35% in combination with psychological and 5% in combination with sexual violence; 7% in combination with both sexual and psychological violence)
- **15%** have experienced psychological violence or physical threat (67% of them without any other form of violence; 31% in combination with physical and 5% in combination with sexual violence; 4% in combination with both sexual and psychological violence).
- **1%** have reported sexual violence (11% of them without any other form of violence; 68% in combination with physical and 75% in combination with psychological violence; 55% in combination with both sexual and psychological violence).

On the following chart you can see the overlap of forms of violence; percentage figures are related to all victims of any form of violence (=100%). The most commonly experienced form of violence by partners is psychological violence without any other form of violence (42,2% of victims), followed by women who have experienced physical violence without any other form of violence (35,9%). Another broad group of victims has experienced psychological and physical violence without sexual violence (17,1%). Women who have reported sexual violence by their partners are rather rare (4% of victims), but this may also relate to openness of reporting and difficulties to report on sexual violence by current partners. Sexual violence by partners is regularly combined with other forms of violence.



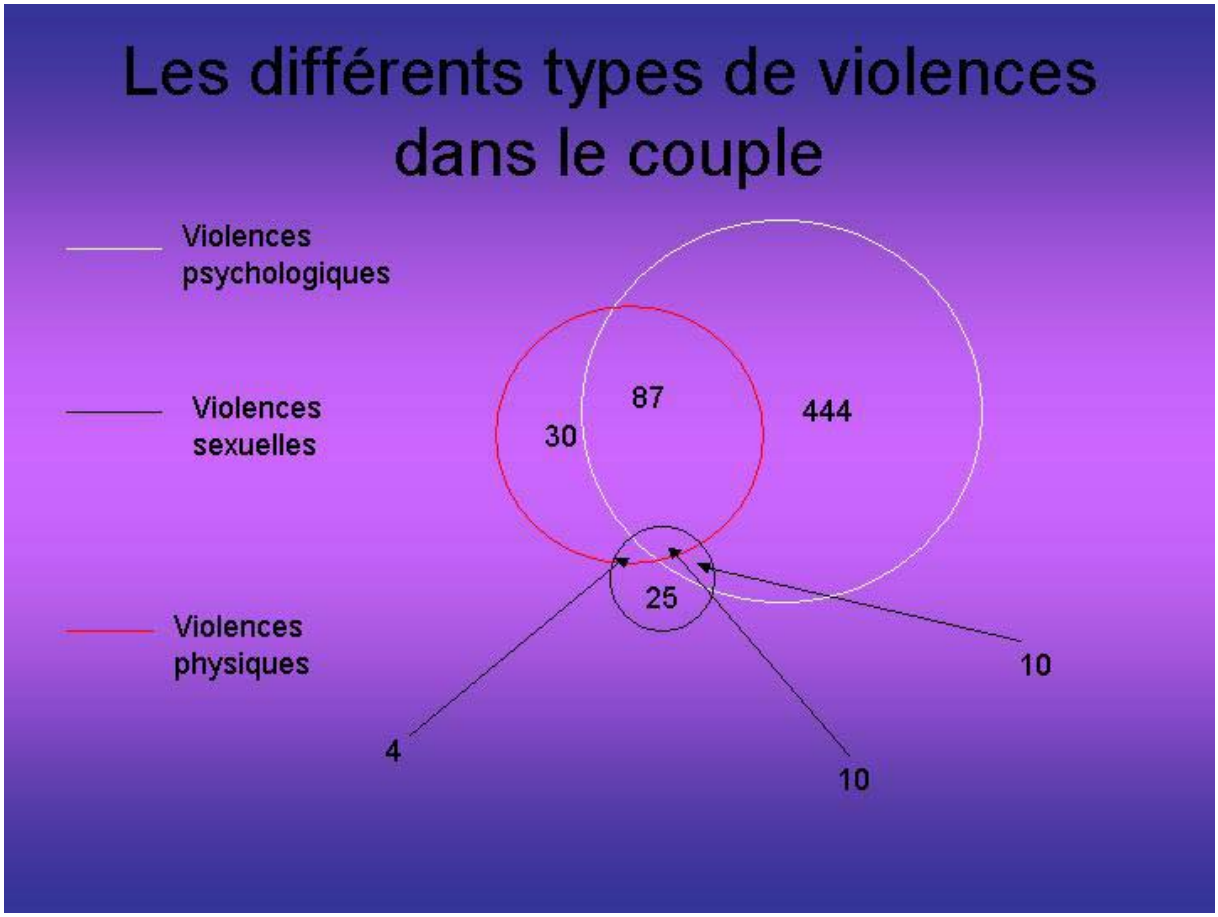
## Swedish Study:

**Former partner, 20-59 (N=2440)**
Calculated forms of violence:
-Physical
-Sexual
-Threat
-Psychological
**47,7%** of women with a former partner report none of these forms of violence. **52,3%** report at least one of these forms. **21,4%** report exactly one of these forms of violence**, 7,5%** report all of these forms.
Psychological violence 48,0%
Psychological violence + threat: Or: 49,1%, And: 17,1%.
Physical violence and/or threat: Or: 33,1%, And: 16,9.
Physical violence and/or psychological violence: Or 51,8%
Sexual violence and/or threat: Or: 21,6%, And: 7,8%.
Sexual violence and/or psychological violence: Or: 48,7%, And: 10,4%

**Current partner, 20-59 (N=4201)**
Calculated forms of violence:
-Physical
-Sexual
-Psychological
**83,7%** of women with a current partner report none of these forms of violence. **16,3%** report at least one of these forms. **11,5%** report exactly one of these forms of violence, **0,6%** report all of these forms.
Physical violence and/or psycological violence Or: 16,0% And: 4,2%
Sexual violence and/or psychological violence Or: 12,1% And: 0,9%

**Current and/or former partner, 20-59 (N=5239)**
Calculated forms of violence
-Physical
-Sexual
-Psycological
**65,6%** of women with a current and/or a former partner report none of these forms of violence. **34,4%** report at least one of these forms. **17,7%** report exactly one of these forms of violence, **5,0%** report all of these forms.
Physical violence and/or psychological Or: 34,0%, And:15,8%
Sexual violence and/or psychological violence Or: 30,0%, And:5,5%.

## French Study




As in other studies, psychological violence is the most common form of violence reported by women in the French study (80,5% of psychological violence without other forms, 19,4% in combination with physical, 4,5% in combination with sexual violence). Also similarly to other studies, sexual violence is the most rare form of violence and often combined with other forms of violence. A difference from the other studies is that physical violence is reported relatively seldomly without any other form of psychological/sexual violence (23% of victims of physical violence), in most cases combined with psychological violence (74%) and not often in combination with sexual violence (10,6%).