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Violence

Health in Sweden: The National Public Health Report 2012. Chapter 12.

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Summary

In Sweden and in other countries, it has become increasingly common to view violence from a public health perspective. This chapter presents a description of interpersonal violence with an emphasis on violence in close relations, particularly in partner relationships.

According to the *Swedish Crime Survey 2010*, approximately one in ten inhabitants was exposed to violence, threats or harassment of some kind in 2009. Young people and single mothers with small children are particularly vulnerable to violence. According to Statistics Sweden's ULF surveys (Survey on Living Conditions) for 2004–2005, 17 per cent of men and 12 per cent of women aged 16–24 years reported having been subjected to violence or serious threats at some time in the previous 12 months.

Boys and men are more frequently subjected to lethal violence and to violence resulting in hospitalisation than girls and women. Similarly, men also make up a majority of the victims of assaults reported to the police. On the other hand, domestic violence and work-related violence more often involve women than men, and sexual violence is chiefly directed at girls and women. Most women and children who are subjected to assault are acquainted with the perpetrator, while this only applies to a minority of male victims. Women are four to five times as likely to be killed by a partner as men. Partner assaults against

women, rapes, and gross violations of a woman's integrity account for a fifth of all reported crimes of violence (against women and men combined).

Violence in partner relationships has significant consequences for physical and mental health; between 12,000 and 14,000 women seek outpatient care each year as a result of violence committed by a partner. Violence can also have serious social repercussions: isolation, financial difficulties, sick leave from work, unemployment, etc., and women subjected to this form of violence can be prevented from seeking medical or other assistance. Children are often involved. Approximately 10 per cent of all children have experienced violence in the home and 5 per cent have experienced it frequently. Many children who witness violence are also beaten themselves.

In 2006, the Swedish National Board of Health and Welfare estimated the annual socioeconomic cost of violence against women to be between SEK 2.7 and 3.3 billion, SEK 38 million of which were direct medical costs. Factors affecting the risk of violence in partner relationships are related both to the social structure and individual character of the perpetrator.

Trends in violence have moved in different directions. Today, more people in all age groups, with the exception of the most elderly (aged 65–84), report that they have been exposed to threats or violence

† Deceased

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than in the 1980s. In recent years, however, the increase has halted; there has even been a decline among young people aged 16–24. Crimes of violence reported to the police are growing in number, and the number of reports of work-related violence, for example, has more than doubled since the mid 1970s. The number of rapes reported to the police has also risen significantly in recent year, and the victims are on average becoming younger. Furthermore, rape and gross violation of a woman's integrity (combined) are now almost as common as robbery. This increase is probably due to a combination of greater willingness to report crimes, a lower tolerance threshold for violence, legislative changes and an increase in the number of violent acts committed.

The rise in violence represented by crime statistics is not reflected in the proportion of people who have suffered serious physical injuries as a result of violence. Over the past ten years, the number of deaths resulting from violence has declined among women and men. Hospital statistics also show that although the percentage of people receiving treatment has remained relatively stable, more people are now seeking hospital treatment following a sexual assault.

Introduction

Both in Sweden and internationally, it has become increasingly common to address the problem of violence from a public health perspective. In the mid 1990s, the World Health Organisation (WHO) declared violence prevention and violence research, particularly in connection with women and children, a public health priority [1]. The World Report on Violence and Health was published in 2002 [2]. Among its aims was the launching of a worldwide campaign against violence.

This is the first time a separate chapter of the Swedish Public Health Report has been devoted to the subject of violence. It is one way of responding to the WHO appeal for a focus on violence from a public health perspective.

WHO distinguishes three main categories of violence: self-directed violence, interpersonal violence and collective violence. This chapter deals with the second category, i.e. violence between individuals or groups of individuals. The emphasis is on violence in close relations and, in particular, violence in partner relationships. Although violence against intimates mainly involves women and children, elderly people are also affected.

It is difficult to know with any certainty how widespread violence is in society today. According to police statistics, only a small proportion of the population are victims of crimes of violence each year. However, one in every ten respondents in other surveys that question people about their exposure to

violence report having been exposed to violence in the past year. Clearly many crimes of violence are not reported to the police. The number of unreported cases varies according to the type of crime, the seriousness of the crime and the victim's relationship to the perpetrator.

Serious crimes of violence are reported more often than minor ones, and crimes where the perpetrator is a stranger are reported more often than crimes committed by an acquaintance or family member. It is believed that the number of unreported crimes is greatest in the case of sex crimes and crimes against children, although these are often serious. The National Council for Crime Prevention (BRÅ) estimates that less than half of all personal robberies, approximately a third of all cases of assault, approximately a fifth of all cases of threats and harassment and just over a sixth of all sex crimes are reported to the police [3].

This chapter begins with a review of the frequency of violence in different age groups, followed by a discussion of the contexts in which violence occurs, i.e. the nature of the victims' relationship to the perpetrator and the types of location in which violence takes place. This is followed by a more in-depth examination of violence against family members, i.e. violence in partner relationships, violence against the elderly and honour-related violence. The chapter concludes with a presentation of trends in crime over time on the basis of existing statistics.

The prevalence of violence based on various sources

To gain an understanding of the characteristics and prevalence of violence, three types of sources are drawn on: statistics on crimes reported to the police, questionnaire surveys and the Swedish National Board of Health and Welfare's Patient Registry and Cause of Death Register. For the questionnaire surveys, data are taken mainly from Statistics Sweden's Survey on Living Conditions (ULF) and the annual Swedish Crime Survey (SCS) administered by the National Council for Crime Prevention (BRÅ). The frequency with which women and men in various age groups fall victims to violence is discussed below.

Hospitalisation

Boys and men are more frequently hospitalised for severe injuries following an assault than girls and women (Figure 1). Young women and men aged 15–29 are most likely to require hospital treatment as a result of violence, and it is in this age group that we find the most substantial gender disparities. Cranial injury is common in cases of assault among people who are hospitalised.

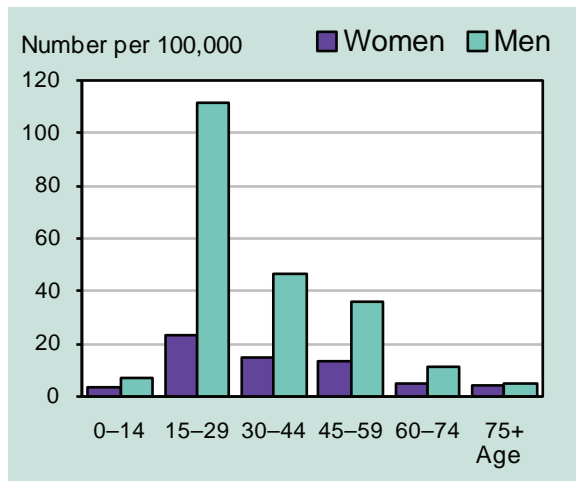


Figure 1. Age patterns among hospitalised assault victims. Number per 100,000 inhabitants who were hospitalised following an assault* at some time during the year. Women and men in various age groups, averages for 2008–2010.

* ICD10 code: X85–Y09.

Source: Swedish National Patient Register, Swedish National Board of Health and Welfare.

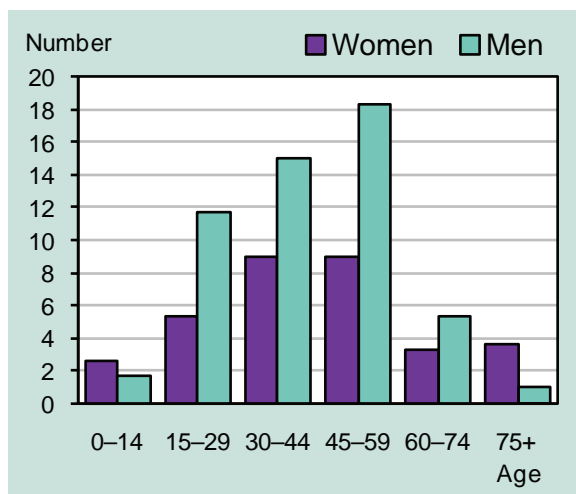


Figure 2. Age patterns among deaths following an assault. Number of people who died following an assault*. Women and men in various age groups, averages for 2004–2006.

* ICD10 code: X85–Y09.

Source: Cause of Death Register, Swedish National Board of Health and Welfare.

Lethal violence

More men than women die as a result of violence. An annual average of 30 women, 51 men, and 4 children (0–14 years) were killed in 2004–2006 according to the Cause of Death Register. Among children and the elderly (over 75 years of age) more women than men die from violence (Figure 2). The highest percentage of men who die as a result of violence is found in the 45–59 age group while the highest proportion of women are aged 30–59. Just over half of these women

Table I. Types of violence and threats.

Percentage of people exposed to different types of violence and threats in the past 12 months. Women and men aged 16–79, 2006.

	Women	Men	All
Threats	4.9	4.2	4.6
Assaults	2.0	3.0	2.5
of which serious assaults*	0.4	0.6	0.6
Sex crimes	1.3	0.3	0.8
Personal robberies	0.7	1.4	1.1
Harassment incidents	5.2	3.9	4.6
Total (any type of threat/harassment)	10.8	10.3	10.5

*Refers to assaults serious enough to require a visit to a doctor, nurse or dentist.

Source: Swedish Crime Survey (SCS), National Council for Crime Prevention (BRÅ).

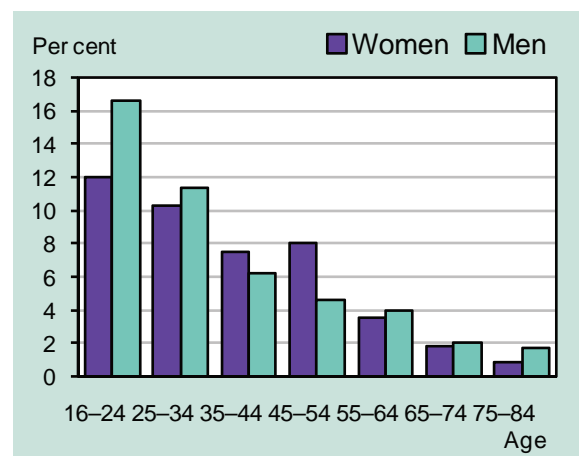


Figure 3. Age patterns among people exposed to violence or serious threats.

Percentage of people who had been subjected to violence or serious threats in the previous 12 months. Women and men in different age groups, 2004–2005.

Source: Survey of Living Conditions (ULF), Statistics Sweden.

were killed by their current or former partner. Thus four to five times as many women as men are victims of lethal violence in partner relationships [4].

Young people most exposed to violence and threats

Approximately one in ten inhabitants was exposed to some form of violence, threats or harassment in 2006, according to Swedish Crime Survey (Table I). Threats and harassment were the most common forms of violence.

It is more common for younger people than for the elderly to be subjected to violence or serious threats of violence, according to ULF studies (Figure 3). In 2004–2005, 17 per cent of men and 12 per cent of women aged 16–24 reported having been subjected to violence or serious threats at some time in the previous 12 months. The reverse is true of people in

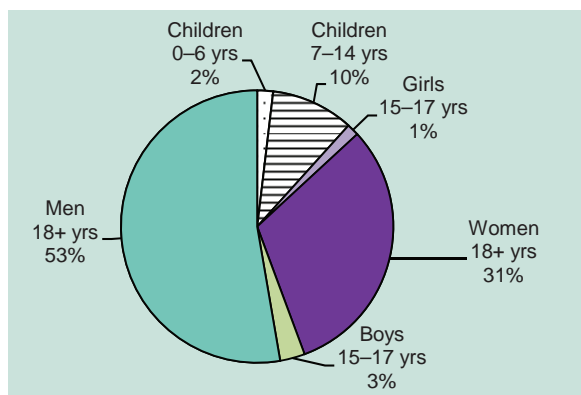


Figure 4. Crimes of assault reported to the police.

Assaults reported to the police in 2007 (including aggravated offences) by age and gender. Percentages.

Total number of reported assault offences: 82,262.

Source: National Council for Crime Prevention (BRÅ) [5].

middle age, where more women than men are affected. Among those aged 45–54, twice as many women as men had been subjected to violence or serious threats of violence. Among the elderly, more men than women had been exposed to violence. Approximately half the incidents involved physical violence while half involved threats of violence.

It is mainly women who avoid going out alone in the evenings through fear of assault, robbery or some other form of molestation. In the 2007 National Institute for Public Health survey, 41 per cent of women and 9 per cent of men aged 18–84 reported that they often or sometimes avoided going out alone in the evenings.

Assaults reported to the police

The most common violent crime reported to the police is assault, defined in the Penal Code as an act which results in bodily injury, sickness or pain to/in another person, or which places them in a state of powerlessness. In 2007, over 82,000 crimes of assault were reported, just over half of which had been committed against men or boys aged 15 or older, a third of which had been perpetrated against women or girls aged 15 or older, and the remainder of which had been committed against children under the age of 15 (Figure 4). Thus just over 60 per cent of adult victims were male and almost 40 per cent were female.

In 2007, 9,600 cases of assault against children under the age of 15 were reported to the police. In the same year, statistics were recorded separately for girls and boys for the first time. However, these data are still incomplete, although data are available on cases of assault against males and females aged 15–17 (Figure 4).

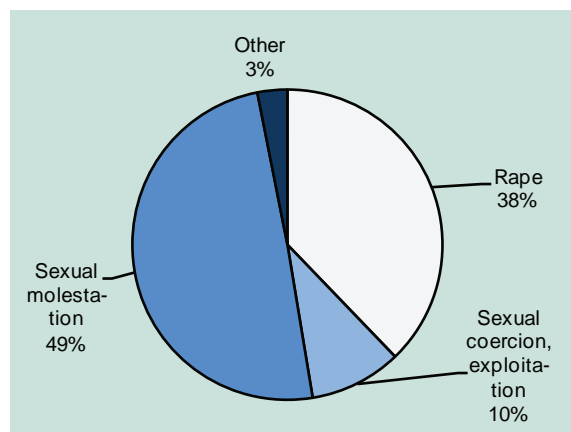


Figure 5. Sex crimes reported to the police.

Sex crimes reported to the police in 2007 by type of crime. Percentages.

Total number of reported sex crimes: 12,563.

Source: National Council for Crime Prevention (BRÅ) [5].

Sex crimes

According to the SCS, 1.3 per cent of women and 0.3 per cent of men reported having been sexually coerced, assaulted or molested in 2006 (Table I). Only 17 per cent of these sex crimes were reported to the police [3].

The most common sex crime reported to the police is sexual molestation, i.e. bodily contact of a sexual nature which is not intimate or prolonged enough to be classified as sexual intercourse. These represented almost half of all sex crimes reported in 2007. Rapes accounted for just over a third of all sex crimes. Nearly 90 per cent of these were registered as completed rapes and 10 per cent as attempted rape. In the case of completed rapes, roughly a quarter of the victims were under the age of 15 [5]. Just over 10 per cent of rape victims under the age of 15 were boys, whereas rape victims aged 15 or older were generally women [6]. Sexual coercion, exploitation etc. accounted for approximately 10 per cent of reported sex crimes, with persons under the age of 15 accounting for three-quarters of the victims of these offences.

Hate crimes

Hate crimes range from graffiti on the wall of someone's house to murder. It is the underlying motive which determines whether an offence is defined as a hate crime. There are no special codes for hate crimes in the police's reporting system. Since 2008, however, the system has included a special field for suspected hate crimes.

A survey of hate crimes was conducted by BRÅ in 2007. In order for a crime to be considered a hate

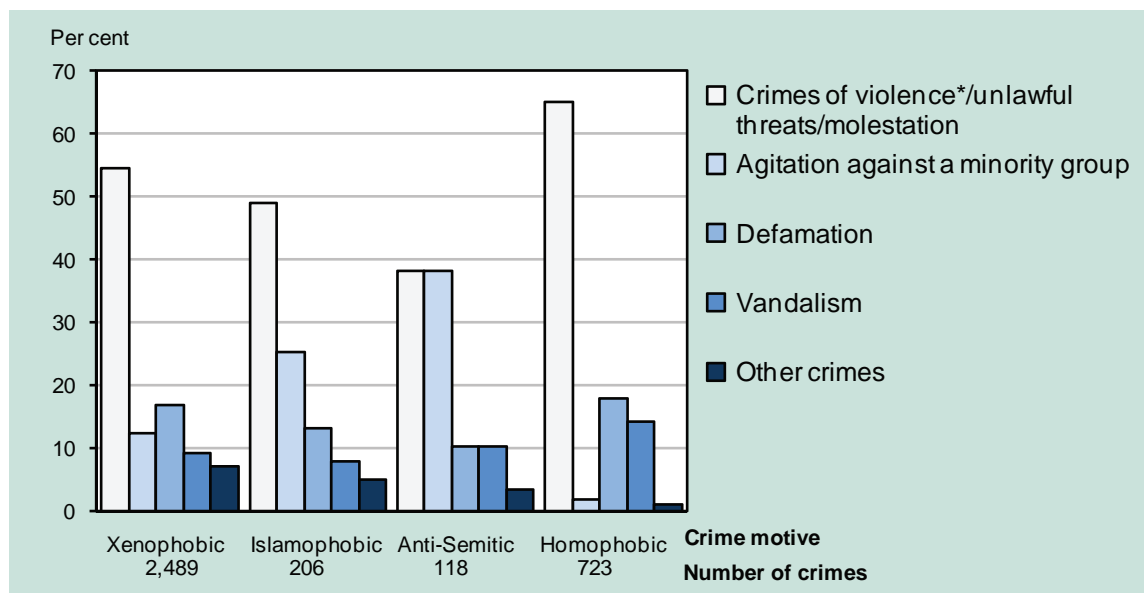


Figure 6. Hate crimes.

Hate crimes by motive, 2007. Percentages.

*Included in hate crimes are the following categories: lethal violence, assault and violence against a public servant.

Source: Klingspor, Molarin, Sporre [7].

crime in the survey the perpetrator had to belong to a pre-defined majority group and the victim to a similarly pre-defined minority group. It was also essential that the crime be motivated by the perpetrator's negative attitude toward the victim's skin colour, nationality, ethnic background, religious beliefs or sexual orientation. A hate crime motive was identified in just over 3,500 crime reports. The motives were xenophobic (70 per cent of all cases), homophobic (20 per cent), Islamophobic (6 per cent) and anti-Semitic (2 per cent). Just over 20 per cent of hate crimes were violent offences, and approximately 35 per cent took the form of unlawful threats and/or molestation. Violent crimes were not as prominent among offences with a religious motive as among crimes based on xenophobic or homophobic motives (Figure 6). These crimes generally involved men. Approximately 80 per cent of suspected perpetrators were men, as were approximately 70 per cent of the victims. The crimes, which occurred in every possible type of location, were committed in schools or in the workplace more often than in places of public entertainment [7].

In two studies (1996–1997 and 2003–2004), BRÅ asked schoolboys and schoolgirls (pupils in the 8th and 9th grades of compulsory school and the 1st and 2nd years of upper-secondary school) if they had been subjected to violence at any time during the previous 12 months because of their ethnic background. In the most recent study, which included just over 10,000 young people, 7 per cent

of pupils of foreign background (born abroad with foreign-born parents) answered that they had been. The corresponding figure for pupils of Swedish background (born in Sweden with native-born parents) was 2 per cent. Most of the incidents had taken place during leisure time, on the street, at a disco or at a youth recreation centre. There was nothing to suggest that any appreciable change had taken place between the two studies [8].

Who commits violence and where?

The available statistics provide a measure of insight into the victim's relationship to the perpetrator. Perpetrators are predominantly men, whether the violence is directed at women or men. When the victim is a woman, however, the perpetrator is more often a family member or person close to the family.

Street violence and violence in the home and in the workplace

According to the ULF surveys, women make up the majority (60 per cent) of victims of violence or threats of violence in the home or in connection with work, whereas 70 per cent of victims of violence in public places are men (Table II). The difference between men and women in this regard is even more marked among young people when it comes to location. Young males aged 16–24 are subjected to violence in public places (so-called street violence) three times more

Table II. Location and type of incident.

Estimated number of people who have been subjected to violence or serious threats, by type and location of incident, and by gender (per cent). People aged 16 and over, 2005.

	Number of people	Percentage		
		Women	Men	Total
Subjected to violence or serious threats	508,000	48	52	100
In the home*	106,000	60	40	100
In public place	205,000	31	69	100
In connection with work	203,000	58	42	100
Subjected to physical violence of which:	254,000	42	58	100
Violence requiring medical attention	45,000	39	61	100

*In most cases, the victim's own home, but can also include the homes of others.

Source: Survey of Living Conditions (ULF), Statistics Sweden.

often than young females. In cases of street violence reported to the police, the majority of the perpetrators and approximately half the victims were under the influence of alcohol [9]. Young women, on the other hand, are subjected to violence and threats in the home twice as often as young men. Single women with young children constitute a particularly vulnerable group with 15 per cent of this group having been exposed to violence in the home in 2003 [10].

According to the 2005 ULF survey, violence in public places was twice as common as violence in the home. Underestimates of violence in the home tend to be larger, because the perpetrator is often acquainted with the victim and may even have been present at the interview [11]. According to the 2000–2001 ULF survey, women failed to report an estimated 105,000 threats of violence or violent incidents to the police for fear of reprisals or for family reasons [12].

Table II shows the number of victims of violence or threats. It should be noted that the same person may have been subjected to several incidents of violence or threats. Half of all reported incidents occurred while the victim was at work.

Acquainted or unacquainted perpetrator

Most of the women and children assaulted (just over 70 per cent) were acquainted with the perpetrator, compared with only slightly over 30 per cent of male assault victims. These figures are based on assaults reported to the police (Figure 7). In almost half of all reported assaults on women, the perpetrator was the victim's current or former partner [13]. The same finding emerged from a public health survey conducted by Stockholm County Council: half the women exposed to violence in the previous 12 months

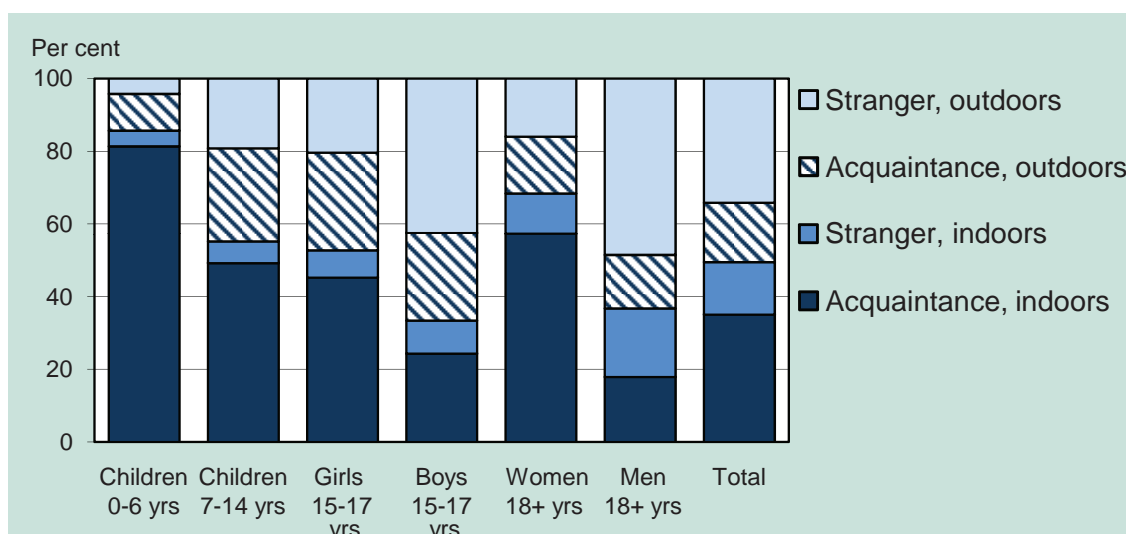


Figure 7. Relationship with the perpetrator and location of reported criminal assaults.

Assault victims by group and by the victim's relationship to the perpetrator (known and unknown to the victim) and location of assault (indoors or outdoors). Children, women, and men in various age groups, 2007.

Source: National Council for Crime Prevention (BRÅ) [5].

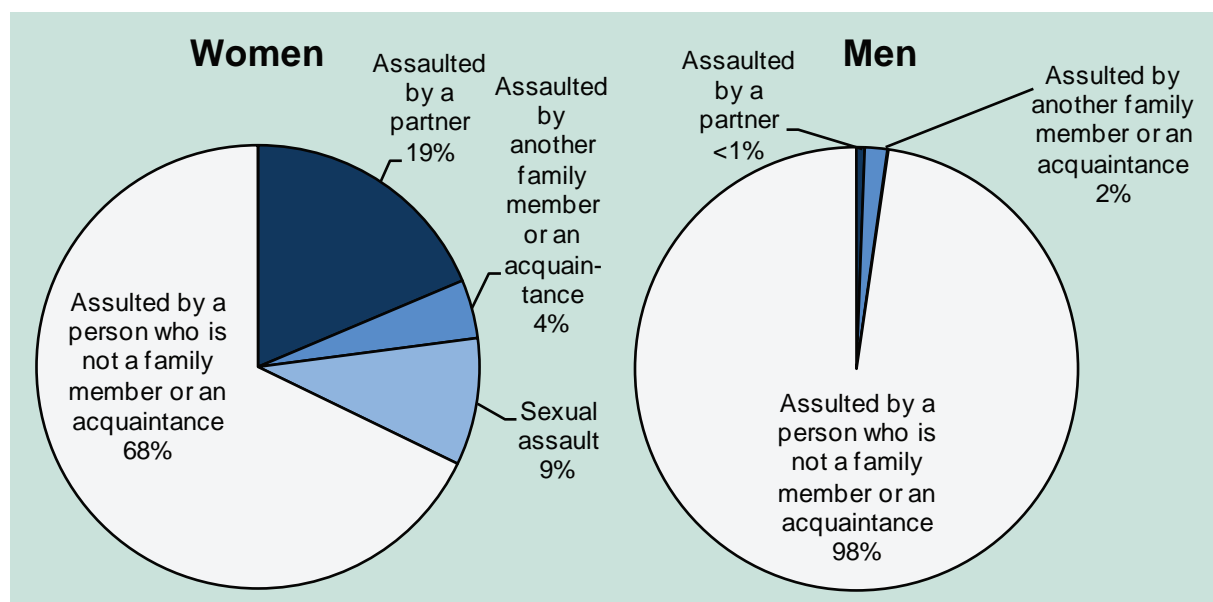


Figure 8. People admitted to inpatient treatment as a result of different types of assault.

Proportion (per cent) of those admitted to inpatient treatment at some point during the year as a result of assault, by type of assault. Girls/women and boys/men, 2005–2007.

An average of 579 girls/women and 2,074 boys/men per year, received inpatient treatment as a result of assault in 2005–2007.

Source: Swedish National Patient Register, Swedish National Board of Health and Welfare.

reported that the perpetrator had been their current or former partner [14]. By comparison, the same survey found that approximately one in ten male victims of violence cited a partner as the perpetrator.

As regards reported assaults against children aged 0–6, the perpetrator is acquainted with the victim in nine cases out of ten, and is often a parent or step-parent. In most cases these assaults occur indoors. Among children aged 7–14, assaults also tend to occur indoors and are committed by a person known to the victim, although this is somewhat less common than among victims aged 0–6. The majority of suspected perpetrators identified in these cases (approximately 60 per cent) were under the age of 15 and thus had not yet reached the age of criminal responsibility. A further 15 per cent were between the ages of 15 and 20.

Almost a fifth of all women whose injuries were serious enough to require hospitalisation in 2005–2007 reported having been assaulted by their partners (Figure 8). Just over a tenth had been injured as a result of sexual assault. Only a small number of men had been injured as a result of abuse by a partner or other person acquainted with the victim, and none had been hospitalised as a result of sexual assault. Approximately 98–99 per cent of those suspected of sex crimes in 2007 were men, and 20–25 per cent were between the ages of 15 and 20 [5].

Lethal violence is more common in socially marginalised environments and a large proportion of the perpetrators have or have had a mental illness. A quarter of the men who killed a woman in an intimate relationship, committed suicide after the crime.

With regard to rapes among adults (aged 15 or older) reported to the police in 2006, the victims and the perpetrators were strangers in 33 per cent and superficial acquaintances in 41 per cent of all cases. Approximately 17 per cent of all reported rapes occurred in intimate relationships, i.e. the perpetrator was either the victim's current or former partner [16]. The remaining 9 per cent of rapes were committed by other family members or close acquaintances.

Violence in close relationships

The data sources cited in the introduction do not provide a complete picture of the scope of violence. Moreover, the picture is distorted because unreported cases are more numerous for certain violent offences than for others. Under-reporting is more prevalent in instances of violence that occur in close relationships and in private environments hidden from public view. There is also more under-reporting of crimes viewed as particularly shameful, e.g. sex crimes and child abuse.

Violence in close relationships includes violence within partner relationships, against children, against the elderly, and honour-related violence. Violence in close relationships is distinguished by two features: the victim is more or less dependent on the perpetrator, and the violence is often recurrent, forming part of the victim's daily life. The emphasis in this section is on violence in partner relationships, which mainly affects women and their children.

Violence in partner relationships

Violence in partner relationships refers here to violence that occurs within a current or former relationship, i.e. violence committed by a current or former spouse, cohabitee, boyfriend or girlfriend, or partner in an LAT (Living Apart Together) relationship. Swedish studies of men's violence against a female partner show that 1–3 per cent of all women have been exposed to physical violence committed by their current or former partner in the past year [14, 17]. The Swedish National Board of Health and Welfare estimates that at least 75,000 women in Sweden are subjected to some form of violence in partner relationships each year [18]. However, this figure, based on official statistics with the deficiencies they entail, is unreliable. Both Swedish and foreign studies show that women who have been subjected to violence by a male partner are often repeated victims [19]. Data on the percentage of women subjected to partner violence should therefore be supplemented with information on how often such incidents recur in order to gain a comprehensive picture of the scope of this problem.

A national study conducted in 2001 indicates a high lifetime prevalence of violence against women [20]. Lifetime prevalence here refers to the percentage of victims who have been subjected to violence at some point in their lives after the age of 15. Otherwise estimates are normally limited to a particular year. According to the study, 7 per cent of cohabiting women had been subjected to physical violence by their current spouse or cohabitee at some point in their lives. Among women who had previous relationships, 28 per cent had been subjected to physical violence by a former partner at some time. A study of violence in same-sex relationships showed that a quarter of those surveyed had been subjected to some form of psychological, sexual or physical violence in a current or previous relationship (including heterosexual relationships) [21].

A study of pregnant women in Sweden showed that nearly 3 per cent had suffered physical violence from a male partner, former partner or another relative in the year preceding pregnancy, and that just over 1 per cent had been subjected to violence during or directly after pregnancy [22, 23]. These and other studies contain examples of cases where violence commenced when the woman became pregnant, and cases where ongoing violence became more severe during the pregnancy. A WHO study from 2005¹ showed that between 4 and 12 per cent of the women questioned were subjected to physical violence during pregnancy, and in over 90 per cent of the cases, the perpetrator was the biological father of the child [24].

International studies have shown that violence against women is a global problem [24, 25]. Sample

studies among women in Canada, Finland and Norway have reported high lifetime prevalence of exposure to violence in partner relationships [26–29]. A review of studies from several Western countries has shown that 25–30 per cent of all women are subjected to violence by a partner at some point, and that 2–12 per cent are affected each year [30]. From a global perspective, the more serious forms of violence against women also include human trafficking for sexual purposes, sex slavery, exploitation of labour, physical and sexual assaults against prostitutes, child-killings involving female victims, the abortion of female foetuses, the neglect of female children, and rapes committed in times of war [31].

Controlling or situational violence in partner relationships

Violence in partner relationships can assume many forms. However, two main patterns may be distinguished: controlling violence and situational violence [2, 32–34].

Controlling violence is serious and escalatory, involving an admixture of different forms of violence, terror, harassment and threats. The perpetrator's behaviour is dominating and controlling. The overwhelming proportion of victims are women subjected to violence by their male partners [35]. According to the WHO report on violence and health, there is very little to indicate that women engage in violence of this kind [2]. The same applies to sexual violence by women against male partners [36], which is more often used in self-defence or in response to men's violence.

Situational violence in partner relationships is triggered by certain stressful situations in which frustration and anger erupt into physical aggression. In most cases the perpetrator does not feel the need to control the other person. This kind of violence is committed by both women and men. In some relationships it is reciprocal or initiated by the woman [2, 34]. Controlling violence is often thought of as a process, whereas situational violence is described in terms of separate incidents.

While it is probably easier to capture situational violence in public health surveys and the like, other methods also need to be used to study controlling violence, according to the WHO [2]. It has been argued that women commit violence in partner relationships to the same extent as men, but these assertions are often based on studies that primarily capture situational violence rather than the kind of violence aimed at dominating or breaking down one's partner [36]. Controlling violence results in physical injuries to a greater extent than other partner violence, and psychological conditions such as depression, low

self-esteem, fear (sometimes fear for one's life), and higher levels of consumption of medical care and medication [2, 35, 37].

Consequences of partner violence

Research based on clinical studies and questionnaire surveys clearly shows that violence in partner relationships has a severe impact on victims' physical and mental health, both in the short term and long term [2, 32–34]. Even long after the violence has ceased, a strong connection persists between women's ill health and their exposure to violence [24].

Studies in Sweden and other countries have shown that domestic violence is linked to suicide attempts among women [38–40]. In an Australian study, the percentage of women who reported having injured themselves, or having recently been on the point of doing so, was nine times higher among those who had been subjected to violence by their partners than among other women [41]. A questionnaire survey of women who had been in contact with the psychiatric care sector in Skåne in 2003 showed that 70 per cent had been subjected to physical, psychological or sexual assaults at some point in their lives, usually by an intimate and often on repeated occasions [42]. A study was conducted in the four Norrland (northern Sweden) county councils of the links between reported physical violence or threats of violence (not limited to violence in partner relationships), and reported ill health among women and men. Among women aged 30–44 who had been subjected to violence or threats, the proportion who suffered from nervousness and anxiety was many times higher than among those who had not been exposed, once social background and smoking habits had been taken into account [43]. Mental illness is more common among women than among men, but it is not known to what extent this is due to violence.

According to a Norwegian study, the combination of physical and sexual violence that haunts the lives of many abused women is particularly harmful [44]. Certain specific diagnoses for which women seek medical care may be a sign that they have been subjected to sexual assault, both within and outside close relationships. Diagnoses often linked to sexual assault are chronic pelvic pain, other conditions involving prolonged pain, infections, post-traumatic stress disorder (PTSD), eating disorders, self-destructive behaviour, chronic mental illness and other psychiatric disorders [45–48]. These health problems may be the result of violence without the connection being apparent to the woman herself or to healthcare providers. Sexual assaults also frequently lead to a number of gynaecological and reproductive complaints as

well as to sexual problems, particularly with respect to orgasm and sexual satisfaction [49].

The authors of an Australian study estimated, on the basis of disability-adjusted life years (DALYs), that women's burden of disease was mainly attributable to mental illness [50]. Seventy-three per cent of the burden of disease was attributed to issues such as depression, anxiety and suicide, while 22 per cent were attributable to harmful health behaviours, such as smoking tobacco and misuse or abuse of alcohol and illegal drugs. Less than 1 per cent were the result of physical injury. The authors also estimated that violence in partner relationships was responsible almost 8 per cent of the total burden of disease among all adult women under the age of 45 in the Australian state of Victoria, where the study was conducted.

Partner violence can also entail serious social consequences for woman, such as isolation, difficulty in obtaining help, including healthcare [51], strained relations with employers, financial problems caused by absence from work due to illness, and unemployment as a result of difficulty in maintaining normal working relationships [2]. Constant fear, restricted freedom of movement and the knowledge that the children are also being affected by the violence, can also bring about a significant deterioration in the quality of the victim's life [52].

Each year, women in Sweden make between 12,000 and 14,000 outpatient visits to hospitals, emergency care units or primary care providers following violence in a partner relationship. Domestic violence is responsible for more absences from work than street violence and work-related violence [12]. Sixteen per cent of people who had been subjected to domestic violence called in sick, compared with 6 per cent of those who had been exposed to street violence, and just below 3 per cent of those who had been subjected to violence linked to work. Although the data were not broken down by gender, they indicate that single women with children seek medical care or take sick leave as a result of violence more often than other people [11]. Prolonged absence due to illness, i.e. of more than 30 days, is ten times more common among those who have been subjected to domestic violence than among those who have been exposed to street violence. On the other hand, street violence is responsible for more than half of all incidents of violence requiring medical treatment.

In a 2006 report by the Swedish National Board of Health and Welfare, it was estimated that violence against women costs society between SEK 2.7 and 3.3 billion annually, of which direct medical care costs account for between SEK 23 and 38 million [18]. To these figures must be added costs arising in connection with sick leave and lost future productivity.

Violence becomes normalised

A recurring question is why so many women remain in abusive partner relationships. One theory is predicated on the so-called normalisation process: violence is perpetuated by becoming a part of daily life, i.e. it becomes normalised and is gradually accepted by both the man and the woman [53].

The process is characterised by two important mechanisms: the woman is isolated, and the man switches between violence and warmth. By means of threats and emotional manoeuvres, the man is able to frighten the woman to the point where she adapts, then gradually isolate her from contact with her parents, siblings, friends and others. She is cut off from people in her surroundings who might otherwise be able to protect and help her and show her the unacceptability of her situation. When a man first becomes abusive he will often veer between violence and shows of warmth and consideration. He may be devastated after having used violence and promise that it will not happen again. This interplay helps to strengthen the man's power; he controls the switch between good and evil. A third mechanism, according to this model, is that the dominance of the male partner is eroticised, and several violent incidents end in rape and other forms of sexual violence [46]. Women who live under such circumstances gradually lose their sense of reality and may even come to assume guilt for the man's controlling and violent behaviour. Typical factors that trigger violence in such relationships are men's jealousy and feelings of ownership, their expectations regarding women's domestic duties, and the feeling of being entitled to punish 'their' woman for misdeeds perceived as challenging their authority [54].

Some women are nonetheless able to keep a network of people close to them who are aware of the violence [55]. Women who eventually succeed in breaking off the relationship have often tried to do so before, and the process is marked by feelings of love, fear, hate, pity, guilt and hope. The break-up is often hastened by various 'turning points', for example when the woman realises that her life is at stake and/or that her children are vulnerable, when she loses all hope for the relationship, and when outside help arrives at the right time.

Violence is not limited to ongoing relationships. According to the ULF surveys, single women are subjected to violence or threats seven times as often as cohabiting women. One explanation for this is that it is both emotionally and practically easier to talk about such incidents if one does not share a home with the perpetrator. Another explanation is that separations and violence are connected – partly because a separation can lead to violence and partly

because violence can be the cause of separation. Research has shown that more serious forms of violence against women often take place when a relationship is coming to an end. It has also been shown that homelessness among women is often the result of their having been subjected to violence in their former home [14, 35].

Another noteworthy finding of the ULF surveys is that single women with small children are the group at highest risk of violence. Approximately 15 per cent had been subjected to violence or threats in the home in 2003 [10]. Mothers living alone who lack social resources, i.e. who have a range of problems in terms of finances, education, health, employment and social networks, are exposed to recurrent violence up to ten times as often as single women generally [14, 56].

Structure of society and individual risk factors both significant

Many explanations for men's violence against women have been proposed over the years [57]. In 1994, BRÅ identified two fundamental approaches [58, 59]. The first is concerned with the question of why some men subject women to violence while others do not. The second approach, which in the view of the authors of the present report has greater validity, focuses on the significance of men's dominance over women in society as a whole.

In the background material to the 1998 legislation on a woman's right to freedom from violence, gender inequality and sex discrimination (the Violence against Women Reform), the imbalance in power relationships between the sexes was identified as the fundamental cause of men's violence against women [60]. An evaluation of the measures taken by government agencies to combat men's violence against women [61] was published in 2004, and in this evaluation, too, the explanatory models were divided into two main groups. In the first group, interpretations were based on the concept of a "gender power order", in which power is conceived as based on a "social structure where men are superior to women, and where men's exercise of power thereby confirms a gender power hierarchy" [61]. This may be regarded as a feminist perspective. The second group was characterised by "deviance interpretations", where violence is seen as a marginal problem and the perpetrators and victims are regarded as deviant individuals. Here, explanations of violence are sought in deviant behaviours among men who perpetrate violence. Attention is focused on the most deviant men, men who suffer from severe mental illness, are serious criminals or substance abusers, or men from

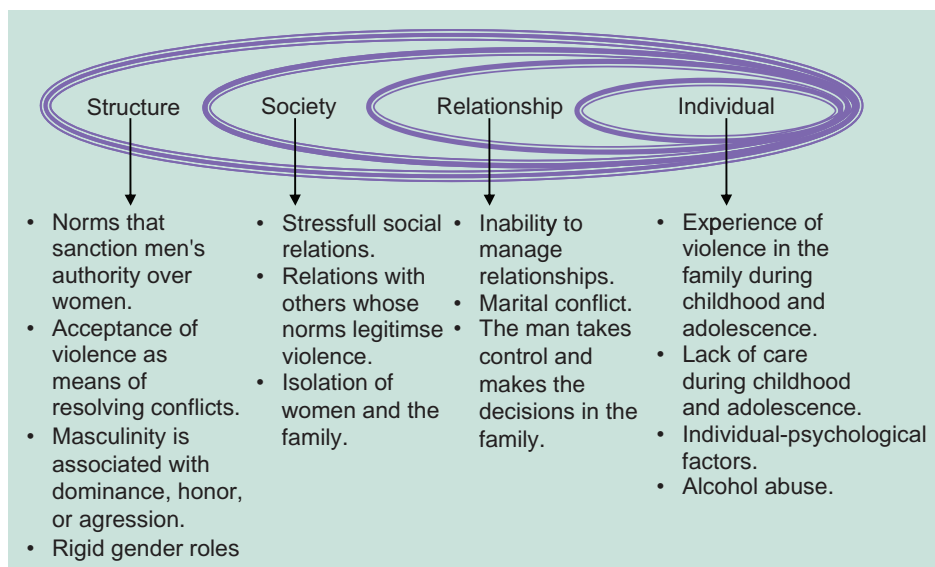


Figure 9. The holistic model.

Examples of factors which increase the risk of violence in partner relationships.

The model was first described by Heise [64]. The original WHO model employed the concepts 'social', 'community', 'relationship' and 'individual' [2, 18].

particularly patriarchal cultures. However, the authors felt that this approach distanced violent men from others, thereby concealing the links between violence, gender and power [61]. One of their conclusions was that government agencies principally apply the deviance model, which weakens initiatives taken to combat violence.

Several attempts have also been made to combine different explanatory models. One approach has been to distinguish between the *basic preconditions* for violence, in this case the gender power order, and *triggering factors* such as alcohol or individual circumstances [57]. In other approaches, the feminist perspective is used as "cement" between the gender-power perspective and other explanatory models [62]. The concept of "intersectionality" has also been introduced to emphasise that several social power hierarchies can influence people's lives and living conditions simultaneously – power orders based on gender, ethnicity, nationality, sexuality, class and skin colour [63].

At the end of the 1970s, the holistic – also known as the ecological – model was developed to explain child abuse. WHO and others have applied the model both to violence in general and to men's violence against women (Figure 9) [2]. The model represents an attempt to combine theories and explanatory models that operate on different levels. It is based on the premise that many factors work together and that no single factor can explain either the prevalence of partner violence in different societies or different contexts, or variations in the prevalence of this violence [64]. For example, violence can increase in

periods of high unemployment due to individual stress, lack of social control or reduced support to families [65]. Community norms permissive of violence also lead to violence becoming more common [24]. Although it is important that society is able to help individuals, for example by protecting and supporting vulnerable women and by providing treatment to men who use violence, a structural understanding of violence makes it easier to work preventively [66].

Gender-related violence in 'gender equal' Sweden

Sweden has often been ranked among the world's most egalitarian societies [67]. In light of this, the question may be asked why Sweden's successful initiatives in the gender equality domain have largely failed to reduce the high levels of violence. International observers take the view that structural initiatives such as those taken in Scandinavia are needed to combat violence but that they are not sufficient [68].

Several studies have shown that women in the Nordic countries report that their previous relationships were considerably more violent than their current ones. The authors of the report *Captured Queen (Slagen Dam)* have interpreted these findings to mean that only after a woman has left a relationship and is away from the violence that she can describe her experiences. Admitting that one is living in a violent relationship is not easy, a difficulty

Violence against women in Sweden: a historical perspective

Acceptance of men's violence against women has varied throughout the course of history. In the 13th century, abduction – the act of taking a wife by force – was prohibited. Nevertheless, old provincial laws permitted married men to use “reasonable corporal punishment of wives”. However husbands were expected to observe certain limits, such as preferably not beating their wives in public, killing them, or striking them with large implements.

In certain cases, women enjoyed legal protection against violence, although this was often in their capacity as men's chattels. Early laws against rape were usually applied to protect engaged or married women from other men. It was not until the introduction of the penal code of 1864 that “corporal punishment of wives” was redefined as punishable, non-aggravated “assault in a private place”, and thereby criminalised. However, the public prosecutor could not initiate legal proceedings unless the victim herself reported the crime. This form of violence was therefore termed “accusatory crime”. It was not until the early 1980s that most cases of domestic violence and rape were prosecuted in the courts. From historically having permitted many forms of private violence, the authority to exercise violence has gradually been transferred to the state, to the military and to the police. The official view of violence against women has changed substantially in recent decades. A number of examples of legislative changes are set out below:

- 1965 Rape within marriage was criminalised.
- 1982 Violence against women, including assaults not classified as aggravated and taking place in private, became a publicly prosecutable offence. People other than the victim could also report the crime and the public prosecutor was authorised to initiate proceedings, even without the victim's consent.
- 1984 Rape and other sex crimes were made publicly prosecutable offences; the definition of rape was broadened to include other acts besides intercourse, to cover homosexual assaults and to make the act gender-neutral.
- 1998 The crime of “gross violation of a woman's integrity” was introduced into the Penal Code.
- 1999 Purchasing of sexual services was criminalised.
- 2003 The Restraining Orders Act was broadened to include joint homes.
- 2005 Sexual acts with a person in a “helpless state”, for example as a result of intoxication were made punishable as rape to a greater extent than previously.

compounded by the prevailing Swedish gender equality norms. These norms put pressure on women to interpret their ongoing relationship in terms of equality [20]. On the other hand, the findings can be interpreted as a sign of increased gender equality, which among other things has improved women's opportunities to break away from violent relationships [69, 70].

The role of alcohol in partner violence

Alcohol plays a complex role in partner violence. Although US studies found that the men and women involved were both sober in the majority of cases of violence against a partner [71–73], there was a risk that the violence would have been more serious if the man had been drinking alcohol [74]. Unlike men with no alcohol problems, men who had sought treatment for alcohol problems were found to be at greater risk of using violence on days when they had consumed

alcohol [75]. According to the US studies, women are at considerably higher risk of being subjected to violence if they live with men who have alcohol or drug problems [72]. The risk also increases in socially disadvantaged environments, where alcohol and/or drug abuse are also more common. However, it is difficult to determine whether partner violence is a result of alcohol or drug abuse, of social marginalisation, or of a combination of the two [76, 77].

In a Swedish interview study carried out among women with alcohol or drug abuse problems, several respondents indicated that a contributing cause of their abuse was that they had been exposed to violence by a man close to them [77]. This raises the question of what is cause and what is effect in studies where a link has been found between violence and alcohol abuse.

With regard to violence in partner relationships, studies have shown that alcohol plays a larger role in situational violence than in controlling violence [20,

78]. For the most part, alcohol consumption appears to increase the risk that violence will be triggered and that it will have serious consequences. From a population standpoint, there are other factors that determine whether or not violence will occur. If the population as a whole were to stop drinking alcohol entirely, men's violence against women would not cease, although its prevalence would probably diminish along with the number of people who suffer serious injuries [79].

No studies show any clear links between alcohol and violence in relationships characterised by moderate alcohol consumption, but of course there is a sliding scale from moderate consumption to risk consumption to alcohol abuse. The fact that alcohol may be used as a means of avoiding responsibility, means that it may be accorded a more important role in partner violence than it actually has. Other drugs and medications can also heighten the risk of violence in partner relationships.

Children who experience violence in the family

Violence against women affects many children; according to one estimate, roughly 10 per cent of all children have experienced violence in the home and 5 per cent have experienced it frequently [20, 78]. These children are often referred to as "children who witness violence", a somewhat questionable term. "Children who *experience* violence" better captures what children witness, as the psychological and emotional assaults to which the mother is subjected are also something that the children constantly live with [80]. Furthermore, research has shown that if a mother is beaten by her partner, her children are often beaten as well. According to one research review, this occurs in 30–60 per cent of cases, while another review estimates that 45–70 per cent of the children of mothers who are assaulted are also subjected to violence [81, 82].

The children of women who are subjected to violence often have the same symptoms as children who are treated badly for other reasons. Some children have no symptoms at all, and age can play a role in determining whether the symptoms become visible and the way in which they manifest. Small children tend to develop physical symptoms, whereas older children often develop one or more specific symptoms, such as eating disorders or self-harming behaviour. Other factors are the child's proximity to the violence, how severe it is, the frequency with which it occurs, and whether or not there are other adults who are able to protect and support the child [83]. Studies have also shown that girls and boys react in different ways: among other things girls often tend to

become withdrawn while boys have a greater tendency to act out.

Children may be affected by serious health problems, such as asthma, eczema, stomach aches, difficulty sleeping, headaches, eating disorders, as well as prolonged mental health problems such as anxiety, self-destructive behaviour, aggression, difficulty relating to others and difficulty concentrating [84]. Other symptoms may include fears and phobias, suicidal behaviour, tics, bed-wetting and low self-esteem. Studies have also shown that these children often have difficulty in school, and perform more poorly in tests that measure language ability, motor function and cognitive ability. There are frequent instances of children who have lived with threats and violence in the family over long periods of time and thus suffered repeated traumas. As a result, some have developed post-traumatic stress syndrome (PTSD) [84].

As adults, these children run a greater risk of being assaulted, or of assaulting others. They also exhibit higher levels of alcohol consumption in their teenage years, and girls expose themselves to greater sexual risks [85].

Violence against children

In Sweden, all corporal punishment or other abusive treatment of children is prohibited under the Children and Parents Code. In 1966, the paragraph which allowed parents to use corporal punishment on their children as part of the child-rearing process, i.e. for educational and disciplinary purposes, was excised. An express prohibition was subsequently introduced in 1979, and Sweden thereby became the first country in the world to ban corporal punishment of children. In 2004, the Council of Europe's parliamentary assembly approved a recommendation to prohibit physical violence against children in the Council's 45 member states, and declared that corporal punishment of children was contrary to both the UN Convention on the Rights of the Child and the Council of Europe's Social Charter. In 2006, the UN presented a report on violence against children recommending a total ban on the use of physical and psychological violence against children, including corporal punishment. To date, however, only a score of countries in the world have banned corporal punishment of children.

According to WHO estimates, some 57,000 children worldwide (0–14 years of age) died as a result of violence in 2000, and small children (0–4 years of age) were twice as likely to die as a result of violence compared with older children (5–14 years of age) [2]. In Sweden, an average of 4 children (0–14 years

of age) died each year as a result of assault in 2004–2006 (Figure 2), and 100 children were hospitalised annually.

International comparisons show that corporal punishment of children is significantly less common in Sweden than in other countries. The incidence of corporal punishment has declined in tandem with the increasingly negative attitude to corporal punishment of children. According to available data, approximately half of all children in the 1970s were physically punished at some point. In the 1980s, however, the proportion had dropped to about a third, and by the 1990s the figure had fallen to approximately 20 per cent. Presumably, it is mainly lighter and moderately severe forms of physical punishment that are less frequent in Sweden than in other countries. More serious forms of corporal punishment probably continue to occur in Sweden to the same extent as in other Nordic countries. Swedish studies from 2000 indicate that between 4 and 7 per cent of all children have at some point been struck with an object of some kind, of which 1–2 per cent have been struck frequently [86]. Younger children continue to be physically punished to a greater extent than older children and there is no evidence that the proportion of children who are punished has declined further in the 2000s [87]. Chapter 2, Children's Health, contains an additional section on violence against children.

Cases of child abuse are rarely prosecuted and few victims receive treatment for the traumas they have undergone. This is shown by a follow-up study of all the police reports of assaults on children conducted in one police district in 1986–1996 [88]. Only 25 of the 126 reports led to prosecution, although there were documented injuries in half the cases. Furthermore, only 6 of the 126 children had received professional therapy. The findings were the same in a special follow-up study conducted in Östergötland County of all reports of child abuse submitted by municipal social services committees in 2000 [89]. Of the 867 reports received, 148 resulted in a police report, of which only 20 resulted in prosecution.

Violence against the elderly

The scale and consequences of violence against the elderly are such that it can justly be considered a public health problem [90–92]. According to a Swedish study from 2000, an estimated 16 per cent of all elderly women and 13 per cent of all elderly men over the age of 65 had been subjected to violence in some form [91]. Despite this finding, violence against the elderly remains largely unresearched [93, 94]. Internationally, estimates of the proportion

of elderly people who have been exposed to violence and assaults range from 1–4 per cent in Norway, Australia, Canada and the US, to 7–8 per cent in Finland [91], and as much as 20 per cent in France [95]. However, since the studies applied different definitions, a comparison of their findings, and thus of the countries concerned, has proved difficult.

Violence against the elderly differs from violence in other groups of adults due to the vulnerability and state of dependency of many elderly people. In contrast to children, whose vulnerability may somewhat resemble that of the elderly, the latter are a very heterogeneous group in terms of their dependency and care needs. This has given rise to some disagreement concerning the kinds of incident to be subsumed under the term 'violence against the elderly' and whether the group should be limited to include only those elderly people who require care and attention. Narrower definitions of violence against the elderly could for example exclude neglect and substandard care, unintentional or random incidents, and incidents occurring outside the care context. The broader definition encompassing all forms of violence and assault committed against people over the age of 65 is usually applied in Sweden and the Nordic countries [94]. Research on violence against the elderly often focuses on five different types of violence: neglect, psychological violence, physical violence, sexual violence and financial violence. A distinction is often made between violence that takes place in the home and violence which occurs in an institution.

It is difficult to diagnose violence and assaults against the elderly if the latter are themselves unable or unwilling to report their experiences. Injuries among the elderly are often construed as age-related: elderly people may fall more easily due to impaired balance; their skin and skeleton become more brittle and fragile, and bruises occur more easily. An estimated 70 per cent of all identified cases of violence against the elderly have been reported by witnesses or caregivers [93]. In 1999, the law on mandatory reporting mistreatment within the organised health care system (*Lex Sarah*) was amended so that care staff are now duty bound to report irregularities and unsatisfactory conditions in the care of the elderly and functionally impaired to the relevant inspection agency (Chapter 14 of the Social Services Act) [95]. However the act only applies to unsatisfactory conditions in connection with professional care provision and does not cover violence in the home committed by family members.

At the beginning of the 1990s, the Swedish National Board of Health and Welfare conducted a study among staff in the home care services, at care centres, emergency wards and day centres, and

among chief guardians [90]. Among other things, the study found that elderly women are exposed to violence more often than elderly men. Women with physical or mental functional impairments and elderly people with few social contacts are particularly vulnerable. In most cases, the perpetrator was a male family member. Physical assaults and psychological abuse were equally common; various forms of violence and assault often occurred at the same time. Three typical cases, or risk situations, became apparent: (1) assaults that occur as a result of a strained care situation; (2) long-standing family problems, for example an addicted or mentally ill child who moves in with the elderly person; and (3) prolonged, systematic abuse of a woman continuing into old age.

In 2000, a study was carried out among people between the age of 65 and 80 in the municipality of Umeå [91]. The findings showed no significant difference in the percentages of women and men who had been exposed to violence at some time – 16 and 13 per cent respectively. On the other hand, it was found that women were subjected to more recurrent and serious violence than men. Functional impairment and old age also heightened the risk of violence and abuse of elderly women, but not of elderly men. In three out of four cases, the perpetrator was a man, and more than half the women had been subjected to violence by a current or former partner. Three quarters of the women and 40 per cent of the men who had been subjected to violence had never sought help. The women victims were worse off than their male counterparts; they had poorer health, more often suffered from psychosomatic and mental symptoms, used more medication and were more often traumatised by earlier violence that had occurred before the age of 65. Elderly men who had been subjected to repeated violence drank to the point of intoxication more often than others but it is unclear whether this was a consequence or a cause of the violence to which they had been subjected.

Honour-related violence

Honour-related threats and violence have attracted increasing attention in recent years. The term is employed both in Sweden and internationally to denote threats and violence committed in the name of 'honour'. There is no single recognised definition of honour-related violence. However, according to a UN report, this form of violence is characterised by the fact that it is encouraged within the wider community as part of a pattern of structural and institutionalised oppression [96]. Thus violence is used as a means of controlling individuals, particularly women and girls, in societies where the concept of honour

includes the exercise of control over women's sexuality [97]. This type of violence can be viewed as a connected series of events in which control and restrictions on freedom turn into increasingly abusive acts involving violence, assault and ultimately honour killings [98]. Although honour-related violence is usually directed at girls and young women, the UN, among others, points out that LGBT people and heterosexual boys and men can also end up as victims. They may of course be subjected to violence or forced into marriages themselves, but they may also be coerced into keeping watch over female relatives or, in the case of younger men or boys, into committing crimes on behalf of the family on the assumption that they will be given milder punishments due to their age [98].

It is difficult to form a picture of the scale of honour-related violence in Sweden, particularly since it is so difficult to define. When Sweden's County Administrative Boards compiled all the cases of honour-related violence known to Swedish authorities and organisations in 2004, they found a total of 1,500–2,000 cases [99]. Girl and women victims of honour-related violence were found in all of Sweden's counties. Schools and voluntary organisations had closest contact with these girls, followed by the social services and youth clinics. As the figures represent known cases only, they are probably a gross underestimate.

Honour-related violence was the special focus of a study of the perceived freedom of upper secondary school pupils in determining their own lives [73]. A key question was whether the pupils were worried about not being able to choose their life partners themselves. Approximately 5 per cent of the girls and 3 per cent of the boys in the 2nd year of upper secondary school (aged 17) expressed such a concern. Approximately 20 per cent of these 'worried girls' also stated that their freedom to make choices on issues relating to their day-to-day lives was very or fairly restricted. Approximately 60 per cent had been subjected to abusive treatment, threats and violence on at least one occasion. Nearly half the boys who were worried about not being able to choose their own life partners had also been subjected to abusive treatment, threats and/or violence. Young people of foreign background were over-represented in this group of 'worried' boys and girls.

In 2003–2007, the government earmarked SEK 180 million for initiatives to combat honour-related violence, including preventive programmes and support for sheltered housing [98]. Sheltered housing for people who had been subjected to honour-related threats and violence was examined in one follow-up study, with mixed results [100]. A third of the interviewees had been subjected to new threats after

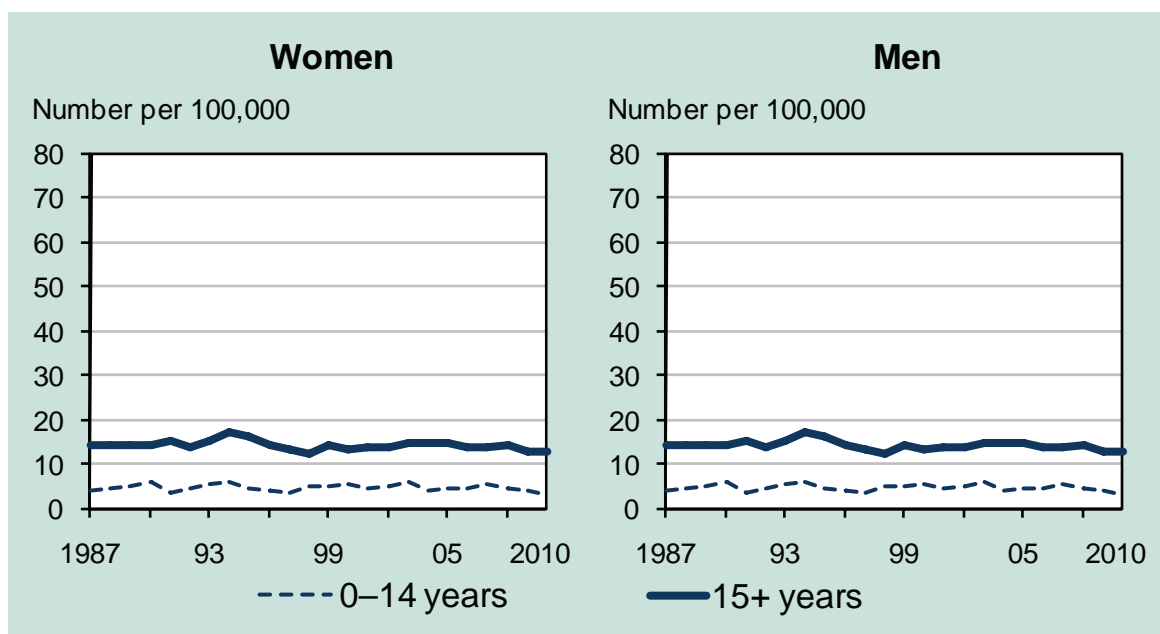


Figure 10. Hospitalisation as a result of assault in 1987–2010.

Number of people per 100,000 inhabitants who received inpatient hospital treatment following an assault* at some time during the year. Girls and boys aged 0–14, and women and men aged 15+, 1987–2010**.

* ICD10 code: X85–Y09. ** In 1997 there was a change in the classification. Corrections have been made for lapses in the reporting of external causes of injury in the Swedish National Patient Register on the assumption that the lapse was uniformly distributed across all injury diagnoses. Source: Swedish National Patient Register, Swedish National Board of Health and Welfare.

seeking protection, but most felt less threatened than before. When they arrived at the shelters, many of them had health issues related to the violence they had been exposed to. One conclusion of the study was that sheltered housing and the associated interventions were in most cases sufficient to prevent young people from being exposed to further violence and oppression during the year covered by the follow-up study. Nevertheless, their levels of mental suffering was still significant at the time of the follow-up, and it was determined that the young people needed more long-term help [101, 102].

Trends in violence

This section addresses changes in the prevalence of violence over time on the basis of the statistical sources given at the beginning of this chapter. However, the number of unreported cases is considerable; moreover, it is probably subject to change over time, which makes it difficult to draw definite conclusions about changes in the real prevalence of violence.

Hospitalisation

Significantly more men and boys than women and girls are hospitalised for injuries resulting from assaults by another person (Figure 10). The proportion of adult women (over the age of 15) hospitalised following an

assault has remained relatively constant over the past 20 years. The number of hospitalisations among girls under the age of 15 has remained fairly steady at 5 per 100,000. Among men and boys, injuries from assaults requiring inpatient treatment have declined somewhat since the end of the 1980s. However, this figure has fluctuated considerably among males.

Lethal violence

Lethal violence has declined since the beginning of the 1990s. According to the Swedish National Board of Health and Welfare Cause of Death Register, the number of girls aged 0–14 and women aged 15+ who were killed each year as a result of “assault by another person” has been relatively constant at approximately 4 girls and 32 women since the beginning of the 1970s. The *proportion* of girls and women killed by violence has thus declined somewhat as the population has grown during the period (Figure 11).

The percentage of adult men killed as a result of violence rose between 1976–1978 and 1989–1991 from 1.8 per 100,000 inhabitants to 2.3 per 100,000 inhabitants (a total of 58 and 78 male victims respectively). Since then, the proportion of men killed by violence has fallen to below the 1970s level. The number of boys who die as a result of assault has remained unchanged since the end of the 1970s, at roughly three boys per annum.

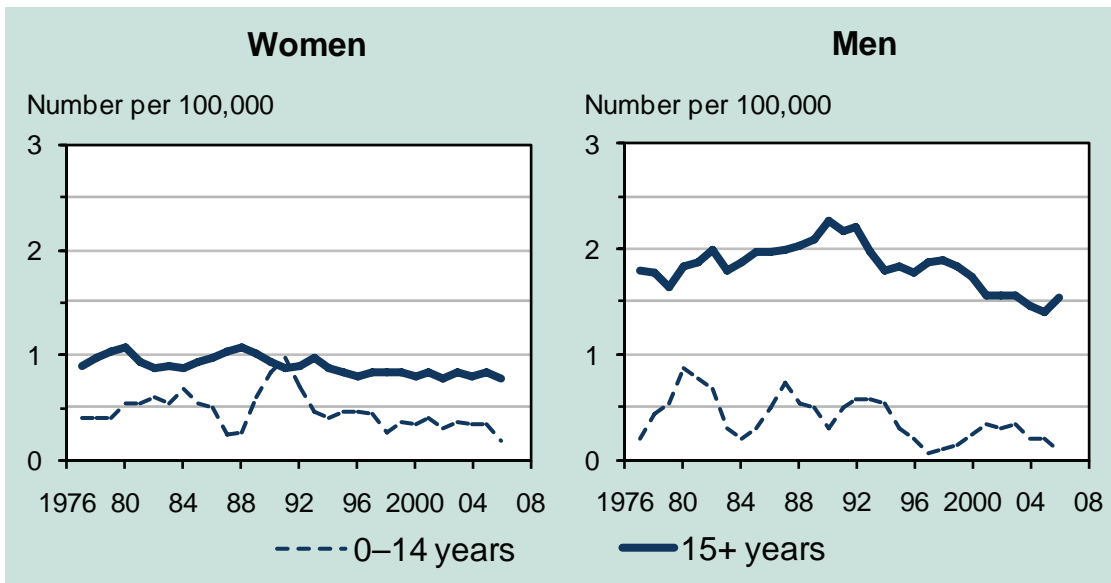


Figure 11. Cases of death resulting from assault in 1976–2007.

Number of people per 100,000 inhabitants who died as a result of assault*. Girls and boys aged 0–14, and women and men aged 15+, for the period 1976–2007**.

* ICD10 code: X85–Y09. **Three-years moving average.

Source: Cause of Death Register, Swedish National Board of Health and Welfare.

Approximately 16 women die each year as a result of violence in a partner relationship. Approximately three men per year are also killed by a partner. Thus women are killed by a partner four to five times as often as men [103]. The number of women in Sweden killed by a partner has declined since the 1970s, when it stood at around 23 per year. According to BRÅ, this can be explained in part by social changes, increased protection for women and by the fact that women have become more financially independent.

Number of young people subjected to violence and threats no longer on the increase

Statistics Sweden's ULF surveys have shown that people in all age groups are more frequently exposed to threats or violence today than in the 1980s, with the exception of elderly people aged 65–84 (Figure 12). In recent years, however, this trend has halted, and among the youngest adults (16–24 years) the number of people exposed to threats and violence has actually declined.

Statistics Sweden's interview survey also enables observers to determine *where* people have been subjected to violence or serious threats (Figure 13). Among women, violence or serious threats at work have shown the highest increase and are now more common than violence or threats at home or in a public place. The level of violence in the home rose among women at the beginning of the 1990s but remained stable thereafter. The prevalence of violence in public places has stayed relatively constant.

Public places figure most prominently in men's reported experiences of violence or serious threats. Violence in public places is also referred to as street violence. While the percentage of people subjected to violence in 2005 stood at the same level as in the early 1980s, this proportion has both risen and fallen in the interim. Violence and serious threats at work are less common among men than among women.

Increasing numbers of assaults reported to the police

The number of police reports of assault has risen significantly since the 1980s (Figure 14) [104]. In 2007, 300 crimes of assault per 100,000 women aged 15 or older were reported to the police, compared to 100 in 1981. The number of assaults reported by men in the same period increased from almost 200 to 500 per 100,000 men. Although cases of assault reported to the police are less common among children than adults, the former have also increased in number. In 1981, 2 cases of assault per 100,000 children aged 0–6 were reported to the police. By 2007, the figure had risen to 17. In the 7–14 age group, the number of cases per 100,000 rose from 9 to 88 over the same period.

Assaults against younger and older children are usually committed indoors, generally by an acquaintance. This is also the category of reported assaults that seen the biggest increase, with a ten-fold rise between 1981 and 2007 (Figure 15).

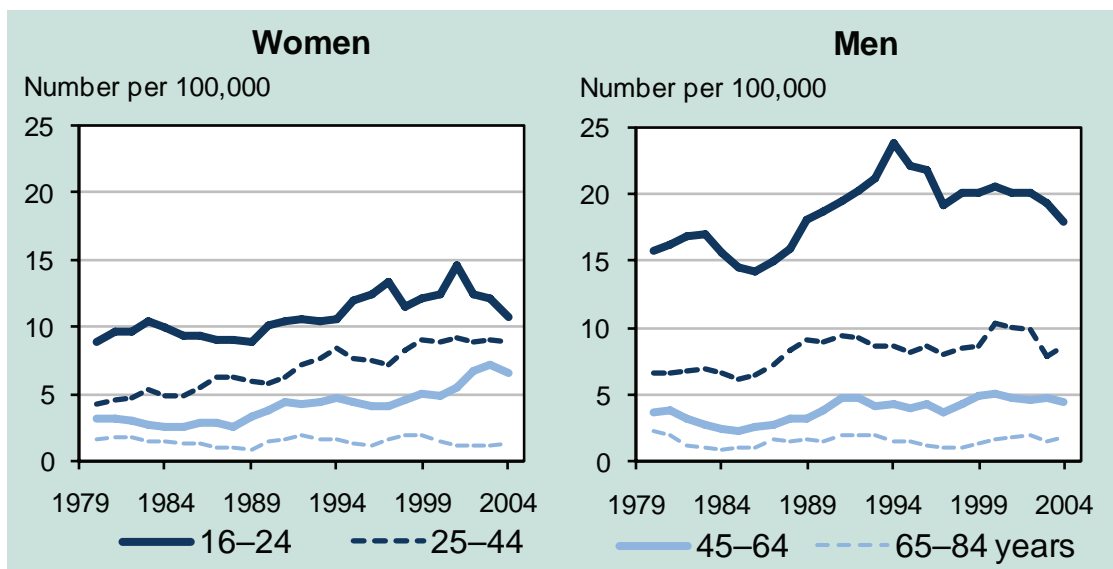


Figure 12. People in various age groups exposed to violence or serious threats, 1979–2005. Proportion (per cent) of people who were subjected to violence or serious threats in the previous 12 months. Women and men in various age groups, 1979–2005*. * Three-year moving averages. Source: Survey of Living Conditions (ULF), Statistics Sweden.

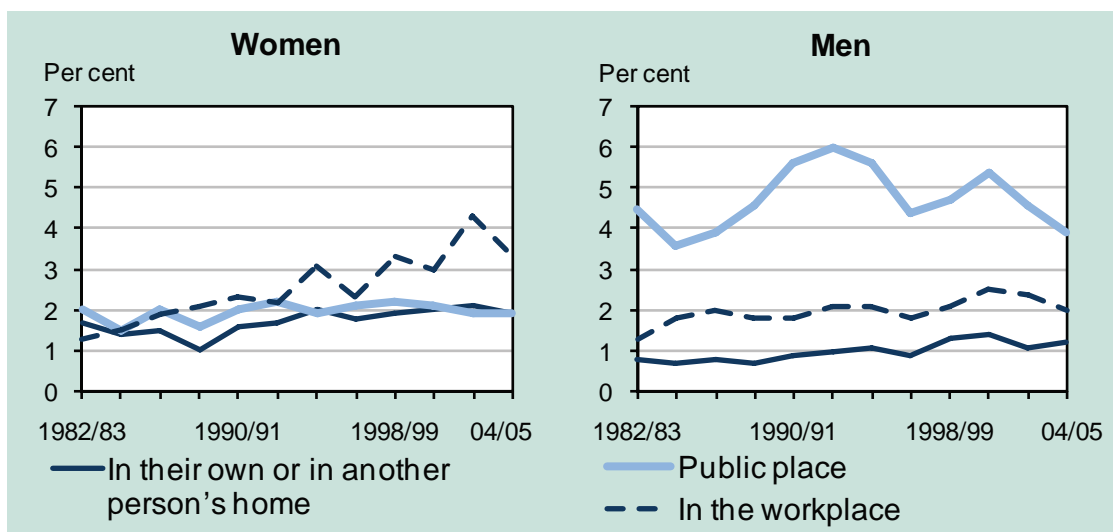


Figure 13. Violence or serious threats by location. Proportion of people who had been exposed to violence or serious threats in the home, in public places or at work in the previous 12 months. Women and men aged 16–84, 1982/1983–2004/2005. Source: Survey of Living Conditions (ULF), Statistics Sweden.

More sex crimes reported to the police

A growing number of sex crimes are also being reported to the police (Figure 16), mainly sexual molestation and rapes. In 2005, the definition of rape was broadened to include cases in which the “victim is in a powerless state”, due for example to drunkenness or unconsciousness. Such incidents previously often came under the heading of sexual coercion or exploitation and the number of crimes

registered under these other categories has therefore decreased since the law was changed.

The rise in the number of rapes was accompanied by a change in the structure of reported crimes, according to a study by BRÅ of reported rapes of people aged 15 or over in the period 1995–2006 [16]. The victims were on average younger than the perpetrators, and the age gap increased during the period under study. While the median age of the perpetrators fell from 32 to 30, the median age of the

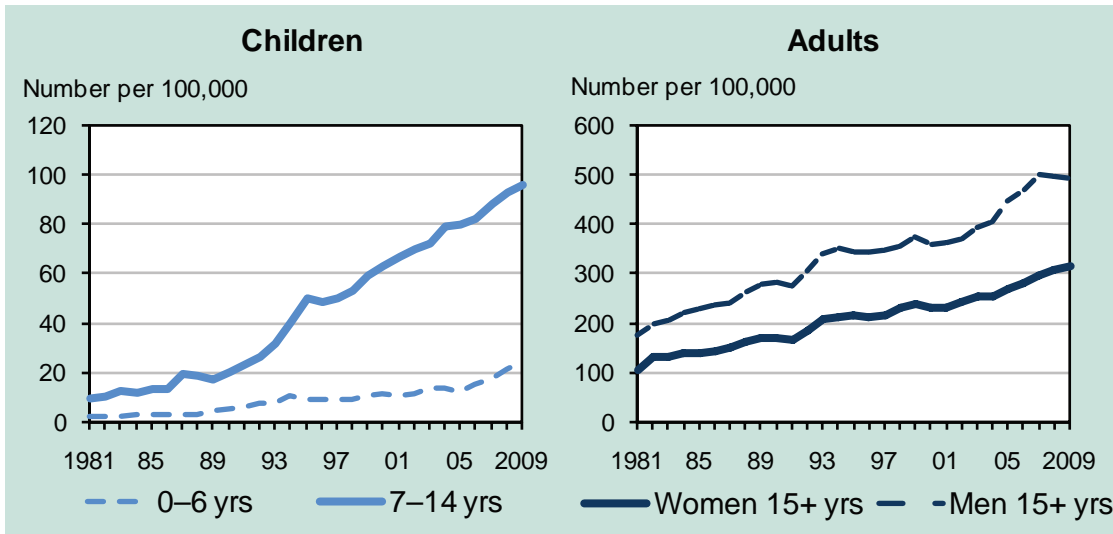


Figure 14. Crimes of assault reported to the police in 1981–2009. Number of cases of assault (including aggravated assault) per 100,000 reported to the police in 1981–2009 by age and gender. Note different axis scales for children and adults.
 Source: National Council for Crime Prevention (BRÅ).

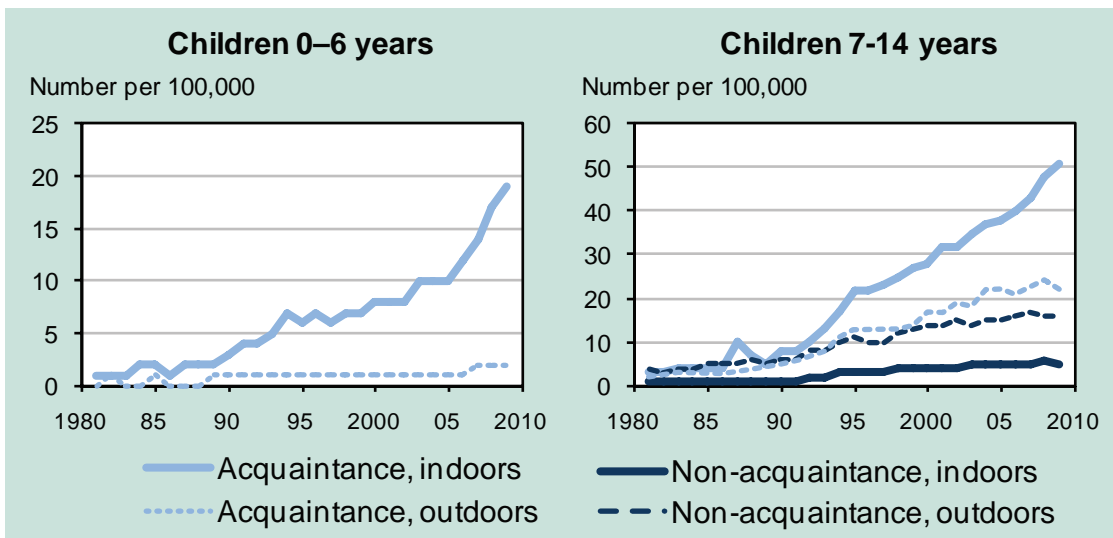


Figure 15. Child abuse cases reported to the police, 1981–2009. Number of cases of assault (including aggravated assault) per 100,000, in which the perpetrator was known/not known to the victim, and the assault occurred indoors/outdoors. Children aged 0–6* and 7–14, 1981–2009. Note different axis scales for younger and older children.
 *Among children aged 0–6 years, fewer than 1 per 100 000 were not acquainted with the perpetrator (not shown in the figure).
 Source: National Council for Crime Prevention (BRÅ) [5].

victims dropped from 27 to 24. The increase recorded in recent years has mainly been in the number of rapes involving lower levels of violence. In 2006, however, violence was used against the victim in at least 56 per cent of the cases studied, and victims had documented injuries in 32 per cent of the cases.

Rapes involving multiple perpetrators increased significantly between the years 1995 and 2006, from an estimated 100 plus to around 550 cases per year (Figure

17) [16]. In 2006, these incidents accounted for 18 per cent of all reported rapes against persons aged 15 or over. The number of rapes occurring in places of public entertainment has also risen significantly. BRÅ believes that this trend is partly due to the fact that more people are reporting rapes owing to lower public tolerance of sexual abuse, and partly to changes in the “opportunity structure”: people have access to more entertainment venues, drink more alcohol and use the internet to a greater extent than previously.

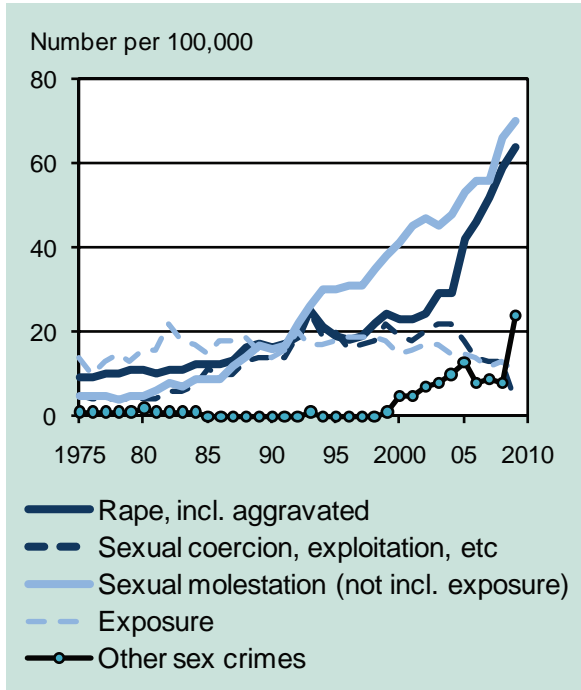


Figure 16. Sex crimes reported to the police. Number of sex crimes reported to the police per 100,000, by type of crime, 1975–2009. Source: National Council for Crime Prevention (BRÅ) [5].

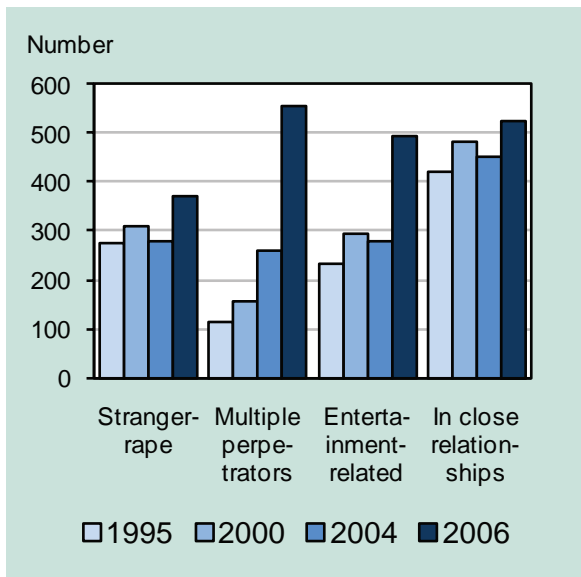


Figure 17. Types of rape. Estimated number* of reported rapes of people aged 15 years or over, by type and year, 1995, 2000, 2004, and 2006. * From a review of a sample of police reports. Source: Hradilova Selin, 2008 [16].

The number of reported rapes of children under the age of 15 has also increased significantly, from 100 reports in 1975 to close to 2000 reports in 2009, an increase from 1 per 100,000 to 20 per 100,000

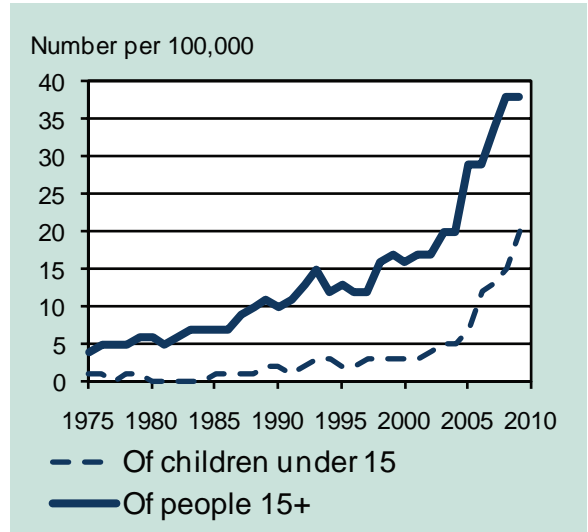


Figure 18. Completed rapes reported to the police. Number of completed rapes of children under the age of 15 and of people 15 years or older reported to the police, per 100,000, 1975–2009. Source: National Council for Crime Prevention (BRÅ) [5].



Figure 19. Reported incidents of violence against public servants. Number of cases of violence against a public servant reported to the police per 100,000 inhabitants, by type of public servant and year, 1975–2009. Source: National Council for Crime Prevention (BRÅ).

children (Figure 18). In 2007, child rape accounted for 27 per cent of all completed rapes.

However, the definition of rape as it applies to children under the age of 15 has been expanded considerably during the period, most recently in 2005. Until 2005, rape against both children and adults was defined identically by the same section of the Penal Code.

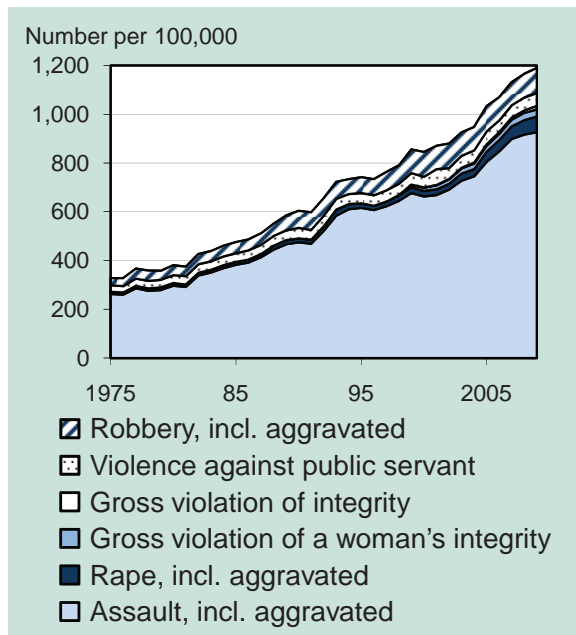


Figure 20. Violent crimes reported to the police. Number of violent crimes* reported to the police per 100,000 inhabitants, by type of crime, 1975–2009.
*Reported cases of attempted murder and lethal violence is a few in number and are not shown here.
Source: National Council for Crime Prevention (BRÅ) [5].

However, the new sex crime legislation that came into effect in 2005 introduced a new offence “rape of a child”, whereby any act of sexual intercourse or equivalent with a child under the age of 15, including oral sex and penetration with fingers or other objects, is defined as rape, irrespective of any other circumstances such as the presence or absence of threats or force, the condition of the victim (powerless or otherwise), or whom the sexual act was initiated by. The increase in the number of registered rapes against children under the age of 15 has been particularly marked since the new legislation came into force. In 2007, rapes of children represented 34 per cent of all completed rapes.

Increase in workplace violence

With regard to threats and violence at work, considerable variation exists among occupational groups. The Swedish Work Environment Authority estimates that approximately 14 per cent of the working age population, i.e. more than half a million people each year, are exposed to violence or threats in the workplace [105]. Most of those affected today are women, who account for nearly three-quarters of all reported cases. According to Statistics Sweden’s ULF surveys, women have been more exposed than men in this respect since the beginning of the 1990s. However, violence and threats at work have become more common among both women and men [12].

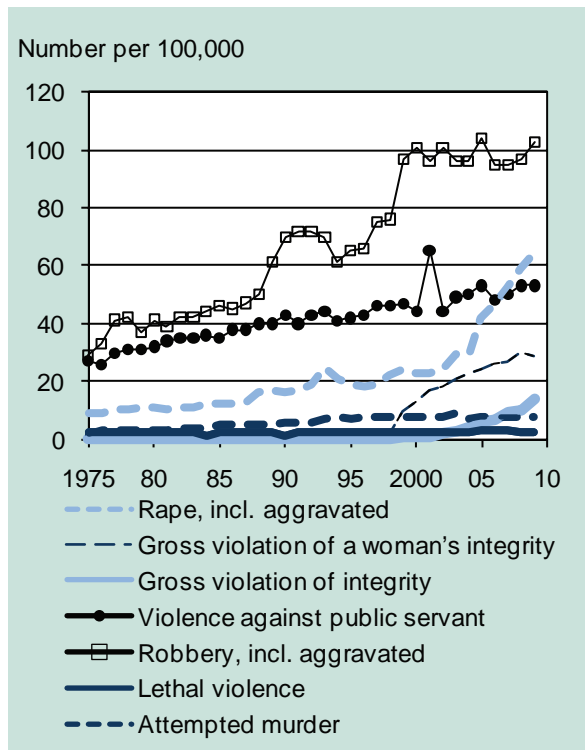


Figure 21. Violent crimes, excluding assault, reported to the police. Number of violent crimes, excluding assault, reported to the police per 100,000 inhabitants, by type of crime, 1975–2009.
Source: National Council for Crime Prevention (BRÅ) [5].

Approximately 4,600 cases of violence against a public servant were reported in 2007, i.e. double the number reported in the mid-1970s. Reported crimes of violence against the police have declined since the 1980s, with the exception of a temporary upturn during disturbances in connection with the EU summit in Gothenburg in 2001. In other occupational groups, the number of reported offences has increased.

Has crime actually increased?

The total number of violent offences reported to the police per 100,000 inhabitants has quadrupled since 1975 (Figure 20). As the sex of the victim is not recorded for all categories of violent crime included in the statistics, Figure 20 shows the overall trend in violent crime for women and men (and children). Almost 80 per cent of reported violent offences involve assault. In 2009, 930 cases of assault were reported per 100,000 inhabitants, compared with 260 cases per 100,000 inhabitants in 1975.

However, assault is not the only type of violent crime which has increased since 1975 (Figure 21). The crime “gross violation of a woman’s integrity” was introduced into the Penal Code in 1998. It refers

to repeated or systematic violations of women's integrity, including assault, threats, unlawful coercion, deprivation of liberty, domestic trespass, and sexual coercion, where the perpetrator is a man with whom the woman has, or has had, an intimate relationship.

The number of reported crimes classified in this way has nearly tripled since 1999; in 2009 about thirty cases per 100,000 inhabitants were reported to the police. The closely related crime category "gross violation of integrity" can be applied to similar forms of violence in other types of relationships, for example when the victim is a man, a child or other close relative. Fourteen such cases per 100,000 inhabitants were reported in 2007. In the same year, rapes and violations of a woman's integrity together accounted for 9 per cent of all violent crimes reported to the police (irrespective of the victim's gender). This can be compared with the crime of robbery, which also accounted for 9 per cent.

Violence and threats of violence have thus become more common both according to the crime statistics and what people have reported in various surveys. However, it is by no means certain that the significant rise in the number of police reports and growing evidence from interview surveys necessarily add up to a correspondingly large rise in the actual number of violent incidents. The willingness to report incidents may have been due to diminished public tolerance of violent crimes. Since the number of unreported cases is large, trends are significantly affected by how many crimes are detected and how many are reported.

BRÅ has conducted a series of special studies of crime trends, taking account of changes over time in people's willingness to report different types of crime. BRÅ concluded on the basis of these studies that street violence, i.e. offences defined as "assault outdoors, where the victim and the perpetrator are not acquainted with each other", have increased since the beginning of the 1980s [106].

The increase in the number of rapes may be partly due to the fact that the legal definition of rape has been gradually broadened. The most recent amendment to the law, enacted in April 2005, was followed by a very considerable increase in the number of recorded cases. Although the increase is probably due in part to this broader definition and to greater willingness to report crimes, BRÅ notes that an increase in the actual number of rape offences is also likely [16].

Crime statistics show a marked increase in violence in society. However, this is not reflected in the statistics on the proportion of people who have suffered serious physical injuries as a result of violence. In the past ten years, the number of deaths from violence has declined among women and men, and hospital statistics show that the proportion of girls, boys and women

receiving treatment has remained relatively unchanged, although it has risen among men. On the other hand, a study of inpatients in Stockholm County showed that 67 per cent more people sought treatment as a result of sexual assaults in 2004 compared with 1997 [107]. The statistics do not provide a complete picture of violence in intimate relationships; this type of violence is probably considerably more widespread than the statistics indicate. According to the WHO, violence in intimate relationships is a public health problem. This also applies to Sweden.

Notes

1. The study interviewed approximately 24,000 women in Bangladesh, Brazil, Ethiopia, Japan, Peru, Namibia, Samoa, Serbia, Montenegro, Thailand and Tanzania.

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