

RESEARCH

BRIEF

#7

FORTE:

Swedish Research Council for
Health, Working Life and Welfare

A photograph of a woman and a young child standing on a beach, looking out at the ocean. The woman is wearing a blue baseball cap and a light-colored, textured knit sweater. The child is wearing a purple knit sweater. The background shows the ocean and a cloudy sky.

MEN'S VIOLENCE AGAINST WOMEN IN INTIMATE RELATIONSHIPS

Men's violence against women in intimate relationships is a serious social problem
→ Serious consequences for those affected and their surroundings → Interventions
have been developed to stop violence and support victims → Promising results for
children who experience violence in the home



SUMMARY

Men's violence against women in intimate relationships is a serious social problem. It is difficult to estimate the full extent of the problem. For the abused woman and her children, the consequences are severe. From originally seeking to find an overall cause of violence, research has since developed a more complex understanding of the issue. Violence is understood to occur in an interplay among different factors in society, the immediate environment, the relationship and the individual. Violence in intimate relationships is not an isolated event that exists in a social vacuum. Even if no witnesses are present when it happens, violence takes place in a specific sociocultural context where family and friends form a social network. We can expect that the social network responds to the violence in some way. Designing social interventions that interact with the beneficial forces of that network is an urgent development area.

Various interventions have been designed to stop violence and support its victims. These have been evaluated, often with lower-quality methods. Evaluations show promising results for some interventions for children. There is also reason to be slightly optimistic regarding certain interventions for women and men. When it comes to children who experience violence in the home, there are several important development areas, such as children and young people's own responses to their exposure to violence.

Forte is a research council that funds and initiates research to support people's health, working lives and welfare.

Research Brief is a series of publications from Forte that briefly describes the current state of knowledge in a socially relevant area. Each publication in the series is produced by a team of researchers and community representatives and is reviewed by a minimum of one external researcher.

Title: Men's violence against women in intimate relationships

Authors: Margareta Hydén, Professor of Social Work at Linköping University, Dipl. psychotherapist, Visiting Professor of Criminology at the University of Manchester, UK

Carolina Överlien, Associate Professor of Social Work, Stockholm University

Christina Ericson, Development Leader, Stockholm County Administrative Board

Mats Wiman, certified Psychologist and Psychotherapist, Manscentrum, Stockholm

Marit Grönberg Eskel, Executive official, Swedish Association of Local Authorities and Regions

Scientific reviewer: Tine Jensen, Professor of Psychology, University of Oslo

Project leader: Thomas Jacobsson, Senior Research Officer, Forte

Translator: Emma Shepherdson

Download this publication, including references, from: www.forte.se/en/publication/rb-violence

Forskning i korthet (Research Brief)

ISSN 2001-4287

No 7/2016

Print: Tryckeri AB Orion, 2016

For questions or comments on this report, please call us on +46 (0)8-775 40 70 or email us at forte@forte.se

Published by Forte, Box 894, 101 37 Stockholm, Sweden

1. Introduction

Men's violence against women in intimate relationships is a global problem with serious social and public health consequences. A priority area for the Swedish Equal Opportunities Policy (Prop. 2005/06: 155) is that men's violence against women must stop. This area has been subject to a number of government investigations and initiatives, including the establishment of a national research centre (SOU 2004: 117), the development of national action plans (SOU 2002: 71, SOU 2015: 55) and guidelines issued by the National Board of Health and Welfare (Socialstyrelsen) (SOSFS 2014: 4). Violence in same-sex relationships, and women's violence against men are growing areas of research, but which remains limited. Central issues within this research field have been what causes violence in heterosexual intimate relationships, what the consequences are and which interventions are effective in supporting victims and stopping violence.

2. Definitions

The *Declaration on the Elimination of Violence Against Women*, adopted by the UN General Assembly in 1993, defines violence against women in intimate relationships as "any gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private". This definition captures a broad spectrum of violence. The term 'violence' may include one or more types of violence, both direct violence and more latent types of violence, may vary in severity and may relate to isolated incidents of violence or repeated violence over longer periods.

The American sociologist Michael P. Johnson (2008) has put forward the thesis that men's violence against women in intimate relationships may assume such different forms that there is reason to discuss different phenomena. In cases of intimate terrorism one of the parties, usually the man, considers they have the right to exercise power and control over the other with all available means, including the use of force (see also Pence & Paymar 1993) while situational couple violence is a result of an escalating conflict (see also Gelles, 1974; Straus et al., 1980; Straus & Smith, 1990) and can also occur between spouses who live in relative equality. Emergency women's services are more likely to encounter women experiencing intimate terrorism than counsellors and psychotherapists. Counsellors and psychotherapists are more likely to encounter men and women who are perpetrators and victims of situational couple violence. The difference between the two forms is not always clear, which can lead to unnecessary conflict, says Johnson (2008).

3. The extent of violence

Research is unable to provide a clear answer on the extent of violence against women in intimate relationships. Results of different studies are difficult to compare due to a variation in methodology and the type of violence being studied which is often varied and/or not defined.

In 2015, around 17,000 cases of assault were reported in Sweden where the perpetrator was in an intimate relationship with the victim. The National Crime Prevention Council (Brå) conducts an annual national security investigation in order to complement the official crime statistics and provide a more comprehensive understanding of crime in Sweden. The investigation asks a large number of randomly selected participants if they have been exposed to intimate partner violence. In 2009, Brå found that 1.2 percent of women had experienced violence in the last year. A few years later Brå (2014) found that 7 percent of women have experienced violence in the last year and that 25 percent of women had been victims of intimate partner violence at some point in their lives. In a survey conducted in the Swedish region of Västra Götaland, Nybergh et al. (2013) found that 8.6 percent of the women were exposed to violence in their intimate relationships. In a further study in Västra Götaland, Hedtjärn et al. (2009) found that one fifth of the mothers of children attending child and adolescent psychiatry clinics had experienced violence. Finally the National Centre for Knowledge on Men's Violence Against Women (NCK) found that 14 percent of women have been subjected to violence in an intimate relationship at some point in their adult lives (NCK 2014).

The first major US study on violence in intimate relationships, which was based on a randomized sample of 2,000 families, reported that women and men used violence in intimate relationships to the same extent (Straus et al. 1980). The result led to a debate that is still ongoing and receives renewed interest when a new study is released showing that men are also victims of intimate partner violence (Archer 2002; Straus, 2011; Barber 2008; Henning & Feder, 2004; Drijber et al. 2013). In 2009 Brå found that 0.3 percent of men experienced violence in the last year. A few years later it was found that 7 percent of both women and men have been victims of violence during the past year, and that 17 percent of the men had been victims of intimate partner violence at some point in their lives (Brå 2014). In a survey conducted in Västra Götaland, Nybergh et al. (2013) found that 6.8 percent of men have experienced violence in their intimate relationships. NCK (2014) found that 5 percent of men have experienced violence in an intimate relationship at some point in their adult lives. The men had however been exposed to minor violence compared to the women, and had not required medical help or care as often.

In the first and only Swedish study on violence in same-sex relationships 2,013 members of the Swedish Federation for Lesbian, Gay, Bisexual and Transgender Rights (RFSL) were interviewed. A quarter reported that they had experienced some form of psychological, sexual and physical violence in an intimate relationship. Of those who reported violence in a current relationship 33 percent were women and 46 percent were men. Only 6 percent had made a police report and very few had sought help and support from a non-profit or professional organisation for victims of crime (Holmberg et al. 2005).

4. Causes

Knowledge about the causes of violence is essential to developing successful interventions to combat violence. During the 40 years that violence against women in intimate relationships has been the subject of political discussion and research, the question of the theoretical framework that can best explain its cause has been controversial.

During this period, the feminist *gender power perspective* (könsmaktsperspektivet) was advanced in Sweden. It is based on the understanding that men as a group inhabit a superior position in relation to women as a group, and that men's violence against women can be seen on a structural level as an expression of this power relation (Lundgren et al. 2001, p.15). The concept was first mentioned in the Commission for Violence Against Women's report (SOU 1995: 60, p. 101) and reflected the emergence of a feminist approach to violence research in Sweden. Later directives to the monitoring of work in the women's support sector, explicitly stated that work should be undertaken from a gender power perspective (Committee Directive 2003: 112; SOU 2004: 121). Structural explanations for intimate partner violence have also been put forward in international literature (Dobash & Dobash 1979; Walker 1979; Yllö & Bograd 1988, Daly 1979; Hester et al., 1996; Abrar et al., 2000; Aghtaie & Gangoli 2014). Criticisms have included that this research is based on interviews with women forced to take refuge in women's shelters, which limits the generalizability of the results (Dutton, 1994; Straus & Gelles 1999) and that it is more grounded in ideology than science (Dutton & Corvo 2006; Dutton & Nicholls 2005; Straus & Gelles, 1988; Archer 2002; Stith et al., 2011; O'Leary et al. 2007).

A number of explanations have been put forward with other theoretical starting points. Violence has been described as a *learned behaviour* (O'Leary 1988) transferred from generation to generation (Kalmuss 1984; Stith et al. 2000), as an expression of *personality disorder, lack of impulse control* (Dutton 1997), *substance abuse* and *addiction* (Kaufman Kantor & Straus 1987), *a high level of conflict* between couples (Jewkes 2002), or as caused by a *social acceptance of violence* and *lack of gender equality* in society (Gelles & Straus 1988).

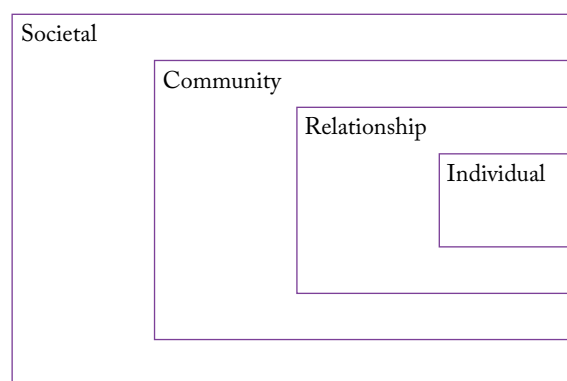


Figure 1 Socio-ecological model for understanding the causes of violence (adapted from Dahlberg och Krug 2002).

There are few today who claim that violence has a single cause and more complex understandings of the issue have been developed. For example, the socio-ecological model that is based on the British epidemiologist Lori Heise's (1998) work and has been put forward by the World Health Organization. The model (Fig. 1) describes violence in intimate relationships as a multifaceted phenomenon grounded in an interplay among personal, relationship, environment and sociocultural factors (Dahlberg & Krug 2002).

The sociocultural level includes factors such as norms on gender roles and the degree of gender equality. The environmental level refers to the immediate community or surroundings and social network. The relationship level includes factors such as conflict resolution patterns and power relations within the family. At the individual level factors such as stable or unstable personality, alcohol and drug use are included. American psychologists Bell and Naugle (2008) have argued that the causes of intimate partner violence must be understood in its psychosocial context. They have developed a model that integrates a variety of factors (Fig. 2).

Resorting to violence can be seen as an individual solution to an individually defined situation; however, the response of the woman and the social environment is an important factor in whether the violence will be repeated. If by using violence the man is able to reduce his own stress, get the woman to submit to his will and also receives approval as a social response, it is likely that he will repeat his actions. However, if the social response is to condemn his actions, the police intervenes and the woman does not accept the violence, it is not as likely that the violence will be repeated. Honour-related violence is an example of a process in which the surrounding social network comes together and contributes to violence (Mojab and Abdo 2004). Social response to violence can be a major contributor to the recurrence of violence. Studies of social response to violence is a newly established international research field (see, for example Hydén et al. 2016; Boonzaier & Gordon, 2015; Wade, 2014; Hydén 2015; Sandberg, 2016; Gottzén, 2013. Överlien & Hydén 2009).

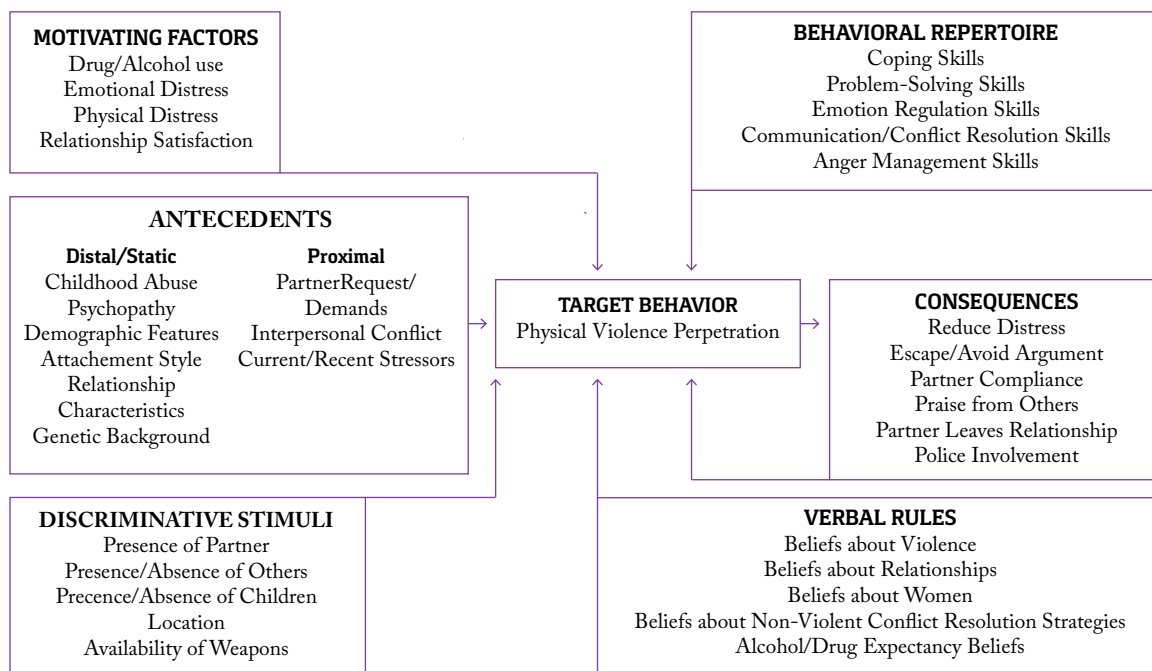


Figure 2 Causes of Violence: The psychosocial context of violence (adapted from Bell & Naugle 2008, p. 1102).

5. Consequences of violence

5.1 Consequences for the woman

That violence has serious consequences for women's health and quality of life is well documented in research (see for example Campbell 2002; Tolman & Rosen, 2001; Coker et al., 2000; Krug et al., 2002; WHO, 2005; WHO, 2013). In 1984 the American psychologist Lenore Walker introduced the concept *Battered Women Syndrome* (BWS) as a comprehensive description of the psychosocial consequences of living in a relationship with repeated violence. BWS is a subcategory of *post-traumatic stress disorder* (PTSD), and describes symptoms such as cognitive impairment, depression and anxiety (Walker, 1979; 1984).

A systematic review based on a large number of studies was conducted by WHO (2013) and categorised the consequences of violence for women's health in three categories: *physical trauma*, such as skeletal injuries and damage to the soft tissues; *psychological trauma/stress*, such as PTSD, depression and suicidal tendencies, and *fear and lack of control over one's own life*, such as difficulty protecting themselves from sexual contact and health risks associated with pregnancy. Over time, these health consequences can lead to permanent disability or death from murder or suicide (ibid. p. 8).

Several studies show that violence during pregnancy leads to injuries for both the mothers and the children. A Swedish study (Stenson et al., 2001) reported that 2.8 percent of the 1,038 pregnant women interviewed had been

exposed to physical violence in the previous year and while they were pregnant. Violence increases the risk of complications during pregnancy and childbirth (Boy & Salihu 2004) and has a negative impact on the newborn and for other children in the family (Valente, 2000; Shay-Zapfen & Bullock, 2010).

As with adult victims of intimate partner violence, young people exposed to violence report poor physical, mental and sexual health. Girls in particular display strong negative emotional reactions (Barter et al, 2009; Ackard et al. 2007). In the European study *Safeguarding Teenage Intimate Relationships*, Hellevik and Överlien (forthcoming) studied Norwegian adolescents' (14-18 years) experience of intimate partner violence. The study finds that few young people disclose the violence to adults, but that many express a desire and need for adult involvement (Hellevik et al. 2015).

Men who are subjected to violence, like women, experience serious illnesses such as depression and other mental health problems (Drijber et al. 2013; Romito & Grassi 2007; Ansara & Hindin 2011; Coker et al, 2000; 2002).

5.2 Consequences for the man

Knowledge of the consequences for the male perpetrator of intimate partner violence's health and quality of life is limited. A Swedish evaluation of treatment for violent men examined self-perceived health before treatment. The men in the study had sought help themselves, so it cannot be assumed that they constitute a representative sample. The men rated their mental health as significantly worse than what previous research has shown that Swedish men in general experience. Their health was rated at about the same level as that of a group of male patients with

neurological, borderline and psychotic diagnoses and heavy addiction (Socialstyrelsen 2010). In a Norwegian study of Alternatives to Violence (ATV), a treatment program showed that seven out of ten men met the criteria for at least one diagnosis. Depression, antisocial personality disorder and alcohol problems were the most common diagnoses. Four out of ten men had varying degrees of elevated risk of suicide, and in one in ten the risk was of a serious nature (Askeland et al. 2012). A Swedish study reported an increased risk of suicide for men who are violent (Dufort et al. 2015). However, it is not clear if these health problems should be interpreted as the consequences of using violence or if they are rather contributing causes to the man's use of violence.

Swedish research has shown that even men who clearly accept the ideal of gender equality can use violence against their partners. These men experience strong feelings of shame and expect condemnation from their social network. However, provided that they take responsibility for their violence and distance themselves from it, they do not receive the condemnation they expected (Gottzén 2013).

5.3 Consequences for children

Violence against a child's carer has the potential to seriously harm the child, in both the short and long term. The reaction of the child is based on, amongst other, their age and development, their own vulnerability and any previous traumatic experiences (Aakvaag et al. 2016; Cummings et al., 2007; Osofsky, 2003). They have an increased risk of developing somatic, psychological, behavioural and cognitive difficulties such as anxiety, worry, depression, low self-esteem and self-injurious behaviour (see, for example Artz et al. 2014; Överlien, 2010; Chan & Yeung, 2009; Holt et al. 2008; Wolfe et al., 2003; Hultmann & Broberg 2016).

Studies also show that children and young people who have experienced violence in the home constitute a risk group for developing post-traumatic stress disorder (Conner et al. 2014; Griffing et al. 2006). These difficulties can complicate the everyday life of children in a number of ways, at school, in their leisure time and in peer relationships (Eriksson et al., 2013; Almqvist & Broberg, 2004). The youngest children are a particularly vulnerable group. They are dependent on their carer for their survival, have more difficulty distancing themselves from the violence and have more difficulty putting what they feel into words (Överlien, 2010). Depending on age, development, relationship to the perpetrator and the violence severity, children can develop various strategies to avoid violence and create a functioning everyday life (Överlien, 2012; Överlien & Hydén, 2009; Mullender et al., 2002).

6. Interventions

6.1 Interventions targeted at women

Interventions targeted at women aim to provide women

with protection and support or treatment for their psychological injuries. Indirectly they are aimed at preventing the recurrence of violence.

In Sweden, municipal governments have an overarching responsibility to provide support and assistance to the adults and child victims of violence and to children who have witnessed violence. Various initiatives have been developed such as a support group counselling and emergency housing (Rivas et al. 2015; SOU 2006: 65; SKL 2016). Women can also contact any of the approximately 180 non-profit women's support services or one of the 89 crime victim's services in the country.

The police can offer women experiencing violence different degrees of protection. Since 2006, the Swedish National Board of Forensic Medicine has a responsibility to document the victim's injuries and issue medical certificates (Lag 2005: 225). Proper certification is an important part of the primary investigation.

The Restraining Orders Act was introduced in Sweden in 1988 to provide better protection for people being persecuted and harassed - mainly women subjected to violence and other abuse by male relatives or acquaintances. A restraining order or contact prohibition means that a person is not allowed to visit or otherwise actively contact the protected person. An evaluation shows that every third person with a restraining order are suspected of violating the order (Brå 2015).

Many women remain in violent relationships for a long time, but there are studies that show that it is possible to leave the man if the woman gets support during the separation process (Anderson & Saunders, 2003; Anderson et al., 2003; Anderson 2007).

In 2011, the first major Swedish study on the effect of interventions for women experiencing violence was undertaken. It aimed to investigate changes in psychosocial health and exposure to violence involving 353 women from four different municipal organisations and 20 non-profit women's support services. 206 women who were victims of violence were recruited through advertisement in the media as the comparison group. At the one-year follow-up women in both groups reported small to moderate improvements in mental health and psychosocial functioning. Since the improvement in mental health was relatively small for the group receiving interventions, and the group not receiving interventions also showed an improvement in mental health, the researchers concluded that it was not possible to verify the effects of the interventions. The women were highly satisfied with the support they received. Overall, the study showed that the women who had been subjected to extensive violence had poorer psychosocial health than the general population, as well as a high need for care and support (Karolinska Institutet/FORUM 2011).

A Swedish literature review comprising 26 articles on treatment interventions (Antilla et al. 2006) showed that *Cognitive Trauma Therapy for Battered Women* (Kubany et al. 2004) developed for women diagnosed with PTSD re-

sulted in some improvement. The *Domestic Violence Focused Couples Treatment programme* (Stith et al. 2011), where a combination of individual counselling and group couples therapy was applied, also resulted in a slight improvement (Antilla et al. 2006, p.10).

Several systematic reviews (O'Doherty et al., 2014; Nelson et al., 2012; Moyer 2013) have been undertaken investigating whether screening in the healthcare system leads to improved health and prevents the recurrence of violence. It was concluded that screening can be effective in identifying violence, but must be combined with interventions to improve overall health. The U.S. Preventive Services Task Force recommends screening for violence against women of childbearing age and, where appropriate, reference to support services and interventions (Moyer 2013).

6.2 Interventions targeted at men

Interventions targeted at men aim to encourage men to cease all forms of violent behaviour.

There are thirty men's crisis centres (*manscentrum/ kriscentrum*) in various parts of Sweden, either privately operated or operated by the municipality. Men seeking help for violence and aggression are one of the largest client groups at these centres. Treatment is based on a holistic approach to violence, where various factors and perspectives are taken into account, often in the form of group therapy. Each treatment session focuses on the violence and ways to deal with anger and potential risk situations. The treatment also provides knowledge about relationships and those relationship patterns that are linked to conflict and violence. The criteria for having come to terms with violent behaviour can be summarised as: 1) fully admit to himself and take responsibility for his violent behaviour; 2) have greater confidence in his ability to deal with critical situations; 3) increased awareness of the risk factors, risk situations and risk conditions; and 4) the development of strategies for managing anger and potential risk situations (Eliasson, 2000; Manscentrum in Stockholm 2016). The Swedish program *Utväg* ("Way out") and the Norwegian model *Alternativ til Vold* ("Alternatives to violence") work with similar principles.

The first Swedish evaluation of treatment for men involved organisations in eight locations across the country and three types of treatment: Alternatives to Violence, "Way out" and men's crisis centres. 198 men responded to a self-assessment questionnaire when they started treatment and 140 men participated in a one-year follow-up. The evaluation showed that many of the men had reduced their violence and had even improved their mental health and reduced their alcohol and drug use (Socialstyrelsen 2010). The results are promising, but should be interpreted with some caution as the study is based on self-assessment of positive change and does not include a control or comparison group.

In Sweden, the Swedish Prison and Probation Service (Kriminalvården) uses the manual-based *Integrated*

Domestic Abuse Programme (IDAP). The program has been evaluated and could not demonstrate any statistically significant difference in the risk of relapse into violence between the treatment group and the comparison group (Kriminalvården, 2011).

An American systematic review (Eckhardt et al. 2013) included twenty treatments that were considered traditional and ten treatments that were considered alternative. The traditional treatments assumed feminist explanations that men's violence against women is a structural phenomenon and aims to reinforce the patriarchal power structure, male privilege and misogynistic attitudes in society. Gender equality and male responsibility for the violence was advocated. Some of the traditional programs also contained elements of cognitive behavioural therapy, grounded in an understanding of the various forms of cognitive disorders, inability to regulate emotions and lack of ability to hold intimate relationships, may constitute causes of violence (Eckardt et al. 2013: 198). A group of the alternative treatments aimed to increase men's motivation for change by applying the principles of motivational enhancement therapy (Alexander et al., 2010; Scott et al. 2011). Other alternative treatments included various forms of couple therapy (Stith et al. 2004). Eckardt et al. (2013) found that there was no clear evidence that any of the traditional forms of treatment would be effective. In contrast, the researchers felt that there was reason to be cautiously optimistic in terms of the alternative treatments that addressed the man's motivation and readiness for change and the treatments that focussed on the couple.

Several studies have shown that it is difficult to predict future use of violence. Nicholls et al. (2013) found few studies that evaluated the instruments that assess risk for violent behaviour and could not draw any conclusions that were conclusive enough to recommend a particular instrument. An assessment of the instrument used by the Swedish police SARA: SV yielded similar results. The number of correct predictions was only 7 out of 50 (Svalin et al. 2014).

6.3 Interventions targeting children

Interventions targeting children aim to provide children with protection and support. In Sweden, social services (Socialtjänsten) have the ultimate responsibility for children to get the support and help they need. By law, children who witness violence against their carers are victims, without being the injured party. This means that they are entitled to assistance and compensation from the government (Social Services Act Chapter 5, § 11; Criminal Damage Act 4 a §) but that damages cannot be recovered from the offender.

Since the 1990s, several types of interventions to support children have been developed in Sweden (Eriksson et al. 2006). The most common is individual therapy, especially the "Steps-model" (Trappan-modellen) developed by Ami Arnell and Inger Ekbohm (Cater & Ekbohm, 2014) and

group therapy, based on a customised version of the American program *Children Are People Too* (Hawthorn, 1990).

Broberg et al. (2011) conducted a national evaluation of support interventions for children and their mothers, regarding exposure to violence, mental health, and perceived quality of life. The evaluation looked at both support interventions developed especially for the target group and those included as part of continuing operations (control group). A total of 222 mothers and 302 children (3-13 years) were included in the study. The results showed that the organisations that offered specialised interventions were appreciated by the mothers and contributed positively to the children's mental health. The demonstrable effect was small, however, and many children had mental health problems after the intervention was completed. The researchers stressed the importance of an "intervention ladder", where children can quickly be offered an intervention that matches their needs and where specialised treatment can be provided if required.

Two methods that are suitable for social services in Sweden are *Kids Club* (Graham-Bermann 2000, Graham-Bermann et al. 2011) and *Project Support* (Jouriles et al. 2001), which have shown good results in international studies. The same applies for the two methods adapted for child and adolescent psychiatry, *Trauma-focused cognitive behavioral therapy* (Cohen et al., 2006) and *Child Parent Psychotherapy* (CPP) (Lieberman et al. 2006). A study by Broberg et al. (2015) examined the feasibility of the four methods mentioned above in a Swedish context. The trial showed promising results for all methods. However, advanced skills and resources, training, and further studies are needed for the methods to be established and distributed in Sweden.

7. Research gaps and areas for development

Men's violence against women in intimate relationships has emerged as a field of knowledge over the last 25 years. However, there are still gaps in this knowledge and areas left to develop. Here are some examples:

7.1 Attitudes and norms

The legislation against corporal punishment of children is an example of a societal intervention that has led to a change of attitudes to violence against children. Most European countries have followed the example of Sweden. Regarding intimate partner violence, legislation and law has tightened, but it is uncertain whether it has had any effect on changing attitudes. It is therefore important to look at research questions that examine attitudes to violence against adults in families.

7.2 Causes

Johnson's (2008) theory that men's violence against women in intimate relationships can take different forms that have different causes, may be valuable as a starting point for Swedish studies that could consider: How common is intimate terrorism and situational couple violence in Sweden? How should interventions be designed for the different forms of violence?

7.3 Responses

Violence in intimate relationships does not exist in a social vacuum. Even if no witnesses are present when it happens, the violence takes place in a specific sociocultural context where family and friends form a *social network*. We can expect that the social network *responds* to the violence in some way. There is a lack of knowledge about which processes within the social network are most beneficial in stopping the violence, and how societal interventions can be designed to interact with these beneficial forces.

7.4 Consequences of violence

Although the consequences for heterosexual men exposed to intimate partner violence has been discussed since the 1980s, it is still a neglected area of research, as well as the exposure to violence for LGBTQ people. Issues related to the extent, types, causes, consequences and support interventions, have yet to be systematically treated.

Violence between young people in intimate relationships is another neglected area of research in Sweden. We know little about the effects on young people exposed to violence by a boyfriend/girlfriend, what impact it has on their daily lives at school, in their leisure time and friendships, as well as the dynamics of the violence.

7.5 Interventions

By asking about violence in psychiatric counselling, more abused women are identified and get help for post-traumatic stress disorder and other mental illnesses. To develop interventions for female victims of violence during pregnancy is another urgent area of development.

There are crucial development areas for children who experience violence in the home, such as their own responses to their exposure to violence, and what they perceive as a positive response from the surrounding community. Despite extensive research demonstrating the serious consequences for children experiencing violence in the home, few affected children are offered opportunities for treatment and support. An urgent area is developing, implementing and evaluating methods in other countries which have demonstrated good results (see 'Interventions for children'), as well as developing and evaluating the support from social services, schools and women's support services.