Exploring intimate partner violence among adult women and men in Sweden

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ABSTRACT

Intimate partner violence (IPV) is a worldwide public health concern. The aim of this thesis is to assess psychometric properties of the Violence Against Women Instrument (VAWI) and to study self-reported exposure, associated and contextual factors of IPV among adult women and men residing in Sweden. A further aim is to explore and interpret men's experiences of IPV in light of current theoretical perspectives in the field.

Methods: Data was gathered by cross-sectional postal survey and consisted of 573 women and 399 men aged 18-65 years. Internal reliability and validity of the VAWI were assessed by means of Cronbach's alpha and principal components analysis (PCA). Simple and multivariable logistic regression was used to identify factors associated with exposure to IPV. In addition, twenty semi-structured interviews with men subjected to IPV were conducted and analysed using a hermeneutic spiral.

Results: The Cronbach alpha coefficient for the total violence scale was 0.88 for both women and men. For women, the PCA yielded a two-component solution and a three-component solution largely mirrored the VAWI's conceptual model. For men, the conceptual model of the VAWI was only partially reflected and other constructs were found. Similar past-year exposure rates to IPV were found among women and men, whereas the rates for earlier-in-life exposure were higher among women. Factors associated with IPV for both women and men were poor to moderate social support, having grown up in a home with violence and being single, divorced or widowed. There was a tendency for women and men to report different social consequences of IPV. While the interviewed men's female partners had established considerable and severe emotional control over them, they

generally did not achieve physical or sexual control of the men. Gender as a pervasive structure affected both the expressions and experiences of IPV.

Conclusions: Results from this thesis suggest that both women and men are exposed to IPV in Sweden, but in partly different ways. Hence, future public health research should be guided by gender theoretical frameworks that consider the contextual and structural differences of IPV between women and men. The results can also be used to develop a gender sensitive health care policy that contextualizes IPV by considering coercion, fear and impact of women's and men's experiences.

Keywords: intimate partner violence, violence against women instrument, WHO instrument, psychometric properties, prevalence, men's experiences of IPV, Johnson's violence typology, gender symmetry

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SAMMANFATTNING PÅ SVENSKA

Våld i nära relationer är ett omfattande folkhälsoproblem. Syftet med denna avhandling är att undersöka pålitligheten i Världshälsoorganisationens (WHO) frågor om våld i en nära relation och att granska förekomsten av självskattad våldsutsatthet, dess konsekvenser samt samvarierande faktorer bland vuxna kvinnor och män bosatta i Sverige. Ett ytterligare syfte är att utifrån dagsaktuella teoretiska bidrag inom våldsforskningsfältet utforska och tolka mäns upplevelser av att vara utsatt för våld i en nära relation.

Datainsamlingen genomfördes som en tvärsnittsstudie med hjälp av postenkäter som skickades till slumpmässigt utvalda kvinnor och män i åldern 18-65. Enkätutskicket administrerades av Statistiska Centralbyrån mellan januari-mars 2009, och underlaget till analyserna utgjordes av 573 svar från kvinnor och 399 svar från män. Pålitligheten i WHO:s våldsfrågor undersöktes med hjälp av Cronbachs alfa koefficienter och en principalkomponentanalys. Logistiska regressionsanalyser tillämpades för att undersöka samvarierande faktorer med våldsutsatthet. Ett ytterligare dataunderlag består av 20 semi-strukturerade intervjuer som genomfördes med män som identifierade sig som utsatta för våld i en nära relation. Dessa analyserades med hjälp av den hermeneutiska spiralen.

Cronbach alfa koefficienten var 0.88 för den sammantagna våldsskalan för både kvinnor och män. Principalkomponentsanalysen resulterade i en tvåkomponentslösning för kvinnor, medan trekomponentslösningen till stor del motsvarade WHO:s konceptuella modell. Däremot återskapades inte WHO:s konceptuella modell för männen, och istället hittades en annan konstruktion. Medan kvinnor och män angav våldsutsatthet i lika hög utsträckning för det senaste året, rapporterade kvinnor en högre utsatthet för våld som förekommit innan det senaste året. Faktorer som samvarierade med våldsutsatthet för både kvinnor och män var svagt till måttligt socialt stöd, att ha vuxit upp i ett hem där det förekom våld mellan föräldrarna och att vara singel, skild eller änka. De intervjuade männens kvinnliga partners hade etablerat en betydande och allvarlig känslomässig kontroll över dem, men lyckades sällan uppnå fysisk eller sexuell kontroll över männen. Genus som en genomgripande struktur påverkade såväl uttryck som upplevelser av våld.

Sammantaget visar resultaten från denna avhandling att både kvinnor och män är utsatta för våld i en nära relation i Sverige, men även att våldsutsattheten skiljer sig åt. Framtida folkhälsovetenskaplig forskning om våld i en nära relation bör således ha en tydlig genusteoretisk förankring som

beaktar strukturella och kontextuella aspekter av att leva med våld i en nära relation. Dessutom rekommenderas att politiska beslut som berör hälso- och sjukvården tar hänsyn till att våldsutsatthet mellan kvinnor och män skiljer sig åt. Detta kan exempelvis göras genom att uppmärksamma den kontext där våldet tar sig i uttryck, samt våldets konsekvenser och dess medföljande kontroll.

LIST OF PAPERS

This thesis is based on the following four studies, referred to in the text by their Roman numerals.

I. Nybergh L, Taft C, Krantz G. Psychometric properties of the WHO Violence Against Women Instrument in a female population-based sample in Sweden: a cross-sectional survey. BMJ Open 2013;3:5 doi:10.1136/bmjopen-2012-002053, Open access

II. Nybergh L, Taft C, Krantz G. Psychometric properties of the WHO Violence Against Women Instrument in a male population-based sample in Sweden. BMJ Open 2012;2:6 doi: 10.1136/bmjopen-2012-002055, Open access

III. Nybergh L, Taft C, Enander V, Krantz G. Self-reported exposure to intimate partner violence among women and men in Sweden: results form a population-based survey. BMC Public Health 2013; 13:845, Open access

IV. Nybergh L, Enander V, Krantz G. Theoretical considerations on men's experiences of intimate partner violence: an interview-based study. (*Submitted manuscript*)

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ABBREVIATIONS

CI	Confidence interval
IPV	Intimate partner violence
IT	Intimate terrorism
NorAQ	The NorVold Abuse Questionnaire
PCA	Principal Components Analysis
SCV	Situational couple violence
VAWI	The Violence Against Women Instrument
VR	Violent resistance
WHO	World Health Organization

DEFINITIONS IN SHORT

Intimate Partner Violence (IPV)	In this thesis, IPV is defined in several ways. In studies I-III, IPV refers to being exposed to at least one act of psychological, physical or sexual violence as measured by the World Health Organization's Violence Against Women Instrument. In study IV, no single definition of IPV is used, but different definitions are discussed in light of selected theoretical frameworks. In addition to acts of violence, study IV emphasizes the context in which they take place.
Intimate terrorism (IT)	IT depicts relationships where one partner uses physical and/or sexual violence combined with multiple control tactics in a way that either explicitly or implicitly aims to gain general control over the other partner. The partner, in turn, does not use control but may or may not use violence.
Violent resistance (VR)	VR is when a victim of IT (see above) uses physical violence in situations similar to self-defence, and which emerges in specific situations as a violent response or reaction against the other partner's ongoing violence and control.
Situational couple violence (SCV)	SCV includes acts of physical violence that are carried out by one or both partners during isolated arguments within relationships that are devoid of an overarching pattern of systematic control.

1 INTRODUCTION

Studies conducted during the past three decades or so have found that not only women, but also men are exposed to violence by their intimate partners: such findings have fuelled academic debates on the nature of intimate partner violence (IPV) and whether it differs for women and men (1). While these debates have mainly been prevalent in Anglo-Saxon countries, this thesis aims to consider women's and men's exposure to IPV in a Swedish context.

Before approaching the subject of IPV in more detail, however, it is helpful to place it in its broader context. As affirmed by the Universal Declaration of Human Rights, everyone has the right to a secure life (2). Yet, violence is a widespread problem across all cultures that affects the health and sense of security in individual lives as well as in societies overall (3). The World Health Organization (WHO) conceptualizes different types of violence into a violence typology to give an overview of separate but often intersecting forms of violence. The three main categories include self-directed, interpersonal and collective violence (Figure 1). Self-directed violence refers to violence that an individual uses against him- or herself and includes self-abuse and suicide. Collective violence, on the other hand, is perpetrated by larger groups of individuals and may take the form of state terrorism or the use of rape as a weapon of war. The third category consists of interpersonal violence, which is divided into community and family violence: community violence is perpetrated by an acquaintance or stranger, whereas family violence refers to violence from one family member towards another, such as child maltreatment or elder abuse. It also includes IPV, which is the focus of this thesis. The WHO violence typology is useful to place this focus into context while being mindful of other aspects of violence that may co-exist in people's lives.

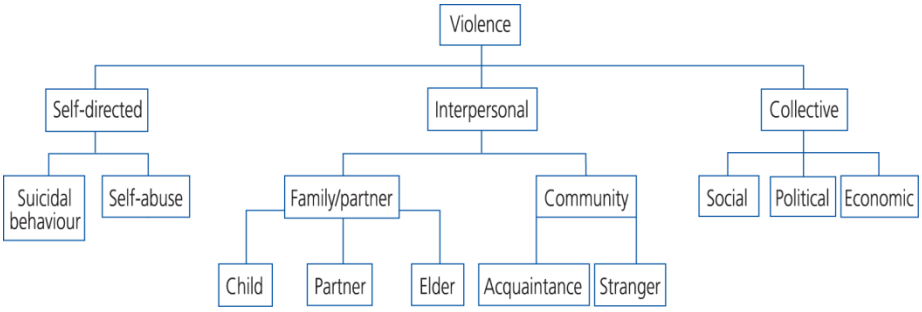

Figure 1.Violence typology of different forms of violence. Reproduced with the permission of the publisher from the World Report on Violence and Health, Geneva, WHO, 2002 (Fig. 1.1, Page 7 http://whqlibdoc.who.int/publications/2002/9241545615_eng.pdf?ua=1, accessed on 19 May 2014).

Both women and men can be victims of all forms of violence, although the patterns often differ. While men are most likely to be subjected to violence by a stranger, women are most likely to be subjected by an intimate partner (4, 5). Men are also more likely to be the victims of homicide, except within intimate partnerships where the victim is most often a woman (6). Whereas men and boys suffer the largest part of the overall violence that causes hospitalization and death, women and girls are over-represented among the victims of sexual violence (4).

There are several ways to define violence, but one widely cited and overarching definition is provided by the WHO, which defines it as "*the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation*" (3). The WHO definition thus emphasizes both the intent to use violence, the actual presence or threat of violence as well as its consequences. The nature of the violence may, furthermore, be physical, psychological, sexual or involve deprivation or neglect; these may also occur simultaneously and are not mutually exclusive (3). Furthermore, the WHO has emphasized that psychological, physical and sexual violence may be accompanied by various controlling behaviours perpetrated by an intimate partner. Controlling behaviours refer to aspects such as being isolated from family and friends and being hindered from gaining access to information or assistance (3).

IPV occurs across all ages, income groups and countries and takes place in same-sex as well as in opposite-sex relationships (7-9). However, particularly vulnerable groups have been identified. Those who are unemployed, have low income or are of younger age are more likely to be exposed (10). Most national surveys on IPV victimization are conducted among women, but studies are increasingly including men in their samples. Research that incorporates both women's and men's experiences of IPV or that consider men's exposure to violence stems mainly from North America and to an extent from the U.K., while similar studies conducted in the Nordic countries have only recently appeared (11-14). This thesis reflects the growing interest and considers the issue of IPV among adult women and men in Sweden.

Finally, IPV has been studied from a range of scientific paradigms as diverse as positivism and social constructionism, represented in disciplines such as the political sciences, law, theology and gender studies. While this thesis is placed within public health, my previous background and training in the humanities had a special emphasis on gender studies. This has undoubtedly influenced how the subject of IPV is framed both in the individual studies as well as in this framework. Furthermore, the discipline of public health has been proposed as a suitable arena for combining different approaches to the study of IPV (15). Concurring with this view and combining my accumulated educational backgrounds, the current PhD thesis attempts to engage with gender theoretical considerations, and uses both quantitative and qualitative methods.

1.1 Intimate partner violence (IPV) and ill-health

IPV is associated with many aspects of negative physical and mental health concerns, and is considered a worldwide public health issue (16). Women and men exposed to IPV often have increased rates of depression, suicide attempts, HIV, anxiety, poor self-rated health, posttraumatic stress disorders and chronic disease (e.g. stroke and asthma) (17-27). IPV against women is also associated with poor reproductive health and pregnancy outcomes (28-30). Moreover, women who are exposed to IPV often seek health care services for a variety of unspecific, common symptoms (e.g. stomach or low back pain), which can make IPV difficult to detect within the primary health care (31-33). Exposure to IPV is also linked to health risk behaviours such as increased smoking, alcohol consumption and drug abuse (17, 25, 26, 34).

While most of the knowledge on IPV and its health associations has been obtained by cross-sectional surveys, a recent review of longitudinal studies on exposure to physical and/or sexual IPV and depression and suicide attempts found that the association between IPV and depression may be bidirectional for women. For men, there was some evidence that IPV may lead to depression. IPV exposure was also associated with subsequent suicide attempts for women, but not for men; however, more studies on the effects of IPV on men's health are needed (35).

While both women's and men's exposure to IPV is linked to ill-health, studies generally note that women display a larger range of negative health effects and that the associations between them and IPV are stronger when compared to men (17, 19, 23, 36). This, in turn, is likely due to women's comparatively more chronic and severe exposure to IPV in opposite-sex relationships (22, 23). Health effects of IPV may also manifest differently by sex. For example, one general population based study conducted in the U.S. (n=5,692) found that men were more likely to experience externalizing disorders (e.g. substance abuse), whereas women were more likely to experience internalizing disorders (e.g. anxiety disorders) (19).

Injuries and mortality

IPV also causes physical injury and mortality. So called "mild" injuries are the most commonly reported and include bruises and tenderness, followed by comparatively more severe physical injuries such as cuts, wounds, bone-fractions and burn marks (37-39). Life-threatening injuries (e.g. neck-strangulation and severe head injury) also occur (38). Women are more likely to present at the emergency room, report injury as well as use physician and mental health services than are men (34, 38, 40-43). According to one study from the U.S., the average per person costs in service utilisation due to IPV injuries is twice as high for women as for men (39). In its most extreme form, IPV perpetration may also cause the death of a person. A review on the global prevalence of intimate partner homicide found that 38.6% of the female and 6.3% of the male homicides were perpetrated by an intimate partner (6). In Sweden, it is estimated that approximately 17 women and four men die every year as a consequence of IPV (44). Mortal IPV is generally preceded by a long history of abuse (6). While men often kill their female partners as the end result of having abused them for a long period of time, women often kill their male partners in retaliation or in situations where they have perceived threat to themselves or to their children (44, 45).

1.2 Prevalence of IPV

Although IPV is widespread on a global scale among both women and men (46, 47), large differences in prevalence rates occur both across and within countries (48, 49). The WHO Multi-Country Study on Women's Health and Domestic Violence against Women used a standardized methodology to assess IPV exposure among women in ten different countries. The study found that for life-time physical IPV the prevalence rates varied from 13% in Japan to 61% in provincial Peru (50). Furthermore, the reported life-time estimates ranged between 20-75% for psychological violence and 6-59% for sexual violence amongst the study sites (50).

As reflected in the Multi-Country Study, studies on a global scale have especially considered men's violence against women in intimate partnerships (7, 29, 51-54) and there is comparatively less knowledge on men's exposure to IPV. Nevertheless, such studies are steadily increasing, mainly in countries of the global north (11, 13, 37, 38, 40, 55-58). A study conducted in the United States among both women and men (n=70,156) found that 26.4% of the women and 15.9% of the men reported exposure to at least one act of physical and/or sexual IPV during their lifetime (40). Another report from Norway, which assessed physical and sexual acts of IPV and threats of the same (n=4,618), found that 5.7% of the women and 5.6% of the men had experienced IPV during the year preceding the survey; corresponding figures for IPV experienced earlier in life were 27.1% and 21.8% (11). Few random population-based studies have been conducted among same-sex relationships, and this body of research is younger compared to IPV research among opposite-sex relationships (59). However, a study that conducted a secondary analysis on a random, national population-based sample in the United States found that emotional, physical and sexual IPV rates among the lesbian, gay and bi-sexual respondents (n=144) were twice as high as among the heterosexual respondents (n=14,038) (60). Nevertheless, further studies on same-sex relationships are needed, which is challenging considering that it is difficult to obtain large, random national samples among this population.

Table 1 provides an overview with examples of studies on IPV conducted in Sweden (5, 14, 42, 51, 61-64). Other studies on exposure to violence among women and men in Sweden have been performed (64-70); however, they were omitted from the table since they do not present prevalence rates separately by sex or type of perpetrator. As can be seen in Table 1, the studies provide differing pictures of IPV and their findings vary, which is likely due to the varying methods and definitions used. For example, the studies that

assess IPV as a crime (42, 62) generally find lower rates of IPV than those which define it in broader terms (5, 51).

Furthermore, Table 1 shows how studies that considered IPV exposure among both women and men in Sweden were scarce during the initiation of this PhD project in 2009. However, such studies have become more frequent over the past few years and provide valuable information on IPV exposure among both women and men. Nevertheless, these studies define IPV in terms of a crime (14, 42), use other than random, national population-based samples (61, 63) or do not present past-year estimates very clearly (5, 63). Studies that include both women and men, consider all three forms of psychological, physical and sexual violence beyond their crime status and assess IPV separately for the past-year and earlier-in-life time frames may hence provide additional information on IPV in Sweden.

Table 1. Example of studies assessing IPV prevalence in Sweden.

Study	**Year and mode of data collection**	**Forms of IPV**	**Time frames**	**Results**
National population-based sample, age 18-64, n=6926 women (The Swedish Crime Victim Compensation and Support Authority and Uppsala University: Lundgren et al. 2001)	1999/2000, postal survey	Physical, sexual and threats	Past-year and earlier-in-life (after 15th birthday), current and former cohabiting partners as well as non-cohabiting partners* were assessed separately	Current cohabiting partner life-time (past-year and earlier-in-life combined): 7% physical violence, 3% sexual violence, 1% threats Current cohabiting partner past-year: 3% physical violence. Figures for sexual violence and threats were not presented. Former cohabiting partner life-time (past-year and earlier-in-life combined): 28% physical violence, 16% sexual violence, 19% threats Former cohabiting partner past-year: 3% were pushed, dragged or held, 2% had things thrown at them that could have hurt them, 1% were beaten with a fist or a hard object or were kicked, 2% were threatened. Figures for sexual violence were not presented for the past-year
Sample of employees in four counties, age ≥ 15years , n=3376 women (The Swedish National Council for	2001, postal survey	Physical and threats	Past-year	1.0%

Crime Prevention: Nilsson 2002)				
Sample of members of the Swedish Federation for LGBT rights, The study did not have inclusion criteria based on age; anyone who received the Federation's magazine was eligible. N=2013 lesbian, gay, transgender and bisexual respondents (Stockholm University: Holmberg & Stjernqvist 2005)	2004 postal survey	Psychological, physical and sexual	Life-time, current and former partner assessed separately	Life-time exposure by a current partner: 9.8% Life-time exposure by a former partner: 17.3%
National population-based sample, age 16-79, n=37605 women and men (The Swedish National Council for Crime Prevention: Hradilova Selin 2009)	2005, 2006 and 2007, phone survey	Battering, sexual, harassment and threats	Past-year (combined results from 2005-2007)	1.2% women and 0.3% men
Sample of those residing in Stockholm, age 16-79, n=3568 women and men (City of Stockholm: Bååk 2013)	2012, postal survey	Psychological and physical (incl. sexual)	Life-time and past-year	Life-time psychological IPV: 37% women and 23% men Life-time physical (incl. sexual) IPV: 27% women and 15% men
National, population-based sample, age 18-74, n=5681 women and 4654 men (The National Center for Knowledge on Men's Violence Against Women at Uppsala University: Andersson et al. 2014)	2012, postal survey	Repeated psychological, physical and sexual	Life-time and past-year, (after 15th birthday, between the ages of 15-17 and 18 or above assessed	Life-time repeated psychological IPV: 20% women and 8% men Past-year repeated psychological violence (perpetrator not specified): 4.8% women and 2.5% men Life-time physical IPV: 14% women and 5% men

			separately. Only results for the adult population are presented in this table)	Past-year physical IPV: 3.9% women were exposed to physical violence, of which around half was perpetrated by an intimate partner; 4.9% men were exposed to physical violence, of which one fourth was perpetrated by an intimate partner Life-time sexual IPV: 7% women and 1% men Past-year sexual violence: 3.4 % women of which about half was perpetrated by an intimate partner; figures for men were not presented as the group was too small to conduct analyses separately by perpetrator
National, population-based sample, age 16-79, n=12671 women and men (The Swedish National Council for Crime Prevention: Frenzel 2014)	2012, phone survey (and postal survey to those who were unreachable by phone)	Psychological and physical (incl. sexual violence)	Life-time and past-year	Life-time psychological IPV: 23.5% women and 14.5% men Past-year psychological IPV: 6.8% women and 6.2% men Life-time physical (incl. sexual) IPV: 15.0% women and 8.1% men Past-year physical (incl. sexual) IPV: 2.2% women and 2.0% men

* To enhance the clarity of the table, figures on non-cohabiting partners were omitted.

Prevalence rates vary: the need for valid and reliable assessment instruments

As previously mentioned, reasons for differences in IPV prevalence rates between and within countries may reflect true differences between study sites and changes over time, but also a number of methodological choices (48, 71). Studies often apply different definitions of IPV, which sometimes is divided into "mild" and "severe" (mostly based on legal, but at times also on empirical definitions), and it may or may not be given by frequency (and the frequency measures often differ). Some studies include threats of violence and others do not, whereas some combine controlling behavior and psychological violence into one entity and others keep them separate – in both cases definitions of these concepts may vary. Studies also differ in the number of questions asked, in the framing of the assessment instruments and in the target age groups and time frames studied (e.g. past-year, past five years, earlier in life and/or life-time) (72). Some of these differences are also exemplified in Table 1. Cultural and gender norms are also likely to affect prevalence rates, as they may shape the respondents' understanding and, consequently, self-reports of IPV (50, 73).

The use of differing definitions and methods to assess IPV hampers comparisons between studies and over time and is challenging for public health efforts on IPV where good and clear communication is central (74). Hence, the WHO Multi-Country Study on Women's Health and Domestic Violence against Women developed the Violence Against Women Instrument (VAWI) to minimize methodological differences and allow for cross-cultural comparisons of IPV (50). The VAWI is also used in the current thesis.

The use of validated IPV assessment instruments may be considered a necessary step to minimize methodological influences such as those recounted above (75). Two key concepts related to the assessment of an instrument's psychometric properties are reliability, which refers to the degree to which the assessments are reproducible, and validity, which refers to the degree to which a measure assesses what it is intended to (75). Reliability is necessary, although not sufficient, for something to be valid (76). Validity is, furthermore, often divided into three main categories: content, construct and criterion validity (75). Content validity focuses on whether the measure represents all aspects of that which is studied (in this context: IPV) and may, for example, be judged by experts in the subject matter. Construct validity refers to how well the instrument is measuring the construct that it is intended to measure. It addresses the question of whether the measure behaves like a measure of that construct should behave

according to theory. Criterion validity, on the other hand, may be tested by how well the instrument agrees with results obtained by another measure, such as a well-established instrument (76).

Assessing an instrument's psychometric properties furthers our understanding of its applicability within different samples. This facilitates the study of other questions, such as whether distinct socio-economic and political conditions have differentiating effects on IPV, or which IPV interventions will be most effective (77). Overall, however, studies on IPV assessment instruments' validity and reliability are limited, and even fewer are conducted among men who report exposure to IPV (78). In a Nordic context, the NorVold Abuse Questionnaire (NorAQ) was the first instrument on exposure to abuse to be validated among both women and men (66, 79). However, it includes abuse by several perpetrators and was developed for a health care setting; there is a lack of national, population-based studies on psychometric properties of IPV-specific assessment instruments in Sweden that consider both women and men.

1.3 Conceptual orientation: gender symmetry?

Debates on the interpretation of women's and men's self-report of IPV have been going on since the late 1970s (1, 80-82). Some prevalence studies, mainly from the United Kingdom, the United States and Canada, but from other countries as well, have proposed that men are as much or even more victimized in intimate partnerships than women (43). These studies have often drawn the conclusion that IPV is a gender symmetrical occurrence, meaning that women and men are exposed to IPV equally in opposite-sex relationships (or, in some instances, that men are more exposed), and that gender is therefore not significant to its study (30).

While most researchers agree that both women and men may use different forms of violence within their intimate relationships, the gender symmetry debate has largely centered on the accuracy of framing it as gender symmetry (80). Recently, this debate has stranded in a Nordic context as well (80). However, there are no clear definitions of gender symmetry, and its definitions vary somewhat from researcher to researcher. Michel Kimmel (1) noted in his review study that the concept of gender symmetry in itself is unclear: does it refer to the number of times that women and men hit each

other, to the number of women and men who hit, or perhaps to the motivations or consequences of IPV? Researchers often use the concept of gender symmetry in various ways, which may further confuse the debate.

Since the debate on gender symmetry touches upon the results of the studies included in this thesis, some of the arguments within this debate will be reviewed next. Although the following overview cannot be considered all-encompassing, the aim is to highlight aspects that are both recurring in the debate and relevant to this thesis. In doing so, some of the many ways in which the concept of gender symmetry has been used will hopefully also be clarified.

1.3.1 Context and consequences

One of the recurring points in the discussions over gender symmetry is that while the prevalence of IPV may be similar among women and men, the consequences of and the contexts in which IPV takes place differ. What exactly is meant by context and consequence varies from researcher to researcher, but it often includes the power relations between the partners on an individual as well as broader societal or historical context, the presence and nature of coercive control in the relationship, the motivation to use IPV, the meaning of IPV to those involved, as well as its health and social consequences (72, 83-86). For example, literature reviews conducted among opposite-sex samples often conclude that women experience more injurious, repeated and severe physical IPV, more sexual IPV, more fear, more stalking and greater decreases in relationship satisfaction compared to men (1, 30, 34, 43, 80, 87-91). Also, it has been suggested that women do not achieve similar levels of intimidation and coercive control as men when they use IPV within opposite-sex relationships (91-93). While women may attempt to control their male partners, the effects are not the same as when men control women: men more rarely stop seeing their friends, fear their partners, accommodate aspects of their lives according to their female partners' demands or consider themselves as victims of IPV (90, 92, 94, 95).

A study based on interviews with 96 cohabiting opposite-sex couples demonstrated that women were more likely than men to use IPV when IPV was defined as the use of any one act of physical violence (gender symmetry) (96). However, when the context and consequences in terms of injuries, threats and the motivations (e.g. intimidation, self-defense) were included in the definition, women were more exposed to IPV than men (gender

asymmetry). Hence, IPV may seem gender symmetrical when the context and consequences are excluded from its definition and gender asymmetrical when they are included (96). This study demonstrated in a relatively simple way how researchers often seem to debate the gender symmetry of IPV among women and men with differing definitions, which may, to an extent, muddle the debate.

1.3.2 Used data sources and methods

Another strand of arguments within the gender symmetry debate draws attention to how different data sources and methods give rise to varying findings and conclusions with regards to gender symmetry. Crime victimization surveys tend to find that women are more exposed to IPV than men, reflecting the more serious nature of IPV captured by the framing of violence as a crime. Similarly, shelter-, hospital- and court-based records also find higher degrees of IPV among women than men and these sources therefore find gender asymmetry (97, 98). In contrast, gender symmetry is often found in national population-based surveys, which are hypothesized to include comparatively less threatening forms of IPV (1, 99).

Moreover, some have pointed out that surveys de-contextualize IPV and fail to separate between an act made in offence and an act made in self-defense (100). Consequently, acts with different aims and consequences become abstracted and receive equal importance such as playful versus threatening shoves, or a retaliatory versus an offensive or disciplinary strike (45). Hence, researchers have argued that the subject of IPV requires qualitative methods in addition to quantitative ones for a more holistic approach and furthered understanding with regards to its gendered aspects (101-105). Qualitative studies can provide different kinds of insights, richer descriptions and further illuminate the meanings of IPV and the context in which it takes place (45, 103). Such studies have shown that people can interpret violent acts in several different ways that are influenced by gender (102, 105). For example, one study found that participants defined “hitting” as physical violence with the intent to hurt for adolescent boys, and as playful expressions for adolescent girls (102).

Yet, in relation to quantitative studies, which is the largest source for claims on gender symmetry and for knowledge on men’s exposure to IPV, there exist relatively few interview-based studies conducted among men (30, 106). Qualitative inquiries on men’s exposure to IPV in opposite-sex relationships

and the context in which it occurs would further elucidate the empirical findings debated in quantitative research.

1.3.3 Pulling the strands together: Johnson's violence typology

US based researcher Michael P. Johnson's influential contribution to the gender symmetry debate in the form of a violence typology binds together several of the arguments reviewed above. In an attempt to reconcile claims of gender symmetry and asymmetry into one, overarching theory, Johnson argues that instead of viewing IPV as a single phenomenon, there are in fact several types or categories of IPV (97, 99, 107, 108).

Johnson's violence typology differentiates between forms of IPV based on the degree and nature of control that accompanies the physical or sexual violence; hence, he shifts attention from violent acts to their context of control within the relationship (99, 109). Johnson's violence typology may be seen as one of the most influential theoretical contributions towards men's exposure of IPV. The three main and most cited categories of his violence typology include intimate terrorism (IT; sometimes also referred to as coercive controlling violence within the literature), violent resistance (VR) and situational couple violence (SCV; sometimes also called common couple violence). IT depicts relationships where one partner uses violence and control with the aim to reach an overarching control of one's partner, whereas VR is when a victim of IT uses violence in situations similar to self-defence. SCV, on the other hand, includes acts of isolated violence that are carried out in spontaneous fits of anger by one or both partners during arguments within relationships that are devoid of an overarching pattern of systematic control (108).

Furthermore, Johnson argues that some of these violence categories are gender symmetrical, whereas others are gender asymmetrical. Specifically, he proposes that men are more likely to use IT and women are more likely to use VR (gender asymmetry), whereas SCV is used to the same extent by women and men (gender symmetry). Johnson hypothesizes that these forms of violence are found in same-sex relationships as well, but calls for further research to establish how applicable they might be and considers mainly opposite-sex relationships when constructing his theory (97). Moreover, Johnson argues that survey-based studies are biased in that they are more

likely to find SCV, whereas shelter and crime samples are biased towards IT and VR (108).

Although most of the empirical support for Johnson's typology is provided indirectly from critical readings of existing literature (109), a growing number of quantitative studies test or use the typology more directly. While support for the categories has been mixed (110-112), several studies have found that IT and SCV differ by context, causes, consequences and developmental trajectories of the violence (107, 113-119). For example, IT includes more severe and repeated acts of violence that leads to higher rates of injury and more negative health effects, whereas SCV generally includes less frequent violence incidents and requires less medical attention (108, 113, 115, 120). Despite some mixed findings (121), quantitative studies have also found support for Johnson's gender symmetry and asymmetry hypothesis of the violence categories. That is, women in opposite-sex relationships mostly use VR and are mostly exposed to IT, whereas women and men are equally exposed to SCV (84, 108, 113, 122). The violence typology is less assessed among same-sex relationships (especially female) and the findings vary. One study conducted among men in same-sex relationships was not able to uniformly apply Johnson's categories (123), whereas other studies found support for the applicability of the categories (especially for IT) in both male and female same-sex samples (60, 124).

Johnson's violence typology has mainly been investigated by quantitative analyses. Nevertheless, one qualitative study (125) that looked into Johnson's categories found further support for the different violence categories (125). However, the authors were surprised at how difficult it was to apply Johnson's violence typology in an interview-based material (125).

1.4 Thesis rationale

Knowledge about the psychometric properties of IPV assessment instruments is important to enable more uniform and reliable measurements of IPV for cross-cultural comparisons and follow-up studies. However, there is a lack of national, population-based studies on the psychometric properties of IPV-specific assessment instruments in Sweden. Furthermore, studies have seldom investigated psychometric properties of IPV assessment instruments among male samples. However, as previous studies show that the patterns and nature of IPV exposure differ for women and for men, the suitability of IPV assessment instruments should be considered separately for these two

groups. In addition, despite an increasing amount of studies during recent years, further national, population-based studies that investigate both women's and men's exposure to psychological, physical and sexual IPV in Sweden are warranted. From a public health perspective, it is important to consider both women's and men's exposure to IPV as it is associated with ill-health among both groups. Finally, in comparison to quantitative studies on men's IPV exposure, few qualitative inquiries exist to further elucidate men's experiences of IPV. Such studies would further the understanding of the larger context in which men's exposure to IPV takes place. The four studies included in this thesis were designed to address these aspects. Knowledge on IPV in a Swedish context among adult women and men can provide guidance for future studies on this topic, and be used to develop health care policy on IPV.

2 AIM

The overall aim of this thesis was to explore IPV among adult women and men in Sweden. The specific aims of the included studies were:

Studies I and II

To assess selected psychometric properties of the Violence Against Women Instrument (VAWI) among a random, population-based sample of adult women (study I) and men (study II) in Sweden.

Study III

To study self-reported exposure, associated factors, social and behavioral consequences of and reasons given for using psychological, physical and sexual IPV among a random, population-based sample of adult women and men in Sweden.

Study IV

To explore and interpret men's experiences of IPV in light of selected theoretical contributions to the field. The main theoretical frame that was used consisted of Michael P. Johnson's violence typology (84, 99, 108).

3 MATERIALS AND METHODS

The studies comprising this thesis assess women's and men's exposure to IPV using both quantitative (studies I-III) and qualitative (study IV) methods. Studies I-III are based on a random, national population-based sample in Sweden and study IV includes self-selected participants from Gothenburg and Stockholm, Sweden. Table 2 provides an overview of the design, data collection, study sample, the main aims and main analyses for each study.

Table 2. An overview of the quantitative (studies I-III) and qualitative (study IV) studies included in the thesis.

	Study I	**Study II**	**Study III**	**Study IV**
Design	Cross-sectional population-survey	Cross-sectional population-survey	Cross-sectional population-survey	Semi-structured interviews
Data collection	Postal survey, linked to register data	Postal survey, linked to register data	Postal survey, linked to register data	Face-to-face interview
Study sample	Random population-based sample of women (n=573)	Random population-based sample of men (n=399)	Merged samples from study I and II (n=972)	Men who self-identified that they were subjected to IPV (n=20)
Main aims	Explore selected psychometric properties of the VAWI	Explore selected psychometric properties of the VAWI	Explore self-reported prevalence of IPV and its associated factors	Explore and interpret men's experiences of IPV in light of selected theoretical contributions
Main analyses	PCA and Cronbach's alpha	PCA, Cronbach's alpha and known	Descriptive statistics and logistic regression	Hermeneutic spiral

		groups' analysis	analyses	

VAWI: Violence Against Women Instrument
PCA: Principal components analysis
IPV: Intimate partner violence

3.1 Quantitative studies I- III

The material and methods used in the quantitative studies I-III are presented under the following sub-headings.

3.1.1 Design, data collection and study population

The target population in studies I-III consisted of all individuals between the ages of 18 and 65 (n=5 796 868 on the 9th of December in 2008) registered in the Swedish total population register maintained by Statistics Sweden. Statistics Sweden randomly selected 1006 women and 1009 men from this population and administered the data collection and registration. The survey was conducted between January and March 2009 and included five main areas: background information; childhood experiences; own exposure to IPV; reasons given for why violence occurred; and health and social support. In total, 624 women (62.0%) and 458 men (45.5%) responded to the survey. After excluding those who did not answer any of the violence items (8.2% women and 12.9% men), the study sample comprised 573 women and 399 men (amounting to a final response rate of 60.0% and 39.5%, respectively).

A second data collection was performed to examine the criterion validity of the Violence Against Women Instrument (VAWI) against the NorVold Abuse Questionnaire (NorAQ) (66, 79). Statistics Sweden sent out the VAWI and NorAQ between November 2009 and January 2010 to 20% (n=125 women and 92 men) of the respondents from the initial data collection. NorAQ was chosen since it is the only questionnaire assessing violence that has been validated in Sweden in both a female and male population-based sample. The response rate for the VAWI was 65.6% for women (n=82) and 69.6% for men (n=64); corresponding rates for the NorAQ were 63.2%

(n=79) and 59.8% (n=54). Those who answered both questionnaires consisted of 77 women and 50 men.

Additionally, sex, age, civil status and country of birth were obtained from the total population register as well as a variable on annual income acquired from the register of revenues and taxation maintained by Statistics Sweden. These variables were obtained as registered in the databases on the 9th of December 2008.

Comparison between non- responders and respondents

Differences between non-responders and respondents regarding age, country of birth, civil status and the respondents' yearly income before tax as obtained by the registers maintained by Statistics Sweden were tested with the two-proportion z-test with Bonferroni (126) adjustment ($p<0.05$; not in Table).

A significantly larger proportion of the non-responders (n=382 women and 551 men) were 18-29 years old, unmarried, foreign born and had a low annual income (0-159,999 Swedish crowns). This pattern was also found among those with missing values on all violence items (n=51 women and 55 men).

Of those who did not return the questionnaire during the second data collection (n=46 women and 92 men), significantly lower response rates were found for those who were unmarried, widowed or divorced.

3.1.2 Main measures

The main measures in studies I-III are described below.

The Violence Against Women Instrument (VAWI)

The VAWI was developed by the WHO to assess psychological, physical and sexual IPV victimization in the Multi-Country Study on Women's Health and Domestic Violence against Women (50). Although it was developed primarily to conduct studies on women's victimization, it was also originally intended to be used in a subpopulation of men (50). The VAWI consists of thirteen behavior-specific items assessing psychological (four items), physical (six items) and sexual (three items) IPV. Moreover, the physical violence items are further divided into "moderate" (the two first) and "severe" (the subsequent four) based on the likelihood of physical injury (50). The VAWI was successfully pre-tested, independently back translated

and piloted within the Multi-Country Study; moreover, internal reliability was assessed and confirmed (50). While the VAWI has been used in several studies since the Multi-Country study (56, 127-134), aspects of the instrument's validity have, to the best of our knowledge, only been investigated previously in one study from Brazil (135). Sweden provides an interesting point of comparison to Brazil as the countries differ in linguistic and cultural aspects. The VAWI items were translated and adapted to a Swedish context by a senior researcher (last author in studies I-IV; GK) with extensive knowledge on IPV. Similar psychometric analyses to those conducted in the Brazilian study were chosen (135).

Exposure to IPV (studies I-III) was defined as having experienced at least one act of psychological, physical and/or sexual violence as defined by the VAWI. The respondents were asked to indicate whether this had happened during the 12 months prior to the survey (response options: 0 times, 1 time, 2 times, 3-5 times or > 5 times). The response options of 1 and 2 times were merged into a single category (1-2 times). Furthermore, the respondents were asked whether they had experienced the violence item prior to the 12 months (yes/no).

The Norvold Abuse Questionnaire (NorAQ)

NorAQ has been validated among both women (66) and men (79) in Sweden. NorAQ measures emotional (three items), physical (three items) and sexual (four items) abuse, including different perpetrators, as well as abuse in the health care system. The NorAQ violence items applicable to an intimate partner were included to compare prevalence rates with those obtained by use of the VAWI (studies I and II). The second sexual violence item was adapted for use in both a male and female population.

Social and behavioral consequences of IPV, own use of violence and reasons for using such violence

Respondents were asked whether they, as a consequence of having been exposed to IPV, had needed to make changes to their everyday lives in order to protect themselves. Furthermore, they were asked if they had used violence against their partner (yes/no). If the respondent answered affirmatively, further questions inquired about which type of violence it was (psychological, physical or sexual) and reasons for using violence. Due to the exploratory nature of this study, a variety of closed questions followed by an open option for the consequences of violence and reasons given for using violence were used. Results from the most frequently reported answers are given.

Socio- demographic factors

Data obtained from the registers maintained by Statistics Sweden regarding the respondent's sex, age, civil status, country of birth and individual annual income before tax were used as socio-demographic variables. Moreover, self-reported data on the respondent's education, employment status, duration of the present relationship and whether or not there were children living at home were obtained from the survey, as well as information on the partner's employment status and country of birth.

Psychosocial factors

Witnessing physical violence as a child between the parents or equivalent adults was assessed with the question: "When you were growing up, did you see your parents (or equivalent) physically, psychologically or sexually hurt one another?" Response options were no, yes and unsure: yes and unsure were combined into a single category for the logistic regression analyses. If the respondent answered affirmatively, further questions inquired about which type of violence it was (psychological, physical or sexual). In the known groups' analysis, those who reported having witnessed physical violence between the parents or equivalent adults were included.

Social support was assessed by asking "At times one needs help and support from someone. Do you have a relative or friend who will help you when…", followed by four different situations where help and support might be needed: "…you get sick", "…you need company", "…you need to speak to someone about personal concerns" and "…you need a loan over 15,000 Swedish crowns". An affirmative answer to all of the questions was considered good social support, whereas answering "no" or "unsure" to any of the questions was considered moderate to poor social support in the multivariable analyses. This item has been used in the Swedish Level of Living Survey (LNU), which is a longitudinal survey that has been conducted since 1968 (136). Several studies based on the LNU have been published, including studies assessing social support in particular (137, 138).

Self- perceived health

Self-perceived health was assessed by asking "How would you say that your general health has been during the past year?" Response alternatives were dichotomized into 'very good/good' and 'neither good nor bad/bad/very bad'. This item has been widely used to predict mortality (139) and it is included in the Swedish SF-36 Health Survey Study (140), which has been found valid and reliable in a Swedish context (139). Self-perceived health has also been linked to exposure to physical and/or sexual IPV (53, 141-143).

3.1.3 Data analyses

The Predictive Analytics SoftWare statistical package version 18 and IBM SPSS Statistics versions 19 and 20 were used to perform the statistical analyses of studies I-III. All analyses were conducted separately for women and men.

Studies I and II

Internal consistency reliability

An important aspect of summated rating scales is that the items comprising the scale are cohesive, i.e. that they tap different aspects of the same construct. To determine the internal reliability of the VAWI, Cronbach's alpha was calculated for the total violence scale as well as for the subscales of psychological, physical and sexual violence (studies I-II). An alpha of 0.70 or higher is considered satisfactory for group comparisons (144).

Construct validity

Considering aspects of construct validity is encouraged when there is a lack of a gold standard (145), which is often considered to be the case with IPV (146). A principal components analysis (PCA) was conducted to explore the internal construct validity of the violence items among women (study I) and men (study II). A promax rotation was chosen due to high intercomponent correlations (126). Extraction of components is recommended to be based on several considerations (147). In the current thesis, the number of components to extract was based on the following four criteria: 1) parallel analysis, 2) Kaiser's eigenvalue-greater-than-one rule, 3) total proportion of variance explained and 4) Cattell's scree plot. A three component solution, as conceptualized in the VAWI, was also examined. However, tetrachoric correlations are generally preferred over Pearson-based ones when dichotomous data is used (76). Hence, a PCA based on tetrachoric correlations was conducted in two different software programs (Statistical Analysis System (SAS) and FACTOR (148); not in Table). The results revealed that the tetrachoric correlation was largely uninterpretable for women when conducted in SAS. Otherwise the obtained components were similar to the ones obtained with the Pearson-based PCA for both women and men. In conclusion, the Pearson-based PCA produced the most robust and theoretically meaningful results and are hence presented in this thesis. Finally, the PCA was chosen over confirmatory factor analysis because the aim was to describe and explore, rather than to confirm, the factor structure of the VAWI among both women and men (126).

The basic idea with a known groups' analysis is to relate respondent's results on the assessment instrument in question to the same respondent's state or condition known to be associated (convergent validity) or not associated (discriminant validity) with their reports (75). In this thesis, a known groups' analysis with regards to self-perceived health and having witnessed physical violence between the parents as a child was conducted to explore the external construct validity of the VAWI (study I). The aim was to see if the instrument was able to differentiate between groups known to differ in IPV exposure (145). This analysis was only conducted among women as no similar known groups have been established in the literature among men. It was postulated that women who are exposed to physical/sexual IPV would have poorer self-perceived health (53, 141-143) and would have grown up in a home where they witnessed physical violence between their parents or equivalent adults (10, 127, 149-152) in comparison with those not exposed to IPV. The Mantel-Haenszel test was used to test for differences in age, income, civil status, education and country of birth ($p<0.05$).

Criterion validity

Moreover, life-time prevalence of IPV was compared between the VAWI and the NorAQ. Fisher's exact test was used to test for statistically significant differences at the 95% CI level. Only those respondents who had answered both the VAWI and NorAQ were included in this analysis (n=77 women and 50 men).

Study III

Prevalence rates of psychological, physical and sexual IPV were calculated with 95% confidence intervals (95% CI). Differences between women's and men's responses were analyzed using the z test for proportions (p-value < 0.05).

Due to the explorative nature of study III, a number of socio-demographic and psychosocial factors were used in the simple logistic regression analyses[1] to explore their association with exposure to lifetime psychological and physical/sexual violence. The analyses were then repeated with dichotomized

[1] Study III states that bi- and multivariate logistic regression analyses were performed, however, this is an inaccurate usage of the terms bi- and multivariate. Instead, the appropriate terms for the conducted analyses are simple and multivariable logistic regression analysis, since only one outcome measure was used (153).

variables in order to increase statistical power for the multivariable analyses (not in Table). Statistically significant, dichotomized factors at the 0.05 significance level were included simultaneously in a multivariable logistic regression analysis to obtain adjusted odds ratios (OR) of the associations. Once a final model was obtained, those variables that had not met the inclusion criteria based on statistical significance were entered into the final model one at a time to see if they would contribute significantly to the model. As duration of the present relationship and civil status correlated above 0.40 for women (r=0.42) and men (r=0.50), as did duration of the present relationship and age for men (r=0.55), duration of the present relationship was excluded from the multivariable analyses. Further multicollinearity could not be detected as the Tolerance value was above 0.40 and the Variance Inflation Factor was below 2.5 for all variables (154).

3.1.4 Ethical considerations

The front page of the survey consisted of a letter with information on the study background and its purpose. The letter stated that the sample selection was based on data retrieved from the registers maintained by Statistics Sweden. Furthermore, the recipients were informed that data from registers maintained by Statistics Sweden would be linked to the survey responses, and that all data are protected by the Personal Data Act and the Secrecy Act in Sweden. The letter also stated that participation was voluntary and that a file containing the anonymized responses of those who chose to participate would be delivered by Statistics Sweden to the researchers at Gothenburg University. Statistics Sweden kept the identification key to ensure anonymity of the data.

Moreover, the WHO ethical and safety recommendations for research on domestic violence against women were followed (155). However, these recommendations are developed for face-to-face interviews, whereas the present study used postal surveys. Nevertheless, many of the principles outlined in the recommendations were applicable. For example, a letter was sent in advance to the randomly chosen women and men to inform them about the upcoming survey. Consequently, they could decline to participate in the survey before it was sent to them. In addition, while the sampling frame was based on registered individuals, only one postal survey per household was sent to minimize any possible harm to the participant. Also, behaviorally specific questions (e.g. “Has your partner ever kicked you?”) were posed instead of subjective questions (e.g. “Have you ever been exposed to intimate partner violence?”), a pre-paid envelope and three reminder letters were sent in order to improve response rates. Contact

information to a general practitioner (last author in studies I-IV; GK), a psychologist and a contact person at Statistics Sweden was provided for referral and additional information. Full confidentiality was guaranteed.

Ethical approval was sought from and granted by the Regional Ethics Review Board located in Gothenburg (registration number: 527–08).

3.2 Qualitative study IV

The material and methods used in study IV are presented below.

3.2.1 Setting and participants

Recruitment

The recruitment of participants was conducted in Stockholm and Gothenburg, two major cities in Sweden. An invitation to be interviewed was distributed through flyers at public places such as libraries, universities, market stores etc., but also on information boards located in crisis centers for men. Furthermore, an ad on the social media site Facebook was addressed to men over the age of 18 and who were registered as living in Stockholm or Gothenburg. The men met the inclusion criteria if they spoke Swedish, were at least 18 years old and self-identified as having been exposed to psychological, physical and/or sexual IPV. The participants did not receive compensation for participating in the study.

Participants

Twenty-four men answered to the call. One man wanted to know more about the study but was not interested in participating, two did not turn up for the interview and a fourth man had experienced sibling abuse and was therefore not interviewed. Furthermore, two men responded after the data collection had ended. In addition, two men expressed interest to participate after having read about the study in a newspaper where the last author in studies I-IV (GK) was interviewed. Overall this resulted in a total of 20 interviews. The men were asked to bring a pre-filled survey with them to the interview, which included socio-demographic information and questions related to experiences of IPV. With exception to some of the socio-demographic information given below, the contents of the survey were not used in the current study and they were not discussed during the interview. A comparison between the information obtained through the survey and the information obtained by the

interviews on men's IPV experiences is planned for a forthcoming study. One man declined to fill in the survey and hence some of his demographic information is unknown.

The age of the men ranged between 24 and 73. The men's occupational status varied from being on disability pension, working as a salesman, owning a private company, being a public transportation driver or working as an engineer. Seventeen men were born in Sweden, two had moved to the country from the Middle East as young adults and a third man had moved to Sweden from another European country. Eighteen of them told of violence in opposite-sex and two in same-sex relationships, and the length of the relationships varied between one and 25 years. Most of the men had separated from their partners, except for two who were currently living with someone who used violence against them. Eleven of the men had children.

Interview

Semi-structured interviews were held in meeting rooms of two competence centres for IPV located in Stockholm and Gothenburg, Sweden. The interviews took place during the fall semesters (September-December) of 2012 and 2013. The gap between these two data collections was due to a maternity leave of the interviewer (LN). An interview guide with the following five main areas was used: socio-economic background factors, the relationship in which violence occurred, experiences of violence and control, consequences of violence and control, and definitional aspects of violence (e.g. whether the respondents defined themselves as victims of IPV). The interview began by asking the participant to tell about the relationship in which violence had occurred. Follow-up questions such as "Do you remember what happened before/after that?", "Do you remember how it made you feel?" or "Could you give me an example of when that happened?" were used. The length of the interviews ranged between 30 minutes to two hours. The first author (LN) transcribed half of the interviews and Jenny Ström, assistant at the Västra Götaland Region Competence Center on Intimate Partner Violence, transcribed the other half. All interviews were transcribed verbatim. The names, places and similar information that could compromise the anonymity of the interviewees were excluded during the transcription process.

3.2.2 Data analysis

A hermeneutic method was used for the qualitative study IV. The word "hermeneutics" originates from Hermes, who was a Greek messenger conveying knowledge and understanding between humans and Gods (156, 157). Hermeneutics dealt initially with the interpretation of biblical texts and with the study of ancient classics, and came later to include all written text, the spoken word as well as human acts more generally (158). A central aspect of hermeneutics is the act of interpretation (157-159): "to interpret" may be understood as an undivided act of both ascribing and being open to the meaning of that which is studied (157), moving beyond the mere description of it (158).

A hermeneutic approach lends itself to theoretical interpretations and allows for connections to be made between the theoretical frameworks and the data (157). The researcher's preconceptions are central to a hermeneutic interpretation, and this influences the interpretations that are made (157, 160). While preconceptions are a necessary resource for conducting research (157), the researcher needs to constantly alternate between them and new knowledge, striving to become aware of the preconceptions during this process (158). With this in mind, I acknowledged that my preconceptions influenced my work, wrote a fictional abstract of the study at its beginning and kept a log while conducting the interviews to sensitize myself to my preconceptions and to strive at openness towards new perspectives (161). Nevertheless, while a hermeneutic tradition recognizes that there are several possible ways to interpret and ascribe meaning, it is distinct from the idea of relativism. Any interpretation is not always as good as another and an interpretation may be criticized or contested in favour of another, which in turn can be contested or recreated (157, 161).

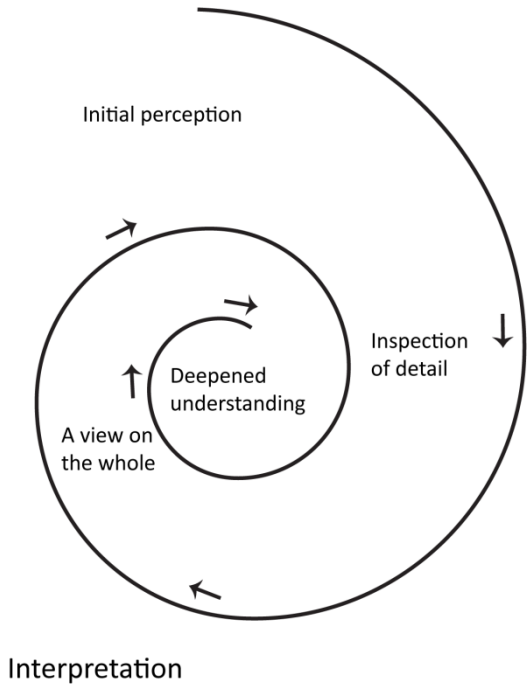

Figure 2. The hermeneutic spiral. Spiral modified after The Florida Center for Instructional Technology.

Specifically, the hermeneutic spiral (Figure 2) guided the analysis in study IV (161). The spiral illustrates how the researcher begins with a vague and general understanding of the issue at hand. In study IV, we departed with an understanding that the men had experienced various kinds of violent relationships that differed from each other based on the type of control present. This perception was predominantly informed by Johnson's violence typology (99, 107). Furthermore, the whole and its parts are understood in light of each other, and the researcher repeatedly moves between them, developing and adjusting the interpretations made (157). Applied to study IV, I first read the interviews to form a general idea of them. Guided by my preconceptions and background literature that I had read thus far, I then proceeded to analyse the specific parts of the transcribed interviews. Having gained an understanding of the marked passages, I then contrasted these parts against the interview to which it belonged: in this way, the marked passages and the interviews were understood in light of each other. Next, I returned to the research literature and made interpretations of the degree to which the data seemed to correspond to the theory that was being considered, which often generated new questions and hence I would again return to the marked

passages, anew contrast them against the interview, again consider them in light of the theory and so on. This process was repeated and the interpretations were constantly deepened, reformulated or reaffirmed until a coherent, solid meaning was reached (160).

3.2.3 Ethical considerations

Participating in an interview about a sensitive topic such as having been exposed to violence by one's partner may elicit a range of difficult emotions for the person interviewed. Several organisations with competence in speaking to men in distress in both Stockholm and in Gothenburg, including organizations with knowledge about men in same-sex relationships, were informed about the study and approval to refer the interviewed men to them was obtained. The contact information to these organizations was included in an information sheet that was given to the interviewee at the beginning of the interview. Furthermore, this sheet included general information about the study and contact information to those responsible for it (e.g. the last author in studies I-IV (GK) and the patients' support committee in Gothenburg).

A consent letter was signed by the participant and the interviewer at the beginning of each interview, whereby the participant agreed to being interviewed, for the interviews to be tape-recorded and for quotes to be used. The interviewer's signature obliged her to the ethical principles guiding the study, such as the principle of confidentiality. It was underlined that the men could terminate the interview at any point. Furthermore, it was also emphasized that the men could opt out of the study during all stages of the research and without giving reason. At the end of each interview, the participants were reminded of the contact sheet in case they felt they needed to discuss their experiences with someone. Help was also offered in initiating this contact if the participant preferred.

Ethical approval for this study was sought from and granted by the Regional Ethics Review Board in Gothenburg (registration number 337-12).

4 RESULTS

4.1 Psychometric properties of the Violence Against Women Instrument

Internal reliability

The Cronbach's alpha coefficients were satisfactory for all subscales as conceptualized by the VAWI (Table 3; studies I and II). The psychological violence scale was 0.79 for women and 0.74 for men; the physical violence scale was 0.80 and 0.86; and the sexual violence scale was 0.72 and 0.82, respectively. The alpha coefficient for the total violence scale was 0.88 for both women and men. Finally, the Cronbach's alpha for the sexual violence scale increased from 0.72 to 0.77 for women and from 0.82 to 0.92 for men after deleting the item "Demanded to have sex with me even though I did not want to (but did not use physical force)."

Table 3. Internal consistency analysis of the psychological, physical and sexual violence items, life-time. N=972.

Item	Alpha if Item Deleted	
	Women	Men
Psychological violence		
Insulted me in a way that made me feel bad about myself	.75	.66
Belittled and humiliated me in front of other people	.71	.64
Tried to scare and terrorize me on purpose (e.g. by the way he/she looked at you, by yelling or smashing things)	.72	.64
Threatened to hurt me or someone I care about	.76	.64
Total	**.79**	**.74**
Physical violence		
Pushed or shoved me	.81	.87
Thrown something that could have hurt me	.75	.82
Hit me with his/her fist or with some other object that could have hurt me	.73	.81
Kicked and dragged me and beaten me up	.75	.82

Choked me or burnt me on purpose	.76	.83
Hurt me with a knife, a gun or some other weapon	.80	.85
Total	**.80**	**.86**
Sexual violence		
Demanded to have sex with me even though I did not want to (but did not use physical force)	.77	.92
Forced me to have sex against my will by using his/her physical strength (by hitting, holding me firmly or threatening me with a weapon)	.64	.71
Forced me to perform sexual acts that I experienced as degrading and/or humiliating	.54	.68
Total	**.72**	**.82**
Violence scale, total	**.88**	**.88**

Internal validity

Principal Components Analysis

The Kaiser-Meyer-Olkin measure of sampling adequacy was 0.89 and Bartlett's test of sphericity was significant ($p<0.05$), verifying a good fit of the data to the PCA (studies I and II). The parallel analysis, Kaiser's criterion and, for men, Cattell's scree test suggested two components (not in table). However, for women, the third component had en eigenvalue of one after decimal rounding, and Cattell's scree test suggested three components. The total variance explained in the two component solution was 57.4% for women and 68.6% for men. The contents of the two component solutions are further explained in studies I and II.

A three component solution (Table 4) explained 64.4% of the total variance for women and 76.0% for men. For women, the three component solution largely mirrored the VAWI's psychological, physical and sexual violence scales. For men, the first component (C1) consisted of all the VAWI's sexual violence items as well as the three (of four) physical violence items conceptualized to reflect severe forms of violence likely to cause physical injury (50). This component was labeled 'Injury inducing violence'. The second component (C2) was called 'Intimidation and moderate violence' and consisted of the remaining three physical violence items mainly reflecting comparatively milder forms of violence and the last two psychological violence items ('Tried to scare and intimidate me on purpose' and 'Threatened to hurt me or someone I care about'). The last component (C3)

was named ‘Humiliation’ and comprised the two first psychological violence items ‘Insulted me in a way that made me feel bad about myself’ and ‘Belittled and humiliated me in front of other people’.

Table 4. The hypothesized three-component solution for the VAWI psychological, physical and sexual violence items, women (n=534) and men (n=386).

	Hypothesized three-component solution					
	Women			Men		
Conceptual model	C1	C2	C3	C1	C2	C3
Psychological Violence						
Item 1		**.89**			.32	**.73***
Item 2		**.74**				**.87**
Item 3		**.64**			**.80**	
Item 4	**.43**	.33		.49	**.51**	
Physical Violence						
Item 1		**.71**			**.77**	
Item 2	**.38**		.31		**.61**	
Item 3	**.80**				**.85**	
Item 4	**.85**			**.85**		
Item 5	**.67**			**.91**		
Item 6	**.88**			**.83**		
Sexual Violence						
Item 1			**.81**	**.69**		.43
Item 2	**.56**		.55	**.97**		
Item 3			**.88**	**.94**		
Accumulated variance, %	*46.1*	*57.4*	*64.4*	*55.4*	*68.6*	*76.0*
Eigenvalues	*6.0*	*1.5*	*0.9*	*7.2*	*1.7*	*1.0*

***** Factor loadings (i.e. correlation of the item with the factor) ≥ 0.30 are shown and highest loadings are boldfaced. List-wise deletion was used.

External validity

Known groups’ analysis

Witnessing physical violence between the parents or equivalent adults as a child and self-perceived health were used as independent variables for the known groups’ analysis among women in study I. As hypothesized, exposure to physical/sexual IPV as assessed by VAWI was significantly associated with self-rated health and having witnessed parental (or equivalent) physical

violence when growing up (study I). Specifically, a significantly larger proportion of respondents who reported exposure to physical/sexual IPV also reported worse health ($\chi 2$ (1, N=573)=26.1; $p<0.05$) and having witnessed parental physical violence ($\chi 2$ (1, N=573)=11.5; $p<0.05$) than did those not reporting exposure.

VAWI and NorAQ

The VAWI yielded higher prevalence rates than the NorAQ in relation to all three violence scales. However, only the difference in psychological IPV was statistically significant (17.1% versus 2.6% for women, and 30.6% versus 10.2% for men; $p<0.05$). This difference principally arose due to the VAWI items "Insulted me in a way that made me feel bad about myself" (16.9% for women and 24% for men), for which NorAQ has no corresponding item, and "Belittled and humiliated me in front of other people" (6.5% for women and 16% for men). Prevalence rates for the other two items on this scale were similar to the corresponding items in NorAQ (studies I and II).

4.2 Prevalence, associated and contextual factors of IPV

The tables for the prevalence, associated and contextual factors of IPV are presented in study III.

IPV exposure rates during the past year were similar for women and men for all three forms of violence (study III). For example, 8.1% (95% CI 5.9–10.3) of the women and 7.6% (95% CI 5.0–10.2) of the men reported exposure to physical IPV. For earlier in life, women had higher exposure rates than men for all three forms of violence. For instance, physical IPV was reported by 14.3% (95% CI 11.4–17.2) of the women and 6.8% (95% CI 4.3–9.3) of the men. Most respondents were exposed to the first and comparatively less severe IPV item in each sub-scale and the frequency of exposure was generally 1-2 times during the past year.

Of the total sample, 4.0% (n = 23) of the women and 4.3% (n = 17) of the men stated that they had used violence towards their intimate partner sometime during their lives. Social consequences of having been exposed to IPV were experienced by 10.1% (n = 58) of the women and 6.5% (n = 26) of the men (study III). Only women reported consequences related to children,

including taking the children away from the home (20.7% women vs. 0% men). Men, on the other hand, more frequently reported consequences related to work, such as working more than usual to keep away from home (34.6% men vs. 22.4% women). The differences between women's and men's responses were not statistically significant ($p > 0.05$).

The association of IPV exposure and socio-demographic and psychosocial factors were explored in study III. Two dichotomous outcome variables (unexposed versus exposed to at least one act of violence) were used in the simple and multivariable logistic regression analyses: one for psychological violence and one joint variable for physical and/or sexual violence (which will henceforth be referred to as physical/sexual violence). The physical/sexual variable was combined in order to increase statistical power; the past-year and earlier-in life variables were merged into dichotomous life-time variables for the same reason. Factors associated with psychological IPV in the simple logistic regression analyses were age, civil status, education, duration of the present relationship, social support and having grown up in a home with violence for both women and men. Furthermore, physical/sexual IPV was associated with civil status, duration of present relationship, social support and having grown up in a home with violence for both women and men. Moreover, age, income and partner's country of birth were associated with physical/sexual IPV for women.

In the adjusted multivariable analyses for psychological and physical/sexual IPV, age for men and partner's country of birth for women no longer remained statistically significant. Being single, widowed or divorced, having poor to moderate access to social support and having grown up in a home with violence remained associated with exposure to psychological and physical/sexual IPV. In addition, having a lower educational level decreased the likelihood of reporting psychological IPV for both women (OR 0.48; 95% CI 0.27–0.83) and men (OR 0.45; 95% CI 0.22–0.92). Entering the excluded variables one at a time did not make a significant contribution to the final models (analyses not shown). The Nagelkirke R ranged between 13.4% and 15.8% for all final models.

4.3 Theoretical considerations on men's experiences of IPV

There were no perfect fits of IT (and consequently of VR) in the opposite-sex relationships. Instead, the men generally expressed a sense of physical power

over their female partners and they did not find physical violence to be threatening or effectual when it was perpetrated by women. Hence, with the exception of one man, they were also not fearful of it. Furthermore, the men were generally not subjected to the multiple control tactics that define the IT category. In contrast, IT was present in one same-sex relationship, where the perpetrator was a man. Nevertheless, the men's female partners subjected them to emotional abuse (i.e. humiliation and belittlement) in a way that constituted a considerable and effective control tactic. Two other relatively common control tactics by the men's female partners were to express jealousy and threaten to take the children away. In fact, some of the relationships included an overarching and intentional pattern of emotional abuse towards the men, but were absent of physical violence altogether in a way that is not adequately captured by Johnson's violence typology. Furthermore, SCV was exemplified in the data, although the relationships included in this category differed considerably from one another. While the invitation to be interviewed was framed in terms of IPV subjugation, some of the participants seemed to be the main perpetrators of IPV in their relationships, and thus possibly the subjects of VR.

Finally, some of the interviewed men that were subjected to IPV interpreted their female partners' non-participation in sexual acts as a form of violence or control. This suggests that the men felt that they had the right to sex, even in situations in which their partners were unwilling to. Furthermore, homophobic norms influenced experiences of IPV in ways that aggravated its consequences. In sum, structural inequalities related to gender and sexuality shaped the experiences and expressions of IPV.

5 DISCUSSION

In this section, the results from studies I-IV are discussed, after which the methods used in these studies will be examined. Finally, the relevance of the results is considered.

5.1 Main findings

The VAWI subscales of psychological, physical and sexual violence as well as the total violence scale had good internal consistency (Cronbach's alpha>0.70) for both women (study I) and men (study II). For women, the PCA yielded a two-component solution and a three-component solution largely mirrored the VAWI's conceptual model. However, for men, the conceptual model of the VAWI was only partially reflected and boundaries between psychological, physical and sexual acts of violence were indistinct. Moreover, external validity was supported among the female sample in that the VAWI was able to discriminate between groups known to differ in exposure to physical and/or sexual IPV. That is, the VAWI subscales of physical and/or sexual violence could discriminate between respondents who had poor to moderate versus good self-rated health and between those who had witnessed versus not witnessed their parents engage in physical violence. Known groups' analyses were not performed in the male sample.

Similar past-year exposure rates to psychological, physical and sexual IPV were found among women and men, whereas the rates for earlier-in-life exposure to all three forms of violence was higher among women (study III). Factors associated with all forms of IPV for both women and men were poor to moderate social support, having grown up in a home with violence and being single, divorced or widowed. While not statistically significant, there was a tendency for women and men to report different social consequences of IPV.

The men's female partners had established considerable and severe emotional control over them (study IV). However, they generally did not achieve physical or sexual control of the men. Furthermore, multiple control tactics were seldom used by the female partners, and some of the men had not been subjected to physical violence. Hence, there were no perfect fits of IT in the opposite-sex relationships, although it was present in one same-sex relationship where the perpetrator was a man. SCV was exemplified in the

data, although the relationships included in this category differed considerably from one another. While the invitation to be interviewed was framed in terms of IPV subjugation, some of the participants seemed to be the main perpetrators of IPV in their relationships. Gender as a pervasive structure affected both the expressions and experiences of IPV.

5.2 Psychometric properties of the Violence Against Women Instrument

Internal reliability

All three subscales as well as the total subscale showed acceptable internal reliability (studies I and II). The Cronbach alpha coefficients found among women (study I) were in line with previous studies (7, 135), indicating a consistency in the internal reliability of VAWI across countries, despite the cultural and socioeconomic differences between them. To the best of our knowledge, our study was the first to report internal reliability of the VAWI among men (study II) and, consequently, we were not able to compare the internal consistency coefficients obtained among men with those of other studies.

The alpha of the sexual violence scale would increase from 0.72 to 0.77 for women (study I) and from 0.82 to 0.92 for men (study II) by deletion of the first item, "Demanded to have sex with me even though I did not want to (but did not use physical force)". It is possible that this result reflects a change that was made in the translation process, during which the VAWI sexual violence item "Did you ever have sexual intercourse you did not want to because you were afraid of what your partner might do?" was clarified as excluding physical force. In addition, given that the current study is explorative and hypothesis generating, further studies are needed to assess whether the scale should be revised.

Internal validity

Principal Components Analysis

The PCA suggested a two-component solution for women (study I) and both a two-component and a three-component solution for men (study II). However, the three-component solutions will be discussed to allow for comparison with the VAWI conceptual model, with results from a previous

study conducted in Brazil that used an exploratory factor analysis (135) and with the differing solutions obtained in the female (study I) and male (study II) samples.

For women, the VAWI conceptual model of psychological, physical and sexual violence was generally replicated in the three component model, although the results also reflected the severity of the acts of violence to a certain extent (study I). These results were similar to those derived in the study conducted in Brazil (135), where a predetermined three component solution was investigated. These findings seem reasonable seeing that victims consider psychological, physical and sexual IPV partly as separate forms of violence; for example, some women tend to find psychological IPV worse than physical IPV (50). However, the distinctions between the different forms of violence are not razor-sharp and women are often not exposed to one form of violence in isolation of another (162). This was probably reflected in study I, where cross-loadings of individual items as well as items that belonged to other domains were observed. For example, the sexual violence item "Forced me to have sex against my will by using his/her physical strength (by hitting, holding me firmly or threatening me with a weapon)", which is normally difficult to divide into one or the other category, loaded in both the physical and sexual IPV components.

However, the VAWI model was generally not replicated in the three-component model among men, which highlights the relevance of evaluating IPV assessment instruments separately for women and men. Instead, other constructs were found which mirrored the severity, in terms of likelihood of physical injury, rather than the forms (psychological, physical and sexual) of IPV. This echoes findings from a previous study in which men's identification with being a victim of IPV was associated with whether or not they had been physically injured (94). A similar factor structure has also been found in another study among high-school students, which found that the boundaries of psychological and physical IPV were indistinct for men whereas they were generally distinct for women (163). That component models for men do not reflect the hypothesized constructs underscores the lack of theories that adequately consider men's exposure to IPV. Different conceptual models and hypotheses for the underlying IPV constructs, and possibly different assessment instruments, should be developed to accurately assess men's experiences of IPV in opposite-sex relationships (73).

Indeed, researchers have hypothesized that men's experiences of partner violence are qualitatively different from those of women (45, 92). Although few qualitative studies on men exposed to IPV have investigated this in

depth, some of our findings from study IV seem to theoretically illuminate the underlying component structure found in study II. The first component among men contained the two items "Insulted me in a way that made me feel bad about myself" and "Belittled and humiliated me in front of other people" (study II). These reflect the type of emotional abuse that the interviewed men were subjected to in the opposite-sex relationships in study IV, and which was the most successful and fear-inducing control tactic when used by women. Furthermore, the items contained in the second component (study II) reflect the types of physical violence that the men in study IV were subjected to, but which they did not consider threatening. In addition, this component included the two following items belonging to the hypothesized psychological IPV component: these were to an extent present in the material of study IV and only partially successful when perpetrated by women. In sum, the second component reflects a type of IPV that the interviewed men were subjected to, but which was not as effective in comparison to the forms of verbal abuse represented by the first component. The items comprising the third component in study II were not represented in our interview-based material of men in opposite-sex relationships, with the exception of the first sexual violence item "Demanded to have sex with me even though I did not want to (but did not use physical force)", although this item also cross-loaded on the first component. It is possible that this last and third component reflects a form of IPV that was not represented among the interviewed men within opposite-sex relationships in study IV.

External validity

Known groups' comparison

Of the two known groups used in the comparison, the strongest relationship found in the literature is regarding exposure to physical and/or sexual IPV and poorer self-rated health (53, 141-143, 164, 165). There is also strong evidence that those who are exposed to physical and/or sexual IPV have witnessed IPV in their family of origin compared to those who have not witnessed such abuse (127, 149-151, 166, 167), which has also been found by a recent literature review (152). As there is only scant knowledge about how these variables relate to psychological violence, these analyses were conducted only with regards to physical/sexual violence for the purpose of assessing validity.

VAWI and NorAQ

As the type and number of acts assessed in VAWI and NorAQ varied at the outset, some differences in the results from the two instruments were expected. The two questionnaires have also been developed with different aims in mind. The NorAQ was developed for investigations in healthcare settings and for comparisons in the Nordic countries by several perpetrators (66, 79), while the VAWI was developed for global comparisons on IPV specifically (50). Some of the differences in the two instruments are exemplified by the NorAQ psychological violence items, which reflect a more systematic form of violence experienced during a longer time period or under threat or fear. Although these seem to capture similar levels of exposure to the more severe psychological violence items of VAWI, milder forms of psychological violence are also represented in VAWI, and thus the instrument captures a broader range of acts that could comprise psychological violence.

Given the small sample used in this analysis, we cannot draw any conclusions as to which questionnaire is more useful for assessing IPV. Also, the two instruments tap a different range of such experiences. The comparison between the VAWI and NorAQ exemplifies the difficulties in comparing prevalence rates obtained by different instruments, as estimates are affected by the number and types of questions posed. Hence, international and national prevalence rates may require standardized instruments to ensure comparisons between and within countries. Relatedly, the comparison between NorAQ and VAWI raises an important and challenging point about the difficulties in defining a gold standard within IPV research. There is no objective diagnostic test of IPV in the same way as a diabetes test, for example. Instead, different answers and prevalence rates are obtained depending on the questions asked, the methods used (e.g. survey versus interview), the framing of the survey and so on – what, then, should be considered the true gold standard (146)? These issues are not easy to resolve and draw attention to the difficulties of assessing external validity of IPV instruments.

5.3 Prevalence, associated and contextual factors of IPV

Prevalence

Past-year

It is challenging to compare our prevalence rates to those of previous Nordic studies as there are some differences in the definitions and presentation styles of the results. Nevertheless, past-year physical and sexual IPV was reported to a somewhat similar extent among women, but to a slightly higher extent among men in the current thesis (12, 51, 52). Although recent studies have assessed psychological IPV in Sweden (5, 14, 63), these have assessed repeated and systematic psychological IPV and defined it with stricter criteria. Consequently, our prevalence rates are higher than in these studies. Studies assessing psychological violence in a Nordic context using definitions similar to the current one could not be found. However, our exposure rates for psychological violence are higher than the other forms of IPV, which is in line with the literature (58, 165).

It was surprising that women and men reported exposure to sexual IPV at similar rates during the year preceding the survey, as sexual IPV is usually found to be more prevalent among women than men, regardless of the time-frames used (14, 43, 55, 168, 169). This finding may reflect differences in the used definitions: another study emanating from the same research group as the current thesis used the same data collection method and sampling frame to assess IPV. The only difference was that the authors used the revised Conflict Tactics Scale (CTS2) whereas the current used the VAWI. The CTS2 study found that women were more often exposed to sexual IPV than men (168). The response option of the sexual violence scale that was endorsed most frequently by the respondents in the current thesis was "Demanded to have sex with me even though I did not want to". This item is not included in the CTS2 and may be hypothesized to reflect a broader range of situations than those included in the CTS2. Hence, it is possible that the first sexual violence item used in the current thesis includes more situations experienced by men in opposite-sex relationships than the more strictly defined conceptualizations. A study that followed up survey-based findings on men's exposure to sexual coercion by female partners with twelve individual interviews found that the men were especially exposed to verbal pressurizing, followed by emotional intimidation and blackmail (physical

force was not present in their study) (105). These are forms of sexual violence that could be hypothesized to be included in the first sexual violence item of the current thesis.

Earlier-in-life

The earlier-in-life rates of physical and sexual IPV were lower in the present thesis compared to previous studies, except for sexual violence among men which was reported to a higher extent in this thesis (12, 51, 52). Curiously, men reported similar or lower rates of IPV experienced earlier-in-life in comparison to the past year. Also, women reported similar amounts of psychological and sexual IPV experienced during the past year and earlier-in-life (physical IPV was reported to a higher extent for the earlier-in-life time frame). This is possibly due to an oversight in the questionnaire layout, where the box for ticking violence experienced earlier in life was somewhat unclearly placed. Hence, it is possible that the earlier-in-life IPV rates have been under-estimated in this thesis for both women and men.

Differences between the past-year and earlier-in-life timeframes

Regardless of the possible underestimation of the earlier-in-life exposure of IPV, the finding of the overall pattern that the past-year prevalence rates were similar among women and men, but the earlier-in-life rates were higher among women is in line with a growing body of research (1, 11, 12, 14, 88, 168). Furthermore, studies assessing IPV by previous and current partners also find that women and men report similar prevalence rates of IPV for current partners, whereas women report higher exposure rates of IPV by previous partners (12, 108, 170, 171). This taps into the gender symmetry discussions about which types of IPV that general surveys on the one hand, and different time frames on the other (see further below), may include. As mentioned in the introduction, Johnson and colleagues argue that general population surveys, which is the mode of data collection used in the current thesis, under-represent IT, i.e. relationships that include more severe incidents of violence embedded in a larger pattern of power and control (99, 109). Instead, general population surveys mostly include, according to them, SCV, i.e. relatively less severe violence incidents where one or both partners use violence and try to control a particular event or occasion (109). Although we did not assess Johnson's violence categories in study III, support for his hypothesis might be found by the finding that our study consisted mostly of the comparatively less frequent (e.g. 1-2 times vs. >5 times) and severe (e.g. a push vs. choking) acts of IPV, which is also in line with other general population-based studies (43, 172).

Nonetheless, in a recently published paper, Johnson and colleagues argue that national surveys may in fact capture more IT than previously expected (108). That is, the possibility to find IT in general surveys increases if ex-partners are included, whereas current partners may reflect more SCV. One line of reasoning is that those who are currently living in relationships with severe and high levels of violence are generally not able to participate in a survey asking about those current experiences out of fear of retribution by the partner. It might thus be difficult to obtain these relatively more severe violence incidents perpetrated by current partners. On the other hand, if the respondent has left an abusive relationship with high levels of violence in the past, these past experiences may be easier to report if the respondent is not currently living under fear and threat of the partner (108). In addition to current versus ex-partners, this line of reasoning may also be extended to the past-year and earlier-in-life time frames used in the current study.

The finding of sex differences between the past-year and the earlier-in-life time frames is important as studies that are solely based on the past-year time frame may draw misleading conclusions about gender symmetry in IPV if the earlier-in-life time frame is omitted. Future studies should consider the earlier-in-life timeframe alongside past-year prevalence when assessing IPV among both women and men.

Associated factors

Although most population-based studies investigate associated factors with physical and/or sexual IPV, our findings suggest that such factors are also associated with exposure to psychological IPV and should be considered by future studies. For example, poor to moderate social support was associated with both psychological and physical/sexual IPV. A possible explanation for this finding is that those who are exposed to IPV become isolated from family and friends as a consequence of living with a violent and controlling partner. However, it could also be that those with comparatively poorer social support are more vulnerable to becoming exposed to IPV as they may have less support in ending a violent relationship. Due to the cross-sectional design of study III, it is not possible to determine the causal relationship of this association.

Being single, widowed or divorced was also associated with psychological and physical/sexual IPV. Another study conducted in Sweden similarly found that women who were single or living apart were more likely to be exposed to IPV during pregnancy (173). A possible explanation for this association is that it is easier to report violence by a previous than a current partner,

especially, as discussed previously, in cases where the violence is particularly severe.

Interestingly, a high educational level increased the likelihood for reporting psychological IPV for both men and women. Another population-based study assessing violence against men by several perpetrators and which was also conducted in Sweden reported similar findings (70). It could be that those with a higher education are more prone to consider reporting verbal forms of violence and that they consider a wider range of verbal statements as abuse than those with a lower educational degree. However, it is also possible that those with a higher educational degree are more exposed to partners that are verbally abusive. Additional studies are needed to investigate this association further.

While being of young age was associated with psychological and physical/sexual violence among women and men in the simple logistic regression analyses, this association did not remain statistically significant in the final models. This was unexpected given that previous studies have established a strong association between young age and IPV (12, 14, 51, 149, 172). A possible explanation is that our high non-response rate among those of younger age under-estimated the strength of this association.

Contextual factors

As reviewed in the introduction, it has been argued that while the prevalence of certain IPV acts may be similar among women and men (gender symmetry), the context in which they occur and their consequences differ (gender asymmetry) (1, 45, 88, 96). Some researchers have met these points by including contextual factors within their quantitative assessment instruments (72, 85).

Similarly, study III considered contextual aspects of IPV by exploring consequences of and reasons given for own use of IPV. In part, there was a tendency to report along the lines of a traditional gender structure: only women reported consequences which related to children, whereas men more often reported consequences related to work. As more women than men reacted by divorcing their spouse or moving away from home to protect themselves from IPV, a possible interpretation is that women felt more threatened by the violence and therefore took more measures to end the relationship than men. This finding is supported by a study where women were more likely to dissolve an opposite-sex relationship than men if there occurred severe forms of physical violence, whereas women and men were equally likely to dissolve a relationship if there occurred less severe forms of

IPV (174). However, the differences in women's and men's responses were not statistically significant in the current thesis.

The women's and men's self-reports of IPV consequences and reasons for using IPV awakens a curiosity about the type of situations in which the reported behavior took place. For example, both women and men reported that they used IPV because they lost control. How do they define losing control? Which situations do they think back to when they endorse this item, and could their understanding of these situations be influenced by their gendered positions? Knowledge about similar issues could be obtained by following-up survey-based results with interviews, as has been done for physical acts of violence in some previous studies (94, 101, 102).

5.4 Theoretical considerations on men's experiences of IPV

Study III found that it was common for both women and men to be exposed to acts of psychological, physical and sexual violence within intimate partnerships in Sweden. While there has been considerable theoretical development largely derived from qualitative studies on women's exposure to IPV, there is no similar body of knowledge to compare with for men's self-reports of IPV found in quantitative studies (30). Findings from study II on the unexpected factor structure among men also underlined the theoretical lack of IPV assessment instruments to accurately frame men's experiences. Indeed, many researchers have called for further qualitative studies among men to advance theoretical knowledge and knowledge on the contexts in which their experiences of IPV take place (175, 176). It was towards this backdrop that a qualitative study was designed to explore and illuminate men's exposure to IPV in light of selected theoretical frameworks, which mainly consisted of Michael P. Johnson's violence typology (84, 99).

There were no perfect fits of IT in the relationships where IPV was perpetrated by women in study IV. One of the main reasons for the imperfect fits was that the men generally expressed a sense of physical power in their relationships, and they did not find physical violence to be threatening or effectual when it was perpetrated by their female partners. Hence, with the exception of one man, they were also not fearful of it. This is in line with an interview-based article on Johnson's violence typology which included both members of opposite-sex couples. The closest case of IT consisted of a

woman who used physical violence and control against her partner, but which did not result in fear (125). Similarly, a small but growing body of qualitative studies has found that physical violence is often non-threatening to men when it is perpetrated by female partners both among adolescent boys (101, 102) and adult men (177). Hence, even when men are exposed to physical violence by women, it may not be as effectual as when men use physical violence against women (95, 178, 179). This supports the argument presented by some within the gender symmetry debate that not only the presence of violent acts, but also their meaning and impact should be assessed for a more thorough understanding of the nature of IPV and how it may differ on gendered lines (45).

Another reason for the imperfect IT-fits was that the men were generally not subjected to the multiple control tactics that define the IT category, lending further support to Johnson's argument that women's and men's experiences of IPV differ with regards to IT in opposite-sex relationships. Instead, the men in study IV generally experienced one considerable and effective control tactic by their female partners: emotional abuse. Previous qualitative studies among adult men have also found emotional abuse to be central to men's experiences of IPV (177, 180). Moreover, some of the relationships in study IV included an overarching and intentional pattern of emotional abuse towards the men, but were absent of physical violence altogether. However, since acts of physical violence are central to Johnson's typology, relationships devoid of physical violence are not conceptualized as IPV. Yet, findings from study IV suggest that emotional or verbal abuse is central to men's subjugation to IPV and should be considered in future theoretical frameworks on men's IPV experiences.

Some of the men seemed to rationalize and excuse their own violent and controlling behaviours while overstating and magnifying their partner's actions in a way that elsewhere is described as a characteristic of IPV perpetrators (95, 181-185). While they would probably have defined themselves as victims of IT, the way in which they presented their experiences raised the question of whether they in fact were the main perpetrators of IT themselves. Another study that conducted follow-up interviews with men who had been identified as possible IPV victims via a survey reached similar conclusions about some of the study participants (94). In contrast, however, some of the men who were subjected to IPV in study IV were afraid of being viewed as the main perpetrators by their families or authorities, which has also been identified in previous studies among men exposed to IPV (177, 180, 186). The fear of being considered a perpetrator has also been described as a hinder for men to receive help for IPV exposure

(177, 187). The fact that male perpetrators can present as victims and male victims are fearful of being mistaken for being perpetrators of IPV underlines the complex and multifaceted nature of men's experiences of IPV. Aspects of both victimization and perpetration should be thoroughly included in theoretical frameworks on men's IPV experiences.

In the current thesis, the only clear case of IT was found when it was perpetrated by a man. This relationship included violence and multiple control tactics that were used with the perpetrator's aim to achieve a systematic, all-encompassing control (97). The control tactics included liberty deprivation, economic control and harassment, and differed from the relationships where women used control by mainly emotional abuse. Moreover, these control tactics seemed to be particularly well cemented because of the physical violence which was particularly severe and injurious: it instilled terror in the victim. Theoretical frameworks on men's experiences of IPV need to be mindful of the fact that men are exposed to IPV by both women and men, and that these phenomena may partly differ from each other.

Structural gender inequalities do not facilitate women's use of violence and control in comparable ways as they do for men, such as using threatening physical violence, curtailing the economic independence of their male partners or micro-regulating masculinity-related performances such as lawn-mowing or bread-winning (34, 85, 178, 188-190). This is probably a reason for why there were no clear cases of IT in the opposite-sex relationships. Moreover, in a world that grants men access to women's bodies in the form of sexist advertisements, prostitution or the use of rape as a weapon of war (54, 191, 192), it is difficult for women to achieve sexual power over men. In fact, some of the interviewed men that were subjected to IPV interpreted their female partners' non-participation in sexual acts as a form of violence or control. This suggests that the men felt that they had the right to sex, even in situations in which their partners were not willing. Overall, gender as a pervasive structure affects both expressions and experiences of IPV.

It was surprising how difficult it was to apply Johnson's violence categories in the interview-based material. There may be different reasons for these difficulties. In part, researchers performing either qualitative (125) or quantitative (108) studies seem to find the definitions of the typology's violence categories unclear and imprecise, especially with regard to coercive control (85, 108). For example, studies do not always differentiate between attempted and achieved control (193). Furthermore, one might ask if the presence of fear is a prerequisite for a relationship to be IT, and if one

overarching and effective control tactic is "enough" to count as IT. Also, in the current thesis as elsewhere (99), physical and psychological violence is sometimes referred to as violence and sometimes as control, and perhaps indeed that it could be described to include both aspects. Nevertheless, clarifying the definitions of Johnson's violence categories would help to illuminate these issues. Furthermore, while quantitative studies struggle with which items, frequencies etc. to include in which categories, interviews, on the other hand, may reveal complexities and nuances involved in relationships of IPV that poses its own difficulties in categorizing relationships. The difficulties in applying the violence typology on interview-based material also draws attention to the clinical application of violence typologies, as the typology may be challenging to apply in face-to-face encounters (125, 194). Future studies that follow-up quantitative studies on Johnson's violence typology with qualitative interviews would further our understanding of the impact of different methodologies on the application of the typology. Also, it could help to consider the impact of different methodologies on the study of IPV more generally and its implications on gender a/symmetry.

5.5 On the assessment and definition of IPV and gender

Assessing and defining intimate partner violence

At the heart of the gender symmetry debate lies the question of how to define IPV, which is closely related to how it is assessed and operationalized (175, 195). In an act-based survey approach like that of studies I-III, it is common to define IPV as exposure to any one act of psychological, physical or sexual violence. Study IV, on the other hand, emphasized the context in which violent acts took place, including their meaning and impact as well as the power dynamics between both partners. Considering the findings from the quantitative study III and the qualitative study IV in light of each other, it could be hypothesized that some of the men found to be exposed to IPV in study III are indeed victims of IPV, some are in fact the main perpetrators, and some have experienced violent acts that are not clear cases of IPV. This highlights that violence incidents do not entirely overlap with ongoing patterns of control and abuse, a point stressed by many (45, 92, 95, 99, 100, 196).

Results from this thesis emphasize the value of combining quantitative with qualitative methods for a more holistic approach to IPV, to enable a further understanding of its gendered aspects [103-107]. For example, findings from the qualitative study encourage considering structural aspects of IPV (see further above), which is a level of analysis that quantitative studies debating gender symmetry often do not include (188). Findings from study IV also highlight the need to assess the context in which physically violent acts take place, including their impact and the nature and level of control present in the relationship: for example, it was found that emotional rather than physical violence was central to men's experiences of IPV. In part, this can be done by developing the contextual aspects of IPV in survey-based public health research, as discussed further below. Ideally, however, survey-based results would also be followed-up with a sub-sample of interviews with the respondents to deepen an understanding of their experiences. This could also facilitate insight into the ways in which respondents have defined the applied IPV measures and improve the understanding of the results obtained via surveys. For example, consider the question posed earlier regarding how women and men might have understood "losing control" when they reported it as a reason for having used violence towards their partner. Combining quantitative with qualitative methods also allows for generation of new hypotheses which can then be tested via surveys. Moreover, weaving these methodologies together may help to bridge some of the seemingly opposing perspectives in the gender symmetry debate (188).

In addition, results from study IV suggest that men's experiences of IPV are different to those of women's and that IPV in same-sex and opposite-sex relationships differ as well. This finding suggests the need to take these aspects into consideration in survey-based research on IPV within a public health framework already during the inception of the study. However, it is challenging to assess IPV via surveys in a way that captures the respondents' varying social locations and structural oppression that may influence the occurrence of IPV, including gender, sexuality, ethnicity etc. (59, 175, 195). Nevertheless, steps could be made towards including the intent, impact, motivations and meaning of IPV to those involved, which are often influenced by the differing structural locations (45, 59, 72, 197). Such measures may include repetition, injury and severity, emotional impact, responses to violence and control and experiences of institutionalized oppression such as daily hassles or discriminatory treatment (72). In a study made in the U.K., the relationship between the incidence and impact of abuse were modeled, and respondents were defined as IPV victims based on thresholds derived from combining these two scales. Prevalence rates of IPV were then reported based on this procedure (198). The use of impact

measures to operationalize thresholds for IPV is a promising way forward for epidemiological research on IPV.

Assessing and defining gender

Another and surprisingly less noted definitional aspect of the gender symmetry debate regards the concept of gender itself and the difficulties in its measurement (30, 175, 199). In a series of articles, Kerstin Anderson draws attention to the underlying gender theoretical assumptions of the debate (188, 190, 200). Anderson argues that gender symmetry conceptualizes gender as an individual trait, which fails to adequately capture the complex ways in which gender comes into play in social relations (188). Instead, gender is reduced to an individual's behaviour, assuming that when a dichotomous variable (woman/man) does not show statistical significance, IPV is assumed gender neutral (gender symmetrical) (30, 201). Furthermore, in the case that a dichotomous woman/man variable does show statistically significant differences by sex, an individualist approach is not sufficient to explain why these differences occur (30, 200).

A sex-difference approach as described by Anderson would conclude that since women and men were exposed to IPV at similar rates during the past-year (study III), gender is irrelevant in these cases. Instead, widening the understanding of gender to include institutions, identities and attitudes as posited by structural and interactionist theories, may be more fruitful to the study of IPV (188). Structural theories can, argues Anderson, illuminate the ways in which "gender organizes training in violence", which "has implications for the severity and success of violence perpetrated by men and women" (188). This was indeed found in study IV, where men often drew on their practice of martial arts, muscle building or professional sports to explain their physical superiority in relation to their female partners. These aspects are also likely to be in play in the relationships captured during the past-year time frame (studies I-III), regardless of the similar prevalence rates found for women and men.

Resembling the sex-difference approach, Johnson proposes that SCV is gender symmetrical since it is perpetrated to an equal extent by both women and men (107). However, in line with Anderson's description of interactionist theories on "doing gender" (c.f. (202, 203)), meaning that masculinities and femininities are performed in interactions with other people (188), study IV found that also when women were abusive towards men, they used sexist ("cunt", "bitch") and homophobic ("faggot") language in their verbal assaults. This was also present in categories of SCV, and underscores Anderson's argument that an individualist sex-difference approach to gender,

which often underlies survey-based research, is not sufficient to the study of IPV. Instead, researchers need to consider gender theories that are able to account for more complex ways in which gender matters in social relations. This can also be extended to survey-based research and to how researchers test hypotheses, interpret findings and draw conclusions (188). Given the strong theoretical traditions of qualitative studies, the combination of quantitative with qualitative methods may be one way to facilitate and encourage a stronger gender theoretical perspective in quantitative studies on IPV.

Anderson's call for IPV researchers to explicitly state and develop their theoretical language around gender is a fresh perspective to the gender symmetry debate. However, as pointed out by Lisa Brush, the challenges of measuring gender "as a variable set of social relations shaped by interaction, for instance, rather than a dichotomous, stable marker of difference" still remain (199). Nevertheless, the field of public health with its close links to the social sciences is well suited for taking on the challenge of integrating gender theoretical perspectives within epidemiological studies on IPV.

Gender at the intersection of other social categories

Finally, it is noteworthy that the gender symmetry debate often takes place in a heteronormative context, mostly accounting for women and men in opposite-sex relationships (195). This may partly be attributed to sample sizes which are often too small to separately account for sexual orientation in random population samples (60). However, it is probably also due to unreflected gender theoretical assumptions assuming two oppositional and complementary gender categories of women and men (30). Regardless of the reasons, this heteronormative context conceals the experiences of those in same-sex couples and contributes towards the neglect of prevention programs targeted at this population (60).

Although studies I-III did include the possibility to assess acts of IPV among same-sex relationships and among those who are born outside Sweden, these groups were too small to analyse separately. For example, three women and two men who currently were in same-sex relationships had been exposed to at least one act of IPV during their life-time. Hence, it is useful to keep in mind that the findings from studies I-III are not directly applicable to these groups. Nevertheless, in light of some of the findings in study IV and as pointed out by others, more research is needed that considers the intersections of gender, sexuality and similar social categories to extend our understanding of how different inequalities may affect the experience of IPV (59, 61, 70,

72). Such considerations are often left under-theorized within the gender symmetry debate (30).

5.6 Methodological considerations

A strength of the current thesis is that it includes a random, national population-based sample of Swedish adult women and men (studies I-III). Furthermore, few qualitative studies on men's experiences of IPV exist, which is also the case with qualitative studies on IPV in non-clinical populations in general (78, 99, 103). Both quantitative (studies I-III) and qualitative (study IV) methods are used in order to approach the subject of IPV from a variety of perspectives, which further strengthens the results.

Next, some methodological considerations related to studies I-IV are presented, beginning with those that are common to studies I-III. Methodological considerations specific to studies I-II are then discussed, followed by considerations specific to study III. The section ends by methodological considerations relevant to study IV.

5.6.1 Studies I- III

Considerations for studies I- III

In the current thesis, the VAWI was administered via a postal survey, although the VAWI was designed for and has primarily been used in face-to-face interviews (50). The implications of different modes of data collection are difficult to assess due to multiple influencing factors, which include the method of initial contact with the respondents, visual versus oral presentation of response choices, method of sampling as well as differing cultural and social contexts (204). Moreover, there is a scarcity of experimental or randomized study designs comparing different modes of data collection (204). Nevertheless, previous studies have found disclosure of sensitive topics to be higher in self-administered modes compared to face-to-face interviews (204), also when assessing IPV (205). Furthermore, it would be both resource and time consuming to conduct face-to-face interviews for a population-based sample in Sweden. If interviews were to be conducted over the telephone instead, it would be difficult to know if the perpetrator would be close by when the call is made. A postal survey, on the other hand, may be

considered less invasive as it can be opened at any time, answered during a moment of choice or discarded altogether.

However, the main known limitation of postal surveys is low response rates (205). The current study sought to minimize non-response rates by sending three reminders; nonetheless, the overall non-response rates were high for both women (38%) and especially for men (54.6%). Although these non-response rates are similar to or lower than those in other Nordic studies on IPV (5, 12, 14, 52), they nevertheless suggest caution in the interpretation of the results. Furthermore, the response rates were lower among young, unmarried respondents, respondents with a lower annual income and respondents born outside Sweden. These groups have been identified in the literature as particularly vulnerable to IPV (149, 172). Hence, it is possible that the current study has under-estimated the occurrence of IPV acts among these groups. Consequently, the strength of the associations in the known groups' analysis (study I) and the logistic regression analyses (study III) may have been weakened. Also, the differing response rates among women and men complicate the comparability of IPV between these two groups.

False negative cases of IPV (or type II errors) can occur by not accurately remembering which acts took place in the past year versus earlier in life, by having experienced violence acts that are not represented in the survey, by "shortening" the survey by not responding to certain items and by omitting to report known incidents out of fear or shame (146, 206). False positives (or type I errors) are less likely than false negatives but may include acts that were conducted in self-defense by the partner or minor incidents. For example, it is possible that some of the respondents who were exposed solely to the first psychological violence item "Insulted me in a way that made me feel bad about myself" were rather reporting couple arguments than psychological violence. What one considers as error is also dependent on how one perceives the phenomena of IPV (146).

Both women and men have been found to under-report their exposure to IPV in opposite-sex relationships (206). However, some studies have found that women are more likely to under-report IPV than men (146, 206), and that men may over-report such exposure while being perpetrators of IPV (179). Moreover, multiple constructions of masculinity and femininity are likely to influence self-reports of IPV (1, 45, 206). For example, physical violence may both be under-reported if women are not considered capable of such a thing or it is considered non-threatening, but it may also be over-reported if it is considered a gender-norm transgression (207). Although scarce, knowledge on factors affecting gendered patterns on self-reports of IPV are

mainly related to acts of physical IPV; future studies based on empirical data that consider women's and men's self-reports related to all forms of IPV, including psychological and sexual, are warranted.

Additionally, and as mentioned in the discussion, the violent acts that the respondents have been exposed to may differ in context. As such, we are not able to differentiate between, for example, a shove made in self-defense and a shove made in a context of assault and intimidation (100).

The age-span of studies I-III was limited from 18 to 65 to increase statistical power as previous studies have found IPV prevalence rates to decrease with age (208, 209). Nevertheless, IPV among elderly has been defined as a significant problem and further studies including this age-span are warranted (210). Also, while the prevalence rates of physical and sexual IPV have generally been found to decrease among elderly women, rates of psychological abuse have been found to increase (209).

Finally, the earlier-in-life rates of IPV may have been under-estimated due to an oversight in the questionnaire layout, where the box for ticking violence experienced earlier in life was somewhat unclearly placed.

Considerations specific to studies I- II

The psychometric assessment of a research instrument is an open and ongoing process (75). While selected psychometric properties of the VAWI were explored in the current thesis, future studies should consider additional aspects of validity and reliability of the VAWI. For example, the adequacy of the Swedish translation should be examined, evaluation of the VAWI conceptual model by means of confirmatory factor analysis should be performed, along with tests of its sensitivity and specificity regarding IPV exposure, as well as test-retest reliability and inter-rater reliability (i.e. responses received from both members of the couple). For example, studies assessing both members' self-reports of IPV have found the inter-rater reliability to be poor (45, 211), suggesting that there is couple disagreement on whether a violent act occurred. This has been found both with regards to the frequency and the severity of the violence act (206). While the current thesis assessed IPV acts from one member of the couple, it is likely that their partners would have disagreed with their reports to an extent. Finally, the content validity of the VAWI in terms of its contextual factors for the assessment of IPV among both women and men should be developed and investigated (72).

However, there are challenges involved in applying some of the analyses mentioned above. For example, a confirmatory factor analysis would be premature among men in view of the lack of established, theoretical models for understanding men's exposure to IPV. Such models need to be advanced and should serve to guide in the development and evaluation of gender-specific IPV assessment instruments. Furthermore, as previously mentioned, the lack of a golden standard within IPV research makes analyses on sensitivity and specificity difficult to conduct (146).

The sample size of the exposed respondents restricted the possibility of conducting a PCA with the full range of response options, which would have provided a solution that is more sensitive to the actual scale of the VAWI. In addition, given the findings from study III that revealed differences in the past-year versus earlier-in-life IPV prevalence, it would have been interesting to conduct a PCA separately for these two time frames.

The subsample of respondents who answered both the VAWI and the NorAQ is small, which limits our ability to draw conclusions or generalize to the target population based on this comparison.

Considerations specific to study III

A power-calculation was not performed for the assessment of prevalence in study III as it was not included in one of its earlier aims. Nevertheless, the data gathered turned out to be useful for estimating the prevalence of IPV in Sweden. The CI:s provide information on how reliable the different estimates are and the CI:s may be considered of satisfactory range.

We are not able to draw any conclusions about the cause and effect of the associated factors and exposure to acts of IPV for two reasons: the study is cross-sectional, and only IPV exposure was assessed. Since those who are exposed to IPV often perpetrate IPV themselves (36, 46), especially among men (168), some of the associated factors might be related to IPV victimization, and others to IPV perpetration or both (36). Future longitudinal studies and studies that consider both perpetration and victimization of IPV might be able to shed more light on these matters.

The exposure rates of IPV differed for women and men according to past-year and earlier-in-life time frames, but these were combined into a life-time variable for the logistic regression analyses. It is therefore possible that the associated factors could have differed for women and men had they been assessed separately for the two time frames.

The current thesis did not find statistically significant sex-differences among the contextual factors of IPV. However, as these results were based on a relatively small sample size, replication among larger studies is warranted. Also other contextual factors could be considered, such as current suffering and fear (70, 72).

Although previous studies have used very similar items as in the current thesis on witnessing physical violence as a child between the parents or equivalent adults (127, 149), it has not yet, to the best of my knowledge, been validated.

5.6.2 Study IV

Only one member of the couple was interviewed, and all information on the partner's behavior was hence obtained indirectly. Our understanding of some of the relationships could have changed had both partners been interviewed. Nevertheless, interviews with couples that agreed to participate and discuss IPV would possibly have reduced the cases of the more severe and controlling IPV. Interviews with both members of a couple would also necessitate careful ethical consideration not to endanger a participant to further violence by his or her partner.

The IPV items included in the filled-in survey may have prompted memories that otherwise would not have been evoked during the interview. It is also possible that some experiences not included in the survey negatively affected the men's recollection of such events. Nevertheless, the use of follow-up questions during the interviews encouraged the men to remember situations in which violence and control occurred.

The current thesis considered mainly Johnson's violence typology in the analyses of men's experiences of IPV. However, other theoretical frameworks could also have been applied to the material. For example, an interview-based study that applied an interpersonal power theory to analyze men's experiences of being exposed to IPV found many similarities in the processes that are found in the literature on men's violence against women. These similarities included being isolated from family and friends and blaming themselves for the violence that they were subjected to (177).

Being a woman conducting a study on men's experiences of IPV probably affected the study in different ways, including interview interactions, knowledge production and safety strategies (212-214). For example, it is

possible that the men were able to tell more about the emotional consequences of their experiences to a female compared to a male interviewer, which is a point that some of the interviewed men in study IV expressed. Furthermore, female interviewers may be prone to specific vulnerabilities compared to male interviewers on subjects such as sexual harassment (214) or IPV. One such example derived from the current thesis was when a sexually harassing phone call was received from a man who pretended to be interested in participating in an interview. In addition, during a couple of the interviews there occurred instances that I experienced as somewhat threatening. The analysis and interpretation of the data may also have differed had it been conducted by a man, and other things might have been highlighted instead (213). Nevertheless, the hermeneutic spiral used in study IV allows for preconceptions and similar influences during the analysis, and it does not consider them to be a drawback, but rather as a necessary part of the analysis (157, 160).

Men who are exposed to IPV may feel shame and be unwilling to discuss their experiences (215). While the men in the current thesis seldom expressed shame about their experiences, it could be that those who feel this way did not participate. Furthermore, being identified as a victim of sexual violence may be experienced as especially shameful and stigmatizing (146, 216). It has been found, for example, that men who have experienced sexual abuse in their childhood may have particular difficulties in identifying female abusers and realizing that they have been subjects of sexual abuse due to cultural norms that expect them to be interested in sexual contact by the opposite sex (217). Two men had experienced sexual coercion by their partners in study IV, of which one occurred in an opposite-sex relationship. However, men's responses to invitations to be interviewed on childhood sexual abuse by female perpetrators have been found to increase remarkably after framing it in broader terms than that of sexual violence (217). Since the invitation to be interviewed in study IV was framed as "Have you been exposed to psychological, physical and sexual violence?", it is possible that more men with experiences of sexual IPV in opposite-sex relationships would have participated in the study had it been framed differently.

Although the men in the current thesis generally did not experience fear of physical violence when it was perpetrated by women, another study from the U.S. found that men feared future attacks of physical violence, including a few who feared for their lives (177). This was not present in study IV among the men in opposite-sex relationships and could partly reflect differences in the data collection methods. The current thesis distributed invitations to be interviewed through crisis centers but also via public places, whereas the

other study recruited men from crisis centers and a website for abused men. Hence, the two studies may have tapped into different types of relationships and it is possible that other recruitment strategies would increase the sample of men with such experiences in Sweden.

Three criteria for a hermeneutic interpretation

Amongst the critiques aimed at hermeneutics is how to know which interpretation to choose from out of all the possible options and which principles to follow while arriving at a particular interpretation (157). Three criteria that concern these aspects and which are considered central to a hermeneutic interpretation by Ödman (2007) have guided study IV.

The first criterion states that the whole and its parts should relate to each other in a coherent and logical manner, which is sometimes called the criterion of coherence or the study's inner logic (157). The second criterion asks whether the interpretation bestows meaning to that which is studied. This is referred to as the study's outer logic by Ödman and is generally considered to be the validity question of hermeneutics. The first and second aspects can also be considered as two sides of the same coin (157). In addressing these two aspects, I made conscious efforts to reflect on whether the interpretations made regarding specific parts of the transcribed interviews seemed consistent with the general interpretation that was being made (160). I persistently checked the interpretation against the empirical material, that is against statements of the persons interviewed (a word, a phrase or a paragraph), but also against existing theories to reveal blind spots and narrowness of the perspectives that were being used (157). Also, I checked whether I could find contradicting statements to the interpretations that I was making by rereading the interviews in the spirit of "the devil's advocate". In addition, the draft for the current study was continuously revised by the co-authors and members of the research community during meetings and seminars.

A third criterion may also be considered, namely if the results are successfully communicated. This includes expressing the interpretations in a clear manner; giving the reader enough material to track the path that was followed during the interpretation and to provide new knowledge that may be useful for another researcher dealing with similar or related problems (157). In order to meet these points, the manuscript was sent for a language check, several quotes were provided and the manuscript was continuously revised by the research community. However, the extent to which this has been successful in the current thesis is ultimately for the reader to decide.

5.7 Implications for research and health care policy

This thesis suggests several implications for research and health care policy on IPV. Firstly, the results affirm gender as an important tool of analysis for IPV and encourages that it be conceptualized beyond sex-difference in future public health research. The evaluation and development of IPV assessment instruments need to be guided by gender theoretical frameworks that consider the contextual and structural differences of IPV between women and men, as well as between same-sex and opposite-sex relationships. Furthermore, the finding that women are more exposed to IPV than men during the earlier-in-life time frame highlights its importance for assessing gender differences of IPV in epidemiological studies, and it should be considered alongside past-year prevalence.

Findings from this thesis also urge combining quantitative with qualitative methods as one way of furthering the understanding of gendered aspects of IPV (101-105). This provides the possibility to test new hypotheses derived from qualitative studies on larger populations in quantitative studies, and encourages the integration of gender theory into the design, implementation and interpretation of findings in quantitative studies (188). It also allows for furthered exploration, monitoring and statistical testing of relevant contextual and structural aspects of IPV, which may, moreover, change over time. The public health field with its quantitative and qualitative traditions as well as its close ties to the strong theoretical traditions of the social sciences is particularly well suited for these purposes.

Furthermore, it is encouraged that health care policy on IPV be gender sensitive. Such a policy may be informed by moving away from an incidence-based approach to IPV in favor of contextualizing the violent experiences by taking into consideration the experiences of those involved, including coercion, repetition, fear and impact (89, 95, 109). Different cases will require different types of interventions and resources to help ensure their suitability and effectiveness for those who have experienced IPV. Whereas counseling might be appropriate in some cases, others may require shelter services to ensure the victim's safety and protection (89, 95). IPV perpetrators, in turn, are in need of another type of help resource such as perpetrator-programs (109). Furthermore, those who have experienced IPV in same-sex relationships may want services that consider IPV and issues related to same-sex relationships combined (218).

Compared to women, less is known about the kind of help that men exposed to IPV are in need of. Echoing findings in other studies, the men in study IV experienced that professional help was difficult to receive (218). In general, they expressed a need of counseling and crisis centers, or were satisfied with the help received by their family and friends. Previous quantitative studies have similarly found that men exposed to IPV by their female partners turn to family and friends and ask for counseling and crisis hotlines (219, 220). In addition, those in same-sex relationships may also seek help from family and friends instead of professionals, who are experienced as lacking in helpfulness (221). Currently, there are no recommendations to establish shelter-services for men in opposite-sex relationships: these have been attempted in Canada and the U.K., but were closed due to a lack of clients (222). However, one man who was exposed to battering by his male partner in study IV suggests that this might work differently in same-sex relationships. Which services are needed for men exposed to IPV in both same- and opposite-sex relationships is an issue to be established by future research.

Previous studies have found that both victims and perpetrators of IPV frequent health care services, although some may not state IPV as a reason for their visit. Consequently, health professionals are a key resource in identifying, documenting and referring cases of IPV (31-33, 61, 196, 218, 219). It is important for professionals to be sensitive towards the possibility that a male or female visitor has been exposed to IPV, and to confirm and take their experiences seriously, especially considering that male victims may fear being viewed as perpetrators when seeking help (177, 187). Frameworks that deal with a variety of situations in which IPV takes place and that include knowledge of both victimization and perpetration, which may not be easily distinguished during short visits within health care practices (94), need to be developed and integrated in the training of health professionals. In addition, as IPV occurs in both same- and opposite-sex relationships, it is relevant to ask about experiences of IPV when the patient's partner or "friend", who may be the perpetrator, is not present. In addition, all forms of IPV should be acknowledged, including emotional, physical and sexual abuse. Consultation should take place in a private setting where confidentiality of the visitor is guaranteed, and both the mental and physical consequences of IPV need to be considered (223). Standard operating procedures and referral systems are important in enhancing violence disclosure and access to appropriate services (95, 223). Moreover, as children are often implicated in cases of IPV, their safety and well-being needs to be ensured as well (223).

6 CONCLUSION

Results from this thesis suggest that both women and men are exposed to IPV in Sweden, but in partly different ways. Although past-year IPV exposure rates were similar in women and men, earlier-in-life rates were higher in women, which possibly reflects women's comparatively more severe exposure to IPV found by previous studies. This finding suggests that the earlier-in-life time frame is important when assessing gender differences of IPV and future studies should consider it alongside past-year prevalence. Exposure to IPV among both women and men was associated with poor to moderate social support, having grown up in a home with violence and being single, divorced or widowed.

Support was found for the Violence Against Women Instrument in a Swedish context among women, adding to its cross-cultural construct validity and internal reliability in an adult female population. However, the instrument's conceptual model was only partially replicated among men exposed to IPV. This finding accentuates the need for research instruments assessing IPV to be validated separately in male and female samples in order to ensure their suitability for the respective groups. Furthermore, new theoretical frameworks are needed to guide the development and evaluation of gender-specific IPV assessment instruments, as current frameworks are developed primarily for women.

In this thesis, men generally did not consider physical violence to be threatening when it was perpetrated by women. They were also not subjected to the multiple control tactics that define the intimate terrorism category of Michael P. Johnson's violence typology, lending support to Johnson's argument that women's and men's experiences of IPV partly differ in opposite-sex relationships. Furthermore, the men were subjected to considerable and effective emotional violence in ways that were not adequately captured by Johnson's typology. These findings emphasize the need to revise or go beyond this typology and support the argument that theoretical frameworks need to consider not only the presence of violent acts but also their meaning and impact. Moreover, as male perpetrators may present as victims but male victims fear being mistaken for perpetrators, theoretical frameworks on men's experiences of IPV need to include aspects of both victimization and perpetration in careful ways. Finally, gender as a pervasive structure affected both the experiences and expressions of IPV, which highlights the importance of widening the conceptualization of gender beyond sex-difference in future public health research.

7 FUTURE PERSPECTIVES

Results from the qualitative study demonstrated that contextual and structural aspects affect men's experiences of violence and control in an intimate relationship. A fruitful area for future research is thus to develop IPV assessment instruments to integrate contextual and structural aspects of violence and control. This will also allow for differentiating between ongoing IPV and one-off incidents of violence: developing more sophisticated measurements of IPV will help to improve societal responses to IPV.

Relatedly, there is a need for methodological development and definitional clarity of the measure and concept of coercive control. Although researchers increasingly argue for its importance, they often struggle to measure the power relations between two individuals and it is the least assessed form of IPV within survey-based research. Moreover, the concepts of coercive control, controlling behaviors, psychological violence and emotional abuse are often used interchangeably in the literature (including in this thesis), and it would be helpful to clarify their meaning in relation to each other.

Studies on how women and men define the meaning of and respond to survey-based items on all forms of IPV would help to illuminate how gender may impact response patterns, and, consequently, further deepen the understanding of survey-based results on IPV.

Another area that would benefit from further research is qualitative, gender theoretical inquiry into women's experiences of subjecting their male and female partners to IPV. Such work could also inform how IPV constitutes gender. For example, do women enact femininity when they use violence and control? Furthermore, qualitative studies that include both women's and men's experiences – as victims, perpetrators or both – of IPV would allow for more direct comparisons and theoretical development of the gendered nature of violence and control in an intimate relationship.

It would also be valuable to continue studies on men's experiences of being subjected to IPV by male and female partners. In particular, little is known about the types of help resources that men subjected to IPV are in need of and how they have experienced the help they received.

Finally, studies employing an intersectional approach to IPV are comparatively few. Future studies that incorporate the heterogeneity of IPV related to gender, ethnicity, sexuality, religiosity and other similar social and political categories would extend our understanding of how different inequalities may affect the experience of IPV.

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