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CAHRV

***Report on the state of the research on prevalence of
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EU RESEARCH ON SOCIAL SCIENCES AND HUMANITIES

Co-ordination Action on Human Rights Violations CAHRV

**Report on the state of the research on prevalence of Interpersonal violence,
and its impact on health and human rights available in Europe**

STATE OF THE ART

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Preface

Within the 6th Community RTD Framework Programme (2002-2006), research in Social Sciences and Humanities is addressed under Priority 7 “Citizens and Governance in a Knowledge-based Society”. The main objectives of this thematic area are to mobilise European research in economic, political, social sciences and humanities in order to develop an understanding of the issues related to the emergence of a knowledge -based society, as well as to address, on the one hand, new forms of relationships between its citizens and on the other between its citizens and institutions.

In order to attain these objectives, researchers were invited to address issues related to the following 7 research areas, grouped into two major themes:

Knowledge based society and social cohesion

1. Improving generation, distribution and use of knowledge
2. Options and choices for the development of a knowledge-based society
3. Variety of paths towards a knowledge society

Citizenship, democracy and new forms of governance

4. Implications of European integration and enlargement
5. New forms of governance
6. Resolution of conflicts and restoration of peace
7. New forms of citizenship and cultural identities

and one additional research area of a horizontal nature:

8. Actions to promote the European Research Area in Social Sciences and Humanities and their contribution to the knowledge based society in Europe.

The implementation of this Priority was undertaken through the launching of calls for proposals in 2003 and 2004 and as a result 140 projects were selected for funding.

Some of these projects started in 2004 and are now delivering their first results. They are usually presented in the format of a report which reflects the state of the art of the specific topic in question.

This publication contains the state of the art report of the co-ordination action “**CAHRV – Co-ordination Action on Human Rights Violation**” which addresses in particular research area 6 – « Issues connected with the resolution of conflicts and restoration of peace and justice”.

The research is carried out by 22 teams over a period of 3 years, starting in May 2004. The project focuses on interpersonal violence, not only against women, but extended to other socially vulnerable groups, including men and children. It aims to account for and overcome fragmentation in this particular field of research, by linking and building on networks for women, children and men. The project main results are expected to include:

- An overview of European research on prevalence, health and human rights impact, a design for comparative re-analysis of data, and indicators for monitoring;
- A database and a shared methodological framework for European level research on the roots of violent behaviour;

- Research synopses on the justice system as an arena for protection of human rights, and an evaluation of interventions and measures and their potential for transfer.

This publication reports the state of the art of the research undertaken: the review on the prevalence of interpersonal violence and its health impact on the victims that have been conducted until now in European member states and in those countries that will become members in the near future.

I hope this report will make a contribution to further consolidating and structuring the state of the art in this particular field of research.

T. Lennon



State of European research on the prevalence of interpersonal violence and its impact on health and human rights

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INTRODUCTION

Interpersonal violence as a violation of human rights is an issue that has emerged recently and has started to be considered as a public problem for individuals, society and states. This has its origin in the universal declaration of Human Rights by the United Nations in 1948 and by successive declarations of the human rights of specific groups of populations such as women and children (Vienna, 1993; Beijing, 1995). Little by little, European countries are becoming aware of this societal problem that not only causes a great deterioration of the victim's life but that are also a burden to the development of the countries through their high human and economic costs.

Victims Most studies on prevalence of interpersonal violence in Europe have focused on violence against women, children and youth. Data on violence against men have been obtained through some criminological victimization surveys or through surveys of violence against both women and men, but to the present, violence against men is not a central topic of prevalence of violence research. There are very few prevalence studies with a focus on violence against older people and against especially vulnerable groups such as disabled persons, homosexuals/bisexuals, and prostitutes, although several prevalence studies on violence against women have obtained data on violence against elderly people, migrants, and ethnic minorities.

Contexts In most studies on violence against women and children the context in which violence is assessed is the domestic setting (in families and in intimate partner relationships). Some studies also include other contexts outside the home such as school, working place, and the public sphere.

Types of violence Although most studies assessed the incidence of physical and sexual violence, some included questions on psychological violence, sexual harassment, stalking, mobbing and bullying. The assessment of psychological violence, although surveyed within many studies, is not a common subject in this research field. However, this is changing as recently more prevalence studies include information on the serious impact of this type of violence on health and life quality, as well as on the relationships between the different forms of victimization experienced during the life span - especially in relation to domestic violence and violence in other close relationships (work, school).

Health impact and human rights An important aspect of many prevalence studies is the assessment of the impact of violence on the health status of the victims. To the present, many cross-sectional and retrospective studies indicate the high impact that interpersonal violence has on the health status of victims. This is an issue considered important enough to be routinely included in prevalence studies. Finally, the impact of violence on the well being and integration of the victim in society (education, employment, social inclusion, etc.) as a whole has not been assessed yet. Altogether, enabling individuals to have a life free of interpersonal violence should be considered as a human rights issue.

This report reviews studies on the prevalence of interpersonal violence and its health impact on the victims that have been conducted until the present in European member states and in those countries that will become members in the near future. The differences and similitude between studies are reported, which in many cases make the comparison between the rates obtained difficult.

1-PREVALENCE STUDIES

1.1.-VIOLENCE AGAINST WOMEN

Prevalence studies in Europe

Representative national prevalence studies on violence against women have been conducted in England and Wales (1995¹, Mirrless-Black 1999; 2001, Walby and Allen 2004), Estonia (2001, Proos and Pettai 2001), Finland (1997, Heiskanen and Piispa 1998), France (2000, Jaspard et al., 2003), Germany (1992, Wetzels et al., 1995; 2003, Schröttle and Müller 2004), Holland (1986, Römken 1989, 1997; 1997, Van Dijk et al., 1997; 2002, Van Dijk and Oppenhuis 2002; 2003, Beke and Rottenberg, 2003; 2004, TNO Arbeid 2004), Iceland (1996, Gírlason 1997), Lithuania (1999, Purvaneckiene 1999; 2000, Reingardiene 2002, 2003), Portugal (1995, Lourenco et al., 1997), Russia (2002, Gorchkova and Shurygina 2004), Spain (1999/2002, Institute of Women's Affairs, 1999, 2002; Medina-Ariza and Barberet 2003), Sweden (1999/2000, Lundgren et al., 2002), and Switzerland (1994, Gillioz 1997, Gillioz et al., 1997)².

The criteria for the selection of surveys included in this report has been the availability of detailed information about the methodology and results, which in most cases have been provided by members of CAHRV. Thus, although we have information on the existence of further prevalence studies conducted in Bulgaria, Bosnia-Herzegovina, Denmark, Hungary, Ireland, Norway,² Poland and Romania, the information available about them, provided by institutions like Women Against Violence Europe (WAVE; <http://www.wave-network.org>) as well as by hearsay of other researchers, is not complete enough to be included in this report. Additionally, specific national studies on sexual violence against women have also been conducted (in Italy, by the ISTAT Institute, 1997/98).

Besides the large-scale representative surveys listed in this report, a number of clinical and regional studies on violence against women have also been conducted in Austria (Achs et al., 2005), Finland (Ministry of Social Affairs and Health 2005), Germany (Brzank et al., 2005), Italy (Romito and Gerin, 2002; Romito et al., 2004), Spain (Raya Ortega et al., 2004) and Switzerland (Gloor and Meier, 2004). Additionally, there are further criminological surveys, such as the one carried out by Wetzels et al., 1994 in Germany. However, these other types of

¹ The first date presents the date of the survey, followed by authors and publications.

² We have information on a new representative national survey in Norway, done by Thomas Haaland, Sten-Erik Clausen and Berit Schei, Norwegian Institute for Urban and Regional Research, just finished some weeks before the completion of this report, as well as on a representative victim study in the Oslo-area from 2004, including both – women and men -, but we could not acquire information in English in time.

studies are not included in this report, either because they are not based on representative samples or because they do not have a special focus on violence against women.

Methodology

There are many differences in the methodology followed in the studies, mainly in relation to: a) the sample (e.g. number of people that participated, age range, ethnicity, etc.); b) the way the information was collected (e.g. face-to-face, telephone interviews, postal questionnaires, etc.); c) the definition and types of violence assessed (physical, sexual and psychological); d) the context in which it occurred (e.g. home, work, public places, etc.); e) the perpetrator (e.g. family members, strangers, etc.) and f) the period of time in relation to the incidence of violence asked (e.g., last year, last five years, life span, etc.) (See Table 1 in appendix).

Collecting valid information on violence against women within population-based surveys requires the use of appropriate methods to uncover the different forms and contexts of violence experienced by women, which are often related to very sensitive topics, such as sexual violence or violence by intimate partners. Thus, some special methodological approaches, such as intensive interviewer training, sensitive and non-stigmatization research instruments, and interviews without the presence of third persons – to name only some important aspects – have to be chosen to receive realistic data on violence against women.

There have been some developments in violence-against-women research since the studies in the 80's and early 90's of the last century³. While earlier studies (e.g. Holland 1986, Switzerland 1994) tended to focus on domestic violence by intimate partners, later studies from 1996 onwards tended to also include other contexts of violence against women in various life situations, e.g. in the public sphere, in the working place and/or by other family members and acquaintances (e.g. Finland 1997, France 2000, Germany 2003, Iceland 1996, Lithuania 1999, Sweden 1999/2000).

Moreover, methodology on violence-against-women research has improved, as summarizing questions on violence experiences have been more and more replaced or supplemented by behavior-related item-lists (no longer using the term “violence”) and combined measures of questioning (e.g. face-to-face interviews + additional written questionnaires on sensitive topics) appeared, which could heighten the disclosure of violence. Furthermore, violence-against-women research nowadays uses only specially trained (mostly female) interviewers and aims to provide an interview situation undisturbed by the presence of third

persons. Other factors, too, that could affect the safety of the interviewees are usually controlled in present violence-against-women research as an important ethical issue of research.³

The following section describes in more detail important differences in national violence-against-women surveys conducted in Europe within the last 20 years.

1-The sample

Sample size In general, the samples ranged from 500 to over 22,000 interviewees. Studies carried out on big samples (e.g. England and Wales 2001, Germany 2003, Spain 1999 and 2002, France 2000, Finland 1997 and Sweden 1999/2000) allow more detailed and differentiated analysis of various types of victimization, risk factors and impact of violence. However, studies conducted on small samples also allow careful estimates of the rate of violence.

Age The age of the sample also varies between studies. The minimum age ranged from 16-20 years, and the maximum varies between 59 and 85 or even older. One advantage of the involvement of higher age groups is the possibility of studying violence against elderly women. However, it has the disadvantage of a lower participation rate as more elderly women are not willing or not able to take part in the interviews. Furthermore, when different age groups are involved it has an important impact on the overall rates of violence obtained as the incidence of violence reported by women varies with age, being higher in younger than in older female populations. Thus, the consequence is a decrease in the prevalence rate when higher age groups are involved.

Ethnicity Definitions of groups involved in the samples of the studies vary from country to country, owing to differences relating to citizenship status, language spoken or ethnic backgrounds of the interviewees. Most samples involve both native and other ethnic groups (ethnic minorities, first and second generation, migrant and immigrant women). However, one problem is that migrant women often do not speak the language well enough to take part in the interviews, which are often not conducted in different languages. Moreover, some groups of migrant women refuse to participate more often than others due to a lack of personal autonomy and a minor status within their partnerships. Thus, in most studies, immigrant women are underrepresented, which prevents a proper statistical analysis. Only very few studies, such as the German one (Schrötte and Müller 2003) conducted interviews in different languages in order to increase the participation of migrant women, which makes a comparative analysis between different ethnic groups possible. In Holland, one study was specifically designed to assess

³ See further information on methodological developments and standards in violence against women research in: Hagemann-White (2000, 2001) and Walby and Myhill (2001).

domestic violence among ethnic groups such as Surinamese, Antillean, Arabian, Moroccan and Turkish immigrants (Van Dijk and Oppenhuis, 2002).

2-Data collection

Different methodologies have been used to collect information from the participants of the studies. While some studies conducted telephone interviews (e.g. France, 2000; Spain 2002, Switzerland, 1994) or sent written questionnaires by post (e.g., Finland, 1997 and Sweden 1999/2000), others have collected the information through in-depth face-to-face interviews (e.g., Germany 2003; Lithuania 1999, 2000). To the present, there is no extensive knowledge of the impact different forms of data collection and the setting in which the interviews take place have on the prevalence rate of violence obtained.

While the advantage of telephone interviewing or postal questionnaires lies in the more anonymous setting (and in the lower cost), in-depth face-to-face-interviews have the advantage of a higher possibility of controlling the interview situation, especially in relation to the safety of the interviewees and the avoidance of interruption by third persons, which is crucial for these types of studies (especially related to domestic and intimate partner violence). To overcome the disadvantages of both alternatives, some studies have used additional written or computerized self-completion questionnaires within face-to-face interviews for sensitive topics such as domestic and/or sexual violence (e.g. England and Wales, 2001 and Germany, 2003). The results of these studies indicate that much more violent experiences could be uncovered by this methodology than with the face-to-face interviews alone. Another effective and, for both interviewers and interviewees, less incriminating technique, especially when obtaining information about very sensitive forms of violence, is by using a list of concrete acts of violence which the interviewee could name by a letter instead of asking direct questions about experiences of violence (e.g. Germany, 2003). These special methods, as well as intensive interviewer training in advance (e.g., France, 2000, Germany, 2003), seem to have great impact on the likelihood of uncovering violence in close relationships or sexual violence and, thus, on the prevalence rates.

3-Assessment of violence

There are differences between studies in the types of violence against women assessed as well as in the information about the perpetrator and the context in which violence occurred.

Type of violence and instruments used in the assessment In general, the types of violence assessed are physical, sexual and psychological violence. While some studies give in

their publications specific information about the rate of each type of violence experienced by women (e.g. Sweden 1999/2001), others do not differentiate between the different types (e.g. Lithuania 2000).

The instruments used differ greatly between studies. While very few used only summarizing questions (e.g. have you been exposed to physical violence?), most studies used item lists with concrete acts of violence (e.g. have you been exposed to kicks, slaps? etc.). Those that have used both summarizing questions and detailed item lists have found that more violence is uncovered by the latter or the combination of both (e.g. Germany, 2003). Thus, it is considered that including a high number of items of violent acts in a questionnaire would increase the probability of uncovering more violent experiences. On the contrary, the use of summarizing questions without detailed item lists would lead to a decrease in prevalence rates.

While some studies used very well known instruments to assess **physical violence**, others have used these instruments as a guide, incorporating specific modifications. Other studies have developed their own instruments. Among the well known instruments used for physical violence is a modified version of the Conflict Tactics Scale (CTS) (Straus et al., 1996) and the list of acts used in the Canadian Violence Against Women survey (Johnson, 1996; e.g., Finland, 1997, Lithuania, 2000; England and Wales, 2001; Germany, 2003 and Sweden, 1999/2000), which makes it possible to compare the prevalence rates of physical violence obtained in the different studies by reanalysis.

However, the instruments used to assess **sexual violence** differ widely between studies making comparisons difficult. The definition of sexual violence ranges from very narrow definitions based on criminal law and the use of physical force and threats (e.g. rape, attempted rape) to much broader definitions that include severe forms of sexual harassment. Some studies used very detailed item lists of acts of sexual violence, but others used only summarizing questions on forced or unwanted sexual acts. Thus, it may be possible to compare the prevalence rates obtained in the different studies by using the data related to a narrow definition of sexual violence. Additionally, it must be kept in mind that cultural patterns in relation to reporting sexual violence could also play an important role.

Finally, the differences concerning **psychological violence** are much greater, ranging from assessing only one specific act (e.g., verbal insults, threats of violence, etc) to a more comprehensive list of acts (including verbal violence, blackmail, controlling behaviour, etc.). There are also considerable differences in what is defined as “psychological violence” (e.g. some include frightening threats here, while others list the threat of physical harm as physical violence).

The perpetrator and the context Most studies collected specific information about the perpetrator (e.g. former or current intimate partner, family member, acquaintance or stranger)

and the context in which violence occurred (e.g. home, work, public places), but there are differences in the way the details about perpetrators and contexts are reported in publications.

Most studies on violence against women have a special focus on domestic violence by current and/or former intimate partners (distinguishing between them or not), but also include other life contexts in which violence occurred (by strangers in public places, in the work place, by acquaintances and other family members). Some studies have focused on violence by *male* perpetrators and heterosexual partners (e.g. Finland, 1997; Sweden, 1999/2000). Studies where both sexes of perpetrators and various contexts of experiences of violence are involved show that physical and sexual violence against women is perpetrated by current or former intimate male partners in the majority of cases. Thus, most studies have obtained the prevalence rates of intimate partner violence (intimate partner violence and domestic violence against women are equated in some studies) and sexual violence against women.

An important problem of data comparison is that the reports give the prevalence rates related to the specific types of violence and the contexts in very different ways (e.g. intimate partner violence on the one hand and violence outside intimate partner relationships on the other). A next step is to explore how such issues may be addressed in secondary data analyses.

The life period assessed Another important issue is the period of life women were asked about. In the studies women were asked about the occurrence of violence during the last year, during the last five years, since a specific year of age in adult life (since the age of 15, 16 or 18), during childhood and youth, or during the whole life span. In most studies different combinations of these possibilities were used. In those in which women were asked about their experiences of victimization during the life span, information about the incidence of childhood abuse was also obtained indirectly. In others, there were special sections on sexual and physical violence during childhood and youth (Germany, 2003).

Comments on the results

There are so many differences between the studies that it is difficult to compare the data at this stage of the report. Below we give a preliminary overview of the range of existing prevalence data on violence against women in Europe and of important background information on the availability and comparability of data.

Intimate partner violence Most studies have collected information on the violence perpetrated by an intimate (male and/or female) partner against women. Some studies (e.g. the Finnish and the Swedish studies) distinguish in their presentation of the data between the rates of violence perpetrated by current and by former partners (and relate each rate to women who

have/had current and/or former partners), while others give prevalence rates for violence experienced by any partner (and relate it to the whole sample of women who ever lived in a partnership). This, as well as the differences in the methods used, in the definitions of violence and in the time periods assessed have a great impact on the comparability of prevalence data on intimate partner violence.

The lifetime prevalence of physical and/or sexual violence by current and/or former partners – if such prevalence rates are presented – ranges in the studies between 4 and over 30%; the lifetime prevalence of physical violence alone ranges from 6 to over 25%, and the lifetime prevalence of sexual violence by intimate partners ranges from 4 to over 20%, depending also on the broad or narrow definition of this type of violence. Psychological violence by intimate partners has been published in some studies as a separate category; the lifetime-rate is between 19 and 42%.

Relatively high rates of lifetime intimate partner violence (from 20 to over 30%) could be found in the results of the British, Finnish, Swedish, German, Swiss and Dutch studies. It is possible that this is a consequence of the measures used within those prevalence studies to uncover intimate partner violence. A next step will be to assess to what extent prevalence rates for this violence are comparable between selected countries, and to discuss the impact that differences in the methodology may have on these rates.

Other types of victimization Most studies have obtained additional information on violence against women in other life contexts because they included common questions on violence in all life situations (with specific questions on perpetrators and/or sites of violence, e.g. Germany, 2003), because they asked specifically about violence perpetrated by others than intimate partners (Finland, 1997, Sweden, 2000/2001, and Lithuania, 1999, 2000) or because they asked about violence in different life contexts within special sections of the questionnaire (e.g. France, 2000, see also Table 1 in appendix).

Thus, for example, in the studies conducted in Finland (1997), Sweden (1999/2000) and Lithuania (1999/2000) different information about male violence, male violence outside intimate partner relationships, and violence perpetrated by an intimate male partner was obtained (also distinguishing between current or former partners). The French (2000) study gives – alongside its interview section – different information about violence in the work place, in student life, by professional helpers, in couple relationships, and by other family members or acquaintances. The German study (2003) asked questions about all kinds of violence (perpetrators and locations) in the first section, and focused on intimate partner violence and violence in childhood in the second section, giving prevalence data on all life contexts and on intimate partner violence in its report. These differences make it difficult to compare overall prevalence rates in various life contexts.

The few studies that have presented overall prevalence figures for sexual and/or physical violence in all life contexts show that 40-46% of women had experienced sexual and/or physical violence in their adult lives. The prevalence rates for physical violence alone range from 14-37%, and for sexual violence from 4-35%, depending on either narrow or broader definitions. Future research will extract, by reanalysis of the data, overall figures for each country on the one hand, and prevalence rates for different life contexts on the other. This will include a discussion of the impact of methodology on prevalence rates.

Conclusion

In summary, notwithstanding the methodological differences between studies there is consistency in the fact that physical, sexual and psychological violence by men against women is very high in all contexts and in all countries.

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1.2.-VIOLENCE AGAINST IMMIGRANT, MIGRANT AND ETHNIC MINORITY WOMEN

In contrast to the other population groups identified for detailed investigation (elderly, children, homosexuals etc.) the boundaries of groups referred to as "immigrants" vary considerably throughout Europe and terms such as "immigrant", "migrant" and "ethnic minority" have no clearly defined common transnational meaning. This is because the historical context of immigration and minority politics in each European state shapes the way in which migrants – foreign or not- and their descendants are designated in statistical classifications and in civil society. As a result the sub-groups defined in national prevalence surveys on interpersonal violence will vary from one state to another.

In a fuller report in preparation, we stress a number of crucial issues to be considered when comparing databases of previously conducted surveys:

- large-scale studies measuring violence against women, and distinguishing immigrant or ethnic minority populations, are limited in number in Europe;
- existing national surveys have dealt with immigration and ethnicity differently;
- existing smaller scale studies present a diversity of approaches and themes.

Approaches to analyzing violence experienced by foreign or immigrant respondents from the results of national prevalence surveys on violence against women

Examples from the main prevalence studies will be presented here to highlight the possibilities and limitations of the sources.

The Swedish survey on violence against women (Lundgren et al., 2001).

The Swedish survey interviewed immigrant women within a representative population sample. The migrant population constituting a much smaller proportion of the national population than in states such as France or Britain, numbers are much smaller. Thus the authors refrained from conducting detailed analyses because the "groups of women born abroad are small and the percentage of responses from them was low. It is hard therefore to draw reliable conclusions from the responses of these groups" (Lundgren et al., 2002, p.70). In their analysis of "myths about violence" the authors explore the commonly accepted image of the 'violent "male immigrant" '. They asked women about their current or former partner's country of birth, his parents' country of birth, education level and alcohol habits.

Generally, as the authors stress, groups were too small to enable sound conclusions. Where comparisons were possible, the differences were found to be slight. The exceptions were women

whose present husband/cohabiting partner was born in Nordic countries (excluding Sweden) or Asia. These respondents report a higher level of violent experiences at the hands of their partner.

The French Survey (Jaspard et al., 2003)

The French survey, conducted in 2000, reached 6970 women aged 20-59 years. It included questions on nationality of origin and country of birth of respondents and also of their parents. The Enveff sample, in effect, represented the principal immigrant groups in France. The foreign-born were 1515 in number, to which were added 39 women from the French overseas territories. However, the report notes that many of the most socially isolated and possibly most vulnerable women would not have been reached by the survey. The method used, based on a telephone survey, implied not only residence in an ordinary household enabling access to a fixed telephone but sufficient command of the French language.

During the analysis of the Enveff survey an effort was made to broaden the scope beyond the major groups resulting from the post-colonial labour migrations and to attempt to take into account the experiences of other migrant women. Given the relatively small numbers representing some migrant populations it was necessary to regroup subpopulations in order to conduct statistical analysis. Diversity within each subgroup resulting from different periods of immigration, age and family status at the time of immigration, education, social background, area of residence, household circumstances was highlighted (Jaspard et al., 2003, pp.181-187). In each of the life contexts studied in the survey—work, public space, couple and family—these characteristics play a role in the risk of experiencing violence.

German survey on violence against women (Schröttle and Müller, 2004)

In the German study migrant women's experiences were addressed in three ways. First, migrant women were included in the main representative survey. Second, two target groups—women of Turkish origin and women from Eastern Europe or the former Soviet Union—were interviewed (250 in each group). They were selected by nationality or country of birth of both parents, and interviews were conducted in the preferred language. Third, using translators, 65 interviews were conducted with asylum seekers from a wide range of countries. They were selected via housing or other social agencies in five areas of Germany. The interviews with women of Turkish and East European or ex-Soviet Union origin –147 and 612 women, respectively – were combined with the interviews with women from the two target groups (each 250 interviewees) resulting in a sample base of 397 and 862 interviews. The data gathered from asylum seekers, focusing only on violence experienced in Germany, were analysed separately.

The methods for interviewing Turkish and Eastern European migrant women were the same as in the main study, whereas the interviews with asylum seekers were slightly modified. The latter could lead to different reporting rates and the different samples size could have influences

on the results. Therefore, the results of the interviews with Turkish and eastern European migrant women are more comparable with the main study than the results of the interviews with refugee women.

Results of the survey showed Turkish women reporting sexual violence slightly less often than women from Eastern Europe and violence by intimate partners more often than the other population groups, especially related to the rate of violence by current partners. The authors suggest that possible 'cultural differences' in the readiness to reveal or name sexual violence and/or intimate partner violence could have influenced the results.

The high rates of violence experienced by refugee women, even if in part due to methodological differences not directly comparable with the results of the other population groups, indicate that this is a vulnerable population group at high risk for psychological, physical and sexual violence in different life contexts.

British Crime Survey analysis (Walby and Allen, 2004).

The results of analysis of the survey data by ethnic group figure in the section "Risk factors". Since the findings did not reveal any great difference between the summary ethnic categories used, the analysis presented is brief. The report stated that "there is little variation in interpersonal violence by ethnicity. This is an interesting finding because, since ethnicity is associated with variations in economic resources, it might have been expected to show parallel variations" (Walby and Allen, 2004, p.79). Future multivariate analysis, taking into account marital status, age, area of residence, may reveal some differences.

Swiss survey on violence against women in couples (Gillioz et al., 1997)

The Swiss survey was conducted within a representative sample of 1500 women aged 20-60 years and living as a couple at the time of the survey or during the previous 12 months. Amongst the characteristics of women figures the variable "nationality".

Analysis of results revealed that couples in which one or both partners were foreign experienced slightly more physical violence: 8.3 and 9.0%, respectively as compared with 5.4% of Swiss couples; couples in which both partners were foreign experienced more psychological violence: 27% as compared with 22% for Swiss or bi-national couples (Gillioz et al., 1997, pp.85 and 248). However, the differences were not statistically significant. The result thus would tend to contradict public opinion views that foreigners are more violent than Swiss men.

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1.3.-VIOLENCE AGAINST MEN

Large-scale prevalence studies on violence against men are very scarce in Europe, with only few studies having been conducted in Germany (2003, Research group et al., 2004; 2003, Krahe et al., 2003). The incidence of some aspects of violence against men has been assessed within some surveys conducted with both women and men in England and Wales (1995, Mirrless-Black, 1999; 2001, Walby and Allen 2004), Estonia (2001, Proos and Pettai 2001), Germany (1992, Wetzels et al., 1995), Holland (1997, Van Dijt et al., 1997; 2002, Van Dijt and Oppenhuis 2002; 2003, Beke and Rottenberg 2003; 2004, TNO Arbeid 2004), and Iceland (1996, Gírlason 1997). In the early nineties, Lenz (1993, 1996) took up the topic of violence against men with a qualitative focus, which is outside the scope of this report.

Methodology

Besides the fact that there are few studies carried out on men, they differ in the objectives and methodology. The studies of Krahe et al., (2003) were focused on sexual violence perpetrated by women against men. The pilot study carried out in Germany (Research group et al., 2004) assessed how violence against men is perceived and how it can be investigated. The pilot study offered the first prevalence figures of any type of violence perpetrated in any context. To achieve this, the current state of research and knowledge, along with different research methods, were described and evaluated. Qualitative interviews were used to develop and test an instrument comprising different questionnaire sections that could be used in a representative study on the extent and relevance of violence against men. Due to the restricted scope of the project, the background and consequences of violence against men were investigated only as a secondary consideration. Following this, guided interviews lasting several hours were carried out with 32 men. Half of this group was selected randomly; the other half was a convenience sample. The process culminated in a survey of 266 largely standardized interviews that included qualitative components. The quantitative survey was carried out face-to-face and over the phone. An additional written questionnaire, filled out by 190 respondents, specifically investigated domestic violence (see Table 2 in appendix).

In those studies that estimated the prevalence of violence against men along with the prevalence of violence against women similar methodological problems exist for both estimates (see previous chapter). Different studies have assessed the prevalence of physical, sexual and psychological violence in different contexts (e.g., intimate partner, domestic, work, and all contexts).

Commentary on the results

An overall finding of the study carried out in Germany by Research group et al. (2004) is that men are violated within long-term relationships, in the public sphere, during leisure time, at work, and in special institutions (homes, asylums, and hospitals). Up to two-thirds of physical violence reported in adult life and approximately one fifth of all psychological violence experienced takes place in the public sphere or during leisure time. In contrast, in the work environment it is psychological violence that is predominant: one fifth of incidents of physical violence and over half of the incidents of psychological violence reported took place at work. The extent of violence in long-term relationships is of a similar order of magnitude compared to other areas of life, although the weighting between the different forms of violence differs. Every fourth of about 200 interviewed men suffered an act of physical violence by their most recent partner at least once or in some cases several times. Every fifth man said that his partner is jealous and prevents him from having contact with other people (see Table 3 in appendix).

An important feature is that not all violent acts are perceived and talked about to the same extent. Certain forms of violence are normal in men's lives but are not perceived as violence and, therefore, men have only a limited memory of them. Experiences that go unnoticed in male normality include acts of physical violence in public that are perceived as normal disputes. Other forms of violence are so tabooed that they are either not accessible to memory or those men who suffered them do not talk about them. Examples of tabooed "unmanly" experiences of violence are to be found particularly in sexualized violence. Thus, violent actions in these areas are probably underreported in the study. The type of violence that is more easily perceived is that which falls into a range that goes beyond "the normal limits" but that has not yet become "unmanly".

In the other two studies carried out in Germany by Krahe et al. (2003) 25.1% and 30.1% of men (first and second study, respectively) reported at least one incident of nonconsensual sex with a woman, while 23.9% and 23.5%, respectively, reported attempts by women to make them engage in nonconsensual sex. In both studies, exploiting a man's inability to offer resistance was the most often reported aggressive strategy. Kissing and petting were the most frequently reported unwanted sexual activity, followed by sexual intercourse and oral sex. Prevalence rates were higher for nonconsensual sex with an (ex-) partner or friend than with an unknown woman.

The study carried out in Estonia (Proos and Pettai, 2001), in which the incidence of violence had been assessed in all contexts during the previous year, indicates that physical and psychological violence against men more frequently occurs in public places (82%) than at home

or at work. The studies carried out in England and Wales (Mirrless-Black 1999, Walby and Allen 2004) provide a good example of the differences in rates when the incidence refers to the last year or to the life span (first study: 15% versus 4%,; second study: 10% versus 2.5%, respectively).

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1.4.-VIOLENCE AGAINST CHILDREN AND YOUTH

Prevalence studies in Europe

A considerable number of prevalence studies on violence against children and youth have been conducted in Europe since the 1990s. They have mainly focused on sexual abuse, sexual harassment, parental violence and school bullying. Most of the studies have been carried out separately in only one country. Those that have assessed sexual abuse have been conducted in Austria (1993, Kinz and Biebl 1993), Finland (1994-6, Sariola and Uutela 1994), France (1989, Lazartigues et al., 1989; Choquet et al., 1997), Germany (1992, Bange 1992; Wetzels 1997; 1993, Raupp and Eggers 1993; 1994, Ritcher-Appelt 1994; 1996, Bange and Deegener 1997), Holland (1988, Draijer 1988; 1998-9, Timmerman 2003), Norway (1994, Bendixen et al., 1994), Poland (1999, Izdebski 2000), Romania (1999, Roth and Bumbulut 2003), Spain (1995, Lopez et al., 1995), Sweden (1990, Edgarth and Ormstad 2000), Switzerland (1994-5, Halperin et al., 1996), and in the UK (1985, Baker and Dunkan 1985; 1990, Kelly et al., 1991; 1998-9, Cawson et al., 2000).

The few studies that have specifically assessed the prevalence of sexual harassment, mainly in school settings, have been conducted in Finland (1998, Honkatukia 2000a, b), Holland (1998-9, Timmerman 2002, 2003; 2003, De Bruin and Burrie 2004), and in the UK (1998-9, Cawson et al., 2000). The prevalence of physical violence, mainly parental, has been assessed in Finland (1992, Sariola and Uutela 1992), Germany (1995-6, Bussman 2002; 1998, Pfeiffer et al., 1999; 1992, Wetzels 1997), Sweden (1994, Edfeldt 1996), and the UK (1998-9, Cawson et al., 2000). Few studies have assessed the prevalence of psychological violence (in the UK: 1998-9, Cawson et al., 2000; and in Croatia, 2003, Puhovski et al., 2004) and neglect/omission (in Denmark, 1999, Christensen 1999; and in the UK, 1998-9, Cawson et al., 2000).

Studies on the prevalence of school bullying have been conducted separately in Finland (1997, Kaltiala-Heino et al., 1999), and Italy (1993, Genta et al., 1996; 1999, Baldry and Farrington 1999). A study was carried out simultaneously in England and Germany for data comparison (2001, Wolke et al., 2001) and a large-scale study was performed in 31 European countries (Austria, Belgium, Croatia, Czech Republic, Denmark, England, Estonia, Finland, France, Germany, Greece, Greenland, Holland, Hungary, Ireland, Italy, Latvia, Lithuania, Malta, Norway, Poland, Portugal, Russia, Scotland, Slovenia, Spain, Sweden, Switzerland, TFYR Macedonia, Ukraine, and Wales) following the same methodology (2001-2, Currie et al., 2004). One prevalence study included school bullying as part of the overall assessment of violence (1998-9, Cawson et al., 2000). Other separate studies carried out in Ireland (O'Moore and Hillery 1989), Norway (Olweus 1991), Scotland (Mellor 1990), and Spain (Ruiz 1992) are not reported here as no detailed information has been obtained.

Additionally, some prevalence studies on violence against women and men have asked some questions about the incidence of childhood victimization (retrospective information), but this information is not presented here as secondary analyses of the data are necessary.

Methodology

The existing studies differ in many aspects of the methodology, such as: a) the period considered as childhood; b) the research design (method of recruiting the sample and collecting information); c) the types and definitions of violence assessed, and d) the setting in which violence and abuse has taken place (see Table 4 in appendix).

Childhood period The period considered as childhood ranges in studies from up to 12 to up to 19 years old. This is very important as adolescence is a period of life when children can be exposed to many more types of violence as they start becoming independent.

Methods of recruiting the sample and collecting information The form of sampling most likely to give reliable prevalence levels in the general population is random probability sampling with a sufficiently large sample size to allow for sub-group (gender, ethnicity, region, social class) variation and analysis.

A very important difference between studies is the sample from which information has been collected. Thus, studies can be classified into two categories: a) those in which children are asked about the incidence of violence in domestic (i.e. parental violence), specific (e.g. school, etc.) or in all contexts, and b) retrospective studies in which adults are asked about the incidence of abuse during their childhood. When children and youth are asked, they are in most cases recruited in schools and the interview or collection of information takes places in this setting (e.g., Honkatukia, 2000a,b; Timmerman, 2003). In this case, anonymity of the child is obtained by sealing their questionnaire in an anonymous envelope. In some of the studies carried out on adults, the sample is recruited from education colleges (e.g., Kelly et al., 1991; Edgardh and Ormstad, 2000; Halperin et al., 1996).

In the 1970's and 80's prevalence research carried out on children was characterized by small-scale clinical or college based samples that were not representative of the general population. In general, with the exception of two studies conducted in Germany (Pfeifer et al., 1999; Wetzels, 1997), and two in Finland (Sariola and Uutela, 1992, 1994), in which a large sample participated (5,500-16,000), most studies have been carried out on small samples (less than 3,000).

Few studies have recruited the sample in health centers (in Wales, Sibert et al., 2002; and in Denmark, Christensen, 1999). Some got all the information about the convicted cases of sexual

child abuse in a defined population during a certain period from court reports (Carlstedt et al., 2001) and did not contact the victims directly. However, reports based on criminal statistics underestimate the phenomenon and give insufficient information on victims and perpetrators and thus are often misinterpreted.

The types and definitions of abuse assessed The main types of violence assessed have been sexual abuse, sexual harassment, physical parental violence or school bullying.

Studies concerning sexual abuse differ in many aspects. Some distinguish between sexual abuse with or without physical contact (e.g., Baker and Duncan, 1985; Cawson et al., 2000). In the case of physical contact (e.g. Sariola and Uutela, 1994), acts such as rape or forced masturbation are included, while in the case of no physical contact, acts such as exposure by men of penis are included (e.g., Kelly et al., 1991). For example, in the Swedish study (Edgardh and Ormstad, 2000), sexual abuse included exhibitionism, genital fondling, oral, vaginal or anal intercourse, and posing for sex photos or films, while gestures and verbal propositions and remarks were excluded. Thus, those who have analyzed the impact that these differences in the definition of abuse (broad or restrictive) have on the rate of sexual abuse obtained in the studies indicate that this feature is very important (Kelly et al., 1991). Therefore, in order to make comparisons between the rates obtained in different countries it is important to classify them by specific subtypes of sexual abuse, and to carry out a secondary analysis of the data where possible.

Most studies concerning physical abuse have assessed parental physical violence. They differ in the consideration of this type of violence. Some give specific information about the occurrence of physical abuse in corporal punishment (e.g., Cawson et al., 2000), while others do not. In some countries these two types (i.e., physical abuse as corporal punishment and physical abuse not meant to be corporal punishment) are the same but in others they are very different, so the prevalence rates cannot be reported together without differentiating the two types. Furthermore, while some studies have obtained detailed information about the frequency, duration and severity of the abuse, others have not.

Context and perpetrators In some studies, information is obtained about the relationship between the alleged perpetrator and the abused child, including the gender and age (e.g., Halperin et al., 1996). For example, in the studies carried out in Germany, Sweden and the UK on sexual abuse, perpetrators 5 years older than the abused child were reported (Sariola and Uutela, 1994; Raup and Eggers, 1993; Cawson et al., 2000). Information about the perpetrator, whether a relative, acquaintance or stranger, is also obtained in some studies (Baker and Duncan, 1985; Cawson et al., 2000). The settings of abuse most frequently asked about have been home and school (i.e., violence perpetrated by peers or teachers; Timmerman, 2003).

Period of time assessed. The time period assessed varied greatly from study to study. For example, while most have asked about the incidence of a specific type of abuse before a specific age (e.g. before 14 years old) (e.g., Sariola and Uutela, 1992)), others have asked about the incidence during a recent period of time (such as the last 12 months) (e.g., Timmerman, 2003).

Comments on the results

Besides the methodological differences between studies, all of them have obtained a relatively high rate of violence against children. Another important feature is that violence is higher towards girls than towards boys in most types of abuse (see Table 5 in appendix).

Childhood sexual abuse

Six studies in which children are asked about the experience of sexual abuse are reported. While in the Finnish study the rate is very low (4.8% in girls and 1.6% in boys) in others it is very high, such as the one carried out in Switzerland (34% in girls and 11% in boys). These differences may be due to the different criteria of abuse used. When specific types of abuse are assessed independently, it becomes evident how much the rate varies. A good example is the study carried out in Switzerland in which the differentiation between sexual abuse a)- without contact, b)- involving physical contact or c)- involving penetration gives very high differences in the rate reported: 13%, 20% and 6%, respectively, in the case of girls, and 8%, 3% and 1% in the case of boys. In the Polish study, although the reported rate is very low (3.6% in girls and 5.5% in boys), approximately 14% of Warsaw children and 24% from Glogow said they knew at least one peer who had sexual contact with an adult, so prevalence may be higher but children are reluctant to admit it. However, when adults are asked about the incidence of sexual abuse during their childhood, the rate is generally higher (from 12 to 36% of women and from 4 to 18% of men). On the other hand, when similar studies have been carried out in the same country (e.g. Germany or the UK) the rate does not seem to decrease over time. In general, there is a clear difference between the incidence of sexual abuse in girls and in boys, always being higher in girls.

Sexual harassment

Few studies have exclusively assessed the prevalence of sexual harassment, and most are characterized by asking children about the incidence in school settings, either perpetrated by peers (in Holland: De Bruin and Burrie, 2004) or by both peers and teachers (in Holland: Timmerman, 2003), or in any setting (in Finland, Honkatukia, 2000). The extent varies: 18% in Holland in school settings during the last year, or 41% in Finland in any setting during the

lifetime. In those studies that give a separate rate for boys and girls (e.g., in Holland: Timmerman, 2002, 2003), it is higher for girls than for boys (24% and 11%, respectively).

Physical violence

The rate of physical parental violence is very high. When children are asked about their experience of violence the rate ranges from 72% in Finland (Sariola and Uutela, 1992) to 81% in Germany (Bussmann, 2002). However, it seems that when the study was repeated some years later (Pfeiffer et al., 1999) the rate decreased to 57%. When adults were asked about the incidence of this violence during their childhood, the rate is very similar to children's answers: 72% of women and 78% of men (Germany, Wetzels, 1997). However, in Sweden (Edfeldt, 1996) a lower level was reported: 29%. An important feature that may influence some of the discrepancies is the assessment of severe or light forms of physical violence, which in most cases consist of corporal punishment as a way to change children's behavior.

Psychological abuse or neglect

In the two studies on the prevalence of neglect (Denmark and the UK), rates were the same (6%), despite very different methodologies. Gender was not specified in the Danish study but in the UK severe absence of physical care was experienced by 6% of girls and 7% of boys (Cawson et al., 2000).

In the two studies of the prevalence of psychological maltreatment, one was national (in the UK: Cawson et al., 2000) and the other regional (in Croatia: Puhovski, 2004). Prevalence in the UK was 6% (8% girls, 4% boys), and in Zagreb it was considerably higher: 31%. These very different results and the lack of studies indicate a strong need for further research in both areas.

School bullying

In one study on bullying carried out in England and Germany simultaneously and following the same methodology, major differences were found in victimization rates with 24% of English pupils becoming victims every week compared with only 8% in Germany (Wolke et al., 2001), boys being victims more frequently than girls in both countries. In the cross-sectional study carried out in 31 countries (Currie et al., 2004), the rate of bullying varied significantly depending on country and region: 14-63% in 11-year-olds, 17-69% in 13-year-olds and 12-61% in 15-year-olds. The lowest rate for 11-year-olds was in Sweden (3% of girls and 5% of boys) and the highest was in Lithuania (21% of girls and 37% of boys). The lowest rate for 13-year-olds was in Sweden (6% of girls and 6% of boys) and the highest was in Lithuania (34% of girls and 39% of boys). The lowest rate for 15-year-olds was in Hungary (3% of girls and 2% of boys) and the highest was in Lithuania (30% of girls and 33% of boys). Thus, this transnational

study demonstrates that the rates vary significantly between countries and regions. However, in most cases the incidence of being bullied was higher in boys than in girls.

Conclusions

Besides the wide differences in the definitions of the types of violence assessed and methodology used in the studies, these surveys reveal that a considerable number of children are currently experiencing violence and that adults have experienced violence during their childhood or adolescence. Another important result is that, except for bullying, girls are more exposed to violence than boys.

Due to the great variation in definitions and data-gathering techniques, more precise conclusions are currently not possible. In order to make comparisons between rates of specific types of violence in European countries a secondary analysis of the results would need to select those data that have been obtained in a similar way. Finally, the two examples of studies carried out in different European countries following the same methodology indicate that there are great differences between countries and even between different regions within the same country.

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1.5.-VIOLENCE AGAINST ELDERLY PEOPLE

Prevalence studies in Europe

There have been very few prevalence surveys on elder abuse in Europe, most of them being carried out in the 90s. Thus, prevalence rates of this type of violence and abuse have been established in only a few countries and a few settings. They were carried out in Finland (1989, Kivelä et al., 1992), Germany (1992, Wetzels et al., 1995), Holland (1994, Comijs et al., 1998) and in the UK (1992, Ogg and Bennett 1992). Studies on specific settings have also been conducted, for example one in Spain in which elderly people were recruited during their visit to the health care system (2000, Ruiz Sanmartin et al., 2001).

Moreover, many prevalence studies on violence against women and men also contain information about violent experiences of elderly people within the last 12 months or 5 years, but this information is not presented here as secondary analyses of the data would be necessary and have not yet been conducted.

Comments on methodology

The few existing studies differ in a number of aspects concerning their methodology: a) the definition of onset of old age (60-65 years); b) the characteristics of the sample (living independently, with relatives, or in institutions); c) recruitment of the sample; d) the way of collecting information; e) types and definitions of the abuse assessed; f) period of life during which abuse is assessed; g) the setting in which abuse has taken place, and h) the relationship between the perpetrator and the abused person. Due to the differences between the studies it is not possible to fully compare the data obtained; this aspect must therefore be treated with some caution.

Sample An important aspect of sampling is that in many studies elderly persons with disabilities, particularly with cognitive impairments, were excluded from the study as they were not able to participate in the interview. This may decrease the rates of abuse obtained as a number of studies suggest that those individuals are at high risk of maltreatment (Lachs and Pillemer, 1995; Jones et al., 1997).

Types of violence Whereas all studies had assessed the prevalence of physical and psychological abuse, less information was obtained about sexual and financial abuse, and neglect.

Context and perpetrators of violence Most studies have obtained information about different forms of violence which have occurred in any context and which were perpetrated by any person. The exception to this is the British survey (Ogg and Bennett, 1992), which only

assessed the incidence of physical, verbal and financial abuse in the domestic setting, perpetrated either by family members or close relatives. This reflected the particular type of study which took place at that time.

Comments on the results

Rates and types of abuse In general, the total rate of elder abuse ranges from 3 to 11%, with differences between the types of abuse, the most frequent being psychological abuse (see Table 6 in appendix).

The study carried out in Finland (Kivelä et al., 1992) showed that 3.3% of men and 8.8% of women had been abused after the age of retirement (65 years old). Psychological violence was described as the most common type of abuse in both sexes, accounting for one third of all mistreatment of men and one half of the cases involving women. The British study (Ogg and Bennett, 1992) reported that 2% of elderly persons (older than 60 years old) reported physical abuse, 5% verbal abuse, and 2% financial abuse. In the study carried out in Holland (Comijs, 1998), the total one year prevalence of elder abuse was 5.6%, the prevalence for physical abuse being 1.2%, for verbal 3.2%, for financial 1.4% and for neglect 0.2%. In the study carried out in Spain (Ruiz Sanmartin et al., 2001), in which the sample was recruited in the health care system, the results indicated that 11.9% of people older than 70 years were victims of abuse. This study found no financial abuse (0%), probably due to the low income of elderly people in Spain at the time of the research. Finally, in the study carried out in Germany in 1992 (Wetzels et al., 1995), 5-7% of elderly people (older than 60 years old) reported domestic violence during the last 5-year period, and 6-7% reported crime victimization through forms of violence. In this study, four types of victimization were distinguished, and the overall prevalence for the past 12 months was: physical violence (3.4%), neglect and abuse of medication (2.7%), chronic verbal aggression (0.8%) and economic exploitation (1.3%).

The context In the Finnish study, the most frequent setting for abuse to occur was the elderly person's own home, both among men (46%) and women (82%); another 46% of the abused men said it had happened in the streets, a shop, or an official building. In the Spanish study, most abuse also occurred in the person's home (88%). Thus, it is important to obtain information about abuse which has occurred in other contexts, as abuse and violence can take place in a range of different settings, including residential or nursing facilities for older people or those with disabilities.

The perpetrators In the study in Holland (Comijs, 1998), elder abuse appears to be more common if a wide spectrum of possible perpetrators are considered. In the study carried out in Finland (Kivelä et al., 1992), the abuse was perpetrated by family members, relatives and friends in 2.5% of men and 7% of women, and 5.4% for both sexes. Friends and unknown persons were

more often the abusers of men (54%) but not of women (22%). In the Spanish study (Ruiz Sanmartin et al., 2001) the abusers were the children in 57% of the cases studied, the spouse in 8%, the son/daughter in law in 23%, and 12% by any person. Thus, the prevalence of elder abuse emerges more wide-spread if not only close relatives or people with whom the older person lives are considered as possible perpetrators, but other acquaintances, trusted and unknown people are taken into account.

Differences between gender and age Higher prevalence rate for women than for men have generally been obtained, with certain differences regarding the types of abuse, the contexts where it occurred, and the perpetrators. In the Finnish study (Kivelä et al., 1992), the rate of abuse was higher for women than for men in both the total sample and among those aged 65-74 years, but no gender difference was found among persons older than 75. In the British study (Ogg and Bennet, 1992), the incidence of abuse varied depending on the age and gender of the elderly person, being higher for older women and for individuals between 60-64 years old and decreasing after this age. In the study carried out in Germany (Wetzels et al., 1995), elderly men experienced more domestic violence (by partners and other family members) than elderly women. In the Spanish study (Ruis Sanmartin et al., 2001) the incidence of abuse was higher in women than men, while there were no differences depending on age. However, in the Dutch study (Comijs, 1998) there were no apparent significant differences depending on age and gender.

The way results are reported When the results are given in such a way that once the total rate of abuse has been reported, the rest of the information refers to percentages of this total, it is very difficult to fully establish the rate of specific types of abuse, the context in which it occurred, and other features. This process makes it necessary for the reader (or when comparisons between studies are being carried out) to recalculate the rates of specific types of abuse, the characteristics of the context and the perpetrators. This is not a satisfactory method to make meaningful comparisons between studies in different countries.

Conclusions

The surveys carried out so far show that elder abuse by family members and close relatives exists but that its prevalence is low (less than 11%) in comparison with other types of victimization. However, as the definition of elder abuse is expanding—a study currently being carried out in Scandinavian countries includes abuse by medication—and is covering more contexts and all types of possible perpetrators future studies are likely to find higher victimization rates. Lack of reliable and valid data and methodological difficulties have to a large extent impeded the field of enquiry and resulted in a picture that is unclear and uncertain globally as well as within a European context.

In global terms, some studies have found equal rates of mistreatment between men and women, whilst others have found a greater proportion of women experiencing abuse than men. However, little is known about abuse within institutional settings, or changes in elder abuse over time within different countries and also the situation within less economically developed countries. Additionally, it is also important to acknowledge that comparatively few cases of elder abuse are reported and, additionally, the possibility for the victims of this type of abuse to receive help and to escape from the abuser is likely to be small.

Furthermore, publications which appear only in local languages prevent the dissemination of the results and satisfactory comparison between countries. For example, Kivelä et al. have participated in a recent Scandinavian study on elder abuse but, to date, the report has only been published in Scandinavian languages.

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1.6.-VIOLENCE AGAINST PEOPLE WITH DISABILITIES

Four prevalence studies on sexual violence against disabled people have been carried out in Austria (Zemp, 2002; Zemp and Pircher, 1996, Zemp et al., 1997), Germany (Klein et al., 1999) and in the UK (Turk and Brown, 1993; Brown et al, 1995).

Austrian studies

In the Austrian study with disabled men, of the 136 (8.8% of the sample population of 1543 men who live in an Austrian institution for disabled persons) participants 117 provided valid interviews. The age of the sample was 18-78 years, although half of the sample was between 25-34 years old. The information was obtained through a face-to-face semi-structured interview with special accommodations for disabled people. It was important for the researchers not to exclude anybody from the study due to the severity of the disability. In cases where participants were incapable of verbal communication, “yes/no-conversation” and “anatomical dolls” were used.

In this study, the incidence of sexual violence was assessed. Sexual exploitation occurs in relationships of unequal power where the more powerful party can exploit the less powerful without that person’s awareness or consent. This concept contains all forms of sexual harassment, sexual violence and sexualized violence. Research on the sexual exploitation of disabled persons is severely limited and no European-wide statistics exist.

In the Austrian study with disabled women, 130 women between age 18 and 78 participated. All received prophylactic contraception in order to avoid pregnancy due to rape. Sexual violence and sexual harassment perpetrated by a family member, an acquaintance or a stranger in any setting (home, institution, work and others) in everyday life was assessed.

The results of the Austrian studies suggest that both male and female participants had little sex education. Approximately 64% of female and 50% (58 men out of 117) of male participants indicated that they had been sexually abused (exploited sexually). Disabled room mates were the predominant group of perpetrators for the male, and the third most important group for the female participants.

Results concerning men indicate that while 29.3% experienced violence only once, the rest experienced it more than twice (20.7% twice, 39.6% three times and 10.3% four or more times). The perpetrators were in most cases residents or schoolmates, nurses, colleagues, and acquaintances. The contexts in which violence took place were home, institution or special school (50.6%), workplace (4%), public institution, park, street (10.1%), flat, hotel room (16.2%) and other not places detailed (19.2%).

The abuse is predominantly perpetrated by men but the share of women as perpetrators is high as well (22%). Most abuse is perpetrated by strangers and occurs primarily in discotheques and similar establishments as well as in street encounters. However, among the abusers are also women who drop in on the living groups and apartment-sharing communities.

German study

The German study was carried out in 367 residential institutions for disabled people, as well as 15 selected advice and consultancy facilities with, amongst others, a range of assistance on problems of sexual violence. In this study, 147 mentally disabled girls and young women (age ranges from 12-25 years old) participated. The results indicate that 32 out of the 116 girls and women had suffered sexual violence in a residential institution for mentally disabled, which represents every third to fourth resident.

British study

The British study (Turk and Brown, 1993) reported that people with learning disabilities have an increased vulnerability to sexual abuse. This was a large-scale incidence study concerning sexual abuse, carried out in the 1990s and repeated several years later (Brown, et al., 1995). The victims were usually women and the perpetrators usually men, being often known to the victim. There was a consistent estimate that around 1500 people with learning disabilities could be identified as having been sexually abused each year in the UK. These studies relied on reported cases; in view of the multiple barriers concerning the recognition of the abuse of people with disabilities this is highly likely to be a conservative estimate.

Abuse by other individuals with disabilities would appear to account for around half of the incidents reported (Brown et al, 1995). People with disabilities when interviewed also report abuse by family members. Other identified perpetrators include care workers, transport staff, volunteers, neighbors, family friends and tradesmen. Other forms of abuse have not been researched as systematically for a number of reasons, including for example the lack of agreement concerning the definition of physical abuse. When logged with reports of other forms of abuse, however, physical abuse would appear to be the most common form of abuse against adults with learning disabilities (Brown and Stein, 1998).

Conclusion

More studies on violence against disabled persons are needed in Europe as very few concerning the prevalence of sexual violence have been carried out so far. Publication restricted to local languages impedes diffusion and dissemination among European countries.

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1.7.-VIOLENCE AGAINST HOMOSEXUALS AND BISEXUALS

Few studies have been carried out on violence against homosexuals and bisexuals, and those that have come to our attention were conducted in Germany (Stein-Hilbers et al., 1999; Krahe et al., 2000), the three Baltic States (Open Society Institute and Kimeta Society, 2002) and Sweden (Tiby, 1997; 2001). However, there is considerable anecdotal evidence about domestic violence against homosexual men (Finke, 2000).

The studies in Germany

The study carried out in Germany on violence against lesbian women is the largest lesbian study (Stein-Hilbers et al., 1999). It obtained both quantitative and qualitative information from participants. The results indicate that violence experienced in the family, the public sphere, in school and at work are common occurrences in the daily life of lesbian women. Violence includes different devaluations, dismissals, and belittlement of sexuality, and ranged from limited injuries up to drastic violations and physical attacks. Most forms of violence experienced were verbal (98% of all questioned women), although 43% had experienced both verbal and physical violations, and 24% had experienced physical violations and threats. When asked about their fears of violence, 90% of lesbian women said that they were afraid of attacks or other forms of abuse.

Another prevalence study carried out in Germany assessed the incidence of sexual violence (unwanted sexual contacts) experienced by homosexual men (Krahe et al., 2000). In this study, 310 14 to 35 year old males participated who were recruited in Berlin in a variety of places frequented by homosexual men including social clubs, different gay events, and youth centers. Because participants were recruited from one urban area only the sample may not be representative of the population of gay men in the country. Information was collected with a modified version of the Sexual Experiences Survey that was completed anonymously. The types of violence assessed were sexual assaults and sexual harassment, perpetrated either by acquaintances or strangers in settings other than home, work or street. Three different means of coercion were assessed: the use (or threat) of physical force, the exploitation of the victim's inability to resist unwanted sexual advances because of being in an incapacitated state, and the use of verbal pressure. Each of the three forms of coercive means is combined with four types of sexual acts: a) touching, b) masturbation, c) oral sex, and d) anal sex. The relationship between the victim and the perpetrator was also obtained.

The results indicate that of the 310 respondents, about 15% reported sexual victimization through the use or threat of force, 20% through exploitation of their inability to offer resistance

when in an incapacitated state, and 10% through verbal coercion. These data show that sexual violence is a serious problem among homosexual men and requires further exploration:

	Coercive strategy			Total
	Physical force	Exploitation of incapacitated state	Verbal pressure	
Type of sexual act				
Sexual touch	12.6	15.1	7.1	24.2
Masturbation	6.8	11.3	5.8	17.1
Oral sex	7.1	11.3	6.8	17.4
Anal sex	5.5	9.0	3.9	13.5
Total	15.2	20.0	10.3	
Victim-perpetrator relationship				
(Ex)-partner	3.5	6.1	4.2	11.0
Friend/acquaintance	6.8	9.0	2.6	14.2
Unknown man	10.6	8.7	3.9	16.5

The study in the Baltic countries

This survey was carried out in all ten countries that which joined the EU in 2004 (Open Society Institute and Kimeta Society, 2002). It used a standard questionnaire drafted by the International Lesbian and Gay Association–Europe (ILGA) that was sent to Lesbian, Gay and Bisexual organizations (LGB) working in ten countries which are members of ILGA–Europe. Highlights from the findings are reported here for the Baltic States⁴. Participants were homosexual or bisexual men and women:

Type of sexual act	Lithuania (%)	Latvia (%)	Estonia (%)
Violent attack	27	19	12
Harassment due to sexual orientation	52	40	28
Harassment in workplace	31	17	14

In Lithuania

In this study, 185 homosexuals and bisexuals participated (56 women, and 129 men). More than fifty percent (52%) of respondents had experienced some form of violence or harassment because of their sexual orientation, and 31% had suffered harassment in the workplace. Twenty-seven percent of respondents had been a victim of at least one violent attack

⁴ Full report available at http://www.ilga-europe.org/docs/reports/accession/PolicyPaper_accession_6.pdf.

due to sexual orientation. The victims of serious violent attacks or harassment were afraid to disclose their orientation to the police because of possible discrimination. Only 15% of harassed respondents reported the incidents to police officers. This fact illustrates the prevailing mistrust of the police by sexual minorities and strongly suggests the need for institutions that are more sensitive toward the protection of human rights.

In Latvia

In this study, 194 homosexual and bisexual people took part in the survey (46 women and 148 men). The main results are the following: 19% had been victims of a violent attack one or more times because of their sexual orientation, 40.2% had experienced harassment, and 17% had experienced sexual harassment at work.

In Estonia

In this study, 437 homosexuals and bisexuals took part in the survey: 295 (68%) were men and 142 (32%) women; 38% of female respondents and 28% of male respondents were bisexuals. The results indicate that 12% of the respondents had become victims of violent attacks because of their sexual orientation. The number of women assaulted was considerably lower: only 8% of all female respondents. It is also remarkable that male and female bisexuals were not as often attacked as gays and lesbians. Among women, only 9% of those assaulted were bisexuals although they made up 38% for all female respondents. While 91% of women attacked were under the age of 18, the majority of men were attacked at a somewhat older age. A vast majority (78%) of violent attacks remained unreported and it is quite characteristic that at least one third of the respondents were afraid to reveal their sexual orientation to the police. The prevalence of harassment was also very high: 65% of lesbian and 35% of bisexual women, and 83% of gays and 17% of bisexual men.

The studies in Sweden

In Sweden three prevalence studies on violence against homosexuals and bisexuals have been conducted in 1981, 1996, and 2004. The two most recent studies are discussed here.

Study in 1996 In the study carried out in 1996, 25% of the 2000 participants stated that they had been a victim of different types of hate crimes due to sexual orientation. Men (28%) were more often victims compared to women (20%). From those victimized 20% had also been exposed to harassment in the work place.

Study in 2004 In the new study carried out in 2004, with 2000 participants, the rate of victimization was 52%. The situation has changed in relation to the study of 1996. The number of male victims is 51% and of females 53%. Young persons were most often victims of this type

of crime. Seventy-seven percent of lesbian, gay, bisexual, and transgender persons (LGBT) under 20 years of age stated that they had been victims of some sort of hate crime. Of participants between 20 and 30 years of age, 64% said so; of middle aged persons 40-50%; and of 60 to 70 year old participants about 10%. Twelve percent claimed they had been victims of crimes of violence, and 11% of sex crimes. Perpetrators were relatives, neighbors, pupils, students, craftsmen, storekeepers, colleagues and authorities. Slander, insult and verbal harassment are the most common types of offences. Thus, hate crimes against LGBT persons in Sweden have doubled since 1996. This is the conclusion of the new study by criminologist Eva Tiby at Stockholm University.

Conclusion

In conclusion, sexual and other types of violence against homosexuals and bisexuals are a serious problem which requires further exploration. More studies are needed that follow the same methodology in different European countries.

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1.8.-VIOLENCE AGAINST PROSTITUTES

While there are studies related to trafficking in women, very few studies have assessed the prevalence of violence against prostitutes. In 2001 one large research project addressed trafficking in women and prostitution in the Baltic region (research of different target groups, including experts, women in prostitution, general public, etc.), which mainly discussed different legal and social aspects of trafficking in women and prostitution. Assessing the prevalence of violence against prostitutes was not among the main goals of this study, although it did obtain some pertinent information. Other studies on violence against prostitutes have been conducted in Britain (Church, 2001; Day et al., 2001; Phoenix, 2000) and Germany (Leopold et al., 1997; Schröttle, and Müller, 2004; Zumbeck, 2001). The German studies described below, as well as most other studies on the topic, have concentrated on female prostitutes. There is a lack of studies on male and transgender prostitutes.

The study in Germany by Leopold et al. (1997) obtained information about violence against prostitutes within a survey on their life situation. Two hundred and fifty women participated in written interviews and 40 in face-to-face interviews. The results indicate that half of the prostitutes (54%) had experienced physical or sexual violence within their working situation at least once, of these, 50% had suffered sexual violence when under the age of 18.

The German study by Schröttle and Müller (2004) assessed the prevalence of physical, sexual and psychological violence, and of sexual harassment against female prostitutes in various life contexts (with special questions on violence at work and in partnerships). One hundred and ten female prostitutes older than 16 years participated in face-to-face interviews. The results obtained indicate that female prostitutes were exposed to all types of violence: 82% to physical violence, 57% to sexual violence, 89% to psychological violence, and 92% to sexual harassment. Forty-seven percent of the participants were exposed to physical or sexual violence by their current partner, and 41% suffered violence in the context of prostitution.

In part of an international comparative study on prostitution and health impact (Zumbeck, 2001), the results in Germany were that 70% of female prostitutes experienced physical violence, and 68% experienced rape (61% violence during sex-work).

In the study carried out in Britain (Church 2001), among the 240 female prostitutes interviewed more than 50% had experienced violence perpetrated by their clients, 50% of those working outdoors, and over 25% working indoors in the past six months.

Conclusions

Rates of violence against female prostitutes are extremely high. More research is needed on the victimization experiences of male and transgender prostitutes, and on forced prostitution

in the context of trafficking of women. Such research is difficult to realize, though, because most studies do not get access to forced prostitutes.

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1.9.-ISSUES REQUIRING FURTHER EXPLORATION

The main aim of the present report has been to review as many prevalence studies on interpersonal violence as possible that have been carried out in Europe to date. However, due to a variety of difficulties such as the impossibility of obtaining detailed information about some studies (mainly due to the language in which they were published) or the lack of pertinent expertise within the Co-ordination Action this review is not complete. There are specific topics of interpersonal violence, such as trafficking, for which the network was not able to collect adequate information on the current state of the research. There are other European-funded projects specifically dealing with this issue.

2-ASSESSMENT OF THE IMPACT OF INTERPERSONAL VIOLENCE ON VICTIM'S HEALTH

A very important consequence of interpersonal violence is its impact on the health status of the victims. There is extensive literature on the tremendous impact that violence has on all levels of health, from death and disability to mental, physical and social health impairment (e.g., Arias, 2004; Campbell, 2002; Farley and Patsalides, 2001; Hawker and Boulton, 2000; Helweg-Larsen and Kruse, 2003; Kendall-Tackett, 2002; Krug et al, 2002; Martinez et al, 2004; Resnick et al, 1997; Romito et al, 2005; and Weaver and Clum, 1995). For this reason many prevalence studies on interpersonal violence have included questions in relation to the health status of the victims.

Prevalence studies that have assessed the health status of victims

The prevalence surveys that have obtained information on health status include several studies on violence against women (Gorchkova and Shurygina, 2004; Institute of Women's Affairs, Spain 1999, 2002; Jaspard et al, 2003; Lundgren et al, 2002; Proos and Pettai, 2001; Reingardiene, 2002; Schröttle and Müller, 2004; Walby and Allen, 2004; Heiskanen and Piispa, 1998); violence against men (Krahé et al, 2003; Lenz, 1996; Proos and Pettai, 2001; Walby and Allen, 2004); violence against children (Edgarth and Ormstad, 2000; Honkatukia, 2000a,b; Kaltiala-Heino et al, 1999; Lopez et al, 1995; Timmerman, 2002, 2003); and violence against elderly people (Comijs et al, 1998; and Kivelä et al, 1992). A few studies have addressed violence against people with disabilities (Zemp and Pircher, 1996; Zemp 2002; Zemp et al, 1997).

Besides the large-scale, representative surveys on violence against women that have assessed the health impact, a number of studies conducted in clinical settings in Austria (Achs et al, 2005), Finland (Ministry of Social Affairs and Health 2005), Germany (Brzank et al. 2005), Italy (Romito and Gerin, 2002; Romito et al, 2004), Spain (Raya Ortega et al. 2004) and Switzerland (Gloor and Meier, 2004) have also obtained very valuable information on the impact violence has on victims.

Methodology

Those prevalence studies that have included questions about the health status of the victim have mainly focused on the self-perceived general state of health, the immediate physical consequences of violence (e.g., injuries), and the direct impact on physical and mental health, on

life and work, and on the use of the health system. In a few studies, information about the impact of violence on the working and social life of the victims has been obtained. Table 7 presents a summary of the studies that have assessed the health of the victims and the specific type of information that was obtained.

Victims' self-report on health status Obtaining reports about health directly from the victim limits the type of information obtained because many victims are not familiar with medical terminology, which makes it difficult to obtain more accurate data about specific diagnoses or treatments. Comprehensive country databases about the health of the population would make it possible to complete and compare such information with that reported by the victim. However, this approach may raise ethical problems if the anonymity of the participants in the survey could not be maintained. Furthermore, limited time available for interviewing or other data collection aspects restricts the amount of information that can be gathered. Studies carried out in clinical settings have a certain advantage in this respect because they can collect more complete and accurate information about the impact of violence on victims' health.

Instruments used to assess the general health status. Although different instruments exist in order to assess the health status (e.g., the General Health Questionnaire), they are not commonly used in prevalence studies due to the above mentioned limitations on time (they were used, however, in the studies carried out in France, Jaspard et al, 2003; and in Germany, e.g. Schröttle and Müller, 2004). Thus, most studies asked victims more generally how they felt about their health status providing a response range from excellent to very good, good, fairly good, poor, or very poor.

Immediate impact on physical and mental health. It is common to ask about the immediate consequences of violence. When this is done, the most frequent question usually asks about the incidence of injuries as a consequence of violence (e.g. Müller and Schröttle, 2004; Walby and Allen 2004). Some studies on violence against women (e.g. Lundgren et al, 2002; Reingardiene, 2002; Schröttle and Müller, 2004) and only one study carried out on men who were exposed to sexual violence perpetrated by women (Krahé, 2003) obtained information about the emotional impact.

Impact on physical health complaints. For the assessment of the direct impact of victimization most studies reviewed here incorporated a list of symptoms, which in most cases included recurrent pain in different parts of the body (e.g. belly, stomach, pain in the lower abdomen). The incidence of these symptoms was assessed in reference to a specific period of time (such as last year; e.g., Lundgren et al, 2002; Schröttle and Müller, 2004).

Impact on mental health. A few studies obtained information about the incidence of psychological or mental disorders such as depression and anxiety, but also about other mental alterations or sequelae such as insomnia, over-exertion, impaired memory or concentration, phobias and fears, nightmares, helplessness, feelings of low self-esteem, shame and guilt, nervousness or tension, irritability, the feeling that ‘everything is getting too much’, suicidal thoughts and suicide attempts, and the subjective sense of threat or danger (e.g. Heiskanen and Piispa 1998; Lundgren et al, 2002; Schröttle and Müller, 2004). Other behavioral problems such as self-aggressive behavior (e.g., self-mutilation), the use of alcohol or drugs, and eating disorders are also reported, although less frequently, and usually only in a few, but not all, prevalence studies.

Functional disorder/disability. It is even less common to obtain information about the incidence of functional disorders, chronic illnesses or disabilities that (in comparison with non victims) may impair victims’ activities at home, work or school. Also rare is information on how often a physician attested to illness-based inability to work in the past year (but see, for example, Schröttle and Müller, 2004).

Utilization of the health services A number of studies assessed visits to emergency departments, primary care services, and specialized medical services (e.g., psychological and psychiatric treatments) as a direct consequence of violence. Some studies asked the victims if they attended the health system after injuries caused by violence (e.g. Heiskanen and Piispa 1998; Reingardiene, 2002; Schröttle and Müller, 2004). It is rare, however, for prevalence studies to ask about the use of the health care system beyond the immediate incident. Such information is more likely to come from studies carried out in the health care context.

Use of medication and drugs of abuse. In some studies participants were asked whether they consumed psychotropic drugs in order to sleep, calm their nerves or relieve depression and pain (e.g. Lundgren et al, 2002; Schröttle and Müller, 2004). Some studies also asked about the use of drugs (Schröttle and Müller, 2004).

Professional life Although professional life is a very important part of people’s lives and may be greatly affected by victimization, it is very rare that studies obtain pertinent information such as communicative and professional efficacy, insecurity in the work-place and about the future, fear of losing employment, low professional efficacy, lack of initiative and determination, relocation, and resigning from one’s job (e.g., Schröttle and Müller, 2004; Proos and Pettai, 2001).

Social relationships Similarly, information about the social life of victims appears to be rarely obtained (e.g., Proos and Pettai 2001; Schröttle and Müller, 2004).

Comments on the results

All studies reviewed agree that victims of violence have a lower general health status, more physical and psychological or mental problems, and more difficulties in having a satisfactory family, social and professional life.

Gender differences In the study carried out in England and Wales (Walby and Allen, 2004) women who reported being in poor health had suffered more than twice the rate of domestic violence and of stalking than those who reported being in good health. However, for men there was no apparent association between health status and domestic violence. In another study from Holland, experiences with unwanted sexual behavior were related to psychosomatic health problems independent of gender (Timmerman, 2004). More research is needed to explore these gender differences both in relation to specific types of violence and other related factors (age of the victim, perpetrator, context, and so forth).

Seeking medical assistance In the study carried out in England and Wales (Walby and Allen, 2004) those victims who sustained injuries in their worst incident of domestic violence were asked if they had used medical services on that occasion: 30% of women and 14% of men reported that they had used them. The figures for seeking medical health in the last year were 27% of women and 14% of men. However, a number of injuries were light and did not necessitate medical care. Of those who did seek medical help during the last year due to domestic violence, the service most frequently used by women was the General Practice (GP) (65% of those who sought medical help), followed by the accident and emergency department in a hospital. In the study carried out in Lithuania (Reingardiene, 2002) 27% of women injured by their intimate male partners sought medical attention. This clearly indicates that even if universal screening is accepted within the health systems, many victims may not be reached.

The German study found that the medical system is the most important institution for female victims of violence. One in three women who have experienced physical or sexual violence with injuries since the age of 16 had sought medical care as a consequence of victimization. After the most serious situation of violence 20% of the women who were injured sought medical care; 4% had to stay in hospital. Fifty-eight percent of women with injuries said they did not need medical care because of rather light injuries. Fourteen percent did not seek medical care though it would have been necessary (27% after situations of sexual violence) (Schröttle and Müller 2004).

Disclosure to health personnel about the violence. In the study carried out in England and Wales (Walby and Allen, 2004) almost all women (94%) who received medical help from their GP and/or the emergency departments for injuries were asked about the cause of these injuries. The majority of victims (74%) reported that they disclosed the cause of injury to their doctor or at the hospital. Similarly, in the German study 81% of the medical personnel asked about the cause of the injuries, and 67% of women reported that they disclosed the cause (Schrötte and Müller 2004). This indicates that victims are ready to disclose their victimization if health personnel are interested in knowing about it. Studies carried out in clinical settings have shown that a high percentage of women (about 80% in the study carried out in an emergency department in Germany) are in favour that a routine inquiry for domestic violence be included as part of the medical history assessment (Brzank et al., 2005 ; Gloor and Meier, 2004; Romito et al., 2004).

Thus, the role of health personnel is crucial in the identification of and assistance to victims of violence. For example, the 2005 Finnish study of maternity and child welfare clinics found that 18% of the women had experienced physical, sexual or psychological violence in their current relationship, and 40% had experienced such violence in their life-time. In the German study of emergency departments 52% of women reported at least one episode of physical, sexual or psychological intimate partner violence in their life (Brzank et al., 2005). The study carried out in an obstetrics and gynecological hospital in Switzerland found that every tenth woman had experienced physical and/or sexual domestic violence in the last 12 months, and every fourth had experienced it to a serious degree during her lifetime (Gloor and Meier, 2004). In the Spanish study concerning GP care, 31.5% of women interviewed reported that they were victims of intimate partner violence. Finally, in a study carried out in Italy, 10.2% of women had experienced physical or sexual violence in the last 12 months, irrespective of the type of perpetrator involved (Romito and Gerin, 2002).

Conclusion

Studies concerning the impact of victimization on health have demonstrated the great influence that it has on all aspects of victims' health, from mental health to the functioning of the physiological systems such as the endocrine and immune systems. This is corroborated by prevalence studies and by studies carried out in clinical settings that have obtained information about the health status of the victims. Thus, future prevalence studies should take advantage of a representative sample of the population to obtain information on the actual impact of interpersonal violence on the health status of people.

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3.-INTERPERSONAL VIOLENCE AND THE VIOLATION OF HUMAN RIGHTS

On December 10, 1948 the General Assembly of the United Nations adopted and proclaimed the Universal Declaration of Human Rights. Following this historic act the Assembly called upon all member countries to publicize the text of the Declaration and "to cause it to be disseminated, displayed, read and expounded principally in schools and other educational institutions, without distinction based on the political status of countries or territories."

The exposure to interpersonal violence violates the following articles of the Universal Declaration of Human Rights:

Article 3. "Everyone has the right to life, liberty and security of person".

Article 5. "No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment".

Thus, every individual has the right to live without violence.

The exposure to interpersonal violence has long-term consequences for the life of the victims and also violates other human rights, such as the ones declared in the following article:

Article 25: "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control".

Exposure to interpersonal violence has a high impact on the quality of life of the individual, including access to education and work, and complete social integration. Interpersonal violence can disrupt access to economic resources and lead to social exclusion. The impact of such violence reaches far. For example, studies carried out on children exposed to domestic violence report that they have an IQ 8 points lower than children who have not been exposed to domestic violence (Koenen et al., 2003).

Quality of life (poverty) In the study in Estonia (Proos and Pettai, 2001) women victims of domestic violence reported a lower standard of living than the average woman. Half of these women victims could afford to buy only elementary foodstuffs and consumer goods. Sixteen percent lived in poverty, without sufficient resources to sustain themselves and pay for municipal services. In the study carried out in England and Wales (Walby and Allen, 2004),

social exclusion, especially as indicated by fewer economic resources, was more pronounced in victims of domestic violence than for other forms of interpersonal violence.

Besides all these considerations, very few prevalence studies have assessed the long-term consequences of violence on the life of the victims as a whole. Even in those studies that have evaluated the health impact information is scarce about the consequences of violence for victims' standard of living, access to education and the ability to build a professional life, and for their full social integration. However, the few studies that have assessed these aspects demonstrate that violence affects every spectrum of victims' lives, making it more difficult or impossible for victims to live in conditions that would protect their human rights.

Conclusion

The impact of violence on all aspects of victims' life course as a whole (including education, employment, and social inclusion) has not been yet fully assessed in prevalence studies on interpersonal violence. Future studies should take this aspect into consideration.

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4-FUTURE ANALYSES OF PREVALENCE AND HEALTH IMPACT DATA

An important aspect of prevalence research in Europe to date is that much more information has been collected than has been published. The information that is available internationally is only a fraction of what exists. Secondary analyses of the data collected, following specific questions and approaches, would allow us to increase our knowledge about the rate of interpersonal violence in Europe and the impact this violence has on victims' health.

Future research within the Co-ordination Action on Human Rights Violations will focus on secondary analyses to compare across data sets specific aspects of violence against women, men and children. Selected data sets will be reanalyzed in a structured way in order to gather more comparable data on the prevalence of interpersonal violence at the European level. We will test a framework for data comparison and explore the possibilities and obstacles when comparing existing European prevalence data. This will include an analysis of the impact of different methodologies used in the studies, and the impact of cultural differences when reporting violence. Furthermore, secondary analyses of the health impact will also be conducted in order to determine how specific aspects of violence affect victims' health such as the type of violence, its seriousness, the contexts in which it took place, and the different periods of life in which people experience it.

5.-Appendix

Table 1. Differences in the methodology between prevalence studies on violence against women

Table 2. Differences in the methodology between studies on violence against men

Table 3. Results of prevalence studies of violence against men

Table 4. Differences in methodology in prevalence studies on violence against children and youth

Table 5. Results of prevalence studies on violence against children and youth

Table 6. Summary of the results of prevalence of abuse against elderly people

Table 7. Methodology of the prevalence studies that have assessed the health impact of interpersonal violence on the victims

Table 1. Differences in the methodology between prevalence studies on violence against women

Country	Year survey	Sample		Data collection	Definition	Violence		Publication
		Number	Age			Period assessed	Context	
England/Wales*	1995	5,886	16-59	Ftf/C	-	lyr/ever	IPV	Mirrless-Black, 1999
England/Wales*	2001	22,463	16-59	C	Mod CTS2	lyr>16	IPV/all	Walby and Allen, 2004
Estonia	2001	535	15-74	Ftf	Item list	lyr	IPV/all	Proos and Pettai, 2001
Finland	1997	4,955	18-74	Pq	SUM	lyr>15yr/ever	Male v/IPV/all	Heiskanen and Piispa, 1998
France	2000	6,970	20-59	Telephone	SUM	lyr>18yr/ever	IPV/all	Jaspard et al, 2003
Germany*	1992	5,711	>16	Ftf/Wq	CTS2	lyr/5yr/ever	D/all	Wetzels et al, 1995
Germany	2003	10,265	16-85	Ftf/Wq	CTS2/SUM	lyr/5yr/>16/ever	IPV/all	Schrötte and Müller, 2004
Holland	1986	1,016	20-60	Ftf	Open phrasing	-	IPV	Romkens, 1989;1997
Holland*	1997	1,005	18-70	Wq	Item list	ever	IPV	Van Dijk et al, 1997
Holland*	2002	849	18-70	-	Item list	ever	D	Van Dijk and Oppenhuis, 2002
Holland	2003	4,000	12-65	Police report	-	-	IPV	Beke and Rottenberg, 2003
Holland*	2004	10,075	15-64	Wq	Item list	lyr	work	TNO Arbeit, 2004
Iceland*	1996	3,000	-	Telephone	-	-	all	Girlason, 1997
Lithuania	1999	1010	18-74	Ftf	Mod CTS2	lyr>16yr	IPV/Male v	Purvaneckiene, 1999
Lithuania	2000	517	18-74	Ftf	Mod CTS2	>16yr	IPV/all	Reingardiene, 2002, 2003
Portugal	1995	1,000	<18	Ftf	Item list	lyr/ever	IPV/all	Lourenco et al, 1997
Russia	2002	1,076	16-85	-	Item list	-	IPV	Gorchkova and Shurygina, 2004
Spain	1999	20,552	>18	Telephone	Item list	lyr/ever	IPV/D	Inst of Women's Affairs, 1999
Spain	2002	20,652	>18	Telephone	Item list	lyr/ever	IPV/D	Inst of Women's Affairs, 2002
Spain	2002	2,015	>17	Ftf	CTS2	-	IPV	Medina-Ariza and Barberet, 2003
Sweden	1999/0	6,926	18-64	Ftf/Pq	SUM	lyr>15yr/ever	Male v/IPV/all	Lundgren et al, 2002
Switzerland	1994	1,500	20-60	Telephone	Mod CTS	lyr/ever	IPV	Gillioz et al, 1997

*: participants were both men and women

P: physical violence

S: sexual violence

Ps: psychological violence

IPV: intimate partner violence

Male v: male violence

D: domestic violence (Intimate partner violence + violence by other family/household members)

SUM: Summarizing items (based on behavior-related item list of CTS and Canadian Violence Against Women survey)

CTS/CTS2: Conflict Tactic Scales

Mod CTS/CTS2: Modified version of the Conflict Tactic Scales.

Table 2. Differences in the methodology between studies on violence against men

Country	Year survey	Sample		Data collection	Definition	Violence		Reference
		Number	Age			Period	Context	
England/ Wales*	1995	5,886	16-59	Ftf/C	-	lyr/ever	IPV	Mirrless-Black, 1999
England/Wales*	2001	22,463	16-59	Ftf/C	CTS2	lyr/>16/ever	IPV/all	Walby and Allen, 2004
Estonia	2001	535	15-74	Ftf	Item list	lyr	IPV/all	Proos and Pettai, 2001
Germany*	1992	5,711	>16	Ftf/Wq	CTS2	lyr/5yr/ever	D/all	Wetzels et al, 1995
Germany	2003	247	16-21	Wq	Item list	ever	Wv/all	Krahé et al, 2003
Germany	2003	153	20-25	Wq	Item list	ever	Wv/all	Krahé et al, 2003
Germany	2003	266	18-95	Ftf/Wq/T	Item list	ever	IPV/all	Research group et al, 2004
Holland*	1997	1,005	18-70	Wq	Item list	ever	IPV	Van Dijk et al, 1997
Holland*	2002	849	18-70	-	Item list	ever	D	Van Dijk and Oppenhuis, 2002
Holland	2003	4,000	12-65	Police report	-	lyr	IPV	Beke and Rottenberg, 2003
Holland*	2004	10,075	15-64	Wq	Item list	lyr	work	TNO Arbeid, 2004
Iceland*	1996	3,000	-	Telephone	-	-	all	Girlason, 1997

*: participants were both men and women

lyr: last year

5yr: last 5 years

all: all contexts

Wq: written questionnaire

Pq: postal questionnaire

Ftf: face-to-face interview

C: computer

N: natives

M: migrants

P: physical violence

S: sexual violence

Ps: psychological violence

IPV: intimate partner violence

Male v: male violence

D: domestic violence (Intimate partner violence + violence by other family/household members)

SUM: Summarizing items (based on behavior-related item list of CTS and Canadian Violence Against Women survey)

CTS/CTS2: Conflict Tactic Scales

Mod CTS/CTS2: Modified version of the Conflict Tactic Scales.

Table 4. Differences in methodology in prevalence studies on violence against children and youth

Type of violence	Country	Year survey	Sample		Method	Period assessed	Reference	
			G/B	Age				
Sexual abuse -Studies on children	Sweden	1990	1,129	814	17	Wq	Edgarth and Ormstad, 2000	
	Finland	1994-6	3,769	3,666	-	-	<14	Sariola and Uutela, 1994
	Switzerland	1994-5	568	548	13-17	Wq	Halperin et al, 1996	
	Romania	1999	851	416	14-19	Wq	Roth and Bumbulut, 2003	
	Holland	1998-9	1,544	1,264	14-15	Wq	Timmerman, 2003	
	Poland	1999	-	-	15-59	-	<15	Izdebski, 2000
	UK	1985	2,019	-	>15	Ftf	<16	Baker and Duncan, 1985
	Holland	1988	1,045	-	-	-	-	Draijer, 1988
	France	1989	1,000	-	-	-	-	Lazartigues et al, 1989
	UK	1990	772	472	16-25	Wq	<18	Kelly et al, 1991
	Germany	1992	518	343	-	-	<16	Bange, 1992
	Germany	1992	1,685	1,604	-	-	-	Wetzels, 1997
	Germany	1993	520	412	-	-	<14	Raupp and Eggers, 1993
	Austria	1993	367	758	-	-	-	Kinzl and Biebl, 1993
	Germany	1994	616	452	-	-	<12	Ritcher-Appelt, 1994
Norway	1994	486	510	-	-	-	Benedixen et al, 1994	
Spain	1995	1,821	-	-	Wq	<17	Lopez et al, 1995	
Germany	1996	431	437	-	-	<16	Bange and Deegener, 1997	
UK	1998-9	1,635	1,234	16-24	Ftf+C	-	Cawson et al, 2000	
Poland	1999	-	-	15-59	-	<15	Izdebski, 2000	
Sexual harassment -Studies on children	School setting	1998-9	1,404	1,404	14-15	Wq	lyr	Timmerman, 2002, 2003
	Holland	2003	891	809	14-18	Wq	lyr	De Bruin and Burrie, 2004
	All settings	1998	2,222	-	15-16	Wq	lifetime	Honkatukia, 2000a,b
	Finland	1998	-	-	-	-	-	-
	UK	1998-9	1,635	1,234	16-24	Ftf+C	<16	Cawson et al, 2000

Table 4. Continued

Type of violence	Country	Year survey	Sample		Method	Period assessed	Reference
			G/B	Age			
Physical violence -Studies on children	Finland	1992	7,435	15/16	Wq	<14	Sariola and Utela, 1992
	Germany	1995-6	2,392	13-16	-	-	Bussmann, 2002
	Germany	1998	16,190	15-17	Wq	-	Pfeiffer et al, 1999
-Studies on adults (retrospective)	Germany	1992	15,771	16->80	Ftf/Wq	-	Wetzels, 1997
	Sweden	1994	-	18-74	-	-	Edfeldt, 1996
	UK	1998-9	1,635	16-24	Ftf+C	<16	Cawson et al, 2000
Psychological abuse	UK	1998-9	1,635	16-24	Ftf+C	-	Cawson et al, 2000
	Croatia	2003	373	-	Wq	-	Puhovski et al, 2004
Neglect/Omission	UK	1998-9	1,635	16-24	Ftf+C	-	Cawson et al, 2000
	Denmark	1999	78,625	<4	Hvq	-	Christensen, 1999
School bullying -Studies on children	Italy	1993	1,379	8-14	Wq	L3m	Gentia et al, 1996
	Finland	1997	8,196	14-16	Wq	L5m	Kaltiala-Heino et al, 1999
Italy	1999	113	125	11-14	Wq	L3m	Baldry and Farrington, 1999
England	2001	1,173	1,204	6/8	Ftf	Week	Wolke et al, 2001
Germany	2001	745	793	8	Ftf	Week	Wolke et al, 2001
Cross-national	2001-2	78,936	83,370	11/13/15	wq	L2m	Currie et al, 2004
G/B: girls and boys							
lyr: last year							
Wq: written questionnaire							
L2m: last two months							
C: computer							
Ftf: face-to-face interview							
L3m: last three months							
L5m: last five months							
Hvq: health visitor questionnaire							

Table 5. Results of prevalence studies on violence against children and youth (%)

Type of violence	Country	Context						Reference
		Domestic			Other			
		G/B	Girls	Boys	G/B	Girls	Boys	
Sexual abuse								
-Studies on children								
	Sweden							Edgarth and Ormstad, 2000
	Finland							Sariola and Utela, 1994
	Switzerland		20	6				Halperin et al., 1996
	Holland				0,9	0,4		Timmerman, 2003
	Romania							Roth and Bumbulut, 2003
	Poland						3.6	Izdebski, 2000
-Studies on adults								
	UK							Baker and Duncan, 1985
	Holland						12	Draijer, 1988
	France						33	Lazartigues et al, 1989
	UK	3		1	18	7	26	Kelly et al., 1991
	Germany						21	Bange, 1992
	Germany						8	Wetzels, 1997
	Germany						25	Raupp and Eggers, 1993
	Austria						16-20	Kinzl and Biebl, 1993
	Germany						36	Ritcher-Appel, 1994
	Norway						25	Benedixen et al, 1994
	Spain						19	Lopez et al, 1995
	Germany						22	Bange and Deegener, 1997
	UK						22	Cawson et al, 2000
	Poland						16	Izdebski, 2000
							5	
Sexual harassment								
-Studies on children								
	School setting							
	Holland		18	24	11			Timmerman, 2002, 2003
	Holland		63					De Bruin and Burrie, 2004
	All settings							
	Finland						41	Honkatukia, 2000a,b

Table 5. Continued

Type of violence	Country	Context						Reference				
		Domestic			Other							
		G/B	Girls	Boys	G/B	Girls	Boys		All			
Sexual harassment -Studies on adults (retrospective)	UK								8	4		Cawson et al, 2000
Physical punishment	UK	72										Cawson et al, 2000
Physical violence -Studies on children	Finland	72										Sariola/Uutela, 1992
	Germany	81										Bussmann, 2002
	Germany	57										Pfeiffer et al, 1999
-Studies on adults (retrospective)	Germany			72	78							Wetzels, 1997
	Sweden	29										Edfeldt, 1996
	UK	23								22	25	Cawson et al, 2000
Psychological abuse	UK			8	4							Cawson et al, 2000
	Croatia	31										Puhovski et al, 2004
Neglect/Omission	UK			6	7							Cawson et al, 2000
	Denmark	6										Christensen, 1999
School bullying -Studies on children	Italy							11.5		14.9		Genta et al, 1996
	Finland							5		6		Kaltiala-Heino et al, 1999
	Italy							34		25		Baldry and Farrington, 1999
	England					24						Wolke et al, 2001
	Germany					8						Wolke et al, 2001
	Cross-national (31 countries)					12-69						Currie et al, 2004

G/B: girls and boys

Table 6. Summary of the results of prevalence of abuse against elderly people (%)

Country	Year survey	Sample	Type of violence				Reference		
			Physical	Psychological	Sexual	Financial		Neglect	Ph/Ps/S/F/N
Finland	1989	Total						Kivelä et al, 1992	
		Men	1.2	3.2		1.4	0.2		6.7
		Women	2.7	9.1	0.4	0	2.7	3.3	
								8.8	
Germany	1992							5-7	Wetzels et al, 1995
Holland	1994							5.6	Comijs et al, 1998
Spain	2000							11.9	Ruiz Sammartin et al, 2001
UK	1992	Total	2	5		2			Ogg and Bennett, 1992
		Men	3	4		3			
		Women	1	7		1			

Table 7. Methodology of the prevalence studies that have assessed the health impact of interpersonal violence on the victims

Country	Year survey	Method	Health assessment							References	
			Health status	Direct		Indirect		Work	Social life		Medical care visits
				Physical	Mental	Physical	Mental				
<i>WOMEN</i>											
England/Wales	2001	D		I				x			Walby and Allen, 2004
Estonia	2001	D	x	I							Proos and Pettai, 2001
Sweden	1999/0	D	x	I		x					Lundgren et al, 2002
Russia	2002	D		I			x				Gorchkova and Shurygina, 2004
Germany	2003	D/A	x	I	x			x			Schrötle and Müller, 2004
Lithuania	2000	D	x	I					x		Reingardiene, 2002
Finland	1997	D	x	I		x					Mirrlees-Black, 1999
France	2000	A	x	I		x		x			Jaspard et al, 2003
Spain	1999	D		I		x					Inst of Women's Affairs, 1999
Spain	2002	D		I		x					Inst of Women's Affairs, 2002
<i>MEN</i>											
Estonia	2001	D		I							Proos and Pettai, 2001
Germany	2003	D		I							Krahé et al, 2003
England/Wales	2001	D		I				x			Walby and Allen, 2004
<i>CHILDREN</i>											
Holland	1998-9	D									Timmerman, 2002
Finland	1998	D				x					Honkatukia, 2000a,b
Sweden		D					x				Edgarth and Ormstad, 2000
Holland	1998-9	D				x					Timmerman, 2003
Spain	1995	D					x				Lopez et al, 1995
Finland	1997	D							x		Kaltiala-Heino et al, 1999
<i>ELDERLY</i>											
Finland	1989	D	x								Kivelä et al, 1992
Holland	1994	D				x					Comijs et al, 1998
Germany	1992	D									

DISABLE

Austria -

D

x

Zemp and Pircher, 1996

D: designed for this study X: assessed

A: available instruments

I: injuries

European Commission

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EU RESEARCH ON SOCIAL SCIENCES AND HUMANITIES

Co-ordination Action on Human Rights Violations CAHRV

**Report on the state of the research on prevalence of Interpersonal violence,
and its impact on health and human rights available in Europe**

STATE OF THE ART

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Preface

Within the 6th Community RTD Framework Programme (2002-2006), research in Social Sciences and Humanities is addressed under Priority 7 “Citizens and Governance in a Knowledge-based Society”. The main objectives of this thematic area are to mobilise European research in economic, political, social sciences and humanities in order to develop an understanding of the issues related to the emergence of a knowledge -based society, as well as to address, on the one hand, new forms of relationships between its citizens and on the other between its citizens and institutions.

In order to attain these objectives, researchers were invited to address issues related to the following 7 research areas, grouped into two major themes:

Knowledge based society and social cohesion

1. Improving generation, distribution and use of knowledge
2. Options and choices for the development of a knowledge-based society
3. Variety of paths towards a knowledge society

Citizenship, democracy and new forms of governance

4. Implications of European integration and enlargement
5. New forms of governance
6. Resolution of conflicts and restoration of peace
7. New forms of citizenship and cultural identities

and one additional research area of a horizontal nature:

8. Actions to promote the European Research Area in Social Sciences and Humanities and their contribution to the knowledge based society in Europe.

The implementation of this Priority was undertaken through the launching of calls for proposals in 2003 and 2004 and as a result 140 projects were selected for funding.

Some of these projects started in 2004 and are now delivering their first results. They are usually presented in the format of a report which reflects the state of the art of the specific topic in question.

This publication contains the state of the art report of the co-ordination action “**CAHRV – Co-ordination Action on Human Rights Violation**” which addresses in particular research area 6 – « Issues connected with the resolution of conflicts and restoration of peace and justice”.

The research is carried out by 22 teams over a period of 3 years, starting in May 2004. The project focuses on interpersonal violence, not only against women, but extended to other socially vulnerable groups, including men and children. It aims to account for and overcome fragmentation in this particular field of research, by linking and building on networks for women, children and men. The project main results are expected to include:

- An overview of European research on prevalence, health and human rights impact, a design for comparative re-analysis of data, and indicators for monitoring;
- A database and a shared methodological framework for European level research on the roots of violent behaviour;

- Research synopses on the justice system as an arena for protection of human rights, and an evaluation of interventions and measures and their potential for transfer.

This publication reports the state of the art of the research undertaken: the review on the prevalence of interpersonal violence and its health impact on the victims that have been conducted until now in European member states and in those countries that will become members in the near future.

I hope this report will make a contribution to further consolidating and structuring the state of the art in this particular field of research.

T. Lennon



State of European research on the prevalence of interpersonal violence and its impact on health and human rights

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February 2006

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INTRODUCTION

Interpersonal violence as a violation of human rights is an issue that has emerged recently and has started to be considered as a public problem for individuals, society and states. This has its origin in the universal declaration of Human Rights by the United Nations in 1948 and by successive declarations of the human rights of specific groups of populations such as women and children (Vienna, 1993; Beijing, 1995). Little by little, European countries are becoming aware of this societal problem that not only causes a great deterioration of the victim's life but that are also a burden to the development of the countries through their high human and economic costs.

Victims Most studies on prevalence of interpersonal violence in Europe have focused on violence against women, children and youth. Data on violence against men have been obtained through some criminological victimization surveys or through surveys of violence against both women and men, but to the present, violence against men is not a central topic of prevalence of violence research. There are very few prevalence studies with a focus on violence against older people and against especially vulnerable groups such as disabled persons, homosexuals/bisexuals, and prostitutes, although several prevalence studies on violence against women have obtained data on violence against elderly people, migrants, and ethnic minorities.

Contexts In most studies on violence against women and children the context in which violence is assessed is the domestic setting (in families and in intimate partner relationships). Some studies also include other contexts outside the home such as school, working place, and the public sphere.

Types of violence Although most studies assessed the incidence of physical and sexual violence, some included questions on psychological violence, sexual harassment, stalking, mobbing and bullying. The assessment of psychological violence, although surveyed within many studies, is not a common subject in this research field. However, this is changing as recently more prevalence studies include information on the serious impact of this type of violence on health and life quality, as well as on the relationships between the different forms of victimization experienced during the life span - especially in relation to domestic violence and violence in other close relationships (work, school).

Health impact and human rights An important aspect of many prevalence studies is the assessment of the impact of violence on the health status of the victims. To the present, many cross-sectional and retrospective studies indicate the high impact that interpersonal violence has on the health status of victims. This is an issue considered important enough to be routinely included in prevalence studies. Finally, the impact of violence on the well being and integration of the victim in society (education, employment, social inclusion, etc.) as a whole has not been assessed yet. Altogether, enabling individuals to have a life free of interpersonal violence should be considered as a human rights issue.

This report reviews studies on the prevalence of interpersonal violence and its health impact on the victims that have been conducted until the present in European member states and in those countries that will become members in the near future. The differences and similitude between studies are reported, which in many cases make the comparison between the rates obtained difficult.

1-PREVALENCE STUDIES

1.1.-VIOLENCE AGAINST WOMEN

Prevalence studies in Europe

Representative national prevalence studies on violence against women have been conducted in England and Wales (1995¹, Mirrless-Black 1999; 2001, Walby and Allen 2004), Estonia (2001, Proos and Pettai 2001), Finland (1997, Heiskanen and Piispa 1998), France (2000, Jaspard et al., 2003), Germany (1992, Wetzels et al., 1995; 2003, Schröttle and Müller 2004), Holland (1986, Römken 1989, 1997; 1997, Van Dijk et al., 1997; 2002, Van Dijk and Oppenhuis 2002; 2003, Beke and Rottenberg, 2003; 2004, TNO Arbeid 2004), Iceland (1996, Gírlason 1997), Lithuania (1999, Purvaneckiene 1999; 2000, Reingardiene 2002, 2003), Portugal (1995, Lourenco et al., 1997), Russia (2002, Gorchkova and Shurygina 2004), Spain (1999/2002, Institute of Women's Affairs, 1999, 2002; Medina-Ariza and Barberet 2003), Sweden (1999/2000, Lundgren et al., 2002), and Switzerland (1994, Gillioz 1997, Gillioz et al., 1997)².

The criteria for the selection of surveys included in this report has been the availability of detailed information about the methodology and results, which in most cases have been provided by members of CAHRV. Thus, although we have information on the existence of further prevalence studies conducted in Bulgaria, Bosnia-Herzegovina, Denmark, Hungary, Ireland, Norway,² Poland and Romania, the information available about them, provided by institutions like Women Against Violence Europe (WAVE; <http://www.wave-network.org>) as well as by hearsay of other researchers, is not complete enough to be included in this report. Additionally, specific national studies on sexual violence against women have also been conducted (in Italy, by the ISTAT Institute, 1997/98).

Besides the large-scale representative surveys listed in this report, a number of clinical and regional studies on violence against women have also been conducted in Austria (Achs et al., 2005), Finland (Ministry of Social Affairs and Health 2005), Germany (Brzank et al., 2005), Italy (Romito and Gerin, 2002; Romito et al., 2004), Spain (Raya Ortega et al., 2004) and Switzerland (Gloor and Meier, 2004). Additionally, there are further criminological surveys, such as the one carried out by Wetzels et al., 1994 in Germany. However, these other types of

¹ The first date presents the date of the survey, followed by authors and publications.

² We have information on a new representative national survey in Norway, done by Thomas Haaland, Sten-Erik Clausen and Berit Schei, Norwegian Institute for Urban and Regional Research, just finished some weeks before the completion of this report, as well as on a representative victim study in the Oslo-area from 2004, including both – women and men -, but we could not acquire information in English in time.

studies are not included in this report, either because they are not based on representative samples or because they do not have a special focus on violence against women.

Methodology

There are many differences in the methodology followed in the studies, mainly in relation to: a) the sample (e.g. number of people that participated, age range, ethnicity, etc.); b) the way the information was collected (e.g. face-to-face, telephone interviews, postal questionnaires, etc.); c) the definition and types of violence assessed (physical, sexual and psychological); d) the context in which it occurred (e.g. home, work, public places, etc.); e) the perpetrator (e.g. family members, strangers, etc.) and f) the period of time in relation to the incidence of violence asked (e.g., last year, last five years, life span, etc.) (See Table 1 in appendix).

Collecting valid information on violence against women within population-based surveys requires the use of appropriate methods to uncover the different forms and contexts of violence experienced by women, which are often related to very sensitive topics, such as sexual violence or violence by intimate partners. Thus, some special methodological approaches, such as intensive interviewer training, sensitive and non-stigmatization research instruments, and interviews without the presence of third persons – to name only some important aspects – have to be chosen to receive realistic data on violence against women.

There have been some developments in violence-against-women research since the studies in the 80's and early 90's of the last century³. While earlier studies (e.g. Holland 1986, Switzerland 1994) tended to focus on domestic violence by intimate partners, later studies from 1996 onwards tended to also include other contexts of violence against women in various life situations, e.g. in the public sphere, in the working place and/or by other family members and acquaintances (e.g. Finland 1997, France 2000, Germany 2003, Iceland 1996, Lithuania 1999, Sweden 1999/2000).

Moreover, methodology on violence-against-women research has improved, as summarizing questions on violence experiences have been more and more replaced or supplemented by behavior-related item-lists (no longer using the term “violence”) and combined measures of questioning (e.g. face-to-face interviews + additional written questionnaires on sensitive topics) appeared, which could heighten the disclosure of violence. Furthermore, violence-against-women research nowadays uses only specially trained (mostly female) interviewers and aims to provide an interview situation undisturbed by the presence of third

persons. Other factors, too, that could affect the safety of the interviewees are usually controlled in present violence-against-women research as an important ethical issue of research.³

The following section describes in more detail important differences in national violence-against-women surveys conducted in Europe within the last 20 years.

1-The sample

Sample size In general, the samples ranged from 500 to over 22,000 interviewees. Studies carried out on big samples (e.g. England and Wales 2001, Germany 2003, Spain 1999 and 2002, France 2000, Finland 1997 and Sweden 1999/2000) allow more detailed and differentiated analysis of various types of victimization, risk factors and impact of violence. However, studies conducted on small samples also allow careful estimates of the rate of violence.

Age The age of the sample also varies between studies. The minimum age ranged from 16-20 years, and the maximum varies between 59 and 85 or even older. One advantage of the involvement of higher age groups is the possibility of studying violence against elderly women. However, it has the disadvantage of a lower participation rate as more elderly women are not willing or not able to take part in the interviews. Furthermore, when different age groups are involved it has an important impact on the overall rates of violence obtained as the incidence of violence reported by women varies with age, being higher in younger than in older female populations. Thus, the consequence is a decrease in the prevalence rate when higher age groups are involved.

Ethnicity Definitions of groups involved in the samples of the studies vary from country to country, owing to differences relating to citizenship status, language spoken or ethnic backgrounds of the interviewees. Most samples involve both native and other ethnic groups (ethnic minorities, first and second generation, migrant and immigrant women). However, one problem is that migrant women often do not speak the language well enough to take part in the interviews, which are often not conducted in different languages. Moreover, some groups of migrant women refuse to participate more often than others due to a lack of personal autonomy and a minor status within their partnerships. Thus, in most studies, immigrant women are underrepresented, which prevents a proper statistical analysis. Only very few studies, such as the German one (Schrötte and Müller 2003) conducted interviews in different languages in order to increase the participation of migrant women, which makes a comparative analysis between different ethnic groups possible. In Holland, one study was specifically designed to assess

³ See further information on methodological developments and standards in violence against women research in: Hagemann-White (2000, 2001) and Walby and Myhill (2001).

domestic violence among ethnic groups such as Surinamese, Antillean, Arabian, Moroccan and Turkish immigrants (Van Dijk and Oppenhuis, 2002).

2-Data collection

Different methodologies have been used to collect information from the participants of the studies. While some studies conducted telephone interviews (e.g. France, 2000; Spain 2002, Switzerland, 1994) or sent written questionnaires by post (e.g., Finland, 1997 and Sweden 1999/2000), others have collected the information through in-depth face-to-face interviews (e.g., Germany 2003; Lithuania 1999, 2000). To the present, there is no extensive knowledge of the impact different forms of data collection and the setting in which the interviews take place have on the prevalence rate of violence obtained.

While the advantage of telephone interviewing or postal questionnaires lies in the more anonymous setting (and in the lower cost), in-depth face-to-face-interviews have the advantage of a higher possibility of controlling the interview situation, especially in relation to the safety of the interviewees and the avoidance of interruption by third persons, which is crucial for these types of studies (especially related to domestic and intimate partner violence). To overcome the disadvantages of both alternatives, some studies have used additional written or computerized self-completion questionnaires within face-to-face interviews for sensitive topics such as domestic and/or sexual violence (e.g. England and Wales, 2001 and Germany, 2003). The results of these studies indicate that much more violent experiences could be uncovered by this methodology than with the face-to-face interviews alone. Another effective and, for both interviewers and interviewees, less incriminating technique, especially when obtaining information about very sensitive forms of violence, is by using a list of concrete acts of violence which the interviewee could name by a letter instead of asking direct questions about experiences of violence (e.g. Germany, 2003). These special methods, as well as intensive interviewer training in advance (e.g., France, 2000, Germany, 2003), seem to have great impact on the likelihood of uncovering violence in close relationships or sexual violence and, thus, on the prevalence rates.

3-Assessment of violence

There are differences between studies in the types of violence against women assessed as well as in the information about the perpetrator and the context in which violence occurred.

Type of violence and instruments used in the assessment In general, the types of violence assessed are physical, sexual and psychological violence. While some studies give in

their publications specific information about the rate of each type of violence experienced by women (e.g. Sweden 1999/2001), others do not differentiate between the different types (e.g. Lithuania 2000).

The instruments used differ greatly between studies. While very few used only summarizing questions (e.g. have you been exposed to physical violence?), most studies used item lists with concrete acts of violence (e.g. have you been exposed to kicks, slaps? etc.). Those that have used both summarizing questions and detailed item lists have found that more violence is uncovered by the latter or the combination of both (e.g. Germany, 2003). Thus, it is considered that including a high number of items of violent acts in a questionnaire would increase the probability of uncovering more violent experiences. On the contrary, the use of summarizing questions without detailed item lists would lead to a decrease in prevalence rates.

While some studies used very well known instruments to assess **physical violence**, others have used these instruments as a guide, incorporating specific modifications. Other studies have developed their own instruments. Among the well known instruments used for physical violence is a modified version of the Conflict Tactics Scale (CTS) (Straus et al., 1996) and the list of acts used in the Canadian Violence Against Women survey (Johnson, 1996; e.g., Finland, 1997, Lithuania, 2000; England and Wales, 2001; Germany, 2003 and Sweden, 1999/2000), which makes it possible to compare the prevalence rates of physical violence obtained in the different studies by reanalysis.

However, the instruments used to assess **sexual violence** differ widely between studies making comparisons difficult. The definition of sexual violence ranges from very narrow definitions based on criminal law and the use of physical force and threats (e.g. rape, attempted rape) to much broader definitions that include severe forms of sexual harassment. Some studies used very detailed item lists of acts of sexual violence, but others used only summarizing questions on forced or unwanted sexual acts. Thus, it may be possible to compare the prevalence rates obtained in the different studies by using the data related to a narrow definition of sexual violence. Additionally, it must be kept in mind that cultural patterns in relation to reporting sexual violence could also play an important role.

Finally, the differences concerning **psychological violence** are much greater, ranging from assessing only one specific act (e.g., verbal insults, threats of violence, etc) to a more comprehensive list of acts (including verbal violence, blackmail, controlling behaviour, etc.). There are also considerable differences in what is defined as “psychological violence” (e.g. some include frightening threats here, while others list the threat of physical harm as physical violence).

The perpetrator and the context Most studies collected specific information about the perpetrator (e.g. former or current intimate partner, family member, acquaintance or stranger)

and the context in which violence occurred (e.g. home, work, public places), but there are differences in the way the details about perpetrators and contexts are reported in publications.

Most studies on violence against women have a special focus on domestic violence by current and/or former intimate partners (distinguishing between them or not), but also include other life contexts in which violence occurred (by strangers in public places, in the work place, by acquaintances and other family members). Some studies have focused on violence by *male* perpetrators and heterosexual partners (e.g. Finland, 1997; Sweden, 1999/2000). Studies where both sexes of perpetrators and various contexts of experiences of violence are involved show that physical and sexual violence against women is perpetrated by current or former intimate male partners in the majority of cases. Thus, most studies have obtained the prevalence rates of intimate partner violence (intimate partner violence and domestic violence against women are equated in some studies) and sexual violence against women.

An important problem of data comparison is that the reports give the prevalence rates related to the specific types of violence and the contexts in very different ways (e.g. intimate partner violence on the one hand and violence outside intimate partner relationships on the other). A next step is to explore how such issues may be addressed in secondary data analyses.

The life period assessed Another important issue is the period of life women were asked about. In the studies women were asked about the occurrence of violence during the last year, during the last five years, since a specific year of age in adult life (since the age of 15, 16 or 18), during childhood and youth, or during the whole life span. In most studies different combinations of these possibilities were used. In those in which women were asked about their experiences of victimization during the life span, information about the incidence of childhood abuse was also obtained indirectly. In others, there were special sections on sexual and physical violence during childhood and youth (Germany, 2003).

Comments on the results

There are so many differences between the studies that it is difficult to compare the data at this stage of the report. Below we give a preliminary overview of the range of existing prevalence data on violence against women in Europe and of important background information on the availability and comparability of data.

Intimate partner violence Most studies have collected information on the violence perpetrated by an intimate (male and/or female) partner against women. Some studies (e.g. the Finnish and the Swedish studies) distinguish in their presentation of the data between the rates of violence perpetrated by current and by former partners (and relate each rate to women who

have/had current and/or former partners), while others give prevalence rates for violence experienced by any partner (and relate it to the whole sample of women who ever lived in a partnership). This, as well as the differences in the methods used, in the definitions of violence and in the time periods assessed have a great impact on the comparability of prevalence data on intimate partner violence.

The lifetime prevalence of physical and/or sexual violence by current and/or former partners – if such prevalence rates are presented – ranges in the studies between 4 and over 30%; the lifetime prevalence of physical violence alone ranges from 6 to over 25%, and the lifetime prevalence of sexual violence by intimate partners ranges from 4 to over 20%, depending also on the broad or narrow definition of this type of violence. Psychological violence by intimate partners has been published in some studies as a separate category; the lifetime-rate is between 19 and 42%.

Relatively high rates of lifetime intimate partner violence (from 20 to over 30%) could be found in the results of the British, Finnish, Swedish, German, Swiss and Dutch studies. It is possible that this is a consequence of the measures used within those prevalence studies to uncover intimate partner violence. A next step will be to assess to what extent prevalence rates for this violence are comparable between selected countries, and to discuss the impact that differences in the methodology may have on these rates.

Other types of victimization Most studies have obtained additional information on violence against women in other life contexts because they included common questions on violence in all life situations (with specific questions on perpetrators and/or sites of violence, e.g. Germany, 2003), because they asked specifically about violence perpetrated by others than intimate partners (Finland, 1997, Sweden, 2000/2001, and Lithuania, 1999, 2000) or because they asked about violence in different life contexts within special sections of the questionnaire (e.g. France, 2000, see also Table 1 in appendix).

Thus, for example, in the studies conducted in Finland (1997), Sweden (1999/2000) and Lithuania (1999/2000) different information about male violence, male violence outside intimate partner relationships, and violence perpetrated by an intimate male partner was obtained (also distinguishing between current or former partners). The French (2000) study gives – alongside its interview section – different information about violence in the work place, in student life, by professional helpers, in couple relationships, and by other family members or acquaintances. The German study (2003) asked questions about all kinds of violence (perpetrators and locations) in the first section, and focused on intimate partner violence and violence in childhood in the second section, giving prevalence data on all life contexts and on intimate partner violence in its report. These differences make it difficult to compare overall prevalence rates in various life contexts.

The few studies that have presented overall prevalence figures for sexual and/or physical violence in all life contexts show that 40-46% of women had experienced sexual and/or physical violence in their adult lives. The prevalence rates for physical violence alone range from 14-37%, and for sexual violence from 4-35%, depending on either narrow or broader definitions. Future research will extract, by reanalysis of the data, overall figures for each country on the one hand, and prevalence rates for different life contexts on the other. This will include a discussion of the impact of methodology on prevalence rates.

Conclusion

In summary, notwithstanding the methodological differences between studies there is consistency in the fact that physical, sexual and psychological violence by men against women is very high in all contexts and in all countries.

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1.2.-VIOLENCE AGAINST IMMIGRANT, MIGRANT AND ETHNIC MINORITY WOMEN

In contrast to the other population groups identified for detailed investigation (elderly, children, homosexuals etc.) the boundaries of groups referred to as "immigrants" vary considerably throughout Europe and terms such as "immigrant", "migrant" and "ethnic minority" have no clearly defined common transnational meaning. This is because the historical context of immigration and minority politics in each European state shapes the way in which migrants – foreign or not- and their descendants are designated in statistical classifications and in civil society. As a result the sub-groups defined in national prevalence surveys on interpersonal violence will vary from one state to another.

In a fuller report in preparation, we stress a number of crucial issues to be considered when comparing databases of previously conducted surveys:

- large-scale studies measuring violence against women, and distinguishing immigrant or ethnic minority populations, are limited in number in Europe;
- existing national surveys have dealt with immigration and ethnicity differently;
- existing smaller scale studies present a diversity of approaches and themes.

Approaches to analyzing violence experienced by foreign or immigrant respondents from the results of national prevalence surveys on violence against women

Examples from the main prevalence studies will be presented here to highlight the possibilities and limitations of the sources.

The Swedish survey on violence against women (Lundgren et al., 2001).

The Swedish survey interviewed immigrant women within a representative population sample. The migrant population constituting a much smaller proportion of the national population than in states such as France or Britain, numbers are much smaller. Thus the authors refrained from conducting detailed analyses because the "groups of women born abroad are small and the percentage of responses from them was low. It is hard therefore to draw reliable conclusions from the responses of these groups" (Lundgren et al., 2002, p.70). In their analysis of "myths about violence" the authors explore the commonly accepted image of the 'violent "male immigrant" '. They asked women about their current or former partner's country of birth, his parents' country of birth, education level and alcohol habits.

Generally, as the authors stress, groups were too small to enable sound conclusions. Where comparisons were possible, the differences were found to be slight. The exceptions were women

whose present husband/cohabiting partner was born in Nordic countries (excluding Sweden) or Asia. These respondents report a higher level of violent experiences at the hands of their partner.

The French Survey (Jaspard et al., 2003)

The French survey, conducted in 2000, reached 6970 women aged 20-59 years. It included questions on nationality of origin and country of birth of respondents and also of their parents. The Enveff sample, in effect, represented the principal immigrant groups in France. The foreign-born were 1515 in number, to which were added 39 women from the French overseas territories. However, the report notes that many of the most socially isolated and possibly most vulnerable women would not have been reached by the survey. The method used, based on a telephone survey, implied not only residence in an ordinary household enabling access to a fixed telephone but sufficient command of the French language.

During the analysis of the Enveff survey an effort was made to broaden the scope beyond the major groups resulting from the post-colonial labour migrations and to attempt to take into account the experiences of other migrant women. Given the relatively small numbers representing some migrant populations it was necessary to regroup subpopulations in order to conduct statistical analysis. Diversity within each subgroup resulting from different periods of immigration, age and family status at the time of immigration, education, social background, area of residence, household circumstances was highlighted (Jaspard et al., 2003, pp.181-187). In each of the life contexts studied in the survey—work, public space, couple and family—these characteristics play a role in the risk of experiencing violence.

German survey on violence against women (Schröttle and Müller, 2004)

In the German study migrant women's experiences were addressed in three ways. First, migrant women were included in the main representative survey. Second, two target groups—women of Turkish origin and women from Eastern Europe or the former Soviet Union—were interviewed (250 in each group). They were selected by nationality or country of birth of both parents, and interviews were conducted in the preferred language. Third, using translators, 65 interviews were conducted with asylum seekers from a wide range of countries. They were selected via housing or other social agencies in five areas of Germany. The interviews with women of Turkish and East European or ex-Soviet Union origin –147 and 612 women, respectively – were combined with the interviews with women from the two target groups (each 250 interviewees) resulting in a sample base of 397 and 862 interviews. The data gathered from asylum seekers, focusing only on violence experienced in Germany, were analysed separately.

The methods for interviewing Turkish and Eastern European migrant women were the same as in the main study, whereas the interviews with asylum seekers were slightly modified. The latter could lead to different reporting rates and the different samples size could have influences

on the results. Therefore, the results of the interviews with Turkish and eastern European migrant women are more comparable with the main study than the results of the interviews with refugee women.

Results of the survey showed Turkish women reporting sexual violence slightly less often than women from Eastern Europe and violence by intimate partners more often than the other population groups, especially related to the rate of violence by current partners. The authors suggest that possible 'cultural differences' in the readiness to reveal or name sexual violence and/or intimate partner violence could have influenced the results.

The high rates of violence experienced by refugee women, even if in part due to methodological differences not directly comparable with the results of the other population groups, indicate that this is a vulnerable population group at high risk for psychological, physical and sexual violence in different life contexts.

British Crime Survey analysis (Walby and Allen, 2004).

The results of analysis of the survey data by ethnic group figure in the section "Risk factors". Since the findings did not reveal any great difference between the summary ethnic categories used, the analysis presented is brief. The report stated that "there is little variation in interpersonal violence by ethnicity. This is an interesting finding because, since ethnicity is associated with variations in economic resources, it might have been expected to show parallel variations" (Walby and Allen, 2004, p.79). Future multivariate analysis, taking into account marital status, age, area of residence, may reveal some differences.

Swiss survey on violence against women in couples (Gillioz et al., 1997)

The Swiss survey was conducted within a representative sample of 1500 women aged 20-60 years and living as a couple at the time of the survey or during the previous 12 months. Amongst the characteristics of women figures the variable "nationality".

Analysis of results revealed that couples in which one or both partners were foreign experienced slightly more physical violence: 8.3 and 9.0%, respectively as compared with 5.4% of Swiss couples; couples in which both partners were foreign experienced more psychological violence: 27% as compared with 22% for Swiss or bi-national couples (Gillioz et al., 1997, pp.85 and 248). However, the differences were not statistically significant. The result thus would tend to contradict public opinion views that foreigners are more violent than Swiss men.

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1.3.-VIOLENCE AGAINST MEN

Large-scale prevalence studies on violence against men are very scarce in Europe, with only few studies having been conducted in Germany (2003, Research group et al., 2004; 2003, Krahe et al., 2003). The incidence of some aspects of violence against men has been assessed within some surveys conducted with both women and men in England and Wales (1995, Mirrless-Black, 1999; 2001, Walby and Allen 2004), Estonia (2001, Proos and Pettai 2001), Germany (1992, Wetzels et al., 1995), Holland (1997, Van Dijt et al., 1997; 2002, Van Dijt and Oppenhuis 2002; 2003, Beke and Rottenberg 2003; 2004, TNO Arbeid 2004), and Iceland (1996, Gírlason 1997). In the early nineties, Lenz (1993, 1996) took up the topic of violence against men with a qualitative focus, which is outside the scope of this report.

Methodology

Besides the fact that there are few studies carried out on men, they differ in the objectives and methodology. The studies of Krahe et al., (2003) were focused on sexual violence perpetrated by women against men. The pilot study carried out in Germany (Research group et al., 2004) assessed how violence against men is perceived and how it can be investigated. The pilot study offered the first prevalence figures of any type of violence perpetrated in any context. To achieve this, the current state of research and knowledge, along with different research methods, were described and evaluated. Qualitative interviews were used to develop and test an instrument comprising different questionnaire sections that could be used in a representative study on the extent and relevance of violence against men. Due to the restricted scope of the project, the background and consequences of violence against men were investigated only as a secondary consideration. Following this, guided interviews lasting several hours were carried out with 32 men. Half of this group was selected randomly; the other half was a convenience sample. The process culminated in a survey of 266 largely standardized interviews that included qualitative components. The quantitative survey was carried out face-to-face and over the phone. An additional written questionnaire, filled out by 190 respondents, specifically investigated domestic violence (see Table 2 in appendix).

In those studies that estimated the prevalence of violence against men along with the prevalence of violence against women similar methodological problems exist for both estimates (see previous chapter). Different studies have assessed the prevalence of physical, sexual and psychological violence in different contexts (e.g., intimate partner, domestic, work, and all contexts).

Commentary on the results

An overall finding of the study carried out in Germany by Research group et al. (2004) is that men are violated within long-term relationships, in the public sphere, during leisure time, at work, and in special institutions (homes, asylums, and hospitals). Up to two-thirds of physical violence reported in adult life and approximately one fifth of all psychological violence experienced takes place in the public sphere or during leisure time. In contrast, in the work environment it is psychological violence that is predominant: one fifth of incidents of physical violence and over half of the incidents of psychological violence reported took place at work. The extent of violence in long-term relationships is of a similar order of magnitude compared to other areas of life, although the weighting between the different forms of violence differs. Every fourth of about 200 interviewed men suffered an act of physical violence by their most recent partner at least once or in some cases several times. Every fifth man said that his partner is jealous and prevents him from having contact with other people (see Table 3 in appendix).

An important feature is that not all violent acts are perceived and talked about to the same extent. Certain forms of violence are normal in men's lives but are not perceived as violence and, therefore, men have only a limited memory of them. Experiences that go unnoticed in male normality include acts of physical violence in public that are perceived as normal disputes. Other forms of violence are so tabooed that they are either not accessible to memory or those men who suffered them do not talk about them. Examples of tabooed "unmanly" experiences of violence are to be found particularly in sexualized violence. Thus, violent actions in these areas are probably underreported in the study. The type of violence that is more easily perceived is that which falls into a range that goes beyond "the normal limits" but that has not yet become "unmanly".

In the other two studies carried out in Germany by Krahe et al. (2003) 25.1% and 30.1% of men (first and second study, respectively) reported at least one incident of nonconsensual sex with a woman, while 23.9% and 23.5%, respectively, reported attempts by women to make them engage in nonconsensual sex. In both studies, exploiting a man's inability to offer resistance was the most often reported aggressive strategy. Kissing and petting were the most frequently reported unwanted sexual activity, followed by sexual intercourse and oral sex. Prevalence rates were higher for nonconsensual sex with an (ex-) partner or friend than with an unknown woman.

The study carried out in Estonia (Proos and Pettai, 2001), in which the incidence of violence had been assessed in all contexts during the previous year, indicates that physical and psychological violence against men more frequently occurs in public places (82%) than at home

or at work. The studies carried out in England and Wales (Mirrless-Black 1999, Walby and Allen 2004) provide a good example of the differences in rates when the incidence refers to the last year or to the life span (first study: 15% versus 4%,; second study: 10% versus 2.5%, respectively).

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1.4.-VIOLENCE AGAINST CHILDREN AND YOUTH

Prevalence studies in Europe

A considerable number of prevalence studies on violence against children and youth have been conducted in Europe since the 1990s. They have mainly focused on sexual abuse, sexual harassment, parental violence and school bullying. Most of the studies have been carried out separately in only one country. Those that have assessed sexual abuse have been conducted in Austria (1993, Kinz and Biebl 1993), Finland (1994-6, Sariola and Uutela 1994), France (1989, Lazartigues et al., 1989; Choquet et al., 1997), Germany (1992, Bange 1992; Wetzels 1997; 1993, Raupp and Eggers 1993; 1994, Ritcher-Appelt 1994; 1996, Bange and Deegener 1997), Holland (1988, Draijer 1988; 1998-9, Timmerman 2003), Norway (1994, Bendixen et al., 1994), Poland (1999, Izdebski 2000), Romania (1999, Roth and Bumbulut 2003), Spain (1995, Lopez et al., 1995), Sweden (1990, Edgarth and Ormstad 2000), Switzerland (1994-5, Halperin et al., 1996), and in the UK (1985, Baker and Dunkan 1985; 1990, Kelly et al., 1991; 1998-9, Cawson et al., 2000).

The few studies that have specifically assessed the prevalence of sexual harassment, mainly in school settings, have been conducted in Finland (1998, Honkatukia 2000a, b), Holland (1998-9, Timmerman 2002, 2003; 2003, De Bruin and Burrie 2004), and in the UK (1998-9, Cawson et al., 2000). The prevalence of physical violence, mainly parental, has been assessed in Finland (1992, Sariola and Uutela 1992), Germany (1995-6, Bussman 2002; 1998, Pfeiffer et al., 1999; 1992, Wetzels 1997), Sweden (1994, Edfeldt 1996), and the UK (1998-9, Cawson et al., 2000). Few studies have assessed the prevalence of psychological violence (in the UK: 1998-9, Cawson et al., 2000; and in Croatia, 2003, Puhovski et al., 2004) and neglect/omission (in Denmark, 1999, Christensen 1999; and in the UK, 1998-9, Cawson et al., 2000).

Studies on the prevalence of school bullying have been conducted separately in Finland (1997, Kaltiala-Heino et al., 1999), and Italy (1993, Genta et al., 1996; 1999, Baldry and Farrington 1999). A study was carried out simultaneously in England and Germany for data comparison (2001, Wolke et al., 2001) and a large-scale study was performed in 31 European countries (Austria, Belgium, Croatia, Czech Republic, Denmark, England, Estonia, Finland, France, Germany, Greece, Greenland, Holland, Hungary, Ireland, Italy, Latvia, Lithuania, Malta, Norway, Poland, Portugal, Russia, Scotland, Slovenia, Spain, Sweden, Switzerland, TFYR Macedonia, Ukraine, and Wales) following the same methodology (2001-2, Currie et al., 2004). One prevalence study included school bullying as part of the overall assessment of violence (1998-9, Cawson et al., 2000). Other separate studies carried out in Ireland (O'Moore and Hillery 1989), Norway (Olweus 1991), Scotland (Mellor 1990), and Spain (Ruiz 1992) are not reported here as no detailed information has been obtained.

Additionally, some prevalence studies on violence against women and men have asked some questions about the incidence of childhood victimization (retrospective information), but this information is not presented here as secondary analyses of the data are necessary.

Methodology

The existing studies differ in many aspects of the methodology, such as: a) the period considered as childhood; b) the research design (method of recruiting the sample and collecting information); c) the types and definitions of violence assessed, and d) the setting in which violence and abuse has taken place (see Table 4 in appendix).

Childhood period The period considered as childhood ranges in studies from up to 12 to up to 19 years old. This is very important as adolescence is a period of life when children can be exposed to many more types of violence as they start becoming independent.

Methods of recruiting the sample and collecting information The form of sampling most likely to give reliable prevalence levels in the general population is random probability sampling with a sufficiently large sample size to allow for sub-group (gender, ethnicity, region, social class) variation and analysis.

A very important difference between studies is the sample from which information has been collected. Thus, studies can be classified into two categories: a) those in which children are asked about the incidence of violence in domestic (i.e. parental violence), specific (e.g. school, etc.) or in all contexts, and b) retrospective studies in which adults are asked about the incidence of abuse during their childhood. When children and youth are asked, they are in most cases recruited in schools and the interview or collection of information takes places in this setting (e.g., Honkatukia, 2000a,b; Timmerman, 2003). In this case, anonymity of the child is obtained by sealing their questionnaire in an anonymous envelope. In some of the studies carried out on adults, the sample is recruited from education colleges (e.g., Kelly et al., 1991; Edgardh and Ormstad, 2000; Halperin et al., 1996).

In the 1970's and 80's prevalence research carried out on children was characterized by small-scale clinical or college based samples that were not representative of the general population. In general, with the exception of two studies conducted in Germany (Pfeifer et al., 1999; Wetzels, 1997), and two in Finland (Sariola and Uutela, 1992, 1994), in which a large sample participated (5,500-16,000), most studies have been carried out on small samples (less than 3,000).

Few studies have recruited the sample in health centers (in Wales, Sibert et al., 2002; and in Denmark, Christensen, 1999). Some got all the information about the convicted cases of sexual

child abuse in a defined population during a certain period from court reports (Carlstedt et al., 2001) and did not contact the victims directly. However, reports based on criminal statistics underestimate the phenomenon and give insufficient information on victims and perpetrators and thus are often misinterpreted.

The types and definitions of abuse assessed The main types of violence assessed have been sexual abuse, sexual harassment, physical parental violence or school bullying.

Studies concerning sexual abuse differ in many aspects. Some distinguish between sexual abuse with or without physical contact (e.g., Baker and Duncan, 1985; Cawson et al., 2000). In the case of physical contact (e.g. Sariola and Uutela, 1994), acts such as rape or forced masturbation are included, while in the case of no physical contact, acts such as exposure by men of penis are included (e.g., Kelly et al., 1991). For example, in the Swedish study (Edgardh and Ormstad, 2000), sexual abuse included exhibitionism, genital fondling, oral, vaginal or anal intercourse, and posing for sex photos or films, while gestures and verbal propositions and remarks were excluded. Thus, those who have analyzed the impact that these differences in the definition of abuse (broad or restrictive) have on the rate of sexual abuse obtained in the studies indicate that this feature is very important (Kelly et al., 1991). Therefore, in order to make comparisons between the rates obtained in different countries it is important to classify them by specific subtypes of sexual abuse, and to carry out a secondary analysis of the data where possible.

Most studies concerning physical abuse have assessed parental physical violence. They differ in the consideration of this type of violence. Some give specific information about the occurrence of physical abuse in corporal punishment (e.g., Cawson et al., 2000), while others do not. In some countries these two types (i.e., physical abuse as corporal punishment and physical abuse not meant to be corporal punishment) are the same but in others they are very different, so the prevalence rates cannot be reported together without differentiating the two types. Furthermore, while some studies have obtained detailed information about the frequency, duration and severity of the abuse, others have not.

Context and perpetrators In some studies, information is obtained about the relationship between the alleged perpetrator and the abused child, including the gender and age (e.g., Halperin et al., 1996). For example, in the studies carried out in Germany, Sweden and the UK on sexual abuse, perpetrators 5 years older than the abused child were reported (Sariola and Uutela, 1994; Raup and Eggers, 1993; Cawson et al., 2000). Information about the perpetrator, whether a relative, acquaintance or stranger, is also obtained in some studies (Baker and Duncan, 1985; Cawson et al., 2000). The settings of abuse most frequently asked about have been home and school (i.e., violence perpetrated by peers or teachers; Timmerman, 2003).

Period of time assessed. The time period assessed varied greatly from study to study. For example, while most have asked about the incidence of a specific type of abuse before a specific age (e.g. before 14 years old) (e.g., Sariola and Uutela, 1992)), others have asked about the incidence during a recent period of time (such as the last 12 months) (e.g., Timmerman, 2003).

Comments on the results

Besides the methodological differences between studies, all of them have obtained a relatively high rate of violence against children. Another important feature is that violence is higher towards girls than towards boys in most types of abuse (see Table 5 in appendix).

Childhood sexual abuse

Six studies in which children are asked about the experience of sexual abuse are reported. While in the Finnish study the rate is very low (4.8% in girls and 1.6% in boys) in others it is very high, such as the one carried out in Switzerland (34% in girls and 11% in boys). These differences may be due to the different criteria of abuse used. When specific types of abuse are assessed independently, it becomes evident how much the rate varies. A good example is the study carried out in Switzerland in which the differentiation between sexual abuse a)- without contact, b)- involving physical contact or c)- involving penetration gives very high differences in the rate reported: 13%, 20% and 6%, respectively, in the case of girls, and 8%, 3% and 1% in the case of boys. In the Polish study, although the reported rate is very low (3.6% in girls and 5.5% in boys), approximately 14% of Warsaw children and 24% from Glogow said they knew at least one peer who had sexual contact with an adult, so prevalence may be higher but children are reluctant to admit it. However, when adults are asked about the incidence of sexual abuse during their childhood, the rate is generally higher (from 12 to 36% of women and from 4 to 18% of men). On the other hand, when similar studies have been carried out in the same country (e.g. Germany or the UK) the rate does not seem to decrease over time. In general, there is a clear difference between the incidence of sexual abuse in girls and in boys, always being higher in girls.

Sexual harassment

Few studies have exclusively assessed the prevalence of sexual harassment, and most are characterized by asking children about the incidence in school settings, either perpetrated by peers (in Holland: De Bruin and Burrie, 2004) or by both peers and teachers (in Holland: Timmerman, 2003), or in any setting (in Finland, Honkatukia, 2000). The extent varies: 18% in Holland in school settings during the last year, or 41% in Finland in any setting during the

lifetime. In those studies that give a separate rate for boys and girls (e.g., in Holland: Timmerman, 2002, 2003), it is higher for girls than for boys (24% and 11%, respectively).

Physical violence

The rate of physical parental violence is very high. When children are asked about their experience of violence the rate ranges from 72% in Finland (Sariola and Uutela, 1992) to 81% in Germany (Bussmann, 2002). However, it seems that when the study was repeated some years later (Pfeiffer et al., 1999) the rate decreased to 57%. When adults were asked about the incidence of this violence during their childhood, the rate is very similar to children's answers: 72% of women and 78% of men (Germany, Wetzels, 1997). However, in Sweden (Edfeldt, 1996) a lower level was reported: 29%. An important feature that may influence some of the discrepancies is the assessment of severe or light forms of physical violence, which in most cases consist of corporal punishment as a way to change children's behavior.

Psychological abuse or neglect

In the two studies on the prevalence of neglect (Denmark and the UK), rates were the same (6%), despite very different methodologies. Gender was not specified in the Danish study but in the UK severe absence of physical care was experienced by 6% of girls and 7% of boys (Cawson et al., 2000).

In the two studies of the prevalence of psychological maltreatment, one was national (in the UK: Cawson et al., 2000) and the other regional (in Croatia: Puhovski, 2004). Prevalence in the UK was 6% (8% girls, 4% boys), and in Zagreb it was considerably higher: 31%. These very different results and the lack of studies indicate a strong need for further research in both areas.

School bullying

In one study on bullying carried out in England and Germany simultaneously and following the same methodology, major differences were found in victimization rates with 24% of English pupils becoming victims every week compared with only 8% in Germany (Wolke et al., 2001), boys being victims more frequently than girls in both countries. In the cross-sectional study carried out in 31 countries (Currie et al., 2004), the rate of bullying varied significantly depending on country and region: 14-63% in 11-year-olds, 17-69% in 13-year-olds and 12-61% in 15-year-olds. The lowest rate for 11-year-olds was in Sweden (3% of girls and 5% of boys) and the highest was in Lithuania (21% of girls and 37% of boys). The lowest rate for 13-year-olds was in Sweden (6% of girls and 6% of boys) and the highest was in Lithuania (34% of girls and 39% of boys). The lowest rate for 15-year-olds was in Hungary (3% of girls and 2% of boys) and the highest was in Lithuania (30% of girls and 33% of boys). Thus, this transnational

study demonstrates that the rates vary significantly between countries and regions. However, in most cases the incidence of being bullied was higher in boys than in girls.

Conclusions

Besides the wide differences in the definitions of the types of violence assessed and methodology used in the studies, these surveys reveal that a considerable number of children are currently experiencing violence and that adults have experienced violence during their childhood or adolescence. Another important result is that, except for bullying, girls are more exposed to violence than boys.

Due to the great variation in definitions and data-gathering techniques, more precise conclusions are currently not possible. In order to make comparisons between rates of specific types of violence in European countries a secondary analysis of the results would need to select those data that have been obtained in a similar way. Finally, the two examples of studies carried out in different European countries following the same methodology indicate that there are great differences between countries and even between different regions within the same country.

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1.5.-VIOLENCE AGAINST ELDERLY PEOPLE

Prevalence studies in Europe

There have been very few prevalence surveys on elder abuse in Europe, most of them being carried out in the 90s. Thus, prevalence rates of this type of violence and abuse have been established in only a few countries and a few settings. They were carried out in Finland (1989, Kivelä et al., 1992), Germany (1992, Wetzels et al., 1995), Holland (1994, Comijs et al., 1998) and in the UK (1992, Ogg and Bennett 1992). Studies on specific settings have also been conducted, for example one in Spain in which elderly people were recruited during their visit to the health care system (2000, Ruiz Sanmartin et al., 2001).

Moreover, many prevalence studies on violence against women and men also contain information about violent experiences of elderly people within the last 12 months or 5 years, but this information is not presented here as secondary analyses of the data would be necessary and have not yet been conducted.

Comments on methodology

The few existing studies differ in a number of aspects concerning their methodology: a) the definition of onset of old age (60-65 years); b) the characteristics of the sample (living independently, with relatives, or in institutions); c) recruitment of the sample; d) the way of collecting information; e) types and definitions of the abuse assessed; f) period of life during which abuse is assessed; g) the setting in which abuse has taken place, and h) the relationship between the perpetrator and the abused person. Due to the differences between the studies it is not possible to fully compare the data obtained; this aspect must therefore be treated with some caution.

Sample An important aspect of sampling is that in many studies elderly persons with disabilities, particularly with cognitive impairments, were excluded from the study as they were not able to participate in the interview. This may decrease the rates of abuse obtained as a number of studies suggest that those individuals are at high risk of maltreatment (Lachs and Pillemer, 1995; Jones et al., 1997).

Types of violence Whereas all studies had assessed the prevalence of physical and psychological abuse, less information was obtained about sexual and financial abuse, and neglect.

Context and perpetrators of violence Most studies have obtained information about different forms of violence which have occurred in any context and which were perpetrated by any person. The exception to this is the British survey (Ogg and Bennett, 1992), which only

assessed the incidence of physical, verbal and financial abuse in the domestic setting, perpetrated either by family members or close relatives. This reflected the particular type of study which took place at that time.

Comments on the results

Rates and types of abuse In general, the total rate of elder abuse ranges from 3 to 11%, with differences between the types of abuse, the most frequent being psychological abuse (see Table 6 in appendix).

The study carried out in Finland (Kivelä et al., 1992) showed that 3.3% of men and 8.8% of women had been abused after the age of retirement (65 years old). Psychological violence was described as the most common type of abuse in both sexes, accounting for one third of all mistreatment of men and one half of the cases involving women. The British study (Ogg and Bennett, 1992) reported that 2% of elderly persons (older than 60 years old) reported physical abuse, 5% verbal abuse, and 2% financial abuse. In the study carried out in Holland (Comijs, 1998), the total one year prevalence of elder abuse was 5.6%, the prevalence for physical abuse being 1.2%, for verbal 3.2%, for financial 1.4% and for neglect 0.2%. In the study carried out in Spain (Ruiz Sanmartin et al., 2001), in which the sample was recruited in the health care system, the results indicated that 11.9% of people older than 70 years were victims of abuse. This study found no financial abuse (0%), probably due to the low income of elderly people in Spain at the time of the research. Finally, in the study carried out in Germany in 1992 (Wetzels et al., 1995), 5-7% of elderly people (older than 60 years old) reported domestic violence during the last 5-year period, and 6-7% reported crime victimization through forms of violence. In this study, four types of victimization were distinguished, and the overall prevalence for the past 12 months was: physical violence (3.4%), neglect and abuse of medication (2.7%), chronic verbal aggression (0.8%) and economic exploitation (1.3%).

The context In the Finnish study, the most frequent setting for abuse to occur was the elderly person's own home, both among men (46%) and women (82%); another 46% of the abused men said it had happened in the streets, a shop, or an official building. In the Spanish study, most abuse also occurred in the person's home (88%). Thus, it is important to obtain information about abuse which has occurred in other contexts, as abuse and violence can take place in a range of different settings, including residential or nursing facilities for older people or those with disabilities.

The perpetrators In the study in Holland (Comijs, 1998), elder abuse appears to be more common if a wide spectrum of possible perpetrators are considered. In the study carried out in Finland (Kivelä et al., 1992), the abuse was perpetrated by family members, relatives and friends in 2.5% of men and 7% of women, and 5.4% for both sexes. Friends and unknown persons were

more often the abusers of men (54%) but not of women (22%). In the Spanish study (Ruiz Sanmartin et al., 2001) the abusers were the children in 57% of the cases studied, the spouse in 8%, the son/daughter in law in 23%, and 12% by any person. Thus, the prevalence of elder abuse emerges more wide-spread if not only close relatives or people with whom the older person lives are considered as possible perpetrators, but other acquaintances, trusted and unknown people are taken into account.

Differences between gender and age Higher prevalence rate for women than for men have generally been obtained, with certain differences regarding the types of abuse, the contexts where it occurred, and the perpetrators. In the Finnish study (Kivelä et al., 1992), the rate of abuse was higher for women than for men in both the total sample and among those aged 65-74 years, but no gender difference was found among persons older than 75. In the British study (Ogg and Bennet, 1992), the incidence of abuse varied depending on the age and gender of the elderly person, being higher for older women and for individuals between 60-64 years old and decreasing after this age. In the study carried out in Germany (Wetzels et al., 1995), elderly men experienced more domestic violence (by partners and other family members) than elderly women. In the Spanish study (Ruiz Sanmartin et al., 2001) the incidence of abuse was higher in women than men, while there were no differences depending on age. However, in the Dutch study (Comijs, 1998) there were no apparent significant differences depending on age and gender.

The way results are reported When the results are given in such a way that once the total rate of abuse has been reported, the rest of the information refers to percentages of this total, it is very difficult to fully establish the rate of specific types of abuse, the context in which it occurred, and other features. This process makes it necessary for the reader (or when comparisons between studies are being carried out) to recalculate the rates of specific types of abuse, the characteristics of the context and the perpetrators. This is not a satisfactory method to make meaningful comparisons between studies in different countries.

Conclusions

The surveys carried out so far show that elder abuse by family members and close relatives exists but that its prevalence is low (less than 11%) in comparison with other types of victimization. However, as the definition of elder abuse is expanding—a study currently being carried out in Scandinavian countries includes abuse by medication—and is covering more contexts and all types of possible perpetrators future studies are likely to find higher victimization rates. Lack of reliable and valid data and methodological difficulties have to a large extent impeded the field of enquiry and resulted in a picture that is unclear and uncertain globally as well as within a European context.

In global terms, some studies have found equal rates of mistreatment between men and women, whilst others have found a greater proportion of women experiencing abuse than men. However, little is known about abuse within institutional settings, or changes in elder abuse over time within different countries and also the situation within less economically developed countries. Additionally, it is also important to acknowledge that comparatively few cases of elder abuse are reported and, additionally, the possibility for the victims of this type of abuse to receive help and to escape from the abuser is likely to be small.

Furthermore, publications which appear only in local languages prevent the dissemination of the results and satisfactory comparison between countries. For example, Kivelä et al. have participated in a recent Scandinavian study on elder abuse but, to date, the report has only been published in Scandinavian languages.

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1.6.-VIOLENCE AGAINST PEOPLE WITH DISABILITIES

Four prevalence studies on sexual violence against disabled people have been carried out in Austria (Zemp, 2002; Zemp and Pircher, 1996, Zemp et al., 1997), Germany (Klein et al., 1999) and in the UK (Turk and Brown, 1993; Brown et al, 1995).

Austrian studies

In the Austrian study with disabled men, of the 136 (8.8% of the sample population of 1543 men who live in an Austrian institution for disabled persons) participants 117 provided valid interviews. The age of the sample was 18-78 years, although half of the sample was between 25-34 years old. The information was obtained through a face-to-face semi-structured interview with special accommodations for disabled people. It was important for the researchers not to exclude anybody from the study due to the severity of the disability. In cases where participants were incapable of verbal communication, “yes/no-conversation” and “anatomical dolls” were used.

In this study, the incidence of sexual violence was assessed. Sexual exploitation occurs in relationships of unequal power where the more powerful party can exploit the less powerful without that person’s awareness or consent. This concept contains all forms of sexual harassment, sexual violence and sexualized violence. Research on the sexual exploitation of disabled persons is severely limited and no European-wide statistics exist.

In the Austrian study with disabled women, 130 women between age 18 and 78 participated. All received prophylactic contraception in order to avoid pregnancy due to rape. Sexual violence and sexual harassment perpetrated by a family member, an acquaintance or a stranger in any setting (home, institution, work and others) in everyday life was assessed.

The results of the Austrian studies suggest that both male and female participants had little sex education. Approximately 64% of female and 50% (58 men out of 117) of male participants indicated that they had been sexually abused (exploited sexually). Disabled room mates were the predominant group of perpetrators for the male, and the third most important group for the female participants.

Results concerning men indicate that while 29.3% experienced violence only once, the rest experienced it more than twice (20.7% twice, 39.6% three times and 10.3% four or more times). The perpetrators were in most cases residents or schoolmates, nurses, colleagues, and acquaintances. The contexts in which violence took place were home, institution or special school (50.6%), workplace (4%), public institution, park, street (10.1%), flat, hotel room (16.2%) and other not places detailed (19.2%).

The abuse is predominantly perpetrated by men but the share of women as perpetrators is high as well (22%). Most abuse is perpetrated by strangers and occurs primarily in discotheques and similar establishments as well as in street encounters. However, among the abusers are also women who drop in on the living groups and apartment-sharing communities.

German study

The German study was carried out in 367 residential institutions for disabled people, as well as 15 selected advice and consultancy facilities with, amongst others, a range of assistance on problems of sexual violence. In this study, 147 mentally disabled girls and young women (age ranges from 12-25 years old) participated. The results indicate that 32 out of the 116 girls and women had suffered sexual violence in a residential institution for mentally disabled, which represents every third to fourth resident.

British study

The British study (Turk and Brown, 1993) reported that people with learning disabilities have an increased vulnerability to sexual abuse. This was a large-scale incidence study concerning sexual abuse, carried out in the 1990s and repeated several years later (Brown, et al., 1995). The victims were usually women and the perpetrators usually men, being often known to the victim. There was a consistent estimate that around 1500 people with learning disabilities could be identified as having been sexually abused each year in the UK. These studies relied on reported cases; in view of the multiple barriers concerning the recognition of the abuse of people with disabilities this is highly likely to be a conservative estimate.

Abuse by other individuals with disabilities would appear to account for around half of the incidents reported (Brown et al, 1995). People with disabilities when interviewed also report abuse by family members. Other identified perpetrators include care workers, transport staff, volunteers, neighbors, family friends and tradesmen. Other forms of abuse have not been researched as systematically for a number of reasons, including for example the lack of agreement concerning the definition of physical abuse. When logged with reports of other forms of abuse, however, physical abuse would appear to be the most common form of abuse against adults with learning disabilities (Brown and Stein, 1998).

Conclusion

More studies on violence against disabled persons are needed in Europe as very few concerning the prevalence of sexual violence have been carried out so far. Publication restricted to local languages impedes diffusion and dissemination among European countries.

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1.7.-VIOLENCE AGAINST HOMOSEXUALS AND BISEXUALS

Few studies have been carried out on violence against homosexuals and bisexuals, and those that have come to our attention were conducted in Germany (Stein-Hilbers et al., 1999; Krahe et al., 2000), the three Baltic States (Open Society Institute and Kimeta Society, 2002) and Sweden (Tiby, 1997; 2001). However, there is considerable anecdotal evidence about domestic violence against homosexual men (Finke, 2000).

The studies in Germany

The study carried out in Germany on violence against lesbian women is the largest lesbian study (Stein-Hilbers et al., 1999). It obtained both quantitative and qualitative information from participants. The results indicate that violence experienced in the family, the public sphere, in school and at work are common occurrences in the daily life of lesbian women. Violence includes different devaluations, dismissals, and belittlement of sexuality, and ranged from limited injuries up to drastic violations and physical attacks. Most forms of violence experienced were verbal (98% of all questioned women), although 43% had experienced both verbal and physical violations, and 24% had experienced physical violations and threats. When asked about their fears of violence, 90% of lesbian women said that they were afraid of attacks or other forms of abuse.

Another prevalence study carried out in Germany assessed the incidence of sexual violence (unwanted sexual contacts) experienced by homosexual men (Krahe et al., 2000). In this study, 310 14 to 35 year old males participated who were recruited in Berlin in a variety of places frequented by homosexual men including social clubs, different gay events, and youth centers. Because participants were recruited from one urban area only the sample may not be representative of the population of gay men in the country. Information was collected with a modified version of the Sexual Experiences Survey that was completed anonymously. The types of violence assessed were sexual assaults and sexual harassment, perpetrated either by acquaintances or strangers in settings other than home, work or street. Three different means of coercion were assessed: the use (or threat) of physical force, the exploitation of the victim's inability to resist unwanted sexual advances because of being in an incapacitated state, and the use of verbal pressure. Each of the three forms of coercive means is combined with four types of sexual acts: a) touching, b) masturbation, c) oral sex, and d) anal sex. The relationship between the victim and the perpetrator was also obtained.

The results indicate that of the 310 respondents, about 15% reported sexual victimization through the use or threat of force, 20% through exploitation of their inability to offer resistance

when in an incapacitated state, and 10% through verbal coercion. These data show that sexual violence is a serious problem among homosexual men and requires further exploration:

	Coercive strategy			Total
	Physical force	Exploitation of incapacitated state	Verbal pressure	
Type of sexual act				
Sexual touch	12.6	15.1	7.1	24.2
Masturbation	6.8	11.3	5.8	17.1
Oral sex	7.1	11.3	6.8	17.4
Anal sex	5.5	9.0	3.9	13.5
Total	15.2	20.0	10.3	
Victim-perpetrator relationship				
(Ex)-partner	3.5	6.1	4.2	11.0
Friend/acquaintance	6.8	9.0	2.6	14.2
Unknown man	10.6	8.7	3.9	16.5

The study in the Baltic countries

This survey was carried out in all ten countries that which joined the EU in 2004 (Open Society Institute and Kimeta Society, 2002). It used a standard questionnaire drafted by the International Lesbian and Gay Association–Europe (ILGA) that was sent to Lesbian, Gay and Bisexual organizations (LGB) working in ten countries which are members of ILGA–Europe. Highlights from the findings are reported here for the Baltic States⁴. Participants were homosexual or bisexual men and women:

Type of sexual act	Lithuania (%)	Latvia (%)	Estonia (%)
Violent attack	27	19	12
Harassment due to sexual orientation	52	40	28
Harassment in workplace	31	17	14

In Lithuania

In this study, 185 homosexuals and bisexuals participated (56 women, and 129 men). More than fifty percent (52%) of respondents had experienced some form of violence or harassment because of their sexual orientation, and 31% had suffered harassment in the workplace. Twenty-seven percent of respondents had been a victim of at least one violent attack

⁴ Full report available at http://www.ilga-europe.org/docs/reports/accession/PolicyPaper_accession_6.pdf.

due to sexual orientation. The victims of serious violent attacks or harassment were afraid to disclose their orientation to the police because of possible discrimination. Only 15% of harassed respondents reported the incidents to police officers. This fact illustrates the prevailing mistrust of the police by sexual minorities and strongly suggests the need for institutions that are more sensitive toward the protection of human rights.

In Latvia

In this study, 194 homosexual and bisexual people took part in the survey (46 women and 148 men). The main results are the following: 19% had been victims of a violent attack one or more times because of their sexual orientation, 40.2% had experienced harassment, and 17% had experienced sexual harassment at work.

In Estonia

In this study, 437 homosexuals and bisexuals took part in the survey: 295 (68%) were men and 142 (32%) women; 38% of female respondents and 28% of male respondents were bisexuals. The results indicate that 12% of the respondents had become victims of violent attacks because of their sexual orientation. The number of women assaulted was considerably lower: only 8% of all female respondents. It is also remarkable that male and female bisexuals were not as often attacked as gays and lesbians. Among women, only 9% of those assaulted were bisexuals although they made up 38% for all female respondents. While 91% of women attacked were under the age of 18, the majority of men were attacked at a somewhat older age. A vast majority (78%) of violent attacks remained unreported and it is quite characteristic that at least one third of the respondents were afraid to reveal their sexual orientation to the police. The prevalence of harassment was also very high: 65% of lesbian and 35% of bisexual women, and 83% of gays and 17% of bisexual men.

The studies in Sweden

In Sweden three prevalence studies on violence against homosexuals and bisexuals have been conducted in 1981, 1996, and 2004. The two most recent studies are discussed here.

Study in 1996 In the study carried out in 1996, 25% of the 2000 participants stated that they had been a victim of different types of hate crimes due to sexual orientation. Men (28%) were more often victims compared to women (20%). From those victimized 20% had also been exposed to harassment in the work place.

Study in 2004 In the new study carried out in 2004, with 2000 participants, the rate of victimization was 52%. The situation has changed in relation to the study of 1996. The number of male victims is 51% and of females 53%. Young persons were most often victims of this type

of crime. Seventy-seven percent of lesbian, gay, bisexual, and transgender persons (LGBT) under 20 years of age stated that they had been victims of some sort of hate crime. Of participants between 20 and 30 years of age, 64% said so; of middle aged persons 40-50%; and of 60 to 70 year old participants about 10%. Twelve percent claimed they had been victims of crimes of violence, and 11% of sex crimes. Perpetrators were relatives, neighbors, pupils, students, craftsmen, storekeepers, colleagues and authorities. Slander, insult and verbal harassment are the most common types of offences. Thus, hate crimes against LGBT persons in Sweden have doubled since 1996. This is the conclusion of the new study by criminologist Eva Tiby at Stockholm University.

Conclusion

In conclusion, sexual and other types of violence against homosexuals and bisexuals are a serious problem which requires further exploration. More studies are needed that follow the same methodology in different European countries.

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1.8.-VIOLENCE AGAINST PROSTITUTES

While there are studies related to trafficking in women, very few studies have assessed the prevalence of violence against prostitutes. In 2001 one large research project addressed trafficking in women and prostitution in the Baltic region (research of different target groups, including experts, women in prostitution, general public, etc.), which mainly discussed different legal and social aspects of trafficking in women and prostitution. Assessing the prevalence of violence against prostitutes was not among the main goals of this study, although it did obtain some pertinent information. Other studies on violence against prostitutes have been conducted in Britain (Church, 2001; Day et al., 2001; Phoenix, 2000) and Germany (Leopold et al., 1997; Schröttle, and Müller, 2004; Zumbeck, 2001). The German studies described below, as well as most other studies on the topic, have concentrated on female prostitutes. There is a lack of studies on male and transgender prostitutes.

The study in Germany by Leopold et al. (1997) obtained information about violence against prostitutes within a survey on their life situation. Two hundred and fifty women participated in written interviews and 40 in face-to-face interviews. The results indicate that half of the prostitutes (54%) had experienced physical or sexual violence within their working situation at least once, of these, 50% had suffered sexual violence when under the age of 18.

The German study by Schröttle and Müller (2004) assessed the prevalence of physical, sexual and psychological violence, and of sexual harassment against female prostitutes in various life contexts (with special questions on violence at work and in partnerships). One hundred and ten female prostitutes older than 16 years participated in face-to-face interviews. The results obtained indicate that female prostitutes were exposed to all types of violence: 82% to physical violence, 57% to sexual violence, 89% to psychological violence, and 92% to sexual harassment. Forty-seven percent of the participants were exposed to physical or sexual violence by their current partner, and 41% suffered violence in the context of prostitution.

In part of an international comparative study on prostitution and health impact (Zumbeck, 2001), the results in Germany were that 70% of female prostitutes experienced physical violence, and 68% experienced rape (61% violence during sex-work).

In the study carried out in Britain (Church 2001), among the 240 female prostitutes interviewed more than 50% had experienced violence perpetrated by their clients, 50% of those working outdoors, and over 25% working indoors in the past six months.

Conclusions

Rates of violence against female prostitutes are extremely high. More research is needed on the victimization experiences of male and transgender prostitutes, and on forced prostitution

in the context of trafficking of women. Such research is difficult to realize, though, because most studies do not get access to forced prostitutes.

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1.9.-ISSUES REQUIRING FURTHER EXPLORATION

The main aim of the present report has been to review as many prevalence studies on interpersonal violence as possible that have been carried out in Europe to date. However, due to a variety of difficulties such as the impossibility of obtaining detailed information about some studies (mainly due to the language in which they were published) or the lack of pertinent expertise within the Co-ordination Action this review is not complete. There are specific topics of interpersonal violence, such as trafficking, for which the network was not able to collect adequate information on the current state of the research. There are other European-funded projects specifically dealing with this issue.

2-ASSESSMENT OF THE IMPACT OF INTERPERSONAL VIOLENCE ON VICTIM'S HEALTH

A very important consequence of interpersonal violence is its impact on the health status of the victims. There is extensive literature on the tremendous impact that violence has on all levels of health, from death and disability to mental, physical and social health impairment (e.g., Arias, 2004; Campbell, 2002; Farley and Patsalides, 2001; Hawker and Boulton, 2000; Helweg-Larsen and Kruse, 2003; Kendall-Tackett, 2002; Krug et al, 2002; Martinez et al, 2004; Resnick et al, 1997; Romito et al, 2005; and Weaver and Clum, 1995). For this reason many prevalence studies on interpersonal violence have included questions in relation to the health status of the victims.

Prevalence studies that have assessed the health status of victims

The prevalence surveys that have obtained information on health status include several studies on violence against women (Gorchkova and Shurygina, 2004; Institute of Women's Affairs, Spain 1999, 2002; Jaspard et al, 2003; Lundgren et al, 2002; Proos and Pettai, 2001; Reingardiene, 2002; Schröttle and Müller, 2004; Walby and Allen, 2004; Heiskanen and Piispa, 1998); violence against men (Krahé et al, 2003; Lenz, 1996; Proos and Pettai, 2001; Walby and Allen, 2004); violence against children (Edgarth and Ormstad, 2000; Honkatukia, 2000a,b; Kaltiala-Heino et al, 1999; Lopez et al, 1995; Timmerman, 2002, 2003); and violence against elderly people (Comijs et al, 1998; and Kivelä et al, 1992). A few studies have addressed violence against people with disabilities (Zemp and Pircher, 1996; Zemp 2002; Zemp et al, 1997).

Besides the large-scale, representative surveys on violence against women that have assessed the health impact, a number of studies conducted in clinical settings in Austria (Achs et al, 2005), Finland (Ministry of Social Affairs and Health 2005), Germany (Brzank et al. 2005), Italy (Romito and Gerin, 2002; Romito et al, 2004), Spain (Raya Ortega et al. 2004) and Switzerland (Gloor and Meier, 2004) have also obtained very valuable information on the impact violence has on victims.

Methodology

Those prevalence studies that have included questions about the health status of the victim have mainly focused on the self-perceived general state of health, the immediate physical consequences of violence (e.g., injuries), and the direct impact on physical and mental health, on

life and work, and on the use of the health system. In a few studies, information about the impact of violence on the working and social life of the victims has been obtained. Table 7 presents a summary of the studies that have assessed the health of the victims and the specific type of information that was obtained.

Victims' self-report on health status Obtaining reports about health directly from the victim limits the type of information obtained because many victims are not familiar with medical terminology, which makes it difficult to obtain more accurate data about specific diagnoses or treatments. Comprehensive country databases about the health of the population would make it possible to complete and compare such information with that reported by the victim. However, this approach may raise ethical problems if the anonymity of the participants in the survey could not be maintained. Furthermore, limited time available for interviewing or other data collection aspects restricts the amount of information that can be gathered. Studies carried out in clinical settings have a certain advantage in this respect because they can collect more complete and accurate information about the impact of violence on victims' health.

Instruments used to assess the general health status. Although different instruments exist in order to assess the health status (e.g., the General Health Questionnaire), they are not commonly used in prevalence studies due to the above mentioned limitations on time (they were used, however, in the studies carried out in France, Jaspard et al, 2003; and in Germany, e.g. Schröttle and Müller, 2004). Thus, most studies asked victims more generally how they felt about their health status providing a response range from excellent to very good, good, fairly good, poor, or very poor.

Immediate impact on physical and mental health. It is common to ask about the immediate consequences of violence. When this is done, the most frequent question usually asks about the incidence of injuries as a consequence of violence (e.g. Müller and Schröttle, 2004; Walby and Allen 2004). Some studies on violence against women (e.g. Lundgren et al, 2002; Reingardiene, 2002; Schröttle and Müller, 2004) and only one study carried out on men who were exposed to sexual violence perpetrated by women (Krahé, 2003) obtained information about the emotional impact.

Impact on physical health complaints. For the assessment of the direct impact of victimization most studies reviewed here incorporated a list of symptoms, which in most cases included recurrent pain in different parts of the body (e.g. belly, stomach, pain in the lower abdomen). The incidence of these symptoms was assessed in reference to a specific period of time (such as last year; e.g., Lundgren et al, 2002; Schröttle and Müller, 2004).

Impact on mental health. A few studies obtained information about the incidence of psychological or mental disorders such as depression and anxiety, but also about other mental alterations or sequelae such as insomnia, over-exertion, impaired memory or concentration, phobias and fears, nightmares, helplessness, feelings of low self-esteem, shame and guilt, nervousness or tension, irritability, the feeling that ‘everything is getting too much’, suicidal thoughts and suicide attempts, and the subjective sense of threat or danger (e.g. Heiskanen and Piispa 1998; Lundgren et al, 2002; Schröttle and Müller, 2004). Other behavioral problems such as self-aggressive behavior (e.g., self-mutilation), the use of alcohol or drugs, and eating disorders are also reported, although less frequently, and usually only in a few, but not all, prevalence studies.

Functional disorder/disability. It is even less common to obtain information about the incidence of functional disorders, chronic illnesses or disabilities that (in comparison with non victims) may impair victims’ activities at home, work or school. Also rare is information on how often a physician attested to illness-based inability to work in the past year (but see, for example, Schröttle and Müller, 2004).

Utilization of the health services A number of studies assessed visits to emergency departments, primary care services, and specialized medical services (e.g., psychological and psychiatric treatments) as a direct consequence of violence. Some studies asked the victims if they attended the health system after injuries caused by violence (e.g. Heiskanen and Piispa 1998; Reingardiene, 2002; Schröttle and Müller, 2004). It is rare, however, for prevalence studies to ask about the use of the health care system beyond the immediate incident. Such information is more likely to come from studies carried out in the health care context.

Use of medication and drugs of abuse. In some studies participants were asked whether they consumed psychotropic drugs in order to sleep, calm their nerves or relieve depression and pain (e.g. Lundgren et al, 2002; Schröttle and Müller, 2004). Some studies also asked about the use of drugs (Schröttle and Müller, 2004).

Professional life Although professional life is a very important part of people’s lives and may be greatly affected by victimization, it is very rare that studies obtain pertinent information such as communicative and professional efficacy, insecurity in the work-place and about the future, fear of losing employment, low professional efficacy, lack of initiative and determination, relocation, and resigning from one’s job (e.g., Schröttle and Müller, 2004; Proos and Pettai, 2001).

Social relationships Similarly, information about the social life of victims appears to be rarely obtained (e.g., Proos and Pettai 2001; Schröttle and Müller, 2004).

Comments on the results

All studies reviewed agree that victims of violence have a lower general health status, more physical and psychological or mental problems, and more difficulties in having a satisfactory family, social and professional life.

Gender differences In the study carried out in England and Wales (Walby and Allen, 2004) women who reported being in poor health had suffered more than twice the rate of domestic violence and of stalking than those who reported being in good health. However, for men there was no apparent association between health status and domestic violence. In another study from Holland, experiences with unwanted sexual behavior were related to psychosomatic health problems independent of gender (Timmerman, 2004). More research is needed to explore these gender differences both in relation to specific types of violence and other related factors (age of the victim, perpetrator, context, and so forth).

Seeking medical assistance In the study carried out in England and Wales (Walby and Allen, 2004) those victims who sustained injuries in their worst incident of domestic violence were asked if they had used medical services on that occasion: 30% of women and 14% of men reported that they had used them. The figures for seeking medical health in the last year were 27% of women and 14% of men. However, a number of injuries were light and did not necessitate medical care. Of those who did seek medical help during the last year due to domestic violence, the service most frequently used by women was the General Practice (GP) (65% of those who sought medical help), followed by the accident and emergency department in a hospital. In the study carried out in Lithuania (Reingardiene, 2002) 27% of women injured by their intimate male partners sought medical attention. This clearly indicates that even if universal screening is accepted within the health systems, many victims may not be reached.

The German study found that the medical system is the most important institution for female victims of violence. One in three women who have experienced physical or sexual violence with injuries since the age of 16 had sought medical care as a consequence of victimization. After the most serious situation of violence 20% of the women who were injured sought medical care; 4% had to stay in hospital. Fifty-eight percent of women with injuries said they did not need medical care because of rather light injuries. Fourteen percent did not seek medical care though it would have been necessary (27% after situations of sexual violence) (Schröttle and Müller 2004).

Disclosure to health personnel about the violence. In the study carried out in England and Wales (Walby and Allen, 2004) almost all women (94%) who received medical help from their GP and/or the emergency departments for injuries were asked about the cause of these injuries. The majority of victims (74%) reported that they disclosed the cause of injury to their doctor or at the hospital. Similarly, in the German study 81% of the medical personnel asked about the cause of the injuries, and 67% of women reported that they disclosed the cause (Schröttle and Müller 2004). This indicates that victims are ready to disclose their victimization if health personnel are interested in knowing about it. Studies carried out in clinical settings have shown that a high percentage of women (about 80% in the study carried out in an emergency department in Germany) are in favour that a routine inquiry for domestic violence be included as part of the medical history assessment (Brzank et al., 2005 ; Gloor and Meier, 2004; Romito et al., 2004).

Thus, the role of health personnel is crucial in the identification of and assistance to victims of violence. For example, the 2005 Finnish study of maternity and child welfare clinics found that 18% of the women had experienced physical, sexual or psychological violence in their current relationship, and 40% had experienced such violence in their life-time. In the German study of emergency departments 52% of women reported at least one episode of physical, sexual or psychological intimate partner violence in their life (Brzank et al., 2005). The study carried out in an obstetrics and gynecological hospital in Switzerland found that every tenth woman had experienced physical and/or sexual domestic violence in the last 12 months, and every fourth had experienced it to a serious degree during her lifetime (Gloor and Meier, 2004). In the Spanish study concerning GP care, 31.5% of women interviewed reported that they were victims of intimate partner violence. Finally, in a study carried out in Italy, 10.2% of women had experienced physical or sexual violence in the last 12 months, irrespective of the type of perpetrator involved (Romito and Gerin, 2002).

Conclusion

Studies concerning the impact of victimization on health have demonstrated the great influence that it has on all aspects of victims' health, from mental health to the functioning of the physiological systems such as the endocrine and immune systems. This is corroborated by prevalence studies and by studies carried out in clinical settings that have obtained information about the health status of the victims. Thus, future prevalence studies should take advantage of a representative sample of the population to obtain information on the actual impact of interpersonal violence on the health status of people.

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3.-INTERPERSONAL VIOLENCE AND THE VIOLATION OF HUMAN RIGHTS

On December 10, 1948 the General Assembly of the United Nations adopted and proclaimed the Universal Declaration of Human Rights. Following this historic act the Assembly called upon all member countries to publicize the text of the Declaration and "to cause it to be disseminated, displayed, read and expounded principally in schools and other educational institutions, without distinction based on the political status of countries or territories."

The exposure to interpersonal violence violates the following articles of the Universal Declaration of Human Rights:

Article 3. "Everyone has the right to life, liberty and security of person".

Article 5. "No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment".

Thus, every individual has the right to live without violence.

The exposure to interpersonal violence has long-term consequences for the life of the victims and also violates other human rights, such as the ones declared in the following article:

Article 25: "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control".

Exposure to interpersonal violence has a high impact on the quality of life of the individual, including access to education and work, and complete social integration. Interpersonal violence can disrupt access to economic resources and lead to social exclusion. The impact of such violence reaches far. For example, studies carried out on children exposed to domestic violence report that they have an IQ 8 points lower than children who have not been exposed to domestic violence (Koenen et al., 2003).

Quality of life (poverty) In the study in Estonia (Proos and Pettai, 2001) women victims of domestic violence reported a lower standard of living than the average woman. Half of these women victims could afford to buy only elementary foodstuffs and consumer goods. Sixteen percent lived in poverty, without sufficient resources to sustain themselves and pay for municipal services. In the study carried out in England and Wales (Walby and Allen, 2004),

social exclusion, especially as indicated by fewer economic resources, was more pronounced in victims of domestic violence than for other forms of interpersonal violence.

Besides all these considerations, very few prevalence studies have assessed the long-term consequences of violence on the life of the victims as a whole. Even in those studies that have evaluated the health impact information is scarce about the consequences of violence for victims' standard of living, access to education and the ability to build a professional life, and for their full social integration. However, the few studies that have assessed these aspects demonstrate that violence affects every spectrum of victims' lives, making it more difficult or impossible for victims to live in conditions that would protect their human rights.

Conclusion

The impact of violence on all aspects of victims' life course as a whole (including education, employment, and social inclusion) has not been yet fully assessed in prevalence studies on interpersonal violence. Future studies should take this aspect into consideration.

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4-FUTURE ANALYSES OF PREVALENCE AND HEALTH IMPACT DATA

An important aspect of prevalence research in Europe to date is that much more information has been collected than has been published. The information that is available internationally is only a fraction of what exists. Secondary analyses of the data collected, following specific questions and approaches, would allow us to increase our knowledge about the rate of interpersonal violence in Europe and the impact this violence has on victims' health.

Future research within the Co-ordination Action on Human Rights Violations will focus on secondary analyses to compare across data sets specific aspects of violence against women, men and children. Selected data sets will be reanalyzed in a structured way in order to gather more comparable data on the prevalence of interpersonal violence at the European level. We will test a framework for data comparison and explore the possibilities and obstacles when comparing existing European prevalence data. This will include an analysis of the impact of different methodologies used in the studies, and the impact of cultural differences when reporting violence. Furthermore, secondary analyses of the health impact will also be conducted in order to determine how specific aspects of violence affect victims' health such as the type of violence, its seriousness, the contexts in which it took place, and the different periods of life in which people experience it.

5.-Appendix

Table 1. Differences in the methodology between prevalence studies on violence against women

Table 2. Differences in the methodology between studies on violence against men

Table 3. Results of prevalence studies of violence against men

Table 4. Differences in methodology in prevalence studies on violence against children and youth

Table 5. Results of prevalence studies on violence against children and youth

Table 6. Summary of the results of prevalence of abuse against elderly people

Table 7. Methodology of the prevalence studies that have assessed the health impact of interpersonal violence on the victims

Table 1. Differences in the methodology between prevalence studies on violence against women

Country	Year survey	Sample		Data collection	Definition	Violence		Publication
		Number	Age			Period assessed	Context	
England/ Wales*	1995	5,886	16-59	Ftf/C	-	lyr/ever	IPV	Mirrless-Black, 1999
England/Wales*	2001	22,463	16-59	C	Mod CTS2	lyr>16	IPV/all	Walby and Allen, 2004
Estonia	2001	535	15-74	Ftf	Item list	lyr	IPV/all	Proos and Pettai, 2001
Finland	1997	4,955	18-74	Pq	SUM	lyr>15yr/ever	Male v/IPV/all	Heiskanen and Piispa, 1998
France	2000	6,970	20-59	Telephone	SUM	lyr>18yr/ever	IPV/all	Jaspard et al, 2003
Germany*	1992	5,711	>16	Ftf/Wq	CTS2	lyr/5yr/ever	D/all	Wetzels et al, 1995
Germany	2003	10,265	16-85	Ftf/Wq	CTS2/SUM	lyr/5yr/>16/ever	IPV/all	Schröttle and Müller, 2004
Holland	1986	1,016	20-60	Ftf	Open phrasing	-	IPV	Romkens, 1989;1997
Holland*	1997	1,005	18-70	Wq	Item list	ever	IPV	Van Dijk et al, 1997
Holland*	2002	849	18-70	-	Item list	ever	D	Van Dijk and Oppenhuis, 2002
Holland	2003	4,000	12-65	Police report	-	-	IPV	Beke and Rottenberg, 2003
Holland*	2004	10,075	15-64	Wq	Item list	lyr	work	TNO Arbeit, 2004
Iceland*	1996	3,000	-	Telephone	-	-	all	Girlason, 1997
Lithuania	1999	1010	18-74	Ftf	Mod CTS2	lyr>16yr	IPV/Male v	Purvaneckiene, 1999
Lithuania	2000	517	18-74	Ftf	Mod CTS2	>16yr	IPV/all	Reingardiene, 2002, 2003
Portugal	1995	1,000	<18	Ftf	Item list	lyr/ever	IPV/all	Lourenco et al, 1997
Russia	2002	1,076	16-85	-	Item list	-	IPV	Gorchkova and Shurygina, 2004
Spain	1999	20,552	>18	Telephone	Item list	lyr/ever	IPV/D	Inst of Women's Affairs, 1999
Spain	2002	20,652	>18	Telephone	Item list	lyr/ever	IPV/D	Inst of Women's Affairs, 2002
Spain	2002	2,015	>17	Ftf	CTS2	-	IPV	Medina-Ariza and Barberet, 2003
Sweden	1999/0	6,926	18-64	Ftf/Pq	SUM	lyr>15yr/ever	Male v/IPV/all	Lundgren et al, 2002
Switzerland	1994	1,500	20-60	Telephone	Mod CTS	lyr/ever	IPV	Gillioz et al, 1997

*: participants were both men and women

lyr: last year

5yr: last 5 years

all: all contexts

Wq: written questionnaire

Pq: postal questionnaire

Ftf: face-to-face interview

C: computer

N: natives

M: migrants

P: physical violence

S: sexual violence

Ps: psychological violence

IPV: intimate partner violence

Male v: male violence

D: domestic violence (Intimate partner violence + violence by other family/household members)

SUM: Summarizing items (based on behavior-related item list of CTS and Canadian Violence Against Women survey)

CTS/CTS2: Conflict Tactic Scales

Mod CTS/CTS2: Modified version of the Conflict Tactic Scales.

Table 2. Differences in the methodology between studies on violence against men

Country	Year survey	Sample		Data collection	Definition	Violence			Reference
		Number	Age			Period	Context	Types	
England/ Wales*	1995	5,886	16-59	Ftf/C	-	lyr/ever	IPV	P/Ps	Mirrless-Black, 1999
England/Wales*	2001	22,463	16-59	Ftf/C	CTS2	lyr/>16/ever	IPV/all	P/S/Ps	Walby and Allen, 2004
Estonia	2001	535	15-74	Ftf	Item list	lyr	IPV/all	P/S/Ps	Proos and Pettai, 2001
Germany*	1992	5,711	>16	Ftf/Wq	CTS2	lyr/5yr/ever	D/all	P/S	Wetzels et al, 1995
Germany	2003	247	16-21	Wq	Item list	ever	Wv/all	S	Krahé et al, 2003
Germany	2003	153	20-25	Wq	Item list	ever	Wv/all	S	Krahé et al, 2003
Germany	2003	266	18-95	Ftf/Wq/T	Item list	ever	IPV/all	Ph/Ps/S/N	Research group et al, 2004
Holland*	1997	1,005	18-70	Wq	Item list	ever	IPV	P/S/Ps	Van Dijk et al, 1997
Holland*	2002	849	18-70	-	Item list	ever	D	P/S/Ps	Van Dijk and Oppenhuis, 2002
Holland	2003	4,000	12-65	Police report	-	lyr	IPV	P/S/Ps	Beke and Rottenberg, 2003
Holland*	2004	10,075	15-64	Wq	Item list	lyr	work	P/S/Ps	TNO Arbeid, 2004
Iceland*	1996	3,000	-	Telephone	-	-	all	P/S	Girlason, 1997

*: participants were both men and women

lyr: last year

5yr: last 5 years

all: all contexts

Wq: written questionnaire

Pq: postal questionnaire

Ftf: face-to-face interview

C: computer

N: natives

M: migrants

P: physical violence

S: sexual violence

Ps: psychological violence

IPV: intimate partner violence

Male v: male violence

D: domestic violence (Intimate partner violence + violence by other family/household members)

SUM: Summarizing items (based on behavior-related item list of CTS and Canadian Violence Against Women survey)

CTS/CTS2: Conflict Tactic Scales

Mod CTS/CTS2: Modified version of the Conflict Tactic Scales.

Table 4. Differences in methodology in prevalence studies on violence against children and youth

Type of violence	Country	Year survey	Sample		Method	Period assessed	Reference	
			G/B	Age				
Sexual abuse -Studies on children	Sweden	1990	1,129	814	17	Wq	Edgarth and Ormstad, 2000	
	Finland	1994-6	3,769	3,666	-	-	<14	Sariola and Uutela, 1994
	Switzerland	1994-5	568	548	13-17	Wq	Halperin et al, 1996	
	Romania	1999	851	416	14-19	Wq	Roth and Bumbulut, 2003	
	Holland	1998-9	1,544	1,264	14-15	Wq	Timmerman, 2003	
	Poland	1999	-	-	15-59	-	<15	Izdebski, 2000
	UK	1985	2,019	-	>15	Ftf	<16	Baker and Duncan, 1985
	Holland	1988	1,045	-	-	-	-	Draijer, 1988
	France	1989	1,000	-	-	-	-	Lazartigues et al, 1989
	UK	1990	772	472	16-25	Wq	<18	Kelly et al, 1991
	Germany	1992	518	343	-	-	<16	Bange, 1992
	Germany	1992	1,685	1,604	-	-	-	Wetzels, 1997
	Germany	1993	520	412	-	-	<14	Raupp and Eggers, 1993
	Austria	1993	367	758	-	-	-	Kinzl and Biebl, 1993
	Germany	1994	616	452	-	-	<12	Ritcher-Appelt, 1994
Norway	1994	486	510	-	-	-	Benedixen et al, 1994	
Spain	1995	1,821	-	-	Wq	<17	Lopez et al, 1995	
Germany	1996	431	437	-	-	<16	Bange and Deegener, 1997	
UK	1998-9	1,635	1,234	16-24	Ftf+C	-	Cawson et al, 2000	
Poland	1999	-	-	15-59	-	<15	Izdebski, 2000	
Sexual harassment -Studies on children	School setting	1998-9	1,404	1,404	14-15	Wq	lyr	Timmerman, 2002, 2003
	Holland	2003	891	809	14-18	Wq	lyr	De Bruin and Burrie, 2004
	All settings	1998	2,222	-	15-16	Wq	lifetime	Honkatukia, 2000a,b
	Finland	1998	-	-	-	-	-	-
	UK	1998-9	1,635	1,234	16-24	Ftf+C	<16	Cawson et al, 2000

Table 4. Continued

Type of violence	Country	Year survey	Sample		Method	Period assessed	Reference
			G/B	Age			
Physical violence -Studies on children	Finland	1992	7,435	15/16	Wq	<14	Sariola and Utela, 1992
	Germany	1995-6	2,392	13-16	-	-	Bussmann, 2002
	Germany	1998	16,190	15-17	Wq	-	Pfeiffer et al, 1999
-Studies on adults (retrospective)	Germany	1992	15,771	16->80	Ftf/Wq	-	Wetzels, 1997
	Sweden	1994	-	18-74	-	-	Edfeldt, 1996
	UK	1998-9	1,635	16-24	Ftf+C	<16	Cawson et al, 2000
Psychological abuse	UK	1998-9	1,635	16-24	Ftf+C	-	Cawson et al, 2000
	Croatia	2003	373	-	Wq	-	Puhovski et al, 2004
Neglect/Omission	UK	1998-9	1,635	16-24	Ftf+C	-	Cawson et al, 2000
	Denmark	1999	78,625	<4	Hvq	-	Christensen, 1999
School bullying -Studies on children	Italy	1993	1,379	8-14	Wq	L3m	Gentia et al, 1996
	Finland	1997	8,196	14-16	Wq	L5m	Kaltiala-Heino et al, 1999
Italy	1999	113	125	11-14	Wq	L3m	Baldry and Farrington, 1999
England	2001	1,173	1,204	6/8	Ftf	Week	Wolke et al, 2001
Germany	2001	745	793	8	Ftf	Week	Wolke et al, 2001
Cross-national	2001-2	78,936	83,370	11/13/15	wq	L2m	Currie et al, 2004
G/B: girls and boys							
lyr: last year							
Wq: written questionnaire							
L2m: last two months							
C: computer							
Ftf: face-to-face interview							
L3m: last three months							
L5m: last five months							
Hvq: health visitor questionnaire							

Table 5. Results of prevalence studies on violence against children and youth (%)

Type of violence	Country	Context						Reference	
		Domestic			Other				
		G/B	Girls	Boys	G/B	Girls	Boys		
		All							
		G/B	Girls	Boys	G/B	Girls	Boys		
Sexual abuse -Studies on children	Sweden							Edgarth and Ormstad, 2000	
	Finland							Sariola and Utela, 1994	
	Switzerland		20	6				Halperin et al, 1996	
	Holland				0,9	0,4		Timmerman, 2003	
	Romania							Roth and Bumbulut, 2003	
	Poland							Izdebski, 2000	
								-	
		UK							Baker and Duncan, 1985
		Holland							Draijer, 1988
		France							Lazartigues et al, 1989
		UK	3		1	18	7		Kelly et al, 1991
		Germany							Bange, 1992
		Germany							Wetzels, 1997
		Germany							Raupp and Eggers, 1993
	Austria							Kinzl and Biebl, 1993	
	Germany							Ritcher-Appel, 1994	
	Norway							Benedixen et al, 1994	
	Spain							Lopez et al, 1995	
	Germany							Bange and Deegener, 1997	
	UK							Cawson et al, 2000	
	Poland							Izdebski, 2000	
Sexual harassment -Studies on children	School setting								
	Holland				18	24	11	Timmerman, 2002, 2003	
	Holland				63			De Bruin and Burrie, 2004	
	All settings								
	Finland							Honkatukia, 2000a,b	

Table 5. Continued

Type of violence	Country	Context						Reference		
		Domestic			Other					
		G/B	Girls	Boys	G/B	Girls	Boys		All	
Sexual harassment -Studies on adults (retrospective)	UK							8	4	Cawson et al, 2000
Physical punishment	UK	72								Cawson et al, 2000
Physical violence -Studies on children	Finland	72								Sariola/Uutela, 1992
	Germany	81								Bussmann, 2002
	Germany	57								Pfeiffer et al, 1999
-Studies on adults (retrospective)	Germany		72	78						Wetzels, 1997
	Sweden	29								Edfeldt, 1996
	UK	23						22	25	Cawson et al, 2000
Psychological abuse	UK		8	4						Cawson et al, 2000
	Croatia	31								Puhovski et al, 2004
Neglect/Omission	UK		6	7						Cawson et al, 2000
	Denmark	6								Christensen, 1999
School bullying -Studies on children	Italy					11.5	14.9			Genta et al, 1996
	Finland					5	6			Kaltiala-Heino et al, 1999
	Italy					34	25			Baldry and Farrington, 1999
	England				24					Wolke et al, 2001
	Germany				8					Wolke et al, 2001
	Cross-national (31 countries)				12-69					Currie et al, 2004

G/B: girls and boys

Table 6. Summary of the results of prevalence of abuse against elderly people (%)

Country	Year survey	Sample	Type of violence				Reference		
			Physical	Psychological	Sexual	Financial		Neglect	Ph/Ps/S/F/N
Finland	1989	Total						Kivelä et al, 1992	
		Men	1.2	3.2		1.4	0.2		6.7
		Women	2.7	9.1	0.4	0	2.7	3.3	
								8.8	
Germany	1992							5-7	Wetzels et al, 1995
Holland	1994							5.6	Comijs et al, 1998
Spain	2000							11.9	Ruiz Sammartin et al, 2001
UK	1992	Total	2	5		2			Ogg and Bennett, 1992
		Men	3	4		3			
		Women	1	7		1			

Table 7. Methodology of the prevalence studies that have assessed the health impact of interpersonal violence on the victims

Country	Year survey	Method	Health assessment							References	
			Health status	Direct		Indirect		Work	Social life		Medical care visits
				Physical	Mental	Physical	Mental				
<i>WOMEN</i>											
England/Wales	2001	D		I				x			Walby and Allen, 2004
Estonia	2001	D	x	I							Proos and Pettai, 2001
Sweden	1999/0	D	x	I		x					Lundgren et al, 2002
Russia	2002	D		I			x				Gorchkova and Shurygina, 2004
Germany	2003	D/A	x	I	x			x			Schrötle and Müller, 2004
Lithuania	2000	D	x	I					x		Reingardiene, 2002
Finland	1997	D	x	I		x					Mirrlees-Black, 1999
France	2000	A	x	I		x		x			Jaspard et al, 2003
Spain	1999	D		I		x					Inst of Women's Affairs, 1999
Spain	2002	D		I		x					Inst of Women's Affairs, 2002
<i>MEN</i>											
Estonia	2001	D		I							Proos and Pettai, 2001
Germany	2003	D		I							Krahé et al, 2003
England/Wales	2001	D		I				x			Walby and Allen, 2004
<i>CHILDREN</i>											
Holland	1998-9	D									Timmerman, 2002
Finland	1998	D				x					Honkatukia, 2000a,b
Sweden		D					x				Edgarth and Ormstad, 2000
Holland	1998-9	D				x					Timmerman, 2003
Spain	1995	D									Lopez et al, 1995
Finland	1997	D					x				Kaltiala-Heino et al, 1999
<i>ELDERLY</i>											
Finland	1989	D	x								Kivelä et al, 1992
Holland	1994	D				x					Comijs et al, 1998
Germany	1992	D									

DISABLE

Austria -

D

x

Zemp and Pircher, 1996

D: designed for this study X: assessed

A: available instruments

I: injuries

European Commission

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