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Child Physical Abuse

Characteristics, Prevalence,
Health and Risk-taking

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To the children who cannot make themselves heard and who no one wants to hear. With respect and affection.

I didn't know, it was abuse to slap their children, so sometimes I wonder why a feel so sad.

(one of the respondents of the survey)

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ABSTRACT

The home is supposed to provide support and safety for children but can also be the place where children suffer abuse and other adverse treatment by their parents. Violence against children in homes has been banned in Sweden for more than 30 years but it is still a considerable problem in the society and a threat to public health. The overall aim of this thesis was to create comprehensive knowledge of the phenomenon Child Physical Abuse (CPA) in Sweden after the ban on corporal punishment. The focus has been on examining the characteristics of cases reported to the police as well as self-reported CPA, prevalence of CPA and finally associations between CPA and health-problems/risk-taking behaviors among adolescents.

Two samples are used in this thesis. The first comprises cases reported to the police during 11 years (n=142) in a Swedish police-district and the second is a population-based youth survey of the total number of pupils in three different school grades (13, 15 and 17 years old) in Södermanland County, Sweden.

Cases of severe abuse constituted 14 % of the total number of cases reported to the police. The main difference between the group of severe cases and the remaining was the higher occurrence of convictions in court in the severe cases and the pattern of reporting to the police. The severe cases were reported by agencies to a greater degree than minor cases. Cases of severe abuse were characterized by an accumulation of risk factors in different areas as perpetrator factors, stress- and strain factors, factors of insufficient social network and finally child-related factors.

In the cross-sectional study a prevalence of 15 % was found for self-reported CPA (n=8 494). There were associations between risk factors in different areas and abuse and there was a dose-response relationship between risks and reported abuse. It was shown that children who reported parental intimate-partner violence were at considerably higher risk for CPA than other children and that only 7 % of the children exposed to violence had disclosed this to authorities.

The study of associations between health and risk-taking behaviors, were performed among the 15 and 17 years old pupils (n=5 933). Associations with

health-problems and risk-taking behaviors were shown and the associations became stronger when the pupils reported repeated abuse. Finally there was a cumulative effect of multiple abuse in the form of being exposed to child physical abuse plus other types of abuse (parental intimate partner violence, bullying and being forced to engage in sexual acts) and the associations increased with the number of concurrent abuse.

Keywords: child physical abuse; prevalence; risk factors; associations with health-problems and risk-taking behaviors; multiple abuse .

SVENSK SAMMANFATTNING

Hemmen förutsätts ge stöd och erbjuda trygghet till barn men kan också vara en plats där barn utsätts för övergrepp och annan skadlig behandling av sina föräldrar. Våld mot barn i hemmet har varit förbjudet i Sverige i mer än 30 år men är fortfarande ett betydande problem i samhället och ett hot mot folkhälsan.

Det övergripande syftet med denna avhandling har varit att skapa en allsidig kunskap om fenomenet fysisk barnmisshandel efter anti-aga lagstiftningen. Fokus har legat på att undersöka egenskaper både hos misshandel som rapporterats till polis och självrapporterade barnmisshandel, förekomst av barnmisshandel och slutligen samband med hälsoproblem och riskbeteenden hos ungdomar.

Två olika undersökningsmaterial har använts i avhandlingen. Dels fall som anmälts till polis under en 11-årsperiod i ett svenskt polisdistrikt och dels en populationsbaserad undersökning riktad till alla elever i tre olika årskurser (7, 9 i grundskolan och 2 på gymnasiet) i Södermanlands län, Sverige.

Allvarlig barnmisshandel utgjorde 14 % av alla de polisanmälda fallen. Den huvudsakliga skillnaden mellan de allvarliga fallen och övriga var den högre förekomsten av fällande domar i de allvarliga fallen och anmälningmönstret. De allvarliga fallen anmälades oftare av myndigheter än övriga. Fall av allvarlig barnmisshandel kännetecknades av en ansamling av riskfaktorer inom olika områden som förövarfaktorer, stress- och belastningsfaktorer, faktorer som indikerade bristande socialt nätverk och barnrelaterade faktorer.

Förekomsten av självrapporterad fysisk barnmisshandel var 15 % i tvärsnittsstudien av alla tre årskurserna (n=8 494). Starka samband mellan barnmisshandel och riskfaktorer inom olika områden och ett dos-respons samband mellan riskfaktorer och rapporterad misshandel identifierades. Det framkom att elever som rapporterat förekomst av våld mellan sina föräldrar hade betydligt högre risk att själva utsättas för våld och att det bara var 7 % av alla de utsatta barnen som hade berättat att de utsatts för våld för någon myndighet.

Studien av samband med hälsa och riskbeteenden genomfördes i årskurs 9 och årskurs 2 på gymnasiet (n=5 933). Samband mellan fysisk barnmisshandel och hälsoproblem/riskbeteenden identifierades och sambanden var starkare vid upprepad misshandel. Sambanden med ohälsa och riskbeteenden framkom också för andra former av övergrepp som mobbning, våld mellan föräldrarna och att ha tvingats till sexuella handlingar med samma graderade relation till upprepade övergrepp. Slutligen framkom en kumulativ effekt av att ha blivit utsatt för multipla övergrepp i form av fysisk barnmisshandel plus andra former och sambanden blev starkare i relation till hur många olika former av övergrepp man varit utsatt för samtidigt.

LIST OF PAPERS

This thesis is based on the following papers, which will be referred to in the text by their Roman numerals:

Paper I.

Annerbäck, E-M., Lindell, C., Svedin, CG., & Gustafsson, PA.
Severe child abuse: a study of cases reported to the police.
Acta Paediatrica, 2007, 96(12), 1760-1764.

Paper II.

Annerbäck, E-M., Svedin, CG & Gustafsson, PA.
Characteristic Features of Severe Child Physical Abuse – A Multi-informant Approach.
Journal of Family Violence, 2010, 25 (2), 165-172

Paper III.

Annerbäck, E-M., Wingren, G., Svedin CG. & Gustafsson, PA.
Prevalence and characteristics of child physical abuse in Sweden - findings from a population-based youth survey.
Acta Paediatrica, 2010, 99(8), 1229-1236.

Paper IV.

Annerbäck, E-M., Sahlqvist, L., Svedin, CG., Wingren, G., & Gustafsson, PA.
Child Physical Abuse and concurrence of other types of Child Abuse – associations with health and risk behaviors.
Submitted manuscript.

ABBREVIATIONS

aOR	Adjusted Odds Ratios
BBIC	Barns behov i centrum (Child's needs in centre, System for handling child protection cases)
BRÅ	Brottsförebyggande rådet (Swedish National Council for Crime Prevention)
CAPS	Child and Adolescent Psychiatry Services
CI	Confidence Interval
cOR	Crude Odds Ratios
CPA	Child Physical Abuse
IPV	Intimate-Partner Violence
IWM	Internal Working Model
OR	Odds Ratios
PDSO	Post-Traumatic Stress Disorder
SES	Socio-Economic Status

DEFINITIONS

Child physical abuse - Physical violence against a child executed by a parent or a caretaker.

Caretaker - A parent or a person, who instead of the parent, had the responsibility of the child at the time of the abuse.

Child - A person younger than 18 years

Severe child abuse is based on the following criteria (Dale, Green, & Fellows, 2002; the Swedish penal code, SFS, 1962:700)

- Demonstrable bodily injury is present and is documented in the medical examiner's report or other certification by a physician.
- The injury is clearly serious either because it indicates a serious physical threat or appears to have been caused by an object or indicates repeated violence e.g., from the presence of bruises of varying age.
- The incident itself constitutes a serious danger such as an attempt to kill, even if the bodily injuries cannot be said to be serious.

Violence – physical violence.



INTRODUCTION

Child physical abuse (CPA) committed by parents or other caregivers is a major public health problem and social welfare problem all around the world (Gilbert et al., 2009; Pinheiro, 2006). Violence against children is also a serious violation of the rights of children as stated in the Convention of children's rights:

States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.

(Art 19:1 in the United Nation's Convention on the Rights of the Child, UN 2011)

Child physical abuse is defined in this thesis as physical violence against children committed by parents and other caretakers. This definition takes into account a great variety of types and degrees of physical attack ranging from spanking that does not cause physical injuries to the kinds of violence that cause permanent harm and even death.

In 1979 Sweden passed a new law banning corporal punishment of children, the first country in the world to do so and all violence against children has been prohibited since then. The fact that the number of reports to the police about physical abuse of children quadrupled between the beginning of the 1980s and the end of the 1990s and still continues to increase (BRÅ, 2011; Janson, 2001), has led to discussion in Sweden about the true prevalence of CPA. Is there really an increased prevalence or is the trend of increasing police-reports a result of declining tolerance towards child abuse resulting in an increased willingness to report to the authorities?

Scientific knowledge of child physical abuse is an inter-disciplinary area and the application of the knowledge is a multi-professional responsibility. In order to improve the state of knowledge in this field it is necessary to do

research from different perspectives such as public health, pediatric and child psychiatry science, legal science, psychology, sociology and social work science. Many different occupational groups have individual and collective responsibility for making improvements in preventing and detecting child physical abuse and protecting and treating exposed children.

Research on CPA in Sweden is important also in an international perspective. There are still only 29 countries in the world that have banned spanking and only a small part of the world's children are legally protected from corporal punishment in their families ("Global Initiative to End all Corporal Punishment of Children"). The "Swedish example" with the anti spanking law has been questioned by some on the basis that the number of police reports has increased since the law was passed. These critics note that there have been very few studies on CPA in Sweden after the passage of the law banning spanking that have shown any positive effects of the legislation but they have not taken note of the surveys that show a declining prevalence rate (Larzelere & Johnson, 1999).

Epidemiological research on child physical abuse

National mapping of the occurrence of violence directed toward children in Sweden has been carried out through survey studies including surveys of children as well as of parents (Janson, 2001; Janson, Långberg, & Svensson, 2007). These studies have not, however, reached the international scientific community. Research on characteristics and consequences of CPA in Sweden has been limited. Many studies are available from other countries, but in several respects there are good reasons for believing that there are cultural as well as legislative differences between countries that make it important to measure conditions in each country as well as the extent and development of CPA over time in the specific country.

In the field of research on CPA in the world there are mainly two different approaches that have been taken in epidemiological research. One approach focuses on officially registered cases, an approach that is difficult to take in Sweden because there is a lack of such registers and the only database for child abuse that is accessible is the police register of reported crimes. There is no national register concerning Social Welfare reports of child abuse or of children who are at risk for neglect and neither is there a child protection register documenting evaluated cases of severe abuse (Cocozza, Gustafsson, & Sydsjo, 2006). However, studying only recorded cases of abuse introduces serious sources of biases since these reports represent a skewed population. There is a risk that such studies only answer the question “who has been reported to the police?” but not the question “who is the abuser” or “who are the abused?”.

The second approach to research on CPA is to carry out cross-sectional studies based on self-reports from the parents and from the children. If the research concerns the abuse of small children the parents are the subjects of questioning and the instrument most often used is the Conflict Tactic Scale (Straus, 1979). If research concern older children there are surveys directed to them directly. They may be asked either about their lifetime experiences (Janson, 2001) or about experiences during a specific period for example the preceding year (Schou, Dyb, & Graff-Iversen, 2007:8). Use of these different time scales may lead to difficulty in comparing the results. The cross-sectional studies do provide, however, important information about cases not recorded in the

official registers. The limitation of cross-sectional studies is the lack of temporal ordering of incidents, which thereby limits the possibility of addressing the question of causality. One suggested approach to examine for example associations between CPA and health-problems would be to carry out prospective cohort studies. It is considered to give good opportunities to make inferences about casuality of health-problems as a result of CPA (Gilbert et al., 2009; Schou et al., 2007:8).

Prevalence and incidence of child physical abuse in Sweden

Prevalence

The extent of the problem of violence against children may differ between different countries and between different parts of the world. The prevalence rate of CPA in Sweden has been shown to be relatively low if results from Swedish studies are compared with results in international studies (Janson, 2001). For example in a study from 2006 the reported prevalence rate was 13 % in Sweden compared to 24 % in Denmark 2008 and 25 % in England 1999 in similar national mappings ("*Unges trykkel År 2008*", 2009; Janson et al., 2007; May-Chahal & Cawson, 2005). Comparing prevalence rates between countries can be difficult however, due to different methodological approaches used in different studies (Gilbert et al., 2009). Researchers in each country must therefore first attempt to follow developments in that country given basic condition there.

In 1960 almost all children in Sweden were subjected to corporal punishment, in 1980 half of the children and in 2000 only 14 % according to studies using interviews with parents. In surveys using young people as informants 30 % reported that they had been spanked in 1995 and about 13 % in studies from 2000 and 2006 (Gelles & Edfeldt, 1986; Gilbert et al., 2009; Janson, 2001; Janson et al., 2007; SCB, 1996). The more severe forms of CPA have not shown a decrease corresponding with the decrease of milder CPA. A national Swedish study documented that the percentage of children who have at some time been subjected to severe abuse has remained stable at about 3-4 % since the 1980s (Gelles & Edfeldt, 1986; Janson, 2001; Janson et al., 2007; SCB, 1996).

Incidence

In contrast with the decrease in prevalence the number of reports to the police about physical abuse of children in Sweden has shown a major increase since the 1980s and the increase continues (BRÅ, 2011; SOU, 2001:72). The incidence

of police reports in 1988 was 1.2 per thousand children and 6.8 per thousand in 2008 (BRÅ; SCB, 2011). The increase in number of police reports in Sweden has been interpreted as a result of increased vigilance and decreased tolerance of abuse of children but it is not currently known if this also reflects a true increase of CPA or a higher reporting frequency. The trend of decreasing prevalence and parental support of violence against children reported in epidemiological studies indicates that CPA has become less frequent.

It is noteworthy that the suspected perpetrators in many of the cases reported to the police are young people aged between 15 and 20 years and accordingly not parents or care-givers. During 1995-2008, the proportion of young offenders (>15 years) has been over 40 % (BRÅ, 2011).

Fatal violence against children

The ultimate consequence of child abuse may be that the child dies of inflicted injuries. In a study conducted in Sweden of all children less than 15 years old who were victims of deadly violence in the years 1965-1999 (Nordlund & Temrin, 2003), biological parents could be established as perpetrators in 75 % of cases. On average, seven children were killed per year and there was no tendency of a change in prevalence during this period. Only a few of the fatalities, 18 out of 201, were the result of beatings in the ordinary sense of that word. Instead, it was more common that the children had been strangled, suffocated, drowned or shot – that is died due to acts with direct intent to kill. The prevalence figures align well with results from an earlier Swedish study conducted 1971-1980 (Somander & Rammer, 1991) but in the later period 1996-2006 there has been a decrease and the number of children who are victims of deadly violence is on average five per year during this period (Socialstyrelsen, 2010).

Procedures and Institutions for handling cases of child maltreatment in Sweden

Mandatory reporting to Social Services

All professionals working in an authority concerning children but also others who work in the Health Care Services, Social services or in the Prison and Probation Services are obliged to report to the social welfare committee if they suspect that a person younger than 18 years is in need of protection. Mandatory reporting also applies to privately driven activities in the same areas. The public are requested but are not obliged, to report to Social Services (SFS, 1980:620)

Reports to the police

In Sweden there is strict secrecy between agencies as concerns personal information, but an exception in the Secrecy law allows authorities to make reports to the police on suspicion of child physical abuse or child sexual abuse (SFS, 2009:400)

Investigations and Interventions

When child abuse is revealed many different institutions get involved in investigations and interventions. Different agencies such as the social services, the police and health care services are governed under different laws and have different tasks (Table 1). The Swedish legislation gives the authorities statutory responsibility to collaborate in these cases.

Table 1 Authorities responsibility

Authority	Social Services	The Judicial system	Health Care
Task	To investigate the child’s need for protection. To investigate the child’s need for support.	To investigate if a crime has been committed. To prosecute a criminal.	To investigate and document injuries. To treat and to prevent harmful effects of abuse.
Legislation	The Social Services Act and The Care of Young Persons Act (SFS 1980:620, SFS 1990:52)	Pre-trial Investigations Act and the Penal Code (SFS 1947:948, SFS 1962:700)	Health and Medical Services Act (SFS 1982:763)

Social Services

Social Services have an overriding task to protect the child by preventing repeated assault. The child protection investigation is the most important task to be carried out when there is a report of a child at risk. The investigation shall be carried out in a structured manner based on knowledge and proven experience. A support system for handling child welfare cases including the investigations named BBIC [Children’s needs in centre] has been developed by the National Board of Health and Welfare. The system is based on seven different areas of children’s needs and emanates from the English model Looking After Children System (Friis, 2008; Socialstyrelsen, 2006). Social Services is also the authority that has responsibility for providing support and help to the children and their families either by offering assistance within the own department or by referring to other institutions.

The judicial system

The mission of the police and the court is to maintain law and order in society and in cases of child abuse to determine whether a crime has been committed or not and finally to prosecute the offender if a crime appears to have been committed. Prosecution of the offender might be important for the child since

this can result in vindication for the child after having been victim of a crime. The judicial system's work is also of great importance in order to maintain the intentions of the anti-spanking legislation's to prevent violence against children.

Health Care Services

Health Care Services is responsible for providing treatment of physical and mental injuries caused by maltreatment. The somatic care in different settings such as the pediatric clinic, the primary health care system and emergency rooms has a crucial role in detection and investigation of the physical injuries of abuse. This requires that there is staff that has the professional knowledge and skills to determine whether injuries have been inflicted by natural causes/accidents or if they have been caused by abuse. This applies not only to doctors but also to nurses and other staff of the Health Care Service who meet the children and their parents (Flodmark, 2008; Meadow, 2002; Myhre, Groggaard, Dyb, Sandvik, & Nordhov, 2007). The Childrens' Dental Care system is another important part of child protection since dentists meet virtually all children in Sweden because dental care is free of charge for all children. The pediatric dentist may play an important role for detection of oral injuries and neglect (Barnombudsmannen, 2010:02). Psychiatric health care as offered by Child and Adolescent Psychiatry or other psychological treatment is used for crisis interventions and for psychotherapy in these cases. These units might also participate in examination and assessment of the cases.

Children's Houses (Children's Advocacy Centres)

In order to improve the children's situation during the investigation and to improve the interagency cooperation so-called Children's Houses (Barnahus) have been established in many parts of Sweden during the past few years. The authorities who take part in this cooperation are usually Social Services, police, prosecutor, child psychiatry and pediatric clinic. The purposes of the children's houses are to provide a child friendly setting and to facilitate the coordination of actions, development of methods and also to gather interventions under one roof to avoid any need to pass the child around between different environments. An evaluation of this work conducted at Lund University has shown that this activity so far seems to meet its objectives. One dilemma that was mentioned is that the cooperation between Social Services and the police can create problems if the police's preliminary

investigation is given priority over the child protection investigation (Friis, 2008)

International perspectives on legislation

The World Report on Violence against Children from the United Nations, 2006, stated that only 2.4 % of the world's children in 16 states are legally protected from violence in all settings including homes, schools, penal sentences, penal institutions and alternative institutions as for example pre-school institutions (Pinheiro, 2006). There is however an ongoing process towards achieving prohibition of corporal punishment in the world and in 2010 there were 29 countries with laws to bring full abolition and 23 countries are committed to prohibition and legal actions to provide confirmation are under way ("Global Initiative to End all Corporal Punishment of Children").

However, there are still 168 countries of 197 in the world where it is permitted to use violence against children in the home. In almost 90 countries the use of violence or threats to make use of violence in schools is legally permitted. In over 40 countries children could be sentenced to whipping or caning in the penal system and many more permit violent punishment in penal institutions. In the world's three largest countries China, India and USA there is still no ban on violence against children in the home. Of the European Union countries there are 16 of 27 which have legislation against corporal punishment but three of the largest countries in the European Union, France, United Kingdom and Italy [37 % of the inhabitants in the EU] have no such legislation [august 2010] ("Global Initiative to End all Corporal Punishment of Children").

New Zealand was the first and remains the only English-speaking country that has prohibited spanking. The law was introduced in 2007, but only two years later, there was a backlash and the law was challenged. In 2009 there was a consultative referendum on the prohibition of the use of force in childrearing. In the discussion that preceded the referendum, the Swedish legislation was cited as an example of failure due to the increased numbers of reports to the police. [The legislation in New Zealand has not been changed yet, however.]

Historical perspectives on legislation and conceptions in Sweden

Violence committed by parents and other adults has been a part of children's lives in Sweden from ancient times to the present as well as in other parts of the world. The historian Eva Bergenlöv establishes that physical violence against children has changed from being an edict towards to become total banned over the last century. This was not a sudden change, but was preceded by gradual steps in attitudes and legislation (Bergenlöv, 2009).

Bergenlöv notices that historical research on child upbringing and the use of violence against children shows two different lines. The first line points out, that children were forced to be obedient by the use of severe violence with the resulting risk for grave physical consequences. In this line it is noted that corporal punishment has been the recommended method in upbringing children. Among the representatives for this line, she mentions Astrid Norberg and Birgit Persson. On the other side there are researchers who consider that corporal punishment actually was seldom used even if the norms in upbringing were strict and children were threatened with spanking. These researchers also consider that love and caring were important conceptions also in the past. Examples of representatives for this line are, among others Eva Österberg and Tomas Berglund according to Bergenlöv (Bergenlöv, 2009).

The Period from the Reformation to the middle of the 1700s

After the reformation the entire Swedish society was characterized by Lutheran Orthodox beliefs in which all the powers were given by God. The father, "master of the house", ruled wife, children and servants and the wife was superior to the children and servants. It was the parents' duty to bring up the children to become good Christian human beings; corporal punishment was an integral part of bringing up children and was commanded by the church. The law that regulated the use of force [Kristoffer's landslag from 1442] was vague and the only restriction on the right to beat the children was that they would not be killed. Bergenlöv notes, however, that there was a discussion in this period about the risks arising from the use of violence in upbringing. The basic rule was that corporal punishment could be used but should be preceded by reprimands (Bergenlöv, 2009).

From the middle of the 1700s to the 1900s

From the 1750s onwards new ideas from science and the Age of Enlightenment came to influence public debate and a slow development towards human rights began. The death penalty was abolished for some serious crimes. The high child mortality rates were discussed and proposals emerged for improved care of children. For example King Gustav III made proposals for protection of unmarried mothers in order to prevent them from killing their newborns. During this period the law was still ambiguous in terms of child physical abuse and in the law in effect from 1734 to the 1900s the only restriction on use of violence was still that the child would not be killed. In the new penal law introduced in 1864, assault became a punishable offence, but there was an exception for violence against children, and this law remained in force to 1957. This exception meant that the person who caused an injury of a child would not be punished.

Although no changes in law during this period were carried out, norms of corporal punishment in discipline were questioned from the middle of 1850s by prominent persons in the advice literature and in the public debate. It was considered that corporal punishment should be grounded in genuine love of the child and violence against children should not be administered in anger and without self-control. At the same time there was a discussion in which the belief was presented that if corporal punishment was necessary, it should preferably be used against the youngest children and even babies to prevent future problems from developing while older children should be verbally reprimanded (Bergenlöv, 2009).

The 20th century to the present

According to Bergenlöv questions about children and their situation were treated in a new way during the 20th century and during this time several changes in the legislation on violence against children were carried out. Ellen Key, an influential debater in the field, published in 1900 a book called *The Century of children*, where she repudiated spanking and suggested a new pedagogy (Key, 1900, 1996 new ed.). Instead of using corporal punishment she introduced the idea that psychology should be used and that adults should become good models for the children. Other important participants in the shaping of public opinion according to Bergenlöv were Alva Myrdal and the social democratic ideas about construction of the Swedish welfare state, which also had implications for approaching issues on future child rearing. This

ideology was built on science instead of religion and morality and the new methods for bringing up children were to be based not on force or violence but on a new kind of relationship between parent and child. The importance of a trusting relationship between children and parents was emphasized as well as the need for parent education. It was considered that much of the responsibility for children would be placed outside the family and that society would have great insight in family life (Bergenlöv, 2009).

Changes in legislation during the 20th century

In 1902 the first real legislation regarding social childcare was introduced. This law made it possible for society to take children into custody without the parent's consent if the children were neglected or had themselves behaved inappropriately. Childcare legislation has since evolved and expanded gradually over more than a century.

In 1928 corporal punishment was prohibited in Swedish secondary schools and this was the first step in abolishing violence against children.

In 1957 children received the same rights as adults to be protected from injuring of violence and this was done by removal of the exception provided in the law from 1864.

In 1958 the spanking of children in the public schools was prohibited.

In 1966 the concept of spanking was deleted from the Parental code. This did not directly imply that minor violence was forbidden, something that becomes apparent from a review of discussions of limits in the society and through that prosecutions of minor child abuse was dismissed in the courts (Bergenlöv, 2009).

In 1979 all violence against children (as well as violence against adults) became illegal in Sweden because of the introduction of a ban on corporal punishment in the home. The new paragraph in the Parental code states:

Children are entitled to care, security and a good upbringing. Children are to be treated with respect for their person and individuality and may not be subjected to physical punishment or other injurious or humiliating treatment [Parental Code 6:1] (SFS, 1949:381).

This means that all violence against children is now considered as a crime under the Penal Code. As described in a study by Joan E. Durrant this legislation had three main objectives. First, to change attitudes toward the use

of violence in upbringing children. Second, to set clear norms for what is permitted for both parents and professionals. Third, to promote early detection and thereby early intervention in cases of abuse. Durrant concludes that the Swedish spanking ban has been successful in accomplishing its goals (Durrant, 1999).

From the 1960s onwards data are available about changes in parental support for corporal punishment and prevalence of CPA in Sweden that support this conclusion by Durrant. It has been shown that support for corporal punishment has declined dramatically since 1965 when 53 % of parents were positive to 1994 when 11 % were positive and in studies from 2000 and 2006 the rate of support were less than 10 %. Available data on prevalence show a similar pattern with decreasing numbers of reported abuse in cross-sectional studies (Durrant, 1999; Gilbert et al., 2009). The third objective also seems to have been achieved in part as shown by the increasing number of police reports. However, previous research has shown that the goal of early interventions has not been achieved to the same extent (Lindell, 2005).

Risk factors for child physical abuse

Knowledge of risk factors for CPA is important for everyone working in the social childcare and child health care fields, since they provide indications of what needs to be investigated and addressed. These risk factors cannot be used, however, except for exceptional cases, as direct predictors of an individual's propensity to commit assault (Hornor, 2005b).

Factors associated with the perpetrators

Gender

The proportions of male/female perpetrators are often equal in survey studies irrespective of whether children or parents were used as informants (Janson et al., 2007; Sariola & Uutela, 1992). When studies show differences between genders, there is a distinct predominance of women as abusers especially in cases of minor abuse (Bardi & Borgognini-Tarli, 2001; Figueiredo et al., 2004; Maker, Shah, & Agha, 2005; Straus & Stewart, 1999; Tang, 2006). This contrasts with the cases reported to the police in Sweden in which men are overrepresented among perpetrators (BRÅ, 2011).

Addiction and mental disorders/mental functional disorders

Parental substance abuse, psychiatric illness, personality disorders, mental retardation and neuropsychiatric disabilities are all conditions that could lead to poor impulse control, increased level of aggression and/or distorted conception of reality and thus increase the risk that a person will commit abuse. The associations between these parental factors and CPA are well known in research in the field of maltreatment (Hornor, 2005b; Miller, Fox, & Garcia-Beckwith, 1999; Pinheiro, 2006; Söderström, 2002).

Parental intimate-partner violence

There is strong evidence for an overlap between child physical abuse and intimate-partner violence although research and societal management in the two areas have often followed different tracks. Incidence of violence between

the adults constitutes a risk indicator that violence against the children also might occur in the family (Almqvist & Broberg, 2003; Edleson, 1999; Hornor, 2005a; Janson et al., 2007; Miller et al., 1999; Straus, Gelles, & Smith, 1999; Weinehall, 1997).

Parent's own history of abuse as a child

Many studies show that parents who themselves have been exposed to abuse during their childhood abuse their own children more often than parents who have not been exposed. This implies a social legacy that now seems to be partly broken in Sweden since the prevalence of corporal punishment has declined (Belsky, 1980; Janson, 2001; Pinheiro, 2006; SCB, 1996; Straus et al., 1999).

Parental support for corporal punishment

It has been found that parent's positive attitudes to corporal punishment are a powerful predictor of violence against children and that the degree of approval is related to the degree of severity of how the punishment is administered (Durrant, Rose-Krasnor, & Broberg, 2003; Maker et al., 2005).

Family stress

Social and economic conditions

Financial difficulties, parental educational level, unemployment, low socio-economic status and single-parent households are all well-known conditions that have been reported as risk factors (Gilbert et al., 2009; Hornor, 2005b; Lindell & Svedin, 2001; Sariola & Uutela, 1992; Straus et al., 1999; Youssef, Attia, & Kamel, 1998).

Minority groups

In Sweden, parents born abroad have been shown to constitute a risk group in the same way as minority groups in other countries have been shown to be associated with CPA (Gilbert et al., 2009; Lindell & Svedin, 2001; Maker et al., 2005; Straus et al., 1999). This could partly be explained by cultural differences of child rearing but also by difficulties encountered in a new country:

economic problems, unemployment and lack of social network. In addition, difficulties may have their roots in adverse experiences in home country such as traumatic experiences of war. However, in a Finnish study it was shown that the largest minority group, the Swedish-speaking had lower prevalence rates of CPA. This was explained by the fact that they are more well-off than the majority (Sariola & Uutela, 1992).

Medical health problems

Parent's and sibling's illness or somatic complaints with all that this implies create a stressful family situation that increases the risk for CPA (Bardi & Borgognini-Tarli, 2001; Black, Heyman, & Smith Slep, 2001)

Characteristics of the social network

Lack of supportive social networks constitutes an increased risk for CPA. A family's isolation from a potent support system results in the family being unable to get practical help and relief in stressful situations and also is likely to lead to an absence of monitoring of the family's life as well as the provision of guidance in parenting (Belsky, 1980; Garbarino, 1977; Hornor, 2005b; Pinheiro, 2006).

Factors associated with the child

Age

Younger children [infants and preschoolers] are more often subjected to abuse than older children are (Bardi & Borgognini-Tarli, 2001; Hornor, 2005b; Pinheiro, 2006; Tang, 2006).

Disability/chronic disease

An important child-related factor is the presence of some kind of disability, and children with disabilities constitute a risk group as do children who suffer from a long-term illness (Olivan Gonzalvo, 2002; Pinheiro, 2006; Sullivan & Knutson, 2000; Svensson, Bornehag, & Janson 2011).

Behavioral problems

Some children have behaviors that place more strain on the parents than other children do and thus may increase the risk for CPA. Such behaviors may include aggressive outbursts, disobedience, attention deficits and other externalizing problems (Black et al., 2001; Tang, 2006).

Implications of child physical abuse

The immediate consequences of CPA are the physical injuries that occur but physical abuse is also a psychologically traumatic experience that causes emotional damage. In this context it will mainly be dealt with associations between abuse and health problems/risk-taking behaviors and only briefly with the physical injuries:

The most common injuries from abuse are marks from hits and kicks. Bruises in unusual places or bruises of different ages might indicate abuse as well as bruises in infants. The youngest children are the most sensitive to violence and injuries can become severe and cause life-long consequences or even be life-threatening. Fractures, suffocation attempts, violence against the head, shaking of the child [Shaken baby syndrome] and Münchhausen by proxy [a caregiver fabricates or induces symptoms of illness in a child] are all examples of such severe types of abuse against small children (Hindberg, 2006; Meadow, 2002)

Associations between physical abuse and health problems/risk-taking

Health problems

Research has revealed that experience of CPA is strongly associated with poor health status. Individuals with a history of physical abuse experience poor mental and/or physical health in adulthood (Bonomi, Cannon, Anderson, Rivara, & Thompson, 2008; Widom, DuMont, & Czaja, 2007).

Risk-taking behaviors

There are also strong associations between CPA and health compromising behaviors such as use of tobacco, alcohol and drugs (Becker & Grilo, 2006; Simantov, Schoen, & Klein, 2000). Risk-taking behaviors among teenagers such as delinquency and sexual risk-taking are also shown to be associated with having a history of CPA (Mason, Zimmerman, & Evans, 1998; Pelcovitz, Kaplan, Goldenberg, & Mandel, 1994).

Repeated abuse

Repeated exposure to abuse has been shown to lead to worse adverse outcomes than single or isolated experiences, which is also true for other types of traumatic experiences that are repeated (Cloitre et al., 2009; Finkelhor, Ormrod, & Turner, 2009; Gilbert et al., 2009; Gustafsson, Nilsson, & Svedin, 2009; Sugden et al., 2010).

Multiple exposure

Research has earlier focused on one single type of exposure to abuse but there is growing evidence that demonstrates that different types of abuse often co-occur. Research shows that exposure to multiple types of abuse is associated with worse effects on health than exposure to single forms of abuse (Bensley, Spieker, Van Eenwyk, & Schoder, 1999; Ford, Elhai, Connor, & Frueh, 2010; Hazen, Connelly, Roesch, Hough, & Landsverk, 2009; Ney, Fung, & Wickett, 1994).

Pathways leading to health problems

In a review of research in health psychology and behavioral medicine Kathleen Kendall-Tackett has organized the knowledge of consequences of childhood abuse. She notes that health depends on a complex web of different factors that on the one hand influence each other and on the other hand influence health per se. She suggests that there are four different pathways that might explain the impact on health and that these pathways will vary for each individual person (Kendall-Tackett, 2002).

Cognitive pathways

The Internal Working Model [IWM] is an essential part of the cognitive pathways that are affected by adverse childhood experiences (Kendall-Tackett, 2002). The IWM concept comes from attachment theory and was originally formulated by John Bowlby (Broberg, Almqvist, Tjus, Iliste, & Nilsson, 2003). The model is an essential part of personality development and will have life-long impact since it refers to the framework by which individuals perceive stressful situations, the action of others and their own capacity to influence their own situation.

The perception of one's own health is another part of the cognitive pathway. Research has shown that there are associations between perception of bad health and exposure to abuse in childhood and further that perception of health is a strong predictor of future health and mortality (Kendall-Tackett, 2002).

Social pathways

Kendall-Tackett points out the ability to create and maintain social relationships with others as an important factor for well-being of humans. This ability is affected by experiencing abuse in childhood and it has been shown in studies that adults with this experience more often are living in relationships that are exploitive or victimizing. The divorce rate is higher than among other groups and people with a history of abuse more often report social isolation (Kendall-Tackett, 2002).

The concept of social pathways appears closely related to what has been said above about internal workings models but might also be an effect of the feeling of being an outsider, which to be exposed to CPA involves. Since CPA is considered as a deviant experience in Sweden, these experiences may in themselves create a sense of being different and create isolation from other people - an experience similar to what sociologists call marginalization.

Emotional pathways

Depression is one of the most common consequences of past abuse. Briere and Elliot (1994) showed a four times higher life-time risk of developing major depression compared with people without abuse history. Post traumatic stress syndrome (PTSD) is also a common symptom of past abuse (Kendall-Tackett, 2002). Physically abused children however, may be more at risk for depression, behavioral problems and social difficulties than for PTSD (Pelcovitz et al., 1994). One explanation of this may be that CPA rarely is a sudden traumatic event but rather a process of relational assault between parent and child, where violence is a part. In cases of severe CPA, where the violence may be perceived as a threat to life and the fear is intense, it is more likely that PTSD reactions may occur (Dyb, 2005; Scheinberg & Fraenkel, 2001).

Behavioral pathways

Behavioral pathways are well known as effects of having an abuse history including substance abuse, eating disorders, suicide attempts and ideation, sexual risk-taking, smoking and sleep difficulties. All these manifestations are obviously harmful to health per se, but might also be harmful to the individual's general development to adulthood.

In summary, what pathways an individual's development will take depend on a variety of influences, protective as well as risk factors. The child's environment, personality and individual conditions, including genetic, are influencing the outcome of adverse childhood experiences. Kendall-Tackett concludes that professionals must recognize and address all the possible health outcomes of abuse if treatment is to lead to improvement (Caspi et al., 2002; Kendall-Tackett, 2002).

Theoretical perspectives - Etiology

Violence against children has a multi-factorial nature and the literature presents a great variety of different risk and back-ground factors. Since no single factor suffices to explain why people hit and hurt their children; the phenomenon can only be understood on the basis of multifactor models that integrate social, sociological, and psychological explanations (Bardi & Borgognini-Tarli, 2001). The human ecology model (Bronfenbrenner, 1977) can serve as a comprehensive theory, where other models of explanation can be subordinated.

Human ecology model

Urie Bronfenbrenner's ecological model gives a framework for understanding human development and for organizing knowledge about different factors. This model suggests that there are factors on four layers of environment systems that influence human development and that these systems are reciprocally interacting with each other (Bronfenbrenner, 1977).

1. *The micro-system* is the child with its own genetic and personality conditions.
2. *The meso-system* comprises the immediate surroundings of the child. Initially the parents and the family have the greatest importance and the child is entirely dependent on them both physically and psychologically. As the child grows dependency on the family is reduced and relations to other parts of the meso-system become important, elements such as the day-care centre, the school, and the child's immediate surroundings, neighbors, friends and peers.
3. *The exo-system* is the local-community that comprises the different micro-systems that provide a basis for how these work in relation to the child and the family and how they are interacting. The exo-system also comprises the local authorities such as health-services and social support.
4. *The macro-system* provides the judicial systems governing for example the conditions for children including good education, economics and the right not to be subjected to abuse. The macro-system also includes the norms and values that characterize the current culture.

*Application of the human ecology model to the field of child
maltreatment*

James Garbarino (Garbarino, 1977) regards the human ecological model as particularly suitable to aid in understanding the complexity of child maltreatment as a product of multiple factors and presents this view in contrast to what he calls the *medical model* that explains CPA as totally depending on psychopathological perpetrators. He articulates that it is important to look at every level in the ecological model and how these levels interact. He regards the family as the micro-system since it is the primary context in which CPA takes place. He points out two basic types of abusive behaviors: The first is the psychopathological assault of parents which is grounded on characteristics of the offender such as psychiatric illness and drug or alcohol abuse. The second type emanates from "normal corporal punishment" that evolves to a deviant and dangerous behavior. Garbarino consider this type of abuse perpetrated by "normal individuals" as a form of situational defined incompetence in the role of caregiver. He also states that probably no one is immune against the role as child abuser if the situation is sufficiently stressful even if the inclination varies between different people. Garbarino discusses the patterns within the family that contribute to child maltreatment and considers that the non-offending parent probably contributes to the abuse through his or her compliance or acquiescence. The above conditions in the micro-systems Garbarino regards as "sufficient causes" to result in CPA while he regards two other conditions as "necessary": In the meso-system it is the family's isolation from a potent support system, which is the necessary cause. The support system or the family's social network would be able to mitigate the stress and strain on the family which often represent the triggering factor of the violence. The second necessary cause, according to Garbarino, is found in the macro-system and is the justification of violence against children within the cultural context.

Jay Belsky (Belsky, 1980) has constructed a framework for understanding CPA which also is largely built on Bronfenbrenners model with four different layers. He adds a new layer in his model that he calls the ontogenic development. In the ontogenetic perspective, the question of how the particular parent grow up is important and especially the family-context. In numerous studies abusers have been found to have been abused themselves as children. These experiences may have led to a learning-process in parenthood, which increases the risk for parents to be involved in child abuse themselves.

Belsky consider as does Garbarino that the micro-system is the family where the abuse takes place. He states that children's role and the spousal relationship are important parts of the interaction with the parent's development history as an interacting part.

In the exo-system he points out the importance of the parent's world of work. Unemployment is a well-known load factor and there are also other conditions of strain at work that may negatively influence the family. The other exo-system factor that Belsky points out is the neighborhood. He agrees with Garbarino that the absence of support systems is an important etiological factor and has been shown in many studies. His concept of neighborhood includes the extended family, friends and also child-care and other social services.

Belsky consider that the most important macro-system factor is the society's attitudes towards violence against children and the belief that children are property of the parents and that parents have the right to handle them as they want to without any supervision from the outside.

Belsky in contradiction to Garbarino does not detail the necessary and sufficient conditions of CPA since he does not think that there are enough data available to identify these conditions.

Application of the Human Ecology model to Sweden today

In Sweden, as described above, great changes in *the macro-system* have been carried out during the last 50 years and there is no longer any cultural justification of violence. After the anti-spanking law was carried out in 1979 the society no longer has permitted any violent acts against children and violence is regarded as a crime. Reports of violence against a child including minor cases of corporal punishment are subject to investigation by the police and may lead to convictions. In the population, positive attitudes towards physical punishment and the use of violence in bringing up children have declined markedly during these years and especially since the law was passed (Durrant, 1999; Gilbert et al., 2009). Another major change is the increased number of police reports, which in the light of reduced prevalence in self-reports from parents and children, can be interpreted as a result of increased vigilance and decreased tolerance towards child abuse. Einar Helander has made an addition to the ecological model in a recent work, in which he places *the global system* on top of the others (Helander, 2008). The individual country is no longer ruled solely by internal forces but is also influenced by external impulses. The global system comprises the influences from international

covenants of for example human rights but also cultural differences about child rearing and the use of violence against children. In Sweden the most obvious example is that many people migrated here from other parts of the world where there are completely different approaches to child rearing. Other examples are the tendency of harsh methods of child rearing of foreign origin as presented in TV-shows and in treatment-programs for children with problems.

Exo-system: Sweden is in many respects a welfare society but the resources are unequally divided and the gaps between social groups have increased resulting in increased pressure on the most deprived. Most families with small children are facing high and conflicting demands from their work and personal lives. Many lack a supportive social network due to migration within the country or immigration to Sweden from other parts of the world. The economic crisis in recent years has meant unemployment or threat of being laid off from work for large groups.

Micro-system: All the above demands on the exo-system level put strains on the families that may pose increasing problems in parenting and risk for child abuse. In addition, there is the risk of CPA caused by parents with mental illness or addiction who use violence against their children. Belsky summarizes this as follows: *“The ecological theory regards child-maltreatment as a social-psychological phenomenon that is multiply determined by forces at work in the individual (ontogenic development) and the family (micro-system) as well as the community (exo-system) and the culture (macro-system) in which both the child and the family are embedded”* (Belsky, 1980 p. 320).

EMPIRICAL STUDIES

Aims

The general purpose of the research was to acquire comprehensive knowledge of child physical abuse (CPA) by exploring cases reported to the police and by studying unreported cases through population-based surveys. The focus has been on the following issues:

- To examine prevalence rates of self-reported child physical abuse.
- To investigate the occurrence of severe child physical abuse among cases reported to the police.
- To examine background and risk factors of child physical abuse.
- To study the extent of disclosures among children who have been exposed to violence.
- To examine the detection of violence against children. Who has observed the child's exposure and have reported to relevant authorities?
- To examine which actions agencies have taken when there were indications of maltreatment, to examine the outcome of the judicial process and to follow-up the severe cases five years after the initial report.
- To explore the associations between child physical abuse and health problems/risk-taking behaviors.
- To examine concurrence of other types of abuse and how these in addition to child physical abuse were associated with bad health status and risk-taking behaviors.

Methods and Materials

The thesis is based on two empirical studies (Table 2):

Study of cases reported to the police in Linköping police district 1986 to 1996 (Study I and II)

Liv & Hälsa ung 2008 (Life & Health young) a population-based youth survey of the total number of pupils in three different school grades in Södermanland County (Study III and IV).

Table 2 Overview of cases/participants and methods

	Study I	Study II	Study III	Study IV
Number of cases/ participants	142 cases	20 cases	8494 pupils	5933 pupils
Gender	Boys and girls	Boys and girls	Boys and girls	Boys and girls
Age	0-17	0-17	13, 15 and 17 years old	15 and 17 years old
Sources	Police reports, Social Services' files on the children, records of court cases	Police reports, Social Services' files on the children and caregivers, journals from Child and Adult Psychiatry and from Pediatric clinic	Population-based questionnaire to pupils	Population-based questionnaire to pupils
Approach	Retrospective journal study	Retrospective journal study	Cross-sectional study	Cross-sectional study
Statistics	Chi-square test	Descriptive analyses	Logistic regression, multiple logistic regression, One-way ANOVA and Tamale's post-hoc test	Multiple logistic regression analyses

The study of cases reported to the police – Study I and II

Background and scope

The background of the first two studies comprised the findings from the national committee in Sweden recorded in its final report *Barn och misshandel* [Children and child abuse] in 2001 (SOU, 2001:72). The results showed that the occurrence of the more severe forms of CPA had not shown a decrease corresponding with the decrease of milder forms of CPA and that the percentage of children who have at some time been subjected to severe abuse had remained stable at about 3-4 % since the 1980s (Janson, 2001). Given these findings, it appeared that general preventive measures had not had any effect in reducing cases of severe abuse and that there therefore was a need for developing extended knowledge about underlying factors in such cases.

Study I Material

All reports made to the police about suspected violence toward children in the Linköping police district, Sweden, between 1986 and 1996 were collected 1998-1999 and have been described in an earlier dissertation (Lindell, 2005). The police district consists of four municipalities including a relatively large city, other smaller well populated areas, and a rural area. The total population was 144 817 in 1986 and 159 027 in 1996.

The total number of reports of violence against children was 363 and, in 142 of these reports, the children had been reported as having been physically abused by a parent or other caretaker. In the other reports, the perpetrator was another child (n = 176), another unknown adult (n = 42) or a known adult outside the family (n=3). If a single child was reported more than once (which was the case for 20 reports), either the report on the most serious violence or the report from the first time the child was reported was chosen as the index report.

Groups

The study group comprises all cases in which the incident met the criteria for the definition of severe child abuse. [The definition of Severe child abuse is based on the following criteria: Demonstrable bodily injury is present and is documented in the medical examiner's report or other certification by a physician., the injury is clearly serious either because it indicates a serious physical threat or appears to have been caused by an object or indicates repeated violence e.g., from the presence of bruises of varying age or the incident itself constitutes a serious danger such as an attempt to kill, even if the bodily injuries cannot be said to be serious]. The study group consisted of the 20 cases that met this definition. The reference group consisted of all the remaining cases (n=102).

(Figure 1).

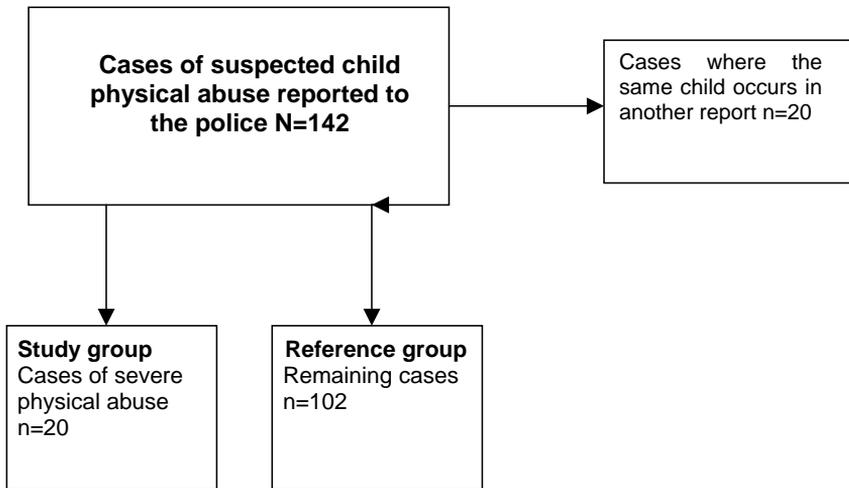


Figure 1 Materials

Procedure

The study was based largely on the information found in the police-reports. Additional information was obtained from files kept by Social Services and from documentation from courts. The review of these records followed a form and data were recorded for each case. The first step was to identify cases of severe abuse according to the definition agreed on before the review, and the next was to examine characteristics of the two groups. The results were

analyzed and data were presented as frequencies and percentages. In making comparisons between groups, the chi-2 test was used.

Study II Material

The groups studied for this report included the children identified in the 20 cases included in the study group named above and their 34 caretakers of whom 18 were mothers (including one stepmother) and 16 fathers (including two stepfathers). The study was based on Police-reports (n=20), files from Social Services on children (n=18, in two cases information about the child was included in the mother's files) and caretakers (n=26), case records from Child and Adolescent Psychiatry (n=13) and the Pediatric Clinic concerning the children (n=14) and case records from Adult Psychiatry concerning the caretakers (n=13). In total there were 104 different sources of data resulting in an average of slightly more than five records per case. The material was collected in 2005.

Procedure

The relevant agencies and units were asked by letter if they had any records on the people in question. Data were collected for at least five years after the end of the 10 year period in which the police reports occurred. The files have been read at each unit where they were kept or, in some of the cases concerning Social Service's records, at the City Archives. Data have been recorded partly by following a reading-guide "Factors of Concern" (attached to Paper 2) and partly in a chronological report from each case record. The results of analyses of data were presented in a descriptive way.

Life & Health Young 2008 – Study III and IV

Background and scope

Life & Health young is a cross-sectional study based on all of the pupils in three different grades (N=10 619) which was conducted in Södermanland County in Sweden in 2008 by the Centre of Public Health in cooperation with Centre for Clinical Research, County Council in Södermanland. All the schools in the county with pupils in grades 7 (13 years old) and 9 (15 years old) in compulsory school and grade 2 (17 years old) in upper secondary school were

invited to participate in the surveys. The pupils were asked about their physical and mental health, lifestyle and life experiences. The response rate was 83.7 % (N=8 891). The drop-outs (1 728) consisted mainly of children absent from school because of illness, required work at locations away from school or for unspecified reasons. A second chance was given for those not attending on the first day of the survey.

Procedure

Contact persons in the schools (school nurses and teachers) were responsible for distribution and collection of the questionnaires. These were completed in classrooms and were collected anonymously. In order to secure confidentiality the children left their questionnaires in sealed envelopes. The children were informed orally and in writing about the purpose of the study and were told that all the collected information would be strictly confidential. The parents of the children in grade seven and nine were informed by the schools. The parents of the children in grade two in upper secondary school were not informed since children > 15 years of age in Sweden have the right to make their own decisions in such matters.

Questionnaires

In the questionnaire there were 68 items for grade seven, 87 for grade nine in compulsory school and 98 items for grade two in upper secondary school. There were three questions about CPA; one about intimate-partner violence and one about bullying and these questions were identical for all three grades. The question about sexual force was not asked in grade seven. (Appendix 1 "Questionnaire Liv och Hälsa ung 2008, grade 9")

Final sample – Study III

From the survey 385/8891 (4.3 %) answers were excluded from further analyses since the reported perpetrators of CPA were other than caretakers. Answers from 12 individuals were rejected since they showed signs of hyper-response: the children had given answers to every question that were the worst/most serious alternative choices for the questions.

The final sample became 8 494 pupils of which 2858 pupils in grade seven, 2982 in grade nine and 2654 in grade two.

Final sample – Study IV

In this study the answers from pupils in grade 9 in compulsory school and grade 2 in upper secondary school were used. This selection was based on that there was more pertinent question in the questionnaires to these two grades. The response rate in this group was 81.8 % (5940). Answers from seven pupils were rejected since they showed signs of hyper-response. The final sample became 5933 pupils.

Statistical analysis – Study III

To estimate factors associated with the occurrence of CPA we used logistic regression to calculate odds ratios and 95 % confidence intervals and both crude (cOR) and adjusted odds (aOR) ratios were estimated. In the adjusted analysis we used a multivariate logistic regression model where the eight variables gender, parent's employment, housing accommodation, family setting, parent foreign born, child's disability or disease, child's social network and finally parental intimate-partner violence were entered simultaneously. In order to compare means between groups One-way ANOVA and Tamhane's post hoc test were used. Data were analysed using the Statistical package for Social Sciences, SPSS (ver. 14.5 and 17.0).

Statistical analysis – Study IV

Multiple logistic regression analyses were used to estimate associations with different types of abuse, parent's employment, parents foreign born, housing accommodation, family situation and gender as independent variables and health indicators/risk-taking behaviors as dependent variables. Separate analyses were conducted for each abuse type, in addition to CPA, bullying, the occurrence of parental IPV and forced sex. Separate analyses were also conducted for combinations of abuse types and health indicators/risk-taking behaviors. Adjusted Odds ratios (aOR) and 95 % confidence intervals (CI) were estimated. Data were analysed using the Statistical package for Social Sciences, SPSS (ver. 17.0).

Ethical considerations

“In any type of scientific research, an absolute prerequisite is to respect the participants and their rights, regardless to the degree to which the participants are involved.” (AMC Research Code).

Study I and II

The studies of the police-reported cases were carried out without consent of the families involved. The material of the first study was already collected and the decision to use it again instead of collecting new material was a result of an ethical consideration. Study two was based on a new collection of data. Since the children and their families were not aware of the study, there were high demands of procedures for how to handle the material and present the results in order secure the individual's integrity. The studies have been approved by the Ethical Committee at the Faculty of Health Sciences at Linköping University. Permission to make use of the case records was granted by the different agencies.

Study III and IV

Questions about violence could be sensitive to deal with and therefore the pupils got information in the questionnaires about where they could get counselling if participation caused feelings of distress. The fact that there was low internal drop-out of the questions of violence was interpreted as an indication that the pupils felt comfortable with answering them and that it might even have been seen as positive to answer questions about their own exposure. In Sweden, youth surveys are common but their purpose often is to ask the children about their own (most often negative) behaviour such as smoking, alcohol use and criminal activities. The studies have been approved by the Regional Ethical Review Board of Linköping.

Summary of Results

Study I - Severe child abuse: a study of cases reported to the police

Aim

The purpose of this study was to investigate the occurrence of severe CPA among cases reported to the police. Furthermore the aim was to examine background factors; the detection of abuse and the outcome of the judicial process. Finally the last goal was to examine if there are crucial differences between severe and minor forms of CPA concerning characteristics of families/perpetrators.

Results

Severe CPA was present in 20 (14 %) of the police-reports of suspected CPA and these cases constituted the study group. The injuries in the cases of severe physical abuse were documented by a forensic physician in 13 and by other physicians in 7 cases (Table 3).

Table 3 Number of injuries by type in the study group (n=20)

Type of injury	Occurrence among the 20 children
Bruises and cuts that indicate repeated episodes of violence	7
Injuries inflicted by an object	4 (belt, baseball bat, wire, cane)
Ear injuries	3
Burns	1
Knife cuts and bites	1
Fractures of lower extremities	1
Hair ripped out	1
Different repeated injuries	1 (fracture, concussion, bruises)
Slight limp, cuts and bruises	1

In both the reference and the study-group there were somewhat higher percentages of boys (ca 60 %) than girls. The mean age of children was 7 years and 1 month in the study group and 7 years and 6 months in the reference group. In the study group 60 % lived with both their biological parents and in the reference group 43 %.

The suspected perpetrators were biological parents in a majority of cases in both groups (85 and 79 %) and there were somewhat more men than women among the suspects. Compared to the reference group there was a significantly higher proportion of perpetrators with the lowest socio-economic status in the study group ($p \leq 0.001$) and somewhat higher share of unemployed and foreign born.

The pattern of reporting to the police was different in the two groups. The reports were made by agencies in 80 % in the study group and 52 % in the reference group ($p \leq 0.025$). Another statistically significant difference was that the reports were made by a biological parent in 5 % of the cases in the study group compared to 29 % in the reference group ($p \leq 0.025$).

In the cases of severe child abuse, 14 (70 %) of the children were already known to Social Services prior to the event in question. Previous reports had been concerned with CPA in eight children (40 %). In the reference group 52 (51 %) were previously known to Social Services and previous reports concerned suspected CPA in six cases (6 %).

A majority of the children in each group had been interviewed by the police (60 resp. 59 %). The children who were not interviewed ($n=50$) were the youngest in both groups. All of the suspected perpetrators in the study group and 87 % of the suspected perpetrators in the reference group had been interviewed. A total of 18 reports led to conviction (10 in the study group and 8 in the reference group). The charge was assault in 15 cases, severe assault in two, and attempted murder in one.

Study II – Characteristic features of severe child physical abuse – A multi-informant approach

Aim

The aim of this study was to examine background and risk factors of severe CPA from a multi-factorial approach with the whole family in focus. The objective was to generate a theoretical model of the phenomenon, to examine which actions agencies had taken when there had been indications of child maltreatment and finally to perform a follow-up of the children five years after the initial police report.

Results

Eleven different risk variables of the 21 included in the reading-guide were the most frequently reported. The patterns of these risk factors were studied and they have been classified into four groups (Table 4).

Table 4 Risk-factors on different levels, presence of the risk group among the families

<p>Perpetrator factors n=14/20 (60 %)</p> <p>Perpetrator's psychiatric symptoms (9) Perpetrator's addiction (7) Occurrence of IPV (10)</p>	<p>Stress factors n=20/20 (100%)</p> <p>Economical factors (20) Parent foreign born (10) Parental conflicts (15) Family health problems (11)</p>
<p>Social network problems n= 15/20 (75 %)</p> <p>No contact with the extended family and friends because of isolated housing or immigration. In some cases the isolation was related to parent's conflicts with relatives and friends.</p>	<p>Child related factors n=18/20 (90 %)</p> <p>Age (pre-school child) (13) Behavior (12) Child's illness/disability (6)</p>

On the basis of these findings, a theoretical model was formulated based on one formulated in cases of sexual abuse by D. Finkelhor (Araji & Finkelhor, 1986; SOU, 1997:29):

Severe child abuse arises when four different factors at different levels are present: 1) a person with a tendency to use violence in conflict situations; 2) a strong level of stress on the perpetrator and the family that removes the barriers that otherwise are present to prevent violence; 3) an insufficient social network that does not manage to protect the child; 4) a child who does not manage to protect him or herself or whose behavior implies an extreme strain on the parents. These factors are mutually interacting and influence each other.

In 14 cases, reports had been previously made to Social Services about maltreatment of the children. In six cases one of the parents had had contact with General psychiatry; six children had had contact with the Pediatric clinic and finally three children with Child and Adolescent Psychiatry. There were few signs of cooperation between the authorities before the police report. In three cases there was no previous knowledge of the family by any of the authorities.

After reports were filed with the police, Social Services initiated an investigation in all the cases. The child was immediately taken into protective custody in eight cases. In eight other cases changes were made in the child's living situation with the goal of protecting the child by moving the child to the other parent (the one not suspected of abuse). In four cases no interventions were made during the acute phase.

After the investigations, supportive efforts were made in 10 cases and seven children were placed in foster care. The length of the foster care placements was on average six years. The investigations were closed in three cases without further measures.

Five years after reports were filed, 12 children still had contact with Social Services. During the follow-up period, new reports of child abuse have been filed in four cases where half of them concerned the same perpetrators. Eleven children had contact with Child and Adolescent psychiatry during the five years follow-up period. In ten cases one of the parents had a contact with General Psychiatry during this period. In summary, it had happened much in the children's and families' lives during this time. For example several children had moved to and from foster homes, parents had divorced, some

families had moved to a new location, conflicts had arisen in the family because of the report to the police and there had been new reports of CPA.

Study III – Prevalence and characteristics of child physical abuse in Sweden – findings from a population-based youth survey

Aim

The aim of this study was to examine prevalence rates of CPA, abuse characteristics and the extent of disclosures. The theoretical model of accumulating risk factors on different levels mentioned above was tested.

Results

Of the total sample of 8494 children 1294 (15.2 %) reported that they had been hit by a parent or a caretaker and 542 of them (6.4 % of all children) reported that they had been hit more than once. Biological parents were the most frequent perpetrators of physical violence. The distribution according to gender among the perpetrators was almost equal even though there was a greater share of males who had hit more than once.

There were strong associations between abuse and risk factors. The different variables that had statistically significant association with being hit once were: the occurrence of parental IPV; foreign born parents; child's psychological disability; poor social networks and living in foster home with aOR ranging from 1.7 to 8.0. In addition, to live with single parents and children with chronic disease had a statistically significant association with being hit more than once. The associations were generally stronger when the children reported repeated abuse with aOR ranging from 1.9 to 35.1.

Of the total group 915 (10.8 %) children reported that violence had occurred between the adults in their families. Of these 533 (58 %) reported that they themselves had been hit once or more. Only 7 % of the children exposed to violence had disclosed this to authorities. More than one third of the children had not told anyone that they had been exposed to CPA and only one third had told any adult person about this.

In order to examine accumulation of risk factors in three different groups: 1) children who reported that they never had been hit; 2) been hit once and 3) been hit more than once, we determined the number of risk areas according to four categories (I. The presence of a person with a tendency to use violence in conflict situations; II. Social and/or economic stress and strain on the family; III. Insufficient social network; IV. Child related factors). Children who reported that they never had been hit had a mean value of 0.47 risks per person, children who reported that they had been hit once 0.94 and children who reported that they had been hit twice or more 1.33. The differences between the groups were significant ($p < 0.001$). Also the post hoc analysis showed a significant difference ($p < 0.001$) between the means in the three groups with a dose-response relationship between risk and reported CPA.

Study IV – Child Physical Abuse and concurrence of other types of Child Abuse – associations with health and risk behaviors

Aim

The objective of this study was to examine the associations between CPA and health problems/risk-taking behaviors among teen-agers. Further to evaluate concurrence of other types of abuse and how these alone and in addition to CPA were associated with bad health status and risk-taking behaviors.

Results

Of the total sample of 5933 children in this study, 966 (16.3 %) reported experience of CPA and 417 of these (7.0 % of all children) reported that they had been hit more than once.

CPA was associated with poor health (self-injurious behavior; poor general health, physical and mental health problems) among both boys and girls with aOR ranging from 1.7 to 3.8 in analyses adjusted for socio demographic factors. The associations were also strong for risk-taking behaviors (violent acts; tobacco, alcohol and drug use; sexual risk-taking and shoplifting) with aOR ranging from 1.6 to 6.2. The associations with health problems as well as

risk-taking were stronger when the children reported repeated CPA with aOR ranging from 2.0 to 13.2.

Also experiencing parental IPV; exposure to bullying and being forced to engage in sexual acts were associated with poor health and risk-taking behaviors with the same graded relationship to repeated abuse.

More than half of all children who reported CPA also reported concurrence of other types of abuse (n= 544). (Fig 2)

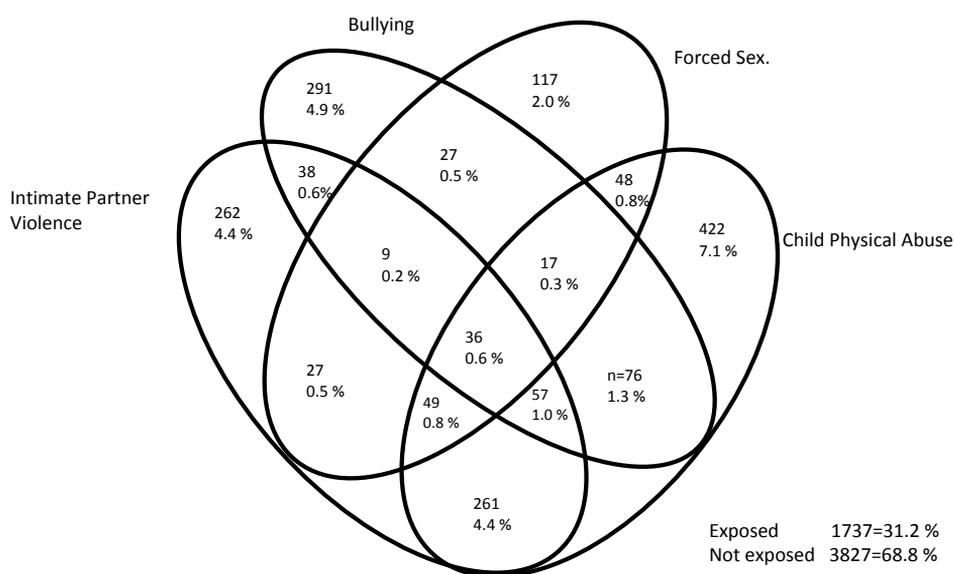


Fig. 2 Prevalence of concurrence of different types of abuse including multiple abuse

In analyses adjusted for socio demographic factors, there was a cumulative effect of multiple abuse in the form of being exposed to CPA plus other types of abuse and the associations increased with the number of concurrent abuse with aOR ranging from 2.1 to 132.1.

General Discussion

Summary of findings

The home is supposed to provide support and safety for children but can also be the place where children suffer abuse and other adverse treatment by their parents. Violence against children in homes has been banned in Sweden for more than 30 years but, as shown in this thesis, it is still a considerable problem in the society. The connection with poor health and risk-taking behaviors among young people indicates that child abuse is a considerable threat to public health.

Prevalence

It was found that 15 % of all children in the population-based survey reported that they had been exposed to violence by parents or other caretakers. This figure of prevalence is somewhat higher in comparison with two other studies performed in Sweden during the last decade, which have found figures of around 13 % (Janson, 2001; Janson, Långberg, & Svensson, 2007). One possible explanation of this might be that there are slightly worse socio-economic conditions in Södermanland than in Sweden as a whole (SCB, 2011). Another explanation is the differences of age of the children. In the previous studies in 2000 and 2006 one had surveyed children [grade 4, 6 and 9] younger than in our study [grade 7, 9 and 2 in upper secondary school]. The results of the present study showed that younger children in general reported less exposure of CPA than older did.

However, it appears that the previous decrease in prevalence rates in Sweden has ceased. There was no continued decrease of prevalence between surveys in Sweden in 2000 and 2006 as had been shown in previous studies (SCB, 1996). There is still a large divergence between the figures of incidence in the form of police-reported cases [6.8 per thousand children per year] and the numbers of self-reported CPA, even if the divergence decreases with the increasing propensity to report to the police (BRÅ, 2011).

Risk factors and the Four-factor model

The present studies confirmed that CPA is associated with an accumulation of risk factors in families where children have been exposed to violence (Honor, 2005b; Pinheiro, 2006). There seemed to be a dose response effect insofar as that the children reporting that they had been hit more than once generally reported higher numbers of risk factors. The risk factors found in the study of the police-reported cases as well as in the population-based study such as unemployment, single-parents households, foreign born parents, child's disability or disease, poor social network etc. are, however, common conditions in the population. These conditions cannot in themselves explain or predict violence against children. Instead the studies indicate that it is the accumulation of risk factors and the patterns between the different factors that need to be elucidated. Candace Kruttschnitt et al. have stated the following in a study of American children: "*Conditions of economic deprivation are often intertwined with other negative stressors, which in turn explain inadequate parenting*" (Kruttschnitt, McLeod, & Dornfeld, 1994).

We classified the risk factors found in the study of cases reported to the police (Study II) into four groups: perpetrator factors; factors of stress and strain on the family; social network factors and finally child related factors. This classification has been the basis for the formulation of the theoretical model, the four-factor model that would be useful in practical work with CPA. The design of the model was inspired of David Finkelhor and is similar to the theory that has been used in cases of sexual abuse (Araji & Finkelhor, 1986; SOU, 1997:29). The model implies that risk assessment as well as preventive and treatment interventions should be carried out on all four levels and it points out issues that are important to ask: 1) is there an adult person in the family with a tendency to use violence in conflict situations; 2) to what extent is the family exposed to stress and strain and what interventions can be done to reduce these conditions; 3) is the child's and the family's social network weakened and/or insufficient; 4) in what respects could the child face obstacles that make it difficult to protect him- or herself? This model of risk-factors on different levels is in agreement with the human ecological model as an explanation of child maltreatment since it includes conditions in several systems: The factors concerning the perpetrator corresponds to ontogenic development, both the perpetrator and the child factors are in the micro-system; the stress and strain factors in the meso- and the exo-system and the insufficient social network factor in the exo-system. The model indicates that these systems are interacting reciprocally in the process of child abuse. What

the model does not include is the macro-system level, which in turn affects all the other levels through cultural attitudes and political decisions about families' conditions (Belsky, 1980; Bronfenbrenner 1977; Garbarino, 1977).

The overlap between parental intimate-partner violence and child physical abuse

Among the risk factors that were associated with CPA in these studies the correlation with IPV was the strongest and these results confirmed prior studies (Almqvist & Broberg, 2003; Horner, 2005a; Straus, Gelles, & Smith, 1999). This finding revealed that children have not only been witnessing violence between the adults, which in itself is a harmful experience for a child and worth paying attention to, but the children themselves have also been victims of violence in more than half of the cases. Another important finding was that the proportion of male perpetrators was almost the same as the proportion of female perpetrators also in this group although men were overrepresented in cases when children had been hit several times. The most common type of IPV is wife-battering perpetrated by a man, although the reverse also occurs. However, we cannot automatically conclude that violence against children in these families is also perpetrated by the man. In families where IPV occurs there is a risk that a complex pattern of violence between the family members develops. The women's own exposure of violence might break down her self-esteem and her ability of caring for children. It is also possible that the children when violence occurs between family members are becoming more provocative and more acting out in their search for limits.

Association between child physical abuse and health

CPA is associated with health problems as seen in Study IV and these results confirmed previous research (Bonomi, Cannon, Anderson, Rivara, & Thompson, 2008; Gilbert et al., 2009). There was a dose-response effect insofar as the children who reported that they had been hit more than once generally also reported health problems more often. For boys as well as girls the strongest associations were revealed with poor general health and self-injurious behaviors.

The strong association between CPA and self-injurious behaviors is an important finding and contrasts with earlier studies (Gilbert et al., 2009). Knowledge of background-factors of self-injurious behaviors is important.

Clinicians have noted an increasing frequency of self-harming behavior in adolescents and it has been found that this needs to be taken seriously through early assessment and treatment interventions (Mehlum & Holseth, 2009). Our study showed that 70 % of the children who reported self-injurious behaviors also reported history of some type of abuse. This strong correlation is important to address in an early stage of meeting with young people with symptoms of self-harming.

The large proportion of abused children among those who had reported poor general health is another important finding in this study. Poor general health has been found to be an important outcome measure in epidemiological studies and has been shown in longitudinal studies to have a relation to morbidity and mortality (Larsson, Hemmingsson, Allebeck, & Lundberg, 2002). Only 4.2 % (243) of the children in the total group answered that they had poor/very poor general health and 72 % of them had also reported that they were exposed to some type of child abuse.

Association between child physical abuse and risk-taking behaviors

Children who have been exposed to CPA are more likely to engage in harmful activities as shown in the results of the present study, which confirm findings from previous research (Kendall-Tackett, 2002; Pelcovitz, Kaplan, Goldenberg, & Mandel, 1994). Results showed a dose-response effect insofar as the children who reported that they had been hit more than once generally reported risk-taking behaviors more often. This finding also corresponds well with what was found in a study mapping inmates placed in special approved institutions by the National Board of Institutional Care in Sweden. The report stated that 50 % of the girls and 28 % of the boys placed in the institutions had been exposed to CPA (Allmän SiS-rapport, 2008).

Multiple abuse and health/risk-taking behaviors

Experiencing more than one type of abuse is related to the poorest outcomes, which was shown in this study as well as in previous research (Bonomi et al., 2008; Gilbert et al., 2009; Hahm, Lee, Ozonoff, & Wert, 2009; Turner, Finkelhor, & Ormrod, 2010). The cumulative effect of CPA plus other types of abuse showed a linear pattern and the strongest associations were found with self-injurious behavior and bad general health among the health variables, and with violent behavior as well as drug abuse among risk-taking variables.

Reporting of child physical abuse

That the pattern of reporting between the group of severe cases and the group of less severe is different is one noteworthy finding in the study of police-reports. The study of the severe cases shows that agencies such as the child health observe and act upon the most serious cases. But in general children do not tell or are not able to tell anyone about problems in the home to any great extent. This was shown in the population-based study, where only seven percent had disclosed their exposure to violence. In the study of police-reports it was shown that the less severe cases more often were reported by a parent in a separated relationship (Study I). That parents who are not living together do report each other when there is a problem for the children may provide these children with a kind of protection not available to children in intact families with two biological parents. Parents who are living together may find that it is decidedly more difficult and even threatening to report the other parent to agencies such as the police and Social Services.

Convictions

The rate of convictions was low in the cases reported to the police (Study I) and is consistent with the official crime statistics in Sweden. Only 10 % of all cases of assault that were reported to the police concerning children 0-6 years old and 14 % concerning children 7-14 years resulted in conviction in 2009 (BRÅ). This shows that the judicial process alone is not a solution, but rather that society at large needs additional instrument to protect and help vulnerable children.

Interventions from Social Services

In the severe cases protective actions were taken in the acute phase in most cases and most families got supportive efforts or the children were placed in foster care after the investigation. However, when reading the Social Services' files one is struck by the absence of notes about dialogues about the violence that was the cause for the investigation. Neither were there any referrals to other instances for such interventions. This absence of notes about conversations does not prove that these have not taken place but it indicates that such actions were not considered as particularly important or as a priority. The objective of such interventions would be to improve the parents' ability to care for their children in a proper way without using violence.

Methodological considerations

One important advantage with the design of the thesis is the combination of two different approaches, register studies and cross-sectional studies. The studies of case records have provided an understanding of the phenomena and have generated theories/hypotheses that have been used in the population-based studies. Another strength is the multi-informant approach used in Study II that has made it possible to develop an extended knowledge of severe child physical abuse since we collected materials from a broad set of perspectives and from many different sources.

A major strength of the cross-sectional study is the large sample with a high response rate, which enables us to determine associations between different variables and child abuse also in relatively small subgroups. Both boys and girls are included in the study and have been asked for both infrequent as well as repeated experiences of CPA and other abuse types. Another strength is the approach with information from a normal population of young people, in contrast to other studies of implications of child abuse that are based on materials from adult populations and/or from clinical settings. The knowledge given in our study can facilitate the understanding of how young people themselves perceive their situation and how professionals can address their situation.

One limitation of the studies based on the police-reports (Study I and II) is that they are based on small groups which can reduce the possibility of generalizability. The groups do, however, represent the total number of police-reported cases of CPA perpetrated by parents or other care-givers in Linköping police district during an eleven year period. Another limitation is that the material studied was gathered some time ago (1986-1996), but we do not think that this affects the validity of our findings. No basic changes have occurred during this period either in the phenomenon itself or in the handling of abuse cases. Using material from case records/files places some limitations on interpretation since the facts have been filtered out through conversations and investigations and may also reflect the personal interpretations of the professionals involved.

One problem with the cross-sectional design used in Study III and IV is that it is not possible to ask children/teen-agers about certain kinds of information on family conditions, since they do not have the knowledge of them. This limits

the quantity of information about various relevant back-ground factors. Another limitation is that it only asked for life-time experiences of CPA. Questions about experiences from for example the past year would have made it possible to determine to what extent the pupils are exposed also during adolescence. Finally there were no questions about the severity of the assault, which is a limitation of the study.

In the population-based studies, as in all studies of self-reported conditions there is a risk that the validity of the respondent's answers could be reduced by recall biases, especially as questions about violence and other types of abuse may be sensitive to deal with. This is, however not shown in the response-rates, since there was a low internal drop-out for the questions about abuse experiences. The drop-outs of pupils absent from school for unspecified reasons may distort the results since their absence could depend on for example truancy and they might be a group less well-off. The fact that children cannot report occasions that happened during their first years is another reason that reporting of abuse and other adverse conditions may be too low.

Another type of bias, dependent measurement bias, implies that false associations can occur due to problems in measurement (Kristensen, 1993, 2005). One source of such bias in connection with questionnaire based studies, is that stable personality traits of the participants in a study involves that they tend consistently to report the most "negative" alternatives while others score the most "positive". In this study however, it might be assumed that pupils would rather tend to overreport alternatively underreport both exposure (abuse) and outcome (health) and that skewness in results would not arise.

Finally one objection to cross-sectional studies is the limitation of temporal ordering of incidents, which thereby limits the possibility of addressing the question of causality. To draw inferences of causation is, however, much more nuanced than to link one cause to one outcome and is more like a complex web of interrelated causes. This issue may not be solved even in studies with prospective design where there is a temporal ordering of some known variables but where many new and unknown factors in people's lives might affect the outcome. Strong associations, consistency between different studies and plausibility are all important when one considers possible study-design and interprets results from studies (Rothman & Greenland, 2005).

Main conclusions

- More than one in seven children report that they are exposed to violence (CPA) in their homes.
- Less than seven percent of the children have disclosed their exposure to any authority and only one third to any adult.
- Few perpetrators are prosecuted and sentenced in courts.
- CPA is associated with risk factors in different areas: parent's propensity to use violence, social and financial burden, lack of social networks and child-related factors e.g. low age and disability. Investigations and interventions must therefore have a broad perspective and be directed to all of these areas.
- CPA is highly related to the presence of intimate-partner violence in families and methods need to be improved in order to bridge the gap between these two types of exposures for children.
- CPA has strong associations with physical and mental health problems and with risk-taking behaviors among teenagers. This implies that treatment interventions not only should focus on reducing children's symptoms but also address possible underlying causes.
- Multiple abuse in the form of being exposed to CPA plus other types of abuse such as bullying, parental intimate-partner violence and/or to be forced to sexual acts is associated with the most severe health effects and occurrence of risk-taking behaviors.

Practical and clinical implications

Working for the best interests of children is a common task for all institutions involved in investigations and treatment in the social sector, the health care services and in the judicial system, as the Convention of the Child's right also imposes on us. Development of methods is an ongoing work and requires knowledge, training and commitment to be successful. The following are some comments on what the findings of the present studies may imply.

Detection and prevention

At least one of seven children is exposed to violence in their homes in Sweden today but this is spoken of to a very limited extent both in the public debate and with children or between parents. In the present study we have seen that children's exposure has been disclosed to authorities to a very limited extent. It would be easier for children to disclose adverse experiences if people in the community could speak openly about their existence. For adults might the taboos that have arisen concerning violence against children imply that parents do not talk about difficulties and the powerlessness experienced in the parenting role.

Some examples of arenas for these talks:

Schools. Children's right not to be subjected to violence should be an integrated part of conversations in the schools when discussing values in the society and human rights. This subject needs to be given attention regularly.

Parent groups. In Sweden most parents attend parenthood classes arranged by e.g. child health-care centres. In these groups there are opportunities to inform and talk about child rearing and the risks of hitting, shaking or otherwise harming the child.

Refugee reception. At the reception of newly arrived refugees and other immigrants there is a need for information on the Swedish ban on corporal punishment. This information must also be followed by conversations about child rearing in general. It is important to address these people with respect for differences and their difficulties but at the same time convey that our society has decided to repudiate violence against children.

Investigations and interventions from Child protection and other authorities.

The *four-factor model* would be helpful in organization of the work at different institutions involved. Gathering information and intervening on all levels is important in different stages of the work.

1) Is there an adult person in the family with a tendency to use violence in conflict situations?

This question should be asked already when Social Services get a report on child maltreatment in order to evaluate the severity of the case reported. Further this is an important question in the investigation of the child's need for protection and the answer could be to seek in adult psychiatry and police registers as well as in interviews with parents and relatives. The issue of violence between the parents [IPV] must be included. Also in further work in both Social Services and treatment organisations it is important to talk about how the parents are solving conflicts in relation to the child. An instrument/guideline that includes issues of violence is needed as a complement to conventional investigation methods. The questions about conflict solving and corporal punishment need to be part of the routines and be asked in all cases. It is important to note that the issue of violence is not included in the BBIC-manual probably because it is based on the situation in the United Kingdom and the questions are less relevant there since the UK has not yet prohibited spanking.

2) To what extent is the family exposed to stress and strain and what interventions can be done to reduce these conditions? When receiving a report it is important to evaluate if there at the moment is an increased level of stress and strain on the family in order to assess the immediate risks for the child. After the investigation Social Services can intervene in order to reduce the effects of such conditions through economic and practical help.

3) Is the child's and the family's social network weakened and/or insufficient? At an early stage, it is important to ask questions about resources and weaknesses in the network. Who could support the family in the crisis indicated by disclosure of abuse? If the family recently has moved to the location in question it is necessary to contact authorities at the place they come from in order to get knowledge about earlier signs of maltreatment or other worries. In

further work efforts to strengthen the family's social network may play a major role for improvement.

4) *In what respects could the child face obstacles that make it difficult for the child to protect him- or herself?* Pre-school children, children with disabilities and/or diseases and children with behavioral problems have been seen to be at an increased risk for physical abuse and these circumstances are important to investigate. It is also important to offer efforts and help to families who experience strain in parenthood due to the children's difficulties or disabilities.

Conversations about violence and treatment approaches

Finally, to speak openly about the violence and the underlying causes is an important task for all professionals involved in cases of CPA. Structured treatment interventions are needed to counteract the risk that treatment approaches mainly focus on reducing children's symptoms and disregard from possible underlying causes. For the present there is an ongoing pilot-project in Sweden with an integrated parent-child cognitive-behavioral treatment approach ("KIBB" 2011) which it will be important to follow. There is also a need for development of treatment interventions as an alternative to conventional penalties in courts and finally in all different settings where professionals meet children with problems.

Future research

There are several aspects of child physical abuse that are important to study further. Suggestions of some such areas are listed below.

- Prevalence of CPA and incidence of reports to the police need to be followed. Whether there is a trend of increasing prevalence of CPA in Sweden or not is an important issue for future research to follow up as well as the share of severe cases among cases reported to police.
- The relation between parental intimate-partner violence and CPA needs to be studied in a comprehensive way. Researchers have most often focused on either CPA or intimate-partner violence and then overlooked the overlap between these two aspects of violence in families, which has led to a fragmentation of the understanding.
- There is a need to perform qualitative studies to extend and deepen the understanding of processes behind CPA in order to generate theory for enabling development of effective interventions in this area.
- There is a need to examine interventions from social services and the mental health care services in order to clarify whether the methods used lead to an improved situation for the abused children.

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APPENDIX

**Appendix 1 – Questionnaire - *Liv & Hälsa ung (Life & Health young)*,
Grade 9**
(Paper III and IV)

Life & Health young is a cross-sectional study, which was conducted in Södermanland County in Sweden in 2008 by the Centre of Public Health in cooperation with Centre for Clinical Research, County Council in Södermanland, Sweden (FoU-centrum 2008).

Frågor om dig själv och din familj

1. Är du pojke eller flicka?

- Pojke
 Flicka

2. Bor du på mer än ett ställe?

- Ja
 Nej

3. Hur bor du? (Sätt ett eller flera kryss)

- I hyreslägenhet
 I bostadsrättslägenhet
 I radhus/kedjehus/parhus
 I villa
 På gård
 Internat/inneboende
 Annat

4. Vilken kommun bor du i? (Sätt ett eller flera kryss)

- Eskilstuna
 Flen
 Gnesta
 Katrineholm
 Nyköping
 Oxelösund
 Strängnäs
 Trosa
 Vingåker
 Annan, vilken? _____

5. Vilket postnummer har du på din hemadress (där du bor mesta tiden)? _____

6. Vilka bor du tillsammans med? (Sätt flera kryss om du bor på mer än ett ställe)

- Båda mina föräldrar (som bor tillsammans)
 Min mamma
 Min pappa
 Min mamma och hennes partner
 Min pappa och hans partner
 Familjehem
 Annat, hur? _____

7. Var är du och dina föräldrar födda? (Sätt ett kryss på varje rad)

	I Sverige	I Norge, Danmark Finland, Island	I ett annat land i Europa	I ett annat land utanför Europa
Du själv	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Din mamma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Din pappa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Vad gör din pappa? (Sätt ett eller flera kryss)

- Arbetar
- Studerar
- Arbetslös
- Sjukskriven mindre än ett halvår
- Långtidssjukskriven mer än ett halvår/sjukpensionär
- Annat

9. Vad gör din mamma? (Sätt ett eller flera kryss)

- Arbetar
- Studerar
- Arbetslös
- Sjukskriven mindre än ett halvår
- Långtidssjukskriven mer än ett halvår/sjukpensionär
- Annat

10. Har din pappa läst på högskola/universitet?

- Ja
- Nej
- Vet ej

11. Har din mamma läst på högskola/universitet?

- Ja
- Nej
- Vet ej

12. Hur noga är det hemma hos dig med följande saker? (Sätt ett kryss på varje rad)

	Mycket noga	Ganska noga	Inte så noga	Inte alls noga
Att säga vart du går	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Att du sköter ditt skolarbete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
När du ska vara hemma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Att du hjälper till hemma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Ta ställning till följande påståenden. (Sätt ett kryss på varje rad)

	Stämmer bra	Stämmer varken bra eller dåligt	Stämmer dåligt
Jag tycker om att vara tillsammans med mina föräldrar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mina föräldrar frågar mig vad jag tycker innan de tar beslut om saker som påverkar mig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mina föräldrar lägger märke till om jag gjort något bra och berömmar mig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hälsa

14. Hur mår du rent allmänt?

- Mycket bra
- Bra
- Varken bra eller dåligt
- Dåligt
- Mycket dåligt

15. Hur mycket väger du ungefär? _____ kg

16. Hur lång är du ungefär? _____ cm

17. Hur tycker du att din tandhälsa är?

- Mycket bra
- Bra
- Varken bra eller dålig
- Dålig
- Mycket dålig

18. Hur ofta borstar du tänderna med tandkräm – en vanlig dag?

- Aldrig
- 1 gång om dagen
- 2 gånger om dagen
- 3 gånger om dagen eller mer

19. Hur nöjd är du med din kropp?

- Mycket nöjd
- Ganska nöjd
- Varken nöjd eller missnöjd
- Ganska missnöjd
- Mycket missnöjd

20. Har du någon av följande funktionsnedsättningar/sjukdomar? (Sätt ett kryss på varje rad)

	Nej	Ja, lätt	Ja, svår
Hörselnedsättning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Synnedsättning där glasögon eller linser inte hjälper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rörelsehinder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Läs/skrivsvårigheter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADHD eller liknande	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Astma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allergi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inflammatorisk tarmsjukdom (t.ex. Mb Chron, ulcerös colit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. Hur ofta har du under de senaste tre månaderna haft följande besvär? (Sätt ett kryss på varje rad)

	Sällan eller aldrig	Ungefär en gång i månaden	Ungefär en gång i veckan	Mer än en gång i veckan	I stort sett varje dag
Huvudvärk (ej migrän)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Migrän	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ont i magen (ej mensvärk)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Öronsus/Tinnitus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Värk i axlar/skuldror/nacke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Värk i rygg/höfter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Svårt att somna	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. Hur ofta har du under de senaste tre månaderna känt dig...? (Sätt ett kryss på varje rad)

	Sällan eller aldrig	Ungefär en gång i månaden	Ungefär en gång i veckan	Mer än en gång i veckan	I stort sett varje dag
Glad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stressad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ängslig och orolig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nedstämd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. Kan du prata om saker som bekymrar dig med följande personer? (Sätt ett kryss på varje rad)

	Ja, det har jag lätt för	Det har jag varken lätt eller svårt för	Nej, det har jag svårt för	Har ingen/ vi träffas aldrig
Mamma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pappa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Syskon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flickvän/pojkvän	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kompis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annat närstående vuxen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Läs detta först!

Med att må dåligt menar vi att du under en lite längre period på minst två veckor i rad har mått dåligt av att du t.ex. varit stressad, nedstämd, deprimerad, orolig, ensam, mobbad, haft ångest eller självmordstankar. Du behöver inte känt allt detta, en sak är tillräcklig.

24. Har du mått dåligt enligt beskrivningen ovan någon period under de senaste 12 månaderna?

- Nej → *Gå vidare till fråga 26*
 Ja

25. När du mått dåligt - har det påverkat följande negativt...? (Sätt ett kryss på varje rad)

	Nej, inte påverkat	Ja, påverkat lite	Ja, påverkat ganska mycket	Ja, påverkat väldigt mycket
Skolarbete/läxor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fritidssysselsättningar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kamratrelationer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Familjerelationer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. Har du under de senaste 12 månaderna försökt att skära, rispa eller på annat sätt skada dig själv?

- Nej
 Ja, en gång
 Ja, 2-5 gånger
 Ja, mer än 5 gånger

Ungdomsmottagningar

27. Vet du var ungdomsmottagningen finns i din hemkommun?

- Ja
 Osäker
 Nej

28. Känner du till att det går att boka/avboka tid till ungdomsmottagningen via nätet (e-tjänst)?

- Ja och jag har använt den tjänsten
 Ja, men jag har inte använt den tjänsten
 Nej

29. Har du besökt någon ungdomsmottagning?

- Nej → *Gå vidare till fråga 31*
 Ja, en gång
 Ja, flera gånger

30. Hur skedde ditt senaste besök på ungdomsmottagningen?

- Genom tidsbeställning eller bokad återbesök
 Drop in/gick bara dit
 Var med som sällskap/partner/kompis
 Var på studiebesök
 På annat sätt

**Mer information om ungdomsmottagningar hittar du på:
www.landstinget.sormland.se/ungdomsmottagningar**

Skolan

31. Hur trivs du i skolan?

- Mycket bra
- Ganska bra
- Varken bra eller dåligt
- Ganska dåligt
- Mycket dåligt

32. Här följer några påståenden om skolan. Hur tycker du att det är i din skola? (Sätt ett kryss på varje rad)

	Stämmer bra	Stämmer varken bra eller dåligt	Stämmer dåligt	Vet ej
Det är bra stämning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Främlingsfientlighet /rasism är ett problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kränkningar via mobilkamera eller Internet är ett problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pojkar får bättre möjligheter än flickor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flickor får bättre möjligheter än pojkar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skolsköterskan är lätt att få tag på	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skolkuratorn är lätt att få tag på	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. Får du som elev vara med och bestämma om...?(Sätt ett kryss på varje rad)

	Ja, oftast eller alltid	Ja, ibland	Nej, sällan eller aldrig
Vad du ska lära dig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hur ni ska arbeta t.ex. grupparbete, projektarbete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skolmiljön inne	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skolmiljön ute	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reglerna i skolan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Läxorna	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skolmaten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schemat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

34. Vill du som elev vara med och bestämma om...?(Sätt ett kryss på varje rad)

	Ja, oftast eller alltid	Ja, ibland	Nej, sällan eller aldrig
Vad du ska lära dig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hur ni ska arbeta t.ex. grupparbete, projektarbete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skolmiljön inne	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skolmiljön ute	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reglerna i skolan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Läxorna	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skolmaten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schemat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

35. Brukar du skolka?

- Nej
- Ja, någon gång under terminen
- Ja, en gång i månaden
- Ja, 2-3 gånger i månaden
- Ja, en gång i veckan
- Ja, flera gånger i veckan

36. Har du IG (icke godkänt) i några ämnen?

- Nej
- Ja, i 1-2 ämnen
- Ja, i 3-4 ämnen
- Ja, i 5 eller fler ämnen

37. Har du blivit mobbad av någon/några den här terminen?

- Nej
- Ja, någon gång under terminen
- Ja, någon gång i månaden
- Ja, någon gång i veckan
- Ja, i stort sett varje dag

38. Har du på din skola blivit utsatt för kränkande uttryck som t.ex. könsord?

- Nej
- Ja, ibland
- Ja, ofta

39. Har du haft sex- och samlevnadsundervisning i skolan?

- Ja
- Nej
- Vet ej

Levnadsvanor

40. Hur ofta äter du följande måltider under en vecka? (Sätt ett kryss på varje rad)

	Varje dag	4-6 dagar	1-3 dagar	Aldrig
Frukost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kvällsmat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

41. Hur många dagar i veckan äter du vanligtvis lunch i skolmatsalen?

- 4-5 dagar
- 1-3 dagar
- Aldrig

42. Hur ofta brukar du äta frukt och/eller grönsaker?

- Mer än en gång om dagen
- Så gott som dagligen
- Några gånger i veckan
- En gång i veckan
- Mer sällan eller aldrig

43. Hur ofta brukar du äta godis (gäller inte tuggummi)?

- Mer än en gång om dagen
- Så gott som dagligen
- Några gånger i veckan
- En gång i veckan
- Mer sällan eller aldrig

44. Hur ofta brukar du dricka läsk?

- Mer än en gång om dagen
- Så gott som dagligen
- Några gånger i veckan
- En gång i veckan
- Mer sällan eller aldrig

45. Hur ofta brukar du äta snabbmat som pizza, hamburgare, pommis eller kebab?

- Så gott som dagligen
- Några gånger i veckan
- En gång i veckan
- Några gånger i månaden
- En gång i månaden
- Mer sällan eller aldrig

46. Hur ofta brukar du träna på din fritid, minst 30 minuter, så att du blir andfädd eller svettas?

- Varje dag
- 4-6 gånger i veckan
- 2-3 gånger i veckan
- En gång i veckan
- 1-3 gånger i månaden
- Mindre än en gång i månaden
- Mer sällan eller aldrig

Tobak, alkohol och narkotika

47. Röker du?

- Nej, jag har aldrig rökt
- Nej, men jag har provat
- Jag har rökt tidigare – men nu har jag slutat
- Ja, jag röker ibland
- Ja, jag röker i stort sett dagligen

48. Snusar du?

- Nej, jag har aldrig snusat
- Nej, men jag har provat
- Jag har snusat tidigare – men nu har jag slutat
- Ja, jag snusar ibland
- Ja, jag snusar i stort sett dagligen

Läs detta först!

Med alkohol menas folköl, mellanöl, starköl, alkoholstark cider, alkohläsk, vin, starkvin och sprit.

49. Hur ofta under de senaste 12 månaderna har du druckit alkohol?

- Aldrig → *Gå vidare till fråga 54*
- En gång
- Någon eller några gånger per halvår
- 1-3 gånger per månad
- 1-2 gånger per vecka
- Mer än 2 gånger per vecka

50. Hur ofta under de senaste 12 månaderna har du druckit så mycket alkohol att du varit berusad/full?

- Aldrig
- En gång
- Någon eller några gånger per halvår
- 1-3 gånger per månad
- 1-2 gånger per vecka
- Mer än 2 gånger per vecka

51. Känner dina föräldrar till att du dricker alkohol?

- Ja, nästan allt/allt jag dricker
- Ja, men bara ungefär hälften av det jag dricker
- Ja, men bara en liten del av det jag dricker
- Nej

52. Var får du vanligtvis alkohol ifrån? (Sätt max tre kryss)

- Från syskon
- Från kompisar
- Från kompisars syskon
- Från mina föräldrar, med lov (blir bjuden)
- Från mina föräldrar, med lov (de köper ut)
- Från mina föräldrar, utan lov (tar ur barskåp eller liknande)
- Från annan vuxen (20 år eller äldre) som bjuder eller köper ut
- Köper folköl själv i affär, bensinmack eller liknande
- Köper själv av langare eller liknande
- Annat

53. Vad dricker du vanligen när du dricker alkohol? (Sätt max tre kryss)

- Folköl
- Mellanöl
- Starköl
- Alkoläsk
- Alkoholstark cider
- Vin
- Sprit
- Hembränt
- Annat

54. Känner du till någon person som skulle kunna ge eller sälja narkotika till dig?

- Nej
- Ja, det tror jag
- Ja, det vet jag säkert

55. Har du någon gång använt narkotika (med narkotika avses t.ex. hasch, marijuana, amfetamin, heroin, kokain, LSD, GHB eller ecstasy)?

- Nej
- Ja, en gång
- Ja, flera gånger

56. Hur väl stämmer följande påståenden in på dig och dina föräldrar? (Sätt ett kryss på varje rad)

	Stämmer dåligt	Stämmer varken bra eller dåligt	Stämmer bra
För mina föräldrar är det okej om jag röker cigaretter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
För mina föräldrar är det okej om jag snusar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
För mina föräldrar är det okej om jag dricker alkohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
För mina föräldrar är det okej om jag dricker mig berusad/full	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
För mina föräldrar är det okej om jag använder narkotika	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Kärlek, sex och samlevnad

57. Har du en partner/ett förhållande just nu?

- Nej → Gå vidare till fråga 59
- Ja, flickvän
- Ja, pojkvän

58. Hur är det mellan dig och din partner? (Sätt max tre kryss)

- Kärleksfullt
- Tryggt
- Roligt
- Tråkigt
- Otryggt
- Hotfullt
- Annat, hur? _____

59. Har du haft samlag?

- Nej → Gå vidare till fråga 64
 - Ja, en gång
 - Ja, flera gånger
- Om ja, hur gammal var du första gången? _____ år

60. När du hade samlag första gången, med vem var det?

- Med fast partner
- Med tillfällig partner
- Med kompis
- Med "okänd" partner
- Annan _____

61. När du hade samlag första gången, var det något du....?

- Verkligen ville
- Ville ganska mycket
- Som bara blev så
- Inte ville men gjorde ändå
- Som du blev tvingad till

62. När du hade samlag senast, använde ni något skydd? (Sätt ett eller flera kryss)

- Ja, kondom
- Ja, p-piller
- Ja, akutpiller/"dagen efter piller"
- Ja, p-stav
- Ja, annat
- Nej → Gå vidare till fråga 64

63. I vilket syfte använde ni skydd? (Sätt ett eller två kryss)

- För att förhindra graviditet
- För att förhindra smitta

Väld och tvång

64. Har du tvingats till sexuella handlingar? (Sätt ett eller två kryss)

- Nej → Gå vidare till fråga 66
 Ja, av jämnårig
 Ja, av vuxen

65. Har du berättat för någon att du tvingats till sexuella handlingar? (Sätt ett eller flera kryss)

- Ja, för syskon, kompis, flickvän eller pojkvän
 Ja, för förälder/närstående vuxen
 Ja, för personal inom skola, ungdomsmottagning, socialtjänst, polis eller liknande
 Ja, för BRIS, jourhavande kompis eller liknande
 Nej

66. Har det förekommit våld mellan de vuxna i din familj?

- Nej
 Ja, en eller två gånger
 Ja, flera gånger

67. Har du fått örfil/blivit slagen av någon vuxen?

- Nej → Gå vidare till fråga 70
 Ja, en gång
 Ja, flera gånger

! Kom ihåg att du alltid kan gå till skolsköterskan, kuratorn eller ungdomsmottagningen för att prata. De som jobbar där kan se till att du får hjälp.

68. Hur ofta och av vem har du fått örfil/blivit slagen? (Sätt ett kryss på varje rad)

	Aldrig	En eller två gånger	Mer än två gånger
Mamma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pappa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mammas partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pappas partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annan vuxen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

69. Har du berättat för någon att du fått örfil /blivit slagen? (Sätt ett eller flera kryss)

- Ja, för syskon, kompis, flickvän eller pojkvän
 Ja, för förälder/närstående vuxen
 Ja, för personal inom skola, ungdomsmottagning, socialtjänst, polis eller liknande
 Ja, för BRIS, jourhavande kompis eller liknande
 Nej

70. Har någon jämnårig någon gång slagit, sparkat eller utsatt dig för annat fysiskt våld?

- Nej
 Ja, en gång
 Ja, flera gånger

71. Har någon jämnårig någon gång hotat eller tvingat dig att ge honom/henne pengar, mobiltelefon eller liknande?

- Nej
 Ja, en gång
 Ja, flera gånger

Kriminalitet

72. Har du någon gång....? (Sätt ett kryss på varje rad)

	Nej	Ja, en gång	Ja, 2-5 gånger	Ja, mer än 5 gånger
Tagit varor i varuhus, kiosk eller butik utan att betala	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brutit dig in i källare, vind, förråd eller bil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hotat eller tvingat någon att ge dig pengar, mobiltelefon eller liknande	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sålt eller köpt något som du vetat eller trott varit stulet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Med avsikt slagit till någon så han/hon börjat blöda eller fått annan skada	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Trafiksäkerhet

73. Använder du cykelhjälm när du cyklar?

- Alltid
- Ofta
- Ibland
- Sällan
- Aldrig
- Cyklar aldrig

74. Använder du hjälm när du åker moped?

- Alltid
- Ofta
- Ibland
- Sällan
- Aldrig
- Åker aldrig moped

75. Använder du bilbälte när du åker bil?

- Alltid
- Ofta
- Ibland
- Sällan
- Aldrig
- Åker aldrig bil

Fritid

76. Är du nöjd med din fritid?

- Ja, jag är mycket nöjd
- Ja, jag är ganska nöjd
- Jag är varken nöjd eller missnöjd
- Nej, jag är ganska missnöjd
- Nej, jag är mycket missnöjd

77. När du träffar dina kompisar på fritiden, var brukar ni då oftast träffas? (Sätt max tre kryss)

- Hemma hos varandra
- På fritidsgård, ungdomshus eller liknande
- Bibliotek
- Utomhus
- Idrottshall/sporthall eller annan plats i samband med idrott
- Lokal i samband med fritidsaktivitet som t.ex. musik, teater, dans
- Café, hamburgerbar, pizzeria eller liknande
- På nätet
- Annan plats
- Träffar inga kompisar på fritiden

78. Har du tillräckligt med pengar för att göra saker tillsammans med kompisar?

- Ja, oftast eller alltid
- Ja, ibland
- Nej, sällan eller aldrig

79. Har du möjlighet att delta i de fritidsaktiviteter du vill? (Sätt ett eller flera kryss)

- Ja
- Nej, det jag vill göra finns inte i min kommun/närhet
- Nej, har inte möjlighet att ta mig dit
- Nej, har inte råd
- Nej, annat: _____

80. Är du med i någon förening eller organisation?

- Ja, i en förening/organisation
- Ja, i flera föreningar/organisationer
- Nej

81. Har du/din familj husdjur? (Sätt ett eller flera kryss)

- Nej → *Gå vidare till fråga 83*
- Ja, katt
- Ja, hund
- Ja, kanin
- Ja, marsvin/hamster/råtta
- Ja, akvariefiskar
- Ja, kräldjur/reptiler
- Ja, häst
- Ja, annat

82. Hur viktigt är husdjuret/husdjuren för dig?

- Mycket viktigt
- Ganska viktigt
- Inte särskilt viktigt
- Inte alls viktigt

83. Hur mycket använder du dator till annat än skolarbete en vanlig vardag?

- Inte alls
- Mindre än 1 timme
- Mellan 1 och 2 timmar
- 2-3 timmar
- 4-5 timmar
- Mer än 5 timmar

84. Hur mycket tittar du på TV en vanlig vardag?

- Inte alls
- Mindre än 1 timme
- Mellan 1 och 2 timmar
- 2-3 timmar
- 4-5 timmar
- Mer än 5 timmar

85. Har du mobiltelefon?

- Nej → *Gå vidare till fråga 88*
- Ja

86. Om du är med kompisar under helgkvällar - brukar dina föräldrar vara i kontakt med dig på mobilen (samtal eller SMS) för att....?(Sätt ett kryss på varje rad)

	Alla helgkvällar	De flesta helgkvällar	Vissa helgkvällar	Förekommer aldrig	Ej aktuellt
Fråga vad du gör	<input type="checkbox"/>				
Fråga vilka du är med	<input type="checkbox"/>				
Kontrollera om du är onykter eller påverkad	<input type="checkbox"/>				
Påminna dig att komma hem	<input type="checkbox"/>				

87. Har du under de senaste tre månaderna blivit väckt på natten av samtal eller SMS via mobiltelefon?

- Nej
- Ja, någon gång
- Ja, några gånger per månad
- Ja, några gånger per vecka
- Ja, i stort sett varje natt

Trygghet och delaktighet

88. Känner du dig trygg på följande ställen? (Sätt ett kryss på varje rad)

	Ja, oftast eller alltid	Ja, ibland	Nej, sällan eller aldrig
Utomhus i mitt bostadsområde på dagen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utomhus i mitt bostadsområde på kvällen/natten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
På väg till och från skolan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I klassrummet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I skolan på rasterna	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hemma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

89. Tycker du att personalen lyssnade på vad du sa/tyckte vid ditt senaste besök på? (Sätt ett kryss på varje rad)

	Har inte besökt	Ja	Delvis	Nej
Skolsköterskemottagning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tandläkarmottagning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vårdcentral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sjukhus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ungdomsmottagning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

90. Har du någon gång de senaste 12 månaderna deltagit i någon av följande aktiviteter, eller kan du tänka dig att göra det? (Sätt ett kryss på varje rad)

	Det har jag gjort	Det har jag inte gjort, men kan tänka mig att göra det	Det skulle jag aldrig göra
Skriva på en namnsamling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ta kontakt med politiker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skriva insändare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bära märken/symboler som uttrycker en åsikt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delta i demonstrationer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vara medlem i ett politiskt parti	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chatta/debattera politik på Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

91. Har du under de senaste tre månaderna upplevt att någon behandlat dig illa/på ett nedlåtande sätt (så att du tagit illa vid dig)?

- Nej → Gå vidare till fråga 94
- Ja, en gång
- Ja, flera gånger

92. Av vilken orsak blev du illa/nedlåtande behandlad? (Sätt ett eller flera kryss)

- Kön
- Ålder
- Utländsk bakgrund
- Hudfärg
- Sexuell läggning
- Utseende
- Funktionsnedsättning/handikapp
- Religion
- Annat: _____
- Vet ej

93. Jag blev illa/nedlåtande behandlad av/i kontakt med.... (Sätt ett eller flera kryss)

- Någon i min familj
- Kompis
- Grannar/andra i bostadsområdet
- Elever
- Skolans personal
- Förening
- Café, hamburgerbar, pizzeria eller liknande
- Affär
- Främmande person på allmän plats
- Polis
- Hälsa- och sjukvård
- Socialtjänst
- Annan: _____

Till sist.....

94. Har du någon kompis som du tycker du kan prata "om allt" med?

- Ja, flera
- Ja, en
- Nej

95. Hur trivs du i stort sett med livet just nu?

- Jag trivs mycket bra
- Jag trivs ganska bra
- Jag trivs inte särskilt bra
- Jag trivs inte alls

96. Hur ser du på din framtid?

- Jag ser mycket ljust på min framtid
- Jag ser ganska ljust på min framtid
- Jag ser varken ljust eller mörkt på min framtid
- Jag ser ganska mörkt på min framtid
- Jag ser mycket mörkt på min framtid

Har du några kommentarer till enkäten kan du skriva dessa på nästa sida.