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Adolescents' experiences of sexual abuse

Prevalence, abuse characteristics, disclosure, health and ethical aspects

Gisela Priebe

Child and Adolescent Psychiatry
Department of Clinical Sciences
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To
my parents
in memoriam

CONTENTS

ABSTRACT **9**

SVENSK SAMMANFATTNING **10**

ACKNOWLEDGEMENTS **12**

PAPERS INCLUDED IN THE THESIS **15**

ABBREVIATIONS **17**

INTRODUCTION **18**

OVERVIEW OF THE RESEARCH FIELD **20**

History of child sexual abuse 20

Models and theories related to sexual abuse 22
The ecological model 22
Feminist- and gender theories 22
Family systems approaches 23
Finkelhor's four pre-conditions model of sexual abuse 24
Integrated models and framework 25

DEFINITIONS OF SEXUAL ABUSE **26**

Criteria for definitions of child sexual abuse 26

Peer sexual abuse and dating violence 28

Categorisations and indices of severity 28

PREVIOUS EMPIRICAL RESEARCH **30**

Prevalence 30

Disclosure 31

Health and impact of child sexual abuse 32

Psychometric instruments for older adolescents 35

THE ETHICS OF RESEARCH ABOUT SENSITIVE ISSUES **36**

RESEARCH QUESTIONS **38**

Purpose and aim 38
Questions 38

MATERIALS AND METHODS 40

Participants 40
Procedure and ethical considerations 42
Instruments 43
Questionnaire Adolescents' Sexuality – Attitudes and Experiences (Ungdomars sexualitet – attityder och erfarenheter) 44
The Strengths and Difficulties Questionnaire (SDQ) 45
The Sense of Coherence Scale (SOC) 45
I think I am (Jag tycker jag är) 46
Operational definition of sexual abuse 46
Statistics 47

RESULTS 50

Prevalence, abuse characteristics and associations of sexual abuse with socio-demographics and consensual sex (paper I) 50
Aim 50
Results and conclusions 50
Disclosure of sexual abuse (paper II) 51
Aim 51
Results and conclusions 51
Sexual abuse and psychosocial aspects of health (paper III) 52
Aim 52
Results and conclusions 53
The psychometric properties of the SDQ (paper IV) 54
Aim 54
Results and conclusions 54
Ethical aspects of research participation (paper V) 55
Aim 55
Results and conclusions 55

DISCUSSION 58

Prevalence (paper I) 58

Abuse characteristics, socio-demographics and consensual sex (paper I) 58

Disclosure of sexual abuse (paper II) 59

Sexual abuse and psychosocial aspects of health (paper III) 60

The psychometric properties of the SDQ (paper IV) 61

Ethical aspects of research participation (paper V) 63

General patterns of importance 64

Methodological considerations 69
- Self report measures of sexual abuse 69
- Operational definition of sexual abuse 70
- Study design 70
- Sampling 71
- Comparative research 72

MAIN CONCLUSIONS **73**

Clinical and social implications 73

Suggestions for further research 74

REFERENCES **75**

APPENDIX I

Questionnaire Adolescents' Sexuality – Attitudes and Experiences (Ungdomars sexualitet – attityder och erfarenheter)

APPENDIX II

References to the questionnaire Adolescents' Sexuality – Attitudes and Experiences (Ungdomars sexualitet – attityder och erfarenheter)

ABSTRACT

The purpose of this thesis was to investigate aspects of self-reported sexual abuse during childhood and adolescence in a population-based study of Swedish high school students. The aim of this thesis was first to investigate the lifetime prevalence of sexual abuse of varying severity and characteristics as well as the associations between sexual abuse, gender, socio-demographic characteristics and consensual sexual experiences. The next aim was to investigate disclosure rates and disclosure patterns as well as predictors of non-disclosure. A further aim was to study the associations between sexual abuse and different aspects of psychosocial health. One of the measures of psychosocial health used in the study was the *Strengths and Difficulties Questionnaire (SDQ)* and a further aim of the thesis was to examine its psychometric properties when used with young people at age 17 – 19 years. Finally, it was an aim of this thesis to highlight ethical aspects of research about sexual abuse by investigating vulnerable participants' experience with the survey.

A school-based sample of more than 4,000 high school seniors in five Swedish towns completed the questionnaire "Adolescents' Sexuality – Attitudes and Experiences". The same questionnaire was completed by young people in six other countries as part of The Baltic Sea Regional Study on Adolescents' Sexuality. Data from both the Swedish and the Estonian sample were used when vulnerable participants' experience of the survey were examined. A sub-sample of more than 1,000 participants in one of the Swedish towns completed additional questionnaires (*SDQ, Sense of Coherence and I think I am*).

Lifetime prevalence rates were shown for three different categories of sexual abuse: non-contact abuse, contact abuse and penetrating abuse. Penetrating abuse was related to more severe abuse characteristics, less frequent disclosure, more emotional and behavioural symptoms, weaker sense of coherence and poorer self-esteem when compared to non-abuse, non-contact or contact abuse. A substantial portion of the sexual abuse was committed by peers. At the same time, peers were the most often mentioned recipients of disclosure of sexual abuse. Few sexually exposed adolescents had talked to a professional. The *SDQ* had acceptable reliability and validity for use with adolescents at age 17 – 19 years. *Sense of Coherence* was found to be the measure of psychosocial health that was most clearly associated with sexual abuse, even after adjustment for confounding variables. Family factors, in particular parental bonding, were shown to be strongly related to different aspects of sexual abuse. A model of the participants' experience with the survey did not support the idea that vulnerable young people should be protected from participation in research about sensitive issues.

Keywords: Adolescents, Characteristics of sexual abuse, Disclosure, Health, Prevalence, Research Ethics, Sense of Coherence, Sexual abuse.

SVENSK SAMMANFATTNING

Huvudsyftet med denna avhandling var att undersöka olika aspekter av självrapporterade sexuella övergrepp under barndom och ungdomstid i en befolkningsstudie med svenska gymnasieelever. Ett av målen var att undersöka livstidsprevalensen för olika typer av sexuella övergrepp och olika övergreppsvariabler samt relationen mellan sexuella övergrepp, kön, sociodemografiska variabler och frivilliga sexuella erfarenheter. Ett annat mål var att studera i vilken utsträckning ungdomarna har berättat om övergreppen, vilka mönster som förekommer i samband med berättandet och vilka faktorer som påverkar att ungdomar väljer att inte berätta om övergreppen. Ytterligare ett mål var att studera sambanden mellan sexuella övergrepp och olika aspekter av psykosocial hälsa. Ett av instrumenten för mätning av psykosocial hälsa som har använts i studien var *Strengths and Difficulties Questionnaire (SDQ).* Ett av avhandlingens mål var att undersöka de psykometriska egenskaperna av instrumentet när det används i åldergruppen 17 till 19 år. Slutligen var en målsättning med avhandlingen att belysa etiska aspekter kring forskning om sexuella övergrepp genom att undersöka särskilt sårbara deltagares upplevelse av att fylla i enkäten.

En skolbaserad undersökningsgrupp bestående av mer än 4000 ungdomar i år 3 på gymnasiet i fem svenska städer fyllde i frågeformuläret ”Ungdomars sexualitet – attityder och erfarenheter”. Samma frågeformulär användes också i flera andra länder inom ramen för The Baltic Sea Regional Study on Adolescents’ Sexuality. Datamaterial från såväl den svenska som den estniska undersökningsgruppen användes vid undersökningen av sårbara deltagares upplevelse av att fylla i enkäten. En delgrupp bestående av med än 1000 deltagare i en av de svenska städerna fyllde i ytterligare frågeformulär (*SDQ, KASAM* och *Jag tycker jag är*).

Livstidsprevalensen beräknades för tre olika former av sexuella övergrepp: övergrepp utan fysisk kontakt, övergrepp med fysisk kontakt men utan penetration och penetrerande övergrepp. Penetrerande övergrepp var associerade med de mest allvarliga övergreppsvariablerna. Det var också mindre vanligt att dessa ungdomar berättade om övergreppen och de rapporterade fler emotionella och beteenderelaterade symptom, svagare *KASAM* och en mer negativ självvärdering vid jämförelse med icke utsatta ungdomar eller ungdomar som hade blivit utsatta för övergrepp utan fysisk kontakt eller övergrepp med fysisk kontakt men utan penetration. I en väsentlig del av övergreppen hade förövaren varit en annan ungdom. Samtidigt nämndes jämnåriga som den vanligaste mottagaren av berättelsen om övergreppet. Få sexuellt utsatta ungdomar hade talat med en professionell vuxen om övergreppen. Instrumentet *SDQ* hade acceptabel reliabilitet och validitet vid användning i åldergruppen 17 till 19 år. *Sense of Coherence* var det mätinstrumentet avseende psykosocial hälsa som var starkast relaterad till sexuella övergrepp, även efter kontroll för störfaktorer. Också familjevariabler, i synnerhet band till föräldrarna (parental bonding), var starkt

relaterade till olika övergreppsaspekter. En modell för deltagarnas upplevelse av att svara på enkätfrågorna gav inget stöd till tanken att sårbara ungdomar borde skyddas från att delta i forskning om känsliga ämnen som sexualitet och sexuella övergrepp.

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PAPERS INCLUDED IN THE THESIS

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

Paper I
Priebe, G. & Svedin, C.G. (2009). Prevalence, characteristics and associations of sexual abuse with sociodemographics and consensual sex in a population-based sample of Swedish adolescents. *Journal of Child Sexual Abuse,* 18, 19-39.

Paper II
Priebe, G. & Svedin, C.G. (2008). Child sexual abuse is largely hidden from the adult society. An epidemiological study of adolescents' disclosures. *Child Abuse & Neglect,* 32, 1095-1108.

Paper III
Priebe, G., Hansson, K, & Svedin, C.G. (Submitted). Sexual abuse and associations with psychosocial aspects of health. A population based study with Swedish adolescents.

Paper IV
Svedin, C.G. & Priebe, G. (2008). The Strengths and Difficulties Questionnaire as a screening instrument in a community sample of high school seniors in Sweden. *Nordic Journal of Psychiatry,* 62, 225 – 232.

Paper V
Priebe, G., Bäckström, M., & Ainsaar, M. (Submitted). Vulnerable adolescent participants' experience in surveys on sexuality and sexual abuse: Ethical aspects.

Papers I, II and IV were re-printed with permission from the publishers.

ABBREVIATIONS

A-DES	Adolescent Dissociative Experience Scale
ADIS-IV	The Anxiety Disorders Interview Schedule for Children
DIS-Q	Dissociation Questionnaire
DSHI/DSHI-9	Deliberate Self-Harm Inventory
ISPCAN	International Society for Prevention of Child Abuse and Neglect
JVQ	Juvenile Victimization Questionnaire
K-SADS-PL	Kiddie-Sads-Aktuell och Livstids Version
LITE-S	Lifetime Incidence of Traumatic Events (selfreport version)
PTSD	Posttraumatic Stress Disorder
SAM 73-90	National Survey on Adolescent Sexuality in Sweden, 1990
SAM 2000	survey developed from SAM 73-90
SASS	Sexual Abuse Severity Score
SCL-90	Symptom Checklist 90
SDQ	Strengths and Difficulties Questionnaire
SOC	Sense of Coherence Scale
SPSQ	Social Phobia Screening Questionnaire
SPSQ-C	Social Phobia Screening Questionnaire for Children
SPSS	Statistical Package for the Social Sciences
TCI-125	The Temperament and Character Inventory
TSCC	Trauma Symptom Checklist for Children
WHO	World Health Organization
YSR	Youth Self Report

INTRODUCTION

This thesis deals with different aspects of self-reported sexual abuse during childhood and adolescence in a population-based study with Swedish high school students. Since the (re-)discovery of sexual abuse in the 1970s a large number of studies about the issue have been carried out. Most of them are retrospective with adult participants, mainly women, and many studies are based on clinical or forensic samples. At the same time, it is well known that many cases of sexual abuse never come to the knowledge of the professional system. Epidemiological studies of sexual abuse can increase our knowledge about the extent of the problem the characteristics of victims and perpetrators, and characteristics of the sexual abuse itself (Leventhal, 1998). They may also offer a baseline for the assessment of prevention policies and treatment programmes (Gorey & Leslie, 1997).

As girls are overrepresented as victims of sexual abuse, the focus of the research has often been on female victims and there are relatively few population-based studies with young people that include a sufficient number of boys reporting exposure to sexual abuse. Both girls and boys are included in the study that constitutes the base of this thesis and their data are shown separately in order to clarify similarities and differences between genders. Prevalence rates and abuse characteristics are reported as well as disclosure patterns and predictors of non-disclosure.

A great number of studies deal with the impact of sexual abuse, often penetrating abuse, in terms of traumatisation and the development of psychiatric disorders such as depression and Posttraumatic Stress Disorder (PTSD) (see reviews of the research literature in Briere & Elliott, 1994; Fergusson & Mullen, 1999; Kendall-Tackett, Meyer Williams, 1993; Putnam, 2003). Less attention has been paid to the associations between different types of sexual abuse, even less severe forms, and the everyday psychosocial wellbeing and health of the victims. For example, to our knowledge, sense of coherence has not been investigated in association with exposure to sexual abuse with adolescent participants. The number of available instruments that are appropriate for older adolescents is relatively limited. One of the papers in this thesis describes the psychometric properties of the self report version of the Strengths and Difficulties Questionnaire (SDQ) - originally developed for children 11 to 16 years old - when used with adolescents 17 to 19 years old.

Young people's participation in research about sensitive issues such as sexual abuse raises ethical questions. It is in the interest of a society that wants to take responsibility to gain knowledge in order to be able to offer support and prevention (Helweg-Larsen & Larsen, 2003; Helweg-Larsen, Larsen, & Andersen, 2001). At the same time, concerns that questioning about sexual abuse could lead to marked personal distress or adverse reactions among those exposed to child sexual abuse appear to arise frequently when research into child sexual abuse is proposed (Fergusson & Mullen, 1999). Swedish legislation concerning ethical review of research with humans was strengthened in 2008 (SFS 2008:192) and it is now

obligatory that research where there is an obvious risk that research participants might be physically or psychologically harmed has to be reviewed by an ethics review board. Information about how young people actually experience their participation in research could facilitate the decisions of the ethics review boards, but so far, data are scarce. The fifth paper in the thesis tries to address this issue.

This thesis has been written in the context of other research. I had been working as a clinical psychologist and psychotherapist mainly in adult and child and adolescent psychiatry for a number of years when I began to be interested in doing research. When the opportunity to be engaged in the Swedish part of The Baltic Sea Regional Study on Adolescents' Sexuality came up together with the possibility to write a thesis about adolescents exposed to sexual abuse, I did not hesitate to take that chance. The study was coordinated by Svein Mossige at the Norwegian Social Research Institute in Oslo in collaboration with Lars Lööf at the Childcentre of the Baltic Sea States in Stockholm. A survey about adolescents' sexuality and experiences of sexual abuse, their own sexually abusive behaviour and sexual exploitation (selling sexual services for compensation) was constructed and implemented in Estonia, Iceland, Lithuania, Norway, North-West Russia, Poland and Sweden during 2003. About 20,000 participants around the age of 18 took part in the international study. A common database was established and a common report was published (Mossige, Ainsaar, & Svedin, 2007). The first task in the analysis of the Swedish data was to investigate the occurrence of sexual exploitation on behalf of the Committee into Knowledge concerning Sexual Exploitation of Children in Sweden (S 2003:5) and this resulted in a report (Svedin & Priebe, 2004) and a scientific article (Svedin & Priebe, 2007). While this thesis focuses on exposure to sexual abuse, Cecilia Kjellgren has investigated different aspects of young people's own sexually abusive behaviour using Swedish and Norwegian data in three papers included in her forthcoming thesis (Kjellgren, Långström, Priebe, Svedin, submitted; Kjellgren, Priebe, Svedin, Mossige, & Långström, submitted; Seto, Kjellgren, Priebe, Mossige, Svedin, & Långström, submitted). Another aspect that has been investigated based on the Swedish data is that of pornography use among adolescents (Svedin & Åkerman, 2006; Priebe, Åkerman, & Svedin, 2007; Svedin, Åkerman, & Priebe, submitted).

Slightly modified versions of the Swedish survey have been used in other Swedish research about sexual exploitation of young people (Abelsson & Hulusjö, 2008; Näslund & Ahlgren, n.d.). A revised and updated version is being used by Svedin and Priebe in an ongoing study (Spring 2009) on the commission of The Swedish National Board for Youth Affairs (Ungdomsstyrelsen) about sexual exploitation and internet-related abuse with a special focus on homo-, bi- and trans-sexuality.

OVERVIEW OF THE RESEARCH FIELD

History of child sexual abuse

Child sexual abuse has been discovered and rediscovered throughout history (Fergusson & Mullen, 1999). One of the more influential rediscoveries was that of Freud, who initially concluded that many of his patients had been molested or victimized during childhood, conclusions on which he formulated his seduction theory. After Freud had abandoned this seduction theory in favour of the Oedipal theory, accounts of child sexual abuse were relegated to being childhood fantasies rather than descriptions of reality (Fergusson & Mullen, 1999). It was not until the mid-1970s that child sexual abuse began to appear on the agenda of mental health and child welfare professionals (Finkelhor, 1986). Scott (1995) argued that the social construction of child sexual abuse could be represented by four stages: discovery, diffusion, consolidation and reification. With reference to Scott, Fergusson and Mullen (1999) described three epochs during the time period from 1970 to 2000.

The (re-)discovery of child sexual abuse: 1970-1980. The initial impetus for contemporary concerns about child sexual abuse was provided by accounts of adult women reporting on their personal experiences. The accounts were often linked to themes emerging from the women's movement such as the politics of gender and the politics of victimization. The primary focus of concern was with father-daughter incest rather than with the broader issue of child sexual abuse.

Diffusion: 1980-1990. Child sexual abuse was actively presented to the public, policymakers, and professionals as being sufficiently prevalent, sufficiently damaging, and sufficiently important to be seen as a problem of major social significance. The definition of child sexual abuse tended to become increasingly broad. Presentations in the media gave the impression to many members of the public that large numbers of children were exposed to serious sexual assault. The growing awareness of child sexual abuse led to greater professional and scientific involvement, particularly with regard to the role of child sexual abuse in the genesis of mental health problems. According to Fergusson and Mullen (1999), the ascertainment of child sexual abuse was overzealous on occasion. There was an exponential increase in research in the area, with researchers seeking to verify and examine claims about the prevalence of child sexual abuse, the social context within which the abuse occurred, and the consequences of child sexual abuse for personal adjustment. Initial studies in this area were confined to relatively small and selected patient samples, but with the passage of time an increasing number of large-scale studies of child sexual abuse were conducted in the general population.

Consolidation/Reification: 1990-2000. The consolidation of knowledge about child sexual abuse made three general conclusions possible. First, exposure to unwanted sexual experience during childhood was not uncommon. Second, children reared in certain social or family circumstances were at increased risk for being sexually abused. Third, exposure to child sexual abuse was associated with increased risks of mental health and adjustment problems both during childhood and in adulthood. These conclusions led to a growing awareness that child sexual abuse victims had the right to therapy, support, services and systems that specifically catered to the needs of abuse victims were developed. According to Scott (1995) the final stage of the process of rediscovery involves reification. Reification means changes whereby a fluid social process becomes solidified into a rigid construct whose general properties and features remain beyond doubt or question. Nevertheless, Fergusson and Mullen (1999) stated that it was still far from clear what constituted child sexual abuse.

In 1999, Fergusson and Mullen expected that there would be an increasing focus on the extent to which child sexual abuse therapies actually deliver what they claim to deliver. The challenge and contribution of the current decade could be labelled as *need for evidence based practice and comparative epidemiological research.* During recent years, efforts have been made to identify "first choice" approaches that have empirical support for their efficacy and to develop guidelines for the clinical assessment and treatment of sexually and physically abused children and their families. For example, 24 approaches including child focused interventions, interventions for families, parent-child and parents as well as offender interventions were reviewed and classified on the basis of the empirical support that was found for them (Saunders, Berliner, & Hanson, 2004). Three of them were identified as evidence based treatments (Chadwick Center for Children and Families, 2004): Trauma Focused-Cognitive Behavioral Therapy (TF-CBT) (Cohen, Mannarino, & Deblinger, 2006), Abuse Focused – Cognitive Behavioral Therapy (AF-CBT) and Parent Child Interaction Therapy (PCIT). WHO and ISPCAN (2006) also underlined the current need for effective interventions, not only for assessment and treatment, but also for policies and programmes for child maltreatment prevention. As a prerequisite for effective interventions, good epidemiological data about the frequency and the characteristics of abuse as well as risk-factors and protective factors are needed. WHO and ISPCAN (2006) recommend that population-based large-scale surveys of children and adults should be carried out in order to identify all cases of maltreatment and not only those that are presented to the available services. WHO and ISPCAN (2006) also stated that surveys need to be repeated with same-age groups at periodic intervals. This gives researchers the possibility of investigating changes over time and of tracking how the phenomenon responds to prevention efforts. In addition, identical questionnaires, identical research designs and identical interviewing techniques should ideally be used for surveys in different settings in order to obtain results that are directly comparable. WHO and ISPCAN (2006) suggested especially the use of four survey instruments: the Parent-Child Conflict Tactics Scale, the Adverse Childhood Experiences questionnaires, the

Lifetime Victimization Screening questionnaire and the ISPCAN Child Abuse Screening Tools.

Models and theories related to sexual abuse

The ecological model

Bronfenbrenner's (1977) ecological model of human development includes four interacting systems: the microsystem (all relations between the individual and his or her immediate setting as for example the family), the mesosystem (interrelations among different immediate settings containing the individual), the exosystem (formal and informal social structures such as school or work that do not themselves contain the individual, but impinge upon or encompass the individual's immediate settings) and the macrosystem (comprehensive cultural values and belief systems that influence the micro-, meso- and exosystems).

Belsky (1980) presented a model concerning the etiology of child maltreatment within the family based on Bronfenbrenner's model and adding ontogenic development as a level of analysis: the ontogenic development (childhood histories of abusive parents), the microsystem (the family where the maltreatment takes place), the exosystem including formal and informal social structures such as unemployment, neighbourhood or support systems that do no themselves contain the maltreated child but that nevertheless exert an impact upon his or her development and, finally, the macrosystem including larger cultural fabric such as society's attitudes towards violence, corporal punishment, and children. The ecological model is used by international organisations such as WHO and ISPCAN in the context of policies, programmes for child maltreatment prevention and victim services (WHO, 1999; WHO & ISPCAN, 2006).

Feminist- and gender theories

As mentioned above, the women's movement played an important role in the (re)discovery of child sexual abuse in the 1970s. Feminist theories put emphasis on cultural dimensions of child sexual abuse and highlighted the importance of gender, patriarchy, masculinity/male socialization and power/powerlessness (Breckenridge, 1992; Cossins, 2000; Featherstone & Fawcett, 1994; Lancaster & Lumb, 1999). At the same time, they have been criticized for failure to explain why not all men end up as sexual offenders as they are exposed to the same cultural influences (for a review, see Purvis & Ward, 2006).

Theories about masculinities and male sexualities offer the concept of hegemonic masculinity - the norm that "real men" are heterosexual and powerful (Connell, 2000; Kimmel, Hearn, & Connell, 2005) - and homophobia as a consequence of this (Kimmel, 1994). This contributes to the understanding of the experience of sexually abused boys who may feel that being a victim of sexual abuse is not compatible with

appropriate masculinity (Browne, 1991; Durham, 2003; Holmes, Offen, & Waller, 1997).

Family systems approaches

In this section, some of several possible examples for family systems approaches concerning child sexual abuse are presented. In a family-systemic approach based on clinical work and the evaluation of a treatment project mainly for families where father-daughter or stepfather-stepdaughter incest had occurred, sexual abuse was seen as an expression of severe relationship problems in the family (Fürniss, Bingley-Miller & Bentovim, 1984). Fürniss (1984) described two patterns of family characteristics in these families: in conflict-avoiding families the abuse seems to serve the purpose of avoiding open conflict between the parents while in conflict-regulating families the abuse regulates conflicts. The patterns are not regarded as etiological, but are intended to explain the mechanisms which sustain long-term child sexual abuse in the family (Fürniss, 1991).

Bentovim (1992; 1996) described a "trauma-organised system", where the offender organises reality by blaming the child for triggering his response, the child attributes actions of the offender to himself or herself and there is no protector available for the child.

> *The victimizer is overwhelmed by impulses to actions of a physically, sexually, or emotionally abusive nature which emerge from his or her own experiences. These are felt to be overwhelming and beyond control. The cause is attributed to the "victim" who, in line with individual, familial, and cultural expectations, is construed as responsible for the victimizer's feelings and intentions. Any action on the victim's part as a result of abuse, or to avoid abuse, is to be interpreted as further cause for disinhibition of violent action and justification for further abuse. Any potentially protective figure is organized or neutralized by the process of deletion and by minimization of victimizing actions or traumatic effects. Deletion and minimization characterizes the thinking processes of the victimizer and victim alike. The motto of those involved in the trauma-organized system is, "First - 'see no evil'; Second – 'hear no evil'; Third – 'speak no evil'; and the Fourth – 'think no evil'". (1992, p.xx-xxi).*

The attachment pattern between parent and child is a key element in trauma-organised systems (Bentovim, 1992). The family must be seen in a cultural context where violence is tolerated, accepted, and even mandated for (Bentovim, 1992). Incidents of family violence are usually not isolated events, but instead tend to be repeated and to have cumulative effects over time (Bentovim, 1992).

There has been some criticism against family systems approaches. For example, Finkelhor (1987) identifies some of the limitations of family systems approaches (not directly related to the above named approaches). First, family systems approaches often focus on father-daughter incest although this problem constitutes only a small proportion of all sexual abuse cases. Second, family systems approaches often distinguish strictly between intra-familial and extra-familial abuse, but with the

exception of father-daughter incest it has not been possible to show clearly that intra-family sexual abuse causes more trauma than extra-family abuse. Third, family systems approaches often imply that sexually abusive behaviour is an adaptation to some type of whole family dysfunction, rather than a deviant proclivity in the father who would be inclined to engage in abuse independent of family dynamics. Fourth, in some versions of the analysis in family systems approaches, value judgements are included that place "moral responsibility" for the abuse on the mothers.

Finkelhor's four pre-conditions model of sexual abuse

Finkelhor has developed the "four pre-conditions model of sexual abuse" as an attempt to bring together the variety of factors that have been found to contribute to the occurrence of sexual abuse both within and outside the family. This model has a high level of generality and is intended to be adaptable to all types of sexual abuse (Finkelhor, 1987). Four preconditions must be fulfilled before sexual abuse can occur (Finkelhor, 1987).

1. A potential offender needs to have some motivation to abuse a child sexually. Three motivational components are involved: (i) emotional congruence (relating sexually to the child is motivated by the satisfaction of an important emotional need), (ii) sexual arousal (children are experienced as unusually sexually arousing) and (iii) blockage (alternative sources of sexual gratification are not available).

2. The potential offender has to overcome internal inhibitions against acting on that motivation. Internal inhibitions such as the recognition that the behaviour is wrong and illegal can by overcome by alcohol, stress, learned rationalizations, culturally weakened taboos and personality factors such as impulse disorder.

3. The potential offender has to overcome external impediments to acting on that motivation. Many impediments in the environment may inhibit sexual abuse, but these are undermined when children are poorly supervised or when offenders have unusual opportunities for access to a child.

4. The potential offender or some other factor has to undermine or overcome the child's resistance to sexual abuse. Children's resistance can be undermined when they are emotionally insecure, lack knowledge about sex or have a relationship of great trust with the abuser.

Integrated models and framework

With Belsky's model as a starting point, Heise (1998) developed an integrated ecological framework concerning violence against women, which can be applied both on an individual level and in cross-cultural studies. Based on Bronfenbrenner's, Belsky's and Heise's work, Grauerholz (2000) developed an ecological approach to understand sexual re-victimization. Her model explores how sexual re-victimization is multiply determined by factors related to the victim's personal history (for example child sexual abuse), the relationship in which re-victimization occurs (for example decreased ability to resist unwanted sexual advances), the community (for example lack of social support), and the larger culture (for example blaming the victim attitudes).

Ward and colleagues (Ward & Hudson, 1998; Ward & Siegert, 2002; Beech & Ward, 2004; Ward & Beech, 2006) work on theory building with the aim of contributing to an integrated framework that is able to explain the onset, development, and maintenance of sexual offending. Beech and Ward (2004) present a model of the offence process that integrates four etiological theories of sexual abuse (among them Finkelhor's above mentioned model and the Pathways Model developed by Ward & Siegert, 2002) and risk assessment systems. The model describes the interaction between developmental factors, psychological vulnerabilities, contextual or triggering factors and these factors' convergence in offense-related psychological states. In the Integrated Theory of Sexual Offending (Ward & Beech, 2006) sexual abuse is seen as a consequence of the following interacting causal variables: factors that affect brain development (evolution, genetic determinants and neurobiological functioning), ecological factors (social and cultural environment, person circumstances, physical environment) and neuropsychological functioning (motivational/emotional system, action selection/control system and perception/memory system). A limitation of these models is that all factors are related to the offender while variables and possible risk factors related to the victim are omitted.

DEFINITIONS OF SEXUAL ABUSE

Criteria for definitions of child sexual abuse

The issue of sexual abuse falls into the domains of various disciplines such as psychology, sociology, psychiatry, paediatrics, social work, criminology and law. In addition to the term "sexual abuse" other terms such as "sexual exploitation", "sexual violence" or "sexual assault" are used almost synonymously. It may be difficult to find a definition of sexual abuse that is appropriate for all professional domains that are engaged in the issue of child sexual abuse. At the same time, there is a need for communication and exchange of knowledge between the different disciplines. Schechter and Roberge (1976) gave the following definition of sexual exploitation:

> *The sexual exploitation of children refers to the involvement of dependent developmentally immature children and adolescents in sexual activities that they do not fully comprehend, are unable to give informed consent to, and that violate the social taboos of family roles. (p.129)*

This definition indicates that a minor is abused by an adult member of the family. The authors add that they focus on incest rather than child molestation in general "because of its more insidious, collusive, secretive, and chronically pervasive course within a family" (Schechter & Roberge, 1976, p.129). Schechter and Roberge's definition is one of the definitions of child sexual abuse most often referred to in the literature (Fürniss, 1991; Söderholm, 2006; Svedin & Banck, 2002).

Bentovim (1992) gave a definition of sexual violence that does not necessarily imply that the perpetrator is a member of the family:

> *… an act perpetrated not as a mutual act freely enjoyed by partners who can consent, but as an act initiated for the satisfaction of one individual without the consent of a partner, or with a partner who by reason of age or understanding could not give consent. (p.13)*

In 1986, Finkelhor published a review of the available research in the field of child sexual abuse (Finkelhor, 1986). He found differences between studies concerning the operational definition of sexual abuse. The definitions may differ in the following aspects:

Types of experiences: non-contact abuse (encounters with exhibitionists and solicitation to engage in sexual activity) or contact abuse (behaviours that do involve sexual contact, including fondling of breasts and genitals, intercourse, and oral or anal sex).

Upper age limit placed on the victim's age at the time the incident occurred. Finkelhor (1986) found an age limit of 16 or 17 years in most of the studies reviewed.

Inclusion or exclusion of incidents involving peers as perpetrators. When incidents involving peers were included in the studies, it was usually required that the

experience was unwanted, forced or coercive in order to distinguish them from sexual exploration with peers (Finkelhor, 1986).

Age differences between victim and perpetrator. When age differences were used as a criteria, most studies required an age discrepancy of five years in general or, as an alternative, five years in childhood (up to age 12) and 10 years in adolescence (ages 13 to 16) (Finkelhor, 1986). Fergusson and Mullen (1999) found in a review of studies about child sexual abuse that a number of studies had used an upper age limit of age 16 while others had used age limits as low as 12 years, samples varying in age or an upper age limit of age 18.

Type of relation between victim and offender. This criterion is not explicitly mentioned by Finkelhor (1986), but in one of the studies cited a difference between extra-familial and intra-familial abuse was made (Russell, 1983).

An example for how prevalence rates might vary when different criteria for child sexual abuse are used in the same data material is given by Tambs (1994) in a retrospective study with 1,833 Norwegian adults. The prevalence rates ranged between 2.3% and 30.7% for women and between 0.1% and 15.7% for men (Table 1).

Table 1. Varying prevalence rates in the same data material depending on different criteria for child sexual abuse (Tambs 1994).

	women	men
sexual abuse (including non-contact abuse) before the age of 18 years, at least one incident	30.7%	15.7%
sexual abuse that included genital contact before the age of 18 years, at least one incident (=a)	13.3%	7.1%
a + age difference between victim and perpetrator at least 4 years (=b)	9.7%	5.0%
b + victim's age at abuse occasion was lower than 16 years (=c)	8.7%	4.6%
c + victim perceived the incident as very uncomfortable (=d)	5.0%	0.7%
d + more than one incident	2.3%	0.1%

This underlines the necessity of research clearly showing which definition of sexual abuse is being used in each study. But it may also reflect the dynamic development of the research field where new and different aspects are considered in different studies. This corresponds with Scott's (1995) description of different stages in the social construction of child sexual abuse and Bentovim's (1992) description of a constant process of social definition, construction, de-construction, and reconstruction of sexual abuse and other aspects of family violence.

Peer sexual abuse and dating violence

Sexual abuse committed by young people is sometimes difficult to distinguish from normal sexual activity in adolescence. Prior to the early 1980s, sexually offensive behaviour of juveniles was not seen as assaultive, but estimates suggest that about 20% of all rapes and between 30% and 50% of child molestations are perpetrated by adolescent males (Barbaree & Marshall, 2005). Traditionally, research about child sexual abuse often uses the criterion of an age difference of at least five years between the older offender and the younger victim. During the past few years, increased attention has been paid to sexual abuse when the age difference is less than five years including perpetrators who may be even younger than the person they abuse. For example, Bouvier et al. (1999) and Pedersen and Aas (1995) included peer perpetrators in their studies. Two terms are used to describe this abuse. "Peer abuse" focuses on the fact that offender and victim are of about the same age without any statement about the nature of their relationship; thus, the offender may be a (dating) partner or ex-partner, a friend, an acquaintance or a stranger. The term "dating violence" is used to describe violence in dating relationships and includes sexual, physical and emotional assaults (Brown, Puster, Vazquez, Hunter, & Lescano, 2007; Hickman, Jaycox, & Aronoff, 2004; Jackson, 1999; Lacasse & Mendelson, 2007; Rickert, Wiemann, Vaughan, & White, 2004; Spencer & Bryant, 2000).

Categorisations and indices of severity

Efforts have been made to develop categorisations of child sexual abuse, often according to type of behaviour or seriousness of the abuse (Bouvier et al., 1999; Fergusson, Horwood, & Lynskey, 1997; Fergusson, Lynskey, & Horwood, 1996; Halpérin et al., 1996; Rickert et al., 2004). A widely used categorisation (e.g., Fergussuon & Mullen, 1999; Halpérin et al., 1996) is the following: (i) non-contact abuse (abuse without physical contact between victim and perpetrator), (ii) contact sexual abuse (physical contact without penetration), and (iii) penetrating sexual abuse (penetrating sexual abuse such as oral or anal sex or intercourse).

Other categorisations include a number of abuse characteristics in addition to the type of sexual behaviour. For example, Bouvier et al. (1999) used factor analysis and identified five classes of child sexual abuse in a study of adolescents between 14 and 16 years of age: (i) exhibitionism or other abuse without contact, committed by an adult unknown to the victim at a single abuse occasion, (ii) abuse of an adolescent boy by a peer without contact, (iii) abuse of an adolescent girl by a peer with physical contact, (iv) repeated contact abuse inside the family, committed by an adult and typically begun when the victim was between eight and 11 years of age, (v) abuse with genital penetration, lasting two years or more, committed by an adult known to the child, typically begun before the victim was eight years of age.

Briere and Elliott (1994) and Kendall-Tackett, Meyer Williams and Finkelhor (1993) reviewed research about the impact of child sexual abuse and identified a number of variables that were associated with increased distress and a greater number of symptoms: oral, anal or vaginal penetration, molestation at an especially early age, long duration or high frequency of the abuse, incest by a biological parent or other close perpetrator, the presence of force, and a greater number of perpetrators. Intrafamilial abuse often occurs over a longer time period and involves more serious sexual activity (Kendall-Tackett, Meyer Williams, & Finkelhor, 1993).

A Sexual Abuse Severity Score (SASS) has been developed by Zink, Klesges, Stevens and Decker (2009) in order to quantify the severity of child sexual abuse in relation to trauma symptoms, somatisation and alcohol abuse. Allocated weights are used for a number of abuse-related variables (age of first sexual abuse, number of perpetrators, maximum coercion ever experienced, most severe abuse ever experienced, and number of occurrences of abuse) and a total score can be calculated.

PREVIOUS EMPIRICAL RESEARCH

Prevalence

The occurrence of child sexual abuse can be measured in different ways. "Incidence studies" estimate the number of new cases occurring in a given time period, usually a year. "Prevalence studies" estimate the proportion of a population that has been sexually abused in the course of their childhood. Strictly, what is reported in most studies of child sexual abuse is the cumulative incidence of abuse over the period of childhood, but the term prevalence is widely used and cumulative incidence and prevalence estimate have a similar interpretation, reflecting the proportion of those who report or disclose exposure to childhood sexual abuse at a given time (Fergusson & Mullen, 1999). As many cases of sexual abuse are never reported to the professional system, self-report measures are often regarded to be the most valid measures of the "true" occurrence of sexual abuse (Finkelhor, 1986). Incidence figures are usually expressed as a number or a rate per year while prevalence figures are expressed as a percentage (Finkelhor, 1986). For example, 1,385 cases of rape against a child under the age of 15 (15 cases per 100,000 inhabitants) and 990 cases of rape against a young person between 15 and 17 years old (11 cases per 100,000 inhabitants) were reported to the police in Sweden in 2008 (Swedish National Council for Crime Prevention, 2009).

Prevalence rates from different studies often diverge widely. Finkelhor (1986) found rates ranging from 6% to 62% for females and from 3% to 31% for males in his review of North American studies. The great variation in prevalence rates from study to study can be explained by differences in definition of sexual abuse, measurement, samples, and reporting methods (Fergusson & Mullen, 1999; Paolucci, Genuis, & Violato, 2001; Peters, Wyatt, & Finkelhor, 1986); by diversity in age and gender of the child, age and gender of the perpetrator, nature of the relationship between child and perpetrator, and number, frequency, and duration of the abuse experiences (Peters et al., 1986; Putnam, 2003); and by age differences between victim and offender and type of pressure and force used (Peters et al., 1986). The variation in prevalence rates could also result from real differences in different cultures, either within multicultural populations (Kenny & McEachern, 2000) or between different countries. Finkelhor (1994) reviewed surveys of child sexual abuse in large non-clinical populations in 21 countries and found prevalence rates in line with comparable North American research. In The Baltic Sea Regional Study on Adolescents' Sexuality (Mossige, Ainsaar, & Svedin, 2007) a comparison of 18-year-olds in Estonia, Lithuania, Norway, Poland and Sweden showed that the prevalence rate of penetrating abuse was rather evenly spread among females from all five countries, with Estonian girls

reporting the lowest frequency, while there was a greater diversity among boys from different countries (the study was also implemented in Iceland and North-West Russia, but due to differences in methods the data were not comparable). Hickman, Jaycox and Aronoff (2004) found in a review of prevalence rates that between 14% and 43% of females and between 0.3% and 36% of males had experienced sexual violence in dating relationships. The diverging prevalence rates may reflect differences in the definitions of sexual abuse, sample characteristics, sampling techniques, data collection procedures or instruments (Finkelhor, 1986).

Upper age limits may reflect different criteria for when childhood ends. Some of the studies set the upper age limit at 15 or 16 years to define childhood (Fergusson & Mullen, 1999) which is also about the age of consent. Other studies used an age limit of 18 years (Lundqvist, 2005). In the United Nation's Convention on the Rights of the Child the term "child" means every human being below the age of 18 years unless majority is attained earlier according to the law applicable to the child in a specific country. When no age limit is specified, lifetime exposure is measured with an upper age limit of the participants' age at the time for the implementation of the study.

Disclosure

Disclosure of sexual abuse is a multifaceted concept with both intra- and interpersonal dimensions and a process over time that can be repeated during the whole life course (Lindblad, 2007). Two main actors are involved – the discloser who has been exposed to the sexual abuse and who tells about this intentionally or by accident and the receiver of the disclosure who may be a representative of the authorities (formal receiver) or a layman, usually someone close to the child (informal receiver) (Lindblad, 2007).

Most studies of disclosure of sexual abuse during childhood either focus on children's disclosure in a professional setting such as in a forensic or clinical interview (Berliner & Conte, 1995; Bradley & Wood, 1996; DeVoe & Faller, 1999; Jensen, Gulbrandsen, Mossige, Reichelt, & Tjersland, 2005; Sjöberg & Lindblad, 2002; Sorensen & Snow, 1991; Svedin & Back, 2003) or on population-based retrospective reports from adults (Arata, 1998; Collings, 1995; Finkelhor, Hotaling, Lewis, & Smith, 1990; Hanson, Resnick, Saunders, Kilpatrick, & Best, 1999; Roesler, 1994; Ruggiero et al., 2004; Smith et al.; Somer & Szwarcberg, 2001; Tang, 2002). Population-based retrospective studies are often anonymous. Some participants who report experiences of sexual abuse may not have disclosed the abuse in another way than in the research context. The disclosure rates in retrospective studies with adults are between 31% and 41% for disclosure during childhood and between 58% and 72% for lifetime disclosure.

There are few retrospective studies with adolescent participants (Edgardh & Ormstad, 2000; Fergusson, Lynskey, & Horwood, 1996; Helweg-Larsen & Larsen, 2006; Kellogg & Huston, 1995; Kogan, 2004). The disclosure rates presented in these

studies range between 74% and 87% with the exception of a 56% disclosure rate for boys in one of the studies (Edgardh & Ormstad, 2000). The studies included female-only samples (Kogan, 2004) or mixed samples that either consisted of small groups of boys who reported sexual abuse (Edgardh & Ormstad, 2000) or that did not show separate results for boys and girls (Fergusson, Lynskey, & Horwood, 1996; Helweg-Larsen & Larsen, 2006; Kellogg & Huston, 1995).

Friends as recipients of disclosure are of increasing importance for adolescents while younger children disclose more often to an adult (Kogan, 2004). Few disclosing adolescents, between 3% and 13%, had talked to an adult professional (Edgardh & Ormstad, 2000; Kellogg & Huston, 1995; Kogan, 2004).

Kogan (2004) investigated how victim characteristics, abuse characteristics and family context attributes were related to the timing and the recipient of disclosure. Whereas aspects of the abuse experience were more important in predicting whom a victim would tell, the relationship to the perpetrator was more important in deciding to delay disclosure. As victims grew into adolescence, the importance of peers provided a source of support that became increasingly important in decisions to disclose.

Studies about the role of abuse-specific parental support in relation to disclosure have shown that the child's willingness to disclose in a professional context increased when the mother was supportive and believed in the child's disclosure (Elliott & Briere, 1994; Lawson & Chaffin, 1992). General parental support and care seemed to be a good predictor for recovery after sexual abuse (Lynskey & Fergusson, 1997; Spaccarelli & Kim, 1995).

Health and impact of child sexual abuse

Both short-term and long-term effects of child sexual abuse on victims' health have been extensively investigated in previous research (Briere & Elliott, 1994; Fergusson & Mullen, 1999; Kendall-Tackett, Meyer Williams, & Finkelhor, 1993; Paolucci, Genuis, & Violato, 2001; Putnam, 2003). Briere and Elliott (1994) describe three stages in which the primary psychological impacts of sexual abuse occur: 1) initial reactions to victimisation, 2) accommodation to ongoing abuse, and 3) long-term consequences, reflecting the impacts of initial reactions and abuse-related accommodations on the individual's ongoing psychological development and personality formation.

Children who have been exposed to child sexual abuse have been found to be at greater risk of a wide range of psychological, emotional, and adjustment difficulties (Fergusson & Mullen, 1999; Kendall-Tackett, Meyer Williams, & Finkelhor, 1993). But not all children exposed to child sexual abuse exhibit these difficulties, and up to 50% of children show no apparent behaviour disturbance as a result of this exposure (Fergusson & Mullen, 1999). Child sexual abuse is not associated with a clear and recognizable child sexual abuse syndrome, but both sexualized behaviour and PTSD occur with relatively high frequency and are sometimes regarded as the core

manifestations of sexual abuse trauma (Kendall-Tackett, Meyer Williams, & Finkelhor, 1993). Exposure to child sexual abuse is related to pervasive increases in the risks of a wide range of psychiatric disorders in adulthood including depression, anxiety, substance-use disorders, conduct disorder, eating disorders, and suicidal behaviour; but not all persons exposed to child sexual abuse develop these disorders, and estimates suggest that up to 40% of adults who disclose child sexual abuse show no psychiatric symptoms (Fergusson & Mullen, 1999). Child sexual abuse is also associated with problematic sexual adjustment such as higher rates of sexual risk taking (Briere and Elliott, 1994).

Finkelhor and Browne (1985) have developed a multifaceted model of traumatisation. The model suggests the following four traumagenic dynamics which account for the variety of outcomes: (i) traumatic sexualisation (includes processes in which a child's sexuality is shaped in a developmentally inappropriate and interpersonally dysfunctional fashion as a result of sexual abuse), (ii) betrayal (includes the child's discovery that a trusted person has manipulated and caused him or her harm and relates both to the abuse experience and the family's response to disclosure), (iii) powerlessness (refers to the process in which the child's will, desires, and sense of efficacy are continually contravened, during the sexual abuse or when the child tells and is not believed), and (iv) stigmatization (covers mechanisms that undermine the child's positive self-image, for example shame, ostracism and negative stereotypes acquired from the culture and immediate environment). The effects of sexual abuse are then regarded to be associated with one or several traumagenic dynamics (Finkelhor & Browne, 1985). For example, an effect of traumatic sexualisation might be sexual preoccupation and repetitive sexual behaviour among young children or sexual problems among adult victims. Finkelhor and Browne (1985) underline that any assessment approach to understand trauma must take into account the child's experiences both prior to and subsequent to the abuse. The family reaction to disclosure and the social and institutional response to the disclosure are subsequent events of particular importance.

Friedrich has developed a coping model that emphasises the child's interaction with the members of his or her family and network such as friends, school and social service (the model is described in Svedin, 2000). The model includes four sections that correspond with different time periods: functioning before the abuse (includes preconditions for abuse, risk factors and family factors), the character of the abuse (stressors connected with the abuse), initial reactions (parents' reaction and coping abilities, the child's reactions and coping abilities), and long term consequences (development, degree of fixation, evoking events and intermediate phases).

Previous Nordic studies have shown that adolescents exposed to sexual abuse generally report poorer psychosocial or mental health compared to non-abused young people, for example higher frequency of suicide attempts or other acts of self-harm, sleep- and eating disorders, use of alcohol at an early age, use of illicit drugs, consensual sexual debut before age 15 (Edgardh & Ormstad, 2000), or more anxiety

and depression (Larsen & Helweg-Larsen, 2003; Mossige & Stefansen, 2007). There is also evidence that more severe sexual abuse is associated with more psychosocial health problems compared to less severe sexual abuse (Larsen & Helweg-Larsen, 2003; Mossige & Stefansen, 2007). Researchers have discussed whether sexual abuse has a unique effect on adjustment or if socio-demographic and family factors explain more of the adjustment variance than does sexual abuse (Noll, 2008; Ondersma, Chaffin, Berliner, Cordon, Goodman, & Barnett, 2001; Rind, Tromovitch, & Bauserman, 1998; Spiegel, 2000). In a Danish study (Larsen & Helweg-Larsen, 2003), the associations between sexual abuse and anxiety/depression remained significant when differences in individual characteristics, family, school and stressful life events were adjusted for. In a study from New Zealand, all associations between sexual abuse (included intercourse) and major depression, anxiety disorder, conduct disorder, alcohol abuse/dependence, other substance abuse/dependence and suicide attempt were statistically significant even after adjusting for socio-demographic and family factors (Fergusson, Horwood, & Lynskey, 1996). Sexual abuse has been shown to be more strongly associated with increased risks of mental health problems than has physical abuse (Fergusson, Boden, & Horwood, 2008).

Few Nordic studies have dealt with young people's experience of sexual abuse in relation to other aspects of psychosocial health such as self-esteem and sense of coherence. Mossige and Stefansen (2007) found that low self-esteem was related to severe sexual abuse, but not to less severe sexual abuse. To our knowledge, there are no previous studies with adolescents that examine sense of coherence (*SOC*) (Antonovsky, 1991) in the context of sexual abuse. A strong *SOC* is expected to be related to successful coping with stressful situations. *SOC* has been shown to be strongly related to perceived health, especially mental health (Eriksson & Lindström, 2006; Scheffer Lindgren & Renck, 2008). Longitudinal research with adults has shown that negative life events decreased the level of *SOC* and that physical, psychological or sexual violence affected *SOC* the most (Volanen, Suominen, Lahelma, Koskenvuo, & Silventoinen, 2007). Traumatic events experienced in childhood predicted *SOC* more strongly than if experienced in adulthood (Wolff & Ratner, 1999). In a Swedish sample of young adults with a history of conduct disorder or psychiatric care, *SOC* was significantly and negatively correlated with experiences of physical or sexual abuse for women but not for men (Olsson, 2006).

Psychometric instruments for older adolescents

Most Swedish adolescents at age 17 to 19 years still live together with their family of origin and are enrolled in the high school system. Because of this, psychometric instruments developed for adults are often not appropriate for this group, even if they have reached the age of majority. At the same time, instruments developed for younger children or adolescents may no longer be suitable for older adolescents.

A synopsis of instruments that have been used in child and adolescent psychiatry research with children, adolescents and parents at the universities of Linköping and Lund (Wadsby, 2008) shows that out of 32 listed instruments nine were recommended for use in age groups including 17 to 19 years of age (*A-DES, DIS-Q, DSHI/DSHI-9, Familjeklimat, JVQ, Life events, LITE-S, SOC, TCI-125*), one up to 17 years of age (*TSCC*), four up to 18 years of age (*ADIS-IV, K-SADS-PL, SPSQ-C, YSR*) and two from 18 years of age (*SCL-90, SPSQ*). Of those instruments, one had been developed in Sweden and the psychometric properties had been investigated while the other instruments had been developed in other countries and psychometric properties had been investigated with Swedish samples to a varying degree.

Although far from complete, the above named synopsis shows that there are recommended age limits for a number of instruments that may limit their use in samples with older adolescents. At the same time, it is not certain that the psychometric properties are compromised in somewhat older samples.

The *SDQ* self report version has originally been constructed for children at age 11-16. So far, it has been used in research with adolescents older than 16 years in a Finnish sample with 15 to 17 year olds (Koskelainen, Sourander, & Vauras, 2001) and in a Norwegian sample with 10 to 19 year olds (Rødje, Clench-Aas, Van Roy, Holmboe, & Muller, 2004; Van Roy, Grøholt, Heyerdahl, & Clench-Aas, 2006). In paper IV the psychometric properties of the *SDQ* are examined for the age group 17 to 19 years.

THE ETHICS OF RESEARCH ABOUT SENSITIVE ISSUES

Much research into child sexual abuse is conducted with concern that asking people about child sexual abuse may have harmful or distressing effects on those who are questioned (Fergusson & Mullen, 1999). This places the researcher in a dilemma. On the one hand, it is in the interest of a society that wants to take responsibility to gain knowledge in order to be able to offer support and prevention (Helweg-Larsen & Larsen, 2003; Helweg-Larsen, Larsen, & Andersen, 2001) and it could be unethical *not* to do research on child abuse (Becker-Blease & Freyd, 2006; Save the Children, 2004). On the other hand, research should be designed to ensure that the participants are not harmed, especially if they belong to vulnerable groups such as sexually abused young people.

Ethical principles for medical research involving human subjects are regulated in the World Medical Association Declaration of Helsinki (World Medical Association, 1964). In addition, general ethical guidelines have been developed in different countries such as Sweden (Vetenskapsrådet, 2002) and the U.S. (U.S. Department of Health & Human Services, 2005). Save the Children has also developed guidelines that specially address children's participation in research relating to violence against children (Save the Children, 2004). In general, cornerstones of good research are the provision of information to the participants about the aim of the research, informed consent and voluntary participation, guarantees of confidentiality, and assurance that collected data is only used in the research (Vetenskapsrådet, 2002). In addition, the concept of minimal risk means that the probability or magnitude of harm or discomfort anticipated in the research is not greater than that ordinarily encountered in daily life or during routine physical or psychological examinations or tests (U.S. Department of Health & Human Services, 2005).

The Swedish legislation concerning ethical review of research with humans (SFS 2003:460) prescribes that research with humans has to be reviewed by an ethics review board in order to ensure that ethical principles are followed. The law regulates how personal information be handled in the research, which information be given to the research participants as well as presuppositions for consent. Young people between 15 and 17 years of age can give consent to research participation and parental consent is not needed. In 2008, the law was changed (SFS 2008:198) so that ethical review by an ethics review board is required when a research method is used which is aimed to influence the research participant physically or psychologically or when there is an obvious risk that the research participant can be harmed physically or psychologically. According to the proposal that had been prepared before the law was changed (Betänkande 2007/08:UbU12), even research methods that do not aim to influence the research participant may include a risk of physical or psychological harm. Surveys and interviews about sensitive issues were highlighted as examples for

this possibility. As a consequence, it can be expected that most future research about child sexual abuse in Sweden must be reviewed by an ethics review board.

At the same time, there is a lack of empirical data on adolescents' experience of participation in research about sensitive issues or participants' views on the risk, harms, and benefits of research (Ott, 2008; Singer & Levine, 2003) that could help guide to the decisions of the ethics review boards. This may depend on methodological difficulties in measuring harm. When surveys about sensitive issues are used, especially long-lasting harm may be difficult to separate from negative effects of other life events. Fergusson and Mullen (1999) suggest setting up a randomized field experiment involving a large community sample, with one half of this sample being assigned at random to questioning about child sexual abuse and the other half not being questioned about child sexual abuse. This sample could then be studied longitudinally to examine the extent to which those exposed to child sexual abuse questioning showed different patterns of adjustment and responses from those not exposed to child sexual abuse questioning. Data from Danish (Helweg-Larsen & Larsen, 2001) and Norwegian (Mossige & Stefansen, 2007) studies with adolescents suggest that a minority of the participants may experience survey questions about sexuality, sexual abuse and family violence as uncomfortable. In a North American study of adolescents participating in survey research about drug use, suicidal behaviour, and physical and sexual abuse, those who reported being physically or sexually abused perceived significantly more often feelings of being upset than did non-abused participants (Langhinrichsen-Rohling, Arata, O'Brien, Bowers, & Klibert, 2006). At the same time, experiences of sexual abuse only accounted for 1.6% of variance in ratings of being upset.

RESEARCH QUESTIONS

Purpose and aim

The purpose of this thesis was to investigate aspects of self-reported sexual abuse during childhood and adolescence in a population-based study with Swedish high school students. The aim of this thesis was first to investigate the lifetime prevalence of sexual abuse of varying severity and abuse characteristics as well as associations between sexual abuse, gender, socio-demographic characteristics and consensual sexual experiences. The next aim was to investigate disclosure rates and disclosure patterns as well as predictors of non-disclosure. A further aim was to study the associations between sexual abuse and different aspects of psychosocial health. One of the measures of psychosocial health used in the study was the *Strengths and Difficulties Questionnaire* and a further aim of the thesis was to examine its psychometric properties when used with an older age group than that for which it was originally created. Finally, it was an aim of this thesis to highlight ethical aspects of research about sexual abuse by investigating vulnerable participants' experience of the survey.

Questions

The following questions were asked:

- What is the lifetime prevalence of different kinds of sexual abuse for boys and girls?
- Is more severe abuse such as contact and penetrating abuse associated with more severe abuse characteristics such as several abuse occasions or use of violence during the abuse?
- Are there different patterns for socio-demographics and first consensual intercourse for non-abused and sexually abused boys and girls?
- To what extent do boys and girls talk about experiences of sexual abuse and who are the recipients of the disclosure?
- What are the predictors of non-disclosure for boys and girls?
- How is sexual abuse of varying severity associated with aspects of psychosocial health such as emotional and behavioural problems, sense of coherence and self-esteem for boys and girls?
- What are the psychometric properties of the SDQ when used with 17-19 year old adolescents and is the instrument useful in this age group?

- Do sexually abused and sexually inexperienced participants experience the survey as discomforting and are there any other factors that could explain discomfort?

MATERIALS AND METHODS

Participants

Following the common guidelines from The Baltic Sea Regional Study on Adolescents' Sexuality, a sample of high school seniors (3rd year high school students) from the capital (Stockholm), one large port (Malmö) and three smaller cities (Luleå, Haparanda and Falköping) was selected in Sweden. Although high school is not a part of the Swedish compulsory school system, 98% percent of all students finishing grade 9 enter the high school system each year. According to official statistics, about 90% of Swedish 18 year olds are enrolled in high school, 2% are studying in other educational alternatives such as university and 8% are not studying (Statistics Sweden Population statistics, 2007).

All high school seniors in all high schools in the selected cities were included in the initial group (n = 10,751) (Table 2). At the time of the implementation of the study in the year 2003, there were 17 different national educational programmes, of which four can be classified as academic and 13 as vocational. All of these programmes were not offered in each of the selected towns. There were also special programmes (all special programmes were summarised as one programme in Table 2), usually a combination of one of the academic programmes and special courses. The aim was to select about 50% of the students from each programme in each town. Only whole classes were selected. If there was only one class within a programme in a town, the whole class was selected. When there was more than one high school in a city (Stockholm and Malmö), schools from different geographical areas were selected. One school and one programme were not able to participate in the study. They were replaced by another school respectively a corresponding programme at another school.

In addition to the 17 national and the specialised programmes there was also an individual programme for students who did not fulfil the demands for access to the other programmes. Usually, students who begin in the individual programme in their first year at high school can change to one of the national programmes or a specialised programme after one or two years. Those students who are still registered at the individual programme in their 3rd year at high school do often have some kind of special problems. The aim was to include as many students from the individual programme as possible in the sample. Unfortunately, it was often difficult to identify these students as many of them were mainly integrated in one of the national programmes and often identified themselves as students in that national programme. A minority studied in small special classes.

Table 2. Sampling procedure

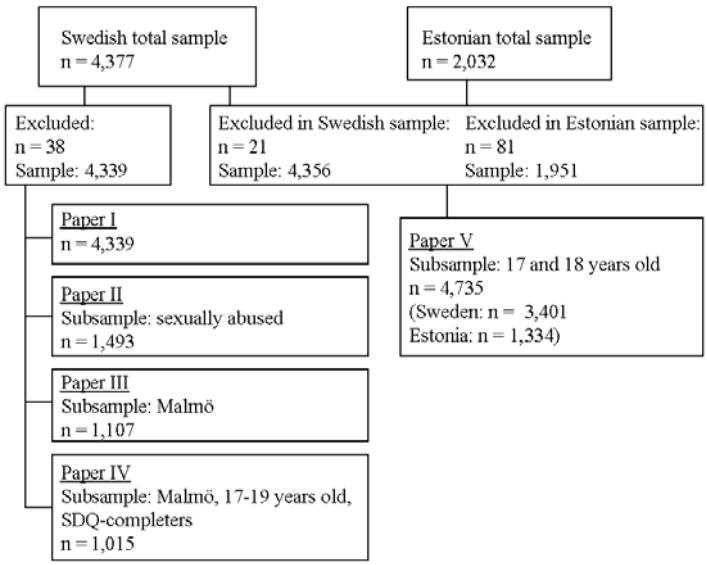
	Stockholm	Malmö	Luleå	Hapa-randa	Fal-köping	Total
Total						
number of enrolled high school seniors	6,847	2,639	789	118	358	10,751
number of high schools	47	19	1	1	1	69
number of programmes	19	17	16	9	14	19[a]
Selected						
number of students	3,429	1,404	435	90	265	5,623
(% of total)	(50.1%)	(53.2%)	(55.1%)	(76.3%)	(74%)	(52.3%)
number of high schools	30	13	1	1	1	46
number of programmes	19	17	12	9	14	19[a]
Participating						
number of students	2,778	1,118	191	76	214	4,377
(% of selected)	(81%)	(79.6%)	(43.9%)	(84.4%)	(80.8%)	(77.8%)
number of high schools	30	13	1	1	1	46
number of programmes	19	17	12	9	14	19[a]

[a] The maximum number of different programmes is 19.

In all, 5,623 students (52.3% of the enrolled students) were selected and 4,377 of them chose to participate in the study. Thirty-eight questionnaires were excluded as being incompletely filled-in. The final number of participants was 4,339 (n = 2,324 girls and n = 2,015 boys), resulting in a response rate of 77.2%. The mean age of the participants was 18.15 years (SD = .74). The samples and sub-samples used in the papers included in this thesis are shown in Figure 1.

Paper V is based on data from both Sweden and Estonia. Depending on the data examined in the common database, only 21 of the Swedish surveys were excluded, resulting in a final Swedish sample of n = 4,356. In Estonia, 82% of the 18 year olds were enrolled in high school. Cluster sampling was used. The schools in the sample were selected according to their general distribution by study language (Estonian, Russian), type of school (vocational, academic or comparable to vocational) and geographical region. Initial data about the number of students were obtained from the Estonian Statistical Office. All students were contacted on the day when the study was carried out in the selected classes and all of them (n = 2,032) stayed in the classroom and returned the survey to the research persons. Four percent of the questionnaires were not at all or only partially completed, reflecting possible non-consent to participation. The final number of participants was 1,951 with a response rate of 96%. The response rates were originally calculated in different ways in Estonia and Sweden. The exact number of students who were at school and contacted on the day of the study has not been registered in Sweden. In order to make the response rate for the two countries more comparable in paper V, the Swedish response rate was re-calculated.

Figure 1. Samples and sub-samples used in the papers included in the thesis



On the assumption that about 10-15% of the students at high school in Sweden are usually absent on any day for a variety of reasons (illness, practical occupational experience or truancy) and 21 surveys were excluded, the response rate based on the number of contacted students was estimated to be between 86% and 91%. The age distribution in the two samples in Estonia and Sweden differed considerably with younger participants in Estonia. In order to maximise comparability, a sub-sample of 17-18-year-old adolescents consisting of 1,334 participants from Estonia and 3,401 from Sweden was used in paper V.

Procedure and ethical considerations

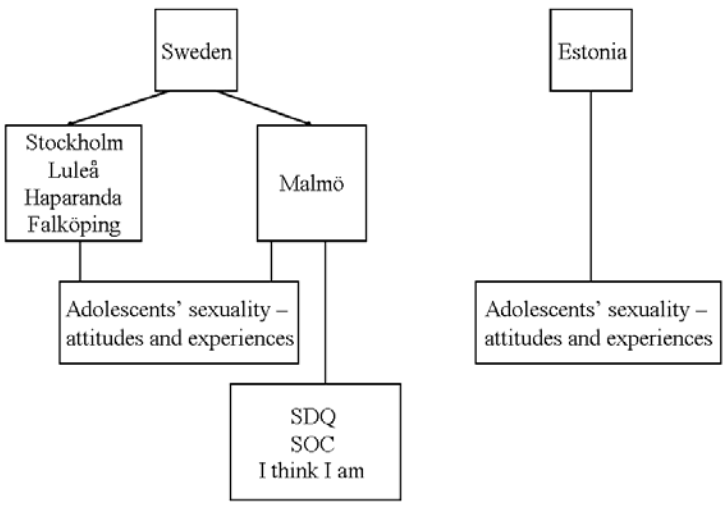
The director of the entire school system in each selected community was asked to grant permission to present the research project to the principal of each high school. Once permission was given by the principal of a school, informed consent was obtained from the students in the selected classes based on their consideration of oral and written information. This information was given out twice, once on a day before the day of the data collection and again immediately before data collection was carried out. An anonymous self-report paper-and-pencil questionnaire was completed during school hours. To ensure that the participants did not influence each other, they completed the questionnaire individually at the same time in the classroom. If the classroom was too small to guarantee privacy a larger room was chosen. The participants needed between 30 and 60 minutes to complete the questionnaire. A research assistant supervised the data collection and answered questions as needed.

The questionnaires were handed out and returned in unmarked envelopes individually sealed by each participant. The participants were not financially compensated for participating with the exception of Malmö where the participants completed additional questionnaires and therefore received a movie ticket each. The students were given oral and written information about where to get counselling if participation had caused feelings of distress. The study was approved by the Regional Ethics Review Board in Lund (Dnr LU 938-02).

Instruments

The questionnaire "Adolescents' Sexuality – Attitudes and Experiences" was used by all countries that took part in The Baltic Sea Regional Study on Adolescents' Sexuality and in the whole Swedish sample. The additional questionnaires were completed only by the participants in Malmö (Figure 2).

Figure 2. Instruments used at the different locations where the study was carried out.



Questionnaire Adolescents' Sexuality – Attitudes and Experiences (Ungdomars sexualitet – attityder och erfarenheter)

The questionnaire was developed for The Baltic Sea Regional Study on Adolescents' Sexuality. It consisted of 65 questions covering the following issues: (i) socio-demographic data and background, (ii) consensual sexual experiences, (iii) sexual abuse experiences, (iv) sexually coercive behaviour, (v) sexual attitudes, (vi) use of pornography and (vii) experiences of sexual exploitation (to sell sex for remuneration). At the end of the survey questions about the participant's experience of the survey were added.

The questionnaire was based on a Norwegian survey of young people's attitudes towards sexuality and sexual abuse (Mossige, 2001). The revised version was constructed in Swedish and Norwegian and translated into English. The English version was then translated into Estonian, Russian, Lithuanian, and Polish. Several questions, especially those about sexual coercion of others and sexual exploitation, were developed especially for the revised version. There are some small differences between the versions of the questionnaire used in the different countries; for example some questions about immigration have been omitted in the Swedish version. In addition, The International Socioeconomic Index (ISEI) was used in Sweden to classify the occupational status of the participants' parents (Ganzeboom, de Graaf, & Treiman, 1992) in Sweden. The questionnaire is shown in Appendix I.

A number of questions, either used by Mossige (2001) or included in the revised version, came originally from other surveys, mainly about young people's sexuality or experiences of sexual abuse, or other instruments and scales. The surveys that contributed questions were: Ungdomsundersøkelsen i Oslo 1996 [Youth Study in Oslo] (Bakken, 1998), SAM 73-90 (Edgardh, 2001), SAM 2000 (Forsberg, 2000), Enkät – ungdom, kön och sexualitet [Survey – Youth, Gender and Sexuality] (Hammarén & Johansson, 2001; 2002) and Undersøkelse av seksuelle overgrep mot barn [Study of Child Sexual Abuse] (Tambs, 1994). Scales and instruments that were partly or as a whole included in the questionnaire were: *Attitudes toward Sexual Abuse (ATSA) scale* (Briere, Henschel, Smiljanich, 1992), *Sexual Interest in Children* (Briere & Runtz, 1989), *Own Sex Role Satisfaction* (Burt, 1980), *Sex Role Stereotyping* (Burt, 1980), *Rape Myth Acceptance Scale* (Burt, 1980), slightly modified items from the *SCL-90* (Derogatis, 1977) and the *Parental Bonding Instrument* (Parker, 1990; Parker, Tupling, & Brown, 1979). The *SCL-90*-items are used in several papers of this thesis and are labelled as *Mental Health Scale* (paper II and IV) or *Mental Health Problems* (paper V). The *Parental Bonding Instrument* is used in papers II and III. The *Rape Myth Acceptance Scale* is used in paper V. Finally, items about breaking rules (Bakken, 1998; Mossige, 2001) are used in paper IV and labelled as *Conduct Problems Scale*. The references to the questions are given in Appendix II.

Three instruments were completed by participants in Malmö only and are used in paper III (*SDQ, SOC* and *I think I am*) and paper IV (*SDQ*).

The Strengths and Difficulties Questionnaire (SDQ)

The *SDQ* is a brief behavioural screening questionnaire that is widely used both as a clinical instrument and in epidemiological research. It has been developed by Goodman, Meltzer and Bailey (1998) from the Rutter scales and has been translated to Swedish (Smedje, Broman, Hetta, & von Knorring, 1999). The *SDQ* consists of five subscales with five items in each subscale: Emotional Symptoms, Conduct Problems, Hyperactivity, Peer Relationship Problems and Pro-social Behaviour. Each of the items can be rated as "not true", "somewhat true" or "certainly true" (score: 0, 1 or 2). In order to generate a total difficulties score, the scores of the sub-scales Emotional Symptoms, Conduct Problems, Hyperactivity and Peer Relationship Problems are added together. The total score ranges from 0 to 40 and each sub-scale score from 0 to 10. Higher values indicate more problems. The self-report version of the *SDQ* has originally been developed for children aged 11-16 years. The psychometric properties of the *SDQ* when used in a sample with 17-19 years old participants are investigated in paper IV. In that sample, Cronbach's alpha for the total scale was 0.74 and ranged between 0.50 and 0.70 for the sub-scales.

The Sense of Coherence Scale (SOC)

The *Sense of Coherence Scale (SOC)* was developed by Antonovsky (1991). Sense of coherence is a global orientation that includes three components, namely comprehensibility (understanding of situations and stimuli as structured, predictable and explicable), manageability (belief that the resources needed to meet demands are available) and meaningfulness (feeling that life makes sense and that demands are challenges, worthy of investment and engagement) (Antonovsky, 1991). A strong *SOC* is expected to be related to successful coping with stressful situations. *SOC* has been shown to be strongly related to perceived health, especially mental health (Eriksson & Lindström, 2006). Different versions of the scale have been used in a number of previous studies (Eriksson, 2007). The version used in this study consists of 29 items and each of them can be rated on a scale from 1 to 7. A total score based on all items is calculated and ranges between 29 and 203. High values indicate a strong *SOC*. Antonovsky suggested that scores can be collapsed into quintiles or tertiles (Hansson & Cederblad, 1995). In this study weak SOC was defined as values in the lowest tertile. Cronbach's alpha was .85 (paper III).

I think I am (Jag tycker jag är)

This Swedish instrument is a widely used self report questionnaire designed to investigate young people's self-esteem (Ouvinen-Birgerstam, 1999). In this study, the adolescent version for children in class seven to nine at compulsory school (age about 14 to 16 years) has been used. There is no standardization for use with older adolescents, but the instrument has previously been used in other Swedish studies with participants up to 18 or 19 years of age (Nowicka, Pietrobelli, Fodmark, 2007; Tideman, Ley, Bjerre, Forslund, 2001).

The adolescent version consists of 72 items. Five sub-scales (Physical Characteristics, Skills and Talents, Psychological Well-being, Relations to the Family and Relations to Others) were used as well as a Global score of self-esteem. Higher scores indicate better perceived self-esteem. In this study (paper III), Cronbach's alpha for the Global score was .92 and between .70 and .89 for the sub-scales.

Operational definition of sexual abuse

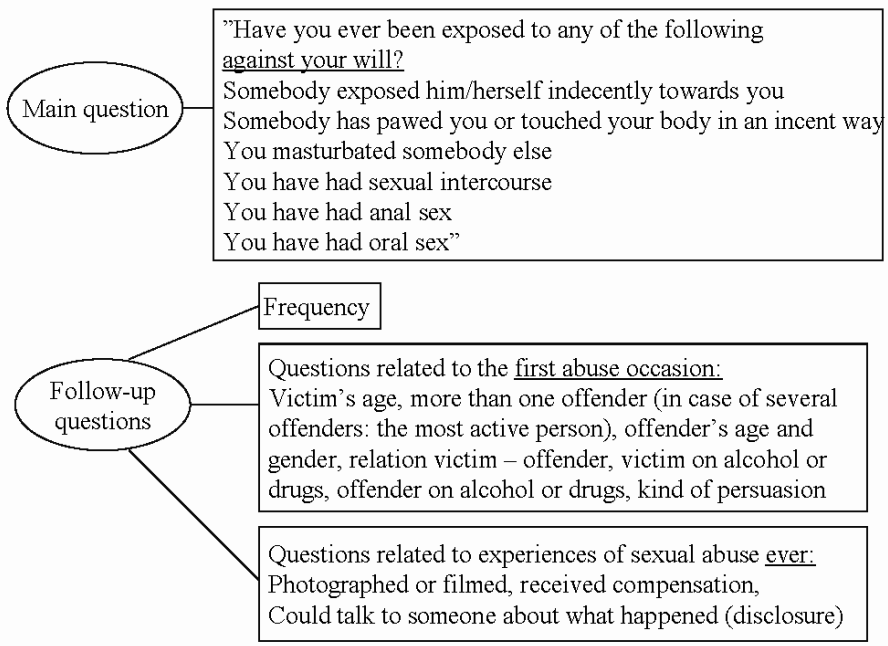
The operational definition of sexual abuse aimed to include a broad spectrum of unwanted sexual experiences and can be described as follows:

- *Types of experiences*: non-contact abuse, contact sexual abuse, penetrating sexual abuse.
- *No upper age limit* placed on the victim's age at the time the incident occurred was specified.
- *Peers as perpetrators* were included.
- *Age differences between victim and offender*. No specific age difference was required.
- *Type of relation between victim and offender.* No specific type of relation between victim and offender was required.

Follow-up questions about victim's and offender's age at the time the incident occurred and the type of relation between victim and offender were included in the survey but were not used as criteria whether the experience was or was not defined as sexual abuse. The exact wording of the follow-up questions can be seen in Appendix I.

In this study, originally the term "child sexual abuse" was used according to the United Nation's Convention on the Rights of the Child that defines "child" as a person up to 18 years of age (paper I and II). Later analyses showed that $n = 27$ of the girls and $n = 16$ of the boys reported that the first time they experienced sexual abuse was at 18 or 19 years of age. Because of that, the term "sexual abuse" was used in later papers.

Figure 3. Questions about sexual abuse.



Statistics

The statistical programme SPSS (v.12.0 – 15.0) was used in the analysis of the data. In general, data were presented separately for girls and boys. Prevalence rates of sexual abuse, disclosure rates, results of health variables such as the *SDQ,* results of abuse characteristics, socio-demographic data, consensual sexual experiences and ratings of questions about perceived discomfort when completing the survey were provided as percent, means and standard deviations (papers I, II, III, IV and V). Frequency differences between groups were calculated by using χ^2 or Fisher's Exact Test (papers I, II and III) while differences in means were calculated with independent-samples t-

test (papers II, III, IV and V) or One-Way ANOVA (paper I). Differences between groups were also investigated by using crude Odds ratios (*cOR*) with 95% confidence intervals (*CI*) (papers II and III). The magnitude of differences in means was estimated by calculating effect sizes (papers II, III and V). Cut off scores were calculated for variables of psychosocial health and Parental Bonding before the variables were used in logistic regression (papers II, III and IV). Analyses of internal consistency of measures of psychosocial health and parental bonding were calculated with Cronbach's alpha (papers II and III). In addition, the internal consistency of the *SDQ* was calculated with Guttman Split-half and Spearman-Brown (paper IV). Correlations between variables were calculated with Pearson product-moment correlation (papers III and V). The following additional analyses were carried out in papers II, III, IV and V.

Paper II. As 24% of the participants exposed to sexual abuse did not answer the follow-up questions about disclosure, a missing data analysis was carried out. A logistic regression model including background variables potentially associated with non-completing was used. The results were shown as adjusted Odds ratios (*aOR*) with 95% confidence intervals (*CI*). Differences between groups of disclosers, for example between girls and boys, were shown as Odds ratios (*OR)* with *CI.* Possible predictors of non-disclosure were investigated by using logistic regression analysis (LR backward) and the results were shown as *aOR* with *CI* and significance levels were shown using Wald statistic.

In *paper III*, logistic regression was carried out and associations between variables of psychosocial health and non-abuse/penetrating abuse were presented as c*OR* or *aOR* with 95% *CI*.

In *paper IV*, test-retest reliability was examined with Pearson's correlation. A confirmatory factor analysis was conducted to evaluate the validity of the instrument. When performing the factor analysis, principal component analysis as well as Varimax rotation with Kaiser normalization was used as the extraction method and rotation method, respectively.

Paper V. A report from path analysis using Structural Equation Modelling on the relation between variables was provided. Latent variables were used when possible. The path analyses included a total of five latent variables: Discomfort was measured with four indicator variables, Mental health problems were measured with six indicators, experience of penetrating Sexual abuse with three indicators, Sexual Inexperience was measured with five indicators, and Rape myth acceptance with six indicators. In addition, there were three observed variables in the model, Gender, Country (Sweden – Estonia), and Immigrant background. These three variables were regarded as measured without error. All estimations were conducted with the AMOS package (Arbuckle, 2005) using the Maximum Likelihood method even if the distribution of our variables deviated from normality. In addition we estimated the models with the Distribution free method to check if deviations from normality in the distribution affected the coefficients. Only minor differences between estimation

methods were found and none of them changed the conclusions. We present χ^2 values when evaluating our models and $\Delta \chi^2$ values when we test changes or re-specification of models. To aid in our interpretation we used two fit indices. The Root Mean Square Error of Approximation (RMSEA; Browne & Cudeck, 1993), which reveals good fit if it is close to zero. Different values have been suggested for acceptable fit (e.g. .05 or .07). In addition we used the Normed Fit Indes (NFI), which reveals good fit if it is above .95 (Hu & Bentler, 1999). We did not report extensively on our measurement model, but sometimes we suggested changes in relation to the measurement model when the misfit could be attributed to it, e.g. if there were correlations between observed variables not accounted for by the latent variables. Our models were based on observational data and therefore it is not possible to make strong statements about causality. The study dealt with the relation between possible predictors of discomfort with questions about sexuality and sexual abuse. This was the main reason why discomfort was the dependent factor.

RESULTS

Prevalence, abuse characteristics and associations of sexual abuse with socio-demographics and consensual sex (paper I)

Aim

The aim of the study was to investigate lifetime prevalence and characteristics of sexual abuse as well as associations between sexual abuse and gender, socio-demographic data, and consensual sexual experiences among Swedish adolescents. One hypothesis was that more severe abuse (contact or penetrating sexual abuse) in comparison to less severe abuse (non-contact sexual abuse) would be associated with more severe abuse characteristics such as more than one abuse occasion, having been photographed or filmed during the abuse or having been exposed to violence in connection with sexual abuse. Other hypotheses were that patterns concerning socio-demographics and consensual sex would differ for non-abused adolescents versus adolescents who reported experiences of sexual abuse of different severity and that there would be gender differences in sexual abuse and related variables.

Results and conclusions

Girls reported lifetime experience of all kinds of sexual abuse significantly more frequently than boys. The most often reported kind of abuse for both girls and boys was pawing or indecent touching (girls 58%, boys 15%). Pawing may include a wide range of different sexual activities, from occasional sexual touches to fondling without clothes on. When sexual abuse was classified into categories, the prevalence rate for penetrating abuse was 13.5% for girls (boys: 5.5%), contact abuse without penetration had a prevalence rate of 44.8% for girls (boys: 13.0%) and the prevalence rate for non-contact abuse was 6.5% for girls (boys: 4.2%). Girls reported all categories of sexual abuse significantly more often than boys.

Most adolescents who reported non-contact sexual abuse had been exposed only once. On the other hand, the majority of those who reported penetrating abuse had been exposed more than once. At first abuse occasion, the age difference between victim and offender was five years or more in about a third of cases, less than five years in another third of cases and unknown in the last third of cases. For girls, the offender's gender was almost always male. Exposed boys reported both male and female offenders and the majority of female offenders were in the contact or penetrating category. Less than 10% of the offenders at first abuse occasion were a relative or a member of the family (both girl and boy victims, all abuse categories). Physical violence on the first abuse occasion was significantly more often reported by girls and boys in the penetrating category compared to other abuse categories.

Both girls and boys exposed to penetrating abuse were more often enrolled in a vocational educational programme at high school compared to other participants. Among girls, there was no significant difference between the abuse groups concerning parent's immigration status, while boys with immigrated parents significantly more often reported penetrating sexual abuse compared to boys with Swedish parents. Girls and boys exposed to any kind of sexual abuse lived significantly less often together with both parents compared to non-abused participants. Girls and boys exposed to penetrating abuse reported significantly lower parental employment rates compared to other participants.

The average age at the time of first consensual intercourse was significantly lower among sexually abused adolescents compared to non-abused. Most young people who reported penetrating abuse and who were 14 years old or younger at first consensual intercourse had experienced their first intercourse before the sexual abuse occurred.

The study shows the necessity of distinguishing different categories of sexual abuse based on types of behaviour that correspond to the severity of the abuse since there are clear differences between the categories concerning abuse characteristics, socio-demographics, and first consensual intercourse.

Disclosure of sexual abuse (paper II)

Aim

The study was intended to investigate disclosure rates and disclosure patterns associated with recipients of disclosure, abuse characteristics, socio-demographic variables, perception of parents when growing up and current perceived mental health for boys and girls. A further aim of the study was to examine predictors of non-disclosure for boys and girls.

Results and conclusions

Most of the participants who reported sexual abuse and answered the question about disclosure had talked to somebody about the abuse (girls: 81.4%, boys: 69.1%). The adolescents mentioned most often a friend of their own age as the person they had disclosed to and this person was often the only recipient. Less than 10 percent had talked to a professional about the abuse. Professionals included teachers, social workers, nurses or other persons working professionally with children and adolescents. These persons are required by Swedish law (mandatory reporting) to report to the social authorities all cases of child maltreatment that come to their attention. About one third of the disclosures made to a professional resulted in a report to the social authorities or the police. The more severe the sexual abuse was, the more seldom both girls and boys had talked to mother, father or a sibling. Disclosure to a professional was associated with higher rates of more severe abuse for girls, but with lower rates of more severe abuse for boys. Talking to a professional was also associated with being abused by an older person for girls, but not for boys. For boys,

all but one of the reports to social authorities or police concerned non-contact abuse while even cases of more severe abuse were reported for girls.

Non-disclosing girls reported more often penetrating abuse, less frequent abuse, and abuse by a family member, a relative or a friend, compared to disclosing girls. Non-disclosing boys were more often sexually abused by a family member, a relative or a friend than boy disclosers. Non-disclosing girls and boys had also significantly lower scores on the care dimension and higher scores on the overprotection dimension on the *Parental Bonding Instrument* compared to disclosers. Non-disclosing girls and boys reported more symptoms at the *Mental Health Scale* than disclosers. On the other hand, there were no significant differences between disclosers and non-disclosers when the results were analyzed separately for non-contact abuse, contact abuse and penetrating abuse.

Multivariate analyses showed that girls were less likely to disclose when (i) they had been exposed to contact or penetrating abuse compared to non-contact abuse, (ii) they had been exposed to a single abuse occasion compared to more than five abuse occasions, (iii) the offender at first/only abuse occasion had been a family member/ relative or friend/acquaintance compared to a stranger and (iv) they had perceived their parents as non-caring when growing up. Boys were less likely to disclose when (i) they participated in a vocational educational programme, (ii) they were living with both mom and dad and (iii) they had perceived their parents as either caring and overprotective or non-caring and not overprotective.

The results of the study show that sexual abuse is largely hidden from the adult society, especially for professionals and the legal system. Disclosing sexual abuse is a complex process and when young people disclose sexual abuse, friends of their own age seem to be the most important receivers of the information. Young people's difficulties to disclose are associated with both abuse factors such as severity and frequency, with the relation to the perpetrator and with family background factors such as family structure and living in a caring environment.

Sexual abuse and psychosocial aspects of health (paper III)

Aim

The aim of the study was to investigate associations between adolescents' experiences of sexual abuse of different severity and aspects of psychosocial health such as emotional and behavioural problems, sense of coherence and self-esteem. The hypothesis was that the more severe the sexual abuse, the more psychosocial problems and the lower sense of coherence and self-esteem that the adolescents would report. It was also expected that these associations would remain even when adjusted for socio-demographic and family variables for both boys and girls.

Results and conclusions

The categorisation of the sexual abuse was based on the abusive behaviour the young person had been exposed to (non-contact, contact or penetrating abuse). Non-contact sexual abuse was not associated with poorer psychosocial health as measured by *SDQ, SOC* and *I think I am*, both total scores and sub-scores, with the exception of SDQ subscale Peer Problems for girls. More severe sexual abuse experiences were related to more emotional and behavioural problems, a weaker sense of coherence and lower self-esteem when compared to non-abuse. When contact abuse was compared with non-abuse, differences in means were significant in two out of three total scales and three out of nine subscales for girls and all total scales and six subscales for boys. Effect sizes were weak for girls and weak to moderate for boys. When penetrating abuse was compared to non-abuse, differences in means were significant in all total scales and six subscales for girls and two total scales and five subscales for boys. Effect sizes were moderate for girls and moderate to high for boys. In order to assess the potential impact of confounding factors, logistic regression analyses were carried out that adjusted the associations between experience of sexual abuse and psychosocial health factors.

As the unadjusted associations were most evident for non-abused adolescents compared to those who reported experiences of penetrating abuse, only these two groups were included in the multivariate analyses. The confounding factors included in the analyses were socio-demographic factors (educational programme, immigrant background and parents' employment status) and family variables (living together with both parents or not and parental bonding). Girls and boys who reported penetrating sexual abuse had significantly more often clinical values in the *SDQ* total score and all *SDQ* sub-scales (with the exception of Peer Problems for girls) compared to non-abused girls and boys when the scores were unadjusted for covariates. After adjustment, girls reporting penetrating sexual abuse were not more likely to have clinical values than were non-abused girls in all *SDQ*-scales with the exception of Hyperactivity. After adjustment, boys reporting penetrating sexual abuse were more likely than non-abused boys to get clinical values in the *SDQ* total score and in two out of four sub-scores: Emotional Symptoms and Conduct Problems. The odds for boys who reported penetrating abuse to receive clinical values in the *SDQ* total score decreased from more than seven without adjustment to almost five after adjustment. The most important covariate seemed to be parental bonding. After adjustment, girls reporting penetrating abuse had almost fourfold odds and boys had more than twofold odds of having a weak *SOC* compared to non-abused adolescents. Girls reporting penetrating abuse had more than twofold odds of having low total scores in *I think I am* and more than threefold odds of receiving low values in the sub-scale Psychological Wellbeing compared to non-abused girls. Boys reporting penetrating abuse had threefold odds of having low scores in the subscale Relations to Others compared to non-abused boys. Again, parental bonding was a significant covariate in most of these analyses.

The results of this study suggest that sexual abuse should not be regarded as an isolated factor in relation to psychosocial health as the associations at the group level were weaker than ordinary expected. Among a number of covariates, family variables such as parental bonding were found to be especially important for young people. Sense of coherence is clearly related to sexual abuse and may be of special interest in further research and clinical treatment.

The psychometric properties of the SDQ (paper IV)

Aim

The aim of the study was to examine the psychometric properties of the self report version of the *SDQ* in a sample with 17 - 19 year olds in order to evaluate the usefulness of the instrument in this age group. Originally, the questionnaire was constructed for 11 – 16 year olds.

Results and conclusions

Internal attrition was 0.5%. Girls reported significantly more emotional symptoms and ranked themselves higher in pro-social items than boys did. Boys scored significantly higher on conduct problems and peer problems. The total difficulties score was 11.1 (*SD*=5.2) (girls: 11.5, *SD*=4.9; boys: 10.6, *SD*=5.4). Using a cut-off score of 18 points at the 90th percentile, 9.1% of the girls and 9.9% of the boys scored above the cut-off.

Reliability. Internal consistency for the total difficulties scale was measured with Cronbach's alpha (0.74), Guttman Split-half (0.71) and Spearman-Brown (0.72). The alpha coefficients for the subscales were 0.70 (Emotional Symptoms), 0.50 (Conduct Problems), 0.66 (Hyperactivity), 0.53 (Peer Problems), 0.70 (Pro-social). Test-retest reliability (five weeks interval) was r=0.75 for the total difficulties scale and ranged between 0.49 (Peer Problems) and 0.76 (Emotional Symptoms) for the subscales.

Validity. 1. Construct validity. Principal component analysis and screen plot diagram suggested a seven-factor solution, which explained 52.9% of the total variance (eigenvalues >1). A Varimax rotation restricted to five factors explained 44.5% of the variance. All 25 items except one loaded highest in their theoretical factors and all but one had loadings >0.30. The explained variance was 12.6% for boys and 9.4% for girls in Pro-social Behaviour, 8.9% for boys and 10.6% for girls in Emotional Symptoms, 9.7% for boys and 8.1% for girls in Hyperactivity, 8.2% for boys and 6.7% for girls in Conduct Problems and 8.0% for boys and 7.3% for girls in Peer Problems. Intra-scale correlations were calculated for boys and girls together. In each subscale, several very small correlations ($r \leq 0.20$) were found. In all, there were 19 very small correlations out of which 13 belonged to the oppositely worded questions. Item-total subscale correlations were for Emotional Symptoms 0.61-0.76; Conduct Problems 0.52-0.66; Hyperactivity 0.47-0.73; Peer Problems 0.50-0.68 and Pro-social Behaviour 0.60-0.76. Most of the subscale inter-correlations were low (r = ± 0.001 - ± 0.38) while the correlations between subscales and total difficulties scale

were higher ($r = \pm 0.26 - \pm 0.73$). 2. As c*riterion-related validity*, correlations between all *SDQ* scales and the *Mental Health Scale* were used. All were significant except for the pro-social subscale. The highest correlation was found for Emotional Symptoms ($r = 0.60$). When using the cut-off scores, 81.8% of the participants with a score above cut-off on the *SDQ* total difficulties scale were correctly placed (above cut-off) on the *Mental Health Scale.*

The results of the study suggest that the *SDQ* shows acceptable psychometric properties for adolescents at age 17 – 19 years. A recommendation for future development of the questionnaire is to change the oppositely worded questions and to consider development of different questionnaires for boys and girls at least in older adolescence.

Ethical aspects of research participation (paper V)

Aim

The aim of the study was to investigate the discomfort experienced by adolescents who answer questions in a survey about sexuality and sexual abuse and to investigate factors that may determine eventual experience of discomfort. The focus was on two vulnerable groups of adolescents – those who had been sexually abused and those who were sexually inexperienced. Our hypothesis was that these young people felt more discomfort related to the survey than adolescents who had not been sexually abused or who were sexually experienced. At the same time, we expected that far from all adolescents in the two vulnerable groups would feel discomfort when completing the survey and that there were other variables that influence a feeling of discomfort, such as gender, immigrant background, research country, mental health problems and the extent to which rape myths are held. To illustrate the possible mediation between the factors, a model was developed, using structural equation modelling.

Results and conclusions

In general, most participants did not report experience of discomfort related to the survey questions. This means that a majority did not agree with the statements “the questions were unpleasant to answer,” “one should not ask people such questions,” “the questions can have unfortunate impacts” or “the questions were too private”. For each item, between 10% and 18% agreed with the statements and rated on 4 or 5 on a scale from 1 to 5. The range of the total index for the four items was between 4 and 20 with a median of 7 and a mean of 8.02 ($SD = 3.4$). Between 57% and 80% of the participants who reported experiences of penetrating sexual abuse did not agree with the four statements while between 11% and 27% agreed. Participants reporting experiences of penetrating sexual abuse agreed significantly more with the item “the questions were unpleasant to answer” than did non-abused. Concerning the other items and the total index, there were no significant differences between abused and non-abused participants. A majority of the sexually inexperienced participants did not

agree with the statements while between 11% and 25% agreed. Sexually inexperienced participants had significantly higher values for all discomfort items compared with sexually experienced participants.

Most of the correlations between the variables included in the analysis (experience of penetrating sexual abuse, sexually inexperienced, mental health problems, rape myths acceptance, research country, gender, immigration background) were rather low but they likewise suggested that all variables contributed to discomfort. An obvious model based on this result had paths from all predictors to discomfort and in addition all predictors are defined as uncorrelated (Model 1). This was a highly unlikely model because several of the predictors were correlated with each other. Model 1 was used as a comparison model in order to test if there were other models with a better fit that were more in accordance with the expected correlations between the predictors. In Model 2, paths were added to Model 1 on theoretical or empirical basis: Gender was regarded as having paths to experience of Sexual abuse, Rape myth acceptance, and Mental health problems (see *Figure 1* in paper 5). Girls were expected to report higher prevalence of experience of sexual abuse and more mental health problems; they were also expected to report less Rape myth acceptance. Experience of sexual abuse had a path to Mental health problems and Rape myth acceptance, and it was thought that sexually abused adolescents had more Mental health problems and less Rape myth acceptance. Immigrant background had a path to Rape myth acceptance and Country had paths to Sexual inexperience and to Rape myth acceptance based on the correlations in this study. In addition, a correlation was estimated between the latent variables Experience of sexual abuse and Sexual inexperience. The reason for defining this parameter as a correlation was that it was not obvious which direction this relation should have.

The two fit indices RMSEA and NFI showed that Model 2 had better fit than Model 1. The standardized structural coefficients from the latent factors to the indicators of Model 2 were generally moderate to high. For Discomfort the range was between .45 and .72, and the other factors revealed coefficients in the same range with a mean of .62.

The most important aspects to evaluate were the levels of standardized coefficients between the predictors since they indicate the pattern of influence to rated Discomfort. According to Model 2 the factor with the strongest relation was Rape myth acceptance, suggesting that this factor was important in explaining who felt discomfort when completing the survey. Participants with higher Rape myth acceptance reported more discomfort. The variable with the next strongest relation to rated Discomfort was Sexual Inexperience. Participants without sexual experience reported more discomfort. This was an expected relation. There were other significant relationships, for example Mental health problems had a positive relation to Discomfort and participants in Estonia and those with immigrant background rated Discomfort somewhat higher. The experience of Sexual abuse factor did however not have the expected strong relation to Discomfort.

In general, the factors included in the model explained 16.6% of the variance in the Discomfort factor. Since there is a large amount of variance not accounted for by the model there must certainly be other variables not included in the model that could explain why the survey evoked discomfort.

In order to see if Model 2 could be improved, a variation of it (Model 3) was tested. Two correlations, not included in Model 2, between indicator variables had very high modification indices. One was a correlation between two Sexual inexperience items and the other was the correlation between the two Rape myth acceptance items asking about attitudes towards male sexuality (Mossige, 2001). These two correlations were added to the model and it was re-estimated as Model 3. These changes increased the χ^2 value, the RMSEA decreased to .05 which indicated good fit and the NFI increased.

In conclusion, there was no evidence, either from the results of this study nor from the reviewed literature, that young people in general or vulnerable young people in particular need to be protected from research about sensitive issues such as sexual abuse and sexuality. A majority of adolescents, even vulnerable subgroups such as participants with experiences of penetrating sexual abuse or who are sexually inexperienced, did not feel discomfort when completing a survey about sexuality and sexual abuse. Acceptance of rape myths was the strongest indicator of discomfort in the final model. Sexual inexperience was the next strongest predictor. Experience of penetrating sexual abuse was not directly related to discomfort in the model. The most important result was that discomfort ratings were not highly related to any of the predictors and that the final model only explained a small amount of the variance in discomfort ratings. Further research is needed that includes other factors that might be able to predict feelings of discomfort related to survey questions about sexuality and sexual abuse.

DISCUSSION

Prevalence (paper I)

As in previous studies, girls reported exposure to sexual abuse more often than boys. Depending on the category of abuse, the prevalence ratio was between 1.6 and 3.6 girls for every boy. The prevalence rates for sexual abuse reported by the participants in this study were generally higher than in other Scandinavian studies (Edgardh & Ormstad, 2000; Helweg-Larsen & Larsen, 2006; Sariola & Uutela, 1994) and in studies from other European or English-speaking countries (Coxell, King, Mezey, & Gordon, 1999; Fergusson, Horwood, & Lynskey, 1997; Finkelhor, 1994; Halpérin et al. 1996; Saewyc, Pettingell, & Magee, 2003). This could be partly explained by the decision to use a broad definition of sexual abuse and to include both non-contact sexual abuse and peer abuse.

The same questionnaire as in this study was also used in The Baltic Sea Regional Study on Adolescents' Sexuality (Mossige, Ainsaar, & Svedin, 2007). There were substantial differences between 18-year old participants in the different countries. For example, the prevalence rates for abuse including sexual intercourse ranged for girls between 7% in Estonia to 13.3% in Lithuania and for boys between 0% in Estonia to 25.1% in Poland.

Abuse characteristics, socio-demographics and consensual sex (paper I)

There seemed to be a dose response effect insofar as adolescents reporting penetrating abuse generally described the most severe abuse characteristics, while adolescents reporting non-contact sexual abuse described the least severe abuse characteristics. The dose response effect for contact sexual abuse was not as clear as for the other abuse categories, which may reflect the fact that contact sexual abuse in this study represents a wide range of sexual activities.

Peer abuse was rather common and particularly often reported by male victims with female offenders or by adolescents reporting exposure to contact or penetrating sexual abuse. While girls almost always reported male offenders, males reported both male and female offenders, and a majority of the female offenders were peers. So far, relatively little attention has been drawn to boys' unwanted sexual experiences with females, and our results are in line with previous studies (Bouvier et al., 1999; Coxell, King, Mezey, & Gordon, 1999; Holmes & Slap, 1998). Socio-demographic differences between abused and non-abused adolescents were more evident in this study compared to many other studies (Fergusson & Mullen, 1999; Peters et al., 1986).

As found in other studies (Edgardh & Ormstad, 2000; Steel & Herlitz, 2005), there was a clear association between reported sexual abuse, particularly penetrating abuse, and young age at first intercourse. Fergusson, Horwood and Lynskey (1997) discussed if exposure to child sexual abuse increases the likelihood of low age at first consensual intercourse, which in turn may lead to increased risk for re-victimization in adolescence. This is not supported by our results as most young people exposed to penetrating sexual abuse who had their first intercourse at age 14 or younger reported that the consensual intercourse occurred chronologically before first abuse.

Disclosure of sexual abuse (paper II)

The disclosure rate in this study was high compared to retrospective studies of adults presenting childhood disclosure rates between 31% and 42% (Arata, 1998; Finkelhor, Hotaling, Lewis, & Smith, 1990; Hanson, Resnick, Saunders, Kilpatrick, & Best, 1999; Smith, Letourneau, Saunders, Kilpatrick, Resnick, & Best, 2000; Tang, 2002). Studies of adolescents showed high rates similar to those in this study (Edgardh & Ormstad, 2000; Fergusson, Lynskey, & Horwood, 1996; Helweg-Larsen & Larsen, 2006; Kellogg & Huston, 1995; Kogan, 2004). A possible explanation for the difference between studies of adolescents and studies of adults is that there might be less recall bias in studies of adolescents as it is easier for them to remember that they disclosed to someone during childhood. Previous studies showed that high disclosure rates were related to sexual abuse during adolescence (London, Bruck, Ceci, & Shuman, 2005) and that adolescents were more likely to make the decision to disclose compared to preschool children (Sorensen & Snow, 1991). The disclosure rate for boys was higher in this study compared to Edgardh and Ormstad (2000). The most common recipient of disclosure from both girls and boys was a friend of their own age and many had only disclosed to a friend and nobody else. Data from other studies about disclosure during childhood suggested that most children make their initial disclosure to a parent or a parent-figure (Arata, 1998; Jensen, Gulbrandsen, Mossige, Reichelt, & Tjersland, 2005; Paine & Hansen, 2002) while studies of older adolescents (Kellogg & Huston, 1995) and adult women (Ruggiero et al., 2004; Smith et al., 2000) about lifetime disclosure showed that the victim would most often make the disclosure to a friend. Our data suggest that even if they perceived their parents as supportive when growing up, those who disclose in late adolescence may prefer to talk to friends about sexual abuse, especially when it comes to peer abuse.

Boys had significantly more often than girls not disclosed to anyone and boys from vocational educational programmes were overrepresented among non-disclosers. Boys at vocational programmes often live in a male-dominated school context which may make it more difficult for them to disclose sexual abuse. Other studies showed that boys who have been sexually abused by men often reported confusion over their sexual identity, fear of being regarded as homosexual by others and concern for being a potential offender or being regarded by others as a potential offender (Durham,

2003; Teram, Stalker, Hovey, Schachter, & Lasiuk, 2006; Watkins & Bentovim, 1992). Sexually abused boys may feel that being a victim of sexual abuse is not compatible with appropriate masculinity (Browne, 1991; Durham, 2003; Holmes, Offen, & Waller, 1997).

The findings of this study that few adolescents have talked about the sexual abuse with a professional and that few incidents have been reported to the social authorities or the police are well in line with findings from other studies (Arata, 1998; Collings, 1995; Edgardh & Ormstad, 2000; Hanson et al., 1999; Helweg-Larsen & Larsen, 2006; Smith et al., 2002; Tang, 2002). The disclosure rate to professionals may be somewhat underestimated, as it is possible that not all adolescents who actually have been in contact with a professional were aware of this or remembered it correctly when asked in the study (Berliner & Conte, 1995).

The only common predictor of non-disclosure for boys and girls was parental bonding. Young people who had perceived their parents as caring and not overprotective were most likely to disclose. A possible interpretation is that growing up in a caring and not overprotective family climate facilitates young people's disclosure to both peers and parents. This is supported by the findings in studies of children undergoing forensic interviewing, in which abused children who had supportive caretakers were more likely to disclose than those who had not (Elliot & Briere, 1994; Lawson & Chaffin, 1992).

Girls and boys who had disclosed to somebody reported significantly better health than those who had not disclosed but when data were analyzed separately for non-contact, contact and penetrating abuse the findings could not be confirmed. Hanson et al. (1999) did not find significant differences in prevalence for PTSD or Major Depression among those who disclosed versus those who did not disclose. This could be explained by the fact that disclosure for some is a relief but for others adds to the burden of being a victim. It might also reflect that a disclosure per se is not enough in order to get support and help to recover from the negative impact of sexual abuse.

Sexual abuse and psychosocial aspects of health (paper III)

There has been a lack of Swedish studies concerning the associations between sexual abuse and psychosocial health. There was a dose response effect in so far as contact abuse and particularly penetrating sexual abuse was related to more emotional and behavioural problems, weaker sense of coherence and lower self-esteem when compared to non-abuse. These findings were in line with previous research (Edgardh & Ormstad, 2000; Fergusson, Horwood, & Lynskey, 1996; Larsen & Helweg-Larsen, 2003; Mossige & Stefansen, 2007). When adjusted for family-related and socio-demographic variables, the associations between penetrating sexual abuse and most of the health variables weakened or disappeared although there was still a consistent tendency that might have been stronger in a larger sample. Larsen and Helweg-Larsen

(2003) found that sexual abuse remained significantly associated with anxiety/depression even after adjustment, but *OR* was only 1.2 (*CI* =1.1-1.3) for girls and 1.1 (*CI* =1.1-1.2) for boys. Fergusson, Horwood and Lynskey (1996) found in a birth cohort study that sexual abuse involving intercourse at age 18 was associated with increased risk of psychiatric disorder even after adjustment. Approximately 10% to 20% of the risk of psychiatric disorder in young people at age 18 was accounted for by exposure to sexual abuse in that study. Differences between our results and results from the above named studies may be a consequence of the use of different measures and confounding variables. Nevertheless, a common finding is that, at the group level, the associations between sexual abuse and outcomes of mental and psychosomatic health may not be as large as expected. Fergusson, Horwood and Lynskey (1996) stated that sexual abuse cannot be regarded as an isolated factor but that it has to be seen in a context of a large number of adverse childhood factors that individually make relatively small contributions to the risk of disorder but in combination may have a large impact on individual adjustment.

Sense of coherence has not been examined before in relation to young people exposed to sexual abuse. After adjustment, sense of coherence remained clearly associated with penetrating abuse for both girls and boys. It is of interest to further investigate how the development of sense of coherence may be affected by sexual abuse and how psychological treatment of children and adolescents exposed to sexual abuse may change their sense of coherence. Lundqvist (2005) showed that *SOC* had increased after treatment in a clinical sample with adult women exposed to sexual abuse, even if the scores at the group level still were lower than the scores of the control group.

Parental bonding was identified as the most important covariate in our study. Fergusson, Lynskey and Horwood (1996) found that parental attachment and paternal overprotection were related to reported sexual abuse at age 18. It could be argued that this association can be explained by intra-familial sexual abuse which probably is associated with insufficient parental bonding, but in this sample the number of those who reported intra-familial sexual abuse was low. It seems to be more likely that dysfunctional family relations in general are related to both increased vulnerability for sexual abuse and increased psychosocial health problems.

The psychometric properties of the SDQ (paper IV)

The *SDQ* was easy to administer and as the internal attrition was very low, it also seems to be readily comprehended and easy to complete for the participants. The mean values and standard deviations of the total difficulties score and the subscales in this study were similar to the results from the Norwegian (Van Roy, Grøholt, Heyerdahl, & Clench-Aas, 2006) and Finnish (Koskelainen, Sourander, & Vauras, 2001) studies.

The psychometric properties of the *SDQ* were acceptable to good. The reliability considering internal consistency was adequate with a Cronbach's alpha of 0.74 for the

total difficulties scale and the alpha coefficients for the subscales were in the same range as two previous Swedish studies using the parental version (Malmberg, Rydell, & Smedje, 2003; Smedje, Broman, Hetta, & von Knorring, 1999) and the Finnish and Norwegian studies using the self-report version (Koskelainen, Sourander, & Vauras, 2001; Rønning, Handegaard, Sourander, & Mørch, 2004; Van Roy, Grøholt, Heyerdahl, & Clench-Aas, 2006). Almost all Nordic studies including our own showed the lowest alphas for Conduct Problems and Peer Problems. Also in the original work by Goodman, Meltzer, and Bailey (1998) and Goodman (2001), Peer Problems had the lowest internal consistency. This indicates that the included items in these scales measure somewhat different properties, which is also reflected in the relatively low factor loadings. The test-retest reliability was good with $r = 0.75$ for the total difficulties scale and varied between 0.76 (Emotional Symptoms) and 0.49 (Peer Problems) for the subscales.

Construct validity was examined by carrying out a confirmatory factor analysis which showed structure and factor loadings that supported the original structure when examined for boys and girls together. The total variance explained was 44.5% which was slightly higher than the variance presented by Goodman (2001) in a somewhat younger sample. All items but one had loadings above 0.30 and had their highest loadings on their theoretical factor. When factor loadings were studied separately for boys and girls, a different picture emerged. For boys, four out of 25 items in three different factors loaded lower than 0.30 on their theoretical factor and two of them loaded considerably higher on other factors. For girls, all items in Emotional Symptoms, Pro-social behaviour and Peer Problems had their highest loadings on these factors. Three items in Conduct Problems and two items in Hyperactivity had low loadings on that factor and loaded better in other factors. This raises the question as to whether these items reflect other concepts or could be interpreted by adolescents in different ways or if these items have other meanings for girls in this age. It can also be asked if it is necessary to develop different questionnaires or subscales for boys and girls in older adolescence.

The item – total subscale correlations ranged from moderate to high which is in line with the findings reported in the Finnish study (Koskelainen, Sourander, & Vauras, 2001). Like in Goodman's study (2001), there was very little overlap between the items loading on the internalizing scale (Emotional Symptoms) and the two externalizing scales (Conduct Problems and Hyperactivity). Similarities with the Finnish study (Koskelainen, Sourander, & Vauras, 2001) were also seen with moderate to low subscale intercorrelations. The intra-subscale correlations revealed that 13 out of 19 items with very small correlations were oppositely worded. As Rønning et al. (2004) pointed out, changing the wording of these items from positive to negative might increase the Cronbach alphas and the item – to – item correlations.

Criterion-related validity was investigated by using two scales from The Baltic Sea Regional Study on Adolescent Sexuality. As expected, the correlation between the *Mental Health Scale* and the emotional symptom scale and the total difficulties scale

of the *SDQ* were highest. The correlation between the *Conduct Problem scale* and the *SDQ* scales were low but highest for Conduct Problems in the *SDQ*. The rather low correlation could be explained by the different content of the two scales. The *Conduct Problem scale* measures more severe antisocial behaviour than the Conduct Problems in the *SDQ*.

Ethical aspects of research participation (paper V)

The results of this study suggest that a majority of the adolescent participants from both Sweden and Estonia did not feel discomfort when completing the survey. Participants who reported penetrating sexual abuse did not differ from non-abused participants in their experience of the survey despite the fact that they felt more frequently that the questions were unpleasant to answer. Sexually inexperienced adolescents reported somewhat more discomfort than sexually experienced participants.

Most of the predictors in the examined model of discomfort were rather weak and the total amount of explained variance was only 17%. The ratings of adolescents exposed to penetrating sexual abuse did not significantly explain discomfort in the model. This means that being sexually abused was not directly related to discomfort. The path from Sexually inexperienced to Discomfort had a relatively large coefficient compared to other paths in the model. Sexually inexperienced participants felt somewhat more discomfort than other adolescents, but still the relation was not very strong.

The largest coefficient in the model was a positive path from Rape myth acceptance suggesting that participants with these attitudes felt more discomfort when completing the survey. According to Aosved and Long (2006), rape myths are a specific set of attitudes and beliefs that may contribute to ongoing sexual violence by shifting blame for sexual assault from perpetrators to victims. This is in contrast to the purpose of research about sexual abuse, which is to increase knowledge in order to support victims and to prevent sexual violence. There was also a rather large coefficient from Country to Rape myth acceptance revealing that Estonians had higher Rape myth acceptance scores. There can be historical reasons for higher scores in Rape myth acceptance in Estonia compared to Sweden. There may also be differences between the two countries that were not investigated in our study, e.g. differences in sex education at school. Boys were found to have higher mean scores than girls on Rape myth acceptance which is in accordance with previous research (Aosved & Long, 2006; Lacasse & Mendelson, 2007). The hypothesis that experience of discomfort was influenced by mental health problems, gender and immigrant background was not strongly supported in the model.

It is obvious that our model is far from complete. In order to explain why the survey may evoke feelings of discomfort in participants, new predictors have to be added to the model. At present, we do not have obvious candidates for other

predictors, even if it is possible to suggest variables related to personality or to attitudes towards research in general. A small group of participants might be more negative even in research that is not sensitive (Nilsson, Wenemark, Bendtsen, & Kristenson, 2007). Langhinrichsen-Rohling and colleagues (2006) showed that demographic variables (age, race, gender), data collection strategies (school or juvenile justice settings, active or passive parental consent) and a history of drug use did not significantly predict variance in upset ratings. Only suicidal behaviour and a history of physical or sexual abuse emerged as significant predictors. Nevertheless, the final model in their study accounted for only 6.6% of the variance in upset ratings.

General patterns of importance

The purpose of this thesis was to investigate various aspects of self-reported sexual abuse during childhood and adolescence in a population-based study of Swedish high school students. Prevalence, abuse characteristics and disclosure have been examined as well as the associations between sexual abuse and psychosocial aspects of health. These aspects have been studied in the context of socio-demographics and family factors. The psychometric properties of one of the instruments used in the study (*SDQ)* were examined for young people at age 17 – 19 years. Finally, ethical aspects concerning participation in research about sensitive issues such as sexual abuse were studied focusing on vulnerable adolescents' experience with survey questions as possibly being discomforting. When the papers included in the thesis are seen together and in the light of previous research, models and theories related to sexual abuse, some general patterns appear that might be of interest and importance for the field of sexual abuse.

The particular significance of penetrating sexual abuse. A broad definition of sexual abuse was used in the study, including both non-contact sexual abuse (abuse without physical contact between victim and perpetrator), contact sexual abuse (abuse without physical contact between victim and perpetrator) and penetrating sexual abuse (abuse including oral or anal sex or intercourse). When the three abuse categories were compared with regard to other abuse characteristics, socio-demographic variables, sexual debut, disclosure and psychosocial health, it was obvious that the exposure to penetrating sexual abuse was of particular significance. There was a dose-response effect where penetrating abuse was related to more severe abuse characteristics and less frequent disclosure when compared to contact and, in particular, non-contact sexual abuse. There was also a dose response effect when the three abuse categories were compared to non-abuse with regard to emotional and behavioural symptoms, sense of coherence and self-esteem. Specifically, young people exposed to penetrating abuse had more often been exposed by a member of the family, a relative, a friend or an acquaintance, had been exposed to physical violence on the abuse occasion, had more often been filmed or photographed at an abuse occasion or had received compensation. Penetrating abuse was also associated with young age at first

consensual intercourse. Girls and boys who reported penetrating abuse had more often not talked to anybody about the abuse than young people exposed to non-contact or contact abuse. Out of 52 boys who reported penetrating abuse only one had talked to a professional and one mentioned that the abuse had been reported to the social authorities or the police. It was more common for boys exposed to non-contact abuse to have talked to professionals and for non-contact abuse of a boy had been reported to the authorities. Penetrating sexual abuse was associated with poorer psychosocial health when compared to non-abuse (even if family-related and socio-demographic variables seemed to be important confounders), while non-contact abuse did not differ from non-abuse at all with regard to psychosocial health.

Because of the particular significance of penetrating abuse several of the multivariate analyses were limited to this abuse category (namely, the analysis of associations between psychosocial health and sexual abuse when adjusted for confounding variables and the perception of survey questions as discomforting). This does not mean that research about sexual abuse should focus only on penetrating abuse, but it underlines the importance that different categories of abuse are specified in the operational definition of sexual abuse. The use of a severity index such as the index suggested by Zink, Klesges, Stevens and Decker (2009) that includes not only the kind of abusive behaviour but also other aspects of the abuse could be helpful in further research. It is also worth noting that, at the individual level, even non-contact sexual abuse can be experienced as a severe incident or that individuals exposed to penetrating sexual abuse can report good psychosocial health.

Peers as perpetrators of sexual abuse and as recipients of disclosure of sexual abuse. The results of this study show that peers have an important role in the life of sexually abused adolescents, both in negative and in positive ways. A considerable portion of the sexual abuse incidents reported in the study, in particular contact and penetrating sexual abuse, were committed by peers. This is overlooked in studies where an age difference between victim and offender of four years or more is included in the operational definition of the sexual abuse. It has been discussed whether sexual abuse committed by peers is as serious as abuse committed by an adult. Barbaree and Marshall (2005) refer to changes over time – while prior to the early 1980s the sexually offensive behaviour of young people was not seen as assaultive but instead as examples of experimentation and therefore as innocent, ten years later the tendency to minimise the sexual crimes of juveniles had been reduced substantially. Because of internal attrition and lack of statistical power in our study it was not possible to examine in more detail if and in which ways sexual abuse by a peer differs from sexual abuse by an older person with regard to abuse characteristics and associations with psychosocial health of the victim. At the same time as peers are perpetrators of sexual abuse of young people, peers are also often the recipients of disclosure of sexual abuse. Both girls and boys mentioned most often a friend of their own age as the recipient of their disclosure and about 40% of those who had disclosed reported that a friend was the only recipient. Disclosure to a friend was particularly frequent in

cases of contact or penetrating abuse and when the offender was a peer. Peers have an important role when trying to support friends who have been exposed to sexual abuse, often without the knowledge of any adult. It is not known whether they are always able to meet the needs of their sexually abused friends. One possible way to go would be to offer professional support not only to the victims of sexual abuse but also to peers who are recipients of disclosure of sexual abuse.

Assessment of adolescents' psychosocial wellbeing and needs. The investigation of the psychometric properties of the *Strengths and Difficulties Questionnaire (SDQ)* in this study showed that the instrument has acceptable reliability and validity for use with adolescents at age 17 – 19 years. The finding is of interest because different age limits for psychometric instruments limit their use with older adolescents as the instruments may be no longer suitable for this age group. Other results from this study showed that few adolescents who had been sexually abused had talked to a professional about the abuse. Included under the heading "professional" were teachers, social workers, nurses and other persons who worked with children and youth but it is not possible to know if the contact included psychological treatment or other kinds of support. At the same time it does not seem that all young people exposed to sexual abuse are in need of a professional contact. The psychosocial wellbeing of adolescents exposed to non-contact abuse did not differ from non-abused adolescents. On the other hand, a substantial number of those who had experienced penetrating abuse reported clinical values for emotional and behavioural symptoms in the *SDQ* as well as weak SOC and low self esteem. Adequate assessment of the young person's symptoms and needs is one of the prerequisites for treatment of and support to young people who have been exposed to sexual abuse (Bentovim, 1992; Cohen, Mannarino, & Deblinger, 2006). This includes evaluation of the abusive experiences and assessment of trauma-specific symptoms and difficulties as well as an assessment of more general problems and strengths. For example, assessment strategies for trauma-focused cognitive-behavioural therapy include the investigation of cognitive problems, relationship problems, affective problems, family problems, traumatic behaviour problems and somatic problems (Cohen, Mannarino, & Deblinger, 2006). The *SDQ* could be included as part of an assessment in a context like this.

Sense of coherence as a promising concept with regard to sexual abuse. Of the three measures of psychosocial health under investigation (*SDQ, SOC* and *I think I am*), *SOC* was the one that was most clearly associated with experiences of penetrating sexual abuse, even after adjustment for confounding variables. Specifically, both girls and boys exposed to penetrating abuse had substantially higher odds of having a weak Sense of Coherence when compared to non-abused young people. As the study was cross-sectional, it is not possible to decide whether a weak Sense of Coherence has to be seen as a consequence of the sexual abuse or whether a weak Sense of Coherence increases the risk for being exposed to sexual abuse. From a theoretical perspective, the first named alternative seems to be more reasonable. Antonovsky (1991) considered that a person has developed a relatively stable sense of

coherence first at about 30 years of age. Longitudinal research with adults has shown that the sense of coherence might be less stable than Antonovsky expected as negative life events decreased the level of Sense of Coherence and physical, psychological or sexual violence affected Sense of Coherence the most (Volanen, Suominen, Lahelma, Koskenvuo, & Silventoinen, 2007). Traumatic events experienced in childhood predicted Sense of Coherence more strongly when experienced in adulthood (Wolff & Ratner, 1999). The development of the sense of coherence during childhood might be affected by the traumagenic dynamics as described by Finkelhor and Browne (1985) in their model of traumatisation. In particular, three of the four traumagenic dynamics in the model – betrayal, powerlessness and stigmatisation – can be expected to affect the development of the three components of the sense of coherence – comprehensibility, manageability and meaningfulness – in a negative way.

The importance of family factors in relation to sexual abuse. Less than 10 percent of sexually abused adolescents who reported their relation to the offender reported that the perpetrator had been a member of the family or a relative. The number was lower than in other populations-based studies with adolescents (Edgardh & Ormstad, 2000; Halperin et al., 1996). Family structure (not living with both parents) and parental employment rate (one or both parents not employed) were associated with increased risk for sexual abuse. Sexually abused girls and boys lived significantly less often together with both parents and adolescents exposed to penetrating abuse reported the lowest parental employment rates. Next to peers, girls disclosed most often to their mother, father or a sibling while boys mentioned "other person" more often than a member of their family. Parental bonding with the two dimensions care and overprotection was an important predictor for sexually exposed young people's decision to disclose to someone. Young people who had perceived their parents as caring and not overprotective when growing up were most likely to disclose. This does not necessary mean disclosure to a member of the family, but a caring and not overprotective family climate seemed to facilitate the young people's decision to disclose to somebody at all. Parental bonding was also identified as the most important covariate when it came to associations between penetrating sexual abuse and psychosocial wellbeing. This means that the increased risk for emotional and behavioural symptoms, weak *SOC* and low self esteem that was found for adolescents exposed to penetrating abuse could partly be explained by unfavourable parental bonding. Our results were in line with the findings of Fergusson and colleagues (Fergusson, Boden, & Horwood, 2008; Fergusson, Horwood, & Lynskey, 1996; Fergusson, Lynskey, & Horwood, 1996). Attachment patterns between parent and child are key elements in trauma-organized systems (Bentovim, 1992). Likewise, the family as a microsystem has an important role in Belsky's (1980) concerning the etiology of child maltreatment. Both approaches focus on intrafamilial abuse. The findings in this study suggest that family variables are of importance even if the abuse is not intrafamilial in the majority of the reported cases.

Cultural aspects include both possible differences between ethnic groups within the same country and differences between countries related to sexual abuse. WHO and ISPCAN (2006) state that most epidemiological studies since 1999 come from North America, and – except for independent studies in a few western European countries and the 1997-2003 WORLDSAFE studies in Brazil, Chile, Egypt, India and the Philippines- there are almost no methodologically sound epidemiological studies. At the same time, they stress the importance of epidemiological research for the development of effective policies, prevention and support strategies and suggest that identical questionnaires and research designs should be used in different settings in order to obtain results that are directly comparable. Associations between sexual abuse and ethnicity/immigration have been studied with contradictory results (Finkelhor, 1986) and there were no unequivocal results in this study either. A rather rough measure of immigrant background was used (at least one of the adolescents' parents had emigrated to Sweden from another country or the adolescent was born in another country than Sweden without specifying which country they came from). Boys with immigrated parents reported more often penetrating abuse than boys with Swedish parents while there was no difference for girls. Immigrant background was included as confounding variable in the analyses of the associations between penetrating abuse and psychosocial health, but did not seem to be of importance for boys and only limited for girls. On the other hand, there were clear differences in prevalence rates of sexual abuse between the countries participating in The Baltic Sea Regional Study on Adolescents' Sexuality (Mossige, Ainsaar, & Svedin, 2007). These differences may be related to cultural factors, but they are not easy to explain solely based on data from a single self-report study. As described in paper V, adolescents in Estonia perceived the survey questions as more discomforting than adolescents in Sweden. A first option for further investigations could be to carry out repeated comparative studies in order to investigate whether the differences and patterns remain. A better understanding of similarities and differences between countries and cultures can also be obtained by analyses of the exosystem and the macrosystem according to the ecological model. For example, descriptions of social structures, support systems and sex education at school as well as general attitudes towards sexuality and sexual abuse can be used to explain cultural differences concerning prevalence of sexual abuse, patterns of disclosure of sexual abuse and experience of a survey about sexuality and sexual abuse as discomforting.

Our data do not support the idea that vulnerable young people, in particular sexually abused or sexually inexperienced adolescents, should be protected from participation in survey research about sexuality and sexual abuse. The Swedish legislation has recently been strengthened and research with surveys and interviews about sensitive issues has now routinely to be reviewed by an ethics review board as they may include a risk of psychological harm (Betänkande 2007/08:UbU12; SFS 2008:198). At the same time, empirical data that could help guide the decisions of the ethics review board are scarce, particularly when it comes to young research

participants. Because of that, our study makes an important contribution to the issue. In the model that was created and tested in the study, experience of penetrating sexual abuse was not at all related to discomfort while sexual inexperience was significant but relatively weak associated with increased discomfort. The acceptance of rape myths was the strongest indicator of discomfort. Nevertheless, the variables included in the model could only explain 17% of the variance. This means that other variables which have not been identified yet contribute to the experience of discomfort. It is also important to note that the experience of discomfort when completing a survey is not the same as being harmed by research participation, especially when it comes to long-lasting harm. In order to investigate long-lasting harm caused by research participation, Fergusson and Mullen (1999) suggested setting up a longitudinal field experiment involving a large community sample, with one half of this sample being assigned at random to questions about child sexual abuse and the other half not being questioned about child sexual abuse. Even in an approach like this, it might be difficult to separate possible harm caused by research participation from negative effects of stressful life events. Although there is no evidence at the moment that subgroups of potential research participants should be protected from participation in survey research about sensitive issues in order to avoid harm, there might be individuals who need support after research participation. Ethical guidelines should be followed in the research and support should be available.

Methodological considerations

Self report measures of sexual abuse

There is a general validity problem that can arise in a retrospective study based only on self-reports (Hardt & Rutter, 2004). Retrospective self-reports of sensitive issues such as sexual abuse among adolescents raise some additional questions. The consistency and stability of abuse reports have been investigated in a birth cohort study, where questions about sexual and physical abuse were asked at ages 18 and 21 (Fergusson, Horwood, & Woodward, 2000). There was substantial unreliability in the reporting of child abuse. Latent class analyses suggested that those not abused did not falsely report being abused but that those who were abused provided unreliable reports in which the probability of a false negative response was in the neighbourhood of 50%.

The validity of the respondents' answers could be decreased both by recall biases and by the design of the study. Participants may be reluctant to report sexual abuse in a school setting as they are afraid of being identified. The high rates of reported abuse contradict this but it could perhaps contribute to the relatively high internal attrition in the follow-up questions of sexual abuse. As noted by Finkelhor (1993), the prevalence of child sexual abuse when the child is under the age of six may be underestimated

because they are often lost from retrospective memory. Consequently, the prevalence of sexual abuse during early childhood was probably underestimated in this study.

Operational definition of sexual abuse

The operational definition of sexual abuse that is used in this thesis includes a broad range of sexual abuse experiences. The main criterion was the unwanted sexual experience *per se* that is defined as abusive, irrespective of the victim's age when the incident occurred, age differences between victim and offender or type of relation between victim and offender. As a consequence, the reported experiences of sexual abuse differed widely in severity. This was taken into account by using three different categories of sexual abuse (non-contact, contact and penetrating abuse) in most of the analyses. The wording of the questions about sexual abuse could have been more distinct and specific, especially the wording of the variable "somebody has pawed you or touched your body in an indecent way", which may include a wide range of different sexual activities, ranging from occasional sexual touches in a crowd of people to fondling without clothes on. Another problem could be that the participants' understanding of the wording in the questions may differ. A wording like "against your will" could for example have different meanings to different individuals depending on their earlier life events, gender, and culture. Hardt and Rutter (2004) addressed the problem that the ways in which the participants were asked about adverse experiences are likely to contribute to the validity of the reports. According to them, interviews allow a clarification of different understandings, but, on the other hand, questionnaires have a possible advantage in anonymity, which may facilitate valid responses to questions on sensitive issues.

It would have been of great interest to analyze even more specified subgroups such as peer abuse versus abuse by an adult, but this was not possible due to methodological limitations. Questions about abuse characteristics such as victim's and offender's age when the incidence occurred or type of relation between victim and offender were related to the first incidence of sexual abuse while the question about the unwanted sexual experience was not limited to the first incidence. In case of several abuse occasions including several kinds of unwanted sexual experiences, it was not possible to estimate which kind of abuse that had occurred at first incidence. In addition, the number of non-completers was relatively high for the questions about abuse characteristics.

Study design

The study was carried out as an anonymous school based study. Only whole classes were selected and the participants completed one or several paper-and-pencil surveys in the classroom during ordinary lessons. A research assistant supervised the data collection and answered eventual questions. This design has both advantages and limitations.

School based studies allow data collection with large samples and compared to postal surveys which are sent to the selected samples home and have to be returned by mail, the response rates are usually higher. The selection of whole classes instead of individual students and the presence of a research assistant instead of a member of the school staff during data collection may have increased the participants' perception of anonymity.

A problem with school based studies with older adolescents is that high school is not compulsory and a number of young people are no longer enrolled in the school system. On the other hand, according to official statistics, as much as 90% of Swedish 18 year olds are enrolled in high school (Statistics Sweden Population statistics, 2007). This is probably a high number compared to other countries. For example, it can be estimated from official statistics that about 74% of the Norwegian 18 year olds are enrolled in high school (Statistics Norway, 2009). An additional problem in this context is that, although enrolled in the school system, many students are absent from school on any day for a variety of reasons such as illness or practical occupational experience. Truancy could also account for between three and four percent, according to Sundell, El-Khouri and Månsson (2005). The average absence rate on a regular school day for 3rd year students in the city of Uppsala was 13% in 2005 (Uppsala kommun, 2005). There is good reason to believe that those who are not enrolled in school or absent from school although enrolled are at higher risk for sexual abuse, since these young people also are at higher risk for being a victim of crimes like theft and rape (Sundell et al., 2005).

A problem arose in this study because many participants, especially boys, who reported experiences of sexual abuse, did not answer the follow-up questions about abuse characteristics, possibly because of the sensitive nature of the questions. The internal attrition for the questionnaire in general was low. In a classroom setting it is not possible for the research assistant to check whether the returned questionnaires are filled in completely and the traditional paper-and-pencil format makes it easy to avoid answering to questions. Internal attrition could probably be decreased by the use of modern techniques for data collection such as data-based surveys. In data based surveys, follow-up questions only appear to participants when it is relevant depending on how previous questions were answered. In addition, it is not possible to continue the survey without answering the current question or, alternatively, checking a box indicating that one does not want to answer the question.

Sampling

Considerations about the sampling are limited to the Swedish sample. Although about 50% of the students in each educational programme were selected in the cities that were included in the study and although in the cities with more than one high school (Stockholm and Malmö) about two thirds of the existing high schools from different geographical areas were selected and very few schools or programmes were not able to participate, the sample cannot be regarded as fully representative for Swedish high

school seniors. First, as only five cities were included in the study and Stockholm and Malmö were two of them, big cities were overrepresented in the sample. Second, random sampling with cluster sampling as the most adequate method of sampling was not used. On the other hand, representative sampling would have resulted in the selection of high schools all over Sweden and in this case it would not have been possible for practical reasons to send people from the research team to each school for data collection. In our experience, the use of research people instead of school staff for data collection facilitated the collaboration with the schools and probably increased the participants' feelings of confidentiality.

Comparative research

A difficulty with comparative research where samples from different countries are used (paper V) is that there might be differences between the countries, both concerning methods and other circumstances, which affect the results in an unwanted way. For example, the school systems in Estonia and Sweden are somewhat different, which may have influenced sampling. In addition, there was a difference in the procedure when the study was implemented. Estonian students were contacted only on the day of the study, while Swedish students also received written information on a day before data collection. It is possible that some Swedish students, on the basis of this information, chose not to participate in the study and did not appear on the day of the study. In other words, it might have been easier for Swedish students to choose not to participate compared to Estonian students and this could explain the differences in response rate. Furthermore, although the same survey was used in both countries, the wording of the questions could be somewhat different due to translation and even the same wording could be experienced in different ways depending on cultural aspects.

MAIN CONCLUSIONS

Clinical and social implications

- Professionals who meet young people in different contexts need to be more aware that few sexually abused children and adolescents seek help from professionals or other adults. Further education of professionals in how to support young people who disclose sexual abuse is needed.
- Support offers should be directly addressed not only to the abused young people themselves but also to peers who wish to help a friend. For example, information about sexual abuse and available support for victims and peers should be included in sex education at schools.
- Different disclosure patterns for girls and boys suggest that a gender perspective may be helpful when developing support efforts and education for professionals.
- Sexual abuse should not be regarded as an isolated factor in relation to psychosocial health. Instead, it should be seen in the context of other variables, of which family variables such as parental bonding seem to be especially important for young people.
- Sense of coherence is clearly related to sexual abuse and may be of special interest in clinical assessment and treatment.
- The *SDQ* can be used as a screening instrument with 17 – 19 year olds as it has acceptable psychometric properties in this age group.
- Vulnerable groups such as sexually inexperienced and sexual abused adolescent could not be identified as groups at special risk for discomfort when participating in the research. So far, there is no evidence that young people in general or vulnerable young people in particular as a group need to be protected from participation in research about sensitive issues such as sexual abuse and sexuality. This finding might be useful for ethics review boards, but also for school headmasters, other professionals and parents who are engaged in decisions concerning young people's participation in research.

Suggestions for further research

- Further development of categories or indices of severity of sexual abuse that are based not only on type of sexual abuse behaviour but also on abuse characteristics such as frequency, peer versus adult abuse, relation to the offender or use of violence during the abuse is of interest.
- Further research about peer abuse and its consequences for the victim is of interest.
- So far, there is little research about adolescents' sense of coherence, especially in relation to stressful life events. It is of interest for further investigations to learn how the development of sense of coherence may be affected by sexual abuse and how psychological treatment of children and adolescents exposed to sexual abuse may change their sense of coherence.
- The prevalence and characteristics of sexual abuse may change over time and vary between different countries and regions and the construct of sexual abuse may be re-defined depending on new aspects of sexual abuse that come to consciousness. Therefore, recurrent epidemiological research about sexual abuse is needed, preferably comparative studies with several countries and regions participating.
- More empirical data about young people's experience of their participation in research about sexual abuse and other sensitive issues and alternative models about predictors of distress or discomfort are needed.

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APPENDIX I

Questionnaire Adolescents' Sexuality – Attitudes and Experiences (Ungdomars sexualitet – attityder och erfarenheter)

The appendix presents the questionnaire that was completed by the Swedish participants. The same survey was used in The Baltic Sea Regional Study on Adolescent's Sexuality, but some of the questions were not included in the Swedish version. An English translation of the Swedish version is available by request.

Ungdomars sexualitet – attityder och erfarenheter

Syftet

Syftet med denna undersökning är att få veta mer om ungdomars attityder till och erfarenheter av sexualitet inklusive sexuella övergrepp och sexuell exploatering. Idag vet vi bara lite om detta. Vi vill undersöka om attityderna till sexualitet håller på att förändras bland ungdomarna i dagens samhälle. Undersökningen kommer att genomföras i flera europeiska länder: förutom Sverige deltar bland annat Norge, Island, Litauen, Lettland, Estland, Ryssland och Polen.

Vad frågorna handlar om

De flesta frågor som vi ber dig att besvara handlar om dina attityder till och erfarenheter av sexualitet inklusive sexuella övergrepp och sexuell exploatering. Några frågor handlar också om andra saker som till exempel ditt förhållande till föräldrar, vänner och skola.

Undersökningen är anonym

Det är frivilligt att delta och du behöver inte motivera varför du eventuellt inte vill delta. Undersökningen är helt anonym. Ingen kommer att få veta vad du har svarat.

Hur man fyller i frågeformuläret

Du svarar på de flesta frågor genom att sätta ett kryss i den rutan som passar dig bäst. Ibland kan det hända att det är svårt att hitta ett svarsalternativ som känns helt rätt. I dessa fall sätter du ett kryss i den rutan som kommer närmast det som stämmer för dig. Oftast frågar vi efter dina uppfattningar och attityder. På sådana frågor finns det inga svar som är rätt eller fel. I några frågor används begreppet "vuxen". Då menar vi personer som är 18 år eller äldre. När vi använder ordet "barn" anger vi nästan alltid vilken ålder vi avser.
När du har fyllt i frågeformuläret lägger du det i kuvertet som du har fått och klistrar igen det.

Reaktioner på frågorna

Några frågor kan sätta igång tankar eller reaktioner hos dig. Om du vill prata med någon om detta kan du kontakta en erfaren vuxen. När du lämnar enkäten får du en skriftlig information om vart du kan vända dig.

Med vänliga hälsningar

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1. Är du kille eller tjej?

1 ☐ kille 2 ☐ tjej

2. Hur gammal är du (senaste födelsedag)?

Jag är ☐☐ år gammal.

3. Vilket gymnasieprogram går du på?

1 ☐ Estetiska programmet, Naturvetenskapsprogrammet, Samhällsvetenskapsprogrammet eller Teknikprogrammet

2 ☐ Barn- och fritidsprogrammet, Byggprogrammet, Elprogrammet, Energiprogrammet, Fordonsprogrammet, Handels- och administrationsprogrammet, Hantverksprogrammet, Hotell- och restaurangprogrammet, Industriprogrammet, Livsmedelsprogrammet, Medieprogrammet, Naturbruksprogrammet eller Omvårdnadsprogrammet

3 ☐ Individuella programmet

4 ☐ Specialutformat program

4. Hur var ditt senaste samlade betygsdokument?

Jag hade

A. ☐☐ mvg *(ange antal, skriv 0 om du inte hade mvg)* ☐ vet ej
B. ☐☐ vg *(ange antal, skriv 0 om du inte hade vg)* ☐ vet ej
C. ☐☐ g *(ange antal, skriv 0 om du inte hade g)* ☐ vet ej
D. ☐☐ ig/streck *(ange antal, skriv 0 om du inte hade ig/streck)* ☐ vet ej

6. Jag bor ihop med

(Sätt ett kryss.)

1 ☐ mamma och pappa
2 ☐ ibland hos mamma, ibland hos pappa
3 ☐ mamma ensam
4 ☐ pappa ensam
5 ☐ mamma och styvpappa
6 ☐ pappa och styvmamma
7 ☐ bor själv
8 ☐ annat, tex familjehem, institution

7. Vad gör din pappa?

Han är

A. 1 ☐ yrkesarbetande **B.** Vad har han för jobb? ……..
A. 2 ☐ hemmaman
A. 3 ☐ studerande
A. 4 ☐ arbetslös **B.** Vad hade han för jobb sist? .....
A. 5 ☐ pensionerad **B.** Vad hade han för jobb sist? .....
A. 6 ☐ pappaledig **B.** Vad hade han för jobb sist? .....
A. 7 ☐ långtidssjukskriven **B.** Vad hade han för jobb sist? .....
A. 8 ☐ annat, nämligen ……
A. 9 ☐ inte i livet
A. 10 ☐ vet ej

8. Vad gör din mamma?

Hon är

A. 1 ☐ yrkesarbetande **B.** Vad har hon för jobb?.....
A. 2 ☐ hemmafru
A. 3 ☐ studerande
A. 4 ☐ arbetslös **B.** Vad hade hon för jobb sist? …….
A. 5 ☐ pensionerad **B.** Vad hade hon för jobb sist? …….
A. 6 ☐ mammaledig **B.** Vad hade hon för jobb sist? …….
A. 7 ☐ långtidssjukskriven **B.** Vad hade hon för jobb sist? …….
A. 8 ☐ annat, nämligen …….
A. 9 ☐ inte i livet
A. 10 ☐ vet ej

9. Har dina föräldrar, eller någon av dina föräldrar invandrat till Sverige från något annat land?

1 ☐ ja 2 ☐ nej

11. Är du född i Sverige?

A. 1 ☐ ja 2 ☐ nej

13. Röker du?

(Sätt ett kryss.)

A. 1 ☐ Har aldrig rökt.
2 ☐ Har rökt tidigare, men slutat.
3 ☐ Röker, men inte dagligen.
4 ☐ Röker varje dag ungefär

B. ☐ ☐ (antal) cigaretter.

14. Här kommer några frågor om alkohol. Som du ser använder vi beteckningen "drink". Som en "drink" räknas en halv flaska öl, ett glas vin eller ett glas starksprit motsvarande 4 cl.

A. Har du någon gång druckit en drink?

1 ☐ Ja 2 ☐ Nej

B. Om ja, hur gammal var du?

Jag var ☐☐ år gammal.

C. Ungefär hur ofta har du druckit alkohol under de senaste tolv månaderna?

1 ☐ Inte aktuellt för mig
2 ☐ Färre än 5 gånger under det gångna året
3 ☐ 5-10 gånger under det gångna året
4 ☐ Ungefär en gång i månaden
5 ☐ 2-3 gånger i månaden
6 ☐ Ungefär en gång i veckan
7 ☐ 2-4 gånger i veckan
8 ☐ Nästan varje dag

15. Hur ofta har du under de senaste tolv månaderna upplevt något av följande problem i samband med att du har druckit alkohol?

Inte aktuellt för mig. ☐

(Sätt ett kryss i varje rad.)

	aldrig 1	en gang 2	2-4 gånger 3	5-10 gånger 4	mer än 10 gånger 5
A. Hamnat i slagsmål, uppfört dig dåligt eller skadat andra.	☐	☐	☐	☐	☐
B. Skolkat.	☐	☐	☐	☐	☐
C. Befunnit dig på ett ställe utan att komma ihåg hur du kom dit.	☐	☐	☐	☐	☐
D. Känt dig nere.	☐	☐	☐	☐	☐
E. En vän eller granne har talat om för dig att du borde sluta dricka eller dricka mindre.	☐	☐	☐	☐	☐

16. Här finns några frågor om regelbrott i skolan och i samhället.

Har du gjort något av nedanstående:	1. Ja	1. Nej	2. Om ja: Hur gammal var du första gången?	3. Om ja: Ungefär hur många gånger under det senaste året?
	1	2		
A. …stulit något till ett värde av mer än tusen kronor?	☐	☐	☐☐	☐☐
B. …brutit dig in någonstans för att stjäla något?	☐	☐	☐☐	☐☐
C. …blivit inkallad till rektorn för att du gjort något dumt?	☐	☐	☐☐	☐☐
D. …smitit från betalningen på bussen, tåget eller liknande?	☐	☐	☐☐	☐☐
E. …skolkat från skolan?	☐	☐	☐☐	☐☐
F. …varit borta en hel natt utan att dina föräldrar visste var du var?	☐	☐	☐☐	☐☐
G. …stulit en bil eller en motorcykel?	☐	☐	☐☐	☐☐
H. …haft en våldsam uppgörelse med en lärare?	☐	☐	☐☐	☐☐
I. …sålt sexuella tjänster?	☐	☐	☐☐	☐☐
J. …köpt sexuella tjänster?	☐	☐	☐☐	☐☐
K. …använt hasch eller marijuana?	☐	☐	☐☐	☐☐
L.…använt något av kokain, heroin, amfetamin eller partydroger som ecstasy?	☐	☐	☐☐	☐☐

17. Här kommer några frågor om sexuella erfarenheter som båda var med på av egen fri vilja.

		1	2
A.	Har du någon gång varit förälskad i en kille?	☐ ja	☐ nej
B.	Har du någon gång varit förälskad i en tjej?	☐ ja	☐ nej
C.	Har du haft någon pojkvän?	☐ ja	☐ nej
D.	Har du haft någon flickvän?	☐ ja	☐ nej
E.	Har du någon gång kysst en kille?	☐ ja	☐ nej
F.	Har du någon gång kysst en tjej?	☐ ja	☐ nej
G.	Har du någon gång haft smeksex/hånglat med en kille?	☐ ja	☐ nej
H.	Har du någon gång haft smeksex/hånglat med en tjej?	☐ ja	☐ nej
I.	Har du någon gång haft munsex med en kille?	☐ ja	☐ nej
J.	Har du någon gång haft munsex med en tjej?	☐ ja	☐ nej
K.	Har du någon gång haft analsex med en kille?	☐ ja	☐ nej
L.	Har du någon gång haft analsex med en tjej?	☐ ja	☐ nej
M.	Har du någon gång haft samlag med en pojke?	☐ ja	☐ nej
N.	Har du någon gång haft samlag med en flicka?	☐ ja	☐ nej

O. Om du har haft samlag: Hur gammal var du första gången? Jag var ☐☐ år gammal.

P. Hur många olika personer har du haft samlag med?

	1	2	3	4	5
	Ingen ☐	En ☐	2 – 3 ☐	4 – 5 ☐	Fler än 5 ☐

18. Här nedan finner du en lista över olika egenskaper folk kan ha.
(Kryssa för i vilken utsträckning varje egenskap stämmer eller inte stämmer in på dig.)

		1	2	3	4	5	6	
A. Försvarar mina åsikter	Stämmer inte alls	☐	☐	☐	☐	☐	☐	Stämmer helt och hållet
B. Feminin	Stämmer inte alls	☐	☐	☐	☐	☐	☐	Stämmer helt och hållet
C. Oberoende	Stämmer inte alls	☐	☐	☐	☐	☐	☐	Stämmer helt och hållet
D. Svär nästan aldrig	Stämmer inte alls	☐	☐	☐	☐	☐	☐	Stämmer helt och hållet
E. Har lätt för att bestämma mig	Stämmer inte alls	☐	☐	☐	☐	☐	☐	Stämmer helt och hållet
F. Tar hänsyn till andra	Stämmer inte alls	☐	☐	☐	☐	☐	☐	Stämmer helt och hållet
G. Stark personlighet	Stämmer inte alls	☐	☐	☐	☐	☐	☐	Stämmer helt och hållet
H. Förstående	Stämmer inte alls	☐	☐	☐	☐	☐	☐	Stämmer helt och hållet
I. Stark	Stämmer inte alls	☐	☐	☐	☐	☐	☐	Stämmer helt och hållet
J. Blyg	Stämmer inte alls	☐	☐	☐	☐	☐	☐	Stämmer helt och hållet
K. Har ledargenskaper	Stämmer inte alls	☐	☐	☐	☐	☐	☐	Stämmer helt och hållet
L. Tröstar gärna andra	Stämmer inte alls	☐	☐	☐	☐	☐	☐	Stämmer helt och hållet
M. Varm	Stämmer inte alls	☐	☐	☐	☐	☐	☐	Stämmer helt och hållet
N. Dominerande	Stämmer inte alls	☐	☐	☐	☐	☐	☐	Stämmer helt och hållet
O. Ömsint	Stämmer inte alls	☐	☐	☐	☐	☐	☐	Stämmer helt och hållet
P. Säger vad jag tycker	Stämmer inte alls	☐	☐	☐	☐	☐	☐	Stämmer helt och hållet
Q. Tycker om barn	Stämmer inte alls	☐	☐	☐	☐	☐	☐	Stämmer helt och hållet
R. Aggressiv	Stämmer inte alls	☐	☐	☐	☐	☐	☐	Stämmer helt och hållet
S. Vänlig	Stämmer inte alls	☐	☐	☐	☐	☐	☐	Stämmer helt och hållet
T. Beredd att ta risker	Stämmer inte alls	☐	☐	☐	☐	☐	☐	Stämmer helt och hållet

19. Hur troligt är det att du skulle ha sex med ett barn om du var säker på att ingen skulle få veta om det och att du helt säkert inte skulle bli straffad?

	1	2	3	4	5	
Mycket sannolikt	☐	☐	☐	☐	☐	Helt osannolikt

20. Här följer några påståenden om sexuella relationer mellan barn och vuxna. Med vuxen menar vi en person som är 18 år eller äldre. Med barn menas här en person som ännu inte fyllt 15 år.

(Kryssa för i vilken utsträckning du instämmer eller inte instämmer i varje påstående.)

		1	2	3	4	5	
A. De flesta barn som berättar om sexuella övergrepp säger sanningen.	Instämmer inte alls	☐	☐	☐	☐	☐	Instämmer helt och hållet
B. En vuxen och ett barn borde ha rätt att ha sex tillsammans om båda vill det.	Instämmer inte alls	☐	☐	☐	☐	☐	Instämmer helt och hållet
C. Sex mellan en vuxen och ett barn skadar troligtvis barnet allvarligt.	Instämmer inte alls	☐	☐	☐	☐	☐	Instämmer helt och hållet
D. Barn försöker ibland att förföra vuxna.	Instämmer inte alls	☐	☐	☐	☐	☐	Instämmer helt och hållet
E. Sexuella övergrepp på barn är mindre vanliga än folk tror.	Instämmer inte alls	☐	☐	☐	☐	☐	Instämmer helt och hållet
F. Att ha sex med en barnprostituerad är sexuellt utnyttjande.	Instämmer inte alls	☐	☐	☐	☐	☐	Instämmer helt och hållet
G. Det är inte fel att lära barn något om sex genom att beröra deras könsdelar.	Instämmer inte alls	☐	☐	☐	☐	☐	Instämmer helt och hållet
H. Även om det verkar som om en 14-åring vill ha sex med en vuxen, har den vuxne ingen rätt att bete sig sexuellt i förhållande till honom eller henne.	Instämmer inte alls	☐	☐	☐	☐	☐	Instämmer helt och hållet
I. Små barn har sällan sexuella fantasier om vuxna.	Instämmer inte alls	☐	☐	☐	☐	☐	Instämmer helt och hållet
J. Många barn skulle vilja ha sex med en vuxen om de bara provade.	Instämmer inte alls	☐	☐	☐	☐	☐	Instämmer helt och hållet
K. Några 13-åringar är så mogna att det inte är fel om de har sex med en vuxen.	Instämmer inte alls	☐	☐	☐	☐	☐	Instämmer helt och hållet
L. De som förgriper sig sexuellt på barn skall sättas i fängelse.	Instämmer inte alls	☐	☐	☐	☐	☐	Instämmer helt och hållet
M. Barn påstår ibland att de har blivit sexuellt utnyttjade för att få uppmärksamhet eller för att ge igen för något.	Instämmer inte alls	☐	☐	☐	☐	☐	Instämmer helt och hållet
N. Sex med barn är relativt harmlöst.	Instämmer inte alls	☐	☐	☐	☐	☐	Instämmer helt och hållet
O. Sex mellan en 17-åring och hans eller hennes styv-förälder borde inte betraktas som kriminellt.	Instämmer inte alls	☐	☐	☐	☐	☐	Instämmer helt och hållet

21. Har du haft sexuell kontakt med någon som var minst 5 år äldre än du när du var 15 år gammal eller yngre?

(Sätt kryss.) 1 ☐ Ja 2 ☐ Nej

22. I det följande finns olika beskrivningar av hur ungdomar kan ha upplevt sina föräldrar under uppväxten.

(Sätt för varje påstående kryss för i vilken utsträckning du tycker att det stämmer in på dina föräldrar.)

		1	2	3	4	5	6	
A. De har låtit mig bestämma själv.	Stämmer inte alls	☐	☐	☐	☐	☐	☐	Stämmer helt och hållet
B. De har försökt att kontrollera allt jag har gjort.	Stämmer inte alls	☐	☐	☐	☐	☐	☐	Stämmer helt och hållet
C. De har behandlat mig som om jag var yngre än jag var.	Stämmer inte alls	☐	☐	☐	☐	☐	☐	Stämmer helt och hållet
D. De har varit överbeskyddande.	Stämmer inte alls	☐	☐	☐	☐	☐	☐	Stämmer helt och hållet
E. De har inte pratat med mig speciellt mycket.	Stämmer inte alls	☐	☐	☐	☐	☐	☐	Stämmer helt och hållet
F. De har brytt sig om mig.	Stämmer inte alls	☐	☐	☐	☐	☐	☐	Stämmer helt och hållet
G. De har förstått mina problem och mina bekymmer.	Stämmer inte alls	☐	☐	☐	☐	☐	☐	Stämmer helt och hållet
H. De har inte hjälpt mig så mycket som jag hade behövt.	Stämmer inte alls	☐	☐	☐	☐	☐	☐	Stämmer helt och hållet
I. De har inte förstått mina behov och önskemål.	Stämmer inte alls	☐	☐	☐	☐	☐	☐	Stämmer helt och hållet

23. Tänk dig att du hade ett personligt problem och kände dig utanför och ledsen. Vem skulle du gå till för att prata med och söka hjälp hos?

(Sätt ett kryss i varje rad.)	Ja, troligen	Nej, troligen inte
	1	2
A. Ingen	☐	☐
B. Mamma	☐	☐
C. Pappa	☐	☐
D. Syskon	☐	☐
E. Vän(ner)	☐	☐
F. Pojkvän/flickvän	☐	☐
G. Släktingar	☐	☐
H. Vuxna som bor i närheten	☐	☐
I. Lärare	☐	☐
J. Elevvårdspersonal (sköterska, kurator, psykolog)	☐	☐
K. Annan:……..	☐	☐

24. Här följer några påståenden om dina vänner och bekanta.
(Kryssa för i vilken utsträckning varje påstående stämmer.)

		1	2	3	4	5	
A. Några av mina kompisar är kristna.	Stämmer inte alls	☐	☐	☐	☐	☐	Stämmer helt och hållet
B. Några av mina kompisar tycker om att se på våldsporr.	Stämmer inte alls	☐	☐	☐	☐	☐	Stämmer helt och hållet
C. Mina kompisar bryr sig om varandra.	Stämmer inte alls	☐	☐	☐	☐	☐	Stämmer helt och hållet
D. Några av mina kompisar tittar ofta på porr.	Stämmer inte alls	☐	☐	☐	☐	☐	Stämmer helt och hållet
E. Några av mina kompisar tycker att sex med barn är ok.*(Med barn menar vi här en person som ännu inte fyllt 15 år.)*	Stämmer inte alls	☐	☐	☐	☐	☐	Stämmer helt och hållet
F. Bland mina kompisar är det vanligt att man skryter om sina sexuella erfarenheter.	Stämmer inte alls	☐	☐	☐	☐	☐	Stämmer helt och hållet
G. Ärlighet betyder mycket för mina kompisar.	Stämmer inte alls	☐	☐	☐	☐	☐	Stämmer helt och hållet
H. Om någon av mina kompisar var homosexuell/lesbisk, skulle han/hon bli utfryst.	Stämmer inte alls	☐	☐	☐	☐	☐	Stämmer helt och hållet
I. Många av mina kompisar röker.	Stämmer inte alls	☐	☐	☐	☐	☐	Stämmer helt och hållet
J. Några av mina kompisar tittar på barnporr på internet.	Stämmer inte alls	☐	☐	☐	☐	☐	Stämmer helt och hållet
K. Bara några få av mina kompisar har legat med någon.	Stämmer inte alls	☐	☐	☐	☐	☐	Stämmer helt och hållet
L. Bland mina kompisar är det vanligt att idrotta.	Stämmer inte alls	☐	☐	☐	☐	☐	Stämmer helt och hållet
M. De flesta av mina kompisar tycker att hårdporr är äckligt.	Stämmer inte alls	☐	☐	☐	☐	☐	Stämmer helt och hållet

25. Om ett barn och en vuxen vill ha sex med varandra borde det vara tillåtet.
(Sätt ett kryss för i vilken utsträckning du instämmer eller inte.)

		1	2	3	4	5	
A. Barnet är mellan 12 och 14 år gammalt.	Instämmer inte alls	☐	☐	☐	☐	☐	Instämmer helt och hållet
B. Barnet är mellan 10 och 12 år gammalt.	Instämmer inte alls	☐	☐	☐	☐	☐	Instämmer helt och hållet
C. Barnet är under 10 år gammalt.	Instämmer inte alls	☐	☐	☐	☐	☐	Instämmer helt och hållet

26. Sex mellan ett barn och en vuxen skadar sannolikt barnet allvarligt.

		1	2	3	4	5	
A. Barnet är mellan 12-14 år gammalt.	Instämmer inte alls	☐	☐	☐	☐	☐	Instämmer helt och hållet
B. Barnet är mellan 10 och 12 år gammalt.	Instämmer inte alls	☐	☐	☐	☐	☐	Instämmer helt och hållet
C. Barnet är under 10 år gammalt.	Instämmer inte alls	☐	☐	☐	☐	☐	Instämmer helt och hållet

27. Kryssa för hur sannolikt det är att du skulle vilja ha sex med ett barn om du var säker på att ingen fick veta om det och att du helt säkert inte blev straffad om:

		1	2	3	4	5	
A. Barnet är mellan 12 och 14 år gammalt.	Osannolikt	☐	☐	☐	☐	☐	Mycket sannolikt
B. Barnet är mellan 10 och 12 år gammalt.	Osannolikt	☐	☐	☐	☐	☐	Mycket sannolikt
C. Barnet är under 10 år gammalt.	Osannolikt	☐	☐	☐	☐	☐	Mycket sannolikt

28. Här kommer några frågor om dig själv. Hur nöjd är du med hur du fungerar i olika sammanhang?
(Sätt ett kryss i den rutan som passar med tanke på hur nöjd du är med:)

		1	2	3	4	5	6	7	
A. din förmåga att känna med och förstå andra	Inte alls nöjd	☐	☐	☐	☐	☐	☐	☐	Mycket nöjd
B. dina färdigheter och kunskaper i allmänhet	Inte alls nöjd	☐	☐	☐	☐	☐	☐	☐	Mycket nöjd
C. hur social du är	Inte alls nöjd	☐	☐	☐	☐	☐	☐	☐	Mycket nöjd
D. dina inkomster	Inte alls nöjd	☐	☐	☐	☐	☐	☐	☐	Mycket nöjd
E. ditt oberoende och din förmåga att fatta självständiga beslut	Inte alls nöjd	☐	☐	☐	☐	☐	☐	☐	Mycket nöjd
F. ditt deltagande i idrott och fysiska aktiviteter	Inte alls nöjd	☐	☐	☐	☐	☐	☐	☐	Mycket nöjd
G. din förmåga att uttrycka känslor	Inte alls nöjd	☐	☐	☐	☐	☐	☐	☐	Mycket nöjd
H. din förmåga att ta initiativ och komma igång	Inte alls nöjd	☐	☐	☐	☐	☐	☐	☐	Mycket nöjd
I. din pålitlighet när det krisar	Inte alls nöjd	☐	☐	☐	☐	☐	☐	☐	Mycket nöjd
J. hur attraktiv du är för det motsatta könet	Inte alls nöjd	☐	☐	☐	☐	☐	☐	☐	Mycket nöjd

29. Här följer några påståenden.

(Kryssa för i vilken utsträckning du instämmer eller inte instämmer i dem.)

		1	2	3	4	5	6	7	
A. Det är ok att tjejen betalar när man går ut tillsammans.	Instämmer inte alls	☐	☐	☐	☐	☐	☐	☐	Instämmer helt och hållet
B. En kvinna skall vara oskuld när hon gifter sig.	Instämmer inte alls	☐	☐	☐	☐	☐	☐	☐	Instämmer helt och hållet
C. Det är något konstigt med tjejer som inte vill gifta sig och bilda familj.	Instämmer inte alls	☐	☐	☐	☐	☐	☐	☐	Instämmer helt och hållet
D. En kvinna skall aldrig säga emot sin man inför andra.	Instämmer inte alls	☐	☐	☐	☐	☐	☐	☐	Instämmer helt och hållet
E. Det är bättre om en tjej använder sin charm för att få det hon vill än om hon frågar rakt ut.	Instämmer inte alls	☐	☐	☐	☐	☐	☐	☐	Instämmer helt och hållet
F. Det är ok att tjejer gör karriär, men äktenskap och familj borde komma först.	Instämmer inte alls	☐	☐	☐	☐	☐	☐	☐	Instämmer helt och hållet
G. Det ser värre ut när en tjej är full än när en kille är det.	Instämmer inte alls	☐	☐	☐	☐	☐	☐	☐	Instämmer helt och hållet
H. En kille borde slåss när en tjej som han är tillsammans med förolämpas av en annan kille.	Instämmer inte alls	☐	☐	☐	☐	☐	☐	☐	Instämmer helt och hållet
I. Det är inget fel om en tjej ensam går till en pub/bar.	Instämmer inte alls	☐	☐	☐	☐	☐	☐	☐	Instämmer helt och hållet

30. Här följer några påståenden.

(Kryssa för i vilken utsträckning du instämmer eller inte instämmer i dem.)

		1	2	3	4	5	6	7	
A. När en tjej följer med en kille hem efter en första träff, betyder det att hon är villig att ha sex.	Instämmer inte alls	☐	☐	☐	☐	☐	☐	☐	Instämmer helt och hållet
B. Vid de flesta våldtäkter är offret lätt på foten (utmanande) eller har dåligt rykte.	Instämmer inte alls	☐	☐	☐	☐	☐	☐	☐	Instämmer helt och hållet
C. Om en tjej är med på kyssar och smekningar är det hennes eget fel om hennes partner tvingar henne till sex.	Instämmer inte alls	☐	☐	☐	☐	☐	☐	☐	Instämmer helt och hållet
D. Många tjejer önskar omedvetet att bli våldtagna och många skapar omedvetet situationer där de kan bli det.	Instämmer inte alls	☐	☐	☐	☐	☐	☐	☐	Instämmer helt och hållet
E. Många killar har en omedveten önskan att våldta tjejer.	Instämmer inte alls	☐	☐	☐	☐	☐	☐	☐	Instämmer helt och hållet
F. Många killar tycker att sex är mer spännande om tjejen gör motstånd.	Instämmer inte alls	☐	☐	☐	☐	☐	☐	☐	Instämmer helt och hållet

31. Nedan följer en lista över bekymmer och problem som man kan ha.
(Sätt ett kryss i den ruta som passar dig bäst i varje rad.)

Har du under veckan som gått:	stämmer inte alls 1	stämmer lite grand 2	stämmer ganska bra 3	stämmer mycket bra 4
A. …känt att allting är slitigt?	☐	☐	☐	☐
B. ...haft sömnproblem?	☐	☐	☐	☐
C. ...känt dig olycklig, nere och deprimerad?	☐	☐	☐	☐
D. ...känt hopplöshet med tanke på framtiden?	☐	☐	☐	☐
E. ...känt dig stel eller spänd?	☐	☐	☐	☐
F. ...bekymrat dig för mycket över saker och ting?	☐	☐	☐	☐

32. Tror du att du har större eller mindre sexuell erfarenhet än de flesta ungdomar i din ålder?
(Svara genom att sätta ett kryss.)

1 ☐ Mindre erfarenhet
2 ☐ Ungefär som de flesta
3 ☐ Större erfarenhet

33. Sexuell lust kan variera. Människor är olika och för en och samma person kan den sexuella lusten variera tid efter annan. Hur ofta känner du sexuell lust?
(Svara genom att sätta ett kryss.)

1 ☐ Aldrig 2 ☐ Sällan 3 ☐ Ibland 4 ☐ Ofta 5 ☐ Nästan hela tiden

34. Den ålder då man enligt lagen får ha sex är 15 år. Vad tycker du - vid vilken ålder borde det vara lagligt att ha sex?
(Svara genom att sätta ett kryss.)

1 ☐ 17 år eller högre 2 ☐ 16 år 3 ☐ 15 år 4 ☐ 14 år 5 ☐ 13 år eller lägre

35. Några är känslomässigt och/eller sexuellt attraherade av personer av motsatt kön och några av personer av samma kön.
(Sätt ett kryss i den rutan du tycker passar bäst för dig.)

		1	2	3	4	5	
A. Var skulle du själv placera dig på en skala över hur starkt attraherad du är av personer av motsatt kön?	Ingen attraktion	☐	☐	☐	☐	☐	Stark attraktion
B. Var skulle du själv placera dig på en skala över hur starkt du är attraherad av personer av samma kön?	Ingen attraktion	☐	☐	☐	☐	☐	Stark attraktion

Det händer att människor <u>övertalas, pressas eller tvingas till sexuella handlingar som de inte kan</u> <u>värja sig emot</u>. Nu kommer några frågor om sådana situationer.

36. Har du varit utsatt för något av följande <u>mot din vilja</u>?
(Du kan sätta flera kryss.)

A. ☐ någon har blottat sig för dig
B. ☐ någon har ”kladdat” eller tafsat på dig
C. ☐ du har onanerat åt någon
D. ☐ du har haft samlag
E. ☐ du har haft oralsex
F. ☐ du har haft analsex

Om du har satt kryss i någon av rutorna i fråga 36 ber vi dig också att svara på fråga 37-42. Om inte kryssar du bara för ”inte aktuellt för mig” i frågorna 37-42.

37. Hur många gånger har du blivit utsatt mot din vilja?

Inte aktuellt för mig ☐
1 ☐ en gång
2 ☐ två till fem gånger
3 ☐ fler än fem gånger

38. Tänk tillbaka på första gången det hände.

Inte aktuellt för mig ☐

A. Hur gammal var du? Jag var ☐☐ år gammal.

B. Var det flera personer som gjorde det tillsammans mot dig? 1 ☐ ja 2 ☐ nej
(Om ja: tänk på den som var mest aktiv när du svarar på de följande frågorna.)

C. Hur gammal var den som gjorde det? Han/hon var ☐☐ år gammal.

D. Vilket kön hade den som gjorde det? 1 ☐ man 2 ☐ kvinna

E. Vem var det som gjorde det?

1 ☐ biologisk pappa
2 ☐ biologisk mamma
3 ☐ styvpappa
4 ☐ styvmamma
5 ☐ biologiskt syskon
6 ☐ styvsyskon
7 ☐ annan släkting
8 ☐ fosterförälder
9 ☐ vän eller bekant till familjen
10 ☐ någon du känt, men inte din familj
11 ☐ någon för dig helt okänd person

F. Var du berusad eller drogad? 1 ☐ ja 2 ☐ nej

G. Var den som gjorde det berusad eller drogad? 1 ☐ ja 2 ☐ nej

39. Vilka former av övertalning/press/tvång använde den person som gjorde detta med dig första gången?
(Sätt kryss vid de former du har upplevt.)

Inte aktuellt för mig ☐
A. ☐ lurade dig
B. ☐ utnyttjade sin position
C. ☐ övertalade dig
D. ☐ hotade med att avvisa dig
E. ☐ höll fast dig
F. ☐ slog dig eller gjorde dig illa
G. ☐ gav dig alkohol, narkotika eller tabletter
H. ☐ annat

40. Hände det vid något tillfälle att du blev fotograferad/filmad?

Inte aktuellt för mig ☐
1 ☐ ja 2 ☐ nej

41. Hände det vid något tillfälle att du fick någon ersättning?

Inte aktuellt för mig ☐

A. 1 ☐ ja 2 ☐ nej

B. Om ja, ange vilken ersättning du har fått, till exempel pengar, mat, kläder, smycken, biobesök:

.....

.....

.....

42. Har du kunnat tala med någon om det som hänt?

Inte aktuellt för mig ☐

A. 1 ☐ ja 2 ☐ nej

B. Om ja, med vem har du talat?
(Här kan du sätta fler än ett kryss.)

B. 1 ☐ med mamma
B. 2 ☐ med pappa
B. 3 ☐ med syskon
B. 4 ☐ med ungefär jämnårig vän
B. 5 ☐ med vuxen släkting eller vän
B. 6 ☐ med en vuxen ”professionell” – lärare, kurator, socialsekreterare, sjuksköterska eller någon annan person som arbetar med barn och ungdomar
B. 7 ☐ med annan person
B. 8 ☐ det blev anmält till sociala myndigheter eller polis

43. <u>Har du själv</u> dragit in, övertalat, pressat eller tvingat någon annan till sexuella handlingar?
(Du kan sätta flera kryss.)

A. ☐ du har blottat dig för någon annan

B. ☐ du har ”kladdat” eller tafsat på någon annan

C. ☐ du har övertalat, pressat eller tvingat någon annan att onanera åt dig

D. ☐ du har övertalat, pressat eller tvingat någon annan till samlag

E. ☐ du har övertalat, pressat eller tvingat någon annan till oralsex

F. ☐ du har övertalat, pressat eller tvingat någon annan till analsex

Om du har satt kryss i någon av rutorna i fråga 43 ber vi dig också att svara på fråga 44 – 46. Om inte, kryssar du bara för ”inte aktuellt för mig”.

44. Vilka former av övertalning/press/tvång använde du?
(Du kan sätta flera kryss.)

Inte aktuellt för mig ☐

A. ☐ lurade den andre

B. ☐ utnyttjade din position

C. ☐ övertalade den andre

D. ☐ hotade med att avvisa den andre

E. ☐ höll fast den andre

F. ☐ slog eller gjorde den andre illa

G. ☐ gav den andre alkohol, narkotika eller tabletter

H. ☐ annat

45. Hur många gånger har du övertalat/pressat/tvingat någon annan till sexuella handlingar?

Inte aktuellt för mig ☐

1 ☐ en gång

2 ☐ två till fem gånger

3 ☐ fler än fem gånger

46. Tänk tillbaka på första gången det hände.

Inte aktuellt för mig ☐

A. Hur gammal var du? Jag var ☐☐ år gammal.

B. Hur gammal var den du övertalade/pressade/tvingade? Han/hon var ☐☐ år gammal.

C. Vilket kön hade den du övertalade/pressade/tvingade? 1 ☐ man 2 ☐ kvinna

D. Var du berusad eller drogad? 1 ☐ ja 2 ☐ nej

E. Var den som du övertalade/pressade/tvingade berusad eller drogad? 1 ☐ ja 2 ☐ nej

Det händer att människor frivilligt deltar i sexuella handlingar mot ersättning.

47. A. Har du någon gång sålt sexuella tjänster?

1 ☐ ja 2 ☐ nej

B. Kan du tänka dig att sälja sexuella tjänster i framtiden?

B.1 För att kunna köpa något som jag önskar mig men inte har råd med. 1 ☐ ja 2 ☐ nej

B.2 Om jag var tvungen till det för att överleva. 1 ☐ ja 2 ☐ nej

B.3 Av annan anledning. 1 ☐ ja 2 ☐ nej

48. Har du utfört eller kan du tänka dig att pröva någon av följande situationer?
(Svara genom att sätta ett kryss vid varje fråga.)

	1. Har gjort det		**2.** Kan tänka mig att göra det i framtiden		**3.** Kan acceptera att någon annan gör det	
	Ja 1	Nej 2	Ja 1	Nej 2	Ja 1	Nej 2
A. att visa ditt könsorgan för någon mot ersättning	☐	☐	☐	☐	☐	☐
B. att låta dig fotograferas eller filmas naken mot ersättning	☐	☐	☐	☐	☐	☐
C. att onanera åt någon mot ersättning	☐	☐	☐	☐	☐	☐
D. att ha munsex (oralsex) mot ersättning	☐	☐	☐	☐	☐	☐
E.att ha samlag mot ersättning	☐	☐	☐	☐	☐	☐
F.att ha analsex mot ersättning	☐	☐	☐	☐	☐	☐
G. att bli fotograferad eller filmad i sexuella situationer mot ersättning	☐	☐	☐	☐	☐	☐

Här kommer några frågor till dig som någon gång har sålt sexuella tjänster (fråga 49 – 52). Om du inte har gjort det kryssar du bara för ”inte aktuellt för mig”.

49. Vilken typ av ersättning har du fått?
(Du kan sätta flera kryss.)

Inte aktuellt för mig ☐
A. ☐ pengar
B. ☐ mat, boende
C. ☐ saker, till exempel kläder, skivor, smycken med mera
D. ☐ aktiviteter, till exempel resor, restaurangbesök, biobesök med mera
E. ☐ annat *(ange vad)*: .....

50. Hur kom du i kontakt med köparen?
(Du kan sätta flera kryss.)

Inte aktuellt för mig ☐
A. ☐ på krogen
B. ☐ genom kompisar
C. ☐ genom vuxen/vuxna
D. ☐ genom internet
E. ☐ genom annons
F. ☐ genom escortverksamhet
G. ☐ på gatan
H. ☐ på annat sätt *(ange vilket):* .....

51. Hur många gånger har du sålt sexuella tjänster?

Inte aktuellt för mig ☐
1 ☐ en gång
2 ☐ två till fem gånger
3 ☐ fler än fem gånger

52. Tänk tillbaka på första gången det hände.

Inte aktuellt för mig ☐

A. Hur gammal var du? Jag var ☐☐ år gammal.

B. Var du berusad eller drogad? 1 ☐ ja 2 ☐ nej

53. Här följer några påståenden.

(Kryssa för i vilken utsträckning du instämmer eller inte.)

	Instämmer inte alls	1	2	3	4	5	Instämmer helt och hållet
A. Om ungdomar låter sig sexuellt utnyttjas av andra är det deras eget ansvar.		☐	☐	☐	☐	☐	
B. Om flera hade varit med skulle du ha utnyttjat en annan ungdom sexuellt.	Instämmer inte alls	☐	☐	☐	☐	☐	Instämmer helt och hållet
C. Ungdomar som är med i en grupp kompisar måste tåla att bli sexuellt utnyttjade av de andra.	Instämmer inte alls	☐	☐	☐	☐	☐	Instämmer helt och hållet

De följande frågorna handlar om dina erfarenheter av pornografi.

54. Har du någon gång läst en porrtidning, sett en porrfilm eller tittat på porr på internet?

1 ☐ ja 2 ☐ nej

Om du har svarat ”ja”, ber vi dig att också svara på frågorna 55-59.
Om du har svarat ”nej”, kan du kryssa för ”inte aktuellt för mig”.

55. Var har du sett porr?
(Du kan sätta flera kryss.)

Inte aktuellt för mig ☐
A. ☐ i tidning
B. ☐ på film på kabel- eller satellit-TV
C. ☐ på hyrd eller köpt videofilm
D. ☐ på internet
E. ☐ på film på porrbiograf
F. ☐ annat: ……

56. Hur ofta tittar du på porr?

Inte aktuellt för mig ☐
A. ☐ har bara tittat en gång
B. ☐ tittar en till ett par gånger om året
C. ☐ tittar någon gång i månaden
D. ☐ tittar någon gång per vecka
E. ☐ tittar i stort sett varje dag
F. ☐ inte aktuellt för mig

57. Vem brukar du se porr tillsammans med?
(Du kan sätta flera kryss.)

Inte aktuellt för mig ☐
A. ☐ ensam
B. ☐ tillsammans med din partner
C. ☐ tillsammans med kompisar av båda könen
D. ☐ tillsammans med enbart tjejkompisar
E. ☐ tillsammans med enbart killkompisar
F. ☐ tillsammans med någon/några andra

58. Vilken sorts porr har du sett?
(Du kan sätta flera kryss.)

Inte aktuellt för mig ☐
A. ☐ Sex mellan en vuxen man och en kvinna.
B. ☐ Sex mellan två vuxna av samma kön.
C. ☐ Sex med våld eller tvång.
D. ☐ Sex mellan vuxna och barn. *(Med barn menar vi här en person som ännu inte fyllt 15 år).*
E. ☐ Sex med djur.
F. ☐ Sex mellan fler än två personer.

59. Hur tycker du att den porr du sett påverkat dig?

Inte aktuellt för mig ☐

		1	2	3	4	5	
A. upphetsande	Stämmer inte alls	☐	☐	☐	☐	☐	Stämmer helt och hållet
B. avtändande	Stämmer inte alls	☐	☐	☐	☐	☐	Stämmer helt och hållet
C. spännande	Stämmer inte alls	☐	☐	☐	☐	☐	Stämmer helt och hållet
D. äckligt	Stämmer inte alls	☐	☐	☐	☐	☐	Stämmer helt och hållet
E. får lust att pröva det jag sett	Stämmer inte alls	☐	☐	☐	☐	☐	Stämmer helt och hållet
F. jag blir nedstämd	Stämmer inte alls	☐	☐	☐	☐	☐	Stämmer helt och hållet
G. likgiltigt	Stämmer inte alls	☐	☐	☐	☐	☐	Stämmer helt och hållet
H. jag har lärt mig saker jag inte visste om hur andra människor ser ut	Stämmer inte alls	☐	☐	☐	☐	☐	Stämmer helt och hållet
I. jag blir arg	Stämmer inte alls	☐	☐	☐	☐	☐	Stämmer helt och hållet
J. intressant att se hur man kan göra	Stämmer inte alls	☐	☐	☐	☐	☐	Stämmer helt och hållet
K. jag har prövat sexuella handlingar som jag fått idéer till genom porr	Stämmer inte alls	☐	☐	☐	☐	☐	Stämmer helt och hållet
L. jag tycker inte den porr jag har sett har påverkat mig alls	Stämmer inte alls	☐	☐	☐	☐	☐	Stämmer helt och hållet

60. Hur ofta tittar dina kompisar på porrfilmer?

(Sätt ett kryss.)

	1	2	3	4	5	
Aldrig	☐	☐	☐	☐	☐	Mycket ofta

61. Hur ofta tittar dina kompisar på porrfilmer som handlar om att vuxna har sex med barn? Med barn menar vi här en person som ännu inte fyllt 15 år.

(Sätt ett kryss.)

	1	2	3	4	5	
Aldrig	☐	☐	☐	☐	☐	Mycket ofta

62. Några attitydfrågor om porr.

		1 2 3 4 5	
A. Jag tycker porr skall vara lätt att få tag på.	Stämmer inte alls	☐☐☐☐☐	Stämmer helt och hållet
B. Jag tycker porr borde förbjudas.	Stämmer inte alls	☐☐☐☐☐	Stämmer helt och hållet
C. Jag tycker porr skall finnas men begränsas.	Stämmer inte alls	☐☐☐☐☐	Stämmer helt och hållet
D. Jag tror porr kan stimulera människors sexliv.	Stämmer inte alls	☐☐☐☐☐	Stämmer helt och hållet
E. Jag tycker porr är kvinnoförnedrande.	Stämmer inte alls	☐☐☐☐☐	Stämmer helt och hållet
F. Jag tycker porr är mansförnedrande.	Stämmer inte alls	☐☐☐☐☐	Stämmer helt och hållet
G. Jag tycker porr är underhållande.	Stämmer inte alls	☐☐☐☐☐	Stämmer helt och hållet
H. Jag tycker porr är inspirerande.	Stämmer inte alls	☐☐☐☐☐	Stämmer helt och hållet
I. När barn framställs som sexuellt attraktiva kommer fler personer att begå sexuella övergrepp mot barn. *(Med barn menar vi här en person som ännu inte fyllt15 år.)*	Stämmer inte alls	☐☐☐☐☐	Stämmer helt och hållet
J. Porr är ett av de viktigaste sätten för ungdomar att lära sig något om sex.	Stämmer inte alls	☐☐☐☐☐	Stämmer helt och hållet

63. Här följer en kort berättelse.

(Läs den och svara därefter på de följande frågorna.)

Marie är 14 år gammal. Hon och hennes familj bor i samma område som Martin och hans familj. Martin är 19 år gammal. Marie och Martin känner varandra väl. En dag börjar de pratar med varandra. Martin är ensam hemma och han bjuder in henne. De sätter sig ner och pratar. Martin säger att han tycker om Marie väldigt mycket: han säger att han tycker att hon är sexig. Han lägger armen om henne och kysser henne på munnen. Marie ser förvånad ut men förblir sittande. Martin börjar ta på hennes kropp. Marie fnittrar, men ber honom att sluta. Martin fortsätter och försöker att få Marie ner på soffan. Han säger att hon är så fin och att hon är gammal nog för detta nu. Marie ber honom återigen att sluta och försöker försiktigt att vrida sig undan. Men Martin är stor och stark. Han lägger sig över henne, drar av henne kläderna och tar på henne över hela kroppen. Marie ber honom att sluta, men Martin bara fortsätter. Efteråt ber han Marie att inte säga något om vad som har hänt till föräldrarna.

A. I vilken utsträckning tycker du att det Martin gjorde med Marie var fel?

Inte alls fel 1 2 3 4 5 ☐☐☐☐☐ Helt fel

B. I vilken utsträckning var Martin ansvarig för det som hände?

Inte alls ansvarig 1 2 3 4 5 ☐☐☐☐☐ Helt ansvarig

C. I vilken utsträckning var Marie ansvarig för det som hände?

Inte alls ansvarig 1 2 3 4 5 ☐☐☐☐☐ Helt ansvarig

D. I vilken utsträckning tycker du att det som hände var ett sexuellt övergrepp?

Inget övergrepp 1 2 3 4 5 ☐☐☐☐☐ Helt klart ett övergrepp

64. Här följer några påståenden. I vilken utsträckning instämmer du i dem?

		1	2	3	4	5	
A. Man skall inte ha sex med någon som man inte är förälskad i.	Instämmer inte alls	☐	☐	☐	☐	☐	Instämmer helt och hållet
B. Jag önskar mig en långvarig kärleksrelation med bara "den rätta".	Instämmer inte alls	☐	☐	☐	☐	☐	Instämmer helt och hållet
C. Om man har en pojkvän/flickvän är det fel att ha sex med annan.	Instämmer inte alls	☐	☐	☐	☐	☐	Instämmer helt och hållet
D. Tjejer gillar killar som är kärleksfulla och visar omsorg.	Instämmer inte alls	☐	☐	☐	☐	☐	Instämmer helt och hållet
E. Killar är mindre trogna än tjejer.	Instämmer inte alls	☐	☐	☐	☐	☐	Instämmer helt och hållet
F. Killar vill ha fler partners än tjejer.	Instämmer inte alls	☐	☐	☐	☐	☐	Instämmer helt och hållet
G. Killar tycker om tjejer som är aktiva och tar initiativ.	Instämmer inte alls	☐	☐	☐	☐	☐	Instämmer helt och hållet
H. Tjejer vill ha mindre sex än killar.	Instämmer inte alls	☐	☐	☐	☐	☐	Instämmer helt och hållet
I. Känslor är inte lika viktiga för killar som för tjejer.	Instämmer inte alls	☐	☐	☐	☐	☐	Instämmer helt och hållet
J. Det är värre om tjejer har sex med flera än om killar har det.	Instämmer inte alls	☐	☐	☐	☐	☐	Instämmer helt och hållet

75. Hur var det för dig att svara på det här frågeformuläret?
(Sätt ett kryss vid varje påstående.)

		1	2	3	4	5	
A. Frågorna var relevanta.	Instämmer inte alls	☐	☐	☐	☐	☐	Instämmer helt och hållet
B. Frågorna var obehagliga.	Instämmer inte alls	☐	☐	☐	☐	☐	Instämmer helt och hållet
C. Frågorna fick mig att tänka på flera saker som jag inte hade tänkt på förr.	Instämmer inte alls	☐	☐	☐	☐	☐	Instämmer helt och hållet
D. Jag tycker inte att man skall ställa sådana frågor till folk.	Instämmer inte alls	☐	☐	☐	☐	☐	Instämmer helt och hållet
E. Frågorna tar upp viktiga teman.	Instämmer inte alls	☐	☐	☐	☐	☐	Instämmer helt och hållet
F. Jag blev pressad att svara något jag inte menar.	Instämmer inte alls	☐	☐	☐	☐	☐	Instämmer helt och hållet
G. De som uppfattar sig själva som sexuellt avvikande skulle aldrig ge ärliga svar på sådana frågor.	Instämmer inte alls	☐	☐	☐	☐	☐	Instämmer helt och hållet
H. Frågorna kan påverka på ett olyckligt sätt.	Instämmer inte alls	☐	☐	☐	☐	☐	Instämmer helt och hållet
I. Frågorna var svåra att besvara.	Instämmer inte alls	☐	☐	☐	☐	☐	Instämmer helt och hållet
J. Frågorna var provocerande.	Instämmer inte alls	☐	☐	☐	☐	☐	Instämmer helt och hållet
K. Jag tycker att frågorna var för privata.	Instämmer inte alls	☐	☐	☐	☐	☐	Instämmer helt och hållet
L. Jag svarade uppriktigt på frågorna.	Inte alls	☐	☐	☐	☐	☐	Helt och hållet

APPENDIX II

References to the questionnaire Adolescents' Sexuality – Attitudes and Experiences (Ungdomars sexualitet – attityder och erfarenheter)

A number of questions in the survey "Ungdomars sexualitet – attityder och erfarenheter" have originally been used in other surveys or are part of instruments that have been developed in previous research. As far as the original source of a question is known, author, year of eventual publication and name of the survey or instrument are mentioned. Sometimes the original questions have been modified. It is also mentioned if the question has been constructed for the survey "Ungdomars sexualitet – attityder och erfarenheter. Some questions, usually about background data, are widely used in many questionnaires and in these cases no reference is given.

3., 4., 6. Constructed for "Ungdomars sexualitet – attityder och erfarenheter".
7., 8. Hammarén & Johansson, 2001, 2002. Enkät – ungdom, kön och sexualitet.
9., 11. Forsberg, 2000, SAM 2000.
13. – 17. Bakken, 1998, Ungdomsundersøkelsen i Oslo 1996; Mossige, 2001, Ungdoms holdninger til seksualitet og til seksuelle overgrep.
18. Mossige, 2001, Ungdoms holdninger til seksualitet og til seksuelle overgrep.
19. Briere & Runtz, 1989, Sexual interest in children; Mossige, 2001, Ungdoms holdninger til seksualitet og til seksuelle overgrep.
20. Briere, Henschel, & Smiljanich, 1992, Attitudes toward sexual abuse (ATSA) scale; Mossige, 2001, Ungdoms holdninger til seksualitet og til seksuelle overgrep.
21. Briere, Henschel, & Smiljanich, 1992; Mossige, 2001, Ungdoms holdninger til seksualitet og til seksuelle overgrep.
22. Mossige, 2001, Ungdoms holdninger til seksualitet og til seksuelle overgrep; Parker, Tupling & Brown, 1979; Parker, 1990, The Parental Bonding Instrument.
23. Bakken, 1998, Ungdomsundersøkelsen i Oslo 1996; Mossige, 2001, Ungdoms holdninger til seksualitet og til seksuelle overgrep.
24. – 27. Mossige, 2001, Ungdoms holdninger til seksualitet og til seksuelle overgrep.
28. Burt, 1980, Own Sex Role Satisfaction; Mossige, 2001, Ungdoms holdninger til seksualitet og til seksuelle overgrep
29. Burt, 1980, Sex Role Stereotyping; Mossige, 2001, Ungdoms holdninger til seksualitet og til seksuelle overgrep.
30. Items A - D: Burt, 1980, Rape Myth Acceptance; Items A – F: Mossige, 2001, Ungdoms holdninger til seksualitet og til seksuelle overgrep.

31. Derogatis, 1977, SCL-90; Mossige, 2001, Ungdoms holdninger til seksualitet og til seksuelle overgrep.
32. – 35. Mossige, 2001, Ungdoms holdninger til seksualitet og til seksuelle overgrep.
36. Forsberg, 2000, SAM 2000.
37. Tambs, 1994, Undersøkelse av seksuelle overgrep mot barn.
38. Item E: Edgardh, 2001, SAM 73-90; Item A, C, D, F, G: Mossige, 2001, Ungdoms holdninger til seksualitet og til seksuelle overgrep.
39. Tambs, 1994, Undersøkelse av seksuelle overgrep mot barn.
40., 41. Constructed for ”Ungdomars sexualitet – attityder och erfarenheter”.
42. Edgardh, 2001, SAM 73-90.
43. – 52. Constructed for ”Ungdomars sexualitet – attityder och erfarenheter”.
53. Mossige, 2001, Ungdoms holdninger til seksualitet og til seksuelle overgrep.
54. – 57. Forsberg, 2000, SAM 2000.
58. Mossige, 2001, Ungdoms holdninger til seksualitet og til seksuelle overgrep.
59. Forsberg, 2000, SAM 2000.
60., 61. Mossige, 2001, Ungdoms holdninger til seksualitet og til seksuelle overgrep.
62. Items A – H: Forsberg, 2000, SAM 2000; Items I, J: Mossige, 2001, Ungdoms holdninger til seksualitet og til seksuelle overgrep.
63., 64. Mossige, 2001, Ungdoms holdninger til seksualitet og til seksuelle overgrep.
75. Items A – K: Mossige, 2001, Ungdoms holdninger til seksualitet og til seksuelle overgrep; Item L: Constructed for ”Ungdomars sexualitet – attityder och erfarenheter”.