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Curriculum Vitae

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The Implementation of Prevention for Violence against Women and Children at Official Organizational Level in a Swedish Municipality

– The Project "Nyckelfrid" in Nyköping Municipality

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Contents

Abstract	323
Introduction	324
Global Problems of Violence	324
Violence Prevention Efforts	324
Objectives of the Study	325
Materials	326
Study Area	326
Study Population	326
Study Period	326
Project "Nyckelfrid"	327
Methods	328
Definitions and Theories	328
Study Methods	329
Results	330
Violence Against Women and Children	330
The Implementation of Project "Nyckelfrid" in Nyköping	333
Discussion	335
Discussion of the Results	335
Limitation of the Study	338
Conclusion	338
Acknowledgements	339
References	340
Appendix	341

Abstract

Project Nyckelfrid is a community-based violence prevention project aiming at handling, reducing and preventing violence against women and children in close relationships. The project has been organized and administrated by the local official organizations, and applied "cross-sectoral" working model to cooperate with other organizations and authorities to reach the best effects and results. The project has covered Gnesta, Nyköping, Oxelösund and Trosa municipalities, but this study has only focused on the project implementation in Nyköping municipality.

This study has taken project "Nyckelfrid" in Nyköping municipality in Sweden as an example for the implementation of violence intervention at an official organizational level. The aim is to understand and investigate how the community-based intervention strategy for violence prevention at official organizational level is implemented in practice and how it can reach the best intervention effects by utilizing the existing resources.

The study has applied both quantitative and qualitative methods. The criminal violence statistics and the violence injury statistics in the project areas have been studied for a better understanding of the background of the project. Questionnaire to and interviews with the project participants have been carried out after studying and analyzing the project documents. By describing and discussing the implementation of the project, the study has found that the official organizations have a leading role for the violence prevention work at local level, and the "cross-sectoral" model has shown the positive effects on utilizing the existing resources and activating all sectors in the society for violence prevention. The project has built a more open atmosphere for the discussion of violence problems in close relationships in the society. But still the violence prevention work could be improved at local level by building up a specific surveillance system, improving the violence prevention strategy and promoting a better cooperation with the healthcare services.

Introduction

Global Problems of Violence

Violence is a global problem and has been considered as a social, human, economic, as well as a public health problem nowadays. The incidence of intentional injuries caused by violence has been increasing worldwide, which especially affects women and children (1). In 2000, an estimated 1.6million people worldwide died as a result of self-inflicted, interpersonal or collective violence, for an overall age-adjusted rate of 28.8 per 100 000 population (2).

One of the most common forms of violence against women is that performed by a husband or an intimate male partner. In 48 population-based surveys from around the world, between 10% and 69% women reported being physically assaulted by an intimate male partner at some point in their lives (2). Violence against children performed by the parents or other family members has a long record in the world history, which is connected to the cultures in the different countries. Violence in close relationships has serious and long effects on the children's lives (3-6). Many studies including epidemiology studies have shown that the causes of violence in close relationships could be related to the alcohol, low-education, low-income, desire of control on others, jealousy and other kinds of individual and social factors (2,6-10). Violence against women and children are mostly performed by men. Figure 1 shows that in Sweden, men suspected of assault crimes against women was 88%, against children (0-6years old) was 72% and against children (7-14years old) was 82% in 1997.

	Assaults		Against	
	Children (0-6)	Children (7-14)	Women>15	Men>15
Female suspects (8%)	28%	18%	12%	4%
Male suspects (92%)	72%	82%	88%	96%
	N=106	N=662	N=3890	N=6158

Figure1. Gender distribution of persons suspected of assault crimes in Sweden 1997, by victim's age and gender, in percentages column and absolute totals.

Source: BRÅ 1998, Table 200.

Violence costs the society many billions of US dollars each year in health care, legal costs, absenteeism from work and lost productivity (11). In USA, an estimated cost for intimate partner violence per year is from \$1,7 billion to \$10 billion (12); In Finland, a study has shown that the costs for violence against women per year is up to •150 billion (13). Some studies also show the specific costs for the different violence cases in close relationships (14, 15).

Violence Prevention Efforts

Recent years, many efforts have been carried out for preventing violence in close relationships, which include the support for victims, legal remedies and judicial reforms,

treatment for abusers, health service interventions and community-based efforts (2). In public health perspective, many community-based injury prevention activities have offered the strategy for violence prevention work at local level (16-19). Sweden has put more efforts into the prevention of violence after the Fourth World Conference for Women in Beijing 1995. The government proposition Kvinnofrid 97/98:55 has raised the requirements on solving the violence problems and preventing violence against women in the society. Except the national program "Kvinnofrid", many community-based activities have been carried out in recent years and worked with handling and preventing violence against women and children in the different directions, such as program "Stop" in Eskilstuna and Strängnäs municipalities, project "Våga se-kunna handla, Utväg Skaraborg" in Skaraborg County, project "Frideborg" in Norrköping municipality, and project "Nyckelfrid" in Nyköping, Gnesta, Oxelösund and Trosa municipalities etc. (20)

The community-based projects or programs have played a very important role on preventing violence in the society. Project "Nyckelfrid" started in August 2002 and adopted the "cross-sectoral" working model to cooperate with the different organizations and authorities in Nyköping, Gnesta, Oxelösund and Trosa municipalities for reaching the best intervention effects for violence in close relationships. The aim of the project is to handle, reduce and prevent violence against women and children in close relationships. This study will only concentrate on the project implementation in Nyköping municipality. Nyköping is also working on becoming a safe community, and violence prevention is one of the targets.

Objectives of the Study

This study will take project "Nyckelfrid" in Nyköping municipality in Sweden as an example for the implementation of violence intervention at official organizational level. The general purpose of the study is to understand and investigate how the community-based intervention strategy for violence prevention at official organizational level is implemented in practice, and how it can reach the best intervention effects by utilizing the existing resources.

The main objectives of the study are:

- To describe the implementation and approaches of the project "Nyckelfrid" in Nyköping municipality;
- To describe how the "cross-sectoral" model has been implemented in the community-based violence prevention work, and how this model has utilized the existing sources in the municipality;
- To describe the role of official organizations in the violence prevention activities in the municipality;
- To suggest the community-based prevention strategy for violence in close relationships.

Materials

Study Area

The study area covers whole Nyköping municipality (Figure 2), which is the biggest municipality in project "Nyckelfrid" areas. Nyköping municipality is located south of Stockholm and belongs to Södermanland County, Sweden. The whole Nyköping municipality is 1560 km² (Land: 1421 km²) by year 2002. Nyköping is connected to Gnesta, Oxelösund and Trosa municipalities, which are the other areas covered by project "Nyckelfrid".

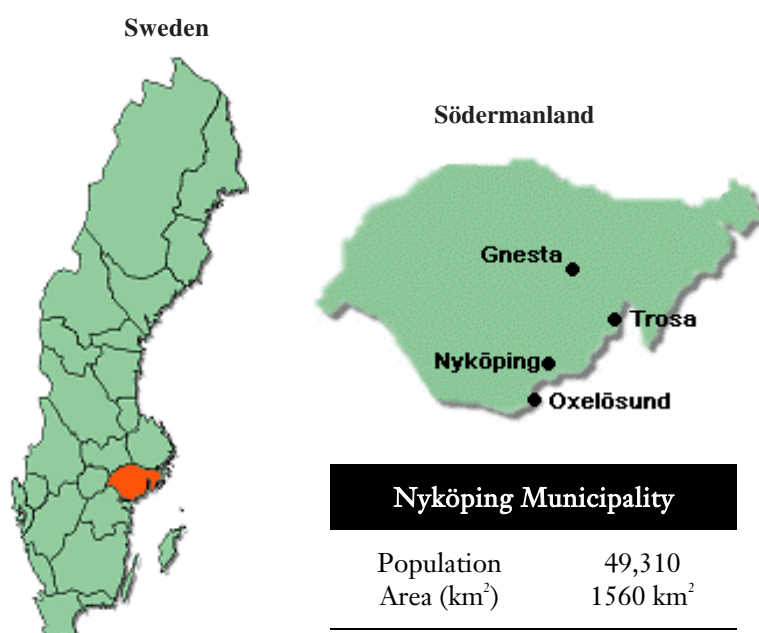


Figure 2. Study area: Nyköping Municipality, Södermanland County, Sweden.

Study Population

The whole Nyköping municipality has 49,310 inhabitants (2002):24268 are male and 25042 are female, and about 31,000 inhabitants live in the city. It is about 31.4 inhabitant per km². 24% of the total population is children under 19 years old (21). Figure 3 shows that almost 70% of the parents live together with at least one child under 18years old, which is similar as whole Sweden.

Study Period

The study period is from August 2002 to April 2004, which covers almost the whole period of project "Nyckelfrid".

Nyköping Municipality Facts - Children & Family

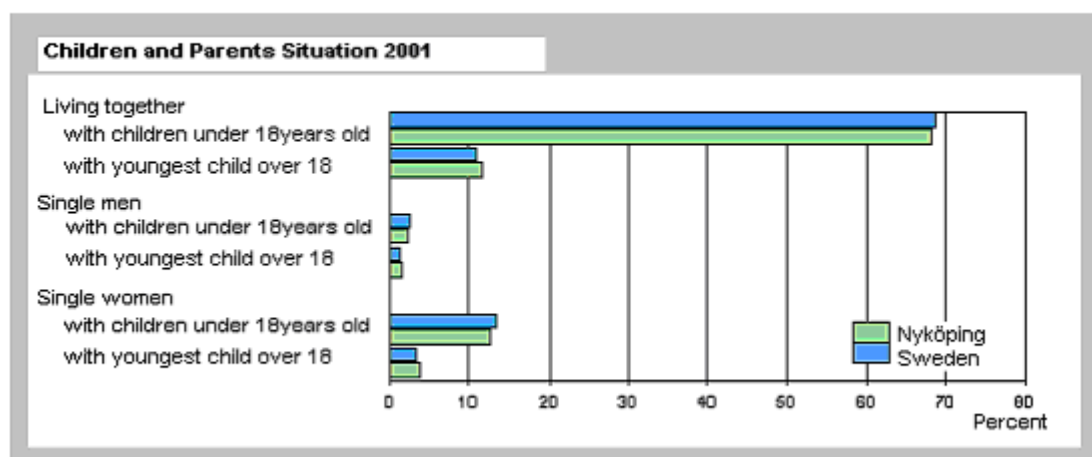


Figure 3. The family types of the children and parents 2001 in Nyköping municipality.

Source: Statistiska Centralbyrån (SCB). *Nyköping Kommunfakta 2003*.

Project "Nyckelfrid"

It is a community-based project aiming at handling, reducing and preventing violence against women and children in close relationships in Nyköping, Gnesta, Oxelösund and Trosa municipalities. The project was proposed by Nyköping municipality in Sept.2001 and formally started from Aug.2002 to present. The project participants include many different organizations and authorities in the four municipalities covered by the project. They are Social Office (socialkontor), Police (polis), Prosecutor Committee (åklagare), Prisoner Healthcare Center (frivårdsmyndigheter), Primary Healthcare Center (primärvård), Women voluntary organization (Kvinnojouren), Committee and Society Development Office (NOS), Individual and Family Care (IFO), Children support organization (Cumulus), Family support organization (Dialogen), National Council for Crime Prevention (BRÅ). The project costs 397 000 kr per year, and is financed 50% by the Södermanland County Administration Board and 50% by the four municipalities covered by the project according to the population distribution. The project covers a total population of 80820 in the project municipalities, and the comparison of the municipalities' facts is shown below.

Municipality	Area (land)	Population			Foreign population	Unemployment	Average income (monthly)
		Male	Female	Total			
Gnesta	460 km ²	4912	4901	9813	284	219	19,500 kr
Nyköping	1 421 km ²	24268	25042	49310	1774	1687	20,800 kr
Oxelösund	34 km ²	5672	5511	11183	600	324	21,700 kr
Trosa	209 km ²	5222	5292	10514	511	150	23,200 kr

Figure 4. The comparison of municipalities covered by project "Nyckelfrid" (2002)

Source: Statistiska Centralbyrån (SCB). *Kommuns profil 2002*.

Methods

Definitions and Theories

Violence is the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation. The nature of violent acts can be physical, sexual, psychological, or involving deprivation or neglect. (2)

The typology proposed divides violence into three broad categories according to characteristics of those committing the violent act (2):

- 1) "Self-directed violence" refers to suicidal behaviour and self-abuse.
- 2) "Interpersonal violence" refers to family and intimate partner violence, and community violence-violence between individuals who are unrelated, or who may or may not know each other.
- 3) "Collective violence" refers to social, political and economic violence.

Family and intimate partner violence according to WHO refers to "violence largely between family members and intimate partners, usually, though not exclusively, taking place in the home". In Sweden, mostly, family and intimate partner violence refers to "våld i nära relationer". It includes all kinds of violence within family and intimate relationships: violence against women performed by husband or by the present or previous living partners; child abuse and neglect by parents or other family members; elderly abuse and neglect by family members etc. In this study, the Swedish term "våld i nära relationer" has been translated as "violence in close relationships" to cover both of family and intimate partner violence, although it has been translated as "violence in intimate relationships" in some studies (7).

Based on the studies on epidemiology¹ and violence, the epidemiological model of an injury caused by violence could be illustrated in the diagram below (Figure 5). Which shows that violence can be prevented by dealing with the victim, the abuser and the environment where domestic situation and social norms or values that make such behaviour acceptable.

Public health interventions of violence are traditionally characterized in terms of three levels of prevention (2):

- | | |
|----------------------|---|
| Primary prevention | – Approaches that aim to prevent violence before it occurs. |
| Secondary prevention | – Approaches that focus on the more immediate responses to violence, such as pre-hospital care, emergency services or treatment for sexually transmitted diseases following a rape. |
| Tertiary prevention | – Approaches that focus on long-term care in the wake of violence, such as rehabilitation and reintegration, and attempts to lessen trauma or reduce the long-term disability associated with violence. |

¹ The standard definition of the term "epidemiology" as used by WHO is: "Epidemiology is the study of the distribution and determinants of health-related events in a defined population and its application to the control of events."

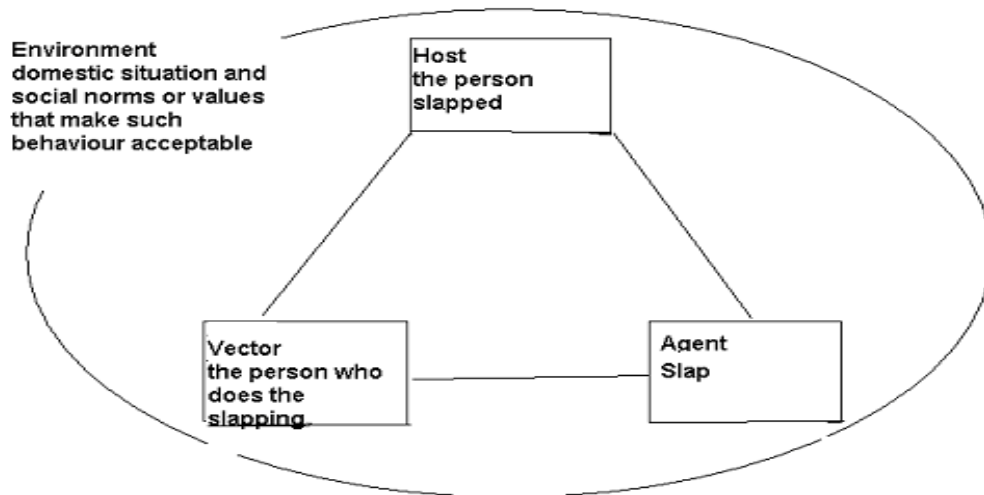


Figure 5. Epidemiological model of an injury caused by violence.

Source: World Health Organization. Centers for disease control and prevention (22)

Study Methods

The study has applied both the quantitative and qualitative methods.

In the background study, the statistics of violence against women and children in Nyköping municipality and the whole Södermanland County from BRÅ have been studied. And the police reported violence against women in Nyköping municipality in 2001, 2002, 2003 has been compared with Gnesta, Oxelösund and Trosa municipalities. As well as the hospital discharges data of injuries for male and female caused by violence 1987-2002 in Södermanland County Council has been collected from the National Hospital Register at Epidemiological Center, EpC at the National Board of Health and Welfare, for comparing the overall age-adjusted incidence of violence in different years and municipalities for both genders.

For getting information of the project "Nyckelfrid", the project administrator Ewa Orsini Gravina in Nyköping social office has been visited in Oct. 2003. She has offered me the general information of the project and also the project documents, meeting records and newspaper clippings in Swedish. After the review and studies of the project information, a structured and standardized questionnaire² in Swedish has been sent out to all the project participants in Nov. 2003 through the project administrator, for a better understanding of the project strategy and the implementation of the project in practice. Questionnaire (Appendix 1) includes two parts: part 1 is for obtaining the information of the project participants and the project implementation; part 2 is for obtaining the char-

² In fact, this questionnaire has been used as an internal evaluation questionnaire since I have worked there as project evaluator. Therefore this questionnaire might not completely apply for this study, but it has included some of the study questions. Questionnaire is based on the project previous evaluation forms and BRÅ's survey questionnaires (7).

acteristics and the risk factors of violence in close relationships in the project areas. The responses for the questionnaire have been studied and afterwards several interviews in Nyköping have been followed up from Jan. 2004 to Mar. 2004. Which include the interviews with the representatives from the project participants: Prisoner healthcare center, Primary healthcare center, Dialogen, Kvinnojouren Mira and Cumulus. Interviews have been carried out as 'one to one' form. Each interview has taken about 1.5 hours to 2 hours and the interview notes have been described.

Through the questionnaire and the interviews, ethics have been fully considered. Which have tried to avoid the personal and specific information of the violence cases, but instead the main aim is to get an overall statistics of the violence cases in Nyköping municipality. The project participants were willing to answer the questionnaire and attend the interviews.

Results

Violence Against Women and Children

According to statistics from BRÅ, about 15-20 women die every year in Sweden due to violence in close relationships. A research in the workplace has shown that up to 0.9% of women have experienced physical violence performed by a man whom they have or have had relationship with within the last 12 months, which means that about 25,000 women employed have experienced violence in close relationships during a one-year period. In Sweden, totally 20481 violence cases against women were reported in 2001. (7)

The reported violence cases against women and children in Södermanland have been increasing during recent years (BRÅ). But the incidence of violence injuries for women based on the hospital discharges registration had a very stable trend in Södermanland during year 1987-2002 (Figure 6). Among the four municipalities covered by project "Nyckel-frid", Oxelösund had the highest incidence of violence injuries for women during year 1987-2002 (Figure 7).

Number of hospital discharges due to violent-related injuries per 1000 inh. for all-age group in Södermanland County 1987-2002 by year and gender									
	Man			Women			Total		
	No.of cases	Total population	Incidence per 1000 inh.	No.of cases	Total population	Incidence per 1000 inh.	No.of cases	Total population	Incidence per 1000 inh.
1987	54	124475	0.4338	20	125598	0.1592	74	250073	0.2959
1988	58	125275	0.4629	9	126148	0.0713	67	251423	0.2664
1989	70	126297	0.5542	17	127066	0.1337	87	253363	0.3433
1990	55	127397	0.4317	14	128239	0.1091	69	255636	0.2699
1991	52	127895	0.4065	9	128923	0.0698	61	256818	0.2375
1992	80	128293	0.6235	14	129565	0.1080	94	257858	0.3645
1993	77	128831	0.5976	16	130368	0.1227	93	259199	0.3587
1994	67	128968	0.5195	19	130825	0.1452	86	259793	0.3310
1995	52	128291	0.4053	14	130409	0.1073	66	258700	0.2551
1996	80	127610	0.6269	20	129773	0.1541	100	257383	0.3885
1997	49	127327	0.3848	20	129543	0.1543	69	256870	0.2686
1998	53	126879	0.4177	16	129390	0.1236	69	256269	0.2692
1999	75	126685	0.5920	19	129205	0.1470	94	255890	0.3673
2000	59	126728	0.4655	22	129305	0.1701	81	256033	0.3163
2001	44	127356	0.3454	15	129864	0.1155	59	257220	0.2293
2002	53	128288	0.4131	15	130718	0.1147	68	259006	0.2625

Figure 6. Injuries due to violence per 1000 inh. in Södermanland County 1987-2002.

Source: Patientregistret, EpC, Socialstyrelsen, 1987-2002.

Number of hospital discharges due to violent-related injuries per 1000 inh. for all-age group in Södermanland County by municipality and gender (accumulation of 1987-2002)									
	Man			Women			Total		
	No.of cases	Average population per year	Incidence Per 1000 inh.	No.of cases	Average population Per year	Incidence Per 1000 inh.	No.of cases	Total population per year	Incidence Per 1000 inh.
Gnesta	13	4841	2.6853	*	4826	1.0360	18	9667	1.862
Nyköping	123	26095	4.7135	33	26732	1.2344	156	52827	2.953
Oxelösund	49	6102	8.0301	15	5872	2.5544	64	11974	5.3449
Trosa	19	5093	3.7306	*	4989	0.8017	23	10082	2.2812
Total	257	42131	6.1000	71	42419	1.6737	328	84550	3.8793

Figure 7. Injuries due to violence per 1000 inh. in the project municipalities 1987-2002.

Source: Patientregistret, EpC, Socialstyrelsen, 1987-2002.

During year 2001,2002 and 2003, in the four municipalities covered by project "Nyckelfrid", Nyköping, Gnesta and Oxelösund had the up-trend for reported violence against women, only Trosa had a down-trend (Figure 8).

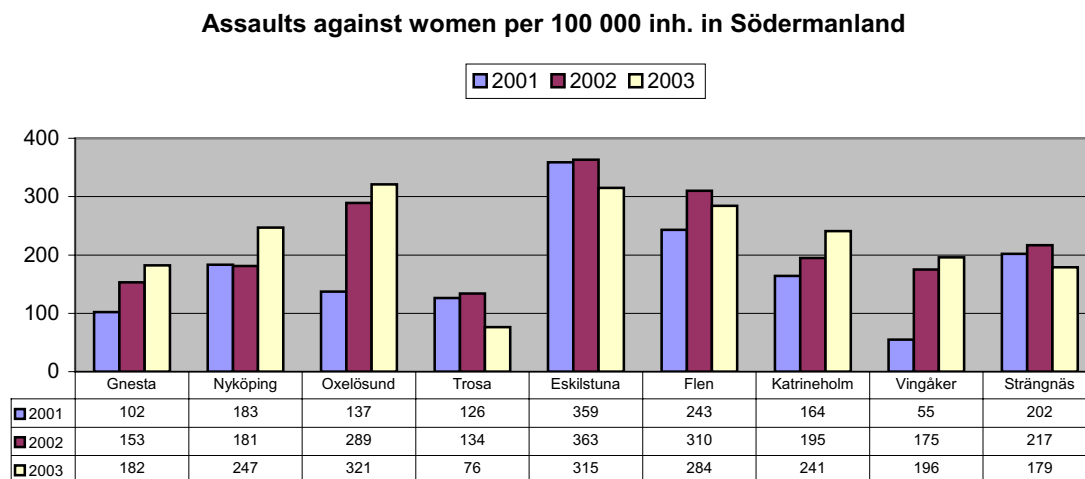


Figure 8. Assaults against women per 100 000 inhabitants in Södermanland County
 Source: Årsstatistik 2002. Prel. Brå-uppgifter 2003

Year 2002 and 2003, the total reported assaults against women in Södermanland were 695 and 692, which included respectively 89 and 122 cases in Nyköping municipality; The reported assaults against children aged 7-14 in Södermanland were 237 and 252, which included respectively 28 and 27 cases in Nyköping municipality; The reported assaults against children aged 0-6 in Södermanland were 23 and 36, which included respectively 1 and 6 cases in Nyköping municipality. Figure 9 shows the comparison of the reported assaults against women and children in the municipalities covered by project "Nyckelfrid" and shows that, Oxelösund had the highest rate against women in both 2002 and 2003; Gnesta had the highest rate against children aged 7-14 in both 2002 and 2003; only Nyköping had a higher rate against children aged 0-6 in 2003 than 2002.

Reported assaults against women and children per 100 000 inh. in Gnesta, Nyköping, Oxelösund and Trosa 2002 & 2003

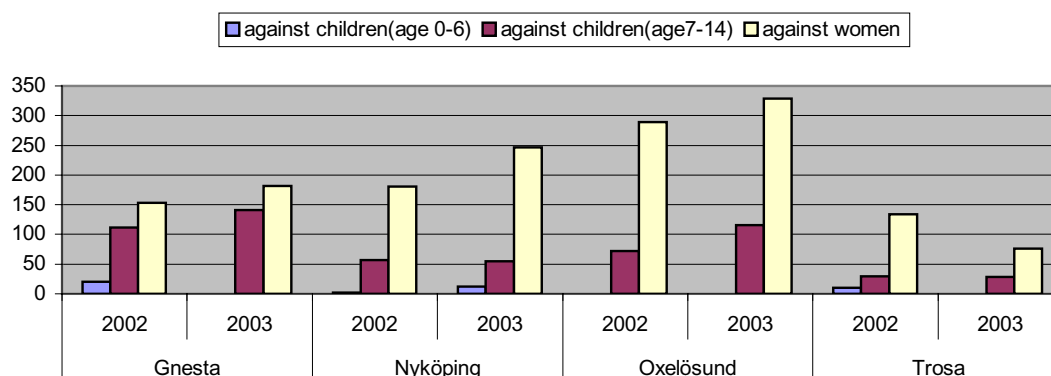


Figure 9. Reported assaults against women and children per 100 000 inh. in Nyckelfrid Project areas 2002 & 2003
 Source: Reported crimes in municipalities 2002. BRÅ www.bra.se

The Implementation of Project "Nyckelfrid" in Nyköping

The project was proposed by the Committee and Society Development Office (NOS) in Nyköping municipality to the different organizations in Nyköping, Gnesta, Oxelösund and Trosa municipalities. Based on the awareness of violence problems in the society, the participants of the project had the common goal and interest to reduce violence in close relationships at local level through the efforts in their own sectors. During the project period (Aug.2002-present), the main focus of the project was handling and preventing violence against women in close relationships.

By analyzing the project documents, the project had an initial two-years violence prevention strategy that offered a framework for the project implementation at the municipality level:

- covers a broad range of violence that occur in a family or other close relationships;
- integrates the key sections and elements of violence prevention plan of action;
- builds upon the progress made by national violence prevention program in responding to violence in close relationships;
- utilizes the existing resources and sectors in the municipality to prevent, reduce and handle violence in close relationships.

For developing the above strategy, the key tasks of implementations for the project included: (1) establishing an agreed cross-sector framework, which includes official and voluntary organizations in the four municipalities; (2) organizing a leading group for the project, which is responsible for the process and evaluation of the project; (3) carrying the primary and secondary prevention work of violence against women in close relationships.

The following paragraph will specifically describe the implementation and approaches of the project, based on the responses and understandings of the questionnaire and interviews³.

The project adopted "cross-sectoral" working model, which was originally from the experience of project "Frideborg" in Norrköping municipality. The project was organized and administrated by the official organizations in the municipality, and co-operated with other authorities and voluntary organizations by sharing the statistics and resources. In Nyköping municipality, the project participants were Police Office, Social Office, Prosecutor Committee, Primary Healthcare Center, NOS, National Council for Crime Prevention, Prisoner Healthcare Center, Kvinnojouren Mira, Dialogen, and Cumulus. Among the above participants, Kvinnojouren Mira and Dialogen were voluntary organizations. The process and implementation of the project were led by the official organizations.

The project informed its own information to the public and raised the discussion for violence problems in the society through the project brochures, participants' own sectors, media, schools, politicians and other organizations. Such as the project gave speeches to the teenagers in school informing them their own rights in the family; the project organized seminars to the public about violence in close relationships; the project offered different organizations theater performances which reflected violence problems in the society etc. The above activities focused on the primary prevention of violence.

For reaching the better intervention and economy effects, the project cooperated with the existing organizations Kvinnojouren Mira, Dialogen and Cumulus, which were already working with the handling of the persons involved in violence cases. As the project 's main components, they had a focus on violence in close relationships. Kvinnojouren Mira offe-

³ Questionnaire has got responses from project participants: NOS, Nyköping; IFO, Gnesta; Cumulus; Socialkontoret Nyköping; Dialogen; Närpolisavdelningen, Gnesta; Primärvården, Nyköping; Polisen; Social Rådgivning och Stöd, Oxelösund; Kvinnojouren; Kriminalvården, Nyköping; Socialtjänsten Trosa.

red free help and support to the female victims; Dialogen offered free psychological treatment for abusers; Cumulus offered free support to the children who had been involved or witnessed in the violence. All the project participants shared the resources of reported violence in close relationships from police office, social office, Kvinnojouren Mira, Dialogen and Cumulus. Through the project, the victims involved in violence cases could get legal help from prosecutor and economic help from social office; the abusers could contact with prisoner healthcare center to require the treatment in Dialogen instead of prison sentence. All the above activities mainly focused on the secondary prevention of violence.

Kvinnojouren Mira is a voluntary organization supported by the municipality, who helps and works with the women and the children situating in family and social problems. It even offers the free apartments for the women and children to live in temporarily. It also offers the free telephone conversation support for women. Since 2002, kvinnojouren has helped 446 women with 295 children in total. They have organized one self-help group since Oct. 2003 to Mar.2004, with the women who have experienced the violence performed by their husbands or intimate partners. Kvinnojouren has about 15 volunteer workers for helping the women and children.

Dialogen is a private company hired by the municipality, who cooperates with the project and social office to offer the psychological treatment for abusers in the violence cases. Dialogen has an agreement with Prisoner Healthcare Center and it is called "contract treatment". In certain condition⁴, instead of sentencing the abusers to prison, they send them to Dialogen for one-year treatment. Dialogen has totally contacted 27 men during the project period. But most of men refused the treatment. Only three men started "contract treatment", and one of them finished the treatment on Mar. 2004 with a satisfied result.

Cumulus is an official organization supported by the municipality, who supports the children involved in violence problems, family problems or other kinds of social problems. During the project period, Cumulus had 116 conversations with 16 children, who were the witnesses in the violence cases in close relationships.

Since 2002, police started to report violence cases to the project, and a general survey for the basic information of violence cases was adapted afterwards. In the whole project areas, Year 2002, the total police-reported violence in close relationships was 54 cases: 48 cases against women and 6 cases against children; Year 2003, the total police-reported violence in close relationships was 62 cases: 53 cases against women and 9 cases against children. 100% of the above cases have been reported to project "Nyckelfrid". Among the cases reported to police during 2002 and 2003, a majority (about 70%) was from Nyköping Municipality. According to the responses of the questionnaire part 2, the most common form of violence among the above reported violence cases were physical violence, and the priority reason was the "desire of control on others".

Other participants had a meeting every second month to report their work to the whole project and discuss the future work together. They contributed on informing the project to the public and changing the environments for violence discussion in the society.

Through the implementation of the project in Nyköping, one of the most difficulties was the immigrants' family. It is more difficult for the immigrants' women victims to report the violence in close relationships, because it is much more related to the cultures of their home countries. Under some cultures, this issue is not just one single family's problem, but it is more or less related to the whole families and the relatives. The women who

⁴ The condition is varying different according to the specification of the cases. Most of time, it refers to those not serious violence cases in close relationship, where no serious injuries occurred for the victims. In the legal procedure, it would be suggested by the prisoner healthcare center, and decided by the judge under the agreement of the man who slapped. If violence performed by the man again during the contract period, the legal procedure for a new sentence will be re-started.

reported violence in close relationships are considered as the traitor of the whole families. Another reason might also be that the victims are emotionally and financially rely on their husbands or intimate partners. For immigrants' women who have married to a Swedish citizen, mostly do not dare to report the violence performed by their husbands or intimate partners, because they are afraid to lose the resident visa in Sweden. For reaching the immigrants women with the project information, the project brochures have been translated into many different languages.

The result also shows that there was no specific surveillance system / register system, neither follow-up system for the violence cases existed during the project implementation. There was no special strategy available for the violence against children in close relationships.

Discussion

Discussion of the Results

The background studies of the violence statistics in Södermanland show that the violence cases have different figures with violence injuries. Of course, there are many reasons that the figures would be different since violence does not have to cause physical injuries. The figures of violence in close relationships might be much higher. Due to many reasons, the violence report has a large amount of dark figures, which refers to the violence cases were not reported to the society (23,24). The national violence prevention program "Kvinnofrid"⁵ started in Oct.2000 in Nyköping municipality has shown that, about 75% of violence against women were not reported according to the statistics analysis from BRÅ. Which suggests that the figure of violence against women would be more than 500 every year in Nyköping municipality. (25) Another explanation is that the actual numbers of violence cases are not increasing, but the reports are increasing (7). The existing violence prevention projects or programs at present in Sweden have created an open discussion atmosphere for violence in the society, which is supposed to be one of the reasons that the violence reports are increasing. That is the positive effects of the violence prevention projects and programs.

As the qualitative studies of the implementation of project "Nyckelfrid", the priority study is the "cross-sectoral" working model, which has utilized the existing resources in the municipality for reaching the best effects of the violence prevention at local level. This model has also shown a better cost-effectiveness for the violence prevention, by saving the budgets of building new settings. Under this working model, the project focuses on the systematic way to handle and prevent violence in close relationships at all possible directions. The project is a community-based intervention with a focus on the secondary prevention of violence at organizational level, and it has reached all the methods in the violence prevention model below:

⁵ "Kvinnofrid" program has become community-based, and financed by municipality since Jan.2003 in Nyköping municipality. Which is still working with violence against women in the society.



- Kvinnojouren Mira and Cumulus offer supports to women and children victims.
- Dialogen offers treatment for abuser.
- Police and social office offer legal suggestions; prosecutor and prisoner healthcare center offer judicial reforms.
- Healthcare center offers information of the project and medical treatment for victims.

Source: WHO. *World report on violence and health 2002*.

Analyzing the above model applied in the project, it is hard to estimate the effects of the "contract treatment" for abuser. Although several projects for men's treatment have shown a good result (26), it still needs longer period and experience to foresee the real effects of "contract treatment" for abuser. But anyway it has been considered as a new direction and a better solution to reduce the burden for the society and family, comparing with the prison sentence. Another sector needs to be improved in the above model is the health service intervention. Through the interviews, the study found that at present, most of doctors do not ask the victims the reasons of injuries, even though sometimes they suspect it might caused by violence. One explanation is that the patients usually lie about the injury reasons while violence involved; another explanation is that the doctors do not have the time for these kinds of questions, or do not have time to deal with it even if they know that it related to violence problems; the other explanation is that, they do not have the knowledge and the experience to ask the reasons, without avoiding the sensitive questions that might reach the patient's privacy. Anyhow, the above explanations have slowed the improvement of violence prevention effects.

Although that the participants in the project include both official organizations and voluntary organizations, it is still considered as an official organizational violence prevention project, because official organizations have a leading role in the project administration and implementation. The official organizations have offered the prevention information to the victims, families and public; engaged the cooperation with voluntary organizations and other sectors in the society; promoted the governmental and political supports on violence prevention. So the official organizations are like the bridge between governments, voluntary organizations and the public in the violence prevention work. The violence prevention led by official organizations also has its own characteristics. It has applied the national violence prevention strategies into the local level and adopted the flexible and practical working methods in the implementation to reach all the levels in the whole society. It plays very important roles for violence prevention work at local level.

There was still no formal surveillance system and follow-up system existing in the project. The questionnaire to the participants included two parts: part 1 was for obtaining the information of the project participants and the project implementation; part 2 was for obtaining the characteristics and the risk factors of violence in close relationships in the project areas. The questionnaire got responses from 12 different organizations involved in the project. Among the responses, only two participants answered the part 2 with incomplete information. So the results from part 2 mostly have not been used. The lack responses for part 2 were because, the project did not follow up the cases and they wanted to offer a free atmosphere for the victims due to the privacy considerations. But as to build available prevention strategy and to foresee the prevention effects, it is very important to have a specific surveillance and follow-up systems at local level. It is also very important for the maintenance of the prevention work, even after the project becomes a permanent setting in the municipality.

There was no special prevention strategy available for violence against children during the implementation of the project. The initial consideration of the project was that, the children who involved in violence against women in close relationships were the violence victims as well. Especially 70% of the parents were living together with at least one child under 18 years old in Nyköping municipality. But as one of the target for violence prevention, a special strategy for violence against children in close relationships would be valuable for improving the local prevention work.

The violence injuries might have different figures as the violence cases, which suggest that, the injury prevention strategy for violence prevention at the public health perspective shall be different as other community-based strategies at the legal perspective or social perspective. Since violence prevention is one of the targets of the safe community, it shall be more cooperated with the other injury prevention strategies to reach the improvement of the public health work.

Based on the above discussion, the followings are few suggestions to the prevention strategy for violence in close relationships in the municipality:

1. A focus on the primary violence prevention work. Which can be reached by
 - (1) Promote trainings to the key responders to violence in close relationships, to all the public service and community service sectors, to those who develop policy and programs. Ensure the training is kept sustained;
 - (2) Create a communication between violence prevention projects or programs, schools, workplaces, and public service sectors in the municipality;
 - (3) Promote an opening discussion environment for violence in close relationships, where especially encouraging the male leadership in ending violence in close relationships;
 - (4) Violence prevention work shall become a permanent setting in the municipality.
2. Promote the integration of violence issues into health promotion and community safety promotion strategies in the municipality. Which can be reached by:
 - (1) Raise the responsibilities and roles of the healthcare sectors in preventing violence in relationships;
 - (2) Set health promotion and community safety promotion as one of the final goals for the violence prevention work in the municipality;
 - (3) Create an intensive and practical cooperation strategy with healthcare sectors and safety sectors.
3. Promote an increased focus on children's needs during the implementation of violence prevention project or programs.

Limitation of the Study

As one part of the project "Nyckelfrid", it is hard to separate the results in Nyköping municipality from the whole project areas. By analyzing the methods and results, the limitation of the study summarized as below.

In the quantitative studies of the background, the validity of the results could be affected by the following limitations:

1. The lack of specific data on violence in close relationships, due to unavailable surveillance system at local level, especially the lack of psychological violence data.
2. The dark figures of violence report, especially affect the statistics of violence in close relationships.
3. No age-group distribution on the incidence of violence injuries, due to the lack of data.

In the qualitative studies of the project implementation, it includes the limitations:

1. Since the questionnaire was originally designed and formulated for the project evaluation, it might not exactly fit the needs of this study. Therefore the interviews were followed up for a more specific study.
2. The project participants might have same opinions on this issue since they have worked together for a long period.
3. The documents, questionnaire, interviews were in Swedish. The language might be one of the problems.

Conclusion

Violence in close relationships can be prevented by the community-based prevention efforts. By describing and discussing the implementation of the project "Nyckelfrid" in Nyköping municipality, the study has shown that the official organizations have a leading role for the violence prevention work at local level. The official organizations have offered the information to the victims, families and public; engaged the cooperation with voluntary organizations and other sectors in the society; promoted the governmental and political supports on violence prevention.

The project has built a more open atmosphere for the discussion of violence problems in close relationships in the society. But for better effects of violence prevention, still it would require even more public attentions on the violence problems. So it is very important to have permanent strategies and goals for violence prevention in the municipality.

The "cross-sectoral" model has shown the positive effects on utilizing the existing resources and activating all sectors in the society for violence prevention. But the violence prevention work could still be improved at local level by building up a specific surveillance system, improving the violence prevention strategy and promoting a better cooperation with the healthcare services. A specific surveillance system and better statistics on the violence characteristics are needed for acquiring the practical knowledge at local level. The violence prevention strategy shall be cooperated with the community safety promotion strategy, where the violence injuries would be considered as one of characteristics for the studies on preventing violence, and even more sectors shall in be involved the preventing work and more information shall be dealt out to the whole society. A better healthcare strategy is needed as well for a better "healthcare service quality". Which is supposed that, the health sectors' responsibilities are not only focused on the injuries treatments, but as well as assisting the society to find out the reasons behind the injuries and prevent them. Above all, the violence prevention needs the efforts from all the sectors in the society.

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Appendix

Appendix 1: Questionnaire to the project participants

Frågeformulär för "Utvärdering av Project Nyckelfrid"

För att ge oss information gällande "Project Nyckelfrid" status och utveckling, ber jag er fylla i detta formulär. Vi ser även på riskfaktorer för våld.

Formuläret är uppdelat i två delar.

- Första delen går in på organisation och genomförande av detta projekt.
Jag ber alla medverkande fylla i denna del.
- Andra delen riktar sig till de medverkande som kan bistå med information gällande riskfaktorer för våld, som föreligger inom ramen av detta projekt.

Del 1.

Avdelning:

Namn:

Tel:

Datum:

1. Kommer projektet att uppnå de mål som fastslagits?
 ja nej
2. Har du upplevt projektet som väl organiserat?
 ja nej
3. Vad ser ni som det mest positiva med projektets genomförande?
a. _____
b. _____
c. _____
4. Vad ser ni som det mest negativa med projektets genomförande?
a. _____
b. _____
c. _____
5. Har projektet använt rätt arbetsmetoder för att förebygga våld?
 ja nej
6. Har projektet använt rätt metoder för att behandla våldsoffren och förövare?
 ja nej
7. Hur stor del av de planerade aktörerna (polis, åklagare, politiker) har deltagit i detta projekt?
 25% 50% 75% 100%
8. Hur stor genomslags kraft har projektet haft i din kommun på målgrupperna?
 25% 50% 75% 100%
9. Ser du våldet som ett stort problem i din kommun?
 ja nej
10. Är projektets genomförande en viktig del av förebyggandet och behandling mot våld under en långsiktig period?
 väldigt viktigt viktigt ganska viktigt inte viktigt
11. Vad har varit det största problemet under ditt arbete med projektet?
a. _____
b. _____
c. _____
12. Vad är ditt förslag inför projektets framtida arbete?
a. _____
b. _____
c. _____

Del 2.

Som en del av utvärderingen kommer en analys att göras av riskfaktorerna inom våld och projektets arbetsmetoder mot målgruppen.

Denna del riktar sig till de medverkare som kan bistå med information om kvinnliga våldsoffer som ingår i målgruppen.

Annan information kan även bifogas, så som rapporter och journaler om ni ser att det kan bistå i denna analys. Information såsom namn och adress på offer ska då tas bort.

Avdelning:

Namn:

Antal behandling:

Datum:

1. Informations källa?

- våldsförövare polis
 offer övrigt
 offrets barn

2. Kvinnans ålder? År .

3. Kvinnans civilstånd?

- ogift / ej sammanboende
 gift / sammanboende
 skild
 änka
 särbo / har pojkvän

4. Kvinnans ursprungsland?

- Sverige Annat land _____

5. Hur många barn bor i kvinnans hushåll?

- Inga barn
_____ barn som är under två år
_____ barn som är 2-5 år
_____ barn som är 6-10 år
_____ barn som är över 10 år

6. Vad har kvinnan för högsta avslutade utbildning?

- Förgymnasial utbildning
 Gymnasial utbildning
 Eftergymnasial utbildning
 Forskarutbildning

7. I vilken kommun bor kvinnan?

- Gnesta Nyköping Oxelösund Trosa

8. Var bor kvinnan?
 i hus på landet i lägenhet på landet
 i hus i stan i lägenhet i stan
9. Har kvinnan blivit utsatt för hot om våld eller fysiskt våld under de senaste 12 månaderna?
 Nej
 Ja, hot om våld (hot som de uppfattat som så allvarliga att de blivit rädd för att bli utsatt för våld)
 Ja, fysiskt våld (Till exempel knuffar, slag och örfilar. Det behöver inte handla om så grovt våld så att det lett till fysiska skador)
10. Har kvinnan utsatts för hot om våld flera gånger?(Det vill säga under de senaste 12 månaderna)
 Hon har inte varit utsatt för hot om våld
 Nej, det har hänt vid ett tillfälle
 Ja, vid två-tre tillfällen
 Ja, vid cirka fyra till tio tillfällen
 Ja, vid fler än tio tillfällen
11. Har en polisanmälan gjorts?
 Ja Nej
12. Om en polisanmälan inte har gjorts—av vilken eller vilka anledningar?
 (Du kan kryssa i flera svarsalternativ)
 Rädd för konsekvenserna (till exempel att bli utsatt för våld)
 Meningslöst, att polisanmäla hjälper inte
 Händelsen var en bagatell
 Annan anledning
13. Nedan anges några sätt att bruka våld. Kryssa för den eller de typer av våld som kvinnan utsattes för.
 Knuff Örfil Slag med knuten hand Spark
 Klöst, riven Annat fysiskt våld
14. Har våldet som kvinnan utsattes för lett till synliga märken eller skador?
 Nej, våldet ledde inte till synliga märken eller skador
 Ja, våldet ledde till synliga märken eller skador men krävde inte besök hos läkare, tandläkare eller sjuksköterska
 Ja, våldet ledde till synliga märken eller skador som krävde besök hos läkare, tandläkare eller sjuksköterska
15. Vad är den främsta anledning till uppkomst till våld eller hot om våld`?
 låg utbildning låg inkomst i familj alkohol arbetslös
 annan anledning _____
16. Har projekt Nyckelfrid varit till någon hjälp för kvinnan
 nej
 ja (Om "ja" på vilket sätt?)
-
17. Hur har kvinnans situation ändrats i och med kontakt med projekt Nyckelfrid?
 mycket bättre som tidigare vet inte