

**\*\*\*\*\* FAITH, HOPE, BATTERING - QUESTIONNAIRE \*\*\*\*\***

**Dear addressee**

Statistics Finland is making a study of women's safety. We have received a sample of 7,000 women between the ages of 18-74 years from the Central Population Register. This is the first time in Finland that a study concerning only women's experiences is carried out. The study has been ordered by the Ministry of Social Affairs and the Council for equality between men and women.

We ask you to fill out the questionnaire and to return it in the enclosed pre-paid envelope to Statistics Finland.

The questionnaire may seem to be rather extensive. It is, however, actually much shorter because many of the questions do not concern all respondents.

We ask you to answer even if the matters dealt with may bring back painful memories. We also ask you to reply even if you feel that many of the questions have not much to do with your personal situation: all answers are important as we try to assess the relative extent of different phenomena. Your answer is important because, for statistical reasons, the persons who have been chosen in the sample cannot be replaced.

Statistics Finland handles your reply confidentially. The names and addresses of the addressees are going to be destroyed after the data collection is completed. The questionnaires carry an identification number only because in this way we know whether we have received your reply. The results are going to be published in a research report where the individual respondents or their answers cannot be identified. The report is going to be published in the first half of the year 1998.

Before answering, please read the instructions on the following page. We ask you to reply before October 20, 1997.

If you have any queries or you want to talk about the study, you may contact Minna Piispa (tel. 09 1734 2519) or Markku Heiskanen (tel 09 1734 2571) of Statistics Finland.

Thanking you for your help

Anneli Juntto  
development chief  
Statistics Finland

## Instructions

Most questions are answered by marking the alternative that best corresponds to your situation or your opinion. If the question consists of several parts, each item has been given a number (1, 2, 3, etc.). In such cases, please answer each item separately. Please mark also the "no" alternatives when appropriate.

If the question has no pre-formulated answering alternatives, write the answer in the given space. Such questions have to do, for example, with dates, occupations etc.

If the alternative that you have chosen is followed by an arrow, the words "go to", and the letter Q followed by a number, go to that question and skip the questions in between.

*Example:* From alternative "no" in question 48, you go to question 51.

48 Did you inform the police about the most recent violent incident?

- 1  yes
- 2  no, but police were informed otherwise
- 3  no ---> go to Q51

The questionnaire also presents instructions that are printed on a darker ground. Following these instructions, you may pass whole blocks of questions. For instance, a person who is not married or cohabiting, goes to question 68 when coming to this instruction.

If you are presently not married or cohabiting, go to question 68.
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Finally, please check that you have answered all questions that apply to your situation.

# WOMEN'S SAFETY IN FINLAND 1997

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**1 A household here denotes persons who live and eat together or use their incomes jointly in some other way. How many persons belong to your household (including yourself)?**

\_\_\_\_\_ persons

**2 Besides yourself, who belong to your household?**

(YOU MAY CHOOSE SEVERAL ALTERNATIVES.)

- 1  husband or cohabiting partner?
- 2  children you have together with your
- 3  other children that are yours?
- 4  your partner's other children?
- 5  parents of yourself or your partner?
- 6  other persons?
- 7  I am living on my own.

**3 If there are children living in your household, what is their number?**

number

- 1 children aged 0 - 6 years? \_\_\_\_\_
- 2 children aged 7 - 14 years? \_\_\_\_\_
- 3 children at least 15 years old? \_\_\_\_\_

**4 What is your level of education**

(MARK THE HIGHEST EDUCATION LEVEL.)

- 1  matriculation examination
- 2  secondary school
- 3  primary school or part of secondary school
- 4  less than primary school?

**5 What examinations have you completed**

(MARK THE HIGHEST EXAMINATION.)

- 1  vocational school
- 2  vocational college
- 3  university degree
- 4  none of these

**6 Are you presently**

- 1  employed in a full-time job (at least 35 weekly hours)
- 2  employed in a part-time job (less than 35 weekly hours)
- 3  a farming entrepreneur
- 4  other entrepreneur
- 5  on maternity leave or child-care leave
- 6  unemployed or on compulsory leave
- 7  retired, pensionist
- 8  student
- 9  taking care of the home
- 10  other, what? \_\_\_\_\_

**7 What is your occupation?**

\_\_\_\_\_

**8 What is your year of birth?**

year 19\_\_\_\_\_

**9 What is your monthly income after taxes?**

(INCLUDE ALSO PER DIEMS AND DIVIDENDS, BUT EXCLUDE INCOME TRANSFERS SUCH AS CHILD BENEFITS.)

- 1  less than 2500 FIM
- 2  2501 - 4500 FIM
- 3  4501 - 6500 FIM
- 4  6501 - 8500 FIM
- 5  8501 - 10500 FIM
- 6  more than 10500 FIM

**10 Which of the following alternatives describes best your present state of health?**

- 1  very good
- 2  good
- 3  average
- 4  bad

5  very bad

**11 Over the last month, have you suffered from the following health problems often, sometimes, or not at all:**

	not at all	times	some-often	
		1	2	3
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**12 Over the last month, have you suffered from the following symptoms:**

	all	not at times	some-	often
		1	2	3
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**13 How often do you participate in the following leisure-time activities?**

	at least once a week	1	less than once a week but at least once a month	2	not regu- larly	3	not at all	4
1		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
2		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
3		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
4		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
5		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
6		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

**14 Outside of your home, do you have a close person with whom you can speak in full confidence:**

	yes	no
	1	2
1	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>

**15 How often do you consume beer, wine**

- 1  never
- 2  not over the last year
- 3  a few times a year
- 4  once every two months
- 5  once or twice a month
- 6  once or twice a week
- 7  more often
- 8  don't know

**16 How often do you use alcohol so that you feel drunk?**

- 1  never
- 2  not over the last year
- 3  a few times a year
- 4  once every two months
- 5  once or twice a month
- 6  once or twice a week
- 7  more often
- 8  don't know

**Many people are sometimes concerned about being a victim of violence. In the following, we ask about some everyday situations. How do you feel about these situations?**

**17 When you are walking out near your home alone at night, are you concerned about your security?**

- 1  very much concerned
- 2  a bit concerned
- 3  not concerned at all
- 4  I don't go out alone after dark
- 5  I don't want to go out alone at night, because I am afraid of violence
- 6  I don't know

**18 How concerned are you about the risk that a stranger may rape you?**

- 1  very much concerned
- 2  a bit concerned
- 3  not concerned at all
- 4  I don't know

**19 How concerned are you about the risk that a family member is violent towards you?**

- 1  very much concerned
- 2  a bit concerned
- 3  not concerned at all
- 4  no family members
- 5  I don't know

**20 How concerned are you about the risk of being a victim of violence at your work?**

- 1  very much concerned
- 2  a bit concerned
- 3  not concerned at all
- 4  I am not working
- 5  I do not come into contact with other people in my work

**21 Have you taken precautions with regard**

- |  | yes                      | no                       |
|--|--------------------------|--------------------------|
|  | 1                        | 2                        |
| 1 carrying with you something that can be used for self-defence or to alert other people?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 planned ahead how you would act in a violent situation?.....                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 taken a self-defence course?.....  | <input type="checkbox"/> | <input type="checkbox"/> |

**Sexual harassment here denotes such male sexual behaviour that is unwanted, one-sided, and may contain coercion.**

**22 In the following, we list some forms of sexual harassment. After your 15th birthday, has a man who was unknown to you or an acquaintance (not your husband or cohabiting partner)**

	yes 1	no 2
1 made indecent telephone calls to you:		
- over the last 12 months?.....	<input type="checkbox"/>	<input type="checkbox"/>
- earlier?.....	<input type="checkbox"/>	<input type="checkbox"/>
2 exposed himself indecently to you:		
- over the last 12 months?.....	<input type="checkbox"/>	<input type="checkbox"/>
3 made offensive remarks about your body or sexuality:		
- over the last 12 months?.....	<input type="checkbox"/>	<input type="checkbox"/>
- earlier?.....	<input type="checkbox"/>	<input type="checkbox"/>
4 told you indecent jokes or spoken to you in a manner you felt to be sexually offensive:		
- over the last 12 months?.....	<input type="checkbox"/>	<input type="checkbox"/>
- earlier?.....	<input type="checkbox"/>	<input type="checkbox"/>
5 suggested sex in an inappropriate context:		
- over the last 12 months?.....	<input type="checkbox"/>	<input type="checkbox"/>
- earlier?.....	<input type="checkbox"/>	<input type="checkbox"/>
6 made passes at you, touched you, or tried to kiss you against your will:		
- over the last 12 months?.....	<input type="checkbox"/>	<input type="checkbox"/>
- earlier? .....	<input type="checkbox"/>	<input type="checkbox"/>
7 followed or stalked you so that it frightened you:		
- over the last 12 months?.....	<input type="checkbox"/>	<input type="checkbox"/>
- earlier?.....	<input type="checkbox"/>	<input type="checkbox"/>
8 made you understand that your work or studies will suffer if you don't agree to have sex with him:		
- over the last 12 months?.....	<input type="checkbox"/>	<input type="checkbox"/>
- earlier?.....	<input type="checkbox"/>	<input type="checkbox"/>

**If you have never experienced matters described in question 22, go to question 26.**

**23 Which of the forms of sexual harassment**

1 2 3 4 5 6 7 8

**24 In this most serious incident, was the man (men) who harassed you:**

1	<input type="checkbox"/>	a fellow employee
2	<input type="checkbox"/>	your superior or teacher
3	<input type="checkbox"/>	somebody else in his work role,
- earlier?.....	<input type="checkbox"/>	occupation?..... <input type="checkbox"/>
4	<input type="checkbox"/>	client or patient
5	<input type="checkbox"/>	landlord
6	<input type="checkbox"/>	family member, who?.....
7	<input type="checkbox"/>	other relative
8	<input type="checkbox"/>	former partner or boyfriend
9	<input type="checkbox"/>	friend or fellow student
10	<input type="checkbox"/>	acquaintance or neighbour
11	<input type="checkbox"/>	stranger
12	<input type="checkbox"/>	other, who?.....

**25 Did this most serious sexual harassment cause:**

	yes 1	no 2
1 fears?.....	<input type="checkbox"/>	<input type="checkbox"/>
2 shame?.....	<input type="checkbox"/>	<input type="checkbox"/>
3 guilt?.....	<input type="checkbox"/>	<input type="checkbox"/>
4 hatred?.....	<input type="checkbox"/>	<input type="checkbox"/>
5 depression?.....	<input type="checkbox"/>	<input type="checkbox"/>
6 numbness?.....	<input type="checkbox"/>	<input type="checkbox"/>
7 loss of self-esteem?.....	<input type="checkbox"/>	<input type="checkbox"/>
8 sleeping difficulties or nightmares?	<input type="checkbox"/>	<input type="checkbox"/>
9 concentration difficulties?.....	<input type="checkbox"/>	<input type="checkbox"/>
10 difficulties in relations with men?.	<input type="checkbox"/>	<input type="checkbox"/>
11 difficulties in work or studies?....	<input type="checkbox"/>	<input type="checkbox"/>
12 other problems, ..... what? .....	<input type="checkbox"/>	<input type="checkbox"/>

**With violence, we mean any incident where you have been the victim of physical or sexual violence or threats.**

**26 After your 15th birthday, has a man you know or a stranger (other than your current or previous husband or cohabiting partner):**

yes no

1 2  
1 threatened to harm you physically on the telephone or in a letter:  
- over the last 12 months?.....   
 - earlier?

2 face-to-face, threatened to harm you physically:  
- over the last 12 months?.....   
 - earlier?.....

3 assaulted you physically, such as beaten or kicked you, or used a weapon against you:  
- over the last 12 months?.....   
 - earlier? .....

4 behaved in a manner that you have felt to be sexually menacing:  
- over the last 12 months?.....   
 - earlier? .....

5 tried to force you to sexual activity:  
- over the last 12 months?.....   
 - earlier? .....

6 forced you to sexual activity:  
- over the last 12 months?.....   
 - earlier? .....

**If you have never experienced violence described in question 26, go to question 52.**

**27 How many times have you been the victim of such violent incidents as described in question 26?**  
(ESTIMATE THE NUMBER.)

Over the last 12 months  
\_\_\_\_\_ times

**28** Which of these forms of violence described in question 26 was the most serious one? (CIRCLE.)

1 2 3 4 5 6

**29** In which year did this most serious incident take place?

in the year 19\_\_\_\_\_

**30** Which of the forms of violence described in question 26 was the most recent one? (CIRCLE.)

1 2 3 4 5 6

**31** When was the last time that you were a victim of violence ?

in the year 19 \_\_\_\_\_

**32** In the most recent violent incident, who was the perpetrator (perpetrators):

- 1  fellow employee
  - 2  superior or teacher
  - 3  client or patient
  - 4  landlord
  - 5  boyfriend or ex-boyfriend
  - 6  father or stepfather
  - 7  brother or half-brother
  - 8  own son
  - 9  other relative
  - 10  student, pupil
  - 11  physician or therapist
  - 12  policeman
  - 13  representative of congregation
  - 14  friend or fellow student
  - 15  acquaintance or neighbour
  - 16  stranger
  - 17  someone else, who?
-

**33 Where did this violent incident take place?**

- 1  in my own home
- 2  in some other apartment
- 3  in the yard or staircase of a house
- 4  at school or workplace
- 5  in cafeteria, restaurant, dance place
- 6  in a car
- 7  in public transport
- 8  elsewhere indoors
- 9  in the street, a square, or other public place
- 10  in a park, forest
- 11  elsewhere outdoors

**34 Did this most recent violent incident take place in Finland or abroad?**

- 1  in Finland, in my home commune
- 2  elsewhere in Finland
- 3  abroad, by a Finnish man
- 4  abroad, by a foreigner

**35 Was the perpetrator under the influence of alcohol, drugs, or some other substance?**

- 1  yes
- 2  no
- 3  I don't know

**36 Please tell us briefly what happened:**

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**37 Please tell us what you did to manage this situation:**

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**38 Did you speak about the most recent incident with any of the following persons:**

- |     |    |                          |  |
|-----|----|--------------------------|--|
| yes | no |                          |  |
| 1   | 2  | 1                        | 2  |
|     |    | <input type="checkbox"/> | your partner?..... <input type="checkbox"/>        |
|     |    | <input type="checkbox"/> | other family member?..... <input type="checkbox"/> |
|     |    | <input type="checkbox"/> | other relative?..... <input type="checkbox"/>      |
|     |    | <input type="checkbox"/> | friend?..... <input type="checkbox"/>              |
|     |    | <input type="checkbox"/> | neighbour?..... <input type="checkbox"/>           |
|     |    | <input type="checkbox"/> | fellow employee?..... <input type="checkbox"/>     |
|     |    | <input type="checkbox"/> | someone else, who? ..... <input type="checkbox"/>  |

**39 What effects had the violent incident on you? Did it cause:**

- |     |    |                          |   |
|-----|----|--------------------------|---|
| yes | no |                          |   |
| 1   | 2  | 1                        | 2   |
|     |    | <input type="checkbox"/> | fears?..... <input type="checkbox"/>                                      |
|     |    | <input type="checkbox"/> | shame?..... <input type="checkbox"/>                                      |
|     |    | <input type="checkbox"/> | guilt?..... <input type="checkbox"/>                                      |
|     |    | <input type="checkbox"/> | hatred?..... <input type="checkbox"/>                                     |
|     |    | <input type="checkbox"/> | depression?..... <input type="checkbox"/>                                 |
|     |    | <input type="checkbox"/> | numbness?..... <input type="checkbox"/>                                   |
|     |    | <input type="checkbox"/> | loss of self-esteem?..... <input type="checkbox"/>                        |
|     |    | <input type="checkbox"/> | sleeping difficulties or nightmares? <input type="checkbox"/>             |
|     |    | <input type="checkbox"/> | concentration difficulties?..... <input type="checkbox"/>                 |
|     |    | <input type="checkbox"/> | difficulties in relations with men?. <input type="checkbox"/>             |
|     |    | <input type="checkbox"/> | difficulties in gynecological examinations?..... <input type="checkbox"/> |
|     |    | <input type="checkbox"/> | difficulties in you work or studies?..... <input type="checkbox"/>        |
|     |    | <input type="checkbox"/> | other problems,.. ..... <input type="checkbox"/> <input type="checkbox"/> |
|     |    |                          | what?   |

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**40 In the most recent violent incident, did you seek help from a crisis telephone or other crisis service?**

- 1  yes,  
where? \_\_\_\_\_
- 2  no--> go to Q43

**41 Were you satisfied with the help you received from the crisis telephone or other crisis service?**

- 1  yes
- 2  no

**42 In your contact with the crisis telephone or other crisis service, did the following problems occur:**

- |     |                          |  |
|-----|--------------------------|--|
| yes | no                       |  |
| 1   | 2                        | I felt I did not get sufficient advice.....                              |
|     | <input type="checkbox"/> | <input type="checkbox"/>   |
| 2   |                          | the incident was belittled or they were not sufficiently interested .... |
|     | <input type="checkbox"/> | <input type="checkbox"/>   |
| 3   |                          | the treatment I received was not appropriate.....                        |
|     | <input type="checkbox"/> | <input type="checkbox"/>   |
| 4   |                          | some other problem,..... what? _____                                     |
|     | <input type="checkbox"/> | <input type="checkbox"/>   |

**injuries? (YOU MAY CHOOSE SEVERAL.)**

- 1  no physical injuries
- 2  bruises
- 3  wound
- 4  sprain, pulled muscle, luxation
- 5  bone fracture
- 6  tooth injury
- 7  miscarriage
- 8  internal injury
- 9  concussion
- 10  other injury, what? \_\_\_\_\_

**Go to question 44.**

**43 What was the most important reason for not seeking help?**

- |          |   |                          |                                     |
|----------|---|--------------------------|-------------------------------------|
| help     | 1 | <input type="checkbox"/> | I didn't know where to seek         |
|          | 2 | <input type="checkbox"/> | services were not available         |
| agencies | 3 | <input type="checkbox"/> | long queues to the helping          |
|          | 4 | <input type="checkbox"/> | I felt the incident was too trivial |
|          | 5 | <input type="checkbox"/> | I was ashamed                       |
| me       | 6 | <input type="checkbox"/> | nobody would have believed          |
|          | 7 | <input type="checkbox"/> | I was afraid of retaliation         |
|          | 8 | <input type="checkbox"/> | I did not think I needed help       |
|          | 9 | <input type="checkbox"/> | other reason, what? _____           |

**44 Did the violent incident cause physical**

- 45 Did you get medical attention of your injuries?**
- 1  no, since the incident was so slight --> **go to Q48**
- 2  no, but I should have --> **go**
- 3  I saw a doctor or a nurse but I did not have to stay in hospital
- 4  I had to stay in hospital

**46 Were you satisfied with the care you received?**

- 1  yes
- 2  no

**47 In the care, did you experience any of the following problems:**

- yes no
- 1  I felt the care was not good enough .....
- 2  the staff belittled the incident or

- were not sufficiently interested.....
- 3  the staff did not treat me in an appropriate manner .....
- 4  I was not informed sufficiently of other options of support or help.....
- 5  other problem,.....
- what? \_\_\_\_\_

**48 Did you report the most recent violent incident to the police?**

- 1  yes
- 2  no, but police were informed otherwise
- 3  no --> **go to Q51**

**49 Were you satisfied with the police response in this incident?**

- 1  yes
- 2  no

**50 In the police response, did any of the following problems occur:**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| yes                      | no                       |  |
| 1                        | 2                        | police did not do enough to solve the crime .....                          |
|                          | <input type="checkbox"/> | <input type="checkbox"/>   |
|                          | 2                        | police belittled the incident or were not interested in my case .....      |
|                          | <input type="checkbox"/> | <input type="checkbox"/>   |
|                          | 3                        | police did not treat me in an appropriate manner .....                     |
|                          | <input type="checkbox"/> | <input type="checkbox"/>   |
| <input type="checkbox"/> | 4                        | police blamed me of what happened  |
|                          | <input type="checkbox"/> |  |
|                          | 5                        | I did not receive enough information of other options for support or help. |
|                          | <input type="checkbox"/> | <input type="checkbox"/>   |
|                          | 6                        | other problem, what? _____   |
|                          | <input type="checkbox"/> | <input type="checkbox"/>   |

- |   |                          |                            |
|---|--------------------------|----------------------------|
| 3 | <input type="checkbox"/> | married, living separately |
| 4 | <input type="checkbox"/> | divorced                   |
| 5 | <input type="checkbox"/> | widow?                     |

**Go to question 52.**

**51 What was the most important reason why you did not report the incident to the police?**

- |               |    |                          |   |
|---------------|----|--------------------------|---|
| blame on      | 1  | <input type="checkbox"/> | I was afraid they would put the me      |
|               | 2  | <input type="checkbox"/> | I was afraid of retaliation             |
|               | 3  | <input type="checkbox"/> | I wanted to forget the incident         |
| be able to do | 4  | <input type="checkbox"/> | I did not believe police would anything |
| serious       | 5  | <input type="checkbox"/> | I did not think the incident was enough |
| myself        | 6  | <input type="checkbox"/> | I was ashamed or blamed                 |
| me            | 7  | <input type="checkbox"/> | nobody would have believed              |
|               | 8  | <input type="checkbox"/> | the matter was settled                  |
| police        | 9  | <input type="checkbox"/> | I did not want to involve the           |
| _____         | 10 | <input type="checkbox"/> | other reason, what? _____               |
|               | 11 | <input type="checkbox"/> | I don't know                            |

**In the following are some questions about your marriage or cohabiting relationship.**

**52 Are you at present**

- |          |   |                          |   |
|----------|---|--------------------------|---|
|          | 1 | <input type="checkbox"/> | single  |
| together | 2 | <input type="checkbox"/> | married or cohabiting, living with my partner |

- 53 How many times have you been married or cohabiting (the present relationship included)?**
- 0  I have not been married or cohabiting
- 1  once
- 2  twice
- 3  three times or more often

**If you are not married or cohabiting presently (but you have been previously), go to question 68.**

**If you have never been married or cohabiting, go to question 109.**

- 54 How long have you been living in your current marriage or cohabiting relationship?**

\_\_\_\_\_ years \_\_\_\_\_ months

- 55 What is the year of birth of your husband or cohabiting partner?**  
year 19\_\_\_\_\_

- 56 What is your relationship to your current partner like?**

- 59 Has your partner completed (MARK THE HIGHEST EDUCATION LEVEL.)**

- 1  a vocational school
- 2  a vocational college
- 3  a university degree?
- 4  none of these

- 60 How often does your partner consume alcohol to the level of being drunk?**

- 1  never
- 2  not in the last year
- 3  a few times a year
- 4  once every two months
- 5  once or twice a month
- 6  once or twice a week
- 7  more often
- 8  I don't know

- 61 In the following, characteristics are listed that women may use when describing their partner**

- 1  very good
- 2  good
- 3  acceptable
- 4  bad
- 5  very bad

- 57 Is your partner presently**

- 1  an employee in a full-time job (at least 35 hours a week)
- 2  an employee in a part-time job (less than 35 hours a week)
- 3  a farmer
- 4  other entrepreneur
- 5  on parents' leave or child care leave
- 6  unemployed or on compulsory leave
- 7  retired, pensioned
- 8  student
- 9  takes care of the home
- 10  other, what? \_\_\_\_\_

- 58 What is the occupation of your partner?**
- \_\_\_\_\_
- \_\_\_\_\_

- 62 Has your current partner sometimes behaved violently against you, such as:**

- | yes                      | no                       |   |
|--------------------------|--------------------------|---|
| 1                        | 2                        | threatened you with violence:             |
| <input type="checkbox"/> | <input type="checkbox"/> | - over the last 12 months?.....           |
| <input type="checkbox"/> | <input type="checkbox"/> | - earlier? .....                          |
| <input type="checkbox"/> | <input type="checkbox"/> |   |
| 2                        |                          | prevented you from moving or grabbed you: |
| <input type="checkbox"/> | <input type="checkbox"/> | -over the last 12 months?.....            |
| <input type="checkbox"/> | <input type="checkbox"/> | -earlier? .....                           |
| <input type="checkbox"/> | <input type="checkbox"/> |   |
| 3                        |                          | slapped you:                              |
| <input type="checkbox"/> | <input type="checkbox"/> | - over the last 12 months?.....           |
| <input type="checkbox"/> | <input type="checkbox"/> | - earlier? .....                          |
| <input type="checkbox"/> | <input type="checkbox"/> |   |
| 4                        |                          | thrown a hard object at you:              |
| <input type="checkbox"/> | <input type="checkbox"/> | - over the last 12 months?.....           |
| <input type="checkbox"/> | <input type="checkbox"/> | - earlier? .....                          |

**Do these characteristics apply to your current partner?**

yes no

1

2

1 He is jealous and does not want me to speak with other men.....

2 He tries to restrict my seeing my friends or relatives .....

3 He demands to know where I move, with whom, and when I am going to return.....

4 He calls me names in order to subdue or humiliate me .....

5 He prevents me from making decisions about family finances and from shopping independently .....

6 He forbids me to go to work outside of the home .....

7 He threatens to harm the children..

8 He deliberately destroys our common property.....

9 He threatens to do something to himself if I leave him .....

5 beaten you with a fist or a hard object, or kicked you:  
- over the last 12 months?.....

- earlier? .....

6 strangied or tried to strangle you?  
- over the last 12 months?.....

- earlier? .....

7 shot at you or stabbed or cut you with an edged weapon  
- over the last 12 months?.....

- earlier? .....

8 beaten your head against something:  
- over the last 12 months?.....

- earlier? .....

9 coerced or tried to coerce you to have sex with him:  
- over the last 12 months?.....

- earlier? .....

10 behaved violently against you in some other manner, how?.....

\_\_\_\_\_

- over the last 12 months?.....

- earlier? .....

**63 How often has your current partner been violent against you? (ESTIMATE THE FREQUENCY.)**

Over the last 12 months \_\_\_\_\_ times

Earlier \_\_\_\_\_ times

**64 When was the first time that he was violent against you?**

months

0

In the course of the last 12

1

a year ago

2

two years ago

3

three - four years ago

4

five - six years ago

5

seven - ten years ago

6

more than ten years ago

7

I don't know

**65**

**When was the last time that he was**

**violent against you**

- 0  during the last month
- 1  two - three months ago
- 2  four - six months ago
- 3  seven - eleven months ago
- 4  a year ago
- 5  two years ago
- 6  three - four years ago
- 7  five - ten years ago
- 8  more than ten years ago
- 9  I don't know

**66 Did he use violence or threats against you before your marriage or before you started living together?**

- 1  yes
- 2  no
- 3  I don't know

**67 Did he behave violently against you when you were pregnant or after the child was born?**

- 1  I have not been pregnant
- 2  yes, the violence began during pregnancy
- 3  yes, but the violence began before my pregnancy
- 4  no, but the violence began when the child was less than one year old
- 5  no, but the violence began later
- 6  I don't know

**If you have not been married or cohabiting before your present relationship, go to question 82.**

**68 Was your previous partner ever violent against you, such as:**

- | yes                      | no                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 threatened you with violence:<br>- over the last 12 months?.....                           |
| <input type="checkbox"/> | <input type="checkbox"/> | - earlier? .....   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 prevented you from moving or grabbed you:<br>- over the last 12 months?.....               |
| <input type="checkbox"/> | <input type="checkbox"/> | -earlier? .....  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 slapped you:<br>- over the last 12 months?.....  |
| <input type="checkbox"/> | <input type="checkbox"/> | - earlier? .....   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 thrown a hard object at you:<br>- over the last 12 months?.....                            |
| <input type="checkbox"/> | <input type="checkbox"/> | - earlier? .....   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 beaten you with a fist or a hard object, or kicked you:<br>- over the last 12 months?..... |
| <input type="checkbox"/> | <input type="checkbox"/> | - earlier? .....   |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 strangled or tried to strangle you?<br>- over the last 12 months?.....                     |
| <input type="checkbox"/> | <input type="checkbox"/> | - earlier? .....   |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 shot at you or stabbed or cut you with an edged weapon<br>- over the last 12 months?.....  |
| <input type="checkbox"/> | <input type="checkbox"/> | - earlier? .....   |
| <input type="checkbox"/> | <input type="checkbox"/> | 8 beaten your head against something:<br>- over the last 12 months?.....                     |
| <input type="checkbox"/> | <input type="checkbox"/> | - earlier? .....   |
| <input type="checkbox"/> | <input type="checkbox"/> | 9 coerced or tried to coerce you to have sex with him:<br>- over the last 12 months?.....    |
| <input type="checkbox"/> | <input type="checkbox"/> | - earlier? .....   |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 behaved violently against you in some other manner, how?                                  |

- over the last 12 months?.....

- earlier? .....

**If none of your previous partners has been violent, go to question 82.**

**The following questions concern the most**

4  none of my previous partners

**70 After you separation, has your previous partner:**

no  yes

1  2   
1 threatened you on the telephone?..

2 entered your home without permission?.....

3 waited for you, stalked or followed you near your home or elsewhere?.

4   
 4 grabbed you or beaten you.....

**71 When was the last time such things described in question 70 happened?**

in the year 19 \_\_\_\_\_

**72 How many times did your previous partner behave violently against you? (ESTIMATE THE FREQUENCY.)**

\_\_\_\_\_ times

**73 Did your previous partner ever behave violently or threateningly against you before your marriage or before you started living together?**

1  yes  
2  no  
3  I don't know

**74 Did he behave violently against you when you were pregnant or after the child was born?**

1  I have not been pregnant  
2  yes, the violence began during pregnancy  
3  yes, but the violence began before my pregnancy  
4  no, but the violence began before the child was one year old  
5  no, but the violence began later  
6  I don't know

**75 Had your previous partner completed (MARK THE HIGHEST EDUCATION LEVEL.)**

1  a vocational school  
2  a vocational college  
3  a university degree?  
4  none of these

**76 What is the year of birth of your previous partner?**

year 19 \_\_\_\_\_

**77 What was the occupation of your previous partner?**

**78 How often did your previous partner consume alcohol to the level of being intoxicated?**

1  not at all  
2  a few times a year  
3  once every two months  
4  once or twice a month  
5  once or twice a week  
6  more often  
7  I don't know

**79 In what year did you move permanently apart?**

in year 19 \_\_\_\_\_

**80 How long did you stay together?**

\_\_\_\_\_years \_\_\_\_\_ months

**81 In the following, characteristics are listed that many women may use when they describe their partner.**

**Do these characteristics apply to your previous violent partner?**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| yes                      | no                       |  |
| 1                        | 2                        |  |
|                          | 1                        | He was jealous and did not want me to speak with other men.....                                    |
|                          | <input type="checkbox"/> | <input type="checkbox"/>   |
|                          | 2                        | He tried to restrict my seeing my friends or relatives .....                                       |
|                          | <input type="checkbox"/> | <input type="checkbox"/>   |
|                          | 3                        | He demanded to know where I move and with whom, and when I am going to return.....                 |
|                          | <input type="checkbox"/> | <input type="checkbox"/>   |
|                          | 4                        | He called me names in order to subdue me or to humiliate me.....                                   |
|                          | <input type="checkbox"/> | <input type="checkbox"/>   |
|                          | 5                        | He prevented me from making decisions about the family finances and from shopping independently... |
|                          | <input type="checkbox"/> | <input type="checkbox"/>   |
|                          | 6                        | He prohibited me from going to work outside of the home .....                                      |
|                          | <input type="checkbox"/> | <input type="checkbox"/>   |
| <input type="checkbox"/> | 7                        | He threatened to harm the children.  |
|                          | <input type="checkbox"/> |  |
|                          | 8                        | He deliberately destroyed our common property.....   |
|                          | <input type="checkbox"/> | <input type="checkbox"/>   |
|                          | 9                        | He threatened to do something to himself if I leave him.....                                       |
|                          | <input type="checkbox"/> | <input type="checkbox"/>   |

**The following questions, 82 - 95, concern the most serious violent incident in your last violent relationship, committed either by your current or previous partner.**

**If you have no experience of violence in a marriage or a cohabiting relationship, go to question 109.**

**82 What happened then?**

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**83 How did you manage the situation?**

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**84 Was the man under the influence of alcohol or other substances when this happened?**

- |   |                          |              |
|---|--------------------------|--------------|
| 1 | <input type="checkbox"/> | yes          |
| 2 | <input type="checkbox"/> | no           |
| 3 | <input type="checkbox"/> | I don't know |

**85 Did you speak about this incident to somebody close to you?**

- |     |                          |                             |
|-----|--------------------------|-----------------------------|
| yes | no                       |                             |
| 1   | 2                        |                             |
|     | 1                        | a friend?.....              |
|     | <input type="checkbox"/> | <input type="checkbox"/>    |
|     | 2                        | a neighbour?.....           |
|     | <input type="checkbox"/> | <input type="checkbox"/>    |
|     | 3                        | a fellow employee?.....     |
|     | <input type="checkbox"/> | <input type="checkbox"/>    |
|     | 4                        | your partner?.....          |
|     | <input type="checkbox"/> | <input type="checkbox"/>    |
|     | 5                        | your children?.....         |
|     | <input type="checkbox"/> | <input type="checkbox"/>    |
|     | 6                        | another family member?..... |
|     | <input type="checkbox"/> | <input type="checkbox"/>    |
|     | 7                        | some other relative?.....   |

**86 What effect did your most serious incident of partner violence have on you? Did it cause:**

- |     |  |                          |
|-----|--|--------------------------|
| yes | no   |                          |
| 1   | 2  |                          |
| 1   | fears?.....                                      | <input type="checkbox"/> |
|     | <input type="checkbox"/>                         |                          |
| 2   | shame?.....                                      | <input type="checkbox"/> |
|     | <input type="checkbox"/>                         |                          |
| 3   | guilt?.....                                      | <input type="checkbox"/> |
|     | <input type="checkbox"/>                         |                          |
| 4   | hatred?.....                                     | <input type="checkbox"/> |
|     | <input type="checkbox"/>                         |                          |
| 5   | depression?.....                                 | <input type="checkbox"/> |
|     | <input type="checkbox"/>                         |                          |
| 6   | numbness?.....                                   | <input type="checkbox"/> |
|     | <input type="checkbox"/>                         |                          |
| 7   | loss of self-esteem?.....                        | <input type="checkbox"/> |
|     | <input type="checkbox"/>                         |                          |
| 8   | sleeping difficulties or nightmares?...          | <input type="checkbox"/> |
|     | <input type="checkbox"/>                         |                          |
| 9   | concentration difficulties?.....                 | <input type="checkbox"/> |
|     | <input type="checkbox"/>                         |                          |
| 10  | difficulties in relations with men?.....         | <input type="checkbox"/> |
|     | <input type="checkbox"/>                         |                          |
| 11  | difficulties in gynecological examinations?..... | <input type="checkbox"/> |
|     | <input type="checkbox"/>                         |                          |
| 12  | difficulties in your work or studies?...         | <input type="checkbox"/> |
|     | <input type="checkbox"/>                         |                          |
| 13  | other problems, what?.....                       | <input type="checkbox"/> |
|     | <input type="checkbox"/>                         |                          |

**87 Did the violence cause physical injuries? (YOU MAY CHOOSE MORE THAN ONE.)**

- |    |                          |                                 |
|----|--------------------------|---------------------------------|
| 1  | <input type="checkbox"/> | no physical injuries            |
| 2  | <input type="checkbox"/> | bruise                          |
| 3  | <input type="checkbox"/> | wound                           |
| 4  | <input type="checkbox"/> | sprain, pulled muscle, luxation |
| 5  | <input type="checkbox"/> | bone fracture                   |
| 6  | <input type="checkbox"/> | tooth injury                    |
| 7  | <input type="checkbox"/> | miscarriage                     |
| 8  | <input type="checkbox"/> | internal injury                 |
| 9  | <input type="checkbox"/> | concussion                      |
| 10 | <input type="checkbox"/> | other, what?.....               |

**88 Did you get medical attention for your injuries?**

**89 Were you satisfied with the care you received?**

- |   |                          |     |
|---|--------------------------|-----|
| 1 | <input type="checkbox"/> | yes |
| 2 | <input type="checkbox"/> | no  |

**90 In the care, did any of the following problems occur:**

- |     |                          |  |
|-----|--------------------------|--|
| yes | no                       |  |
| 1   | 2                        | I felt the care was not good enough .....                                  |
|     | <input type="checkbox"/> | <input type="checkbox"/>   |
| 2   | <input type="checkbox"/> | the staff belittled the incident or were not sufficiently interested ..... |
|     | <input type="checkbox"/> | <input type="checkbox"/>   |
| 3   | <input type="checkbox"/> | the staff did not treat me in an appropriate manner .....                  |
|     | <input type="checkbox"/> | <input type="checkbox"/>   |
| 4   | <input type="checkbox"/> | I was not informed sufficiently of other options of support or help.....   |
|     | <input type="checkbox"/> | <input type="checkbox"/>   |
| 5   | <input type="checkbox"/> | other problem,.....  |
|     | <input type="checkbox"/> | what?.....   |

**91 Did you report the incident to the police?**

- |   |                          |  |
|---|--------------------------|--|
| 1 | <input type="checkbox"/> | yes                                    |
| 2 | <input type="checkbox"/> | no, but police were informed otherwise |
| 3 | <input type="checkbox"/> | no --> go to Q94                       |

**92 Were you satisfied with the police response in this incident?**

- |   |                          |     |
|---|--------------------------|-----|
| 1 | <input type="checkbox"/> | yes |
| 2 | <input type="checkbox"/> | no  |

**93 In the police response, did any of the following problems occur:**

- |     |                          |   |
|-----|--------------------------|---|
| yes | no                       |   |
| 1   | 2                        | police did not do enough to solve the crime .....                     |
|     | <input type="checkbox"/> | <input type="checkbox"/>  |
| 2   | <input type="checkbox"/> | police belittled the incident or were not interested in my case ..... |
|     | <input type="checkbox"/> | <input type="checkbox"/>  |
| 3   | <input type="checkbox"/> | police did not treat me in an appropriate manner .....                |
|     | <input type="checkbox"/> | <input type="checkbox"/>  |
| 4   | <input type="checkbox"/> | police blamed me of what happened                                     |
|     | <input type="checkbox"/> | <input type="checkbox"/>  |
| 5   | <input type="checkbox"/> | I did not receive enough information                                  |

- Q91**
- 1  no, since the incident was so slight --> **go to Q91**
  - 2  no, but I should have --> **go to**
  - 3  I saw a doctor or a nurse but I did not have to stay in hospital
  - 4  I had to stay in hospital

- of other options for support or help...
- 
- 6  other problem,.....
- what?\_\_\_\_\_

**In the following, we ask about your most recent violent partner relationship.**

**94 What was the most important reason for not reporting the incident to the police?**

- 1  I was afraid they would put the blame on me
- 2  I was afraid of retaliation
- 3  I wanted to forget the incident
- 4  I did not believe police would be able to do anything
- 5  I did not think the incident was serious enough
- 6  I was ashamed or blamed myself
- 7  nobody would have believed me
- 8  the matter was settled
- 9  I did not want to involve the police
- 10  other reason, what?\_\_\_\_\_
- 11  I don't know

**97 If you did not seek help from any of the agencies in question 96, what was the most important reason?**

- 1  I did not know where to seek help
- 2  services were not available
- 3  there were long queues to the agencies
- 4  I felt the incident was too trivial
- 5  I was ashamed
- 6  I was afraid of being blamed
- 7  I was afraid of retaliation
- 8  nobody would have believed me
- 9  my partner prevented it
- 10  distance or transport difficulty
- 11  I was afraid of losing the children
- 12  I did not want the relationship to end
- 13  I did not want or need any help
- 14  other, what?\_\_\_\_\_

**95 Was the most serious incident of partner violence you have experienced taken to court?**

- 1  no
- 2  no, because I withdrew the case
- 3  no, the case was mediated
- 4  yes, the perpetrator was sentenced; what was the sentence?\_\_\_\_\_
- 5  yes, but the perpetrator was not sentenced
- 6  the case is still open

**98 Have any of your children ever seen or heard when your partner has been violent against you?**

- 1  I have no children
- 2  they have not seen or heard
- 3  they have seen or heard, but children have not suffered violence themselves
- 4  they have seen or heard, and children have also themselves suffered violence
- 5  I don't know

**96 Did you ever seek help from any of the following agencies, and were you satisfied with the help you received?**

did yes, and yes, but  
not seek I was I was  
satis- not  
fied satisf.

1 2

- 3
- 1  shelter?.....
- 

**99 Has your partner ever sought help because of his violent behaviour?**

- 1  yes
- 2  no --> **go to Q101**

**100 Did he seek help from any of the following agencies?**

- yllä ei
- 1
- 2  family counseling centre?.....

- 2 social welfare agency?.....
  - 3 police?.....
  - 4 lawyer or legal aid office?.....
  - 5 family counseling centre?...
  - 6 crisis telephone?.....
  - 7 women's discussion and support groups? .....
  - 8 health centre or physician?.
  - 9 mental health clinic? .....
  - 10 A-clinic?.....
  - 11 congregation?.....
  - 12 other, .....
- what? \_\_\_\_\_

- 2 health centre or physician?.....
- 3 mental health clinic?.....
- 4 A-clinic?.....
- 5 male violence discussion group (e.g., Lyömätön linja, Jussi project, Mobile)? .....
- 6 other, what? \_\_\_\_\_

**101 Have you ever lived separately because of the man's violent or threatening behaviour?**

- 1  no --> **go to Q106**
- 2  yes, I left our home
- 3  yes, he left our home --> **go**

to Q103

**102 If you left your home, where did you stay?**

yes no

- 1  with friends or relatives?.....
  - 2  I moved into a new apartment?...
  - 3  in a shelter?.....
  - 4  in a hotel etc.?.....
  - 5  elsewhere,.....
- where? \_\_\_\_\_

**103 Did you move to live together again?**

- 1  yes
- 2  no --> **go to Q105**

**104 What was in your case the most important reason that you started to live together again?**

- 1  my partner promised to change
- 2  economical reasons
- 3  I had no place to go for the children's sake
- 5  I was ashamed of separation
- 6  I wanted to try once more
- 7  other, what? \_\_\_\_\_

**Go to question 106.**

**105 What was the most important reason for not living again with your partner?**

- 1  his violent behaviour against me or the children
- 2  I wanted a better life for the children
- 3  he wanted separation
- 4  I found a new partner
- 5  I wanted to live my own life
- 6  he died
- 7  other,

what? \_\_\_\_\_

**106 We ask you to assess the damages caused to you over the last 12 months by your partner's violence.**

**Have you had to stay away from work as a consequence of this violence in the course of the last 12 months? (IF YOU ARE NOT WORKING, ESTIMATE THE LENGTH OF TIME THAT YOU WERE INCAPACITATED IN A COMPARABLE MANNER.)**

- 1  no  
2  yes, \_\_\_\_\_ days

**107 In the course of the last 12 months, have you had to stay in hospital as a consequence of partner violence?**

- 1  no  
2  yes, \_\_\_\_\_ nights

**108 Try to estimate how much you have lost or had to pay over the last 12 months (direct costs before possible compensations):**

1 lost work  
income? .....  
\_\_\_\_\_ FIM

2 doctor's fees or other  
treatment costs?  
\_\_\_\_\_ FIM

3 medicine costs?  
\_\_\_\_\_ FIM

4 property  
damage? .....  
\_\_\_\_\_ FIM

5 trial costs? .....  
\_\_\_\_\_ FIM

6 other costs? ....  
\_\_\_\_\_ FIM

The following questions, again, concern everybody.

**109 Do you know if your father (stepfather) was ever violent against your mother?**

- 1  yes
- 2  no
- 3  no father (stepfather)
- 4  no mother

**110 In your childhood (before your 15th birthday), was anybody violent against you?**

- | yes                      | no                       |                              |
|--------------------------|--------------------------|------------------------------|
| 1                        | 2                        |                              |
| <input type="checkbox"/> | <input type="checkbox"/> | 1 father (stepfather).....   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 mother (stepmother).....   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 brother.....               |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 sister.....                |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 other family member, ..... |
|                          |                          | who?                         |
| <hr/>                    |                          |                              |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 acquaintance.....          |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 stranger.....              |

**111 Do you know if the father of your current partner was ever violent against his partner or other members of his family?**

- 1  yes
- 2  no
- 3  no current partner
- 4  I don't know

**112 Before your 15th birthday, has a man:**

- | yes                      | no                       |   |
|--------------------------|--------------------------|---|
| 1                        | 2                        |   |
| <input type="checkbox"/> | <input type="checkbox"/> | 1 behaved towards you in a manner, which you felt to be sexually threatening? ..... |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 tried to force you to have sex with him? .....                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 forced you to have sex with him?...   |

