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# Unwanted Online Sexual Solicitation Among Young People in a Swedish Psychiatric Sample: Occurrence and Associations with Depression and Anxiety

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## ABSTRACT

Technology-facilitated sexual violence (TFSV) is a ubiquitous societal problem with negative health consequences. Child and Adolescent Psychiatric (CAP) patients are burdened with more violence exposure than other groups, but more work is needed to chart their exposure to TFSV specifically and to understand how it relates to their mental health. In this study, we aimed to investigate the occurrence of unwanted online sexual solicitation (UOSS) in a young Swedish psychiatric sample. We also aimed to measure the associations between psychiatric symptoms and exposure to UOSS, offline sexual harassment, cyberbullying, and offline bullying. We also aimed to analyze possible differences between boys and girls. Our results show a high occurrence of UOSS (48.61%), which is higher than in the general population. UOSS was significantly higher among girls (57.31%) than boys (20.59%), but boys in the CAP group were burdened with more UOSS victimization than boys in general. Co-occurrence of UOSS with other types of offline and online harassment was substantial. UOSS, together with age and offline sexual harassment, predicted anxiety and depressive symptoms among both girls and boys. UOSS also showed a significant interaction effect with gender, suggesting that boys exposed to UOSS suffer higher levels of anxiety and depressive symptoms than girls exposed to UOSS. Preventing and treating mental health difficulties needs to consider contextual circumstances such as exposure to sexual violence online.

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Young people spend an increasing amount of their social life online, partaking in many social interactions transcending temporal and geographical boundaries. Young people's emerging curiosity about sex, in combination with the characteristics of online social life, enables not only positive sexual encounters online but unwanted ones as well. These types of events often fall under the umbrella term sexual violence (WHO, 2012). Sexual violence is related to different forms of psychiatric complaints and has been highlighted as an important topic for psychiatric research (Oram, 2019).

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A vast array of terms, such as image-based sexual abuse, revenge porn, pressurized sexting, and unwanted online sexual solicitation, have been used to capture sexual violence facilitated by technology. To fully account for the many ways sexual violence can happen with the aid of technology, the term technology-facilitated sexual violence (TFSV) has been suggested (Powell & Henry, 2016).

One type of TFSV is Unwanted Online Sexual Solicitation (UOSS). It is defined as *unwanted* requests to engage in sexual activities or sexual talk or being asked to provide sexual information to someone (Mitchell et al., 2007; Zetterstrom Dahlqvist & Gillander Gadin, 2018). UOSS is especially risky since the perpetrator is trying to engage the victim in interaction, and it can thus be a part of a grooming process, as the first step in facilitating more advanced sexual interactions later on (Mitchell et al., 2007).

Among patients in both adult and Child and Adolescent Psychiatric (CAP) clinics, subjection to different types of violence, sexual violence included, is estimated to be higher than in the general population (Hultmann & Broberg, 2016; Oram et al., 2013). Young people with experience of offline victimization, such as many CAP patients, can thus be at increased risk of also being subjected to TFSV (Hornor et al., 2022; Mitchell et al., 2007).

Furthermore, being subjected to UOSS is significantly associated with past-year suicidal ideation, having anxiety or depressive symptoms, and using alcohol and cannabis, problems that are highly prevalent in the CAP population (Reed et al., 2019), suggesting a link between CAP patients' psychiatric complaints and UOSS victimization.

The prevalence of UOSS varies between studies. One meta-analysis from 2018 found a mean prevalence of roughly 11% in normative samples of 16.5-year-olds or younger (Madigan et al., 2018). A German study found a prevalence of UOSS of 23.2% (Sklenarova et al., 2018). In a Swedish sample, the prevalence of at least one type of UOSS was 35.5% for girls and 19.9% for boys (Zetterstrom Dahlqvist & Gillander Gadin, 2018). The prevalence of UOSS is scarcely studied in the CAP population, but one Turkish study with a sample of 189 adolescents showed a prevalence of UOSS at around 21% (Dönmez & Soylu, 2019).

There is an overlap between different types of TFSV, meaning that being subjected to one form increases the risk of being subjected to others as well (Reed et al., 2019). Exposure to online sexual harassment has also been shown to be related to a higher risk of subsequent victimization (Chiodo et al., 2009). UOSS, as well as other forms of sexual violence exposure, is thus often situated within a broader context of life adversities and polyvictimization, which when unaccounted for can lead to overestimations of the effect of one type of violence (Finkelhor et al., 2007; Hamby, 2013).

Nevertheless, when controlling for up to eight other victimization exposures, UOSS seems to be independently associated with depressive symptoms and substance use (K. J. P. D. Mitchell et al., 2011). Other research has also suggested that online-related issues can play a bigger role in young people's

mental health problems than clinicians may suspect (Mitchell et al., 2007; K. J. Mitchell et al., 2016). Online violence, such as TFSV, should thus be considered an important part of the total burden of violence among young people and needs to be accounted for when researching violence in psychiatric settings (Hamby et al., 2018).

Gender is of great importance regarding sexual violence, in the most obvious manifestation that most perpetrators are men, and most victims are women, e.g (The Swedish National Council for Crime Prevention, 2014). Sexual violence can also be thought of as an expression of gender hierarchies and patriarchal ideology, constructed by, and reconstructing notions of masculinity and femininity (Fahlberg & Pepper, 2016; Hunnicutt, 2009; Tolman et al., 2016).

How gender plays out in the case of TFSV is scarcely researched, but when it comes to, for example, online child exploitation, girls are overrepresented (Baumgartner et al., 2010; Helweg-Larsen et al., 2012; K. J. Mitchell et al., 2010). Boys are, however, less likely to disclose experiences of sexual abuse, suggesting that the prevalence of TFSV also might be underreported among boys (O'Leary & Barber, 2008). Furthermore, online solicitations seem to be more common among girls. Still, actual sexual interactions, both in-person and online, between a minor and a grooming adult have a comparable prevalence among girls and boys (de Santisteban & Gámez-Guadix, 2018). Women and girls are more likely to report online sexual harassment, and boys and men are more likely to report unwanted distribution of sexual images and sexuality-based harassment (Powell & Henry, 2016). In summary, the gendered patterns of technology-facilitated sexual violence are complex.

### **Knowledge gap**

Even though the CAP population is known to suffer more violence than other groups of young people, it is an understudied population when it comes to technology-facilitated sexual violence such as UOSS. We therefore aimed to investigate the occurrence, associations to depression and anxiety, and gender patterns of UOSS in a northern Swedish CAP sample. We chose depression and anxiety since they are the most common mental health complaints presenting among young people in clinical psychiatric practice.

### **Aims and scope**

This study aimed to: 1. Investigate the occurrence of UOSS in a CAP population in northern Sweden; 2. Measure the associations between exposure to UOSS, offline bullying, cyberbullying, and offline sexual harassment and depressive and anxiety symptoms in this group; 3. Analyze gender differences in the occurrence of UOSS, and its associations with psychiatric symptoms.

## Materials and methods

### *Study setting*

The study took place in two CAP clinics and two primary care units located in four towns or cities in northern Sweden, with a population-range of 8000 – 130,000. In Sweden, public psychiatric care is divided into primary care and specialized care, meaning that psychiatric concerns among children and young people are addressed at these two levels. Further, the Swedish healthcare system is embedded in a tax-financed welfare model which renders free access to public services for individual patients.

Sweden is a country with a high usage of online devices among young people, and almost all young people have their own smartphone (Swedish Media Council, 2023).

### *Participants*

The study sample consisted of 574 young psychiatric patients in the age range of 12–22 of whom 77% were girls. In this study, to be classified as a “psychiatric patient,” one had to be in contact with at least one of the public care settings mentioned in Study Setting. The participants originated from both urban and rural settings. The study is a part of a larger project called “Adolescents” experiences of mental illness – psychometric properties of new Swedish versions of tests, with the purpose of validating scales of anxiety and depression in both clinical and non-clinical young people. The project was addressed to young people who felt that the description of having anxiety and depression symptoms fit them. Having anxiety and depressive symptoms entails almost all patients in the clinics.

The age range was chosen due to the broad age range present in clinical work in CAP. The lower limit of 12 years of age was chosen to make sure that all patients asked to participate would be able to understand and answer the questions in a questionnaire without support from the researchers. The upper limit of 22 years was due to an organizational upper limit of patients of primary care psychiatry in the Swedish context.

We asked the participants questions about their parents’ occupations. The occupations were classified using Statistics Sweden’s classification system for socioeconomic status (SES) (SCB, 1984, 2020).

### *Procedure*

The Swedish Ethical Review Board has approved the study (D.nr 2018/59-31).

The data was collected by contacting every eligible family visiting the care units during 24 months (2018–2020), asking them to participate, and by participants responding to advertisements in the care units. Those who agreed to participate were sent a link by e-mail to an online platform, provided

written informed consent, and responded to the questionnaires. The questionnaires were answered offline by 108 participants since the online version was not available yet.

Consent from caregivers was obtained for all participants between 12 and 18 years. Since no psychiatric label excluded participants, patients with a broad range of psychiatric conditions participated in the study. Inclusion criteria were being between 12 and 22 years of age, having symptoms of anxiety or depression (all comorbidities were allowed), and being Swedish-speaking. Three months from a suicidal event or discharge from a hospitalization period must have passed. Exclusion criteria were problems that would render it too difficult to participate in the study, such as in cases of active psychosis, recent serious suicide attempts, mania, or severe depression. This was a case-to-case clinical decision. Data were collected between 2019 and 2022.

We had 1396 persons who agreed to participate, and 582 actually responded to the survey, rendering a response rate of about 42%. The gender distribution was uneven, with an overrepresentation of female respondents. This gender pattern is consistently seen in survey research (Becker, 2022).

### ***Dependent variables***

#### ***The revised child anxiety and depression scale (RCADS)***

RCADS is a self-assessment scale for children aged 8–18 years and aims to measure depressive, and anxiety symptoms (Chorpita et al., 2005). The scale consists of 47 items ranked on a four-point Likert scale from 0 (never) to 3 (always). It provides a total anxiety score, as well as subscale scores for major depressive disorder (DEP), obsessive-compulsive disorder (OCD), generalized anxiety disorder (GAD), separation anxiety disorder (SAD), social phobia (SP), and panic disorder (PD). We used the total anxiety score (37 items) and the subscale score for depressive disorder (10 items). Internal consistency with Cronbach's alpha for RCADS is excellent (0.93) across many different countries and languages (Piqueras et al., 2017). Validity has been good with moderate to good correlations with other anxiety assessment instruments for non-clinical samples (Esbjörn et al., 2012). Internal consistency in the present study was high for the full scale ( $\alpha = 0.96$ ), the Total Anxiety subscale ( $\alpha = 0.96$ ), and the Total Depression subscale ( $\alpha = 0.90$ ).

Regarding gendered and developmental considerations in the measurement of depression and anxiety, the most consistent finding is that girls report higher levels than boys on both anxiety and depressive symptoms. While levels of anxiety among girls seem to be irrespective of age, depressive symptoms tend to increase with age for girls. Overall, for both boys and girls, the prevalence of depression increases from childhood and through adolescence, while certain anxiety types (such as separation anxiety) decrease and others (such as generalized anxiety) increase (Esbjörn et al., 2012). Nevertheless, both

the constructs of depression and anxiety have been shown to be psychometrically sound to measure with RCADS in ages 8 and upwards.

### **Independent variables**

#### **Online unwanted sexual solicitation**

Unwanted online sexual solicitation was defined as requests to engage in sexual activities, sexual talk, to give personal sexual information, or to meet offline. It was based on four questions from Zetterström Dahlqvist & Gillander Gådin (Zetterstrom Dahlqvist & Gillander Gadin, 2018), which in turn were derived from (K. J. Mitchell et al., 2013).

The four questions were phrased as follows: Many young people are subjected to sexual harassment of different kinds on the Internet. Has something of the following happened to you while being online on your computer/phone/tablet during the last six months? 1. Someone has tried to talk about sex with you even though you did not want to 2. Someone has asked you about very personal matters, even though you did not want them to. For example, how your body looks 3. Someone has asked you to do something sexual with them, even though you did not want to 4. Someone unknown to you has suggested that you meet with them. The questions did not specify if the solicitation was from an adult or a peer. The answers were divided into four alternatives, on a Likert scale from 0 (never) to 3 (many times). Internal consistency with Cronbach's alpha was calculated in this sample and shown to be high ( $\alpha = 0.90$ ).

#### **Offline sexual harassment**

Offline sexual harassment was measured using two questions, each with several statements, introduced with the following phrase: Think of the last 6 months, has someone done something of the following against your will (one or several times): 1. Called you whore, pussy, dick, or something like that. Called you lesbian, gay, or something like that. Commented on or made fun of your appearance in a sexual way. 2. Groped you or touched you in a way you felt was too intimate. Cornered you in a sexual way. Tried to kiss or hug you. Pulled your clothes in a sexual way (for example pulled at bra-bands or boxers).

The answers were phrased: No, never; Yes, at school; Yes, in another location. If one of the locations were endorsed by one of the yes-answer alternatives, the individual was considered to be exposed to offline sexual harassment.

#### **Cyberbullying**

Cyberbullying was measured with three questions, phrased as follows: Has something of the following happened to you while being online on your computer/phone/tablet during the last six months? 1. Someone has called you nasty things or been mean to you in some other way? 2. Someone has spread false rumors about you? 3. Someone has threatened you or been aggressive?

The answers were divided into four alternatives on a Likert scale from 0 (never) to 3 (many times). Internal consistency with Cronbach's alpha was calculated in this sample and shown to be acceptable ( $\alpha = 0.79$ ). Endorsing one question on any level was considered to be exposure to offline bullying.

### **Offline bullying**

Offline bullying was measured with one question: Sometimes one or several students tease someone, fight with someone, or leave someone out. Has this happened to you during the last six months? The answers were divided into five alternatives on a Likert scale from 0 (never) to 4 (yes, almost all the time) Endorsing the question on any level was considered exposure to offline bullying.

### **Gender**

The questionnaire contained one question where participants declared their legal gender. In the dataset, gender was coded 0 for girls and 1 for boys.

### **Statistical analyses**

All statistical analyses were conducted using SPSS, version 28.0. All variables were checked for missing data, and if more than five percent of the items in one scale were missing, the scale could not be used. Only eight individual cases were missing entire scales and were thus omitted from the study. The remaining missing values were analyzed and were equal to or less than .03% for each subscale. Dependent continuous variables were checked for normality and skewness/kurtosis and passed the normality test. Assumptions of linearity and homoscedasticity were not violated. Independent variables showed no concern for multicollinearity, with no variance inflation factor (VIF) above 3. Gender differences in the dependent and independent variables of the multiple regression analysis were examined using Independent T-tests. See [Table 4](#). To examine whether the independent variables could predict levels of depression and anxiety symptoms in our sample, we used multiple regression analysis. The method of forced entry was used in all analyses, showing significant predictors and comparing the standardized coefficients (beta-values). To test for interaction effects between gender and the four victimization types, we constructed interaction variables by using the technique of mean centering and then multiplying each victimization variable with the moderating variable gender.

## Results

### Sample characteristics

#### Demographics

Table 1 presents demographic data for the total sample and for subgroups of girls and boys. A majority of the respondents were girls. Boys were significantly younger than girls. Almost all the respondents were born in Sweden. More than half of the sample were from higher SES groups, with no significant differences between boys and girls.

#### Occurrence and Co-occurrence of technology-facilitated sexual violence

The occurrence of UOSS exposure, defined as endorsing exposure at least once on one of the four types of UOSS, was about half of the sample. More than half of the girls endorsed UOSS exposure, as did one-fifth of the boys. UOSS was more common than all the other victimization types for girls, but not for boys. For boys, cyberbullying was the most common victimization type. See Table 2.

Of the total sample who acknowledged exposure to UOSS, more than half were also exposed to offline sexual harassment, slightly less than half endorsed exposure to offline bullying, and around 75% were also exposed to cyberbullying. See Table 3.

#### Gender differences in psychiatric symptoms and victimization

Girls reported higher levels of anxiety and depressive symptoms than boys, with a large effect size; see Table 4. The girls reported small to moderately higher levels of exposure to UOSS and offline sexual harassment, with statistically significant differences. No statistically significant differences between girls and boys were found regarding cyberbullying and offline bullying.

**Table 1.** Demographic data of all respondents, and girls and boys, respectively.

Demographic	Total sample n (%)	Girls n (%)	Boys n (%)	<i>P</i>
n (%)	574 (100)	438 (76.31)	136 (23.69)	
Age, mean (SD) years	16.70(2,6)	16.97 (2,6)	15.84 (2.4)	<.001
Born in Sweden,	544 (94,77)	414 (94,52)	130 (95,59)	.31
Socioeconomic status of parents				
Unskilled workers	44 (7.67)	29 (6.62)	15(11.03)	
Skilled workers	72 (12.54)	50 (11.42)	22 (16.18)	
Non-manual workers	38 (6.62)	27 (6.16)	11 (8.09)	
Civil servants	162 (28.22)	128 (29.22)	34 (25.00)	
Highly-skilled professions	146 (25.44)	116 (26.48)	30 (22.06)	
Self-Employed	48 (8.36)	39 (8.90)	9 (6.62)	
Unspecified	15 (2.61)	12(2.51)	4 (2.94)	
Missing	49 (8.54)	38 (8.68)	11(8.09)	
Frequency of alcohol use				<.001
Never	331(57,67)	230(52,51)	101(74,26)	
1-4 times a month	228(39,72)	195(44,52)	33(24,26)	
2-4 times a week	15(2,61)	13(2,97)	2 (1,47)	
Frequency of drug use				.16
Never	546 (95.12)	419 (95.66)	127 (93.38)	
1-4 times a month	27(4,70)	18(4,11)	9 (6,62)	
2-4 times a week	1(0,17)	1 (0,23)	0	

**Table 2.** Prevalence of UOSS, offline sexual harassment, cyberbullying, and offline bullying.

Prevalence independent variables	Total n (%)	Girls n (%)	Boys n (%)
Unwanted online sexual solicitation	279(48.61)	251(57.31)	28(20.59)
Offline sexual harassment	223(38.85)	191(43.61)	32(23.53)
Cyberbullying	288(50.17)	222(50.68)	66(48.53)
Offline bullying	193(33.62)	155(35.39)	38(27.94)

**Table 3.** Co-occurrence of unwanted online sexual solicitation (UOSS) and other victimization types among young psychiatric patients.

	Offline sexual harassment n (%)	Cyberbullying n (%)	Offline Bullying n (%)
Total sample exposed to UOSS (n =279)	157 (56.27)	210 (75.26)	128 (45.87)
Girls exposed to UOSS (n = 251)	145 (57.76)	187 (74.50)	115 (45.81)
Boys exposed to UOSS (n = 28)	12 (42.85)	23 (82.14)	13 (46.42)

**Table 4.** Comparisons between boys and girls on the Independent and dependent variables in the Regression Analyses.

Variables	Girls (n=438)		Boys (n=136)		t	95% Conf. Interval of difference				
	M	SD	M	SD		Lower	Upper	P-value	Cohen's d	
<b>T-test Independent Variables</b>										
Unwanted Online Sexual Solicitation	3.18	3.87	0.52	1.17	7.88	1.99	3.32	<.001	0.77	
Offline Sexual Harrassment	0.44	0.50	0.24	0.43	4.10	0.11	0.28	<.001	0.48	
Cyberbullying	2.01	2.56	1.68	2.23	1.33	-0.15	0.80	.151	0.13	
Offline bullying	0.72	1.13	0.58	1.04	1.34	-0.06	0.32	.179	0.13	
<b>T-test Dependent Variables</b>										
RCADS Anxiety	49.43	21.98	27.51	18.22	10.55	17.84	26.00	<.001	1.04	
RCADS Depression	15.97	6.87	9.81	5.62	9.50	4.88	7.43	<.001	0.93	

**Predicting anxiety and depressive symptoms**

**Multiple regression Model with demographic variables**

First, we tested two models, one for anxiety and one for depressive symptoms, in which we included demographic variables known to interact with psychiatric symptoms, namely gender, age, and SES. SES was coded from lower SES to higher SES in the following manner: 1. Unskilled workers, 2. Skilled workers, 3. non-manual workers, 4. Civil servants, 5. Highly skilled professions. The categories Self-Employed and Unspecified were omitted in the regression analysis. These consisted of 112 cases.

To control for the fact that the sample came from two different types of recruitment sites, one with older patients with lighter psychiatric problems (primary care), and the other with younger patients with more severe problems (CAP specialized care), we also included recruitment site as a predictor variable in the analysis. The model explained 16% of the variance in anxiety symptoms (Adj.  $R^2 = .16$ ;  $F(4,457) = 22.31, p < .001$ ) with standardized beta coefficients: gender ( $B = -.41, p < .001$ ), age ( $B = -.03, p .666$ ), SES ( $B = .03,$

**Table 5.** Results from multiple regression testing interaction effects of gender in predicting psychiatric symptoms.

	Adj.R <sup>2</sup>	β	Adj.R <sup>2</sup>	β
Model	.25***		.27***	
Age		-.00		.17
Recruitment site		-.04		-12*
UOSS		.15**		.28***
Offline sexual harassment		.07		.11*
Cyberbullying		.07		.07
Offline bullying		.15**		.19***
UOSS*Gender		.33***		.29***
Offline sexual harassment*Gender		.05		.00
Cyberbullying*Gender		.06		-.09
Offline bullying*Gender		-.03		-.07

Note \*  $p < .05$ , \*\*  $p < .01$ , \*\*\*  $p < .001$ .

$p < .946$ ), and recruitment site ( $B = -0.5$ ,  $p .483$ ). For depressive symptoms, the model explained 15% of the variance ( $\text{Adj. } R^2 = .15$ ;  $F(4,457) = 20.56$ ,  $p < .001$ ) with standardized beta coefficients: gender ( $B = -.37$ ,  $p < .001$ ), age ( $B = -.001$ ,  $p .985$ ), SES ( $B = .02$ ,  $p .601$ ), and recruitment site ( $B = -.15$ ,  $p .028$ ).

The results show that gender was predicting anxiety and depression symptoms, meaning that being a girl had a positive correlation to symptoms. Recruitment site was significant when it comes to depression symptoms, meaning that patients from the CAP clinics had higher levels of depressive symptoms.

We chose to exclude SES as a variable in further analysis due to the lack of significant contribution to the models and due to missing data about SES for a part of the sample. Gender, age, and recruitment site were kept throughout the analysis.

### **Multiple regression analysis predicting anxiety symptoms**

The next analysis was a regression model predicting anxiety symptoms, including the predictor variables UOSS, offline sexual harassment, cyberbullying, and offline bullying together with the demographic variables gender, age, and recruitment site.

This model explained 27% of the variance in anxiety symptoms ( $\text{Adj. } R^2 = .27$ ;  $F(7,566) = 30.67$ ,  $p < .001$ ). The standardized betas and p-values were as follows: gender ( $B = -.34$ ,  $p < .001$ ), age ( $B = -.01$ ,  $p = .841$ ), recruitment site ( $B = -.07$ ,  $p = .256$ ), UOSS ( $B = .14$ ,  $p = .007$ ), offline sexual harassment ( $B = .08$ ,  $p = .044$ ), cyberbullying ( $B = .09$ ,  $p = .076$ ) and offline bullying ( $B = .13$ ,  $p < .001$ ). Gender, UOSS, offline sexual harassment, and offline bullying all significantly contributed to the model of anxiety symptoms, meaning that being a girl as well as having experience of UOSS, offline sexual harassment, and offline bullying were associated with higher levels of anxiety symptoms.

### **Multiple regression analysis predicting depressive symptoms**

The next analysis was a regression model predicting depressive symptoms, including the predictor variables UOSS, offline sexual harassment, cyberbullying, and offline bullying together with the demographic variables gender, age, and recruitment site.

This rendered a model explaining 28% of the variance in depressive symptoms (Adj.  $R^2 = .28$ ;  $F(7,566) = 33.50$ ,  $p < .001$ ). The standardized betas and p-values were as follows: gender ( $B = -.29$ ,  $p < .001$ ), age ( $B = -.05$ ,  $p = .395$ ), recruitment site ( $B = -.15$ ,  $p = .012$ ), UOSS ( $B = .19$ ,  $p < .001$ ), offline sexual harassment ( $B = .10$ ,  $p = .014$ ), cyberbullying ( $B = .06$ ,  $p = .194$ ) and offline bullying ( $B = .16$ ,  $p < .001$ ). Gender, UOSS, offline sexual harassment, offline bullying, and recruitment sites all significantly contributed to the model of depressive symptoms, meaning that being a girl, having experience of UOSS, offline sexual harassment, and offline bullying, and being a CAP patient was associated with higher levels of depressive symptoms.

### **Multiple regression analysis – interactions between gender and victimization**

Since gender significantly predicted both anxiety and depressive symptoms and was a focus of the article, we proceeded with testing the interaction effects of gender and victimization in predicting depression and anxiety symptoms.

Predictor variables in this model were age, recruitment site, UOSS, offline sexual harassment, cyberbullying, and offline bullying and four interaction variables: UOSS\*gender, offline sexual harassment\*gender, cyberbullying\*gender and offline bullying\*gender

The analysis with anxiety resulted in a model explaining 25% of the variance (Adj.  $R^2 = .25$ ;  $F(9, 564) = 22.31$ ,  $p < .001$ ). The standardized betas and p-values were as follows: age ( $B = -.00$ ,  $p = .948$ ), recruitment site ( $B = -.04$ ,  $p = .505$ ), UOSS ( $B = .15$ ,  $p = .006$ ), offline sexual harassment ( $B = .07$ ,  $p = .155$ ), cyberbullying ( $B = .07$ ,  $p = .237$ ) and offline bullying ( $B = .15$ ,  $p = .001$ ), UOSS\*gender ( $B = .33$ ,  $p < .001$ ), offline sexual harassment\*gender ( $B = .05$ ,  $p = .291$ ), cyberbullying\*gender ( $B = -.06$ ,  $p = .200$ ) and offline bullying\*gender ( $B = -.03$ ,  $p = .546$ ). The main effect predictors that were significant in the model for anxiety symptoms were UOSS and offline bullying. The interaction term with gender and UOSS also significantly contributed to the model. This suggests that being exposed to both UOSS and offline bullying was associated with higher levels of anxiety, but that boys exposed to UOSS had higher levels of symptoms than girls exposed to UOSS.

For depression, the regression resulted in a model explaining 27% of the variance in depressive symptoms (Adj.  $R^2 = .27$ ;  $F(10, 563) = 22.32$ ,  $p < .001$ ). The standardized betas and p-values were as follows: age ( $B = .17$ ,  $p = .640$ ), recruitment site ( $B = -.12$ ,  $p = .040$ ), UOSS ( $B = .18$ ,  $p < .001$ ), offline sexual harassment ( $B = .11$ ,  $p = .022$ ), cyberbullying ( $B = .07$ ,  $p = .257$ ) and offline bullying ( $B = .19$ ,  $p < .001$ ), UOSS\*gender ( $B = .29$ ,  $p < .001$ ), offline sexual

harassment\*gender ( $B = .00$ ,  $p = .984$ ), cyberbullying\*gender ( $B = -.09$ ,  $p = .066$ ) and offline bullying\*gender ( $B = -.07$ ,  $p = .096$ ). The main effect predictors that were significant in the model for depressive symptoms were recruitment sites, UOSS, offline sexual harassment, and offline bullying. The interaction term with gender and UOSS also significantly contributed to the model of depressive symptoms.

This suggests that being exposed to UOSS, offline sexual harassment and offline bullying were associated with higher levels of depressive symptoms. Being a CAP-patient was associated with higher levels of symptoms as well. The interaction effect suggests that boys exposed to UOSS had higher levels of symptoms than girls exposed to UOSS. See [Table 5](#) for an overview of the model.

In summary, the main effects of the anxiety model suggest that exposure to UOSS and offline bullying was associated with higher anxiety symptom levels. The main effects of the depression model suggest that being a CAP-patient as well as exposure to UOSS, offline sexual harassment, and offline bullying was associated with higher levels of depressive symptoms.

Significant interaction effects between gender and UOSS, for both anxiety and depressive symptoms, was found. This means that gender moderated the relationship between UOSS regarding both anxiety and depressive symptoms, suggesting that UOSS is associated with higher levels of symptoms of both anxiety and depression for boys than for girls.

## Discussion

In the present study, 48.6% of the psychiatric sample of young people reported experiences of UOSS, 57.3% of girls and 20.6% of boys. Among patients with experience of UOSS, more than 75% also had at least one other victimization experience.

The findings in this study thus show a higher occurrence of UOSS in this specific CAP group from northern Sweden, than in most samples reflecting the general young population (Finkelhor et al., 2022; Madigan et al., 2018; Patel & Roesch, 2022; Zetterstrom Dahlqvist & Gillander Gadin, 2018). This is in line with earlier knowledge about the higher occurrence of different forms of violence exposure among people with a psychiatric diagnosis or in psychiatric care, e.g (Chen et al., 2010; Trevillion et al., 2012), but adds further knowledge about the high occurrence of also TFSV in this specific group.

The findings in our study support the notion of the web of violence, and that TFSV should be considered as a part of a larger burden of on- and offline violence clustered around these young people (Finkelhor et al., 2009; Hamby, 2013; Wolfe, 2018).

Exposure to the four types of victimization experiences in focus for this study, together with gender, age, and recruitment sites (primary or specialized

psychiatric care), predicted a relatively large proportion of the variance regarding anxiety (27%) and depressive (28%) symptoms in the total sample. UOSS and offline bullying contributed uniquely to both anxiety and depressive symptoms. This suggests that these particular victimization experiences could play an important role in the psychiatric symptoms among young psychiatric patients.

Gender was a significant predictor in both the models, suggesting that being a girl contributes significantly to higher levels of anxiety and depressive symptoms, regardless of victimization experiences. Since the study uses measures of internalized symptoms, this is not a surprising finding since girls' psychiatric issues more often are expressed in internalized symptoms, while boys tend to express more externalized symptoms (Blomqvist et al., 2019).

Age was surprisingly not a significant predictor in any models, even though it is known that both depression and certain anxiety conditions increase with age (Esbjørn et al., 2012). One explanation could be that the victimization variables increased with age and therefore balanced out the role of age in predicting symptom levels. Another explanation could be that the anxiety scale both measured increasing (generalized anxiety) and decreasing items (separation anxiety) at the same time and therefore balanced the effect of each other.

When investigating interaction effects of gender and victimization exposure, UOSS was the only victimization experience that interacted with gender in predicting higher levels of both anxiety and depressive symptoms among boys. This is a rather surprising finding indicating that this specific victimization experience could be an important subtype of TFSV to further research in the young psychiatric population, specifically among boys. There could be several explanations for this, but UOSS may involve more stigma and shame for boys than for girls which may cause more anxiety and depression. It might also be an inverted relationship, suggesting that boys with more symptoms are more vulnerable to exposure to UOSS.

The occurrence of UOSS was higher among girls, while cyberbullying and offline bullying had comparable occurrences for girls and boys. This gender pattern, in which sexual violence is more prevalent among girls and women, is supported in earlier research, e.g. (Borumandnia et al., 2020). That this holds for technology-facilitated forms of violence as well is reflected in the present study, in line with a recent review of TFSV (Araújo et al., 2022). The findings of this study thus corroborate a large body of research establishing a link between sexual violence victimization and psychiatric distress among girls and women, e.g (Devries et al., 2011), adding knowledge about the role of TFSV.

According to the idea of sexual violence being on a continuum, "milder" forms of sexual violence can evoke fear of, or remind girls of, more severe kinds of sexual violence that could happen to them (Ferraro, 1996; Kelly, 1987). Being in an environment rife with sexual harassment and abuse, such as many online arenas, can affect girls' mental health. Research has

demonstrated how the constant fear of sexual violence that girls need to navigate leads to smaller social spaces for girls and a feeling of loss of control over one's life circumstances (Braennstroem et al., 2020; Brannstrom et al., 2020). Disempowerments like these are linked to health problems in both physical and mental domains and could be one factor affecting girls' and women's mental health (Marmot, 2015).

However, not only girls are subjected to sexual violence. Our findings point to the fact that boys in psychiatric care are also victimized by UOSS to a large extent – more than expected considering studies in the general young population (Finkelhor et al., 2022). Our findings suggest that UOSS victimization experiences contribute to boys' psychiatric symptoms and that the association between UOSS and psychiatric symptoms is pointing toward stronger effects among boys. Sexual victimization among boys is an understudied area, especially among boys in psychiatric care. Earlier research suggests that boys are less likely to disclose different forms of sexual violence exposure, as well as being less likely to be asked about such experiences by professionals (Alaggia, 2005; Holmes & Offen, 1996). This might also be the case when it comes to TFSV. This makes the topic important to study further in the clinical context.

### ***Limitations and future research directions***

First of all, this study cannot address questions about the causal direction of UOSS exposure and psychiatric symptoms due to its cross-sectional design.

Further, the response rate in our study was quite low, around 42%. Low response rates among people with psychiatric problems are a well-known problem in the field, e.g. (Haapea et al., 2008; Langhammer et al., 2012). Future research should try to address the problem of nonparticipation among CAP patients. Further, the proportion between females/males was uneven in our sample. This is also a well-known problem in survey research and somewhat limits the generalizability to the entire CAP population (Becker, 2022). Another limitation was the question regarding offline bullying, which was phrased in a way that was ambiguous as to where the bullying was happening and could thus be interpreted as being online. However, due to the framing of online/offline experiences in the rest of the survey, we believe that most would interpret the questions as something happening offline.

### ***Clinical implications***

Both digital and IRL arenas should be considered when considering the full exposure to violence among young people in psychiatric care. Health inequalities, such as being a psychiatric service user and/or a girl, are disproportionately associated with TFSV and other exposures to violence. This should be addressed in prevention efforts directed toward young people's mental health.

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Since our dataset entails sensitive personal information, we cannot freely share our data. However, parts of the dataset may be shared upon request if they are assessed to entail no legal or ethical transgressions. We want to thank all of the young people participating in this study.

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## Ethical standards and informed consent

The study has been approved by the National Ethics Review Board: D.nr 2018/59-31

Informed consent was obtained from the participants as well as their parents/guardians prior to entering the study.

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