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Från begynnande revor till bestående avtryck

Om våld i nära relationer,
återkommande trauman och
långsiktiga hälsokonsekvenser

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Akademisk avhandling

som med vederbörligt tillstånd av Rektor vid Umeå universitet för
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Hörsal NAT.D.320, Naturvetarhuset, fredag 5 juni, kl 10:00.,

Länk för att delta via Zoom: <https://umu.zoom.us/j/61104143835>

Avhandlingen kommer att försvaras på svenska.

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Sammanfattning

This thesis examines prevalence and risk factors for physical, psychological, and sexual violence by significant others across the life course, and how such experiences—individually and in combination—relate to mental and physical ill-health as well as health-related risk behaviors in adulthood.

Data were collected by the National Center for Knowledge on Men's Violence against Women (NCK) at Uppsala University and consist of survey responses from a random sample of 10,337 women and men. The survey included questions on physical, psychological, and sexual violence during childhood (0–14 and 15–17 years) and adulthood (from age 18 and the past 12 months). Sub-studies I and II analyze violence victimization and the risk of revictimization using logistic regression. Study III applies a measure of exposure to violence in childhood that is inspired by research on Adverse Childhood Experiences (ACE). It examines how the inclusion of exposure to severe violence in adulthood adds to the association between childhood victimization and ill-health in adulthood. These analyses were also conducted using logistic regression. Sub-study IV applies latent class analysis (LCA), conducted separately for women and men, to identify empirically distinct patterns of lifetime exposure. The associations between exposure patterns and ill-health in adulthood were subsequently analyzed using logistic regression.

Sub-study I found that 25% of women and 7% of men had ever been exposed to sexual violence. Childhood sexual violence was associated with a 4-fold increased risk of sexual violence in adulthood, strongest for adolescence. Individual factors lost explanatory power, whereas the cumulative childhood burden showed a dose-response pattern: among those with nine or more ACE:s, nearly half of the women and one in seven men reported sexual violence in adulthood. Sub-study II found that physical violence by a parent before age 15 was associated with elevated risk of physical intimate partner violence (IPV) in adulthood; exposure to IPV at ages 15–17 showed the strongest association, and exposure at both time points entailed the highest risk. Exposure to physical (IPV) during adolescence was further associated with an almost 6-fold elevated risk of lacking trust in others among both women and men, consistent with the Trauma-Informed Theory of Individual Health Behavior (TTB) assumptions regarding trauma's negative effects on the ability to establish emotionally secure relationships. Sub-study III found stepwise increasing odds of mental ill-health with exposure to 1, 2, and ≥ 3 types of childhood violence; when severe violence in adulthood was added, the overall health risks increased. Sub-study IV found more complex lifetime patterns of poly-victimization among women (7 classes) than among men (4 classes). Women's classes more frequently included sexual violence in childhood and IPV in adulthood, with stronger associations with mental ill-health compared to men. One women's class (11.9 %) showed moderate to high risk of childhood poly-victimization but low risk of revictimization in adulthood, interpreted as a possible expression of individual resilience. Class membership was consistently associated with ill-health in a clear dose-response pattern, strongest for classes characterized by victimization in both childhood and adulthood.

The thesis demonstrates how exposure to violence in close relationships is characterized by accumulation and repetition across the life-course. The cumulative burden of ACEs, rather than individual risk factors, explains exposure to violence in adulthood to a greater extent. Victimization in adulthood further amplifies the negative health consequences associated with childhood victimization. Gender differences are consistent: women show more complex patterns of victimization and stronger associations with mental ill-health in particular. At the same time, a class of women breaks established patterns and challenges the strong link between early and later victimization. The findings underscore the need for early, trauma-informed interventions, as well as the importance of the social services capable of combining trauma-informed practice with knowledge of the individual, relational, and structural dimensions of violence exposure, including social inequality and gendered power structures. Such social services are better equipped to address the continuity of violence over time, to navigate support interventions, and to break established patterns of victimization. This is particularly important for reducing the risk of long-term ill-health among children who are exposed to violence in close relationships.

Nyckelord: childhood victimization, health-related risk behaviors, latent class analysis (LCA), life-course perspective, logistic regression, mental- and physical ill-health, poly-victimization, resilience, revictimization, socioecological model, violence in close relationships.

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