Federal Ministry for
Family Affairs, Senior Citizens,
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Information

Health, Well-Being and Personal Safety of Women in Germany.

A Representative Study of Violence against Women in Germany

– Summary of the central research results –

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Health, Well-Being and Personal Safety of Women in Germany
– A Representative Study of Violence against Women in Germany –

comissioned by the Federal Ministry for Families, Senior Citizens, Women and Youth

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I. Introduction

The research study "Health, Well-Being and Personal Safety of Women in Germany" is the first representative survey on violence against women in Germany, and an element of the national action plan published in 1999 by the Federal Government to combat violence against women[1]. This study endeavours to bridge the current information gaps as to the extent of violence against women and the need for action and concrete assistance, thus creating an empirical basis for goal-oriented measures and strategies for reducing gender based violence, and improving assistance and support for women experiencing abuse.

Furthermore, the study is located in an international context, specifically, in a European context of researching and combating violence against women. Since the 80s and then more frequently in the 90s, with increasing international attention to the problem such comprehensive national studies on the prevalence of violence against women have been being conducted in a number of European countries. These studies, utilising various methodologies, have been conducted at the European level in the Netherlands, Switzerland, Portugal, Finland, Sweden, France, Spain, Ireland, England, Scotland and Wales[2]. The methodology of the present study was oriented along the lines set by previous European prevalence studies and designed to yield internationally comparable data and reveal hidden areas in the best possible way.

The study is divided into three sections. In the first, the main representative study, conducted in cooperation with *infas* from February till October 2003, a representative community sample of 10,000 women from all over Germany were interviewed extensively as to their experiences with violence, their feelings of personal safety and their psychosocial and physical health situations. The standardised, 60 – 90 minutes face-to-face interviews took place either in the interviewees' homes or, in some cases, at other locations, supplemented by self-administered written questionnaires on family and partner violence[3]

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1 Federal Ministry for Family Affairs, Senior Citizens, Women and Youth (1999): Action Plan of the Federal Government for Combating Violence against Women. Bonn.

2 See also overview Hagemann-White/Bohne/Micus 2001: Material for Preparing a European Comparative Study on Prevalence of Violence against Women in the Federal Republic of Germany. European national studies are already available from: the Netherlands (Roemkens 1998), Switzerland (Gillioz et al 1997), England and Wales (British Crime Survey 1996, published in Mirrlees-Black 1999; also Walby/Allen 2004); Denmark (Christiansen/Koch-Nielsen 1992), Portugal (Lourenco et al. 1995), Ireland (Kelleher/O'Connor 1995), Finland (Heiskanen/Piispa 1998); further representative studies were compiled after investigations in the archives of Women Against Violence Europe (WAVE), in: Hungary, Russia, Poland, Iceland, as well as in Bosnia Herzegovina (unpublished information papers, WAVE, http://www.wave-network.org).

3 The written questionnaire could be completed by the interviewees themselves, at the conclusion of the oral interviews, in the presence of the interviewer. This form was then sealed in an envelope by the interviewee and submitted to the interviewer. This technique serves to better illuminate grey areas in sensitive problem zones of violence and abuse in family and partner relationships, and has been tried and proven in international research, where it can also be partially supported by computer use.

Parallel to the main representative study, further sub-surveys were conducted to reach population groups who are difficult to access and to ascertain whether they suffer a higher rate of violence and need special assistance. An additional survey was conducted, also by *infas*, with Turkish and East-European immigrant women, with 250 supplementary interviews each in Russian and Turkish using a survey[4] instrument identical to that in the main survey. Other sub-group surveys were carried out in cooperation with colleges of applied sciences and universities, within the framework of research seminars. For these interviews with prostitutes, asylum seekers and women in prisons the questionnaires were modified to suit the situations of the particular research groups.

The study further included a qualitative section based on group discussions with women who are or have been victims of abuse. These aimed to illuminate the concrete needs for assistance and support from the point of view of the abused women, in order to gain a deeper perspective for developing prevention, assistance and intervention.

A comprehensive research report is available for download[5].

[4] The additional interviews conducted with the Turkish women enclosed also a short questionnaire sheet on arranged or forced marriages.

[5] Homepage of the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth, www.bmfsfj.de (see → Forschungsnetz (Research network)→ Forschungsberichte (Research reports)).

II.
Results of the main representative study

2.1 Methodology and conception of the study

The main representative study is based on 10,264 interviews, conducted nation-wide from February until October 2003 with women aged 16 to 85, residing in Germany. The data was drawn from a basic representative sample; the rate of yield in the gross random sample adjusted for neutral omission amounted to 52%[6].

The data were first analysed broadly, to offer an overview of the central findings of the study. Within the time constraints of the study, deeper analysis was possible at several points; Because of the variety of interesting questions arising from the data, it would be highly desirable to carry out further intensive analyses of this solid data base.

To facilitate comprehension and evaluation of the findings, a few remarks about the complexity of the study are necessary:

Central forms of violence included in this study are physical violence, sexual violence, sexual harassment, and psychological abuse. Women were first asked about their experience of each of these four forms of violence since the age of 16 by way of a generalized question in the oral interview. This was followed by a list of specific concrete acts of violence which the interviewee could name by code letter, to say whether she had ever experienced this since the age of 16 (the introductory questions and list of items is to be found in the appendix)[7]. This was followed, should abuse have been experienced, by further questions on frequency and impact of the violence, victim-abuser relationship, and further details about to the concrete situations in which it occurred.

Physical, sexual and psychological abuse were then addressed in the written questionnaire, related both to violence by current or former male and female partners, as well as abuse experienced in childhood and adolescence up to the age of 16. By this method of asking additional questions about sensitive areas via a written form, which has been used successfully in other studies of domestic and sexual violence[8], many more incidents of violence in partner relationships were uncovered than when using the oral form of questioning alone.

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[6] Changes of address were evaluated as a percentage of the neutral drop-out rate, but neither drop-outs due to health reasons nor persons who could not be contacted for other reasons. As regards the relatively wide range of age groups which the study also contained, this rate of yield should be rated at the high end. Distortions in the random sample, such as resulting from the age, educational and East-West constellations of the interviewees, were equalised after the fact by redress weighting (compare more detailed methodology report and end documentation of the study).

[7] The central research instruments used for gathering data on physical, sexual, and psychological abuse, and sexual harassment, are oriented on item listings such as those used in other prevalence studies on violence; these instruments were partially modified or supplemented for purposes of this study. Please see appendix.

[8] Wetzels/Pfeiffer (1995) used a written drop-off form for questions concerning sexual violence, as did the study at hand. In the British Crime Surveys (1996 und 2004), however, the anonymous interview on domestic violence was computer-supported, conducted with the aid of a laptop.

Evidently, more interviewees are prepared to give information about violence in family and relationships in an anonymous setting with a specific, problemoriented questionnaire than in face-to-face interviews with a stranger.

The following overview of the data on women's experience of violence after the age of 16 combines all answers regarding physical and sexual violence in both the written and oral questionnaires. The overview of data on sexual harassment and psychological abuse is drawn solely from the oral interviews, as there was no comparable segment in the written questionnaire[9].

An interviewee was considered to have experienced a given type of violence if in response to the introductory question or to the item list she confirmed at least one act of violence at least once in her adult life; further differentiation was then carried out based on the statements following.

Physical acts of violence asked about within the framework of the study included a broad spectrum of acts, from a light slap in the face and being pushed away in anger, to throwing or beating with objects, to battering, choking or use of weapons (see item list 1 in the appendix). In order to evaluate the degree of seriousness of the attack, questions were asked about resulting injuries from the acts of violence (see item list 6 in the appendix), as well as the frequency of these situations and the subjective sense of threat[10].

In comparison to the data compiled on physical violence, the items on sexual violence were based on a more narrow definition of violence, based exclusively on explicitly criminal forms of violence such as rape, attempted rape, and various forms of sexual coercion involving the use of physical force or threat (see item list 2 in the appendix). The following overview results as to the effects of various forms of violence are to be read against this background.

[9] The written and oral sections of the survey instruments were comparable inasmuch as exactly the same inquiries were made concerning acts of physical violence. In inquiries concerning sexual abuse in partner relationships, the written section used a somewhat softer formulation, for reasons of comparability with other studies on domestic violence. However, this difference does not detract from clearly defining the character of *forced* sexual relations, and is therefore fully comparable with the results of the oral questionnaire. Concerning abusive situations of a psychological nature in couple relationships, and concerning physical, sexual and psychological abuse in childhood and adolescence, other instruments specifically developed for this problem area were used for the written section of the interview. As these are not directly comparable with the instruments used in gathering data on psychological violence in the oral portion of the interview, which related to all life contexts, the following general presentation on the prevalence of psychological abuse will relate to the findings of the oral questionnaire, as also with the findings on sexual harassment, which were exclusively treated as a central theme of the oral section of the research study.

[10] Data on the subjective sense of threat was gathered via the question whether the interviewee had been afraid of being seriously injured or was in fear for her life, in one or more situations.

2.2 Prevalence of violence: An overview

Prevalence of violence is indicated by the percentage of those who have been victims of abuse within a given period of time. The findings of this study show that in total, in Germany:

- Against the background of the methodology defining physical abuse described above, 37% of all interviewees have experienced at least one form of **physical attack or violence** since the age of 16.
- 13% of the women, that is, almost 1 woman in 7, responded that she had experienced some form of **sexual violence** since the age of 16; this value is based on a narrow definition of criminally forced sexual acts as described above[11].
- 40% of the respondents have experienced **either physical or sexual abuse or both** – independent of the victim-perpetrator context – after the age of 16 (35% confirmed such experiences in the oral interviews alone).
- Various forms of **sexual harassment** have been experienced by 58% of the women interviewed.
- 42% of all respondents said that they had experienced forms of **psychological violence**[12], beginning with intimidation and aggressive yelling, on to slander, threats and humiliation, and up to psycho-terror.
- Around 25% of all women resident in Germany have experienced forms of physical or sexual abuse, or both, from **current or previous male or female partners**[13].

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[11] Data on forms of sexual violence and coercion based on broader definitions of sexual abuse were collected within the framework of the research solely for purposes of comparison, but not included under the deliberately narrow definition of *sexual violence*. Cf. the description of coercion to participate in sexual acts below, as well as in Chapter 4 of the research report.
If the replies on sexual abuse in the oral section of the questionnaire are to be further specified, ca. 6% of all res pondents had been raped, 4% cited attempted rape, 5% said they had been forced to physical intimacy, 3% forced into other sexual practices, and 1% forced to perform acts seen in pornography. Sexual abuse by a partner was by 7% of all women in total, who had previously or were currently living in a couple relationship (oral and written sections).

[12] These results are drawn from the data on psychological violence in the oral interviews. During the preliminary phase of our study, the term "psychological violence" was at first considered as a working title covering very different aspects of psychologically distressing actions. As, within the course of this research, no suitable generic term could be found, it was decided in the end to retain this term. At first such terms as "psychological injury", "psychological aggression" and "psychological abuse" have been considered and discarded as none of the alter native terms was sufficient to cover the broad spectrum or systematic nature of the wide variety of violent acts, taking place in a wide variety of life contexts (cf. the item list 4 in appendix). Especially in view of the clear psy chological, psycho-social and health consequences resulting from these experiences it is justified to use the term "violence".

[13] These results relate to all acts of violence from the partner in the oral or written questionnaires. Partner violence in the oral interview was compiled based on a differentiated list of possible male and female assailants with refe rence to acts of physical or sexual violence experienced. In the written questionnaire, concrete questions were asked about violence by a current or previous partner, using a slightly modified item list (see item list 5 in the appendix).

The findings here as to the extent and range of physical and sexual violence against women in Germany confirm previous and current estimations of grey areas and research results, which show that approximately every second or third woman in Germany has experienced physical violence [14] and approximately every seventh woman sexual violence, at the hands of persons known or unknown [15].

In relation to violence in couple relationships, the results go beyond former studies that have estimated the prevalence for Germany at al level that every fifth to seventh woman had suffered physical or sexual abuse at the hands of her partner [16]. By contrast, the present study found that at least every fourth woman (25%) between the ages of 16 and 85, who has lived in a couple relationship, has suffered from physical violence (23%), or, often additionally, sexual abuse (7%) at the hands of her partner, once or more than once.

It should be noted, however, that this includes a broad spectrum of differing degrees of seriousness of acts of violence, and that they take different shapes within the couple relationship and are embedded in its context. Thus, on the basis of the additional questions in the written questionnaire, it was found that about one-third of the women who had experienced physical or sexual assault from their current or previous relationship partners (31%) said that there had been only one such violent situation with a partner, while 36% named 2-10 situations and another third, 33%, from more than 10 to over 40 situations. 65% of the victims of violent attacks from their (ex-)partners received physical injuries ranging from swellings and bruises to sprains, broken bones, open wounds and head or facial injuries as a result. In reference to physical attacks in the *last violent couple relationship*, results showed that for some women (9%), the physical attacks were exclusively on the level of forced *sexual* acts, 70% were exclusively acts of *physical* conflict, and 20% were sexual as well as physical attacks. This suggests varying degrees of seriousness of violence in couple relationships, discussed in the report on this study; this should be examined more thoroughly in further analyses of the data.

Almost exclusively the respondents (99%) named male partners as using violence, and only 1% of abused women have named female partners as perpetrators [17].

It can be assumed that even this survey has been unable to fully expose existent grey areas; some women affected by violence have not taken part in this survey or, though participating, have given no replies indicating violence experienced. The above figures on prevalence are therefore to be seen as conservative minimum estimates; the true figures could be much higher, especially in areas of violence which are strictly taboo to talk about, and con-

[14] These estimates have been frequently named since the 1980s within the framework of the women¢s movement and women's politics. They seem to be realistic given the high values brought forth by national and European representative victim interviews; cf. national and international findings and grey area estimates, i. e., Wetzels et al 1995; Schroettle 1999, Hagemann-White 2001.

[15] Cf. on the extent of sexual violence against women in Germany and grey areas in this field, e. g. Wetzels et al. (1995), Schroettle (1999), and Hagemann-White/Bohne (2002).

[16] Cf. e. g. Schroettle 1999; these cautious estimates are based on various empirical findings from East and West Germany, conducted in the 1980s and 1990s.

[17] Although sexual and physical attacks can play a role in lesbian relationships as well, as has been shown in the literature, (see also Ohms 2000), this did not emerge within the present study; perhaps due to the overall small percentage of women who gave replies about living with another woman in a partner relationship (less than 1%).

texts within the closest social circles. This is valid for both the main representative study as well as the supplementary surveys conducted with sub-group populations.

2.3 Prevalence of violence: A comparison with European studies

A comparison with violence prevalence figures gathered in other European studies[18] indicates that the results of this study for prevalence of violence against women in Germany lie in the medium- to high-range areas. One must, however, keep in mind that the survey methods and instruments, the thematic focus, and the range of the samples (married women, women in couple relationships, differing age groups, etc.) vary greatly, limiting the comparability of the data. Nevertheless, the German data should be placed into a European context (a detailed overview of the data in a European comparison is to be found in the appendix).

In a European comparison, the range of victimisation suffered by women through *physical* violence in *adulthood* lies between 14% and 30%, in studies on violence against women conducted regardless of victim-perpetrator context. This places the estimates of the German study, at 37% for physical violence, quite high, even higher than the estimates of the Finnish study (see overview in appendix).

Victimisation through sexual violence in adulthood by different male and female perpetrators show values in various European studies between 5% in Iceland and 29% and 34% respectively in Finland and Sweden. However, it must be remembered that these findings are based on very different definitions of sexual violence and very different methods of research. For example, the Swedish study also included forms of sexual coercion without a physical component of force or threat; whereas the present German rests exclusively on a relatively narrow definition of categories of sexual violence according to criminal law and the use of physical force and threats. Therefore it could not be decided at this point if the findings as to the extent of sexual violence in Germany indicate a medium- or high-range of prevalence in comparison to other European studies.

Because this study has also asked about other forms of undesired sexual acts and coercion, in order to better evaluate the influence of various definitions, it is possible to calculate prevalence for a broader definition of violence as well, including undesired or forced sexual activities using psychological or moral pressure. Then the total prevalence rate increases from 12% to 16% in the oral section and even further to 34% when forms of sexual harassment or coercion are included that have led to unwanted sexual intercourse or to physical violence, or were connected with feelings of being seriously threatened or endangered, or having fear for one's personal safety. This shows quite clearly how wide the range of prevalence can be, depending on the scope of the definition.

[18] A solid overview of prevalence data uncovered in other European research projects can be found in: Hagemann-White (2001).

The figures depicting women affected by *physical and/or sexual violence* show the highest values for Germany, Finland and Sweden (at 40% - 46%). However, these figures need closer analysis to determine how far differences in sample groups, methods and reference periods had an impact, and possible also cultural differences in the taboo on speaking about sexual violence.

The lifetime prevalence of violence in couple relationships in European research lies between 10% and 32%, whereby most of the European studies, as also the study at hand, show results between 15% and 26%, and only the Finnish and Swedish studies show higher violence prevalence results of more than 30%. Thus the present study, with its total prevalence of 25% for physical/sexual violence in couple relationships lies in the middle to upper measurement range.

These values must be interpreted against the background of differing calculation bases and research designs. Several surveys have *not* included supplemental written questionnaires to gather additional data on violence in couple relationships, as this study has done. This has most likely made the exposure of grey areas in this field rather difficult. On the other hand, the calculations of prevalence in some studies included only women currently or previously living in long-term couple relationships, which in and of itself leads to a higher prevalence of violence. Also definitions of violence and the concrete acts included as items influence the rate of prevalence found in the European comparison[19].

Another important aspect in comparative evaluation and interpretation of the results is the age range, as older and very young women mention violence in couple relationships less frequently than women in the other age groups. Therefore, prevalence studies which include very young age groups, under 18, and/or upper age groups, over 65, yield overall lower figures. Many European studies limited the age groups to women from 18 to 60, 65, or 75 years of age. The study in hand includes violence experienced by older and elderly women as well, interviewing women up to the age of 85, in order to better take their experiences into account. Had the prevalence of violence in this study been limited to the 18-75 age group, the rate would rise circa 1% - 2%; with an age limit of 59, circa 3% -6%.

All in all, the results of this study indicate a medium to high range of women affected, in comparison to other European studies. However, a conclusive evaluation of German violence prevalence in comparison to Europe will first be possible when the impact of various factors contributing to different values, such as methodologies, relative sample groups, and various calculation or measurement bases, have been analysed, especially with regard to international comparative secondary analyses. The data basis of this study offers the possibility of a precise and differentiated comparison with prevalence data from other European investigations, due to methods specifically developed for this purpose. For the coming years, further comparative study of prevalence research is planned, within the framework of an EU research network[20].

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[19] In European comparison of definitions of violence and violence inquired about, the data of this study rest on a relatively narrow definition of violence, as on the one hand, the *sexual* acts of violence relate to incidents taking place with the threat of physical force or coercion, and on the other hand, the gathering of data on *physical* violence on additions like "so that I was afraid or so that it hurt", or "it could have hurt me"; this is accented more strongly to avoid gathering possibly banal data related to non-violent situations.

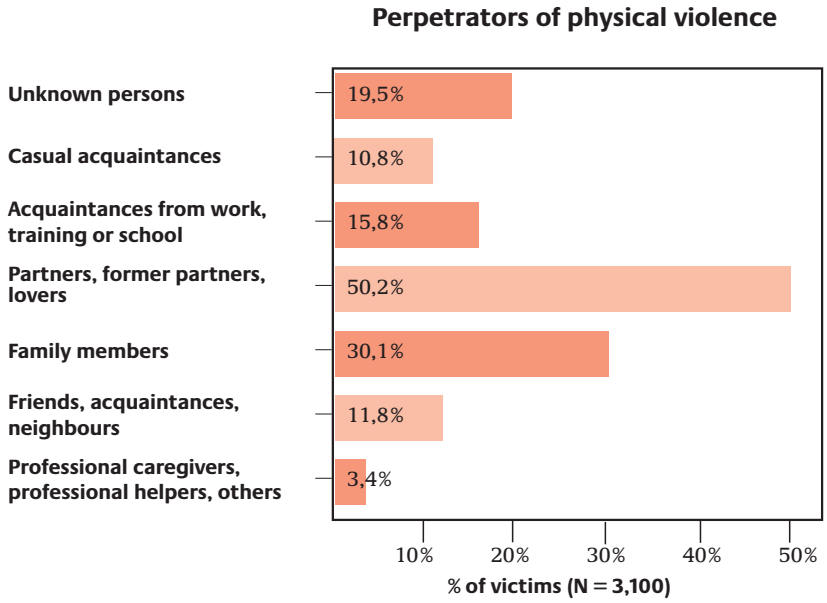
[20] Researchers will explore these issues over the next few years within the EU research network, CAHRV (Coordination Action on Human Rights Violations) coordinated at the University of Osnabrueck, in a sub-net work on prevalence research studies. The IFF is also involved in this project.

2.4 Major findings

Violence against women takes place predominantly in domestic situations and with the partner as perpetrator.

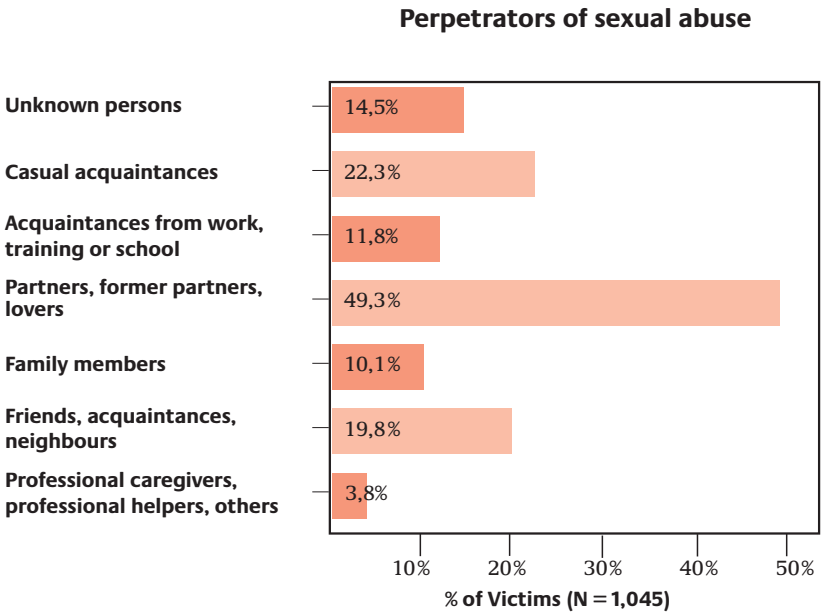
An analysis of victimisation through physical and sexual abuse shows clearly that violence against women is predominantly carried out by the current or former relationship partner, usually male[21]. Husbands, boyfriends and lovers were the most frequently named perpetrators of physical and sexual abuse, well ahead of any other group, while other groups of persons are of secondary importance (see diagrams 1 and 2).

Diagram 1: Perpetrators of physical violence; multiple responses included. Case Basis: All interviewees who have experienced physical abuse and have given answers as to perpetrators.



[21] In 99% of the cases, it was male relationship partners.

Diagram 2: Perpetrators of sexual abuse; multiple responses included. Case Basis: All interviewees who have experienced sexual abuse and have given answers as to perpetrators.



Both for physical and for sexual violence, approximately half of the women victimized since the age of 16 named their attackers as their male partners or ex-partners; in comparison, strangers and casual acquaintances were named clearly less often, with percentages ranging between 11-22% and 15-20% respectively.

Accordingly, the violent acts frequently took place in the women's own dwellings. The results show that 71% of women suffering physical violence and 69% suffering sexual violence stated that the attack took place in their own home. Public places such as streets and parks, typically places where women feel afraid, were named much less often as sites of violence, at 26% for physical and 20% for sexual attacks respectively, as compared with the own home; however, this rate of a fourth to a fifth of cases is still considerable.

A gender-specific differentiated analysis of male and female perpetrators shows that all forms of violence against women are carried out predominantly by males as opposed to females. 10% of women who had experienced *physical incidents* selected female assailants from the list of possible perpetrators, 71% male, and 19% both [22]. Concerning *sexual violence*, 99% of women affected named exclusively male assailants, while only 1% named women as sexual attackers. A similar relationship exists regarding *sexual harassment*: In 97% of all cases, harassment was initiated by males and in only 2% of the cases, by females.

[22] Only 1% of women affected by violence from male or female partners mentioned female relationship partners.

By contrast with the widespread cultural notion (or prejudice), that men are more likely to use physical violence and women more mental or *psychological abuse*, men were also the perpetrators of psychological abuse to a greater extent. 47% of women affected by psychological or mental abuse named men exclusively as their assailants, 32% named men and women equally as perpetrators, and only 20% named women exclusively[23].

The study thus confirms that violence against women is predominantly domestic violence with the woman's male partner as the assailant.

All forms of violence can contribute extensively to psychological, psycho-social and health problems for those women affected.

In association with all the forms of violence compiled in this study, detrimental health, psychological and psycho-social consequences could be established, sometimes severe. 55% of all women who have experienced physical violence after the age of 16, and 44% of all women who have experienced sexual violence, report injuries ranging from bruising, swellings, and other pains, to sprains, open wounds, broken bones, and head and facial injuries. For approximately a third of the women with injuries resulting from physical or sexual violence, the injuries were so severe that they required medical treatment[24].

Furthermore, the research findings reveal that the proportion of women with injuries as well as that of women who suffered from repeated abuse was noticeably higher amongst women who had been assailed by their male partners or ex-partners. Thus 64% of the women who made positive replies to queries concerning physical or sexual violence in the written section of the interview also mentioned suffering physical injury as a result of these incidents. Approximately a third of these women sought medical assistance and treatment. Additionally, circa one-third of the women who have suffered physical or sexual assault in couple relationships have experienced more than 10 to over 40 situations, which indicates that more frequent or even regular violent episodes are the rule. Various other findings, such as those on the subjective sense of threat or danger in the violent situation, point to a consistently more serious level of violence when the physical or sexual abuse was carried out by the male relationship partner.

The findings disclose that all forms of violence and harassment in this study can have significant *psychological after-effects*, ranging from insomnia, increased states of anxiety, feelings of low self-esteem, to despondency and depression, thoughts of suicide, selfmutilation and eating disorders. Depending on the type of violence, between 56% to over 80% of women cited detrimental psychological effects on the average naming 3, 4 or more different symptoms (see Table 1).

[23] Cf. Chap. 6 of the main study.
[24] Cf. Chap. 8.1. of the main study.

Table 1: Psychological impact of violence – differentiated by form of abuse. Case Basis[25]: All interviewees who have experienced one of the forms of violence; percentages by row.

Psychological Results of Abusive Acts Named? (% of victims of this form of abuse)				
Form of abuse	**Yes**	**No**	**No Reply**	**Average Number of Replies**
Physical violence (worst / individual situation)	64%	35%	1%	3,6
Sexual violence (worst / individual situation)	79%	18%	3%	3,8
Sexual harassment (summarised for all situations)	56%	43%	1%	3,2
Psychological violence (summarised for all situations)	83%	17%	0%	4,2

What is obvious is, on the one hand, the extraordinarily high psychological burden of *sexual* violence, coupled with high measures of despondency and depression, feelings of guilt and shame, constant rehashing of the situation and sleeplessness or insomnia. Frequently, feelings of self-worth and interpersonal relationships are negatively influenced as well.

On the other hand, the great extent and underestimated burden of *psychological violence* is also evident; this has been underestimated in both scientific research and public discussions. The study shows that these burdens occur particularly often in connection with contexts of the workplace, apprenticeships and traineeships, and schools, for one, and for another, in contexts of family and partner relationships[26]. More often than with all other forms of violence, respondents who have suffered from psychological violence confirmed high levels of psychological, psycho-social or health problems, with effects such as despondency, depression, persistent ruminating, reduced sense of self-worth, more frequent infections and illnesses, as well as poor performance and concentration difficulties.

For women suffering from the effects of psychological and sexual violence, frequently in connection with other forms of physical violence[27], this study diagnoses a great need for

[25] The data concerning psychological and sexual harassment is based on a summary interview of psychological after-effects for all situations experienced; concerning sexual and physical violence, results are based on one situation, namely, the single or the worst one. Therefore, only one direct comparison of the categories sexual harassment and psychological violence is possible in the first case; in the other, sexual and physical violence.

[26] 36% of women affected gave replies to the oral questionnaire stating that they had been frequently or occasionally exposed to forms of psychological violence in the context of work, education and traineeships or apprenticeships. 19% mentioned frequent or occasional incidents in family or relationship settings. The results of the written questionnaire indicate that circa 17% of women living in a couple relationship at the time of the study were experiencing or had experienced forms of psychological violence or control from their partners of a medium to serious degree; this was often, but not predominantly linked to physical or sexual violence. Cf. Chap. 10.2.3.1 of the main representative study.

[27] Particularly in couple relationships marked by a high degree of physical and sexual violence, psychological abuse appears at a highly significant rate much more frequently than in relationships in which no physical or sexual violence takes place.

support to which, it seems, the existing aid and support systems are not equipped to respond. This was also indicated in the results of the group discussions.

Also, the burden experienced as a result of sexual harassment is often underestimated – whether because the phenomenon itself is not being taken seriously or whether improvements in the legal situation[28] have been taken to indicate that the problem is being reduced. In this study, 58% of the women said they had been sexually harassed in a public place at least once, either by a stranger or by a casual acquaintance, or having been followed by persons from their workplaces, schools, or places of training and apprenticeship. Approximately half of these women have experienced forms of sexual harassment in which they felt seriously threatened and feared for their personal safety. 9% of these women said that it led to unwanted sexual intercourse or other forms of physical violence. This shows that a percentage of sexual harassment experiences flow into sexual violence: These sorts of incidents have been insufficiently studied. More than half of the women affected (56%) suffered psychological after-effects as a result of sexual harassment.

The research findings suggest that all types of violent acts – and not only sexual and physical violence but especially psychological violence – can result in long-term social and psycho-social effects, seen in the form of separations, divorces, relocation, and resigning from one's job. Interestingly enough, this was also the case when the assailant involved was not the partner. Violence seem to be a factor for many women leading to cutting all ties to former personal and professional relationships and, in the case of every third to seventh women, seem to end in therapy[29].

Violence can also have a decisive effect on the general state of women's health. On the one hand, this is seen in a higher consumption of alcohol and medication, and above all, an extremely high level of nicotine consumption in women who have suffered from physical, sexual or psychological violence and sexual harassment. On the other hand, these women have had many more medical complaints and disorders than women who have not been exposed to these forms of violence[30]. As in this study, data concerning health conditions of the women was gathered in a differentiated manner, it would be indeed worthwhile to further research this connection between health problems and exposure to violence in additional, in-depth secondary analyses.

Early help, intervention and prevention are necessary.

With a view to the high prevalence of violence against women and its quite serious effects on their state of psychological, psycho-social and physical health, improved assistance and preventive measures seem to be required, but also targeted intervention measures as well.

The various forms of violence illuminated by this study – physical, sexual and psychological – have been made visible in very different ways within the help systems. Although 62% of all those interviewed – whether or not they had experienced violent episodes – mentioned being aware of assistance facilities available for women after physical, sexual or psychological abuse, only 11% of women who had indeed experienced physical or sexual violence mentioned seeking help at such facilities. This percentage increases, however,

[28] In the wake of the national research work of Holzbecher/Braszeit/Müller/Plogstedt (1991).
[29] Cf. Chap. 8.3 of the main study.
[30] Cf. Chap. 8.4 and 8.5 of the main study.

when the case basis is limited to women who have suffered graver forms of physical violence resulting in injuries or including reasonable threats. Every fourth up to fifth women who have experienced serious or threatening forms of violence has sought help at such facilities – rate depending on the contexts and forms of violence [31].

When the women affected by violence in couple relationships turn to representatives of the help and intervention systems, physicians are often their first contact persons. The second contacts are usually in the areas of battered women's shelters, therapists or social workers. The police are the third most frequent contact. Both the main representative study and the group discussions confirm the central importance of physicians as the first point of contact with potential support and illustrate in addition the key role that these professionals can play in the further biographies of battered and abused women. About every third woman, who has experienced physical or sexual violence, that resulted in some kind of injuries has asked for medical assistance; with 37% this rate is slightly higher for violence in couple relationships.

To give better support women in violent situations, it is important that all potential contact persons respond to the woman's situation in a sympathetic and competent manner, and are able to provide information about appropriate help and assistance measures. Suitable means of accomplishing this goal are education and awareness-raising within the training and expert information of the various professionals, such as medical personnel, social workers, therapeutic centres, as well as in churches, schools and kindergartens. As shown in the findings of this study, women affected by violence turn first to persons in their immediate social circles, such as girlfriends, parents and colleagues. Therefore, educational and public relations efforts should be more strongly targeted on the social environments of women suffering from violent incidents.

Above all, *early* assistance is advisable, especially for preventing domestic violence, since the quantitative data indicate what has long been known in expert circles: Violence and abuse in couple relationships usually increases over time in frequency and intensity. A total of just over 40% of the women who gave detailed replies concerning current or previous abusive couple relationships had been suffering for longer than one year; 17% for longer than five years. After constructing a typology of violence in couple relationships, the present study found significant correlations between length of the history of violent incidents and their frequency, severity and level of threat [32].

Violence in such relationships often appears after the couple has moved in together in a common apartment or house, has gotten married, and/or has had children; it is not rare for such violence to last for many years, and to increase with duration in intensity and frequency. Early intervention and easily accessible offers of aid and assistance could help to prevent more serious forms of violence from developing in couple relationships.

[31] Cf. Chap. 9 of the main study.
[32] Cf. Chap. 10 of the main study.

Improvements above all in the areas of police intervention have been seen, however, at this time, not in the areas of the legal system or court interventions.

For women living in violent couple relationships, the threshold which must be reached, and crossed, before they turn to legal intervention or social assistance systems is often rather high. Especially when it comes to informing the police, a considerable degree of physical violence often must have occurred before women take this step; for sexual violence the threshold lies even higher. Thus, 13%-19% of the women who have experienced some act of violence – depending on the level of threats experienced – and those 20% who have experienced sexual violence since the age of 16 have turned to psycho-social facilities, whilst married women or women in couple relationships who have experienced physical or sexual violence turned to such facilities at a rate of 17%-26% –depending on the seriousness of the violent episodes.

The police were involved at a rate of 15% for physical assault (22% for more serious forms of violence) and 8% for sexual violation. 13% of the women who reported violence in couple relationships said they had called the police[33]. This percentage increases up to a rate of 19-26%, when this rate is calculated only for women who suffered injury as a result of violent episodes and/or have experienced the more threatening forms of violence[34].

If women do contact the police, their level of satisfaction with police response is quite high in cases of physical violence; this quota sinks when they report sexual assault. If a complaint is filed and the assailant charged and taken to court (which only happens in 3% - 4% of all cases) the women are overwhelmingly disappointed with their courtroom experiences. The survey data also permit an analysis of the changing involvement of police over time, by comparing recent incidents with those lying 5, 10 or 20 years in the past. In comparison among these experiences with violence, there is a positive trend with regard to police intervention; clearly, the success of focussed training and reorientation efforts directed at police officers can be seen, especially in the area of domestic violence.

The statements of the interviewees on problems in connection with court intervention makes clear that further measures are necessary, especially in the area of victim protection when violence is prosecuted. In the areas of legal and psychological consultation before and during trials as well, measures are required to help avoid secondary victimisation of the victim in and from the legal proceedings, and to reduce the high degree of psychological distress of victims of violence.

[33] 10% of women who suffered physical and 5% who suffered sexual violence filed complaints with the police, as well as 8% of women who suffered physical or sexual violence in couple relationships. The information does not relate to the violent situation, but rather to the victimised women and whether or not the police were called and/or a complaint was filed.

[34] Cf. Chap. 9 of the main study.

Measures for help and prevention should be more strictly oriented on risk factors.

Throughout all sections of the research, the findings reveal a common bond: Women living in separation, legal separation or divorce are particularly endangered. They are very likely to become victims of their partners or ex-partners physical and/or sexual attacks. The results show that the overall amount and intensity of violent incidents is markedly higher for divorced women than for others, and that both factors increase sharply the more relationships the women had been involved in[35]. The intention of separating from the partner was very often in itself the catalyst named as the point where the partners' violent acts began. Separation and divorce seem to be coupled with an extremely high risk factor for women of becoming victims of violence or escalation of partner violence.

Preventive and supportive measures should be especially suitable and flexible enough for effectiveness in increased risk situations and where increased risk factors are present[36]. An analysis of the interconnectedness of violence factors, especially amongst couples, shows that in addition to traditional gender-specific roles and dependencies, plus increased risk after announcing intentions of separation or divorce, further risk factors seem to make the occurrence of violence more likely:

The appearance of *psychological abuse* seems to represent a relevant factor in further violence in couple relationships occurring. The findings indicate that when a partner practices psychological violence, control and dominance, the appearance of physical and sexual violence quite often follows. In circa every 5 th or 6 th current relationship, forms of psychological or mental abuse, extreme control and dominance are visible, from moderately to intense. And a highly significant correlation exists between the entrance of psychological, sexual and physical violence in couple relationships[37]. This fact as well as its destructive side effects and after-effects should be an occasion to pay more attention to these forms of violence in public discussion and debate, and in the help and assistance network.

While this study was able to identify a significant role played by the use of alcohol and by unemployment, especially when considering violence in couple relationships, yet these factors should not be overrated by any means, as a relevant percentage of violent couple relationships do not have these problems. Many women, amounting to 55% of those who had experienced partner violence, said that their violent partners had been occasionally or frequently under the influence of alcohol or drugs at the time of the incident; this segment rose sharply when an increase in frequency and intensity of abuse occurred. However, 27%

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[35] While women who have had no couple relationship before their current one have only experienced violence at a rate of 13%, those who have had one to two couple relationships and seperations have experienced violence at a rate of 33%; those having more seperations show rate of 50% to 64%,

[36] Cf. causes and conditions of violence in gender relationships, i.e., Minssen/Mueller 1995, Schroettle 1999, Dackweiler/Schaefer 2002.

[37] Cf. Chap. 10.2.3.1 of the main representative study.

[38] Partners in early retirement or retirement were not assigned to this category (unemployed), but have been assigned to their own category. The information given refers to the random sample of violent partners in current relationships and the deviance from average values of all current partners.

[39] This is approximately the employed quota on average of the current partner, by which the percentage of early retirees and retirees was higher, also due to the higher age range.

of the women replied that their violent partners had *never* been influenced by alcohol or drugs in these abusive situations. This is also true for the factor "Unemployed". On the one hand, the violent and abusive partners were without gainful employment in 21% of the cases, more than twice the percentage among current partners overall (11%)[38]. On the other hand, the majority of violent partners were employed, around 65%, which suggests that the employment situation of the perpetrators can not provide a sufficiently valid explanation for the inclination to use violence towards a partner[39].

Interestingly enough, this study found no connection between educational status/ social class, and violent tendencies, apart from a slightly higher quota amongst those without any school completion degree. Neither was there a significant correlation between the educational and career status of the current partner and the abuse, nor a significant correlation between his income and violent practices. The victimised women in this study were actually of slightly higher than average educational status, which suggests that in-depth analysis might identify modifications and differentiation in the expressions of violence. All in all, it has become apparent in this study that abuse and violence in couple relationships is not a phenomenon related to class. It would, however, be rewarding in future analyses of this nature to re-analyse the data in order to establish if there is indeed a relationship between factors of social class and various expressions and degrees of violence in couple relationships; this could also be the case for other possible risk factors.

A central risk factor for sexual or physical victimisation of women can be the abuse experienced in one's own family, or during childhood and adolescence. The results of this survey show that women who have experienced physical or sexual violence since the age of 16 were subject to extremely high rates of exposure to violence, either as witnesses of parental violence or through corporal punishment by their parents, and they were also significantly for often subject to sexual abuse in childhood or adolescence. Women who in childhood and adolescence have witnessed their parents fighting physically, have experienced violence from an ex-partner or current partner at twice the rate of women who have not witnesses such parental conflicts (47% vs. 21%). Interviewees who themselves had occasionally or frequently experienced violence at the hands of teachers, educators or caregivers were three times as likely to be affected by violence in pair relationships as other women questioned. Women who had been sexually victimised before the age of 16 were more than twice as likely to become victims of violence from partners or ex-partners, and they were also four times more likely to become victims of sexual violence after the age of 16, independent of the victim-perpetrator context. Protection of children from physical and sexual abuse is thus a central measure for prevention of violence against women in adulthood as well.

[38] Partners in early retirement or retirement were not assigned to this category (unemployed), but have been assigned to their own category. The information given refers to the random sample of violent partners in current relationships and the deviance from average values of all current partners.

[39] This is approximately the employed quota on average of the current partner, by which the percentage of early retirees and retirees was higher, also due to the higher age range.

Further research is required.

Prevalence data on various forms of violence, collected with reference to pre-defined time periods, and then divided into affected / non-affected categories for each type, tends to mask the fact that the violent episode is not experienced in isolation. People experience psychological, sexual and physical violence in a variety of combinations and sequences of events throughout their lives, sometimes in parallel or with a time lag in different life contexts. The distinction between "affected here" – "not affected there", as suggested by such an isolated consideration of the forms of violence, fail often to reflect the actual reality and distressing nature of violence experienced by human beings. In real life, there are very few persons who have not experienced one or another form of violence at some time in their lives. When drawing on the figures for violence experienced in childhood and adolescence, only 14% of the women interviewed have experienced absolutely no physical or sexual violence before or after the age of 16; 9% of all women questioned had experienced neither physical nor sexual violence nor psychological abuse or sexual harassment. From this perspective, only very few people are completely free of experiences with victimisation.

In order to attain a more differentiated viewpoint as to the degree of seriousness, and connectedness of violence in people's lives and life histories, further in-depth analyses are necessary: Patterns of the effects of violence should be analysed, both in relation to individual persons and violence in various phases of life and social environments; and also in relation to various forms and expressions of violence in couple relationships. This, along with an analysis of when, where and why violence was ended or was continued, can supply additional valuable clues as to effective measures for violence prevention and better victim assistance programmes.

Yet another important connection which should be further verified in-depth using the data at hand is the connection between women's health and violence, as highly relevant lines of connection are indicated here. Furthermore, the cost of violence against women from various points of view such as health care, psychological and psycho-social consequences could be more accurately calculated by in-depth analysis using various indicators for effects on health and on psychological and psycho-social well-being as well as for the use assistance resources. For these and other questions, a wealth of highly interesting material is now available in these data, which could be further evaluated in differentiated analyses and in combination with a variety of other research findings; and could also be supplemented by additional qualitative findings.

III.
Central results of the supplemental sub-group population interviews

The supplementary interviews with different sub-group populations each constitute a distinct chapter of the report. Using the questionnaire translated from the main representative study, *infas* interviewed 250 Turkish women and 250 East European female immigrants in the Turkish and Russian languages[40], while the IFF interviewed 60 female asylum seekers, 88 women in prison and 110 prostitutes, in cooperation with various German universities and colleges of applied sciences using modified questionnaires and with the participation of student interviewers.

These sections of the study can be considered, in different ways, as representative and comparable to the main representative study. While the Turkish-Russian supplementary survey permits direct comparison to the main study, due to a relatively high number of cases and use of identical questions, thus reflecting tendencies regarding the experience of violence by immigrant women, the other sub-group populations allow only cautious comparisons[41], due to the lower number of cases, a presumably higher rate of selectivity in recruiting interview partners, and the modified methodology and conceptional bases. Nonetheless, the interviews with prostitutes, women in prisons and refugee women offer a first glimpse of the impact of violence on these difficult-to-reach groups.

Against this background, some central research findings can be summarized in overview.

To begin with, it could be established that especially the interview groups “prostitutes”, “prisoners” and “refugee women” were affected by violence, physical, sexual, psychological, as well as sexual harassment, to a markedly greater degree than the women in the main representative study.

The Turkish and Russian immigrants experienced sexual harassment and psychological violence about as often as the interviewees of the main representative survey; the incidence of physical violence was greater. Sexual violence was reported less frequently by the Turkish immigrant women, while East European women were more frequently affected:

[40] In the final analysis of interviews with immigrant women, the 250 Turkish and 250 Russian language interviews from the supplemental survey were included, as well as interviews in German with women of Turkish and Russian descent from the main survey. Therefore the study could utilise a total of 397 interviews with Turkish and 862 interviews with East European women in our evaluation.

[41] It is not possible to say how far the respondents are representative of the respective groups of immigrant women in the population, because corresponding statistics do not exist. However, given the low rate of losses and the high acceptance of the survey, as well as the comparability of the survey design, methodology and random sampling of interview partners, it can be assumed that selectivity was not very high.

However, it remains to be discovered if this has to do with cultural differences in the readiness to reveal or name sexual violation [42].

Table 2: Comparison of Prevalence of Violence in Sub-Group Populations with the Main Representative Study. Case Basis: Entire random sampling of each group.

	Main Study (According to results of oral questionnaire)** (N=10,264)	Turkish and East-European Immigrant Women**[43]		Prostitutes**	Female Prisoners**	Female Refugees*
		East-European Women (N=862)	Turkish Women (N=397)	(N=110)	(N=88)	(N=65)
Sexual Harassment	58%	54%	52%	92%	92%	69%
Psychological violence	42%	44%	45%	82%	89%	79%
Physical violence	32% (37%)	35% (41%)	40% (46%)	87%	91%	52%
Sexual violence	12% (13%)	14% (17%)	9% (13%)	59%	57%	28%
Sexual or Physical violence by Partner***	25% (13% current partner****)	28% (18% current partner only)	38% (30% current partner only)	62% (24% current partner only)	47% (current partner only)	54% (current partner only)

* Only prevalence rates for violations occurring in Germany were documented.

** Prevalence since the age of 16; since the three sub-group populations were not interviewed with supplementary written questionnaires, all data have been taken from data recorded during the oral interviews; the percentages increased when data from the written interview section was also included (see figures in parentheses in Turkish /East European, immigrant, and main study above).

*** The results from the sub-group populations are not directly comparable, as the first two groups have been interviewed without additional written question form.

**** Written questionnaire.

[42] The translators and foreign language interviewers have indicated that Turkish immigrant women may sometimes have been more strongly influenced by feelings of shame and embarrassment, and that is unusual in their culture to speak openly with third parties about sexual violence, especially in the way asked for by the very detailed questionnaire of this study.

[43] The numbers in parentheses relate to the replies in both the oral and the written questionnaires.

The women of all sub-group populations had, in addition, not only clearly experienced violence much more frequently. They had also had many more violent encounters, and, judging by injuries and impact, had experienced more serious, threatening and dangerous forms of violence. Furthermore, it is notable that in all these subgroups the percentage who had already suffered violence in childhood and adolescence was clearly higher than among the respondents of the main survey. Furthermore, rather different problem bases and specific affects of violence could be established in the individual sub-groups, which may follow from the particular life situations and previous life histories of the sub-group interviewees.

3.1 Women in prostitution

The women working as prostitutes in this survey have experienced a high measure of violence at the hands of current or previous partners, as seen in the other groups as well; furthermore, their work identity and situations constitute a central area of their lives in which physical as well as sexual violence are frequent. Clients or johns were, after male relationship partners, the second most frequent assailants for both physical and sexual violence. 41% of prostitutes had experienced physical or sexual violence, or both, in the context of performing sexual services. The increased risk to women in prostitution of becoming victims of violence is mirrored in their replies as to feelings of personal safety as well, and also to their fears of violence. As their homes are quite often their workplaces where they perform sexual services, they often expressed a low sense of personal safety, and in addition frequently named fear of physical or sexual assaults by clients, but also by strangers, pimps, female colleagues and male partners.

For these reasons, the prostitutes in this survey are group at high risk of experiencing violence; they feel a great degree of insecurity and have suffered much from abuse in childhood and adolescence. 43% of the prostitutes interviewed had experienced sexual abuse in childhood, over half (52%) were frequently or occasionally punished physically by their parents, a relatively high percentage had suffered physical abuse at the hands of other persons responsible for their upbringing.

As the findings show, the physical and mental health of many prostitutes is extremely difficult, including a higher occurrence of health problems such as gynaecological complaints, stomach and bowel or digestive complaints, and eating disorders. Around half of the interviewees showed symptoms of depression; a fourth had frequent or occasional thoughts of suicide, almost a third had anxiety and panic attacks, and about one in seven had had the intention of injuring herself in the last 12 months. The very high psychological and physical health risks in this interview group are clearly reflected in a high level of drug consumption (41% had taken drugs in the last 12 months) and increased tobacco consumption.

Summing up, the results indicate that the poor physical health and mental states of the women, as well as a lack of reliable and stable contact persons, often coupled with multiple traumas and psychological damage resulting from violence experienced in childhood, all can be factors which keep them from being able to protect themselves and increase the risk of violence and assault in their adult lives.

3.2 Women in prison

The women currently serving sentences in correctional facilities had also suffered sexual abuse and sexual violence in childhood to a much greater degree than the women in the main study, and this was true in adulthood as well. As in the sub-group of prostitutes, these women were raised less often by one or both natural parents than in the other groups. Their educational and work opportunities were distinctly poorer than those of other groups[44]. Their lives before incarceration were marked by noticeably more violent attacks with serious impact and injuries. In addition, a strikingly higher percentage of these women were completely or partially homeless before prison, or had been living in temporary housing facilities, and were lacking social contacts and contexts.

It should be seen as a grave problem that women in prison continue to be exposed to further psychological and physical violence. More than one-third of the women (36%) in this sub-group have experienced physical abuse in the prison setting; psychological violence was named by 69%; on the other hand, sexual violence and sexual harassment were reported by very few women. Assailants were far and away most often other prisoners and, much less often, prison staff.

Even though the situation in prison is of necessity defined by specific conditions including frequent checks, supervision and limitations to personal freedom of movement, society has a special responsibility towards imprisoned women to protect them sufficiently within the context of the custodial situation from physical and sexual attacks.

3.3 Refugee women

The quantitative findings concerning violence against refugee women are limited by the fact that the random sample of 65 women is quite small, and by additional considerations: The special and often dependent life situations of many of these women, violence as a taboo topic in Germany and in their own families, the difficulty of discussing other sensitive themes, such as sexuality, perhaps due to specific cross-cultural background considerations. These factors influence the pattern of replies of the refugee women interviewed, so that the actual extent of violence in their situations was most likely understated.

[44] Just half of the female prisoners questioned (46%) had been raised completely or mostly by their birth parents (in the main representative study the rate was 81%); 26% grew up predominantly by one birth parent, usually the mother, and 22% were not raised by either birth parent, but by other persons.

In spite of these conditions and considerations, an extremely high level of violence in all forms and contexts was made visible; this can only indicate the very great extent of violence for the women in this group. It is a problem that these women, often victimised and traumatised in their home country and during their flight, suffer again in Germany from physical (51%), sexual (25%) and psychological (79%) violence. The assailants are not only relationship partners; there are also acts of violence and racist attacks from strangers or casual acquaintances, male and female residents in temporary living accommodations, staff in such accommodations, and also in the context of psycho-social counselling and assistance for refugees.

As with the other groups interviewed, violence seems to be most often experienced at the hands of the relationship partner. Due to the special living and dependency situations, and against the background of frequently traditional gender role expectations, the problem of violence is most probably intensified for refugee women. More than half of those refugee women interviewed who are living with a partner, were victims of physical, sexual and psychological abuse by their current partners. Often the intensity and frequency are quite high, as the women are placed in extreme dependency and thus are hardly able to escape.

A particular problem is that psychological, physical and sexual infringements and violation of personal limits are carried out also by precisely those persons from whom these women are seeking aid and assistance: professional helpers and counsellors, both male and female, in temporary living situations, refugee centres, government agencies, bureaus, and welfare offices; such incidents are apparently not to be a rare occurrence. They have not been sufficiently recognised until now, probably because such abuse is difficult to see from the outside. A special responsibility here is to protect and defend these women from these sorts of attacks and to make sure that assailants are called to account.

3.4 Turkish and East-European immigrants

Women from these two immigrant groups have experienced physical or sexual violence at a noticeably higher rate than the average for the female population in Germany. While in the main study, 40% of the women interviewed gave replies indicating having experienced physical or sexual violence, or both, since the age of 16, women from Eastern Europe gave replies totalling 44%, and women from a Turkish background gave replies which, at 49%, is almost half of all respondents[45].

A detailed analysis of forms of violence shows that above all, Turkish immigrant women have experienced more physical violence since the age of 16 (46% in comparison to 37% of women in the main study), and that East-European women reported more sexual violence (17% vs. 13% of women in the main study, see Table 2); however, this last result is possibly related to cultural differences in naming incidents of sexual violence.

[45] The following statements relate to a total of 397 interviews with Turkish and 862 interviews with East European immigrant women; 250 of each of these interview sets were conducted within the framework of the supplementary Turkish and Russian surveys; the rest of the data was gathered within the framework of the main representative study, conducted in the German language. The data gathered in the sub-group random sample will be compared with the median female population of Germany, represented by a random sample of all 10,264 interviewees in the main representative study.

The high level of Turkish women reporting violence in couple relationships is notable, lying far above the average for the German female population. A total of 25% of woman interviewed in the main study named violent acts by current or former relationship partners, while 38% of Turkish women had had such experiences. On the other hand, the percentage of East European women barely differed from the results of the main study, with a total of 28%.

It emerged that Turkish immigrants are not only more frequently affected by physical violence; they have also suffered from more severe and extreme forms of physical violence. The number of Turkish women who had been beaten, strangled, threatened with a weapon, or threatened with murder was almost twice as high as that of other women affected by physical violence in the main study.

Both immigrant groups have suffered, in addition, more frequently from the injuries as a consequence of physical violence than the women in the main study. Thus, 61% of immigrants from Eastern Europe and 64% of immigrants from Turkey reported ensuing injuries, while the percentage in the main study was 55%. With sexual violence as well, the women from Turkey had suffered more massive forms of sexual violence such as completed rape more frequently, resulting more often in injuries. The proportion of women with multiple victimisations was much higher amongst the Turkish immigrants, who had experienced, all in all, many more incidents of physical violence in the last 5 years as compared to the women in the main study and the East-European immigrants[46]. This is connected to the higher frequency of violence in family and relationships for Turkish women as well.

In summary, all research findings in this study point to an especially high rate of physical and sexual violence against women from Turkey occurring in partnerships and in families; women from Eastern Europe, on the other hand, seem to suffer more often from sexual violence from unknown assailants or casual acquaintances, for example, at the workplace.

Upon analysing *psychological violence*, it appears that immigrant women experience such abuse from unknown persons or those known only by sight or superficially: All reported such incidents, but Turkish women did so even more frequently than East-European immigrants. This suggests a type of psychological abuse accented by racist or xenophobic tendencies. Thus, 61% of immigrants from Turkey, 54% East-European immigrants, but far fewer women from the predominantly German population of the main representative study, only 26%, reported violent acts by little-known or unknown persons in public areas. 54% Turkish, 46% East European, and only 26% German interviewees gave replies mentioning prejudicial or negative treatment due to gender, age or country of origin.

A particular problem of violence in couple relationships and in the family for Turkish immigrant women emerges in connection with forced or arranged marriages. Nearly 150 of the Turkish women who were interviewed additionally, who were married or divorced,

[46] The percentage of Turkish women who had been repeatedly victimised in the last five years is 71%; East-European women, 53%; interviewees in the main study, an average of 60%.

gave information on this topic in a supplemental questionnaire. From 143 women who are presently or have been married to a Turkish man, 75% met their future husbands before the marriage ceremony, and 25% did not. Half of the women stated that their partner had been selected by relatives; 75% of these women were in agreement with this decision, 23% would rather have chosen their partners themselves, and only just fewer than 3% made no comment. Approximately a quarter of those women whose partner had been chosen by their relatives were not consulted about their opinion concerning their future husbands before the wedding, while 17% had the feeling of being forced into these marriages. Here, too, psychological forms of violence against Turkish immigrant women indicate a need for further research and clarification, and perhaps for specific forms of support. However, the data did not confirm that the rate of abuse by partners was higher among women with arranged marriages.

IV.
Central results of the group discussions on the topics of help and support requirements of women affected by violence

4.1 Methodology and conception of the research

The qualitative group discussions with women who have been or are currently affected by violence aimed to study their needs for support and assistance measures especially with respect to, on the one hand, domestic violence by partners, and on the other hand, sexualised violence by strangers or acquaintances. In addition to concrete measures for the improvement of assistance and support systems with respect to psychological, physical and sexual violence, specific themes connected with domestic violence were considered as follows: The possibility of ending violent abuse either within the existing relationship or through a separation; the particularly difficult situation of women with children, women with a background of immigration, women living in rural areas, the question of limits and setting limits, and the question of psychological violence in couple relationships.

In various East and West German cities and towns, seven theme-oriented focus discussion groups, in differing constellations, of between six and eleven women each, who had been or were currently being affected by physical, sexualised, and psychological violence, were conducted using a structured guideline. The participants were recruited partially amongst women from the main representative study but also through contacts to women's shelters, counselling agencies, public notices, and newspaper advertisements. With respect to education, income level and age, the groups were very heterogeneous, and also regarding their previous experience with professional support systems.

4.2 Results in the context of domestic violence

Psychological and sexualised violence are relevant aspects of domestic violence.

Women's descriptions of their experiences of domestic violence made quite clear, across the different themes and groups, how great the burdens of psychological and sexualised violence in such relationships are and how much support is needed. Several of the women described psychological violence in couple relationships as a form of brainwashing, estranging them from their own feelings and sensations, destroying their self-confidence, making them feel they were going crazy. Many women had not perceived psychological abuse at the beginning as violence, and had experienced their relationships for a long time through a sort of filter or veil.

The descriptions of sexualised violence in couple relationships show that the women have experienced both massive forms of sexualised abuse as well as more subtle forms. These included the partner insisting on sexual relations, even when the woman felt no desire, or insisting on practices that were distasteful to her. On the one hand, the women felt these behaviours to be a great burden, while at the same time, considering them to be a part of "normal" male relationship behaviour; this in turn, made it difficult for the women to set limits or to defend themselves.

Particular forms of violence, physical, psychological and sexual, were described as tightly interwoven, and the point where each type of violence really began seemed to be vague and fluid, hard to define precisely. Results of the group discussion indicate that the importance and effects of psychological and sexualised violence by partners should not be underestimated.

There are internal and external barriers to seeking support.

Across the spectrum of individual forms of violence, the women described internal and external barriers to seeking aid and assistance. It became clear in several group discussions how certain patterns oriented to traditional concepts of relationship behaviour contribute to maintaining and stabilising violent situations. Aspects mentioned in this context by the participants were: female self-sacrifice, the partner limiting the woman's personal freedom and independence, the woman taking on the role of the partner's mother, the partner making the woman responsible for his violent outbursts and attacks, and the woman accepting responsibility for the partner's violence.

Some women clearly described avoidance behaviour, denying for a long time that they had suffered from violence. The group discussions show that in some cases they found it difficult to admit even to themselves that the violent attacks had nothing to do with love. Escape possibilities were sometimes not recognised or seen. Experiences with violence can be covered up by other problems, for example, when the woman concentrates on the partners abuse of alcohol as the main problem, while regarding his violence as secondary. Some participants described that this avoidance behaviour was supported by the husband and by third parties as well, such as the women's own families, in order to support the fiction of domestic and familial bliss.

Other hindrances to seeking support and assistance consisted, in several cases, in the man's very threatening behaviour, his extreme control of the woman, and her social isolation. These women suffering from violence must often wait for the best possible opportunity to flee the constant threat of violence from a partner, especially in cases of unemployment and therefore, continuing presence at home.

In connection with violence and isolation, some of the participants also described identifying with the perpetrator, and therefore having difficulty changing perspectives and seeking alternatives to a violent relationship. Afraid of leaving their partners, some of the women did not turn to the support services on offer.

Children need special support in situations of domestic violence.

The portrayals of the women regarding their own children indicate the considerable impact on children who witness domestic violence against their mothers and have been or are victims of abuse themselves, as was also made clear in the main representative study. What also became clear was that the wish to provide their children with a childhood free of violence can strengthen mothers in the decision to free themselves from violent relationships.

The discussions revealed that some women can persist in denying the effects of violence on their children for a long time, due to their own victimisation and also to their feelings of guilt. Some of the participants also described how contact of the perpetrators to the children after separation can be a heavy burden or a safety risk, both the children and for the mothers.

Ending the violence and separation are major challenges.

Although some of the participants wished for counselling that would not presuppose separation, a discussion on the possibilities of ending violence made clear that this was mostly considered impossible within the relationship situation.

To prevent violence from the outset, many participants said it is essential to show the partner from the beginning what is acceptable behaviour for the woman and what is not. Women often may have great difficulties in setting limits. Several participants would like girls in kindergartens and schools and women, through public information, to be strengthened in their ability to say no, and to learn to respect their own needs.

It became clear that separation does not necessarily stop forms of violence such as psycho-terror or physical violence. Some women therefore felt that the protection offered in such situations by official institutions such as the police and court systems was insufficient, especially in cases of increased danger and threatening behaviour on the part of the perpetrators.

The social environment is an important factor for help and prevention.

The group discussions revealed the necessity of supportive intervention of third parties. The social environment seems to play a major role in the support of women affected by violence, in a positive as well as in a negative sense. Thus the behaviour of persons to whom these women entrust their problems, for example, male and female friends, parents, pastors and priests, and neighbours, can give the impulse to holding out, suffering in silence, or can give the signal to escape from an unbearable situation or from dreadful conditions.

Physicians can play a central role in supporting these women.

The group discussions, as well as the main representative study, show that physicians are, in many cases, decisive contact persons for abused women. However, they do not always seem

to recognise the relevance of the problem of violence behind the symptoms. Even when women spoke openly about their situations, not all physicians seem to react in every case appropriately to the desired degree. Discussion participants drew on examples, some of them rather drastic, of the questionable prescription of psycho-pharmaceutical medication in cases of domestic violence. Under the influence of such drugs, abused women in some cases remained in violent situations for years, or suffered health problems as a result. Others, however, found that they received careful attention and professional advice about concrete support possibilities, which gave them the decisive push they needed to change their situations.

Police intervention, in spite of its potential, is felt to be a high threshold measure.

Group discussions revealed that women in situations of violence can perceive police intervention as a relatively high threshold measure. Many women said that they would not consider involving the police for a variety of reasons. In addition to their opinion that such a move would imply the end of the relationship and be a sign of their own failure, the fear of the police misjudging the situation plays a major role, as do some individual concrete negative experiences with police officers.

The participants were asked their opinions of the intervention measures described to them of police go-orders and within the Protection from Violence Act. A few women had had concrete experiences with the use of these new legal possibilities in their cases. Go-orders and protection orders were evaluated as helpful on the whole, in spite of a high degree of scepticism – in relation to the actual enforcement of these police measures. At the same time, it was emphasised that these measures would not be suitable for all women affected by violence; in addition to the general reluctance / barriers to involving the police mentioned above, that also apply to the new interventions strategies, some women doubted whether perpetrators would comply with police orders, and whether intervention by the police could truly remove the threat to the woman.

The system of aid and assistance is challenged.

Some participants who had sought refuge in women's shelters were quite definite about the fact that in some cases, there is no alternative other than accommodation in a *women's refuge*, for example, when they were afraid that the assailant would not heed a go- or protection order. All in all, the support and assistance of such shelters were rated positively. However, considering the extremely high degree of distress involved, some women thought that there should be more intensive psychological counselling for women and children, and more comprehensive practical measures of assistance offered in the shelters – e. g. with child care and additional support in situations of extreme psychological stress – than is presently offered.

With respect to *counselling*, the women found that the emergency character of the need for support in domestic violence situations was sometimes not taken into account enough.

From the point of view of some of the women, there should be more acute assistance in crisis situations available. Also considered important was that counsellors and therapists be qualified and well-informed in the area of domestic violence.

It is also necessary for other institutions, for example, adolescent and youth social services, to be able to recognise connections to domestic violence and to be better able to correctly estimate problematic situations. Statements and reports made during the group discussions suggested that women are still sometimes being made responsible for domestic violence, and given the responsibility of seeking their own "solutions". In relation to the *psychotherapy sector of the help services system*, women mentioned having had bad experiences with partner and family therapies, as among other things, the perpetrators later used aspects spoken about in therapy against the women, which sometimes led to further incidents of violence.

Low-level, accessible assistance, such as the establishment of a *national German emergency hotline*, with a well-known number and service available 24 hours per day, was thought to be quite valuable. In addition, the possibility for abused women of not having to take the first step in order to receive help, but of being offered pro-active assistance as, for example, in the intervention agencies in Mecklenburg-West Pomerania and Lower Saxony, was seen as very helpful, particularly for women who find it difficult to seek help actively.

4.3 Results within the context of sexualised violence from known or unknown perpetrators

Special reluctance thresholds exist in the search for support by victims of sexualised violence.

Women who had suffered sexual violence from strangers or acquaintances expressed that they often were not aware of assistance available, such as emergency hotlines or other counselling centres. They would like the public to be enlightened about the psychological effects of sexualised violence as well as about the types of help on offer. Often a search for support seemed to depend on whether or not the women felt a share of personal responsibility for the incident, or had assumed such a burden of guilt from either the assailant or other third parties.

A further threshold of reluctance to seeking support seemed to be connected to the experiences and expectations of the victims that they would not be believed, or face mistrust and a lack of understanding. This was especially the case for women who had already experienced sexualised violence in childhood or adolescence and had received no aid or understanding, or for women who knew or recognised their assailants.

Police intervention must be further improved.

In the area of police work, the past years have witnessed notable efforts to raise awareness and establish the topic of violence against women in the training and further education of police officers. In group discussions and also in the main representative study, however, in contrast to positive developments in responses to domestic violence, no positive effects in the direction of satisfactory experiences with police officers in cases of sexualised violence were visible, even when only those cases occurring in the last few years are considered.

The participants' description of their experiences indicates that they are not always met with the necessary level of sensitivity from the side of the police. They appear to encounter distrust, feel as if they are not taken seriously, are sometime handled with disrespect or scorn, irony or distance. Female police officers are included in these criticisms as well. Sexually victimized women would like to be treated in a way that was more appropriate to the special injury and psychological distress ensuing from sexual violation. Some women reported that although they attempted to exercise their right to being interviewed by a female police officer, they were told that none was available.
Important conditions to reduce the impact of sexual violence seem to be the actual availability of specially-trained female police officers and female health care workers for medical examinations as well as the support and company of a person they know and trust if they so desire. Furthermore, many participants cited incidents of being threatened by the assailants after the attacks, especially by assailants who were known to them, to prevent them from making a complaint with the police.

Social environments and help systems are challenged.

The importance of contact persons from their social circle in their search for support was emphasized by victims of sexual violence as well. This social environment assumes even greater importance when friends and acquaintances take over the role of not leaving the women alone after an incident of violence: The woman may be in a condition of shock and experience feelings of helplessness and vulnerability. The process of overcoming the effects of sexualised violence seems to require this contrast of experiences, and the importance of experiencing protection and safety from other people should not be underestimated. The discussions made quite clear that not all women have access to people who could take over this type of support. Some of the women affected by violence suggested the establishment of crisis shelters in order to meet this need.

Emergency support through counselling was described as most unsatisfactory and full of gaps, due to very limited opening hours. Women presenting an acute crisis have scarcely any possibility of finding a direct crisis intervention when they need one. To solve this problem, the women thought that the establishment of a 24 hour emergency hotline, staffed by persons specialised in the psycho-social fields, would make a great deal of sense. Altogether the interviewees would like a wide-ranging public information campaign for clarification and definition of sexualised violence. The mistaken prevailing public

perception of sexualised violence – attack and rape committed by an unknown assailant at night in a public place – should be corrected. Violence committed by a known assailant is also rape, with at least the same impact and resultant problems for the victim; it should be so named and taken seriously.

V.
Closing remarks

In this first major representative national German study on violence against women in Germany, and in its supplementary survey sections, it has been possible to measure and render the great extent of violence against women visible. In comparison with the European prevalence studies available, a medium to high range extent of violence can be recognised, whereby a basis for direct international comparison must first be created.

Violence against women occurs predominantly in the home, a majority of violence is committed by the – most often male – partner. Only a minor proportion of violence against women is committed in public places by unknown or barely known assailants, although this lower percentage should not be considered unimportant.

The study has been able to identify special risk situations, and groups who are at increased risk; however, all in all, suffering from the effects of violence is not limited to certain groups or classes. A more intensive examination of risk factors and specific distressful effects could suggest how best to prevent violence, and how best to improve offers of help, support and protection for women in violent situations.

The findings suggest a need for action and for more support of women experiencing violence, but also indicate the necessity for more efforts in the direction of early intervention, support and prevention.

In addition to distress caused by physical violence, more attention should be paid particularly to sexual and psychological violence as well – both inside and outside of couple relationships –, because of the enormous psychological, psycho-social and health care after-effects and costs which are frequently found in connection with these forms of violence.

The establishment and expansion of low-threshold, accessible offers of aid and support for women affected by violence, a stronger differentiation of these offers according to the needs of specific risk groups and specific requirements, and public service information campaigns designed to dismantle prejudices and to distribute information on help and legal intervention possibilities could all serve to confront and solve these problems in the long term, and to contribute to the reduction of violence against women.

Parallel to this, strengthening the protection of children from physical, sexual and psychological violence will be an important component in the prevention of violence against women and gender-based violence. This means, firstly, that children growing up in homes where forms of abuse are present should be protected from violence; and secondly, that women who have experienced violence in childhood, whether in close personal

relationships or sexual violence, regardless of the victim-assailant constellation, run a much greater risk of being abused (by their partners) in adulthood.

The wealth of data gathered within the framework of this study should be further evaluated, analysed, and differentiated over the next few years, in order to more precisely illuminate the important topics of intervention, prevention, help and support, immigrant women, violence and health care, and the costs of violence to society. At the same time, this study should serve to initiate discussions as to where violence begins, and how many faces it has.

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Appendix

Overview:

Summary of the results of prevalence of violence against women from various European studies

Country	Prevalence of Violence independent of Victim-Perpetrator Context			Violence in Couple Relationships		
	Physical Abuse	Sexual Abuse	Physical and/or Sexual Abuse	Physical Abuse	Sexual Abuse	Physical and/or Sexual Abuse
Germany 2004 (available studies)	37 %	13 %	40 %	23 %	7 %	25 %
The Netherlands 1986				26 %	7 %	
Iceland 1996	25 %	5 %				14 %
Portugal 1995	14 %	25 %		14-18 %	ca. 1 %	ca. 18 %
British Crime Survey 1996				23-26 %	2 %	
British Crime Survey 2004		17 % (4 % rapes)		21 %		
Finland 1997*	30 %	29 %	40 %	20 % (current Partner) 45 % (former Partner)	6 % (current Partner) 19 % (former Partner)	32 %
Switzerland 1997				13 %	12 %	21 %
Ireland 1996					4 %	10 %
Belgium 1998					17 %	
France 2003	17 %	5 %(since the age of 18)				
Sweden 2001*	25 %	5 % (force) 34 % (broader definition)	46 %	7 % (current Partner) 28 %(former Partner)	3 % (current Partner) 16 % (former Partner)	11 % (current Partner) 35 % (former Partner)
Denmark 1991	19 %					13-14 %

* The data on violence committed by the current partner relate only to women currently living in a couple relationship; the data on violence committed by former partners only to women who had previously had a partner. The percentages are relatively high due to these differing case bases, and not directly comparable to other investigations.

Introductory questions and lists of items used to operationalise violence in the main study

Introductory question 1 on physical violence in the oral interview:

- Sometimes, people are physically attacked or become involved in physical conflicts. How often have you personally experienced being physically attacked since the age of 16, for example, someone hitting you, slapping you, pulling your hair, kicking you, or th reatening you with a weapon or other object? Frequently, sometimes, rarely or never?

Item list 1 on physical violence in the oral interview:

Someone has ...

- pushed me away angrily.
- given me a light slap in the face.
- bitten or scratched me so that it hurt or I became frightened.
- twisted my arm until it hurt.
- kicked me painfully, pushed or grabbed me hard.
- shoved me so hard that I stumbled or fell.
- given me a hard slap in the face or hit me with an open hand.
- thrown something at me that could have injured me.
- hit me with an object that could have injured me.
- serious threatened to assault or injure me.
- made serious threats to kill me.
- hit me with a fist so that it hurt or I became frightened.
- thrashed me or beaten me up.
- strangled me or tried to smother me.
- scalded or burned me on purpose with something hot.
- threatened me with a weapon, for example, a knife or pistol.
- injured me with a weapon, for example, a knife or pistol.
- assaulted me physically in another way that hurt me or made me afraid.

Introductory question 2 on sexual violence in the oral interview:

The following questions are about forced sexual acts, that is, acts to which you were forced against your will through physical force or threats. This could be, for example, someone not letting you go, twisting your arm, pushing you down, blackmailing or threatening you. It could also be a situation where you were trapped and could not get away, could not defend yourself, or were in a position of dependency. How often have you experienced forced sexual acts of this nature since the age of 16? Frequently, sometimes, rarely or never?

Item list 2 on sexual violence in the oral interview:

- Someone forced me to have sexual intercourse and penetrated me with his penis or a nother object against my will.
- Someone attempted to penetrate me with his penis or with another object against my will but this attempt was not completed.
- Someone forced me into intimate physical contact, stroking, petting or the like.
- I was forced to take part in other sexual acts or practices that I did not want.
- Someone forced me to watch pornographic films or pictures, and to act them out, although he/she knew I did not wish to do so.

Introductory question 3 on sexual harassment in the oral interview:

Many women sometimes feel molested or sexually harassed in their everyday lives by remarks, touches or gestures. This could happen on the street or in other public places, but can also happen at the workplace, school or places of training, and in your personal circle of friends, family and acquaintances. How often have you personally felt sexually harassed or molested? Frequently, sometimes, rarely or never?

Item list 3 on sexual harassment in the oral interview:

I have experienced, …

- being harassed with indecent or threatening messages by telephone, E-Mail or letter.
- someone exposing himself to me in order to molest or frighten me.
- being harassed by wolf whistles, dirty remarks or being stared at.
- being made uncomfortable by remarks about my body, my personal life, or by sexual innuendos.
- being made uncomfortable by someone repeatedly asking me out.
- being harassed by someone coming unnecessarily close, violating my personal space, for example, bending over me or trapping me in a corner.
- being harassed by someone telling me obscene jokes or speaking to me in a way which I found sexually harassing.
- someone touching or feeling me or trying to kiss me against my will.
- someone following, pursuing or stalking me, making me afraid.
- someone forcing sexual attentions or remarks on me in inappropriate situations, for example at the workplace, at school or during job training.
- someone letting me know that to refuse sexual intimacy could damage my career or future plans.
- someone showing me pornography or naked pictures in inappropriate situations.
- I have experienced other forms of sexual harassment.

Introductory question 4 on psychological violence in the oral interview:

Now, how about your everyday experiences that you might have found hurtful or distressful? Have you experienced repeated belittling of your appearance, your style of dressing, your way of thinking, working or dealing with situations, from anyone? Or have you ever been regularly humiliated, yelled at, discouraged or made to appear ridiculous?

Item list 4 on psychological violence in the oral interview:

I have experienced …

- being seriously insulted, intimidated or yelled at aggressively.
- someone hurting my feelings by ridiculing me, teasing me, belittling or humiliating me.
- someone bullying or oppressing me regularly.
- someone making serious threats or seriously frightening me.
- someone attempting to blackmail me or force me to do something which I didn't want to do.
- being slandered or systematically gossiped about.
- being socially excluded, someone trying to shut me out of a group.
- being under such great psychological pressure, that I experienced it as mental cruelty or psycho-terror.

Introductory questions 5 a/b for physical and sexual violence in couple relationships in the written questionnaire:

Sometimes physical conflict can happen in a relationship. How often have you experienced your current partner (previous partner) attacking you physically, for example, hitting you, slapping you, pulling your hair, kicking you, or threatening you with a weapon or other object? Frequently, sometimes, rarely, once, or never?

Item list 5 for physical and sexual violence in couple relationships in the written questionnaires:

My partner has …

- pushed me away angrily.
- given me a light slap in the face.
- bitten or scratched me so that it hurt.
- twisted my arm until it hurt.
- kicked me painfully, pushed or grabbed me hard.
- shoved me so hard that I stumbled or fell.
- given me a hard slap in the face or hit me with an open hand.
- thrown something at me that could have injured me.
- hit me with an object that could have injured me.
- seriously threatened to assault or injure me.
- made serious threats to kill me.
- hit me with a fist so that it hurt or I became frightened.
- thrashed me or beaten me up.
- strangled me or tried to smother me.
- scalded or burned me on purpose with something hot.
- threatened me with a weapon, for example, a knife or pistol.
- injured me with a weapon, for example, a knife or pistol.
- assaulted me physically in another way that frightened or hurt me.
- forced me to perform sexual acts that I didn't want to do.
- tried to force me to perform sexual acts that I didn't want to do.

Item list 6 of injuries resulting from physical and sexual violence (used in various question sequences in both the oral and written questionnaires):

Have you ever suffered from one or more of the following injuries as a result of such incidents?

- bruises, swellings
- open wounds, for example, cuts, scrapes, burns
- vaginal injuries, bleeding in the genital area
- pelvic pain
- sprains; pulled, strained or torn muscles, ligaments or tendons
- broken bones
- head injuries / facial injuries (broken nose, injuries to the teeth)
- concussion
- miscarriage
- internal injuries
- physical pain
- other injuries
- I have had no injuries.

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