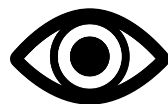
Traumeeksponering og mentalt helbred hos minoritetsetniske unge på flugt fra negativ social kontrol

Trauma exposure and mental health of ethnic minority adolescents and young adults on the run from negative social control



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Resumé

Introduktion: I litteraturen fremstår forskning i en potentiel sammenhæng mellem negativ social kontrol og mentalt helbred relativt begrænset. Målet med dette speciale var hermed at belyse potentielle psykopatologiske symptomer hos en gruppe unge minoritetsetniske kvinder, der var indskrevet på et specialiseret krisecenter, RED Safehouse. **Metode:** Dataindsamlingen blev foretaget af en erfaren, klinisk psykolog, der er tilknyttet stedet. Foruden indsamling af data på deres oplevelser af negativ social kontrol og tidligere potentielle traumatiske oplevelser (Life Event Checklist for DSM-5), blev også ICD-11 Trauma Questionnaire, Beck Youth Inventories, Beck Depression Inventory samt Beck Anxiety Inventory anvendt som mål for mentale helbredsproblematikker. Derudover har en omfattende gennemgang af en del af litteraturen på området ligget til grundlag for både introduktionen og diskussionen i artiklen, samt den efterfølgende teoretiske diskussion. **Resultater:** Resultaterne af de statistiske analyser pegede på markante mentale helbredsvanskeligheder hos de unge, med høje rater af PTSD, Kompleks PTSD, depression og angst, samt en høj grad af udsathed i forhold til tidligere traumatiske oplevelser og negativ social kontrol. Delvise korrelationer viste ydermere, at negativ social kontrol muligvis kan forklare en del af symptombilledet. **Diskussion:** Resultaterne bidrager til forståelsen af de mentale helbredskonsekvenser ved negativ social kontrol hos en gruppe af udsatte unge. De økonomiske, individuelle og integrationsmæssige udfordringer vil blive diskuteret. Derudover vil den teoretiske diskussionen ydermere bidrage med en definition og diskussion af begreberne 'negativ social kontrol' og 'ære' samt dette begrebs indflydelse på udøvelsen af kontrol. Psykologiske forklaringsmodeller og copingstrategier samt forskellige udfordringer på området vil blive præsenteret og diskuteret, og derudover vil nødvendigheden af og udfordringer ved udviklingen af et screeningsværktøj for negativ social kontrol blive pointeret, samt vigtigheden af ligeledes at inkludere de udsatte mænd i fremtidige undersøgelser.

Indhold

Brev til censor 4

Traumatic experiences and mental health consequences of ethnic minority adolescents and young adults on the run from their families due to negative social control 5

Abstract 5

Introduction 6

Method 11

Procedure 12

Participants 13

Measures 13

Negative social control 13

Demographic characteristics 13

Life Event Checklist 14

ICD-11 Trauma Questionnaire 14

Beck Youth Inventories 15

Beck Depression Inventory 15

Beck Anxiety Inventory 16

Results 16

Previous trauma 17

Correlations 17

Partial correlations 18

Discussion 19

Limitations 22

Suggestions for future research 23

Clinical implications 23

Conclusion 25

Tables 31

Table 1 31

Table 2 32

Table 3 33

Table 4 34

Table 5 35

Table 6 35

Table 7 ... 36
Table 8 ... 37
Teoretisk diskussion ... 38
Negativ social kontrol ... 38
Ære ... 40
Forskellen på kønnene ... 42
Kontrol af mænd ... 43
Psykologiske forklaringsmodeller ... 44
Identitet ... 47
Copingstrategier ... 49
Sociale udfordringer på området ... 51
Mødomstjek og -rekonstruktioner ... 52
Ændringer i samfundet og konceptuelle udfordringer ... 53
Afsluttende konklusion ... 54
Bilag 1. Dokumentation for tilladelse til brug af ekstern data ... 63

Brev til censor

Mit speciale er blevet til på baggrund af et prægraduat forskningsår, der har til hensigt at give den studerende en dybere forståelse for forskningens verden igennem tilknytning til en forskningsafdeling, samt lære at udarbejde en videnskabelig artikel i samarbejde med vejlederne. Det primære produkt af et sådan forskningsår er derfor en artikel.

Igennem mit prægraduate forskningsår har jeg været tilknyttet Nationalt Videnscenter for Psykotraumatologi på Syddansk Universitet. Udover at arbejde på mit eget speciale, har jeg også været en del af projektet 'The psychological subtype of intimate partner violence and its effect on mental health" (Dokkedahl et al., 2019).

Datamaterialet til artiklen er indsamlet af leder og stifter af Minoritetskonsulenterne, Inge Loua, der ved screening af nytilkomne unge på REDSafeHouse på Sjælland har indsamlet materiale vedrørende negativ social kontrol, tidligere traumer (LEC-5), PTSD og kompleks PTSD (ITQ), depression og angst (Beck Youth Inventories, Beck Depression Inventory og Beck Anxiety Inventory). Efterfølgende er data bearbejdet og analyseret af undertegnede.

Foruden forskningsartiklen vil en uddybende analyse og diskussion af litteraturen på området også indgå i specialet. Da artiklen fungerer som det primære produkt vil det indgå som den første del, og den teoretiske diskussion vil følge herefter.

Traumatic experiences and mental health consequences of ethnic minority adolescents and young adults on the run from their families due to negative social control

Abstract

Background/Aim: The possible relationship between negative social control and mental health disorders appear relatively unexamined. The goal of the study was to examine potential mental health problems in a sample of young Danish ethnic minority women, who have been sheltered at a safehouse due to experiences of negative social control in the family. Furthermore, the study sought to expose any previous potentially traumatic events as well as the types of negative social control, they have been exposed to. **Method:** Data collection was part of a standard psychological screening procedure at the safehouse. Measures included the ICD-11 Trauma Questionnaire, Life Event Checklist, Beck Youth Inventories, Beck Depression Inventory, Beck Anxiety Inventory as well as a screening measure for negative social control and sociodemographic characteristics constructed by the conducting psychologist. **Results:** findings indicate severe mental health consequences, such as high rates of PTSD and C-PTSD, as well as severe symptoms of depression and anxiety in a large proportion of the respondents. Furthermore, partial correlations suggested that negative social control might play an important role in the development of e.g. PTSD. **Discussion:** Although the results might not apply to victims of negative social control who are not sheltered at the safehouse, they still contribute to the knowledge on mental health consequences of negative social control. The clinical implications of the findings are discussed. Future research should include men and develop a measure for negative social control.

Introduction

The present article examines the mental health status of adolescents and young adults with ethnic minority background sheltered in Danish safehouses due to experiences of honour-related violence and negative social control from their families. Given that Posttraumatic Stress Disorder (PTSD) are often underdiagnosed in trauma samples (Miele & O'Brien, 2010) and that both PTSD and Complex Posttraumatic Stress Disorder (Complex PTSD) previously have been linked to childhood trauma exposure (M. Cloitre et al., 2009; Herman, 1992; Kiser, Heston, Millsap, & Pruitt, 1991), the main focus of this article will be on the relationship between experiences of negative social control and symptoms of PTSD and Complex PTSD, including comorbid symptoms of depression and anxiety.

In recent years there has been increasing interest in the concept of honour-related violence and negative social control in ethnic minority families (Prpic, 2015), which is emphasized by several reports investigating ethnic minority youth and social control, commissioned by the Danish Government (Asserhøj et al., 2011; Følner, Johansen, & Hansen, 2018; Følner, Lund, & Thomsen, 2014; M. K. Jensen, Følner, Hansen, & Tufte, 2018). Følner et al. (2018) studied young people's experiences of negative social control among more than 4500 respondents in Denmark. While the majority of the young population in Denmark do not experience negative social control, a minority group of ethnic youth, especially young girls and women, is considerably more exposed to negative social control than their ethnic majority peers. These findings indicate a significant relationship between experiencing acts of negative social control and diminished psychological well-being (Følner et al., 2018). Furthermore, they found a significant relationship between consideration of the family's honour and negative social control, meaning that young people perceiving the family's honour to mean 'everything' or 'a lot' are significantly at risk of (1) being exposed to negative

social control, (2) having views that supports negative social control and (3) living a double life where the family is kept in the dark about the young person's life outside the family (Følner et al., 2018). Another report from 2018 found that children from 6th to 8th grade experienced distress when related to negative social control (M. K. Jensen et al., 2018). Although these two studies preliminarily point to a connection between diminished psychological health and negative social control, research on this topic is still scarce, and there seems to be missing systematic research on victims of negative social control using validated measures.

Previously, Als Research conducted a study on young immigrant's experiences of social control, freedom and boundaries in which they concluded that the family's experience of honour, and possible loss of this, plays a strong role when it comes to being exposed to negative social control (Asserhøj et al., 2011). The Ethnic Consultancy Team of Copenhagen found that just under a quarter of their cases from 2015 could be categorized as honour-related violence (Etnisk Konsulentteam, 2015), which points to a connection between violence and honour in minority ethnic families. Although honour and honour-related violence are difficult and sensitive concepts to explain and restrict into one simply explained idea, it is primarily the definition of honour as closely linked to a woman's sexual behaviour and chastity that are connected to honour-related violence and conflicts (Fabricius, 2018). To have honour is to be able to demand respect from the surroundings, but if a shameful act (or rumor of such) becomes public, the whole family loses their claim of respect, which means that the men will lose face and the women will lose value, for example as potential wives (Wikan, 2003). However, it should be emphasized that not all cases of control and violence can be attributed honour-related ways of thinking (Etnisk Konsulentteam, 2015).

There seems to be discrepancies on how to name conflicts and violence in ethnic minority families with terms such as honour-related conflicts, honour-related social control and negative

social control being used interchangeably (Asserhøj et al., 2011; Danneskiold-Samsøe, Mørck, & Sørensen, 2019; Følner et al., 2014; Regeringen, 2016). The phenomenon of social control exists throughout society (Fabricius, 2018). Controlling a child's behavior can be a way of keeping the child safe, but when social control becomes negative it restricts the individual's freedom and limits choices and basic human rights (Fabricius, 2018). Danish research on social control has primarily been focusing on ethnic minorities, although negative social control is not restricted to this group (Fabricius, 2018; Stage & Thygesen, 2019).

Despite the tendency to narrowly use negative social control in relation to ethnic minorities it still seems to describe the phenomenon best due to its broadness, regardless of its possible association with honour or lack of such. Therefore 'negative social control', defined as *"behavioral regulation in the form of e.g. actions, restrictions, force, violence and sanctions that limits the individual's self-expression in a way that is not in compliance with the rights of children and youth in Denmark and which has negative impact on the well-being of the child"* (Stage & Thygesen, 2019), will be the definition used throughout this study, and will include experiences of social restrictions, violence, severe threats, re-education trips, pressure to enter marriage and forced marriage.

As described, negative social control exists across religion and culture (Stage & Thygesen, 2019), but ethnic minorities appears to be vulnerable in certain areas. For example being part of an ethnic minority group has shown to be a risk factor for developing PTSD (Himle, Baser, Taylor, Campbell, & Jackson, 2009). Furthermore, Moore, Jayaweera, Redshaw, and Quigley (2019) found a significant relationship between minority ethnicity and increased odds of experiencing psychological distress as well as a statistically significant lower odds of receiving treatment for Indian, Pakistani and black African women compared to white British women. The population of the present study is further expected to be vulnerable when comparing with the consequences

suffered by victims of Intimate Partner Violence (IPV). Victims of IPV also experience negative social control, often labeled coercive control, which is understood to be a severe form of IPV (Nevala, 2017). Studies have shown associations between IPV and common mental health disorders such as depression, anxiety, PTSD, suicidality as well as alcohol- and drug abuse (Golding, 1999; Lagdon, Armour, & Stringer, 2014).

Negative social control appears to overlap considerably with other types of partner- and family-related violence, which further complicates the conceptualization of the phenomenon. Especially the subtype of psychological violence, which is characterized by verbal or non-verbal threatening, humiliating and controlling acts intended to harm the victim (Saltzman, Fanslow, McMahon, & Shelley, 2002), resembles key aspects of negative social control such as having one's phone, computer or bag searched, being surveyed or experiencing threats of violence or re-education trips (Følner et al., 2018). Moreover, the Ethnic Consultancy Team estimates that aspects of either psychological or physical violence is present in all of their cases (Etnisk Konsulentteam, 2015). Research have shown that psychological violence significantly predicts PTSD symptoms (Norwood & Murphy, 2012), which could suggest that negative social control might predict PTSD as well. Social support is known to be a protective factor in the development of PTSD (Karstoft, Armour, Elklit, & Solomon, 2013), and given that honour-related violence are defined by the accept and support of the negative actions from other family members and social relations (Slot, 2017) it seems likely that victims of negative social control might be deprived of this kind of social support, and subsequently more vulnerable to develop PTSD. Furthermore, refugees have shown to be highly vulnerable both with high numbers of traumatic experiences as well as elevated rates of PTSD (Alpak et al., 2015).

In 1992 Herman described the concept of Complex PTSD, developed as a response to prolonged, repeated trauma, which includes symptoms of somatization, dissociation, changes in

affect, disturbed relationships as well as pathological changes of identity (Herman, 1992). Especially repeated traumatic experiences in childhood are associated with Complex PTSD (M. Cloitre et al., 2009; Herman, 1992), and since the population of this study have been experiencing negative social control and violence from family members presumably for several years, Complex PTSD might be more common in this group than the general population. Moreover, children exposed to negative social control might experience feelings of guilt and shame (Stage & Thygesen, 2019) compatible with some of the core symptoms of PTSD (World Health Organization, 2018).

Given that the young population included in this study are ethnic minorities and are exposed to trauma within their family from a very young age, makes it highly relevant to investigate the mental health of this population.

The 'RED Center against honour related conflicts' is a Danish nation-wide organization founded in 2002 and specializing in counselling of young people with minority ethnic background and professionals on the topic of honour-related violence and negative social control. Since 2004 RED Center has run two highly specialized safe houses, named REDSafeHouse, where young people with ethnic minority background on the run from their families, can have shelter and receive treatment if necessary. It is from one these two safehouses that the population of this study has been sampled, and to the authors knowledge, no studies on the mental health of this particular group using validated measures has previously been conducted, making this a highly unique sample. Due to a relatively small number of male participants, this study will only include young women, which also appears to be more exposed to negative social control and honour-related crimes (Følner et al., 2018; Prpic, 2015). However, it should be emphasized that men are exposed to violence and control too, and for future research it will be highly relevant to include this group. The study will provide a much-needed perspective on the mental health of this young, female population.

From an international perspective there has been increasing interest in this subject (Björling, Saadallah, & Förberg, 2004; Prpic, 2015). However, the need for research on this population's mental health, which focus on screening for PTSD and Complex PTSD, seems important as this group is exposed to several risk factors, making them vulnerable to severe mental health consequences. The need for attention in this area of research as well as evidence for effective screening of these young women is highly important, thus making it the main goals of this study.

Aim

The first aim of this study is to explore the mental health, including symptoms of PTSD, Complex PTSD, depression and anxiety of young people with ethnic minority background on the run from their families who lives at the RED SafeHouses on Zealand, as well as types of negative social control they might have experienced and a possible correlation between these two. The second aim is to uncover lifetime traumas of this young population besides negative social control and also to investigate if a potential direct relationship exists between having experienced negative social control and having symptoms of one or more of the above-mentioned mental health disorders when controlling for other possible traumas.

Method

The sample consisted of 86 young people housed at the RED Safehouse on a secret address on Zealand, Denmark. As part of the standard procedure when arriving at the safehouse, a screening was conducted by an experienced psychological consultant, with the main task of screening the newly enrolled in order to assess their psychological condition, guide the pedagogical approach as

well as potentially referring the young person to psychological assistance if needed. This screening forms the basis for psychological recommendations for any interventions and further progress.

Procedure

Upon arrival, staff would inform about special safety precautions necessary for the safehouse to maintain its high security level with a secret and safe location. Furthermore, the young woman or man needed to complete a declaration of consent including a consent to undergo a psychological screening as part of the visitation.

Often, the situation preceding the young person's arrival at the safehouse has been very agitated and dramatic, leading them to run away and seek shelter from their families. As many of them were highly distressed by the situation, the screening was scheduled after a minimum of one week and a maximum of three weeks after arriving at the shelter.

The screening lasted about one hour and consisted of clinical interviews and tests, and furthermore, psychoeducation about normal reactions after traumatic experiences were given to the respondents. A psychologist was available for potential emotional reaction. Interpreters have been necessary in some cases, and some of the respondents have been interviewed in English rather than Danish due to better English skills. However, the vast majority spoke Danish, but in the cases where schooling had been lacking or the person suffered from dyslexia, the psychologist read the questionnaires out loud.

The current study included all assessments completed from 2017 to mid-2019. As the screening is part of the standard procedure at the RED Safehouse it includes those who stayed for at least one week, and therefore, excluded anyone who left the shelter too early for the screening to happen. Furthermore, missing interpreters or lack of Danish or English skills excluded the person from the screening, as well.

Participants

Participants were all victims of negative social control, who either sought out the shelter independently, or who were placed there by the police or Social Services. Male gender was removed due to a small sample size (n=12), which resulted in the 74 young women being included in the analyses. Mean age was 20.4 (SD 2.95) years spanning from 15 to 28 years of age. As shown in **Table 1** 58.1% had Danish citizenship and 17.6% were refugees whereas the rest had indicated other legal statuses, such as permanent residence permit. Just above half (52.7%) of the participant were born in Denmark and the rest immigrated or fled to the country over the years from 1994 to 2017.

Measures

Negative social control

Questions about negative social control within the family was included in the visitation of the youth upon arrival at the Safehouse. Information about experiences of social restrictions, violence, severe threats, having been sent out of Denmark (re-education trips), pressure to marriage and forced marriage in family of origin was collected as well as data about suicidal thoughts and previous suicide attempts. Examples for every question was given, for example "Have you experienced social restrictions, such as strict regulations of your whereabouts, who you spent time with, or involuntary control of your Facebook activities?". The questions were then answered with a 'yes' or 'no'.

Demographic characteristics

Demographic characteristics included date of arrival at the Safehouse, age, sex, legal status (e.g. seeker of asylum, refugee or Danish citizen), arrival at Denmark/born in Denmark, last

completed education, current employment, parents ethnic background, definition of own ethnicity, number of siblings and what part of the countries they lived in before arrival.

Life Event Checklist

To explore whether the respondents had experienced any lifetime trauma, besides negative social control, the Life Event Checklist for DSM-5 (LEC-5) was included in order to screen for potential traumas experienced by the respondent. LEC-5 consists of 17 items including 16 different traumas known to precede PTSD and 1 item indicating other stressful events. The responses are given on a 6-point nominal scale: "Happened to me", "Witnessed it", "Learned about it", "Part of my job", "Not sure", "Doesn't apply" (Weathers et al., 2013). For the purpose of this study the responses were categorized into 'Happened to me' and 'Happened to others' ("Witnessed it" and "Learned about it").

ICD-11 Trauma Questionnaire

ICD-11 Trauma Questionnaire (ITQ) is a measurement used for PTSD- and complex PTSD-assessment and was developed in 2013. Data collection began before the final publishing of the ITQ in ICD-11, which caused the use of the ITQ Version 1. It is divided into separate manuals for PTSD and C-PTSD, where the PTSD-part is based on the three symptomatic clusters of PTSD: reexperiencing of the traumatic event (3 questions), avoidance of triggers associated with the event (2 questions) and hypervigilance (2 questions). All the three clusters must each meet a minimum score of 2 for the diagnosis to be fulfilled. The C-PTSD-part of the questionnaire is based on four clusters: hyper- and hypoactivation of emotional regulation (5 questions for each of the two clusters), negative self-concept (4 questions) and disturbed relationships (3 questions). Besides the minimum-scoring of 10, 8, 10 and 6 for the four clusters respectively the criteria for PTSD also need to be met to fulfill a diagnosis of C-PTSD. Both of the two sub-manuals are answered on a 5-

point Likert scale spanning from 0 = "Not at all" to 4 = "extremely" (Cloitre, Roberts, Bisson, & Brewin, 2013).

Beck Youth Inventories

Initially the Beck Youth Inventories Second Edition (BYI-II) were used as part of the screening. The BYI-II consists of five inventories: depression, anxiety, anger, disruptive behaviour and self-concept. Each inventory then contains 20 questions which is answered on a scale from 0 ("never") to 3 ("always") depending on how frequently the statement has been true for the respondent during the past two weeks. The total raw score is converted into the equivalent t-score depending on gender and age, which is then used for categorization of severity ("average", "slightly elevated", "moderately elevated" or "extremely elevated" for four of the inventories, except self-concept which is categorized as "above average", "average", "below average" and "far below average" (Beck, Beck, Jolly, & Steer, 2012)

During the period in which the sampling was conducted a change from BYI-II to Beck Depression Inventory Second Edition (BDI-II) and Beck Anxiety Inventory (BAI) were made. This was due to the clinical psychologist's evaluation of the adult versions as being a better fit for the population's life circumstances, and therefore, these versions replaced the BYI-II.

Beck Depression Inventory

The BDI-II is a self-report measure designed to assess physiological as well as cognitive symptoms of depression. The inventory consists of 21 groups of four statements, except for "changed appetite" and "changed sleeping patterns" which both has seven options including a spectrum of either increased or decreased sleeping and eating behaviour. The respondents then choose the statement (0 – 3 indicating increasing symptom severity) that best represent their state for the past two weeks, and the score for each group is combined into a total score Beck, Steer, &

Brown, 1996). Suggested guidelines for interpretation of the BDI-II score is “minimal depression” 0-13, “mild depression” 14-19, “moderate depression” 20-28 and “severe depression” 29-63 (Smarr & Keefer, 2011).

Beck Anxiety Inventory

The BAI self-report measure was included as an indicator of the possible anxiety levels experienced by the study population. 21 symptoms of anxiety are rated on a scale from 0 – 3 by the respondent with higher score indicating increased intensity of the symptoms experienced (Beck & Steer, 1990). A total score for anxiety level could then be interpreted using a guideline (0-7 indicating minimal anxiety, 8-15 mild anxiety level, 16-25 moderate anxiety level and 26-63 severe anxiety level) (Starosta & Brenner, 2017).

Results

As shown in **Table 1,** 58.1% of participants had Danish Citizenship and 52.7% were born in Denmark. Whereas 17.6% had status of refugee the rest were distributed across other legal statuses such as residence permit. On average, participants had 5.5 (SD 1.98) siblings spanning from 2 – 11, and their parents ethnic background was primarily Somali, Kurdish, Afghan and Iraqi. By far, the most frequent educational level was Primary School or Primary School not yet completed (62.2%), and the highest completed educational level was medium higher education.

Table 2 shows the distribution of experiences of negative social control, where social restrictions were the most frequent reported experience with 70 (94.6%) participants indicating this type of control. Furthermore, physical violence (81.1%), severe threats (76.1%) and pressure to marry (54.2%) were frequently reported.

Frequencies for mental health problems can be seen in **Table 3**, as many as 50.7% met the criteria for PTSD, 29.9% met criteria for C-PTSD and only 19.4% did not meet criteria for either one. Moreover, many participants met the criteria for severe depression (46.9%), while 18.8% had showed moderate/severe symptoms, 12.5% mild/moderate and 21.9% non/minimal. Pertaining anxiety, the severe category included 47.6% of participants. Moderate anxiety was experienced by 17.5%; mild anxiety by 9.5%, and minimal anxiety was reported by 25.4%. Previous suicidal thoughts were reported by 64.8% and 35.7% had previously attempted suicide, also shown in **Table 3.**

Previous trauma

Table 4 shows previous traumatic experiences. As evident, interpersonal traumas such as physical assault (88.4%), physical assault with weapon (47.8%), sexual assaults (42%) and unwanted sexual experiences (46.4%) were the most frequently reported traumas experienced by the respondent, transportation accidents and captivity were also frequent. The most frequent traumatic experiences that happened to 'others' were severe human suffering (68.1%), physical assault (66.7%), whereas sudden accidental death, life-threatening illness or injury and transportation accidents were all experienced by 52.2%, respectively. Furthermore, fire or explosion, assault with weapon, combat or exposure to war and sudden violent death were highly frequent.

Correlations

Correlation analyses are shown in **Table 5, 6** and **7**. In **Table 5,** a Pearson correlation between total number of different negative social control experiences and PTSD symptoms indicate a medium strong correlation ($r = 0.432$, $p < .0001$).

Point-biserial correlations between PTSD, C-PTSD, depression, anxiety and negative social control are presented in **Table 6.** PTSD correlated significantly with severe threats ($r = .526$) and pressure to marry ($r = .430$). Correlations between violence and C-PTSD ($r = .490$), depression ($r = .397$) and anxiety ($r = .418$) were all significant at the .01 level.

As it can be seen in **Table 7** a medium strong correlation appeared between total number of traumatic experiences happening to 'me' and PTSD ($r = .371$, $p < 0.5$), C-PTSD ($r = 343$, $P < 0.5$), depression ($r = .420$, $p < 0.1$) and anxiety ($r = 334$, $p < 0.5$).

Furthermore, both serious accidents and physical assaults had significant, medium strength correlations with both C-PTSD, depression and anxiety. Sexual assault showed significant correlation with PTSD ($r = .257$) and depression ($r = .292$), whereas other unwanted sexual experiences had a medium correlation with PTSD ($r = .331$, $p < 0.1$). Transportation accidents also showed a significant correlation with PTSD at the .05 level ($r = .254$), and at the same level of significance did fire or explosion correlate with anxiety ($r = .271$).

Partial correlations

Table 8 shows a partial correlation between previous traumatic experiences and mental health variables when controlling for the different types of negative social control. For the sake of clarity, only traumatic experiences and types of negative social control that has proven a significant relation with at least one of the mental health variables has been included (i.e. severe threats, violence and pressure to marry). The table shows that, when controlling for the negative social control variables, only serious accident's correlated with C-PTSD, depression, and anxiety. Sexual assault's correlated with depression, and sexual experiences correlated with PTSD. The other traumatic events did not remain significant after controlling for negative social control (i.e. fire or explosion, and physical assault with or without weapons). However, although transportation accidents no

longer correlated significantly with PTSD it suddenly showed a significant correlation with C-PTSD at the .05 level (r = .288).

Discussion

To the authors knowledge this study is the first to assess mental health consequences of running away from one's family due to negative social control. The main goals of this study were to describe the mental health and traumatic experiences of the women sheltered at one of the RED Safehouses. The results suggest that this population have experienced multiple numbers of potentially traumatic events as well as exhibit symptoms of PTSD and C-PTSD, with rates as high as 50.7% and 29.9%, respectively. Both severe threats, pressure to enter marriage and violence were significantly correlated with PTSD or C-PTSD, and when controlling for these negative social control variables, several of the previous traumatic events no longer correlated significantly with the mental health variables. Although this group has been exposed to numerous types of potentially traumatic events, it appears that negative social control plays a crucial role in the development of psychopathology for this group. Experiences of negative social control such as virginity checks and reconstructions of the hymen, and direct consequences of the control such as living a double life and having to run away from forced marriages or the family, has been indicated as 'other very stressful events' in the LEC-5 by numerous participants, which might further point to negative social control as a potential traumatic experiences in itself. Furthermore, total number of negative social control experiences correlated significantly and positively with number of PTSD symptoms, suggesting that the severity of negative social control might be associated with the number of different types of negative social control in a dose-response model.

There is evidence that being exposed to violence in childhood is a significant predictor of becoming a victim of intimate partner violence later in life (Jewkes, Levin, & Penn-Kekana, 2002). Having been exposed to honour-related violence and negative social control might impact the young women's choices later in life and possibly make them more vulnerable to violence from future partners. This calls for more knowledge in this area in order to help health care practitioners as well teachers and social workers identify victims, in order to prevent later victimization. Moreover, due to Denmark's obligation to the Istanbul Convention, which commits the involved countries to protect and help women exposed to domestic abuse (Council of Europe, 2011), prevention of negative social control and violence in childhood and adolescence might reduce later domestic abuse victimization. Article 44 of the convention even explicitly regards the notion that no cultural, religious or traditional values as well as ideas of 'honour' can justify a criminal act, which suggest a societal focus and understanding of the damaging effects of honour-related violence and negative social control.

Although honour was defined in the introduction of this article, it should be emphasized that it is not an exhaustive definition, which is also beyond the scope of this article, and since the participants have not been asked directly, we cannot conclude that honour as the only explanation to the negative social control, although honour has previously been argued to be the cause of negative social control (Asserhøj et al., 2011). Furthermore, it should be stressed that the authors do not believe honour to be the only causal explanation for negative social control in ethnic minority families. This is also evident from the statistics from the Ethnic Consultancy Team of Copenhagen showing that not all cases of violence can be categorized as honour-related (Etnisk Konsulentteam, 2015). Due to some of the participants' legal refugee status, both the young women in this sample and presumably many of their parents and siblings, have been exposed to potential traumatic events and are at high risk of developing PTSD (Alpak et al., 2015). Evidence has pointed to

traumatization and PTSD as risk factors for aggressive behaviour (Jakupcak et al., 2007), which then could explain negative social control and violence in the family. Moreover, parents, who have been victims of severe traumas (e.g. warzone), might become very protective of their children, especially in a new country with different customs and values. However, research is needed for this assumption to be supported. In any case, it is important to understand the cultural differences that might lead to negative social control and they should not be neglected by professionals.

Furthermore, as the results of this study points to, this group appears highly vulnerable and affected by their lifetime experiences. As numbers from the Danish National Patient Registry shows, the prevalence of depression and anxiety disorders is high and the societal costs due to treatment and loss of production are high as well (Flachs et al., 2015). Due to the increased rates of immigrants and refugees entering Europe from the northern part of the African continent and the Middle East over the past few years (Larsen, 2019) it appears likely that negative social control will occur at increasing pace in the primary sector. This makes it important for health care practitioners to know how to address and screen for negative social control. Furthermore, as Wikan (2003) has described, being an ethnic minority in a new country can lead to a more pronounced use of negative social control as a way of maintaining the young people's connection to and respect for the traditional culture's values. It might be possible that negative social control can have an inhibiting effect on successful integration of newly arrived young people, if this type of control prevents them from discovering the cultural aspects of their new country or even socializing with ethnic Danish youth. From a socioeconomic perspective, helping these young women and men when it comes to both dealing with and seeking help from negative social control as well as having potentially traumatic experiences and mental health symptoms treated, could not only benefit the young persons themselves but also society as a whole.

Furthermore, several components of negative social control clash with the United Nations' Declaration of Human Rights such as the rights to liberty and security (Article 1), free marriage (Article 16), choice of work (Article 23) and freedom of opinion and expression (Article 19), further suggesting a need for attention to this research area (United Nations, 1948).

Limitations

This study sought to uncover the mental health of young people who have had to leave their families due to negative social control, and although the results suggest that a quite substantial proportion of the participants had symptoms of severe mental health disorder, the study population is not representative of ethnic minorities in Denmark in general. Furthermore, as only those who stayed at the safehouse long enough for the screening to take place could be included, the sample is not representative of negative social control victims who are not housed at the safehouse, either. Moreover, certain characteristics of this study population might also contribute to the non-representativeness of the results to other groups of negative social control victims, as those, who have fled their homes, could be the most traumatized group, have experienced the highest degree of negative social control, having the most difficult relationships with their families, or they might be the most resourceful group who could gather enough courage to run away and seek help. Therefore, results of this study should only be considered suitable for this particular group and not ethnic minorities or victims of negative social control in general.

Moreover, it should be noted that not all participant had the needed skills to fill out the screening questionnaires themselves. As the measures were self-report, the need for the psychologist to help translate and read the questions might have affected the results.

The negative social control questionnaire consisted of only six items and were dichotomous, which means that it was not possible to look at the degree of social control the participants had

experienced. Only if they had had the experience or not. It is therefore not possible to extract from this dataset to what extend they have been exposed to negative social control or if higher degrees of control would correlate with severity of mental health symptoms. This will be discussed further in the next section.

Suggestions for future research

For further research on this topic in the future, constructing a comprehensive screening measure for negative social control could help both clinicians and researchers when uncovering potential victims. The measure could include questions about psychological and financial violence, isolation, and being married before the age of 18. Furthermore, it might be appropriate to have a separate measure for men, as the negative social control varies between gender. For example, men are often exposed to control or violence due to their choice of dating partner, refusing arranged marriages, having another sexuality than heterosexual or refusing to control women of the family (Bond, 2014; Fabricius, 2018), whereas female genital mutilation, virginity checks as well as virginity reconstructions could be subjects included when screening women.

The questionnaire given to the population of this study, did not include questions for other types of violence, e.g. psychological violence. This might have resulted in some dark numbers on the frequency of violent exposure. As negative social control can also be understood as coercive control, a severe form of IPV (Nevala, 2017), it could be an interesting finding if psychological violence correlates with negative social control, maybe suggesting negative social control to be a subtype of psychological violence.

Clinical implications

The most prominent clinical implication of this study is the need for mental health care for this population, as a large proportion of the investigated sample suffers from severe symptoms of

mental disorders. This should be a wake-up call for politicians to make sure that they are offered adequate treatment for their symptoms besides the needed housing at the safehouses.

As honour is collectivistic and shame only affects the family when the code of honour is publicly broken (Wikan, 2003; Aamand & Uddin, 2007) many young women and men probably will never seek help from the authorities with problems at home as this will publicly bring shame to their families. This makes it even more important to know more about the connection between negative social control and mental health, as it can lead health care providers, teachers, etc. to detect the small signals from these young people and immediately act upon them, e.g. if a young woman goes to her doctor with symptoms of depression.

Furthermore, as it has been pointed out by several authors, it is very important that health care practitioners do not contribute to the maintenance of myths about e.g. virginity, such as when a well-meaning doctor performs virginity-checks and/or virginity-reconstructions in an attempt to help a young woman. This only contributes to the incorrect understanding of virginity as a sort of "barrier" that should be broken on the wedding night, causing the woman to bleed. As it might help one woman in the moment, on the long run it will contribute to the maintenance of the myth, causing severe distress and anxiety for even more women (Fabricius, 2018; Aamand & Uddin, 2007).

The reason for the sensitivity of the subject might be the vulnerable position of this population and a fear in the ethnic majority of being stigmatized as racist when questioning the practice and child rearing methods of the ethnic minority group. Although this might be the case, this study points to the severe mental health costs of these young women, and fear of stigmatization should never abstain teachers or health care practitioners from asking questions and offering help when in contact with potential victims of negative social control.

Conclusion

The results of this study indicate that victims of negative social control exhibit severe mental health problems. The women at the RED Safehouse are highly exposed to different types of negative social control as well as previous potential traumas. High rates of PTSD and C-PTSD as well as severe symptoms of depression and anxiety were observed in the population, and negative social control appeared to play a role in the development of psychopathological symptoms. Despite several methodological limitations, the results contribute with new knowledge on the subject of negative social control's impact on the mental health of young ethnic minority women. This connection supports the need for more attention to this group and should prompt researchers as well as politicians, health care practitioners, teachers and social workers to investigate this association further in order to provide the best help possible for this vulnerable group.

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Tables

Table 1. Demographic Information

	M (SD)	Range
Age in years	20.4 (2.95)	15 – 28
Number of sibling (oneself included)	5.5 (1.98)	2 – 11
	N	**%**
Legal Status		
Danish Citizen	43	58.1
Refugee	13	17.6
Permanent residence permit	5	8.2
Residence permit	3	4.1
Asylum seeker	3	4.1
Family reunited	2	2.8
Other*	3	4.1
Born in Denmark		
Yes	39	52.7
No	35	47.3
Parents ethnic background		
Somalia	13	17.6
Kurdistan	12	16.2
Afghanistan	9	12.2
Iraq	9	12.2
Pakistan	6	8.1
Palestine	5	6.8
Syria	4	5.4
Turkey	2	2.7
Other**	5	6.8
Mixed ***	9	12.2
Highest completed education		
Medium higher education	3	4.1
Short higher education/Vocational education	6	8.1
Secondary school	15	20.3
Primary School/ Primary School not yet completed	46	62.2
No education at all	1	1.4

* 1 was German Citizen, 1 defined herself as immigrant and 1 had an expired residence permit.
** 5 had parents from Iran, Lebanon, Morocco, Sri Lanka or Sudan
*** 9 had mixed background with parents from different countries (Djibouti/Somalia, Iraq/Denmark, Iran/Iraq, Morocco/Denmark, Morocco/Egypt, Romania/Iraq, Somalia/Denmark or Syria/Iraq).

Table 2. Negative social control

	N	%
Social Restrictions		
Yes	**70**	**94.6**
No	**4**	**5.4**
Total	74	100
Violence		
Yes	**60**	**81.1**
No	**14**	**18.9**
Total	74	100
Severe Threats		
Yes	**54**	**76.1**
No	**17**	**23.9**
Total	71	100
Re-Education Trips		
Yes	**14**	**19.7**
No	**57**	**80.3**
Total	71	100
Pressure to Marry		
Yes	**39**	**54.2**
No	**33**	**45.8**
Total	72	100
Forced Marriage		
Yes	**8**	**11.4**
No	**62**	**88.6**
Total	70	100

Frequency of negative social control experiences in the sample.

Table 3. Mental health

	N	%
PTSD	**34**	**50.7**
C-PTSD	**20**	**29.9**
Non	**13**	**19.4**
Total	67	100
Depression		
Non/Minimal	**14**	**21.9**
Mild to Moderate	**8**	**12.5**
Moderate to Severe	**12**	**18.8**
Severe	**30**	**46.9**
Total	64	100
Anxiety		
Minimal	**16**	**25.4**
Mild	**6**	**9.5**
Moderate	**11**	**17.5**
Severe	**30**	**47.6**
Total	63	100
Suicidal Thoughts		
Yes	**46**	**64.8**
No	**25**	**35.2**
Total	71	100
Previous Suicide Attempts		
Yes	**25**	**35.7**
No	**45**	**64.3**
Total	70	100

Frequency of PTSD and C-PTSD diagnosis, depression, anxiety, suicidal thoughts and previous suicide attempts in the study population.

Table 4. Traumatic experiences measured by LEC-5

	Experienced by 'Me', N (%)	Experienced by 'Other', N (%)
Natural Disaster	**3 (4.3)**	**10 (14.5)**
Fire or Explosion	**16 (23.2)**	**30 (43.4)**
Transportation accident	**28 (40.6)**	**36 (52.2)**
Serious accident at home or work	**11 (17.4)**	**15 (23.5)**
Exposure to toxic substance	**5 (7.4)**	**1 (1.5)**
Physical assault	**61 (88.4)**	**46 (66.7)**
Assault with weapon	**33 (47.8)**	**25 (36.2)**
Sexual assault	**29 (42)**	**5 (7.2)**
Other unwanted sexual experiences	**32 (46.4)**	**4 (5.8)**
Combat or exposure to war	**15 (21.7)**	**32 (46.4)**
Captivity	**26 (37.7)**	**16 (23.2)**
Life-threatening illness or injury	**3 (4.5)**	**36 (53.8)**
Severe human suffering	**10 (14.5)**	**47 (68.1)**
Sudden violent death	**7 (10.3)**	**29 (42.6)**
Sudden accidental death	**0**	**36 (52.2)**
Causing serious harm or death to someone else	**2 (2.9)**	**2 (2.8)**
Other very stressful experiences or events	**35 (62.5)**	**8 (14.3)**
Total mean of traumas (SD)	**4.6 (2.6)**	**6.1 (3.6)**

Traumatic experiences measured by the LEC-5 divided into 'happened to me' and 'happened to others' (witnessing or learned about). The total mean for traumatic experiences without distinction between 'happened to me' and 'happened to others' were M=**10.8 (SD 5.1)** with a range from 3-28 traumatic experiences.

Table 5. Correlation analysis between number of NSK-experiences and PTSD symptoms

	r	n	p	Lower CI	Upper CI
Pearson correlation	**0.432**	**63**	**<.0001**	**.256**	**.611**

Pearson Correlation analyses between number of experiences of negative social control and number of PTSD symptoms. Bootstrapping was used.

Table 6. Point-biserial correlation between PTSD, C-PTSD, depression, anxiety and negative social control

	1	2	3	4	5	6	7	8	9	10
1. PTSD	**1**									
2. C-PTSD	**.669****	**1**								
3. Depression	**.445****	**.710****	**1**							
4. Anxiety	**.374****	**.770****	**.804****	**1**						
5. Social restrictions	.163	.114	.094	.190	**1**					
6. Violence	.187	**.490****	**.397****	**.418****	.037	**1**				
7. Severe threats	**.256***	.083	.104	.128	.149	.137	**1**			
8. Re-education trips	.127	.098	.104	.186	.121	.068	.102	**1**		
9. Pressure to marry	**.430****	.135	**.294***	.205	.142	.182	.183	.036	**1**	
10. Forced marriage	.164	.063	.125	.087	.088	.180	.188	.189	**.339****	**1**

**** = significance at the .01 level (2-tailed), *= significance at the .05 level (2-tailed).** Point-biserial correlation between negative social control variables (social restrictions, violence, severe threats, re-education trips, pressure to marry and forced marriage) and mental health variables (PTSD, C-PTSD, depression and anxiety).

Table 7.

Table 7. Pearson correlation between LEC-5 traumatic experiences and mental health (PTSD, C-PTSD, depression and anxiety)

	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
1. PTSD	**1**											
2. C-PTSD	**.669****	**1**										
3. Depression	**.445****	**.710****	**1**									
4. Anxiety	**.375****	**.770****	**.804****	**1**								
5. Fire/Explosion	.241	.246	.177	**.271***	**1**							
6. Transport	**.254***	.206	.155	.110	.035	**1**						
7. Serious accident	.208	**.370****	**.284***	**.319***	.125	-.011	**1**					
8. Physical assault	.181	**.338***	**.359****	**.371****	.092	-.069	.172	**1**				
9. Assault with weapon	**.298***	**.336***	.217	**.281***	.093	.095	-.013	**.347****	**1**			
10. Sexual assault	**.257***	.114	**.292***	.166	.019	.193	-.124	.033	**.360****	**1**		
11. Unwanted sexual experiences	**.331****	.194	.164	.093	-.029	**.297***	.084	.064	**.273***	**.503****	**1**	
12. Total trauma 'happened to me'	**.371***	**.343***	**.420****	**.334***	**.379****	**.480****	.261	**.280***	**.546****	**.624****	**.668***	**1**

**** = significance at the .01 level (2-tailed), *= significance at the .05 level (2-tailed).** Pearson correlation between LEC-5 traumatic experiences and PTSD, C-PTSD, depression and anxiety as well as total number of traumatic experiences 'happened to me'. Neither natural disaster, exposure to toxic substances, combat or exposure to war, captivity, life-threatening illness or injury, severe human suffering, sudden violent death, sudden accidental death, causing serious harm or death to someone else and other very stressful experiences were significantly correlated with either PTSD, C-PTSD, depression or anxiety, and for the sake of the clarity of the table these are therefore not included.

Table 8.

Table 8. Partial correlation controlling for negative social control variables 'severe threats', 'violence', 'pressure to marry'.

	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**
1. PTSD	**1**										
2. C-PTSD	**.717****	**1**									
3. Depression	**.254****	**.652****	**1**								
4. Anxiety	**.296***	**.716****	**.732****	**1**							
5. Fire/Explosion	.140	.218	.099	.223	**1**						
6. Transport	.192	**.288***	.160	.134	-.013	**1**					
7. Serious accident	**.243**	**.354****	**.279***	**.305***	.226	.022	**1**				
8. Physical assault	-.045	-.38	.056	.078	-.036	-.069	.127	**1**			
9. Assault with weapon	.144	.242	.063	.156	-.007	.054	-.036	.178	**1**		
10. Sexual assault	.158	.125	**.265***	.151	-.052	.125	-.105	-.028	**.327****	**1**	
11. Unwanted sexual experiences	**.310***	.202	.115	.065	-.073	**.275***	.106	-.006	**.272***	**.472****	**1**

**** = significance at the .01 level (2-tailed), *= significance at the .05 level (2-tailed).** Partial correlation between previous traumatic experiences measured by LEC-5 and PTSD, C-PTSD, depression and anxiety controlling for negative social control variables previously proven to be significantly correlated with the mental health variables.

Teoretisk diskussion

Denne del af specialet vil fungere som en teoretisk diskussion, og vil bestå af en uddybende diskussion og definition af det anvendte begreb 'negativ social kontrol'. Derudover vil en forklaring af begrebet 'ære' samt dets betydning for minoritetsetniske unges opvækst blive præsenteret, med yderligere et afsnit om kønsforskelle. Efterfølgende fremlægges mulige psykologiske forklaringsmodeller, herunder forskelle i opdragelse af børn med henholdsvis dansk og minoritetsetnisk baggrund, samt konsekvenserne af disse. Ydermere vil copingstrategier anvendt af de unge, samt sociale udfordringer på dette område blive fremlagt og diskuteret.

Negativ social kontrol

Der er i litteraturen brugt mange begreber, som alle omhandler det samme: vold og konflikter, som opstår på baggrund af en overbevisning om, at familiens ære er blevet kompromitteret eller af anden årsag skal beskyttes. Blandt andet bliver 'æresrelaterede konflikter' (Regeringen, 2016), 'æresrelateret vold' (T. G. Jensen, Schmidt, Jareno, & Roselius, 2006), 'ekstrem social kontrol' (Slot, 2017), 'negativ social kontrol' (Følner et al., 2018; Regeringen, 2016) og 'æresrelateret social kontrol' (Danneskiold-Samsøe et al., 2019) brugt som synonymer. Begrebet 'social kontrol' er ligeledes også blevet defineret som "*familiens adfærdsregulering af ungekvinder og unge mænd for at beskytte familiens ære og traditioner"* (Følner et al., 2014), og dermed koblet direkte til en forståelse af negativ social kontrol som værende rodfæstet i familiens ære. Fænomenet 'social kontrol' eksisterer overalt i samfundet og er ikke begrænset til minoritetsetniske samfund (Fabricius, 2018). Ligeledes er social kontrol er ikke altid negativt. Kontrol af et barns adfærd kan være en vigtig måde at holde barnet sikkert på, men når kontrollen bliver negativ indskrænker den individets frihed og begrænser dets valg og basale menneskerettigheder (Fabricius, 2018).

Som beskrevet, fremstår det i litteraturen, som om der er en forbindelse mellem ære og negativ social kontrol, i hvert fald begrebsmæssigt. I et forsøg på at indfange denne forbindelse er begrebet 'æresrelateret social kontrol' blevet fremsat (Danneskiold-Samsøe et al., 2019). Denne definition specificerer, at den sociale kontrol er forankret i familiens ære, og argumentationen for brugen af dette begreb frem for 'negativ social kontrol' eller 'ekstrem social kontrol' ligger i den kulturelle overbevisning om, at kontrollen og volden er en berettiget metode til at bevare den sociale orden, hvilket også forklarer, hvorfor volden ikke altid bliver anset som værende negativ, hverken af offer eller udøver (Danneskiold-Samsøe et al., 2019)

Selvom disse argumenter fremstår plausible, så er det tidligere blevet beskrevet, at et andet æresrelateret begreb, 'æresbaseret vold', kan misbruges som et 'catch-all'-begreb, altså som en kategorisering af al vold i minoritetsetniske familier som æresrelateret (Bredal, 2014). Denne udfordring bliver fremhævet af det faktum, at ikke alle voldstilfælde i disse familier, kan beskrives som relateret til ære (Etnisk Konsulentteam, 2015), hvilket gør ovenstående distinkte kategorisering af 'æresbaseret vold' misvisende. Derfor fremstår det også som et mulighed, at det foreslåede begreb 'æresrelateret social kontrol' ligeledes kan blive misvisende og misbrugt, hvis alle tilfælde af social kontrol i familier med minoritetsetnisk baggrund bliver defineret som æresrelaterede, som et resultat af brugen af begrebet. Derudover blev der i dataindsamlingen til nærværende artikel ikke inkluderet spørgsmål om, hvorvidt volden eller kontrollen mentes at oprinde i familiens ære, og der er derfor ikke muligt ud fra dette datasæt at konkludere, hvorvidt de unges oplevelser af kontrol og vold var æresrelaterede eller ej.

Selvom ovenstående argumenter bør tages i betragtning, når æresrelateret social kontrol bruges, så gælder den samme udfordring for 'negativ social kontrol', som bliver brugt synonymt med de andre præsenterede begreber (Asserhøj et al., 2011; Følner et al., 2014). Dette er muligvis

forårsaget af det faktum, at dansk forskning i social kontrol indtil nu har fokuseret på etniske minoriteter (Stage & Thygesen, 2019).

På trods af dette, fremstår 'negativ social kontrol' som et mere dækkende begreb end eksempelvis 'ekstrem social kontrol', da sidstnævnte muligvis kan komme til udelukkende at virke dækkende for ekstreme tilfælde af social kontrol, såsom indespærring og tvangsægteskab, og dermed virke ekskluderende på "mindre ekstreme" eksempler på kontrol, som for eksempel pres til uddannelse eller påklædning. På baggrund af ovenstående er 'negativ social kontrol' i denne undersøgelse blevet anvendt som begreb for den kontrol, de unge på RED Safehouse har været udsat for.

Ære

Som det er beskrevet i artiklen, så er ære og æresrelateret vold og konflikter svære begreber at begrænse til én letforståelig definition. I et forsøg på at konceptualisere fænomenet har antropolog Unni Wikan forklaret det komplekse begreb ved at understrege den kulturelle betydning bag (Wikan, 2003). Som et eksempel forklarer hun, hvordan unge kvinder og mænd med etnisk minoritetsbaggrund uden problemer forstår æreskodekset i deres omgivende miljø, selvom det er udfordrende at forklare begrebet på en måde, der gør det forståeligt for udenforstående, som ikke har samme indgående kendskab til miljøet. Ære fremstår som en integrereret del af en person, noget de enten har eller ikke har, og det gør det muligt at 'miste' æren (Wikan, 2003), selvom der er uenigheder om, hvad det præcist kræver for at dette kan ske (Fabricius, 2018). Selvom det ofte bliver beskrevet, som om det kun er mænd, der har ære, og kvinder der har skam (Wikan, 2003), har Khader (2002) argumenteret imod denne forståelse af ære og skam. Ifølge ham har kvinder også ære i sig selv, som ligesom mandens afhænger af hendes sociale status. Hvis man som kvinde klarer sig godt, fx på arbejdet eller i skolen, og er vellidt, vil man kunne opbygge en social position, der beskytter én mod social kontrol og øger bevægelsesfriheden (Khader, 2002).

På kurdisk, arabisk, persisk og tyrkisk eksisterer der to begreber for ære: ét, der henviser til æresstandarder såsom mod og gæstfrihed, og ét, der udelukkende henviser til en kvindes ærbarhed (Wikan, 2003). Det er primært den sidste definition, der er årsag til æresrelaterede konflikter og vold (Fabricius, 2018), og ligesom i Europæisk historie er mandens ære dybt afhængig af kvindens kyskhed og seksuelle adfærd (Wikan, 2003). Ordet 'ansigt' er beskrevet som synonym med ære på både kurdisk og arabisk såvel som japansk og kinesisk, og at 'tabe ansigt' er at tabe æren (Wikan, 2003). Da manden har positioneret sig selv som værende afhængig af kvindens seksuelle adfærd, bliver kvinder familiens 'ansigt' udadtil, og da ære er kollektiv, bliver deres seksuelle adfærd og kyskhed vigtig for hele familien (Khader, 2002; Wikan, 2003). At have ære er at have krav på respekt fra omverdenen, men hvis en skamfuld adfærd (eller bare et rygte om en sådan) bliver offentligt kendt, mister hele familien deres krav på respekt, hvilket betyder at mændene vil tabe ansigt og kvinderne vil miste værdi, eksempelvis som potentielle hustruer (Wikan, 2003). For at beskytte familiens ære, bliver vold mod kvinder, herunder blandt andet tvangsægteskaber og kvindeomskæring, praktiseret som en måde at kontrollere kvindens seksualitet på, og dermed sikre at den forbliver respektabel (Fabricius, 2018).

Det bliver beskrevet i en stor del af litteraturen, at islam ikke er årsagen til den kontrol, unge mennesker med minoritetsetnisk baggrund bliver udsat for, selvom det ofte er den gængse opfattelse (Khader, 2002; Wikan, 2003; Aamand & Uddin, 2007). Ære- og skamkulturen har for mange større betydning i hverdagen end deres religion, og de to begreber er også meget udbredt i blandt andet Indien, hvor hinduismen er den mest udbredte religion (Khader, 2002).

Ære og skam er derimod retninger i samfundet, der opstod før islams tidsregning, hvor nyrige mænd ønskede garanti for, at deres arv ville gå videre til deres eget biologiske afkom, og da en patriarkalsk tankegang stemte godt overens med den spirende muslimske tro, blev denne familiestruktur indskrevet i koranen som en del af den korrekte levevis (Khader, 2002). Ære og

skam var derfor strømninger i samfund og kulturer. Eksempler på dette er, at der eksisterer former for æresrelaterede handlinger, som er i direkte modstrid med den islamiske tro, såsom tvangsægteskab og omskæring af kvinder, da det i islams forskrifter fremgår, at begge parter skal indgå i et ægteskab af egen fri vilje, og at seksuallivet (inden for ægteskabets rammer) er en vigtig del af et godt liv. Det er derfor ikke accepteret i islam at tvinge et ægteskab igennem, eller at fratage kvinder deres evne til at opnå seksuel nydelse og orgasme (Khader, 2002).

Når æren alligevel får en stor betydning, forklares det med, at æren er lig med krav på respekt fra omverdenen. Da kollektivet og familien fungerer som den enkeltes "velfærdsstat" i hjemlandet, er man dybt afhængig af, at være en del af fællesskabet (Khader, 2002), og det kan have vidtrækkende økonomiske og sociale konsekvenser, hvis familiens ære er blevet kompromitteret (Bond, 2014). Ligeledes er det tætte bånd mellem familiemedlemmer og støtten fra både den nære såvel som den udvidede familie blevet beskrevet som en stor fordel og tryghed i minoritetsetniske familier (Khader, 2002).

Forskellen på kønnene

Et af FN's 'Verdensmål for bæredygtig udvikling' er mål nummer 5 om ligestilling mellem kønnene (De Forenede Nationer, 2015). Der er dog markant flere piger og kvinder, der er ofre for negativ social kontrol, end drenge og mænd (Asserhøj et al., 2011), hvilket også ses i kønsfordelingen i nærværende artikel, og forskellen mellem kønnene ligger også i konsekvenserne af eventuelle brud på regler og æreskodekser. Hvor pigerne oftere bliver udsat for alvorlige restriktioner såsom fysisk og psykisk vold, trusler, mødomstjek og genopdragelsesrejser, hvis familien opdager, at hun har levet et dobbeltliv, vil samme brud på de sociale normer for drenge ofte resultere i 'skæld ud' (Følner et al., 2014). Derudover har mange unge mænd med minoritetsetnisk baggrund kærester før ægteskab, hvorimod dette for mange er helt utænkeligt for

de unge kvinder (Aamand & Uddin, 2007). Det er svært at forklare denne kønsforskel med andet end det kulturelle aspekt.

Seksuelle overgreb på kvinder i minoritetsetniske miljøer er også hyppigere end i etnisk danske miljøer (Fabricius, 2018). Minoritetsetniske mænd er bevidste om kvindens afhængighed af et ærbart og rent omdømme, og det gør kvinderne særdeles sårbare overfor seksuelle krænkelser, da de sjældent vil fortælle andre om overgrebene (Fabricius, 2018), fordi konsekvenserne ved at fortælle familien om det synes meget større end konsekvenserne af selve overgrebet (Aamand & Uddin, 2007).

Hvor det er kvinden der 'bærer' familiens ære, og hende der kan miste den, så er det manden der kan genvinde sin ære ved blandt andet offentligt at sanktionere kvinden (og eventuelle involverede mænd), eller, i tilfælde af førægteskabelig seksuelt samvær, gifte sig med hende (Roberts, 2014). Kvinden er særligt udsat, da familiens ære er afhængig af hendes dyd, og ved en voldtægt vil kvinden ofte blive anset for værende den skyldige part. Hun, fristerinden, må have forledt manden, eller sat sig selv i en situation, hvor hun var sårbar (Fabricius, 2018; Wikan, 2003; Aamand & Uddin, 2007).

Kontrol af mænd

Selvom der er markant flere kvinder end mænd, der er udsatte for negativ social kontrol og vold, så er der også mænd, der er udsatte (Fabricius, 2018; Roberts, 2014). Det gælder i særdeleshed mænd med homoseksuelle præference, da det er et brud på både de islamiske og æresrelaterede retningslinjer (Khader, 2002). Derudover kan en mand lige så vel som en kvinde blive presset eller tvunget til at gifte sig med en, af familien udvalgt, ægtefælle (Aamand & Uddin, 2007), og ofte består kontrollen af drenge og unge mænd i, at de skal kontrollere og vogte over de kvindelige familiemedlemmers ære (Fabricius, 2018).

Ligesom unge piger skal være 'gode døtre', bliver drenge også opdraget med forestillingen om 'den gode søn', og unge mænd kan blive eller føle sig konstant sammenlignet med jævnaldrende i andre familier, hvilket virker som en form for afpresning (Hviid, 2014)

En anden form for afpresning kan sågar være af seksuel karakter, hvor unge drenge eller mænd bliver forledt til at have samleje med en kvinde, der ligesom dem selv har minoritetsetnisk baggrund, hvorefter de bliver afpresset for et anseeligt beløb til en mødomsrekonstruktion og truet med tæsk fra familiens kvinde, hvis de nægter (Aamand & Uddin, 2007).

Psykologiske forklaringsmodeller

Selvom ære og skam-kultur uomtvisteligt har en betydning for en del af den negative sociale kontrol eller aspekter af denne, som opstår i nogle minoritetsetniske familier, så er det som beskrevet ikke al vold og kontrol, der kan tilskrives ære (Etnisk Konsulentteam, 2015; Roberts, 2014). Blandt andet er en feministisk tilgang til negativ social kontrol blevet fremlagt, hvori der argumenteres for, at kontrollen og volden er en ekstrem form for vold mod kvinder begået af mænd, som bunder i en patriarkalsk impuls hos manden, der nøder ham til at kontrollere og dominere kvinden (Roberts, 2014). Både det kulturelle perspektiv med ære og skam og det feministiske med udgangspunkt i dominans, bliver dog begrænset af, at de ofte bliver anvendt som udelukkende og begrænsende beskrivelser af negativ social kontrol og æresrelateret vold. En kritik af det kulturelle perspektiv er blandt andet, at der kan være en tilbøjelighed til at glemme de individuelle faktorer, for eksempel individets tilbøjelighed til at begå vold (Wikan, 2003). Selvom volden i sager relateret til ære primært foregår mand mod kvinde (Roberts, 2014), så mister det feministiske perspektiv noget af sin bevendthed, når tal viser, at mænd også bliver udsat for kontrol og vold (Fabricius, 2018), og at det ofte er mødre, der står bag den negative social kontrol af de unge (Aamand & Uddin, 2007),

Et psykologisk perspektiv kan her bidrage til de mere antropologiske og sociologiske tilgange med perspektiver på opdragelse, traumatisering og udvikling af identitet som mulige bidragende årsagsforklaringer på familiers brug af negativ social kontrol. Målet er ikke at nå frem til én forklarende årsag til negativ social kontrol og dets konsekvenser, men at forsøge at sammenholde nogle af de mange nuancer, der kan gøre sig gældende.

Undersøgelser af vold i danske familier har fundet, at der ikke er en forskel på mængden af vold oplevet af piger eller drenge (Oldrup, Christoffersen, Kristiansen, & Østergaard, 2016), men som det er fremlagt ovenfor, tyder det på, at pigerne i minoritetsetniske familier er mere udsatte end drengene (Følner et al., 2014). Derudover har børn og unge med anden etnisk baggrund end dansk dobbelt så stor risiko for at blive udsat for langvarig vold i hjemmet, hvilket forklares med opdragelsesform og socioøkonomisk status (Oldrup et al., 2016).

I Danmark tager opdragelsen udgangspunkt i individualisme, og både lighed og frihed spiller en stor rolle. Opdragelsen har til formål at gøre barnet til et selvstændigt, kompetent individ, og forhandling indgår som en stor del af opdragelsen, hvorigennem barnet lærer at argumentere for sin sag og har mulighed for at påvirke forældrenes beslutninger (Khader, 2002).

I mere traditionelt orienterede minoritetsetniske familier kan der være mere faste rollefordelinger i hjemmet, og blandt andet har islam en række retningslinjer for opdragelsen af børn (Khader, 2002). I de første leveår bliver barnet anset for at være ”uvidende og uforstående”, og der bliver ikke sat mange grænser for barnets opførsel. Når det når 5-årsalderen skal barnet opdrages og formes, så der sker et pludseligt skift i opdragelsesformen. Khader (2002) beskriver ligeledes, at hvor man i dansk opdragelsestradition forsøger at fremme barnets selvstændighed, er det mange steder ikke kutymen, blandt andet i arabiske lande, hvor det forventes, at barnet ikke modsiger eller afbryder voksne. Barnet lærer hurtigt at føle skam, hvis det gør noget forkert i

forældrenes eller andres øjne, og latterliggørelse ved for eksempel at grine åbenlyst ad barnets fejltrin er et effekt middel til at fremdyrke underkastelse (Khader, 2002). Dette bliver også bekræftet af, at mange minoritetsetniske unge oplever pres, trusler og decideret psykisk vold fra deres forældre, som kan anvende disse teknikker i forsøg på at få den unge til at rette sig ind efter deres traditionelle normer og regler (Hviid, 2014). Skam, skyld og samvittighedsfølelse bliver hermed brugt til at kontrollere den unges adfærd (Hviid, 2014). Børn og unge opdrages ligeledes til, at familien (kollektivet) betyder alt, og isolering og ignorering bliver ligeledes til en form for følelsesmæssig afpresning (Fabricius, 2018).

Ydermere er fysisk afstraffelse mere accepteret i nogle mellemøstlige og muslimske kulturer, dog uden at det på nogen måde gælder alle familier med muslimsk eller minoritetsetnisk baggrund (Khader, 2002). I Danmark blev revselsretten afskaffet tilbage i 1997 (Civilstyrelsen, 1997), og dermed blev det ulovligt og skamfuldt at slå sine børn, i stærk kontrast til nogle æreskulturer, hvor fysisk afstraffelse af børn og unge kan blive forstærket af et bifaldende publikum (Khader, 2002; Wikan, 2003).

Selvom der utvivlsomt er kulturelle årsagsforklaringer til en streng opdragelse med fysisk og psykisk afstraffelse, så kan et psykologisk perspektiv muligvis være med til at nuancere forståelsen af denne opdragelsesform. Når en forælder har brugt hård afstraffelse, og barnet eller den unge dermed har stoppet den uønskede adfærd, kan det have en forstærkende effekt på forælderens brug af hård straf, hvilket kan medføre hyppigere anvendelse af denne teknik i opdragelsen (Berk, 2014b). Derudover peger forskning også på, at lavere uddannelsesniveau, økonomisk udsathed samt depression, aggression og emotionel reaktivitet hos forældrene har indflydelse på deres brug af fysisk afstraffelse (Berk, 2014b). Da voksne med indvandrer- eller flygtningebaggrund ofte er dårligere stillet socioøkonomisk end etniske danskere (Larsen, 2019; Oldrup et al., 2016), bliver dette, i kraft af ovenstående, en risikofaktor for brug af vold i relationen til deres børn. Derudover er

der evidens for, at flygtninge generelt er udsatte i forhold til udviklingen af PTSD (Alpak et al., 2015), der øger risikoen for aggressiv adfærd (Jakupcak et al., 2007), og dermed kan også denne udsathed være en risikofaktor i udviklingen af et negativt opdragelsesmønster med fysisk vold. Betingning i form af øget brug af afstraffelse samt socioøkonomisk status og forældrenes mentale helbredstilstand kan dermed, foruden den kulturelle del, også have en effekt på brugen af hård disciplinering.

Identitet

Konsekvenserne af den hårde, afstraffende opdragelsesform kan være en nedsat udvikling af identitet hos den unge. Blandt andet er det lettere at forme sin identitet, hvis man som ung har en god tilknytning til sin forældre, og hvis disse guider den unge, uden at begrænse dennes frihed og mulighed for at have egne meninger og holdninger (Berk, 2014a). Derudover har jævnaldrende en stor indflydelse på udviklingen af identiteten, og interaktion med unge, der har anden baggrund end én selv, kan være med til at stimulere udforskning af forskellige værdier og rollemuligheder (Berk, 2014a). Ved at begrænse den unges frihed og mulighed for at stille spørgsmålstegn ved forældrenes opdragelse og livsstil samt muligheden for at interagere med vestligt orienterede eller mandlige klassekammerater (Khader, 2002), kan forældrene være med til at underminere udviklingen af en selvstændig personlighed hos den unge: *”Hvis du altid har lært, at der kun er én vej for dig, så er dit udsyn så tåget og begrænset, at du ikke kan se andre muligheder end dem, der er lagt ud til dig.”* (Aamand & Uddin, 2007, s. 73).

Derudover viser en undersøgelse af danske unges trivsel, at selvom minoritetsetniske børn i 3-årsalderen ikke er markant mere udsatte end etnisk danske børn, så sker der en ændring igennem opvæksten, og minoritetsetniske børn og unge ender med at være tre gange så udsatte for marginalisering og mistrivsel som deres etnisk danske jævnaldrende (Ottosen, Andersen, Nielsen, Lausten, & Stage, 2010). At stigningen i graden af udsathed sker omkring 11-årsalderen (Ottosen et

al., 2010) stemmer godt overens med det skift, der sker omkring præpuberteten, hvor nogle etniske unge vil opleve mere kontrol og restriktioner i modsætning til de fleste danske unge, der i denne alder begynder at opleve mere selvbestemmelse og frihed (Khader, 2002). Det er også her, at mange vil opleve stigende konflikter mellem deres identitet i hjemmet og identiteten udenfor hjemmet, der kan medfører en alvorlig grad af psykisk ubehag (Hviid, 2014). At opdragelsen af de unge tager udgangspunkt i en stærk kollektivistisk tankegang, gør det også mere udfordrende at bryde med familien, både fordi barnet eller den unge kan føle stor skyldfølelse over at gøre forældrene ulykkelige (Fabricius, 2018), men muligvis også fordi det er strid med deres opdragelse og identitet.

Fra et socialpsykologisk perspektiv, vil de unge kun kunne afvise gruppepresset (i dette tilfælde kontrollen fra familien og omgangskredsen), hvis de føler sig kompetente til at modstå dette pres (Kendrick, Neuberg, & Cialdini, 2015b), blandt andet hvis de har en følelse af at være et værdsat medlem af en anden gruppe (fx etniske danskere). Da retorikken i den offentlige debat til tider er hård og ekskluderende (Dalsgaard, 2017; Lund, 2019), kan det være med til at fremmedgøre de unge (Mørck, 2008), og nedsætte deres følelse af samhørighed og tilhørsforhold, og dermed deres lyst og evne til at modstå kontrollen og volden fra familien og omgangskredsen.

Den hårde retorik kan ligeledes muligvis føre til en følelse af stigmatisering hos danskere med minoritetsetnisk baggrund (Dalsgaard, 2017; Lund, 2019), hvilket kan virke befordrende på, at de udelukkende sammenligner og identificerer sig med andre fra den gruppe, de selv tilhører, i et forsøg på at opretholde og beskytte deres selvværd og selvforståelse (Thoits, 2013). I stedet for at det bliver en gensidig proces, hvor de unge skal opfordres til at tage de danske værdier til sig, få uddannelse og jobs, så kan det medføre en modreaktion i form af øget kulturel identitet og modvilje mod det øvrige samfund, hvis de ikke bliver mødt med anerkendelse og accept af deres præstationer (Mørck, 2008).

Copingstrategier

Når nogle af de unge alligevel vælger at flygte fra familiens kontrol og søger hjælp ved RED Safehouse eller andre sociale instanser, kan det forklares som en form for copingstrategi, måske endda en overlevelsesstrategi. Deres identitet og selvforståelse er splittet mellem og truet af, hvad der er bedst for kollektivet, altså familien, og hvad der er bedst for dem selv, og manglen på social støtte gør dem yderligere udsatte for at udvikle mentale helbredsproblemer (Thoits, 2013).

Hvis man tilpasser sig de sociale roller og strukturer, der bliver forventet af én, vil man blive belønnet med en følelse af at være et meningsfuldt medlem af gruppen og få overdraget et sæt regler, der dikterer god opførsel og ageren i forskellige situationer (Thoits, 2013). At tilpasse sig disse roller og modtage positiv feedback fra andre gruppemedlemmer medfører altså en adfærdsmæssig vejledning eller guide, social støtte og eksistentiel meningsfuldhed, der dermed beskytter individet mod fortvivlelse, angst og uorganiseret adfærd, hvilket igen kan bidrage positivt til personens følelse af selvværd (Thoits, 2013). De unge, der bryder med deres familier eller agerer anderledes end hvad der forventes af dem, er dermed udsatte i forhold til at opbygge og vedligeholde deres selvværd. Dette kan betyde, at mange unge vælger at tilpasse sig familiens regler og sociale normer, da det ellers kan medføre psykologisk ubehag, og mange, der er flygtet fra et hjem med kontrol, vælger at flytte hjem igen til deres familier, hvor regler og strukturer giver tryghed, og familien giver deres accept af den unge (Hviid, 2014; Aamand & Uddin, 2007). Selvom det kan have en umiddelbar positiv effekt at tilpasse sig sociale roller, så viser forskning, at frivillige roller, hvor man nemt kan træde ud af dem igen, har langt flere mentale helbredsfordele end de obligatoriske (Thoits, 2013).

Mange unge, der er udsat for negativ social kontrol, ender med at leve et dobbeltliv, som en copingstrategi: det er den eneste måde, hvorpå de kan forene deres eget ønske om et frit liv med de strenge krav fra hjemmet (Hviid, 2014). Et dobbeltliv er præget af løgne og ”masker”, man tager af

og på i forskellige situationer, og det er ikke kun overfor familien, at løgnene kan føles nødvendige (Hviid, 2014). Mange unge føler også, at de må skjule sandheden om kravene og kontrollen i hjemmet for resten af deres omgangskreds, og de konstante løgne kan være både meget stressende og angstprovokerende (Hviid, 2014). Ofte vil den unge også opleve, at det med tiden bliver lettere at lyve uden at føle skyldfølelse i samme grad som i starten (Hviid, 2014). Dette kan blandt andet forklares ud fra teorien om kognitiv dissonans, der går ud på, at mennesker oplever ubehag, når deres handlinger, værdier eller holdninger modstrider hinanden (Kendrick, Neuberg, & Cialdini, 2015a). Teorien vil forklare den svigtende grad af skyldfølelse med, at den unge bortforklarer løgnene for sig selv eller ændrer sine holdninger til "små hvide løgne", for at reducere det psykiske ubehag, altså en strategi for at overleve ubehaget ved at leve et dobbeltliv.

Nogle af de unge, der er udsat for kontrol, identificerer sig ligeledes med de stereotype kønsroller og -hierarkier, og finder ikke den negative sociale kontrol problematisk (Følner et al., 2014). Dette kan ligeledes forklares med det psykologiske ubehag, der kan opstå, når individet oplever divergerende holdninger og adfærd, og noget tyder på, at unge med holdninger, der støtter op om den sociale kontrol (blandt andet, at familiens ære betyder 'meget' eller 'alt'), ligeledes er mere udsatte i forhold til kontrollen (Følner et al., 2018). Det er ud fra disse tal ikke muligt at konkludere, hvorvidt holdningerne understøtter brugen af kontrol i familien, eller om den unge identificerer sig med årsagsforklaringen til kontrollen (fx ære) for at beskytte sig selv og sit mentale helbred. Ligeledes skal det også pointeres, at forskelle i individers tilbøjelighed til at tilpasse sig kulturelle og sociale normer, også spiller en rolle for, om de unge identificerer sig med den negative sociale kontrol (Roberts, 2014).

At prøve at forstå forældrenes baggrund og rationale for opdragelsen og kontrollen kan også være en copingstrategi. Hos de unge, som har været udsatte for en forælders aggressive adfærd, kan der være en forståelse af volden som en konsekvens af PTSD og traumatiske begivenheder oplevet

af forælderen (Følner et al., 2018), og man kan forestille sig, at netop sådan en forklaring kan gøre det endnu sværere at forlade sin familie på trods af vold og kontrol. Derudover har mange unge også forståelse for forældrenes kontrol, idet de ved, at forældrene adfærd og opdragelse er et udtryk for en overbevisning om, at det er det bedste for barnet eller den unge (Aamand & Uddin, 2007).

Tilpasning, identifikation, dobbeltliv, løgne og flugt kan alle anses for at være coping- eller overlevelsesstrategier, der alle har det formål, at den unge skal finde sin social plads og dermed reducere psykologisk ubehag. Mange unge søger også at forstå deres forældres handlinger og valg.

Sociale udfordringer på området

Som det også er beskrevet i artiklen, så er der de senere år sket en større tilstrømning af flygtninge til Europa (Larsen, 2019), og dermed vil der nok også ske en stigning i antallet af unge, der henvender sig til sundhedsprofessionelle og sociale myndigheder på grund af negativ social kontrol i hjemmet.

En undersøgelse har vist, at negativ social kontrol er mere udbredt blandt unge, der har store familiære netværk i Danmark eller bor i områder, hvor der er mange med samme minoritetsetniske tilhørsforhold (Følner et al., 2014). Derudover, er det ikke kun de unge, der udsættes for negativ social kontrol. Også deres forældre bliver kontrolleret af omgivelserne og den udvidede familie, og nogen vælger sågar at bryde med store dele af familien i et forsøg på at undgå kontrollen af dem selv og deres børn (Fabricius, 2018; Følner et al., 2014). Det er dermed både forældre og unge, der bliver udsat for negativ social kontrol og oplever konsekvenserne af denne.

Ydermere kan æreskulturen få en forstærket betydning, når man er rejst fra sit oprindelsesland til et nyt land, hvor værdier og traditioner ligger langt fra dem, man kom fra (Hviid, 2014). Dette kan blandt andet forklares med teorier om identitet og selvværd, hvori det beskrives, at stigmatiserede grupper ofte vil sammenligne sig mere med andre i deres egen gruppe end med bedre

stillede grupper, og at de vil fremhæve og internaliserer værdier, de finder positive, i et forsøg på at bevare deres følelse af selvværd og identitet (Major & Eccleston, 2005; Thoits, 2013). I denne sammenhæng vil det betyde, at en følelse af at være ekskluderet af det danske samfund, gør at man søger mere sammen med dem, som man har værdier og tilhørsforhold til fælles med, hvilket også kan være en årsag til, at mange unge vælger at identificere sig med de kulturelle normer, der gør sig gældende i deres etniske tilhørsgruppe.

Mødomstjek og -rekonstruktioner

På grund af den store vægt, der bliver lagt på mødommens værdi i æreskulturer, er mødomstjek ikke sjældne (Fabricius, 2018). Mødomstjek er blevet beskrevet som værende medicinsk upålidelige, og der er hverken klinisk eller forskningsmæssig bevis for, at en manglende hymen (kønskrans) er tegn på seksuel aktivitet (Olson & García-Moreno, 2017). Forskning viser endda, at der ofte ikke sker en blødning ved første samleje, i modsætning til, hvad mange forestiller sig (Hegazy & Al-Rukban, 2012).

Cook og Dickens (2009) har beskrevet flere af de etiske og lovgivningsmæssige udfordringer, der er ved mødoms-rekonstruktioner. Blandt andet peger de på, at der kan være en øget risiko for vold og drab relateret til ære, hvis en kvinde ikke bløder på bryllupsnatten, da hun så angiveligt skulle have været seksuel aktiv uden for ægteskabet (Cook & Dickens, 2009). Omvendt er der som nævnt ikke nogen medicinsk sammenhæng mellem seksuel aktivitet og en ubrudt hymen (Cook & Dickens, 2009; Olson & García-Moreno, 2017), hvilket kan medføre at mødomsrekonstruktioner bidrager til myten om, at en kvinde skal bløde ved første samleje på grund af en uberørt mødom. Ydermere bliver hymen mere elastisk efter pubertetens indtræden, hvilket fører til, at mange kvinder ikke vil bløde ved første samleje, selvom hymen er intakt (Hegazy & Al-Rukban, 2012).

Selvom fordelen ved mødomstjek og -rekonstruktioner kan være øget sikkerhed og mindsket angst for kvinden, så peger unge kvinder i minoritetsetniske miljøer alligevel på, at rekonstruktionerne bidrager til opretholdelsen af myten om mødommen og dermed til undertrykkelsen af kvinder på samfundsmæssigt plan (Aamand & Uddin, 2007), og mødomstjek, sket imod kvindens vilje, kan sågar have vidtrækkende konsekvenser i form af angst, depression og symptomer på PTSD (Group, 2015). Det kan således være aldeles udfordrende for den enkelte sundhedsprofessionelle at vurdere, hvorvidt det er mest hensigtsmæssigt at tilbyde tjek eller rekonstruktion af mødommen eller at forklare de faktuelle, anatomiske forhold, der gør sig gældende.

Ændringer i samfundet og konceptuelle udfordringer

Selvom det virker, som om det danske samfund har flyttet sig meget siden, så er det kun lidt over 20 år siden, at vi afskaffede revselsretten og dermed forældres ret til fysisk afstraffelse af deres børn (Civilstyrelsen, 1997). Det var ligeledes først i 1970'erne, at forskningen for alvor fik fokus på vold i hjemmet (Steinmetz, 1987). Derudover blev straffelovens § 227, som omhandlede strafnedsættelse eller -bortfald ved seksuelle forbrydelser, hvis gerningsmanden indgik ægteskab med den forulempede, først foreslået afskaffet i 2013 (Justitsministeriet, 2013), med den begrundelse, at en eventuel genforening af de to parter stadig ville kunne ligge fungere som en formildende omstændighed ved denne type krænkelser og overgreb. I 2004 blev loven endda ændret, således at registreret partnerskab på lige fod med ægteskab ville kunne indvirke på strafudmålingen (Justitsministeriet, 2012). Det er altså ikke mange år siden, at man i Danmark havde både ret til at slå sine børn, og at eventuelle seksuelle overgreb kunne "blåstemples" ved at indgå ægteskab, ligesom det stadig ses i æreskulturer (Khader, 2002; Aamand & Uddin, 2007).

Der er flere udfordringer inden for dette område, både klinisk og forskningsmæssigt. Netop på grund af den hårde tone i den offentlige debat, er det nemt at forestille sig, at frygten for at

stigmatisere minoritetsetniske unge og deres forældre, samt frygten for selv at blive anklaget for racisme, virker udfordrende for klinikere og såvel som forskere. Bare inden for definitionen af social kontrol opstår der udfordringer, for hvornår er der tale om negativ social kontrol? Tvang og kontrol er ikke nødvendigvis synligt, hvilket også bliver bekræftet af dette citat: *"En mors tårer og muskelsmerter står eksempelvis ikke på listen over strafbare tvangsmetoder i integrationsministeriets lovtekster. Det er som vold uden blå mærker. Det gør ondt, men der er ingen beviser."* (Aamand & Uddin, 2007, s. 73). Derudover kan en udfordring ved brugen af æresrelaterede begreber, selvom disse selvfølgelig kan være mest dækkende i undersøgelser, hvor det specifikt er krænkelse af ære, der er årsag til vold og kontrol, at disse kan komme til bidrage til forståelsen af begrebet som noget 'ærefuldt', selvom dette absolut ikke er tilfældet, set med vestlige øjne. Dette kan muligvis imødekommes ved eventuelt at ændre referencen fra 'ære' til 'vanære' eller 'skam', således at vold og kontrol begået som et brud på et æreskodeks, betegnes som vanærerelateret eller skamrelateret.

Afsluttende konklusion

I artiklen blev det beskrevet, hvor dårligt mentalt helbred de unge på RED Safehouse har, når de ankommer. Høje rater af tidligere traumer, negativ social kontrol, PTSD, K-PTSD, depression og angst vidner om en ekstremt udsat gruppe. Selvom ære utvivlsom spiller en rolle for meget af den kontrol, de unge bliver udsat for, så er det ikke alle, der hengiver sig til kulturelle normer. Den teoretiske diskussion påpegede nogle af de mulige kontribuerende faktorer, der kan være på spil, herunder opdragelsesformer og konsekvenserne heraf, copingstrategier hos de unge, forældrenes tidligere traumatiske oplevelser samt konsekvenserne af den manglende ligestilling på området og samfundets opfattelse af etniske minoriteter. Der er brug for mere forskning på de mentale helbredskonsekvenser af negativ social kontrol, således at der i screeningssammenhænge kan være mere opmærksomhed på sammenhængen, og dermed sikre de unge den bedst mulige hjælp og

behandling. Ligeledes bør drenge og mænd, der er udsat for negativ social kontrol, inddrages i forskningen fremadrettet. Det er en højt udsat gruppe af unge kvinder og mænd, både i form af tidligere traumer og divergerende pres fra både samfundet og familien. Definitionen af negativ social kontrol samt udviklingen af et screeningsredskab kan blive udfordrende, men som ovenstående peger på, er der stærkt brug for det.

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Bilag 1. Dokumentation for tilladelse til brug af ekstern data

Bilag specialekontrakt ved kandidatuddannelsen i psykologi, SDU: Dokumentation for tilladelse til brug af ekstern data

A: Brug af empirisk data

Anvendes empiriske data til specialet? (sæt ring)

1. Indsamlet af den studerende
2. Stillet til rådighed af vejleder
3. Stillet til rådighed af ekstern samarbejdspartner

I tilfælde af empirisk speciale vil videre brug af data og resultater skulle aftales med dataansvarlig, der har ejerskab til data og eventuelle publikationer.

Denne aftale er indgået imellem:

Studerende:	**Cpr.nr.**
Ditte Bech-Hansen	100495-0298
Vejleder:	**Ekstern dataansvarlige:**
Ask Elklit	Inge Loua, psykologisk konsulent RED Safehouse

Dataansvarlige godkender med sin underskrift, at den studerende har adgang til data:

Ask Elklit
Dato: 19/12-19
Vejleder

12/12 2019 Inge S. Loua
Dato:
Ekstern dataansvarlige/vejleder

B: God videnskabelig praksis:

Det erklæres hermed, at studerende og vejleder er bekendt med gældende regler for god videnskabelig praksis jvf. forsknings- og innovationsstyrelsens guidelines: http://ufm.dk/publikationer/2009/filer-2009/uvvu-vejledninger-gvp-2009.pdf

Vejleder godkender med sin underskrift, at gældende regler for god videnskabelig praksis vil blive overholdt.

19/12 Ditte Bech-Hansen
Dato:
Studerende

Ask Elklit
Dato: 19/12-19
Vejleder