

Violence in Close Relationships, Sexual Risk-taking, and Help-seeking among Young Men

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Abstract

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In close relationships and through sexual intimacy, most adolescents and young adults have opportunities to develop the ability to experience emotional intimacy and trust. This thesis focuses on problematic phenomena that can occur in these situations. Study I addressed limitations in the literature on dating violence concerning prevalence rates, dynamic risk factors, and the effectiveness of intervention programs. The results showed that prevalence ratings of physical dating violence ranged between 10% and 20%, and that psychological/emotional violence is the most frequently experienced type of abuse. Peer influence was found to be an important risk factor for dating violence. Interventions were found to have short-term positive effects on behavioral change. In Study II, 88 adolescents participated in focus group sessions. The aim was to determine the extent to which a universal set of themes about dating violence could represent adolescents' attitudes, as part of a study across four European countries. The study identified four superordinate themes: gender roles, television as an educator, perceived severity, and the decision to seek help. Study III, concerning sexual risk-taking, involved a survey of young men (N=452) who were testing for sexually transmitted infections (STIs). Results revealed that the young men had a relatively high average number of partners (3.8) with whom they had had unprotected sex i.e., they had done so at some point in the past. In addition, almost a fifth of them were reluctant to use a condom due to erection difficulties. A relatively high proportion had been subjected to sexual coercion (14.7%). Study IV explored 30 young men's descriptions of how members of their social networks had influenced them to seek psychological help. Results showed that young men were influenced by their networks mainly through exhortation and drawing attention to their needs. Friends who were role models were especially influential in helping them overcome obstructive masculinity norms and move from reluctance toward more constructive attitudes regarding help-seeking. This thesis focuses on young men's experiences with relationship violence, as well as their sexual and psychological health needs, all of which have clinical implications.

Keywords: dating violence; young men; sexual risk-taking; social network; help-seeking

Preface

This thesis consists of a summary and the following four papers, referred to in the text by their Roman numerals:

- I Leen, E., Sorbring, E., Mawer, M, Holdsworth., E., Helsing, B., & Bowen, E. (2013). Prevalence, dynamic risk factors and the efficacy of primary interventions for adolescent dating violence: An international review. *Aggression and Violent Behavior*; 18: 159-174. <https://DOI: 10.1016/j.avb.2012.11.015>

- II Bowen, E., Holdsworth, E., Leen, E., Sorbring, E., Helsing, B., Jaans, S., Awouters, V. (2013). Northern European adolescent attitudes toward dating violence. *Violence and Victims*; 28: 619-634. <http://dx.doi.org/10.1891/0886-6708.VV-D-12-0009>

- III Helsing, B., Frisé, A., Hwang, C P. (2020). Sexual Risk-Taking among Young Swedish Men Testing for STI. *The European Journal of Contraception and Reproductive Health Care*. Published online: 02 Oct 2020. <https://doi.org/10.1080/13625187.2020.1821355>.

- IV Helsing, B., Hwang, C P., Frisé, A. How Social Networks influence Young Men to Seek Psychological Help. (Pending review in *Nordic Psychology*).

Svensk sammanfattning

Människor utforskar vanligtvis nära relationer och upplever sexuell intimitet som tonåringar eller som unga vuxna. Dessa upplevelser är oftast spännande och romantiska och ger möjligheter att utveckla förmågan till emotionell intimitet och emotionellt förtroende. När ungdomar och unga vuxna utforskar nära relationer kommer de också att möta osäkerhet, svårigheter och troligen även uppbrott från dessa relationer. De flesta ungdomar övervinner dock dessa utmaningar.

Den här avhandlingen undersöker situationer som ungdomar och unga vuxna kan uppleva som mer problematiska, till exempel våld i nära relationer, sexuellt risktagande och det att söka psykologisk hjälp för problem i nära relationer. Det övergripande syftet är att utforska problem som unga människor kan möta när de är engagerade i nära relationer och sexuell intimitet. För att beskriva begränsningar i den tidigare forskningen om våld i nära relationer bland unga, granskas kritiskt tidigare forskning rörande förekomsten av problem, riskfaktorer och effektiviteten hos olika interventionsprogram. Vidare undersöks ungdomars attityder till och föreställningar om våld i nära relationer i fyra europeiska länder. Avhandlingen syftar dessutom till att vidga förståelsen av unga mäns problem i nära relationer genom att undersöka dels sexuell risktagande bland unga vuxna män och dels hur unga vuxna män påverkas av medlemmar i deras sociala nätverk när det gäller att söka psykologisk hjälp för problem i nära relationer.

Avhandlingen innehåller en genomgång av tidigare forskning om ovanstående ämnen och fyra originalstudier. Studie I tar upp några av begränsningarna i den aktuella litteraturen genom att internationellt fastställa förekomst av våld i nära relationer bland unga. Studien granskar också riskfaktorer för våld i nära relationer bland unga och jämför effektiviteten avseende etablerade interventionsprogram. Studie II undersöker om det finns generella föreställningar i ungdomars (12–18 år) uppfattningar om våld i nära relationer i fyra europeiska länder (Belgien, England, Tyskland och Sverige). Studie III utforskar sexuell risktagande bland unga vuxna män (18–30 år) som testat sig för sexuellt överförbara infektioner (STI) och undersöker om det finns variationer i sexuell risktagande vad gäller ålder, etnisk bakgrund och sexuell preferens. Dessutom beskrivs i vilken utsträckning dessa unga män har erfarenheter av erektions-svårigheter och sexuella handlingar mot sin vilja, upplevelser som sannolikt bidrar till sexuellt risktagande och risker för STI. Studie IV utforskar slutligen hur unga vuxna män (18–30 år) som sökt hjälp för psykologiska problem och svårigheter i nära relationer var påverkade av medlemmar i deras sociala nätverk (partner, familj och vänner) till att söka denna hjälp och hur de upplevde att medlemmar i deras sociala nätverk påverkade dem.

I avhandlingens ram presenteras det övergripande teoretiska perspektivet, som utgörs av Uri Bronfenbrenners (1979) ekologiska systemteori. Detta perspektiv kompletteras av "Background – situational model" (Riggs & O'Leary, 1996, 1989) som fokuserar på våld i nära relationer bland unga och som överlappar något med ekologisk systemteori genom ett fokus på både bakgrundsfaktorer och aktuellt närvarande påverkansfaktorer rörande våld. Vidare används social konstruktion när det gäller maskulinitet, särskilt i relation till unga män som tänker sig att söka psykologisk hjälp. Den avslutande delen i avhandlingens ram diskuterar resultaten i studierna, kliniska implikationer, begränsningar och etiska överväganden samt beskriver några av avhandlingens övergripande bidrag.

Den här avhandlingen visar att även om traditionen att samla in data som handlar om våld i nära relationer bland unga inte är lika väletablerad i Europa som i Nordamerika så pekar resultaten på att förekomsten för våldsutsatthet är ungefär densamma som har rapporterats i Nordamerika. Vidare tycks den hierarkiska ordningen mellan de olika formerna av våld överensstämma mellan Europa och Nordamerika; psykologiskt/emotionellt våld är vanligast förekommande, vilket följs av fysiskt våld och därefter av sexuellt våld. Med undantag för sexuellt våld, där kvinnor är mer utsatta, förefaller förekomsten av våld i nära relationer bland unga vara lika för unga män och kvinnor. Det är dock viktigt att notera att när det handlar om grövre och allvarligare former av både psykologiskt/emotionellt våld och fysiskt våld, är kvinnor mer utsatta (se exempelvis Wincentak et al., 2017; Hamby, 2013). Inflytande från kamratrelationer visade sig vara en viktig riskfaktor för våld i nära relationer och jämförelsen av interventionsprogram visade kortvariga effekter avseende positiva förändringar. Långsiktiga förändringar var dock mindre sannolika – uppföljningar efter 12 månader kunde rapportera inga eller endast marginell förändring av beteendemönster.

Vidare tyder resultaten på att ungdomars attityder till våld i nära relationer bland unga är tämligen enhetliga mellan de länder som studerats. Som särskilt anmärkningsvärt kunde det noteras att även om deltagarna i studien var överens om att beteenden som kan vara fysiskt eller psykologiskt kränkande eller våldsamma var oönskade och i allmänhet oacceptabla, stod vissa kontextuella övertygelser i motsats till dessa övergripande värderingar och tycktes medföra att våld accepterades – till exempel att bli bedragen, våld som en engångsföreteelse och våld i samband med ett skämt eller som lek (skojbråk).

När det handlar om att bidra till kunskap om sexuellt risktagande bland unga män pekade resultaten på att denna grupp av unga män, som tar ett visst ansvar för sin sexuella hälsa genom att testa sig för STI, också är sexuellt risktagande. Exempelvis visade det sig att över en tredjedel använde alkohol vid det senaste tillfälle de var involverade i sexuella aktiviteter och att en femtedel var ovilliga

att använda kondomer på grund av oro för bristfällig erektion. Det kanske mest oroväckande resultatet var dock att en tredjedel av de män som har sex med andra män (MSM) hade utsatts för sexuella handlingar mot sin vilja.

Resultaten visade vidare att det sociala nätverket var viktigt för att stödja unga män i deras beslut att söka psykologisk hjälp. Denna aspekt har delvis förbisetts i tidigare forskning och fynden bidrar därmed till ytterligare kunskap om det sociala nätverkets roll i unga mäns hjälpsökande process. Förutom allmänt stöd påverkar medlemmarna i det sociala nätverket unga män genom uppmärksamhet och genom att uppmärksamma dem på deras behov av hjälp. Dessutom upplever unga män en påverkan från det sociala nätverket som transformativt; de ändrar sig från att förneka att de har problem och uppvisa en motvilja till att söka hjälp till mer konstruktiva attityder till att söka hjälp. Intressant nog visade det sig att vänner, som också var unga män, utgjorde förebilder för hjälpsökanden. Som förebilder minskar vännerna hinder och motstånd avseende hjälpsökande, de hjälper de unga männen att övervinna obstruktiva maskulinitetsnormer och utgör ett stöd som tydliggör för unga män att de har rätt att söka psykologisk hjälp när de har känslomässiga problem eller upplever svårigheter i sina nära relationer.

Sammantaget visade resultaten i avhandlingen vikten av att utforska problem som unga människor kan möta när de är engagerade i nära relationer och sexuell intimitet och stärker särskilt att ytterligare forskning behövs beträffande unga mäns sexuella risktagande, sexuella hälsoproblem samt deras problem och svårigheter i nära relationer, inklusive hjälpsökande.

När det handlar om avhandlingens kliniska implikationer kan nedanstående aspekter vara särskilt viktiga att ta hänsyn till. (1) Att ungas attityder till våld i nära relationer kan legitimeras under vissa omständigheter är något som behöver beaktas i kliniska sammanhang. Professionella personer som möter unga behöver vara initierade för att kunna ställa frågor som kan uppmärksamma förekomst av kränkningar och våld som de unga eventuellt undanhåller. Interventionsprogram som syftar till att öka medvetenheten om och minska våldet i ungdomsrelationer behöver också fokuseras på att undervisa ungdomar om det subjektiva i hur våld tolkas av de inblandade och hur sådana tolkningar kan påverka beslut om att söka hjälp. Det kanske viktigaste budskapet är dock att interventioner behöver förändra arten av befintliga uppfattningar beträffande våld i nära relationer och tydligt förmedla att våld i relationer är fel, oavsett vem som begår det och oavsett vilken situationen det rör sig om.

(2) Det oroande resultatet att en tredjedel av MSM mot sin vilja hade utsatts för sexuella handlingar, pekar på det faktum att fler frågor om sexuella upplevelser måste ställas till MSM av professionella personer. Sexualitet och sexuell tvång är känsliga ämnen som inte bör undvikas. Sexuellt samtycke är ett område där det kan finnas gråzoner, eftersom samtycke är beroende av både

verbala och icke-verbala signaler. Professionella personer har möjlighet att ytterligare undersöka omständigheterna kring samtycke och ställa fler frågor om vem som tog initiativet, hur sexuellt samtycke uttrycktes och vilka möjligheter som fanns för att säga nej, inte bara inledningsvis utan även under hela den sexuella samvaron. Detta kan naturligtvis innebära svårigheter, men de professionella som saknar erfarenhet och kompetens kan vidareutbildas för att kunna ta itu med dessa viktiga frågor.

(3) Vänner som förebilder tycks ha ett särskilt och positivt transformativt inflytande på unga män när det handlar om att söka psykologisk hjälp för känslomässiga problem och svårigheter i nära relationer. Dessa resultat står i kontrast till vissa delar av forskningen som vanligtvis fokuserar och betonar de problematiska aspekterna av maskulinitet men som kanske inte i samma mån representerar manliga normer i dag (Wade, 2015). I kliniska sammanhang kan erkännande av nya maskulinitetsnormer förhoppningsvis bidra till nya och produktiva diskussioner om unga män som söker psykologisk hjälp. Vidare kan förebyggande interventioner, som syftar till att uppmuntra unga män att stödja varandra när det gäller att lösa personliga problem och att söka psykologisk hjälp när så är nödvändigt, vara ett fruktbart sätt att ifrågasätta traditionella uppfattningar om mäns styrka och oberoende. Detta kan minska det stigma som innebär för en ung man som söker hjälp och det kan främja hälsosammare normer för maskulinitet.

(4) När ungdomar och unga vuxna avslutningsvis konfronteras med erfarenheter i livet som är problematiska, kan det antas att en logisk konsekvens skulle vara att de vänder sig till någon i deras sociala nätverk eller till professionella instanser för hjälp och stöd. Detta är emellertid inte alltid fallet; hinder som de står inför i sådana situationer kan bero på mer eller mindre synliga normer och förväntningar inbäddade i olika lager i det ekologiska systemet (Bronfenbrenner, 1979). Avhandlingen visar hur ungdomars attityder till våld i nära relationer formas och påverkas av övergripande värden som är inbäddade i det större sammanhang som makrosystemet utgör (Bronfenbrenner, 1979). Det innebär att de accepterar att beteenden som är potentiellt fysiskt eller psykologiskt kränkande eller våldsamma, är oönskade och i allmänhet oacceptabla. På mikrosystemnivån kan det emellertid i kamratrelationer finnas situationer, där unga tycks acceptera att kränkningar och våld kan ske (Bronfenbrenner, 1979), till exempel vid otrohet – om det är en engångsföreteelse – eller i samband med ett skämt eller som lek (skojbråk). Dessutom var det tydligt att ungdomar ansåg att behovet av hjälp endast var aktuellt när det gällde allvarliga handlingar av kränkningar och våld. På grund av normer som är inbäddade i olika lager i det ekologiska systemet, kan ungdomar och unga vuxna således tveka och i sämsta fall även undvika att avslöja att de har utsatts för kränkningar och våld och därmed bära den bördan själva.

En liknande reflektion om hur normer som är inbäddade i olika lager i det ekologiska systemet, kan påverka valet att söka hjälp, kan göras med anledning av det oroväckande resultatet att en tredjedel av MSM mot sin vilja hade utsatts för sexuella handlingar. I andra studier har det hävdats att det finns ett icke-verbalt skript om sexuellt samtycke bland MSM. Enligt detta skript kan sexuellt samtycke baseras på icke-verbala signaler. Om någon inte gör eller säger någonting för att stoppa ett beteende, uppfattas det som att de accepterar sexuella handlingar som initierats av den andra personen (se exempelvis Kubicek et al., 2015, 2016; Beres et al., 2004). Det innebär att sexuellt beteende, individuella val och förväntningar på hur någon ska agera och hur andra kan agera mot en individ bland unga MSM är en del av sociala och strukturella normer som påverkar graden av ömsesidighet och maktbalansen i nära relationer (Stevens et al., 2013; Bronfenbrenner, 1979). Följaktligen kan det vara oklart om sexuella aktiviteter ska fortsätta eller upphöra och samtycket blir då en gråzon med sexuella handlingar mot någons vilja som ett möjligt resultat. I sådana situationer kan det vara svårt för unga MSM att avgöra och erkänna att de har deltagit i oönskade sexuella aktiviteter. Detta kan således påverka deras beslut om att vända sig till någon för stöd och hjälp. Medvetenhet och kunskap om vad som utgör sexuellt tvång måste förbättras och fördjupas, särskilt efter 2018 års lagstiftning i Sverige då principen om samtycke infördes (<https://www.riksdagen.se>).

Ytterligare ett exempel på hur normativa förväntningar inverkar är hur sociala normer om maskulinitet kan begränsa unga män att berätta om sina känslomässiga upplevelser av rädsla för att visa svaghet och därmed riskera att försumma sina egna behov och följlaktligen även undvika att söka hjälp (Rice et al., 2018; Seidler et al., 2016). Utifrån ett ekologiskt perspektiv indikerar detta att hinder för hjälpsökande kan påverkas av normer som ingår i såväl mikrosystem bland kamrater som i hur genusnormer opererar i makrosystemets större sammanhang (Bronfenbrenner, 1979). Denna avhandling har emellertid fokuserat på denna aspekt utifrån en annan synvinkel och undersökt hur sociala nätverk kan ha ett positivt inflytande på unga män som söker psykologisk hjälp. Resultaten pekar på att påverkan från unga mäns mikrosystem, till exempel familjer, partner och vänner, kan motverka makrosystemets större sammanhang med dess hindrande ideologier och kulturella normer (Bronfenbrenner, 1979). De unga männen upplevde påverkan från sina sociala nätverk som transformerande och deras erfarenheter kan ses som ekologiska övergångar (Bronfenbrenner, 1979). En ekologisk övergång är en förändring av en roll där en ung man blir i stånd att ändra ett beteende som han förväntas följa inom en begränsande struktur i ett skikt i ett ekologiskt system. Ur ett ekologiskt utvecklingsperspektiv utvecklar den transformativa upplevelsen den unga mannens beslut om att söka psykologisk hjälp.

När exempelvis unga män stödjer varandra när det gäller att prata om känslomässiga svårigheter och problem i nära relationer och visar på möjligheten att söka psykologisk hjälp, agerar de i motsats till normativa förväntningar om hur en man ska vara och bete sig. På detta sätt kan dessa unga män bidra till att skapa nya ideologier som kan kanalisera mäns liv i en positiv riktning, hjälpa dem att bli mer socialt engagerade och motverka ett reproducerande av ojämlikhet såväl mellan män och kvinnor som mellan män (Bennett & Thompson, 2015). Detta kan främja hälsosammare normer för maskulinitet som kan stödja jämlikhet i nära relationer.

När det sammanfattningsvis gäller att förstå problematiska upplevelser i nära relationer och sexuell intimitet, är ett brett perspektiv som ekologisk systemteori användbart för att förstå hur olika lager påverkar och motverkar varandra genom ideologier och kulturella normer. Detta perspektiv kan också utgöra ett incitament för förändring. Detta är något att ta hänsyn till både i utformningen av forskningsprojekt och i kliniska miljöer för dessa underutforskade ämnen.

Acknowledgment

When you're standing at the starting line to run a trail marathon or to write a thesis, you don't have a clear picture of the challenges ahead. You may ask yourself what "Rough and Rowdy Ways" are waiting ahead. Will I be able to "Hoist that rag" and reach the finish line/the doctoral dissertation? Running a trail marathon is an extraordinary experience that takes you over roots and rocks on muddy trails, and the same goes for writing a thesis. My experience of running trail marathons has been a helpful metaphor in the writing process, especially when I had to "do it on cold rainy nights".

When I'm running trail marathons there are phases of "happy-go-lucky" where it seems like I'll never get tired. However, I know what to expect after 30K. There's a saying in England that a full marathon is 26 miles, and a half marathon is 21 miles. This is so true; the body gets heavier, your "head is disconnected" and you may ask yourself "Where's my mind?". In the last part, you have to focus on one section of the distance at a time, and toward the end put each step safely and gently on the ground. When I was writing the frame of the thesis, it was a similar experience. I came to a point in the process where I needed to focus on writing one section at a time, and finally, carefully writing one sentence at a time. In the end, I focused on one thing and one thing only: reaching the finish line/the doctoral dissertation.

"On the road" on a never-ending running tour, you enjoy the companionship of your running mates and along the way you need supporters, "Angels". In a trail marathon, there are supply stations for support, replenishing your energy and offering encouragement. The same goes for writing a thesis: there's supervision, seminars, discussions, and so on. Accordingly, there are many people who in different ways have contributed to my now approaching the finish line, the doctoral dissertation. While I can't mention some of these people by name, all of them should know I'm eternally grateful to them.

I would like to thank all the study participants: the teenagers in the Cava project for communicating their perspectives on dating violence, even though this can be a sensitive topic; the young men who answered the survey on intimate experiences; and finally, the 30 young men who shared their experiences of how their social network supported them in their help-seeking process, even though many of them were nervous about seeking psychological help for the first time.

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Finally, I'd like to express my warmest gratitude to those who are dearest and closest to me: to my two sons, for being the wise and nice young men they are, and for knowing that "victory grows through harmony" – you two are the best! And to Lotta, for the life we have together. Doing chores in the stable was for some time the perfect relaxation from academic thinking. Nowadays, however, this has changed to gardening at our allotment, and this activity is perfect in so many ways. You're the best!

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Introduction

The vast majority of people explore close relationships and experience sexual intimacy during adolescence and as young adults. These experiences are usually exciting and romantic, and are important as opportunities to develop the ability to experience emotional intimacy and trust. However, when adolescents and young adults explore close relationships, they also have to face uncertainty, difficulties, and even breakups. Most young people overcome these troublesome challenges, but there are situations in life when they may confront experiences that are more problematic. This thesis focuses on more serious problems that young people can face when they are engaged in close relationships and sexual intimacy – violence in close relationships, sexual risk-taking, and serious problems in close relationships – for which they need to seek psychological help.

In Sweden, violence in close relationships among young people has received little attention in research and clinical contexts. Recently, however, the Swedish Crime Prevention Council published a report revealing that almost one out of four young women aged 16–24, and one out of seven young men, have been exposed to violence in a relationship (Brå, 6/2018). When it comes to sexual risk-taking and sexual health, women traditionally have taken on more responsibility than men. A survey conducted among all 220 Swedish Youth Health Clinics, which offer health services to young people aged 12-25 free of charge, showed that approximately 85-90% of all visitors were young women (SALAR, 2016). Similar gendered patterns are found in regard to seeking help for psychological problems (CES, fact sheet 2016: 3; 2017: 2). These gendered differences indicate that traditional norms concerning men's health issues are still present in Sweden, despite a society-wide emphasis on gender equality (SOU, 2014:6). This thesis aims to contribute important new knowledge about young Swedish men's experiences with sexual risk-taking and the decision to seek psychological help for relationship problems.

The thesis includes a review of previous research on these topics and a description of four original studies. Study I addresses some of the limitations in the current literature by establishing international prevalence rates of adolescent dating violence, reviewing dynamic risk factors for dating violence perpetration, and comparing the effectiveness of established intervention programs. Study II was conducted to determine the extent to which a universal set of themes of dating violence could represent the attitudes and beliefs of adolescents (aged 12–18) across four European countries (Belgium, England,

Germany, and Sweden) or whether, given the different levels of gender empowerment identified across these countries, differences exist in adolescents' views about dating violence. Study III explores sexual risk-taking among young adult men (aged 18–30) and examines whether there are variations in sexual risk-taking in terms of age, ethnic background, and sexual preference. Furthermore, Study III examines the extent to which young men testing for STI experience situations such as erection difficulties and sexual coercion, which likely promote sexual risk-taking and increase the risk of catching an STI. Study IV examines whether and in what way young adult men (aged 18–30) who sought help for psychological problems and difficulties in close relationships had been influenced by members of their social network (partner, family, and friends) to seek help, and how men experience the influence they receive from members of their social networks. The thesis covers two age groups of young men: Studies I and II focus on adolescents (aged 12–18), while Studies III and IV investigate young adult men (aged 18–30).

The first chapter presents the main theoretical foundation for this thesis, Bronfenbrenner's (1979) Ecological Systems Theory. The background-situational model was also used to explore the topic of violence in close relationships (Riggs & O'Leary, 1989; 1996); this model overlaps somewhat with the Ecological Systems Theory in exploring both distal and proximal influences on violence. Lastly, the theoretical part of the thesis also focuses on the construction of traditional masculinities, especially in relation to problems young men face as well as their reluctance to seek help. The next chapter provides an overview of research within the fields included in the thesis. The first section presents an overview of research on the prevalence, risk factors, and prevention of dating violence. In the next section the topic is young men and sexual risk-taking, its prevalence, and these young men's attitudes about testing for STIs. The final section presents research on young men seeking psychological help, with a specific focus on research on how social networks have been involved in the decision. Thereafter follow the general aims and summaries of the four studies, including a section presenting their overall conclusions. The following chapters discuss the studies' findings, and include sections on clinical implications, limitations of the studies, and ethical considerations. The final chapter, containing the concluding remarks, discusses the overall contribution of the thesis.

Theoretical perspectives

This thesis covers somewhat divergent topics: dating violence, young men's sexual risk-taking, and how young men are influenced by their social networks to seek psychological help. This chapter outlines the theoretical perspectives that will be used to discuss the findings in the four articles. The overall theoretical perspective that is intended to provide the structure of the entire thesis is the Ecological Systems Theory. For the specific topic of dating violence, the background-situational model is chosen as a theoretical perspective. Finally, perspectives on masculinity will be considered, as this thesis concerns problems affecting young men.

Bronfenbrenner's Ecological Systems Theory

The Ecological Systems Theory explains an individual's development through their interaction with the surrounding ecological environment. The individual is placed at the center, and factors such as sex, age, and health affect how the individual interacts with the environment (Bronfenbrenner, 1979).

The individual is viewed as a growing, dynamic entity who progressively moves into and restructures the milieu in which he or she resides and exerts an influence. As such, the interaction between the individual and his or her environment is characterized by reciprocity, and the environment is not limited to a single, immediate setting but is rather extended to incorporate interconnections between settings, as well as to external influences emanating from the larger surroundings. The environment is conceived topologically as a nested arrangement of structures, each contained within the next. These structures are referred to as the micro-, meso-, exo-, and macrosystems (Bronfenbrenner, 1979).

The microsystem

The microsystem consists of activities, roles, and interpersonal relations experienced in the layer nearest the individual; it includes settings such as home, school, and work. In these immediate settings, the individual has roles specific to the particular environment, such as son, student, partner, or friend. In the microsystem, the individual engages in face-to-face interaction with, and participates in activities with, others. These interactions and activities shape the course of the individual's psychological growth.

In the microsystem, the other layers of the ecological environment transform into both adaptive and maladaptive outcomes through intrapersonal and interpersonal processes, such as engaging in positive or negative behaviors. In this thesis these processes include, for instance, conflict with a partner and contracting a sexually transmitted infection as a result of unsafe sex (Shen-Miller, Olson & Boling, 2011).

The mesosystem

The next layer is the mesosystem, which includes interactions between individuals and settings with whom an individual engages regularly, such as the family, sports activities, and peer groups. A mesosystem is thus a system formed or extended whenever the individual moves into a new setting and engages in activities in more than one setting (Bronfenbrenner, 1979). Interactions may also have an impact on those with whom the individual has direct contact. For example, in this thesis young men may be affected by their friends' making sexist remarks on social media (Shen-Miller et al., 2011).

Mesosystemic interconnections can take many more forms, as individuals actively participate in more than one setting, such as family, sports activities, or peer groups; they also participate in formal or informal social networks that link these settings.

The exosystem

The exosystem refers to one or more areas of social structure that are further out and that do not involve the individual as an active participant, but where events occur that affect what happens in the settings closer to the individual (Bronfenbrenner, 1979). This could include legislation, organizational policies, mass media, and health services (Shen-Miler et al., 2011). One example of exosystem activities in the Swedish context relevant to the context of this thesis is the new legislation on sexual crime based on the principle of consent from 2018, which clarifies that whether or not participation in a sexual act is consensual will now represent the boundary of the point at which an act is deemed to be punishable (<https://www.riksdagen.se>).

The macrosystem

The outermost level in the Ecological Systems Theory is the macrosystem. Bronfenbrenner (1979) maintains that, within a society, settings such as school, health services, or leisure time activities look and function similarly. It is as if the various settings had been constructed from the same set of blueprints (Bronfenbrenner, 1979). The macrosystem refers to consistencies, in the form and content of the micro-, meso-, and exosystems that exist, or could exist, at the level of the subculture or culture. However, the systems' blueprints differ

for various socioeconomic, ethnic, religious, and other subcultural groups, reflecting contrasting belief systems and lifestyles, which in turn help to emphasize the ecological environments specific to each group (Bronfenbrenner, 1979). This can be exemplified by using the Ecological Systems Theory to examine the sexual behavior of gay and transgender young people, showing that individual choices about sexual behavior are embedded within the intersections of race, sex, and gender operating at the macro level (Stevens, Bernadini & Jemmott, 2013).

Molar activities, roles and ecological transition

In formulating the Ecological Systems Theory, Bronfenbrenner (1979) describes basic concepts and elements of the ecological systems. In this thesis, the two elements “molar activities” and “roles”, as well as the basic concept of “ecological transition”, will be used.

The term *molar* emphasizes that it is an activity that has the capacity to be perceived by participants as having meaning or intent. These activities vary in complexity, and reflect how they are perceived by the individual regarding the extent to which they invoke people and events present in the immediate setting. Such invocation can be accomplished through communication, when referring to events occurring in other places at other times. They reflect an expansion of the individual’s world beyond the immediate situation and thus become a “mental mesosystem”. As more differentiated aspects are included, the individual becomes more capable of participating in the ecological environment, both within and beyond the immediate setting in accord with his or her needs and desires. Furthermore, the exposition of molar activities engaged in by others is important, as they become part of the psychological field of the individual through their involvement or attraction, activities that they themselves can later access (Bronfenbrenner, 1979).

In relation to this thesis, molar activities can be exemplified by activities that expose others with negative behavior. Young men who are more accepting of sexual dating violence were found to associate with peers whom they viewed to be sexually abusive toward their dating partners (Sears, Byers & Price, 2007). The concept of molar activities has also been used to invoke positive behavior, for instance in order to prevent sexual violence using bystander intervention (Banyard, 2011).

Roles are usually identified by the labels used to designate various social positions, typically differentiated by age, sex, kinship relation, occupation, or social status. In this way the role, as an element of the microsystem, is embedded in the larger context of the macrosystem with its ideology and institutional structures (Bronfenbrenner, 1979). With the role comes expectations about how to act and how others are to act toward an individual. These expectations

pertain not only to the content of activities but also to relationships, in which the degree of reciprocity, balance of power, and affective relations are influential factors. The tendency to evoke certain perceptions, activities, and patterns of interpersonal relations is consistent with role expectations, and is endorsed when the role is well established in the institutional structure of society when there is a broad consensus regarding these expectations (Bronfenbrenner, 1979). When the Ecological Systems Theory has been used as a framework for programs preventing violence, the roles' connection to higher-order structures has been an important aspect in designing the intervention to include all the layers in the social system (Katz, Heisterkamp & Fleming, 2011).

Finally, "ecological transitions" are shifts in role or setting that occur throughout the life span. These transitions are able to change expectations for behavior associated within the nested environment of layers. These activities can include crossing borders of what the individual has known in regard to socioeconomic and normative expectations, or other cultural experiences. As such, these activities develop the individual, as these steps are expressed through behavior in a more extended differentiated environmental context (Bronfenbrenner, 1979).

While Bronfenbrenner's Ecological Systems Theory has generally been well received, it has encountered some criticism. This criticism mostly focuses on the difficulties of empirically testing the theory. Its wide scope, describing the important impact of factors at different levels of social structure on individuals, is a strength. At the same time, this wide scope makes it challenging to empirically evaluate the distinct components of the theory. Criticizing his own theory, Bronfenbrenner (2005) points out that it is more useful in understanding the nature and developmental contribution of the social environment than individuals' own experiences. Despite this criticism, the Ecological Systems Theory offers a valuable perspective for describing the potential influence of ideologies of masculinity on different levels in society.

Background-situational model

A second theoretical framework used in this thesis, and somewhat overlapping with the Ecological Systems Theory in terms of both distal and proximal factors, is the background-situational model. This model was specifically developed to shed light on courtship aggression (Rothman, 2018; Dardis, Dixon, Edwards, Turchik, 2015).

The background-situational model, formulated by Riggs and O'Leary (1989), suggests that violence in the family of origin brings about an acceptance of aggression as a response to conflict. This includes (a) exposure to models of aggression in intimate relationships, (b) exposure to parent-child

aggression, (c) acceptance of aggression as an appropriate response to conflict, and (d) prior use of aggression. In regard to situational factors, relationship characteristics contributing to increased conflict within the relationship include (a) alcohol and/or drug use, (b) partner's use of aggression, (c) poor problem-solving skills, and (d) the seriousness of the relationship (Riggs & O'Leary, 1989).

When Riggs and O'Leary (1996) tested this model on heterosexual couples, they found that more accepting attitudes toward dating aggression and past aggressive behavior appeared to be important factors for identifying individuals at risk of engaging in courtship aggression. However, this model has more often been applied to aggression against women, as violence in a woman's family tends to increase both her acceptance of aggression and the general use of aggression (Rothman, 2018). In contrast, aggression within men's families of origin did not appear to have this effect. It has been suggested that these findings are related to the fact that social factors, such as peer aggression and gender roles, are not included in the model, and that these factors may have a greater impact on young men's attitudes about aggression and general aggressive behavior (Rothman, 2018; Riggs & O'Leary, 1996). However, there is a gender overlap in the constructs predicting dating violence for men and women that include prior use of aggression and alcohol use (Luthra & Gidycz, 2006).

In their review, Vagi and colleagues (2013) conclude that the background-situational model is useful in identifying who is at risk of perpetrating violence, whereas situational risk factors are useful in identifying when violence is likely to occur. They suggest that there is evidence that exposure to violence precedes dating abuse, strengthening the plausibility that the background-situational model describes a causal framework. They endorse using the model to explain why some youths perpetrate dating abuse (Vagi et al., 2013).

Masculinity

This thesis looks at problems that can occur when young men experience close relationships and sexual intimacy – specifically, dating violence and sexual risk-taking. The thesis also includes an investigation into how social networks influence young men to seek help for psychological problems in close relationships. In relation to this, the importance of the concept of masculinity will be discussed.

How masculinity operates in society can be understood using a conceptual model developed by Michael Messner (2000). According to Messner, a critical understanding of masculinity must simultaneously consider three factors. The first factor is the institutionalized privileges that men as a group enjoy at the expense of women as a group. Second, men incur costs when embracing the

tenets of traditional masculinity. That is, men who follow the narrow paths of traditional masculinity tend to pay a substantial price in terms of shallower relationships, poorer health, and lower life expectancy, in exchange for the promise of greater status and privilege. Finally, there are differences and inequalities among men, and Messner emphasizes that they highly unequally share the privileges of hegemonic (white, middle- and upper-class, and heterosexual) masculinity. While masculinity is constructed in relation to femininity, men's statuses vary significantly, with the existence of various racial-, sexual-, and class-subordinated masculinities (Messner, 2000).

Messner's model is designed in relation to the concept of hegemonic masculinity, a theoretical concept known to have been developed by R. W. Connell that has had a great impact on the discussion about and research on masculinity. Hegemonic masculinity is assumed to be a normative, idealized way of being a man that embodies the currently most honored way of being a man, and requires other men to position themselves in relation to this (Connell, 1996).

In rethinking the concept of hegemonic masculinity, Connell and Messerschmidt (2005) acknowledge criticisms of the concept, including who exactly represents hegemonic masculinity, whether it should be seen as a fixed type of masculinity, and what conformity to hegemonic masculinity actually looks like in practice. They admit that it is desirable to eliminate any usage of hegemonic masculinity as a fixed, transhistorical model. The concept is to be understood as open to historical change, and open to challenge from men as bearers of alternative masculinities. As such, the current conceptualization of hegemonic masculinity might be replaced by a new one that acknowledges the possibility of democratizing gender relations and is open to equality with women, rather than simply reproducing hierarchy (Connell & Messerschmidt, 2005).

In Sweden, for many the interest in masculinity is linked to gender equality and the focus has been on how men as a group enjoy institutional privileges at the expense of women as a group (Messner, 2000). In line with this, most research on men in Sweden has focused on structural gender power relations and the hierarchical order between men and women and between groups of men. The interest in hegemonic masculinity and the problems of men's violence and men's health did not become part of the official gender equality agenda until the past decade (Hearn et al., 2012).

Another perspective on masculinity concerns the concept of masculinity ideologies. Ideologies are assumed to be systems of values, expectations, beliefs, or ideas shared by a social group, presumed to be natural in a society. In this way, the concept of masculinity is understood as a body of socially constructed ideas and beliefs about what it means to be a man and against which men are appraised within their communities (Bennett & Thompson, 2017).

This concept emerged in the early 1990s (Thompson, Pleck & Ferrara, 1992), at a time when some characteristics of men that had been viewed as desirable or acceptable came to be recognized as psychologically dysfunctional. The concept was thus used to identify the negative, problematic aspects of traditional masculinity (Wade, 2015).

The content of masculinity ideologies reflects the “mainstream” ideology, likely hegemonic and traditional masculinity. Men and boys are expected to strive to be respected and admired through achievement, to endorse the idea of the strong, lonely self-reliant man who handles difficulties on his own. They are expected to restrict their emotional lives, never show weakness, and neglect their own health needs. They are expected to devalue women, avoid anything seen as feminine, and fear homosexuals. There is an emphasis on toughness, risk-taking, and having objectifying attitudes toward sexuality, accepting aggression and violence if necessary (Bennett & Thompson, 2017; 2015; Wade, 2015; Levant, 1996).

Similar to the concept of hegemonic masculinity, masculinity ideologies have been critically discussed. Although a large body of empirical work has demonstrated that masculinity ideologies matter, there is a debate concerning whether they should be conceptualized as norms external to the individual and located within society, or as a set masculinity beliefs, which are norms that have been internalized (Bennett & Thompson, 2015).

Most research on masculine ideologies has examined problematic aspects of masculinity (Wade, 2015), targeting attitudes such as dominance, antifemininity, and other traditional masculinity values (Bennett & Thompson, 2015). As such, past research findings may not accurately represent the male role norms of today (Wade, 2015). Young men who are the subjects of research may agree that traditional norms of masculinity exist and are practiced in the culture by men in general. However, these young men may not personally approve of these norms. Consequently, the concept of masculine ideologies may not adequately address the ideologies that actually channel the lives of men who are satisfied, socially engaged, and resist the reproduction of inequalities between men and women as well as among men (Bennett & Thompson, 2015).

Research overviews

Dating violence

Romantic relationships can be the source of both intense emotions and conflict, which together may set a foundation for the possibilities of dating violence (Wincentak, Connolly, Card, Hamby & Sherry, 2017). An increased awareness of the importance of addressing the issue of dating violence among adolescents and young adults has grown among researchers and public health agencies in recent decades. This chapter begins by defining behaviors that are included in the concept of dating violence, followed by a presentation of prevalence, risk factors, and prevention in relation to dating violence.

Different terms are used for dating violence, e.g. teen dating violence, violence in romantic relationships; when abusive behavior takes place in the context of the Internet and social media, it is called cyber abuse and technology-based dating violence.

In the Swedish context, the concept of “dating” is not as clearly established as in the Anglo-Saxon context, especially in the US, where dating is a central part of youth culture. In Sweden, the topic of dating violence is referred to as “våld i nära relationer” (violence in close relationships), with the addition of “bland unga” (among young people) when younger age groups are addressed (Brå, 6/2018). This concept is connected to “intimate partner violence” (IPV), which seems to be a more internationally established concept today (used by, e.g., the National Institute of Justice in the US). Studies I and II in this thesis were conducted in an international research project, and these articles use the concept of dating violence, which is why this term will be used in this introductory framework.

Definition of dating violence

Partners involved in dating relationships can include current or former spouses, partners, boyfriends or girlfriends, dating partners, or sexual partners. Accordingly, this means that relationships can vary from casual to more ongoing; and the closeness of the relationship, the emotional connectedness, and the regularity of contact can also vary, as can the physical contact and/or sexual intimacy (Breiding, Basile, Smith, Black & Mahendra, 2015; Mulford, Blachman-Demner & Auchter, 2013).

Dating violence can be divided into four main types: physical violence, sexual violence, psychological/emotional aggression, and stalking. Stalking is not

included in the studies in this thesis, and will not be discussed in the introductory frame.

Physical violence includes a range of behaviors, for instance from a person hurting or trying to hurt a partner by slapping, pushing, or shoving them to severe acts including hitting them with one's fist, kicking them, pulling their hair, slamming them against something, trying to hurt them by choking or suffocating them, or beating them.

Sexual violence entails forcing or attempting to force a partner to take part in a sexual activity, sexual touching, or a non-physical sexual event (e.g., sexting) when the partner does not or cannot consent. It includes sexual coercion, unwanted sexual contact, and unwanted sexual experiences without physical contact such as verbal harassment, as well as unwanted physical contact such as rape or being forced to penetrate someone.

Psychological/emotional aggression entails the use of verbal and non-verbal communication with the intent to mentally or emotionally harm another person, and/or exerting control over and monitoring a partner. It includes expressive aggression, such as name-calling, threats, insulting or humiliating, and coercive control.

Most studies on dating violence have been conducted in the US, and the present way of describing it is based on definitions by the National Institute of Justice in the US (Mulford et al., 2013) and the US Centers for Disease Control and Prevention (Breiding et al., 2015). These definitions suggest that dating violence can vary in frequency and severity and that it occurs along a continuum, ranging from one episode that might or might not have lasting impact, to chronic and severe episodes over a period of years. In summary, what can be regarded as dating violence includes a wide range of behaviors and can occur in different forms of relationships.

Prevalence

Patterns of gender similarities in reporting physical victimization were shown in a meta-analytic study of 96 studies whereby every fifth youth, irrespective of gender, reported having been the victim of physical dating violence (Wincentak et al., 2017).

The Swedish National Council for Crime Prevention, on the other hand, reports gender differences in the prevalence of dating violence (Brå 6/2018). Females were subjected to a greater extent than males concerning not only psychological/emotional violence (21% of females and 12% of males) but also physical violence (13% of females and 5% of males). In this report, a higher prevalence was shown in the age group 20–24 years compared to 16–19 years (Brå 6/2018). Similar patterns regarding age differences have been found in other studies (Wincentak et al., 2017; Wolitzky-Taylor et al., 2008).

The findings on dating violence indicate that prevalence varies, and that it is difficult to get a clear picture of the severity of the problem (Wincentak et al., 2017; Smith et al., 2015). This will be further discussed in the following section.

Prevalence, gender similarities, and gender differences?

A core issue that complicates our ability to get a clear picture of dating violence involves the differences in what studies actually measure. In a review of 130 studies, Smith et al. (2015) identified 48 different behavioral measures; a majority of these did not include all types of dating violence and either focused on victimization, knowledge, attitudes, or intentions rather than distinguishing between victimization and perpetration behaviors.

What further complicates the picture of prevalence has to do with the measures used in studies. When multi-item scales are used to assess physical dating violence, higher reports of both victimization and perpetration for males and females are found, compared to studies that use a single-item measure (e.g. Sussman, Jones, Wilson & Kann, 2002) or a narrower definition (e.g. Hamby & Turner, 2013). Similarly, when a broader definition of sexual victimization is used, more victimization among both females and males is found, compared to when narrower definitions of forced sex or attempted forced sex are used (Wincentak et al., 2017). The pattern that emerges according to broader or narrower definitions of dating violence is that it is related to gender differences. Gender differences are smaller for less serious offenses, and multi-item scales' self-report measures tend to include items with less severe acts of violence. Gender differences also appear to be smaller for nonphysical than physical aggression (Hamby, 2009).

To further investigate these gender differences, Hamby and Turner (2013) examined the impact of various ways of operationalizing dating violence on rates, using data on sexual victimization, injury, and fear in a national sample in the US. Females reported incidents of physical dating violence leading to injury three times more often than males did. When sexual, physically injurious, or fear-inducing violence was combined in one measure, it produced statistically higher rates of female victimization compared to male victimization.

Hamby and Turner (2013) suggest that when behaviors that are physically forceful but do not meet the traditional definition of violence are included – so-called false positives – this makes it challenging to distinguish “signal” from the “noise” in measures of violence. According to them, no existing methodology is known to accurately distinguish between acts that fall near the definitional borders of violence versus playful or other nonaggressive uses of physical force. This raises questions regarding how the same types of incidents are reported by males compared to females (Hamby & Turner, 2013).

Dating violence with a sexual component is sometimes a characteristic of intimate relationships (Hamby, 2009). When the prevalence of sexual dating violence is examined in research, this type of dating violence shows gender differences. When the Sexual Coercion Scale was used in a sample that included 24 countries, the prevalence of the perpetration of sexual violence by males was twice as high as that by females. Regarding serious sexual coercion, even greater gender differences were obvious, with males reporting to be perpetrators more than four times more often than females (Straus, 2005).

Wincentak et al. (2017) conducted a meta-analytic review to determine the prevalence of physical and sexual dating violence perpetration and victimization among adolescents. It was found that, regardless of gender, a fifth of them reported having been the victim of physical dating violence. However, males reported a lower prevalence of unwanted perpetration (13%) than females (25%). A somewhat similar pattern was shown in regard to the prevalence of sexual dating violence, with 8% of males reporting having been victimized through, but 3% of females reporting having perpetrated, sexual dating violence. Among females, 14% reported victimization, while 10% of males reported having perpetrated sexual dating violence.

Technology development has brought about new opportunities for relationship development and maintenance. However, this has also created new risks for abusive, controlling, and harassing behaviors in dating relationships (Stonard, Bowen, Lawrence & Price, 2014; Draucker & Martsof, 2010). Research indicates that technology-based dating violence does not occur in isolation. Abusive behaviors are experienced or perpetrated both in person and/or through technological means (Stonard et al., 2014). It was shown that those who reported having been the victim of sexual technology-based dating violence were seven times more likely to also have experienced sexual coercion in person, compared to those who did not report having been the victim of technology-based dating violence. Similarly, perpetrators of sexual technology-based dating violence were also more likely to have perpetrated sexual coercion in person than were non-perpetrators of sexual technology-based dating violence (Zweig, Dank, Yahner & Lachman, 2014).

The gender pattern that has been found in regard to more severe forms of technology-based dating violence is similar to that found for “face-to-face” dating violence, with females being more likely than males to report victimization (Stonard, 2018; Dick et al., 2014; Zweig et al., 2014). Stonard (2019), comparing 12 technology-based dating violence victimization behaviors, found that the odds of experiencing threatening behavior were almost twice as high for females than for males, and that the odds of sexting pressure were more than two-and-a-half times higher for females than for males.

In summary, prevalence statistics are affected by differences in definitions of dating violence and the kinds of measures used in studies on the prevalence of dating violence. Measurement issues seem to have a critical impact on gender differences in reported prevalence.

Risk factors

The complexity of the problem appears to be similar when risk factors for dating violence are the focus of research. This is especially the case as individual characteristics, family and peer relationships, and societal influences all act together to either promote healthy relationships or, conversely, lead to relationships with conflict and violence (Leadbeater, Connolly & Temple, 2018).

Individual-level factors have been identified as affecting the risk for involvement in dating violence, both as a victim and as a perpetrator. Although victimization and perpetration are separate phenomena, they seem to share a common set of risk factors (Kaukinen & Jordan, 2014; Olsen, Parra & Bennett, 2010). Individual factors that have been identified as covarying with dating violence perpetration include (1) mental health problems; (2) accepting attitudes regarding violence; and (3) aggressive behavior toward peers (Vagi et al., 2013). These individual aspects involving both perpetration and victimization are furthermore suggested to be related to violence in the family of origin, economic disadvantage, and low levels of monitoring by parents (Wincentak et al., 2017).

Factors related to relationships, such as jealousy and perceptions of a lack of identity support (e.g., experiencing that one's partner is often disappointed or wishing one's partner were a different type of person), have shown to be potentially important and associated with male and female dating violence perpetration (Giordano, Soto, Manning & Longmore, 2010). Furthermore, Giordano et al. found that respondents' own feelings of jealousy and perceptions of a lack of identity support were related to violence perpetration. Such findings suggest that dating violence may be linked to feelings of anger and frustration with the partner or the state of the relationship (Giordano et al., 2010).

Expectations regarding monogamy, levels of sexual and physical intimacy, and the level of commitment are important factors shaping the meaning of intimate relationships. These factors are also likely to impact the level of sexual jealousy and the perception of the need for power and control by both males and females, and as such are linked to dating violence perpetration and victimization (Kaukinen & Jordan, 2014). For males specifically, a perception of lower power in the relationship is found to be associated with violence perpetration. Males who reported being perpetrators perceived lower power in their relationships compared with nonviolent males (Giordano et al., 2010).

Lower power may be a risk factor for perpetrating dating violence because males who feel powerless may perpetrate violence in order to establish or maintain a sense of control in relationships (Kelly et al., 2015). Furthermore, individuals whose violence is motivated by a need for emotional expression have a greater frequency of perpetrating physical dating violence. In relationships, conflicting wills and possible conflicts can be part of everyday life. According to research, young adults who have learned to cope with interpersonal conflict through maladaptive strategies may apply such strategies to relationship conflicts (Kelly et al., 2015).

Normative attitudes have also been found to predict the risk for dating violence. Sears et al. (2007) found that males who were verbally sexually abusive but not physically abusive were more accepting of sexual dating violence and had associated with peers they viewed as sexually abusive toward dating partners. This pattern suggests that males may use sexually abusive behaviors as part of a gender role norm (Sears et al., 2007). Similar normative attitudes were found to be associated with technology-based sexual abuse, whereby males' discussions underscored the normative nature of sexting within relationships (Lucero et al., 2014).

In summary, research shows that risk factors for dating violence can be identified on an individual level and can also be related to relationships and normative attitudes. These different levels may also interrelate.

Prevention

With increased awareness about dating violence, more initiatives involving prevention have emerged. In general, an accumulating body of research shows that prevention programs can be successful in reducing dating violence perpetration as well as victimization (Mulford et al., 2013; Ting, 2009).

Given that teenagers begin exploring and participating in intimate relationships at young ages, intervening to facilitate the development of healthy relationship skills at early ages is essential (Mulford et al., 2013). Prevention programs addressing relationship skills that have been evaluated through randomized controlled trials show that comprehensive prevention interventions in multiple settings are effective in preventing dating violence perpetration and/or victimization (De Koker, Mathews, Zuch, Bastien & Mason-Jones, 2014).

Prevention programs designed for multiple settings, such as the bystander approach (Banyard & Cross, 2008), focus on interventions with a broader community approach. The bystander model targets key persons such as teachers and parents, and assigns community members specific roles. These roles include interrupting in situations that could lead to assault before it happens or during an incident, speaking out against social norms that support dating violence, and having skills to be a supportive ally to victims. This model has been

found to increase prosocial bystander attitudes and bystander behaviors in both male and female participants (Banyard et al., 2008).

A bystander approach was used in a dating violence prevention program with a specific focus on males (Miller et al., 2012). The program targeted and engaged athletic coaches and male high school athletes to alter norms that foster dating violence. The results showed that, compared with a control group, athletes assigned to the program reported increased intentions to intervene, more positive bystander behavior, and better recognition of abuse (Miller et al., 2012).

Young men, STIs, and sexual risk-taking

According to the World Health Organization's (WHO's) working definition, sexual health is "...a state of physical, emotional, mental, and social wellbeing in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination, and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected, and fulfilled" (WHO, 2006a). According to this definition, sexual health is a field that concerns central areas of life; and if these aspects are not recognized, a positive and respectful approach to sexual relationships can be difficult to achieve. Furthermore, when problems, discomfort, or sexual coercion are concealed, this may negatively affect the possibility to have pleasurable and safe sexual experiences in the future.

Sexually transmitted infections

One important aspect of sexual health is the absence of sexually transmitted infections (STIs). STIs include *Chlamydia trachomatis* (CT), gonorrhea, syphilis, trichomoniasis, and HIV. WHO estimates that 131 million incidents of CT occur worldwide every year, which makes CT the most common STI (WHO, fact sheet, 2016). In the US, the Centers for Disease Control and Prevention (CDC) estimates that 2.86 million CT infections occur annually in the US. In Europe, the European Centre for Disease Prevention and Control (ECDC) (2019) reported 409,646 CT cases in 26 European countries in 2017.

During the first decade of the 21st century, the incidence of CT significantly increased in Sweden, but since 2010 has stabilized; in 2019, 34,726 cases of CT (336 per 100,000) were reported. The vast majority (80%) of the cases were in the age group 15–29 years, and 44% were men. The ECDC (2016) reports that 87% of the cases were indicated as heterosexual transmission, 7% involved men having sex with men (MSM), and 6% were reported as other

transmission forms. In Sweden, the prevention and treatment of CT are covered by the Swedish Communicable Diseases Act. Testing and treatment are free of charge, and individuals who have CT must assist with contact tracing and provide the names of the partners they have had in the past year (PHA, 2017).

One specific difficulty with CT is that it can be an asymptomatic infection, which means that testing is necessary in order to know if someone has the infection. CT can be transmitted whether or not an individual is having symptoms, and sexually active people must take self-care responsibility by testing themselves and seeking treatment if necessary, to reduce the risk that the infection will spread. CT infection can cause cervicitis in women, and urethritis and proctitis in women as well as men. Furthermore, for women, CT infections can lead to serious consequences, including pelvic inflammatory disease (PID), tubal factor infertility, ectopic pregnancy, and chronic pelvic pain (CDC, 2017, ECDC, 2016, WHO fact sheet, 2016).

The ECDC (2016) shows a gender difference in the overall annual rate of CT infections, with 156 cases per 100,000 men and 240 cases per 100,000 women. However, a virtually gender-equal average of CT rates was shown in a meta-analysis of 25 population-based studies from 25 countries (Redmond et al., 2015). According to the ECDC, the gender difference in CT infections reflects testing priorities across Europe, with continuing emphasis on the testing and diagnosis of CT among women. As CT is often asymptomatic and fewer men are tested, men may be bearers and transmitters of CT without knowing it. In one qualitative study, young men considered themselves healthy if they were not experiencing any symptoms and if they trusted that their partners did not have the infection (Ekstrand, Tydén & Larsson, 2011). The gender imbalance in STI testing complicates the preventive work against the spread of CT. Furthermore, findings have revealed that knowledge, which would be expected to be associated with safer sex behavior, was unexpectedly found to be associated with riskier sexual behavior among men in a sample of undergraduate students in the US. This counterintuitive finding is suggested to be related to the possibility that risk perception may result from risky sexual behavior rather than determining it', which would be the opposite of 'resulting from' (Collado, Loya & Yi, 2015).

Young men's attitudes toward STI testing

Given that fewer men get tested for STIs, researchers have investigated barriers to young men's testing. Findings from a focus group study undertaken in the US revealed attitudes including the denial of STI symptoms. Reasons for not getting tested seem to be related to a perception that it is not manly to seek help and that it would be embarrassing to be seen in a clinic. Consequently, they do not seek help until their condition is serious (Buzi & Smith, 2014). Similar

concerns regarding feelings of shame at being seen at the clinic were expressed by men in a study from Australia (Su, Belton & Ryder, 2016). Furthermore, a Canadian study showed that young men self-consciously conducted a risk analysis that in turn negated their need to be tested and encouraged them to be silent about sexual problems (Shoveller, Kohan, Shamsi-Gooshki & Shahriari, 2010).

When CT testing focuses on young women, young men do not see themselves as transmitters, and accordingly, females may see themselves as “sources of contamination” (Christianson, Johansson, Emmelin & Westman, 2003). Due to cultural norms, young men seem to rely on the fact that women’s bodies are routinely examined at checkups and that their own bodies are not in need of such examination (Shoveller et al., 2010). Ignoring the possibility that one may have an infection is a way to maintain a perception of oneself as a normal and healthy young man, that cannot be affected by outside forces (Shoveller et al., 2010). Furthermore, young men with higher sexual esteem have been found to have more penetrative sex and to never use contraception; this pattern may be related to social norms entailing that men can insist on experiencing pleasure and passion over taking responsibility for preventing STIs (Maas & Lefkowitz, 2015). However, among US college students, individual factors such as lower self-efficacy have also been shown to be related to having unprotected sex and feeling that safer-sex practices are unimportant (Beckmeyer & Jamison, 2015).

The gender imbalance in concern about CT is evident in the uneven numbers among visitors to Swedish Youth Health Clinics (YHCs). YHCs provide free public health services focusing on sexual reproductive health (SRH) for individuals aged 12–24 years. In a report by the Swedish Society of YHCs (2015), based on nearly 10,000 participants from 33 different clinics in different parts of Sweden, only 11% of the respondents were young men, and the number of male visitors was estimated to be 10–15%.

When young men’s knowledge and attitudes about SRH were investigated in a Swedish study, the analysis revealed a lack of knowledge about SRH (including STIs) among young men, as well as desires for more male-friendly YHCs (Makenzius, Gådin, Tydén, Romild & Larsson, 2009).

Diversity among young men

As discussed above, there seem to be social norms that constitute attitudes and barriers among all young men regarding seeking help and being tested for STI. However, there is a need to understand the diversity among men and how different backgrounds and other aspects affect their behavior (Addis & Mahalik, 2003). When men are discussed as a monolithic group, important differences within the group may be hidden. For instance, men in ethnic groups and men

in sexual minority groups may not have the same experiences, circumstances, and privileges as men in other groups do (Messner, 2000).

Existing inequalities can affect specific groups of men, such as immigrants and MSM, in different ways with different consequences for self-care and sexual and reproductive health. In Sweden, the Public Health Agency (PHA) identifies MSM, immigrants, and youths as likely to take sexual risks (PHA, 2017). Similarly, the CDC in the US notes that racial/ethnic groups and MSM have higher risks of CT infection (CDC, 2017), and the CDC's (2016) epidemiological studies from the US show more cases of STI in ethnic minority groups. Communities with a high population of ethnic groups are often associated with greater health risks in general and limited access to resources (CDC, 2016). A similar pattern has been found in studies in the Netherlands, where Surinamese/Antillean ethnicity was a strong predictive factor among young people for being at risk of CT infection, together with a geographic factor, people living in urbanized areas (Götz et al., 2005). Similarly, first- and second-generation immigrants were at higher risk of being infected by CT in a study conducted among visitors to STI centers (Haasnoot et al., 2012). In a Swedish study, no differences were found across the predictors of risky sexual behavior – e.g. unprotected sex, high number of sexual partners, or early sexual debut – between Swedish-born and immigrant men. However, male gender was related to a higher degree of risk-taking behavior among immigrant youths (Asamoah & Agardh, 2018).

As mentioned, MSM are more likely to engage in sexual risk-taking behavior, especially having unprotected sex with casual partners (Mustanski, Newcomb, Clerkin & Kazak, 2011). Furthermore, young MSM are more likely to engage in sex with unfamiliar partners and less likely to use protection in comparison to young heterosexual men (Poteat, Russel & Dewale, 2017).

Factors identified as increasing sexual risk-taking

Sexual risk-taking behavior can be identified as having a high number of sexual partners and having unprotected sex with casual partners. Not surprisingly, sexual risk-takers have been found to be more likely to have an STI diagnosis and long-term implications of high-risk casual sexual behavior (Lyons, 2017). In previous research, such factors as early sexual debut and use of alcohol or hash/marijuana have also been identified as increasing the likelihood of engaging in sexual risk-taking.

Early sexual debut

Early sexual debut is considered to indicate future sexual risk-taking behavior. For example, a Danish study found that first intercourse prior to 14 years of age was associated with sexual risk-taking behavior, such as a greater number

of sexual partners and an increased prevalence of STI (Buttmann et al., 2014). Similarly, a US study showed that among sexually active 14-year-olds, boys had fewer sexual partners than females; however, the number of partners increased 16% more quickly for males per year than among sexually experienced females (Mahalik et al., 2013).

When teenage MSM were studied in Australia, it was found that they engaged in such sexual risk-taking behaviors as unprotected sex (Zou et al., 2014). Similarly, a US study among MSM showed that early sexual debut and early male partnership were both associated with rapidly increasing sexual risk-taking behaviors (Glick & Golden, 2014). Furthermore, a Belgian study of MSM showed that this group had a later sexual debut compared with young men who have sex with women (MSW). However, for both MSM and MSW, younger age at sexual debut was related to a higher number of sexual partners (Dewale, Van Houtte, Symons & Buysse, 2017).

Alcohol and/or hash/marijuana and sexual risk-taking

Alcohol and the use of hash/marijuana is well established in research as a factor that increases sexual risk-taking. In a systemic review including measures of alcohol consumption, it was shown that an increased risk of STI was associated with alcohol consumption (Cook & Clark, 2005). In a Swedish study, risk for CT was associated with high alcohol consumption and remained stable after adjustments of factors such as demographic markers, socioeconomic position, and lifestyle factors (Deogan, Cnattingius & Månsdotter, 2012). Similarly, another Swedish study showed that for males, a high number of sexual partners and alcohol consumption were the strongest predictors of being infected with CT (Hammarström, Tikkanen & Stenqvist, 2015). Finally, a Finnish study showed that recurrent drunkenness among males (and females) was associated with, and increased the likelihood of, engaging in unprotected sexual intercourse (Lavikainen, Lintonen & Kosunen, 2009).

The use of drugs such as marijuana also increases sexual risk-taking. Increased marijuana use in males raises the magnitude of the odds of a higher number of sexual partners (Cavazos-Rehg et al., 2011). Similarly, Kogan et al. (2010) found that marijuana use was one of the main reasons for unprotected intercourse. Furthermore, MSM who reported having unprotected intercourse and/or unsafe oral sex with a main partner or casual partners were more likely to report using both marijuana and alcohol (Moeller, Palamar, Halkitis & Siconolfi, 2014).

Erection problems

Few studies include sexual health problems when investigating sexual risk-taking. WHO's working definition of sexual health includes the absence of

dysfunction and the possibility to have pleasurable and safe sexual experiences, free of coercion. In regard to this perspective, erection problems and sexual coercion are included in this review as two important sexual health problems.

Sanders, Hill, Cosby, & Janssen (2014) and Sanders et al. (2015) found that men with condom application problems were less motivated to use a condom and that they were significantly more likely to report erection problems before sexual intercourse when not using a condom. Furthermore, men who reported condom-associated erection loss on at least one occasion were found to engage in unprotected sex and inconsistent condom use significantly more often over the past three months compared to men who did not report erection loss (Graham et al., 2007).

Sexual coercion

Contrary to what is usually discussed, men are subject to sexual coercion. A national survey from Denmark showed that 2% of men (aged 16–39 years) had been subjected to sexual coercion (Sundaram, Laursen & Helweg-Larsen, 2008). In an Australian study, 4.8% of men had experienced being forced or frightened into engaging in unwanted sexual activity. The experience of sexual coercion was significantly more common among MSM than MSW (De Visser, Smith, Rissel, Richters & Grulich, 2003). Within the MSM group, insisting on sexual activities without a condom has been identified as a specific coercive behavior (Kubicek, McNeely & Collins, 2015).

Some studies have examined the relationship between the experience of sexual coercion and STI. In a study from Peru, one in ten males reported sexual coercion by females, and this group in turn reported more STI diagnoses (Cáseres & Hudes, 2000). When investigating the history of forced sex and sexual risk indicators in a national sample from the US, researchers found that males with a history of forced sex were more likely than their peers to report indicators of recent sexual risk-taking behavior, such as having more partners, exchanging sex for money, or receiving an STI diagnosis (Smith & Ford, 2010). Similarly, a Swedish study with sexually active participants showed that the experience of sexual coercion was connected to higher risk of poor sexual health (Hammarström et al., 2015).

Young men's psychological help-seeking

As mentioned in the theoretical section, men who follow the narrow paths of traditional masculinity may be paying a substantial price in terms of shallower relationships and poorer health (Messner, 2000). In the section that follows, I present an overview of some potential research topics that can be related to this

price, such as young men's psychological health, barriers to young men's seeking psychological help, and the influence of the social network when it comes to seeking this help.

Young men and psychological health

It has been suggested that young men's problems with psychological health are related to the harmful impact of masculinity ideologies and hegemonic masculinity (Wong, Ho, Wang & Miller, 2017). Men are typically assumed to be strong, resistant to disease, unresponsive to pain, and unconcerned with minor symptoms (Addis, & Mahalik, 2003). These beliefs about how to be a man act as a cultural barrier when it comes to men expressing emotions and revealing pain or weakness, thereby reducing the likelihood that they will reveal vulnerabilities and psychological distress (Hoy, 2012). Findings show that young men are underserved relative to their psychological health needs compared to young women, and that few young men who experience a psychological problem will access mental health services (Rice, Purcell & McGorry, 2018). Similar findings were obtained in a meta-analytic study, in which the conformity to masculinity ideologies and negative mental health-related outcomes were positively associated (Wong et al., 2017).

Furthermore, a review of qualitative studies of men's perspectives on psychological distress showed that men seem to have problems identifying their psychological or emotional health needs. Men perceived the experience of distress and depression as "facts of life" and as normal reactions to life's stressors, such as financial concerns or working conditions. Although such circumstances are important, men tend to externalize problems and feelings, and due to this may have difficulty labeling moods or difficult experiences as psychological problems. Accordingly, it might be the case that, rather than being reluctant to seek help, men may be unable to identify their negative experiences as mental health problems (Hoy, 2012).

In line with this, research reveals that men who overall endorse masculine norms are more likely to report lower levels of health literacy (Milner, Shields & King, 2019). This means that men tend to lack the ability to find good information on health issues and are more likely to report that they are unable to engage with healthcare providers in a satisfactory manner (Milner et al., 2019). Men are also commonly found to hide their symptoms or to avoid and suppress their feelings (Hoy, 2012). It seems unlikely that men who do not seek psychological help feel healthier than those who do (Möller-Leimkühler, 2002).

In Sweden, there has been a growing awareness that differences in men's and women's health are affected by sociocultural gender-related behaviors (Hearn et al., 2012). Statistics on the use of psychological services in Sweden show a definite gender difference. For example, the Center for Epidemiology

and Community Medicine has reported that, in Stockholm, treatment by a psychologist in primary care was received by 2.1% of men and 5.0% of women, with similar patterns reported from other regions in Sweden (CES, fact sheet 2016: 3; 2017: 2). Similarly, a survey carried out at 221 Swedish Youth Clinics found that young men are underrepresented as clients, accounting for approximately only 10–15% of all visitors (SALAR, 2016).

Barriers to seeking psychological help

Men's reluctance to seek psychological help is well established in previous studies. Accordingly, there is a growing body of research focusing on barriers to men's help-seeking, such as their prioritizing emotional stoicism, having negative attitudes toward seeking psychological help, and having a lesser intention to seek help (Spiker, Hammer and Parnell, 2019). Some have suggested that this has to do with young men within Western countries tending to rely upon masculine ideals, as most boys are socialized to embody masculine beliefs that actively discourage vulnerability, weakness, or emotional expression. Accordingly, for men, help-seeking has traditionally been minimized and avoided, impacting boys from a young age (Rice et al., 2018).

There is a substantial amount of evidence that the endorsement of traditional masculinity ideologies is associated with the avoidance of, or less favorable attitudes toward, seeking psychological help (Vogel, Heimerdinger-Edwards, Hammer & Hubbard, 2011; Wimer & Levant, 2011). For example, a study reported that men viewed seeking psychological help as more atypical behavior in men than acknowledging sadness or depression. Seeking help was something that violated masculine norms, and was regarded as deviating from normative male behavior. As such, help-seeking created an array of threats in terms of reactions from others and feelings about oneself (Mahalik & Dagirmanjian, 2019). A fear of others' reactions, including concern over the perceived negative judgments of friends and family, has been shown to be an important barrier to men's help-seeking. In particular, judgments from other men seem to dominate a man's concern about exposing his "vulnerable self", expecting to be perceived negatively as a weak, soft, feminine man (Hoy, 2012).

In contrast to the findings presented above, some studies have shown that men who more strongly endorse traditional masculinity ideologies are more likely to overcome self-stigma and negative attitudes toward seeking help if they experience substantial depression (Levant et al., 2013). A somewhat divergent result was revealed in a study among an ethnically and racially diverse sample of emerging adult men from low-income neighborhoods. While men uncommonly sought psychological help, those who did seek mental health services and also endorsed masculine norms were less likely to meet the depression criteria (Sileo & Kershaw, 2020).

The current literature on young men's reluctance to seek psychological help pays particular attention to aspects associated with traditional masculinity. (For more examples, see Sagar-Ouriaghli, Godfrey, Bridge, Meade & Brown, 2019; Seidler, Dawes, Rice, Oliffe & Dhillon, 2016; Yousaf, Grunfeld & Hunter, 2015.) Research on traditional masculinity has been instrumental for clinicians in identifying the social construction of masculinity as having major negative psychological and relational consequences for men (Brooks, 2010). Men commonly explain their psychological distress in terms of interpersonal issues, such as conflict in personal relationships and relationship breakups (Hoy, 2012). While men acknowledge their psychological health concerns, they still find it challenging to communicate emotional problems, and due to this sometimes consciously avoid seeking help (Hoy, 2012).

While research has identified why men have negative attitudes toward help-seeking, it tells us little about the men who actually do seek help and what circumstances facilitate this decision (Bennet & Thompson, 2017). One topic that is important to study in this context, which has received limited attention so far, is how young men perceive that their social networks are involved in their decision to seek psychological help.

The influence from the social network when young men seek psychological help

Although much of the literature focuses on barriers to men's ability to reveal their emotional problems and to seek psychological help, there are studies indicating that men can be encouraged to seek help with the social support of partners, family, and friends (Hoy, 2012). Previous studies have furthermore suggested that men in psychological distress rely on their social networks as an important source of support. One study, aiming to identify young men's psychological health stressors and factors involved in their decision to seek help, found that young men are inclined to rely upon informal resources in their social network as a primary source of support (Timlin-Scalera, Ponterotto, Blumberg & Jackson, 2003). Similarly, a meta-analysis of qualitative studies regarding men's experience with common mental health problems revealed that young men want to talk to family, partners, or friends for emotional support before seeking psychological healthcare (McKenzie, Jenkin & Collings, 2016).

The importance of social networks for young men has also been found in other areas. For instance, it has been noted that young men's decision-making in regard to stopping destructive patterns of behavior can be initiated by someone with whom they have an interpersonal relationship (Chuick et al., 2009). One example of this is a study of male victims of interpersonal violence that found that the men had gotten in contact with healthcare professionals through

the help of others (Simmons, Brüggemann & Swahnberg, 2016). In another study, young male survivors of sexual abuse were encouraged by a partner, family member, or friend to seek out services to find the necessary resources (Gagnier, Collin-Vézina & De La Sablonnière-Griffin, 2017). However, it must also be noted that although men in psychological distress view family and friends as the preferred source of support, they also fear placing undue worry on loved ones and have concerns about how such revelations might impact these relationships (Keohane & Richardson, 2018).

In terms of turning to someone within the social network for support, men have indicated that they feel safest talking to a woman (Mahalik & Dagirmanjian, 2019). This has been shown in a study investigating what enables men to seek psychological help, which reported that the influence came from females, such as mothers, girlfriends, or female friends (Harding & Fox, 2015). Young men who seek psychological help seem especially likely to be supported by their mothers (Seidler et al. 2016; Hasset & Ibster, 2017). Similarly, it was noted that young men with depression talked particularly to their mothers about seeking psychological help (Wirback, Forsell, Larsson, Engström & Edhborg, 2018).

Although some research has been carried out on what circumstances facilitate young people's decision to seek psychological help, there have only been a few empirical investigations into the role of social networks. In their survey with college students, Vogel, Wade, Wester, and Hackler (2007) showed that the majority of men and women who had sought psychological help had been prompted to do so by someone they knew. Furthermore, findings in a recent study including both females and males indicated that the approval of one's social network was influential in encouraging the decision to seek help, regardless of one's mental health severity (Muscari & Flemming, 2019).

To date, most studies have not specifically focused on young men's experiences. One exception is a survey investigating who influences men to go into therapy, in which the majority of the men reported having been influenced to seek help to some degree by members of their social networks (partner, family, friends). Most of them had been influenced by more than one source, and over a third suggested that without the influence of others they would not have sought help at all (Cusack, Deane, Wilson & Ciarrochi, 2004). Another study identified that access to social networks was crucial to understanding rural men's health information-seeking. This could include health information from close friends who had had similar experiences of psychological problems, or from acquaintances who were able to provide potentially unknown information that close friends were unaware of (Hiebert, Leipert, Regan and Burkell, 2018).

Taken together, these studies support the notion that members of young men's social networks are likely to influence their decision to seek

psychological help. However, there remain unanswered questions as to whether and in what way the different individuals in the social network have influenced these young men to seek help, as well as how young men experience this influence. The answers to these questions are important, not least when it comes to preventive work encouraging young men to seek help when needed. It is also important to understand more about the role of different parts of the social network when young men enter counseling, in order to understand more about the process behind the decision to seek help.

General aim

The general aim of this thesis was to explore problems that young people can face when they are engaged in close relationships and sexual intimacy. To address limitations in previous research on dating violence among young people, the thesis critically analyzes past research concerning the prevalence of problems, risk factors, and the efficacy of intervention. It also investigates adolescents' attitudes toward and beliefs about violence in close relationships across four European countries. Furthermore, it aims to extend our understanding of young men's problems with close relationships from the perspective of the young men themselves. It investigates sexual risk-taking among young men testing for STIs, and examines whether and in what way young men are influenced by members of their social network to seek psychological help for problems in close relationships.

Summary of studies

Study I

Aims

This review addresses some of the limitations in the current literature by 1) establishing international prevalence rates of adolescent dating violence (ADV); 2) reviewing dynamic risk factors for dating violence perpetration; and 3) comparing the effectiveness of established intervention programs. Prevalence is defined here as the frequency of violent incidents in dating relationships. Prevalence rates are analyzable through distinguishing severity of violence, mutuality of violence, etc. A risk factor is defined here as a correlate or predictor of higher dating violence prevalence.

Methods

A standardized approach was adopted across the European research team to ensure a comprehensive and consistent review process, according to the study's purpose and scope. To be included, a study had to meet the following four criteria: (1) The sample age group included participants aged 12 to 18 years; (2) The study was published in English, Dutch, French, German, or Swedish; (3) The study was published in a peer-reviewed journal; and (4) The study had been published between 2000 and 2011.

Prevalence data on adolescent dating violence were compiled from reported prevalence rates across three domains: 1) combined victimization of boys and girls; 2) victimization of girls; and 3) victimization of boys. An analysis of compiled prevalence rates was conducted, and risk factors were identified through peer-reviewed literature. A confidence threshold was established for inclusion as a risk factor; only those factors identified by three or more independent empirical investigations were included in the review.

Evaluations of intervention programs that met the review criteria were also identified. In each area, the standardized review methodology was applied to locate published literature for analysis.

Main findings

Prevalence

Prevalence rates of physical dating violence victimization ranged between 10% and 20% in the samples. While prevalence rates were similar for boys and girls, across the studies reporting both male and female victimization there was a general trend for slightly higher levels of male victimization.

Victimization through unwanted verbal sexual behaviors was reported by 76% of the girls and 75% of the boys, compared with severe sexual violence (e.g., forced intercourse), reported by only 1.6% of all the adolescents. Victimization from acts falling somewhere between these two was reported by 23% of girls and 16% of boys.

Prevalence reports of psychological/emotional violence is limited, and rates are difficult to approximate due to a wide variation in results. Making comparisons was challenging, as each study reporting psychological/emotional violence was unique in its methods, specific measures, sample populations, or country. Some tentative general trends, however, can be identified, such as psychological/emotional violence being the most frequently experienced type of abuse.

Available data show that prevalence rates of psychological/emotional dating violence are the highest across geographic regions, followed by rates of physical dating violence, and finally rates of sexual violence. Except for sexual violence, to which girls are more exposed, dating violence prevalence rates appear very similar across geographical regions and for boys and girls alike.

Risk factors for dating violence perpetration

Peer influence, for instance from friends with experience of dating violence or friends who are generally aggressive, are dynamic risk factors for dating violence. Furthermore, evidence suggests that substance abuse, particularly the use of alcohol by adolescent girls, covaries with adolescent dating violence. Adolescents with low levels of empathy are also found to be more prone to dating violence. However, levels of empathy and self-efficacy may well be responses to the same risk factors that predict dating violence, rather than being predictive risk factors themselves.

Six studies in the review investigated attitudes including the beliefs that violence is justified, violence is acceptable, and rape myths are true. The review's findings also indicate that there are gender differences that suggest that males and females have different motivations for perpetrating violence and different reasons for accepting its use. Attitudes toward the acceptability of violence in relationships also appear to be gendered; for instance, males who perpetrated dating violence were more likely to accept rape myths and have a

lower level of legal knowledge about rape, whereas females were more likely to accept the use of violence in response to provocation or in self-defense.

Effectiveness of interventions on adolescent dating violence

A comparison of intervention programs was conducted; this included (1) the programs' aims, grouped into three categories of focus – behavioral change, attitudinal change, and healthy relationship skills; (2) context and sample – most programs were designed for a school context and participants were adolescents; and (3) short- and long-term effects on behavior. While short-term effects of positive behavioral change were demonstrated from some interventions, there were also interventions that reported marginal behavioral change or none at all. An evaluation of long-term effects showed attitudinal changes at follow-up for most programs. However, when the sample was stratified to include only those who reported dating in the 12 months prior to data collection, no significant difference was found in physical dating violence perpetration between the intervention and control groups.

Methodological considerations

First, there are multiple definitions of dating violence that can be applied when studying adolescent relationships. Some research instruments measure dating violence in general, while others distinguish between physical, sexual, and psychological/emotional violence. Similarly, the severity and frequency of violent incidents are distinguished in certain cases but not in others. Some studies report violence in general, including that conducted by an intimate partner, a stranger, or another person. As such, inconsistencies in reporting can arise due to disparities in terminology and definitions applied by researchers.

Second, respondents' willingness to talk honestly about this topic can be a problem. While anonymous self-report instruments (rather than interviews or other interactive techniques) would seem to be an obvious choice when it comes to concerns over data accuracy, there are also reporting problems with this approach. Distinctions between "playful", accidental, and conscious violent incidents are often not addressed in self-report measures. Similarly, the act-based scales used in much of the research have been criticized as lacking discriminatory power and sensitivity to the context of the violence (Foshee et al., 2007). Self-report measures administered in group settings can also engender participant collusion and false reporting in certain circumstances (Barter, McCarty, Berridge & Evans, 2009).

Finally, the lack of common methodology between studies, both nationally and internationally, makes an effective analysis of prevalence challenging. Definitions of dating violence categories differ greatly between studies, and

this can lead to reporting results that are not comparable with those of other studies.

Study II

Aims

This study was conducted to determine the extent to which a universal set of themes of dating violence could represent the attitudes and beliefs of adolescents across four European countries (Belgium, England, Germany, and Sweden) or whether, given the different levels of gender empowerment identified across these countries, there are differences in adolescents' views on dating violence.

Methods

The participants were 86 adolescents (50 females, 36 males) enrolled in schools in the various countries: one school in Belgium, two in England, one in Germany, and one in Sweden. Two methods of recruitment were employed: school-based and snowball sampling (the latter only in England).

The study protocol and interview guide followed those reported by Sears, Byers, Whelan, & Saint-Pierre (2006). Three small vignettes depicting dating scenarios amended from a preexisting intervention package were also included, in order to facilitate discussion regarding participants' beliefs about the appropriateness of the behaviors described (Family Violence Project, 2007).

The recorded focus group sessions were transcribed verbatim and the content of the text was coded in relation to the questions in the interview guide. The data were coded according to the guidelines proposed by Braun and Clarke (2006). Given that the study used a modified version of the focus group schedule reported by Sears et al. (2006), a deductive coding method was employed to determine the extent to which the themes identified by Sears et al. (2006) could be found in the present dataset. Initially, the transcripts from England were coded by the lead author, and then the second author reviewed the codes and transcripts to determine whether saturation had been reached. The coding scheme was then applied to the transcripts from the remaining countries' focus groups. New codes were generated to encapsulate the entire dataset. Some initial codes unique to different countries were identified, relating to semantic and latent themes. No semantic or latent themes emerged that were country-specific.

Main findings

Four superordinate themes were identified: gender roles, television as an educator, perceived severity of dating violence, and “the decision to seek help”.

According to the participants, females were regarded as physically less powerful than males, yet females were perceived to be more controlling than males. Gender roles and the different types of power associated with them led to a weak acceptability of dating violence, such that it was neither entirely condoned nor condemned.

The role of the media in generating gendered stereotypes was clear in the discussion, but once participants began to reflect on this it became clear that these media-based stereotypes were pivotal in their thinking and their attitudes toward the role of gender in relation to dating violence. As such, the theme of television is firmly linked to the theme of gender roles through the creation of gender stereotypes.

The superordinate theme of the perceived severity of dating violence was based on the following four subthemes: context, perceptions of intent, the violent act, and immediate consequences and impact. Each of these subthemes determined perceptions of the acceptability, and the perceived severity, of dating violence. Although severity was deemed to reflect situational characteristics, it was also identified that it linked into the adolescents’ beliefs about the role of gender in intimate partner violence. They reported that violence by males was more severe than that by females, and that consequently, violence by females was more acceptable.

“The decision to seek help” was identified as the fourth superordinate theme. When adolescents decided to seek help, peers were commonly favored as sources of support. The adolescents did not consider their parents to be the best people to turn to; they were regarded as unapproachable for this type of problem. Furthermore, males were unlikely to seek help because of concerns about not being taken seriously and feelings of embarrassment due to peer pressure.

Methodological considerations

First, the use of a focus group methodology, despite drawing on friendship groups, may have led some individuals to withhold their opinion if they felt it was not shared by the group. The study also focused on heterosexual dating violence depicted in the scenarios, although it was also clear that, when asked to characterize dating relationships, the adolescents typically talked about heterosexual relations. Moreover, no information was requested regarding the experience or use of violence in their own relationships. Consequently, it is possible that without our knowledge these experiences may have shaped some of the opinions the participants presented. A further consideration involves the

potential impact of the focus group interview on how the adolescents depicted gender roles. It is interesting to note that no positive attributes were identified among the discussions; this is likely an artifact of the focus group schedule. It is therefore likely that the data we report regarding the adolescents' notions of gender roles do not reflect a complete appraisal of this issue but rather one colored by the focus on violence.

Study III

Aims

The overall aim of this study was to explore sexual risk-taking among young men and to examine whether there are variations in sexual risk-taking in terms of age, ethnic background, and sexual preference. Furthermore, it examined the extent to which young men testing for STI experience situations such as erection difficulties and condom use as well as sexual coercion, which are likely to promote sexual risk-taking and increase the chances of STI. Finally, the study investigated whether there are important subgroup differences based on age (comparing young men aged 18-24 to those aged 25-30), ethnicity (comparing men with a Swedish background to those with an immigrant background), or sexual preference (comparing MSM to MSW).

Methods

The participants in the present study, young men (18–30 years) testing for STI, were recruited at a walk-in clinic for STI testing. The final sample consisted of 452 men, who were divided into subgroups based on age, background, and sexual preference.

To test whether the proportions were different in subgroups, χ^2 tests of independence with $\alpha < .05$ as the criterion for significance were used, meaning that the value lies outside ± 1.96 for the adjusted standardized residuals. To compare age at sexual debut and number of sexual partners, independent t-tests were performed with $\alpha < .05$ as the criterion for significance. Additionally, assumptions of homogeneity of variances were examined using Levene's F test.

Main findings

A majority of the men in the three groups had previously been tested for Chlamydia trachomatis (CT). With approximately a fifth having had one or more occurrences of CT in the past year, the average number of partners with whom they had had unprotected sex was relatively high (3.8). In addition, over a third of the young men had used alcohol during their last sexual encounter. The study showed that almost 20% of the young men seeking an STI test reported

that they were reluctant to use a condom because of a fear of erection problems, and those in the 25-30-year age group were more reluctant than younger men. Men with an immigrant background had more unprotected sex than other men, which to a certain extent fits with the finding that these men also reported being tested for CT more regularly than other men. Finally, sexual coercion is doubtless a risk factor for sexual health among young men. Our finding that one out of six men had been involved in sexual activity that was not voluntary is noteworthy. This was especially a problem for MSM, and was possibly the most alarming result from the study. A third of the MSM had been exposed to sexual coercion in some form, compared to only a tenth of MSW.

Methodological considerations

The study was conducted in a clinical setting, with participants voluntarily testing for STI (CT). As findings indicate that those who make up this group are more prone to being involved in sexual risk-taking behavior, the results are not representative of young men in a general population.

Study IV

Aims

The overall aim of this study was to examine whether and in what way young men seeking help for psychological problems and difficulties in close relationships had been influenced by members of their social network (partner, family, and friends) to seek help. More specifically, it investigated: a) whether young men's decision to seek psychological help is influenced by members of their social networks; b) how members of their social networks have influenced them in the decision to seek this help; and c) how they experience the influence to seek psychological help from members of their social networks.

Methods

According to primary inclusion criteria, a predefined number of 30 young men seeking help for psychological problems and difficulties in close relationships at a clinic for young men were included. The participants were either on the waiting list to receive counseling, had only had an initial contact with the clinic, or had received limited counseling (with a maximum of two sessions). Their ages ranged from 19 to 29 years. Of these men, 19 were in long-term relationships and 11 stated that they were currently single. Twenty-five of them referred to female partners, and five to male partners.

Data were collected using semi-structured interviews. The interview contained five questions regarding each type of member of the social network

(partner, family, and friends). All interviews were recorded and transcribed verbatim before the analysis was conducted.

The interviews were analyzed through inductive thematic analysis using Braun and Clarke's (2006) six-step guidelines, involving the processes of naming, defining, and further analyzing in order to identify themes that can be considered important in relation to the study's purpose. Thematic analyses were conducted separately for the three categories in the social network: partner, family, and friends. All interview transcripts were examined, and coded, and similar codes were then grouped together into clusters, which were analyzed in terms of similarities and differences. This process yielded the central themes of the analysis. In order to refine the themes, the authors had recurrent discussions and the themes were also cross-checked with the transcripts to ensure that the interpretations of the data reflected what the participants had described.

Main findings

This study shows that the social network is important in supporting young men in their decision to seek psychological help, and that different network members play somewhat different roles. This study contributes three important findings to further the knowledge about the role of the social network in young men's help-seeking process.

First, in addition to general support, members of the social network influence young men in other ways, such as through exhortation, drawing attention to their need for help, and being role models for help-seeking.

Second, young men experience the influence from their social network as transformative; they move from a denial of problems and a reluctance to seek help toward more constructive attitudes regarding seeking help.

Finally, when friends are role models for help-seeking, this reduces barriers to help-seeking, helping young men overcome obstructive masculinity norms and providing an endorsement that young men are entitled to seek psychological help when they have emotional problems or perceive difficulties in close relationships.

Methodological considerations

The findings in this study need to be interpreted with caution. Below, five study limitations are presented.

First, consideration should be given to the sampling procedure used in this study. The relatively small sample size was chosen to enable an in-depth investigation of participants' experiences of the topic of this study. This limits the possibility to generalize these findings to a wider population. To be able to generalize to a wider population, future research in this area could involve a

larger-scale investigation using quantitative methods, with questions on psychological health, seeking help, and the influence of the social network.

Second, this study recruited participants who had contacted a health clinic with a specific focus on young men; therefore, the experiences expressed in this study might not reflect experiences of help-seeking at other types of health services, which future studies could explore.

Third, the study did not follow the young men over time to determine whether they continued to seek help for their problems; a longitudinal design would be needed for this purpose. Future research may consider investigating the social network's influence on individuals who continue therapy as well as those who stop treatment.

Fourth, this study limited recruitment to young men who have identified psychological problems and who had come to the decision to seek help. Future projects might consider recruiting a more general sample of young men to investigate factors that might be related to their avoidance of seeking psychological help when they have problems.

Finally, this study took place in Sweden, where young men are perhaps socialized and supported to be more concerned about relationships and health; it would be beneficial to conduct future research in other cultural contexts where more traditional masculine norms persist.

Conclusion

The general aim of this thesis was to explore problems that young people may face when engaged in close relationships and sexual intimacy. More specifically, it investigated dating violence among young people; sexual risk-taking among young men; and how young men are influenced by their social network to seek psychological help for problems in close relationships.

Although the tradition of collecting data related to violence in close relationships among young people is not as well established in Europe as in North America, findings indicate that the prevalence rates of violence perpetration and victimization in Europe approximate those reported in North America. Similarly, the prevalence hierarchy of violence appears to be maintained across Europe and North America: Rates of psychological/emotional dating violence are the highest, followed by rates of physical dating violence, and then rates of sexual violence. Except for sexual violence, in which females are more likely to be victimized, dating violence prevalence rates appear similar across males and females. Peer influence was found to be an important risk factor for violence in close relationships among young people, and a comparison of intervention programs showed short-term effects of positive behavioral change.

However, long-term change was less likely: in 12-month follow-ups, only marginal behavioral change (or none at all) was reported.

Furthermore, the data obtained indicate that adolescents' attitudes toward and beliefs about violence in close relationships tend to be fairly uniform across countries. Especially noteworthy is that, although the study participants agreed that behaviors that were potentially physically or psychologically abusive or violent are unwanted and generally unacceptable, some situational beliefs stood in opposition to these overarching values and seemed to legitimize violence – such as being cheated on, violence as a one-off, and violence in the context of a joke or game.

The thesis specifically focused on extending our understanding of sexual risk-taking from a young men's perspective. by targeting a group of young men who take some responsibility for their sexual health by testing for STI. However, findings indicate that those who make up this group are also sexual risk-takers; for instance, over a third of them used alcohol the last time they were involved in sexual activities, and a fifth of them were reluctant to use a condom due to erection worries. Probably the most alarming result was the finding that a third of MSM had been exposed to sexual coercion. Overall, this study strengthens the idea that further research is needed regarding risk behaviors as well as sexual health problems among young men testing for STI.

Findings showed that the social network is important in supporting young men in their decision to seek psychological help. This aspect has partly been overlooked in previous research, and the findings here contribute to further knowledge about the role of the social network in young men's help-seeking process. In addition to general support, members of the social network influence young men in other ways, such as through exhortation and drawing attention to their need for help. Furthermore, young men experience the influence from the social network as transformative, moving from a denial of problems and a reluctance to seek help toward more constructive attitudes regarding seeking help. Interestingly, male friends were found to be role models for help-seeking, and as such reduced barriers to help-seeking, helping young men overcome obstructive masculinity norms and providing an endorsement that young men are entitled to seek psychological help when they have emotional problems or perceive difficulties in close relationships.

Taken together, this thesis shows the importance of exploring problems that young people, especially men, can face when engaging in close relationships and sexual intimacy. When growing up, young people may experience dating violence; however, due to common beliefs, this is frequently legitimized. Furthermore, young men need to be addressed when it comes to discussions of sexual health and sexual risk-taking. Finally, social networks are important

resources for young men when tackling psychological problems of various kinds. Obviously, further research into these issues is needed.

General discussion

This thesis concerns dating violence, young men, and sexual risk-taking, and how the young men's social networks can influence them to seek psychological help. The following discussion is structured according to these topics.

Dating violence

The reviewed research literature on dating violence published in Europe and North America examined three areas: the prevalence of dating violence, risk factors in the perpetration of dating violence, and the effectiveness of intervention programs designed to reduce dating violence. The tradition of collecting data related to dating violence prevalence is not as well established in Europe as in North America. This lack of data gathering presents several problems, most notably the scarcity of prevalence statistics in many European countries. Nonetheless, the available evidence suggests that European prevalence rates of perpetration and victimization approximate those reported in North America.

Similarly, the prevalence hierarchy of violence appears to be maintained across Europe and North America. Rates of psychological/emotional dating violence are the highest, followed by rates of physical dating violence, and finally rates of sexual violence. Except for sexual violence, in which females are more likely to be victimized, dating violence prevalence rates appear similar across males and females. However, there seem to be important differences in what the various studies measure when it comes to prevalence related to gender (Smith et al., 2015). When broader definitions of dating violence with multi-item scales are used to examine prevalence, gender similarities are found for both victimization and perpetration. In contrast, when dating violence is broken down into types involving physical injury or violence causing fear, higher rates of female victimization are found (Wincentak et al., 2017; Hamby & Turner, 2013).

As intimate relationships and dating usually contain sexual aspects and are influential even in couples who do not engage in intercourse, it is important to pay attention to sexual dating violence (Hamby, 2009). For instance, perpetration of sexual violence by males was twice as high compared to females when the Sexual Coercion Scale was used; even greater gender differences were reported for serious aspects of sexual coercion (Straus, 2005). Similar gender differences have been revealed in technology-based dating violence (Stonard

et al., 2014; Draucker & Martsof, 2010). Females have been found to be more victimized by severe forms of dating violence such as threatening behavior and sexting pressure, as well as being victims of controlling dating violence (e.g. their partners checking their messages, contact histories, or friend lists on social media) (Stonard, 2018).

The risk factors that predict the perpetration of dating violence are complex and numerous (Leadbeater et al., 2018). Four categories of dynamic risk factors that met the review criteria were identified in the literature. Furthermore, several risk factors had multiple subcategories, resulting in a total of 15 factors. Of the four categories, the most well-reported (and well-established) factors were peer influence and attitudes toward violence. Peer influence included both friends who were involved in dating violence and violence in the peer group more generally. Finally, attitudes toward violence, such as acceptance of rape myths, tolerance of violence, and justification of violence use, were reported as risk factors for dating violence perpetration. As such, the most well-established dynamic risk factors appear to involve personal and peer group beliefs. These risk factors are influential, but are clearly not deterministic.

The review revealed a total of nine evaluation studies of intervention programs designed to reduce dating violence. These programs have a variety of aims and objectives split across three broad categories: behavioral change, attitudinal change, and development of personal skills and psychological wellness (e.g. self-esteem). Several programs have shown positive intervention effects in immediate post-test; however, the longevity of program effects is highly variable. Certain programs report significant positive effects up to five years after the original intervention, while others report positive effects which then disappear by six-month follow-up. A preliminary analysis of this evaluation data suggests that those programs that achieve behavioral change have greater longevity than those that are focused on increasing knowledge and relationship skills; however, the scarcity of comparable data makes this analysis tentative. More generally, it is evident that the pedagogy and implementation of programs, including their aims and objectives, are likely influential in determining their long-term success in reducing dating violence.

Research on dating violence must consider a gender perspective. The understanding of this problem in society must clearly define who the victim is, what kind of behaviors are investigated, and the circumstances surrounding the violent behaviors.

Adolescents' attitudes toward dating violence

This thesis explores adolescents' attitudes toward, and understandings of, violence within dating relationships in four countries: England, Germany, Belgium, and Sweden. Furthermore, the thesis investigates the extent to which

such attitudes reflected those previously identified within the international literature, or whether differences in attitudes would emerge due to, for instance, variations in gender empowerment between these countries. The data obtained indicated that attitudes were uniform across countries and age groups. It was furthermore possible to undertake a more nuanced examination of the data, concerning not only whether themes may have been duplicated from previous literature, but also how adolescent attitudes are potentially constructed by discerning the interrelationships of the themes established. This consequently provides new insights not previously reported in the international literature. Based on the data obtained, it was clear that there were both consistencies and inconsistencies with previously published qualitative data (Sears et al., 2006; Fredland et al., 2005).

Consistent with the findings of Sears et al. (2006), participants in this study revealed that adolescents may regard violence in relationships as problematic. They also report situational beliefs that stand in opposition to these overarching values. The participants agreed that behaviors that were potentially physically or psychologically abusive or violent are unwanted and generally unacceptable. However, somewhat surprisingly, some situations seemed to legitimize violence, such as being cheated on, violence as a one-off, and violence in the context of a joke or game. This shows that individuals who have a negative attitude toward dating violence can still find such violence acceptable within certain contexts. Neither attitude is necessarily rejected; in fact, both are endorsed. The discrepancy may be managed by rationalizing that the circumstance, for instance cheating, warrants the use of dating violence. In addition, the findings provide further support for a double standard concerning perceptions of violence used by males and females, with female violence perceived as less serious and consequently more acceptable than that of males. This is consistent with previously published qualitative (Sears et al., 2006) and quantitative research with adolescent samples (e.g., Price & Byers, 1999).

Another point of consensus with Sears et al. (2006) was that help-seeking was often characterized by going to peers rather than adults, and not approaching one's parents. However, the participants in the study by Fredland et al. (2005) reported that adolescents should avoid telling peers because they cannot be trusted. Instead, their participants advocated informing one's parents. These findings appear to be an exception. Quantitative literature examining help-seeking in the context of dating violence has found that adolescents approach peers more often than adults (e.g., Barter et al., 2009). In addition, it was evident that help should be sought for serious episodes of violence, for instance male violence that leads to injury. This finding is consistent with the suggestion by Barter et al. (2009) that help-seeking may occur as a function of how the behavior is perceived. The study also found that adolescents reported that

males would be too embarrassed to approach anyone for help with this issue. This was clearly symptomatic of the media-based construction of gender identities in relation to the use of violence: if females are weaker than males (who are strong and powerful), and females' use of violence is acceptable, then males are not in a position to seek help.

The study provided some clear insights into how adolescents perceive dating violence and the factors that shape and educate their perceptions. For example, contrary to previous studies (Sears et al., 2006), it was found that adolescents reported learning about dating violence primarily through television programs and news reports. Indeed, the prevailing attitude among participants was that violence against women is wrong. However, violence *by* women is not only not wrong, but is even defined as "not violent," an attitude directly influenced by stereotypical media depictions and representations of violent behaviors. This suggests that, although the media has been pivotal in raising public awareness about violence against women, a potential unintended consequence is that the public views women's violence in relationships as both legitimate and nonproblematic. Indeed, as Carll (2003) notes, the media and news reports play a pivotal role in shaping public opinions and expectations regarding violence and perpetuating associated stereotypes of victimization and perpetration.

Theoretical discussion regarding adolescents' attitudes toward dating violence

While participants agreed that behaviors that were potentially physically or psychologically abusive or violent are unwanted and generally unacceptable, some situational beliefs stand in opposition to these overarching values and seem to legitimize violence – such as being cheated on, violence as a one-off, and violence in the context of a joke or game.

These situational beliefs described by the participants correspond to a certain degree to the situational factors – an acceptance of the use of aggression and violence and a lack of problem-solving skills – in the background-situational model described earlier (Riggs & O'Leary, 1989).

Based on the complex nature of dating violence, the Ecological Systems Theory (Bronfenbrenner, 1979) provides an interesting framework for understanding dating violence during the adolescent and young adult years. This is because individual characteristics, family, and peer relationships, as well as societal influences, all act together to either promote healthy relationships or, conversely, lead to unhealthy relationships characterized by conflict and violence (Leadbeater et al., 2018). In the present studies the focus was on adolescents' attitudes, and some findings are of interest from an Ecological Systems Theory perspective.

First, it seems likely that when participants agree that behaviors that are potentially physically or psychologically abusive or violent are unwanted and generally unacceptable, they are influenced by overarching values and cultural norms embedded in the larger context of the macrosystem (Bronfenbrenner, 1979).

Second, on a microsystem level of interpersonal relations (Bronfenbrenner, 1979), such as among peers (Vagi et al., 2013), some situations, like being cheated on and violence in the context of a joke, seem to legitimize violence. As discussed above, neither of these attitudes is necessarily rejected, which shows that there can be a discrepancy between values and norms about dating violence on different levels of the ecological system.

Third, the specific impact of peers on an individual's acceptance of dating violence can be further understood through the concept of "molar activities". This concept should be understood as the notion that exposure to peers' activities (e.g., violence in the context of a joke) can affect others in the social setting, and therefore becomes part of individuals' "mental mesosystem" (Bronfenbrenner, 1979). Similar findings have been shown in other studies. For instance, young men who are more accepting of sexual dating violence were found to associate with peers whom they viewed to be sexually abusive toward their dating partners; they therefore may use sexually abusive behavior as part of gender role normative behavior within relationships (Lucero et al., 2014; Sears et al., 2007).

Fourth, the interviewed adolescents indicated that help should be sought for serious episodes of violence, characterized by male violence leading to injury. As discussed earlier, this was symptomatic of the media-based construction of gender identities in relation to the use of violence. This corresponds to the exosystem in the ecological model, an area of the social structure that does not involve the individual as an active participant but where events occur that affect what happens in the settings closer to the individual (Bronfenbrenner, 1979). The factors that shape and educate participants' perceptions regarding dating violence were found to be transmitted primarily through television programs and news reports.

Finally, the participants reported that males would be too embarrassed to approach anyone for help with the issue of dating violence, and indicated that males were unlikely to seek help because of concerns about not being taken seriously. From an ecological perspective, these findings indicate that the barriers to help-seeking are affected by cultural norms embedded within how gender operates in the larger context of the macrosystem (Bronfenbrenner, 1979). Seeking help in this way conflicts with masculinity ideologies. Men and males are expected to endorse the idea of the strong self-reliant man who handles

difficulties on his own, never shows weakness, and neglects his own health needs (Wade, 2015; Levant, 1996).

Young men and sexual risk-taking

To explore problems that can occur for young men involved in sexual intimacy and sexual risk-taking, this thesis focuses on young men visiting a clinic to be tested for STIs. The following problems will be discussed as impacting sub-groups differently: erection worries, reluctance to use a condom, and sexual coercion.

Erection problems and reluctance to use a condom were both investigated, and almost 20% of males were reluctant to use a condom mainly due to a fear of having erection problems in connection with sex. These findings are in accordance with studies in which condom use was reported to be associated with erection loss and unprotected sex (e.g. Graham et al., 2007). A fifth of the participants indicated erection worries; this puts them in a situation of sexual risk-taking, with increased risk for STI. However, erection problems are a topic that is typically omitted in surveys on sexuality, for instance the survey on sexuality and health among young people conducted by the Swedish PHA (2017c).

Findings from the comparisons between subgroups showed that the older group of young adult men (25-30 years) had been tested for and infected with CT more often than younger men (18-24 years). Findings that erection difficulties may affect the motivation to use a condom, or cause inconsistencies in condom use, have been shown in previous studies (Graham et al., 2007). There may be more at stake for the older (young) men, as sex might be seen as the initiating of a relationship, while younger participants may see their sexual performance as nothing but sex. Furthermore, these findings might reflect the development that sexuality has come to play an increasingly important role for its own sake in casual relationships, as well as being a central part of initiating a relationship (Giddens, 1992). Obviously, more research is needed to understand the reluctance to use condom among older young men.

The finding that men with an immigrant background had more unprotected sex than Swedish men fits to a certain extent with the finding that men with an immigrant background reported having been tested more regularly for STI compared with Swedish men. This finding is consistent with another recent Swedish study (Asamoah & Agardh, 2018), in which young men with an immigrant background reported having more sexual partners with whom they had unprotected sex, compared with young men with a Swedish background. Based on research from the US, a plausible explanation for this finding is that the higher prevalence of STI could have to do with less knowledge about SRH and condom effectiveness, as well as sexual risk-taking behavior, among males

from ethnic minorities (which are not the same ethnic minorities as those in Sweden) (Pastuszak et al., 2017).

Sexual coercion is doubtless a risk factor for sexual health. WHO states that sexual health requires that sexual partners should be free of coercion; previous research has shown that coercion has implications for sexual risk-taking, such as an increased frequency of unprotected sexual activities (Stults, Javdani, Greenbaum, Kapadia & Halkitis, 2016).

Probably the most alarming result from the present study was the finding that a third of MSM had been exposed to sexual coercion. In contrast, just over one in ten of MSW had been exposed to sexual coercion. In this context, it is important to discuss sexual coercion and sexual consent. One possible explanation for the differences between MSM and MSW might be that they define sexual consent in different ways, and that accordingly, sexual coercion has different connotations for these two groups. For instance, as has been suggested by Kubicek et al. (2015) Kubicek, McNeeley & Collins (2016), coercive behavior among MSM is more likely to be mutual, and younger MSM, especially when being initiated into sexual activities, may have less control in sexual decision-making compared to older MSM, instead relying upon the older men to become more experienced (Kubicek, Beyer, Weiss, Ivarson & Kipke, 2010).

Another explanation for sexual coercion concerns differences regarding the definition of sexual consent. Sexual consent is commonly defined as either an agreement or a willingness to have sex, or as someone giving their permission or approval to have sex (Hickman & Muehlenhard, 1999). Beres, Herold & Maitland, (2004), however, have argued that there exists a nonverbal societal script regarding sexual consent among MSM. According to this script, sexual consent among MSM can often be based on nonverbal cues. If someone is not doing or saying anything to stop a behavior, it is understood that they accept the sexual activities initiated by the other person (Beres et al., 2004). According to this script it can be unclear whether or not sexual activities should continue, so consent becomes a grey zone with sexual coercion as a possible result.

Obviously, the awareness of what constitutes sexual coercion needs to be enhanced, especially since recent legislation in 2018 introducing the principle of consent (<https://www.riksdagen.se>). Participation in a sexual act in a consensual way, and the variety of aspects that have an impact on the boundary between sexual coercion and sexual consent, are important to discuss and investigate.

Theoretical discussion regarding sexual risk-taking

Findings on young men's sexual risk-taking can be discussed theoretically, for instance in relation to the concept of masculinity. One such finding was that a large proportion of the young men in the sample were taking sexual risks, for

example having more sexual partners, or using alcohol and/or hash/marijuana when last having sex to a greater degree, in comparison to national figures (PHA, 2017c). However, when these young men visited a sexual health clinic to be tested they did not deny that there was a risk that they had an STI, which is in contrast to findings that young men typically deny the risk of STI and fear embarrassment because it is seen as not manly to seek help for these issues (Buzi & Smith, 2014). How this can be interpreted is not clear from the present data. It might have to do with their attitudes concerning wanting to be healthy young men (Tyler & Williams, 2013), or the fact that they endorse the idea of the strong, self-reliant man who can handle difficulties on his own (Wade, 2015; Levant, 1996). Or, these young men may have serious symptoms that should not be neglected. Studies have shown that young men postpone asking for assistance until the inconvenience has worsened and may have become serious (Buzi & Smith, 2014).

Another finding in the study that can be related to sexual risk-taking was that one group of men reported a reluctance to use a condom due to a fear of erection problems. According to Messner (2000), there are costs for men who embrace the tenets of traditional masculinity. That is, men who follow the paths of traditional masculinity tend to pay a price for adhering to the social norms of masculinity as concerns never showing weakness and therefore neglecting one's health needs (Wade, 2015; Levant, 1996). There is a lack of substantive research in Sweden on the effects of masculinity on men's health (Hearn et al., 2012). Erection worries are a topic that is typically omitted in surveys on sexuality, for instance the survey on sexuality and health among young people conducted by the Swedish PHA (2017c).

Finally, as discussed above, probably the most alarming result from the study was the finding that a third of MSM had been exposed to sexual coercion, compared to just over one in ten of MSW. Stevens et al. (2013) used the Ecological Systems Theory suggested by Bronfenbrenner (1979) in their investigation to explain how sexual behavior and individual choices among young MSM were embedded within a unique social and structural environment that affects this particular population. The roles and expectations regarding how to act, and how others are to act toward an individual, are related to the level of the macrosystem where expectations for sex and gender operate. Together with these expectations comes the degree of reciprocity and the balance of power in interpersonal relations (Bronfenbrenner, 1979). In the study by Stevens and colleagues, the participants described three roles in sexual relationships: "tops", "bottoms" and "versies". Versies were described as sexually versatile, able to assume the role of either a top or a bottom. These roles were described in gendered terms, with tops taking a more masculine position and bottoms assuming a more feminine one. Participants explained that a top is typically an

“alpha male” who, for example, has more power to control condom use (Stevens et al., 2013). In accordance with this, ideologies of masculinity of power and control (Wade, 2015; Levant, 1996) may come into play in these situations. In further studies of sexual coercion among MSM, aspects of masculinity can be considered.

The social network’s influence on young men to seek psychological help

Research confirms that young men are underserved relative to their psychological health needs, and that few young men who experience a psychological problem will access mental health services (Rice et al., 2018). This thesis examines whether and in what way young men were influenced by members of their social network to seek psychological help, and how these men experienced these influences. The following discussion specifically covers how the social network can affect help-seeking, the specific effects of network members’ exhortation, how network members’ influence is regarded as a transformative experience, and how friends can serve as role models for help-seeking.

The young men’s decisions to seek help for psychological problems appear to have been strongly influenced by their social network. All but one described in detail how at least one member of their social network had influenced their decision to seek help. Furthermore, the majority were influenced by members of more than one of the social network categories (partner, family, and friends). This indicates that members of young men’s social networks are influential in their decision to seek help; this finding is in line with previous research that has found that young men are inclined to first receive support for solving problems from informal resources, such as members of their social network (McKenzie et al., 2016; Timlin-Scalera et al., 2003).

In previous research, social support has been found to be more relevant as an influential factor for help-seeking than the severity of the problem (Muscari, et al., 2019). Those who are close to the young man can be crucial as sources of support in the help-seeking process (Hiebert et al., 2018). In our study, we also looked into how the young men experienced support from network members. Interestingly, they reported different forms of support from the different network categories. The support from partners was more affirmatory, that from family was more reassuring, and that from friends was more motivational. What is especially noteworthy is that the men described how the support made them come to grips with problems they may have had for a longer time, and that it further deepened their relationships with members of their social networks.

One particular form of influence from partners and family members was exhortation. From partners, the exhortation had an underlying demanding tone of a need for changes in the relationship. From families, it entailed a demand on the men to be actively involved in taking responsibility for their problems. A possible explanation for why this might be important is that young men often have initial difficulties accepting that they have problems (Wirback et al., 2018). Network members' use of exhortation tends to make them aware that they should do something about their problems. Furthermore, these expectations seem to be related to gender. The young men in the study refer to female partners and mothers when it comes to exhortation. This pattern is not surprising, and is in line with findings in previous research that young men tend to seek and receive support from females, more than males, including mothers, girlfriends, and female friends (Mahalik & Dagirmanjian, 2019; Hasset & Ibster, 2017; Harding & Fox, 2015). There remain high social expectations for women to demonstrate caring and emotional awareness, and to be supportive of family members and those with whom they are in close relationships (Arrezza, Bhattacharya & Fraser, 2019).

In regard to how the young men experienced the influence from their social network, the transformative experience is especially noteworthy. The young men described how they moved from a denial of problems and a reluctance to seek help toward more constructive attitudes regarding seeking help. In relation to their partners, they initially refused to acknowledge what their partners were saying, but this attitude changed to a more affirmative position in which they confirmed that there was something wrong. Similarly, the men described having first felt resistant when their family members called attention to problems, and said this influence had caused them to reflect on how they handled various situations and inspired them to take steps toward the decision to seek help. Interestingly, the identified influence of exhortation from partners and family was experienced as supportive or transformative by two-thirds of the young men. Accordingly, this form of persuasive influence seems to play an important part in the process of deciding to seek psychological help.

The transformative experience was also identified in relation to friends. In these situations, the young men described the transformative experience as helping make feelings of loneliness and shame – burdens they had carried inside them because of their problems – disappear. These burdens have to do with embodied masculine beliefs that actively discourage vulnerability or emotional expression (Rice et al., 2018). The tangibility in the way this was described by the young men was somewhat unexpected, as previous studies have indicated that social norms of masculinity influence men to be less willing to speak to friends about their emotional problems (Seidler et al., 2016).

The young men in the study also described conflicting feelings and ambivalent experiences. They mentioned that it was uncomfortable when their partners expressed dissatisfaction with the way they were, even as the young men appreciated it when their partners brought up problems. They were also found to sometimes be ambivalent in relation to support from family members, as they both did and did not want to accept their families' involvement in their problems.

Finally, it is especially interesting that when friends were role models for help-seeking, reduced barriers to help-seeking among the young men. In this way, friends help them overcome obstructive masculinity norms that suggest that "real men" should not seek psychological help. Friends' own help-seeking provides an endorsement that young men are entitled to seek help when they have emotional problems or perceive difficulties in close relationships.

Some friends seem to have had a strong impact as role models. These friends legitimized the young men's decision to seek help, and served as proof to the men that seeking psychological help is nothing to be ashamed of. These findings are especially noteworthy as research has shown that young men fear negative social consequences in these situations, such as ridicule, labeling, and rejection from peers (Lynch, Long & Moorhead, 2018). On the contrary, the young men said that their friends had helped, opened their eyes, and allowed them to recognize their own need for help. In this way, these young men not only appear to question the costs men incur when they embrace the tenets of traditional masculinity (Messner, 2000); they also appear to question the concept of masculinity as such.

Friends' importance was furthermore influential as they defused the young men's attitudes toward being a normatively invulnerable young man who hides his problems or conceals his needs in order to appear as if nothing is wrong, in order to project an image of well-being (McKenzie et al., 2016). The young men described that they had become more comfortable with having problems and seeking help when their friends confirmed that this was okay.

Theoretical discussion concerning the network's role in psychological help-seeking

Findings on how the social network influences young men to seek psychological help can be further discussed from an Ecological Systems Theory perspective, together with ideologies of masculinity. The findings regarding members of the social network being influential point to the importance of the interpersonal relations experienced in the microsystem, the layer nearest the young men. To be able to receive this support, the young men must be engaged in interaction with those close to them through intrapersonal processes (Bronfenbrenner, 1979). The young men who participated in the study reported that

encouragement to seek professional help for their problems had come from all three of the social network categories, or microsystems, using Bronfenbrenner's term.

Findings revealed the support from partners to be more affirmatory, that from family as more reassuring, and that from friends as more motivational. These differences could be related to the network members' different roles in relation to the young men. Roles, as an element of microsystems, can include different expectations for reciprocity, balance of power, and affective relations (Bronfenbrenner, 1979).

Roles and different expectations can also be discussed in regard to influence by exhortation. Exhortation from a partner had an underlying demanding tone, concerning a need for change in the relationship. Family members' exhortation entailed a demand on the men to be actively involved in taking responsibility for their problems. Exhortation became an important factor in the men's help-seeking, and was evoked in the context of the young men seeming to have problems identifying their own psychological or emotional health needs and thereby delaying seeking help (Hoy, 2012). Men have traditionally been found to wait for other people to figure out that something is wrong with them (Lindsey & Marcell, 2012). In this way young men's roles in their family microsystems and relationships with partners are embedded in the larger context of the macrosystem with its ideologies and cultural norms (Bronfenbrenner, 1979). For young men, such cultural norms may include the ideals of hegemonic and traditional masculinity that place expectations on them to restrict their emotional lives, never show weakness, and neglect their own health needs (Wade, 2015; Levant, 1996). These norms guide young men's role behavior, as well as influence their behavior in interpersonal relations, especially when the role is well established in the societal structure and there is a broad consensus regarding these expectations (Bronfenbrenner, 1979).

From these perspectives, one might reflect on the findings that a majority of the young men experienced the influence by exhortation from partners and family as supportive and transformative. One might argue that if someone close to you urges you to seek professional help, this may act as a counterforce in relation to traditional norms of masculinity.

As described above, the young men in the study were found to experience the influence from the social network as transformative; they moved from a denial of problems and a reluctance to seek help toward more constructive attitudes regarding seeking help. These findings of transformative experiences can be understood as "ecological transitions". An ecological transition is a shift in role whereby an individual, here a young man, becomes able to change a behavior that he was expected to follow within the nested environment of layers in an ecological system (Bronfenbrenner, 1979). The transformative

experience and the activity of seeking psychological help exemplify an ecological transition: young men may cross borders to reject what they have known to be normative cultural expectations. From an ecological development perspective, the transformative experience develops the young man, as he then decides to seek psychological help; in turn, this activity helps to create a more differentiated environmental context (Bronfenbrenner, 1979). The young men seem to overcome social norms of traditional masculinity especially in relation to their male friends, when they have personal conversations about emotional distress and difficulties in close relationships. Ecological transitions can change expectations for how to behave according to roles of masculinity, in terms of the degree of reciprocity and experiencing affective relations with male friends (Bronfenbrenner, 1979).

Friends' influential activities can be understood as molar activities, which have the capacity to be perceived as having meaning that influences others in a social setting. When friends encourage the young men to seek help, or when they refer to they themselves having sought help, this expands the young men's world beyond the immediate situation, becoming a "mental mesosystem". The young men's descriptions of the molar activities engaged in by their friends are important, as they become part of the young men's psychological field, which they themselves can later access (Bronfenbrenner, 1979).

When friends' advice counters traditional attitudes concerning how young men are expected to behave, this calls into question expectations about the masculinity role embedded in the macrosystem (Bronfenbrenner, 1979). When young men support one another in seeking psychological help, they are acting in contrast to traditional normative hegemonic masculine norms regarding the ways to be a man (Connell, 1996). In this way, these young men may help to establish new ideologies that will channel men's lives, allowing them to become more socially engaged and to engage in resisting the reproduction of inequalities between men and women as well as among men (Bennett & Thompson, 2015).

Clinical implications

Dating violence

The available data showed that dating violence is common, and is something that needs to be addressed in clinical settings. In Sweden, the concept of dating violence is referred to as "våld i nära relationer" (violence in close relationships), with the addition of "bland unga" (among young people) when younger age groups are involved (Brå, 6/2018). When clinicians meet adolescents, it is important that they are aware of the different forms of violence and ask

questions about not only physical and sexual violence but also psychological/emotional dating violence. Furthermore, a gendered awareness is important. Research shows both similarities and differences in prevalence in relation to the different forms of violence, as well as in regard to the severity of violence according to gender (Hamby & Turner, 2013). Thus, when clinicians meet adolescents, questions about violence in close relationships need to be included in their agenda. Both girls' and boys' experiences involving being victims and/or perpetrators of dating violence should be investigated.

In regard to the high rates of dating violence, this issue should be understood in a broader perspective in regard to possible prevention programs. Developing prevention programs in relation to dating violence can be challenging, as a variety of risk factors are involved. Individual characteristics, family and peer relationships, as well as societal influences all act together to either promote healthy relationships or, conversely, promote unhealthy relationships characterized by conflict and violence (Leadbeater et al., 2018). The Ecological Systems Theory (Bronfenbrenner, 1979) provides an interesting framework for understanding risk factors concerning dating violence during the adolescent and young adult years.

Prevention programs with a broader community approach involve activities that reach beyond the microsystem to invoke new interconnections between home, school, and neighborhood (the level of the mesosystem) (Bronfenbrenner, 1979). An example of an effective community program is "the bystander approach" (Banyard & Cross, 2008), which uses strategies to involve and teach teachers, parents, and peers how to intervene in various situations. This program teaches community members to take on specific roles, including interrupting situations, speaking out against social norms that support dating violence, and being an effective and supportive ally to victims (Banyard & Cross, 2008). The success of this approach suggests that such problems as dating violence need to be addressed at the societal level, with communities taking on broader responsibility.

According to research findings, a gendered approach to dating violence is important, with a specific focus on the important role that can be played by male bystanders such as athletic coaches and male athletes; these groups can effectively alter norms that foster dating violence (Miller et al., 2012). Such prevention programs have the possibility to alter the ideologies of traditional masculinity whereby boys and men are expected to devalue women, have objectifying attitudes toward sexuality, and accept aggression (Wade, 2015; Levant, 1996). Future prevention programs could pay increased attention to promoting ideologies that channel men to be socially engaged and resist the reproduction of inequalities between men and women as well as among men (Bennett & Thompson, 2015).

Furthermore, the data revealed new insights into how adolescent attitudes toward dating violence are shaped and influenced. These data also provided insights into the attitudes of young adolescent samples, which have traditionally been overlooked. Consequently, the data hold several implications for clinical work and intervention programs aimed at raising awareness of and reducing violence in adolescent relationships. The data indicate that primary intervention strategies need to focus on educating adolescents about the subjective nature of how violence is interpreted by those involved, and how such interpretations shape people's decision to seek help. These intervention strategies should also promote open discussions to reduce potential stigma around male victimization and help-seeking.

Moreover, interventions need to focus on helping those who may provide assistance (e.g., peers), by offering information regarding personal safety and potential risks to a wide audience of adolescents who could be involved in providing help. Perhaps more importantly, as pointed out above, interventions need to change the nature of existing public health and media messages regarding relationship violence. That is, the message should be that violence in relationships, regardless of who perpetrates it and regardless of the situational context, is wrong.

Young men's sexual risk-taking

Some of the findings from the present thesis are especially relevant for clinicians working with young men testing for STI. To begin with, young men who seek testing for STI are taking some responsibility for their sexual health. At the same time, the results indicate that this group of young men are also sexual risk-takers; e.g., over a third used alcohol the last time they were involved in sexual activities, a fifth are reluctant to use a condom due to erection worries, and one out of six have experience of unwanted sexual activities. These findings suggest that clinicians need to discuss and problematize risk behaviors as well as sexual health problems when young men are tested for STI.

Findings indicate that some aspects of risk-taking may be more important to pay attention to within certain subgroups. First, worries about erections and the reluctance to use a condom seem to be especially common among somewhat older young men (25–30 years old). While it is important to promote and support safer sex behavior, we also need to understand the possible underlying worries young men have that may need to be addressed, such as performance anxiety, concerns about low testosterone levels, or overall life stresses.

Young men with an immigrant background who get tested for STI are especially likely to show a pattern of sexual risk-taking. This group routinely tested for STI more often than young men without an immigrant background, perhaps because they had more unprotected sex. This behavioral pattern is not

easy to interpret, but clinics could deepen the discussion with young men of all backgrounds regarding what circumstances promote unsafe sex. One circumstance that could be discussed is the fear that practicing safe sex by using a condom suggests that a person has an STI. A reluctance to use a condom could hide this fear. Increased awareness and problematization of such a social norm can be important in consultations around STI testing.

Probably the most alarming result was the finding that a third of MSM had been exposed to sexual coercion. This finding points to the fact that more questions about coercive sexual experiences need to be asked of MSM in healthcare settings. Sexual coercion is a sensitive topic; however, it should not be avoided by healthcare providers. Sexual consent is an area where there may be grey zones in understanding, as consent relies on both verbal expressions and non-verbal cues. Clinicians can further examine the circumstances surrounding consent and ask questions about who took the initiative, the way sexual consent was expressed, and what possibilities there were to say no, not just in the beginning but also throughout the sexual act. This can of course be challenging in some healthcare situations, but healthcare providers can be trained to address these important issues.

As research suggests that sexual risk-taking behavior can increase the spread of STI, it is important to address risk-taking when considering the sexual health needs of young men. The current study suggests that further research involving young men is needed to help in the development of treatment and counseling techniques that will promote young men's sexual health in the long run.

The importance of the social network in young men's decision to seek psychological help

Findings revealed that the social network is important in supporting young men in their decision to seek psychological help. Three main clinical implications will be presented here.

First, different members of a social network (partner, family member, friend) can be an important influence in young men's seeking psychological help. Clinicians meeting with these young men should ask questions about whether and how members of their social networks were involved in the decision to seek help. It seems likely that if young men received positive support to seek help in the first place they will most likely continue to have support during the treatment process, but this needs to be studied further. Clinicians may seek to involve additional members of the social network to contribute to a positive process. On the other hand, if there is no social network support, this is also important to address. Having psychological problems and not being able

to share this situation could lead to isolation, creating double exposure to mental health problems.

Second, problem denial and the reluctance to seek help are important aspects of the ideology of traditional masculinity, about which clinicians need to be fully aware (Milner et al., 2019). Through the influence of members of their social network, the young men in this study have likely increased their propensity to reflect on their own emotional difficulties. Clinicians should understand that a young man seeking psychological help to deal with his problems might have been through a process from being influenced by traditional norms of masculinity toward a position of resisting the reproduction of these attitudes. The awareness of such a process may be important to include in therapeutic conversation, partly to identify that there may be counteracting forces but also because it may increase the motivation for change.

Finally, friends as role models seem to have a particular and positive transformative influence on young men, helping defuse the barriers posed by these obstructive masculinity norms. Friends often suggest that young men are entitled to seek psychological help when they have emotional problems and difficulties in close relationships. These findings are in contrast to most research emphasizing the problematic aspects of masculinity, which may not accurately represent the male role norms of today (Wade, 2015). In clinical contexts, the recognition of new masculine norms can hopefully contribute to new and productive discussions between clinicians and young men seeking psychological help. Furthermore, evidence of friends' influence on help-seeking suggests new ways of supporting young men in seeking psychological help. Programs aimed at encouraging young men to support each other in resolving personal problems and in seeking psychological help when necessary might be a fruitful way forward. Highlighting stories about young men having been influenced by other male friends to recognize their psychological and emotional problems and to seek psychological help may be a helpful way to challenge traditional notions of strength and independence among men. This may reduce the stigma surrounding seeking help as a young man, as well as promote healthier norms for masculinity.

Limitations and future studies

The findings in the literature review on dating violence should be interpreted with caution. First, the review was based on a rather narrow 11-year sample period for published research studies: 2000–2011. While the review is dated, it should be noted that the topic of violence in close relationships among young people has been a somewhat neglected research topic in Sweden until quite recently. Similar to the literature review, a newly published report from the

Swedish National Council for Crime Prevention cites a higher prevalence of psychological/emotional violence than physical violence, with females being victims more often than males (Brå 6/2018).

Second, the studies covered in the literature review were conducted in a limited cultural context (usually North America). These circumstances limit how the findings can be interpreted as useful for understanding the situation of young people in the contemporary Swedish context, where there may be new and different cultural norms. For example, in Sweden, as the practice of “dating” is not as established as it is in North America, researchers instead study “violence in close relationships” (våld i nära relationer). When younger age groups are addressed, researchers indicate they are studying violence “bland unga” (among young people) (See the Swedish National Council for Crime Prevention, Brå, 6/2018). The Swedish concept is more closely related to the term “intimate partner violence” (IPV), which is becoming a more internationally established concept (e.g., now used by the US National Institute of Justice). As the topic of violence in close relationships among young people has been a somewhat neglected topic in Sweden until recently, the findings in the review still can be useful as background in designing new research in the Swedish context. The review revealed a particular lack of data on the importance of various interventions in a European context. Furthermore, most prevention programs have been developed and evaluated only within the North American setting. Intervention and prevention programs need to be planned and implemented to correspond to a particular cultural context.

Third, violence prevalence varies widely, because of differences in definitions and measurements. These variations have several problematic consequences. For example, there are obstacles in establishing a clear picture of the severity of the problem. Moreover, differences in the definitions of dating violence used by researchers can have considerable importance in terms of the interpretation of gender differences and/or similarities. Risk factors are also difficult to identify when definitions of violence vary, as this makes it difficult to identify important underlying causes. Further research with well-defined concepts of violence in close relationships among young people is needed.

Finally, the studies covered in the review investigated research on heterosexual relationships; future studies obviously need to develop much more knowledge about violence in gay, lesbian, bisexual, and transgender relationships.

The findings in the investigation of attitudes toward dating violence among adolescents should be interpreted within the context of the study limitations.

First, the use of a focus group methodology may have led some individuals to withhold their opinion if they felt that it was not shared by the group. This

might mean that the results do not represent the thoughts and experiences of all those in the study.

Second, as in Sears et al. (2006), there was a focus on heterosexual dating violence depicted in hypothetical scenarios; however, when the adolescents were asked to characterize dating relationships, it was clear that they were also typically referring to heterosexual relations. Consequently, the study provides no insights into the views of adolescents regarding dating violence in same-sex relationships.

Third, there were no additional investigations regarding the experiences or use of violence in the participants' own relationships. If there had been, it is possible that these experiences may have shaped some of the opinions presented.

Finally, it is interesting to note that no positive attributes of relationships were identified in the discussions; this is likely an artifact of the focus on violence in the focus group schedule.

Future research would benefit from individual in-depth interviews with adolescents with different sexuality preferences.

The findings involving young men's sexual risk-taking should be understood within the context of this study. Any generalizing of the results must be done with caution for the following reasons.

First, the use of self-reported data limits the validity of the data used in the analysis. Questions related to sexuality, requiring self-report data, have especially garnered concern because of their sensitivity, and have hence increased the susceptibility to invalid reporting (O'Sullivan, 2008). Accordingly, this might especially have resulted in limited accuracy in participants' reporting about topics such as worries about erection, condom use, and sexual coercion. Accuracy can also be a concern in terms of the reported number of sexual partners, as research indicates that individuals who believe there is prestige in relation to sexual success tend to increase the number of their reported sexual partners (Jonason & Fisher, 2008).

Second, the sample included young men (18–30 years) testing for STI at a clinic. Findings indicate that this group is more involved in sexual risk-taking behavior, and the results can thus not be assumed to represent young men in a general population. Findings reported by Carré et al. (2011) from a clinical setting show a somewhat similar pattern, however.

Finally, the questionnaire included mostly items with categorical data; consequently, there is low sensitivity and limited options for analysis, with limited variation. Furthermore, as the study included no items for measuring mental health, any questions about how different aspects of sexual risk-taking may vary according to psychological well-being are left unanswered.

The investigation into young men's experiences of how their social network had influenced them to seek psychological help and the findings need to be interpreted with caution, according to the following four study limitations.

First, consideration should be given to the sampling procedure selected for this study. The relatively small sample size was chosen to enable an in-depth investigation of participants' experiences of the study topic. This limits the possibility to generalize these findings to a wider population. Furthermore, within this small sample, for ethical reasons it was not possible to obtain information on ethnicity, sexual identity, or socioeconomic background. Future research in this area could conduct larger-scale investigations using other types of methods, for instance quantitative methods.

Second, this study recruited participants who had contacted a health clinic with a specific focus on young men; therefore, the experiences expressed in this study might not reflect help-seeking experiences at other types of health services. Future studies could explore both young and older men who seek psychological help from General Health Centers.

Third, the study did not follow the young men over time to determine whether they continued to seek help for their problems; a longitudinal design would be needed for this purpose. Future research could consider investigating how the social network influences the continuation of therapy.

Fourth, this study limited recruitment to young men who were identified as having psychological problems and had decided to seek help. Future projects might consider recruiting a population-based sample of young men to investigate factors that might be related to their avoiding or seeking psychological help when they have problems.

Ethical considerations

This thesis investigates sensitive subjects affecting young men: dating violence, sexual risk-taking, and seeking help for psychological problems. An initial ethical aspect concerns the importance of providing all study participants with adequate information regarding the facts about the study, such as its background, purpose, and approach, as well as contact information for those who are responsible for the research project. This has been done in the studies through both information sheets and verbal information, and consent has been obtained. At the beginning of every study, it was ensured that the participants understood the information. In the following, the different ethical considerations in relation to the studies will be described.

In the second study, on adolescents' attitudes toward dating violence, data were collected through focus group interviews. Interviewing a group about a sensitive subject involves several ethical aspects. For example, participants can

be reluctant to talk about experiences they do not want to share with others in this situation. To minimize these risks, the focus group interviews followed guidelines and included vignettes depicting dating scenarios from a preexisting intervention package (Family Violence Project, 2007). These were included to facilitate a discussion regarding participants' beliefs about the appropriateness of the behaviors described. With the use of a vignette, the participants were never asked to raise or refer to their own experiences of dating violence, but only to discuss their views on the subject. Furthermore, through focus groups, individual informants do not have to answer every question, which means that they can refrain from talking about issues that are sensitive or cause discomfort (Krueger & Casey, 2009).

As the third study investigated young men's sexual risk-taking there are important ethical considerations to protect, such as the participants' confidentiality and privacy. It is important that the strategies for managing these challenges be completely transparent, rational, and practical, according to a specific context (Shirmohammadi, Kohan, Shamsi-Gooshki & Shahriari, 2018). The participants were recruited at an STI clinic, and as the questionnaire targeted sexual health issues the content was consistent with the context. Information about the study was provided at the reception desk. After reading the information, the young men were asked if they were willing to participate in the study. If they were, they were handed the questionnaire, which also included a cover letter with detailed information about the study. However, as it has been shown that men frequently avoid reading written information (Olliffe & Mröz, 2005), the reception staff at the clinic was prepared to provide information verbally and to answer questions from the participants about the study. According to the importance of integrity and confidentiality, measures were taken to arrange for physical places in order to allow the participants to complete the questionnaire in privacy (Smoyer, Rosenberg & Blankenship, 2014).

When someone responds to a questionnaire targeting sexual health and risk-taking, this can cause reflections or even anxiety about one's sexual health. In regard to this consideration, the participants answered the questionnaire prior to their meeting with the nurses. If they had any specific questions or worries, they had the opportunity to discuss these matters with a nurse.

The fourth study used semi-structured interviews to examine young men's experiences of how their social network had influenced them to seek psychological help. When conducting interviews about sensitive issues, such as help-seeking for psychological problems, there are several ethical aspects to consider. One such aspect is the balance between creating a safe and good conversational climate and the risk of the young men telling the interviewer secrets and private things they may later regret having discussed. Furthermore, during an interview, sensitive topics may come up and the interviewer may need to

ask the interviewee if he is comfortable sharing these experiences (Dickson-Swift, James, Kippen, & Liamputtong, 2007). After the interview ended, all the young men were asked how they felt about having shared their experiences, and were told that one can sometimes feel uneasy after revealing private issues (Allmark et al., 2009).

Another aspect to consider is that the researcher may respond emotionally to the material. This can sometimes result in either sensitive topics being avoided if the researcher is unsure of how to handle these situations, or unreflective attempts to protect the young men by avoiding certain subjects. Consultative and therapeutic methods may sneak into the conversation, and the young man may feel that his integrity is threatened (Allmark et al., 2009; Dickson-Swift et al., 2007). These ethical considerations were handled mainly by using a clear and structured interview guide, and beginning each interview with an introduction that was read aloud to the young men. This informed them about the purpose of the study and the style of questioning. The interviewer had therapeutic competence as well as experience conducting interviews about sensitive subjects prior to this study. The young men were also reassured that other issues for which they wanted help would be taken care of through the regular services at the clinic.

Concluding remarks

The vast majority of people explore close relationships and experience sexual intimacy during adolescence and as young adults. These experiences are usually exciting and romantic, and are important as opportunities to develop the ability to experience emotional intimacy and trust. But when adolescents and young adults explore close relationships, they also have to face uncertainty, difficulties, and even breakups. Most young people overcome these troublesome challenges. However, as this thesis has investigated, there are situations in which adolescents and young adults may confront experiences in life that are more problematic – including violence in close relationships and sexual risk-taking, as well as seeking psychological help for problems in close relationships.

When adolescents and young adults confront experiences in life that are problematic, one would assume that a logical consequence would be that they turn to someone in their social network or to professionals for help and support. This is not always the case, however, and the obstacles they face in such situations might be due to more or less visible norms and expectations embedded in different layers in the ecological system. This perspective is in line with Bronfenbrenner's (1979) Ecological Systems Theory in several respects.

First, the thesis revealed insights into how adolescents' attitudes toward violence in close relationships are shaped and influenced. Adolescents may be influenced by overarching values and cultural norms embedded in the larger context of the macrosystem (Bronfenbrenner, 1979), which can lead them to agree that behaviors that are potentially physically or psychologically abusive or violent are unwanted and generally unacceptable. However, regarding a microsystem level of interpersonal relations (Bronfenbrenner, 1979), which exists in their relationships with peers, the research described in this thesis shows that some situations at this level of social structure – such as being cheated on, violence as a one-off, and violence in the context of a joke or game – may legitimize violence. This shows that individuals who hold a negative attitude toward dating violence may still find such violence acceptable within certain contexts.

Thus, there can be a discrepancy between values and norms concerning violence in close relationships on different levels of the ecological system. In addition, it was evident that young people felt that help should only be sought for serious episodes of violence. Adolescents and young adults who confront these problematic experiences in their life may, due to norms embedded in different layers in the ecological system, hesitate and in the worst case neglect to reveal that they are exposed to violence and instead carry this burden alone.

Another example of experiencing violence relates to the alarming result that a third of MSM had been exposed to sexual coercion. In other studies, it has been argued that there exists a nonverbal societal script regarding sexual consent among MSM. According to this script, sexual consent among MSM can often be based on nonverbal cues. If someone is not doing or saying anything to stop a behavior, according to the script it is understood that they accept the sexual activities initiated by the other person (Beres et al., 2004). These findings show that, among young MSM, sexual behavior, individual choices, and the expectations of how to act and how others are to act toward an individual are embedded within a unique social and structural environment that affects this particular population. Along with these expectations come the degree of reciprocity and the balance of power in interpersonal relations (Stevens et al., 2013; Bronfenbrenner, 1979). Accordingly, as it can be unclear whether or not sexual activities should continue, consent becomes a grey zone with sexual coercion as a possible result. In such situations, it can be difficult for young men to acknowledge that they have been coerced to engage in unwanted sexual activities or sexually abused. Consequently, this might have an impact on whether or not they will turn to someone for support and help. The awareness of what constitutes sexual coercion needs to be enhanced, especially since recent Swedish legislation from 2018 introducing the principle of consent (<https://www.riksdagen.se>).

Finally, another example of how normative expectations have an impact on young people's risk-taking is how ideals of traditional masculinity can lead to young men restricting their emotional lives, never showing weakness, and neglecting their own health needs and, consequently, avoiding seeking help (Rice et al., 2018; Seidler et al., 2016); for instance, being unlikely to seek help if exposed to dating violence due to concerns about not being taken seriously. From an ecological perspective, this indicates that the barriers to help-seeking might be affected by cultural norms embedded both in the microsystem layer among peers as well as within how gender operates in the larger context of the macrosystem (Bronfenbrenner, 1979).

This thesis furthermore focused on this topic from a different angle, investigating how the social network can be a positive influence in young men's seeking psychological help. Findings indicate that the impact from the young men's microsystems, such as families, partners, and friends, can counteract the larger context of the macrosystem with its obstructive ideologies and cultural norms (Bronfenbrenner, 1979). The young men experienced the influence from their social networks as transformative; they moved from a denial of problems and a reluctance to seek help toward more constructive attitudes regarding seeking help. These findings of transformative experience can be understood as "ecological transitions" (Bronfenbrenner, 1979). An ecological transition is

a shift in role whereby an individual becomes able to change a behavior that he was expected to follow within the nested environment of layers in an ecological system. From an ecological development perspective, the transformative experience evident in this thesis develops the young man, who then decides to seek psychological help.

As pointed out above, normative expectations embedded in the layers of the social ecological system might have an impact on how adolescents and young adult shape and understand situations in which they confront problematic experiences in close relationships and sexual intimacy. Accordingly, these expectations may cause aggravating circumstances and affect someone's decision to seek help. However, as findings show, when young men support one another they are acting in contrast to such cultural normative expectations regarding the ways to be a man. In this way, these young men may help to establish new ideologies that will channel men's lives in a positive direction, to help them become more socially engaged and resist the reproduction of inequalities between men and women as well as among men (Bennett & Thompson, 2015). This may promote healthier norms for masculinity that can endorse equality in close relationships.

In summary, when it comes to understanding problematic experiences in close relationships and sexual intimacy, a broad perspective such as that of the Ecological Systems Theory is useful in understanding how different layers impact, as well as counteract, each other through ideologies and cultural norms. This perspective can also provide incentives for change. This is something to take into account concerning this underresearched topic, both in designing research projects and in clinical settings.

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