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Experiences of Non-Consensual Sex in Older Adult Men and Women in Norway, Denmark, Belgium and Portugal --Manuscript Draft--

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Abstract:	<p>This study aimed to determine the prevalence of non-consensual sex in older adult men and women across Europe, and to find out what variables predict such experiences in different European countries. Data were collected using probability samples from populations, aged 60–75 years, in Norway (N = 1271), Denmark (N = 1045), Belgium (N = 991), and Portugal (N = 509), using postal questionnaires. Around 5% of men included in the study, in all of the countries, reported non-consensual sexual experiences. Non-consensual sexual experiences were higher in gay/bisexual men when compared against heterosexual men. Partnered men had a lower likelihood of childhood non-consensual sex than those without partners. Compared against men with primary education, those who had undergone tertiary education had a lower likelihood of having experienced adult non-consensual sex. For women, rates of reporting non-consensual sex before and after the age of 18 years were lowest in Portugal (2% and 6%, respectively) and highest in Norway (9% and 11%, respectively). Compared with women with no religious affiliations, protestant women showed a lower likelihood of having experienced childhood non-consensual sex. In comparison to Norwegian women, Belgian and Portuguese women were observed to have had a lower likelihood of having experienced childhood non-consensual sex. Compared to women who were non-partnered, had no religious affiliation, or had primary education, women who were partnered, Roman Catholic, and had higher education showed a lower likelihood of having experienced non-consensual sex in adulthood. Experience of non-consensual sex correlated significantly, albeit weakly, with greater levels of both anxiety and depression, decreased subjective well-being, lower perceived intimacy with one's partner, and higher feelings of loneliness.</p>	

Response to Reviewer #2:

1. Consider the title 'across Europe' seems rather broad when four countries are identified.

Response: "across Europe" has been replaced with "in Norway, Denmark, Belgium and Portugal".

2. It would be helpful in the introduction to include types of non-consensual sex which will be discussed (e.g. obligational) as well as the factors used in participant information (gender, sexual orientation, religion, education).

Response: Thank you for pointing out this. We have slightly rewritten and reorganized the Introduction section to make it clearer what we are studying.

3. Page 17, lines 22-38 are rather speculative which differs from the authors' highly-substantiated, well researched arguments elsewhere. Given the nature of this journal and the focus on sexuality, some references would make these speculative comments more substantiated.

Response: We thank the reviewer for pointing out this weakness. We have rewritten this piece to: "The factors that contribute to the association between sexual victimization and sexual orientation are poorly understood (Balsam et al., 2005). Potential explanations could be that perpetrators purposefully choose children and adolescents with same-sex attraction (Saewyc et al., 2006), or with a behaviour or appearance that is contrary to traditional gender norms (Balsam et al., 2005). Moreover, young boys who become conscious of their same-sex attraction may not have equal opportunities as heterosexual boys to access peers to explore their sexual orientation with, and therefore they may seek out older men, which in turn may increase the risk of unwanted sexual contact (Rind, 2001). Compared to heterosexual men, bisexual and homosexual men have more male sex partners in adulthood (Træen, Stigum & Sørensen, 2002), heightening the risk of experiencing violence and non-consenting sexual events (Balsam et al., 2005). Alternatively, young men who are newcomers to the homosexual community which may put them in peril of being exploited because of lack of knowledge regarding implicit norms and rules."

4. References to literature in the USA - when this study is European based. A rationale needs to be made why this literature is useful. (e.g. p.6).

Response: We have added a sentence about this (previous page 6) in the "Religious affiliation" section: "..... serve to protect the adult individual from traumatic childhood experiences. To the best of our knowledge, not many European studies in this field of research, but there is some evidence from the U.S. In a large, nationally....".

5. Some minor edits relating to language use:

p.3, line 3 - 'Research has....' needs to be more specific 'Research into ... has...'

Response: "Research has...." has been replaced by "Research into sexual abuse has..."

p.4, line 53 - some forms of non-consensual sex should not be described as 'milder' but rather 'other'. Each type should not be diluted.

Response: We agree with the reviewer. The sentence now reads: "Non-consensual sex in adulthood may range from rape, to other forms of being or feeling pressured to engage in sexual activities."

p.5, line 20 - 'be having' should be 'suffer from'.

Response: This has been corrected.

p.5, line 44 - 'worldwide' seems to be very generalised. Suggestion to just begin the sentence with 'Gender....'

Response: This has been corrected.

p.7, line 44 - research question - 'among 60-75 year olds' is unclear - it implies that the participants may have experienced abuse only in that age range of their life.

Response: We agree with the reviewer. The research question has been corrected to: “1. What is the life-time prevalence of non-consensual sex among 60–75-year-olds in Norway, Denmark, Belgium, and Portugal?”

p.8, line 35 - should be 'national' not 'nationally'.

Response: This has been corrected.

p.9 - the 'conclusion' is very short. Reword to 'concluding comments'.

Response: This has been corrected.

**Experiences of Non-Consensual Sex in Older Adult Men and Women in Norway,
Denmark, Belgium and Portugal**

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**Experiences of Non-Consensual Sex in Older Adult Men and Women in Norway,
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ABSTRACT

This study aimed to determine the prevalence of non-consensual sex in older adult men and women across Europe, and to find out what variables predict such experiences in different European countries. Data were collected using probability samples from populations, aged 60–75 years, in Norway (N = 1271), Denmark (N = 1045), Belgium (N = 991), and Portugal (N = 509), using postal questionnaires. Around 5% of men included in the study, in all of the countries, reported non-consensual sexual experiences. Non-consensual sexual experiences were higher in gay/bisexual men when compared against heterosexual men. Partnered men had a lower likelihood of childhood non-consensual sex than those without partners. Compared against men with primary education, those who had undergone tertiary education had a lower likelihood of having experienced adult non-consensual sex. For women, rates of reporting non-consensual sex before and after the age of 18 years were lowest in Portugal (2% and 6%, respectively) and highest in Norway (9% and 11%, respectively). Compared with women with no religious affiliations, protestant women showed a lower likelihood of having experienced childhood non-consensual sex. In comparison to Norwegian women, Belgian and Portuguese women were observed to have had a lower likelihood of having experienced childhood non-consensual sex. Compared to women who were non-partnered, had no religious affiliation, or had primary education, women who were partnered, Roman Catholic, and had higher education showed a lower likelihood of having experienced non-consensual sex in adulthood. Experience of non-consensual sex correlated significantly, albeit weakly, with greater levels of both anxiety and depression, decreased subjective well-being, lower perceived intimacy with one's partner, and higher feelings of loneliness.

Key words: older adults, non-consensual sex, sexual abuse, Europe, cross-cultural studies

INTRODUCTION

Definition of concepts

Our knowledge on the predictors for people at risk of experiencing non-consensual sex, in childhood and adulthood, and the lifelong impact on psychological distress in relation to possible gender and cross-cultural differences, is still limited. It seems more common in the existing literature to have focused on the prevalence and consequences of sexual abuse, rather than on coercion or other types of non-consensual sex. Finkelhor (1994) defines child sexual abuse (CSA) as 1) sexual activity where a child is present, and 2) an abusive situation. It is important to note though that the prevalence of sexual abuse and assault is somewhat higher for adolescents, often involving a peer as a perpetrator, than CSA in childhood being committed by an adult perpetrator (Finkelhor, Turner, Shattuck, & Hamby, 2015). However, sexual abuse does not only take place in younger ages. For instance, in a Dutch community sample of 194 older participants, Kraaij and de Wilde (2001) found that 3% reported being abused in their childhood, 11% reported being sexual abused during adulthood, and 5% during late adulthood. It is still difficult to compare prevalences of abuse across countries and cultures, owing to different definitions of sexual coercion/abuse, and various methodological differences.

This paper will focus on the life experiences of victims of non-consensual sex, which may include both sexual coercion and sexual abuse, as well as the association of it with mental health in older age. Pugh and Becker (2018, p. 6) state that sexual non-consent "...ranges from the victim's state of mind—'against her will' - to behavioral—saying 'no', fighting, crying, pleading for him to stop, or as silence." It is, therefore, possible that experiencing non-consensual sex - in a broader sense and not only as sexual abuse - is a negative life event with long-term adverse mental health consequences (Kraaij & de Wilde, 2001).

This study aims to fill some of the knowledge gaps present in the literature. Using common methods of data collection in probability samples, the focus was to explore the life experiences of non-consensual sex victims in 60-75 year-old women and men in Norway, Denmark, Belgium, and Portugal. The second aim was to examine if socio-demographic factors(age, sexual orientation, relationship status, religious affiliation, level of education) may predict life experiences of non-consensual sex, and the association between such

experiences and mental health (perceived intimacy with the partner, anxiety and depression, satisfaction with life, loneliness). In the following, selected findings from previous studies will be presented.

Non-consensual sex and mental health

According to Finkelhor and Browne (1985), the victims of CSA experience traumatic sexualization, feelings of betrayal, powerlessness, and stigmatization, as well as changes in their cognitive and emotional systems that may lead to a disturbance in their self-concept/identity, worldview, and affective capacities. It is well documented that CSA is associated with other childhood adversities; such as socioeconomic problems, a family environment characterized by loneliness, a lack of proximity with others, and predictability, as well as family violence and other forms of child maltreatment (Fassler, Amodeo, Griffin, Clay, & Ellis, 2005; Hecht, & Hansen, 2001; Peleikis, Mykletun, & Dahl, 2004; Svedin, Back & Söderback, 2002). These adversities may constitute confounders for adult mental health problems that occur after CSA. However, in a large longitudinal cohort study, Fergusson, McLeod, and Horwood (2013) found that the association between CSA and mental health problems - less well-being, more sexual risk behaviors, and poorer socioeconomic outcome - remained as an adult even when other childhood adversities were controlled.

There is ample evidence that sexual abuse, whether experienced in childhood or in adulthood, is associated with an increased risk of various psychological, physical, interpersonal, and sexual problems (Hillberg, Hamilton-Giachritsis, & Dixon, 2011; Irish, Kobayashi, & Delahanty, 2010; Maniglio, 2009; Sanjeevi, Houlihan, Bergstrom, Langley, & Judkins, 2018). For example, in a systematic review of various longitudinal studies, and a meta-analysis across age groups, languages, and populations, Chen et al. (2010) found a statistically significant association between sexual abuse and lifetime diagnoses of anxiety, depression, eating disorders, sleeping disorders, posttraumatic stress disorder, and suicide attempts. These relationships persisted regardless of the victim's sex, or the age at which the abuse occurred.

The prevalence of long-term mental health consequences resulting from non-consensual sex occurring in adulthood has been studied less than has CSA. Non-consensual sex in adulthood may range from rape, to other forms of being or feeling pressured to engage in sexual activities. For example, feeling obliged to have sex with one's partner. In Norway,

one out of five men and two out of three women has sex occasionally just to satisfy their partner (Træen & Skogerbø, 2009). Qualitative research among people with distressing reduced sexual desire levels revealed that they frequently experienced feelings of guilt at not meeting their partners' sexual needs (Træen, 2008), and, then, to counteract this, they compromised themselves by having sex for the sake of the partnership. Evidence suggests the existence of gender differences in peoples' emotional reactions to certain types of obligational sex (including sexual coercion); for example, men seem to experience coercion less negatively than do women (O'Sullivan & Allgeier, 1998; Struckman-Johnson, Struckman-Johnson, & Anderson, 2003). If obligational sex occurs regularly, and is non-consensual, the effects are likely to be negative. Obligational sex is frequently associated with sexual coercion, sexual aggression, and rape (Doherty & Anderson, 2004; Krahé, Waizenhöfer, & Möller, 2003; O'Byrne, Hansen, & Rapley, 2007; Struckman-Johnson et al., 2003). However, sexual activity can be both consensual and non-consensual. Some may be forced, others may no longer find their partner attractive, suffer from flash backs from previous abuse, or have sex because it is seen as necessary for the sake of the relationship. Finally, CSA seems to be associated with a lower quality of committed relationships during adulthood (Fergusson et al., 2013; Paradis & Boucher, 2010), and there are indications that female CSA victims, in particular, have an increased likelihood of entering into committed relationships where they are exposed to violence (West, Williams, & Siegel, 2000). Various experiences of early life adversity have been linked to adult sexual victimization, and such adversities, in turn, may exacerbate the risk of CSA leading to adult sexual re-victimizations (Ports, Ford, & Merrick, 2016). Sexual, emotional, and physical abuse are often interconnected in adult abusive relationships (Fingeld-Connett, 2013). Similarly, as early traumatic experiences beyond just CSA have been found to be confounders when assessing mental health consequences of sexual trauma, it is difficult to differentiate the long-term impact of adult sexual abuse from other negative relationship factors on mental health.

Relationship status

Cherlin, Burton, Hurt & Purvin (2004) reported that women who had experienced CSA were less likely to be married or in some form of stable, long-term cohabiting relationships. CSA may have a negative an impact on adult romantic relationships through various psychological pathways (Nielsen, Wind, Tjørnhøj-Thomsen, & Martinsen, 2018; Rumstein-McKean, & Hunsley, 2001; Walker, Homan & Busby, 2009). Walker et al. (2009)

concluded in a comprehensive review that the relationship between CSA with adult relationship quality was mediated by the survivor's perceptions of the event, their current level of depression, and their level of emotional flooding during couple conflict. A scoping review by Nielsen and colleagues (2018) identified multiple psychological factors challenging the ability to form adult intimate relationships after one has experienced CSA. The central factors were attachment avoidance, fears of intimacy and touching, poor communication and trust, and problems with emotion regulation.

Gender

Gender is found to be a risk factor for experiencing non-consensual sex, and women are more exposed to abuse more than men are (Sanjeevi et al., 2018). However, it is important to study whether the same or different factors predict non-consensual sexual experiences across genders, and whether there exist cross-cultural differences in such relationships. Cultural norms may affect the likelihood of CSA being discovered by an adult, or being disclosed by a child. They may also affect whether abused children's families will report child sexual abuse to the relevant authorities (Fontes & Plummer, 2010). This may all also apply to adult sexual abuse.

Sexual orientation

Similar to gender, sexual orientation may also be a risk factor for experiences of non-consensual sex. There is evidence that CSA, as well as partner violence, is more prevalent among homosexual and bisexual people than among their heterosexual counterparts (Austin et al., 2008; Balsam, Rothblum, & Beauchaine, 2005; Balsam, Lehavot, & Beadnell, 2011; Friedman et al., 2011; Kubicek, McNeeley, & Collins, 2016; Rothman, Exner, & Baughman, 2011; Tomeo, Templer, Anderson, & Kotler, 2001; Waterman, Dawson, & Bologna, 1989; Wilson & Widom, 2010). Xu and Zheng (2015) performed a meta-analysis investigating incidences of CSA among non-heterosexual populations in nine countries. The analysis showed a prevalence of 24% for the gay male population, and 37% for the lesbian women population, which is higher than what has been found for heterosexual people (5-8% for men and 15-25% for women, respectively).

Religious affiliation

Committed Christians, who deviate from their religious norms of heterosexuality and the perceptions of marriage as sacred, may suppress their sexuality, hide sexual preferences,

and experience feelings of guilt or shame that accompany acting upon “forbidden” urges. In addition to this, the revelation of child sexual abuse committed by Catholic priests has recently become a global issue (Terry, 2015; Tishelman & Fontes, 2016). Sexual abuse may also be prevalent within other Christian communities, and is not necessarily specific to any one denomination. Thus, religious affiliation may represent a risk factor for experiencing CSA, and, in turn, influences coping skills negatively. However, religion may also serve to protect the adult individual from traumatic childhood experiences. To the best of our knowledge, not many European studies in this field of research, but there is some evidence from the U.S. In a large, nationally representative survey of 2,626 adult Americans, men and women who reported a history of CSA, which involved penetration, were more likely to report a disrupted marriage, dissatisfaction in their sexual relationship, and a tendency to be a religious non-practitioner (Finkelhor, Hotelling, Lewis, & Smith, 1989). In another large survey among women from the United States (US), Doxey, Jensen and Jensen (1997) concluded that religion might help to ameliorate negative the mental health outcomes associated with CSA.

Age and cohort effects, and level of education

Clearly, the older the individual, the more time he or she has had to accumulate experiences. However, when it comes to sexual abuse, it may also be an effect of having grown up in a certain era, otherwise known as a cohort effect. In this context, there may be a difference between individuals who grew up before, and after, the so-called “sexual revolution” of the 1960s. This era also represented a period of great social mobility. Women were able to enter universities and the labor market, and this, in turn, changed their overall social status (Ramsøy, 1977). The empowerment of women may have made them less susceptible to sexual coercion, and more resilient to the effects of abuse. Thus, one’s level of education may be an important indicator of their risk for experiencing non-consensual sex. However, the findings are diverse in this respect. For example, Kamiya et al. (2016) reported that individuals who were exposed to CSA had higher levels of education than those who were never exposed. However, in a sample of 34 653 adult US citizens, Pérez-Fuentes et al. (2013) found that CSA victims had lower a prevalence of having completed upper-secondary school when compared to non-victims. Regarding the relationship between adult sexual abuse and educational level, some studies report no association (Elliott, Mok, & Briere, 2004; Eslami et al., 2016), whereas other studies indicate a relationship for women, but not for men

(Sandmoe, Wentzel-Larsen, & Hjemdal, 2017; Thoresen & Hjemdal, 2014). In Norway, Sandmoe et al. (2017) found that women exposed to abuse, whether before or after the age of 65 years, were more likely to have a university or college level education when compared against non-exposed women, whilst Thoresen and Hjemdal (2014) found a reduced likelihood of rape in women with higher levels of education. There are various studies that may indicate the importance of education for women's empowerment. For instance, Perrot, Morris, Martin, and Romans (1998) found that female incest victims who managed to mentally reformulate the abuse experience displayed fewer psychological symptoms than those who did not. In a similar study, Himelein & McElrath (1996) found that various coping strategies were associated with resilience, for example, disclosing and talking about the abuse, minimizing the abuse, reformulating the incidents, and disengaging from speculations regarding the abuse.

PURPOSE

This study posed the following three research questions:

1. What is the **life-time** prevalence of non-consensual sex among 60–75-year-olds in Norway, Denmark, Belgium, and Portugal?
2. What is the relationship between experiencing non-consensual sex and sociodemographic factors (age, level of education, relationship status, sexual orientation, and religious affiliation)?
3. What is the relationship between experiences of non-consensual sex and indicators of present mental health?

METHODS

Participants

The Department of Psychology at the University of Oslo, in cooperation with the poll organization IPSOS (Institut de Publique Sondage d'Opinion Secteur), conducted a multinational survey on the sexual lives of 60–75-year-olds using probability samples from the populations of Norway, Denmark, Belgium, and Portugal. The sample size in Norway was 1271, 1045 in Denmark, 991 in Belgium, and 509 in Portugal.

The mean age of the male participants was 66.7 years in Norway, 67.8 in Denmark, 67.3 years in Belgium, and 66.6 years in Portugal. For women, the mean age was 66.9 years

1 in Norway, 67.8 years in Denmark, 66.4 years in Belgium, and 66.8 years in Portugal. The
2 proportion of participants with primary education was 10% in Norway, 28% in Denmark,
3 12% in Belgium, and 39% in Portugal. The proportion with tertiary education (at least some
4 level of university education) was 53% in Norway, 35% in Denmark, 37% in Belgium, and
5 17% in Portugal. In Denmark and Portugal, most participants reported having a partner (84%
6 and 82%, respectively), when compared to 63% of the samples in Belgium and 76% in
7 Norway. The majority of participants identified as heterosexual, and only 1.9% were
8 identified as gay, lesbian or bisexual, and 3.2% marked themselves as “other.”

15 **Procedure and Recruitment**

17 Initially, IPSOS conducted a recruitment interview telephonically with a national
18 probability sample of the population aged from 60–75 years old. Those who agreed to
19 participate then received an anonymous postal questionnaire. This method of data collection
20 was chosen based on the work of previous studies on potentially sensitive topics.

24 The questionnaire consisted of 66 main questions and most of the included questions
25 and scales in the questionnaire were adapted from previous studies conducted among the
26 target group, for instance from NATSAL-3 (Mitchell et al., 2013). An overview of the
27 questions and scales is given elsewhere (Træen et al., 2018).

31 The questionnaire was developed in English, and was subsequently translated into the
32 local languages by the principal investigators, as well as persons employed by IPSOS in each
33 country. After the translation process was finalized, randomized telephonic recruitment of
34 participants started from October to December 2016. Trained interviewers at IPSOS made the
35 phone calls, after receiving guidance. Using the national phone registries (with the exception
36 of Portugal), the sampling procedure should have produced probability samples of the target
37 population. Portugal differed from Norway, Denmark, and Belgium, in that there were several
38 challenges with regard to drawing a telephonic sample from the population of 60–75-year
39 olds. For example, a complete and updated telephone register does not exist in Portugal. For
40 this reason, IPSOS used the “common routine” for telephonic surveys in Portugal when
41 recruiting subjects, which went as follows: 1) telephone numbers were randomly selected
42 from fixed phone directories and IPSOS’s own database of phone numbers 2) to obtain a
43 representative distribution of the population, participants were selected by age and gender and
44 3) owing to illiteracy problems, participants who had not completed primary school (ISCED
45 1) were excluded from the sample. Ethical approval was handled by IPSOS in accordance

with European standards. The ethical procedures followed the standards of ESOMAR (The European Society for Opinion and Market Research), as stated in the general contract with the University of Oslo. Following the standards of ESOMAR, IPSOS is obliged to follow both national and international rules and guidelines for professionally sound market analysis. The rules cover confidentiality, respondent anonymity, questionnaires and databases, and methods for data collection etc. They are also referred to the ethical rules of The Norwegian Association of Marketing and Opinion Research. No compensation for participation was given.

The study was conducted via a postal survey sent to all who had agreed to participate in the telephone interview. The questionnaires were sent back by a freepost envelope. Two reminders to return the questionnaires were sent out, starting one week after the participants received the questionnaires. After a discussion with IPSOS in Portugal, it was decided to conduct the reminders over phone. Unfortunately, 502 potential participants could not be reached in this manner. Of the 1498 individuals contacted by phone, 561 refused to participate after seeing and reading the questionnaire. Overall, the response rates were 68% in Norway, 52% in Denmark, 57% in Belgium, and 26% in Portugal.

Measures

Predictor variables

Age was measured as a continuous variable and was measured in years.

Level of education was assessed by determining each participant's highest level of formal education. In three of the countries, the response categories were 1 = Primary school (6–8 years at school), 2 = Lower secondary school (9–10 years at school), 3 = Higher secondary school and high school (12–13 years at school), 4 = College, including lower university level (bachelor's degree level or similar), and 5 = Higher university level (master's degree, PhD or similar). In Belgium, additional response alternatives were added to mirror the educational system of the country. To allow for cross-cultural comparisons, this variable was recoded into 1 = primary (1), 2 = secondary (2+3), and 3 = tertiary education (4+5).

Relationship status was assessed by asking the question "Do you currently have a steady/committed relationship with anybody?" A steady/committed relationship also included married/cohabiting persons. The response categories were 1 = Yes, 2 = No, and 3 = Unsure. The 21 participants who were unsure about their relationship status were then included within the 'No' category.

Religious affiliation – This was measured by the question “Do you currently regard yourself as belonging to any particular religion?” The categories were 1 = No, 2 = Christian - no particular denomination, 3 = Roman Catholic, 4 = Protestant, and 4 = Other (Free Church/Non-conformist/Evangelical, Hindu, Jew, Islam/Muslim, Buddhist, Other).

Sexual orientation – This information was ascertained by asking the participants “Which of the options below best describes how you currently think of yourself?” Response options were 1 = Heterosexual, 2 = Gay/ Lesbian, 3 = Bisexual, and 4 = Other. This variable was dichotomized to 1 = Heterosexual, and 2 = Gay/Lesbian/bisexual.

Outcome variables

Non-consensual sex was assessed by the question, “Have you ever, in your life time, been in a situation in which you did or had to do something sexual against your will or without your consent?” The response categories were 1 = Never, 2 = Yes, before the age of 18 years, 3 = Yes, after the age of 18 years, and 4 = Yes, both before and after the age of 18 years. For the purposes of the multivariate analyses, two new variables were then constructed.

Abuse before the age of 18 years: 0 = No experience (previous categories 1 and 3) and 1 = Experience of abuse (previous categories 2 and 4).

Abuse after the age of 18 years: 0 = No experience (previous categories 1 and 2) and 1 = Experience of abuse (previous categories 3 and 4).

Perceived emotional intimacy was measured using a 5-item scale developed by Sinclair and Dowdy (2006). Respondents were asked to indicate their agreement with each of the presented items, whilst considering their regular partner or spouse. The mean scores were then calculated, with higher scores reflecting a lower perceived emotional intimacy with one’s partner. The Cronbach’s alpha for this scale was .90 for men and .91 for women.

Anxiety and depression were calculated using Sogaard & Bech’s (2009) 10-item scale which has the following items: Feeling blue, feeling suddenly scared for no reason, feelings of worthlessness, nervousness or shakiness inside, thoughts about ending your life, spells of terror or panic, feelings of being trapped or caught, worrying too much, feeling lonely, and blaming yourself for things. The response categories ranged from 1 = Not at all, to 5 = Extremely. The scale was then computed to determine the mean sum scores (Cronbach’s alpha = .87 for men and .88 for women), with higher scores indicating greater levels of anxiety and depression.

The *Satisfaction with Life Scale* was also utilized (Diener, Emmons, Larsen, & Griffin, 1985). This scale consists of the following 5 items: “In most ways my life is close to my ideal,” “the conditions of my life are excellent,” “so far, I have gotten the important things I want in life,” “I am satisfied with my life,” and “if I could live my life over, I would change almost nothing.” The response categories ranged from 1 = Strongly disagree, to 7 = Strongly agree. The scale was then computed to discover the mean sum scores (Cronbach’s alpha = .90 for men and .91 for women), with higher scores indicating a greater satisfaction with life in general.

Loneliness scale (Cacioppo et al., 2015) was worded as follows: “The next three questions are about how you feel about different aspects of your life. For each one, please indicate how often you feel that way. How often do you feel that you lack companionship? How often do you feel left out? How often do you feel isolated from others?” 1=Hardly ever, 2=Some of the time, and 3=Often. A mean from the sum of the scores was then constructed (Cronbach’s alpha = .78 for men, and .81 for women), and higher scores indicated greater feelings of loneliness.

Statistical Analysis

Using SPSS 24.0, bivariate and multivariate logistic regression analyses were carried out on the weighted data (DuMouchel & Duncan, 1983). Based on census data, weighting was used to adjust for the unequal probabilities of the selections in terms of participants’ age and gender. All data analyses were performed separately for men and for women in order to avoid intercorrelations due to the inclusion of heterosexual couples. For each country, we used binary logistic regression in order to calculate the age-adjusted odds ratios for an investigation into how the reporting of the outcome variable varied according to the predictors.

RESULTS

Table 1 shows the percentage of participants who reported non-consensual sexual experiences. Of the male participants in all of the countries, the vast majority (around 95%) had not reported any non-consensual sexual experiences, and there were no statistically significant differences in the reporting rates between countries. In women, however, there were significant differences in the rates of reporting. More women in Portugal (90%) than in Norway (76%) reported no experience. The reporting of non-consensual sex before, and after,

the age of 18 years, was lowest in Portugal (2% and 6%, respectively) and highest in Norway (9% and 11%, respectively).

Insert Table 1 here

Tables 2 and 3 present the results from bivariate contingency analyses and multivariate logistic regression analyses on the experiences of non-consensual sex before and after the age of 18 years, separated by gender. Results are stratified by age, level of education, relationship status, sexual orientation, religious affiliation, and country of origin.

Experience of non-consensual sex in childhood

In men (Table 2), the bivariate contingency tables indicate that age, relationship status, and sexual orientation were significantly related to having had experienced non-consensual sex before the age of 18 years. The multivariate logistic regression analysis showed that experiences of non-consensual sex before the age of 18 years were 4.6 times higher in gay/bisexual men when compared against heterosexual men. Furthermore, when compared to non-partnered men, partnered men had a 55% lower likelihood of having had experienced non-consensual sex before the age of 18 years.

Insert Table 2 here

In women, the bivariate contingency tables show that religious affiliation and country of origin were significantly associated with having had experienced non-consensual sex before the age of 18 years. The multivariate logistic regression analysis showed, when compared to women with no religious affiliation, protestant women had a 53% lower likelihood of having experienced non-consensual sex before the age of 18 years. Furthermore, when compared against Norwegian women, Belgian women had a 42% lower likelihood and Portuguese women a 73% lower likelihood of having experienced non-consensual sex before the age of 18 years.

Experience of non-consensual sex in adulthood

Table 3 shows the results from the analysis of the experiences of non-consensual sex after the age of 18 years. In men, the bivariate contingency tables show that sexual orientation, religious affiliation, and level of education were all significantly related with having experienced non-consensual sex after the age of 18 years. The multivariate logistic regression analysis showed that experiencing non-consensual sex after the age of 18 years was 5.5 times higher in gay/bisexual men when compared against heterosexual men. Furthermore, when compared to men with a primary level of education, men with tertiary levels of

education had a 76% lower likelihood of having had experienced non-consensual sex after the age of 18 years.

Insert Table 3 here

For women, the bivariate contingency tables show that relationship status, religious affiliation, level of education, and country of origin were all significantly related to having had experienced non-consensual sex after the age of 18 years. The multivariate logistic regression analysis showed, when compared against women with no religious affiliation, Roman Catholic women had a 53% lower likelihood of having had experienced non-consensual sex after the age of 18 years. Furthermore, when compared to non-partnered women, partnered women had a 34% lower likelihood of having experienced non-consensual sex after the age of 18 years. Lastly, compared to women with a primary level of education, women with a secondary education had a 49% lower likelihood, and women with tertiary education a 27% lower likelihood, of having had experiences of non-consensual sex after the age of 18 years.

Non-consensual sex and indicators of mental health

The differences in the mental health related variables of anxiety and depression, subjective well-being, perceived intimacy with one's partner, and loneliness between groups who either did, or did not respectively, experience non-consensual sex before age 18 is shown in Table 4, and after the age of 18 years in Table 5.

Insert Table 4 and 5 here

A higher degree of both anxiety and depression symptoms was found in the group of people who had been exposed to non-consensual sex before the age of 18 years in the Norwegian, Danish, and Belgian women, and in Norwegian and Belgian men, whilst only higher depression was observed in Danish men. Experiences of non-consensual sex as an adult were related to both higher anxiety and depression among Norwegian and Belgian women, Danish and Belgian men, and higher depression only in Portuguese women.

Norwegian, Danish, and Belgian women who had non-consensual sexual experiences before the age of 18 years, as well as Belgian men reported a lower quality of life. Experiences of non-consensual sex after the age of 18 years were related to a lower satisfaction with life in all women, and in Danish and Belgian men specifically.

Women with experiences of non-consensual sex before the age of 18 years in all of the included countries, except for Portugal, as well as Danish and Belgian men, reported lower

perceived intimacy with one's partner. Women from all of the included countries that reported non-consensual sex after the age of 18 years also scored lower on partner intimacy, whilst this finding was only observed in Norwegian men.

Finally, loneliness was higher in groups with experiences of non-consensual sex before the age of 18 years in Norwegian and Belgian women, and Danish and Belgian men. Women who experienced non-consensual sex after the age of 18 years reported higher levels of loneliness in all countries except Denmark, whilst higher levels of loneliness was only found in Belgian men.

Generally, although the effect sizes were small, the larger effect sizes of group differences were mostly found among men from Denmark and Belgium.

DISCUSSION

This article set out to investigate the prevalence of non-consensual sexual experiences among older adults in four European countries, and, in turn, what this experience was then associated with in terms of mental health, relationship, and life satisfaction. The results showed that of the male participants in all of countries, approximately 5% reported experiences of non-consensual sex. For women, the reporting rates of non-consensual sex before, and after, the age of 18 years were lowest in Portugal (2% and 6%, respectively) and highest in Norway (9% and 11%, respectively). Six significant relationships were found in this study. First, partnered men had a lower likelihood of reporting childhood non-consensual sexual experiences than non-partnered men, and partnered women had a lower likelihood of having experienced non-consensual sexual experiences in adulthood when compared to non-partnered women. Second, compared to men and women with primary educational levels, those with tertiary educational levels had a lower likelihood of having experienced adult non-consensual sexual abuse. Third, when compared to non-religious women, protestant women had a lower likelihood of having had experienced non-consensual sex before the age of 18 years, and Roman Catholic women had a lower likelihood of having had experienced non-consensual sex in adulthood. Fourth, non-consensual sexual experiences before, and after, the age of 18 years was higher in gay/bisexual men when compared against the statistics for heterosexual men. Fifth, Belgian and Portuguese women had a lower likelihood of having experienced childhood non-consensual sex than did Norwegian women. Lastly, with minor cross-cultural differences, the groups who experienced non-consensual sex tended to report

1 higher degrees of both anxiety- and depression-related symptoms, less subjective well-being,
2 less perceived intimacy with one's partner, and higher levels of loneliness. This tendency
3 appeared to be more pronounced among men with non-consensual sexual experiences than in
4 the corresponding group among women.
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6
7 For both men and women, the prevalence rates found within this study are within the
8 same range of what has been discovered by previous systematic reviews of sexual abuse
9 (Abrahams et al., 2014; Lindert et al., 2013; Krahé, Tomaszewska, Kuyper, &
10 Vanwesenbeeck, 2014; Pereda, Guilera, Forns, & Gomez-Benito, 2009). We found that there
11 is no difference in the reporting rates between men in the four countries, but that there are
12 significant differences between the women. For instance, Belgian and Portuguese women had
13 a lower likelihood of having had experienced non-consensual sex than did Norwegian women.
14 These cross-cultural differences are interesting. As suggested by Fontes and Plummer (2010)
15 cultural norms may affect the likelihood that non-consensual sex in childhood will be
16 discovered by an adult, or be disclosed by the child. Therefore, it is likely that these norms
17 also affect how the individual makes sense of his or her previous experiences, and what is
18 actually defined as non-consensual sex. This may also apply to non-consensual sex
19 experienced in adulthood. In many cultures, sex with the goal of satisfying the partner is
20 regarded as a marital obligation (particularly for women); one that is connected to
21 reproduction (Parti, 2002; Qadir, de Silva, Prince, & Kahn, 2005). For this reason, it might be
22 that the prevalence rates in Belgium and Portugal are actually underestimated in this study.
23 The situation in the Nordic countries may be different. There is a general ideology valuing
24 equality in this region, and social acceptance around female sexuality is higher in Scandinavia
25 than in most other Western countries (Træen & Lewin, 2008). Owing to this ideology of
26 egalitarianism, Norwegian women are likely to perceive themselves as equal to men in terms
27 of (sexual) rights and (sexual) duties when compare to what may be expected of them in
28 cultures. Over the past four decades, sexual behaviors of emerging Nordic adult women and
29 men have become increasingly similar, and that it is primarily due to the women having
30 changed their behaviors (Lewin, Fugl-Meyer, Helmius, Lalos, & Månsson, 2000; Træen &
31 Lewin, 2008). This development may have made it more socially acceptable for women to
32 express their limits or dislikes to their partners. Likewise, the public awareness of non-
33 consensual sex has been higher in the Nordic region when compared to others, making it
34 easier to report sexual coercion/abuse. The modern day public debate may also have led to a
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broader definition of the types of actions that are considered non-consensual sex. The same developments may not have taken place outside the Scandinavian region.

Non-partnered men were discovered to have had a lower likelihood of experiencing childhood non-consensual sex, and, in addition, non-partnered women had a higher likelihood of having experienced non-consensual sex in adulthood when compared to partnered men and women. This confirms the findings from previous studies (Elliot et al., 2004; Pérez-Fuentes et al., 2013; Sandmoe et al., 2017; Thoresen & Hjemdal, 2014). CSA is shown to be associated with difficulties in establishing, and maintaining, emotionally satisfying relationships in adulthood (Cherlin et al., 2004). Furthermore, CSA victims have a higher likelihood of experiencing short-term relationships, as well as divorce and extradyadic affairs (Colman & Widom, 2004). Victims of CSA are more likely to develop an unsecure attachment style (van Duin et al., 2018; Hocking, Simmons, & Surette, 2016), and this style is then associated with problems with interpersonal functioning, and an increased probability of experiencing adulthood sexual abuse and physical violence (Barnes, Noll, Putman, & Trickett, 2009; Hocking et al., 2016; Kong & Easton, 2018; West et al., 2000). This may explain why more men, who had been exposed to non-consensual sex before the age of 18 years, were non-partnered as adults. It was, however, surprising that we did not find a relationship between childhood non-consensual sex and being non-partnered in women, as this has been reported by other studies. For example, Cherlin et al. (2004) found that it was less likely for female CSA victims to be married, or in committed long-term relationships. Furthermore, partnered female CSA victims reported high levels of sexual dysfunctions than do non-victims (DiLillo, 2001; Kinzl, Traweger, & Biebl, 1995; Leonard & Follette, 2002). In turn, these dysfunctions may be implicated in the higher divorce rates among CSA victims (Nelson, Heath, & Madden, 2002; Vaillancourt-Morel, Godbout, Sabourin, Briere & Runtz, 2016). This may be why we found that women who had experienced non-consensual sex in adulthood were more likely to be non-partnered when older.

Compared to men and women with primary educational levels, people with a tertiary education had a lower likelihood of having had experienced non-consensual sex in adulthood, according to the results of this study. This indicates that higher education may serve as a protection for getting into situations that expose one to abuse (Sandmoe et al, 2017; Steine et al., 2012). The level of education often reflects the person's adherence to higher middle class norms and values, and these values may, in turn, protect against sexual coercion/abuse.

Furthermore, women who feel powerful with regard to their career position and personal relationships are likely to be less exposed to coercion (Liem et al., 1997).

We found that non-consensual sexual experiences before and after the age of 18 years were higher in gay/bisexual men compared to heterosexual men. No sexual orientation difference was found among women. The relationship found among men, however, confirms the findings of previous research (Balsam et al., 2011; Kubicek et al., 2016; Rothman et al., 2011; Waterman et al., 1989). The factors that contribute to the association between sexual victimization and sexual orientation are poorly understood (Balsam et al., 2005). Potential explanations could be that perpetrators purposefully choose children and adolescents with same-sex attraction (Saewyc et al., 2006), or with a behaviour or appearance that is contrary to traditional gender norms (Balsam et al., 2005). Moreover, young boys who become conscious of their same-sex attraction may not have equal opportunities as heterosexual boys to access peers to explore their sexual orientation with, and therefore they may seek out older men, which in turn may increase the risk of unwanted sexual contact (Rind, 2001). Compared to heterosexual men, bisexual and homosexual men have more male sex partners in adulthood (Træen, Stigum & Sørensen, 2002), heightening the risk of experiencing violence and non-consenting sexual events (Balsam et al., 2005). Alternatively, young men who are newcomers to the homosexual community which may put them in peril of being exploited because of lack of knowledge regarding implicit norms and rules.

Compared against women with no religious affiliations, protestant women had a lower likelihood of having had experienced childhood non-consensual sex, and Roman Catholic women had a lower likelihood of having experienced non-consensual sex in adulthood. This finding supports those of previous research (Doxey et al., 1997; Finkelhor et al., 1989; Jung, 2010). Lastly, with minor cross-cultural differences, the experience of non-consensual sex was related to greater levels of both anxiety and depression, less subjective well-being, less perceived intimacy with one's partner, and more loneliness. This corresponds with previous research (Hillberg et al., 2011; Maniglio, 2009; Sanjeevi et al., 2018). Lower perceived intimacy with one's partner was, for women, the variable most consistently associated with having had experienced non-consensual sex before or after the age of 18 years. This finding underscores the resulting long-term, negative effects of non-consensual sex on their partner relationship (Nielsen et al., 2018). Although the groups with non-consensual sex experiences were very small among men, the effects sizes of group differences tended to be larger for them, especially in Denmark and Belgium. A possible explanation may be that non-

consensual sex is perceived as more threatening to the traditional masculine gender role, where factors like sexual agency and assertiveness are central (Kiefer & Sanchez, 2007).

Limitations

When evaluating the results of this four-country study, various limitations should be considered. From previous research, it is to be assumed that individuals holding more liberal views around sexuality were more likely to participate in this study than those more traditional-minded were (Dunne, 2002). This bias may be reflected in the findings, as well as in the underestimated rates of non-consensual sex. Although it was emphasized in the recruitment process that responses from sexually inactive people were as important as from those active, it is possible that sexually active aging men and women are overrepresented in this study (Dunne, 2002), which would, again, inflate our estimates of non-consensual sex. This may be particularly important in Portugal, where the response rate was much lower than the other countries. Although the Portuguese participants, in general when compared against participants from the other countries, had lower levels of education, they also had higher religiosity and were, largely, urban living. Thus, the Portuguese sample may be biased in that they were more sexually active and having more positive attitudes towards sexuality, which limits the generalizability of the findings.

Another issue related to cross-cultural differences and similarities may be important; namely, that non-consensual sexual experiences were not explicitly defined for the participants, and people from different countries may interpret “been in a situation in which you did or had to do something sexual against your will or without your consent” differently. Furthermore, this study was not designed to study abuse per se, and thus contained only a single broad question utilized in exploring sexual non-consent. Accordingly, we have no knowledge of the type, and seriousness, of non-consensual sexual experience, the age of the victim and the perpetrator, and the frequency of experiences. Finally, owing to a small number of aging non-heterosexual persons, generalizations of findings to self-identified non-heterosexuals, or other sexual minorities, may be precluded (de Vries, 2007).

CONCLUDING COMMENTS

This study is one of the few comparative cross-cultural studies which used probability samples, focusing on sexuality in aging men and women across Europe. By studying the extent to which 60–75-year-olds in Norway, Denmark, Belgium, and Portugal have

experienced non-consensual sex, we found that negative mental health consequences may persist well into old age, regardless of which period in life this type of experience took place. The implication for future sexual health interventions and treatment may be that they need to include the topic of previous experiences with non-consensual sex to a larger degree. It is also important that future research both include a more detailed assessment of non-consensual sex, instead of just focusing on childhood experiences.

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COMPLIANCE WITH ETHICAL STANDARDS

The authors declare that they have no conflicts of interest. All procedures performed in this study involving human participants were in accordance with the ethical standards of the institutional and/or national research committee, and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. Informed consent was obtained from all individual participants included within the study.

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Table 1
Experience of non-consensual sex during life in men and women from Norway, Denmark, Belgium and Portugal (percent, weighted data)

	Men						Women					
	Norway	Denmark	Belgium	Portugal	χ^2	<i>p</i>	Norway	Denmark	Belgium	Portugal	χ^2	<i>p</i>
Never	94.1	96.8	93.7	96.2	13.94	.124	75.7	81.0	79.9	90.0	27.38	.001
Yes, before the age of 18	4.1	2.2	3.8	1.4			9.3	8.4	6.3	2.1		
Yes, after the age of 18	1.5	0.4	2.3	1.9			11.3	7.8	10.1	5.9		
Yes, before and after the age of 18	0.3	0.6	0.2	0.5			3.8	2.8	3.8	2.1		
	(n = 614)	(n = 507)	(n = 473)	(n = 211)			(n = 613)	(n = 501)	(n = 477)	(n = 239)		

Table 2

Experience of non-consensual sex **before** the age of 18, by sociodemographic factors separated for gender (weighted data)

		Men n=1634			Women n=1852		
		%	AOR	95 % CI	%	AOR	95 % CI
Age							
	60-64 years	5.1*			12.2 ^{ns}		
	65-69 years	3.7			10.7		
	70-65 years	2.3			8.6		
	(in one year's increase)		0.72 ^{ns}	0.52-1.00		0.83 ^{ns}	0.68-1.01
Relationship status							
	No relationship	7.4***	1.00		12.1 ^{ns}	1.00	
	In a relationship	2.9	0.45**	0.26-0.80	9.9	0.79 ^{ns}	0.56-1.11
Sexual orientation							
	Heterosexual	3.1***	1.00		10.8 ^{ns}	1.00	
	Non-heterosexual	12.6	4.63***	2.29-9.37	8.8	0.84 ^{ns}	0.37-1.90
Religious affiliation							
	No	4.3 ^{ns}	1.00		14.2**	1.00	
	Christian no denomination	3.7	1.22 ^{ns}	0.63-2.36	11.5	0.71 ^{ns}	0.47-1.07
	Roman Catholic	2.1	0.63 ^{ns}	0.24-1.14	6.6	0.66 ^{ns}	0.36-1.20
	Protestant	3.2	0.98 ^{ns}	0.45-2.17	8.4	0.47***	0.29-0.74
	Other	11.5	3.48 ^{ns}	0.90-13.46	19.2	1.01 ^{ns}	0.29-3.52
Level of education							
	Primary	2.1 ^{ns}	1.00		10.7 ^{ns}	1.00	
	Secondary	4.2	0.56 ^{ns}	0.22-1.40	10.1	1.40 ^{ns}	0.88-2.23
	Tertiary	3.7	1.14 ^{ns}	0.65-2.01	11.2	1.06 ^{ns}	0.75-1.50
Country							
	Norway	4.4 ^{ns}	1.00		13.1**	1.00	
	Denmark	2.8	0.79 ^{ns}	0.40-1.57	11.2	0.94 ^{ns}	0.64-1.39
	Belgium	4.0	1.03 ^{ns}	0.50-2.12	10.1	0.58*	0.36-0.93
	Portugal	1.9	0.56 ^{ns}	0.17-1.80	4.2	0.27***	0.12-0.60

Note. For each country: The first column shows the bivariate analysis, per cent experienced non-consensual sex before the age of 18. The second column shows the multivariate logistic regression analysis with adjusted odds ratios (AOR) with 95 % confidence intervals (CI) for reporting non-consensual sex. *** $p < .001$; ** $p < .01$; * $p < .05$; ns = not statistically significant

Table 3

Experience of non-consensual sex **after** the age of 18, by sociodemographic factors separated for gender (weighted data)

		Men n=1634			Women n=1852		
		%	AOR	95 % CI	%	AOR	95 % CI
Age							
	60-64 years	2.1 ^{ns}			14.3 ^{ns}		
	65-69 years	1.3			12.2		
	70-65 years	2.1			11.1		
	(in one year's increase)		1.01 ^{ns}	0.64-1.61		0.90 ^{ns}	0.75-1.07
Relationship status							
	No relationship	2.7 ^{ns}	1.00		16.3 ^{***}	1.00	
	In a relationship	1.6	0.70 ^{ns}	0.29-1.66	10.9	0.66 ^{**}	0.48-0.90
Sexual orientation							
	Heterosexual	1.5 ^{***}	1.00		13.0 ^{ns}	1.00	
	Non-heterosexual	7.7	5.45 ^{***}	2.14-13.84	7.5	0.65 ^{ns}	0.28-1.51
Religious affiliation							
	No	2.6 [*]	1.00		16.6 ^{**}	1.00	
	Christian no denomination	1.4	0.74 ^{ns}	0.28-1.93	12.1	0.86 ^{ns}	0.58-1.26
	Roman Catholic	2.1	0.63 ^{ns}	0.21-1.87	8.5	0.47 ^{**}	0.27-0.79
	Protestant	0.8	0.32 ^{ns}	0.07-1.42	12.2	0.80 ^{ns}	0.52-1.23
	Other	7.7	2.30 ^{ns}	0.37-14.16	26.9	1.67 ^{ns}	0.58-4.78
Level of education							
	Primary	1.8 ^{ns}	1.00		7.7 ^{***}	1.00	
	Secondary	0.8	0.63 ^{ns}	0.23-1.78	11.6	0.51 ^{**}	0.31-0.85
	Tertiary	2.6	0.24 ^{**}	0.09-0.65	16.3	0.73 [*]	0.54-0.99
Country							
	Norway	4.4 ^{ns}	1.00		13.1 ^{**}	1.00	
	Denmark	2.8	0.92 ^{ns}	0.30-2.86	11.2	0.82 ^{ns}	0.56-1.20
	Belgium	4.0	1.87 ^{ns}	0.70-5.04	10.1	1.04 ^{ns}	0.69-1.55
	Portugal	1.9	1.39 ^{ns}	0.34-5.60	4.2	0.80 ^{ns}	0.43-1.49

Note. For each country: The first column shows the bivariate analysis, per cent experience of non-consensual sex after the age of 18. The second column shows the multivariate logistic regression analysis with adjusted odds ratios (AOR) with 95 % confidence intervals (CI) for reporting non-consensual sex. *** $p < .001$; ** $p < .01$; * $p < .05$; ns = not statistically significant

Table 4. Difference in mental health symptoms, loneliness, quality of life, and perceived intimacy with partner between groups with and without having experienced non-consensual sex *before the age of 18*. T-test.

	Norway					Denmark					Belgium					Portugal				
	No	Yes	No	Yes		No	Yes	No	Yes		No	Yes	No	Yes		No	Yes	No	Yes	
Non-consensual sex < 18																				
Women	<i>n</i>	<i>M</i> (<i>SD</i>)	<i>n</i>	<i>M</i> (<i>SD</i>)	δ	<i>n</i>	<i>M</i> (<i>SD</i>)	<i>n</i>	<i>M</i> (<i>SD</i>)	δ	<i>n</i>	<i>M</i> (<i>SD</i>)	<i>n</i>	<i>M</i> (<i>SD</i>)	δ	<i>n</i>	<i>M</i> (<i>SD</i>)	<i>n</i>	<i>M</i> (<i>SD</i>)	δ
Anxiety	462	1.46 (0.49)	79	1.60* (0.55)	0.27	397	1.48 (0.62)	56	1.72** (0.82)	0.33	371	1.85 (0.84)	45	2.36*** (0.96)	0.56	202	1.92 (0.76)	8	2.16 (0.46)	-
Depression	462	1.42 (0.47)	79	1.66*** (0.61)	0.44	396	1.34 (0.42)	56	1.66*** (0.42)	0.76	372	1.59 (0.63)	47	2.16*** (0.98)	0.69	199	1.54 (0.61)	8	1.66 (0.84)	-
Loneliness	464	1.34 (0.44)	80	1.49* (0.52)	0.31	405	1.15 (0.32)	56	1.24 (0.42)	-	380	1.33 (0.50)	48	1.66*** (0.68)	0.55	213	1.40 (0.52)	10	1.47 (0.72)	-
QoL	459	5.34 (1.08)	76	4.86** (1.27)	-0.41	399	5.47 (1.05)	56	5.10* (1.35)	-0.31	372	4.81 (1.24)	48	3.87*** (1.44)	-0.70	201	4.24 (1.52)	7	4.71 (1.46)	-
Intimacy	316	1.69 (0.68)	51	1.95* (0.82)	0.34	303	1.64 (0.64)	39	1.89* (1.19)	0.26	173	1.70 (0.68)	19	2.21** (0.98)	0.60	132	1.76 (0.77)	5	1.30 (0.97)	-
Men	<i>n</i>	<i>M</i> (<i>SD</i>)	<i>n</i>	<i>M</i> (<i>SD</i>)	δ	<i>n</i>	<i>M</i> (<i>SD</i>)	<i>n</i>	<i>M</i> (<i>SD</i>)	δ	<i>n</i>	<i>M</i> (<i>SD</i>)	<i>n</i>	<i>M</i> (<i>SD</i>)	δ	<i>n</i>	<i>M</i> (<i>SD</i>)	<i>n</i>	<i>M</i> (<i>SD</i>)	δ
Anxiety	523	1.40 (0.49)	27	1.61* (0.45)	0.45	484	1.37 (0.52)	13	1.54 (0.73)	-	430	1.55 (0.61)	19	2.00** (0.65)	0.71	186	1.62 (0.59)	4	1.41 (0.62)	-
Depression	576	1.41 (0.50)	26	1.63* (0.50)	0.44	488	1.36 (0.49)	13	1.69* (0.56)	0.63	441	1.42 (0.61)	19	2.01*** (0.63)	0.95	190	1.39 (0.45)	4	1.50 (0.67)	-
Loneliness	574	1.35 (0.44)	27	1.41 (0.52)	-	489	1.16 (0.33)	14	1.48* (0.55)	0.70	442	1.22 (0.43)	19	1.70*** (0.49)	1.04	200	1.28 (0.41)	4	1.12 (0.38)	-
QoL	573	5.27 (1.06)	27	5.03 (1.30)	-	486	5.41 (0.98)	13	5.14 (1.30)	-	438	5.03 (1.29)	18	4.56 (1.35)	-0.36	195	4.79 (1.25)	4	4.47 (1.48)	-
Intimacy	466	1.78 (0.64)	18	1.95 (0.81)	-	390	1.73 (0.63)	10	2.17* (0.77)	0.62	329	1.72 (0.66)	11	2.64* (0.96)	1.12	165	1.68 (0.65)	3	1.73 (1.04)	-

Note. * $p < .05$; ** $p < .01$; *** $p < .001$; δ = Cohen's d: Small effect size= 0.20-0.49; Medium = 0.50-0.79; Large = 0.80-1.19

Table 5. Difference in mental health symptoms, loneliness, quality of life, and perceived intimacy with partner between groups with and without having experienced non-consensual sex *after the age of 18*. T-test.

Non-consensual sex > 18	Norway					Denmark					Belgium					Portugal				
	No		Yes		δ	No		Yes		δ	No		Yes		δ	No		Yes		δ
<u>Women</u>	<i>n</i>	<i>M</i> (<i>SD</i>)	<i>n</i>	<i>M</i> (<i>SD</i>)		<i>n</i>	<i>M</i> (<i>SD</i>)	<i>n</i>	<i>M</i> (<i>SD</i>)		<i>n</i>	<i>M</i> (<i>SD</i>)	<i>n</i>	<i>M</i> (<i>SD</i>)		<i>n</i>	<i>M</i> (<i>SD</i>)	<i>n</i>	<i>M</i> (<i>SD</i>)	
Anxiety	462	1.46 (0.49)	91	1.62* (0.58)	0.30	397	1.48 (0.56)	53	1.55 (0.62)	-	371	1.85 (0.84)	64	2.20** (0.95)	0.39	202	1.92 (0.76)	17	2.26 (0.72)	-
Depression	462	1.42 (0.47)	92	1.65*** (0.61)	0.42	396	1.34 (0.42)	53	1.48 (0.57)	-	372	1.59 (0.63)	65	1.98*** (0.87)	0.51	199	1.54 (0.61)	17	1.98** (0.70)	0.67
Loneliness	464	1.34 (0.44)	92	1.49* (0.56)	0.30	405	1.15 (0.32)	53	1.20 (0.39)	-	380	1.33 (0.50)	66	1.51** (0.62)	0.32	213	1.40 (0.52)	19	1.95*** (0.64)	0.94
QoL	459	5.34 (1.08)	89	4.76*** (1.44)	-0.46	399	5.47 (1.06)	51	5.06* (1.25)	-0.35	372	4.81 (1.24)	66	3.98*** (1.42)	-	201	4.24 (1.52)	17	3.50* (1.18)	-
Intimacy	316	1.69 (0.68)	58	2.14*** (0.88)	0.57	303	1.64 (0.64)	41	2.10*** (0.80)	0.63	173	1.70 (0.68)	25	2.01* (0.86)	0.40	132	1.76 (0.77)	6	2.81** (0.70)	1.43
<u>Men</u>	<i>n</i>	<i>M</i> (<i>SD</i>)	<i>n</i>	<i>M</i> (<i>SD</i>)	δ	<i>n</i>	<i>M</i> (<i>SD</i>)	<i>n</i>	<i>M</i> (<i>SD</i>)	δ	<i>n</i>	<i>M</i> (<i>SD</i>)	<i>n</i>	<i>M</i> (<i>SD</i>)	δ	<i>n</i>	<i>M</i> (<i>SD</i>)	<i>n</i>	<i>M</i> (<i>SD</i>)	δ
Anxiety	523	1.40 (0.46)	11	1.47 (0.49)	-	484	1.37 (0.52)	5	1.90** (0.62)	0.93	430	1.55 (0.61)	12	2.34*** (0.60)	1.30	186	1.62 (0.59)	5	1.97 (0.82)	-
Depression	576	1.41 (0.50)	11	1.69 (0.64)	-	488	1.36 (0.49)	5	2.09** (0.58)	1.36	441	1.42 (0.61)	12	2.12*** (0.54)	1.21	190	1.39 (0.45)	5	1.77 (0.94)	-
Loneliness	574	1.35 (0.44)	11	1.31 (0.41)	-	489	1.16 (0.33)	5	1.85 (0.65)	-	442	1.22 (0.43)	12	1.79*** (0.49)	1.24	200	1.28 (0.41)	5	1.49 (0.44)	-
QoL	573	5.27 (1.06)	11	4.79 (0.89)	-	486	5.41 (0.98)	5	4.25** (1.43)	-0.94	438	5.03 (1.29)	11	4.13* (1.15)	-	195	4.79 (1.25)	5	3.78 (0.75)	-
Intimacy	466	1.78 (0.64)	6	2.39* (0.90)	0.78	390	1.73 (0.57)	4	1.98 (0.57)	-	329	1.72 (0.66)	8	2.16 (0.53)	-	165	1.68 (0.65)	3	1.43 (0.33)	-

Note. * $p < .05$; ** $p < .01$; *** $p < .001$; δ = Cohen's d: Small effect size = 0.20-0.49; Medium = 0.50-0.79; Large = 0.80-1.19; Very large = 1.20-1.99