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Intimate Partner Violence Victimization and Perpetration: Risk Factors and Consequences

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Abstract

Using large-scale Swedish administrative data, we study the risk factors and causal consequences of intimate partner violence (IPV). IPV perpetrators and victims are disproportionately drawn from disadvantaged backgrounds, and sibling correlations indicate that family background accounts for roughly one third of the variation in male IPV perpetration and female IPV victimization. Exploiting a matched difference-in-differences design, we document large persistent negative effects of IPV on victims' labor market outcomes and health, with the social welfare system more than offsetting earnings losses on average. Perpetrators experience sharp earnings declines and deteriorating health. Our findings suggest that IPV amplifies existing socioeconomic inequalities.

JEL classification

I12, I14, I15, J12, J16, J17, J24

Keywords

intimate partner violence, gender inequality, labor supply, mental health, crime

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1 Introduction

More than 30 percent of women globally are estimated to have experienced physical, sexual, or emotional violence from an intimate partner (Devries et al., 2013). Intimate partner violence (IPV) has substantial economic and social consequences for individuals, families, and society, affecting health, labor market attachment, family stability, and child well-being. These consequences extend beyond affected households, generating large costs through increased health care utilization, criminal justice involvement, and reduced labor market productivity (Bhuller et al., 2024; Ornstein, 2022; Peterson et al., 2018; Bindler et al., 2020). Yet little is known about the individuals who ultimately come to the attention of authorities for IPV and how their trajectories evolve around the point of detection. This is an important margin to understand because criminal justice responses, health care interventions, and social services are largely activated only once violence becomes observed by institutions. Detected cases are also likely to reflect violence that is severe or persistent enough to trigger institutional contact. Understanding who reaches this point—and what happens afterward—is therefore central for designing policies aimed at preventing violence.

This paper studies the backgrounds, life trajectories, and long-run consequences associated with detected intimate partner violence for both *victims* and *perpetrators*. We combine population-wide Swedish administrative records spanning more than two decades to identify individuals involved in IPV and follow them across multiple domains of life. Our data link criminal justice records, health care records, labor market outcomes, family relationships, welfare participation, and crime histories, allowing us to observe individuals from childhood through adulthood and before and after violence comes to the attention of authorities.

The Swedish setting provides several advantages for studying IPV. First, we identify IPV using *two* independent institutional sources: criminal justice records and health care records. Criminal records include both criminal suspicions and convictions, allowing us to observe individuals subject to formal investigation even when no conviction follows.[1] Health care records, in turn, identify victims receiving treatment for assault by an intimate partner regardless of police involvement. An additional advantage of the Swedish setting is the existence of a specific criminal offense targeting repeated violence against women in intimate relationships (*gross violation of a woman's integrity*). Unlike many crime categories that capture isolated incidents, this offense is legally defined as repeated and systematic abuse, requiring

[1] Relying solely on convictions would capture only a small fraction of IPV cases: only 15 percent of IPV suspects are convicted of the IPV offense. This does not imply innocence, as many suspects are convicted of constituent sub-crimes. We discuss this in detail in Section X.

multiple violations to be assessed collectively as a pattern of violence. As a result, criminal suspicions under this category provide an unusually precise measure of sustained IPV, improving the interpretation of our analyses by focusing on cases involving persistent abuse rather than isolated incidents.

Our analysis proceeds in two parts. First, we characterize the backgrounds and life circumstances associated with IPV perpetration and victimization by documenting family backgrounds, socioeconomic conditions, health histories, and prior interactions with institutions before violence is detected. We find substantial socioeconomic disadvantage among both perpetrators and victims long before the first reported IPV incident — lower education, weaker labor market attachment, higher reliance on social assistance, worse health, and more criminal involvement relative to the general population. Their parents display similarly disadvantaged characteristics, suggesting that both perpetrators and victims are disproportionately drawn from low socioeconomic backgrounds in childhood. To capture the overall importance of family and community background, we also compute sibling correlations. The estimated brother correlation in IPV suspicions is 0.33, indicating that factors common to brothers account for 33 percent of the total variation — comparable in magnitude to sibling correlations in other crime types. The sister correlation in receiving health care for physical or sexual assault is 0.36. This is comparable in magnitude to that in substance use, but substantially larger than those for other types of injuries. Taken together, family and community background accounts for roughly one third of the variation in both male IPV perpetration and female IPV victimization. This is consistent with domestic violence risks being concentrated among already disadvantaged groups, potentially amplifying existing social inequalities.

Second, we examine trajectories around the first detected IPV incident, i.e. detected violence that comes to the attention of either law enforcement or health care providers, using a matched stacked dynamic difference-in-differences design.[2] We study how labor market outcomes, health, crime, welfare dependence, and household structure evolve before and after detection for both victims and perpetrators.

[2]Our estimates capture consequences at or near a point of escalation severe enough to trigger institutional contact, reflecting both the escalation of violence prior to reporting and the institutional response that follows. What we identify is therefore the combined effect of two things: (i) the likely escalation of violence that precedes a report, and (ii) the institutional response that follows — arrest, criminal proceedings, access to legal protection, and engagement with social services or health care. These two things are inseparable in our setting, and both matter. The legal criterion for gross violation of a woman's integrity explicitly requires repeated and systematic violations, making escalation a particularly plausible antecedent to a first suspicion. Similarly, women who seek medical attention for assault-related injuries are likely to have endured previous violence before reaching that point. Our estimates should be interpreted with this in mind: we capture consequences at or near a point of escalation, not of an average or isolated incident. Ideally, society would intervene before violence reaches this point, which is exactly what motivates the first part of our analysis, where we document the backgrounds and life circumstances of victims and perpetrators long before the incident occurs.

We find large and persistent effects of detected IPV on the economic and health outcomes of both victims and perpetrators. Victims experience sharp declines in labor income and increased reliance on social assistance and sickness benefits. However, disposable income rises on net, as social assistance transfers more than offset earnings losses on average. Perpetrators face substantial earnings losses and reduced access to compensating transfers, resulting in a marked decline in disposable income, consistent with incarceration and labor market exit following the reported incident. Both victims and perpetrators experience significant increases in mental and physical health hospitalizations. We also document increases in criminal convictions for perpetrators and a rise in the probability of divorce and separation, the latter implying a reduction in victims' ongoing exposure to their abusers.

Heterogeneity analyses reveal that victims whose partners are not convicted in the aftermath of the report suffer larger labor income losses than those whose partners are convicted, consistent with conviction and incarceration limiting continued exposure to violence. These results point to the importance of penal consequences for perpetrators — not only as punishment, but as a mechanism that protects victims. Despite the welfare system more than offsetting victims' earnings losses on average, victims' labor market attachment never recovers to pre-incident levels over the ten-year follow-up period, and health care consumption remains elevated for many years after the reported incident. The scars of IPV, in other words, are long-lasting even when its immediate financial consequences are cushioned. Overall, our findings underscore the critical importance of detecting IPV, and of providing comprehensive social- and health care support for both victims and perpetrators.

Our paper contributes to three strands of the literature. First, we contribute to the literature documenting risk factors associated with IPV perpetration and victimization. Prior work has identified correlates across multiple domains, including criminal history (Henrichs et al., 2015), adverse mental and physical health outcomes (Spencer et al., 2019; Devries et al., 2013; Organization et al., 2013), and socioeconomic disadvantage (Reichel, 2017; Costa et al., 2016; Tauchen et al., 1991). Much of the existing evidence relies on small or non-representative samples, limiting external validity and our understanding of who ultimately becomes involved in reported IPV cases. Using population-wide administrative data, we provide evidence on both victims and perpetrators in the full population, enabling us to characterize backgrounds (both own and parental, including sibling correlations) and trajectories without restricting attention to selected groups.

The second is the literature on causal mechanisms underlying IPV. Notably, economic conditions, both in relative and absolute terms, have been highlighted as important determinants for the onset or

escalation of IPV (see e.g. Aizer, 2010; Anderberg et al., 2016; Bergvall, 2022; Heath, 2014; Bhalotra et al., 2021; Kotsadam and Villanger, 2025; Erten and Keskin, 2018; Stevenson and Wolfers, 2006; Tur-Prats, 2021; Haushofer et al., 2019; Bobonis et al., 2013; Hidrobo and Fernald, 2013; Angelucci, 2008; Pronyk et al., 2006; Bhalotra et al., 2026; Macmillan and Gartner, 1999). While our focus is not on identifying causal mechanisms driving IPV, we contribute to the literature that does so by documenting the labor market outcomes, health, and criminal activity of both perpetrators and victims in the years leading up to the detected violence, providing descriptive evidence on potential channels for future research to explore.

The final, and most closely related, strand examines the consequences of IPV victimization. Using administrative data from the Netherlands, Norway, and Finland, respectively, Bindler et al. (2020), Bhuller et al. (2024), and Adams et al. (2024) estimate the causal effects of police-reported IPV on female victims. These studies document substantial effects on labor market outcomes, health care utilization, mental health, and household resources. We build on and extend this literature in three ways. First, we study both victims and perpetrators rather than victims alone. Focusing on victims is natural given the disproportionate burden they bear, but perpetrators are themselves drawn from similarly disadvantaged backgrounds. Thus, fully capturing how IPV shapes and reinforces socioeconomic inequality requires examining both sides. Second, we study trajectories both before and after detection, linking risk factors and pre-existing disadvantage to post-detection outcomes. Third, we examine a broad set of outcomes - earnings, labor market participation, welfare receipt, health, crime, and household structure - providing a more comprehensive account of the individual and societal costs of IPV.

A key methodological innovation of this paper is the identification of IPV from two independent administrative sources: criminal suspicion records from law enforcement, and inpatient and outpatient health care records. Prior studies using administrative data to study the consequences of IPV rely exclusively on police-reported incidents. This creates a potential concern: individuals who appear in police data may not be representative of the broader population of IPV perpetrators and victims. Police detection is likely correlated with the characteristics of those involved – perpetrators apprehended for an unrelated offense may be more likely to have their partner violence discovered, and victims from certain socioeconomic backgrounds may face higher barriers to reporting. If these same characteristics predict the outcomes we study, estimates based solely on police records may be systematically biased in ways that are hard to detect from within that data source alone. Health care records capture a complementary population: women who seek medical attention for assault-related injuries regardless of whether

a police report was ever filed. Notably, only around 15 percent of hospital-identified victims have a partner who has been suspected by police for gross violation of a woman's integrity (i.e., IPV), indicating that the two sources largely identify different people. Comparing effects across detection channels, therefore, speaks directly to the robustness of our findings, and to how the institutional response — law enforcement versus health care — shapes the trajectories of victims and perpetrators.

The Swedish institutional setting provides a further advantage relative to previous register-based studies on IPV. The specific crime category at the center of our analysis (*gross violation of a woman's integrity*) is legally defined as repeated and systematic violence committed by a man against a woman in an intimate relationship. A suspicion requires at least two separate violations, assessed collectively as a pattern rather than as individual incidents. This makes it an unusually precise operationalization of a sustained pattern of coercive control within an intimate relationship. While any act of violence within a relationship is serious and worthy of study, the distinction matters for interpretation: our primary crime-data sample is, by legal construction, a population engaged in repeated and systematic abuse — the form of IPV most associated with severe and lasting consequences for victims.

The remainder of the paper is organized as follows. section 2 discusses the institutional and legal context regarding intimate partner violence in Sweden, including the introduction of the specific crime of men's violence against a female partner (IPV) into the Swedish penal code. section 3 describes our data, variable definitions, and sampling strategies. We discuss our empirical methodologies and how to interpret our estimates in section 4. section 5 presents risk factors associated with IPV suspicion and victimization, and section 6 presents results from the event study methodology, following the trajectories in labor market-, household structure-, crime- and health outcomes following a detected IPV incident. Finally, section 7 concludes the paper.

2 Institutional context

In the mid-1990s, the Swedish government instructed a committee to submit a proposal for legislative changes and social efforts aimed at strengthening the protection of women. This mandate reflected the women's rights platform, established by the Swedish government at the time. The resulting proposition, "Kvinnofrid" (prop. 1997/1998:55), submitted to the government in 1997, suggested a battery of legislative changes and social efforts, covering a wide range of measures to strengthen women's rights. The proposition paved the way for a reform on women's integrity, in which nearly all of its proposals were

implemented between the end of the 1990s and throughout the 2000s.

One of the cornerstones of the reform, crucial to our study, was the legislative proposal to introduce a new classification of a crime in the Swedish Penal Code – "gross violation of a woman's integrity". The objective of this crime category was to target systematic and repeated spousal violence committed by men against women in "marital like" relationships. In July 1998, the offense of gross violation of a woman's integrity was enacted to the Swedish Penal Code (Ch 4 § 4a BrB). Under this legal provision, conviction of gross violation of a woman's integrity is based on the following criteria: First, a violation of a woman's integrity must be committed by a man towards a woman in an intimate relationship (either currently or previously married or cohabiting)- Secondly, this crime type must contain several offenses in a set of criminal acts, including gross assault, unlawful coercion, unlawful threats, abuse, violations of restraining orders, unlawful entry, inflicting gross damage, breach of domiciliary peace, sexual coercion and sexual assault. Third, there must be at least two separate violations such that the violation is of repeated nature (BRÅ, 2013). "Gross violation of a woman's integrity" provides a basis for a more severe sanction than if the violations are assessed individually; the penalty was initially set to a minimum of six months in prison, later increased to nine (2013) and twelve months (2022), and a maximum of six years (BRÅ, 2024).[3]

Furthermore, the reform also included expansions of the Gender Equality Act (1991:433) and legislative changes in the Social Services Act (SOU 2006:65). Importantly, an amendment was made to the Social Services Act (1980:620), under which municipalities became responsible for the provision of different forms of social assistance for women subjected to IPV (SoL 1980:620, § 8a).[4]

3 Data

Our analyses are based on a combination of population-wide administrative registers maintained by Statistics Sweden (Statistiska Centralbyrån), the National Board of Health and Welfare (Socialstyrelsen), and the National Council for Crime Prevention (Brottsförebyggande rådet). In this section, we describe

[3]Other important components of reform involved additional changes to the Penal Code, including criminalizing prostitution and female genital cutting, as well as expanding the laws on rape and sexual offenses.

[4]In Sweden, social assistance is locally administered, with legal responsibility falling on the municipalities to provide assistance, both in cash and in-kind, to those in need. The responsibility of Swedish Social Services Agencies to prevent and assist women and families suffering from IPV is mainly regulated under Ch 5 § 11 SoL and Ch 3 §1 SoL. For women and children victims of IPV, the municipality has a legal responsibility for reaching out and providing different types of services and assistance including housing/women's shelters, financial assistance and support, family counselling and contact with health care providers (SOU 2006:65). While the responsibility is regulated under SoL, the law is constructed in such way that there is substantial discretion for the municipalities in deciding which services they provide and in what manner. Thus, there is no uniform model for the prevention of IPV, nor for the provision of assistance to victims of IPV (SOU 2006:65).

the data sources used, how we identify IPV perpetrators and victims in the administrative data, and the study populations. Figure 1 provides an overview: Panel A summarizes how we construct our samples from two reporting sources (police records and hospital records) and Panel B the longitudinal structure of the data across the life course.

3.1 Data sources

Intergenerational- and family links We use two registers maintained by Statistics Sweden to identify parent-child- and spousal links: the Register of the Total Population (Registret över Totalbefolkningen, RTB), and the Multigenerational Register (Flergenerationsregistret), which in turn are based on the tax register and other population data sources. The RTB started in 1963 and contains information on registered residency at birth, sex, child births, deaths, migrations (within as well as to and from Sweden), country of birth, the number of children younger than 18 in the household, and partnership links and status (marriage, cohabitation, and separation). We use this data to identify married and cohabiting couples. Until 2010, only married couples or cohabiting couples with joint children can be identified, but from 2011 onwards, however, the RTB incorporates the apartment registry, which allows us to identify also cohabiting couples without joint children. The latter is defined as an adult pair of opposite sex individuals without biological or adoptive links, who live together in the same apartment or single-family home. We use the Multigenerational register to link parents to children and to link siblings.

Crime data We use data from the Swedish National Council for Crime Prevention to identify individuals ever suspected of IPV, and additionally collect information on their full criminal history, as well as the criminal history of victims (and parents of victims and perpetrators). We use two different data sources: the Registry of Criminal Suspicions (Misstankeregistret) and the Official Registry for Criminal Convictions. The Suspicion Registry covers all individuals 15 and older who have been subject to a criminal investigation by a Swedish law enforcement agency. For a suspicion to be registered, it is sufficient that the individual has been suspected with the lowest level of confidence - "reasonably suspected", and that a criminal investigation has been launched towards the individual. Information about criminal *convictions*, and the resulting penalty (probation, length of prison sentence, fines, and psychiatric care) is retrieved from the Official Registry for Criminal Convictions (Registret över lagförda brott). The Suspicion Registry is available from 1995, and the convictions from 1975. Both registries report detailed "crime codes" indicating which law was (potentially) violated.

Health data To study health outcomes we use information about inpatient hospital visits provided by the Swedish National Board of Health and Welfare. The National Patient Registry covers the universe of all inpatient care episodes at Swedish hospitals since 1987, and causes of care are coded according to the International Classification of Diseases (ICD-10 and ICD-9) (primary and secondary diagnoses). In addition, date of admission and discharge, procedures, and treatments are recorded in the register. Variables of particular interest to our study include: The total number of hospital nights, hospital nights for mental health and behavioral causes, and hospital nights for physical causes or just for trauma injuries.

Labor market data We use the Longitudinal Integration Database for Health Insurance and Labor Market Studies (LISA), maintained by Statistics Sweden, to study labor market outcomes. This database contains annual information on education and earnings for all individuals older than 15 years of age, starting in 1990. To assess the link between IPV and labor market outcomes, we focus on the following variables: income from gainful employment (total annual gross earnings in cash and net income from active businesses (not including governmental transfers or other benefits), unemployment insurance (UI) receipt, (means-tested) social assistance receipt, sickness benefits for sickness spells longer than 14 days. The data also contains background information on e.g., educational attainment, residence municipality, etc.

3.2 Definitions of IPV in the data & study samples

Intimate partner violence in crime data We identify IPV perpetrators and victims via two main data sources: the registry for criminal suspicions and the national patient registry. From the criminal suspicions registry, we define IPV perpetrators as men who have ever been suspected for the crime "gross violation of a woman's integrity" (*grov kvinnofridskränkning*). This crime category deals with offenses committed by men against women with whom they are, or have been, married to or cohabiting with. A gross violation of a woman's integrity consists of several separate offenses such as assault, unlawful threat or coercion, sexual assault, and violation of a restraining order. If a man is suspected or sentenced for a gross violation of a woman's integrity, these sub-crimes are not registered separately unless the penalty is higher than for gross violation of a woman's integrity (which is the case for gross assault, kidnapping, and rape). (See also Section 2 for a description about the rationale for the introduction of this crime category in the penal code). The Suspicions Registry thus allows us to identify the universe of men

suspected for IPV, which is comprised by a total of 30,131 unique men.[5] We restrict the sample to men who were aged 21–60 when the IPV incident was reported, which leaves us with a total of $N = 28,138$ men suspected of IPV (see panel (C) of Figure A.1 for the full age distribution at the time of the report). The vast majority of IPV suspects have only one suspicion of gross violation of a woman's integrity. In the few cases of multiple suspicions, we extract the first.)

However, the Suspicion Registry does not reveal the identity of the victims. To determine the identity of the victim of an IPV-suspect, we identify the suspect's cohabiting/married partner through family identifiers. Up until 2010, only married couples or cohabiting couples with joint children can be identified. From 2011 onwards, however, our data incorporates the apartment registry which allows us to identify cohabiting couples without children or joint children as well. The latter is identified as an adult pair of opposite sex individuals without biological or adoptive links, who live together in the same apartment or single-family home. For each man suspected of IPV, we identify the likely victim as the woman with whom he was married or cohabiting to in the year or the year preceding the IPV report, using the unique family identifiers. This way, we are able to match 18,223 likely victims to the set of identified (potential) perpetrators. We restrict the sample to women aged 21–60 at the time of the incident, leaving us with $N = 17,254$ unique victims.

Intimate partner violence in health data Whereas the crime-based sample is built around police-recorded suspects, the health care system lets us identify a second, distinct group of victims: women who received care for partner violence but whose partner was never a police-recorded IPV suspect. By construction, the two samples do not overlap. We extract all victims of IPV from the national patient registry, which includes inpatient visits from 1987 onward, and also outpatient specialist health care from 2001. Specifically, we identify all women in in- and outpatient care data with a recorded diagnosis of ICD-10 code Y07.0 ("physical assault by husband/wife"), which yields $N = 10,154$ female victims. Of these, 15 percent ($N = 1,582$) have a partner who was at some point an IPV suspect; we drop these women to avoid double-counting victims already captured by the crime-based sample, and apply the same age restriction at exposure as before, leaving $N = 7,574$ *hospital- but not police-recorded* victims.

Applying the same partner-identification procedure as above, we then define an additional set of IPV perpetrators as the men who were married to or cohabiting with these victims in the year of, or the year

[5] Panels (A) and (B) shows the number of IPV cases per year in the suspicions data, and the fraction convicted of IPV and other violent crime, respectively. As seen, only around 10 percent of suspicions for gross violation of a woman's integrity lead to convictions for that particular crime category; and around the same percentage is instead convicted of "other" violent crimes; most likely the sub-crimes of IPV have been prosecuted.

preceding, the diagnosis, and who were never themselves suspected of IPV by law enforcement. This yields a further $N = 3,425$ perpetrators.

Age-matched comparison groups In the first part of our analyses, we compare background characteristics of IPV suspects and victims to that of the general population to assess potential risk factors for IPV perpetration and victimization. To this end, we create age-matched comparison groups for the respective samples of victims and perpetrators. For each event-year separately, we match each individual IPV suspect (victim) to one randomly drawn man (woman) from the population of individuals who have never been reported as suspected (victimized) for IPV, and who was born in the same year, restricting the pool of potential matches to individuals who were alive and living in Sweden at the time of the suspect's (victim's) (first) IPV suspicion event. The matched comparison individuals are assigned a pseudo event year, equal to that of the suspect (victim) to whom they were matched.

4 Empirical methods

This section describes the empirical strategies that we use to assess risk factors associated with IPV perpetration and victimization, and to estimate the consequences of IPV reporting on victims and perpetrators, respectively.

4.1 Assessing risk factors for IPV perpetration and victimization

The first goal of our paper is to document correlates - potential risk factors - associated with IPV perpetration and victimization. We primarily do this by describing how suspects and victims differ from age-matched comparison groups of non-suspects and non-victims along the dimensions of (i) education- and labor market outcomes, (ii) other criminal activity, (iii) health, and (iv) family background. Since we are interested in predictors of violence and victimization, we focus on the time period *before* the (first observed) IPV suspicion or IPV diagnosis for all time-varying variables (e.g., income, health status, and criminal history) (for the comparison group, we assign a pseudo-year of suspicion/perpetration corresponding to the event year of the matched perpetrator or victim, respectively). We code all variables of interest a binary, indicating e.g., having had at least one year with zero labor income at least once over the five-year time period preceding the IPV report.

We first present shares of the samples with and without violence that has an indication on each of the variables of interest (effectively describing household characteristics, labor market outcomes, criminal

and health history). Subsequently, we report adjusted and unadjusted odds ratios obtained from logistic regression. To the extent that characteristics differ between the IPV suspects and non-suspects (or IPV victims and non-victims), we interpret this as correlations between individual- and household characteristics and IPV. Thus, our analysis aims to identify risk factors for IPV suspicion and victimization, but we refrain from causal interpretations at this stage. Nevertheless, such risk factors are informative for health-, law enforcement-, or social workers in their screening efforts for domestic violence as they show the contact-points with the various authorities before the violence escalates to the point of it being reported to the police or to health care providers.

4.1.1 Sibling correlations

In addition, to capture the *overall* importance of family background for IPV perpetration and victimization, we compute sibling correlations. First, we compute brother correlations in the propensity to be suspected of violence against women. Then, we compute sister correlations in the propensity to receive health care for physical or sexual assault.

The estimated sibling correlations coincide with the correlation between randomly drawn pairs of siblings, and measure the share of the total variance in the outcome variable that is attributable to family background. These correlations capture the influence of *all* factors that siblings share, such as genes, parental characteristics, schools, and neighborhoods (see Björklund and Jäntti, 2020, for a thorough discussion of sibling correlations and how this measure relates to other measures in the literature).[6]

Throughout the analysis, we define siblings as individuals who share the same mother. To estimate sibling correlations with enough precision, we need to use outcomes that are not too rare in the population. Thus, we deviate from the outcome variables used in the rest of this paper and create broader measures that indicate likely domestic violence. For brother correlations, we first report results for suspicions of gross violation of a woman's integrity, but then we also create a measure incorporating *all* reported assaults (physical or sexual), threats, molestation, and harassments against a female victim. For the sister correlations, we create one broad measure of reported injuries that result from any physical or sexual assault and one more narrow measure of injuries that result from assaults taking place at home and/or perpetrated by a spouse. For a more detailed description of the estimation strategy, sample restrictions, and variable definitions, see Appendix B

[6]See also Eriksson et al. (2016) for a previous application using Swedish crime data. Some components of family background are not shared by siblings (e.g., half of the genes, differential treatment and changes over time in schools or neighborhoods). For this reason, the sibling correlation is often thought of as a lower bound on the importance of family background.

4.2 Identifying the consequences of detected IPV: a matched difference-in-differences design

Individuals who are identified as perpetrators and victims of IPV are likely to differ substantially from those who have no reported violence exposure in the household, in both observed and unobserved dimensions. To estimate the effects of a detected IPV incident on victims' and perpetrators' labor market-, health-, and crime outcomes, we first use propensity score matching to construct a comparison group without reported violence, with similar observed characteristics and trends to our samples of observed victims and perpetrators, effectively providing the appropriate counterfactual outcome trends for the individuals with observed domestic violence. Second, we employ a stacked difference-in-differences design to estimate dynamic treatment effects, relative to the year preceding the IPV incident.

Matching procedure We use a three-step matching procedure to construct an appropriate comparison group to the IPV sample. Specifically, for each IPV reporting year separately (1998 through 2021), we first use backwards stepwise OLS to select the variable list to be included in the estimation of the propensity score. We then estimate the propensity score with logistic regression on the reduced variable list, and finally match on the propensity score using two nearest neighbors, within cells defined by employment status in the four years preceding the IPV incident, age-group (at exposure), and the number of years as a Swedish resident in the four years preceding the IPV incident (to take into account the differential pre-trends of the substantial share of newly arrived immigrants in the IPV sample). With each iteration of the matching (i.e., as we loop over event years), we drop individuals in the pool of potential controls who were previously matched to an IPV perpetrator/victim (matching without replacement).[7] Variables included in the estimation of the propensity score (a selection of which is chosen by stepwise backwards OLS) consists of up to four leads on all outcome variables, as well as background characteristics. This procedure results in a group of individuals without reported violence who are highly comparable to our IPV samples.[8]

Because we create a control group in each event year (by cells defined by the exact matching variables), and then stack the data from each sub-experiment, our strategy is very similar to the estimator

[7] The pool of potential controls consists of never-reported and not-yet-reported for IPV perpetration (or victimization). Thus, we allow for an individual who is "treated" at a later date to be a matched control to someone who was treated at an earlier date. However, due to the large number of observations in the pool of potential controls, in practice this happens rarely, such that the vast majority of our comparison group consists of never-treated.

[8] After matching, we are left with 23,774 IPV perpetrators (pooled across both reporting sources), and 18,389 victims (pooled across both reporting sources) and about twice as many controls.

proposed by Callaway and Sant'Anna (2021), and thus avoids the complications that arise in difference-in-differences designs with multiple time periods pointed out by Goodman-Bacon (2021). Our strategy is also similar to the one used by Schmieder et al. (2023) to estimate the costs of job displacement over the business cycle.

A note on the matched control groups A potential concern with our identification strategy is that the control group may contain households that experience domestic violence but do not report it to authorities. When we restrict the pool of potential controls to households with no prior record of sub-crimes related to intimate partner violence, the quality of the propensity score matching deteriorates substantially, suggesting that a large share of the matched control units have histories consistent with domestic violence exposure. This pattern is unsurprising given that our sample is drawn from a heavily disadvantaged population in which underreporting of domestic violence is likely pervasive. As a result, the control group does not represent a clean counterfactual of violence-free households; rather, it approximates a group of households facing potentially similar underlying rates of domestic violence that simply did not come to the attention of authorities during the sample period. To the extent that unreported domestic violence generates outcomes similar to those caused by reported incidents, our difference-in-differences estimates capture the effect of incidents that are severe or escalating enough to prompt a formal report to the police, relative to domestic violence that remains unreported. This implies that our estimates should be interpreted as a lower bound on the true causal effect of intimate partner violence exposure on the outcomes of interest.

Dynamic difference-in-differences design Using the matched sample, we estimate the effects of a reported IPV incident on a host of outcomes using an event-study difference-in-differences specification that compares the difference in the evolution of outcomes before- and after the reported IPV incident between the IPV groups and the matched controls, relative to the year preceding the event. Specifically, let y_{itc} denote the outcome of interest for individual i, with treatment year c, observed in calendar year t. Let $k = (t - c)$ denote the event time, i.e., years elapsed since the IPV report. Moreover, let D_i be an indicator variable that takes the value 1 if individual i is an observed IPV perpetrator (or victim) and 0 otherwise. We then estimate the following regression model:

$$y_{itc} = \sum_{k=-5, k\neq -1}^{10} \delta_k \times \mathbb{1}(k = t - c) \times D_i + \sum_{k=-5, k\neq -1}^{10} \lambda_k + \gamma_t + \alpha_i + \epsilon_{itc} \tag{1}$$

The coefficients of interest are the δ_k:s, which capture the change in the outcomes of IPV perpetrators (victims) relative to the year before the IPV report, net of the corresponding evolution in outcomes among the control group. α_i is an individual-fixed effect, capturing time-invariant unobserved heterogeneity. As we will show in the results section, our matching yields a comparison group that is balanced in both levels and pre-trends, so the inclusion of the individual-fixed effects does not make a big difference to the estimates.

5 Risk factors associated with IPV perpetration and victimization

5.1 Individual characteristics

5.1.1 Perpetrators

In Table 1, we present a descriptive comparison of household-, labor market-, criminal- and health history between IPV perpetrators (pooled sample of police- and hospital-reported) and the age-matched comparison group of never-perpetrators (referred to as the standard population). The time-varying characteristics shown in the table are reported as indicator variables taking the value one if the individual has had at least one year with an indication of the respective characteristic in the five years preceding the IPV report. IPV perpetrators are as likely to be married as the standard population, while having children in the household is more common among the IPV sample (58 percent) than in the population at large (53 percent). IPV perpetrators are disproportionately born outside of Sweden (43.6 percent compared to 17 percent in the standard population), and generally display lower socioeconomic status: they are less likely to have completed post-secondary education (18% compared to 34%); more likely to have had zero labor income at least one out of the five years preceding the IPV report; and substantially more likely to have received social assistance (47% compared to 12%). Perpetrators are also more likely to have received unemployment- and sickness benefits.

Past criminal conviction is a strong distinguishing feature: 42% of IPV perpetrators have a prior violent crime conviction, compared to 5% in the standard population, and 42% have had any criminal conviction (compared to 9% in the standard population). Beyond violent crime, sexual offenses, narcotics crimes, and other offenses are likewise markedly more prevalent among perpetrators.

Health care utilization, measured via ICD-10 diagnosis codes, further differentiates IPV perpetrators from the overall population. IPV perpetrators more often have recorded diagnoses related to substance abuse (8% compared to 1%), depression, anxiety, and other mental- or behavioral disorders. They also

have higher rates of trauma-related and other physical health diagnoses.

Across all domains, odds ratios (both adjusted and unadjusted) are statistically significant, indicating that IPV perpetrators are consistently more socioeconomically disadvantaged, more likely to have criminal convictions, and mental- or physical health diagnoses, and are less likely to possess protective characteristics such as higher education.

In Table A.1 and Table A.2 in Appendix A, we report the same characteristics as in Table 1 separately for police-reported and hospital-reported perpetrators, respectively. As seen, the selection in terms of foreign background, overall socioeconomic status, criminal- and health histories look the same across both reporting sources. However, the partners of hospital-reported IPV victims (i.e., likely IPV perpetrators) are slightly less negatively selected on all domains compared to police-reported perpetrators.

5.1.2 Victims

In Table 2, we report the same characteristics for victims of IPV compared to an age-matched sample of never-victimized (standard population). IPV victims are slightly more likely to be married (23.5%) compared to the overall population of women (19.7%), but are substantially more likely to have children living in the household (74% compared to 64%). The latter is not surprising, however, given that we identify a large portion of the victim-sample through being married or cohabiting with young children to police-reported suspects. Just like perpetrators, victims of IPV are markedly more likely to be born outside of Sweden (42.4% compared to 18.3%); less likely to have a post-secondary education (24% compared to 44.3% in the standard population), and much more likely to have had at least one year with zero labor income in the five years preceding the IPV incident that led to a report (58.5% compared to 29.9%).

Interestingly, also victims of IPV are more likely to have a criminal history compared to their age-matched comparison group, with substantially higher prevalence of both violent-, narcotics-, and other crimes. Victims are also more likely to have health diagnoses related to substance abuse, depression, anxiety, and other mental- or behavioral disorders, and are much more likely (49.5% compared to 32.6%) to have had at least one year with a health episode due to trauma- or other physical causes in the five years preceding the IPV report. Thus, the selection on immigration- and socioeconomic status, crime- and health history are markedly similar across perpetrators and victims of IPV.

In Table A.3 and Table A.4 in Appendix A we again report these characteristics separately by reporting source, and find that victims of IPV exhibit the same type of disadvantage in both samples.

5.2 Family background: parental characteristics

Finally, in Table 3, we study parental characteristics of perpetrators and victims relative to the standard population. Several patterns emerge. Both perpetrators and victims are substantially more likely to have grown up in disadvantaged households. For example, more than 48 percent of fathers of perpetrators received social assistance, compared to around 22 percent in the standard population. Foreign-born parentage is roughly twice as common among both perpetrators and victims, while parental post-secondary education is markedly less prevalent.

Parental criminal history is also significantly higher in the sample of parents to perpetrators and victims of IPV. Among fathers of perpetrators, 34 percent have criminal convictions, compared to 17 percent in the standard population, and convictions for violent crime are more than three times as common. Although paternal IPV convictions are rare in absolute terms, they are substantially more prevalent among fathers of both perpetrators (0.31%) and victims (0.31%) than in the standard population (0.08% and 0.04%, respectively), indicating a strong intergenerational signal even at low base rates.

Maternal characteristics display similar patterns. Mothers of both perpetrators and victims exhibit higher rates of social assistance receipt, criminal convictions, and substance abuse. The magnitude of disadvantage is consistently large across all parental characteristics. In particular, maternal social assistance receipt is strikingly high, exceeding 53 percent among both perpetrators and victims, compared to 24–26 percent in the standard population.

5.3 Family background: sibling correlations

The above results show that IPV perpetrators and victims differ considerably from other individuals in terms of parental characteristics and socio-economic background, suggesting an association between family background and IPV perpetration and victimization. In this section, we aim to capture the *overall* importance of family and community background by computing sibling correlations. First, we compute brother correlations in the propensity to be suspected of violence against women. Then, we compute sister correlations in the propensity to receive health care for physical or sexual assault.

5.3.1 Brother correlations in criminal suspicions

The brother correlations capture the share of the total variance in criminal suspicions that is attributable to family and community background. Given the years for which crime data are available, we choose to

restrict the sample to men born between 1965 and 1975. This restriction ensures that *(i)* all brothers are born at most ten calendar years apart, and *(ii)* the crime data span the ages 30–56 for our oldest cohort, and the ages 20–46 for our youngest cohort. We further restrict the sample to individuals who have resided in Sweden at some point since 1995. Our final sample consists of 647,467 men.

Figure 2 shows brother correlations in criminal suspicions.[9] Panel (a) reports correlations for individual categories of violent crime. We begin with the offense that defines our IPV perpetration measure throughout the paper: the brother correlation in *gross violation of a woman's integrity* is 0.33, indicating that factors shared by brothers account for one third of the variation in suspicions for this offense. Across the other violent offenses, correlations tend to be somewhat lower for female than for male victims. For example, the brother correlation in assault is 0.36 for female victims and 0.44 for male victims; the correlation in molestation is 0.33 for female victims and 0.39 for male victims; and the correlation in unlawful threat is 0.40 for female victims and 0.47 for male victims. However, these differences are modest and shared family and community factors appear to explain males' violence against other men only slightly more than against women. [10]

Panel (b) turns to the aggregated crime categories. The brother correlation in violence against women as a whole is 0.34 - essentially identical to the gross-violation estimate above, but far more precisely estimated given the larger number of suspects (45,500 versus 5,428) — confirming that family background accounts for about a third of male IPV perpetration however the offense is defined. This level is slightly higher than the correlation in any criminal suspicion (0.31) and similar to driving under the influence (0.34), but lower than in narcotics offenses (0.53) and in violence against men (0.44).

5.3.2 Sister correlations in health care utilization

Next, we estimate sister correlations in the likelihood of receiving health care for physical or sexual assault. Given the years for which both outpatient and inpatient health care data are available (2001-2023), we choose to restrict the sample to women born between 1970 and 1980. Thus, we observe health care utilization between the ages 31 and 53 for the oldest cohort and between the ages of 21 and 43 for the youngest cohort. Further, all sisters are born at most ten calendar years apart. We drop individuals who have not resided in Sweden since 2001, leaving us with a final sample of 582,609 women.

[9] Corresponding point estimates and the number of suspected individuals for each crime type are reported in Table A.7.

[10] One important caveat of the comparison between crimes against men and crimes against women is that measurement error may be correlated with victim sex. If so, this may drive part of the difference in brother correlations across victim type, although it is unclear in which direction, *ex ante*.

Figure 3 shows sister correlations across diagnosis categories.[11] Unlike for brothers, we cannot use our main victimization measure here: diagnoses of assault specifically by a partner (ICD-10 Y07.0) are far too rare to estimate a sibling correlation. We therefore broaden the outcome to also include injuries recorded as an assault occurring at home — a *proxy* for partner violence. This gives a sister correlation of 0.33, though it is imprecisely estimated (659 individuals). An even broader measure, capturing any physical or sexual assault, is estimated more precisely and yields a very similar sister correlation of 0.36. The sister correlation in assault is comparable in magnitude to that in substance use, but substantially larger than those in injuries and neoplasms (tumors).

In sum, family and community factors shared by siblings appear to account for roughly one third of the variation in both male IPV perpetration and female IPV victimization. These estimates are substantial in magnitude and broadly in line with estimates reported for other outcomes in the Swedish literature. For reference, Hederos et al. (2016) estimate brother correlations of around 0.29 for any criminal conviction (0.37 for violent crime) and 0.39 for any prison sentence; Björklund et al. (2009) estimate brother correlations in long-run earnings of around 0.35; and Björklund and Jäntti (2012) estimate sibling correlations in years of schooling of around 0.40–0.43. Our estimates fall within this range, suggesting that family and community background accounts for a similar share of the variation in IPV perpetration and victimization as it does for crime, earnings, and education more broadly. While sibling correlations are omnibus measures capturing all shared family and community factors, these estimates are consistent with intergenerational transmissions of exposure and violence.

Finally, it is worth noting that sibling correlations in earnings and education tend to be lower in the Nordic countries than in the US, UK, and Germany (Björklund et al., 2002; Schnitzlein, 2014; Mazumder, 2008), likely reflecting more equal schooling systems, lower income inequality, and stronger welfare states. Our estimates may therefore represent a lower bound on the importance of family background for IPV in less equal societies.

6 Consequences of detected IPV for health, labor market- and crime outcomes

We begin by examining the effects of a detected IPV incident on labor market outcomes and health, displayed in Figure 4 and Figure 5, respectively. Figure 4 reveals a striking pattern of labor market

[11] Corresponding point estimates and the number of diagnosed individuals for each category are reported in Table A.8.

disruption for both victims and perpetrators. For victims, the IPV incident is associated with a sharp and persistent decline in annual labor income and an increase in the probability of having zero labor income, alongside elevated receipt of social assistance and sickness benefits that persists throughout the ten-year follow-up window. Importantly, despite these large negative effects on earnings and labor market participation, log disposable income actually increases for victims following the reported incident — a notable finding that suggests that transfers from the social insurance system more than compensate for the loss in earned income, effectively shielding victims' overall economic situation. For perpetrators, annual labor income falls sharply at the time of the reported incident — consistent with incarceration and labor market exit — and social assistance receipt rises markedly, while log disposable income falls substantially, reflecting both the earnings loss and reduced access to compensating transfers. Notably, pre-event trends are flat and well-balanced for both groups, lending credibility to the parallel trends assumption underlying our matched difference-in-differences design.

Turning to health outcomes in Figure 5, we find that both victims and perpetrators experience significant increases in hospital nights for mental and behavioral causes in the period immediately following the IPV report, with the effect being large and persistent for victims and perpetrators alike. Effects on hospital nights for physical causes are more precisely estimated for victims and remain elevated throughout the post-period, while for perpetrators the physical health effects are noisier and less sustained. Together, these results paint a picture of severe and lasting consequences of IPV reporting for both parties, with victims bearing a particularly heavy burden in terms of both economic and health outcomes.

Figure 6 documents the effects of IPV reporting on criminal convictions and sanctions. For perpetrators, the probability of a criminal conviction increases sharply at the time of the IPV report, rising by around 20 percentage points relative to the pre-event mean of 0.17, before gradually declining over the following years but remaining elevated throughout the post-period. The effect on prison sentence length mirrors this pattern, with perpetrators experiencing a sharp increase of close to 1.5 months at the time of the report — a large effect relative to the pre-event mean of 0.32 months — that similarly fades but remains positive in subsequent years. It is worth noting that these convictions are for any type of crime, and as documented in Figure A.1, only around 15 percent of IPV suspects are convicted of the specific crime of gross violation of a woman's integrity. However, as shown in Figure A.2, perpetrators experience significant increases in convictions for violent crimes other than IPV and for other crime categories in the period immediately surrounding the report, consistent with the individual sub-crimes of IPV —

such as assault, unlawful threat, and coercion — sometimes being prosecuted separately. Convictions for sexual offenses and narcotics crimes show more modest and short-lived increases. For victims, the probability of a criminal conviction increases modestly but significantly at the time of the report, rising by around 5 percentage points relative to a pre-event mean of 0.04, and the effect on prison sentence length is small and short-lived. Figure A.3 shows that this increase is spread across violent crimes, narcotics crimes, and other crime categories, with no single category dominating.

Figure 7 examines the effects of IPV reporting on household structure, focusing on the probability of separation and the presence of children in the household. The probability of separation increases sharply at the time of the IPV report and remains elevated throughout the ten-year follow-up window for both victims and perpetrators, implying that victims' exposure to perpetrators declines substantially following a reported IPV incident. It should be noted, however, that the direction of causality here is not straightforward: while the report may trigger separation — through incarceration of the perpetrator or assistance provided to the victim — it is equally possible that a separation itself precipitates a violent event that leads to a report. Turning to children, the probability of having children in the household declines sharply for perpetrators following the report, meaning that children's exposure to violent fathers is reduced in the aftermath of the detected incident. However, the probability of having children in the household also declines for victims, suggesting that the report is associated with disruption to living arrangements not only for perpetrators but for victims as well, possibly due to interventions from the social services.

6.1 Heterogeneous effects on victims

Table 4 reports heterogeneous effects of IPV victimization along four dimensions: whether the incident was police- or hospital-reported, whether the partner was convicted of any crime in the year of or the year following the report, educational attainment, and foreign-born status. For each outcome we report the effect within each subgroup, obtained from a pooled model with interaction terms, together with the coefficient on the triple-difference interaction term.[12]

The negative effect on annual labor income and the increased probability of having zero labor income are large and significant in every subgroup, showing that the labor market consequences of IPV victimization are pervasive. However, there are notable differences in magnitude. Victims whose partner was not convicted in the immediate aftermath of the report lose significantly more labor income

[12]For the group-specific effects, standard errors are calculated using the `lincom` command in `Stata`.

than those whose partner was convicted, consistent with conviction — and the associated incarceration — reducing victims' continued exposure to violence and its labor market consequences. The same pattern appears across reporting sources: police-reported victims lose significantly less labor income than hospital-reported victims. This is unsurprising, since police reporting is a precondition for the perpetrator's conviction and removal, and it reinforces the protective role of the criminal-justice response. Losses are also significantly larger for native-born than for foreign-born victims, though this gap likely reflects the substantially weaker pre-event labor market attachment of foreign-born women rather than a smaller causal effect of IPV per se. Effects differ little by educational attainment, except that the increase in the probability of zero labor income is somewhat smaller for college-educated victims.

In contrast to the labor income results, log disposable income rises significantly for foreign-born victims while declining slightly for native-born victims. A natural explanation is that foreign-born victims have much lower pre-event earnings, so that social insurance transfers offset a larger share of their income loss. Higher take-up of means-tested support may also contribute. The reporting-source contrast is even starker for disposable income, which rises significantly for police-reported victims but falls for hospital-reported victims — again consistent with criminal-justice involvement cushioning victims' economic situation.

Turning to health, the increase in mental-health hospital nights is significant in every subgroup and is larger for hospital-reported than for police-reported victims. The increase in hospital nights for physical causes, by contrast, is of similar magnitude across all subgroups, with no significant heterogeneity along any of the four dimensions. If hospital nights for physical causes proxy for the severity of physical violence, their uniformity implies that the subgroups do not differ systematically in how severe the violence was. The heterogeneity in economic outcomes is therefore unlikely to stem from differences in the severity of violence itself. Instead, it more plausibly reflects the institutional response once IPV is detected — in particular, whether the perpetrator is convicted and removed from the household, and the type of support the victim receives.

7 Conclusions

This paper studies the backgrounds, life trajectories, and consequences associated with detected intimate partner violence (IPV) for both victims and perpetrators. Using population-wide Swedish administrative data linked across criminal justice records, health care records, labor market outcomes, and family

relationships, we follow individuals over more than two decades, both before and after violence comes to the attention of authorities.

Our findings point to two central conclusions. First, detected IPV is strongly concentrated among already disadvantaged populations. Victims and perpetrators display substantial socioeconomic disadvantage, worse health, more extensive criminal histories, and weaker labor market attachment long before violence becomes observed by institutions. Family background also plays an important role: sibling correlations indicate that factors shared within families and communities account for a substantial share of the variation in both perpetration and victimization.

Second, the consequences associated with detected IPV are large and persistent for both victims and perpetrators. Victims experience lasting declines in labor market attachment, and sustained increases in health care utilization, while perpetrators face substantial earnings losses, worsening health, and increased criminal involvement following detection. Although social insurance systems offset victims' earnings losses, neither group returns to pre-detection levels or trajectories over the period we study.

An important feature of our setting is that we identify detected IPV using both criminal justice records and health care records, allowing us to capture populations that come to the attention of different societal institutions. The limited overlap between these sources that we document suggests that police and health care identify different margins of IPV, broadening the populations captured relative to studies relying on a single source. Moreover, because our primary crime-based measure focuses on repeated and systematic abuse by construction, our results should be interpreted as reflecting trajectories around the detection of sustained violence rather than isolated incidents.

Taken together, our results suggest that IPV both reflects and reinforces existing socioeconomic disadvantage. Because institutional responses are largely activated only once violence comes to the attention of authorities, understanding who reaches this point – and what happens afterward – is central for designing policies aimed at preventing violence. Our findings further suggest that many victims and perpetrators interact repeatedly with public institutions long before violence is formally detected, highlighting the potential for earlier identification and intervention.

TABLE 1. Risk factors associated with IPV perpetration

	Sample proportions		Logistic regression			
	Standard population	IPV Perpetrators	*OR*	95% *CI*	*aOR*	95% *CI*
Year of Birth	1971.45 (s.d. = 11.85)					
Household & labor market variables						
Married	19.22%	20.21%	1.06	(1.02, 1.11)	1.06	(1.02, 1.10)
Children in the household	52.96%	58.32%	1.24	(1.20, 1.28)	1.44	(1.39, 1.49)
Foreign born	17.30%	43.62%	3.70	(3.56, 3.84)	3.08	(2.97, 3.19)
Post-secondary education	33.94%	17.58%	0.42	(0.40, 0.43)	0.63	(0.61, 0.66)
Zero labor income	27.29%	55.25%	3.29	(3.18, 3.41)	1.41	(1.36, 1.45)
Social assistance	11.92%	47.00%	6.55	(6.28, 6.84)	2.43	(2.34, 2.53)
Unemployment benefits	18.11%	27.07%	1.68	(1.61, 1.75)	1.15	(1.11, 1.19)
Sickness benefits	20.26%	32.86%	1.93	(1.86, 2.00)	1.58	(1.53, 1.64)
Criminal history						
Violent crime	4.77%	42.01%	14.47	(13.64, 15.34)	4.85	(4.5, 5.15)
Sexual offenses	0.51%	4.17%	8.40	(7.09, 9.97)	1.58	(1.30, 1.94)
Narcotics crime	2.63%	17.12%	7.64	(7.07, 8.26)	1.16	(1.06, 1.27)
Other crimes	7.51%	41.17%	8.61	(8.20, 9.05)	2.11	(1.98, 2.24)
Criminal conviction	9.01%	40.99%	7.01	(6.69, 7.34)	1.40	(1.32, 1.49)
Health care utilization history						
Substance abuse	1.11%	7.78%	7.53	(6.69, 8.47)	2.15	(1.92, 2.41)
Depression	0.35%	1.44%	4.15	(3.34, 5.15)	1.63	(1.36, 1.94)
Anxiety	0.43%	2.21%	5.29	(4.36, 6.42)	1.90	(1.64, 2.21)
Other mental/behavioral	1.48%	5.99%	4.23	(3.80, 4.71)	1.49	(1.35, 1.64)
Trauma	4.06%	11.28%	3.01	(2.81, 3.22)	1.48	(1.39, 1.59)
Other physical causes	10.35%	16.08%	1.66	(1.58, 1.74)	1.37	(1.32, 1.42)

NOTES: The first two columns of the table show the proportion of the age-matched comparison group (standard population) and the group of IPV suspects, respectively, who have at least one year with an indication of the variable listed in each row over the five year period prior to the (pseudo-) suspicion year. The third column shows the difference across groups in the respective indicator variables in terms of odds ratios (OR) obtained from logistic regression, along with the 95% confidence intervals (fourth column), and the fifth column shows the adjusted odds ratios (aOR) from a model where all outcomes are entered jointly, with the associated 95% confidence intervals displayed in the right-most column.

TABLE 2. Risk factors associated with IPV victimization

	Sample proportions		Logistic regression			
	Standard population	IPV Victims	*OR*	95% *CI*	*aOR*	95% *CI*
Year of birth	1974.30 (s.d. =11.55)					
Household & labor market variables						
Married	19.68%	23.46%	1.25	(1.20, 1.31)	1.06	(1.02, 1.10)
Children in the household	64.06%	74.07%	1.60	(1.54, 1.67)	1.44	(1.39, 1.49)
Foreign born	18.29%	42.48%	3.30	(3.16, 3.44)	3.08	(2.97, 3.19)
Post-secondary education	44.29%	24.65%	0.41	(0.40, 0.43)	0.63	(0.61, 0.66)
Zero labor income	29.88%	58.51%	3.31	(3.19, 3.44)	1.41	(1.36, 1.45)
Social assistance	12.47%	45.51%	5.86	(5.59, 6.14)	2.43	(2.34, 2.53)
Unemployment benefits	20.46%	22.76%	1.15	(1.10, 1.20)	1.15	(1.11, 1.19)
Sickness benefits	34.98%	41.69%	1.33	(1.2, 1.38)	1.58	(1.53, 1.64)
Criminal history						
Violent crime	1.50%	12.16%	9.07	(8.11, 10.15)	4.85	(4.57, 5.15)
Narcotics crime	0.63%	5.18%	8.60	(7.24, 10.21)	1.16	(1.06, 1.27)
Other crimes	2.79%	17.23%	7.25	(6.66, 7.89)	2.11	(1.98, 2.24)
Criminal conviction	2.51%	13.35%	5.98	(5.47, 6.55)	1.40	(1.32, 1.49)
Health care utilization history						
Substance abuse	0.72%	6.40%	9.46	(8.06, 11.11)	2.15	(1.92, 2.41)
Depression	0.47%	2.28%	4.94	(4.02, 6.07)	1.63	(1.36, 1.94)
Anxiety	0.68%	4.09%	6.19	(5.23, 7.33)	1.90	(1.64, 2.21)
Other mental/behavioral	1.66%	8.35%	5.38	(4.82, 6.01)	1.49	(1.35, 1.64)
Trauma	3.00%	11.03%	4.01	(3.68, 4.37)	1.48	(1.39, 1.59)
Other physical causes	32.57%	49.45%	2.03	(1.95, 2.10)	1.37	(1.32, 1.42)

NOTES: The first two columns of the table show the proportion of the age-matched comparison group (standard population) and the group of IPV suspects, respectively, who have at least one year with an indication of the variable listed in each row over the five year period prior to the (pseudo-) suspicion year. The third column shows the difference across groups in the respective indicator variables in terms of odds ratios (OR) obtained from logistic regression, along with the 95% confidence intervals (fourth column), and the fifth column shows the adjusted odds ratios (aOR) from a model where all outcomes are entered jointly, with the associated 95% confidence intervals displayed in the right-most column.

TABLE 3. Risk factors associated with IPV perpetration & victimization: **Parental background**

	IPV perpetrators		IPV Victims	
	Standard pop.	Perpetrators	Standard pop.	Victims
Year of birth	1971.45 (s.d =11.85)		1974.30 (s.d. = 11.55)	
Father's characteristics				
Foreign born	12.45%	28.15%	12.94%	26.33%
Post-secondary education	22.36%	12.90%	23.90%	15.66%
Social assistance	21.85%	48.25%	22.87%	46.13%
Criminal conviction	17.49%	33.74%	19.68%	32.17%
Violent crimes	2.49%	8.37%	2.87%	8.05%
IPV crimes	0.08%	0.31%	0.04%	0.31%
Substance abuse	3.43%	6.90%	3.55%	7.11%
Mother's characteristics				
Foreign born	13.53%	28.67%	13.58%	27.33%
Post-secondary education	23.91%	13.67%	26.18%	17.21%
Social assistance	24.36%	53.88%	25.74%	52.05%
Criminal conviction	5.29%	13.66%	5.91%	13.12%
Violent crimes	0.42%	1.68%	0.49%	1.84%
Substance abuse	2.24%	4.25%	2.04%	4.95%

NOTES: CHANGE THIS LATER!! The columns of the table show the proportion of the age-matched comparison group (standard population) and the group of IPV suspects or victims, respectively, who have at least one year with an indication of the variable listed in each row over the five year period prior to the (pseudo-) suspicion year. The third column shows the difference across groups in the respective indicator variables in terms of odds ratios (OR) obtained from logistic regression, along with the 95% confidence intervals (fourth column), and the fifth column shows the adjusted odds ratios (aOR) from a model where all outcomes are entered jointly, with the associated 95% confidence intervals displayed in the right-most column.

FIGURE 1. Data structure

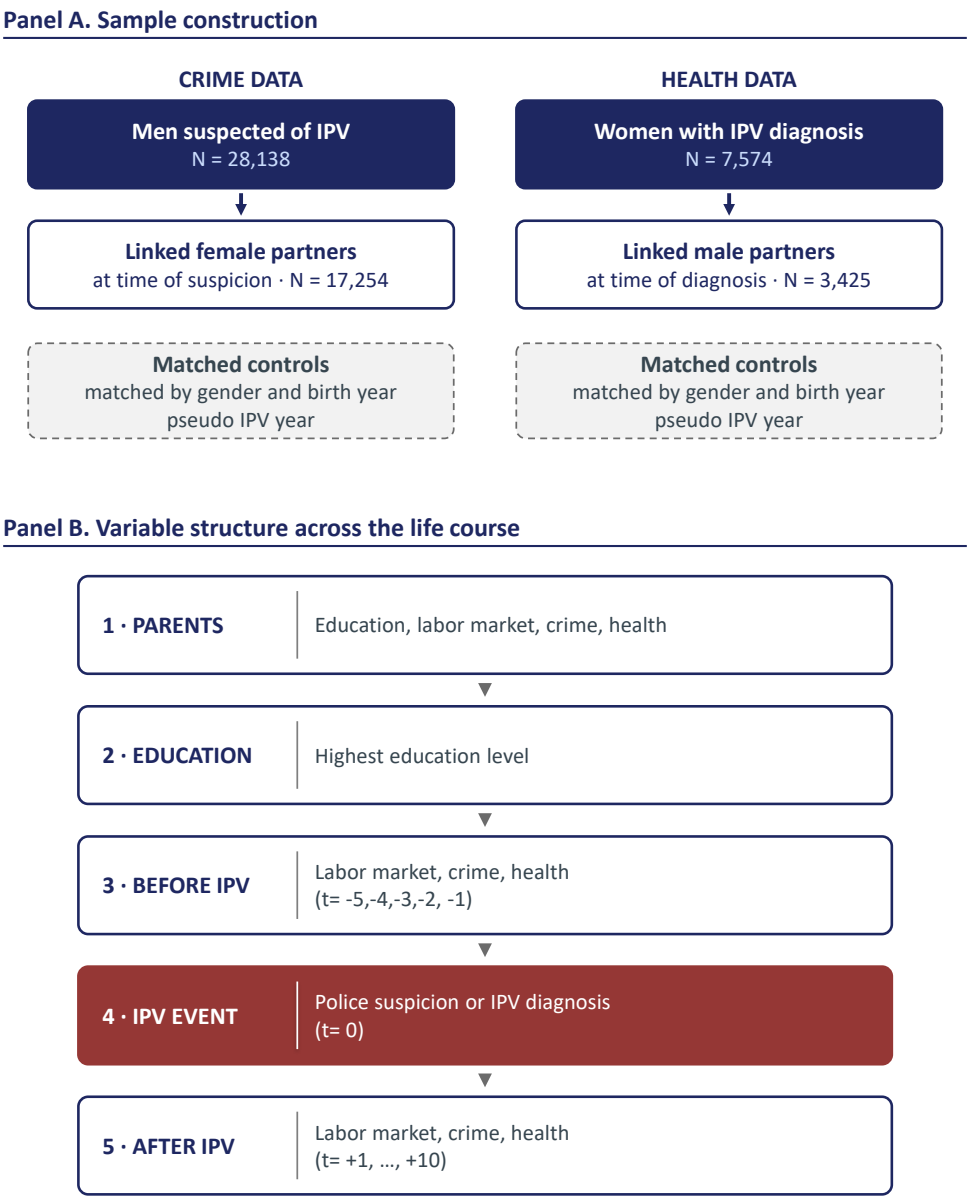
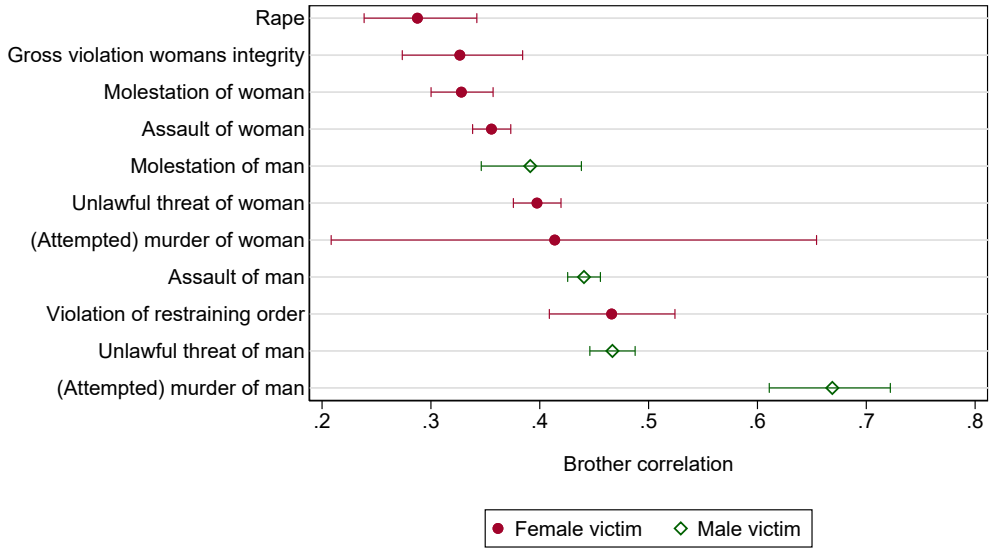
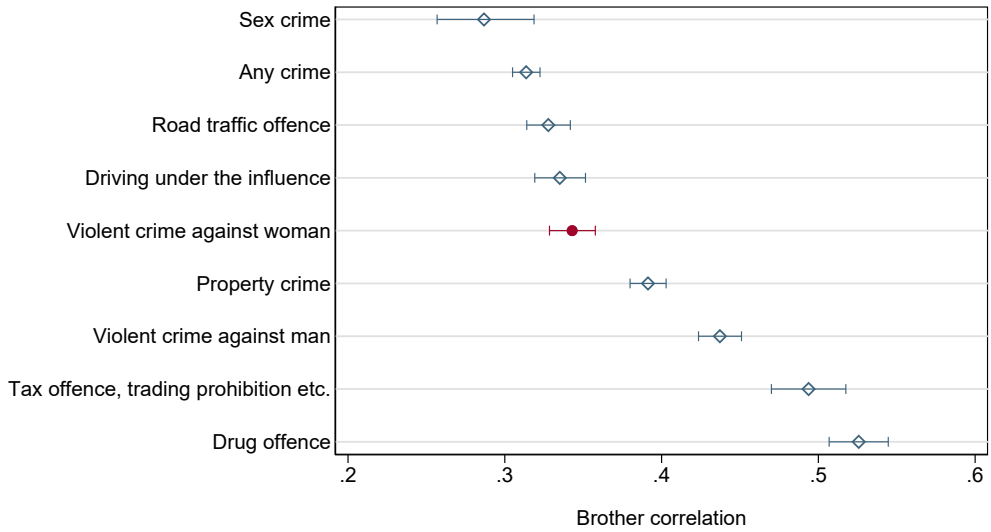


FIGURE 2. Brother correlations in crime suspicions

(A) Violent crimes

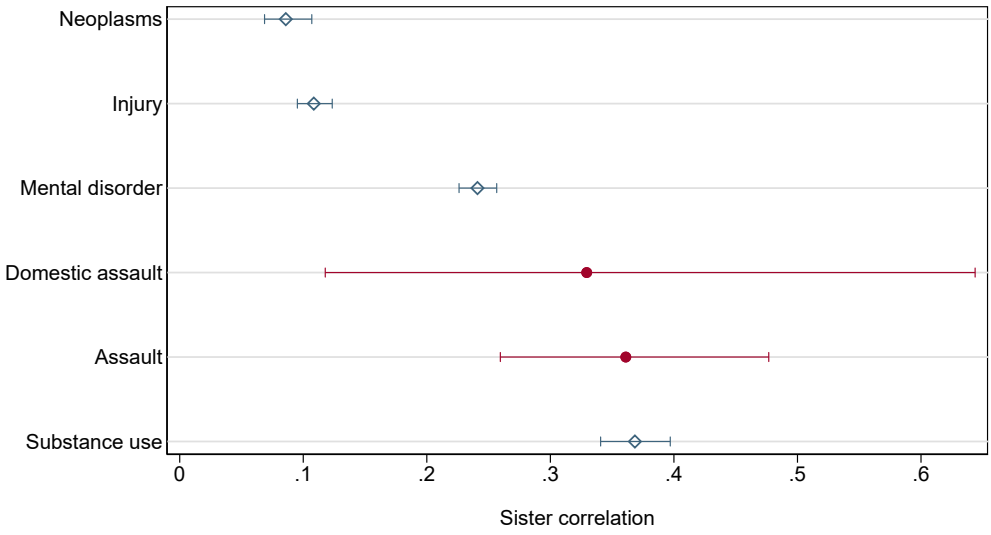


(B) All crime categories



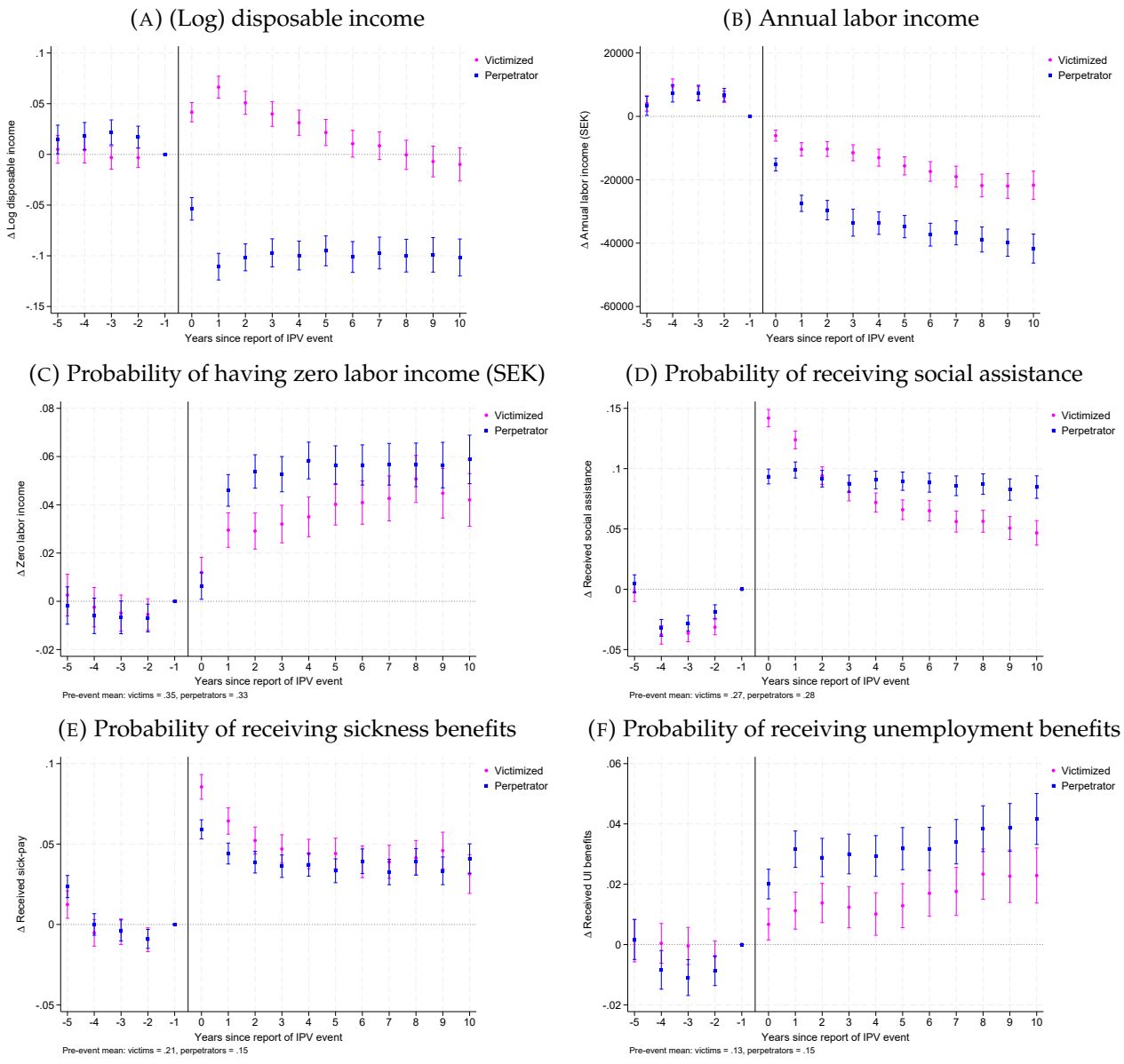
NOTE: **Violent crime against woman**=murder/attempted murder of woman, assault of woman, unlawful threat against woman, molestation against woman, rape/attempted rape of woman or person of unspecified gender, gross violation of woman's integrity. **Violent crime against man**=murder/attempted murder of man, assault of man, unlawful threat against man, molestation against man, rape or attempted rape against man.

FIGURE 3. Sister correlations in health



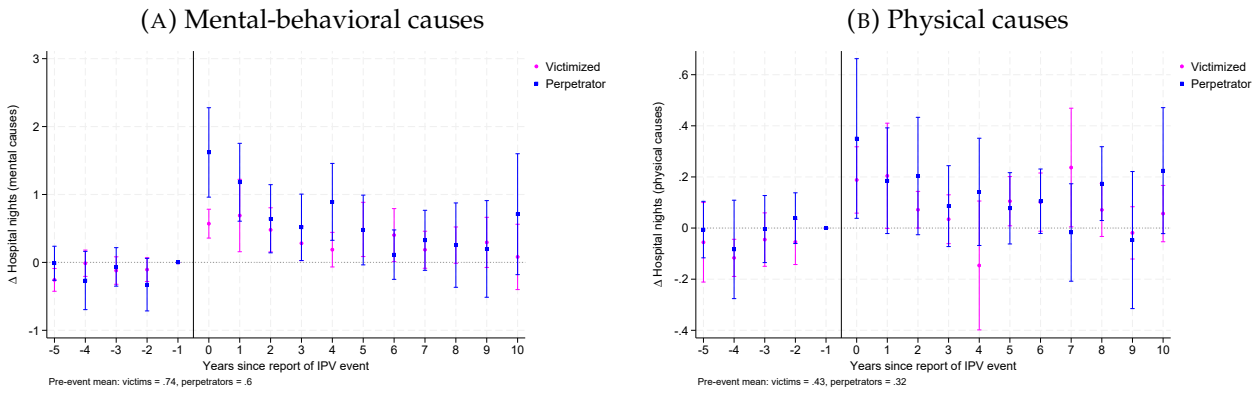
NOTE: We classify diagnosis categories based on the following ICD-10 codes. **Assault**: *X85-Y09, T74*. **Domestic assault**: *X85-Y09*, restricted to codes where the fourth digit is "0". This specifies that the assault took place at home (for *X85-Y05* and *Y08-Y09*) or that the assault was perpetrated by a spouse or partner (for *Y06* and *Y07*). **Injuries**: *S00-T98*. **Mental and behavioral disorders**: *F00-F99*. **Neoplasms**: *C00-D48*.

FIGURE 4. Effects of detected IPV on victims and perpetrators: labor income and social insurance receipt



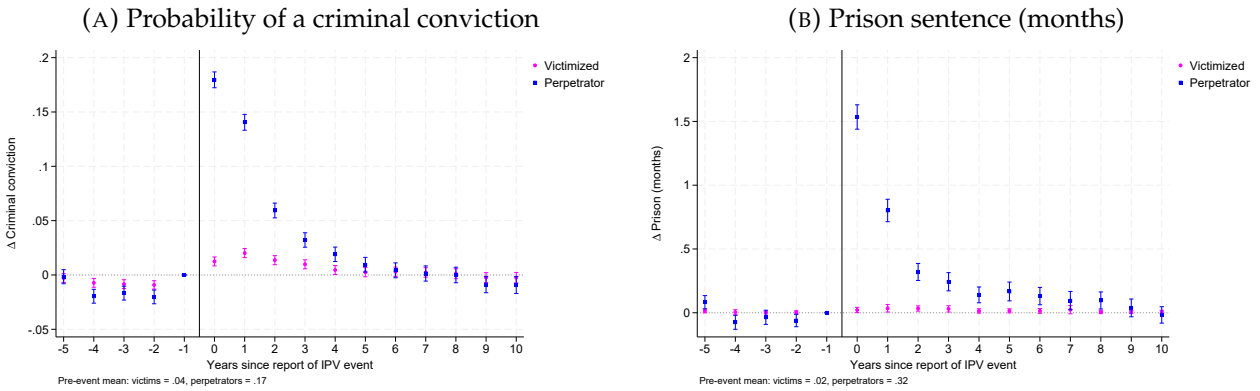
NOTE: The figure displays the estimated δ_k:s from Equation 1. Vertical bars represent 95 percent confidence intervals.

FIGURE 5. Effects of detected IPV on victims and perpetrators: Hospital nights (number)



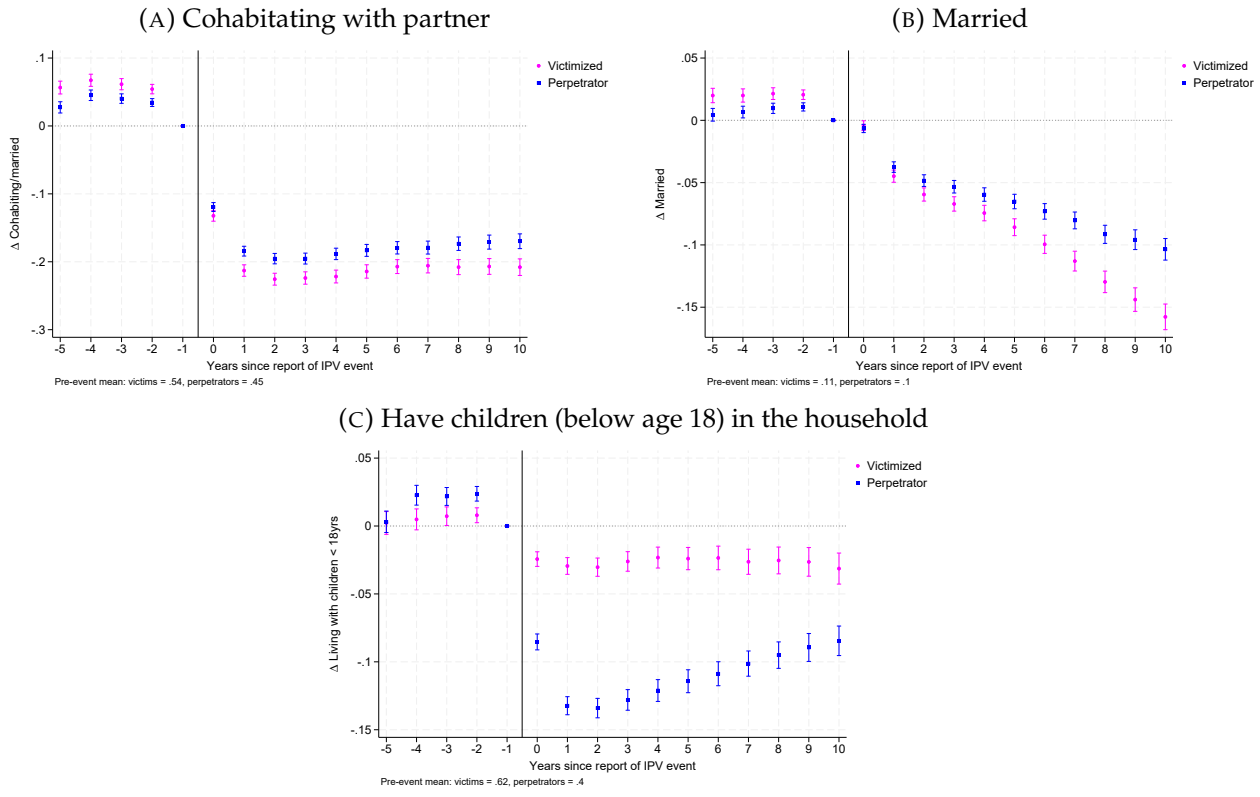
NOTE: The figure displays the estimated δ_k:s from Equation 1. Vertical bars represent 95 percent confidence intervals.

FIGURE 6. Effects of detected IPV on victims and perpetrators: convictions and sanctions



NOTE: The figure displays the estimated δ_k:s from Equation 1. Vertical bars represent 95 percent confidence intervals.

FIGURE 7. Effects of detected IPV on victims and perpetrators: household structure



NOTE: The figure displays the estimated δ_k:s from Equation 1. Vertical bars represent 95 percent confidence intervals.

TABLE 4. Heterogeneous Effects of IPV Victimization

x	Police-reported			Partner convicted			College			Foreign born		
	x=0	x=1	Diff.	x=0	x=1	Diff.	x=0	x=1	Diff.	x=0	x=1	Diff.
Outcome:												
Labor income (1000s SEK)	-25.7633***	-17.7940***	7.9693***	-22.0381***	-9.0313***	13.0068***	-16.4928***	-20.7081***	-4.2153	-26.6407***	-8.3205***	18.3202***
	(1.9133)	(1.3538)	(2.3441)	(1.3744)	(3.4978)	(3.7589)	(1.1186)	(3.0072)	(3.2041)	(1.3910)	(1.8300)	(2.2980)
Zero labor income	0.0637***	0.0277***	-0.0361***	0.0385***	0.0735***	0.0350***	0.0423***	0.0197***	-0.0226***	0.0470***	0.0182***	-0.0288***
	(0.0059)	(0.0037)	(0.0070)	(0.0038)	(0.0114)	(0.0121)	(0.0037)	(0.0061)	(0.0071)	(0.0036)	(0.0058)	(0.0068)
Log disposable income	-0.0351***	0.0366***	0.0717***	0.0052	0.0177	0.0125	0.0234***	0.0345***	0.0111	-0.0219***	0.0882***	0.1101***
	(0.0109)	(0.0069)	(0.0129)	(0.0071)	(0.0202)	(0.0214)	(0.0066)	(0.0109)	(0.0127)	(0.0068)	(0.0105)	(0.0126)
Hospital nights, mental	0.7803***	0.3895***	-0.3908*	0.4233***	0.4551***	0.0318	0.5204***	0.5153***	-0.0051	0.5893***	0.3728***	-0.2165
	(0.1861)	(0.0792)	(0.2023)	(0.0914)	(0.1006)	(0.1349)	(0.1011)	(0.0959)	(0.1396)	(0.1085)	(0.1049)	(0.1511)
Hospital nights, physical	0.1759*	0.1363***	-0.0396	0.1531***	0.1026	-0.0505	0.1515***	0.1656***	0.0140	0.1792***	0.0916***	-0.0877
	(0.0948)	(0.0265)	(0.0984)	(0.0306)	(0.0815)	(0.0870)	(0.0437)	(0.0532)	(0.0689)	(0.0507)	(0.0293)	(0.0586)

Notes: Coefficients from `areg` with individual FE and clustered SEs (lopnr). x=0 and x=1 effects are the DiD estimate for each subgroup; Difference is the triple-interaction coefficient. *** $p < 0.01$, ** $p < 0.05$, * $p < 0.10$.

References

Adams, A., K. Huttunen, E. Nix, and N. Zhang (2024). The dynamics of abusive relationships. *The Quarterly Journal of Economics 139*(4), 2135–2180.

Aizer, A. (2010). The gender wage gap and domestic violence. *American Economic Review 100*(4), 1847–1859.

Anderberg, D., H. Rainer, J. Wadsworth, and T. Wilson (2016). Unemployment and domestic violence: Theory and evidence. *The economic journal 126*(597), 1947–1979.

Angelucci, M. (2008). Love on the rocks: Domestic violence and alcohol abuse in rural mexico. *The BE Journal of Economic Analysis & Policy 8*(1).

Bergvall, S. (2022). Backlash: Female economic empowerment and domestic violence. *Available at SSRN 4059800*.

Bhalotra, S., E. Brito, D. Clarke, P. Larroulet, and F. Pino (2026). Dynamic impacts of lockdown on domestic violence: Evidence from multiple policy shifts in chile. *Review of Economics and Statistics 108*(2), 344–354.

Bhalotra, S., U. Kambhampati, S. Rawlings, and Z. Siddique (2021). Intimate partner violence: The influence of job opportunities for men and women. *The World Bank Economic Review 35*(2), 461–479.

Bhuller, M., G. B. Dahl, K. V. Løken, and M. Mogstad (2024). Domestic violence reports and the mental health and well-being of victims and their children. *Journal of human resources 59*(S), S152–S186.

Bindler, A., N. Ketel, and R. Hjalmarsson (2020). Costs of victimization. *Handbook of labor, human resources and population economics*, 1–31.

Björklund, A., T. Eriksson, M. Jäntti, O. Raaum, and E. Österbacka (2002). Brother correlations in earnings in denmark, finland, norway and sweden compared to the united states. *Journal of Population Economics 15*(4), 757–772.

Björklund, A. and M. Jäntti (2012). How important is family background for labor-economic outcomes? *Labour Economics 19*(4), 465–474.

Björklund, A. and M. Jäntti (2020). Intergenerational mobility, intergenerational effects, sibling correlations, and equality of opportunity: a comparison of four approaches. *Research in Social Stratification and Mobility 70*, 100455.

Björklund, A., M. Jäntti, and M. J. Lindquist (2009). Family background and income during the rise of the welfare state: Brother correlations in income for swedish men born 1932–1968. *Journal of Public Economics 93*(5–6), 671–680.

Bobonis, G. J., M. González-Brenes, and R. Castro (2013). Public transfers and domestic violence: The roles of private information and spousal control. *American Economic Journal: Economic Policy 5*(1), 179–205.

Callaway, B. and P. H. Sant'Anna (2021). Difference-in-differences with multiple time periods. *Journal of econometrics 225*(2), 200–230.

Costa, D., E. Hatzidimitriadou, E. Ioannidi-Kapolou, J. Lindert, J. J. Soares, Ö. Sundin, O. Toth, and H. Barros (2016). Male and female physical intimate partner violence and socio-economic position: a cross-sectional international multicentre study in europe. *Public health 139*, 44–52.

Devries, K. M., J. Y. Mak, C. Garcia-Moreno, M. Petzold, J. C. Child, G. Falder, S. Lim, L. J. Bacchus, R. E. Engell, L. Rosenfeld, et al. (2013). The global prevalence of intimate partner violence against women. *Science 340*(6140), 1527–1528.

Eriksson, K. H., R. Hjalmarsson, M. J. Lindquist, and A. Sandberg (2016). The importance of family background and neighborhood effects as determinants of crime. *Journal of Population Economics 29*(1), 219–262.

Erten, B. and P. Keskin (2018). For better or for worse?: Education and the prevalence of domestic violence in turkey. *American Economic Journal: Applied Economics 10*(1), 64–105.

Goodman-Bacon, A. (2021). Difference-in-differences with variation in treatment timing. *Journal of econometrics 225*(2), 254–277.

Haushofer, J., C. Ringdal, J. P. Shapiro, and X. Y. Wang (2019). Income changes and intimate partner violence: Evidence from unconditional cash transfers in kenya. Technical report, National Bureau of Economic Research.

Heath, R. (2014). Women's access to labor market opportunities, control of household resources, and domestic violence: Evidence from bangladesh. *World Development 57*, 32–46.

Hederos, K., R. Hjalmarsson, M. J. Lindquist, and A. Sandberg (2016). The importance of family background and neighborhood effects as determinants of crime. *Journal of Population Economics 29*, 219–262.

Henrichs, J., S. Bogaerts, J. Sijtsema, and F. Klerx-van Mierlo (2015). Intimate partner violence perpetrators in a forensic psychiatric outpatient setting: Criminal history, psychopathology, and victimization. *Journal of interpersonal violence 30*(12), 2109–2128.

Hidrobo, M. and L. Fernald (2013). Cash transfers and domestic violence. *Journal of health economics 32*(1), 304–319.

Kotsadam, A. and E. Villanger (2025). Jobs and intimate partner violence: Evidence from a field experiment in ethiopia. *Journal of Human Resources 60*(2), 469–495.

Macmillan, R. and R. Gartner (1999). When she brings home the bacon: Labor-force participation and the risk of spousal violence against women. *Journal of Marriage and the Family*, 947–958.

Mazumder, B. (2008). Sibling similarities and economic inequality in the us. *Journal of Population Economics 21*(3), 685–701.

Organization, W. H. et al. (2013). *Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence*. World Health Organization.

Ornstein, P. (2022). The price of violence: Consequences of violent crime in sweden. Technical report.

Peterson, C., M. C. Kearns, W. L. McIntosh, L. F. Estefan, C. Nicolaidis, K. E. McCollister, A. Gordon, and C. Florence (2018). Lifetime economic burden of intimate partner violence among us adults. *American journal of preventive medicine 55*(4), 433–444.

Pronyk, P. M., J. R. Hargreaves, J. C. Kim, L. A. Morison, G. Phetla, C. Watts, J. Busza, and J. D. Porter (2006). Effect of a structural intervention for the prevention of intimate-partner violence and hiv in rural south africa: a cluster randomised trial. *The lancet 368*(9551), 1973–1983.

Reichel, D. (2017). Determinants of intimate partner violence in europe: The role of socioeconomic status, inequality, and partner behavior. *Journal of interpersonal violence 32*(12), 1853–1873.

Schmieder, J. F., T. Von Wachter, and J. Heining (2023). The costs of job displacement over the business cycle and its sources: evidence from germany. *American Economic Review 113*(5), 1208–1254.

Schnitzlein, D. D. (2014). How important is the family? evidence from sibling correlations in permanent earnings in the usa, germany, and denmark. *Journal of Population Economics 27*(1), 69–89.

Spencer, C., A. B. Mallory, B. M. Cafferky, J. G. Kimmes, A. R. Beck, and S. M. Stith (2019). Mental health factors and intimate partner violence perpetration and victimization: A meta-analysis. *Psychology of violence 9*(1), 1.

Stevenson, B. and J. Wolfers (2006). Bargaining in the shadow of the law: Divorce laws and family distress. *The Quarterly journal of economics 121*(1), 267–288.

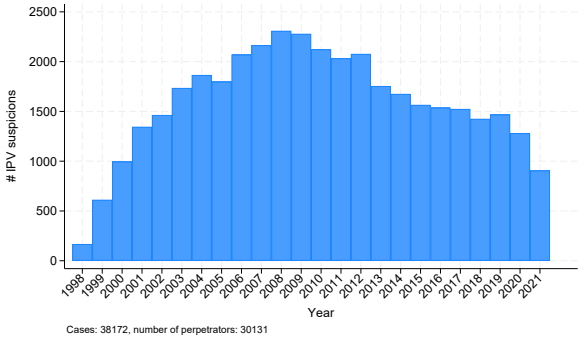
Tauchen, H. V., A. D. Witte, and S. K. Long (1991). Domestic violence: A nonrandom affair. *International Economic Review*, 491–511.

Tur-Prats, A. (2021). Unemployment and intimate partner violence: A cultural approach. *Journal of Economic Behavior & Organization 185*, 27–49.

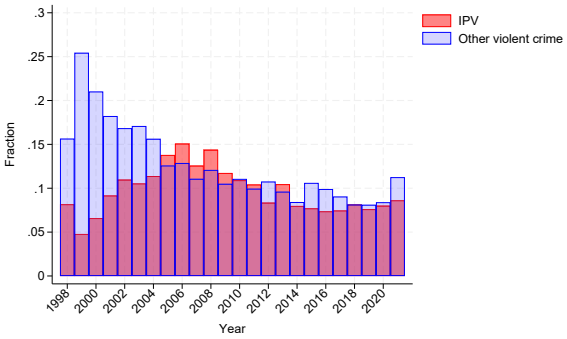
A Additional Tables and Figures

FIGURE A.1. Descriptive statistics: IPV suspicions

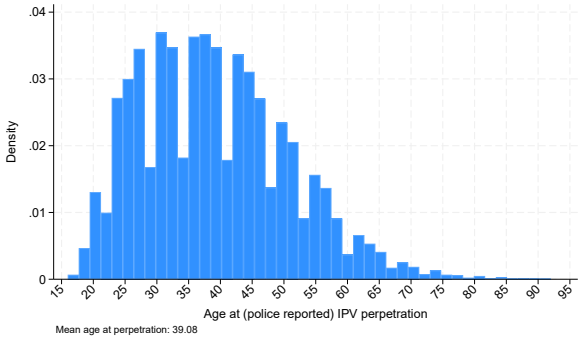
(A) Number of IPV suspicions



(B) Fraction of IPV suspicions that lead to conviction



(C) Age at first IPV suspicion



NOTE: The figure shows the distribution of the number of IPV suspicions in the suspects register each year (panel A); the fraction of IPV suspicions that result in a conviction for IPV (gross violation of a woman's integrity) in panel B; and the age (of perpetrators) at suspicion.

TABLE A.1. Risk factors associated with IPV perpetration: **Police-reported**

	Sample proportions		Logistic regression			
	Standard population	IPV Perpetrators	*OR*	95% *CI*	*aOR*	95% *CI*
Year of Birth	1971.39 (s.d. =11.86)					
Household & labor market variables						
Married	19.10%	19.54%	1.03	(0.98, 1.07)	1.00	(0.94, 1.05)
Children in the household	53.04%	57.72%	1.21	(1.17, 1.25)	1.46	(1.39, 1.53)
Foreign born	17.16%	43.91%	3.78	(3.63, 3.93)	3.38	(3.21, 3.56)
Post-secondary education	33.73%	17.29%	0.41	(0.39, 0.43)	0.65	(0.62, 0.69)
Zero labor income	27.50%	56.35%	3.40	(3.28, 3.53)	1.29	(1.23, 1.36)
Social assistance	12.13%	48.19%	6.74	(6.45, 7.04)	2.12	(2.00, 2.25)
Unemployment benefits	18.37%	27.41%	1.68	(1.61, 1.75)	1.25	(1.18, 1.32)
Sickness benefits	20.31%	33.12%	1.94	(1.87, 2.02)	1.67	(1.58, 1.76)
Criminal history						
Violent crime	4.78%	43.54%	15.35	(14.43, 16.33)	6.12	(5.70, 6.58)
Sexual offenses	0.51%	4.27%	8.72	(7.28, 10.44)	1.62	(1.30, 2.01)
Narcotics crimes	2.66%	17.80%	7.92	(7.30, 8.59)	1.10	(0.99, 1.23)
Other crimes	7.53%	42.57%	9.10	(8.64, 9.59)	2.13	(1.97, 2.30)
Criminal conviction	9.03%	42.37%	7.41	(7.05, 7.78)	1.63	(1.51, 1.75)
Health history						
Substance abuse	1.11%	8.02%	7.74	(6.84, 8.76)	1.90	(1.63, 2.22)
Depression	0.38%	1.41%	3.77	(3.02, 4.71)	1.30	(0.98, 1.73)
Anxiety	0.44%	2.31%	5.40	(4.42, 6.60)	1.54	(1.19, 1.98)
Other mental/behavioral	1.42%	6.05%	4.47	(3.98, 5.01)	1.05	(0.89, 1.22)
Trauma	4.08%	11.52%	3.06	(2.85, 3.29)	1.22	(1.10, 1.34)
Other physical causes	10.29%	16.21%	1.69	(1.60, 1.78)	1.12	(1.05, 1.20)

NOTES: The first two columns of the table show the proportion of the age-matched comparison group (standard population) and the group of IPV suspects, respectively, who have at least one year with an indication of the variable listed in each row over the five year period prior to the (pseudo-) suspicion year. The third column shows the difference across groups in the respective indicator variables in terms of odds ratios (OR) obtained from logistic regression, along with the 95% confidence intervals (fourth column), and the fifth column shows the adjusted odds ratios (aOR) from a model where all outcomes are entered jointly, with the associated 95% confidence intervals displayed in the right-most column.

TABLE A.2. Risk factors associated with IPV perpetration: **Partners of hospital-reported victims**

	Sample proportions		Logistic regression			
	Standard population	IPV Perpetrators	*OR*	95% *CI*	*aOR*	95% *CI*
Year of birth	1972.02 (s.d = 11.78)					
Household & labor market variables						
Married	20.28%	26.02%	1.38	(1.23, 1.56)	1.28	(1.11, 1.48)
Children in the household	52.34%	63.47%	1.58	(1.43, 1.75)	1.62	(1.43, 1.84)
Foreign born	18.51%	41.18%	3.08	(2.74, 3.47)	2.68	(2.32, 3.10)
Post-secondary education	35.78%	20.12%	0.45	(0.40, 0.51)	0.58	(0.51, 0.67)
Zero labor income	25.43%	45.74%	2.47	(2.22, 2.76)	1.21	(1.05, 1.39)
Social assistance	10.11%	36.72%	5.16	(4.49, 5.93)	2.14	(1.80, 2.55)
Unemployment benefits	15.85%	24.08%	1.68	(1.48, 1.91)	1.19	(1.02, 1.38)
Sickness benefits	19.85%	30.65%	1.78	(1.59, 2.01)	1.51	(1.30, 1.74)
Criminal history						
Violent crimes	4.66%	28.84%	8.30	(6.89, 10.00)	4.05	(3.27, 5.01)
Sexual offenses	0.56%	3.27%	5.99	(3.57, 10.04)	1.91	(1.05, 3.48)
Narcotics crimes	2.38%	11.27%	5.21	(4.02, 6.76)	1.12	(0.80, 1.56)
Other crimes	7.40%	29.10%	5.14	(4.39, 6.01)	1.81	(1.45, 2.26)
Criminal conviction	8.88%	29.04%	4.20	(3.62, 4.87)	1.26	(1.01, 1.58)
Health history						
Substance abuse	1.06%	5.72%	5.68	(3.88, 8.30)	1.84	(1.16, 2.91)
Depression	0.10%	1.62%	16.59	(5.17, 53.29)	10.59	(3.13, 35.89)
Anxiety	0.33%	1.32%	4.04	(2.02, 8.10)	0.94	(0.42, 2.13)
Other mental/behavioral	2.01%	5.45%	2.80	(2.08, 3.78)	0.72	(0.49, 1.07)
Trauma	3.86%	9.18%	2.52	(2.01, 3.14)	1.21	(0.91, 1.60)
Other physical causes	10.90%	14.93%	1.44	(1.23, 1.67)	1.01	(0.84, 1.22)

NOTES: The first two columns of the table show the proportion of the age-matched comparison group (standard population) and the group of IPV suspects, respectively, who have at least one year with an indication of the variable listed in each row over the five year period prior to the (pseudo-) suspicion year. The third column shows the difference across groups in the respective indicator variables in terms of odds ratios (OR) obtained from logistic regression, along with the 95% confidence intervals (fourth column), and the fifth column shows the adjusted odds ratios (aOR) from a model where all outcomes are entered jointly, with the associated 95% confidence intervals displayed in the right-most column.

TABLE A.3. Risk factors associated with IPV victimization: **Partners of police-reported perpetrators**

	Sample proportions		Logistic regression			
	Standard population	IPV Victims	*OR*	95% *CI*	*aOR*	95% *CI*
Year of birth	1974.27 (s.d. = 11.19)					
Household & labor market variables						
Married	19.38%	26.76%	1.52	(1.44, 1.60)	1.21	(1.14, 1.29)
Children in the household	64.05%	78.77%	2.08	(1.98, 2.19)	1.56	(1.47, 1.66)
Foreign born	18.29%	46.41%	3.87	(3.68, 4.07)	3.16	(2.98, 3.36)
Post-secondary education	44.51%	27.01%	0.46	(0.44, 0.48)	0.64	(0.61, 0.68)
Zero labor income	29.92%	57.46%	3.16	(3.02, 3.31)	1.47	(1.39, 1.56)
Social assistance	12.65%	43.47%	5.31	(5.02, 5.62)	2.61	(2.44, 2.79)
Unemployment benefits	21.45%	23.19%	1.11	(1.05, 1.16)	1.05	(0.98, 1.11)
Sickness benefits	35.19%	41.52%	1.31	(1.25, 1.37)	1.52	(1.43, 1.61)
Criminal history						
Violent crimes	1.47%	9.04%	6.66	(5.80, 7.65)	2.85	(2.43, 3.34)
Narcotics crimes	0.66%	2.84%	4.41	(3.57, 5.44)	1.14	(0.87, 1.48)
Other crimes	2.75%	13.57%	5.54	(5.00, 6.15)	2.29	(1.98, 2.64)
Criminal conviction	2.51%	9.98%	4.31	(3.86, 4.81)	1.11	(0.95, 1.31)
Health history						
Substance abuse	0.71%	3.78%	5.46	(4.47, 6.67)	2.28	(1.81, 2.87)
Depression	0.50%	1.76%	3.53	(2.76, 4.52)	1.31	(0.98, 1.76)
Anxiety	0.73%	3.06%	4.29	(3.51, 5.24)	1.59	(1.26, 2.02)
Other mental/behavioral	1.65%	5.86%	3.70	(3.22, 4.24)	1.66	(1.40, 1.95)
Trauma	3.09%	8.56%	2.93	(2.64, 3.26)	1.67	(1.47, 1.89)
Other physical causes	33.38%	51.73%	2.14	(2.05, 2.24)	1.44	(1.36, 1.53)

NOTES: The first two columns of the table show the proportion of the age-matched comparison group (standard population) and the group of IPV suspects, respectively, who have at least one year with an indication of the variable listed in each row over the five year period prior to the (pseudo-) suspicion year. The third column shows the difference across groups in the respective indicator variables in terms of odds ratios (OR) obtained from logistic regression, along with the 95% confidence intervals (fourth column), and the fifth column shows the adjusted odds ratios (aOR) from a model where all outcomes are entered jointly, with the associated 95% confidence intervals displayed in the right-most column.

TABLE A.4. Risk factors associated with IPV victimization: **Hospital-reported victims**

	Sample proportions		Logistic regression			
	Standard population	IPV Victims	*OR*	95% *CI*	*aOR*	95% *CI*
Year of birth	1974.38 (s.d. = 12.32)					
Married	20.36%	15.97%	0.74	(0.68, 0.81)	0.79	(0.71, 0.88)
Children in the household	64.06%	63.39%	0.97	(0.91, 1.04)	0.87	(0.79, 0.95)
Foreign born	18.30%	33.56%	2.25	(2.08, 2.44)	2.39	(2.16, 2.64)
Post-secondary education	43.80%	19.37%	0.31	(0.29, 0.33)	0.53	(0.48, 0.58)
Zero labor income	29.78%	60.88%	3.67	(3.42, 3.93)	1.56	(1.42, 1.71)
Social assistance	12.08%	50.13%	7.32	(6.72, 7.96)	2.96	(2.67, 3.28)
Unemployment benefits	18.22%	21.80%	1.25	(1.15, 1.36)	1.15	(1.04, 1.28)
Sickness benefits	34.49%	42.10%	1.38	(1.29, 1.48)	1.58	(1.44, 1.73)
Criminal history						
Violent crime	1.58%	19.24%	14.86	(12.23, 18.06)	3.57	(2.86, 4.45)
Narcotics crimes	0.57%	10.52%	20.41	(14.88, 27.99)	2.70	(1.86, 3.91)
Other crimes	2.88%	25.53%	11.57	(9.98, 13.42)	2.73	(2.23, 3.34)
Criminal convictions	2.51%	21.00%	10.31	(8.80, 12.08)	1.34	(1.06, 1.69)
Health history						
Substance abuse	0.73%	12.34%	19.25	(14.53, 25.52)	3.26	(2.35, 4.51)
Depression	0.39%	3.45%	9.10	(6.15, 13.47)	2.31	(1.44, 3.70)
Anxiety	0.57%	6.41%	11.89	(8.63, 16.40)	3.10	(2.13, 4.52)
Other mental/behavioral	1.69%	14.02%	9.49	(7.83, 11.49)	2.31	(1.83, 2.92)
Trauma	2.79%	16.64%	6.95	(5.96, 8.11)	2.62	(2.17, 3.17)
Other physical causes	30.73%	44.28%	1.79	(1.67, 1.92)	1.21	(1.11, 1.33)

NOTES: The first two columns of the table show the proportion of the age-matched comparison group (standard population) and the group of IPV suspects, respectively, who have at least one year with an indication of the variable listed in each row over the five year period prior to the (pseudo-) suspicion year. The third column shows the difference across groups in the respective indicator variables in terms of odds ratios (OR) obtained from logistic regression, along with the 95% confidence intervals (fourth column), and the fifth column shows the adjusted odds ratios (aOR) from a model where all outcomes are entered jointly, with the associated 95% confidence intervals displayed in the right-most column.

TABLE A.5. Risk factors associated with IPV perpetration: **Parental background**

	Police-reported		Hospital-reported	
	Standard pop.	Victims	Standard pop.	Victims
Year of birth	1971.39 (s.d. = 11.86)		1972.02 (s.d. = 11.78)	
Father's characteristics				
Foreign born	12.55%	28.77%	11.54%	22.96%
Post-secondary education	22.32%	12.76%	22.75%	14.08%
Social assistance	21.94%	49.34%	21.02%	39.18%
Criminal conviction	17.57%	34.27%	16.76%	29.28%
Violent crimes	2.52%	8.59%	2.22%	6.60%
IPV crimes	0.08%	0.30%	0.04%	0.41%
Substance abuse	3.47%	6.97%	3.02%	6.31%
Mother's characteristics				
Foreign born	13.60%	29.16%	12.93%	24.39%
Post-secondary education	23.80%	13.41%	24.91%	15.90%
Social assistance	24.45%	54.87%	23.57%	45.42%
Criminal conviction	5.31%	13.89%	5.15%	11.70%
Violent crimes	0.43%	1.68%	0.41%	1.69%
Substance abuse	2.23%	4.32%	2.37%	3.64%

NOTES: The first two columns of the table show the proportion of the age-matched comparison group (standard population) and the group of police-reported perpetrators, respectively, whose parent has an indication of the characteristic displayed in each row of the table. The two right-most columns show the corresponding parental characteristics for perpetrators identified through health-care records.

TABLE A.6. Risk factors associated with IPV victimization: **Parental background**

	Police-reported		Hospital-reported	
	Standard pop.	Victims	Standard pop.	Victims
Year of birth	1974.27 (s.d. = 11.19)		1974.38 (s.d. = 12.32)	
Father's characteristics				
Foreign born	12.82%	27.50%	13.23%	24.06%
Post-secondary education	23.66%	16.29%	24.47%	14.43%
Social assistance	23.11%	45.18%	22.31%	47.98%
Criminal conviction	19.82%	30.83%	19.34%	34.78%
Violent crimes	2.96%	7.59%	2.66%	8.96%
IPV crimes	0.05%	0.29%	0.04%	0.35%
Substance abuse	3.68%	6.47%	3.26%	8.36%
Mother's characteristics				
Foreign born	13.61%	28.65%	13.50%	24.77%
Post-secondary education	25.78%	17.26%	27.09%	17.12%
Social assistance	26.33%	50.61%	24.41%	54.82%
Criminal conviction	6.00%	12.24%	5.70%	14.83%
Violent crimes	0.49%	1.59%	0.49%	2.31%
Substance abuse	2.02%	4.60%	2.07%	5.62%

NOTES: The first two columns of the table show the proportion of the age-matched comparison group (standard population) and the group of police-reported victims, respectively, whose parent has an indication of the characteristic displayed in each row of the table. The two right-most columns show the corresponding parental characteristics for victims reported in health care records.

TABLE A.7. Brother correlations in crime suspicions

	Correlation	SE	Number of suspected individuals
(Attempted) murder of man	0.669	0.028	1,162
Drug offence	0.526	0.010	22,481
Tax offence, trading prohibition etc.	0.494	0.012	9,753
Unlawful threat of man	0.467	0.011	14,957
Violation restraining order	0.466	0.030	2,767
Assault of man	0.441	0.008	35,641
Violent crime against man	0.437	0.007	43,678
(Attempted) murder of woman	0.414	0.122	535
Unlawful threat of woman	0.397	0.011	17,627
Property crime	0.391	0.006	72,314
Molestation of man	0.391	0.024	5,531
Assault of woman	0.356	0.009	30,763
Violent crime against woman	0.343	0.007	45,500
Driving under the influence	0.335	0.008	39,743
Molestation of woman	0.328	0.015	13,824
Road traffic offence	0.328	0.007	53,415
Gross violation womans integrity	0.327	0.028	5,428
Any crime	0.314	0.004	165,558
Rape	0.288	0.026	6,918
Sex crime	0.287	0.016	14,526
Assault of child (<15y)	0.248	0.020	10,939

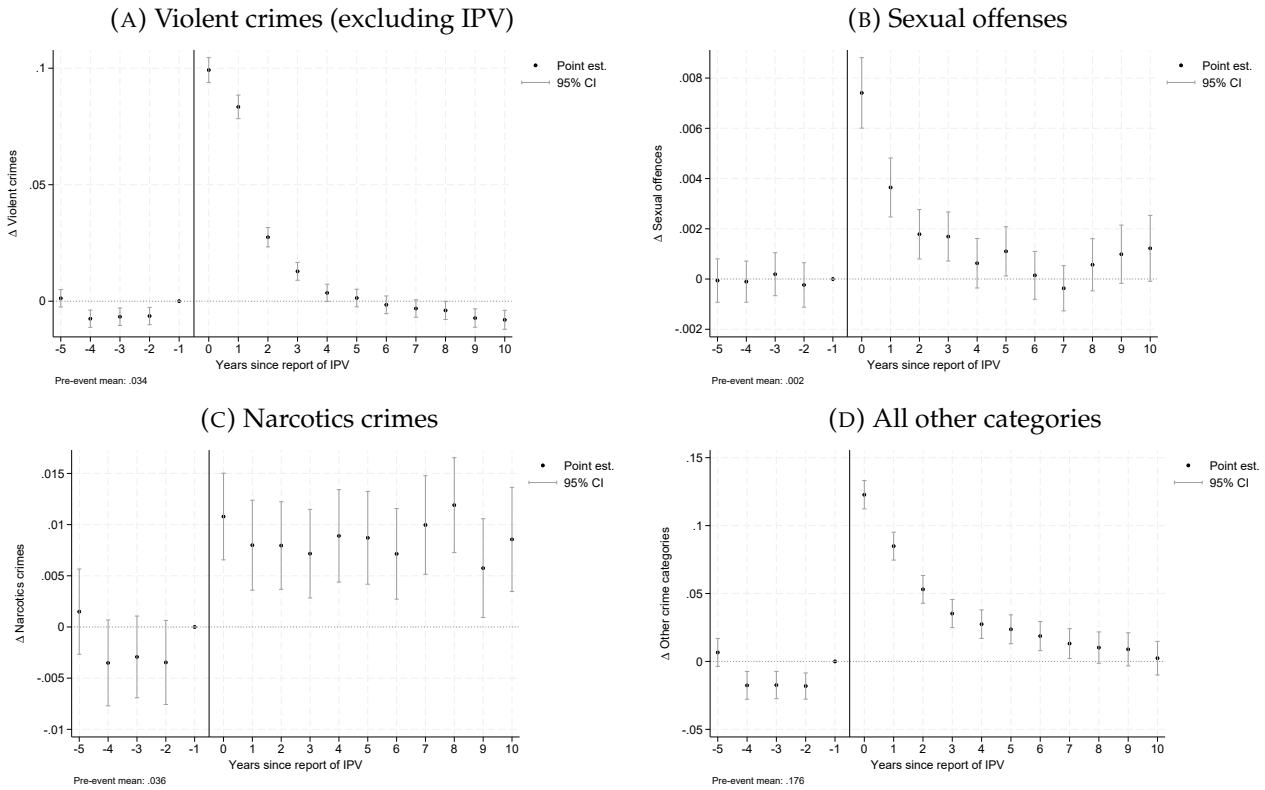
Notes: **Violent crime against woman**=murder/attempted murder of woman, assault of woman, unlawful threat against woman, molestation against woman, rape/attempted rape of woman or person of unspecified gender, gross violation of woman's integrity. **Violent crime against man**=murder/attempted murder of man, assault of man, unlawful threat against man, molestation against man, rape or attempted rape against man.

TABLE A.8. Sister correlations in health

	Correlation	SE	Number of diagnosed individuals
Substance use	0.368	0.014	14,122
Assault	0.361	0.056	1,867
Domestic assault	0.329	0.147	659
Mental or behavioral disorder	0.241	0.008	55,708
Injuries	0.109	0.007	74,852
Neoplasms	0.086	0.010	51,559

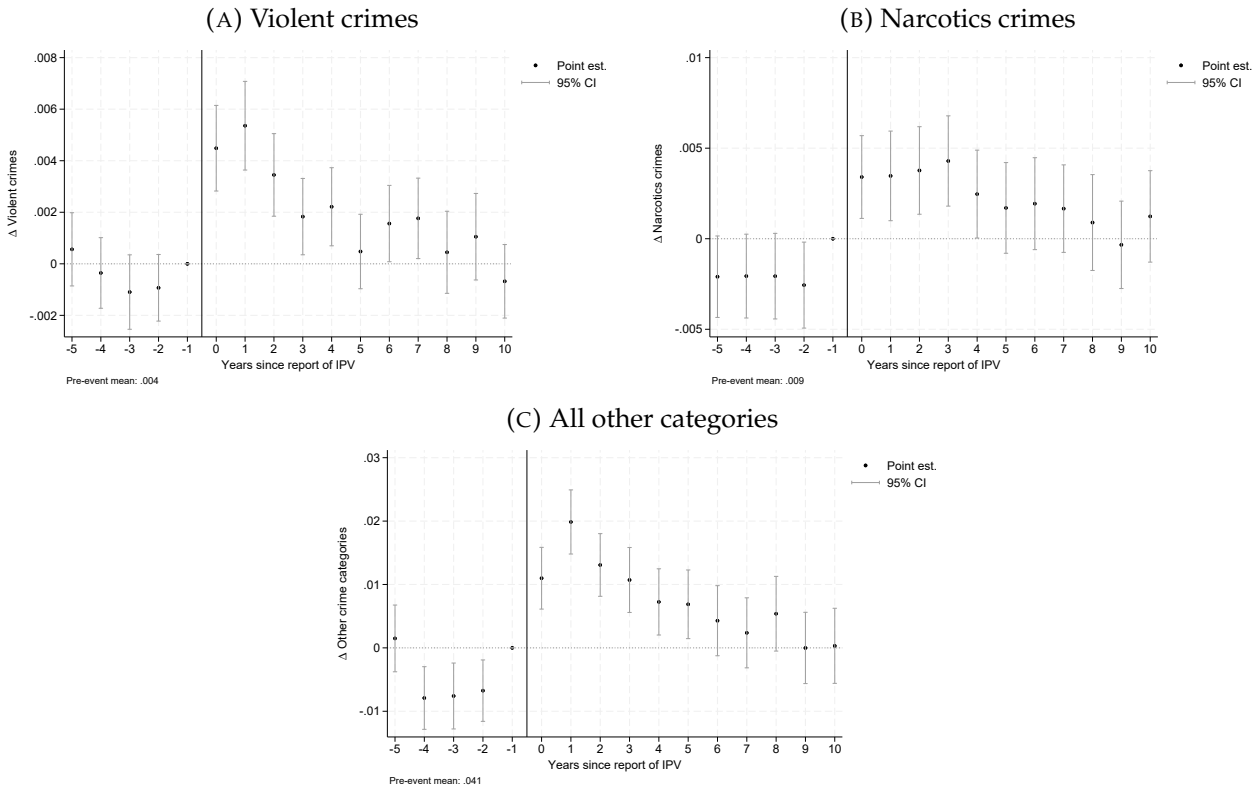
Notes: We classify diagnosis categories based on the following ICD-10 codes. **Assault**: *X85-Y09, T74*. **Domestic assault**: *X85-Y09*, restricted to codes where the fourth digit is "0". This specifies that the assault took place at home (for *X85-Y05* and *Y08-Y09*) or that the assault was perpetrated by a spouse or partner (for *Y06* and *Y07*). **Injuries**: *S00-T98*. **Mental and behavioral disorders**: *F00-F99*. **Neoplasms**: *C00-D48*.

FIGURE A.2. Effects of detected IPV on convictions by crime type (excluding IPV): **perpetrators**



NOTE: The figure displays the estimated δ_k:s from Equation 1. Vertical bars represent 95 percent confidence intervals.

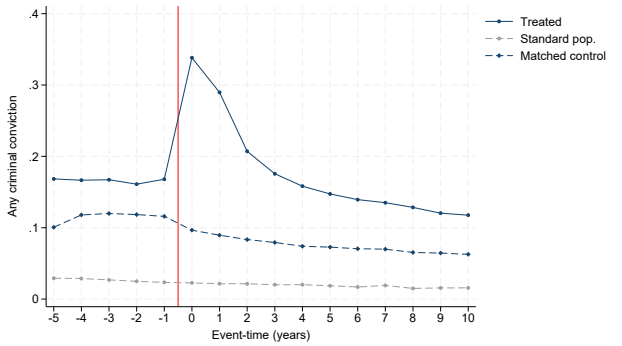
FIGURE A.3. Effects of detected IPV on convictions by crime type: **victims**



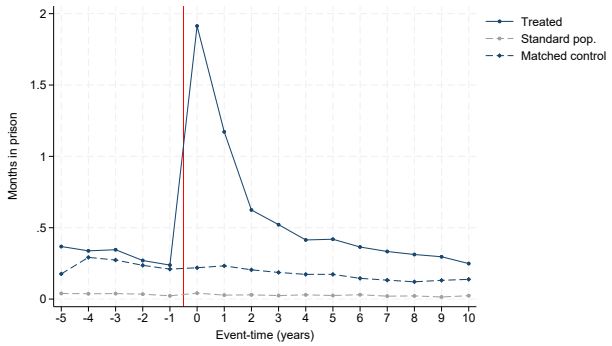
NOTE: The figure displays the estimated δ_k:s from Equation 1. Vertical bars represent 95 percent confidence intervals.

FIGURE A.4. Raw data: convictions and sanctions by time since IPV **perpetration**

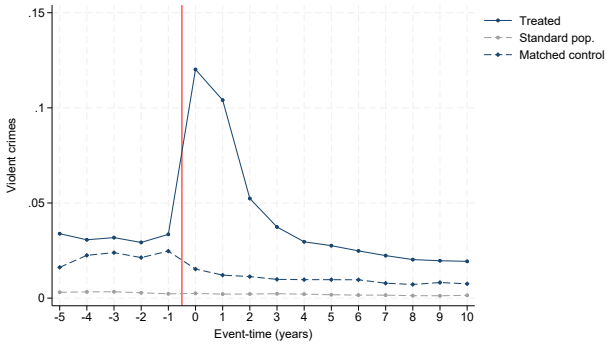
(A) Probability of conviction (any crime)



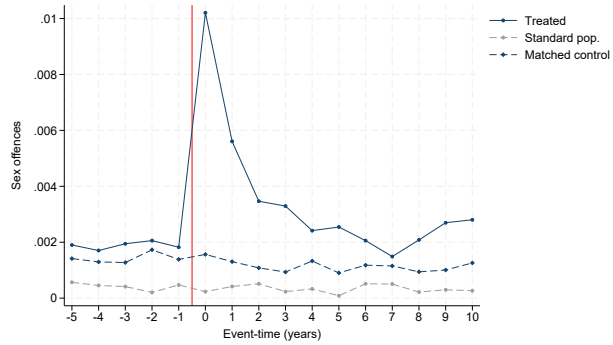
(B) Prison sentence (months)



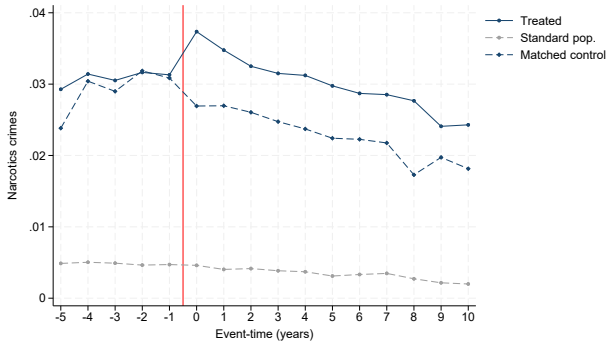
(C) Violent crime conviction (other than IPV)



(D) Sexual offenses conviction



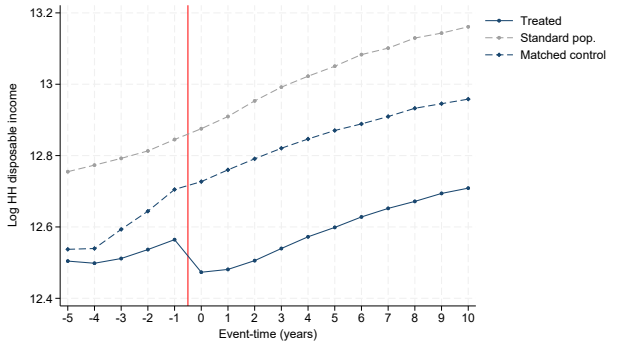
(E) Narcotics crimes conviction



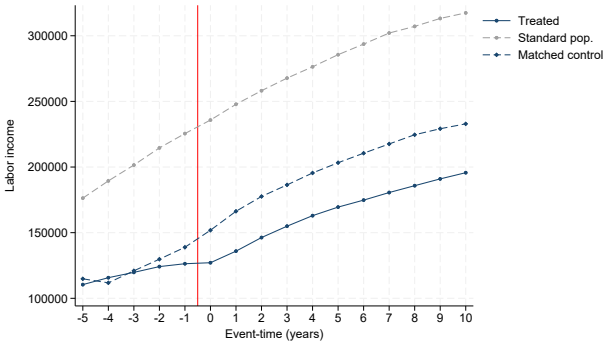
NOTE: The figures show raw yearly means of the outcome variables indicated in the titles of each panel, by (pseudo-) year before and after the since the reported incident, separately for perpetrators, the matched control group, and for an age-matched sample of the standard population, respectively.

FIGURE A.5. Raw data: labor income and social insurance receipt by time since IPV **victimization**

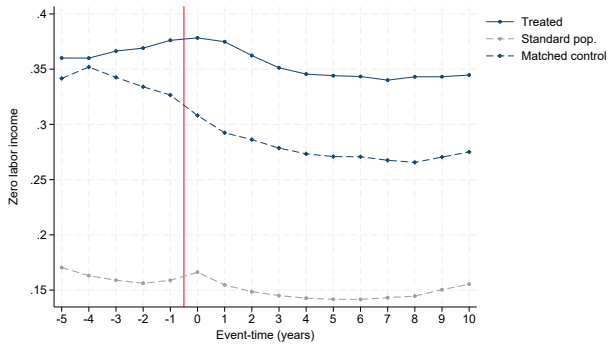
(A) (Log) disposable income



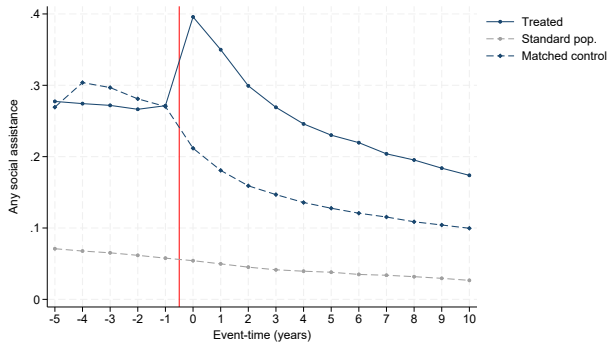
(B) Annual labor income



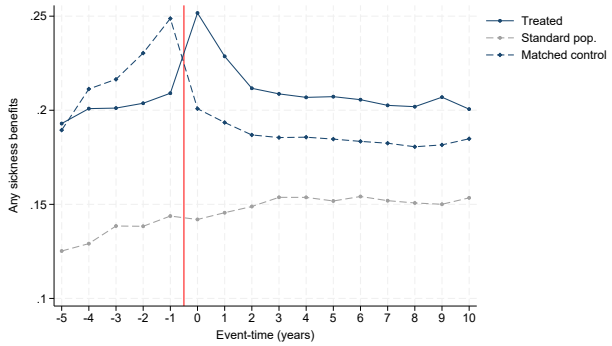
(C) Probability of having zero labor income (SEK)



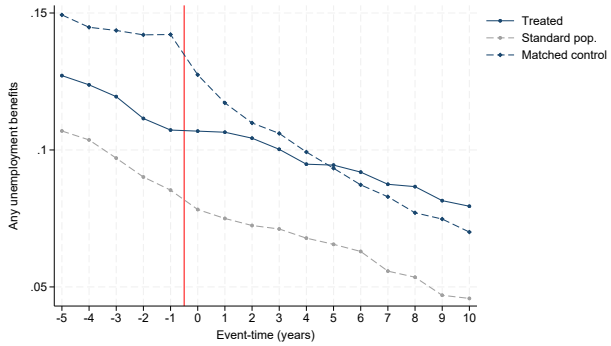
(D) Probability of receiving social assistance



(E) Probability of receiving sickness benefits



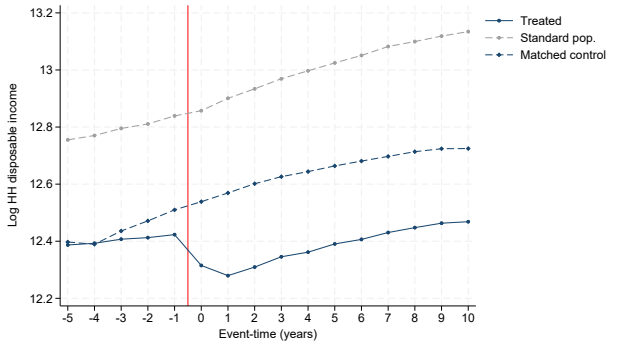
(F) Probability of receiving unemployment benefits



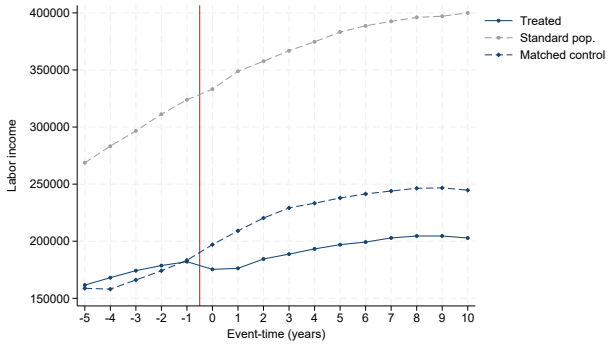
NOTE: The figures show raw yearly means of the outcome variables indicated in the titles of each panel, by (pseudo-) year before and after the since the reported incident, separately for perpetrators, the matched control group, and for an age-matched sample of the standard population, respectively.

FIGURE A.6. Raw data: labor income and social insurance receipt by time since IPV **perpetration**

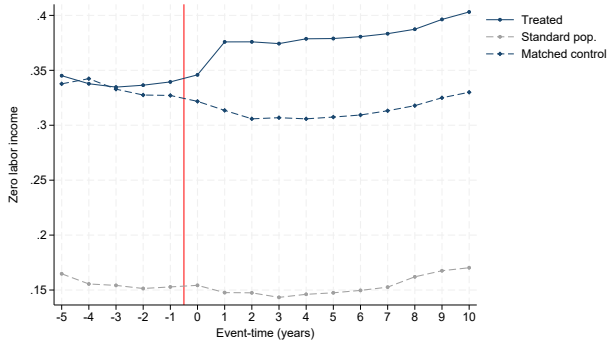
(A) (Log) disposable income



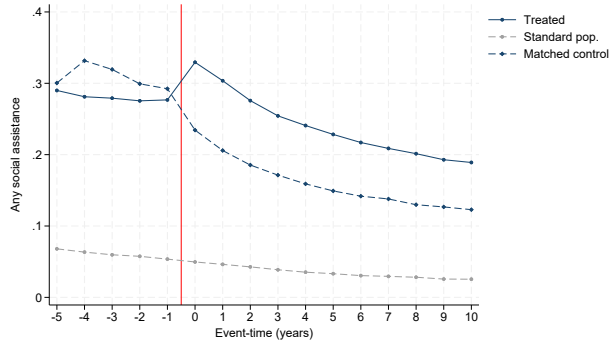
(B) Annual labor income



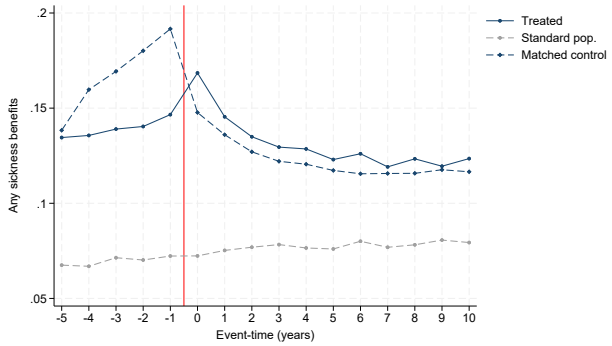
(C) Probability of having zero labor income (SEK)



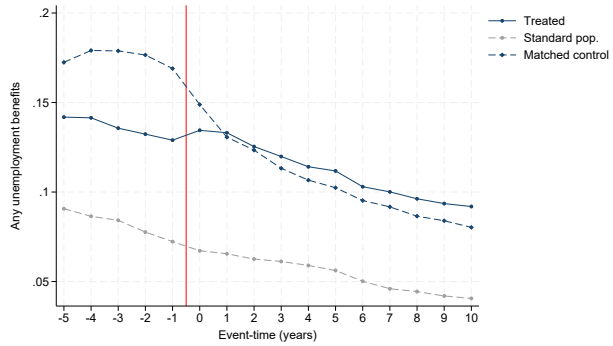
(D) Probability of receiving social assistance



(E) Probability of receiving sickness benefits



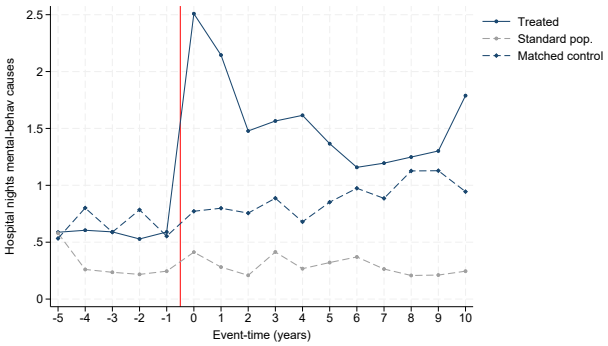
(F) Probability of receiving unemployment benefits



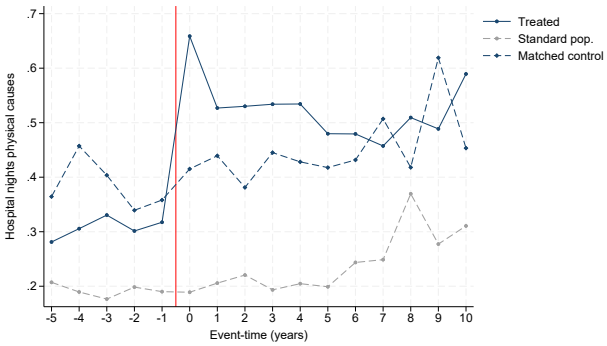
NOTE: The figures show raw yearly means of the outcome variables indicated in the titles of each panel, by (pseudo-) year before and after the since the reported incident, separately for perpetrators, the matched control group, and for an age-matched sample of the standard population, respectively.

FIGURE A.7. Raw data: hospital nights by time since IPV **perpetration**

(A) Mental-behavioral causes



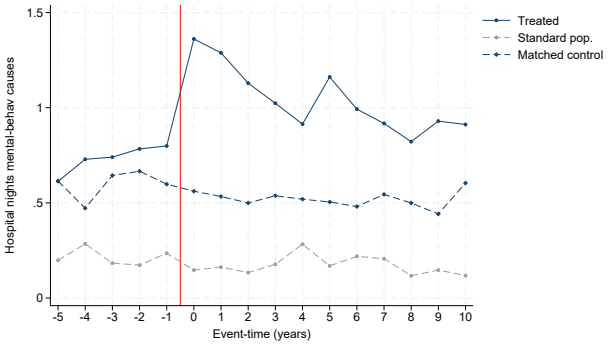
(B) Physical causes



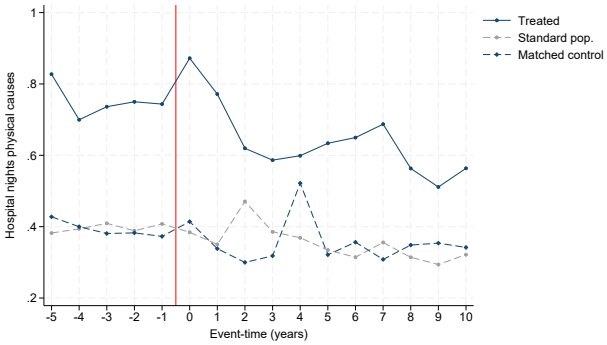
NOTE: The figures show raw yearly means of the outcome variables indicated in the titles of each panel, by (pseudo-) year before and after the since the reported incident, separately for perpetrators, the matched control group, and for an age-matched sample of the standard population, respectively.

FIGURE A.8. Raw data: hospital nights by time since IPV **victimization**

(A) Mental-behavioral causes



(B) Physical causes



NOTE: The figures show raw yearly means of the outcome variables indicated in the titles of each panel, by (pseudo-) year before and after the since the reported incident, separately for victims, the matched control group, and for an age-matched sample of the standard population, respectively.

B Sibling correlations: technical information

Estimation We define siblings as individuals who have the same mother. For adopted individuals, we use the identity of the adoptive mother instead of the birth mother. The sibling correlations are estimated using logistic random effects models, using the command *xtlogit* in STATA. All regressions control for birth year dummies. The regressions estimating brother (sister) correlations are restricted to men (women) and the outcome variable is an indicator for if the individual has ever been suspected of a certain crime (received a certain diagnosis). We include singletons to increase precision of the estimate of the between-family variation.

Data For the **crime data** that we use to estimate brother correlations, we restrict the outcome variable to the years for which we have access to the suspicions register: 1995–2021. We define each outcome variable as 1 if the individual has ever been suspected of a certain type of crime, and 0 otherwise. We use the following crime categories in the analysis:

- **Violent crime against woman**: Murder or attempted murder of woman, assault of woman, unlawful threat against woman, molestation against woman, rape or attempted rape of woman or person of unspecified gender, gross violation of a woman's integrity
- **Violent crime against man**: Murder or attempted murder of man, assault of man, unlawful threat against man, molestation against man, rape or attempted rape of man
- **Sex crime**: Any sexual offense (chapter 6 of *the Swedish Penal Code*)
- **Drug offense**: Any narcotics or doping offense (*the Penal Law on Narcotics*, *the Act on the Control of Narcotic Drugs*, or *the Act Prohibiting Certain Doping Substances*)
- **Property crime**: Any property crime (chapters 8-12 of *the Swedish Penal Code*)
- **Road traffic offense**: Any offense against *the Road Traffic Offences Act* or *the Road Traffic Ordinance* (including DUI).
- **Driving under the influence**: Driving under the influence of alcohol or drugs.
- **Tax offense, trading prohibition, etc.**: Includes tax offenses, offenses against *the Trading Prohibition Act*, offenses against *the Companies Act*, money laundering, insider trading.

For the **health data** that we use to estimate sister correlations, we focus on the years 2001–2023. For this period, we have information on both inpatient and outpatient care. We define each outcome variable as 1 if the individual has received a certain combination of diagnoses at any point during this time period, and 0 otherwise. We use the following ICD-10 codes to construct the diagnosis categories used in the analyses:

- **Assault**: *X85-Y09, T74*
- **Domestic assault**: *X85-Y09*, restricted to codes where the fourth digit is "0". This specifies that the assault took place at home (for *X85-Y05* and *Y08-Y09*) or that the assault was perpetrated by a spouse or partner (for *Y06* and *Y07*).
- **Injuries**: *S00-T98*
- **Mental and behavioral disorders**: *F00-F99*
- **Neoplasms**: *C00-D48*

Samples For the **brother correlations**, we restrict the sample to men born between 1965 and 1975 ($N = 855,915$). This restriction ensures that the brothers will be born at most 10 years apart. Since the suspicions registry is available between 1995 and 2021, this also ensures that our outcome variable spans a relevant time period for all included individuals: For the oldest cohort the crime data span the ages 30–56, and for the youngest cohort they span the ages 20–46. Next, we drop all individuals whose mother we cannot identify and those who did not reside in Sweden since 1995 (the start year of the crime data). The final sample consists of 646,467 men.

To construct the sample used for the **sister correlations**, we start with a sample of all women born between 1970 and 1980 ($N = 792,414$). This restriction ensures that all sisters will be born at most 10 years apart. Thus, we observe health care utilization between the ages 31 and 53 for the oldest cohort and between the ages 21 and 43 for the youngest cohort. Next, we drop all individuals whose mother we cannot identify and those who did not reside in Sweden since 2001 (the start year of the health data). The final sample consists of 570,313 women