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THE PREDICTORS OF ESCAPING VIOLENCE: A TWO YEARS' FOLLOW-UP OF WOMEN WHO SOUGHT HELP AT AN ANTI-VIOLENCE CENTRE

Settore scientifico-disciplinare: M-PSI/05 PSICOLOGIA SOCIALE

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GENERAL INTRODUCTION

Intimate partner violence is a widespread problem that persists in most countries and is associated with serious, sometimes fatal, consequences for women and their children (Howarth & Robinson, 2016; World Health Organization, 2005). Despite the common belief that for ending violence it is sufficient to break up with the violent man, the women's histories and the research data show that ending the relationship does not imply that the violence is going to cease (Anderson & Saunders, 2003). Violence often continue after the separation and when children are present they are used as a mean to exert control over the woman and to maintain the violent situation (Kelly, Sharp, & Klein, 2014).

Few studies have examined what factors predict the achievement of a life free from violence among women victims of intimate partner violence. Most of them are retrospective and do not consider together the social and personal factor that can have an impact on the woman' course of life.

With the present work, we try to go beyond the current literature limitations. We conduct a follow-up study among women who addressed themselves to an Anti-violence centre situated in the North of Italy, with the main aim to understand what are the factors that predict the decrement/cessation of violence in women victims of intimate partner violence. Furthermore, we analyse the relationships between the women's characteristics, characteristics of violence, health status and help-seeking process of women.

In the first part of the thesis, I will outline the theoretical framework of this work.

In Chapter 1, I will present the characteristics of intimate partner violence, its entity, dynamics and consequences.

In Chapter 2, I will report the difficulties that women encounter when they begin the long path toward freedom. I will describe the process of leaving from a violent man and the steps made by women to break up with him; the post-separation situation of women victims of intimate partner violence will be outlined. The difficulties and the critical issues of this phase will be reported.

In Chapter 3, the Italian national and local laws and welfare policies for contrasting violence against women will be summarized. Particular attention will be given to the situation in the two Italian Regions involved in the research: Friuli Venezia-Giulia and Emilia-Romagna.

In the second part of the work, the present study will be presented.

In Chapter 4, I will present the aims and the method of the study, describing the procedure, and the instruments utilized for the data collection.

In Chapter 5, I will present the results of the study, divided in two sections: baseline and follow-up.

Finally, Chapter 6 will be dedicated to the discussion of the main results and the practice implication of the present study.

PART ONE – THEORETICAL FRAMEWORK

CHAPTER 1

INTIMATE PARTNER VIOLENCE

1.1 BACKGROUND

Violence against women is a widespread problem that persists in all countries of the world (Garcia-Moreno, Jansen, Ellsberg, Heise, & Watts, 2005). It is now recognized as a serious human rights abuse and an important public health problem. It was described as an international problem firstly by the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) (United Nations, 1979), adopted in 1979 by the UN General Assembly. After the CEDAW, international conferences during the 1990s, as the World Conference on Human Rights (Vienna, 1993; United Nations, 1993), the International Conference on Population and Development (Cairo, 1994; United Nations, 1994) and the Fourth World Conference on Women (Beijing, 1995; United Nations, 1995) have recommended to the governments' attention the need to act urgently to prevent and respond to this emergency.

In Europe, the Council of Europe has subscribed the *Convention on preventing and combating violence against women and domestic violence* (Council of Europe, 2011), recognizing that violence against women is a form of gender-based violence that is committed against women because they are women. The document defines violence against women as: "*a violation of human rights and a form of discrimination against women and shall mean all acts of gender-based violence that result in, or are likely to result in, physical, sexual, psychological or economic harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life*". Here the gender nature of violence is underlined, recognizing that violence is not only due to a complicate network of individual and relational

factors, but it is a clear manifestation of the disparity of power between men and women and of the systematic discrimination of women (Dobash & Dobash, 1998).

1.2 INTIMATE PARTNER VIOLENCE

International studies, as the *World Health Organization Multi-Country Study* (Garcia-Moreno et al., 2005), have clearly shown that women are more at risk of experiencing violence by an intimate partner than by anyone else. Although women can also be violent with their male partner, "*Men often kill wives after lengthy periods of prolonged physical violence accompanied by other forms of abuse and coercion […] Men perpetrate familicidal massacres, killing spouse and children together; women do not. Men commonly hunt down and kill wives who have left them; women hardly ever behave similarly. Men kill wives as part of planned murder-suicides; analogous acts by women are almost unheard of. Men kill in response to revelations of wifely infidelity; women almost never respond similarly, though their mates are more often adulterous […] A large proportion of the spouse-killings perpetrated by wives, but almost none of those perpetrated by husbands, are acts of self-defense. Unlike men, women kill male partners after years of suffering physical violence, after they have exhausted all available sources of assistance, when they feel trapped, and because they fear for their own lives*" (Dobash et al., 1992, p. 81). The World Health Organization reports that men are more likely to be victims of violence at the hands of stranger men than by their female partner (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002). The disproportion and the different nature of the two phenomena is also confirmed by more recent international data (World Health Organization, 2013).

Intimate partner violence (IPV) occurs in all countries, irrespective of social, economic or cultural groups (European Union Agency for Fundamental Rights, 2014; Garcia-Moreno et al., 2005).

An important distinction is between partner violence and couple conflict; what distinguishes the two phenomena is the distribution of power among the two parts. In case of conflict, the two

parts remain on an equality plan, and the dignity of each other is basically respected. This does not happen in case of violence, where one part prevails over the other, who is deprived of her freedom and dignity as for women victims of violence, deprived of their autonomy and subjectivity.

1.2.1 The entity of the problem

World perspective

In 2013, the World Health Organization (World Health Organization, 2013b) developed the first global systematic review of the body of scientific data on the prevalence of violence suffered by women of any age above 15 years, in the world. The findings are all but reassuring:

- Overall, 35% of women worldwide have experienced either physical and/or sexual intimate partner violence or non-partner sexual violence during their lifetime;
- Worldwide, almost one third (30%) of all women who have been in a relationship have experienced physical and/or sexual violence by their intimate partner. In some regions, 38% of women have experienced intimate partner violence;
- Globally, as many as 38% of all murders of women are committed by intimate partners.

European perspective

The work of the European Union Agency for Fundamental Rights (2014) is the most comprehensive survey on violence against women at European level. It is based on interviews with 42,000 women (age 18-74y) across the 28 Member States of the European Union. The main results can be summarized as follow:

- Overall, 22% of the respondents have experienced physical and/or sexual violence by a partner or ex- partner;

- The 20% of the victims of current partner violence and the 42% of victims of previous partner violence say that physical or sexual violence also took place during pregnancy;
- The 43% of women have experienced some form of psychological violence by an intimate partner;
- The 18% of women have experienced stalking, mainly from an ex-partner.

The survey clearly reports that, when violence is present, it is repetitive:

- About one third of victims of rape (31%) have experienced six or more incidents by their current partner;
- 23% of women have been victims of one or more forms of psychological violence by a current partner, and 7% of them have suffered of more than 4 forms of psychological violence.

Italian perspective

In Italy, ISTAT (2014) with a national sample of women between 16-70 years and the European survey, previously cited (European Union Agency for Fundamental Rights, 2014), analysed the situation regarding violence against women. The results of both surveys are alarming.

From the European survey, we see that:

- Overall, 19% of women have been victim of physical and/or sexual violence from a partner or an ex-partner since the age of 15;
- The 38% of respondents have been victims of psychological violence.

The Istat survey reports that:

- The violence suffered by a partner or an ex-partner are often serious or very serious. In 36.1% of cases the woman was injured and in 36.1% of cases she feared for her own life;
- In the 62.7% of the cases, rapes are committed by a partner or an ex-partner;
- The 16.2% of women has experienced stalking.

1.2.2 Who are the violent men and the women victims of intimate partner violence?

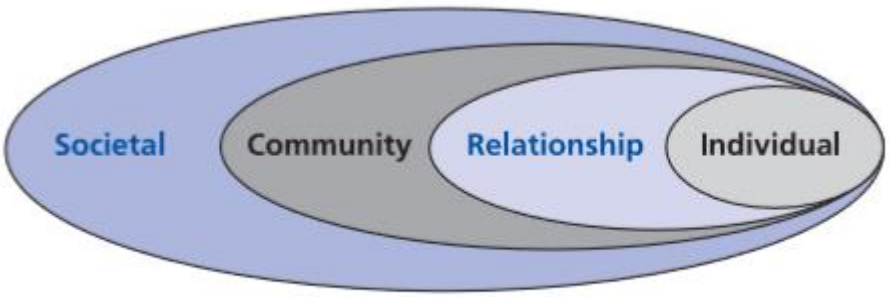
It is not possible to describe violent men and women victim of violence in a univocal, stereotypical way. The international reports by World Health Organization (García-Moreno et al., 2015; Krug et al., 2002; World Health Organization, 2013c) show that violence against women involves women and men of every social class, nationality and with any educational level.

According to the European Survey (European Union Agency for Fundamental Rights, 2014) a prototypical victim of violence does not exist, while being a violent man is associated with some risk factors. Men with low education, that get drunk frequently and that are violent also outside the home are more likely to be violent with their partners. Moreover, couples where women and men do not have an equal say about household's resources, are more likely to be places where intimate partner violence against women is perpetrated.

1.2.3 An ecological model to understand the roots of violence against women

Only a model that includes risk and protective factors from multiple domains can globally explain violence against women. As stated by World Health Organization (2010) "*violence, rather than being the result of any single factor, is the outcome of multiple risk factors and causes, interacting at four levels of a nested hierarchy*". This is the reason why researchers and practitioners usually use an "ecological framework" to understand the interplay of personal, situational, and sociocultural factors that make possible male violence against a female partner to occur. The model can be depicted as four nested circle (Figure 1).

Figure 1. The ecological model to understand violence (World Health Organization, 2010)



The innermost circle represents the biological and personal history that each individual brings to his or her behaviour in relationships. The second circle represents the immediate context in which violence takes place – frequently the family or other intimate or acquaintance relationship. The third circle represents the social structures, both formal and informal, in which relationships are embedded – neighbourhood, workplace, social networks, and peer groups. The fourth, outermost circle is the economic and social environment, including laws and cultural norms (Garcia-Moreno et al., 2005). At the core of the approach there is a strong emphasis on the multiple and dynamic interactions among risk factors within and between its different levels (World Health Organization & London School of Hygiene and Tropical Medicine, 2010). Examples of risk factors considered by WHO (2010) are: low education, separated/divorced marital status, intimate partner violence, harmful use of alcohol and/or drugs (individual level); support of gender stereotypes, family stress, situations of violence (relational level); weak sanctions against violence, disadvantaged context - poverty, unemployment -(community level); traditional gender norms and social norms supportive of violence – society, media -, lack of laws to protect victims of violence (societal level).

This model allows to connect the individual level to the larger social level in which violence is perpetrated, creating a link between the psychological and situational explanations of the problem and the "political" understanding in terms of a patriarchal social and cultural structure.

This approach is interdisciplinary, and considers IPV as a multi-faced problem. For this reason, it emphasizes a multi-sectoral response, based on a feminist analysis and drawing upon knowledge from various disciplines including medicine, epidemiology, sociology, psychology, criminology, education and economics (World Health Organization & London School of Hygiene and Tropical Medicine, 2010).

1.2.4 Typologies of Intimate Partner Violence and the centrality of coercive control

The element that characterized intimate partner violence is the control that the abuser acts or wants to act on the woman. The *Wheel of Power and Control* explains this concept well. This model was elaborated by a group of women victims of intimate partner violence, advocated and researchers of the Duluth Project (Pence & Paymar, 1990). In the centre of the Wheel there are the concepts of Power and Control, connected to all other form of violence. They are the fulcrum of all, can stay alone or can be the start point towards other violence (Figure 2). According to this model, the other types of violence have their roots in power and control and could not exist without this element.

Figure 2. The Wheel of Power and Control (Image taken from Sev'er, 1997)

The centrality of coercive control in the nature of intimate partner violence is pointed out by Stark (2007). He argues that violence against women will remain epidemic until serious intervention at political level will not be taken to attack the structural nature of this violence and "*come to grips with coercive control*" (p. 397). The acts of coercive control, intimidation and isolation entrap women in private life and prevent them to live a free life more seriously and pervasively than the acts of physical violence. What Stark argues is that the harm of coercive control is primarily political, not physical or psychological. It is a deprivation of rights and resources critical to personhood and citizenship with a direct impact on women's public sphere.

Johnson (Johnson, 1995; Johnson, Leone, & Xu, 2014) has theorized three types of intimate partner violence, based on the nature of the control exercised in the relationship. They are:

- *Intimate terrorism*: the violence in which one partner use violence and other coercive control tactics to gain control over the partner. It is most common in heterosexual relationship and is mostly male-perpetrated;
- *Violent resistance*: the target of intimate terrorism uses violence in response to coercive control of her partner. It is used primarily by women;
- *Situational couple violence*: a conflict situation escalates to verbal aggression until physical violence. It could be considered gender symmetric.

Therefore, in his terms, intimate terrorism involves attempts to control one's partner, supported by hostile or traditional attitudes towards women (Johnson, Leone, & Xu, 2014). Intimate terrorism is described as less likely to stop and more harmful for the victim, also because it's legitimated from the social context (Johnson, 1995). However, the authors point out that, when considering the specific acts engaged in, the injuries producted, the frequency of the violence, the production of fear in the partner, after all also situational couple violence cannot be considered gender simmetric. In these situation, when violence is acted by men, it is more frequent, more severe and produce more fear comparing to situational couple violence

perpetrated by women. Therefore, coercive control remains the basis of male intimate partner violence; even when it is absent, male violence has a more pervasive impact compared to the situation in which it is acted by women (Johnson, Leone, & Xu, 2014).

There are many ways in which intimate partner violence can be exercised. Among them, the more common are:

- Psychological violence: such as intimidation, constant belittling and humiliating, isolating a person from their family and friends, controlling behaviour as monitoring her movements, and restricting her access to information or assistance;
- Economic violence: preventing the respondent from making decisions on family finances or shopping independently, or forbidding her to work outside the home;
- Physical violence: such as slapping, hitting, kicking and beating, being choked or burnt on purpose, being threatened with, or actually, having a gun, knife or other weapon used on the woman;
- Sexual violence: such as forced sexual intercourse, being forced to do something sexual that the woman found humiliating or degrading, having sexual intercourse because the woman was afraid of what her partner might do;
- Stalking: such as loitered or waited a person outside her home, workplace or school without a legitimate reason; deliberately followed a person around.

1.2.5 The dynamic of Intimate Partner Violence

In the 1989, E. Walker described a pattern of abuse in intimate relations. This pattern included three phases and it is cyclic. As stated by Walker: *Phase I* is the period of tension-building, *Phase*

II is the acute battering incident, and *Phase III* is the period of loving-contrition or absence of tension.

During the *Phase I* the tension grows, verbal violence begins, the man is always nervous and the control over the woman is more systematic. The man insists in isolating the woman, impeding her to see her friends and/or family through continues denigrations and/or threats. This nervousness is often attributed to external stressors (work, financial problems…). The woman is disoriented, and tries to calm his partner.

In the *Phase II* the violence explodes. The man acts physical/sexual violence over the woman or there is a violent verbal episode. The violent behaviour is triggered by anything that can undermine the control of the abuser over the woman: a decision taken without his consent, a friend not approved by him, a message/telephone call missed…

After this phase, follows the so called "Honeymoon period" (*Phase III*), during which the tension is lowered and the man appears repented, apologizes and swears love to his partner.

What emerges is a relationship characterized by periods of intense manifestation of love and sudden episodes of violence. The abuse is not immediately perceived as serious, rather it is attributed to the stress or to the jealousy which in turn is confused with love (Walker, 1989).

These steps occur faster and faster as the relationship goes on and create confusion and fear in the woman. The same man that she loves and that says he loves her is the man that abuses and intimidates her. This cycle is one of the reason for which women can be entrapped in the violent situation, as it is difficult to acknowledge the man's strong drive to control and to attribute clearly the responsibility of violence to him.

This model is useful to have a general pattern of how intimate partner violence acts, but it is necessary to be careful with the use of an excessive broadly scheme. The risk of this model is to do not recognize violent situations in which this prototypical cycle is not respected and to blame

the women, not considering the circumstances in which the violence behaves and the many efforts done by women (Hester et al., 2007).

1.2.6 The consequences of Intimate Partner Violence

The consequences of IPV are pervasive and affect all aspects of women lives. Amnesty International (2004) has defined violence against women as torture. Judith Herman (1992) has compared the symptomatology of the victims to the consequences suffered from survivors of political imprisonment, lagers, extermination camps and torture.

The World Health Organization (Krug et al., 2002) has categorized the impact of IPV in three large categories: impact on health; economic impact and impact on children.

Impact on health

Worldwide, it has been estimated that violence against women is a serious cause of death and incapacity among women of reproductive age as cancer, and a greater cause of ill-health than traffic accidents and malaria combined (World Health Organization, 1997). The effects of violence on women's health can be direct, such as injuries, or indirect, such as an increased risk to use tobacco. Violence also can have immediate or long-term consequences.

Women victims of violence are subjected to any health problem more often than women free of violence (Bonomi, Anderson, Rivara, & Thompson, 2009; World Health Organization, 2013b). As reported in Table 1, all the aspects of women health can be impaired from violence.

Table 1. Health consequences of Intimate Partner Violence (Krug et al., 2002)

Physical
Abdominal/thoracic injuries
Bruises and welts
Chronic pain syndromes
Disability
Fibromyalgia
Fractures
Gastrointestinal disorders
Irritable bowel syndrome
Lacerations and abrasions
Ocular damage
Reduced physical functioning
Sexual and reproductive
Gynaecological disorders
Infertility
Pelvic inflammatory disease
Pregnancy complications/miscarriage
Sexual dysfunction
Sexually transmitted diseases, including HIV/AIDS
Unsafe abortion
Unwanted pregnancy
Psychological and behavioural
Alcohol and drug abuse
Depression and anxiety
Eating and sleep disorders
Feelings of shame and guilt
Phobias and panic disorder
Physical inactivity
Poor self-esteem
Post-traumatic stress disorder
Psychosomatic disorders
Smoking
Suicidal behaviour and self-harm
Unsafe sexual behaviour
Fatal health consequences
AIDS-related mortality
Maternal mortality
Homicide
Suicide

Economic impact

Violence impacts also on the possibility of a woman to have and maintain a job. By restricting women's economic autonomy, men are able to increase the dependence of women upon them and the control over their female partner. A study reported in the *World Report on Violence and Health* (Krug et al., 2002, pag. 103) states that "*women with a history of partner violence were more likely to have experienced spells of unemployment, to have had a high turnover of jobs, and to have suffered more physical and mental health problems that could affect job performance.*

They also had lower personal incomes and were significantly more likely to receive welfare assistance than women who did not report a history of partner violence".

The effects of violence on women's health can directly impact the ability of women to maintain a job. Kimerling and colleagues (2009) found that post-traumatic stress disorder symptoms are significant predictors of women unemployment. Notwithstanding the impact of health status related to violence on job quality and stability, Tolman and Wang (2005) found that mental health conditions only partially mediate the relationship between IPV and employment stability, and that domestic violence is directly associated with the reduction of annual work hours of battered women. In a more recent study, Adams and colleagues (2012) showed that intimate partner violence impacts on the possibility to have a stable job, with deleterious economic consequences that last up to three years after the ending of violence. An Italian study (Pomicino, Beltramini, & Romito, 2017) reported that, three years after a contact with an anti-violence centre, women experienced economic difficulties in paying bills and medical expenses and that these difficulties were significantly more likely among those women exposed to intimate partner violence at follow-up.

Male violence against women has an impact also on the national economy. The Italian survey *Quanto costa il silenzio* (Intervita, 2013) has estimated the national costs of violence in 17 billion a year. The costs of the lack of productivity (diseases, work absences etc.) is of 604,1 million a year.

Impact on children

Children are often present during domestic violence, or are themselves direct victims of it. The UNICEF report (2006) states that as many as 275 million children worldwide are exposed to violence in the home and between 40% and 70% of abusive husbands are violent also with their

children. In Italy (Istat, 2014) 1 child in 4 is direct victims of violence at home and 65% of children have assisted to the mother's abuse, the percentage roses till the 73% according to the European survey (European Union Agency for Fundamental Rights, 2014).

This has serious consequences on children' wellbeing. Primarily, the relation mother-child is attacked and risk to be damaged and the child lose his/her landmarks, being alone in a disruptive situation. Moreover, being involved in domestic violence is an important risk factor for developing behavioural and/or psychological problems. These problems can evolve in deviant behaviour, anxiety, low self-esteem, school's abandon and in the risk of reproducing the violent behaviour in adult age. These outcomes are influenced by various variables as: age, gender, ethnic origin, socioeconomic status, frequency and form of violence and the length of exposure (Hester et al., 2007).

Therefore, domestic violence involves always the children and a discourse on domestic violence can't be done separating the experiences of mothers victims of violence from those of children.

1.2.7 "Why do women stay?"

Being battered, humiliated, controlled from the man who you love or have loved is a devastating and confusing situation, that directly affects the self-esteem and the autonomy of the victim. There are various situational and psychological constrains that can keep women in abusive relationships. Feelings like shame and guilt are very common in battered women, accompanied by isolation created by the abuser, economic dependence, difficulties to access to services or to be listened and understood by them, pressure from the social context, intense fear of retaliation and/or of an increase of violence, hopes that he will change, worries about depriving the children of their father, fear for the children or to lose their custody (Bonura, 2016). All of these elements contribute to entrap the woman in the violent situation.

Moreover, leaving a violent man is not an on-off decision, rather it has to be conceptualized as a process. Battered women may return to the violent man because they fear to be incapable to live alone or to be exposed to other severe violence from the abuser (Anderson & Saunders, 2003). Women victims of violence are anything but passive (Bell, Goodman, & Dutton, 2007), and decide to stay can be the best way to act in that moment. As the World Health Organization (Krug et al., 2002) reports "*what may seem to an outside observer to be a lack of positive response by the woman may in fact be a calculated assessment of what is needed to survive in the marriage and to protect herself and her children*". Practitioners, family and friends are important sources of help. The possibility of communication without prejudice can change the women's path.

Moreover, ending the relationship not always correspond to ending the violence. Post-separation violence is a reality for many battered women, and can be a reason for which women fear to end the relationship, as we will see in chapter 2.

CHAPTER 2

THE LONG JOURNEY TOWARDS FREEDOM

2.1 FIRST STEP: SEPARATING FROM A VIOLENT MAN

2.1.1 Leaving as a process

The professional discourse on intimate partner violence has largely assumed that, to end violence, women must leave the violent man and that leaving an abusive relationship is a one-step, relatively simple act (Bell et al., 2007), depending on women's will. On the contrary, leaving a violent man is difficult and many women fear the consequences of this decision (Abdulmohsen et al., 2012). Understanding the separation phase may lead to a deeper comprehension of women's needs and contribute to provide the right responses (Enander & Holmberg, 2008).

Far from being a single event, leaving is a complex process in which emotional, cognitive and behavioural changes are involved, lasting for months or years before the decision is made (Anderson & Saunders, 2003). The process is usually described as a series of steps through which the woman proceeds, sometimes coming back to the previous phases.

These stages have been conceptualized by the Transtheoretical Model of Change (Prochaska and DiClemente, 1984), a model of intentional change that focuses on the decision making of the individual. Originally theorized for developing effective intervention to promote behaviour change (like smoking cessation or weight control), and to assess the readiness to make the needed change, it has been adapted to violent situation by feminist studies (Burke, Gielen, McDonnell, O'Campo, & Maman, 2001). Five stages follow each other (Velicer, Prochaska, Fava, Norman, & Redding, 1998):

- *Precontemplation*. People do not want to change, not recognizing the risks and the consequences of the situation, or ignoring them.
- *Contemplation*. The problem is identified and the benefits of a possible change are considered. A deep ambivalence characterized this stage, with continues modifications of ideas.
- *Preparation*. People are ready to take action and have prepared their first steps towards the change.
- *Action*. People made significant modifications in their daily life.
- *Maintenance*. The changes are maintained stable over time, preventing relapses.

Anderson and Saunders (2003) made a review of the main studies that have adapted this model to violent situations. Battered women, at the beginning, are disoriented, ashamed and scared of what may happen. Moreover, often the perpetrator has isolated them. They are in a situation in which they do not confide in anyone because of their feelings, they do not meet anyone and no one can help them to understand the situation. Initially they draw on female stereotypes to develop strategies to cope with the violence, not recognizing the necessity or identifying the possibilities to change, hoping that he will change due to the repeated honeymoon periods described by Walker (1989, see the cycle of violence, chapter one). As the violence goes on and worsens, battered women shift their perspectives and began to redefine the relationship and label themselves as victims. Finally, the women start to reorganize their life and began to engage in activities they believe would help them to leave the partner (finding social support, making a safety plan, enrolling in self-defence classes…). Before the definitive separation occurs, battered women typically undergo several in-and-out from the relationship, learning each time new coping skills, and increasing their self-confidence to make the final break.

Another model used to understand the process of living is the Investment Model (Rusbult, 1980). The Investment Model assumes that the commitment to a relationship is the critical precursor to

predicting and understanding the stay/leave decision. The commitment is defined by the equilibrium between feelings of satisfaction, perception of available alternatives and investments in the relationship in term of psychological and material resources (e.g. time, energy, money). The equation of the Investment Model can be reported as follows: Commitment = Satisfaction – Alternatives + Investment. It is a dynamic model and is based on the assumption that persons tend to maximise the rewards while minimising the costs when they take a decision. This conceptualization of the decision-taking process is directly linked to the notion of Psychological Entrapment (Rubin, Brockner, Small-Weil, & Nathanson, 1980). Psychological entrapment is a specific decision-making process introduced by social psychologists; it explains the continuation of investment in situations in which rewards are no more obtainable. When people invested time, money, or other resources in experimental situations, they often continue doing so, even after investments stop paying off (Katz, Tirone, & Schukrafft, 2012). As explained by Rubin, Brockner, Small-Weil, and Nathanson (1980), pressure to quit may be overcome by pressure to continue; only by continuing can a person possibly attain the desired reward, maintain proximity to the reward, and avoid the cost of losing resources already invested. Translate this argumentation in terms of couple relationships, those who have invested more into their relationships face greater losses if the relationship ends.

The Investment Model has been adapted and tested with abusive situation, with robust measures of the constructs by Rhatigan and Axsom (2006) and the Model has been integrated within the theoretical framework of Psychological Entrapment by Katz, Tirone and Schukrafft (2012).

What it is important to note, is that both theoretical frameworks state that the process by which an intimate partner victim make the decision to stay or leave is not different from other situations in which people make decisions and therefore do not depends only on woman's individual characteristics. This evidence allows to not psychopathologized battered women and to not reasoning in terms of "female-psychology".

Rhatigan and Axsom (2006) argued that battered women who feel relatively satisfied, possess lower quality alternatives, and have invested more in the relationship, tend to feel more strongly committed and more often choose to remain in their violent relationships. Moreover, they hypothesize that battered women's feelings of relationship satisfaction will mediate the association between their exposure to abuse and commitment level. Studying a sample of 69 women recruited via battered women's services in North Carolina, they found that women who reported greater levels of psychological abuse endorsed lesser relationship satisfaction and commitment. In addition, women's feelings of relationship satisfaction mediated the association between their exposure to psychological abuse and commitment. In the conclusions, the authors argued that interventions designed to reinforce women's negative relationship satisfaction, to improve the quality of available alternatives to their relationships, and to discourage continued investment might be effective.

Katz, Tirone and Schukrafft (2012) conducted a follow-up study among undergraduate women in the United States to investigate the women's commitment to the relationship based on the two previously described models. They found that women who were in longer term dating relationships were especially likely to engage in relationship sacrifices following partner violence. In other terms, partner violence significantly predicted subsequent sacrifice among women in longer but not shorter-term relationships. Women who spent more time with their partners and who presumably had more to lose if the relationship ended were particularly likely to make sacrifices following partner violence. Therefore, the investment in the relationship in terms of time is directly linked to the entrapment in the violent situation.

Notwithstanding the importance of the Transtheoretical Model of Change, the Investment Model and the Psychological Entrapment construct for describing the process of leaving of battered women, a great limitation should be noticed. These models seem to put all the responsibility of leaving the violent man on women's shoulders, completely ignoring the context and the external obstacles or sources of support. Instead, the process is influenced by internal and external factor,

is not always linear (Enander & Holmberg, 2008; Montero, Martin-Baena, Escribà-Aguir, Vives-Cases, & Ruiz-Pérez, 2015) and most studies point up the importance of social support and material resources. Violence against women cannot be understood without considering the social context (Dobash & Dobash, 1979).

2.1.2 Turning points and factors involved in the decision to leave

Chang and colleagues (2010) defined turning points as "*specific incidents, factors, or circumstances that permanently change how the women view the violence, their relationship, and how they wish to respond*". In their qualitative study, they identified five categories of events that lead abused women to take the decision to leave: protecting others from the abuse/abuser; increased severity of violence; increased awareness of options/access to support and resources; recognition that the abuser was not going to change, and partner betrayal/infidelity. Having children and becoming aware of the consequences of violence on them is one of the mayor turning point in the decision to leave. Women put their children's well-being before their own safety, and do everything in their power to keep them safe (Kelly, 2009).

Another study investigated longitudinally the factors that influence battered women decision to leave their abusive relationship (Koepsell, Kernic, & Holt, 2006). In their study, predictors of leaving the abusive relationship were young age, having left the relationship previously, having a protection order, or an abuse-related physician visit, and a high score of psychological vulnerability to abuse. Seeking but not receiving external support was negatively associated with leaving. No association with the severity of violence was found.

In their review of the literature, Anderson and Saunders (2003) identified the factors linked to autonomy (having an income and transportation of their own, availability of children's care services) as the strong predictors of leaving the perpetrator. On the contrary, the inefficiency of the services and poor support from the informal sources of support (family, friends…) were

important element discouraging the decision to leave (Bostock, Plumpton, & Pratt, 2009). A negative answer from the system can impede a woman to proceed with her decision to leave, making her feel alone, guilty and not understood (Abdulmohsen Alhalal et al., 2012).

2.1.3 Why do women return?

As mentioned before, women victims of violence sometimes return to their violent partner, after having left him. Several in-and-out phases are considered normal, and indicate of persistence of women in their decision to leave (Anderson & Saunders, 2003; Gondolf & Fisher, 1988). These phases can be considered as a process through which women acquire new skills and coping strategies to manage the situation.

Few authors have analysed the reasons women give for returning to the violent partner.

Abdulmohsen Alhalal and colleagues (2012), found that women's poor health was a predictor of return with the perpetrator; Aguirre et al. (1985) report that if the man is the only source of economical support, women tend to return with him.

What is necessary to bring out at this point is that leaving not always mean becoming free from violence. Often leaving is only the first step toward another difficult phase of violence, and this can be considered one of the main reasons why women decided stay or to return with the perpetrator. What we need to ask is not "Why does she stay?" or "Why does she return?", but "How does she succeed in managing the situation?" and "What happens if she leaves?".

2.2 SECOND STEP: WHAT HAPPENS IF SHE LEAVES?

2.2.1 Post-separation violence

It is commonly assumed that a woman with an abusive partner should leave him to stay safe and put an end to violence (Bell et al., 2007; Fleury, Sullivan, & Bybee, 2000). This idea derives from the widespread misconception that violence is comparable to couple conflicts, arising from living together, ceasing as the couple split down. Therefore, women who do not take the decision to separate can be viewed as passive, or ambivalent, not really wanting to be free from violence, and even "masochists" (Romito, 2008). On the contrary, literature shows that when battered women succeed in quitting the abusive relationship (Campbell, Miller, Cardwell, & Belknap, 1994; Jacobson, Gottman, Gortner, Berns, & Shortt, 1996) the abuse terminates in around 50% of cases (Fleury et al., 2000; Logan & Walker, 2004; Montero et al., 2015). Unfortunately, leaving is not always better than staying. Indeed, violence often continues, escalates after separation, with important consequences on women's and children wellbeing and daily life. In the worst situation, women who leave their partner lose their lives (Sev'er, 1997).

2.2.2 Post-separation violence in numbers

International studies on representative samples of the general population, show that (Romito, 2011):

- In France, among women who had some contact with the ex-partner during the last year, 16.7% suffered violence; among women with children the percentage was of 90% (Jaspard et al., 2003);
- In Canada, among women who had some contact with the ex-partner during the last five years, 39% suffered severe and repeated violence; all were victims of psychological

violence; when there were children, they witnessed the violence in two cases out of three (Hotton, 2001);

- Always in Canada, a separated woman has a risk 30 times higher to be victim of violence from the former partner, than a married woman (Brownridge et al., 2008);
- The European report *Violence against Women* (European Union Agency for Fundamental Rights, 2014) shows that the 33% of separated women have suffered violence during the separation process and the 16% after the separation.

Studies on samples of women who addressed themselves to a dedicated service, also report the continuation of violence after separation from a violent man. In Great Britain, the Co-ordinated Action Against Domestic Abuse (CAADA, 2012) analysed over 2500 cases of women victims of gender violence from their first to their last access to fourteen services specialized to support violence survivors. When the case was considered "closed", 37% of women were still experiencing violence. In another study in Great Britain (Kelly et al., 2014) , researchers followed 100 women who had used services at Solace Women's Aid, interviewing them several times from 2011 to 2014. Among the 65 women still in the sample in 2014, over 90% had experienced post-separation abuse, which interfered with being and feeling safe.

In a Canadian study (Davies, Ford-Gilboe, & Hammerton, 2009), only the 11.5% of women who have left their abusive partner in the previous three years were free from violence. In the United States, Fleury, Sullivan and Bybee (2000) recruited a sample of women from a domestic violence shelter and followed them for two years: more than one third of them were assaulted by the former partner during the time of the study.

In Spain Montero and colleagues (2015) analysed a sample of women, patients of primary health services. Among 2464 women who reported having experienced violence by an intimate partner in their lifetime, 64% continued to suffer violence in the last year. Having left the perpetrator was associated with violence's cessation; yet, 27% of these women still reported intimate partner

violence. In a Swedish study (Ornstein & Rickne, 2013), among 714 women who had separated from a man who strived to control them during the relationship, 49% continued to be victim of stalking, and 10% have experienced assault at the hands of their ex-partners.

In Italy, according to the national survey, separated and divorced women suffer physical or sexual violence more often than other women (51.4% vs 31.5%); the violence from an ex-partner is more severe compared to those from a partner and the violence perceived as very serious almost doubles (50.9% vs 28.3%) (Istat, 2014). The EURES and ANSA research (2012) reports that, in Italy, the 2/3 of the femicide occurs in the three months after the break-up with a violent man. A recent study, conducted in the North of Italy among women who had addressed themselves at an Anti-violence centre, reports that 3-5 years after the contact with the centre 44.7% women were still subjected to intimate partner violence (Pomicino, Beltramini, & Romito, in press).

2.2.3 A theoretical framework for understanding post-separation violence

The feminist perspective allows to abandon an individualistic vision of the violence's causes, and identifies the roots of intimate partner violence in the patriarchal social structure. Indeed, researches that focus their effort to explain intimate partner violence only considering individual factors are not exhaustive, and do not provide a global explanation of why many men specifically focus their violent actions on women, even after separation (Dobash & Dobash, 1979; Ornstein & Rickne, 2013).

Three well-established conclusions emerge from feminist literature (for a review see Davies, Ford-Gilboe and Hammerton, 2009). First, intimate partner violence is a direct consequences of gender inequalities. Second, at the core of IPV there is the man's desire to control the woman and to have power over her. Third, leaving an abusive relationship do not correspond to the end of violence.

It wasn't until 1991 that the term *separation assault* was introduced to make visible the relations of inequality and coercive control that give rise to male continued use of violence against their partners after break-up (see Davies, Ford-Gilboe, & Hammerton, 2009). Mahoney (1991, p.65) defines separation assault as "*the attack on the woman's body and volition in which her partner seeks to prevent her from leaving, retaliates for the separation, or forces her to return…It is an attempt to gain, retain, or regain power in a relationship, or to punish the woman for ending the relationship*".

At the core of post-separation violence remains the power and control exercised from the man over the woman. What is different is the way in which this is acted. As stated by Stark (2007, p. 115) "*Underlying the question of why battered women stay are the beliefs that they have the opportunity to exit and that there is sufficient volitional space between abusive incidents to exercise decisional autonomy*. […] *These beliefs are demonstrably false in the millions of cases where abuse is unrelenting, volitional space closed, or decisional autonomy is significantly compromised".* All of these elements are reported to the coercive control acted by the violent man even after the break-up.

Sev'er (1997) produced an expanded version of the *Power and Control Model*, to illustrate the specificity of post-separation violence. She argues that the will to exert power and control in this phase increases, focusing on the use of intimidation, children, economic resources, coercion and threats. Moreover, the post-separation violence may include physical or sexual assault, stalking and may expand to people and things surroundings the partner, such as her family, friends, pets, co-workers or baby-sitters (Figure 3).

Figure 3. The Wheel of power and Control, expanded version for post-separation abuse (Sev'er, 1997)

Examples of post-separation violence provided from the author are: man instilling fear in the partner by destroying property and belongings, "harassing calls", stalking and kidnapping; children used to induce guilt, demean and threaten the woman, or as a means to control and abuse her; stopping the woman from achieving economic resources, interfering with her job, refusing to share money, and do not provide the child care necessity; increment of threats and assaults until the femicide; use the legal system to continue violence – for instance, not signing the separation documents - (Sev'er, 1997).

2.2.4 Post-separation violence and children involvement

Apollonio (see Romito, Folla, & Melato, 2017, p.151) calls attention to the association between violence suffered by women and children abuse, by respectively the ex-partner and the father, even after the separation. It is necessary to consider the eventuality that these children became a means to express anger against their mother, and to continue to exert control over her.

This eventuality is not often recognized among practitioners who can come in contact whit women victim of violence. As stated by Hester (Hester, 2011), the discourses and practices across work with victims and perpetrators of domestic violence; child protection and safeguarding and child contact seems to belong to three diverse planets, and a cohesive and coordinated approach seems impossible to achieve. "*The mother may, on the 'domestic violence planet', have attempted to curb her partner's violent behaviour by calling the police and supporting his prosecution. She may have left her violent partner following instruction from children's services on the 'child protection planet' that she leave to protect her children. However, the 'child contact planet', in effect, has the opposite approach, that families should continue to be families even if there is divorce and separation. On the 'child contact planet', therefore, she is ordered to allow contact between her violent ex-partner and the children, leaving her not only bewildered and confused, but left to manage her ex-partner's violence, and yet again scared for the safety of her children let alone herself*" (Hester, 2011, p 849).

Child contact is often the space used by perpetrators to continue to act violence and control on the woman and their children (Radford & Hester, 2006). Radford and colleagues (1997) conducted a two-years qualitative study following 53 women recently separated from violent men in England and identified father-child contacts as dangerous situations for mothers and children. All but three women had been assaulted by ex-partner in these occasions, one woman was killed and 21 out of 53 children were abused physically or sexually during the meetings.

Saunders (2004) examined the homicides of 29 children from 13 families between 1994 and 2004, occurred in the context of post-separation contacts. She found that (Saunders, 2004, pp. 5-6):

- Domestic violence was involved in 11 out of the 13 families. In one of the two remaining cases, the mother has spoken of her ex-partner's obsessively controlling behaviour (a characteristic feature of domestic violence), and in the other case there were concerns about the child's safety;
- Several of the homicides occurred during overnight stays;

- In several cases where statutory agencies knew that the mother was experiencing domestic violence, the children were not viewed as being at risk of 'significant harm', even when she was facing potentially lethal violence;
- In five cases, it is clear that the father killed the children in order to take revenge on his ex-partner for leaving him;
- Some professionals clearly did not have a clear understanding of the power and control dynamics of domestic violence, and did not recognised the increased risks following separation or the mother's starting a new relationship;
- In five homicide cases, contact was ordered by the court.

A more recent longitudinal study among 100 women and 7 children contacted through domestic violence services in UK (Kelly et al., 2014), shows that children were used to facilitate the abuse post-separation, with men using derogatory language about women in front of their children which was repeated when they came home; some put pressure on children to plead their case, or questioned them in order to find out things women had chosen not to tell them (p. 96). Moreover, they found that 50% of the perpetrators used children to continue violence against women after separation, 38% tried to turn children against their mother, sabotaging efforts to rebuild her life, 18% abused/threatened her during child contact (Kelly et al., 2014).

There are no Italian studies systematically analysing the involvement of children in post-separation violence. The case of Federico Barakat in 2009 is sadly famous. The 8-years old child was killed by the father during a "protected"-meeting with the father, during which personnel required to be present went away from the visit-room from an imprecise time frame. After stabbing the child, the father killed himself in the same room. The man was known as violent by the social services and the court system, and the mother did all she can do to stop the visits. But she was seen as an obstructive and hysteric mother, and the visits went on until the tragic end (Betti, 2015).

For these reasons, it is necessary to protect not only the women, but also the children and to consider violence against women and children as two aspects of the same problem, to which give an integrated response at legal and social level.

2.2.5 Critical issues regarding post-separation violence and involvement of children in Italy

Despite the entity and the pervasiveness of the phenomenon, violence against women is still underrecognized and the practitioners are not always able to identify a situation of violence.

This paucity of professional training lead to take dangerous decisions, particularly regarding three issues: child custody; family mediation; and the parental alienation syndrome.

Child custody

In Italy, the Law 54/2006 established, as a practice, the joint custody of children between parents in case of separation. It has been reformed with the Law n. 219/2012 and the legislative decree n. 154/2013, in which the possibility of the sole custody to one parent in the cases of children's interest was contemplated. The cases of interest are not specified and it has been left to the judge the individuation of such cases. Therefore, the decisions are based on the judge/lawyer expertise on domestic violence, that it is not always enough (Pirrone, 2017). In Italy, the main tendency is to maintain the bi-parenthood, relying on the common belief that children need the presence of both parents, whatever their behaviours are (Feresin, Anastasia, & Romito 2017).

Family mediation

Family mediation can be defined as a process in which a neutral person, the mediator, helps the spouses/the couple to find a solution in cases of conflict. It is often used in the separation situations in which there are children, with the aim to find a shared decision regarding child custody and the re-organization of the family situation. Turn to a mediator can be a couple's free choice, or can be a decision imposed by the court. Family mediation is characterized by the

assumption that the two parts considered (the woman and the man) have an equal position in the couple; the process of mediation demands the interruption of litigation at the judicial level during the meetings' period and focuses the attention only on the present situation and the future, not considering the past events. These assumption and requests can be particularly problematic and even dangerous in case of domestic violence, in which the balance of power is clearly in favour of the perpetrator, and the decisions cannot be taken without considering the history of violence and the court's previous decisions. Moreover, the meetings may be the occasions in which the violence can continue (Feresin, Anastasia, & Romito 2017).

For all of these reasons the mediation in case of domestic violence is forbidden, as stated by Article 48 of the Istanbul Convention (2011).

Notwithstanding this, in Italy, Feresin and colleagues (2017) found that many times social workers and judges, often not recognizing a situation of violence and continue to impose Family mediation to abused women. Other Italian studies on this topic are not available.

The problem is not uniquely Italian, however. Studies in the United States shows that among couples treated in Family mediation, the cases of domestic violence are around the 40% - 80% (Pearson, 1997; Beck and Raghavan, 2010). In the United States, studies shown that in more than 2/3 of cases, the family mediations are imposed by a judge in situation of domestic violence (Beck and Sales, 2001).

The parental alienation syndrome

Parental alienation syndrome (PAS) is a term coined by Richard A. Gardner in the early 1980s to refer to what he describes as a disorder in which a child, after parents' separation or divorce, refuse to stay with the non-custodial parent (usually the father) on an ongoing basis, saying that he/she is afraid of him, and sometimes reporting sexual abuse. Gardner states that the court does not have to believe what the child says, because one parent (the mother) deliberately or unconsciously attempts to alienate a child from the other parent in order to avenge herself, to

obtain more money, or to have the exclusive custody of the child. This behavioural pattern has been defined by Gardner as a serious psychiatric syndrome, induced by the mother in the child, to satisfy her own needs (Gardner, 1991; 1992a; 1992b).

As reported by Crisma and Romito (Crisma & Romito, 2007), the PAS is based on a premise not proven, namely that the resistance of the child or the complaints of abuse are false, and used only for "alienate" the child from the father. If the PAS model is accepted, it is never possible to demonstrate that the abuse happened.

The PAS is often used in the Courts as a clinical diagnosis, but there are no scientific data that support this "diagnosis". It is based only on criteria formulated by Garden and never tested in scientific studies. The same Gardner, who sustained that sexual contacts between adult men and child does not have negative consequences on children. The Justice Ministry of Canada (Jaffe, Crooks, & Bala 2005) reiterated that the existence of this so called "syndrome" has never been empirically demonstrated and has established that its use is very dangerous in cases of domestic violence.

Despite its limitations, and even more, its dangerousness, the PAS is often used, also in the Courts of Italy, when discussing children custody after separation/divorce or in the context of complaints of sexual abuse (Feresin, Anastasia, & Romito 2017).

2.3 TOWARD ENDING VIOLENCE

2.3.1 The situation of women after the separation from a violent man

The post-separation period is a difficult one, not only for the continuation of violence, but also because of the life re-organization faced by women. Depression, anxiety, post-traumatic stress disorder and chronical disease could be more severe in the post-separation period than during the time of the relationship (Anderson & Saunders, 2003)

As stated by Kelly and colleagues (2015, p. 42), "*the differences between being and feeling safe - with 'being' linked to less violence occurring and 'feeling' to the fact that it has not stopped altogether and may happen again in the future. Thus, whilst reducing the risk of violence is a mantra for many agencies, it does not necessarily translate into women and children feeling safer*".

The *space for action* of women (Kelly, 2003) after the separation can be seriously affected by post-separation violence. In the *Finding the Cost of Freedom Report* (Kelly et al., 2014) clear examples of what this means are given. Women explained that their fear of seeing the abuser limited their use of public space; indeed, some women referred high levels of anxiety and panic attacks related to going out. Other women expressed this fear as being connected to 'not knowing' where the abuser was. The fear was clearly perceived even at home or at work, regardless of whether the perpetrator knew where they lived/worked or not. Some women used strategies for keeping safe, as moving to a new house and keeping their new address secret; reinforcing of doors, grills at windows and installation of panic buttons; changing the car; staying away from the windows; refusing to open the door unless they were expecting a visitor; changing the routines. The strategies became even more sophisticated in those cases where children had contacts with the father. The result was a life characterized by a constant climate of fear, that seriously limited women and children's lives, namely their *space for action*.

Moreover, feelings of financial insecurity increase after leaving (Kelly et al., 2015). Trygged (2014) found that separated women who were abused are poorer comparing to separated women with no history of abuse. Some women are left with debts, other do not receive maintenance or child maintenance (Kelly et al., 2014).

In Italy, survey on the general population reports that 50.9% of women (vs 40.1% of men) encounters a deterioration of their financial situation after separation. The 24% of separated, or divorced women is at risk of poverty, comparing to 15.3% of men (Istat, 2011). This situation is likely to worsen in case of violence, in which the man can use the economic issues to continue to exert control over the woman. Moreover, after the economic crisis begun in 2008 the material situation and the possibility to find a new job also for women victims of violence are worsened. This leads to an elongation of the path for escaping violence and to situations that remain more precarious and instable for longer times than before the economic crisis (Creazzo, 2016).

To the financial and daily-life re-organization, is added the troublesome path along the legal system, not always supportive and able to recognize the risks for a woman who separated from a violent man (Pirrone 2017).

Therefore, removing themselves from the immediate control of an abusive man is only the first step. Rebuilding lives involved creating new homes, establishing financial security, protecting children, choosing who they wanted to spend time with and finding a direction in terms of employment and/or education (Kelly et al., 2014). It is a slow and gradual process, during which women encounter lots of obstacles that can be overstepped only with a social recognition of the difficulties of post-separation period. Unfortunately, post-separation violence is still minimized and underrecognized across most social agencies, leading to the abandonment of women in a moment of extreme need.

2.3.2 Factors associated to ending violence

Few studies have identified the factors associated with ending partner violence. In Spain, Montero et al. (2015) found that younger women, with no psychological violence and with more social support have more probability to see an end of violence. Psychological violence has been found to be a bad predictor of the termination of violence also in Blasco and colleagues study (2010). In the US, Bybee and Sullivan (2005) examined the predictors of re-victimization in a small sample of women who had sought refuge from a battered women's shelter 3 years earlier. Having difficulties with the welfare state system or with accessing resources, being without a job and lack of social support were associated to violence at follow-up. Another study (Fleury et al., 2000) found that women who had been more threatened and had had a longer relationship characterized by high levels of jealousy were more at risk of continuation of violence after separation. On the other side, women who moved to another city and with a new partner were less at risk of post-separation violence. In a study in Nicaragua (Salazar, Valladares, Ohman, & Högberg, 2009), a sample of women who were pregnant between 2002 and 2003 were interviewed three years later. Among those with IPV in pregnancy, 54,3% reported violence at follow-up. A decreased or no control from the partner and an increase or high social resources at both times were determinants for intimate partner violence cessation, after adjustment for age, residency and marital status at follow-up (Salazar et al., 2009). Moreover, having children is a risk factor for the continuation of violence after separation (Brownridge et al., 2008; Davies et al., 2009; Logan & Walker, 2004).

In Italy, Pomicino and colleagues (in press) performed the first Italian study that investigated the factors associated with post-separation violence. They found that factors significantly associated with intimate partner violence were: having children, reporting psychological violence at baseline and not having a job at follow-up. Most violence occurred in occasion of forced contacts with the ex-partner - she had to meet him in tribunal, for child visiting matters, or because he was stalking her-. This study confirms the importance to terminate all the contacts with the abuser (and not

just leaving him) as reported in the study of Bell et al. (2007), in the USA. The authors found that, in a sample of women who sought help for violence perpetrated by a current or former male partner in a mid-Atlantic city, after one year from the beginning of the study, women who completely separated from the perpetrator had the highest quality of life.

The health status has been investigated as a predictor of post separation violence. Campbell and colleagues (1994), found that depression, low self-esteem and physical symptoms of stress did not discriminate between those who were being victims of violence two years later and those who were not.

The literature review of Anderson and Saunders (2003), concludes that the social support and material resources are the key elements to free themselves from violence. These findings stress the necessity to concentrate the efforts to understand and intervene in post-separation violence not only considering the individual elements, but mostly taking into consideration the social context, the policies and the welfare system guaranteed by the society. Longitudinal studies regarding the factors associated to ending violence are reported in Table 2.

Table 2. Follow-up study on the predictors of ending violence

Study	*Country*	*Sample Size*	*Source of Sample*	*Design*	*Measures of Violence Cessation*	*% of Women Free from Violence*	*Predictors of Ending Violence*
Blasco et al., 2010	Spain	Time 1: not specified Time 2: 91	Shelters for Women Victims of Violence	Time 1: shelter intake Time 2: 3-year follow-up	Yes/No response to items regarding psychological, physical and sexual violence (both at T-1 and T-2)	At T-2 IPV ceased in 34.8% but continued in 65.2% of the women psychologically abused at T-1. Out of the women physically and psychologically abused at T-1, IPV completely ceased in 36.4%; was reduced to psychological IPV alone in 51.5%, and continued as both physical and psychological IPV in 12.1%	Not experiencing psychological violence (at T-1)
Bell et al., 2007	USA	Time 1: 406 Time 2: 290 Time 3: 288 Time 4: 287 Time 5: 329 Total of 206 participants reached at all five time points	Shelters for Women Victims of Violence	Time 1: shelter intake Time 2: 3-months following T-1 Time 3: 3-months following T-2 Time 4: 3-months following T-3 Time 5: 3-months following T-4	Revised Conflict Tactics Scale (Straus et al. 1996) (both at T-1 and T-5); Short form of the Psychological Maltreatment of Women Inventory (Tolman 1989; Tolman 1999) (both at T-1 and T-5); Violence Against Women survey for stalking questions (Tjaden and Thoennes 2000) (both at T-1 and T-5).	At Time 5: 85% free from physical abuse; 55% free from psychological abuse; 73% free from stalking	Being completely apart from the abusive man (at T-5)
Bybee and Sullivan, 2005	USA	Time 1: 141 Time 2: 124	Shelters for Women Victims of Violence	Time 1: shelter exit Time 2: 3 years after shelter exit	Modified version of the Conflict Tactics Scale (Straus, 1979) (both at T-1 and T-2)	81%	Being employed; with higher quality of life and social support (at T-2)
Davies et al., 2009	Canada	Time 1: 309 Time 2: 287	Community sample through advertisements	Time 1: sample selection Time 2: phone interviews (no details about time)	Selection questions: Two single questions with yes/no response regarding if the former partner continued any of the abusive or harassment behaviours after leaving (at T-2).	11.5%	Not having children; medium-low socio-economic status; short relationship; not being married; experiencing less control during the relationship

Continues…

					Among women with a yes response: 24 harassing behaviours from the HARASS-scale (at T-2)		
Fleury et al., 2000	USA	Time1: 278 At each interviews retention rate ≥ 95% Analysis conducted on 135 participants involved with the violent man at T-1, but who were no longer involved with them at T-2	Shelter for Women Victims of Violence	Time 1: shelter intake Time 2: 10 weeks following exit Time 3: 6 months following exit Time 4: 12 months following exit Time 5: 18 months following exit Time 6: 24 months following exit	Modified version of the Conflict Tactics Scale (Straus, 1979) (in each of the 6 interviews); Threats received: six-point scale (in each of the6 interviews)	53%	Not being threatened (prior to T-1); shorter relationship and less sexual suspicion by the ex-partner (prior to T-1); living in another city and with a new partner (at T-2).
Kelly et al., 2014	United Kingdom	Time 1: 100 Time 2: 83 Time 3: 72 Time 4: 65	Shelter for Women Victims of Violence	Time 1: shelter intake Time 2: one year following exit Time 3: two years following T-1 Time 4: three years following T-1	Multi-method study Post separation abuse questionnaire administered at T-3	10%	Not having children; having financial security and social support
Salazar et al., 2009	Nicaragua	Time 1: 478 Time2: 398	Health and Demographic Surveillance Site	Time 1: women pregnant Time 2: 3-year following exit	Who Multi-country study on women's health and domestic violence questionnaire (Garcia-Moreno et al., 2006).	Among women who experienced any lifetime IPV or IPV during pregnancy, 59% reported no abuse at Time-2	Having a new partner (at T-2), being alone (at T-2), having no partner control and high social resources (both T-1 and T-2)

Continues…

					At Time 1: IPV measured regarding lifetime and during pregnancy At Time 2: IPV measured regarding the previous 12 months		
Pomicino et al., in press	Italy	Time 1: 303 Time 2: 124	Anti-violence Centre (AVC)	Time 1: AVC intake Time 2: 3-5 years following exit	At Time 1: AVC questionnaire filled by the advocates At Time 2: Single questions with Yes/No response regarding the presence of violence	55.3%	Not having children and/or forced contacts with the perpetrator, not reporting psychological violence (at T-1) and having a job (at T-2)

2.3.3 The role of the specialized victim support agencies in the path toward freedom

Escaping from violence is a difficult and full of obstacles path, but access to services dedicated to victims of violence's (ex. a shelter in USA, an Anti-violence Centers in Italy…) can positively change the path's direction. Studies in Canada, Israel and United States (Tutty, 2006; Itzhaky & Ben Porat, 2005; Bennett et al., 2004) report that women who turn to one of these services show an improvement of self-esteem and wellbeing. In Texas, Aguirre (1985) reports that the more decisions women take at the shelter, the less likely they will return in a relationship with the perpetrator. Among the decision taken at the shelter were included: obtain a peace bond or a protective order; press assault charges; obtain a temporary restraining order, or file for divorce.

In Europe, more recent studies in Ireland and Scotland (Safe Ireland, 2010; Scottish Women's Aid, 2011) show that, after the access to these services, women are more able to obtain what they and their children need; feel more able to take decisions; understand better the dynamics of violence and are more able to protect themselves and to cope with the situation.

In a Swiss qualitative study with a sample of women victim of violence (Gloor & Meier, 2014), all of them had contacted several sources (police, lawyers, psychologists, immigration offices…) asking for help; 25% had contacted 10-16 sources. One-time contacts with different agencies are an exception; most of the time contacts were multiple. Among all services or sources involved, the Anti-violence Centers played the key positive role.

In Great Britain, according to the report of the Co-Ordinated Action Against Domestic Abuse (CAADA, 2012), with an analysis of more than 2.500 cases of victims of violence collected by 14 specialized agencies, the greater the number of contacts between the woman and the advocates, the greater the likelihood that violence will diminish and that the woman feel safe.

Researches in countries as different as United States and Italy, report that the women usually evaluate positively the advocates, having felt helped, respected, heard and protected by them. Women report that their opinions have been considered and that privacy has always been guaranteed; they would advise another woman to turn to a Violence Center (Creazzo, 2008;

Sullivan, 2012).

The sum of these reports shows that the shelters and the Anti-violence centers have a critical role in the process of escaping violence.

CHAPTER 3

LAWS AND WELFARE POLICIES FOR CONTRASTING VIOLENCE AGAINST WOMEN IN ITALY

This chapter presents the social and legal tools through which women victims of violence can find help for escaping violence. After the description of the national instruments, the local services active in the two Regions involved in the doctoral research: Friuli Venezia Giulia and Emilia Romagna will be presented.

3.1 THE NATIONAL NORMATIVE

3.1.1 The Istanbul Convention

The *Convention on preventing and combating violence against women and domestic violence* (Istanbul Convention, Council of Europe, 2011) is a Council of Europe convention that was developed on 11 May 2011, in Istanbul, Turkey. As of June 2017, it has been signed by 44 countries; It has been subscribed by Italy with the law of 27 June 2013, n. 77 and came into force in August 2014. It represents the first attempt to develop an international legal framework to act and protect women from every kind of violence.

The aims of the Convention are ambitious, "*Aspiring to create an Europe free from violence against women and domestic violence*", through the prevention of violence, the protection of the victim, the prosecution of perpetrators and a policy of cooperation between the states, anti-violence centres, ONG and other authorities (Art. 1). The Convention recognise *"the structural*

nature of violence against women as gender-based violence"; the roots of violence are clearly recognized as based on the unequal relationships between genders.

3.1.2 Italian "Extraordinary Action Plan against Sexual and Gender Violence"

The Extraordinary Action Plan has been ratified in the 2015, responding to the requests of Istanbul Convention and of the law 119/2013. It is the first attempt to regulate and organize the actions at national level in terms of prevention of and contrast to the phenomenon of violence against women.

The Plan recognizes violence against women as a structural problem and a violation of human rights, based on the inequality between men and women. It stresses the necessity of a collaboration between the Institutions and the Associations, recognizing the importance and the expertise of the Anti-violence Centers and their feminist perspective.

The levels of intervention provided by the actions are: Preventive, Protective and Punitive (p. 18).

Regarding the Governance, it is planned to institute a Multilevel Governance, with a Central Steering Cabin. The establishment of the Steering Cabin implies a constant coordination between the "Presidenza del Consiglio dei Ministri" and the "Dipartimento per le pari opportunità", and the implementation of a technical activity through the institution of a *National Observatory on Violence.* The Observatory should have the role to support the Steering Cabin with studies and researches, monitoring the activities of the Steering Cabin and evaluating the impact of the decisions taken. The National Observatory should cooperate with Regional Observatories.

3.1.3 Protection orders and the Law No. 119 of 15 October 2013

In Italy, when the conduct of a spouse or another relative is a cause of serious damage for the physical and moral integrity or the freedom of the other spouse or other relative, the judge, if the act does not constitute a criminal offense prosecuted ex officio, may adopt the *protection order*.

In Civil law, there is a specific reference regarding the execution of the protection order in case of victims of domestic violence (lex. 154/2001, art. 342 ter Civil Code); the reference is also present in Criminal Procedure Code within the Law No. 119/2013.

The Law No. 119 of 15 October 2013 converting Decree Law No 93 of 14 August 2013 establishing "Urgent provisions on safety and for the fight against gender-based violence, as well as on civil protection and compulsory administration of provinces" (*Disposizioni urgenti in materia di sicurezza e per il contrasto alla violenza di genere nonchè in tema di protezione civile e di commissariamento delle province*) was published in the Official Journal of 15 October 2013. The law addresses both stalking and gender-based violence. The law strengthens the so-called *warning*, namely an administrative measure already in force that can be requested by the victim to the *Questore*. In addition, there is the possibility for the criminal police, upon the public prosecutor's authorization, to adopt a precautionary measure as well as the gun ban and driving disqualification and the possibility to use electronic tools for the surveillance of perpetrators (e.g. electronic tagging). Concerning the punishment of perpetrators, the law introduced new aggravating circumstances: penalty is increased if children under 18 years of age witness violence as well as if the victim is in a particularly vulnerable situation (such as being pregnant). Moreover, the specific character of femicide is strengthened by the introduction of the "particularly close relationship" between the victim and the perpetrator as an aggravating circumstance (e.g. if the perpetrator is the victim's spouse or partner, also non-cohabiting partner). In line with the guiding principles established by the Istanbul Convention, the Italian law is aimed at ensuring a greater protection for victims both in relation to hearings (that will be carried out in a protect situation for vulnerable people) and through a system guaranteeing transparency during ongoing investigations. In addition, are obliged law enforcement authorities, health facilities and public institutions to inform the victims of certain crimes (including sexual crimes and child pornography) of the presence of anti-violence centers, or to put them in contact with them (United Nation Office on Drugs And Crime, 2017).

3.1.4 Other administrative measures

The article 24, of the legislative decree n. 80, 15 June 2015 provides that victims of violence employed in the public and private sector, excluding domestic workers, may benefit from a paid leave for up to 3 months without a medical certificate. The 3 months amount to 90 working days, that can be used over a period of three years, maintaining the 100% of the income. To access to this leave, it is necessary to demonstrate that the woman has undertook a "protection path" either in public or private services (like the Anti-violence Centers).

This measure intended to protect the woman's employment, for instance in the case she has to move to another city to escape violence.

3.2 THE WORK IN THE FIELD IN ITALY

3.2.1 The Anti-violence Centers

As in other countries, also in Italy exist services dedicated to support women victims of violence, usually inspired by the feminist analysis of gender-based violence (Schechter, 1982). The first Anti-violence Center (AVC) was created in 1989, and now there are around 73 of them, coordinated in a national association D.i.Re (Donne in rete contro la violenza – Network of women against violence). Others Centers, outside from the association D.i.Re., are active on the Italian territory, but no data regarding them are available.

The Centers, staffed uniquely by women, are based on the principle of women's autonomy and empowerment. They offer to victims of violence a "basket of resources" (Kelly, 2014): counseling, legal advice, advocacy, support in negotiations with statutory agencies, and a range of services, such as self-help groups, activities for the children or shelter in lodgings with a secret address. The World Health Organization (World Health Organization, 2013c) and the Istanbul Convention (Council of Europe, 2011) stressed the crucial role of the AVCs in the path towards freedom of victims of violence. Studies in various countries, including Italy, show that women accessing these

Centers report an increase of their self-esteem, empowerment, well-being (Bennett et al., 2004; Itzhaky & Ben Porat, 2005; Tutty, 2006), and an appreciation of the advocates working in the Centers (Creazzo, 2003 and 2010; Gloor & Meier, 2014).

In 2015 (last data available), in Italy 16.849 women have turned to AVC for help. Women were mostly Italian (72.2%) and between 30-49 years old (60%). Women reported physical violence (62%); psychological violence (76.2%); sexual violence (13.8%); economic violence (31.6%) and stalking (15%). In the 83.8% of the cases, the author of violence was a partner or an ex-partner (D.i.Re., 2017).

Some Centers offer to women the possibility to be hosted in "Refuge Houses", whose addresses are secret. Among the 73 AVC belonging to the national association D.i.Re., in 2015, 47 Centres offered this possibility, with a total of 648 beds available. According to D.i.Re., in 2015, at least 174 women were refused to access to a Refuge because of lack of places (D.i.Re., 2017). These data underline the fact that resources in this field are scarce. The Council of Europe (2008) stated that for the safety of women, one AVC every 10.000 inhabitant is needed and one "Refuge House" every 100.000 inhabitants. Therefore, in Italy more than 5.700 beds are needed, a number 10 times higher than the actual availability.

3.2.2 The Telefono Rosa: 1522

As reported in their website (www.telefonorosa.it), Women's National Association named *Telefono Rosa Onlus* was born in 1988, with the aims of bringing out, through the direct voice of women, violence that was still "submerged". In a tiny room, three volunteers, with the simple aid of a notebook and a pen, took turns at listening to the many women calling from all over Italy. At the same time, it became clear how important it was for the woman to be welcomed and supported psychologically, so the Association begun to offer psychological counselling as a major instrument of aid and support. The available services offered by *Telefono Rosa*, via telephone or

in the association, include the telephone listening, legal and psychological support and training and courses.

To date (last data relating to 2013), more than seven hundred thousand women have turned to *Telefono Rosa* to tell their stories of ordinary physical, psychological, economic violence; to talk about their existential discomfort; to testify to the impossibility of accepting the rules of a male universe, and to ask for help and support.

3.2.3 Emergency Services at Public Hospital

The healthcare services are one of the first place where victims of violence come in contact with professionals, and where they can be identified, provided with support and if necessary, referred to specialized services (Krug et al., 2002).

The Italian "Extraordinary Action Plan against Sexual and Gender violence" ratified in the 2015, in the attachment E, stated that it is necessary to identify homogenous ways of intervention, for guarantee an adequate response to women victims of violence who arrive to an hospital, at the national level.

The "Law of Stability" 2016, comma 790, recommended the development of a *Percorso di tutela delle vittime di violenza* (Path to protect victims of violence) within the health services, with the aim to protect the victims of violence. The Law stressed that the implementation of the guidelines should take place through the establishment of multidisciplinary groups, able to guarantee legal, social and health support to victims and to promptly identify the situations of violence (comma 791).

The *Codice Rosa* (Pink Code) is the practical activation of the Law of Stability 2016 comma 790, 791. It is an access code to the Emergency room, assigned in declared or suspected cases of violence. Through this code, victims of violence of any gender, age, and sexual orientation that

arrive to the hospital, receive specialized medical and psychological assistance; can undertake assisted paths for escaping violence, and file a complaint in case they desire to do so.

This way of operating has been severely criticized by women's associations and the Anti-violence Centers. The points under accusation are the risk that the Pink Code forces women to file a complaint; the rigidity of the path suggested; and, even more important, the loss of a gender-perspective in the approach to violence, since the path is designed for any victim, independently from gender, age and sexual orientation.

In a number of hospital, different ways to operate have been implemented, even before the National Directives.

For example, in Naples there is a *Servizio di ascolto psicologico* (psychological listening service) at the Emergency Service; in Milan, at the clinica Mangiagalli – Ospedale Maggiore Policlinico, there is the *Relief for sexual and domestic violence,* where an integrated, multi-professional support is offered to victims of violence and a continuous cooperation with other services and AVCs in the city is guaranteed (Kusterman, 2017; Reale, 2017).

In Rome, Genova and Trieste the service "SOStegno Donna", in collaboration with the Emergency Rooms, offer support to women victims of violence, assuming a gender-oriented perspective, offering an immediate and long-term support to women and training professionals in the field of violence against women.

3.3 LOCAL WELFARE: THE EXAMPLES OF THE FRIULI-VENEZIA GIULIA AND THE EMILIA ROMAGNA REGIONS

Friuli-Venezia Giulia

3.3.1 Characteristics of the territory

The Friuli-Venezia Giulia is an Italian autonomous region governed by a Special Act; it is situated in the North-East of the peninsula and borders with Austria in the north, Slovenia in the East, the Adriatic Sea in the South and the Italian Region of Veneto in the West. It covers a surface of 7.862 Kmq and counts 1.227.495 inhabitants. In 2016, the foreigners represent the 8.6% of the resident population. The chief town is Trieste. The region is subdivided into the province of Trieste (239.372 inhabitants); Udine (567.796 inhabitants); Pordenone (315.755 inhabitants) and Gorizia (141.024 inhabitants) (http://www.turismofvg.it/).

3.3.2 Regional law concerning violence against women

The regional law 16/08/2000, N. 17 "Realization of anti-violence projects and establishment of centers for women in difficulty", includes any kind of violence and guarantee to women victims of violence, and to their children, temporary support to resume their autonomy and freedom. The aims of the law are:

- To promote, coordinate and stimulate initiatives for contrasting violence, and intervening with effective actions;
- To recognize and enhances the self-organized and self-managed practices of women based on women's relationships;
- To encourage network intervention.

In the Art.3 and the followings, it is stated that the Region finances the "Anti-violence projects", namely Anti-violence Centers and "Refugee Houses". The law defines the minimum requirements of "Anti-violence projects" and the activities that should be carried within them.

3.3.3 Anti-violence Centers

In Friuli-Venezia Giulia operate several AVCs, implemented in the four provinces.

- Trieste: Associazione G.O.A.P. Onlus – Gruppo Operatrici Antiviolenza e Progetti:
- Udine and surroundings: Association IOTUNOIVOI Donne Insieme -Centro Accoglienza; Sportello antiviolenza Tolmezzo; Zero Tolerance – Comune di Udine; Centro di ascolto e consulenza delle donne – Tavagnacco;
- Gorizia and surroundings: Associazione di volontariato S.O.S. ROSA; Associazione da donna a donna ONLUS - Ronchi dei Legionari;
- Pordenone: Associazione Voce Donna ONLUS.

In 2015 (last data available, Regione Autonoma Friuli Venezia Giulia, 2015) the Centers have assisted 1.274 women. Women who turned for the first time to an AVC in Friuli-Venezia Giulia in 2015, were in 59.2% of cases between 30-50 years and were married in 47.9% of the cases. Women were mostly Italian (71.9%), lived in couple with children (44.6%), had a high school degree (37.5%) and had an employment (48.4%). The violence was perpetrated mostly by a husband (43.9%) or a cohabitant man (14.6%). The ex-partners were the perpetrators in 17.3% of cases. Women suffered of various kind of violence: psychological (94.1%); physical (64%); economic (47.4%); stalking (18.7%) and sexual (15.3%).

The AVC of Trieste, Pordenone and Gorizia are part of the D.i.Re. association and operate in line with the feminist principles of the association; they also offer hospitality in “Refuge Houses”. In the research study presented in this thesis the AVCs involved were that one of Trieste, Gorizia, Pordenone and Ronchi dei Legionari.

3.3.4 Emergency Services in Public Hospitals

In the hospitals of the Region have been implemented initiatives or services to protect and support women victim of violence.

In Gorizia and Monfalcone (a city in the Trieste province) the Pink Code project is active.

In Trieste, since 2013, the SOStegno Donna project is active. The "*Model of SOStegno Donna of prevention and contrast of violence against women*" is aimed to support victims of violence who arrive at the Emergency rooms. Following the guidelines of the World Health Organization (2013), it is based on a gender-sensitive approach, offering "women centered cares". The core of the intervention is the respect of the women's autonomy and shared decision. Doctors and nurses who identify or suspect a violent situation contact the multidisciplinary group of SOStegno Donna. The group is composed of psychologists and social workers; they receive the woman and offer her to co-build a project of protection and empowerment. The constant cooperation and contact with the local AVC and other territory's services allows to set up the best path for this woman. The service is active every day H24.

Emilia Romagna

3.3.5 Characteristics of the territory

The Emilia Romagna is an Italian region, situated in the North-East of Italy. It covers a surface of 22.453 Kmq and counts 4.449.538 inhabitants. The foreigners represent the 12.1% of the resident population (data 2016). The chief town is Bologna.

3.3.6 Regional law and Regional Plan

The regional law 27 June 2014, N. 6 for the "*Equality and against gender discrimination*", aims to:

- Eliminate every kind of gender discrimination and inequality;

- Enhance the gender differences and the affirmation of the women's freedom and autonomy to achieve the juridical and social equality between men and women;
- Take action against violence against women;
- Develop prevention policies;
- Collaborate with other public or private authorities to translate into practice the aims of the law.

The law has 45 articles, that cover every society aspect that could affect the achievement of gender equality in society. It describes the action needed to assume the gender equality in the fields of: representation, health and wellbeing, work and occupation, sharing of social responsibilities and care and communication.

The Title V regards the issue of the Prevention of gender violence. The Region recognizes the structural and cultural nature of violence against women and is committed to promote and develop preventive and support programs for victims and their children. In the Art. 14, it is recognized the central and crucial role played by the Anti-violence Centers; the Region supports their uniform presence on the regional territory. The Region is also committed to ensuring the availability of "Refugee Houses".

With the aim of pursuing effectively the directives of the law, Art. 17 stated that it is necessary to set up a Regional Plan for contrasting gender violence within 90 days of the law's approval. The region performs a function of observatory on gender, violence, prevention and contrast issues (Art. 19).

The Regional Plan (DAL 69/2016) identify four intervention areas:

- The prevention of violence against women;
- The protection and support of women victims of violence;
- The treatment for the perpetrators;
- System action for activate the interventions.

For every area, the Plan defines the actors, the action and the tools needed. The role and the characteristics of the Anti-violence Centers are detailed and in chapter 6, paragraph 6.2, is made explicit the obligation to institute a Regional Observatory. The functions of the Observatory are to expand knowledge about violence against women and to monitor the regional situation and the activation of the Plan directives.

3.3.7 Anti-violence Centers

In Emilia Romagna operate several AVCs in every province. The main AVC is the Casa delle donne per non subire violenza Onlus, situated in the chief town of Bologna

In 2015 (last data available) the 13 Centers assisted 3.354 women. The AVCs of Bologna – Casa delle donne per non subire violenza (756 women) and Ravenna – Linea Rosa (415 women) welcomed most women. Women who turned for the first time to an AVC in Emilia Romagna in 2015 were 2412 (78.8%). Among the new "cases", 35.6% of women were Italian, had children (77.3%) and suffered of psychological (93%), physical (66.9%), economical (43.2%) and sexual (15.1%) violence. The perpetrator was in majority of the cases a partner or an ex-partner. Women hosted in "Refugee Houses" in 2015, were 199 (Creazzo, 2015).

Except for SOS donna in Bologna, all the Centers are part of the D.i.Re. association and operate in line with the feminist principles of the association. In the research study presented in this thesis was involved the AVC *Casa delle donne per non subire violenza Onlus* of Bologna

3.3.8 Emergency Services in Public Hospitals

In Ravenna and Faenza hospitals is active a "*psychological corner*" for women victims of violence who arrive at the emergency room. The psychological report is added to the medical report, and can be taken in to account by the Public Prosecutor's office.

As far as we know, no other initiatives in the hospitals are active. From 2014 the Region supports the establishment of the Code Pink, but at the moment no data are available regarding the implementation of this program.

PART TWO – THE STUDY

CHAPTER 4

AIMS, METHODS AND PROCEDURE

4.1 LIMITATION OF THE CURRENT LITERATURE

The study starts from the necessity to go beyond the paucity of the current literature regarding the predictors of escaping violence (see Campbell et al., 1994; Anderson & Saunders, 2003; Bybee & Sullivan, 2005; Salazar et al., 2009; Montero et al., 2015; Pomicino, Beltramini, & Romito, in press).

Most studies in this field are qualitative and/or retrospectives in their nature; they use simple measures for the evaluation of the cessation of violence, as asking only if the women were experiencing ongoing abuse from their ex-partner during the last year (Abdulmohsen Alhalal et al., 2012). Few longitudinal studies have been conducted, and mostly for investigating the predictors of the decision to separate from a violent man and for clarifying the process of leaving (Anderson & Saunders, 2003), and not for discovering the predictors of the cessation of violence. These studies start from the assumption that ending the relationship lead to the termination of violence; however, as we have seen in the previous chapters, this does not always happen. Often the structural, social and institutional factors that can impact the women's path toward freedom have not been considered, as if the termination of violence should be only a women's responsibility (Bostock et al., 2009). It is important to understand how the community resources can facilitate (or hinder) the termination of violence (Logan & Walker, 2004).

Moreover, studies have often considered socio-economic, personal history, history of violence and psychological and health factors as separate indicators, not analysing the weight of these elements together with a multivariate model.

Finally, except for the study of Pomicino, Beltramini and Romito (in press), no Italian studies have investigated this topic.

4.2 AIMS OF THE STUDY

The main objective of this longitudinal study is to analyse the factors predicting a successful (cessation of violence) vs unsuccessful (continuation of violence) outcome in women victims of Intimate Partner Violence (IPV). The sample is composed by women who have sought help during a six months period at one of five Anti-violence Centres in the North of Italy.

Factors considered were: socio-demographic characteristics of the woman; types and duration of violence; woman's personal history; presence of children; woman's psychological health; responses of social and judicial services.

The data collected made possible to carry out also other analyses (*secondary objectives*):

- A description of the psycho-social characteristics of women using the AVCs and their history of violence, and the relationship between them;
- An analysis of the relationships between women's characteristics, characteristics of violence and health;
- An analysis of the relationships between women's characteristics, characteristics of violence and help seeking process.

4.3 METHOD

4.3.1 Participants and Procedure

The longitudinal study was based in five Anti-violence Centers (AVCs) situated in the North of Italy (Trieste, Gorizia, Pordenone, Ronchi dei Legionari and Bologna): all the women coming to these AVCs between February and November 2015 were eligible for inclusion. Eighteen months after the initial data collection (*Baseline*), the researcher re-contacted all women, and conducted phone interviews with them (*Follow-up*). Data were collected with two questionnaires, developed for this study.

The study was approved by the Ethical Committee of the University of Trieste.

4.3.2 Contacts with the Anti-violence Centers

Before the beginning of data collection, the research was presented in detail to the Centers. The materials (questionnaires and informed consent form) and the procedure were analysed and commented with the advocates, and all doubts and suggestions were discussed. After the agreement to collaborate, also the advocates signed an informed consent form.

4.3.3 Data collection

Baseline. At each Center, the advocates asked the women if they wanted to participate in a study on the characteristics and the health of women seeking help at an AVC. The advocates explained that the questionnaire was anonymous, self-administered and that the women were free to refuse to take part. Women were also assured that refusing to participate would not affect their relationship with the AVC. If they accepted, they received the informed consent form and the questionnaire in two different envelopes. They filled in the questionnaire on their own, but could ask the advocates for help if they needed it. To be able to pair the first and the second

Questionnaire without using the woman's name, we developed a coding system: women were asked to fill a code formed by the first letter of their name, their birth day, their eye colour and their birth month. The sealed envelopes were then handed in. The researcher trained the advocates in the procedure, and met them regularly to discuss any problems or doubts, and to collect the questionnaires.

Follow-up. The researcher re-contacted the women who had indicated in the informed consent form at Time 1 that they were available to be re-contacted 18-months later, leaving their phone number. The phone calls were done in a secure and quiet room with a mobile phone used only for the study. To ensure that the woman was safe in answering the call, the researcher presented herself as follows: "Good morning, I'm Federica from the University of Trieste. I'm collecting data for the University of Trieste about *Health and Wellbeing of Women*. In this moment, are you free to speak?". If the woman was not free at that time, a phone appointment was fixed. Once the woman agreed to continue the call, the researcher reminded to the woman the study to which they had participated at the AVC 18-months before, and the entire research was re-explained in detail. The woman was then asked to participate in the second part of the study, answering by phone to a questionnaire that lasted about 20-30 minutes. They were reassured that the questionnaire was completely anonymous and that the participation was strictly voluntary. Moreover, women were invited to stop the interview if the abuser or some other person arrived. To be able to pair the first and the second Questionnaire without using the woman's name, the researcher used the same code used at Time 1, asking to the woman to recompose it.

4.3.4 Materials

4.3.4.1 The informed consent form

At baseline, women were asked to fill the informed consent form. Here were described the longitudinal nature of the research and its aims and was stressed again its voluntary nature. Women were warmly invited to avoid leaving their name or other identity information on the questionnaire, and they were reassured about the ethical nature of the research. After these information, women were invited to fill the consent to the research participation. In this section women were asked firstly to consent to filling the questionnaire and then to consent be re-contacted eighteen months later, and if so, to leave a phone contact. They could also choose to refuse to be re-contacted for the second part of the research. Then, they filled the agreement to treatment of sensitive data as required by Italian regulation.

At follow-up, the researcher reminded women their consent, given 18 months earlier, to the participation in the second part of the research and requested a verbal confirmation regarding their actual availability to participate.

4.3.4.2 Ticket with email contact

To avoid leaving the women with doubts or questions about the research, we put in the envelop a little ticket with the email of the researcher. The email had a neutral address, not linked in any way to the issue of violence or with the Anti-violence Centre. This has been done for allowing women to bring the ticket with them, and do avoid putting them in danger in case the perpetrator saw the ticket.

4.3.4.3 The questionnaires

Two questionnaires were developed for the purpose of this study. Information were collected across the following sections.

QUESTIONNAIRE AT BASELINE

Socio-demographic characteristics

Women's socio-demographic characteristics were assessed by questions on age, nationality, marital status, education, living situation (alone, in a couple, with the family of origin and with or without children), number of children, occupational status and personal income (enough or not enough to live independently).

Health Indicators

Perceived health. Women were asked how was their general health in that moment. Possible answers were "very good", "good", "fair", "poor", "very poor". This indicator has been demonstrated to be a valid measure of overall health status (Segovia, Bartlett, & Edwards, 1989).

For analysis purpose, the categories were combined in "very good" (very good + good) "fair", and "very poor" (poor + very poor).

- *Post-traumatic stress disorder symptomatology*. To evaluate the presence of symptoms of post-traumatic stress disorder, three indicators were used, taken from the national survey on the violence against women in France (Jaspard et al., 2003). Women were asked if, during the last month, they had nightmares, anxiety or panic attacks. Possible answers were: "no" (0), "1 or 2 times" (1), "more often" (2).

  Categories were recoded in no/yes responses. The sum of the items was calculated and a *Stress Index* was created with three categories: low (score 0 -1), medium (score from 2 to 4) and (score from 5 to 6) high level of stress.

Symptoms of psychotic experiences. To assess for symptoms of psychotic experiences in our sample, women were asked to indicate if during the last month they "Have ever heard voices or sounds that no one else can hear?". This question has demonstrated excellent predictive value for clinically verifiable psychotic symptoms (Kelleher et al., 2013).

Possible answers were: "no", "1 or 2 times", "more often". Categories were recoded in a no/yes response.

- *Depressive symptoms*. Presence of depressive symptoms in the last month was assessed with the General Health Questionnaire (GHQ, Goldberg, 1972), in its 12-item version. The scale has been internationally validated (Goldberg et al., 1972; Piccinelli & Simon, 1997), and it has been used extensively with women, also in Italian studied on violence against women (Romito, Saurel-Cubizolles & Lelong, 1999; Romito, Turan, & De Marchi, 2005). We included in the analysis only women who gave a codable answer to the GHQ (at least 6 valid answer out of 12). A cut-off point of > 2 positive answers is generally used as a screening measure; a cut-off point of > 5 has been used for selecting more seriously distressed women (Romito et al., 2009).

  In this study, a two categories variable was used: not depressed (≤ 5), depressed (> 5).

- *Self-efficacy.* Based on the items utilized in the Sullivan and colleagues study (1994), we developed three items to evaluate the perception of the women to be able to "introduce themselves in a job interview", "find a place to live" and "ask the discount in a store". Women responded on a 5-point scale from "capable" to "incapable". The same questions were asked about their evaluation of the capacity of a friend or relative to do the same things. Making the differences between the scores at these two scales (self-rating *minus* others-rating), a synthetic variable of self-efficacy was developed, with two categories: "low self-efficacy", if the score was negative and "high self-efficacy", if the score was zero or positive.

Help-seeking process and social support

In order to assess their previous attempts at help-seeking, women were asked to indicate which people or services they had contacted before coming to the Anti-violence centre (AVC). Possible categories were: relatives, friends/colleagues, associations, hospital emergency services, general practitioner, psychologists/psychiatrists, social workers, lawyers and law enforcement agents. Participants were then categorized as seeking help from less than 4 sources, or from 4 or more sources. Another question investigated whether the women had already contacted an AVC in the previous years. Social support was investigated asking women if they had someone outside from the AVC that can help them in case of necessity.

Violence indicators

- *Perpetrator of violence*. Women were asked about the perpetrator of the violence which had brought them to the AVC. The perpetrator was categorized as: partner (including: spouse or cohabitant); partner not cohabitant; ex-partner.
- *Context of Intimate Partner Violence*. To assess the context of the IPV, women were asked: when the violence had begun ("a year ago, or less", "more than a year ago, but less than five", "more than five years ago, but less than ten", "more than ten years ago", "don't know"); the changes in its frequency ("constant in time", "increased over time", "decreased over time"); and whether they had suffered violence during pregnancy ("yes" / "no").
- *Nature of Intimate Partner Violence*. To assess violence during the last year, the questions from the Fundamental Right Agency survey (FRA - European Union Agency for Fundamental Rights, 2014) were used (see Box 1).

  Women were asked to report psychological violence (18-item scale), physical violence (9-item scale), sexual violence (4-item scale) and stalking (offensive or threatening communications 5-item subscale and following, loitering or damage to property 4-item

subscale). One item was created and added to the psychological violence scale ("threatened to kill himself"), and another in the stalking scale ("made a scene at your workplace"). Possible answers were: "never", "once", "from two to five times", "more often". For each typology, one synthetic variable was developed. For psychological violence, a three levels variable was coded: low, medium and high levels of suffered violence. Also for physical violence, a three levels variable was coded: no violence, medium and high levels of suffered violence. A yes/no variable was developed both for sexual abuse and for stalking.

- *Abuse of children*. Two separate questions with a yes-no response were created for assessing the abuse of children. Women with children were asked whether the children: 1) had witnessed IPV; 2) had suffered violence from the abuser.

  A synthetic variable was created including any type of children involvement in violence (witnessing IPV; suffering direct violence; violence during pregnancy).

- *Use of children to threaten women*. Four questions (three of them taken from the FRA questionnaire) were used to assess the use of children to act violence and scare the women. Women were asked if: they "feared that the perpetrator may hurt the children", "the perpetrator threatened to hurt children"; they "feared to lose children custody" and "the perpetrator threatened to take the children away from the woman".

See *Annex A* for the detailed questionnaire.

Box 1. What the Fundamental Right Agency survey (2014) asked to assess violence

How often does your current partner...

Psychological violence

- try to keep you from seeing your friends?
- try to restrict your contact with your family of birth or relatives?
- insist on knowing where you are in a way that goes beyond general concern?
- get angry if you speak with another man?
- become suspicious that you are unfaithful?
- prevent you from making decisions about family finances and from shopping independently?
- forbid you to work outside the home?
- forbid you to leave the house, take away car keys or lock you up?
- belittled or humiliated you in front of other people?
- belittled or humiliated you in private?
- done things to scare or intimidate you on purpose, for example by yelling and smashing things?
- made you watch or look at pornographic material against your wishes?
- threatened to take the children away from you?
- threatened to hurt your children?
- hurt your children?
- threatened to hurt or kill someone else you care about?
- threatened to hurt you physically?

Physical violence

- pushed you or shoved you?
- slapped you?
- thrown a hard object at you?
- grabbed you or pulled your hair?
- beaten you with a fist or a hard object, or kicked you?
- burned you?
- tried to suffocate you or strangle you?
- cut or stabbed you, or shot at you?
- beaten your head against something?

Sexual violence

- forced you into sexual intercourse by holding you down or hurting you in some way?
- attempted to force you into sexual intercourse by holding you down or hurting you in some way?
- made you take part in any form of sexual activity when you did not want to or you were unable to refuse?
- or have you consented to sexual activity because you were afraid of what might happen if you refused?

Stalking

- sent you emails, text messages (SMS) or instant messages that were offensive or threatening?
- sent you letters or cards that were offensive or threatening?
- made offensive, threatening or silent phone calls to you?
- posted offensive comments about you on the internet?
- shared intimate photos or videos of you, on the internet or by mobile phone?
- loitered or waited for you outside your home, workplace or school without a legitimate reason?
- deliberately followed you around?
- deliberately interfered with or damaged your property?

Abuser information

- *Abuser socio-demographic characteristics.* Abuser's socio-demographic characteristics were assessed by questions on age, nationality, education, occupational status and any conviction for violence or other crimes.
- *Addictions and health indicators.* Women were asked to indicate if the violent man: abused of alcohol, drugs, gambled, was under the care of a psychologist/psychiatrist, had severe handicap or disability. Moreover, one question investigated if the perpetrator attended a service of mental health or addictions.

Fears and expectation of women concerning the Anti-violence Center

Women were asked whether, before turning to the Anti-violence Center, they were afraid of: having to tell their story; not being believed; being judged; having to make a complaint. Women could indicate more than one answer.

The expectations about the experience with the AVC have been investigated through these four items not mutually exclusive: learn how to manage his violent behaviours to continue to maintain a relationship with him; leave the violent situation and start an independent life; figure out what to do when I'm in danger; understand why all this happened to me.

QUESTIONNAIRE AT FOLLOW-UP

Socio-demographic characteristics

Questions on marital status, occupational status and personal income (enough or not enough to live independently) were repeated. Living situation was investigated with a new question; women were asked if, at the moment of the interview, they lived with: the violent man, another man, the family of origin, alone or other situation (ex. Shelter Refuge)

Health Indicators

- *Subjective perceived health*, *Post-traumatic stress disorder symptomatology*, *Symptoms of psychotic experience, Self-efficacy* were assessed with the same questions of the first questionnaire.
- *Depressive symptoms.* To screen for depression, the Patient Health Questionnaire-2 was used (PHQ-2, Kroenke, Spitzer, Williams, 2003). Two screening questions allows to evaluate the depressive symptomatology. Women were asked how often, in the last month they had "been able to enjoy normal activities", and had "been feeling unhappy or depressed". Possible answers were: "never", "1-2 times", "more often". Categories were recoded for analysis purpose as: "never" and "yes". Moreover, women were asked if they had used any drugs for anxiety, sleeping pills, or other drugs for depression.
- *Suicidal thoughts and attempts.* Women were asked if, in the last year: they had thought about suicide; had ever attempted to suicide. Possible answers were: "no", "1-2 times" and "more often".
- *Use of hospital services.* The use of hospital services was assessed with two questions asking women: if they had attended an hospital emergency services; if they were hospitalized, during the last year and for which reasons.

Contacts with the abuser

Several items assessed the contacts women had with the abuser: "I have a relationship with him"; "I have contacts for the children", "for economic reasons", "for court reasons", "during the mediation family meeting", "because he waited her outside home, workplace or deliberately follow her". Possible answers were "no", "yes".

A synthetic variable of contacts was created with two categories: no contacts; forced contacts.

Violence Indicators

For evaluating the violence suffered by the women during the last year the same questions of the First Questionnaire were used: *Context of Intimate Partner Violence (changes in frequency)*, *Nature of Intimate Partner Violence* and *Abuse of children*.

In addition, an objective indicator of *Decrease in violence* was constructed. Both for baseline and follow-up, a global score of violence was computed, adding the scores of the Psychological, Physical, Sexual, Verbal and Physical Stalking scales. Violence was considered as decreased at follow-up if the score at follow-up was minor or equal to the half of the score at baseline (decreased at least of the 50% or ceased).

Moreover, women were asked if they feared the abuser and/or any other person.

Separated women and contacts between father and children in the last year

Specific questions were asked to women who have children with the abuser and who were separated or divorced/did not live with him.

- *Contact arrangements*. Women were asked how the meetings between father and children occurred. Items were: "in a protected manner"; "the court has decided the days in which they stay together"; "they decided freely when meet each other"; "they never met". For each item, answers were: "yes", "no".
- *Payment of child allowances*. Women were asked if the father of the children had to pay a child allowance and if he paid it regularly.
- *Using children to continue violence*. Women were asked if the abuser had used the children to exercise violence and control over them. The ten questions of the Solace Women's Aid Study were used, except for the item regarding the maintenance payments (Kelly, Sharp and Klein, 2014; Box 2). On item was added, asking women to indicate whether they were afraid when their children were with the father.

Box 2. What the Solace Women's Aid Study (2014) asked to assess violence perpetrated using children

During the contacts father and child in the last year, it happens that the perpetrator…:

- Ever tried to get information about your whereabouts through your children?
- Passed abusive/threatening messages through your children?
- Tried to turn your children against you?
- Exacerbated or ignored children's conditions?
- Withheld maintenance payments?
- Changed contact plans at the last minute?
- Returned your child home later after contact?
- Threatened or abused your children?
- Sent the back to you without all their possessions/clothes and refused to give them back?
- Abused/threatened you during child contact?

The use of police, legal or social services

Women were asked if, during the last year: "they did one or more reports to the police because of the violence"; "the man had been warned by the police"; "they asked for a removal order".

- *Family mediation*. The use of family mediation was investigated. Women were asked who proposed/imposed it to them ("the court"; "the psychologist"; "the social workers"). The meetings were evaluated with five items with a yes/no response. Items were: "during the meetings…: "he assaulted me psychologically"; "he assaulted me physically"; "I felt humiliated by the mediator"; "decisions that could put in danger me and/or my children have been taken"; "the meetings have been useful".
- *Help-seeking process and social support.* As for questionnaire at baseline, in order to assess their attempts at help-seeking during the last year, women were asked to indicate which people or services they had contacted.

Difficulties and needs

A list of six items with a "no-yes" response were used to evaluate women's actual needs; moreover with seven items with a "no-yes" response, women were asked to indicate if they had encountered any economic difficulty during the last year.

The experience at the Anti-violence Center

- *Services used*. Women were asked to indicate which services they had used at the AVC: "legal advice"; "services that helped me to find a job"; "individual psychological support"; "group of psychological support"; "self-esteem groups, self-defence activities…"; "support in children care".
- *Evaluation of the Center*. Women were asked to evaluate their path with the AVC, its usefulness and their satisfaction. Questions were: "your experience with the AVC, have been… very good, good, fair, bad or very bad"; "the intervention of the AVC has been… very useful; useful; neutral; not useful or not at all useful"; "having met only women at the AVC, has been… very good, good, fair, bad, very bad".

  Finally, they were asked to indicate if they desired to receive more information/services from the AVC, and which was the more useful information they had received from the AVC.

See *Annex B* for the detailed questionnaire.

4.3.5 ANALYSES

The first part of the analyses took place after the end of baseline data collection. Descriptive and correlational analyses were conducted in order to determine the characteristics of the sample, the associations with the main indicators of violence and with the women's socio-demographic characteristics, health and help-seeking behaviours.

At the end of follow-up data collection, the second part of the analyses were performed. Descriptive, bi-variate, correlational and multivariate analyses were conducted in order to describe the process through which women had gone during the last 18 months. To discover the predictors of escaping violence, logistic regression analysis and cluster analysis were performed. Data analysis involved use of SPSS, Version 21 (SPSS Inc., Chicago, IL).

CHAPTER 5

RESULTS

In this chapter will be presented the results of the study.

In the first part will be reported the results of the analysis regarding the first questionnaire completed at baseline. Data will be organised into these sections:

- Description of women who answered at first questionnaire;
- Description of the perpetrator of violence;
- Description of violence;
- Associations between women's socio-demographic characteristics and violence indicators;
- Involvement of children in violence;
- The help-seeking process;
- Women's health.

In the second part of the chapter the results of the analysis of the second questionnaire at follow-up will be presented. Results will be organised as follow:

- Response rate;
- What has changed between baseline and follow-up;
- Contacts with the perpetrator;
- Use of services and difficulties experience by women during the last year;
- Predictors of escaping violence;
- Using children to continue violence
- The experience at the Anti-violence centre.

CHARACTERISTICS OF WOMEN, HISTORY OF VIOLENCE, HEALTH AND HELP-SEEKING AT BASELINE

5.1 DESCRIPTION OF WOMEN WHO ANSWERED THE FIRST QUESTIONNAIRE

Overall, 179 women were asked to participate and 178 accepted. Due to a high proportion of missing values, 10 questionnaires were discarded; fifteen women reported violence from a perpetrator other than a partner or ex-partner, and 2 women did not specify the author and were therefore excluded. Analysis was performed on 151 questionnaires (Figure 5.1.1). The characteristics of the participants are reported in table 5.1.1.

Figure 5.1. Participants' flow chart

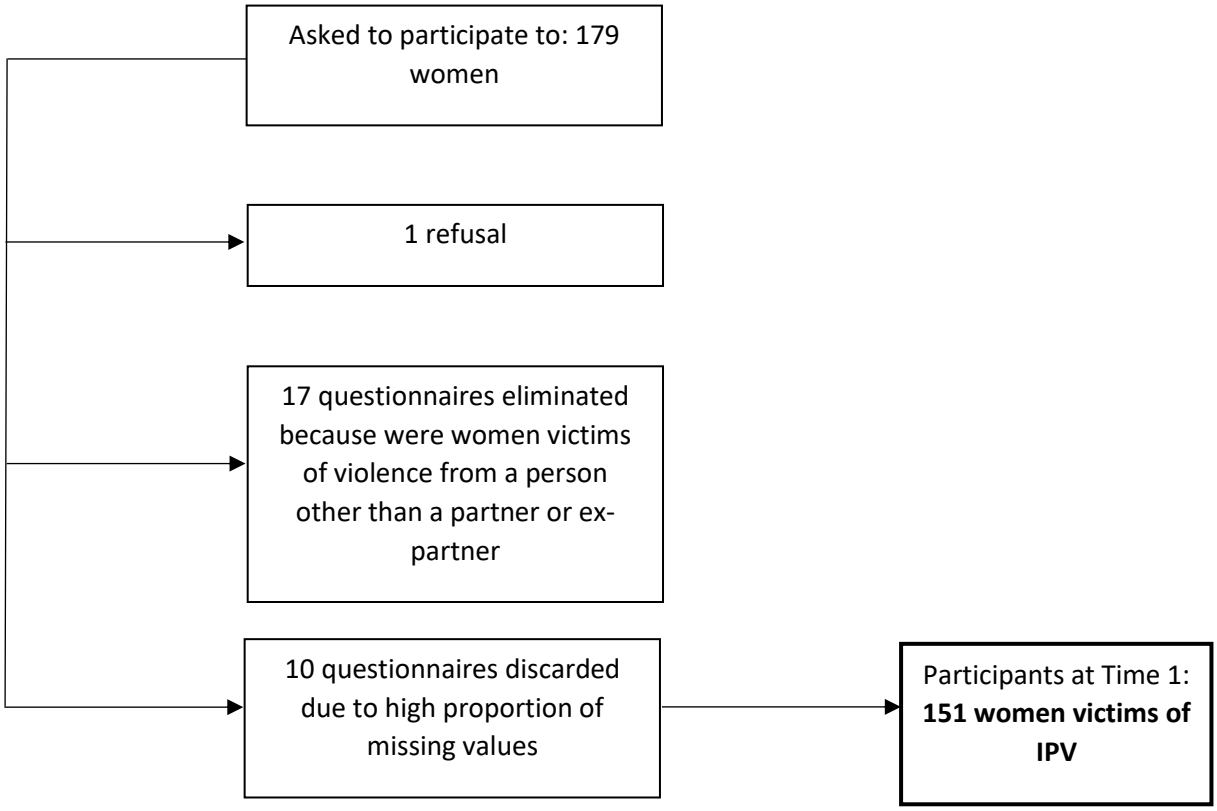


Table 5.1.1. Women's socio-demographic characteristics of the sample.

Socio-demographic characteristics	*n*	*%*
Age		
18 - 29 years	18	12.0
30 - 39 years	36	24.0
40 - 49 years	72	48.0
50 - 74 years	24	16.0
Nationality		
Other countries than Italy	24	15.9
Marital status		
Unmarried	49	32.7
Married	53	35.3
Separated or divorced	48	32.0
Way of living		
Alone	18	12.3
Alone with children	55	37.7
In couple	54	37.0
With the family of origin	19	13.0
Number of children		
No children	24	15.9
One child	54	35.8
Two or more children	73	48.3
Educational level		
Low education	33	21.9
Vocational training	18	11.9
Diploma high school	74	49.0
Higher education	26	17.2
Occupational status		
Employed	105	69.5
Unemployed	31	20.5
Other inactive situations	15	10.0
Income		
Enough to live independently	41	27.3
Not enough to live independently	65	43.4
Does not work	44	29.3

5.2 WHO ARE THE PERPETRATORS OF VIOLENCE?

Table 5.2.1 reports the characteristics of the perpetrator. Half of them were between 40 and 49 years old, and most were employed. The educational level was lower than the women's level, a trend that correspond to national data. Thirty men had been previously convicted. Regarding the health status, almost 40% of them use alcohol and 16% had an addiction.

Table 5.2.1. Perpetrators' socio-demographic characteristics

Socio-demographic characteristics of the perpetrators	*n*	*%*
Age		
18 - 29 years	10	6.8
30 - 39 years	24	16.2
40 - 49 years	75	50.7
50 - 94 years	39	26.4
Nationality		
Other countries than Italy	24	15.9
Educational level		
Low education	62	42.8
Vocational training	19	13.1
Diploma high school	48	33.1
Higher education	16	11.0
Occupational status		
Employed	115	78.8
Unemployed	21	14.4
Other inactive situations	10	6.8
Previous conviction		
Yes	30	20.3
No	83	56.1
Does not know	35	23.6
Addictions and health of the perpetrator		
Use of drugs	25	17.4
Use of alcohol	55	37.7
Addictions (gambles, compulsive shopping)	23	15.9
Severe handicap/disability/health or mental pathology	17	11.9
Is under the care of a psychologist/psychiatrist	19	13.3
Attends a mental health/addiction service	21	14.3

5.3 DESCRIPTION OF VIOLENCE

Table 5.3.1 reports the violence suffered by women during the last year, divided into the categories of psychological, physical, sexual violence and stalking. Women reported high proportion of each kind of violence, and when violence were present, they were often multiple.

Table 5.3.1. Violence during the last year

Psychological violence	*Yes*	Among women who answered yes: *>5 times*
Insist on knowing where you are in a way that goes beyond general concern	67.1	70.2
Get angry if you speak with another man	64.5	53.8
Become suspicious that you are unfaithful	60.4	67.5
Try to keep you from seeing your friends	53.5	64.5
Try to restrict your contact with your family of birth or relatives	41.4	61.7
Prevent you from making decision about family finances and from shopping independently	43.4	78.0
Forbid you to work outside the home	27.5	56.4
Belittled or humiliated you in private	88.4	82.9
Belittled or humiliated you in front of other people	77.7	63.9
Done things to scare or intimidate you on purpose, for example by yelling and smashing thing	77.9	69.0
Threatened to hurt you physically	64.6	60.2
Forbid you to leave the house, take away car keys or lock you up	31.0	38.6
Made you watch or look at pornographic material against your wishes	13.2	36.8
Threatened to hurt or kill someone else you care about	32.4	43.5
Threatened to kill himself	38.3	53.7
Physical violence		
Pushed you or shoved you	65.1	38.9
Slapped you	43.2	31.7
Thrown a hard object at you	45.2	42.4
Grabbed you or pulled your hair	43.4	36.5
Beaten you with a fist or a hard object, or kicked you	34.9	41.2
Burned you	4.1	16.7
Tried to suffocate you or strangle you	21.6	18.7
Cut or stabbed you, or shot at you	2.1	33.3
Beaten your head against something	20.0	17.2
Sexual violence		
This man forced you into sexual intercourse hurting you in some way	24.1	34.3
This man attempted to force you into sexual intercourse hurting you in some way	21.7	32.3
This man made you take part in any form of sexual activity when you did not want to or you were unable to refuse	22.2	31.2
Have you consented to sexual activity because you were afraid of what might happen if you refused	35.9	38.5
Communication Stalking		
Sent you emails, text message (SMS) or instant messages that were offensive or threatening	48.7	59.1
Sent you letters or cards that were offensive or threatening	14.0	60.0
Made offensive, threatening or silent phone calls to you	57.2	57.8
Posted offensive comments about you on the internet	6.9	60.0
Shared intimate photos or videos of you, on the internet or by mobile phone	4.9	42.8

Continues ...

Physical Stalking		
Loitered or waited for you outside your home, workplace or school without a legitimate reason	41.9	45.2
Did a scene (insults, threats …) on your workplace	20.8	46.7
Deliberately followed you around	36.9	53.8
Deliberately damaged your property	37.3	56.6

Table 5.3.2 presents the violence suffered by women, using synthetic indicator. During the last year, more than 2/3 of the women reported from moderate to high levels of psychological or physical violence and only six reported no psychological violence; 42.8% reported sexual violence, 69.8% communication stalking and 61.6% physical stalking. More than a third of women reported that violence had lasted more than ten years; violence had increased over time in 60.3% of cases.

Table 5.3.2. Violence characteristics

Violence indicators	*n*	*%*
Psychological violence*		
Low	42	28.2
Moderate	45	30.2
High	62	41.6
Physical violence*		
No	40	26.8
Moderate	71	47.7
High	38	25.5
Sexual violence*		
Yes	62	42.8
Communication stalking*		
Yes	104	69.8
Physical stalking*		
Yes	90	61.6
Perpetrator		
Partner	97	64.2
Ex-partner	54	35.8
Duration of violence		
< 1 year	25	16.6
1 – 4 years	28	18.5
5 – 9 years	33	21.9
≥ 10 years	54	35.8
Don't know	11	7.3
Evolution of violence over time		
Constant in time	41	28.1
Increased over time	88	60.3
Decreased over time	17	11.6

*during the last year

The characteristics of the violence experiences by the women in the study's sample have been compared with the characteristic of all women who had addressed themselves to the Anti-violence centres in Friuli Venezia Giulia and Emilia Romagna. These latter data came from the forms that the advocates fill in when they meet the women.

Our results confirm the general trend of violence suffered by women who addressed themselves to an Anti-violence centre in Friuli Venezia Giulia in 2015 (Regione Autonoma Friuli Venezia Giulia, 2015). The Report shows that women who turn to one of regional AVC suffered mainly from psychological violence (94%), followed by physical violence (64%). Psychological violence included mainly humiliations, lies and verbal aggressions; Physical violence included mainly slaps, kicks and punches. Stalking was reported by 18.7% of women and sexual violence by 15.3%. The author of violence is often a partner (43.9% husband, 14.6% cohabitant, 17.3% ex-partner).

Similar results are found in the Report of Emilia-Romagna AVCs (2015): 93% of women had experienced psychological violence, 66.9% physical violence, 15.1% sexual violence (Creazzo, 2015).

In our sample, the percentage of women reporting sexual violence is greater than what is reported in the data collected by the AVC. This is probably due to the high specificity of our items and the to the possibility of choosing between several responses; moreover, our questionnaire is auto-administered, and this enhances the likelihood that women to report more freely the violence suffered (Walby & Towers, 2017).

5.4 ASSOCIATIONS BETWEEN SOCIO-DEMOGRAPHIC CHARACTERISTICS AND VIOLENCE INDICATORS

Table 5.4.1 reported the significant associations between the violence indicators and the socio-demographic characteristics of women.

Table 5.4.1. Associations between socio-demographic characteristics and violence indicators

		Age				Nationality		Marital status			Way of living			
		18-29	30-39	40-49	>50	Italian	Others	Unmarried	Married	Separated-divorced	Alone	Alone with children	In couple	With the family of origin
		%	%	%	%	%	%	%	%	%	%	%	%	%
Author of violence	Partner	55.6	63.9	62.5	75.0	64.6	62.5	**42.9**	**98.1**	**47.9**	**55.6**	**47.3**	**85.2**	**57.9**
	Ex	44.4	36.1	37.5	25.0	35.4	37.5	**57.1**	**1.9**	**52.1**	**44.4**	**52.7**	**14.8**	**42.1**
Duration of violence	<5y	**83.3**	**41.7**	**25.0**	**20.8**	34.6	37.5	**59.2**	**20.8**	**27.1**	**55.6**	**30.9**	**24.1**	**57.9**
	5-10y	**11.1**	**33.3**	**20.8**	**12.5**	21.3	25.0	**22.4**	**17.0**	**25.0**	**16.7**	**32.7**	**18.5**	**5.3**
	>10y	**5.6**	**25.0**	**54.2**	**66.7**	44.1	37.5	**18.4**	**62.3**	**47.9**	**27.8**	**36.4**	**57.4**	**36.8**
Evolution of violence over time	Constant	33.3	25.7	30.0	22.7	26.8	34.8	33.3	24.0	27.7	25.0	30.2	26.4	26.3
	Increased	44.4	68.6	57.1	68.2	61.0	56.5	47.9	72.0	59.6	56.3	56.6	62.3	68.4
	Decreased	22.3	5.8	12.9	9.1	12.2	8.7	18.7	4.0	12.8	18.8	14.2	12.3	5.3
Psychological violence	Low	11.1	22.9	31.9	39.1	28.6	26.1	28.6	25.5	31.3	**22.2**	**37.0**	**24.5**	**15.8**
	Moderate	27.8	31.4	36.1	8.7	31.0	26.1	24.5	35.3	29.2	**27.8**	**20.4**	**45.3**	**21.1**
	High	61.1	45.7	31.9	52.2	40.5	47.8	46.9	39.2	39.6	**50.0**	**42.6**	**30.2**	**63.2**
Physical violence	No	0	25.0	29.6	39.1	28.0	20.8	20.4	24.5	34.8	23.5	37.0	24.1	10.5
	Moderate	61.1	50.0	46.5	39.1	47.2	50.0	51.0	50.9	41.3	52.9	37.0	53.7	52.6
	High	38.9	25.0	23.9	21.7	24.8	29.2	28.6	24.5	23.9	23.5	25.9	22.2	36.8
Sexual violence	No	41.2	55.9	55.7	73.9	56.6	60.9	54.3	51.0	66.0	72.2	61.5	50.9	50.0
	Yes	58.8	44.1	44.3	26.1	43.4	39.1	45.7	49.0	34.0	27.8	38.5	49.1	50.0
Communication stalking	No	11.1	27.8	30.6	50.0	28.8	37.5	**16.3**	**45.1**	**29.2**	22.2	23.6	40.4	21.1
	Yes	88.9	72.2	69.4	50.0	71.2	62.5	**83.7**	**54.9**	**70.8**	77.8	76.4	59.6	78.9
Physical stalking	No	**16.7**	**28.6**	**41.4**	**59.1**	37.1	45.5	30.6	42.0	41.3	35.3	35.8	48.1	21.1
	Yes	**83.3**	**71.4**	**58.6**	**40.9**	62.9	54.5	69.4	58.0	58.7	64.7	64.2	51.9	78.9

Continues…

p<.05

		Number of children			Educational level				Occupational status			Income		
		0 %	1 %	>1 %	Low education %	Vocational training %	High school %	High education %	Employed %	Unemployed %	Other %	Enough to live independently %	Not enough to live independently %	Not work %
Author of violence	Partner	54.2	59.3	71.2	66.7	77.8	64.9	50.0	**57.1**	**74.2**	**93.3**	**58.5**	**56.9**	**79.5**
	Ex	45.8	40.7	28.8	33.3	22.2	35.1	50.0	**42.9**	**25.8**	**6.7**	**41.5**	**43.1**	**20.5**
Duration of violence	<5y	**79.2**	**42.6**	**15.1**	**18.2**	**38.9**	**36.5**	**50.0**	36.2	38.7	20.0	43.9	30.8	31.8
	5-10y	**16.7**	**25.9**	**20.5**	**15.2**	**16.7**	**20.3**	**38.5**	25.7	12.9	13.3	22.0	27.7	13.6
	>10y	**4.2**	**31.5**	**64.4**	**66.7**	**44.4**	**43.2**	**11.5**	38.1	48.4	66.7	34.1	41.5	54.5
Evolution of violence over time	Constant	18.2	28.8	30.6	33.3	44.4	22.9	24.0	29.7	20.0	33.3	21.1	34.4	25.6
	Increased	54.5	63.5	59.7	60.6	33.3	67.1	60.0	58.4	66.7	60.0	68.4	51.6	65.1
	Decreased	27.2	7.6	9.7	6.1	22.2	10.0	16.0	11.9	13.4	6.7	10.6	14.1	9.4
Psychological violence	Low	**8.3**	**35.2**	**29.6**	21.2	23.5	32.9	26.9	27.9	26.7	33.3	25.0	32.3	25.6
	Moderate	**50.0**	**20.4**	**31.0**	24.2	29.4	30.1	38.5	33.7	23.3	20.0	37.5	30.8	23.3
	High	**41.7**	**44.4**	**39.4**	54.5	47.1	37.0	34.6	38.5	50.0	46.7	37.5	36.9	21.2
Physical violence	No	12.5	24.1	33.8	25.0	16.7	30.1	26.9	27.9	26.7	20.0	22.5	30.8	25.6
	Moderate	62.5	50.0	40.8	43.8	44.4	47.9	53.8	50.0	36.7	53.3	60.0	46.2	39.5
	High	25.0	25.9	25.4	31.3	38.9	21.9	19.2	22.1	36.7	26.7	17.5	23.1	34.9
Sexual violence	No	52.2	57.7	58.6	63.3	27.8	60.6	61.5	61.4	40.0	64.3	59.0	65.1	45.2
	Yes	47.8	42.3	41.4	36.7	72.2	39.4	38.5	38.6	60.0	35.7	41.0	34.9	54.8
Communication stalking	No	**16.7**	**24.1**	**39.4**	**43.8**	**38.9**	**28.8**	**11.5**	26.7	36.7	42.9	26.8	26.2	40.5
	Yes	**83.3**	**75.9**	**60.6**	**56.3**	**61.1**	**71.2**	**88.5**	73.3	63.3	57.1	73.2	73.8	59.5
Physical stalking	No	17.4	38.9	44.9	34.4	38.9	42.9	30.8	35.3	41.4	53.3	28.2	42.2	42.9
	Yes	82.6	61.1	55.1	65.6	61.1	57.1	69.2	64.7	58.6	46.7	71.8	57.8	57.1

p<.05

5.5 INVOLVEMENT OF CHILDREN IN VIOLENCE

Children are always involved in violence. They may be direct victim of violence or may assist to the violence perpetrated by the father on their mother. Involvement of children in violence often begin already when they are in the mother's womb.

In our sample, violence during pregnancy affected 38% of women (45.6% among those who had ever been pregnant). When there were children, 78.5% of them had witnessed the abuse of their mother, and 40.2% had suffered violence at the hands of the abusive man. These two questions were the most unanswered with a high level of missing values, probably for the fear or the shame to report an intolerable thing. Overall, when children were present, there was an involvement of children in violence in 89.3% of the cases. Women's fears regarding child custody and possible damage to children wellbeing (table 5.5.1).

Table 5.5.1. Involvement of children in violence and use of children to threaten and terrorize women

Involvement of children indicators	*n*	*%*
Violence during pregnancy		
Yes	57/150	38.0
No	68/150	45.3
Never been pregnant	25/150	16.7
Children have witnessed violence against the mother*	95/121	78.5
Children have suffered violence from the abusive man *	41/102	40.2
[1]Any involvement of children in violence*	108/121	89.3
Use of children to threaten and feared the women		
The perpetrator threatened to hurt children*	28	23.5
The perpetrator threatens to take the children away from the woman	65	53.3
The woman fears that the perpetrator hurt children	89	70.1
The woman fears to lose the children custody	66	52.0

*during the last year; [1] the indicator was created including any type of children involvement in violence (witnessing IPV; suffering direct violence; violence during pregnancy)

According from the data of the Anti-violence centres in Emilia-Romagna (Creazzo, 2015), 55.9% of children have suffered violence. The Italian national survey (Istat, 2014) reports that 60.3% of children witnessed the violence against their mother and 25% suffered direct violence from the abusive man.

In our sample, there was an involvement of children in violence in 89% of cases, this lead to women' worries and fears regarding their protection and custody decisions.

5.6 THE HELP-SEEKING PROCESS AMONG WOMEN VICTIM OF PARTNER VIOLENCE IN ITALY

Introduction

Looking for help and support has a central role in the process of putting an end to partner violence. Social support has been shown to be a critical resource and more social support is associated with less re-abuse during the life-course (Bybee & Sullivan, 2002; Goodman et al., 2005). A correct response from the community, and the presence of sufficient resources make it possible for women to leave their abusers and live an independent life free from violence (Gondolf & Fisher, 1988; Websdale & Johnson, 1997; Moe, 2007). Moreover, positive social reactions to disclosure are associated with health benefits (Sylaska & Edwards, 2014).

Surveys on representative samples of female population indicate how often victims of violence look for help. In the European FRA survey's (European Union Agency for Fundamental Rights, 2014), the most serious incident of IPV experienced by the respondents come to the attention of any formal service in a third (34 %) of cases. In the national Italian survey (Istat, 2015), only 6.7% of women victims of violence contacted the police, and a tiny minority said they had turned to doctors or nurses for help (1.4%) or to emergency services (1.2%).

Two major models have been used in the literature for conceptualizing the help-seeking behaviour of abused women: the survivor hypothesis and the stage model (Gondolf & Fisher, 1988; Liang et al., 2005). The two models are not mutually exclusive, and several studies have confirmed both of them. They recognize women victims pf violence as victims who overcome many obstacles and describe them as actively engaged in confronting the violence, using a huge range of strategies and actively seeking for help and support (Anderson & Saunders, 2003;

Goodman et al., 2003; Goodkind et al., 2004; Khaw & Hardesty, 2007; Moe, 2007; Salazar et al., 2009; Ansara & Hindin, 2010).

Gondolf and Fisher's (1988) survivor hypothesis describes women's various attempts to stop violence and their repeated access to formal and informal help-seeking sources, even when the violence increases in severity. The stage model describes help-seeking as a process (Liang et al., 2005): starting with problem recognition and definition, it then moves on to the decision to seek help and ends with support selection. All of these stages are influenced by individual, interpersonal and sociocultural factors (Liang et al., 2005), and several turning points have been demonstrated to be pivotal (Campbell et al., 1998; Khaw & Hardesty, 2007).

Strategies for confronting intimate partner violence (IPV)

There is an association between escalation in the severity of violence and number of help-seeking strategies used (Gondolf & Fisher, 1988; Goodman et al., 2003; Ansara & Hindin, 2010; Sabina et al., 2012), but few studies have analysed the relationship among the various strategies utilized depending on the typologies of violence (Goodkind et al., 2004; Ergöçmen et al., 2013; Sabina et al., 2012).

Initially, in an attempt to address the violence, control the situation and achieve a non-violent relationship, women often use placating and resistance strategies, such as sleeping separately, refusing to do what the perpetrator says, or fighting back physically (Lempert, 1996; Campbell et al., 1998; Goodman et al., 2003). These strategies are the least effective, and can actually make the situation worse (Goodkind et al., 2004; Goodman et al., 2005; Ergöçmen et al., 2013). Most women victims of IPV only make contact with informal sources of support (family, friends and neighbours) (Coker et al., 2000; Ansara & Hindin, 2010). Although informal social support has a crucial role in the process, and plays a protective role against re-abuse over time, it becomes increasingly ineffective as the violence become more severe (Sullivan & Bybee, 1999; Goodman et al., 2005). Paradoxically, its very availability may stop the woman from leaving the abuser by

encouraging reconciliation (Kelly, 2009; Moe, 2007). Moreover, often adults who help the victims are directly involved in the abusive behaviour of the perpetrator, becoming victims themselves (Gregory, 2017). Fewer women turn to formal sources for help, and those that do are primarily the ones who experience more severe levels of violence (Ansara & Hindin, 2010; McCart et al., 2010; Sabina et al., 2012). Sometimes women are afraid that going to the police or to a social service will necessarily involve ending the relationship with the perpetrator, or making a formal complaint, even when they do not feel ready to do it (Fugate et al., 2005).

According to several studies (Sullivan & Bybee, 1999; Goodman et al., 2003; Goodkind et al., 2004; Moe, 2007; Gloor & Meier, 2014; Parker & Gielen, 2014), the most useful strategies are attending programs dedicated to victims of violence or staying at a domestic violence shelter, but few women access these services. Fugate and colleagues (2005) found that there are numerous misconceptions surrounding access to these programs, for instance, women think they will be made to end the relationship with the perpetrator, or that in order to gain access, the violence has to be very serious. Moreover, the isolation into which women victim of violence may be forced, do not enable them to know their rights or to be aware of the availability of support services (Bowstead, 2017).

The role of children in the process of seeking help

An important turning-point in the process of deciding to seek help is having children and becoming aware of the effects of the violence on them. Women put their children's well-being before their own safety, and do everything in their power to keep them safe (Khaw & Hardesty, 2007; Akers & Kaukinen, 2009; Kelly, 2009; Moe, 2009; Meyer, 2010; Rhodes et al., 2011; Dufort et al., 2013; Palmer et al., 2016). However, this process is not always straightforward: on the one hand, having children can induce women to look for help; on the other hand, it can actually dissuade them from doing so. Women may feel frightened because the perpetrator's violence may increase after leaving (Anderson & Saunders, 2003; Saunders, 2004; Lewis et al., 2005; Bell et al., 2009; Kelly, 2009). Moreover, the responsibility for protecting the children is often placed

solely on the mother's shoulders: if the social services do not think they fulfil the role of "good mother", they risk being accused of being "not protective" after disclosing the abuse (Radford & Hester, 2006; Rasool, 2016). Fearing that they will not be believed or that their children might be taken away from them are two very strong impediments to asking for help (Romito, 2008).

Finally, financial issues also have a role in the help-seeking decision, since IPV is often associated with financial abuse, and especially if the woman has children, she may fear that they will be unable to live independently after separation (Anderson & Saunders, 2003; Rasool, 2016). An intricate network of personal, emotional, cultural and economic constraints can therefore prevent women from seeking help, even when children are present.

Limitation of available literature

Although many studies exist on the help-seeking behaviour of victims of violence, a number of aspects have been neglected. For example, there are no data regarding the connections between the socio-demographic characteristics of women victims of violence and their help-seeking behaviour, and little is known about the association between variations in help-seeking behaviour depending on the form of violence. Moreover, even though the role of children has been shown to be pivotal, it is still unclear which sources of support women prefer to seek out when children are involved.

Aims and strategy of the present analysis

The purpose of the current analysis was to investigate which sources of help women had contacted before arriving at an Anti-violence centre, and to analyse the links between the use of these sources and women's characteristics and history of violence. Given the role of children in the process of seeking help and the importance of protecting their safety, special attention was paid to which sources of help are used by victims of IPV when children are involved.

Descriptive analyses were performed in order to determine the frequency of violence and the use of help-seeking strategies. The chi-square test was conducted to investigate the relationship between the socio-demographic characteristics, the context and typologies of violence and help-seeking indicators. To assess the impact of children involvement in violence on women help-seeking behaviour we performed multivariate analysis using two synthetic indicators: "any involvement of children in violence" and "using four or more sources of help"; we controlled for women nationality, the only variable associated with using four or more sources. Statistical significance was defined as $p. < 0.05$. Due to a small number of missing data, the numbers as shown in tables may vary slightly. Data analysis involved use of SPSS, Version 21 (SPSS Inc., Chicago, IL).

Results

Previous attempts at help seeking before contacting the Anti-Violence Centre, according to the types and intensity of violence.

Thirty-three percent of women had asked four or more people or services for help, and only two women reported no contacts with other services before arriving at the AVC. The help was sought mostly among the informal sources of support (friends, colleagues, and relatives), and from law enforcement officers; 17% of women had already turned to an AVC. The use of medical personnel was less frequent: 33.8% of women had asked a psychiatrist or a psychologist for help, 17.2% had turned to their GP, and 13.9% had used an emergency service (table 5.6.1).

Table 5.6.1 displays the associations between the typologies and the severity of violence and help-seeking behaviours before attending the AVC. No significant associations were found between the severity of the different types of violence and contacting 4 or more sources for help, although a non-significant trend was observed between the severity of physical violence and contacting 4 or more sources.

Women were significantly more likely to contact law enforcement agents when they reported a "high" level of psychological or physical violence, or when they reported physical stalking.

There was an association between the severity of psychological violence in the last year and previous contacts with the AVC. Women who reported low level of psychological violence had more frequently contacted an AVC previously: 34% of them compared to 6.7% of women with moderate levels of psychological violence and to 13% of women with high levels of psychological violence**.** No other associations were observed between the severity of the different types of violence and help-seeking behaviour.

Associations between socio-demographic characteristics and previous attempts at help seeking

There were some associations between socio-demographic variables and help-seeking indicators. Considering the synthetic variable of having contacted 4 or more sources, the only significant association was with the nationality: non-Italian women had turned to more than 4 sources in 50% of cases, compared to 29.9% among Italian women (p = .049). Marital status was not associated with contacting 4 or more sources of help.

Having children was associated only with contacting social workers: women with 2 or more children had contacted a social worker in 27.4% of cases, compared to 18.5% of women with one child and to none of the women without children (p = .013). A higher percentage of women who lived alone with children (33.3%) had already been to an AVC in the previous years, compared to women who lived alone without children, in a couple, or with the family of origin (p = .001).

Friends and colleagues were more often contacted by younger (72.2% aged 18-29y and 75% aged 30-39y, p = .021), highly educated (84.6%, p = .016), working (64.8%, p = .024) women, and by women who had an income that did not allow them to live independently (67.7%, p = .039). A lawyer was contacted more often by separated or divorced women (47.9%, p = .009). Seventy-

one percent of women who live alone had contacted the police, compared to 31.5% of women living in a couple (p = .047) (data not shown).

Associations between the context of violence and previous attempts at help seeking

There were no significant associations between the type of perpetrator and the help-seeking behaviour: the percentage of women contacting 4 or more sources was 32% if the perpetrator was the current partner, and 35% if he was an ex-partner (NS). Nor was there any association with the duration of violence: the percentage of women contacting 4 or more sources was 34% if the duration of violence was less than 5 years, 30% if the duration was between 5 and 9 years, and 35% if the duration was 10 years or more (NS).

There were no associations between the evolution of violence over time and the help-seeking behaviour, except for the previous contacts with the AVC: 40% and 42.9% respectively of women who reported that violence had decreased over time had already attended an AVC, while among women who reported that violence was constant over time or had increased, only 12.2% and 14% had already contacted an AVC (p = .038) (data not shown).

Associations between the involvement of children and previous attempts of help seeking

This analysis was performed among women who had children. When violence occurred during pregnancy or when children were involved in it, a higher proportion of women turned to four or more sources of help than when children were not involved. The use of friends/colleagues or associations was not linked to children's involvement with IPV. All the other sources of support were activated more often when violence occurred also during pregnancy, or when children witnessed it or were directly abused (table 5.6.2).

After adjustment for women's nationality, the association between "any children's involvement in violence" and "using four or more sources" remained significant; when children were involved, women were 9.47 times more likely to contact four or more sources of help (AOR 9.47, CI:1.15-78.13; p<0.05). Introducing women's age into the multivariate model did not change the results.

Table 5.6.1. Proportion of women reporting previous attempts of help seeking, according to the typologies and intensity of IPV

	Total	Psychological violence			Physical violence			Sexual violence		Communication stalking		Physical stalking	
		Low	Moderate	High	No	Moderate	High	No	Yes	No	Yes	No	Yes
		N = 42	N = 45	N = 62	N = 40	N = 71	N = 38	N = 83	N = 62	N = 45	N = 104	N = 56	N = 90
	%	%	%	%	%	%	%	%	%	%	%	%	%
≥ 4 sources contacted	33.1	33.3	24.4	40.3	27.5	29.6	47.4	30.1	35.5	24.4	35.6	32.1	34.4
Relatives	50.3	50.0	55.6	48.4	45.0	57.7	44.7	45.8	56.5	44.4	51.9	46.4	53.3
Friends, colleagues	57.6	59.5	60.0	54.8	57.5	59.2	55.3	60.2	54.8	46.7	62.5	51.8	62.2
Associations	13.9	16.7	11.1	14.5	12.5	12.7	18.4	15.7	11.3	13.3	14.4	16.1	13.3
Emergency service	13.9	14.3	6.7	19.4	10.0	11.3	23.7	12.0	12.9	13.3	13.5	14.3	13.3
GP	17.2	19.0	11.1	19.4	12.5	19.7	18.4	15.7	19.4	15.6	17.3	16.1	17.8
Psychologists - psychiatrists	33.8	31.0	35.6	35.5	35.0	35.2	31.6	30.1	37.1	26.7	36.5	39.3	31.1
Social workers	19.9	23.8	22.2	14.5	30.0	15.5	18.4	21.7	16.1	28.9	15.4	25.0	17.8
Lawyers	31.1	31.0	33.3	29.0	27.5	28.2	39.5	30.1	32.3	28.9	31.7	32.1	30.0
Law enforcement agents	45.7	**33.3**	**28.9**	**66.1****	**27.5**	**42.3**	**71.1****	39.8	50.0	40.0	47.1	**30.4**	**52.2***
Already been at an AVC	16.8	**34.1**	**6.7**	**13.1***	23.1	15.5	13.5	19.5	12.9	20.5	15.5	21.8	14.6

*p. ≤ .05

**p. ≤ .001

Table 5.6.2. Proportion of women with children reporting sources of support, according to the involvement of children

	Total	Violence during pregnancy		Children have witnessed violence		Children have suffered violence		Any involvement of children in violence	
		No N = 68	Yes N = 57	No N = 26	Yes N = 95	No N = 61	Yes N = 41	No N = 13	Yes N = 108
	%	%	%	%	%	%	%	%	%
≥ 4 sources contacted	33.1	**26.5**	**45.6***	**15.4**	**41.1***	**31.1**	**53.7***	**7.7**	**39.8***
Relatives	50.3	47.1	50.9	**30.8**	**53.7***	55.7	48.8	38.5	50.9
Friends, colleagues	57.6	60.3	47.4	61.5	53.7	57.4	51.2	61.5	53.7
Associations	13.9	10.3	17.5	11.5	13.7	13.1	14.6	15.4	13.9
Emergency Services	13.9	13.2	15.8	**0**	**18.9***	**8.2**	**22.0***	0	16.7
GP	17.2	20.6	14.0	7.7	17.9	14.8	24.4	7.7	17.6
Psychologists - psychiatrists	33.8	**20.6**	**52.6****	26.9	38.9	**27.9**	**51.2***	15.4	38.0
Social workers	19.9	**13.2**	**36.8****	15.4	25.3	**18.0**	**39.0***	**0**	**26.9***
Lawyers	31.1	**26.5**	**45.6***	23.1	37.9	32.8	41.5	**0**	**38.9***
Law enforcement agents	45.7	38.2	54.4	**26.9**	**50.5***	**34.4**	**61.0***	23.1	49.1
Already been at an AVC	16.8	19.4	19.6	19.2	20.2	18.0	22.0	15.2	20.6

*p. ≤ .05
** p. ≤ .001

This analysis provides further insight into the help-seeking process of women who sought help at an AVC.

The women in our sample reported high levels of all typologies of IPV; when they had children, these were closely involved in the violence. Despite this difficult situation, women were active help-seekers, and the Gondolf and Fisher's survivor hypothesis (1988) is largely supported. Only two women reported having had no contact with sources of help before arriving at the AVC, and 33.1% of the sample contacted four or more sources. Non-Italian women were more likely to seek four or more sources of help, despite their violence situation was not significantly different from Italian women (see paragraph 5.4) . This result runs counter to a stereotyped image of foreign women as more passive or more accepting of domestic violence for cultural and social reasons, and they actively sought help notwithstanding their objective constraints and difficulties of their situation (Menjivar & Salcido, 2002; Wilson et al., 2016). Although not all the help-seeking strategies can have the same consequences (Goodkind et al., 2004), some strategies were used more than others by the women in our sample. The majority of them chose an informal source of support: 50.3% of the participants had already turned to relatives for help, and 57.6% to colleagues or friends. This confirms the findings of other authors: among 696 Canadian women victims of IPV, 68.2% turned to the family for help, and 63.4% to friends or neighbours (Ansara & Hindin, 2010). Also in the Italian national survey (Istat, 2015), victims of IPV had talked about the violence mostly with friends, family members or other relatives.

In our study, among the formal source of support, the most often contacted was the police, 45.7%. This proportion is higher than what is found in studies with representative sample of female population (European Union Agency for Fundamental Rights, 2014; Istat, 2015), and could be explained by the nature of the samples: in our study, it was composed by women who contacted an AVC. In our study, only a low percentage of women turned to medical personnel for help: 13.9% to the GP and 17.2% to hospital emergency services.

There are many barriers, both personal and structural, which may obstruct the process of seeking help from such a formal network. The personal barriers include fear, shame, embarrassment, social isolation, financial dependence on the perpetrator, and limited awareness of the services available in the community (Kelly, 2009; McCart et al., 2010). The structural barriers have to do with the response of the institutions. As regards health services, victims of violence may still go unrecognized: studies show that few women are asked about violence; sometimes providers do not see the evidence before their eyes. Even when violence is "seen", professionals are not always able to support victims, sometimes minimizing the violence or blaming the victim (Davis et al., 2003; Romito, 2008; Malta et al., 2012; Stokes et al., 2016).

This is the first study in Italy, and possibly elsewhere, to analyse help-seeking strategies in relation to all the types of violence. Overall, women who were victims of high levels of every kind of violence were more actively engaged in the process, a trend also shown by other studies (Ansara & Hindin, 2010; McCart et al., 2010; Sabina et al., 2012). The police were contacted where there were high levels of any of the types of violence, except for sexual violence and communication stalking. According to Kaukinen (2002), sexual violence is rarely disclosed to the police, possibly due to the stigmatization linked to this form of violence and to the deep-seated cultural idea that a male partner is entitled to sex, independently of women's wishes (Dartnall & Jewkes, 2013). As regards communication stalking, it is possible that women do not consider this as a form of violence that justifies contact with the police, and are unaware that formal resources are available for victims of stalking (Sabina et al., 2012).

Women who had previously attended an AVC reported lower severity of violence in the last year or a decrease of violence. This result corroborates other studies showing the pivotal role of the AVC in helping women in their process of escaping violence (Bell & Goodman, 2001; Goodman et al., 2003; Goodkind et al., 2004; Moe, 2007; Gloor & Meier, 2014) and supports the previous findings of Sullivan and Bybee (1999). The latter reported that women who received support from an advocates' service in the USA experienced less violence over time as compared to women not

receiving it. After making use of these services, women were more aware of the dynamics of violence, and better at protecting themselves and their children and using effective coping strategies; they reported a higher quality of life and a diminution of violence compared to women not involved in the programs (Sullivan & Bybee, 1999; Bybee & Sullivan, 2002; Safe Ireland, 2009; Scottish Women's Aid, 2011). The contact with the AVC gives women the opportunity to improve their survival skills, and could be the most effective strategy for making it possible for victims to live free from violence.

The strongest results of this study concern the role of children in the help-seeking process. In accordance with other studies, it emerged that a breaking point at which women decide to look for support is the involvement of children in the violence (Khaw & Hardesty, 2007; Kelly, 2009; Moe, 2009; Meyer, 2010; Rhodes et al., 2011; Palmer et al., 2016; Rasool, 2016). Women whose children had witnessed violence or had been direct victims of it contacted a greater number of sources, both informal (relatives) and formal, such as hospital emergency services, psychologists/psychiatrists, social workers, lawyers and law enforcement agents. In contrast with Meyer's findings (2010), in our study violence suffered in pregnancy also led women to look more actively for help. In the multivariate analysis, the association between any involvement of children in violence and contacting four or more sources of help, remained significant also after adjustment for age and nationality.

Our analysis provides further support for the notion that women victims of IPV are active help seekers and confirms the role of children as motivators in this process. The number of sources of support already activated before attending the AVC, during the observation time for this study, indicates that women are anything but passive.

Given the central role of the AVC in the process of escaping violence, it seems important to strengthen their role, in line with the recommendations of the Istanbul Convention (Council of

Europe, 2011) and World Health Organization (2013), by supporting them financially, assuring a link with other institutions, and spreading information about the services they offer. Effective responses can change the course of a woman's life, and be the starting point for a series of changes that can enable her to free herself from violence.

5.7 THE HEALTH OF WOMEN WHO ADRESSED THEMSELVES TO THE ANTI-VIOLENCE CENTRE

Introduction

Women victims of violence are more often subjected to health problems than women in the general population (Campbell, 2002; Coker et al., 2004; Jaspard et al., 2003; Romito et al., 2008; WHO, 2013); violence against women is considered a priority health issue by the World Health Organization (2010). It has been estimated that in developed and developing countries about 5 and 19% of all diseases are due to domestic violence in women 15–44 years old (Heise et al. 1994; World Health Organization 2005).

The consequences of violence on health can be direct or indirect and can have short or long-term effects that may include, for example: fractures, bruises and injuries; sexually-transmitted diseases, vaginal bleeding or infection, fibroids, decreased sexual desire, genital irritation, pain on intercourse, chronic pelvic pain, and urinary-tract infections; anxiety, depression and Post Traumatic Stress Disorder (Ahmadzad-Asl, Davoudi, Zarei, Mohammad-Sadeghi, & Rasoulian, 2016; Campbell, 2002; Coker et al., 2002; Larsen, Hilden, Skovlund, & Lidegaard, 2016).

Given the negative impact of violence on victims' health, it is not surprising that women attending a specialized service for victims of IPV present a high level of health problems. An Italian study (Pallotta et al., 2014) found a high prevalence of gastrointestinal (GI) symptoms among women who had addressed themselves to an Anti-violence Centre. Combined sexual/physical abuse was

associated with more GI symptoms than either of them alone; a greater severity of violence was also associated to more symptoms.

The specific impact on mental health of different typologies of violence

Psychological violence is associated with chronic stress, headaches, depression, PTSD and suicidal thoughts (Campbell, 2002; Pico Alfonso, 2006; Romito et al., 2008). The symptoms of anxiety and a low self-esteem as consequence of psychological violence are frequent (Jordan et al*.,* 2010). Similar symptomatology is experienced by women victims of stalking. They frequently report anxiety, depression, insomnia, anger and intense stress (European Union Agency for Fundamental Rights, 2014; Jordan *et al.*, 2010).

The recent European survey (European Union Agency for Fundamental Rights, 2014), shows that as a consequence of physical violence perpetrated by a partner women reported depression in 20% of cases, anxiety in 32%, low self-esteem in 31%, sleep problems in 23% and feeling vulnerable in 30%.

As a consequence of sexual violence women may report shock, fear, confusion, social withdrawal, sleep problems, flashbacks (Herman, 1992). The most common consequence of sexual violence is the post-traumatic stress disorder (PTSD, Jordan et al*.,* 2010). Campbell (2009) in her literature review on the psychological impact of sexual violence from a partner and/or other perpetrator found that, 7-65% of women with a history of sexual abuse presented PTSD. Moreover, 13-51% of victims had a diagnosis of depression and 73-82% felt anxiety. Between 13% and 49% of women sexually assaulted began to be dependent from alcohol or other substances (28-61%) after the event; 23-44% of victims thought about suicide and 2-19% attempted to suicide after the sexual violence.

Usually there is an overlap between different types of violence; a limit of these studies is that this overlap is seldom taken into account.

A few studies have tried to discover whether a certain type of violence is specifically associated to a certain outcome; another question is which certain types of violence have a more serious effect than the others.

While physical/sexual types of violence tend to be more studied and more easily recognized, there is some indication that psychological violence may have more serious consequences on the victims' mental health. Studies on women's health after leaving an abusive partner have shown that psychological violence has a greater and more long-lasting impact than physical violence (Blasco-Ros, Sánchez-Lorente, & Martinez, 2010; Pico-Alfonso et al., 2006). Pico-Alfonso (2005) found that the psychological component of IPV was the strongest predictor of posttraumatic stress disorder in women's mental health. It is possible that psychological violence, more than other types, impairs women's self-confidence and self-esteem, destroying their identity and building pervasive guilt.

Analysis

The current literature focused its interest on the relation between presence of violence and health consequences. Other studies have investigated the impact that specific typologies of violence on health. Notwithstanding the wealth of these studies, to date, it has not been systematically investigated the impact of frequency and severity of every typology of violence on health. Moreover, only few studied have focused on abused ''non-patient'' individuals, women not referring to a doctor (Eberhard-Gran et al., 2007; Pallotta et al., 2014).

The purpose of this analysis is to describe the health situation of women who addressed themselves to an Italian Anti-violence centre and to analyse the relationship among their health status and the violent situation.

Descriptive analyses were performed in order to determine the frequency of violence and the health of women. The chi-square test was conducted to investigate the relationship between the

socio-demographic characteristics, the context and typologies of violence and health indicators. Statistical significance was defined as p. < 0.05. Due to a small number of missing data, the numbers as shown in tables may vary slightly. Data analysis involved use of SPSS, Version 21 (SPSS Inc., Chicago, IL).

Results

Description of women health

Table 5.7.1 reports the health situation of women. Women were highly stressed, experienced nightmares, anxiety and panic attacks frequently during the last month. Sixteen percent of women reported having heard voices that no one else heard, during the last month. Almost half of women reported a depressive symptomatology and 60% reported a low perceived self-efficacy.

Table 5.7.1. Health characteristics of women who addressed themselves to an Anti-violence Centre

Health indicators	*n*	*%*
Perceived health		
Very good	24	16.0
Fair	76	50.7
Very poor	50	33.3
Nightmares*	91	60.7
Anxiety*	137	91.3
Panic attacks*	95	62.9
Stress Index[1]		
Low	30	20.1
Medium	76	51.0
High	43	28.9
Hear voices*	24	15.9
Depressive symptoms (GHQ > 5)*	70	46.4
Agency		
Low	91	60.3
High	60	39.7

*during the last month;

[1] The sum of the nightmares, anxiety and panic attacks items was calculated and a *Stress Index* was created with three categories: low (score 0 -1), medium (score from 2 to 4) and (score from 5 to 6) high level of stress

Association between women's health and socio-demographic characteristics

There were few associations between socio-demographic variables and health indicators (table 5.7.2).

Considering the subjective indicator of health, there were significant association with age, way of living, occupational status and income. Older women, in other inactive situations (retired, housewife) and women that did not have an income reported a very poor health more often compared to other categories. No women who lived with the family of origin reported a very good health; more often (73.3%) they reported a fair health and were depressed in 47.4% of cases. The way of living was associated also with the agency: women who lived alone with children reported high agency in higher rate compared to women in other situations. This result was confirmed by the association between agency and the number of children: women with no children reported more often low agency compared to women with children.

The educational level was associated only with the Stress Index. Women with a low education were highly stressed. No associations were found between health indicators and marital status and nationality (data not shown).

Nightmares, anxiety, panic and hear voices indicators were not associated with the socio-demographic variables.

Association between women's health and violence indicators

There were significant associations between the intensity of violence and some health indicators (Table 5.7.3).

The intensity of psychological and physical violence was linked with nightmares and hearing voices.

Being exposed to sexual violence was associated with reporting more often nightmares, anxiety, high stress index, hearing voices and low agency: it is the type of violence with more pervasive health effects.

Communication and physical stalking were associated to the presence of nightmares and medium or high (opposed to low) stress index; physical stalking was also linked to hearing voices.

No association were found between the violence indicators and the subjective indicators of general health, depression symptomatology, and panic symptoms.

Associations between women's health and *the context of violence*

There were few significant associations between the type of perpetrator, duration of violence and the health situation of women. The percentage of women reporting anxiety in the last month was 94.8% if the perpetrator was the current partner, and 84.9% if he was an ex-partner (X^2 = 4.278, df = 1, p. = .041); depression symptomatology was reported by 52.6% of women victims of partner violence and 35.2% of women victims of ex-partner violence (X^2 = 4.220, df = 1, p. = .043). Concerning the duration of violence: the percentage of women having nightmares during the last month was 71.7% if the duration of violence was less than 5 years, 66.7% if the duration was between 5 and 9 years, and 48.4% if the duration was 10 years or more (X^2= 7.212, df = 2, p. = .027); 21.2% of women with a duration of violence of 5 years or less reported a perceived very poor health compared to 27.3% if the duration was between 5 and 9 years and 46.2% if the duration was 10 years or more (X^2= 10.434, df = 4, p. = .034).

There were no associations between the evolution of violence over time (constant, increased, decreased over time) and the health situation of women (data not shown).

Table 5.7.2 Associations between women's health and socio-demographic characteristics

	How is your general health			Nightmares*	Anxiety*	Panic*	Stress Index*			Hear voices*	GHQ > 5	Agency	
	Very good	Fair	Very poor	Yes	Yes	Yes	Low	Medium	High	Yes	Yes	Low	High
Age	%	%	%	%	%	%	%	%	%	%	%	%	%
18-29 (n = 18)	**11.1**	**61.2**	**27.8**	83.3	88.9	50.0	11.1	61.1	27.8	27.8	44.4	72.2	27.8
30-39 (n= 36)	**25.0**	**58.3**	**16.7**	55.6	94.4	66.7	16.7	52.8	30.6	13.9	55.6	69.4	30.6
40-49 (n = 72)	**12.7**	**54.9**	**32.4**	62.5	90.1	62.5	21.1	52.1	26.8	15.3	40.3	52.8	47.2
50-76 (n = 24)	**16.7**	**16.7**	**66.7**	47.8	91.7	70.8	26.1	39.1	34.8	12.5	54.2	58.3	41.7
Educational level													
Low education (n = 33)	12.5	40.6	46.9	66.7	96.9	75.8	**18.8**	**28.1**	**53.1**	24.2	42.4	57.6	42.4
Vocational training (n = 18)	5.6	55.6	38.9	55.6	88.9	77.8	**11.1**	**61.1**	**27.8**	22.2	50.0	66.7	33.3
High school diploma (n = 74)	20.3	48.6	31.1	53.4	89.2	55.4	**24.7**	**56.2**	**19.2**	10.8	47.3	56.8	43.2
High education (n = 26)	15.4	65.4	19.2	76.9	92.3	57.7	**15.4**	**57.7**	**26.9**	15.4	46.2	69.2	30.8
Way of living													
Alone (n = 18)	**33.3**	**33.3**	**33.3**	66.7	77.8	55.6	33.3	38.9	27.8	22.2	**27.8**	**66.7**	**33.3**
Alone with children (n = 55)	**22.2**	**46.3**	**31.5**	47.3	8.9	54.5	27.8	46.3	25.9	10.8	**32.7**	**49.1**	**50.9**
In couple (n = 54)	**9.3**	**53.7**	**37.0**	69.8	98.1	72.2	11.3	52.8	35.8	16.7	**64.8**	**57.4**	**42.6**
With the family of origin (n = 19)	**0.0**	**73.7**	**26.3**	73.7	89.5	68.4	10.5	63.2	26.3	26.3	**47.4**	**84.2**	**15.8**
Number of children													
No children (n = 24)	12.5	70.8	16.7	79.2	87.5	62.5	16.7	54.2	29.2	16.7	63.0	**83.3**	**16.7**
One (n = 54)	20.8	47.2	32.1	61.1	90.7	66.7	18.5	51.9	29.6	16.7	37.0	**50.0**	**50.0**
Two or more (n = 73)	13.7	46.6	39.7	54.2	93.1	60.3	22.5	49.3	28.2	15.1	53.4	**60.3**	**39.7**
Occupational status													
Employed (n = 105)	**15.4**	**56.7**	**27.9**	57.1	90.4	58.1	24.0	50.0	26.0	16.2	41.9	58.1	41.9
Unemployed (n = 31)	**25.8**	**32.3**	**41.9**	66.7	90.3	67.7	13.3	60.0	26.7	9.7	54.8	64.5	35.5
Other (n = 15)	**0.0**	**46.7**	**53.3**	73.3	100	86.7	6.7	40.0	53.3	26.7	60.0	66.7	33.3
Income													
Enough to live independently (n = 41)	**20.0**	**67.5**	**12.5**	56.1	82.9	51.2	31.7	41.5	26.8	17.1	31.7	56.1	43.9
Not enough to live independently (n = 65)	**12.3**	**49.2**	**38.5**	56.9	95.3	63.1	18.8	56.3	25.0	13.8	49.2	60.0	40.0
Do not work (n = 44)	**18.2**	**36.4**	**45.5**	69.8	93.2	72.7	11.6	53.5	34.9	15.9	54.5	63.3	36.4

p<.05

*last month

Table 5.7.3 Associations between women's health and violence indicators

	How is your general health			Nightmares*	Anxiety*	Panic*	Stress Index*			Hear voices*	GHQ > 5	Agency	
	Very good	Fair	Very poor	Yes	Yes	Yes	Low	Medium	High	Yes	Yes	Low	High
*Psychological violence***	%	%	%	%	%	%	%	%	%	%	%	%	%
Low (n = 42)	14.3	50.0	35.7	**42.9**	88.1	52.4	35.7	42.9	21.4	**4.8**	42.9	47.6	52.4
Moderate (n = 45)	13.3	66.7	20.0	**68.9**	93.2	60.0	15.9	52.3	31.8	**15.6**	44.4	64.4	35.6
High (n = 62)	19.7	39.3	41.0	**68.9**	91.9	72.6	13.1	54.1	32.8	**24.2**	50.0	64.5	35.5
*Physical violence***													
No (n = 40)	12.5	50.0	37.5	**40.0**	90.0	55.0	32.5	50.0	17.5	**10.0**	37.5	47.5	52.5
Moderate (n = 71)	11.3	57.7	31.0	**70.4**	92.9	63.4	15.7	50.0	34.3	**9.9**	49.3	64.8	35.2
High (n = 38)	27.0	37.8	35.1	**64.9**	89.5	73.7	13.5	54.1	32.4	**34.2**	50.0	65.8	34.2
*Sexual violence***													
No (n = 83)	16.9	49.4	33.7	**50.6**	**86.6**	56.6	**31.7**	**42.7**	**25.6**	**9.6**	42.2	**53.0**	**47.0**
Yes (n = 62)	14.5	53.2	32.3	**73.8**	**96.8**	69.4	**6.6**	**62.3**	**31.1**	**24.2**	51.6	**67.7**	**32.3**
*Communication stalking***													
No (n = 45)	17.8	46.7	35.6	**33.3**	88.6	53.3	**34.1**	**50.0**	**15.9**	13.3	35.6	48.9	51.1
Yes (n = 104)	15.5	53.4	31.2	**72.1**	92.3	66.3	**14.4**	**51.9**	**33.7**	17.3	50.0	64.4	35.6
*Physical stalking***													
No (n = 56)	10.7	53.6	35.7	**39.3**	89.3	58.9	**30.4**	**48.2**	**21.4**	**7.1**	42.9	57.1	42.9
Yes (n = 90)	19.1	48.3	32.6	**74.4**	93.3	66.7	**13.5**	**52.8**	**33.7**	**22.2**	50.0	60.0	40.0

p<.05

*last month

**last 12 months

Women in our sample reported a critical health situation, with high rates of symptoms referred to a post-traumatic stress disorder symptomatology (nightmares, anxiety, panic), frequent depressive and psychotic symptoms (hearing voices) and low agency. This is in accordance with the reported perceived health: only 16% of them rated their health as "very good". Older women, that do not work, with a low education, who live in couple or with the family of origin and suffer violence from a partner were the more affected of women of our sample.

Any type of violence affected the sleep of our women. Nightmares were present more frequently when violence were more intense. Moreover, also hearing voices was significantly affected by the severity of any type of violence, except communication stalking.

In our sample, having children is associated with high levels of agency. It appears, as managing this situation with children allows women to gain more strengths strategies. Children seem to be a source of agency for women victims of violence.

This analysis confirms what is reported by international studies: the health of women victims of violence is seriously compromised by violence (European Union Agency for Fundamental Rights, 2014; Krug et al., 2002).

The last data available from the Anti-violence centres of Friuli Venezia Giulia (Regione Autonoma Friuli Venezia Giulia, 2015) report as the main health consequences of violence: fear, anxiety, loss of self-esteem, presence of chronic stress and difficulties in the children-care. There are no available data on the health characteristics of women of Bologna AVC. Notwithstanding the difference between the two sample and the two methods of data collection (interview with advocates in the AVC Report; self-administrated questionnaire in this study), these data confirm what reported women of our sample.

The impact of violence on sleep was reported also by Humphreys et al. (1999). They analysed the sleep patterns of 50 women residing in women's shelter located in one western U.S. city and found that the majority of women experienced disturbed sleep and daytime fatigue.

What emerges from our analyses is the severe impact of sexual violence on women wellbeing. This confirms the international data that show that sexual violence affects the psychological health of women victims of IPV at every level (Campbell, 2009; Herman, 1992; Jordan et al., 2010; Koss, 2003).

In conclusion, what emerges from the analysis in that most women in our sample lived in a constant alarm state, that impeded them to sleep and to maintain a relaxed contact with the reality.

EIGHTEEN MONTHS AFTER THE FIRST CONTACT: THE FOLLOW-UP

5.8 RESPONSE RATE

Eighteen months after the compilation of the first questionnaire women, who returned the questionnaire with the information of the phone number were re-contacted for the second part of the research. Among 161 women interviewed at baseline (questionnaires considered independently from the presence of missing values), 25 did not leave the contact at baseline, 13 numbers were the inaccurate, 25 women did not answer to the phone and 7 refused to answer. Overall, 91 women answered to questionnaire two (56.5%). Analysis were performed on these data. Table 5.8.1 display the characteristics of women who responded at the follow-up compared to those of non -responded women. The women lost at follow-up (n = 70), were significantly more often married, with a low agency and suffered of high levels of physical violence at baseline. Moreover, non-significant trends can be observed: non-participants women were more often younger, with less nightmares, anxiety and panic symptoms compared to participants.

Table 5.8.1. Comparison between participants and non-participants at follow-up

	Participants (N = 91)		Non-participants (N = 70)	
Socio-demographic characteristics	n	%	n	%
Age				
18 – 29	6	6.6	12	17.6
30 – 39	19	20.9	19	27.9
40 – 49	49	53.8	28	41.2
≥ 50	17	18.7	9	13.2
Nationality				
Italian	79	86.8	55	79.7
Other	12	13.2	14	20.3
Marital Status				
Married	**27**	**29.7**	**30**	**44.1**
Other situations	**64**	**70.3**	**38**	**55.9**
Educational level				
Low education	20	22.0	15	21.7
Vocational training	12	13.2	9	13.0
High school degree	43	47.3	34	49.3
High education	16	17.6	11	15.9

Continues...

	Participants (N = 91)		Non-participants (N = 70)	
	n	%	n	%
Number of children				
No children	14	15.4	11	15.9
One child	28	30.8	28	40.6
Two or more children	49	53.8	30	43.5
Occupational status				
Employed	67	73.6	44	63.8
Unemployed	17	18.7	14	20.3
Other inactive situations	7	7.7	11	15.9
Personal Income				
Enough to live independently	24	26.4	17	25.0
Not enough to live independently	44	48.4	28	41.2
Does not work	23	25.3	23	33.8
Health indicators				
Perceived health				
Very good	15	16.5	10	14.7
Fair	44	48.4	37	54.4
Very poor	32	35.2	21	30.9
Depressive symptomatology *(last month)*				
No	48	52.7	38	54.3
Yes	43	47.3	32	45.7
Nightmares *(last month)*				
No	33	36.3	31	44.9
Yes	58	63.8	38	55.1
Anxiety *(last month)*				
No	4	4.4	9	12.9
Yes	86	95.6	61	87.2
Panic *(last month)*				
No	30	33.0	29	42.0
Yes	61	67.1	40	58.0
Stress index *(last month)*				
Low	13	14.4	19	27.9
Medium	50	55.6	30	44.1
High	27	30.0	19	27.9
Hear voices *(last month)*				
No	77	84.6	57	81.4
Yes	14	15.4	13	18.6
Agency				
Low	**46**	**50.5**	**53**	**75.7**
High	**45**	**49.5**	**17**	**24.3**
Violence indicators				
Author of violence				
Partner	55	60.4	47	67.1
Ex-partner	36	39.6	23	32.9
Psychological violence				
Low	26	29.5	16	25.8
Moderate	31	35.2	14	22.6
High	31	35.2	32	51.6
Physical violence				
No	**24**	**27.3**	**16**	**24.4**
Moderate	**49**	**55.7**	**24**	**38.1**
High	**15**	**17.0**	**23**	**36.5**

Continues...

	Participants (N = 91)		Non-participants (N = 70)	
	n	%	n	%
Sexual violence				
No	50	57.5	33	55.0
Yes	37	42.5	27	45.0
Verbal stalking				
No	28	31.8	18	28.6
Yes	60	68.2	45	71.4
Physical stalking				
No	32	36.8	24	38.7
Yes	55	63.2	38	61.3

p<.05

5.9 WHAT HAS CHANGED BETWEEN BASELINE AND FOLLOW-UP?

To assess what is changed between baseline and follow-up we performed the McNemar - test considering the variables in common between questionnaire 1 and 2.

Changes in women's socio-demographic characteristics at follow-up

Table 5.9.1 reports the significative changes in the marital and occupational status of women. Women at follow-up were more often separated or divorced, with an income sufficient to live autonomously. There were no changes in their occupational status.

Table 5.9.1. Changes regarding the socio-demographic characteristics in last eighteen months

	Baseline		**Follow-up**	
Socio-demographic characteristics	*n*	*%*	*n*	*%*
Marital status				
Married	**27**	**29.7**	**13**	**14.3**
Unmarried	**29**	**31.9**	**26**	**28.6**
Separated-divorced	**35**	**38.5**	**51**	**56.0**
Occupational status				
Employed	67	73.6	70	76.9
Unemployed	17	18.7	14	15.4
Other inactive situations	7	7.7	7	7.7
Income[1]				
Do not work	23	25.3	20	22.0
Enough to live independently	24	26.4	37	40.7
Not enough to live independently	44	48.4	34	37.4

p < .05

[1]p = .062

Changes in women's health status at follow-up

Women at follow-up felt better reporting a substantial decrease in anxiety, nightmare, panic and stress levels. Moreover, at baseline only 2 women reported to have heard voices that anyone else heard during the last month (table 5.9.2).

Table 5.9.2. Changes in the health situation in the last eighteen months

		Baseline		Follow-up	
Health situation		*n*	*%*	*n*	*%*
Subjective indicator					
	Very good	15	16.5	23	25.3
	Fair	44	48.4	39	42.9
	Very poor	32	35.2	29	31.9
Nightmares last month					
	Yes	**58**	**63.7**	**39**	**42.9**
	No	**33**	**36.3**	**52**	**57.1**
Anxiety last month					
	Yes	**86**	**95.6**	**66**	**72.5**
	No	**4**	**4.4**	**25**	**27.5**
Panic attacks last month					
	Yes	**61**	**67**	**21**	**23.1**
	No	**30**	**33**	**70**	**76.9**
Stress index last month					
	Low	**13**	**14.4**	**35**	**38.5**
	Medium	**50**	**55.6**	**51**	**56.0**
	High	**27**	**30.0**	**5**	**5.5**
Hear voices last month					
	Yes	**14**	**15.4**	**2**	**2.2**
	No	**77**	**84.6**	**89**	**97.8**
Agency					
	Low	46	50.5	41	45.1
	High	45	49.5	50	54.9

p < .05

Changes in violence situation in the last eighteen months

There was a significant decrease in all type of violence between baseline and follow-up, including violence involving children (table 5.9.3).

Notwithstanding this general improvement in the situation, 48.9% of women were still afraid of the perpetrator and 52.2% felt the need to "be free from violence" (table 5.9.4)

Table 5.9.3. Changes in the violence situation in the last eighteen months

	Baseline		Follow-up	
Violence situation	*n*	*%*	*n*	*%*
Psychological violence last year				
Low	26	29.5	70	79.5
Moderate	31	35.2	13	14.8
High	31	35.2	5	5.7
Physical violence last year				
No	24	27.3	70	79.5
Moderate	49	55.7	14	15.9
High	15	17	4	4.5
Sexual violence last year				
No	50	57.5	83	94.3
Yes	37	42.5	5	5.7
Communication stalking last year				
No	28	31.8	54	61.4
Yes	60	68.2	34	38.6
Physical stalking last year				
No	32	36.8	64	72.7
Yes	55	63.2	24	27.3
Children have witnessed violence last year				
No	16	22.5	52	70.3
Yes	55	77.5	22	29.7
Children have suffered violence last year				
No	40	61.5	60	81.1
Yes	25	27.5	14	18.9

$p < .05$

Table 5.9.4. Persistence of violence consequences at follow-up

	n	*%*
In this moment, are you afraid of him?		
Yes	43	48.9
No	45	51.5
In this moment, are you afraid of someone else?		
Yes	13	14.8
No	75	85.2
In this moment, do you feel the need to get free from violence?		
Yes	47	52.2
No	43	47.8

5.10 CONTACTS WITH THE PERPETRATOR AT THE TIME OF FOLLOW-UP

Fourteen percent of women (n = 13) lived in couple with the man whose violence had brought them to the Anti-violence centre. Among those who did not live with him, 51 had “forced”

contacts with him: they had to meet him for various reasons (child arrangements, economical reason…), but not out of their choice. 28.9% of women had no more contacts with the man whose violence had led them to the AVC eighteen months earlier (table 5.10.1).

In table 5.10.2 are reported the reasons of these "forced" contacts. The main reason to meet the violent man was linked to children arrangements.

Table 5.10.1. Contacts with the abusive man at the time of follow-up

	N = 91	
Contacts with the abusive man	*n*	*%*
Lives with him	13	14.4
Forced contacts	51	56.7
No contacts	26	28.9

Table 5.10.2. Reasons for forced contacts with the abusive man

	N = 51	
Contacts with the abusive man	*n*	*%*
For economic reasons	24	47.1
For reasons linked to the justice system (separation, complaint…)	31	60.8
He stays outside your place, workplace or deliberately follow you	12	23.5
Among women with minor children (N = 44)		
For reasons linked to the children	35	79.5
During the family mediation meetings / couples' therapy / meetings on parenting	3	6.8

5.11 WHAT WOMEN DID DURING THE LAST YEAR: USE OF SERVICES and DIFFICULTIES

During the last year women rarely reported a complain to the police or ask for a removal order and when it happened, only in one case was granted to the judge and respected from the author of violence. The mediation family was rarely proposed or imposed, but when women did it, often felt humiliated or in danger during the meetings (5.11.1).

Table 5.11.1. Contacts with services during the last year

Contact with services	*n*	*%*
Complaints to the police *(last year)*	19	21.6
The AVC man has been warned by the police *(last year)*		
Yes	5	5.7
Don't know	6	6.8
Ask for a removal order *(last year)*		
Yes…	4	4.5
…And the judge does not grant it to me	2	
…And the judge grants it to me, but the author of violence did not respect it	1	
…And the judge grants it to me, and the author of violence respected it	1	
Family mediation / couples therapy / parenting meetings *(among those with minor children, n = 52)*		
Yes, it has been proposed to me, but I DID NOT accept to do it	1	
Yes, it has been proposed to me and I did it	4	
Yes, it has been imposed to me	5	
Who requested to participate to these meetings		
The court	6	
The social services	1	
The Consultorio	1	
The psychologist of the daughter	1	
The perpetrator	1	
During the meetings *(more than one answer is possible; n = 6)*		
He assaulted me psychologically	4	
He assaulted me physically	0	
I felt humiliated from the mediator	4	
Have been taken decision that could put in danger me and / or my children	3	
I found it useful	3	

Regarding social support, women looked actively for it. Most women contacted four or more sources of support during the last year, mostly among the informal network, even if also the psychologists and the lawyers were a reference point. Half of the sample did not attend anymore the AVC during the last year (table 5.11.2), probably due to the improvement of the situation concerning the violence.

Table 5.11.2. Social support

Social support	*n*	*%*
Sources contacted (last year)		
>= 4	39	43.8
Typology of source contacted (last year)		
Relatives	34	38.2
Friends/colleagues	43	48.3
AVC	40	44.9
Associations	4	4.5
School	7	7.9
Emergency service	4	4.4
GP	8	9.0
Psychologist/psychiatrist	43	48.3
Social worker	23	25.8
Lawyer	44	49.4
Judge, magistrate	10	11.2
Law enforcements	19	21.3
Parson	1	1.1
Number of times at the AVC (last year)		
Never	49	55.1
Less than once a month	15	16.9
Once a month	11	12.4
More than once a month	14	15.4

Notwithstanding the better situation on the violence and health side, most women reported high economic difficulties during the last year (table 5.11.3).

Table 5.11.3. Difficulties of women during the last year

In the last year, did you have difficulties to:	*n*	*%*
Pay the rent	35	38.9
Pay the bills (electricity, water, gas, heating)	44	48.9
Do the shopping at the market	43	47.8
Pay the health services for me or my children	30	33.3
Pay the lawyer	20	22.2
Buy things for my children (clothes, books...)	26	34.2
Buy things for me (clothes, books…)	39	43.3

5.12 HAS THE VIOLENCE DECREASED?

To assess the changes in the violence situation at follow-up, we compared the scores of the global index of violence at baseline to the scores of the global index of violence at follow-up. What emerges is reported in 5.12.1 Globally, the violence situation is improved for most women.

5.12.1. Changes in violence at follow-up

	Violence at follow-up	
	n	*%*
Increased	5	6.3
Unchanged	1	1.3
Decreased	54	68.4
Ceased	19	24.1

To the "decreased category" may belong participants reporting the decrement also of few points in the violence global score at follow-up. Therefore, we computed a more restrictive indicator of the decrement in violence. This *Decrease in violence indicator* considers violence as decreased at follow-up only if the global violence score of each woman at follow-up is minor or equal at the half of the score at baseline. In other terms, for saying that violence is decreased at follow-up, it has to decrease at least of 50% comparing to the baseline global score. See 5.12.3 for detailed description.

5.12.3. Decrease in violence indicator

	Violence at follow-up	
	n	*%*
Ceased	19	24.1
Decreased at least of 50%	36	45.6
Other situations	24	30.4

5.13 PREDICTORS OF ESCAPING VIOLENCE

5.13.1 BIVARIATE ANALYSIS

We performed the Chi-square test to analyse which variables were associated with a reduction of violence at follow-up. As independent variables, we used the following indicators: socio-demographic characteristics and health situation of women at baseline; socio-demographic characteristics of violent man and actual contacts with him; situation of violence at baseline; help-seeking behaviour at baseline. As dependent variable, we used the *Decrease in violence indicator* with two categories: violence decreased at least of 50%/ceased and other situations.

Associations between the socio-demographic characteristics of women and the decrease in violence indicator

The decrease in violence at follow-up was associated with the age and the presence of children. Younger women, with no children were more often in a better situation at follow-up than at baseline. Even though, the actual contacts with the violent man were not significantly associated with a decrement/cessation of violence, a trend was observed. Respectively, women with no contacts more often reported a decrease/end of violence at follow-up (81.8%), followed by women with forced contact (68.9%) and women that lived with him (50.0%).

The nationality, the marital status, the educational level, the occupational status, and the income were not associated with a decrement/cessation of violence at follow-up (5.13.1a).

5.13.1a. Association between the socio-demographic characteristics at baseline of women and the decrease in violence indicator

	Violence decreased at least of 50% / ceased		Other situations	
Socio-demographic characteristics	n	%	n	%
Age				
18 – 39	**21**	**84.0**	**4**	**16.0**
40 or more	**34**	**63.0**	**20**	**37.0**
Nationality				
Italian	48	69.6	21	30.4
Other	7	70.0	3	30.0
Marital Status				
Married	14	58.3	10	41.7
Other situations	41	74.5	14	25.5
Educational level				
Low education	11	68.8	5	31.3
Vocational training	6	66.7	3	33.3
High school degree	25	65.8	13	34.2
High education	13	81.3	3	18.8
Number of children				
No children	**11**	**97.7**	**1**	**8.3**
One child	**21**	**84.0**	**4**	**16.0**
Two or more children	**23**	**54.8**	**19**	**45.2**
Occupational status				
Employed	41	69.5	18	30.5
Unemployed	10	71.4	4	28.6
Other inactive situations	4	66.7	2	33.3
Personal Income				
Enough to live independently	13	65.0	7	35.0
Not enough to live independently	29	72.5	11	27.5
Does not work	13	68.4	6	31.6
Contacts with the AVC man				
Lives with him	6	50.0	6	50.0
Forced contacts	31	68.9	14	31.1
No contacts	18	81.8	4	18.2

p < .05

Associations between perpetrator's socio-demographic characteristics and the decrease in violence indicator

When the violent man was younger and without a physical or mental disability, the violence decreased/terminated more often at follow-up.

The nationality, the educational level, the occupational status, the use of drugs, alcohol, the gamble addiction, the taking in charge from a psychologist/psychiatrist and attend a program for

abusive men were not significantly associated with a decrement/cessation of violence at follow-up (5.13.1b).

5.13.1b. Association between perpetrator's socio-demographic characteristics and the decrease in violence indicator

	Violence decreased at least of 50% / ceased		Other situations	
Socio-demographic characteristics	n	%	n	%
Age				
18 - 39	**11**	**91.7**	**1**	**8.3**
40 or more	**41**	**64.1**	**23**	**35.9**
Nationality				
Italian	47	71.2	19	28.8
Other	6	60.0	4	40.0
Educational level				
Low education	23	63.9	13	36.1
Vocational training	5	71.4	2	28.6
Diploma high school	18	78.3	5	21.7
Higher education	6	60.0	4	40.0
Occupational status				
Employed	41	66.1	21	33.9
Unemployed	7	87.5	1	12.5
Other inactive situations	3	60.0	2	40.0
Previous convictions				
Yes	14	82.4	3	17.6
No	39	65.0	21	35.0
Health and addiction				
Use of drugs				
No	42	66.7	21	33.3
Yes	10	83.3	2	16.7
Use of alcohol				
No	37	69.8	16	30.2
Yes	16	69.6	7	30.4
Addictions *(gambles, compulsive shopping)*				
No	47	68.1	22	31.9
Yes	5	83.3	1	16.7
Severe handicap/disability/health or mental pathology				
No	**48**	**75.0**	**16**	**25.0**
Yes	**4**	**40.0**	**6**	**60.0**
Is under the care of a psychologist/psychiatrist				
No	45	70.3	19	29.7
Yes	6	60.0	4	40.0
Attends a mental health/addiction service				
No	46	69.7	20	30.3
Yes	7	63.6	4	36.4

p < .05

Associations between the violence situation at baseline and the decrease in violence indicator

Only the duration of violence and the verbal stalking experienced at baseline resulted associated with a decrement/cessation of violence at follow-up. If the violence begun less than 5 years ago, the violence at follow-up were more likely to be decreased/ceased comparing to situations in which violence begun from 5 to 10 years ago or more than 10 years ago. Moreover, women victim of verbal stalking at baseline, more often experienced a decrement/cessation of violence at follow-up.

The severity of psychological, physical, sexual violence and the presence of physical stalking at baseline were not significantly associated with a decrement/cessation of violence at follow-up (5.13.1c).

5.13.1c. Association between the violence situation at baseline and the decrease in violence indicator

	Violence decreased at least of 50% / ceased		Other situations	
Violence Indicators	n	%	n	%
Beginning of violence				
< 5 years	**20**	**87.0**	**3**	**13.0**
5 – 10 years	**16**	**72.7**	**6**	**27.3**
> 10 years	**19**	**55.9**	**15**	**44.1**
Psychological violence				
Low	16	69.6	7	30.4
Moderate	17	58.6	12	41.4
High	22	81.5	5	18.5
Physical violence				
No	14	66.7	7	33.3
Moderate	30	68.2	14	31.8
High	11	78.6	3	21.4
Sexual violence				
No	31	70.5	13	29.5
Yes	24	68.6	11	31.4
Verbal stalking				
No	**13**	**52.0**	**12**	**48.0**
Yes	**42**	**77.8**	**12**	**22.2**
Physical stalking				
No	19	65.5	10	34.5
Yes	36	72.0	14	28.0

p < .05

Associations between the help-seeking behaviour at baseline and the decrease in violence indicator

No association were found between the decrement/cessation of violence at follow-up and the help-seeking behaviour baseline (5.13.1d).

5.13.1d Association between the help-seeking behaviour at baseline and the decrease in violence indicator

	Violence decreased at least of 50% / ceased		Other situations	
Help-seeking Indicators	n	%	n	%
Sources contacted				
0 -1	13	76.5	4	23.5
2 – 3	23	65.7	12	34.3
4 or more	19	70.4	8	29.6
Previous access to an AVC				
Yes	13	68.4	6	31.6
No	42	70.0	18	30.0

Results show no association between health situation of women at baseline, the help seeking behaviour and a reduction of violence at follow-up.

5.13.2 MULTIVARIATE ANALYSIS

A logistic regression, with backward-LR method, was conducted on all significant predictors of decrement in violence at bivariate level. This analysis revealed that the relevant predictors for decrease/cessation of violence at follow-up were age, number of children, duration of violence and contacts with the abusive man as predictors. The other indicators were removed at the early stage of the analysis since they caused flaws in the estimation of reliable parameters. Table 5.13.2a shows that a bivariate model with number of children as predictor was the best fitting model. Comparing to women with two or more children, women with no children were 9.09 (C.I.:

1.04-76.88) times more likely to report a decrease/cessation of violence at follow-up and women with one child 4.34 times (C.I.: 1.26-14.83).

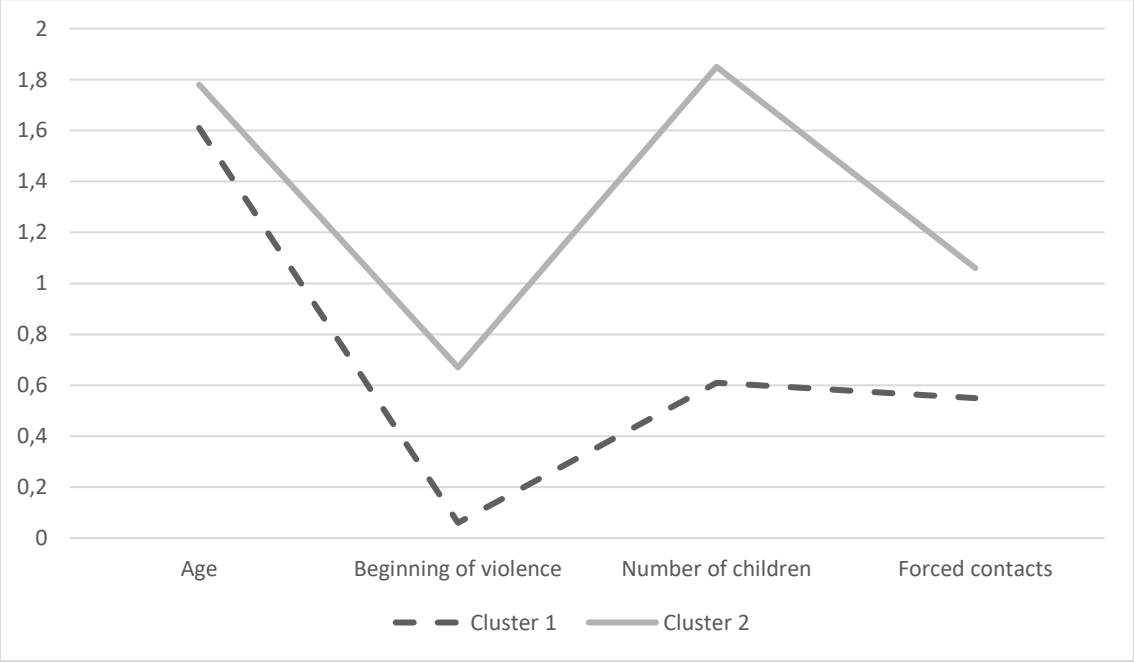
Table 5.13.2a. Multivariate analysis of the factors associated with a decrease/termination of violence at follow-up.

			Violence decreased at least of 50% / ceased OR Adjusted [95% CI]	
Step 1	**Contacts with the abusive man**			
		Lives with him	1	
		No contacts	3.05 [.556-16.74]	Ns
		Forced contacts	2.27 [.547-9.42]	Ns
	Beginning of violence			
		More than 10 years	1	
		Less than 10 years	1.60 [.488-5.25]	Ns
	Number of children			
		Two or more	1	
		One	3.74 [1.0-13.89]	p<.05
		No	5.70 [.579-.56.19]	Ns
	Age			Ns
Step 2	**Forced contacts with the abusive man**			
		Lives with him	1	
		No	3.08 [.562-16.91	Ns
		Yes	2.29 [.555-9.51]	Ns
	Beginning of violence			
		More than 10 years	1	
		Less than 10 years	1.71 [.558-5.23]	Ns
	Number of children			
		Two or more	1	
		One	3.77 [1.02-13.98]	p<.05
		No	5.95 [.612-57.80]	Ns
Step 3	**Beginning of violence**			
		More than 10 years	1	
		Less than 10 years	1.88 [.630-5.59]	Ns
	Number of children			
		Two or more	1	
		One	3.58 [1.0-12.80]	p = .05
		No	6.54 [.716-59.70]	Ns
Step 4	**Number of children**			
		Two or more	1	
		One	4.34 [1.27-14.83]	p<.05
		No	9.09 [1.07-76.88]	p<.05

5.13.3 CLUSTER ANALYSIS

An alternative approach to understand which factors are related to a decrement/cessation of violence at follow-up, that is less conservative than stepwise multivariate logistic regression, is the cluster analysis. This analysis allows to define homogenous cluster of women along the predictor variables previously considered in the multivariate analysis. For this purpose, we performed a K-means cluster analysis procedure for segmenting the data in such a way that the within-cluster variation will be minimized, and the between-cluster variability will be maximized. Women that share similar profile along age, number of children, duration of violence and contacts with the abusive man will be clustered together and distinct from the others. The results setting K = 2 (i.e. number of clusters = 2) and K = 3 (i.e. number of clusters = 3), are shown in graph 1. When two different clusters were identified, cluster one (N = 33) was composed by younger women, with fewer children, less forced contacts with the violent man and with a duration of violence shorter than women of cluster two (N = 54).

Graph 1. Cluster analysis with two clusters



To assess if these two homogenous groups of women have different likelihood to see a decrement/end of violence at follow-up, the clusters were introduced into a logistic regression as predictor (table 5.13.3a).

5.13.3a. Predictors of escaping violence based on groups performed by cluster analysis (K = 2).

		Violence decreased at least of 50% / ceased OR Adjusted [95% CI]	
Cluster			
	One[1]	11.41 [2.44-56.27]	p = .002
	Two	1	

[1]Cluster one: younger women, with fewer children, and less forced contacts with the violent man and with a duration of violence shorter than women of cluster two

The group of younger women, with a shorter history of violence, with fewer children and no forced contacts with the violent man were 11,41 times more likely to have seen a decrease/cessation of violence at follow-up.

With the aim to identify if there were a specific discriminant element between the previous two clusters a three-group (K = 3) cluster analysis was performed. Results are reported in graph 2. The most discriminant element among the three groups is the presence of children. To evaluate if this discriminant factor has an impact on the decrement/cessation of violence at follow-up we performed a multivariate logistic regression. The results are reported in table 5.13.3b.

Graph 2. Cluster analysis with three clusters

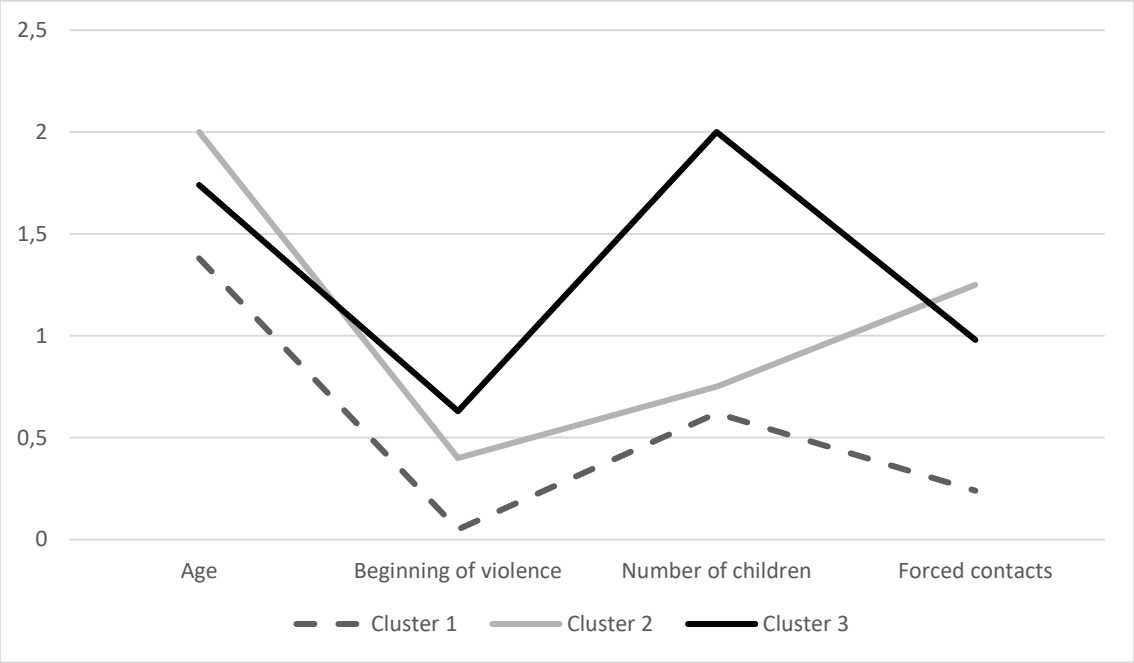


Table 5.13.3b. Multivariate logistic regression analysis with three-groups cluster analysis

		Violence decreased at least of 50% / ceased OR Adjusted [95% CI]	
Cluster			
	One[1]	15.67 [1.92-128.26]	p = .010
	Two	2.68 [.75-9.61]	Ns
	Three	1	

[1]Cluster one: younger women; with a recent begin of violence; with fewer children and no forced contacts with the AVC man

The youngest women with the lowest number of children or no children at all, were more likely to see a decrement/end of violence at follow-up, compared to the other groups of young women with a higher number of children. These results confirm stepwise logistic regression, indicating the presence of children as the main relevant predictor in determining the violence outcome at follow-up.

5.14 WHAT HAPPENS WHEN THERE ARE UNDERAGE CHILDREN IN COMMON?

In our sample, 51 women had minor children with the perpetrator and in eleven cases they lived with the father.

In 13 cases, the father never met the son/daughter; in the other cases, the contacts father-children took part mainly on free accordance or on the base of the Court decision.

In a conspicuous minority of cases, the father does not pay or does not pay regularly the maintenance check (table 5.14.1).

Table 5.14.1. Description of the situation when there were underage children in common

	n	*%*
Do you have underage children?		
Yes, with the perpetrator	51	57.3
Yes, with another man	3	3.4
No	35	39.3
With whom do the children live? *(n = 51)*		
With the father	11	21.6
The contacts father-children occur *(n = 40)*:		
In a protected manner	3	7.5
Based on the Court decisions	14	35.0
On their free choice	10	25.0
They never meet	13	32.5
The father has to pay a maintenance check *(n = 40)*:		
Yes, and he does it regularly	19	47.5
Yes, and he doesn't do it regularly	3	7.5
Yes, but he never does	11	27.5
No	7	17.5

5.15 USING CHILDREN TO CONTINUE DOMESTIC VIOLENCE

Table 5.15.1 shows what happened during the contacts father-children and how he used children to continue domestic violence against the mother. Almost the totality of women reported abuse via children, with the most common being the abuser tried to turn the children against their mother. Moreover, in 46% of cases the woman suffered violence during the contacts and therefore the children assisted to violence. Moreover, 14 women (35.9%) reported that they were frightened when the children met the father.

Table 5.15.1. Using children to continue domestic violence

During the last year, happened that:	*n*	*%*
He abused/threatened you during child contact (psychologically, physically…)	18	46.2
He did not come to the visits and / or changed contact plans at the last minute	17	43.6
He returned your children home later after contact	15	38.5
He threatened or abused your children	9	23.1
He sent the children back to you without all their possessions/clothes and refused to give them back	4	10.3
He ever tried to get information about your whereabouts through your children	17	43.6
He passed abusive/threatening messages through your children	8	21.1
He tried to turn your children against you	17	44.7
He exacerbated or ignored children's condition	15	39.5
Synthetic indicator		
Using children to continue domestic violence	30	78.9

5.16 THE EXPERIENCE AT THE ANTI-VIOLENCE CENTRE

In questionnaire at baseline, there were several questions regarding the fears and the expectation about the access and the path with the Anti-violence centre.

Among 91 women who responded to the follow-up, before arriving at the AVC, 27% of them reported no fears. Among women with doubts and fears, many feared to be judged by the advocates (table 5.16.1).

Table 5.16.1. Fears and doubts regarding the access to the AVC

When I turned to the AVC I was afraid of:	*n*	*%*
Having to tell my story	21	23.9
Not being believed	21	23.9
Being judged	26	29.5
Having to denounce quickly	19	21.6

The expectations regarding the path with the AVC are reported in 5.16.2. Most women arrived at the AVC with the aim to leave the violent situation and start an independent life.

Table 5.16.2. Expectation regarding the Anti-violence centre

From my experience with the Anti-violence center, I expect to:	*n*	*%*
Learn how to manage violent behaviour of my partner/ex…to continue to maintain a relationship with him	8	9.1
Leave the violent situation and start an independent life	71	80.7
Figure out what to do when I'm in danger	40	45.5
Understand why all this happened to me	37	42.0

At follow-up women were asked to report the services used at the Center and to evaluate their path with the AVC. In almost all the cases women were satisfied about their contact with the AVC and considered the work of the AVC as fundamental for managing the violent situation. Table 5.16.3 shows the women's evaluation of the AVC and the services used.

Table 5.16.3. Services used by women and evaluation of the Anti-violence centre at follow-up

	n	*%*
Services used		
Legal advice	53	58.9
Services that helped me to find a job	9	10.0
Individual psychological support	54	60.0
Group psychological support	11	12.2
Self-esteem groups, self-defence activities…	17	18.9
Support in the children care (among women with children)	18	23.7
Your experience with the AVC, have been		
Very good / Good	84	93.3
Fair	4	4.4
Bad / Very bad	2	2.2
How have been the AVC intervention useful		
Very useful / Useful	82	91.1
Neutral	4	4.4
Not useful / Not at all useful	4	4.4
Having meet only women, have been		
Very good / Good	74	82.2
Fair	14	15.6
Bad / Very bad	2	2.2

When women were asked if they wished to receive other kinds of information from the AVC, 82.2% of women reported that the AVC gave them everything they needed, in terms of answers and resources. Among women that answered that they desired to obtain more resources: four women reported to wish to have more support in the work-searching; four women needed to have more legal support; two women desired to make a path with the daughter but this was negated and the remaining six women asked for more flexibility in terms of time and to continue longer the meetings with the advocates.

In the open-question regarding what women will suggest to a woman that is living a violent situation, 51 women explicitly said that they will suggest turning to an AVC. The others suggested to talk with someone and to ask help. The common message among the women reports was to do not blame themselves and not be ashamed, and to talk with someone for escaping violence.

CHAPTER 6

DISCUSSION

The aim of the present study was to discover the factors predicting the cessation of violence from a partner or an ex-partner. For this purpose, we conducted a follow-up study among 151 women victims of intimate partner violence who addressed themselves to one of five Anti-violence centres located in the North-East of Italy.

To evaluate the trend of violence over time an objective indicator of decrement/cessation of violence was computed. The same questions asked at baseline regarding psychological, physical, sexual violence and stalking were re-asked at follow-up, eighteen months later, and the global score of violence at baseline was compared to the global score of violence at follow-up. Violence was considered as decreased if the score at follow-up was minor or equal to half of the score at baseline (decreased at least of the 50% or ceased). Based on this indicator, our results show that, after eighteen months from the beginning of the study, the violence ceased in 24% of cases; decreased at least of 50% in 46% of cases; and increased, remained unchanged or decreased but less than 50% in 30% of cases. Specifically, among the 91 women re-contacted at follow-up, the level of violence increased in only five cases (6.3%).

Factors associated with a decrement/cessation of violence at follow-up were the women's and the perpetrator's young age, not having children with the violent man, a brief duration of violence and the absence of disabilities in the perpetrator. Although the woman' living situation (no contacts with the perpetrator; "forced" contacts, for children, legal or financial reasons; living with him) was not significantly linked to violence at follow-up, a clear trend emerged. A decrement/cessation of violence at follow-up was reported by 82% of women with no contacts with the violent man, compared to 69% of women with forced contacts, and 50% of women who still lived with him.

Nationality, educational level and occupational status of both men and women, women's income and social support were not associated with a decrement/cessation of violence at follow-up. The indicators of men's addictions (drugs, alcohol or other) were also not predictive of a decrement/cessation of violence.

Controlling for these factors, at multivariate level the only factor associated with a decrement/cessation of violence was not having children with the perpetrator. Compared to women with two or more children, women with one child had a probability 4 times higher and women with no children had an odd 9 time higher to see an end of violence. The results derived from the cluster analysis confirm these findings, indicating the presence of children as the main relevant predictor in determining violence outcome at follow-up. The cluster of women with no children had a probability 16 times higher to see a decrement/ cessation of violence compared to the cluster of women with children.

Other longitudinal studies show that violence continue also after contacting specialized services and/or leaving the violent man.

In Great Britain, 2500 women victims of domestic abuse who engaged with one of 14 specialized services to support violence survivors during a period of 12 months were followed from their first to their last access. When the case was considered "closed" - not under the care of the services for at least 3 months - 37% of women were still experiencing violence (CAADA, 2012). Also in Great Britain, Kelly and colleagues (2014) followed for three years 100 women who had used services at Solace Women's Aid. Among the 65 women still in the sample in 2014, over 90% had experienced post-separation abuse. A Canadian study (Davies et al., 2009) with a sample of 287 women who had left an abusive partner in the previous 3 years, shows that only 11.5% of them were free from violence at the time of the interview. In a sample of 135 women recruited from a domestic violence shelter in the US, 36% were assaulted by the former partner during the two years of follow-up (Fleury et al., 2000). In Spain Montero and colleagues (2014) report that among 2464 women who have been victim of intimate partner violence during their lifetime, 27% of

women who had left the perpetrator still reported intimate partner violence. The Italian study of Pomicino, Beltramini and Romito (in press) reports that 3-5 years after the contact with an Anti-violence centre in the North of Italy, 44.7% women were still subjected to intimate partner violence. Notwithstanding the different methodologies and the different indicators of violence used in these studies, these results are in line with our result that indicate that 30% of women continue to experience a similar trend of violence eighteen months after the first evaluation. It is necessary to point out that our indicator of decrement/cessation of violence is more stable and reliable compared to the instruments used in other studies. Doing the same question at baseline and follow-up and defining the decrement of violence as a decrement of at least of 50% allows to better identify the women that are in a process of escaping violence. Other follow-up studies are less precise in evaluating the trend of violence over time: they do not utilize the same questions on violence at baseline and follow up (CAADA, 2012; Kelly et al., 2014); use generic indicator of violence asking to women if violence was terminated with a yes/no response (Davies et al., 2009; Pomicino et al., in press); do not investigate all the typologies of violence (Fleury et al., 2000).

Also in other studies, the woman's young age (Montero et al., 2015), a recent beginning of violence (Fleury et al., 2000), and not having children with the perpetrator (Brownridge et al., 2008; Davies et al., 2009; Pomicino et al., in press) were predictors of the cessation of violence. These results can be understood in the framework of the Investment Model (Rusbult, 1980) that assumes that the more a woman has invested in the relationship - in term of time, energy, money etc. – the less likely she is to leave the violent partner. This Model has been mostly used to discuss the stay/leave decision of women victims of violence, with the risk of putting the responsibility of the continuation versus the end of violence only on women's shoulders, while the crucial variable should be the violent men behaviour. It is therefore necessary to shift the focus on the violent men, as the decision of perpetrating violence is only a perpetrators' decision. Therefore, it is necessary to translate the Investment Model argumentations in terms of perpetrators'

investment: if the relationship was short-lived, women and men were young, with no children in common, they may have a minor investment in the relationship and may be less motivated in controlling their partner. Our finding that a risk factor for the continuation of violence are the man's health problems supports this interpretation: a man with chronic health problems has strong needs for support and for him ending a couple relationship may imply a greater cost compared to a more autonomous person.

In our study, the factor more strongly associated with the termination of violence is not having children with the violent man, a result shared also by others (Davies and colleagues, 2009; Pomicino et al., in press).

The presence of children is known to be associated with post-separation violence (Hester et al., 2007; Kelly et al., 2014; Radford & Hester, 2006). Children often constrains women to meet the violent man, as reported also in our study, where forced contacts between perpetrator and women occurred mostly because of the children. As argued by other authors (Davies et al., 2009; Hester et al., 2007; Radford & Hester, 2006), issues related to children custody provide numerous opportunities for men to exercise coercive control and abuse their former partners.

The law and cultural systems continue to protect the father's right to preserve the relation with his children, even in case of violence (Feresin et al., in press; Silberg et al., 2013).

In Italy, only in 1975 (law n. 151), the institution of *patria potestas* has been modified into the concept of *parental responsibility.:* until this time, it was taken for granted that the children belonged to the father and he had the exclusive authority to "protect, educate and decide" for them also after the end of the couple relationship. This practice, common in many countries, was a valid means of dissuading women who wanted to leave their husband because of violence (Smart & Sevenhuijsen, 1989; Romito, 2008). Today, maintaining the relationship between fathers and children after a separation/divorce, via the institute of joint custody, is considered a priority, is inscribed in the law (in Italy, law 54/2006), and is also coherent with these previous

patriarchal laws and practices, offering to violent men the occasion to continue to abuse their partners.

In our study, the availability of material resources – women's employment and income - is not associated at follow-up with the diminution/cessation of violence, a finding in contrast with what was found by others (Bybee & Sullivan, 2005; Montero et al., 2015; Pomicino et al., in press; Salazar et al., 2009). Literature's review shows that the role of material resources is not well defined in relation to risk of violence. In cross-sectional studies the effect of economic variables is inconsistent with respect to women's risk of partner violence; few prospective studies are available to help clarify how changing economic circumstances affects the risk of partner violence (Bettio & Ticci, 2017; Heise, 2011). It seems that, to understand the associations between employment, income and partner violence, also the occupational status of the perpetrator and the dynamics between women' and men' job situations should be considered (Bettio & Ticci, 2017).

In our study, we asked women which sources of help and support they had contacted, but we do not have an indicator of the amount and the quality of the received support. Therefore, we cannot compare our results with those of other studies in which the question was clearly asked: Bybee and Sullivan (2002) for instance found an association between the availability of social support and the cessation of violence. In Italy, Anti-violence centers assist women in various ways, offering theme a "basket of resources", including advocacy, help in finding a job and a lodgement, baby-sitting children, promoting participation in self-help groups. etc.: we can assume that the women involved in our study had received social support by the advocated, besides, for some of them, from family and friends. The situation may be different in other countries. Shelters in USA do not always guarantee an advocacy intervention that assists women in obtaining the material and social resources they need, making the role of external support fundamental in this path. In their study, Bybee and Sullivan (2002), evaluated a community-based advocacy program by randomly assigning 278 women victims of violence to an experimental or a control condition: only in the

experimental condition women received an advocacy intervention. Results show that an advocacy intervention led to an increment in social support that was associated with lower levels of violence at follow-up 2 years later. In Italy, the Anti-violence centres offer as a default to all women advocacy and support, responding to women's social, material and emotional needs. Most women in our sample rated the intervention of the Anti-violence centre as very useful and described their experience at the centre as very good.

The practices of the Anti-violence centres are probably related to the general amelioration of women's life at follow-up: decrease in the intensity of all types of violence, fewer stress symptoms, bettering of economic situation. For instance, the percentage of women reporting high levels of stress was 30% at baseline and 5.5% at follow-up; at baseline, 26.4% of women reported an income sufficient to live independently, and they were 40.7% at follow-up.

In addition to the predictors of violence cessation, the study makes it possible to explore the associations between violence and women's health and help-seeking behaviours.

Our results show that, when women arrived at the Anti-violence centres they presented high levels of symptoms; we show associations between the types and intensity of violence and the frequency of symptoms. Sexual violence was the typology of violence with the more pervasive and negative effects on women's health.

Results collected at baseline show that women in our sample were active help-seekers: the higher the levels of violence suffered, the higher the number of sources of support contacted. The presence of children was the key element leading women to contact more sources of support, indicating the motivational role of children in the process of escaping violence. In conclusion, the presence of children is an element that motivates women to actively look for help to escape violence, but on the other side it is a mean through which the perpetrator continues to exercise violence after separation.

6.1 LIMITATIONS AND STRENGHTS

The response rate of our study was 56% at follow. As compared to participants, women lost at follow-up were more often married, with low agency and with more severe levels of physical violence. Nationality was not associated to response rate. Maybe these women refused to participate (not leaving the contact at baseline or not answering the phone at the follow-up) out of fear, or because they have moved or changed the number of their mobile phone. This is a serious limitation of our results, as it is likely that they describe the cessation of violence in a relatively "fortunate" subgroup of women victims of intimate partner violence. However, this is a limitation our study shares with many similar pieces of research. Studies in this field with higher response rate are the ones that have recruited women in other places than sites dedicated to women victim of violence, such as health services (Salazar et al., 2009, response rate 83%) or that have maintained regular contacts every 3-4 months with women between baseline and follow-up (Bell et al., 2007, response rate 81%; Bybee & Sullivan, 2005, response rate 95%). The amelioration of the response rate in longitudinal studies in this field can be achieved with a more constant and regular contacts between women and researchers. This can serve as a motivator for women, a reassurance to them regarding the reliability of the research team, and is a way to track changes in women' phone number.

The main limitation of this study is the impossibility to generalise these results to women who do not have access to Anti-violence centres' services, again a limitation shared with other similar studies. As far as we know, prospective studies on the cessation of partner violence in a national sample of women are still lacking.

Due to its quantitative nature, it remains difficult to capture the broad experiences of women during the last eighteen months. Women face a lot of difficulties and changes that a questionnaire cannot totally capture: more qualitative studies are needed to deepen our knowledge about the process of escaping violence and the role of children in this path.

The study has strengths as well. The mayor strengths are the accuracy and the objective nature of the indicator of violence, and the detailed questions regarding the different types of violence and the women' and perpetrators' characteristics. Moreover, few longitudinal studies have been carried out looking at the course of intimate partner violence and only one Italian study is currently available in this field (Pomicino et al., in press).

6.2 CONCLUSIONS

Findings from the present study have important implications for future research, and for social policy and clinical perspectives as well.

Our results show that, for escaping violence it necessary that women recognize violence as such as soon as possible, and terminate the relationship with the violent man before it becomes too difficult. For this reason, it is essential to develop, implement and evaluate training programs for general population, healthcare and social practitioners in order to give them the information and the means with which recognize the first signals of violence and offer proper support to victims and their children. The centrality of the role of children as obstacles in the process of escaping violence stress the importance to develop adequate policies regarding child-custody and father-child contacts after separation. Women are not allowed to rebuild their life if dangerous decisions are taken by social services and the Court concerning father-child contacts.

More research is needed to better understand which factors are associated with the cessation of intimate partner violence, for women who stay in the relationship or who leave it, in different countries, with different cultures, laws and welfare systems. Even more important, research should begin to discover which kinds of men, in which social contexts, are violent and continue to be violent after the couple separates, notwithstanding the woman's actions to stop the violence and distance herself from the perpetrator.

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ANNEX A – QUESTIONNAIRE AT BASELINE (Original version in Italian language)

HEALTH and WELLBEING of WOMEN

A study with women who come to the Anti-violence Center

INSTRUCTIONS FOR FILLING

1. Please, read carefully and answer **ALL** questions.

2. Filling out the questionnaire **NOT** interfere with the path you are conducting with the advocates.

3. The questionnaire is **ANONYMOUS**, so the information you give us will **NOT** be disclosed in any way. Neither the advocates will be aware of the contents of the questionnaire. All the information you give us will be treated anonymously and statistical data will be used only in the aggregate way, in respect of the Privacy Law (D.Lgs. 196/2003).

4. Filling out the questionnaire is **VOLOUNTARY.**

5. In the next page, we will ask you to write down a **CODE**, this serve to number the questionnaire and permit us to compare it with the information that we will collect when you will be re-contacted in eighteen months. The code **NOT** permit in any way to identify yourself, and so it respects your privacy and anonymity.

We ask you to number with a **CODE** the questionnaire:

Example: Maria Rossi, born on 12.2.1986, is in the third interview with the advocates. She has dark eyes.

First letter of your name	Your birth day		Eyes colour*	Your birth month	
M	1	2	D*	0	2

⇨ I'm in the **3** interview with the advocates.

Put **YOUR** code:

First letter of your name	Your birth day		Eyes colour*	Your birth month	

⇨ I'm in the _____ interview with the advocates.

*
Dark Eyes (black, brown): **D**
Blu eyes: **B**
Green eyes: **G**

SOCIODEMOGRAPHIC CHARACTERISTICS

1. **Age:** _____

2. **Nationality:**

   ① Italy
   ② Other countries (specify_____) → **In possession of a residence permit:** ① Yes ② No

3. **Marital status:**

   ① Unmarried
   ② Married
   ③ Legally separated
   ④ Divorced
   ⑤ Widow

4. **Educational qualification:**

   ① None
   ② Elementary
   ③ Diploma middle school
   ④ Vocational training
   ⑤ Diploma high school
   ⑥ Graduate
   ⑦ Other (specify_____)

5. **You are living** *(if you're taking advantage of an accommodation service offered by the Anti-violence Center, we ask you to refer to the place where you lived before coming to the Center)***:**

   ① Alone
   ② Alone with children
   ③ In couple without children
   ④ In couple with children
   ⑤ With my family of origin without children
   ⑥ With my family of origin with children
   ⑦ Other (specify_____)

6. **Number of children:** _____ **[if you don't have children, please go to the question n.9]**

7. **Age and sex of children:**

	Age	Male	Female
① Child 1			
② Child 2			
③ Child 3			
④ Child 4			

8. The father of your children:

① Is the man for whom I turned to the Anti-violence Center
② Is not the man for whom I turned to the Anti-violence Center
③ The man for whom I turned to the Anti-violence Center is the father of one of my children but not of all
④ Other
(specify_____)

9. Now, are you pregnant:

① Yes
② No

WORK AND INCOME

10. Occupational status:

① Employed
② Unemployed
③ Housewife
④ Student
⑤ Working student
⑥ Retired
⑦ Other (specify_____)

11. Type of contract:

① I **DON'T** work
② Permanent job
③ Fixed-term employment
④ Occasional
⑤ Owns VAT / self-employed / freelance / artisan
⑥ Without contract (black work)
⑦ Other (specify:_____)

12. Working time:

① I **DON'T** work
② Full time
③ Part - time
④ Other (specify:_____)

13. Your personal income is:

① I **DON'T** work
② Enough to live independently without income and/or aids from other people
③ Not enough to live independently without income and/or aids from other people

14. The house or the apartment you live is *(if you're taking advantage of an accommodation service offered by the Anti-violence Center, we ask you to refer to the place where you lived before coming to the Center)***:**

① Of my property
② Of my partner's property
③ Co-owned with my partner
④ For rent
⑤ My parent's home
⑥ Other (specify_____)

HEALTH

15. In this moment how your general health is?

① Very good
② Good
③ Fair
④ Poor
⑤ Very poor

16. IN THE LAST MONTH…:

a) Indicates the degree of pain perceived in the following parts of the body:

	Not pain	Low pain	Some pain	Munch pain
Neck				
Back				
Upper extremities (elbows, wrists, hands)				
Back - top				
Back - lower				
Lower extremities (knee, ankle)				

b) Did you take medicine for this type of pain?

① Yes ② No ③ I did not have pain **[go to the question n. 17]**

c) How many days of works do you lost because of these pains?

① I **DON'T** work
② I don't miss a day
③ Less than a week
④ One week
⑤ Over a week
⑥ Other:_____

17. Do you have any complaints, injuries or disease that limit your everyday activities, keeping you from doing such things as working, shopping, managing your life or keeping in contact with other people?

① Yes (specify_____)
② No

18. IN THE LAST MONTH…:

a) Did you have nightmares?

① No
② 1 or 2 times
③ More often

b) Did you feel particularly anxious?

① No
② 1 or 2 times
③ More often

c) Did you have panic attacks (moments of intense fear or discomfort, often with palpitations, choking, nausea, fear of losing control or dying)?

① No
② 1 or 2 times
③ More often

d) Did you hear voices and/or noise that no one else heard?

① No
② 1 or 2 times
③ More often

19. IN THE LAST MONTH, have you…:

a) Been able to concentrate on what you're doing?

① Better than usual
② Same as usual
③ Less than usual
④ Much less than usual

b) Lost much sleep over worry?

① Not at all
② No more than usual
③ Rather more than usual
④ Much more than usual

c) Felt that you are playing a useful part in things?

① More so than usual
② Same as usual
③ Less so than usual
④ Much less than usual

d) Felt capable of making decision about things?

① More so than usual
② Same as usual
③ Less so than usual
④ Much less than usual

e) Felt constantly under strain?

① Not at all
② No more than usual
③ Rather more than usual
④ Much more than usual

f) Felt you couldn't overcome your difficulties?

① Not at all
② No more than usual
③ Rather more than usual
④ Much more than usual

g) Been able to enjoy your normal day to day activities?

① More so than usual
② Same as usual
③ Less so than usual
④ Much less than usual

h) Been able to face up to your problems?

① More so than usual
② Same as usual
③ Less so than usual
④ Much less than usual

i) Been feeling unhappy or depressed?

① Not at all
② No more than usual
③ Rather more than usual
④ Much more than usual

j) Been losing confidence in yourself?

① Not at all
② No more than usual
③ Rather more than usual
④ Much more than usual

k) Been thinking of yourself as worthless person?

① Not at all
② No more than usual
③ Rather more than usual
④ Much more than usual

l) Been feeling reasonably happy, all things considered?

① More so than usual
② Same as usual
③ Less so than usual
④ Much less than usual

20. Below we presented three situations that you may encounter in your life. We ask you to indicate how you would feel able to face them and reach the goal.

		Capable	Enough capable	Nor capable or incapable	Enough incapable	Incapable
1.	Introduce yourself in a job interview	①	②	③	④	⑤
2.	Finding a place to live	①	②	③	④	⑤
3.	Ask the discount in a store	①	②	③	④	⑤

21. We ask you now to imagine a friend of yours or a relative, in the same situations of the previous questions, and to evaluate his/her ability to achieve the same three goals.

		Capable	Enough capable	Nor capable or incapable	Enough incapable	Incapable
1.	Introduce her/himself in a job interview	①	②	③	④	⑤
2.	Finding a place to live	①	②	③	④	⑤
3.	Ask the discount in a store	①	②	③	④	⑤

ACCESS TO THE ANTIVIOLENCE CENTER

22. Before you contact the Anti-violence Center you have asked for help to other people?

		Yes	No
①	Relatives		
②	Friends/colleagues/employers		
③	Associations		
④	School / teachers		
⑤	First aid		
⑥	GP		
⑦	Psychologists public / private		
⑧	Social worker (public)		
⑨	Other services		
⑩	Advocates		
⑪	Police		
⑫	Carabinieri		
⑬	Other law enforcement		
⑭	I have not addressed to anyone else		
⑮	Other (specify_____ _____)		

23. In the past years have you been in this or other Anti-violence Center?

① Yes ② No

24. How did you become aware of the Anti-violence Center (internet/friends/relatives/institutions/other)?

_____

25. Are you hosted in one of the accommodation facilities offered by the Anti-violence Center?

① Yes, I'm coming here in emergency
② Yes, I'm coming here with a planned access
③ Other (specify_____)

④ No

① I don't need this facility offered by the Center
② Other, specify:_____
_____
_____

a) Because:

b) Currently, do you wish to be housed in a protect place, in a different house from the one you live?

① Yes ② No

There are various forms of violence. The violence can be psychological, physical, sexual and economic. In the following questions, we will ask you to bring back the history of violence <u>that led you to make the decision to ask help to the Anti-violence Center.</u>

26. Author of the violence because of which you addressed to the Anti-violence Center:

① Spouse
② Spouse does not cohabit
③ Cohabitant
④ Boyfriend
⑤ Lover
⑥ Ex-spouse
⑦ Ex-spouse dose not cohabiting
⑧ Ex cohabitant
⑨ Ex-boyfriend
⑩ Ex-lover
⑪ Father
⑫ Mother
⑬ Son
⑭ Brother / Sister
⑮ Uncle
⑯ Other (specify_____)

IF YOU HAVE SUFFERDE VIOLENCE FROM THESE PEOPLE, PASS TO QUESTION 46

27. How long do you have a bond with this man? Years:_____ Months:_____

28. The violence began:

① One years ago
② More than a year ago, but less than five
③ More than five years ago, but less than ten
④ More than ten years ago
⑤ Don't know

29. Frequency of violence:

① Constant in time
② Increased over time
③ Decreased over time
④ Ceased

30. When you were pregnant, did you suffer violence from this man?

① Yes ② No ③ I've never been pregnant

31. We will ask you now to indicate which of the following behaviours have been put in place by the man who has acted violence on you.

a) IN THE LAST YEAR happened to you that this man:

		Never	Once	From 2 to 5 times	More often
①	Insist on knowing where you are in a way that goes beyond general concern				
②	Get angry if you speak with another man				
③	Become suspicious that you are unfaithful				
④	Try to keep you from seeing your friends				
⑤	Try to restrict your contact with your family of birth or relatives				
⑥	Prevent you from making decision about family finances and from shopping independently				
⑦	Forbid you to work outside the home				
⑧	Belittled or humiliated you in private				
⑨	Belittled or humiliated you in front of other people				
⑩	Done things to scare or intimidate you on purpose, for example by yelling and smashing thing				
⑪	Threatened to hurt you physically				
⑫	Forbid you to leave the house, take away car keys or lock you up				
⑬	Made you watch or look at pornographic material against your wishes				
⑭	Threatened to take the children away from you				
⑮	Threatened to hurt your children				
⑯	Hurt your children				
⑰	Threatened to hurt or kill someone else you care about				
⑱	Threatened to kill himself				
⑲	Other(specify_____ _____)				

b) IN THE LAST YEAR happened to you that this man:

		Never	Once	From 2 to 5 times	More often
①	Pushed you or shoved you				
②	Slapped you				
③	Thrown a hard object at you				
④	Grabbed you or pulled your hair				
⑤	Beaten you with a fist or a hard object, or kicked you				
⑥	Burned you				
⑦	Tried to suffocate you or strangle you				
⑧	Cut or stabbed you, or shot at you				
⑨	Beaten your head against something				
⑩	Other(specify_____ _____)				

c) IN THE LAST YEAR happened to you that:

		Never	Once	From 2 to 5 times	More often
①	This man forced you into sexual intercourse* hurting you in some way				
②	This man attempted to force you into sexual intercourse* hurting you in some way				
③	This man made you take part in any form of sexual activity when you did not want to or you were unable to refuse				
④	Have you consented to sexual activity because you were afraid of what might happen if you refused				
⑤	Other (specify_____ _____)				

* by sexual intercourse we mean here forced oral sex, forced anal or vaginal penetration.

d) IN THE LAST YEAR happened to you that this man:

		Never	Once	From 2 to 5 times	More often	Don't know
①	Sent you emails, text message (SMS) or instant messages that were offensive or threatening					
②	Sent you letters or cards that were offensive or threatening					
③	Made offensive, threatening or silent phone calls to you					
④	Posted offensive comments about you on the internet					
⑤	Shared intimate photos or videos of you, on the internet or by mobile phone					
⑥	Loitered or waited for you outside your home, workplace or school without a legitimate reason					
⑦	Did a scene (insults, threats …) on your workplace					
⑧	Deliberately followed you around					
⑨	Deliberately damaged your property					
⑩	Altro(specificare_____ _____)					

32. Your sons / daughters: [if you don't have children, pass to the question 33]

		Yes	No
①	Have witnessed the violence		
②	Have suffered violence		

AUTHOR OF VIOLENCE

We'll let you now some questions about the author of the violence, <u>for which you asked help to the Anti-violence Center.</u>

33. Age: _____

34. Nationality:

① Italy
② Other countries(specify_____) → **In possession of a residence permit:** ① Yes ② No

35. Educational qualification:

① None
② Elementary
③ Diploma middle school
④ Vocational training
⑤ Diploma high school
⑥ Graduate
⑦ I don't know
⑧ Other (specify:_____)

36. Occupational status:

① Employed
② Unemployed
③ Housewife
④ Student
⑤ Working student
⑥ Retired
⑦ I don't know
⑧ Other (specify:_____)

37. Type of contract:

① He **DOESN'T** work
② Permanent job
③ Fixed-term employment
④ Occasional
⑤ Owns VAT / self-employed / freelance / artisan
⑥ Without contract (black work)
⑦ I don't know
⑧ Other (specify:_____)

38. Is he accused or convicted of violence or other types of crime?

① Yes, for violence
② Yes, for other types of crime
③ For both
④ No
⑤ I don't know

39. The author of violence *(you can indicate more than one answer)*:

		Yes	No
①	Abuses drugs regularly		
②	Abuses alcohol regularly		
③	Gambles		
④	Is under the care of a psychiatrist / psychologist		
⑥	Has a severe handicap or disability		
⑦	Other (specify_____ _____)		

40. The perpetrator attends or has attended a service of mental health or addictions:

① Yes ② No ③ I don't know

41. You think that the violence is due mainly *(you can indicate more than one answer)*:

		Yes	No
①	To the fact that he is in nature a violent person		
②	To the excessive stress to which he is subject		
③	To the fact that he believes that this is the right way to behave to a woman		
④	To the use of alcohol and drugs by him		
⑤	To the fact that he has been abused in childhood		
⑥	To the fact that his father has always been a violent man		
⑦	To my wrong behaviours / attitudes		
⑧	I don't know		
⑨	Other(specify:_____ __ _____ ____)		

42. In this moment, do you want to end the relationship with him?

① Yes
② No
③ I've already ended up with him
④ I don't know
⑤ Other (specify:_____)

43. In the past, during the course of your relationship, have you tried to get away from this man?

① Never
② Once
③ Two or more times

44. If you decide to get away from this man, do you have someone that help you, outside of the Anti-violence Center? Or, if you've already moved away from him, is there someone who helped you outside the Anti-violence Center?

① Yes, I would turn to / I turned to_____
② No
③ I don't know

45. When a woman is thinking if she wants to stop or not the relationship with a violent man, there are many thing to consider. Indicates how much would be or have been important to you the following item:

		Not at all important	A little important	Indifferent	Important	Very important
1.	I would miss having somebody with whom to do things	①	②	③	④	⑤
2.	I would miss the affection	①	②	③	④	⑤
3.	I would miss him	①	②	③	④	⑤
4.	I fear loneliness	①	②	③	④	⑤
5.	I believe this is the best relationship I can get	①	②	③	④	⑤
6.	I would miss sex	①	②	③	④	⑤
7.	I fear I would not find another partner	①	②	③	④	⑤
8.	I would lose the protection provided by my partner	①	②	③	④	⑤
9.	I believe my children need their other parent	①	②	③	④	⑤
10.	I would lose my partner's help with the children	①	②	③	④	⑤
11.	I fear loss of income (depletion)	①	②	③	④	⑤
12.	I fear loss of custody of my children	①	②	③	④	⑤
13.	I fear legal proceedings	①	②	③	④	⑤
14.	I believe the needs of my family are more important than mine	①	②	③	④	⑤
15.	I fear being homeless	①	②	③	④	⑤
16.	I do not have an attorney	①	②	③	④	⑤
17.	I would lose my pets	①	②	③	④	⑤
18.	I believe that my health would suffer	①	②	③	④	⑤
19.	I am too embarrassed to tell anybody	①	②	③	④	⑤
20.	I fear what people would say	①	②	③	④	⑤
21.	I fear that nobody would believe me	①	②	③	④	⑤
22.	I fear making my own decision	①	②	③	④	⑤
23.	I have little support from my friends	①	②	③	④	⑤
24.	I have little support from community	①	②	③	④	⑤
25.	I have little support from my family	①	②	③	④	⑤
26.	I fear harm to myself	①	②	③	④	⑤
27.	I fear harm to my children	①	②	③	④	⑤
28.	I fear harm to my family	①	②	③	④	⑤
29.	I fear harm to my pets	①	②	③	④	⑤
30.	I believe that he loves me and wants to change	①	②	③	④	⑤
31.	I love him and believe I can change him	①	②	③	④	⑤

46. In the past, within relations other than that for which you asked help to the Anti-violence Center, have you experienced situations of psychological, economic, physical or sexual violence?

① Yes ② No **[pass to question 49]**

47. The author or the authors of the past violence, were *(you can indicate more than one perpetrator)***:**

		Yes	No
①	Partner *(husband/boyfriend/cohabitant)*		
②	Ex partner		
③	Father		
④	Mother		
⑤	Son / daughter		
⑥	Other family member (specify_____)		
⑦	Other acquaintance (specify_____)		
⑧	Stranger		

48. To get away from past violence situations *(you can indicate more than one answer)***:**

① I asked for help to friends / co-workers /acquaintance
② I asked for help to my family
③ I asked for help to Anti-violence Center
④ I asked for help to police
⑤ I asked for help to attorney
⑥ I left on my own
⑦ The perpetrator has changed his behaviour
⑧ The perpetrator is dead
⑨ Situations are still ongoing
⑩ Other (specify:_____)

Finally, we ask you to express some opinion about the Anti-violence Center.

49. When I turned to the Anti-violence Center I was afraid of *(you can indicate more than one answer)***:**

① Having to tell my story
② Not being believed
③ Being judged
④ Having to denounce quickly
⑤ Other (specify:_____)

50. From my experience with the Anti-violence Center, I expect to *(you can indicate more than one answer)***:**

① Learn how to manage violent behaviour of my partner / ex / parent…to continue to maintain a relationship with him
② Leave the violent situation and start an independent life
③ Figure out what to do when I'm in danger
④ Understand why all this happened to me
⑤ Other (specify:_____)

51. Did you need help to fill in the questionnaire?

① Yes, in all the questionnaire ② Only in some questions ③ No

THANKS FOR YOUR COLLABORATION!

If you desire to add something, you can do it below:

ANNEX B – QUESTIONNAIRE AT FOLLOW-UP (Original version in Italian language)

HEALTH and WELLBEING of WOMEN

A study with women who come to the Anti-violence Center – **follow up**

Good morning, I'm ……. of the University of Trieste. I'm working for the investigation "Health and wellbeing of women" of the University of Trieste.

In this moment are you free to speak?

- If **YES**: "if you remember, 18 months ago you had filled-in a questionnaire regarding the health and wellbeing of women, whose information have been very preciouses for understanding the situation of women who attending an Anti-violence Centre. In that questionnaire you gave us the authorization to be re-contacted, and now we are doing the second part of this investigation. It's a telephonic questionnaire, whose aim is to understand some aspects of the health and wellbeing of women who arrive at an Anti-violence Centre. You will find some questions about your heath and your history. Your answers will be precious to better understand how to help other women who turn to an Antiviolence Centre.
  The interview will last approximately 20 – 30 minutes. We assure you that the questionnaire is completely anonymous. I will ask you only a code for numbering the questionnaire, that do not permit in any way to identify yourself. The participation in strictly voluntary. All the information you give us will be treated anonymously and statistical data will be used only in the aggregate way, in respect of the Privacy Law (D.Lgs. 196/2003).

  I ask you to listen the questions and to choose among the answers that we will propose to you. Every comment will be added at the end of the questionnaire. If you have any doubts, do not hesitate to ask me any clarifications".

- If **NO**: take an appointment.

DATE:

HOUR:

Questionnaire's CODE:

Example: Maria Rossi, born on 12.2.1986, has dark eyes.

First letter of your name	Your birth day		Eyes colour*	Your birth month	
M	1	2	S*	0	2

Women's code:

First letter of your name	Your birth day		Eyes colour*	Your birth month	

* Dark Eyes (black, brown): **D**
Blu eyes: **B**
Green eyes: **G**

HEALTH

1. In this moment how your general health is?

① Very good
② Good
③ Fair
④ Poor
⑤ Very poor

2. Do you have any complaints, injuries or disease that limit your everyday activities, keeping you from doing such things as working, shopping, managing your life or keeping in contact with other people?

① Yes (specify_____)
② No

3. IN THE LAST MONTH…:

e) Did you have nightmares?

① No
② 1 or 2 times
③ More often

f) Did you feel particularly anxious?

① No
② 1 or 2 times
③ More often

g) Did you have panic attacks (moments of intense fear or discomfort, often with palpitations, choking, nausea, fear of losing control or dying)?

① No
② 1 or 2 times
③ More often

h) Did you hear voices and/or noise that no one else heard?

① No
② 1 or 2 times
③ More often

4. IN THE LAST MONTH, how often have you:

		Never	1 o 2 times	More often
①	Been able to enjoy your normal day to day activities			
②	Been feeling unhappy or depressed			

5. **In this moment, do you take any drug for the anxiety, sleeping pills, or other drugs for the depression** (do not consider thé or other herbal products)**?**

① No
② Yes

6. **Do you smoke?**

① No
② Yes, sometimes (less than one cigarette a day)
③ Yes, regularly (at least one cigarette a day) → number of cigarette a day_____

7. **IN THE LAST YEAR:**

a) Have you ever seriously considered suicide?

① No
② 1 or 2 times
③ More often

b) Have you ever attempt to suicide?

① No
② 1 or 2 times
③ More often

8. **IN THE LAST YEAR, have you been at the emergency room (***stay in hospital less than a night***)?**

①	No	
②	Yes:	Time n. 1: reason_____
		Time n. 2: reason_____
		Time n. 3: reason_____
		Time n. 4: reason_____

9. **IN THE LAST YEAR, have you been hospitalized (***stay in hospital at least one night***)?**

①	No	
②	Yes:	Time n. 1: number of days_____ reason_____
		Time n. 2: number of days_____ reason_____
		Time n. 3: number of days_____ reason_____
		Time n. 4: number of days_____ reason_____

10. **During this year have you had children?**

① No
② Yes, the father is the man for whom I turned to the AVC
③ Yes, the father is another man (**NOT** the man for whom I turned to the AVC)
④ Other (specify_____)

11. Now, are you pregnant?

① No
② Yes, the father is the man for whom I turned to the AVC
③ Yes, the father is another man (**NOT** the man for whom I turned to the AVC)
④ Other (specify_____)

12. If you have any concerns, or a moment of difficulty, do you have someone who care about you?

① Yes, with_____
② No
③ I don't know

13. Below we presented three situations that you may encounter in your life. We ask you to indicate how you would feel able to face them and reach the goal.

		Capable	Enough capable	Nor capable or incapable	Enough incapable	Incapable
1.	Introduce yourself in a job interview	①	②	③	④	⑤
2.	Finding a place to live	①	②	③	④	⑤
3.	Ask the discount in a store	①	②	③	④	⑤

14. We ask you now to imagine a friend of yours or a relative, in the same situations of the previous questions, and to evaluate his/her ability to achieve the same three goals.

		Capable	Enough capable	Nor capable or incapable	Enough incapable	Incapable
1.	Introduce her/himself in a job interview	①	②	③	④	⑤
2.	Finding a place to live	①	②	③	④	⑤
3.	Ask the discount in a store	①	②	③	④	⑤

SOCIODEMOGRAPHIC CHARACTERISTICS

15. Marital status:

① Unmarried
② Married
③ Legally separated
④ Divorced
⑤ Widow

16. Occupational status:

① Employed
② Unemployed
③ Housewife
④ Student
⑤ Working student
⑥ Retired
⑦ Other (specify_____)

17. Type of contract:

① I **DON'T** work
② Permanent job
③ Fixed-term employment
④ Occasional
⑤ Owns VAT / self-employed / freelance / artisan
⑥ Without contract (black work)
⑦ Other (specify:_____)

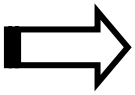
18. Your personal income is:

① I **DON'T** work
② Enough to live independently without income and/or aids from other people
③ Not enough to live independently without income and/or aids from other people

NOW I WLL MAKE YOU SOME QUESTIONS REGARDING THE SITUATION THAT LED YOU TO MAKE THE DECISION TO TURN TO THE AVC. THE AIM IS TO UNDERSTAND WHAT OBSTACLES OR HELPS YOU FIND DURING YOUR PATH.

19. Author of the violence because of which you addressed to the Anti-violence Center:

① Spouse
② Spouse does not cohabit
③ Cohabitant
④ Boyfriend
⑤ Lover
⑥ Ex-spouse
⑦ Ex-spouse dose not cohabiting
⑧ Ex cohabitant
⑨ Ex-boyfriend
⑩ Ex-lover
⑪ Father
⑫ Mother
⑬ Son
⑭ Brother / Sister
⑮ Uncle
⑯ Other (specify_____)



IF YOU HAVE SUFFERED VIOLENCE FROM THESE PEOPLE, PASS TO QUESTION 34

20. In this moment, you are living:

① In couple with the man from whom I turned to the AVC **(pass to question 22)**
② In couple with another man
③ With the family of origin
④ In an accommodation service offered by the AVC
⑤ Alone
⑥ Other (specify _____)

21. If you are not living with this man, do you meet him:

		Yes	No
①	We have a relationship but we're not living together		
②	For reasons linked to the children		
③	For economic reasons		
④	For reasons linked to the justice system (separation, complaint…)		
⑤	He waited you outside your home, workplace or deliberately follow you		
⑥	During the family mediation meetings / couples therapy / meetings on parenting		
⑦	Other (specify_____)		

22. In this moment:

① You would end the relation / every contacts with him
② You would have or maintain a couple relationship with him
③ You have already terminated every contact with him
④ Other (specify _____)

23. Do you have underage children with the man form whom you turned to the AVC?

① Yes, with the man for whom you turned to the AVC
② Yes, with another man **(pass to question 24)**
③ No **(pass to question 24)**
④ Other (specify _____)

a) The underage children live with:

① All with the mother
② Some with the mother, others with the father
③ Part of the time with the mother and part of the time with the father
④ All with the father **(pass to question 24)**
⑤ The father and the mother live together **(pass to question 24)**
⑥ Neither with the mother nor with the father (with grandparents, in community…)
⑦ Other (specify _____)

b) The visits of the father to the children occur *(you can indicate more than one answer)***:**

		Yes	No
①	In a protected manner		
②	The court has decided some days in which they have to stay together		
③	They stay together when they want		
④	They never meet		
⑤	Other (specify_____)		

c) The father has to pay a check for the maintenance of children?

① Yes, and he does it regularly
② Yes, but he doesn't do it regularly
③ Yes, bet he doesn't do it
④ No
⑤ Other (speciy_____)

d) IN THE LAST YEAR, happened that:

		Yes	No
①	The children do not want to meet their father		
②	You were frightened when your children met their father		
③	He abused/threatened you during child contact (psychologically, physically...)		
④	He does not come to the visits and / or changed contact plans at the last minute		
⑤	He returned your children home later after contact		
⑥	He threatened or abused your children		
⑦	He sent the children back to you without all their possessions/clothes and refused to give them back		
⑧	He ever tried to get information about your whereabouts through your children		
⑨	He passed abusive/threatening messages through your children		
⑩	He tried to turn your children against you		
⑪	He exacerbated or ignored children's condition		
⑫	Other (specify_____)		

VIOLENCE DURING THE LAST YEAR

24. We will ask you now to indicate which of the following behaviours have been put in place by the man who has acted violence on you.

e) IN THE LAST YEAR happened to you that this man:

		Never	Once	From 2 to 5 times	More often
①	Insist on knowing where you are in a way that goes beyond general concern				
②	Get angry if you speak with another man				
③	Become suspicious that you are unfaithful				
④	Try to keep you from seeing your friends				
⑤	Try to restrict your contact with your family of birth or relatives				
⑥	Prevent you from making decision about family finances and from shopping independently				
⑦	Forbid you to work outside the home				
⑧	Belittled or humiliated you in private				
⑨	Belittled or humiliated you in front of other people				
⑩	Done things to scare or intimidate you on purpose, for example by yelling and smashing thing				
⑪	Threatened to hurt you physically				
⑫	Forbid you to leave the house, take away car keys or lock you up				
⑬	Made you watch or look at pornographic material against your wishes				
⑭	Threatened to take the children away from you				
⑮	Threatened to hurt your children				
⑯	Hurt your children				
⑰	Threatened to hurt or kill someone else you care about				
⑱	Threatened to kill himself				
⑲	Other(specify_____ _____)				

f) IN THE LAST YEAR happened to you that this man:

		Never	Once	From 2 to 5 times	More often
①	Pushed you or shoved you				
②	Slapped you				
③	Thrown a hard object at you				
④	Grabbed you or pulled your hair				
⑤	Beaten you with a fist or a hard object, or kicked you				
⑥	Burned you				
⑦	Tried to suffocate you or strangle you				
⑧	Cut or stabbed you, or shot at you				
⑨	Beaten your head against something				
⑩	Other(specify_____ _____)				

g) IN THE LAST YEAR happened to you that:

		Never	Once	From 2 to 5 times	More often
①	This man forced you into sexual intercourse* hurting you in some way				
②	This man attempted to force you into sexual intercourse* hurting you in some way				
③	This man made you take part in any form of sexual activity when you did not want to or you were unable to refuse				
④	Have you consented to sexual activity because you were afraid of what might happen if you refused				
⑤	Other (specify_____ _____)				

* by sexual intercourse we mean here forced oral sex, forced anal or vaginal penetration.

h) IN THE LAST YEAR happened to you that this man:

		Never	Once	From 2 to 5 times	More often	Don't know
①	Sent you emails, text message (SMS) or instant messages that were offensive or threatening					
②	Sent you letters or cards that were offensive or threatening					
③	Made offensive, threatening or silent phone calls to you					
④	Posted offensive comments about you on the internet					
⑤	Shared intimate photos or videos of you, on the internet or by mobile phone					
⑥	Loitered or waited for you outside your home, workplace or school without a legitimate reason					
⑦	Did a scene (insults, threats …) on your workplace					
⑧	Deliberately followed you around					
⑨	Deliberately damaged your property					
⑩	Altro(specificare_____ _____)					

25. Compared to a year ago, the violence:

① Have been constant in time
② Are increased over time
③ Are decreased over time
④ Some forms of violence are increased, other are decreased
⑤ Ceased

26. IN THE LAST YEAR, your children:

		Yes	No
①	Have witnessed the violence		
②	Have suffered violence		
③	**I DON'T have children**		

27. IN THE LAST YEAR, this man has been accused or convicted of violence or other types of crime?

		Yes	No
①	Yes, for the violence he perpetrated on me		
②	Yes, for violence he perpetrated on children		
③	Yes, for other types of crime		
④	I don't know		

28. In this moment, are you afraid of him?

① Yes ② No

29. In this moment, are you afraid of someone else?

① No
② Yes, of_____

I WILL MAKE YOU SOME QUESTIONS REGARDING THE CONTACTS THAT YOU COULD HAVE HAD WITH SOME SERVICES, THAT SOMETIMES ARE ACTIVATED IN VIOLENCE SITUATIONS

30. IN THE LAST YEAR, did you do one or more reports to the police because of the violence suffered from you or your children?

① No
② Yes, I make (n) _____ report for violence and I retired (n) _____of them, because_____
③ Yes, I make (n) _____ report for violence acted on my children and I retired (n) _____of them, because_____
④ Other (specify _____)

31. IN THE LAST YEAR, this man has been warned by the superintendent?

① No
② Yes, _____
③ I don't know

32. IN THE LAST YEAR, do you ask for a removal order?

① No
② Yes, I ask for a removal order → ① And the judge does not grant it to me
② And the judge grants it to me, but the author of violence did not respect it
③ And the judge grants it to me, and the author of violence respected it
④ Other (specify _____ _____)

33. IN THE LAST YEAR, do you came in contact with the family mediation / couples therapy / parenting meetings?

① Yes, it has been proposed to me, but **I DID NOT** accept to do it **(pass to question 34)**
② Yes, it has been proposed to me and I did it
③ Yes, it has been imposed to me
④ No **(pass to question 34)**
⑤ I don't know

a) From whom did you receive the request to participate at this kind of meetings?

① From the court
② From the social services
③ From the Consultorio
④ Other (specify_____)

b) Do you already do the meetings?

① Yes ② No **(pass to question 34)**

c) During the appointments…

		Yes	No
①	He assaulted you psychologically		
②	He assaulted you physically		
③	You felt humiliated from the mediator		
④	Have been taken decision that could put in danger me and / or my children		
⑤	They have been useful		
⑥	Other (specify_____)		

34. The violent man is doing a personal path to manage his violent behaviours?

① Yes, he attends a group for violent men
② Yes, he goes to a psychologist
③ No
④ Other (specify_____)

35. IN THE LAST YEAR, you have asked for help to other people?

		Yes	No
①	Relatives		
②	Friends/colleagues/employers		
③	Anti-violence centre		
④	Associations		
⑤	School / teachers		
⑥	Emergency services		
⑦	GP		
⑧	Psychologists public / private		
⑨	Social worker (public)		
⑩	Advocates		
⑪	Police		
⑫	Carabinieri		
⑬	Court		
⑭	Other (specify_____ _____)		

36. **IN THE LAST YEAR, do you remember how many times you have been at the AVC?**

_____

37. **Who or which service has been the most useful in this period?**

_____

DIFFICULTIES AND NEEDS

38. **In this moment, you need:**

		Yes	No
①	To find a job or a better job		
②	To find an accommodation or a better accommodation		
③	Find a nursery school / school for my children		
④	To have a help with the children *(babysitter, study support...)*		
⑤	To have more financial availability		
⑥	Getting free from violence		
⑦	Other (specify_____)		

39. **IN THE LAST YEAR, have you had difficulties to:**

		Yes	No
①	Pay the rent		
②	Pay the bills *(light, water, gas, heating)*		
③	Do the shopping at the market		
④	Pay the health services for me or my children		
⑤	Pay the lawyer		
⑥	Buy things for my children *(clothes, books...)*		
⑦	Buy things for me *(clothes, books…)*		

THE ANTIVIOLENCE CENTRE

40. **Which services offered from the CAV did you utilized?**

		Yes	No
①	Interviews with the advocates		
②	Legal advice		
③	Services that helped me to find a job		
④	Individual psychological support		
⑤	Group psychological support		
⑥	Self-esteem groups, self-defence activities…		
⑦	Support in the children care (babysitter, psychologist…)		

41. **Your experience with the AVC, have been:**

① very good ② good ③ fair ④ bad ⑤ very bad

42. How have been the AVC intervention useful?

① very useful ② useful ③ neutral ④ not useful ⑤ not at all useful

43. Having meet only women, have been:

① very good ② good ③ fair ④ bad ⑤ very bad

44. Have you been in the accommodation services offered from the AVC?

① No **(pass to question n. 44)**
② Yes

a) How long did you stay there?

(months / days)_____(still inside – yes / no)_____

b) Were your children with you?

① No
② Yes
③ I do not have children

c) What is your evaluation of your stay in this accommodation?

		Yes	No
①	It has been difficult to co-habit with other women		
②	I had some difficulties with the children		
③	I desired to stay there for more time		
④	Share my situation with other women has been positive		
⑤	Other (specify_____ _____)		

45. You wished to receive other kind of information from the AVC?

① No, everything was good
② Yes, I would need_____
_____
_____

46. What information and / or services offered from the AVC have been the most useful?

_____
_____
_____
_____
_____

47. What you would like to suggest to a woman who suffered violence?

_____
_____
_____
_____
_____

48. Do you desire to add something?

_____
_____
_____
_____
_____
_____
_____

Many thanks to your collaboration. For other information about the research, you can write to: **benessere.salute.info@gmail.com**

If you need help or other information regarding the violence, remember that the Anti-violence Centre are always available to answer questions and to give you support.

FOR THE INTERVIEWER:

How long was the interview? _____

The interviewed has given up the interview?

① No
② Yes, the line is falling
③ Yes, because the questionnaire is too long
④ Yes, because someone arrived
⑤ Yes, because she doesn't want to respond
⑥ Altro (specificare: _____)