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“Identifying Violence Among Women Patients Attending Family Practices: The Role of Research in Community Change”

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Violence against women has serious consequences. Although victims use health facilities more frequently than others, violence is still not recognized in most services and in the larger community.

This study had three aims: (1) to estimate the prevalence of violence among women patients in primary care, (2) to evaluate the feasibility of asking all women about violence, and (3) to make violence visible, and thereby initiate a process of professional and community change on the issue of violence against women.

The study was carried out in a small Italian town, at the initiative of a local family doctor. We conducted a cross-sectional survey among patients of six family practices and 444 women responded to a self-administrated questionnaire. Five per cent of respondents experienced physical or sexual violence in the last year, and 25% had experienced it in the past. Nineteen per cent had experienced psychological violence in the last 12 months.

Risk factors for current violence were: younger age, being pregnant or with young children, being separated or divorced, or lack of stable employment. Most women were in favour of being asked about violence by their doctor.

The study's results were disseminated in public meetings, with good press coverage. This resulted in a dramatic increase in the visibility of victims of violence, the development of a training course for health professionals, and the creation of the first women's group in the town. Along with advocacy work, the group has prepared a booklet on violence addressing women, and is now raising funds to start an 'anti-violence' telephone line. Overall, the study has become a tool for change within the health services and the community.

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- 2) Social Science & Medicine 60 (2005) 1717–1727**

Violence against women, and more particularly male partner violence, is frequent. Although there are many studies on the consequences of violence on women's mental health, a number of aspects are still unclear. The impact of violence is seldom studied in the context of other risk factors of mental distress, psychological abuse is rarely considered, and older women are generally excluded from the sample. This study aims to analyze the relationships between current and past violence and three indicators of current women's health—psychological distress, the use of

psychoactive drugs and a subjective evaluation of health—controlling for demographic and social characteristics.

We conducted a cross-sectional survey among patients of family practices in an Italian town and 444 women responded to a self-administrated questionnaire: 20% of them had experienced some kind of abuse in the last 12 months and 5.2% reported physical or sexual aggression, mostly (4%) inflicted by a partner or ex-partner. Current violence was strongly associated with psychological distress, the use of psychoactive drugs and a negative evaluation of health. Experiencing solely psychological abuse with no sexual or physical violence was also associated with impaired health. The relationship between current violence and health was independent of age. After controlling for age, education, children, marital and employment status, women victims of partner violence were around 6 times more likely to be depressed and to feel in bad health, and 4 times more likely to use psychoactive pills than other women. Moreover, there was a strong association between past and current violence. Compared to women who reported no violence, women who reported both types were 5.95 times, women who reported only current but no past violence were 4.81 times, and women who reported only past but no current violence were 3.01 times more likely to report psychological distress.

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3) Società italiana di medicina generale, 2005 n°4 Agosto, Pacini editore Medicina

“Violenza domestica e salute mentale delle donne. Una ricerca sulle pazienti di medicina generale”

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La violenza sulle donne da parte di un partner, o violenza domestica, è rimasta invisibile fino agli anni '70 e considerata come un fatto privato, in cui non bisognava interferire.

Oggi sappiamo che nei paesi industrializzati tra il 20 e il 30% delle donne ha subito violenze fisiche o sessuali da un partner o ex partner nel corso della vita, e che tra il 5 e il 15% sta subendo violenze al momento dell'inchiesta. Gli abusi psicologici – insulti, denigrazioni, minacce, controlli ossessivi – sono molto più frequenti. La violenza è trasversale alle classi sociali ed è compiuta da uomini di qualsiasi tipo, religione e professione, che nella maggior parte dei casi si comportano normalmente sul lavoro e nella vita sociale; può continuare o diventare più grave quando la donna decide di lasciare il partner e dopo la separazione o il divorzio ⁽¹⁾⁽²⁾.

La violenza domestica ha effetti devastanti sulla salute fisica e mentale delle vittime ⁽³⁾, tanto che l'OMS la considera un enorme problema di salute pubblica ⁽⁴⁾.

In Italia mancano dati nazionali sulla violenza domestica. A parte alcune ricerche su pazienti di servizi ⁽⁵⁾, gli unici dati provengono dai Centri anti-violenza: in Emilia-Romagna, in un anno, 1.422 donne si sono rivolte ai diversi Centri e Rifugi per motivi legati alla violenza maschile ⁶.

Scopo di questa ricerca è stimare la prevalenza della violenza in un campione di donne utenti di Medicina Generale (MG) e analizzare le relazioni tra l'aver subito violenza e la salute mentale. In questo articolo presentiamo i risultati relativi alla violenza da un partner nell'ultimo anno.