

Intimate partner sexual violence: An overview of the problem in Italy

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Intimate partner sexual violence (IPSV) is a severe and complex social problem, present all over the world but often overlooked. The aim of this review is to show current knowledge about IPSV, with a particular focus on Italy. Sexual violence involves a large range of negative consequences for mental, physical and sexual health of victims, that increase when violence is committed by a partner because of the daily proximity with the aggressor, the repetitive nature and the association with other forms of violence. Victims often find it difficult to report the sexual violence by their partner both for individual factors, such as guilt, shame or fear, or for social factor like gender stereotypes. In Italy, sexual violence was recognized as a crime in 1996. However, in some contexts, IPSV may be culturally accepted, inducing women to tolerate a certain degree of sexual violence by their partner. Given the seriousness of the consequences, it is important to investigate the wide range of risk factors associated with IPSV in order to create specific prevention programs and guidelines that help practitioners to investigate the phenomenon and to give adequate support to victims.

Intimate partner sexual violence (IPSV) is currently of concern in the public health domain, and it is associated with several negative risks for physical, mental, and sexual health of the victims (Campbell, 2008; Messing, Thaller & Bagwell, 2014; Möller, Bäckström, Söndergaard & Helström, 2012). Contrary to what people usually believe, the consequences of sexual violence (SV) may be more traumatic if the abuser is an intimate partner than a stranger as a result of the constantly proximity with the aggressor (Temple, Weston, Rodriguez & Marshall, 2007; Tiihonen Möller, Bäckström, Söndergaard & Helström, 2014).

IPSV is an important aspect of intimate partner violence (IPV). Although one third of sexual assaults are committed by intimate partners, IPSV is frequently ignored in studies about IPV and SV (Bagwell-Gray, Messing & Baldwin-White, 2015). Usually, IPSV is not an isolated episode but is very likely to be repetitive and associated with different types of violence or threats (Möller et al., 2012). Positive intimate relationships are characterized by respect, trust and security; thus, when women are victims of violence by a partner, these important aspects are missed,

and women can come to feel confused, shameful, betrayed, and guilty, and may show features of post-traumatic stress disorder (Beck, McNiff, Clapp, Olsen, et al., 2011).

So far, IPSV has received limited attention in research (Bagwell-Gray et al., 2015), and, because of its highly personal and private nature, some researchers have affirmed the difficulty to define and consequently measure sexual violence (Cook, Gidycz, Koss & Murphy, 2011). Women are often unwilling to talk about sexual assaults by their partner, particularly in countries where IPSV is more culturally accepted or is not considered a crime (Boughima & Benyaich, 2012). In fact, victims may not report their experience, because of shame or because they believe that it is the “wife’s duty” to satisfy her partner sexually and therefore consider themselves responsible for the partner’s behavior (Carabellese, Tamma, Tegola, Candelli & Catanesi, 2014; Martin, Taft & Resick, 2007).

It is worth mentioning that in Italy, until the 1975 (Law 151/1975), the status of women appeared to be one of extreme

subordination. During the fifties, the judges affirmed the obligation of women to indulge sexually as a “remedy for concupiscence” for the benefit of the other spouse, or as the supreme goal of the continuity of the family. According to the current Article 143 of the Italian Civil Code (i.e. “Common rights and duties of the partners”), the duty of each spouse to maintain a normal sexual activity with each other constitutes an expression of the obligation of moral support, and the requirement of cohabitation, subsisting the mutual duty to meet the needs of others, including those of a sexual nature.

Theoretically, the rejection without justification of sexual activities of a spouse with each other can be evaluated for a responsibility of separation, unless the refusal of sexual relations is a consequence of the failure of the union and not the cause of the relationship crisis. Thus, socio-cultural cofactors may also contribute to explain why many women do not recognize their experience as one of sexual assault and they do not report their violent partners to the authorities (Carabellese et al., 2014).

Recently, Bagwell-Gray and colleagues (2015) conceptualized IPSV as “intimate partner sexual abuse (i.e., the use of manipulative, psychologically abusive tactics to keep a partner in submissive positions of power; strategies include sexual degradation, non-contact unwanted sexual experiences, and reproductive and sexual control)” (p.8), “physically forced sexual activity (i.e., unwanted sexual experiences involving touch but not sexual penetration or having sexual body parts fondled or grabbed)” (p.8; also Black, Basile, Breiding, Smith, et al., 2011, p.17), “intimate partner sexual coercion (i.e., the use of non-physical, controlling, degrading, and manipulative tactics to obtain, or attempt to obtain, unwanted oral, vaginal, or anal intercourse, including forced penetration and sex with objects)” (p.8), and “intimate partner sexual assault (i.e., the use of physical violence or the threat of physical violence to obtain, or attempt to obtain, unwanted oral, vaginal, or anal intercourse, including forced penetration and sex with objects. [This] Also includes unwanted

penetration when a victim/survivor is unable to consent or is ‘unaware’, i.e. asleep or under the influence of drugs and alcohol)” (p.8).

The aim of this review is to show current knowledge regarding the prevalence and incidence of IPVS, to explore possible risk factors, summarize the consequences related to IPVS, the co-occurrence with other types of violence, and the intervention and the treatment of IPVS victims. So far, authors reviewing violence in intimate relationships often incorporate IPSV under a comprehensive definition of IPV and they do not consider the unique features and consequences of IPSV separately from other forms of IPV (Campbell, Dworkin & Cabral, 2009). Moreover, recently some researchers have focused on definitions and measures associated with IPSV (Bagwell-Gray et al., 2015), but research lacks consistency in unique risk factors, consequences and treatments of IPVS victims. The review is mostly focused on the Italian situation, since violence in intimate relationships is an issue that has recently obtained an emerging national attention, even if it is a severe and common phenomenon (ISTAT, 2007; 2015). *Italian legislation in the field of gender-based violence*

Before facing the problem of IPVS, it is useful to have an overview of the legislative measures to combat gender-based violence because the laws are social factors that may influence not only the frequency of the phenomenon, but also the report from a victim (Jewkes, Sen & García-Moreno, 2002). At international level, with the World Conference on Human Rights and the Declaration on the Elimination of Violence against Women in 1993, violence against women was recognized as a significant public health, social policy, and human rights issue (Devries, Mak, García-Moreno, Petzold, et al., 2013). The UN Declaration on the Elimination of Violence against Women states that: “violence against women is a manifestation of historically unequal power relations between men and women” and that “violence against women is one of the crucial social mechanisms by which

women are forced into a subordinate position compared with men” (UN, 1993). So far, there are significant global commitments to deal with gender inequality and violence against women, including IPV (Devries et al., 2013). In particular, since 2008, the United Nations Secretary-General’s UNiTE campaign aimed to create a world free from violence against all women and girls; since 2013, the United Nations Commission on the Status of Women tried to prevent and eliminate all types of violence against women and girls; and, finally, the Millennium Development Goals (MDGs) aimed to promote gender equality and empowerment of women. Similarly, several national governments, including Italy, have laws which expressly criminalise and punish IPV (Devries et al., 2013).

In Italy, the laws in the field of violence against women have had a long and complex process, in which the widespread awareness of the problem, supported by strong civil rights and women’s movements, has often clashed with cultural attitudes related to a stereotypical view of women and gender relations (Corradi, 2008). Moreover, the attention to violence against women has been limited on the side of institutions and political parties (Rosselli, 2014), and for a long time all political sectors, in a parliament where women were just a minority, shared a culture of “familism” which depended on the opinion that traditional family protects social order (Lombardo & De Giorgio, 2013). As a consequence of this idea, until 1996 SV was condemned as a “crime against public morality”. In fact, to reform the Italian penal code about SV, a long debate was needed that led to the confirmation of SV as a “crime against the person” (Law 66/1996).

Five years later, the law on domestic violence was passed (154/2001). It involves all family members (wives, husbands, cohabitant partners, children, parents) who are victims of physical and psychological violence and allows them to request and obtain a “protection order” that forces the abuser to leave home (Rosselli, 2014). Subsequently, law 38/2009 has increased the punishment for SV and submitted stalking as

a type of punishable offence. From 2013, the attention to violence against women increased. A “special bureau” on gender-based violence began working to develop a national statistical Observatory on Gender-Based Violence (Rosselli, 2014). In the same year, the law 93/2013 was approved by the Council of Ministers in order to combat femicide, and the Council of Europe convention on “Preventing and combating violence against women and domestic violence”, called Istanbul Convention, was also ratified and became law (Law 77/2013). Finally, in 2015 the law 80/2015 enshrines the right to take time off work for up to three months, with pay, for women included in protection programs, duly certified by social services, anti-violence centers or shelters.

Nonetheless, it has to be underlined that in Italy the legislation addressing gender-based violence is the result of different reforms, aimed to safeguard the traditional family structure, the public order and the safety of citizens, and it does not derive from a shared public and cultural approach (Rosselli, 2014). A European survey with 42,000 women across 28 Member States of the European Union (Fundamental Rights Agency - FRA, 2014) showed that the majority of women surveyed in Italy (58%) state that they are not aware of any legal or political measures that target the problem of domestic violence. This differs what has been found in other countries as Croatia (70%), Lithuania (66%), Slovenia (62%), Sweden and France (both 61%) where the majority of women are aware of specific laws and political whilst the Italian outcome matches with Estonian (27%) and Bulgarian (28%) women.

In Italy, the attention to violence against women has been peculiar compared to the dominant intervention model used at international level which signifies the development of a wide partnership (i.e., public institutions, civil society) while in the Italian context a comprehensive approach has been lacking, and this has led to a system of services that is very differentiated across the country (Rosselli, 2014). However, the experience of the anti-violence centres and

the civil society organisations linked to the Italian women's movement are an example of best practice because they created a national network in the field to exchange experiences and to interact with the local and national public authorities (Rosselli, 2014).

Prevalence and Incidence of Violence against Women in Italy

The national survey conducted by the Italian National Institute of Statistics (ISTAT) in 2014 reports that violence perpetrated by men against women in Italy is a widespread phenomenon (ISTAT, 2015), even if lightly lower than the average of other countries in the world (García-Moreno, Jansen, Ellsberg, Heise & Watts, 2006). Telephone interviews of 24,761 women (21,044 Italian and 3717 foreign) aged between 16 and 70 years indicate that 31.5% of Italian women suffered at least one episode of physical or sexual violence by a man during their lifetime; in particular 24.7% of violent acts are committed by a non-partner, while 13.6% by an intimate partner or ex-partner (5.2% present partner, 18.9% ex-partner) (ISTAT, 2015).

From the EU-wide survey (FRA, 2014), it appears that Italian women are less likely to have experienced violence than the majority of women from other European countries: the prevalence of physical and/or sexual intimate partner violence in Italy (19%) is higher than or the same as in countries such as Greece and Portugal (19%), (19%), Malta, Cyprus and Ireland (15%), or Austria, Croatia and Slovenia (13%), but lower with respect to such countries as Denmark and Latvia (32%), United Kingdom (29%), France (26%), Belgium and Lithuania (24%), Germany (22%), or Czech Republic and Hungary (21%). The FRA survey results on women's experiences of violence were compared with countries' scores on the Gender Equality Index developed by European Institute for Gender Equality (EIGE, 2015). The comparison showed that Member States scoring higher on the Gender Equality Index also are likely to have a higher prevalence of physical and/or sexual violence against women since the age of fifteen. In part, this is because higher equality between the sexes at

the EU Member State level is reproduced in greater awareness about violence against women and higher enhanced mechanisms to encourage and facilitate reporting of incidents (FRA, 2014).

Such high rates of intimate violence underline the importance of focusing on the complexity and specificity of these forms of victimisation in the intimate relationship: 11.6% of Italian women experienced physical violence, like attacks with kicking and punching, or with sharp objects, or even real weapons or attempted strangulation, smothering or burning; while 5.8% of women suffered SV, like forced humiliating sexual activity, attempted rape, rape and forced sexual intercourse with other people. In particular, the rate of attempted rape or rape by an intimate partner is 2.4%: 0.5% by current partner and 3.8% by ex-partner (ISTAT, 2015). Taking into account the difficulty to compare studies done in different countries and different times, Italian data stand out as relatively low in comparison with the average present in the literature. Lifetime rates of sexual assault by an intimate partner in national random samples have ranged from 7.7% to 13% (Basile, 2002). David Finkelhor & Kersti Yllo's study (1985) estimated that 10% to 14% of all married women have been or will be raped by their spouses. In Australia, it was estimated that 15% of all Australian women aged 18 years and over had experienced SV by a known person since the age of 15 (Tarczon & Quadara, 2012). Rape or attempted rape prevalence are estimated at 9.4% of women in the United States (Black et al., 2011) and 6.8% in Quebec (Rinfret-Raynor, Riou, Cantin, Drouin & Dubé, 2004).

ISTAT data (2015) underline that the most severe forms of violence are carried out by partners, relatives or friends. The rapes were committed by partners in 62.7% of cases, in 3.6% by relatives and 9.4% from friends. This is in line with the results of a British research that shows that the most common rapists are current and ex-husbands or partners, with 45 % of all rapes committed

by present partners, and a further 11% by past partners (Myhill & Allen, 2002).

Compared to the previous and the first Italian survey on violence against women (ISTAT, 2007), rates of physical, sexual and psychological violence committed by partner or ex-partner decreased, but not the most serious type of violence (i.e. rape and attempted rape). The decline in the rate of violence can be explained by more information, the field work of women's refuges but also by improved women's ability to prevent and combat the phenomenon and a social climate of greater condemnation of violence (ISTAT, 2015). However, by analyzing the data that emerged from the survey it must be considered that, despite cultural changes and the profound transformations of Italian habits, the ideologies of male sexual entitlement within a couple relationship are still present in Italian culture (Carabellese et al., 2014).

With regard to immigrant women, the risk of physical or sexual violence is similar to that of Italian women (31.3% versus 31.5%). However, physical violence is more common among foreign women (25.7% compared to 19.6%), while sexual violence is more common among Italians (16.2% against 21.5%), but the most severe forms, such as rape and attempted rapes, are most common among foreigners. Immigrant women, contrary to the Italian experience, especially suffer violence (physical or sexual) by partners or former partners (20.4% vs 12.9%) and less by other men (18.2% versus 25.3%). Considering the place of origin of foreign residents in Italy, women who are more at risk come from Moldavia (37.3%), Romania (33.9%) and Ukraine (33.2%), Morocco (21.7%), Albania (18.8%) and China (16.4%). Moreover, the majority (68.9%) of immigrant women report that violence by partner, current or previous, began in the country of origin (ISTAT, 2015).

Relation between IPSV and other types of violence

The severity of IPSV becomes even more concerning considering that SV committed by a partner is often related to other types of violence (Möller et al., 2012):

the perpetrator of reiterated violence against the same woman is frequently the partner or ex-partner even in cases of homicide (Carabellese et al., 2014). Usually, IPSV is correlated with psychological violence (Alsaker, Morken, Baste, Campos-Serna & Moen, 2012; Marshall & Holtzworth-Munroe, 2002) and stalking (Logan & Cole, 2011). Moreover, victims of physical violence by a partner are more likely to suffer marital rape (Bennice & Resick, 2003). Being victim of IPSV may involve frequent and severe incidents of both physical and psychological violence (Bagwell-Gray et al., 2015). According to Mburia-Mwalili and colleagues (2010), 40% of women with a history of IPV reported both physical and sexual violence, while in the study conducted by Zorrilla and colleagues (2010), 43% victims of sexual violence also reported psychological or physical violence. Alsaker and colleagues (2012) also found a significant association between sexual assault by an intimate partner and particular physical violence acts like hair pulling, arm twisting, biting, and violence against pregnant women's abdomen. Finally, compared with rape by acquaintances, sexual violence by partner implicates more frequent unwanted oral and anal intercourse (Bergen, 2006). In Italy, among victims of abuse by their partner, 26.8% experienced sexual, psychological and physical violence while 13.4% experienced sexual and psychological victimization. Almost all those of women who experienced physical and sexual violence (90.5%), suffered also psychological violence (ISTAT, 2007).

Because of the daily proximity to the aggressor, IPSV is characterized by a repetitive nature (Russell, 1990; Bennice & Resick, 2003). Similarly, Italian data showed that, when rape or attempted rape is committed by a partner, 63.1% of victims report having experienced it more than once (ISTAT, 2007).

Risk factors of IPSV

Few studies have explored risk factors typically associated with sexual violence within intimate relationships (Messing et al.,

2014). Because of geographical or methodological differences, sometimes data from different studies are discordant and have shown a wide range of risk factors that characterize both victims and perpetrators of partner violence (Abramsky, Watts, García-Moreno, Devries, et al., 2011).

Bronfenbrenner's (1979) ecological theory of human development is useful to conceptualize the several risk factors of IPSV within four levels: individual, relational, community and societal level (e.g. Heise, 1998; Tharp et al., 2013). The utility of an ecological framework is that it can suggest multiple strategies, at multiple levels of analysis, for intervening with IPSV victims (Campbell et al., 2009).

Risk factors for IPSV victims

The IPSV risk factors may be, on the one hand, specific for the victim and the aggressor or, on the other, common to both.

Among individual risk factors related to sexual violence experience, studies indicated that younger women were more likely to report being victims of partner sexual abuse (Russell, 1990), as were unemployed women (Black, Heyman & Slep, 2001; Cavanaugh, Messing, Amanor-Boadu, et al., 2014; Johnson, 2003), women with a higher education (Cavanaugh et al., 2014; Johnson, 2003), and drug and alcohol abuse (Boughima & Benyaich, 2012). Other factors include separation or divorce (Johnson, 2003), and having children (Cavanaugh et al., 2014). Moreover, violence in the victim's family of origin, a history of sexual abuse, and early sexualisation were associated with partner sexual abuse (Graham-Bermann, Sularz & Howell, 2011; Martin et al., 2007).

As relational risk factors, the severity of male-to-female partner physical aggression (Martin et al., 2007) and low family support (Djikanovic, Jansen & Otasevic, 2010) were correlated with IPV, including SV.

Concerning the community and societal risk factors, the main factors were: women from low-income households (Black et al., 2001), and traditional gender norms that tolerate violence (Krug, Mercy, Dahlberg & Zwi, 2002).

Analyzing the Italian situation (ISTAT, 2015), the majority of risk factors for male-to-

-female partner sexual abuse are in line with the national survey of other countries (i.e. Black et al., 2011): women who appear to be at greater risk of sexual violence by a partner are younger, separated or divorced, unemployed and have no family support. Moreover, in Italy, women with a high level of education and a work position like managers or entrepreneurs are more likely to report some forms of violence by their partners. Comparing to the past survey (ISTAT, 2007), in 2014 rates of violence against women are slightly higher in the Centre and in the South of Italy. It is also more frequent in the big cities. However these data should be considered with caution, because it could be an expression of the different opportunities for women who have a different education or live in different contexts, to recognize, declare and talk about the suffered experiences (ISTAT, 2007, 2015).

Risk factors for IPSV aggressors

Analyzing the aggressors' individual factors, studies showed that SV perpetration is directly or indirectly related to different variables such as multiple sexual partners, impersonal sex/casual attitudes toward sex, early initiation of sex, experiences of adolescence or adulthood SV victimization, past SV perpetration, exposure to sexually explicit media, and higher sex drive (Martin et al., 2007; Tharp et al., 2013). Furthermore, sex-related cognitions (i.e. sexual fantasies and attitudes that blame the victim or are supportive of sexual violence), attitudes accepting of violence and gender-related cognitions (i.e. rape myth acceptance, hostility toward women, traditional gender role adherence, and hypermasculinity) have been associated with SV perpetration (e.g., Abrahams, Jewkes, Hoffman & Laubsher, 2004; Sears, Byers & Price, 2007).

Several studies have found a significant relation between psychopathology and violence: the oppositional or antisocial disorders are particularly relevant to increase the probability of violent acts (i.e. Boots & Wareham, 2009; Krug et al., 2002). Moreover, research found that alcohol and

drug use was associated with violence, including intimate partner sexual violence (Abbey & McAuslan, 2004; Abrahams et al., 2004; Aguglia, Botter & Riolo, 2011; Djikanovic et al., 2010).

With regard to the relationship factors, partner conflict, physical violence or emotional abuse consistently predicted sexual violence (Abrahams et al., 2004; Tharp et al., 2013). Moreover, family of origin history characterized by conflict and different types of child maltreatment is a significant risk factor for IPSV (Abrahams et al., 2004; Koenig, Stephenson, Ahmed, Jejeebhoy & Campbell, 2006). Other important risk factors concern peer relationships because the latter may develop informal social norms that support sexual violence (Tharp et al., 2013).

Finally concerning community and societal level risk factors, studies found some empirical support for a relationship between community level of violent crime and sexual violence rates (Koenig et al., 2006). Similar to some studies from other countries, Italian women are more at risk of sexual violence if their partner has devaluing attitudes, has some problems with drug and alcohol use, is verbally or physically violent also outside the family, or has problems with police forces (ISTAT, 2015).

Common risk factors for IPSV victims and aggressors

There are some common risk factors both for victims and for aggressors of IPSV such as having a mother victim of physical IPV, having an early sexualisation, being a child victim of sexual or physical abuse, and having a dependency of drug and alcohol (Abrahams et al., 2004; Boughima & Benyaich, 2012; Martin et al., 2007; Tharp et al., 2013). In particular, Díez and colleagues (2009) have found that the proportion of violence between the parents of the victim was significantly higher in abused women (13.8%) than in non-abused women (4.6%). From the Italian survey it appears that women who experienced violence before 16 years old are more likely to suffer in adulthood (ISTAT, 2015). IPV becomes an even more worrying phenomenon when it involves children too: children who witness violence

are more likely to be perpetrators (Abrahams et al., 2004). A man is more likely to be violent if he suffered violence by his parents or if he was present for violence by his father against his mother. An alarming finding shows that the number of violent acts to which children are exposed increased compared to 2006, from 60.3% to 65.2% (ISTAT 2007, 2015). Moreover, living in a country that has traditional gender norms that tolerate violence increases the likelihood to be victim or perpetrator of IPV and SV (Krug et al., 2002).

Consequences of IPSV

Violence in an intimate relationship, compared to violence committed by a stranger, is more likely to be repetitive and more serious (Carabellese et al., 2014). During the episode of violence, victims stated that the injuries were so severe they required medical care, and most of them felt that their lives were in danger (Black et al., 2011). During attacks, 37.8% of Italian women suffered wounds, and 36.1% declared that they had feared for their lives. These rates increase significantly (42.6% and 46.7%) considering only sexual violence committed by partner or ex-partner (ISTAT, 2015). More than half of the women victims of general IPV reported that their health was poor or only fair and the vast majority of them reported at least one form of pain (Kelly, 2010). Moreover, Humphreys, Cooper and Miaskowski (2010) have found that longer abusive relationships are associated with the feeling of moderate or severe chronic pain. Given that sexual aggression is often associated with physical and psychological violence, it is difficult to differentiate the specific consequences of IPSV (Bagwell-Gray et al., 2015). Nonetheless, when IPSV is present with other forms of IPV, consequences appear more severe (Basile, Arias, Desai & Thompson, 2004). In part, this is because IPSV victims deal with particular challenges to recognize a partner's SV as a sexual assault, and they also have strong barriers to seeking help (Fredericton Sexual Assault Crisis Centre, n.d.). Thus, compared to IPV and SV by a stranger, IPSV involves some

unique impacts (McOrmond-Plummer, 2008).

Researchers have found that IPV victims have poorer overall physical health than women who have never experienced IPV (Díez, Escutia, Pacheco, Martínez, et al., 2009). As physical health consequences, the most frequently described were: chronic pain, circulatory disease, arthritis, heart and back problems, nerve system damage, and respiratory illnesses (Coker, Smith & Faden, 2005). Finally, IPV is highly associated with sleeping problems: more than 80% of women reported difficulty falling asleep or staying asleep (Kelly, 2010). Beside these physical injuries typically associated with IPV, some consequences are associated specifically to IPSV (Campbell & Alford, 1989): women report chronic genital pain, vaginal or anal stretching, bladder infections, urine losses, irregular menstruation, miscarriages or stillbirths and unwanted pregnancies. Moreover, victims of IPSV are more at risk to contract sexually transmitted infections, including HIV (Allsworth, Anand, Redding & Peipert, 2009).

Studies have also documented the psychological and behavioural consequences of physical IPV. Among others, these include post-traumatic stress disorder (PTSD) (Basile et al., 2004; Humphreys, Cooper & Miaskowski, 2010), depression (Coker et al., 2005), health risk behaviours (Gass, Stein, Williams & Seedat, 2010), shame and low self-esteem (Díez et al., 2009). Compared to physical abuse alone, women who also experience IPSV reported greater symptoms of PTSD, more severe symptoms of depression and suicidal thought (Mburia-Mwalili, Clements-Nolle, Lee, Shadley & Yang, 2010; Weaver, Allen, Hopper, Maglione, et al., 2007), and they are more at risk to be killed (Campbell & Alford, 1989).

Similar to other survivors of sexual violence, some of the effects of IPSV include anxiety, shock, strong fear, eating disorders, distorted body image, negative feelings about themselves, disordered sleeping, and sleep problems (Bergen, 2006; Russell, 1990). Some victims report also sexual dysfunction and emotional pain for a long time after the violence ended (Bennice & Resick, 2003;

Finkelhor & Yllo, 1985; Russell, 1990).

With respect to the IPV victims, raped women are more likely to be more physically violent with their children (Finkelhor & Yllo, 1985). In part, this is because in families in which the men engage in severe IPV, as IPSV, parental physical aggression toward children is often present (Jouriles, McDonald, Smith Slep, Heyman & Garrido, 2008).

The research conducted in Italy in 2014 reports that more than half of the victims of physical and/or sexual violence (52.75%) suffer from loss of confidence and self-esteem. Among the consequences are very frequent anxiety, phobia and panic disorder (46.8%), despair and feeling of impotence (46.4%), sleep and nutrition disorder (46.3%), depression (40.3%), and difficulty concentrating and memory loss (24.9%), recurrent pain in the body (21.8%), difficulty in managing the children (14.8%), and self-harm or suicidal ideation (12.1%) (ISTAT, 2015).

Intervention and treatment

As mentioned, despite the severity of the consequences, IPSV is a problem that has received limited attention. Survivors of IPSV have difficulty reporting their experiences and seeking formal or informal help (Russell, 1990). When victims of IPSV try seeking help and support, they may experience the same difficulties as victims of other forms of violence in intimate relationships: women may hesitate to report because of familial loyalty, fear of their abuser's revenge, fear of being negatively judged by others or not believed, fear of losing children, helplessness, shame, or self-blame (Ansara & Hindin, 2010; Bergen, 2006). Moreover, seeking help or leaving the violent relationship can be associated with an increase of violence (Kelly, 2010).

However, some difficulties in reporting are particularly characteristic of the experience of IPSV. Some societal and community factors may bring women and professionals to believe that it is a "wife's duty" with comply to sexual claims and therefore not consider it worth reporting or examining (Bergen, 2006). In Italy, 19.4% of

women consider violence by partner or ex-partner as “only something that happened”, 44% identify it as “something wrong but not a crime”, and only 35.4% of women recognize it as a crime. In the case of sexual violence in general, 51.9% of women recognize it as a crime (ISTAT, 2015).

Despite the seriousness, women tend to hide the violence within intimate relationships, especially when they are victims of IPSV (Bergen, 2006). Given the difficulty of talking about an experience of violence by an intimate partner, women are more likely to confide in a family member or a friend. Only in situations where the violence persists, do women seek formal support (Ansara & Hindin, 2010). Italy is not an exception (ISTAT, 2015): 23.5% of women victims of violence by a previous partner did not speak with anybody about their experience; rates increase to 39.9% for violence by current partner. They confide more with informal support as friends (35%), family member (33.7%), other parents (11.2%) than formal support as police, lawyer or magistrate (6.7%), colleague or superior (1.5%), doctor or nurse (1.4%), emergency assistant (1.2%) and social assistant (1.1%).

IPSV victims have even more difficulty to speak with someone compared to IPV victims; reticence to talk with someone is higher in rape victims (ISTAT, 2015). Only 3.4% of women victims go to shelters. Interestingly, only 12.3% of victims report the violence to the police: in particular 14.5% report their previous partner, but only 6.3% report the current partner. However, if the woman has suffered rapes or attempted rapes by the partners, this increases both the likelihood of complaint (17.5%) and the recourse to anti-violence centres (8%). Moreover, immigrant women are more inclined (17.1% versus 11.4%) to report when compared to Italian women (ISTAT, 2015).

Considering the trend over time, the most recent research shows a greater awareness of suffered violence: about the violence from partners or former partners in the last five years, it is clear that women report more (11.8 versus 6.7%), they talk about it more (the percentage of those who do

not talk to someone has decreased from 32% in 2006 to 22.9% in 2014), they are turning more to the refuge, or services for violence against women (from 2.4% to 4.9%). Moreover, most victims consider it a crime and less like “something that’s just happened” (ISTAT, 2007, 2015).

In Italy in 2006, only 9.9% of women victims of IPV were very satisfied with the police’s treatment; in 2014 rates rose to 28.5%. However, the judgment was negative for 45.8% of women (ISTAT, 2007, 2015). In general, the IPSV victims say that they are more satisfied with the police’s treatment compare to the IPV victims. In fact, despite low denunciation rates, women that are living in Italy report to the police more sexual violence (16%) than physical violence (12.5%) by a partner or ex-partner. However, the perception of satisfaction with the police and reporting of sexual violence are higher for immigrant women than the Italian women (ISTAT, 2015). Given that IPV is a sensitive issue and women are often blamed for the violence they experience (Carabellese et al., 2014), it seems that Italian women compared to immigrant women feel themselves to be more stigmatized to report the sexual violence to the police, and this limits the assistance that the legal system can offer to these women.

It is very important to receive the victim, believe and guarantee the confidentiality of her report (D.i.Re, 2014), and normalize her emotions and her reactions (Campbell & Alford, 1989). Cognitive-behavioral therapies and anxiety management training have shown positive effects in symptom reduction for IPSV victims (Bennice & Resick, 2003). Women should also have an opportunity to be involved in self-help groups, to reduce the isolation of the victims and encouraging the emergence of new social links (D.i.Re, 2014).

Given the more severe consequences that victims experience when they leave their home (Kelly, 2010), and especially the IPSV victims that are more likely to be killed (Campbell & Alford, 1989), it is fundamental to give priority to the safety of

victims, ensuring that they will be hosted by a friend or family member, or providing all the information about the services and the anti-violence centres where victims can find help and support (D.i.Re, 2014; Messing et al., 2014). Shelters often give women practical support like assistance to find a new residence, a new job, receive possible legal procedures and to take care of children (D.i.Re, 2014).

Discussion

Given the IPSV is a serious and preoccupying social problem present all over the world (Messing et al., 2014), a greater focus on prevention is crucially needed in cooperation with different support and help services such as social, health, legal services (Heise, 2011). The significant relationship between history of violence during childhood and later perpetration of IPSV underlines the need for early childhood prevention interventions, especially for children living in violent families (García-Moreno & Watts, 2011), such as parenting interventions (Heise, 2011).

Research has also documented a significant positive association among sex-related cognitions (i.e., sexual fantasies and attitudes that blame the victim or are supportive of sexual violence), attitudes accepting of violence, gender-related cognitions (i.e., rape myth acceptance, hostility toward women, traditional gender role adherence, and hypermasculinity) and SV perpetration among diverse population groups (e.g. Abrahams et al., 2004; Sears et al., 2007). Such research highlights the importance of strategies to change social norms and attitudes supporting SV and IPV, by means of a promotion of more egalitarian gender role attitudes that may decrease violence supporting attitudes (Yoshihama, Blazeviski & Bybee, 2014), and, consequently, help prevent IPSV perpetration. Some authors have identified some effective social change interventions about IPV and SV, such as actions to support enhanced local activism against violence, trying to increase the presence of men in violence prevention, and the media use to spread the promotion of gender equitable and nonviolent relationships

and incite community members to take action when violence occurs in order to be effective bystanders (Devries et al., 2013; Heise, 2011; McMahon, Palmer, Banyard, Murphy & Gidycz, 2015).

Violence is also present among immigrant women (e.g., ISTAT, 2015). To decrease the supporting attitudes of intimate partner violence in immigrant communities, some researchers have found that community-based prevention programs aimed to promote individuals' participation in the activities of the community could be an effective way to prevent partner violence in this specific target group (Yoshihama et al., 2014).

Given that IPSV is more traumatic than SV by a stranger, because of multiple assaults often associated with other forms of violence (Möller et al., 2012; Temple et al., 2007), it is important to deepen prevention and treatment strategies to help IPV victims to overcome this severe experience. To reach this objective, as well as to increase the connection and the trust in the formal services for battered women, the professionals must build effective outreach strategies (Kennedy, Adams, Bybee, Campbell, et al., 2012). Professionals must also operate meticulously in order to keep the peculiar service needs of the victim, which may not prioritize a clinical approach, but material resources and support services that are more women-driven (Sullivan & Bybee, 1999). Moreover, it is important to develop a sense of control because it is a significant aspect for women who have experienced sexual or physical victimization (Zweig & Burt 2007). Finally, women may be not aware of any legal or political measures that target the problem of domestic violence (FRA, 2014). To decrease this critical situation, policies and laws are significant not only to promote the unacceptability of IPV, but also to offer legal actions for protecting the victims (Devries et al., 2013).

Conclusions

Findings from this review demonstrate that IPSV, being at the intersection of SV and IPV, is characterised by not only the

same risks and consequences of both of these types of violence, but also IPSV includes a number of unique effects (McOrmond-Plummer, 2008). Compared to SV perpetrated by a stranger, IPSV usually occurs repetitively in a relationship. Because of the experience of repeated abuse, the likelihood of specific physical injury and trauma increases (e.g., enduring and serious gynecological conditions, cervical cancer, and unwanted pregnancies or sexually transmitted diseases) (Allsworth et al., 2009; Campbell & Alford, 1989). Compared to IPV alone, women who are victims both of SV and physical IPV are at a higher risk for homicide (Campbell & Alford, 1989). In addition, those women carry more severe psychological consequences such as depression, suicide, PTSD, anxiety, fear, self-blame, low self-esteem, guilt, and shame (Bergen, 2006; Mburia-Mwalili et al., 2010; Weaver et al., 2007). Some societal and community factors may explain the more severe IPSV consequences. For example, IPV victims may have difficulty in naming their experience as one of SV because women are socialized to define a rape as non-consensual sex between two strangers (Fredericton Sexual Assault Crisis Centre, n.d.). Moreover, the “wife’s duty” to satisfy their husbands sexually is another societal belief that repetitively refutes IPSV experience as one of sexual violence (Bergen, 2006).

These social attitudes toward IPSV hold a number of repercussions for IPSV survivors who may reach out for help. Informal support may deny IPSV, informing the victim that it is her “wife’s duty” to satisfy her partner sexually (Fredericton Sexual Assault Crisis Centre, n.d.). Similarly, formal support such as police, the legal system or other service providers could have stereotyped ideas, attitudes and beliefs and there they could criticize and judge the IPSV victims (Bennice & Resick, 2003).

The negative consequences for IPSV victims could be more severe in countries like Italy, where IPV is more culturally accepted (Boughima & Benyaich, 2012). In Italy, over the past 20 years, there have been social changes regarding the issue of gender

violence. However, it is possible that in some Italian social contexts gender stereotypes are still present, inducing women to accept a certain degree of violence (Carabellese et al., 2014).

Italian empirical reports showed that immigrant women were slightly less likely to be sexually assaulted by their intimate partners than Italian women (ISTAT, 2015). Moreover, some researchers showed that same-sex relationships may experience IPSV (Messinger, 2011). Further research should explore and analyze the problem of IPSV also within minority groups. In fact, a greater knowledge of the specific characteristics of the possible IPSV victims will allow a better estimate of its prevalence, help the researchers and professionals to understand the specific needs and barriers in seeking support for each of them, and design tailored interventions.

To conclude, IPSV is a problem that cannot be supported by gender stereotypes, but must be recognized as a crime by all social actors that may be involved in it. Community psychology research should be undertaken to identify and share the different community-based interventions able to promote social change in the attitudes supporting intimate partner violence, and therefore having an impact in reducing this phenomenon. Communities have a central role in creating a coordinated response to IPV (Allen, Todd, Anderson, Davis, et al., 2013): they should increase the local conversation within health, social, political organizations, and also within community roundtables and task forces. The aim is to build a competent community that is able to effectively deal with the intimate partner violence, and also IPSV. Only with synergy between health and social services (i.e. local authorities, police, associations and informal networks) and a structured networking between different social actors, can we build real security and an effective way to fight violence against women.

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