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THE PRESENCE OF DEPRESSION IN WOMEN WHO ARE VICTIMS OF VIOLENCE. THE EXPERIENCES OF ANTI VIOLENCE CENTERS IN THE REGION OF CALABRIA

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SUMMARY

Introduction: *As is clear from research accredited by the ONU, the violence suffered by the partner, husband or other family members is the leading cause of death and disability for women aged 15 to 44 years. The WHO has also shown that at least one in five women suffers a beating or any form of violence in herl lifetime. Gender-based violence is undoubtedly a widespread phenomenon on a worldwide scale regardless of ethnicity, religion, social class,or level of education. It is a traumatic experience that produces different effects depending on the type of violence and the person who is the victim. There is a close relationship of cause and effect between violence and health status of women. They are in fact relevant primary effects related to the consequences of direct physical violence on the body and the side effects associated with mental and physical damage to repetitive exposure and situations of traumatic impact. The health consequences can be of different nature,rainging from Physical, Psychological and Behavioral, Sexual and Reproductive, to Death. The first important Psychological consequences are Depressive Disorder and Anxiety. The objective of this study was to analyze, through the administration of diagnostic tests, the methods of the links of the subjects on the one hand, attachment and relationships on the other; grouped in practice to detect if there is a close relationship between a Depressive Disorder and Violence suffered.*

Method: *20 women aged between 23 and 50 years who have experienced various forms of violence, were randomly selected and followed by the three anti-violence centers of Calabria.*

Results: *The Separation Anxiety Depressive trait that explains the current Depression is not the result of the violence, but it is due to lack of self-confidence, difficulty im being identified and ability to plan for their lives. These difficulties are established in the woman through an enmeshed relationship with her partner, in fact, what has emerged is the establishment of an Insecure Attachment.*

Discussion: *Women who have been raped are traumatized individuals, who have not recovered from trauma, and therefore are vulnerable to pain. In relationships that have established themselves they feel responsible for what they have now (guilt, lack self-confidence, difficulty in separating); denying Separation Anxiety and remaining trapped in a violent relationship. The term Separation Anxiety denotes an aspect of behaviour, considered as a pathological form as well as clarified by the DSM V (even in adults); In fact, this is the separation anxiety which is manifested by extreme anxiety and those who suffer from it are tied more to the partner and/or parents that are the very cause of the symptom. This discomfort is related to childhood, therefore, the evidence suggests that there is a close relationship between what one has lived in that era and adult life.*

Conclusion: *Women victims of violence, must overcome the separation anxiety that has been established as a result of trauma, the latter if not processed coincides with the shame and the guilt. This will be possible if they are given valid support, which is psychological / psychotherapeutic and pharmacological, to accompany and support them towards a new lease of life.*

Key words: *violence – depression - women*

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INTRODUCTION

In Italy the data related to violence against women are not irrelevant: domestic violence, with or without dysfunctional families affects women, the elderly and underage girls. Rapes, harassment, stalking, insults, threats, psychological violence suffered both in familiar contexts tand outside of the home are additional manifestations of a social emergency. Until now the problem has been underestimated, probably because the family environment is an area considered private and inviolable. The Italian society still prefers the traditionalist view that the "dirty clothes are washed in the family," a concept that often persists also in the perspective of the victim who prefers to remain silent. Violence against women and femicide can not be fought only with the law, but it requires a radical cultural and social transformation. It is essential to work on prevention, legislation to protect the victims, but respect must be taught first of all in the family and at school. In 2007, the ISTAT defines gender-based violence as "poorly covered" of our society; moreover, the phenomenon is not only Italian, but through them even if in different ways, all over the world. Official statistics show alarming data from any vantage point: including abuse, violence, femicide. Just think that in 2013, 177 women have been killed, and this year,as of today (August 2014), 81 have died.Often violent behavior occurs by a person in an intimate relationship with the woman, partner, partner, ex-partner or other members of the family group. In almost all cases the violence is not reported, the underground economy is very high and the silence is deafening on this phenomenon. This crime is now recognized by the international community as a fundamental violation of human rights,it is gender-based violence: the violence of the male gender on the

female gender. The Council of Europe has stated that domestic violence is the leading cause of death and disability for women aged between 16 and 44 years, with an incidence greater than that caused by cancer or by motor vehicle accidents (Council of Europe 2002). For several years, the World Health Organization (WHO) has issued a warning about the risks that women run because of male violence whose consequences are a serious problem for their health. The WHO has in fact shown that this is an etiological factor and risk in a number of diseases of relevance for the female population, including mental disorders, gynecological and gastrointestinal Problems.

METHODOLOGY

The purpose of this study was to analyze through the administration of diagnostic tests the structure of the links of the subjects on one hand, and their attachments and relationships on the other. In particular, four fundamental aspects were examined: the trauma suffered by the use of the Inventory of traumatic experiences (TEC), the styles of attachment with the Relationship Questionnaire (RQ), the anxiety of separation in Adult Separation Anxiety (ASA-27), and Depression using The Rating Scale for Depression (HDRS). The sample under examination does not show the characteristics of a true design of experimental research by the number of subjects recruited for pairing, but rather refers to women followed by myself in clinical work and rehabilitation and therefore takes on a completely exclusive exploratory approach.

Nevertheless, the following results give us some interesting food for thought, although ulterior and further testing will be necessary, as well as an increased number of test subjects in order to make a generalization of the results obtained up until this point.

Description of the Case Study Group

The case study sample used for this research was composed of twenty women all of whom were victims of abuse in various forms: psychological abuse, physical violence, sexual abuse, verbal abuse, economic violence, stalking. The women were between the ages of 23 and 50 and were randomly selected from anti violence centers in the region of Calabria, where as a result of what they had suffered, they have the opportunity to restore their inviolability and regain their freedom with respect to their privacy and anonymity. The subjects were given a battery test within the centers during the trimester of January-March 20

Testing Instruments

The battery of psychodiagnostic tests administered to the women refers to the type of attachment in their relationships, the traumas that they endured throughout their lives, the anxiety of separation, and the possible presence of a current depression tendency. The following is a report of a brief description of the tests utilized and of their investigated variables.

ASA–27

A self-instrument report check list with a self-administeredLikert scale from 0 to 3; the 27 items refer to symptoms that the subject could have manifested during adulthood (18 years of age and above) ordered by their intensity in regard to their anxiety towards separation. Each answer can vary from 0 to 3, therefore, the possible responses are: “never”, “sometimes”, “quite often”, “very often”.

TEC

Traumatic Experience checklist: is a Likert scale ranging from 1 to 5 (none, little, medium, big, very big); The test measures 29 types of trauma, the age that the trauma occurred, and above all the psychological impact that the trauma had on the subject. The 29 types of trauma include: neglect, psychiatric family problems, dealing with early deaths, general deaths, war experiences, serious illnesses, death threats, parental divorce, physical pain, second generation war victims, witnessing a trauma, emotional neglect, emotional abuse, physical abuse, bizarre punishments, sexual molestation, sexual abuse.

RQ

Relationship Questionnaire: A self-report that measures attachment, or more precisely, four different forms of attachment or styles of relationships: Secure, Insecure-Distancing, Insecure-Worried, Insecure-Timid. Highly used in the research field to measure attachment, the second part is characterized using a Likert scale (from 1 to 7) and it provides us with an evaluation of the modality of intimacy, some links to the subject, one part being attachment, the other being relationships.

HDRS

Hamilton Scale for Depression: this scale was invented by Hamilton in the 1960’s, it provides a simple way of quantitatively evaluating the severity of a person’s conditions and is used as a way to document the modifications of these conditions. It is composed of 21 items, the first 17 are considered to be nuclear in depression and usually the basis for which the ‘cut off’ of severity is schematically defined:

- 25 severe depression;
- 18-24 moderate depression;
- 8-17 slight depression;
- <7 absence of depression.

For this reason, the point total cannot be considered an expression of the severity of depression, but rather heterogeneity data of the items, from their pervasiveness, they are generally utilized as factors in the total score.

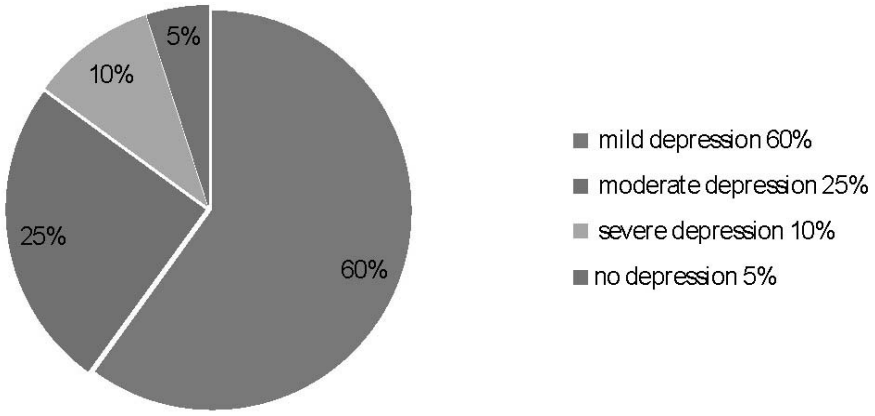

Figure 1. Presence of depression in women who have suffered violence

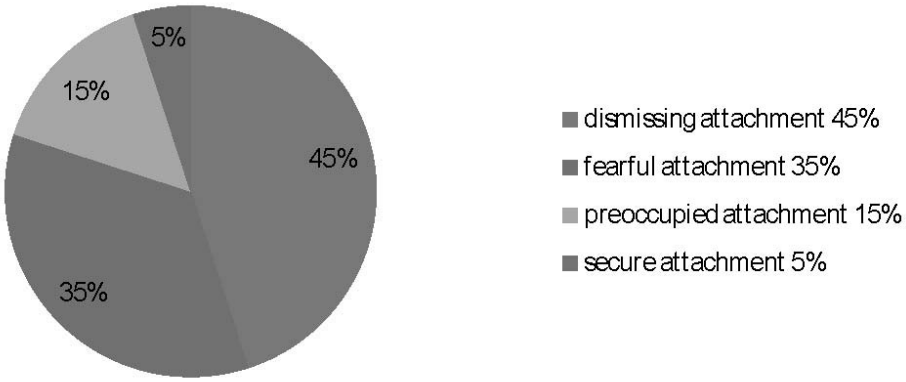

Figure 2. Types of attachment in women who have suffered violence

RESULTS

After administration of the test identified a number of indicators, in particular all women have experienced violence during their childhood and pre - teens, aged between 6 months and 20 years. Out of 20 women, the violence most suffered is emotional abuse, followed by emotional neglect, 7 have undergone bizarre punishments:

- As a result of violence 6 women say they have received support, 8 say they have received little, only 5 women received a lot of support.
- The sample was divided into 5 categories obtained through analysis.
- Hierarchical clustering (K-means method) on 27 TEC This is necessary to increase the internal variability of the sample.
- From the analysis of the frequencies, as shown in Figure 1, it is shown that: 5% of women were not depressed, 60% had mild depression, 25% moderate depression, and 10% suffer from severe depression.
- With regard to attachment it is shown that: 45% of women have a dismissing attachment, 35% Aspen, 15% Concerned, the 5% Safe, Figure 2.
- Separation anxiety is present in 80% of women.

DISCUSSION

The impact of violence on women's health can be direct or indirect. The direct consequences are derived, for example as a result of a physical assault, indirect consequences are triggered by stress and mediated by the malfunction of the immune system and can affect any organ or function. The health consequences of violence have been identified by the WHO in bodily injury (including lacerations, fractures and damage to internal organs), temporary and permanent disability, unwanted pregnancies, gynecological problems (inflammation of the ovaries and uterus, vaginal infections, menstrual pain, pelvic pain, menstrual irregularities), sexually transmitted diseases (including AIDS), gastrointestinal problems and irritable bowel syndrome, cardiovascular problems, asthma, behavior and self - injury (smoking, alcohol abuse, sexual promiscuity).

The table 1 shows the most damage that the WHO has reported as consequences of violence.

A particular attention has been paid by WHO to the mental illness and the depression that women suffer from two or three times more than men. Violence, whether it be physical, sexual or psychological, has often negative consequences in the long term which are not immediately detectable. Suffering violence, especially

Table 1. Consequences of violence

Physical Symptoms/Complications	Psychological and Behavioral	Sexual and Reproductive	Deathly Consequences
Thoracic abdominal injuries	Depression and Anxiety	Gynecological Problems	Death related to Aids
Contusions and bruises	Difficulty eating and sleeping	Sterility	Maternal Death
Syndromes of chronic pain	Feelings of shame and guilt	Pelvic Inflammation	Homicide
Disabilities	Phobias and Panic attacks	Menstrual Problems	Suicide
Fibromyalgia	Physically inactive	Pregnancy Complications and miscarriage	
Fractures	Low-Self Esteem	Sexual Dysfunction	
Gastrointestinal Problems	Post-Traumatic Stress Disorder (PTSD)	Sexually Transmitted Diseases (HIV)	
Irritable Bowel Syndrome (IBS)	Psychosomatic disturbances	Abortion in high risk situations	
Lacerations and Abrasions	Smoking	Unwanted Pregnancies	
Vision Problems	Suicidal and self-destructive behavior		
Complications with physical functions	Alcohol and Drug abuse		
Migraines and chronic headaches	High Risk Sexual Behavior		
Cardiovascular problems			

by a person close to which you wanted or you still love, contributes to the reduction in the level of self-esteem and their own safety and the creation of feelings of vulnerability and guilt. The more close the relationship, the more traumatic are the consequences of violence. The longer the time that she spends in the situation of violence, the more the mental disorder expands and strengthens. Serious or repeated violence, or even just the threat of this, causes the woman to live in a climate of constant tension, creating in her a feeling of intense anxiety and fear that forces her to live in a state of Alert, hoping to recognize the danger and to be able to escape it, to protect herself and possibly their children. This state of vigilance and exaggerated emotional tension leads to the typical reactions to stress: fatigue and chronic fatigue, sleep disturbance, palpitations, stress-related disorders. Sometimes the memories of the violence can emerge in unexpected ways, in the form of nightmares or flashbacks and interfere in daily life. This set of symptoms is called a syndrome or disorder; post - traumatic stress disorder. As clearly seen from the table, the first consequence of this Behavioral Psychology is Depression. In clinical settings, the most common definition of Depression is the decline of mood. There are various types of Depression, in this case we speak of Depression or Reactive (psychogenic) when, as a result of a specific incident or as a result of the accumulation of psychic tension occurs: sad mood, feelings of darkness, with frequent tears, Impairment of self, lack of confidence, anxiety, fatigue, permanent, difficulty in planning their lives and deep sense of worthlessness. These symptoms may appear after a sporadic episode or after a long period of violence/ abuse. Depression is a very serious disease, it can be insidious at the beginning, it can appear in different forms and with different intensities; it can also often associated with Post Traumatic Stress Disorder, be chronic or complicated and may end with suicide.

CONCLUSIONS

It is important to always remember that depression can strike in a more or less serious way the woman who is or has been the victim of repeated or sporadic violence. It is therefore essential to be able to recognize the symptoms of a possible form of depression, in order to act quickly to restore serenity to the person. The person who is the victim of violence has therefore a high chance of developing PTSD and/or depression and anxiety disorders. In these cases, you should contact your primary care physician for a referral to a psychologist or a psychiatrist based on the severity of the disease. Patients should consider starting a course of treatment and/or medication, find the strength to go further, report the incident and pick up their lives. It is very important to continue to sensitize society to a phenomenon so delicate and serious as violence through information campaigns and awareness "to educate" the new generations to gender equality, respect for the woman and the consequences of violence on health of the victim. It would be useful also to train law enforcement and hospital operators in order to be able to recognize and accept a woman victim of violence; We report a major innovation in the NHS and that is the birth of Code Pink, now this is unfortunately only in some national hospitals in the ER, entirely dedicated to women. The recognition of violence is an essential and indispensable prerequisite to be able to act effectively on it. There are a number of indicators that can allow

the family or the physician to recognize it. We can distinguish General indicators, which relate to the impact on women's health, Direct Behavioral Indicators, which relate to the behavior of the abused woman and Indirect Behavioral Indices, found in the attitudes of other members of the family or husband, children). Research conducted by WHO showed that the lack of recognition, as the underlying cause of symptoms or health complaints reported, results in significant consequences in terms of economic and social costs and impact on health. In fact if the source of discomfort is not acknowledged and addressed, that is, the violence, the reported symptoms are likely to persist and in fact get worse and she will suffer the same disease for years while continuing to seek help for recurrent lesions and for the consequences of maltreatment. At the same time the patient will be seen as "difficult" as the problem will recur again with the same symptoms, even with more acute symptoms. Over time it will be the woman who will become "the problem" and will be defined as "a hypochondriac" or as "fixed" or "obsessed". The anti-violence centers and the homes of the women, which were developed in Italy in the mid-80s, have developed into a strong intervention and new ways to support and promote the rights of women and their empowerment. They were the first to put to public view, with strength and method, the issue of male violence, not as one of many problems of women in our country, but as a paradigm of the man - the woman dynamic and the power that is used against women. These centers offer shelter, support and solidarity and concrete proposals as to how to escape from the tunnel of violence and return eating disordersstrength and self-awareness to the woman. Their relational methodology is based on the shared construction of a new project of life rather than on a setting that is limited to simple response to the needs of women. Anti-violence centers have created support networks in multi-disciplinary and cross-initiating processes of change, promotion, prevention, care, protection and social inclusion. The action of the anti-violence centers is based mainly on the following levels: direct support to women, / adolescents and girls. Legal - legislative, socio - economic survey of the phenomenon and related research, intervention in the world of culture and school awareness and change in the social perception of violence, focusing and correction processes of secondary victimization.

Depression is not just a psychological consequence of abuse, but it may itself lead to a variety of other disorders, such as lowering of the immune system, sleep disturbances, motor slowing, gastric disorders, behavioral disorders including eating disorders.

Gender-based violence can take many forms: Physical violence is any form of intimidation or action that jeopardizes the physical: pushing, slapping, kicking, punching, biting, attempted strangulation or suffocation, threats of hitting with objects or weapons. Sexual violence is any form of stress caused by relationships and sexual practices the women do not want to engage in: harassment, attempted rape, rape. Psychological verbal violence is often associated with physical and sexual violence,and includes all those activities that undermine the dignity and identity of the woman, threats of harm, blackmail, exploitation and denigration of women or members of his family, away from their family origin or the friends, controlling behaviour, the way of dressing, talking, shouting and insults in public or at homeand in front of third parties. Economic violence is any form of deprivation or control which tends to produce economic dependence or to impose unwanted financial obligations: the obligation to leave work, control of salary, exclusion from the economic management of the family.

Domestic violence means action against women by their partners or ex-partners, or by a man with whom the woman has or has had a loving relationship, trust and intimacy, whether the violence takes place inside or outside the home. The term "domestic" refers to the type of relationship that exists between the perpetrator and the victim, rather than the place where the violence takes place. Domestic violence often occurs in the form of composite violence, it includes an associationof all the various types of violence, from the physical to the sexual, to the psychological and economic. The harassment is carried out cyclically by the man, interspersed with longer or shorter periods of "calm" that destabilize the woman, and that can proceed to murder (UNICEF 2000). It can occur at any time of the report, and: sometimes occurs immediately, sometimes occurs in conjunction with the birth of a child, sometimes replaced after a few years of marriage; The frequency and severity of episodes of violence are extremely variable. "Only in exceptional cases is there a sudden phenomenon and occasional impromptu" (Ventimiglia 1996). The family, often referred to as a place of protection, where people seek and receive love, acceptance, security and shelter, may become a place that puts lives at risk, and produces some of the most dramatic experiences. From the data released by Istat in 2007, collected in the first survey devoted entirely to the phenomenon of physical and sexual violence against women in our country, have emerged alarming figures: more than six million women aged 16 to 70 years have undergone at least once in her life sexual or physical violence. The survey shows that it is their partners, current and former,who are those responsible for the highest proportion of all forms of physical violence and some types of sexual violence such as rape and sexual intercourse which was unwanted but suffered for fear of the consequences.

Physical violence was committed by partners in 62.4% of cases, sexual violence (excluding harassment) was committed by partners in 68.3% and rapes in 69.7% of cases. With regard to rape, only 6.2% was the work of outsiders. It is clear that the majority of the more serious violence is carried out mainly by Italian partners, not strangers, sick or drugged, as alleged by the media.

The victims have great difficulty to recognize, accept and report the abuse and violence as the one who often acts is not a stranger, but someone with whom you have an emotional relationship, love, trust. Other reasons are also the fear of the reaction of the partner or ex, the danger of being killed, shame, humiliation, lack of information about their rights, the lack of trust in the legal system or the fear of it. Then there is the presence of children, it can sometimes be an element of stimulation for the woman to escape and steal their sons and daughters to violence - inflicted or assisted - other times it can act as a brake. Even today, in fact, common sense has it that the union of the family is to be always maintained, this is still seen as an absolute and abstract attribute, apart from the individuals that compose it.

It is no wonder that a woman with a past or a present of violence, may suffer more often from depression or intense anxiety, make suicide attempts, consume excessively alcohol, drugs or psychotropic drugs in an attempt to forget the suffering and calm anxiety or suffer from eating disorders (AN, BN, BED).

One must think that gender violence is a social emergency that must be addressed with determination, and with a coordinated intervention that can not only be limited to the enforcement aspect. The safety of women should be ensured by any means, in advance, not only in the streets and in public places, but mainly inside the home. Of course, this is where it is difficult to intervene, because it requires the indispensable cooperation of the victim, who often do not report for fear of lack of confidence in the institutions that should protect it. What is needed is a cultural commitment, a commitment to the growth of consciousness, the affirmation of a culture of respect in a society undergoing profound change.

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