

Help seeking process among women who sought help at an Anti-violence Centre

Federica Bastiani¹, Marie-Joséphine Saurel-Cubizolles²⁻³, Patrizia Romito¹

¹University of Trieste, Department of Life Sciences, Trieste, Italy; ²Institut National de la santé et de la recherche médicale, Paris, France ³Paris Descartes University, Paris, France

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Intimate partner violence (IPV) is a widespread problem with serious health consequences [1-2]. Looking for help and support has a central role in the process of putting an end to partner violence and 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 [3]. Although there are many studies on the help-seeking behaviour of female victims of violence, a number of aspects are still unclear. This study aims to investigate which sources of help women contacted before arriving at an Anti-violence Centre (AVC), and to analyse the links between using these sources and women's characteristics and history of violence. Particular attention has been paid to situations in which children are involved in violence. A cross-sectional study was conducted among women arriving at five Italian AVCs. One hundred and fifty-one women filled in a self-administered questionnaire. In order to assess their previous attempts of seeking help, women were asked to indicate which people or services they had contacted before coming to the AVC. Possible categories were: relatives, friends/colleagues, associations, hospital emergency services, general practitioner, psychologists/psychiatrists, social workers, lawyers and law enforcement agents. Another question investigated whether the women had already contacted an AVC in previous years. For investigating the history of violence, several violence indicators were used. Perpetrator of violence: The perpetrator was categorized as partner (including: spouse or cohabitant); partner not cohabitant; ex-partner. Context of IPV (beginning and frequency of violence; violence suffered during pregnancy). Nature of IPV during the last 12 months (psychological; physical; sexual; stalking) [4]. Abuse of children (children have suffered violence; children have witnessed violence).

The women report high levels of all typologies of IPV and children are deeply involved in violence. Only two women report no contact with sources of help before arriving at the AVC, and 33.1% of the sample contacted four or more sources. Health care practitioners are rarely contacted. When children are involved in violence more sources are activated and the hospital emergency services are contacted in 22% of cases. This study provides evidence for the active behaviour of victims of violence and stress the importance of improve the ability in recognizing violence and supporting the victims among health care practitioners.

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