From Gender Violence to Feminicide

HIGHLIGHTS

Fondazione
Internazionale
Menarini

Roma, April 26th, 2016

HIGHLIGHTS

Welcome to Rome!

This prestigious meeting, held in Rome under the auspices of the Italian Ministry of Health's 'First National Women's Health Day', brought together top Italian opinion leaders in the sector. Selection was coordinated by the Scientific Committee whose members include Prof. Enrico Alleva, Anna Coluccia and Angelo Picardi.

To view the reports delivered at the meeting, click the link:
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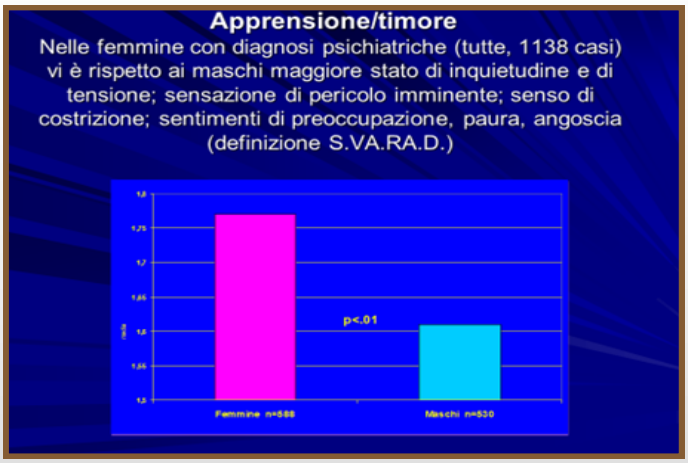
HIGHLIGHTS

Psychopathology of gender aggressiveness and violence

Massimo Biondi
(Rome, Italy)

Prof. Biondi from Rome addressed the theme of gender differences in aggression and gender violence. The first daa emerging from the report is linked to the dimensions of the phenomenon, which is on the rise in our country: in 2013, there were 179 cases of feminicide as opposed to 159 in 2012, for a 14% increase. Two-thirds (66%) of these cases occurred in the home, perpetrated by a partner or spouse – or a former partner. Aggressive behaviour is a component of our being, with two sides: innate, by which all of us are born with our own form of aggressiveness, and secondary, determined by the environment in which we were brought up and live. These two components, together with the frustrations to which we are exposed every day, combine to set our 'threshold'; that is, the limit beyond which our aggressiveness manifests as behaviour that may be self-destructive or turned against external targets. If we focus on violence against women, we note two basic root factors, one biological and the other psychological, family-related and social. Biologically, males are stronger than females and they are more impulsive, especially from adolescence onward. From the psychological point of view, life in a specific social and cultural context imparts certain basic rules and patterns of behaviour by which women tend to accept being subjugated by men, almost as though such dependence were natural and just. Men are more aggressive than women: 80% of violent crimes and murders are committed by men. Inversely, the victims of crimes of passion are in the majority women. This difference in the aggressiveness of men and women arises from specific neurobiological bases. For example, in the male, both the lateral amygdalae and the hypothalamus are larger; in response to sexual stimuli, these nerve centres react faster and to a greater degree in men than in women. The speaker presented data drawn from a study of 2,000 subjects of both sexes with psychiatric diagnoses of all types, including depression, conducted at the university clinic: the male subjects were shown to be more reactive; the female subjects more prone to feeling fear and to internalising, showed more signs of apprehension/anxiety. Besides biological differences, there also exist behavioural models typical of society, which relegate women to a subordinate condition, almost of subjection with respect to men.



What are the causes of the increase in aggressive phenomena? Are there underlying psychopathological causes or is aggression merely a criminal phenomenon? What is the worst form of aggressiveness? To what extent do behavioural models influence women's subjection to men?

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HIGHLIGHTS

From gender violence to feminicide

Eloise Longo
(Rome, Italy)

Dr. Longo of the Italian Institute of Health addressed an issue of devastating topicality. Gender violence is a transversal, global phenomenon present in all the world's countries. The causes are innumerable; the most frequent manifestation is domestic violence, which accounts for 30% of all form of gender violence. ISTAT data indicate that about 7 million women were victims of sexual abuse in Italy in 2014: 31% of all women between 16 and 70 years of age. A 'preliminary' form of such violence is stalking, which may precede escalation of violent behaviour and even culminate in femicide. Starting from a study of episodes that occurred in a small Mexican town on the U.S. border, where over the years 4,500 ca. women had disappeared (650 of whom were later found, in alarming physical condition), Mexican anthropologist Dr. Marcela Lagarde placed these cases in the much broader spectrum of feminicide, a type of 'structural' violence which seeks not only to eliminate women but to undermine the framework of their psychic and social wellbeing. The phenomenon is often underestimated, since episodes of violence are not always reported. It is therefore of fundamental importance to build a support network to safeguard women. There is no single model for providing support in cases of gender violence; in Italy, for example, there is an appreciable gap between the assistance offered by the hospitals and by social services. This gap must be bridged; women must know that they will never need feel they are alone. We must harmonise assistance protocols and create, in the hospitals where they are lacking, specific, dedicated intake/evaluation points. The speaker presented a new project, called REVAMP, involving both hospitals and territorial social and health services in 10 Italian regions. The project aim is to network the various services/structures and to involve the professionals needed to respond to the phenomenon: physicians, psychologists, neuropsychiatrists, sociologists and anthropologists. The networking model permits sharing information and expertise in different languages to improve assistance and treatment protocols, adapting therapies to individuals and sharing information about treatment plans and processes.

What are the consequences of gender violence for the world's public health systems? What basic actions can be taken to combat the phenomenon? Which Italian regions adhere to the REVAMP project? How useful is the 'narration' method in identifying unreported cases of gender violence?

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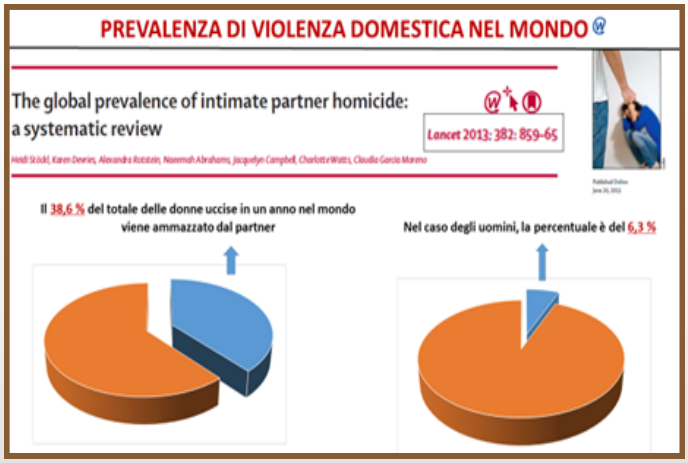
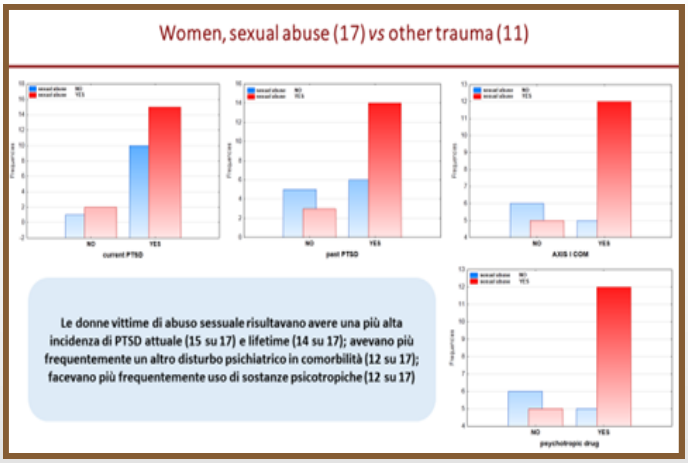
HIGHLIGHTS

Feminicide: affection and violence

Alberto Siracusano
(Rome, Italy)

Prof. Alberto Siracusano from Rome addressed the issue of feminicide as a pathological relationship between affection and violence and spoke at length about inner mechanisms which, starting from a relationship based on affection, can trigger violent acts. The WHO has published data on the prevalence of sexual abuse: one women in three worldwide is a victim. Most of these acts of violence are committed by a partner. Comparison of the data for wilful murders in Italy from 1990 to 2013 with those for feminicides in the same period reveals that the prevalence of the latter was substantially stable, differently from that of murder. which instead decreased significantly. Why have the cases of feminicide remained stable over time? To answer this question, the speaker began with the definition of 'feminicide', a term that encompasses novel meanings with respect to the classic 'murder' and certainly 'homicide' or even 'femicide'. 'Feminicide' means violence against women that aims at eradicating their subjective being, or broader subjectivity, at the psychological, symbolic, economic and social levels. And it may precede actual femicide; that is, the killing of women. The speaker then addressed the relationship between violence, feminicide and mental illness. The aggressor's profile, in 50% of cases, is marked by a high level of criminal tendency accompanied by a medium-to-low level of psychopathological behaviour. Feminicide can be explained only in small part by the presence of a psychological disorder. Another underlying factor in feminicide is relationship problems linked to the aggressiveness that may develop within a couple based on the specific personality profiles of the two partners. There are three couple profiles, 'secure/secure', 'secure/insecure' and 'insecure/insecure'. If two people, both with 'insecure' psychological profiles, commence a relationship as a couple, their levels of aggressiveness increase significantly; this, in turn, determines a risk of both physical and psychological violence which, in extreme cases, can escalate even to actual femicide. Yet another aspect touched on was the response of the Italian legal system to the gender violence issue with enactment of laws, providing particularly harsh penalties for subjects who commit crimes of feminicide, to at least attempt to contain the phenomenon. And finally, the report presented the data gathered by a study conducted at the University of Rome 'Tor Vergata' on 17 women victims of sexual abuse by their partners.





When did the term 'feminicide' first appear in the Italian press? How is psychiatry involved in violence against women and feminicide? What are the novel elements introduced by the term 'feminicide'? What is the relationship between feminicide and psychiatry? How should we interpret the results of the 'EMDR in Women Victims of Sexual Violence' study?

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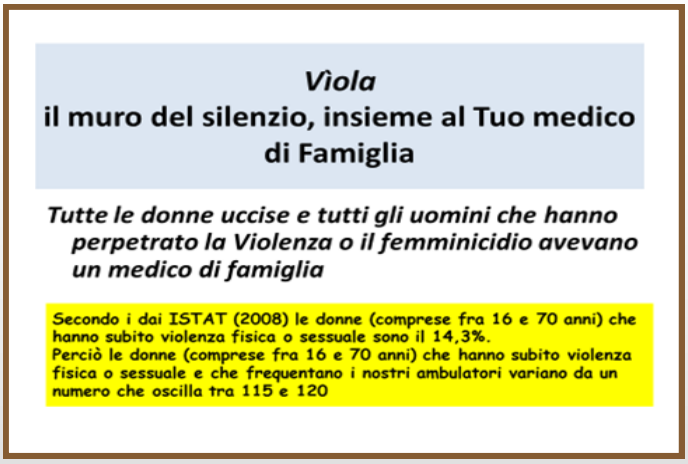
HIGHLIGHTS

The sociocultural context of violence and the signs identifiable by the family physician

Raffaella Michieli
(Florence, Italy)

Dr. Michieli, national secretary of SIMG (Italian Society of General Medicine), addressed the theme of the socio-cultural context in which violence brews and of the role of the family physician. She began with by describing a project carried on by family physicians, called 'Vìola'. The starting point is the couple relationship, which in our society's culture is generally still characterised by strong asymmetries marked by under-representation of women in politics, at the economic level and in the workplace. 'I love you too much' is the primary justification put forward in cases of violence against women; citing Gabriella Moscatelli, President of 'Telefono Rosa', the speaker stressed how '*the force that moves the hand of a violent person is an irrational desire to "possess" at any cost*'. Couples most at risk of violent behaviour between partners are those in which there exist significant cultural differences between the man and the woman, as in the case of interracial couples, which have a higher risk level than do couples in which both partners are white. Violent behaviour also frequently impacts minors, who, once they reach adulthood, tend to turn to violence to address conflicts and affirm their virility. What can healthcare personnel – and the family physician in particular – do, and what *should* they do? The family physician has a privileged 'window' for observing all the members of a family. He/she must, however, be adequately trained to recognise the specific physical and behavioural signs indicative of a profound unease. And it is of utmost importance, should such signs be noted, that the family physician explicitly asks the patient, 'Have you suffered sexual violence within your family?' The aim of the 'Vìola' project is to tear down the 'wall of silence' by asking this one simple question. In conclusion, the speaker presented the project aims and its principal action points.



What actions can be taken to reduce the asymmetries between the partners in a couple? What are the basic principles underlying strategies and actions to combat domestic violence? How can the family physician take action if clear signs of gender violence are noted? What are the aims of the 'Vìola' project?

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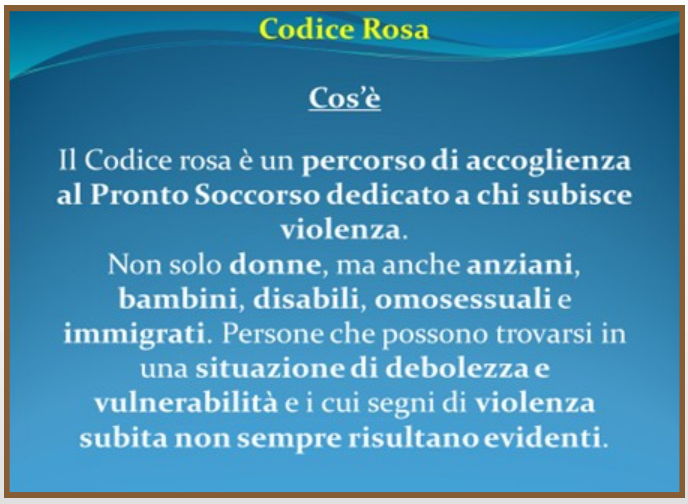
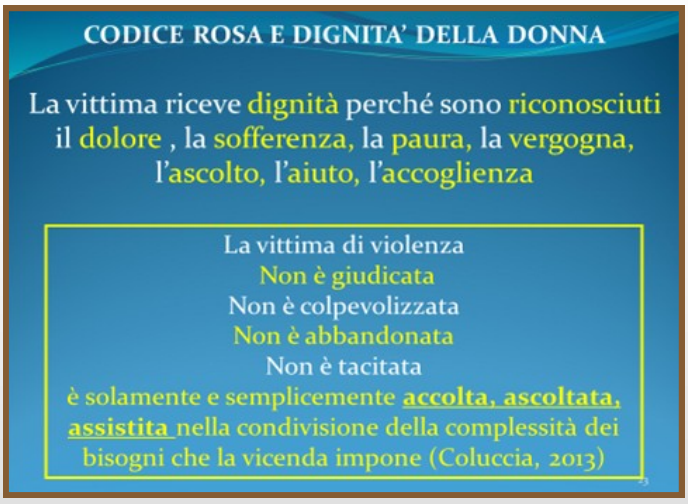
HIGHLIGHTS

The 'Codice Rosa': an extraordinary 'fast lane' for the dignity of victims

Anna Coluccia
(Siena, Italy)

Prof. Coluccia of Siena spoke of the 'Codice Rosa', an extraordinary opportunity for protecting women's dignity. The real problem is silence: the institutions' inability to listen, the technical incapacity of those whose task it is to intake victims of violence. The Region of Tuscany has instituted a priority care 'code' called the 'Codice Rosa' for all patients who come to emergency rooms with evident signs of violence on their persons or who report having suffered acts of violence. The intervention strategies in cases of violence are inevitably complex: as complex as the problems linked to violent acts. The Region has created a task force made up of healthcare and judicial personnel (magistrates) with the power to intervene to manage these situations. The Codice Rosa applies to numerous settings: first and foremost the healthcare sector, for treating and preventing violence; then psychological services, to break the vicious circle of solitude into which victims of violence tend to fall; another action area is the courts and forensic medicine, for gathering evidence of violence. Yet another linchpin of the Codice Rosa project is a network bringing together professionals from different disciplines, health-related and not. The project has also stipulated specific agreements with hospitals and intake centres/shelters for women who have suffered violence. The speaker then described the main points of the project, among which the intake phase is of particular importance, followed by definition and implementation of appropriate treatment. The Codice Rosa is important because it incentivises reporting: it activates a preferential lane which, while demanding nothing out of the ordinary, is specifically dedicated to victims. Implementing this project means debunking the stereotype of the 'victim who triggers the crime' and reinforcing the victim's perception of her status *as* victim and the certainty her confidence that her report of violence will be believed.





What are the strong points of the 'Codice Rosa' project? In what areas does the Codice Rosa project take action? What is the meaning of the term 'secondary victimisation'? What models exists for victim support services? What do the terms 'Codice Rosa' and 'women's dignity' mean?

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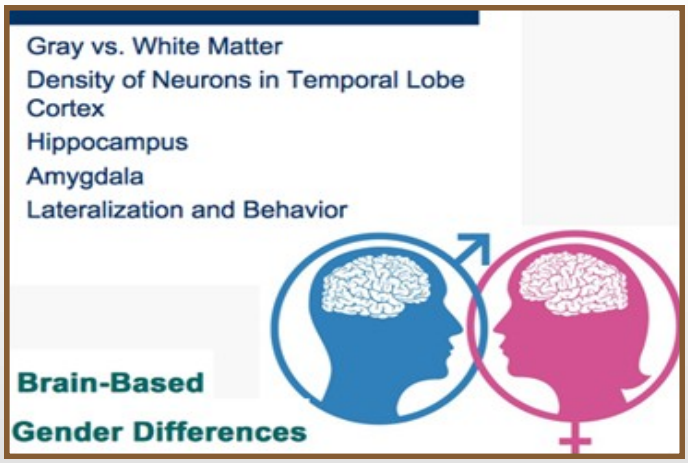
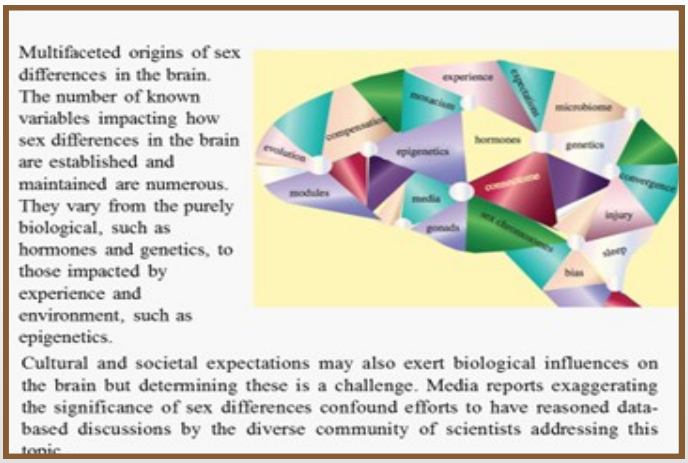
HIGHLIGHTS

The neurological bases of gender differences in aggression: an evolutionary perspective

Enrico Alleva
(Rome, Italy)

Prof. Alleva of the Italian Institute of Health spoke at length of the differences in the neurobiological make-up of men and women: the hypothalamus and the amygdalae are only the principal areas involved. The differences are innumerable, yet they are expressed as cognitive behaviours and abilities to plan and reason with no direct correlations to structural cerebral differences. The speaker stressed that '*Female and male behaviour is (almost) identical in terms of single behavioural acts, but is modulated in very different manners*'. Starting from this assumption, Prof. Alleva described real gender-related functional differences, understood as behavioural phenotypes, present in our neuroanatomical structures. In women (with respect to men) the areas of the frontal and temporal lobes are more highly developed; in men, the inferior parietal lobule is larger than in women. Even the cerebral hemispheres of the brain show gender-dependent differences; for instance, the cortical structure is denser in the temporal and parietal regions in women. The cerebellum is larger in men. In the hypothalamus, the main gender-dependent differences are found in the lateral and medial mamillary nuclei. Even intracerebral connectivity shows gender-related differences which translate into better motor skills and spatial orientation in men and better memory and social awareness in women. The speaker nevertheless stressed that these gender-dependent neuroanatomical and psychological differences are not always predictive of differences in female and male behaviour. Predictivity is certainly higher in the case of sexual behaviour, but in certain circumstances other phenomena that intervene to raise the level of behavioural predictivity, such as individual response to stress and even other external variables, must also be taken into consideration. The 'aggression centre' of the brain lies in the medial amygdala; nevertheless, the neuroendocrine mechanisms that stimulate these reactions are profoundly different in the two sexes. In general, in females there is an increase in maternal aggressiveness toward 'outsiders'; in males, aggressiveness toward members of his same sex prevails; this is termed 'male-to-male aggression'. The speaker concluded by pointing out that social relationships play a role of primary importance in modelling both male's and female's brains and that gender-dependent aggressive behaviours must be investigated from three points of view: those of physical anthropology, of culture and of sociology.





What are the principal neuroanatomical structures responsible for gender differences? What are the principal differences between genders as concerns hemispherical lateralisation of the activity of the amigdalae? What structures and connections are involved in aggressive behaviour?

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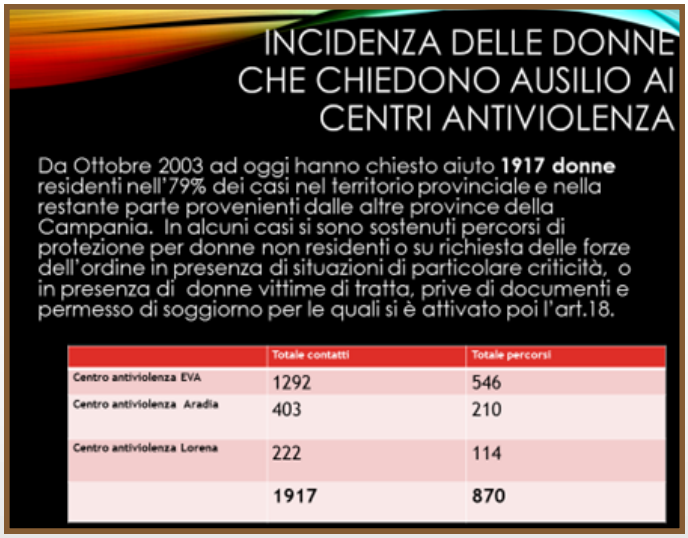
HIGHLIGHTS

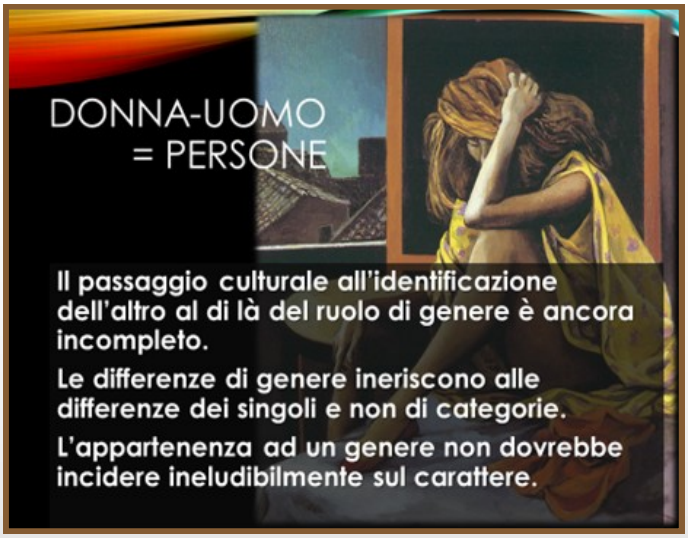
Women as victims of daily psychological abuse: a cultural condition. Questions for social anthropology and psychiatry

Gianfranco Buffardi
(Caserta, Italy)

Prof. Buffardi of Caserta addressed issues connected with women who suffer psychological violence on a daily basis. 'There is none' is the most common response given by these women. But this form of violence, much subtler than physical violence, impacts the woman's socio-cultural sphere and her 'existentive' experience. Existentive social conditions are such that women themselves accept those socio-cultural conventions which tend to devalue forms of subtle psychological violence; nevertheless, these can be primary causes of illness. The existential sequelae of gender violence are limitations of one's intentionality, rigidity, existential unease, frustration and reparatory gratifications or coping mechanisms and the effects of contrasts between imposed rules and the subject's propensities. The most significant among these phenomena is the existential angst that manifests from the moment the woman is unable to relate to the context of the world in which she lives: unease, therefore, in regard of both herself and the other people who are part of her world. Through presentation of the histories of four different women, the speaker took a closer look at the principal existentive social conditions underlying the daily psychological violence to which women are exposed and, finally, stressed the importance of development of the complete person, inclusive of all the ethical, existential and sexual dimensions of each individual.



	Totale contatti	Totale percorsi
Centro antiviolenza EVA	1292	546
Centro antiviolenza Aradia	403	210
Centro antiviolenza Lorena	222	114
	1917	870



How many women have been assisted by the Campania region's antiviolence centres since 2003?
What common elements link the stories of women presented by the speaker?
What is the prevalence of depression in the sample studied by the speaker?
What treatments does the speaker propose for women who have suffered psychological abuse?

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For more detailed information, we refer readers to the **Fondazione Internazionale Menarini** website, where interested readers will find full texts of the reports delivered at the meeting.

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