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"Stick and Stones Hurt my Bones but His Glance and Words Hurt More": The Impact of Psychological Abuse and Physical Violence by Current and Former Partners on Battered Women in Italy

Anna C. Baldry

Domestic violence causes short- and long-term negative consequences, both physical (e.g., bodily injury) and psychological (e.g., depression, anxiety, low self-esteem, and symptoms of post-traumatic stress disorder). It is possible that these negative consequences vary according to the type of violence victims experience (physical versus psychological) and its duration, as well as the relationship with the offender. The present study investigated the relative contribution of psychological and physical abuse to the development of psychological symptoms in domestic violence cases. A sample of 145 women recruited from three shelters in Rome completed a face-to-face interview and a structured questionnaire measuring different types of abuse and psychological symptoms, as well as demographic variables. Multiple regression analyses revealed that psychological abuse was a stronger predictor of anxiety and depression, low self esteem, and intrusion/avoidance symptoms than physical abuse, even though psychological and physical abuse experiences were highly correlated. Psychological symptoms were not associated with who committed the violence (husband or cohabiting partner) or whether the relationship was terminated or still ongoing. These findings have implications for mental health professionals who try to reduce the suffering of women who are abused.

Domestic violence is a serious criminal, social and medical problem, with serious consequences. It infringes fundamental human rights and causes far reaching damages to peoples' lives and development. (UK Department of Health, 2000, p. 1)

Domestic violence — physical, sexual, and psychological abuse perpetrated within an intimate relationship — is a widespread phenomenon affecting both the physical and psychological well-being mainly of women (Greenfield et al., 1998; McFarlane, Willson, Malecha, & Lemmey, 2000). Violence within an intimate relationship between married or de facto couples is the most frequent form of violent crime against women; acknowledging its damaging effects can help implement early interventions for the reduction of serious outcomes (McFarlane et al., 2000).

The costs of domestic violence are enormous (Heiskanen & Piispa, 1998); the ultimate consequence is death directly by the hands of a current or former partner. The Federal Bureau of Investigation, in 1992, reported that 29% of all women murdered in the United States were killed by husbands or boyfriends or ex-partners, and for the year 1998 the US Bureau of Statistics reported similar figures (Rennison & Welchans, 2000). Though homicide is the most extreme and dangerous consequence of domestic violence, there are a wide range of negative consequences for psychological and physical well-being (UK Department of Health, 2000). Consequences of physical attacks in domestic violence include physical injuries such as fractured bones, bruises, cuts and abrasions, lost teeth, internal injuries, and miscarriage or foetal morbidity. But domestic violence also may cause severe psychological injuries such as depression, anxiety, and

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attempted or completed suicide (Arias, 1999). A special concern is symptoms of post traumatic stress disorder (PTSD). Available research across multiple settings (i.e., clinics, shelters, hospitals, community agencies) show that a substantial proportion of victimized women (between 31% to 84%) exhibit symptoms of PTSD, including avoidance and intrusion symptoms (see Jones, Hughes, & Unterstaller, 2001, for an extensive review), with battered women living in shelters reporting more symptoms than those ones not living in shelters (Hughes & Jones, 2000a, b). This could be due to the fact that women in shelters are among those suffering the most severe and ongoing violence.

Disentangling Physical Violence and Psychological Abuse

Psychological abuse takes many forms and can be defined as the “direct infliction of mental harm” or “limits to the victim’s well-being” (Gondolf, 1987, p. 97), as well as “an ongoing process in which one individual systematically diminishes and destroys the inner self of another” (Loring, 1994, p. 1). Psychological abuse occurs when the essential ideas, feelings, perceptions, and personality characteristics of the victim are constantly belittled (Loring, 1994). A form of psychological abuse is social isolation, which is aimed at destroying or impairing the woman’s support network and making her totally dependent on the abusive partner for information, social interaction, and financial resources. Psychological abuse can precede, follow, or occur concurrently with physical violence (Koss et al., 1994; Mahoney & Williams, 1998; Stets, 1991; Tolman, 1992; Walker, 1984). Most women who are physically abused by the current or former intimate partner also report psychological abuse, but the reverse is not always true (Dutton & Painter, 1981, 1993). Psychological abuse may not end with the termination of the abusive relationship, often continuing or even worsening after separation.

Although psychological abuse and physical violence often co-occur, they may affect women differently. Indeed, the psychological consequences of domestic violence may be due not so much to physical violence but to psychological abuse (Tolman, 1992). Practitioners and researchers might

be more concerned with the consequences of physical violence (which is more easy to tackle), but many women report that psychological abuse is as harmful or even worse than physical abuse (Follingstad, Rutledge, Berg, Hause, & Polek, 1990; Walker, 1984). According to Tolman (1989, 1992) psychological abuse is distinct from physical violence conceptually and experientially on the basis of its psychological consequences, although it is also important to recognize the diversity of psychological abuse and “focus on the topography of behaviours...such as humiliation and isolation” (Arias, 1999, p. 145).

Clearly, psychological abuse needs to be taken seriously into consideration because of its negative impact. However, most studies on the impact of domestic violence focus on the effects of physical abuse, which is considered potentially life-threatening, overlooking the effects of psychological abuse. This could be due to the fact that the latter is less apparent to those outside the relationship and often considered less damaging (Arias, 1999; Hughes & Loring, 2000). Therefore, it is not clear how much of the psychological consequence of domestic violence are the result of physical violence versus psychological abuse. Few studies have separated or controlled for the two types of violence and searched for their relative impact on the mental health. The study conducted by Arias and Pape (1999) with a sample of 68 battered women living in a shelter in Atlanta, Georgia, reported that the frequency and severity of psychological abuse, but not physical abuse, predicted PTSD symptomatology.

The present study aimed at investigating the impact of psychological abuse on self-esteem, anxiety and depression, and PTSD avoidance symptoms relative to the impact of physical violence, controlling for variables such as age, numbers of years of abuse, perpetrator of the abuse (husband versus cohabiting partner), and whether the relationship was still ongoing, in a sample of Italian battered women seeking assistance in a shelter (see Figure 1). Existing studies on the impact of violence have primarily been conducted with Northern American, Australian, or Northern European samples; very little is known about the impact of violence on Italian women (Baldry, 2001, 2002).

Figure 1. *Theoretical model for the impact of emotional abuse and physical violence*

METHOD

Participants

Participants in the study were 145 women who contacted one of the three shelters for battered women in Rome, run by the NGO 'Differenza Donna.' Of these women, 73% were Italian and the remaining 28% were from Eastern Europe (13%), Latin America (7%), Asia (5%), or Africa (2%). Their mean age was 37.8 ($SD = 9.17$) years, ranging from 20 years to 68 years old. Women reported experiencing an average of 8.5 years of violence, with a minimum of 1 year and a maximum of 41 years. All women who took part in the study reported experienced violence in a married or de facto (common law) relationship: 75% were abused by a current or former husband (52% and 23%, respectively), and 25% by a current or former cohabiting partner (12% and 13%, respectively).

Procedure

A total of 180 women were first contacted in one of the three shelters during a three month period

and they were asked about their willingness to take part in the study on their current or past abusive relationship and on their well-being. They were told that the study consisted in filling in a questionnaire to be completed in a face-to-face interview setting. Of all women contacted, 145 (81%) agreed to take part in the study and signed an informed consent form. Those who refused did so mainly because they could not fix a time for a further appointment.

Participants were assured about the anonymity and confidentiality of the study and that all answers would be used for research purposes only. The interviews were conducted by two volunteers working in the shelters who had experience in counseling victims of domestic violence. The interviews took place in one of the three shelters at a time and date agreed with the women within a week after the first contact. The average time for each interview was 30 minutes.

Measures

The questionnaire used in this study was divided into three parts.

Physical Violence and Psychological Abuse

The first part consisted of a 42-item scale measuring frequency of different types of physical and psychological abuse. The scale contained selected items, back-translated into Italian, from the *Psychological Maltreatment of Women Inventory* (PMWI; Tolman, 1989), which assesses a broad range of psychologically abusive behaviors, and the *Severity of Violence Against Women Scale* (SVAWS; Marshall 1992a, 1992b), which assesses a broader range of physically and sexually abusive behaviours as well as some forms of psychological abuse. Respondents indicated on a 5-point Likert scale (1 = *never* to 5 = *very frequently*) how often they experienced each type of abusive behavior by their partner or ex-partner.

To determine the structure of the scale, a principal components analysis was performed with oblique (Oblimin) rotation. The results confirmed the presence of two factors according to the scree test. The first factor (eigenvalue = 14.09), accounting for 30% of the total variance, reflected psychological abuse. The second, accounting for 10% of the total variance (eigenvalue = 5.98), reflected physical and sexual violence. To form scales, items were selected if their loading on one factor was high ($> .4$) and their loading on the other factor was low ($< .2$). This resulted in a 24-item scale of psychological abuse that included items such as “Did your partner (or ex-partner) ever tell you that you are worthless?”; and a 15-item scale of physical violence that included items such as “Did your partner (or ex-partner) hit you on your head or face?”. Both scales had high internal consistency ($\alpha = .92$ and $.85$, respectively).

Psychological Symptoms

The second part of the questionnaire measured a range of psychological symptoms. It comprised 50 items, back-translated into Italian, from a scale developed by Herman (1992) to measure symptoms associated with repeated trauma, such as intrusion and avoidance, anxiety and depression, somatic complaints, and low self-esteem. For each of the 50 items, respondents indicated on a 5-point Likert scale (1 = *never* to 5 = *very often*) whether in the previous 12 months they ever felt the way indicated.

The structure of the scale was evaluated using a principal components analysis with oblique (Oblimin) rotations. A three-factor solution was found by using the scree test method. The first factor, accounting for 21% of the total variance, reflected anxiety/depression (eigenvalue = 7.03). The second, accounting for 9% of the total variance (eigenvalue = 2.81), reflected low self-esteem. The third, accounting for 7% of the total variance (eigenvalue = 2.32), reflected PTSD intrusion/avoidance symptoms. Scales were formed by selecting items that had high loadings on one factor ($> .4$) but low loadings on the other two ($< .2$). The result was a 17-item scale of anxiety/depression, including items such as, “Have you ever thought of committing suicide?”; a 6-item scale of low self-esteem, including items such as, “Do you think you are an interesting person?”; and a 10-item intrusion/avoidance scale, including items such as “Do you ever recall without wishing it scenes of the abuse?” The internal consistency reliability of all three scales was acceptable ($\alpha = .87$, $.78$, and $.75$, respectively).

RESULTS

The first step in the analysis (presented in Table 1) was to provide descriptive results on the prevalence of different forms of abuse women reported.

Overall, women reported a relatively high frequency of abuse, especially with regard to psychological abuse, indicating that most women suffer often or very often from being degraded, insulted, and controlled. All women reported experiencing at least one kind of psychological abuse or physical violence. The less frequently reported episodes included threats with a gun, attempted homicide, and forced sexual intercourse. The correlation between psychological abuse and physical violence was high ($r = .66$).

Table 2 presents the correlations of psychological abuse and physical violence with psychological consequences and background variables. Psychological abuse was significantly correlated with psychological symptoms such as anxiety/depression, low self-esteem and avoidance/intrusion. Physical violence was significantly correlated with avoidance/intrusion, but not with low self-esteem or anxiety/depression.

Table 1

Means and standard deviation for psychological abuse and physical violence

Types domestic violence reported		Mean	Std. Deviation
1.	Does he shout at you? ^b	4.52	.90
2.	Is he violent towards you when he gets angry? ^b	4.46	1.05
3.	Does he get angry if you don't agree with him? ^a	4.40	1.10
4.	Does he call you names? ^a	4.35	1.37
5.	Does he check on you? ^a	4.19	1.29
6.	Does he downgrade you intellectually? ^a	4.18	1.47
7.	Does he look down on you? ^a	4.17	1.11
8.	Does he pretend your obedience? ^a	4.16	1.36
9.	Are you scared of him? ^a	4.14	1.26
10.	Does he regard you as an intelligent woman? * ^a	4.14	1.29
11.	Does he allow you to see your friends? * ^a	4.12	1.29
12.	Does he behave as if you were his servant? ^a	4.10	1.37
13.	Is he jealous of your friends? ^a	4.02	1.46
14.	Does he show interest in what you think? * ^a	4.02	1.24
15.	Does he constantly tell you what to do? ^a	4.00	1.34
16.	Does he call you names in front of other people? ^a	3.93	1.40
17.	Does he ever tell you that without him you would not be able to look after yourself? ^a	3.88	1.64
18.	Does he let you do what you want? * ^a	3.85	1.66
19.	Can you spend as much as you want? * ^a	3.77	1.49
20.	Does he check how much you spend and what you buy? ^a	3.74	1.53
21.	Does he ever hit you with his hands? ^b	3.73	1.44
22.	Does he respect you when you don't feel like having sexual intercourse? * ^b	3.66	1.63
23.	Does he force you to stay home to look after the house and the children? ^b	3.64	1.68
24.	Does he insist to have sexual intercourse when you don't feel like having them? ^b	3.55	1.70
25.	Does he get angry if the food is not ready when it should be according to him? ^b	3.53	1.65
26.	Do you have your own income? * ^a	3.50	1.71
27.	Do you fear for your life? ^a	3.39	1.54
28.	Does he ever hit you on your head or in the face? ^b	3.35	1.58
29.	Does he prevent you from studying or working? ^a	3.35	1.72
30.	Does he ever hit you with his fists or kicks you? ^b	3.23	1.58
31.	Are you allowed to phone who you want? * ^a	3.20	1.53
32.	Does he get angry if you tell him he drinks too much? ^b	2.99	1.85
33.	Does he ever hit you so badly that you need medical treatment? ^a	2.93	1.68
34.	Does he ever tell you that you look ugly? ^a	2.88	1.66
35.	Does he get violent if he drinks? ^b	2.85	1.88
36.	Does he drink? ^b	2.70	1.63
37.	Does he force you to have sexual activities that disgust you? ^b	2.69	1.71
38.	Did he hit you while pregnant? ^b	2.31	1.48
39.	Did he try to kill you? ^b	2.26	1.51
40.	Did he ever threaten you with a weapon? ^b	2.25	1.63
41.	Is he nice at you? * ^a	1.96	1.00
42.	Does he show interest in how you feel? * ^a	1.39	.90

Note: N=145. Answers were ranging from 1 'never' to 5 'very often'. Higher values indicating worst violence.

* reversed items; ^a Psychological abuse items; ^b Physical/sexual violence items.

Table 2

Descriptive statistics for and correlations among measures of psychological abuse physical violence, psychological symptoms, and background characteristics

<i>Variables</i>	2.	3.	4.	5.	6.	7.	8.	9.	M	SD	Range
1. Age	.55*	.21*	-.18*	.04	-.06	-.05	.16	.03	37.83	9.17	20-68
2. Number of years of abuse	/	.34*	-.22*	.18	.06	.09	.12	-.03	8.48	9.57	1-41
3. Perpetrator of violence		/	-.19*	.16	.07	.05	.09	.13	/	/	(H=1, C=0)
4. Relationship with partner			/	.01	-.08	.03	.03	.05	/	/	(Fp=1, Cp=0)
5. Psychological abuse				/	.66*	.26*	.21*	.25*	3.91	.82	1-5
6. Physical violence					/	.17	.03	.22*	3.10	.92	1-5
7. Anxiety/depression						/	.29*	.40*	2.78	.81	1-5
8. Low self esteem							/	.30*	2.61	.93	1-5
9. Intrusion/avoidance								/	3.36	.76	1-5

Note: $N = 146$. H= Husband, C=Cohabiting partner, Fp=Former partner, Cp=current partner.

* $p < .01$; ** $p < .001$, two-tailed. All significance levels are Bonferroni corrected.

There were no significant correlations between background variables and psychological symptoms, with the exception of age and low self-esteem. Older women reported lower levels of self-esteem.

Younger women were more likely to report abuse from a former partner and a shorter history of abuse; older women were more likely to be still married (or cohabiting) with the abusive partner and to report more years of abuse.

Multivariate Analyses

To evaluate the relative impact of psychological abuse and physical violence on the three measures of psychological symptoms, hierarchical regression analyses were conducted. Hierarchical regression allows building into the three models different sets of variables according to the theoretical model presented in Figure 1. A four-step hierarchical model was used. In the first step, four background variables were entered: age, duration of abuse, perpetrator of violence (dummy-coded husband = 1, cohabiting partner = 0), and relationship with partner (dummy-coded former partner = 1, current partner = 0). In the second step, physical violence was entered. In the third step, psychological abuse was entered. Finally, in the fourth step, the interactions of psychological abuse and physical violence with the relationship and perpetrator variables were entered. The results are presented in Table 3.

With regard to anxiety/depression, the background variables explained less than 1% of the total variance, and none was statistically significant. In the second step, the addition of physical violence increased the model fit only marginally significantly, $\Delta R^2 = .025$, $F(1, 140) = 3.68$, $p = .057$. In the third step of the model, the addition of psychological abuse significantly increased the model fit, $\Delta R^2 = .049$, $F(1, 139) = 7.36$, $p < .01$. In the last step, the interactions did not improve model fit significantly, $\Delta R^2 = .030$, $F(4, 135) = 1.13$. The full model accounted for 11% of the total variance.

With regard to low self-esteem, the background variables entered in the first step explained 4.3% of the total variance, although only age was a marginally significant predictor, $\beta = .189$, $p = .056$. In the second step, the addition of physical violence did not significantly improve model fit, $\Delta R^2 = .011$, $F(1,$

140) = 1.56. In the third step, the addition of psychological abuse significantly increased model fit, $\Delta R^2 = .046$, $F(1, 139) = 7.15$, $p < .01$. In the last step of the model, the addition of the interactions did not improve model fit, $\Delta R^2 = .013$, $F(4, 135) = .51$. The full model accounted for 11% of the total variance of low self-esteem.

With regard to intrusion/avoidance symptoms, in the first step, the background variables entered in the first step explained 2.2% of the total variance, but none was a statistically significant predictor. In the second step of the model, the addition of physical violence significantly increased model fit, $\Delta R^2 = .058$, $F(1, 140) = 8.87$, $p < .001$. In the third step, the addition of psychological abuse significantly improved model fit, $\Delta R^2 = .031$, $F(1, 139) = 4.82$, $p < .05$. In the last step of the model, the four different interactions were entered in the model but did not improve model fit significantly, $\Delta R^2 = .035$, $F(4, 135) = 1.37$. The full model accounted for 15% of the total variance in intrusion/avoidance symptoms.

DISCUSSION

The current study was an attempt to determine the effect of psychological abuse relative to physical violence on psychological symptoms such as anxiety and depression, low self-esteem and avoidance and intrusion in a sample of battered women in Italy. Findings showed that psychological abuse and physical violence were highly correlated. It was not possible in this study to separate psychologically abused women from physically abused women, because all women reported experiencing at least one form of each. Results indicated that experiencing physical violence was associated with psychological symptoms. However, psychological abuse was more strongly associated with psychological symptoms, and in fact the association of physical violence with psychological symptoms was relatively small and not statistically significant after controlling for psychological abuse.

The negative psychological consequences related to domestic violence did not differ according to whether the woman was still living with her partner or not. One might think that women who are not longer living with the abuser suffer more negative

Table 3

Hierarchical Multiple Regression for psychological and physical victimization predicting anxiety/depression, low self-esteem, and intrusion/avoidance

<i>Predictors</i>	Anxiety/depression	Low self-esteem	Intrusion/avoidance
	β	β	β
Step 1			
Age	-.052	.189*	.059
Numbers of years of violence	.100	.006	-.079
Relationship [†]	.046	.071	.068
Perpetrator [†]	.025	.058	.142
R ²	.009	.043	.022
F Model (df)	.335 _(4, 141)	1.602 _(4, 141)	.805 _(4, 141)
Step 2			
Age	-.019	.210*	.110
Numbers of years of violence	.077	-.008	-.113
Relationship [†]	.056	.077	.083
Perpetrator [†]	.020	.055	.134
Physical violence	.162 ^s	.105	.246**
R ²	.035	.054	.081
ΔR^2	.025 ^s	.011	.058**
F Model (df)	1.009* _(5, 140)	1.599 _(5, 140)	2.454** _(5, 140)
Step 3			
Age	.003	.232*	.127
Numbers of years of violence	.037	-.048	-.146
Relationship [†]	.037	.059	.068
Perpetrator [†]	-.003	.032	.116
Physical violence	.029	-.026	.139
Psychological abuse	.264**	.258**	.211*
R ²	.083	.100	.111
ΔR^2	.049**	.046**	.031**
F Model (df)	2.105* _(6, 139)	2.583** _(6, 139)	2.905** _(6, 139)
Step 4			
Age	-.017	.232*	.099
Numbers of years of violence	.058	-.050	-.118
Relationship [†]	.038	.075	.051
Perpetrator [†]	.021	.047	.119
Physical violence	-.017	-.066	.101
Psychological abuse	.308**	.290**	.236*
Physical violence X Relationship	-.023	.019	.035
Psychological abuse X Relationship	.186	.028	.162
Physical violence X Perpetrator	.059	.120	-.068
Psychological abuse X Perpetrator	-.036	-.062	-.013
R ²	.113	.114	.146
ΔR^2	.030	.013	.035
F Model (df)	1.722 _(10, 135)	1.733 _(10, 135)	2.311** _(10, 135)

Note: All scores are standardized. [†]Positive β 's are in the direction of perpetrator of violence being the husband and violence committed by former partner. * $p < .05$, ** $p < .01$, *** $p < .001$

consequences because of the sense of vulnerability they feel due to the ongoing violence. But actually the length of violence to which women were exposed was less important than the frequency of different forms of violence. No interaction effects were found between physical violence or psychological abuse and the nature of the relationship with the perpetrator, indicating that being abused or assaulted by a husband versus a cohabiting partner or by a current versus former partner made no difference to the psychological symptoms reported by women.

As indicated by Hughes and Jones (2000a), between 40% and 84% of women living in shelters report PTSD symptoms, which is a higher proportion than that reported by abused women living in the community. Living in a shelter is per se stressful, and studies have rarely taken this factor into account confounding the understanding of the impact of solely domestic violence. In this regard, the advantage of the present study is that women taking part in the study were not living in the shelter, but rather contacted it to receive counseling or legal aid. However, the present sample might have been biased insofar as women who get in touch with a shelter are not representative of all abused women in the community, because they are usually those who suffer for the worst types of violence, often life-threatening and on-going for years. Women who are *primarily* psychologically abused may be less likely to get in touch with a shelter; instead, they may contact physicians or therapists.

Another limitation of the study is that information were based only on self-reports. This method can be problematic when assessing psychological symptoms resulting from abuse because the women may not fully disclose this type of violence. All efforts were made in this regard to have the same two persons collecting the data, in order to address questions raised by women and to make sure that respondents understood the meaning of the items and to help them to cope with any emotions that rose during the interviews.

As the study was cross-sectional in nature, it is not possible to draw strong inferences regarding the causal effects of violence or abuse on the psychological symptoms of women. Longitudinal studies

are required for this purpose. However, cross-sectional studies do provide information about the strength and direction of the associations among variables studied.

The hierarchical regressions models analyzed in this study explained a relatively small proportion of variance, indicating that in order to account for the reporting of psychological symptoms, other risk or protective factors need to be taken into account. Intrusion and avoidance symptoms were best explained by the theoretical model outlined, indicating that these symptoms may be most strongly associated with trauma (Herman, 1992). In contrast, anxiety/depression and low self-esteem may be associated with many factors in addition to violence and abuse by intimate partners. In this regard, further studies should take into account other risk factors for psychological mental health problems, such as whether the woman has had previous contact with mental health services, whether she has benefited from counseling or other forms of social support, her relationship with her children, her job satisfaction, the presence of a social network, and a previous history of abuse. It is also important to consider such things as communication patterns, marital adjustment, and attachment (Schumacher, Smith Slep, & Heyman, 2001; Schumacher, Feldbau-Kohn, Smith Slep, & Heyman, 2001). These factors may all have a direct impact on the psychological well-being of abused women, or may mediate the association between intimate partner violence and abuse and psychological symptoms.

Mental health forensic professionals need to focus on the impact of psychological abuse. Unfortunately, such experiences are often difficult for women to acknowledge. The costs of physical violence are enormous for the victims but also for society in terms of hospital and emergency room expenses and services utilized (Heiskanen & Piispa, 1998). Psychological abuse, however, may have consequences that are even more damaging and persistent, preventing women entrapped in the vicious cycle of violence to look after themselves and their children.

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