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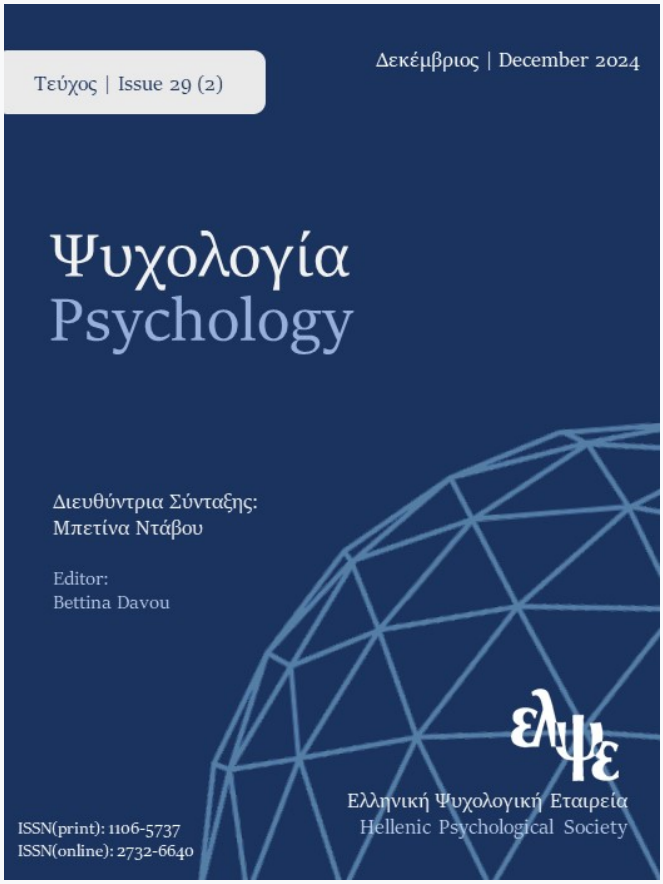

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ΕΜΠΕΙΡΙΚΗ ΕΡΓΑΣΙΑ | RESEARCH PAPER

Risk factors of intimate partner violence in women attending a community-based sexual health center: Perceived discrimination as a key factor

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KEYWORDS

Gender-based violence
Intimate partner violence
Perceived discrimination
Sexualized drug use
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ABSTRACT

Gender-based violence (GBV), specifically intimate partner violence (IPV), is a global problem that predominantly impacts women. This study aimed to investigate IPV among women visiting community sexually transmitted infections' prevention and testing centers in Athens and Thessaloniki, Greece. A sample of 187 cis and trans women filled out a questionnaire on perceived discrimination, IPV, and involvement in sexualized drug and alcohol use (SDU and SAU). Results revealed that 39.8% of women reported IPV experiences, and those who experienced IPV reported higher levels of perceived discrimination based on gender. Additionally, women reporting IPV experiences were more likely to engage in SDU and SAU. The study highlights the importance of addressing gender inequality, discrimination, and substance use when designing interventions and support services for IPV survivors. Implementing IPV screening and support services in healthcare settings, especially in inclusive community-based centers, could contribute to early detection and prevention efforts.

Introduction

Gender-based violence (GBV), the violence against an individual based on their gender and/or gender identity (Leddy et al., 2019), is a global problem, a violation of human rights, and a form of discrimination that mostly impacts women (Heise et al., 2002). A specific version of GBV is intimate partner violence (IPV). IPV refers to any abusive behavior that originates from a partner or former partner in an official or informal relationship that includes the exercise of physical, sexual, emotional, psychological, or economic violence (EIGE, 2018; Oram et al., 2022). The World Health Organization (WHO) (2021) estimates that 27% (CI 23–31%) of women aged 15 to 49 years will experience partner abuse, that is IPV, at least once in their lifetime. According to EIGE (2018), 19% of women in Greece over the age of 15 have experienced physical and/or sexual IPV. However, in the years following the Covid-19 pandemic, there seems to be a significant increase in reported cases of IPV in Greece, yet the exact rate of such incidences remains unclear (Karakasi et al., 2023; Niraki, 2023).

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IPV has been linked to a deterioration in overall physical health and an increase in the likelihood of engaging in high-risk behaviors, including substance and alcohol use, especially in the context of sexual activity, as well as an increased chance of getting diagnosed with sexually transmitted infections (STIs) (Stubbs & Szoeke, 2022). In addition, exposure to IPV is a traumatic condition (Bacchus et al., 2018), and individuals exposed to it are likely to experience mental health issues, such as anxiety, depression, and PTSD (Dokkedahl et al., 2022), as well as consequent sleep problems, problematic substance use and suicidality (Lagdon et al., 2014).

Over the last decades, there has been an attempt for several remedial steps regarding issues of gender equality. Nevertheless, the still highly reported rates of GBV and IPV on a global scale, potentially highlight the deep-rooted patriarchal and sexist social structures, which do maintain and reinforce gender discrimination (Diotima, 2019; Fleming et al., 2015; Fulu et al., 2013; Reichel, 2017). While some women may recognize and acknowledge this discrimination, others may avoid confronting it due to the potential consequences of admitting such experiences. They may fear exposure or lack supportive social relationships to protect them in such circumstances (Diotima, 2019; NKVTS, 2021; West, 2021). In any case, women often get entrapped into a victim-blaming or victimization state that consolidates the gender discrimination status quo, with serious consequences for their physical and/or mental health (Oram et al., 2022; Stubbs & Szoeke, 2022). Furthermore, research has shown that perceived discrimination, including racism, can be strongly associated with higher rates of IPV, as evidenced by Black women reporting both discrimination and abuse (Waltermaurer et al., 2006). This highlights the complex and challenging nature of addressing gender inequality issues from an intersectional perspective.

One important risk factor for IPV seems to be substance and alcohol use. According to a recent meta-analysis, general alcohol and substance use is significantly related to both IPV perpetration and victimization, and it appeared that victimization was more strongly linked to drug than alcohol use (Cafferky et al., 2018). Moreover, researchers have pointed to the difficulties that arise when investigating IPV in the context of sexualized drug use (SDU) and sexualized alcohol use (SAU). SDU is a term used to refer to sexual activities that take place under the influence of a wide range of drugs and substances, like cannabis, poppers, cocaine, crystal methamphetamine, and GHB/GBL (Freestone et al., 2022a). Similarly, SAU is the use of alcohol in a sexual context. People who engage in SAU and SDU, are more likely to experience cases of sexual violence where the issue of consent becomes a major point of discussion (Freestone et al., 2022b; Wilkerson et al., 2021). The use of substances and alcohol within sexual interactions amplifies the risk of transgressing previously established consent boundaries, therefore putting the substance-using populations at a greater risk of being sexually exploited. Substance use prior to sexual activity can make interpreting complex stimuli harder, such as implicit consent and nonverbal cues, and research has shown that men tend to misinterpret a woman's sexual interest under the influence of psychoactive substances, increasing the risk of sexual assault perpetration (Anyadike-Danes et al., 2023).

The aim of the present study was to investigate the IPV phenomenon in female population residing in Greece. More specifically, we investigated risk factors that might be associated with IPV such as age, gender identity, perceived discrimination, SDU, and SAU. Moreover, our effort to better comprehend the IPV experience among women in Greece aims to be helpful for healthcare services and providers who support victims of relevant abusive experiences. In line with existing literature which shows that women who have experienced IPV are more likely to seek STIs care (Bonomi et al., 2009; Brown et al., 2013) in community services rather than traditional IPV support services (McCall-Hosenfeld et al., 2013), the present study took place at a community-based center for STIs prevention and testing under a sense of discretion and affirmation. In line with its objectives, the study's research questions and hypotheses were as follows:

1. To examine the prevalence of intimate partner violence (IPV) among female greek speaking beneficiaries of the sexual health centers where the study was conducted, and to explore its relationship with participants' age and gender identity.

2. We hypothesized that IPV would be linked to higher levels of perceived discrimination (Waltermaurer et al., 2006).
3. We hypothesized that participants who had experienced IPV would demonstrate higher rates of SDU and SAU (Cafferky et al., 2018; Freestone et al., 2022b; Wilkerson et al., 2021).
4. To investigate which variables significantly associated with IPV would contribute to its statistical prediction.

Method

Participants

The recruitment was conducted at “MyCheckpoint” STIs prevention and testing centers in Athens and Thessaloniki. Regarding inclusion criteria, all cis and trans women over the age of 18 that visited the centers in February and March 2022 were invited to participate in the study. Exclusion criteria for participants were: not identifying as female, being under 18 years old, being unable to read Greek, and being in a physical and psychological state that would prevent the participant from giving valid informed consent and valid answers. Regarding the latter, examples of such states would be being under the influence of psychoactive substances or being in a debilitating psychological condition. All participants eligible according to the inclusion and the exclusion criteria were informed about the research by their tester or sexual health counselor. In case of agreement, they were provided with a consent form to sign, and with a designated private area where they could fill out the questionnaire in the presence of a trained research assistant. Unfortunately, we have no records of the rate of refusal to participate. The convenience sample limits the study’s generalizability, as participants were selected based on accessibility and willingness to participate rather than representing a broader population.

A sample of 187 women, cis (91.4%, *n* = 171) and trans (8.6%, *n* = 16), provided consent and valid answers to the questionnaire, 75.4% (*n* = 141) from Checkpoint in Athens and 24.6% (*n* = 46) from Checkpoint in Thessaloniki. The mean age was 31.6 years, ranging from 18 to 70 (*Mdn* = 27, *SD*= 12); 1.1% (*n* = 2) of the participants had no education, 16.6% (*n* = 31) finished compulsory education, 19.3% (*n* = 36) graduated high school, 10.2% (*n* = 19) technical school, 40.1% (n = 75) attended university, while 12.8% (*n* = 24) had a master’s degree. Most of the participants were Greek (75.4%, *n* = 141), while the rest were from the Balkans (11.2%, *n* = 21), Eastern Europe (10.2%, *n* = 19), or other countries (3.2%, *n* = 6).

Materials

A self-report measure was constructed to collect demographic data and the psychosocial variables investigated in the study. The demographic data collected include age (e.g., "What is your age?" with an open-ended response), ethnicity (e.g., "What is your ethnicity?" with options such as "Greek" and "Other: [please specify]"), gender identity (e.g., "What is your gender identity?" with options such as "Male," "Female," "Other: [please specify]"), and educational level (e.g., "What is your highest level of education?" with options like "Primary school," "High school," "University," "Master's degree," "Doctorate," etc.). The psychosocial variables collected include experiences of intimate partner violence (IPV), substance use during sex (SDU), substance use outside of sex (SAU), and perceived discrimination. For IPV, participants were asked detailed questions such as "Have you ever experienced any form of intimate partner violence, including physical, emotional, or verbal abuse?" with response options of "Yes" or "No," and a follow-up for those who answered "Yes" to indicate the type of abuse (e.g., "Physical," "Emotional," "Verbal"). For SDU, participants were asked, "Have you used any substances (e.g., alcohol, drugs) during sexual activity in the past 12 months?" with response options including "Never," "Rarely," "Sometimes," and "Often." Similarly, for SAU, participants were asked, "Have you used any substances outside

of sexual activity in the past 12 months?" with the same response scale ("Never," "Rarely," "Sometimes," "Often"). These questions were designed to gather insights into the participants' exposure to and involvement with these psychosocial risk factors.

Also, in order to measure the chronic discriminatory treatment of individuals in their daily lives we used the back-translated Everyday Discrimination Scale EDS-9 (Williams, 2020). The EDS-9 is a self-report measure that assesses perceived discrimination in everyday social situations. The scale consists of nine questions, scored on a 6-point Likert scale, where a higher score means a greater degree of perceived discrimination. The EDS-9 includes questions like "You are treated with less respect than other people are." and "You are called names or insulted." After completing the nine questions, the individuals were asked to choose the main reason for discrimination from a specific list (ancestry and ethnicity, gender, age, religion, body height and weight, color of skin, gender expression, sexual orientation, education or income level, physical disability, and other).

Procedure and Policies

Participation was voluntary, anonymous, and without any form of compensation. Participants were also informed about the data privacy policies described below, their right to withdraw from the study at any time without consequences, and the availability of psychological support if answering the questionnaire caused any distress.

Access to digital and physical data is restricted to the scientific team, authorized by the lead researcher, and the data is used solely for database creation and statistical analysis. Digital data is securely stored in a password-protected database and physical data is securely stored in a locked location, accessible only to authorized personnel, and both will be destroyed five years after the study was concluded. The study meets the Helsinki Declaration guidelines and was approved by the bioethics committee of “Attikon” University Hospital (approvement code: ΔΠΠΚ, ΕΒΔ43/24-01-2022).

Statistical Analyses

Absolute and relevant frequencies of IPV, demographic, and psychosocial variables were measured for the total sample. We examined associations between IPV and the categorical variables SDU, SAU, and gender identity using Chi-squared tests. Additionally, the associations between IPV and the continuous variables perceived discrimination and age were assessed for normality assumption using plot tests. Since non-parametric Mann-Whitney tests and Student’s t-tests gave similar results, despite violations of normality, we present only the latter test results for reasons of parsimony. After having conducted the bivariable analysis, we used variables that were significantly associated with IPV as predictors of the latter in a multivariable logistic regression model. The goodness of fit was tested with the Hosmer/Lemeshow test. Statistical analyses were conducted using the IBM SPSS Statistics package, version 25.

Results

IPV in Association with Demographics and Psychosocial Variables

Regarding the first research question about IPV’s prevalence among female beneficiaries of sexual health clinics, 39.8% (n = 74) of women participating in the study reported IPV in their lifetime. As shown in Table 1, participants who had experienced IPV reported a higher mean of perceived discrimination than those who had not, a finding that supports the study’s second hypothesis. The association of perceived discrimination with IPV had a moderate to high effect size. The main reason for perceived discrimination reported was gender (49.2%, n = 92), followed by gender identity (7.5%, n = 14). Additionally, supporting the study’s third hypothesis, participants with IPV experiences are 2.38 times more likely to be involved in SDU and 2.30 times more likely to

be involved in SAU (Table 2). However, no statistically significant associations were found between IPV and age, or gender identity.

Table 1. *Perceived discrimination, age and associations with IPV* in women (N = 187)*

	IPV*						
	No		Yes		*t*	*p*	*d*
	M	*SD*	*M*	*SD*			
Perceived Discrimination	**1.15**	**0.73**	**1.70**	**0.77**	**-4.84**	**0.000**	**0.73**
Age	32.80	12.75	29.64	10.47	1.85	0.066	0.27

**Note.* Intimate Partner Violence.

Table 2. *SDU*, SAU** and Gender Identity and associations with IPV*** in women (N = 187)*

	Total % (*N*)	**IPV*****		*OR*	*p*
		No	Yes		
SDU*	100% (186)	60.2% (112)	39.8% (74)		
No	80.1% (149)	64.4% (96)	35.6% (53)	**2.38**	**0.018**
Yes	19.9% (37)	43.2% (16)	56.8% (21)		
SAU**	100% (183)	59.6% (109)	40.4% (74)		
No	54.1% (99)	68.7% (68)	31.3% (31)	**2.30**	**0.006**
Yes	45.9% (84)	48.8% (41)	51.2% (43)		
Gender Identity	100% (186)	60.2% (112)	39.8% (74)		
Cis	91.9% (171)	60.8% (104)	39.2% (67)	1.358	0.570
Trans	8.1% (15)	53.3% (8)	46.7% (7)		

Note.* Sexualized Drug Use in the past year. ** Sexualized Alcohol Use in the past year. * Intimate Partner Violence.

According to the logistic regression model in Table 3, conducted to explore the study's fourth question about the variables predicting IPV, only perceived discrimination statistically predicted a higher possibility of having experienced IPV. More analytically, participants with IPV experiences reported a higher level of perceived discrimination. The Hosmer and Lemeshow test supports the good fit of the model.

Table 3. *Factors associated with IPV* in women (N = 187)*

Predictors	**IPV*** (no/yes)		
	p	*OR*	*95%CI*
SAU**	0.059	1.938	0.975-3.853
Perceived Discrimination	**0.000**	**2.609**	**1.615-4.214**
SDU***	0.351	1.476	0.651-3.346

**Note.* Intimate Partner Violence. ***Note.* Sexualized Alcohol Use in the past year. ****Note.* Sexualized Drug Use in the past year. χ^2 (df = 3) = 28.31, $p < 0.001$, Nagelkerke R^2 = 0.20, Hosmer and Lemeshow Test chi-square (df = 8) = 7.28, p = 0.507.

Discussion

The present study investigated the phenomenon of IPV against women who visit STIs prevention and testing centers in Athens and Thessaloniki. The worldwide #metoo movement paved the way for the public dialogue concerning GBV and IPV, which in turn constitute a public health issue. On that basis, the present study attempts to contribute to the worldwide literature by providing data from female population in Greece, highlighting in addition the association of IPV with perceived discrimination. According to our findings, the percentage of IPV in our sample was higher than in previous relevant reports and estimations in Greek women populations (EIGE, 2018; WHO, 2021). Moreover, perceived discrimination, SDU and SAU were significantly associated with IPV experiences in univariate analyses. Lastly, perceived discrimination remained a significant predictor of IPV on a multifactorial level of analysis.

The results of the present study show 39.8% of the women surveyed reported experiences of IPV, a rate notably higher than the estimates provided by the WHO (2021) and the EIGE for Greece (2018). This discrepancy raises concerns about the situation in Greece regarding GBV and IPV phenomena, which seem to be on the rise after the pandemic (Karakasi et al., 2022; Niraki, 2023), but also about the effectiveness of local political and institutional management strategies. On the other hand, the high prevalence of IPV in our study may be due to the fact that the survey sample consisted of women who visited a community center for the prevention and examination of STIs. Women with IPV experiences tend to visit medical services and get tested for HIV more often than those who do not report such experiences in an effort to manage perceived risk (Bonomi et al., 2009; Brown et al., 2013). Besides, women who have experienced IPV and are in precarious or unsafe conditions may prefer to visit a community based testing center, looking for more inclusive and gender affirmative services related to sexual health, within which any further victimization and victim-blaming accompanying abusive experiences will be avoided.

Furthermore, women who described IPV experiences also reported higher levels of perceived discrimination, with gender being reported as the most frequent cause for discriminatory behaviors against them. The chronic discriminatory treatment in daily life experienced by women as deriving from their gender identity seems to be significantly related to the patriarchal status quo in which IPV behaviors against women are allowed to flourish (Fleming et al., 2015; Fulu et al., 2013; Reichel, 2017). Although abusive treatment constitutes a potentially traumatic experience for each and every person, patriarchy and sexism enhance and perpetuate unequal social norms. Ultimately, those solidified structural inequalities and power dynamics pose women under threat for GBV and IPV behaviors. As mentioned above, gender stereotypes are internalized, entrapping women in a very specific position and scope of action within the patriarchally structured social and interpersonal context. Within this predetermined position, the main characteristic of which is discrimination, IPV experience is prominent and expected, a fact that becomes evident both in the reduced complaints to police and in the management of those incidents by the latter, as previous researchers have noted (Decker et al., 2019; Diotima, 2019; NKVTS, 2021).

Lastly, considering the participants' involvement in SDU and SAU, two behaviors associated with elevated risks, it is crucial to acknowledge two pertinent parameters. Firstly, the intricate issue of consent during sexual encounters, especially when concurrent substance use is involved, warrants careful consideration. SDU and SAU may lead to induced disinhibition, potentially exposing individuals to the risk of transgressing boundaries and compromising consent (Freestone et al., 2022a). On the other hand, for women grappling with IPV experiences, which as previously mentioned, can be both traumatic and chronic (Bacchus et al., 2018), SDU and/or SAU might serve as coping strategies to navigate the distressing harassment they endure in their relationships.

Some limitations of the study should be acknowledged. First of all, the study sample consisted of women visiting STIs prevention and testing community centers in the two biggest urban regions of Greece. It is unknown

whether the results would remain the same if the centers were more accessible to the population living in rural areas. In addition to that, although the inclusion of both cisgender and transgender women in the sample is noteworthy and highlights the importance of considering diverse experiences and identities in research, the sample representation of non-cis identified people was relatively small. The above-mentioned sample characteristics, such as the convenience of the sampling and the under-representation of trans participants, do limit the generalizability of the findings. Further research involving more diverse samples from different settings is necessary to enhance the external validity of the findings. Second, the study used a cross-sectional design, which limits the ability to establish causal relationships between the variables. Future longitudinal research would be beneficial to examine the temporal dynamics and long-term effects of the identified risk factors. Lastly, the study relied on self-report measures which limits the deeper comprehension of subjective experience. Therefore, we propose the future use of a combined quantitative and qualitative research method and data gathering.

In conclusion, GBV and IPV constitute two phenomena that enhance vulnerability and are closely associated with societal discrimination. The importance of integrating IPV screening and support services into healthcare settings, and thus contributing to early detection, prevention, and intervention has become apparent. Implementing a community-oriented and affirmative-based approach presents a distinct opportunity to engage with women who might not ordinarily seek assistance from conventional IPV support services or who may be hesitant to seek help following an IPV incident. Apart from that, it has to be underlined that the services provided by the healthcare facilities and public health communities should be oriented and adequately sensitized on harm reduction for SDU and SAU, risky sexual practices as well as consent issues. Emphasizing harm reduction strategies in these contexts can be instrumental in promoting overall well-being and reducing potential harm associated with these behaviors.

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ΕΜΠΕΙΡΙΚΗ ΕΡΓΑΣΙΑ | RESEARCH PAPER

Παράγοντες πρόβλεψης άσκησης βίας από συντρόφους σε γυναίκες ωφελούμενες ενός κοινοτικού κέντρου σεξουαλικής υγείας: Οι αντιλαμβανόμενες διακρίσεις παράγοντας κλειδί

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ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

Έμφυλη βία
Άσκηση βίας από σύντροφο
Αντιλαμβανόμενη διάκριση
Σεξουαλικοποιημένη χρήση ουσιών
Σεξουαλικοποιημένη χρήση αλκοόλ
Κοινοτικό κέντρο

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ΠΕΡΙΛΗΨΗ

Η έμφυλη βία (Gender based violence [GBV]), και πιο συγκεκριμένα η βία από σύντροφο (Intimate partner violence [IPV]), είναι ένα παγκόσμιο πρόβλημα που επηρεάζει κατά κύριο λόγο τις γυναίκες. Η παρούσα μελέτη στόχευε στη διερεύνηση του IPV μεταξύ των γυναικών που επισκέπτονται τα κοινοτικά κέντρα πρόληψης και εξέτασης σεξουαλικώς μεταδιδόμενων λοιμώξεων (ΣΜΝ) στην Ελλάδα, και πιο συγκεκριμένα στην Αθήνα και τη Θεσσαλονίκη. Το δείγμα αποτέλεσαν 187 cis και trans γυναίκες που συμπλήρωσαν ερωτηματολόγια για τις αντιλαμβανόμενες διακρίσεις, το IPV και τη συμμετοχή σε σεξουαλικοποιημένη χρήση ναρκωτικών και αλκοόλ (SDU και SAU). Από τα αποτελέσματα διαφάνηκε ότι το 39,8% των γυναικών ανέφεραν εμπειρίες IPV και όσες βίωσαν IPV ανέφεραν υψηλότερα επίπεδα αντιλαμβανόμενων διακρίσεων με βάση το φύλο. Επιπλέον, οι γυναίκες που ανέφεραν εμπειρίες IPV ήταν πιο πιθανό να συμμετέχουν σε SDU και SAU. Η μελέτη υπογραμμίζει τη σημασία της αντιμετώπισης της ανισότητας των φύλων, των διακρίσεων και της χρήσης ουσιών κατά τον σχεδιασμό παρεμβάσεων και υπηρεσιών υποστήριξης για επιζώσες IPV. Η εφαρμογή υπηρεσιών προσυμπτωματικού ελέγχου και υποστήριξης IPV σε χώρους υγειονομικής περίθαλψης, ειδικά σε συμπεριληπτικά κοινοτικά κέντρα, θα μπορούσε να συμβάλει στην έγκαιρη ανίχνευση και τις προσπάθειες πρόληψης του φαινομένου.

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