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Gynecology

Violence against women in Italy during the COVID-19 pandemic

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The importance of bringing an end to all forms of violence against women and girls has been fully recognized as central to the achievement of the Sustainable Development Goals (SDG), with particular emphasis on SDG 5 on gender equality and women's empowerment.¹ However, the extent of violence against women and girls across the world is alarming. One in three women around the world have

experienced physical and/or sexual violence by an intimate partner or sexual violence by any perpetrator in their lifetime.²

It is known that crises, including health emergencies, further compound gender-based power dynamics and underlying inequalities in socio-economic and health systems, thus exacerbating violence against women, particularly when quarantine is involved.

Despite scarcity of data, there is increasing evidence of domestic violence related to the COVID-19 outbreak. Reports from China's Hubei Province and from the UK have indicated that instances of domestic violence have more than doubled during the February and April 2020 COVID-19 quarantine period, compared to the same period the previous year.³

Italy ratified the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) in 1985. Since then, the country has been striving towards gender equality in the legislative and non-governmental arenas. The Italian national network of shelters for women subjected to gender-based violence (D.I.R.E.) showed that 2867 women contacted 80 shelters from the March 2 to April 5, 2020.⁴ This represents a steep increase (74.5%) on the 2018 average monthly records. Of concern is the fact that only one quarter of the total requests included women reaching such a network for the first time in their lifetime; in 2018 this proportion was as high as 78.0% (n=1288), meaning that women are under constant control by their perpetrators and unable to ask for help. Never before has a health emergency brought to the surface the close link between crisis and increase in violence against women and girls, as well as gender-based discriminations and abuse, not only in low- and middle-income countries but across the globe.

We can state that COVID-19 and violence against women are interrelated pandemics. Violence against women is a priority for public health systems and the response of health policies must be structural. We must aim to improve primary prevention by recognizing that violence against women is a human rights violation and a serious public health threat, and to create a culture that enhances respect of everyone's health and well-being, without discrimination on grounds of gender, ethnicity, or diversity.

We must emphasize the need for Italy to ensure that policies and measures equally address prevention, protection, investigation, and punishment. We must also take further measures to ensure that

policies address violence against women in a comprehensive and integrated fashion, and are adequately budgeted, implemented, and monitored by way of effective coordination between national, regional, and local authorities.

AUTHOR CONTRIBUTIONS

SB, AN, LL, GF, MR and ARR equally contributed to the preparation of the manuscript. SB had primary responsibility for the final content. All authors read and approved the final manuscript.

CONFLICTS OF INTEREST

The authors have no conflicts of interest.

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