Gender violence: the role of the gynecologist

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Violence against women is a human rights violation and a public health problem. The UN declaration defines violence against women as "any act of gender-based violence that causes or is likely to cause physical, sexual or psychological harm to women, or an arbitrary reduction in freedom, whether in public or private life". The definition includes threats of such an act, coercion or deprivation.
Gender-based violence involves 1 in 3 women. However, enforced and prolonged coexistence brought about by the recent pandemic has led to a further increase in cases of violence. Violence can be implemented in many forms - physical, sexual, psychological or economic. Generally, however, different types of violence coexist and the damage will be greater the longer the violence continues. This is a problem not just for women's health but also for public health because the effects on physical, psychological and sexual health cause women to isolate themselves, stop working and feel unable to take care of herself and her family. These women often suffer from depression, tend to have chronic illnesses and/or make excessive use of alcohol or drugs. When violence occurs within the family, children who witness violence often show emotional and behavioral disturbances. It is clear, therefore, that gender-based violence affects the well-being of an entire community.
Gynecologists are involved in the initial reception and care of women. Rape, sexual harassment, sexual slavery, forced marriages, genital mutilation and violence in pregnancy are forms of violence that are often underestimated and not reported by victims. In over 75% of cases, the perpetrators are the partner or ex-partner, people who are known to the victim or family members, which makes it even more difficult for women to talk about it. Often there are no direct requests for help. Only 1-2% of women talk to their gynecologist and even when they arrive at the clinic or the emergency room, they often deny any violence unless there are clear signs of it. The woman is afraid: she is afraid of the violence she has suffered, of not being believed, of the legal consequences and repercussions in the family. Moreover, the woman may not always be dealing with competent operators who can assist the victim correctly. Adequate training for all health professionals is therefore important; nurses, midwives, doctors, psychologists and social and health workers need specific training in the management of cases of violence. We also need protocols that guarantee the victim adequate, standardized treatment and that enable evidence to be collected.
In 2020, the Italian Society of Gynecology and Obstetrics published their Recommendations for assisting women who are victims of sexual violence. It first states that the healthcare priority is to protect the victim's health and well-being. At every stage of the clinical path. It is necessary to restore to the woman her value as a person, treating her with respect and empathy and trying to support and help her while she processes the trauma. In order to avoid repeat visits and related stress, physical examination and evidence collection should take place at the same time. Internal, surgical or trauma injuries or critical conditions should be treated first, before starting the procedure for sexual violence. Information should be collected in a secluded environment. The woman and her physical and psychological condition should be treated with respect and an empathic, non-judgmental attitude. We should also remember that it is not the task of the doctor or other health professionals to verify the truthfulness or plausibility of what the woman says.
All personal data, the facts reported by the woman, the general and gynecological physical examination and the samples and prophylaxis performed should be recorded. Standard kits are available for the collection of biological material (sampling for genetic material, for spermatozoa

and microbiological items). Blood samples, toxicology tests and a urine-based pregnancy test should be carried out. If the woman agrees, antibiotics should be administered to protect against sexually-transmitted diseases and antivirals against HIV infection, and emergency contraception should be arranged. The woman will also require psychological and social support from anti-violence centers. Anti-violence workers should already be present in the initial phase of access to the emergency room so that the woman can be assisted throughout the medical process, as well as with socio-legal and protection issues.

Another very serious form of violence, all too often hidden by women, occurs during pregnancy. Unfortunately, pregnancy is one of the critical periods in which violence that was previously "only" latent is revealed. Mistreatment is reported in 5-13% of pregnancies but the frequency is likely to be much higher. It consists in physical or sexual abuse, generally by the partner, with whom there is an emotional relationship, and in a home environment, where the woman should feel safe and protected. Difficult socio-economic situations, drug or alcohol use by the woman or partner and young age are risk factors. Most of the time, the woman denies having suffered any violence and claims she has fallen or finds some other justification for her injuries. Domestic violence is the second leading cause of death in pregnancy, after bleeding; in the United States, 45% of such deaths are cases of homicide, and 55% are cases of suicide. A "violent" pregnancy is always a dangerous pregnancy; dangerous for the health of women, for the pregnancy and for the unborn child. The post-natal relationship between mother and child is also often compromised; violence increases the frequency of post-partum depression, difficulty in breastfeeding and attachment between mother and newborn.

The monthly checks carried out during pregnancy put the obstetrician and the gynecologist in a unique position to uncover any situation of violence because they enable a relationship of trust and intimacy to be established. Obstetrics and Gynecology wards and clinics should be a place where a woman feels safe. Gynecologists and obstetricians are in fact the professionals who are best equipped to establish a confidential relationship with the patient during a woman's life. However, they need to be able to understand the signals and try to speak to the woman, asking a question several times and, if necessary, formulating it in different ways. If a question is repeated, there is an increase in the percentage of women who answers it from 1 to 10%.

It is essential to provide women with information on how to ask for help, using information sheets and contact numbers of anti-violence centers. These should be posted on public transport, in clinics and especially in public toilets - the only place that a partner cannot enter.

We need networks to support women at every stage of their difficult and painful journey. Anti-violence centers, the Ministry of Health and the Istituto Superiore di Sanità are working together to build this network and to train operators, but we also need to work with schools and families to raise awareness and educate individuals from childhood to be aware of discrimination and gender-based violence.