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VIOLENCE AGAINST WOMEN AND CHILDREN: A GLOBAL PUBLIC HEALTH PROBLEM

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ABSTRACT

The violence against women is recognized today, not only as a fundamental violation of human rights, but also as a major public health problem for the impact on the physical and mental health of abused women. The violence is a "cost" significant not only for the victims but also for the health system and society. The authors show some data about the problem of violence against women related to some European countries, particularly Italy, Belarus, Russia. They also illustrate a recent project of the Region of Tuscany (Italy) for fighting violence against women and children and some considerations on the role of public health workers to combat this type of violence.

Keywords: violence, women, children, data, project

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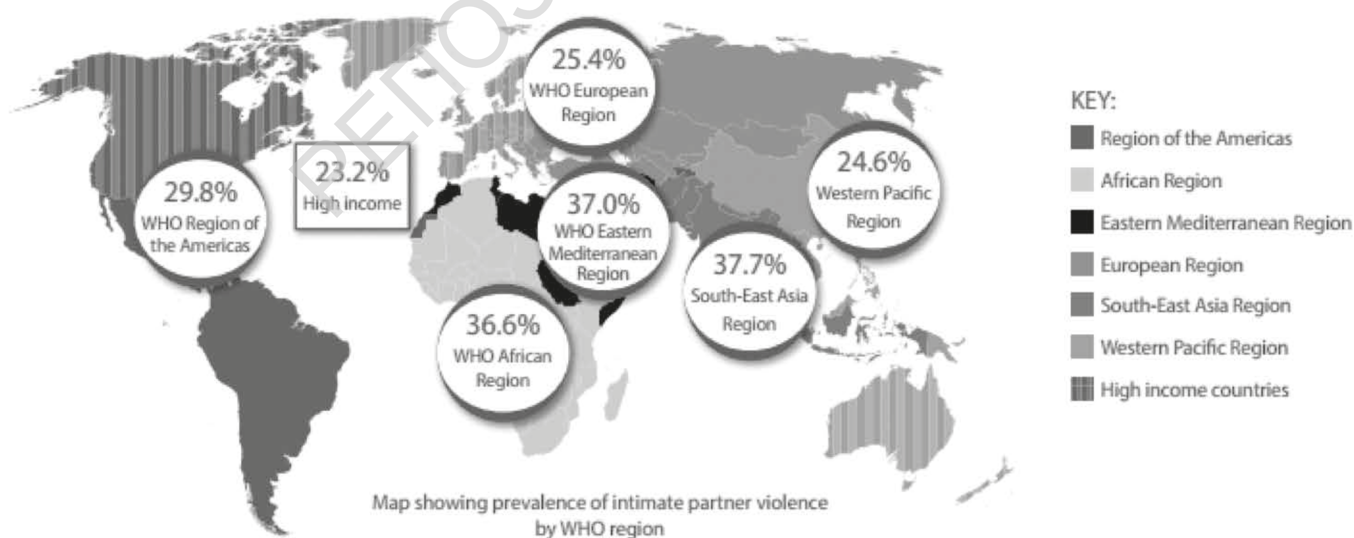
The Council of Europe (2011) and the UN define the violence against women as "any act of gender-based violence that results in, or is likely to behave, a suffering physical, sexual or psychological or any form of suffering to women, including threats of such violence, forms of coercion or arbitrary shapes of deprivation of personal liberty occurring in the context of privacy and the public". Serious health problems, both physical and psychological, affect the women victims of violence.

The WHO estimated that 42% of victims of domestic violence and/or sexual reported injuries as a result thereof.



Map showing prevalence of intimate partner violence by WHO region

In the world 35% of women has suffered a family-related violence [1].

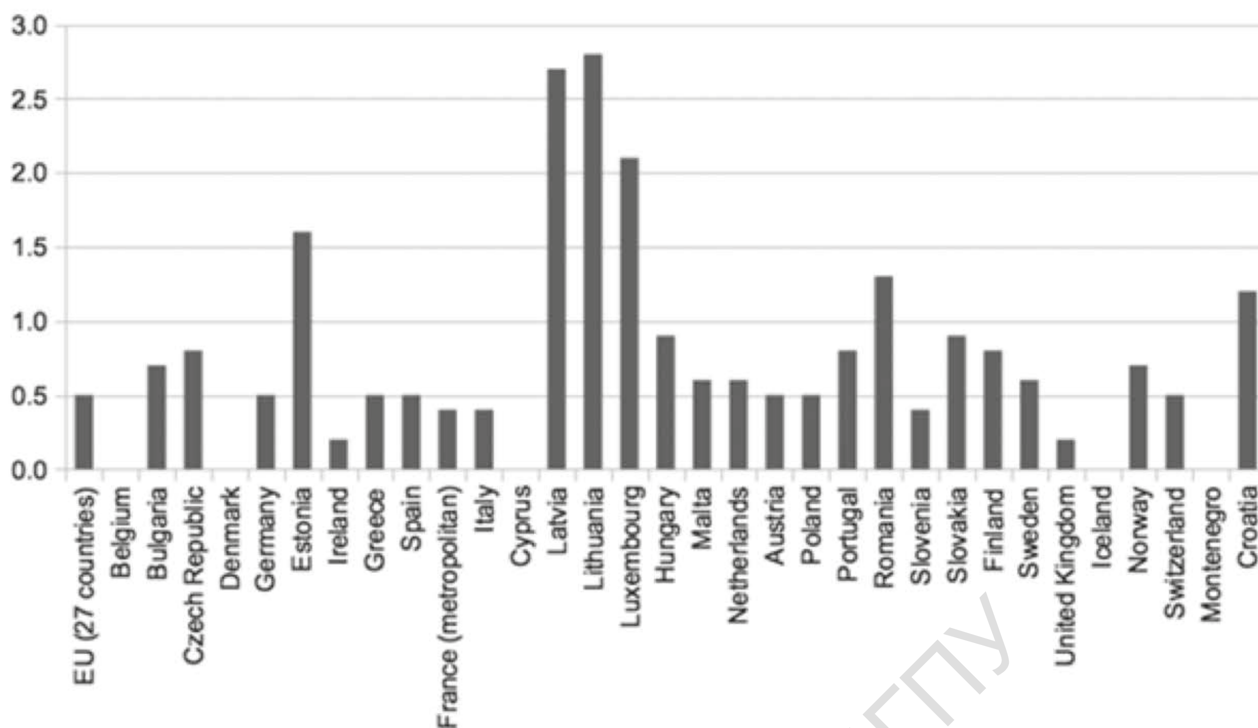
In the EU, among the women, victims of violence: 22% underwent physical abuse and/or sexual partner; 43% psychological violence by a current or previous partner: 18% stalking; 11% explicit sexual references on social networks or e-mail or SMS message. The 20% of the victims of "online violence" are young women.

Only 33% of women who have suffered a severe trauma (e.g. rape) due to the violence by their partner, and only 26% by a non-partner, have contacted the police or other organizations.

Women victims of sexual violence have had lasting consequences and profound at emotional and psychological level: 21% suffered from panic attacks after the incident; the 35% fell into a deep depression as a result of sexual violence suffered; the 43% met relational difficulties following the violence [2].

ISTAT (Italian National Institute of statistics) carried out an investigation on the phenomenon of physical and sexual violence against women in Italy. The research was carried out by telephone interview of 25 thousand women between 16 and 70 years [3].

The survey provides a detailed picture of the physical violence, sexual and psychological violence suffered by women, a phenomenon largely submerged and not reported, which



Women killed in the European Union in the years 2000-2010 (per 100,000 inhabitants)

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grows primarily in the home. The survey shows that violence against women takes a large tract, transverse to the territory and different walks of life.

In the 12 months preceding the interview, women who have undergone at least one physical violence were 568 thousand (2.7%), and those who have suffered violence or sexual harassment were 735 thousand (3.5%). The violence suffered by a partner or former partner covered 499 thousand women (2.4%).

If you consider the whole life, it is estimated that in Italy women victims of physical violence and/or sexual are about 6 million and 750 thousand (31.9%); among them, nearly 4 million women have suffered physical violence (18.8%, 16.0% excluding the mere threat of violence) and about 5 million (23.7%) have suffered sexual violence. If sexual violence only rape and attempted rape, the percentage of victims stands at 4.8%, i.e. more than one million women.

According to the survey "how much is the silence?" the violence suffered by women every year in Italy has a social and economic cost almost 17 billion euros [4].

In the Russian Federation annually 14 000 women die because of male violence (mainly in a state of alcoholic intoxication). The statistics are negative: 75% of men at least once have hit their wife. Escaping from domestic violence 50 thousand children leave home, 2 thousand children commit suicide every year [5].

In the Republic of Belarus annually as a result of family conflicts are killed more than a hundred people.

The results of the anonymous survey show that in the Republic of Belarus 77% of respondents face domestic violence, three out of four women and as many men. 76.2% of women and 75.6% of men at least once experienced psychological violence; economic – 36.5% of women and 27.9% of men; sexual – 18.4% of women and 11.9% men [6].

The results of sociological studies show that 3.6% of men and 10.3% of women are victims of violence, who are forced to apply for help in medical facilities. As a result of suffering violence to 2.4% of men and 9.5% women temporarily lose their working capacity. Half of all the men and women reported the causes of the injuries to employees of medical institutions [7].

The studies carried out established a connection between physical abuse experienced in childhood and the exposure to violence in their own families [7].

In the Republic of Belarus in three years 7000 people addressed the hotline for violence victims.

The social portrait of the Belarusian violence victim, who addressed the hotline, on the basis of statistics, is as follows: it's a woman (94% of the people addressing the hotline) 27–40 years old, married, having one or two children. Only one third of women addressing the hotline are older than 50 years old.

23% are elderly parents, who report the aggression of their sons. 57% of the people addressing the hotline note the alcohol dependence of their aggressors.

The people addressing the violence hotline note that they are simultaneously subjected to several types of violence (71% – physical, 97% – psychological, 50% – economic, 4% – sexual violence) [8].

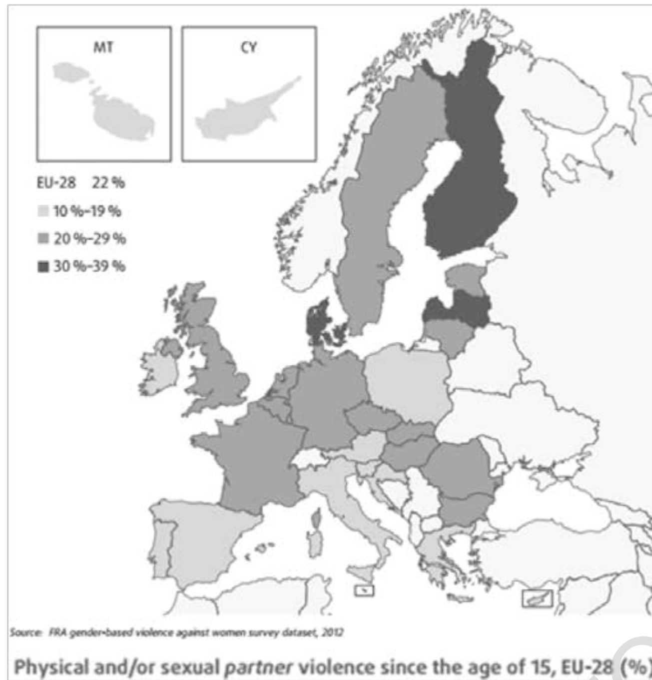
"Code Pink" is a recent project of the Region of Tuscany (Italy) for fighting violence against women and children. For this purpose, multidisciplinary and interdisciplinary task forces (doctors, nurses, psychologists, social workers, judges, police) were set up in order to ensure welcome, care and assistance to women and children who have suffered violence and to bring to justice perpetrators of crimes [9].

The project foresees starting up, in case of ascertained or suspected violence, a protected care pathway that guarantees to the victim the maximum privacy, and physical and mental integrity.

In the premises of hospital emergency department is predisposed a "Pink Room" (not recognizable as such for reasons of confidentiality), that is an outpatient that allows a visit reserved for checks and medical advice. In the room there

are a kit for biological tests, an equipment for photographic evidence, medical records and IT support.

In some specific cases or at the request of the victim, the police personnel can access in order to allow victims to complain directly on site. With the activation of the "Code Pink", operators of the emergency department are prepared to welcome the cases of violence, but also to recognize suspected cases in multiple access, often disguised as slips on wet floors and distractions.



Physical and/or sexual *partner* violence since the age of 15, EU-28 (%)

The taking into care has as its purpose:

- the protection of the victim, within a context in which the necessary measures to support and both physical and psychological care can be activated without any pressure;
- evaluation and treatment through the integration of social, medical, psychological and educational skills taking into account the extent of the physical and psychological damage, the factors that led to the acts prejudicial and the diagnosis of recoverability and the prognosis of change;
- psychosocial support for strengthening personal skills and self-esteem and guidance of the victim to get out of the spiral of abuse;
- eventual financial aid and finding housing and work solution.

The recovery of the woman depends on the ability to be autonomous and self-determined. Despite the sharp discomfort, if properly supported, the victim may find herself the ability to deal with the path of "care". It need achieve integration between to cure and to care for a complete therapeutic effect [10].

Safeguard the health of the woman and her family, is an ethical duty for every citizen, and in particular for every public health worker.

The health worker should broaden the interventions of prevention and mitigation of damage at different levels: when the conflict has not yet risen (primary prevention), in the presence of the conflict (secondary prevention) and in the context of victim protection procedures (tertiary prevention).

The health worker should sensitize society and provide the knowledge tools necessary to be able to recognize when it starts or has started a process of violence and what role women and men as victims and as perpetrators.

The health worker should educate to the equality between genders and to the respect of fundamental rights and freedoms, starting from infancy through to adult education, involving fathers and mothers and teachers.

The health worker must provide teachers of schools of every grade tools that allow early identification of gender-based violence that arises within families and pupils within the school facilities.

References

1. WHO. Violence against women: Global health picture response. Geneva 2013.
2. European Union Agency for Fundamental Right. Violence against women: an EU-wide survey, Luxembourg 2014.
3. ISTAT. La violenza e i maltrattamenti contro le donne dentro e fuori la famiglia. Anno 2006. Roma 2007.
4. Badalassi G, Garreffa F, Vingelli G. Quanto Costa il Silenzio? Indagine nazionale sui costi economici e sociali della violenza contro le donne, Intervita Onlus 2013.
5. Ни закона, ни справедливости: Насилие в отношении женщин в России. Насилие в семье. Available from: http://womenation.org/anna-report-home-violence-1.
6. Как выглядит домашнее насилие в белорусских семьях. Available from: http://zautra.by/art.php?sn_nid=16297.
7. Исследование ситуации домашнего насилия в Республике Беларусь. Available from: http://un.by/ru/unfpa/gender-equality/resource-centre/results-of-researches/.
8. 2 года работы горячей линии для жертв домашнего насилия: новый приют и 5 тысяч звонков. Available from: http://www.genderperspectives.by/domestic_violence/social_assistance/2_goda_raboti_gorjachej_linii/.
9. Magneschi P. Codice Rosa: è realtà in tutta la Regione Toscana. Toscana Medica. 2014;4.
10. Regione Toscana. Indagine conoscitiva "Ruolo, funzioni e prospettive dei consultori della Regione toscana". Relazione conclusiva IV Commissione "Sanità e politiche sociali" Febbraio 2012.

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