

REDEFINING THE SETTING OF INTERVENTION IN COMBATING VIOLENCE AGAINST WOMEN: THE VOICE OF PROFESSIONALS IN EMERGENCIES

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Gender-based violence (GBV) is a worldwide phenomenon, comparable to global epidemics and pandemics. The most widespread form of violence is domestic violence (DV). During the COVID-19 pandemic, DV increased because the former reinforced the underlying risk factors. The most appropriate model to address GBV is the ecological model, which allows addressing individual, relational, collective, and organisational levels of analysis and their interaction. Aim of the study was to identify organizational dimensions to improve the effectiveness of services against GBV in emergencies. To this end, ten professionals from gender-based anti-violence services who served during the lock-out were interviewed. The interviews were conducted and analysed through Thematic Analysis Methodology. Results show that during the pandemic many difficulties arose in the organisation of interventions and settings, and new potentials emerged too, especially in remote work, which offered new possibilities to reorganise the services work. The pandemic results highlight methods and strategies that can be applied to develop an operational model to deal with violence against people during emergencies.

Keywords: domestic violence, COVID-19, pandemic, organisational level of services, emergencies services

1. Introduction

Gender-based violence (GBV) is a worldwide phenomenon, belonging to all cultures and religions, and it is independent of socio-economic conditions and educational level (Parolari, 2014). GBV has been compared to a global epidemic by the World Health Organisation (WHO, 2013), and to a global pandemic by the United Nations (UN, 2019); it has an impact on the health of women victims of violence and the children who witness it (El-Serag & Thurston, 2020; Carnevale et al., 2020; WHO, 2020; Howard et al., 2022). Indirectly, GBV has an impact on stereotypical representations of intimate relationships and interpersonal styles too (Procentese, 2012; Di Napoli et al., 2019). GBV is a structural problem rooted in the patriarchal culture (Bourdieu, 1990) and it violates fundamental human rights (CeO, 2011). The most widespread form of violence is Domestic Violence (DV) given by violent behaviour within the family unit, which may be physical, sexual, psychological, or economic and may include violence on both partners and minor children (WHO, 2013).

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Many studies showed that in emergencies deep-seated social problems are exacerbated: specifically, there is greater exposure for women and children to DV (UNFPA, 2020; Guedes et al., 2016; True, 2013; Parkinson, 2000) during natural disasters (Gearhart et al., 2018; First et al., 2017; Parkinson & Zara, 2013; Enarson, 1999) and even more during epidemic emergencies (Hinsliff-Smith & McGarry, 2017; Campbell, 2020), in which the controlling and coercive behaviour of violent men is amplified (Myhill & Hohl, 2019; Stark, 2007, 2009).

Difficulties emerged worldwide during the COVID-19 pandemic (Nabukeera, 2021; Dlamini, 2021) when restrictive measures such as social withdrawal and home isolation were adopted to reduce the risk of COVID-19 infection. Such measures have increased the risk for women and children to suffer DV (WHO, 2020; UN, 2020; Usher et al., 2020; Bradbury-Jones & Isham, 2020), generating increased stress, social isolation and financial problems, as well as reduced social support and difficulties in accessing formal and informal support networks (Mazza et al., 2020; Van Gelder et al., 2020; Steketee et al., 2020; Sharma & Borah, 2020).

During the pandemic, public, social, and government attentions were directed toward counteracting COVID-19, and DV was often ignored (Peterman et al., 2020) despite the WHO and the UN promptly calling upon the government to implement measures aimed at fighting it (WHO, 2020; UN, 2020) and to adopt an intervention model that took into account the complexity of the phenomenon.

The ecological model proposed by Bronfenbrenner (1994) is the most appropriate to address the GBV phenomenon (WHO, 2013) as it considers elements and dimensions of multi-causality and multi-dimensionality by contemplating different levels of analysis (individual, relational, collective, and organisational) and their interaction (Di Napoli et al., 2019).

Studies on the topic mainly focus on the individual and relational levels, as well as on direct actors, while the intertwining of the collective and organisational levels is rarely explored (Autiero et al., 2020).

The collective level refers to the cultural dimensions expressed in the social representations and in how relationships are imbued with gender meanings and stereotypes (Eigenberg & Policastro, 2016; Di Napoli et al., 2019). These dimensions also impact on the way professionals intervene to counter GBV (Deriu, 2012).

The organisational level is about the set of legislative and legal frameworks within which specific interventions to prevent and combat GBV are implemented, as well as about the intertwining of resources and interactions between dedicated and non-dedicated services that can create a fundamental network of support (Di Napoli et al., 2019).

Fragmentation of these and disjointedness between services may hamper the effectiveness of these interventions (Autiero et al., 2020).

Therefore, it is crucial to strengthen collective resources, proximal references, and the care of informal networks, and to explore the experiences and vision of professionals who are responsible for detecting, reporting, recording, monitoring, and preventing GBV, and providing assistance, helping, and support (Hegarty et al., 2020; Hammoudeh et al., 2020; van Gelder et al., 2021; Autiero et al., 2020).

This study aims to explore professional interventions in DV cases during the first lockdown of the Covid 19 pandemic, paying specific attention to the organisational level of services, as

well as to the practices proposed to prevent and manage the increase in risk factors during the lockdown phase of 2020.

2. Risk factors that favoured the onset or increase of DV during the pandemic

Recent literature highlighted the risk factors that favoured the onset or increase of DV in women and children during the pandemic (Nagashima-Hayashi et al., 2022; Brigh et al., 2020).

As to perpetrators, increased stress, economic problems, fear of contagion, uncertainty about one's own future, and the impossibility of social contact were risk factors for acting out violence (Morgan & Boxall, 2020; Roesch et al., 2020; Bozzaotra, et al., 2020). Stressogenic effects of the pandemic increased negative coping mechanisms such as excessive alcohol consumption (Usher et al., 2020; Bradbury-Jones & Isham, 2020), which may be risk factors for DV (Van Gelder et al., 2020; Commonwealth Bank Group 2020, Richards, 2009).

The pandemic also challenged male dominance by depriving men of their family power, especially in cases where they were unable to work. This frustration may have encouraged men to act in violent behaviours (Roesch et al., 2020).

As to victims, physical and mental overload due to household chores and caring for children, partners, elderly, and sick relatives made them even more vulnerable to DV (Roesch et al., 2020; Boserup et al., 2020).

Fear of contagion was a further risk factor whereby women did not go to services or hospitals for fear of exposing themselves to the virus (Fielding, 2020; Marques et al., 2020); for the same reason, and due to an experience of blame (Sinko & Saint Arnault, 2020) exacerbated by the pandemic, they did not denounce their partners (Petersson & Hansson, 2022).

Family and inter-partner conflicts were exacerbated by forced cohabitation causing stress conditions (WHO, 2020) which can easily lead to violence against women (Buller et al., 2018; Cluver et al., 2020; Mazza et al., 2020).

Moreover, forced cohabitation made it impossible for women to safely ask for help, fuelling in them a strong powerlessness to cope with the situation (Mazza et al., 2020; Roesch et al., 2020). The isolation measures imposed by the government allowed abusers greater freedom to act unchecked and without consequences for their violent behaviour (Sacco et al., 2020; Bradbury-Jones & Isham, 2020), and did not allow the physical and/or emotional signs of DV to be visible to others with whom the victim was in a relationship (Stark, 2007, 2009; Bradbury-Jones & Isham, 2020). Isolation is recognised as one of the aspects that characterise the violent relationship (Hall et al., 2012).

The pandemic affected the whole community, diminishing social cohesion, and access to supportive networks made up of social relations from everyday places and available community resources (Usher et al., 2020). The possibilities for women to access formal and informal supportive networks and external services and to seek help among relatives and friends to escape violence were significantly reduced (Van Gelder et al., 2020; Campbell, 2020; Mazza et al., 2020). These elements are known to be important protective factors for women under violent circumstances (Baldry, 2016). From a political and organisational point of view, there were many difficulties in the management of DV: firstly, because institutions were completely

absorbed by the Covid-19 pandemic, the economic expenses incurred in combating it, and the need to use women's shelters for victims of violence as places of protection from the virus for the homeless (Fraser, 2020); secondly, because plans to combat male violence against women had not yet succeeded in being incorporated as a priority into the organisational and political plans in a structural manner (Parkinson, 2019).

Hospitals had to concentrate on the care of COVID-19 patients, closing the dedicated centers for victims of violence. Anti-violence services set up special telephone lines, but the supply had to be reduced (Chandan et al., 2020; Vieira et al., 2020) and victims of violence found little protection in this situation (Owen, 2020).

3. Aim of the study

Aim of this research was to explore the dimensions of the organisational level relevant to tackling GBV through the experience of anti-violence service providers during the lockdown.

Consistently, the experience of the operators was explored, paying attention to the risk elements, as well as to the major difficulties and problems arising from the pandemic. Also, the strengths and resources derived from it at the operational and social levels to define guidelines for future interventions.

4. Methods

4.1 Participants and procedures

Participants were 10 volunteers and professionals (10 women, $M_{age} = 50.2$, age range: 33-72 years) with work experience in the prevention and treatment of DV ($M_{years\ of\ service} = 9.8$, range: 4-16 years). They had the following professional roles: psychologists (5), counsellors (1), criminologists (1), sociologists (1), family mediators (1), lawyers (1); these are all services and professionals accredited as anti-violence interventions in the metropolitan city of Naples.

Participants were contacted through local services dealing with DV, namely: Health Services (Operative Unit of Clinical Psychology A.S.L. NA 1 with Oltre La Violenza (OLV) (Beyond the violence) project for male perpetrators of violence), Anti-Violence Desk (SAV) at Cardarelli Hospital, Anti-Violence Centre (CAV) serving the city centre of Naples, Aurora Anti-Violence Centre (CAV), Kassandre Anti-Violence Centre (CAV), "Talk to me" local association. All participants worked with female victims of violence; two of them also worked with male perpetrators. The inclusion criteria of interviewees included: professionals who deal with the prevention and contrast of GBV; working during the first lockdown; having the points of view of workers dealing with GBV from different professional perspectives. After receiving their informed consent, an appointment to administer the interview was arranged.

Consistently with the aim of this study, focused interviews (Arcidiacono, 2012) were conducted between March and May 2020, during the first lockdown in Italy.

Focused interviews (Arcidiacono, 2012) offer the possibility of developing topics of interest to the researcher by also allowing the interviewees to propose themes and topics of their interest. It does not include predefined questions, but an open-ended guide leading the interviewer in the interaction. The structuring and administration of the interview presupposes knowledge of the subject and of the general and specific aims of the research, and competence in conducting interviews.

Interviewers are required to be able to grasp the innovativeness and specificity of interviewees' contributions in order to delve into enriching and new content and must own a reflective competence and be able to suspend their own judgement while maintaining an active and stimulating attitude towards the interviewee (Suffla et al., 2015).

Interviews were conducted via the Skype platform and lasted 40 minutes on average; they were conducted until 'data saturation' (that is, no new themes emerged).

4.2 Data analysis

The interviews were all audio-recorded, transcribed, and analysed using Thematic Analysis (Braun & Clarke, 2006). It represents a qualitative method that can focus on the explicit semantic level or the latent interpretative level.

It allows any type of text to be analysed with the awareness that the historicity in which interactions and events take place plays a crucial role in individuals' psychological development and in the balance of inter-group relationships. Thematic analysis was chosen because it allows wide-ranging interpretation and enables the researchers to play a decisive and active role in the construction of meaning and interpretation of texts.

A data-driven analysis was used, with categories emerging from the data through an inductive (bottom-up) process, in which the research question may also change along the way.

The research phases included:

- Familiarisation with the data;
- Generation of initial codes;
- Research of themes and their subsequent revision;
- Definition and labelling of themes;
- Creation of the research report.

One researcher conducted interviews, but the coding process was carried out by two researchers through cross-check.

5. Results

The different segments are identified with the participant's years of work, professional role and work affiliation (e.g., 15, Sociologist, CAV).

Five themes emerged from the analysis: Users' difficulties and resources during the lockdown; Demands for services during the lockdown; Professionals' experiences during the lockdown; Redefinition of interventions and settings of intervention during the lockdown;

Future perspectives in improving the interventions implemented by services during emergencies.

5.1. Users' difficulties and resources during the lockdown

All interviewees underlined the difficulties experienced by the victims of violence due to the Covid-19 full attention, especially in seeking help from services. The lack of institutional support which impacted on services taking charge of women emerged:

"Among other difficulties, there was an aggravating factor for the women: they could not even go to the police to report the violence they had suffered. Some women reported that they went to the police, but the police replied: 'We cannot make such a report because there is a lockdown is ongoing'. Because there was only Covid-19" (15, Sociologist, CAV).

The interviewees defined the lockdown as the realised dream of perpetrators:

"It facilitated all the work the perpetrator does before the violent dynamic, based on isolation, sets in" (15, Sociologist, CAV).

Interviewees specifically working with victims highlighted the double victimisation of women who were caught between the violence of the abuser and the fear of the pandemic:

"Women were afraid of getting sick, of making their children sick. This is also why the women did not want to escape the violent situation" (4, Lawyer, CAV).

The aggravating factor of forced cohabitation made it more difficult for victims to complain the abusers:

"because they were locked in four walls with the criminals - that's what I call the criminals. Indeed, women were desperate because they had no idea what would have become of them" (10, Counsellor, local association).

This condition created a lack of physical and temporal space to escape violent dynamics through behaviours that usually allow them to protect themselves and their children.

The difficulty in asking for help also emerges from the changes experienced by the interviewees during the lockdown: in the first phase, there was an 'initial freeze' in which no demand for help arrived; in the second phase, there was a substantial increase in requests for help from users (both victims and perpetrators) as the consequence of physical and psychological forced isolation:

"During the lockdown, the call for help emerged even more, because women felt more trapped, so the only possibility was to ask for help, for external social support" (6, Psychologist, CAV).

Interviewees claimed that the increase in demands was due to several aspects such as increased risk perception rather than increased violence itself:

"I think that the girl would have not felt so much the need to ask for help if she was not under isolation circumstances, that is, living this situation every day without the possibility of self-distracting with work, seeing her friends, because the violence had not intensified but the perception of risk had" (6, Psychologist, CAV).

In this situation of confinement-related stress, a heightened awareness of violence was developed in both the victim and the perpetrator:

"The women arrived more aware, more determined to leave and abandon. These two months of isolation made us think that there was fast processing and a lot of problems of panic attacks, closing within the walls, and desire to escape, to run away and rebuild one's life, even from people who probably would never have called us under different circumstances" (10, Counsellor, local association).

"Many calls came from men who had acquired awareness or idea that their violent behaviour was wrong" (10, Psychologist, OLV).

5.2. Demands to the services during the lockdown

One dimension highlighted by the interviewees is the change in users' demands for help during the lockdown.

OLV psychologists noted that the demands were about seeking immediate solutions to pressing problems: "The demand was more about wanting to find immediate solutions, unlike previous ones" (10, Psychologist, OLV).

The OLV phone number also received many calls from professionals in the anti-violence network: social workers, workers of anti-violence centres, and lawyers, indicating the need for exchange and 'networking', which became even stronger during the lockdown:

"We provided support to other services with other local services. For example, I happened twice to talk to social workers who had received confidence from women and, therefore, perhaps there was more exchange, more meetings were held for different situations, also a sign that we were moving into somewhat more uncertain territory" (10, Psychologist, OLV).

From the words of some interviewees, the demand changed because women became more assertive. It was as if the emergency and life-threatening situation made them ask for help more easily:

"The demand changed a lot and what I noticed is that women were more assertive, as if the pain, the danger of death prompted them to quickly ask 'help me out of this nightmare'" (10, Counsellor, local association).

Finally, interviewees highlighted the difficulty for separated fathers and DV perpetrators to meet their children during the pandemic:

"Denounced separated fathers, for whom there is a right of visitation, namely a possibility to meet with the children is established, initially constituted a great disconcerting element, because fathers insisted on seeing their children. [...] So, this was a major difficulty brought to the attention of the Ministry of Health, led by the CAV of Naples which raised the problem, but what we got was only a partial answer from the Juvenile Court which advised caution" (16, Psychologist, CAV).

The lack of this opportunity has made the family system and the dimension of rebuilding secure relationships with separated fathers who are perpetrators of DV very fragile.

5.3. Professionals' experiences during the lockdown

The pandemic created an emotional precariousness for the professionals, because they had to work in a new and unfamiliar situation that generated their perception of helplessness. Therefore, in some cases, a greater tendency to act emerged, increased by the need to be incisive:

"There was a lot of telephone counselling and attempts to be incisive at a time when the use of services was more complex. The CAVs were also closed, so sometimes the operators were more prone to some form of acting out, namely doing something to avoid feeling helpless" (10, Psychologist, OLV).

Feeling useful and incisive during the pandemic created work-related and emotional fulfilments that resulted as protective against negative experiences related to the Covid-19 pandemic, especially those of powerlessness:

"With the cooperation, the presence of the colleagues, of the consortium itself, I felt very useful. This was really nice. For me and for everyone it was a bit of a heavy phase, but I felt so useful. It's really the fact that I was able to be useful to these women, because one thing is the woman victim of violence and another thing is the woman victim of violence in the Covid phase" (4, Lawyer, CAV).

Remote work in anti-violence services was heavy, tiring, and more exhausting because the elements that facilitate user support in presence, such as proxemics, body language, olfactory sensations, coenesthesia, were not available:

"Remote intervention is particular, it is very demanding because you have to take into account several things at the same time and you feel solely responsible for them. As if to say, also as to the setting and other things: while in a vis a vis structure, you have them already organised by default, here you have to take care of them" (9, Psychologist, SAV).

Working remotely in anti-violence services blurred the boundaries between private and working life and time was perceived as endless:

"Working remotely means that there is no boundary between your personal and professional life. Namely, doing the report remotely in your living room in your study, or at any rate in your home involves you more, you are more exposed, and there is no clear boundary between the professional and the personal fields. I felt this, but I think we all felt a bit this invasion, this absence of boundaries, this time that seemed infinite, that is, the subjective perception of things was much more amplified" (9, Psychologist, SAV).

Remote work in anti-violence services gave the feeling of not having a containing setting:

"In each case there is the feeling that something does not have a container and so you have to be that container basically and, for us psychologists, who already do emotional containment work, it becomes a bit more challenging" (9, Psychologist, SAV).

Remote work in anti-violence services brought elements of novelty that made it unfamiliar for many workers:

"First of all, the difficulty was the use of unknown or little-known settings; so, naturally, it was a bit like venturing together into a territory that was no longer our own, where we host the other, and so it was more complex than the face-to-face setting" (10, Psychologist, OLV).

5.4. Redefinition of interventions and settings of intervention during the lockdown

For most professionals, it was difficult to establish new intervention settings. Remote intervention complicated the involvement:

"Obviously there was a lack of physical contact, the hug, the look. Patients with great pain experience and need that embrace" (9, Family Mediator, Association).

However, in online interventions the body was loosed but new emotional switches were gained, first of all the voice:

"In the virtual contact, other emotional switches were amplified: for example, the gaze and the voice, because it is the voice that holds the group" (9, Family Mediator, association).

Working remotely made it more difficult to give victims a sense of protection:

"Starting this telephone course was difficult, because we had to immediately provide a sense of protection, because they must feel protected and safe, they must have trust. We tried to convey protection and trust even with short WhatsApp messages, because they could not have too long on the phone calls" (4, Lawyer, CAV).

Remote interventions had a greater share of instability and precariousness than in-presence ones, which involve a stronger engagement on the part of the user. This is probably due to the filter of media distance creating more disengagement on the part of the user:

"The telephone-mediated relationship, remote contacts, and so on have a share of instability, an element of precariousness [...] The concrete setting of the room, of the service, of the private office provides a stronger engagement of the user, while a telephone request engages in a different way" (16, Psychologist, CAV).

Working remotely made interviewees perceive more professional isolation. Probably, outside the space of the organisation, the operators felt totally responsible for users without being able to share such responsibility with the organisation:

"Not being able to have coffee, to eat with colleagues, not being able to see each other, to exchange are among the obstacles of working remotely" (10, Psychologist, OLV).

Some interviewees expressed the difficulty of placing women in protection in shelters:

"There was the problem of securing and quarantining her from entering the shelter. We needed to understand whether that woman was affected by COVID-19 or not and therefore also identify shelter homes that had intermediate places for later definitive access to the home" (15, Sociologist, CAV).

Instead, among the emerging and unexpected resources was the "union that makes strength". The function of the network and cooperation between colleagues not only affected the quality of work with users, but was also a protective factor for the workers themselves:

"There was a really great network, which allowed which has enabled the care of many women and children, there were connections with the services, with the social workers

of reference when there were minors. The same was done by the psychologists and we were in touch with the police, who could take the woman even with minors after the complaint in some cases, escorting her" (4, Lawyer, CAV).

Remote working enabled a more rational use of time and the acquisition of digital skills:

"Among the resources, I found being able to use time more rationally, and gaining expertise on technologies, on how platforms work. It is important to know how to use them" (10, Psychologist; OLV).

For some interviewees, working remotely allowed a greater distance from the violence which was felt as productive and protective:

"We realised that the working group became much more productive in the sense that they wrote an article that was published, and this is important because it could mean that by being able to self-distance from violence the group was then able to better think about it" (10, Psychologist, OLV).

Given the difficulty of intercepting people, the alternative communication channels that were activated during the pandemic allowed for first-level interventions in dislocated settings:

"I also worked with the health director on the TV program "Health to All" where we talked about the OLV experience. These are first level interventions but in dislocated settings" (10, Psychologist, OLV).

The use of digital tools also enabled broader online awareness-raising work directed to communities, friends, relatives, as well as perpetrators and victims:

"An operator had the idea to start a campaign to urge neighbours and relatives, family members, people who knew about situations of violence, to call the number to get help, or at least to provide indications on how to help victims of violence; we started receiving many calls" (6, Psychologist, CAV).

Lockdown circumstances created unusual paths of proximity and containment and of reinventing oneself in the needs of the emergency. Remote intervention enabled the development of other relational skills, especially using messaging as a mode of intervention. This was made explicit by this interviewee who emphasised the establishment of new restraining rituals that would have entered women's everyday life, such as an informal conversation that would have gone beyond violence:

"I used to tell women to write me on WhatsApp and ask how they were doing. This was my way also to keep them a little under control, and if they had thoughts to share, even

if they wanted to send me good morning and good night to establish a ritual" (9, Criminologist, CAV).

Online work in lockdown gave the opportunity to have other indicators of users' family relationships and whether there were other persons with user:

"When the counselling is online, the user and the operator do not know whether there is anyone listening in the next room. For example, a person phoned for CAV while the daughter, a girl in her twenties, was constantly coming in and out, and was deliberately there because she had played an important role in her decision to denounce her father. So, this told me something with respect to the relationship between mother and daughter, which is important as to the work of counselling and asking for help" (16, Psychologist, CAV).

Furthermore, in remote intervention the setting was built together with the user:

"In the distance setting there are extra elements related to what a person brings: the space they propose, the way they construct that setting for the professional. Because in virtual settings it is not only the professional who has to construct the setting in which to welcome the other but also the other who has to construct it together with the professional, so this takes on a whole new meaning" (6, Psychologist, CAV).

In the reorganisation of the intervention and service, the interviewees also talked about the potential of remote intervention for users. Women felt safer at home if they did not live with the abuser:

"And then they also felt safe because they were at home and they did not have to come to our venue because very often, when they come to the centre, they have to look for us, to find us, they have to come to the hospital; so maybe for them, there was an extra element of security" (9, Psychologist, SAV).

Sometimes, remote intervention was more convenient for the victims:

"When women come to the centre, the intervention takes a long time and we hear them pawing because some of them have to go and pick up the children, do things; this also remained visible during remote interventions, because they also have to take care of several tasks. Maybe it was more comfortable because during the intervention we allowed, for example, some of them to take a break because they had to take care of their children" (9, Psychologist, SAV).

Furthermore, remote intervention made it possible to reach more users:

"Remote settings allowed us to reach users who would never have come to the services" (10, Psychologist, OLV).

It also made up for the difficulties of travel:

"Maintaining a remote intervention could still be useful because some women also have economic difficulties in moving" (9, Psychologist, SAV).

Remote intervention allowed some women to preserve their anonymity when contacting an anti-violence service:

"Remote intervention allows us to get women who live in the province who do not want to go to the neighbouring anti-violence centre because they do not want to be seen, as there are many issues before women arrive at the centre, including preserving their anonymity" (15, Sociologist, CAV).

5.5. Future perspectives in improving the interventions implemented by services during emergencies

The interviewees propose integrating certain practices and organisational aspects into the intervention setting. In particular some interviewees felt as crucial keeping the network firm as it was formed during the lockdown:

"During this period, I often called the police, I also accompanied the woman materially. I mean, there was great cooperation. We were also in touch every day with the social services and the other workers of the third-sector consortium. We kept in touch with every woman and about every woman through telephone counselling or close contact" (4, Lawyer, CAV).

Network work is an essential point to provide complex and effective responses to women victims of violence. Therefore, attention must be paid to the care of the network and to moments of constant sharing and collaboration. Scheduling time for discussion with the services involved in combating violence against women is desirable to make interventions functional. This is even more true for interventions in emergencies.

One aspect that respondents consider useful to maintain as an intervention setting is the online setting in conjunction with the offline setting. Work with people seeking help from services could take place by offering both online and offline intervention settings. This mixed form of setting would make it possible to respond to requests for help and support in specific emergency situations. A further aspect proposed is to increase the number of professionals working in services against violence against women and to pay attention to the training of those who can intercept requests for help.

“There is a need for facilities that have staff within them who can be with women 24 hours a day, because there is a lack of workers in these emergency homes. Because women who are victims of violence need continuous assistance, to feel welcome. At the same time there is a need for educators and social workers who also intervene when there are children” (9, Criminologist, CAV).

In this way the training professionals in dedicated and non-dedicated services on violence and its new forms:

"And then of course there is the training of professionals in dedicated and non-dedicated services on the classic topics of violence and the new forms of online violence” (16, Psychologist, CAV).

Networking, multi-level training and living contexts with prevention programs could have an impact on changing the organisational culture that often produces secondary victimisation. The latter situation often occurs among police forces and in the courts:

"Punishments for abusers are rarely applied. There are still hostile police forces, unlike others that have emancipated themselves and are embracing this phenomenon, but unfortunately there is still too much distrust. The issue of paternity in cases of violence needs to change in the courts: a violent man must lose paternity" (10, Counsellor, local association).

“Awareness-raising of local communities, institutions, and proximity services would help to intercept victims of violence and to support them when they are forced by the abuser into domestic isolation: 'We need to guarantee a psychological path also at a distance because when the woman cannot leave the house, the husband cannot leave the house, how can he do a counselling by phone?'" (9, Criminologist, CAV).

Certainly, the enhancement of online resources could provide useful tools for remote counselling also in public services:

"I think that all online work should be enhanced, so also with a commitment from companies to provide tools. We were able to work by phone, but very little on the various platforms, such as Skype and Zoom, because we had no institutional tools and so this penalised us. The use of these tools facilitates communication both between operators and with the different agents in the area, but also the work with users" (10, Psychologist, OLV).

A little considered aspect is that of social and economic inequalities, which poses questions to operators to provide all citizens with adequate technological tools to ask for help:

“I would also provide equipment to those who cannot buy it. Because if a woman suffers violence and does not have wi-fi, or a smartphone, or any technological device, she cannot ask for help” (16, Psychologist, CAV).

One aspect that still needs to be worked on is that of information on services and how to help in emergency conditions:

“I would do widespread information work in places of daily life, such as pharmacies, supermarkets, public establishments, post offices, and possibly schools” (16, Psychologist, CAV).

In these places, the request for help is more difficult to express. Other interviewees, on the other hand, did not speak of actual changes, but rather of experimentation with the use of the new modalities adopted during the lockdown to see if and how they can be effective in other contexts:

"I believe that there is not much to change, there is much to experiment with. We should understand how these new tools can be useful, whether they are effective in this situation as well as the ideas that have been there, the initiatives that have been taken" (6, Psychologist, CAV).

6. Discussion

The COVID-19 pandemic not only influenced the prevalence and severity of DV globally, but also affected professionals working in the field. Nevertheless, little attention was paid to their psychological well-being during the pandemic (Procentese et al., 2021; van Gelder et al., 2021; Pfitzner et al., 2022). Neglecting the organisational level as well as professionals' representations and experiences of DV negatively affects the effectiveness of interventions (Di Napoli et al., 2019; Autiero et al., 2020). The professionals in this study fought helplessness and frustration through continuous work, without time or space. The price they had to pay for this boundless availability was the cumbersome presence of work in their lives, sometimes risking that the professionals lost the boundaries between their private and professional lives (Procentese et al. 2021), between themselves and their users (van Gelder et al., 2021; Petersson & Hansson, 2022; Pfitzner et al., 2022). They showed concern for the safety of vulnerable people, which was heightened using remote interventions that did not allow for a true risk assessment and feared that they might provide insufficient assistance or compromised service quality (Pfitzner et al., 2022; Petersson & Hansson, 2022; van Gelder, 2021; Mahamid et al., 2022).

Indeed, their working conditions changed very quickly, as they mainly worked from home and online and were forced to familiarise with new tools and settings and to interface with organisations that were unprepared for them. The use of distance settings was characterised by uncertainty, precariousness, bewilderment, and fatigue, and sometimes increased feelings

of loneliness (van Gelder et al. 2021). However, it also made it possible to get 'into people's lives' by providing extra insights into their meaningful relationships (Petersson & Hansson, 2022; Hansson & Bjarnason, 2018).

Consistently with the established literature (Morgan & Boxall, 2020; Drieskens et al., 2022), the results of the study highlight that DV still constitutes one of the most negative consequences deriving from prolonged states of emergency, thus making it necessary to increase and improve its understanding and management, so as to include increasingly targeted counter strategies in governmental emergency and post-emergency programmes (Gearhart et al., 2018; First et al., 2017). The design of effective interventions must be done under 'normal' circumstances, that is, when organisational structures need to be reinforced and built; then, emergency interventions need to be designed, and risk factors and strategies to mitigate emergency impacts need to be carefully analysed within a preventive perspective (Mahamid et al., 2022; Murhula et al., 2021; Nagashima-Hayashi et al., 2022; Sharma et al., 2021). It is important to use an intersectional perspective (Simonovic, 2020) to understand which women were most at risk during the pandemic (Dlamini, 2021; Rieger et al., 2022).

Several studies (Petersson & Hansson, 2022; Pfitzner et al., 2022) testify that professionals and users shared the same collective trauma (Baum, 2010; Saakvite, 2002; Tosone & Bloomberg, 2022) associated with the pandemic, which influenced professionals' understanding of and response to DV and led them to perceive themselves as more vulnerable. However, this study showed that the negative experiences resulting from the collective trauma were counteracted through a sudden activation focused on 'doing' and through a 'closeness', even though not physical, with colleagues. According to many interviewees, collaboration, cooperation, dialogue, confrontation, and support between professionals constituted a solid network by which they could feel protected thanks to which the lockdown-related isolation was less painful. This allowed them to make up for various institutional shortcomings, still indicating a fragmentation within services that do not have an unambiguous sharing of good practices; the effectiveness of interventions thus depends on individuals and organisational sub-cultures, rather than on an unambiguous, centralized sharing (Autiero et al., 2020).

The present research confirms most of the risk elements that generated or exacerbated DV against women and children according to recent studies (Nagashima-Hayashi et al., 2022; Bright et al., 2020). Consistently with the national statistics (ISTAT, 2021), the professionals who participated in this study reported an increase in the number of requests for help following the initial blocking moment, which did not indicate an absence of an increase in DV (van Gelder et al., 2021) but rather a control by the partners – especially of the telephone, which had become women's only channel of access to the outside world (Pfitzner et al., 2022).

The initial blockade was also caused by the lack of institutional networks, the totalisation of the pandemic (Hansson & Petersson, 2021), and the paralysing fear due to this unknown enemy, as well as the difficulties of leaving the partner under emergency conditions (Petersson & Hansson, 2022). However, according to the professionals, the subsequent increase in requests for help was due to an increased awareness of DV, which prompted women to ask for more help. Thus, this may have not only be due to the continued exposure to DV (Petersson & Hansson, 2022), but also to an increased perception of risk.

On a national level, several initiatives were implemented to cope with DV during the pandemic: the phone number 1522 was the referral service for victims that was updated via app and messaging services to meet the needs that emerged from isolation and forced cohabitation with the abuser. It was sponsored in pharmacies too. Furthermore, coded gestures of help were disseminated. The interviewees also confirmed an increase in the number of access hours to services and an intense anti-violence activity mainly carried out remotely, via telephone, videocalls on Zoom and WhatsApp (Petersson & Hansson, 2022). As to women, the interventions mainly concerned reception and legal and psychological counselling in the case of CAVs, but also group meetings in the case of associations. As to perpetrators, instead, they involved telephone psychological counselling in various forms.

Despite the criticalities highlighted, the 'double' emergency intervention mobilised new skills that would have not emerged under 'normal' conditions: the 'forced' use of digital tools enriched the professional background of the interviewees and enabled the development of new relational and technological skills (Emezue, 2020; Pfitzner et al., 2022) as well as a more rational use of time. Digital tools have made it possible to reach people who were previously 'unreachable', the establishment of new rituals, and the use of chats as tools of proximity and protective surveillance (Petersson & Hansson, 2022), as well as to decrease inhibition and facilitate the empowerment of victims (Caridade et al., 2021). Professionals believe that remote assistance and online tools are not always suitable, but see them as an opportunity to increase, reach, and maintain services when physical contact is not possible (van Gelder et al., 2021).

The study presented has some limitations too, because its results are situational and contingent and therefore not extendable to other contexts. Further research is needed to investigate the effectiveness of organisational and policy responses to DV in post-pandemic phases and to explore the long-term consequences of the pandemic on survivors and professionals. Finally, further research is needed to enhance the positive consequences of the proposed new types of interventions to complement existing ones. Furthermore, the challenges faced by professionals and the negative feelings they produced were described as frustration, insecurity, loneliness, and powerlessness, but future studies are needed to investigate how these affected the quality of the provided services and the effectiveness of the implemented interventions.

7. Conclusions

GBV is not yet a priority in health policies and budget allocations and there are still structural and organisational factors that hinder systematic support and training work with professionals, especially at a first level of intervention (García-Moreno et al., 2015). Some studies pointed out that the absence of agreement within a wider network of cooperation negatively affects the efficiency of services because it amplifies feelings of powerlessness among operators, whose interventions depend too much on individual skills rather than on a solid organisational framework that could be protective for both operators and victims (Procentese et al., 2019).

However, reflections and possible directions for countering GBV at the organisational level of the ecological model under emergency circumstances will be proposed below (Di Napoli,

2019). Indeed, consistently with the literature (Hammoudeh et al., 2020; Mahamid et al., 2022; Nagashima-Hayashi et al., 2022), this study highlights the need for community responses to counter GBV. Individualised psychological or psychiatric interventions alone risk reproducing male pathologizing and stigmatising discourses that disempowered women (Mahamid et al., 2022). The latter, instead, must have control over their resources and access to proximal support networks. In this way, professionals can intercept and work with people closest to the victims of violence, enhancing community protection factors.

As to services interventions, important elements in the redefinition of modalities and settings were identified. Future perspectives for improvement in implementing an operational model include: training of professionals belonging mainly to non-dedicated services (Jiménez-Rodríguez et al., 2020; van Gelder et al., 2021) to be ready to detect and intercept DV cases (Stolper, et al., 2021), as well as to reduce the risk of institutional violence (Autiero et al., 2020); formalising, through structural protocols, professional exchange and confrontation so that working in network becomes an institutionalised practice systemised in a broader model of intervention – and not relegated only to emergency crisis or to the competence and sensitivity of the specific operators or organisers; implementing widespread awareness and information campaigns through online resources (Petersson & Hansson, 2022); caring for those who care through psychological support and regular supervision in work practices to maintain their ability to help survivors (Pfitzner et al., 2022; van Gelder et al., 2021); enhancing digital tools so that they can be incorporated into the organisational fabric in a more structured and familiar manner (Petersson & Hansson, 2022; Pfitzner et al., 2022; van Gelder et al., 2021; Caridade et al., 2021; Ndlovu et al., 2022); deepening the effectiveness of remote support models that need to be adopted with careful planning (Fitz-Gibbon et al., 2020). Altogether, the dimensions of 'doing' and 'reflecting' should always coexist, even and especially under emergency circumstances, when there is a greater risk that interventions can be mainly focused on 'doing' to the detriment of 'reflecting'.

References

- Arcidiacono, C. (2012). The focused interview as a tool to overcome closures and misunderstandings in intercultural dynamics. In D. Giovannini e L. Vezzali (Ed.), *Immigration, Intercultural Processes and Active Citizenship* (pp. 373–384). Melagrana.
- Autiero, M., Procentese, F., Carnevale, S., Arcidiacono, C., & Di Napoli, I. (2020). Combatting intimate partner violence: Representations of social and healthcare personnel working with gender-based violence interventions. *International Journal of Environmental Research and Public Health*, 17(15), 5543. <https://doi.org/10.3390/ijerph17155543>
- Baldry, A. Costanza (2016). *From abuse to homicide: The risk assessment of recidivism and uxoricide*. Franco Angeli.
- Baum, N. (2010). Shared traumatic reality in communal disasters: Toward a conceptualization. *Psychotherapy Theory, Research, and Practice*, 47(2), 249–259. <https://doi.org/10.1037/a0019784>

-
- Boserup, B., McKenney, M., & Elkbuli, A. (2020). The impact of the COVID-19 pandemic on emergency department visits and patient safety in the United States. *The American Journal of Emergency Medicine, 38*(9), 1732-1736. <https://doi.org/10.1016/j.ajem.2020.06.007>
- Bourdieu, P. (1990). La domination masculine. *Actes de la Recherche en Sciences Sociales, 84*(1), 2-31
- Bozzaotra, A., Autiero, M., Capasso, A., Gargiulo, A., Gerli, F., & Vasto, G. (2020). Oltre La Violenza ai tempi dell'emergenza Covid-19. La Camera Blu. *Rivista di Studi di Genere, 22*. <https://doi.org/10.6092/1827-9198/6802>
- Bradbury-Jones, C., & Isham, L. (2020). The pandemic paradox: The consequences of COVID-19 on domestic violence. *Journal of Clinical Nursing, 29*(13-14), 2047. <https://doi.org/10.1111/jocn.15296>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101. <https://doi.org/10.1191/1478088706qp063oa>
- Bright, C. F., Burton, C., & Kosky, M. (2020). Considerations of the impacts of COVID-19 on domestic violence in the United States. *Social Sciences & Humanities Open, 2*(1), 100069. <https://doi.org/10.1016/j.ssaho.2020.100069>
- Bronfenbrenner, U. (1994). Ecological models of human development. *International Encyclopedia of Education, 3*(2), 37-43.
- Buller, A. M., Peterman, A., Ranganathan, M., Bleile, A., Hidrobo, M., & Heise, L. (2018). A mixed-method review of cash transfers and intimate partner violence in low-and middle-income countries. *The World Bank Research Observer, 33*(2), 218-258. <https://doi.org/10.1093/wbro/lky002>
- Campbell, A. M. (2020). An increasing risk of family violence during the Covid-19 pandemic: Strengthening community collaborations to save lives. *Forensic Science International: reports, 2*, 100089. <https://doi.org/10.1016/j.fsir.2020.100089>
- Caridade, S. M. M., Saavedra, R., Ribeiro, R., Oliveira, A. C., Santos, M., Almeida, I. S., & Soeiro, C. (2021). Remote support to victims of violence against women and domestic violence during the COVID-19 pandemic. *The Journal of Adult Protection, 23*(5), 302-316. <http://dx.doi.org/10.1108/JAP-04-2021-0015>
- Carnevale, S., Di Napoli, I., Esposito, C., Arcidiacono, C., & Procentese, F. (2020). Children witnessing domestic violence in the voice of health and social professionals dealing with contrasting gender violence. *International Journal of Environmental Research and Public Health, 17*(12), 4463. <https://doi.org/10.3390/ijerph17124463>
- Chandan, J. S., Taylor, J., Bradbury-Jones, C., Nirantharakumar, K., Kane, E., & Bandyopadhyay, S. (2020). COVID-19: a public health approach to manage domestic violence is needed. *The Lancet Public Health, 5*(6), e309. [https://doi.org/10.1016/S2468-2667\(20\)30112-2](https://doi.org/10.1016/S2468-2667(20)30112-2)
- Cluver, L., Lachman, J. M., Sherr, L., Wessels, I., Krug, E., Rakotomalala, S., ... & McDonald, K. (2020). Parenting in a time of COVID-19. *Lancet, 395*(10231). [http://dx.doi.org/10.1016/S0140-6736\(20\)30736-4](http://dx.doi.org/10.1016/S0140-6736(20)30736-4)
- CoMmonwealth Bank Group (2020). *An early look at how the Coronavirus is affecting household spending Global Economic & Markets Research*. Retrieved May, 30, 2023, from <https://www.commbank.com.au/guidance/business/an-early-look-at-how-the-coronavirus-is-affecting-household-spen-202003.html>
-

-
- Council of Europe (CoE) (2011). *Convention on preventing and combating violence against women and domestic violence ("Istanbul Convention")*. Retrieved May, 30, 2023, from <https://rm.coe.int/1680096e46>
- Deriu M. (Ed.) (2012). *Il continente sconosciuto. Gli uomini e la violenza maschile*. Centro stampa Regione Emilia Romagna.
- Di Napoli, I., Procentese, F., Carnevale, S., Esposito, C., & Arcidiacono, C. (2019). Ending intimate partner violence (IPV) and locating men at stake: An ecological approach. *International Journal of Environmental Research and Public Health*, *16*(9), 1652. <https://doi.org/10.3390/ijerph16091652>
- Dlamini, N. J. (2021). Gender-based violence, twin pandemic to COVID-19. *Critical Sociology*, *47*(4-5), 583-590. <https://doi.org/10.1177/0896920520975465>
- Drieskens, S., Braekman, E., Ridder, K. D., Gisle, L., Charafeddine, R., Hermans, L., & Demarest, S. (2022). Domestic violence during the COVID-19 confinement: Do victims feel more socially isolated?. *Archives of Public Health*, *80*(1), 39. <https://doi.org/10.1186/s13690-021-00765-3>
- Eigenberg, H., & Policastro, C. (2016). Blaming victims in cases of interpersonal violence: Attitudes associated with assigning blame to female victims. *Women & Criminal Justice*, *26*(1), 37-54. <https://doi.org/10.1080/08974454.2014.997417>
- El-Serag, R., & Thurston, R. C. (2020). Matters of the heart and mind: Interpersonal violence and cardiovascular disease in women. *Journal of the American Heart Association*, *9*(4), e015479. <https://doi.org/10.1161/JAHA.120.015479>
- Emezue, C. (2020). Digital or digitally delivered responses to domestic and intimate partner violence during COVID-19. *JMIR Public Health and Surveillance*, *6*(3), e19831. <https://doi.org/10.2196/19831>
- Enarson, E. (1999). Violence against women in disasters: A study of domestic violence programs in the United States and Canada. *Violence Against Women*, *5*(7), 742-768.
- Fielding, S. (2020). *In quarantine with an abuser: surge in domestic violence reports linked to coronavirus*. *The Guardian*, 3. Retrieved May, 30, 2023, from <https://www.theguardian.com/us-news/2020/apr/03/coronavirus-quarantine-abuse-domestic-violence>
- First, J. M., First, N. L., & Houston, J. B. (2017). Intimate partner violence and disasters: A framework for empowering women experiencing violence in disaster settings. *Affilia*, *32*(3), 390-403. <https://doi.org/10.1177/0886109917706338>
- Fitz-Gibbon, K., Burley, J., & Meyer, S. (2020). How do we keep family violence perpetrators “in view” during the COVID-19 lockdown. *The Conversation*. Retrieved May, 30, 2023, from <https://theconversation.com/how-do-we-keep-family-violence-perpetrators-in-view-during-the-covid-19-lockdown-135942>
- Fraser, E. (2020). *Impact of COVID-19 pandemic on violence against women and girls. UKAid VAWG Helpdesk Research Report, 284*. Retrieved May, 30, 2023, <https://gbvguidelines.org/wp/wp-content/uploads/2020/03/vawg-helpdesk-284-covid-19-and-vawg.pdf>
- García-Moreno, C., Hegarty, K., d'Oliveira, A. F. L., Koziol-McLain, J., Colombini, M., & Feder, G. (2015). The health-systems response to violence against women. *The Lancet*, *385*(9977), 1567-1579. [https://doi.org/10.1016/S0140-6736\(14\)61837-7](https://doi.org/10.1016/S0140-6736(14)61837-7)

-
- Gearhart, S., Perez-Patron, M., Hammond, T. A., Goldberg, D. W., Klein, A., & Horney, J. A. (2018). The impact of natural disasters on domestic violence: An analysis of reports of simple assault in Florida (1999–2007). *Violence and Gender, 5*(2), 87-92. <https://doi.org/10.1089/vio.2017.0077>
- Guedes, A., Bott, S., Garcia-Moreno, C., & Colombini, M. (2016). Bridging the gaps: a global review of intersections of violence against women and violence against children. *Global Health Action, 9*(1), 31516. <https://doi.org/10.3402/gha.v9.31516>
- Hall, J. E., Walters, M. L., & Basile, K. C. (2012). Intimate partner violence perpetration by court-ordered men: Distinctions among subtypes of physical violence, sexual violence, psychological abuse, and stalking. *Journal of Interpersonal Violence, 27*(7), 1374-1395. <https://doi.org/10.1177/088626051142524>
- Hammoudeh, W., Kienzler, H., Meagher, K., & Giacaman, R. (2020). Social and political determinants of health in the occupied Palestine territory (oPt) during the COVID-19 pandemic: who is responsible?. *BMJ Global Health, 5*(9), e003683. <https://doi.org/10.1136/bmjgh-2020-003683>.
- Hansson, K., & Bjarnason, E. (2018). Context Collapse in Healthcare: When the Professional and the Social Meet. In S. Schaefer, M. Andersson, E. Bjarnason, & K. Hansson (Eds.), *Working and Organizing in the Digital Age* (pp. 61-69). The Pufendorf Institute for Advanced Studies, Lund University, Sweden.
- Hegarty, K., McKibbin, G., Hameed, M., Koziol-McLain, J., Feder, G., Tarzia, L., & Hooker, L. (2020). Health professionals' readiness to address domestic violence and abuse: a qualitative meta-synthesis. *PLoS one, 15*(6), e0234067. <https://doi.org/10.1371/journal.pone.0234067>
- Hinsliff-Smith, K., & McGarry, J. (2017). Understanding management and support for domestic violence and abuse within emergency departments: A systematic literature review from 2000–2015. *Journal of Clinical Nursing, 26*(23-24), 4013-4027. <https://doi.org/10.1111/jocn.13849>
- Howard, L. M., Wilson, C. A., & Chandra, P. S. (2022). Intimate partner violence and mental health: Lessons from the COVID-19 pandemic. *World Psychiatry, 21*(2), 311. doi:10.1002/wps.20976
- ISTAT (2021). L'effetto della pandemia sulla violenza di genere anno 2020-2021. Retrieved May, 30, 2023, from https://www.istat.it/it/files/2021/11/EFFETTI_PANDEMIA_-_VIOLENZA_D_GENERE.pdf
- Jiménez-Rodríguez, D., Belmonte García, M. T., Santillán García, A., Plaza Del Pino, F. J., Ponce-Valencia, A., & Arrogante, O. (2020). Nurse training in gender-based violence using simulated nursing video consultations during the COVID-19 pandemic: A qualitative study. *International Journal of Environmental Research and Public Health, 17*(22), 8654. <https://doi.org/10.3390/ijerph17228654>
- Mahamid, F., Veronese, G. & Bdier, D. (2022). Gender-based violence experiences among Palestinian women during the COVID-19 pandemic: mental health professionals' perceptions and concerns. *Confl Health 16*, 13 <https://doi.org/10.1186/s13031-022-00444-2>
- Marques, E. S., Moraes, C. L. D., Hasselmann, M. H., Deslandes, S. F., & Reichenheim, M. E. (2020). Violence against women, children, and adolescents during the COVID-19 pandemic:
-

-
- overview, contributing factors, and mitigating measures. *Cadernos De Saude Publica*, 36. <https://doi.org/10.1590/0102-311X00074420>
- Mazza, M., Marano, G., Lai, C., Janiri, L., & Sani, G. (2020). Danger in danger: Interpersonal violence during COVID-19 quarantine. *Psychiatry Research*, 289, 113046. <https://doi.org/10.1016/j.psychres.2020.113046>
- Morgan, A., & Boxall, H. (2020). Social isolation, time spent at home, financial stress and domestic violence during the COVID-19 pandemic. *Trends and Issues in Crime and Criminal Justice*, (609), 1-18. <https://search.informit.org/doi/10.3316/informit.531971348048062>
- Murhula, P. B. B., Singh, S. B., & Myende, S. M. (2021). The COVID-19 pandemic and its impact on gender-based violence: A global review and analysis. *International Journal of Criminal Justice Sciences*, 16(1), 84-96. <https://doi.org/10.5281/zenodo.4762356>
- Myhill, A., & Hohl, K. (2019). The “golden thread”: Coercive control and risk assessment for domestic violence. *Journal of Interpersonal Violence*, 34(21-22), 4477-4497. <https://doi.org/10.1177/0886260516675464>
- Nabukeera, M. (2021). Prevention and response to gender-based violence (GBV) during novel Covid-19 lock-down in Uganda. *The Journal of Adult Protection*, 23(2), 116-133. <https://doi.org/10.1177/0896920520975465>
- Nagashima-Hayashi, M., Durrance-Bagale, A., Marzouk, M., Ung, M., Lam, S. T., Neo, P., & Howard, N. (2022). Gender-based violence in the Asia-Pacific region during COVID-19: a hidden pandemic behind closed doors. *International Journal of Environmental Research and Public Health*, 19(4), 2239. <https://doi.org/10.3390/ijerph19042239>
- Ndlovu, S., Mulondo, M., Tsoka-Gwegweni, J., & Ndirangu, J. (2022). COVID-19 impact on gender-based violence among women in South Africa during lockdown: A narrative review. *African Journal of Reproductive Health*, 26(7), 59-71. DOI: 10.29063/ajrh2022/v26i7.7
- Oram, S., Khalifeh, H., & Howard, L. M. (2017). Violence against women and mental health. *The Lancet Psychiatry*, 4(2), 159-170. [https://doi.org/10.1016/S2215-0366\(16\)30261-9](https://doi.org/10.1016/S2215-0366(16)30261-9)
- Owen, L. (2020). *Coronavirus: Five ways virus upheaval is hitting women in Asia*. BBC World Service. Retrieved May, 30, 2023, from <https://www.bbc.co.uk/news/world-asia-51705199>
- Parkinson, D. (2019). Investigating the increase in domestic violence post disaster: An Australian case study. *Journal of Interpersonal Violence*, 34(11), 2333-2362. <https://doi.org/10.1177/0886260517696876>
- Parkinson, D., & Zara, C. (2013). The hidden disaster: Domestic violence in the aftermath of natural disaster. *The Australian Journal of Emergency Management*, 28(2), 28-35. <https://search.informit.org/doi/10.3316/informit.364519372739042>
- Parkinson, F. (2000). *Post trauma stress: A personal guide to reduce the long term effects and hidden damage caused by violence and disaster*. Fisher Book.
- Parolari, P. (2014). La violenza contro le donne come questione (trans) culturale. Osservazioni sulla Convenzione di Istanbul. *Diritto e Questioni Pubbliche*, 14(1), 859-890. Retrieved May, 30, 2023, from https://iris.unibs.it/retrieve/handle/11379/459196/66558/Parolari_La%20violenza%20contro%20le%20donne%20come%20questione%20%28trans%29culturale.pdf
-

-
- Peterman, A., Potts, A., O'Donnell, M., Thompson, K., Shah, N., Oertelt-Prigione, S., & Van Gelder, N. (2020). *Pandemics and violence against women and children* (Vol. 528, pp. 1-45). Center for Global Development.
- Petersson, C. C., & Hansson, K. (2022). Social work responses to domestic violence during the COVID-19 pandemic: Experiences and perspectives of professionals at women's shelters in Sweden. *Clinical Social Work Journal, 50*(2), 135-146. <https://doi.org/10.1007/s10615-022-00833-3>
- Pfitzner, N., Fitz-Gibbon, K., & Meyer, S. (2022). Responding to women experiencing domestic and family violence during the COVID-19 pandemic: Exploring experiences and impacts of remote service delivery in Australia. *Child & Family Social Work, 27*(1), 30-40. <https://doi.org/10.1111/cfs.12870>
- Procentese, F., Gatti, F., & Ceglie, E. (2021). Sensemaking processes during the first months of COVID-19 pandemic: Using diaries to deepen how Italian youths experienced lockdown measures. *International Journal of Environmental Research and Public Health, 18*(23), 12569. DOI: 10.3390/ijerph182312569
- Procentese, F., Esposito, C., Gonzalez Leone, F., Agueli, B., Arcidiacono, C., Freda, M. F., & Di Napoli, I. (2021). Psychological lockdown experiences: Downtime or an unexpected time for being?. *Frontiers in Psychology, 12*, 577089. <https://doi.org/10.3389/fpsyg.2021.577089>
- Procentese, F., Di Napoli, I., Tuccillo, F., Chiurazzi, A., & Arcidiacono, C. (2019). Healthcare professionals' perceptions and concerns towards domestic violence during pregnancy in Southern Italy. *International Journal of Environmental Research and Public Health, 16*(17), 3087. <https://doi.org/10.3390/ijerph16173087>
- Procentese, F. (2012). Gender asymmetry in engagement. Male narratives of violence and power. In C. Arcidiacono, & I. Di Napoli (Eds.), *I fell down the stairs: The places and actors of gender-based violence* (Vol. 40). FrancoAngeli.
- Richards, L. (2009). *Domestic abuse, stalking and harassment and honour based violence (DASH, 2009) risk identification and assessment and management model*. Association of Police Officers (ACPO). Retrieved May, 30, 2023 from: <https://reducingtherisk.org.uk/wp-content/uploads/2022/08/DASH-2009.pdf>
- Rieger, A., Blackburn, A. M., Bystrynski, J. B., Garthe, R. C., & Allen, N. E. (2022). The impact of the COVID-19 pandemic on gender-based violence in the United States: Framework and policy recommendations. *Psychological Trauma: Theory, Research, Practice, and Policy, 14*(3), 471. <https://doi.org/10.29063/ajrh2022/v26i7.7>
- Roesch, E., Amin, A., Gupta, J., & García-Moreno, C. (2020). Violence against women during covid-19 pandemic restrictions. *BMJ, 369*. <https://doi.org/10.1136/bmj.m1712>
- Saakvite, K. W. (2002). Shared trauma: The therapist's increased vulnerability. *Psychoanalytic Dialogues, 12*(3), 443-449. <https://doi.org/10.1080/10481881209348678>
- Sacco, M. A., Caputo, F., Ricci, P., Sicilia, F., De Aloe, L., Bonetta, C. F., ... & Aquila, I. (2020). The impact of the Covid-19 pandemic on domestic violence: The dark side of home isolation during quarantine. *Medico-Legal Journal, 88*(2), 71-73. <https://doi.org/10.1177/0025817220930553>
-

-
- Sharma, A., & Borah, S. B. (2020). Covid-19 and domestic violence: an indirect path to social and economic crisis. *Journal of Family Violence*, 1-7. <https://doi.org/10.1007/s10896-020-00188-8>
- Sharma, V., Ausubel, E., Heckman, C., Patrick, E., Save, D., & Kelly, J. T. (2021). Mitigating gender-based violence risk in the context of COVID-19: lessons from humanitarian crises. *BMJ Global Health*, 6(3), e005448. <http://dx.doi.org/10.1136/bmjgh-2021-005448>
- Simonovic D. (2020). *States must combat domestic violence in the context of COVID-19 lockdowns—UN Rights Expert*. United Nations Office of the High Commissioner for Human Rights. Retrieved May, 30, 2023, from <https://www.ohchr.org/en/press-releases/2020/03/states-must-combat-domestic-violence-context-covid-19-lockdowns-un-rights>
- Sinko, L., & Saint Arnault, D. (2020). Finding the strength to heal: Understanding recovery after gender-based violence. *Violence Against Women*, 26(12-13), 1616-1635. <https://doi.org/10.1177/1077801219885185>
- Stark, E. (2009). *Coercive control: The entrapment of women in personal life*. Oxford University Press.
- Stark, E. (2007). *Coercive control: How men entrap women in personal life*. Oxford University Press.
- Steketee, M., De Wildt, R., Compagner, M., Van der Hoff, M., & Tierolf, B. (2020). *Kwetsbare gezinnen in tijden van Corona*. Verwey-Jonker Instituut.
- Stolper, E., Verdenius, J. P., Dinant, G. J., & van de Wiel, M. (2021). Wat doen huisartsen bij een vermoeden van kindermishandeling? *Huisarts en Wetenschap*, 64, 22-27. <https://doi.org/10.1007/s12445-021-1047-9>
- Suffla, S., Seedat, M., & Bawa, U. (2015). Reflexivity as enactment of critical community psychologies: dilemmas of voice and positionality in a multi-country photovoice study. *Journal of Community Psychology*, 43(1), 9-21. <https://doi.org/10.1002/jcop.21691>
- Tosone, C., & Bloomberg, S. (2022). Shared trauma: An essential construct for challenging times. In A. Goelitz (Ed.), *Shared mass trauma in social work* (pp. 3-18). Routledge. <https://doi.org/10.4324/9781003176947>
- True, J. (2013). Gendered violence in natural disasters: Learning from New Orleans, Haiti and Christchurch. *Aotearoa New Zealand Social Work*, 25(2), 78-89. <https://search.informit.org/doi/10.3316/informit.623648104026830>
- UN WOMEN. (2019). *Annual report 2018-2019*. Retrieved May, 30, 2023, from <https://www.unwomen.org/en/digital-library/publications/2019/06/annual-report-2018-2019>
- UN Women. (2020). *Violence against women and girls: the shadow pandemic, 2020*. Retrieved May, 30, 2023, from <https://www.unwomen.org/en/news/stories/2020/4/statement-ed-phumzile-violence-against-women-during-pandemic>
- United Nations Population Fund (UNFPA) (2020). *Impact of the COVID-19 pandemic on family planning and ending gender-based violence, female genital mutilation and child marriage*. Retrieved May, 30, 2023, from <https://www.unfpa.org/resources/impact-covid-19-pandemic-family-planning-and-ending-gender-based-violence-female-genital>

-
- UNO WOMEN (2020). *COVID-19: Only one in eight countries worldwide have measures in place to protect women against social and economic impacts, new data shows*. Retrieved May, 30, 2023 <https://www.unwomen.org/es/news/stories/2020/9/press-release-launch-of-covid-19-global-gender-response-tracker>. Online access from 28 September 2020
- Usher, K., Bhullar, N., Durkin, J., Gyamfi, N., & Jackson, D. (2020). Family violence and COVID-19: Increased vulnerability and reduced options for support. *International Journal of Mental Health Nursing*, 29(4), 549. <https://doi.org/10.1111/inm.12735>
- van Gelder, N. E., van Haalen, D. L., Ekker, K., Ligthart, S. A., & Oertelt-Prigione, S. (2021). Professionals' views on working in the field of domestic violence and abuse during the first wave of COVID-19: A qualitative study in the Netherlands. *BMC Health Services Research*, 21(1), 1-14. <https://doi.org/10.1186/s12913-021-06674-z>
- Van Gelder, N., Peterman, A., Potts, A., O'Donnell, M., Thompson, K., Shah, N., & Oertelt-Prigione, S. (2020). COVID-19: Reducing the risk of infection might increase the risk of intimate partner violence. *EClinicalMedicine*, 21. <https://doi.org/10.1016/j.eclinm.2020.100348>
- Vieira, C. M., Franco, O. H., Restrepo, C. G., & Abel, T. (2020). COVID-19: The forgotten priorities of the pandemic. *Maturitas*, 136, 38-41. <https://doi.org/10.1016/j.maturitas.2020.04.004>
- World Health Organization (2013). *Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence*. Retrieved May, 30, 2023, from https://iris.who.int/bitstream/handle/10665/85239/9789241564625_eng.pdf?sequence=1
- World Health Organization (2020). *COVID-19 and violence against women: what the health sector/system can do*. Retrieved May, 30, 2023, from <https://iris.who.int/bitstream/handle/10665/331699/WHO-SRH-20.04-eng.pdf?sequence=1>