

A call to action against gender-based violence and discrimination from the Emergency Departments

Erika Poggiali,¹ Davide Bastoni,¹ Carlo Fraticelli,² Massimiliano Beghi,³ Daniele Coen,² Lorenzo Ghiadoni^{2,4}

¹Emergency Department, Guglielmo da Saliceto Hospital, Piacenza; ²Academy of Emergency Medicine and Care, Pavia; ³Department of Mental Health and Addictions, AUSL Romagna, Cesena; ⁴Department of Clinical and Experimental Medicine, University of Pisa, Italy

Gender-based violence (GBV) is a global issue deeply rooted that grows from gender inequality and represents one of the most severe human rights violations. GBV is violence directed against a person because of their gender. It may include both intimidation and manipulation in addition to sexual, physical, mental, and financial harm done in secret or in a public context. The consequences of GBV can be devastating, with life-long consequences for survivors, or even result in death. Although GBV affects both men and women, the burden belongs mainly to women and girls. According to the 2015 Italian National Institute of Statistics report, almost 1 out of 3 women in Italy have disclosed physical and/or sexual violence. Thirty-one percent of women aged 16–70 have experienced some form of violence (20% physical and 21% sexual violence).¹ Up to December 3, 2023, 109 women had died in Italy, 90 of whom in domestic settings, and 58 had been killed by partners or former

partners. Analysing the data from the first nine months of 2023 of calls to the national “Anti-violence and anti-stalking” helpline (1522), approximately half of the victims (47.6%) were victims of physical violence. Psychological violence was the second most frequent reason for calling (36.9%). Most of them (79.4%) are victims of domestic violence. Only 15.8% reported the type of violence they suffered (1,311 victims),² even if the Italian law ensures greater protection for victims and legal aid.

In most contexts, domestic violence is used to describe intimate partner violence (IPV). The relationship between IPV and mental health is complex and bilateral. In fact, exposure to IPV both in childhood and adulthood increases the likelihood of developing a range of mental health problems (anxiety, depression, substance use disorder, post-traumatic stress disorder, personality disorders, psychosis), suicidal ideation, self-harm, and attempting suicide. On the other hand, mental health problems and harmful substance misuse are associated with an increased risk of both IPV victimization and perpetration. Domestic violence during pregnancy may be a precursor to the intergenerational transmission of mental health problems and the propensity to poorer general health. Reducing IPV is very likely to improve outcomes.^{3,4}

Section 3 of the Italian Constitution guarantees equal treatment for all citizens, and it expressly forbids any kind of discrimination. The Workers’ Statute (Law No. 300 of 20 May 1970) prohibits employment discrimination on grounds, such as sex, political opinions, union-related activity, religion, race, language, disability, age, sexual orientation, personal beliefs, and nationality. According to Legislative Decrees No. 215 and No. 216 of 2003,⁵ sexual and gender harassment are also considered discrimination. Gender-based harassment is any behaviour that violates a person’s dignity or creates an intimidating, humiliating, and offensive environment because of their gender. Palumbo and Manna reported that more than a fifth of respondents perceived at least one form of workplace discrimination, and prejudiced treatments were triggered by distinctive socio-demographic and work-related factors.⁶ Data on discrimination for sexual orientation and homophobia are lacking.

The Emergency Department (ED) can represent the first place where a person victim of violence or discrimination seeks help, where not only acute health issues but also social and psychological problems are managed (Figure 1). Fondazione Onda, the national observatory for women and gender’s health, has promoted since 2005 a gender-oriented approach to health, with a special focus on women, highlighting the main critical issues and equality of access to healthcare.⁷ Scientific societies, patients’ associations, and media are actively involved in all the projects, with the main aim to promote awareness and provide primary prevention, early diagnosis, and therapeutic adherence. Fondazione Onda collaborates with a large network of Bollini Rosa-awarded hospitals of the National Health System that pay particular attention to women’s health.

To address the issue of GBV and discrimination, specific pathways have been planned in the Italian EDs, starting with the triage nurse, who can activate the anti-discrimination admission

Correspondence: Erika Poggiali, Emergency Department, Guglielmo da Saliceto Hospital, Via Giuseppe Taverna 49, Piacenza, Italy. Tel.: +39.0523.303044.
E-mail: E.Poggiali@ausl.pc.it

Key words: gender based violence; domestic violence; discrimination; anti-discrimination admission pathway.

Conflict of interest: EP, DC, and LG are members of the editorial board of ECJ. The authors declare no potential conflict of interest, and all authors confirm accuracy.

Availability of data and materials: All data underlying the findings are fully available upon reasonable request to Erika Poggiali, E.Poggiali@ausl.pc.it

Ethics approval and consent to participate: not applicable.

Acknowledgments: The authors would like to thank all the medical and nursing staff who help and protect victims of violence and discrimination every day worldwide.

Received: 20 December 2023.

Accepted: 20 December 2023.

This work is licensed under a Creative Commons Attribution 4.0 License (by-nc 4.0).

©Copyright: the Author(s), 2023

Licensee PAGEPress, Italy

Emergency Care Journal 2023; 19:12211

doi:10.4081/ecj.2023.12211

Publisher's note: all claims expressed in this article are solely those of the authors and do not necessarily represent those of their affiliated organizations, or those of the publisher, the editors and the reviewers. Any product that may be evaluated in this article or claim that may be made by its manufacturer is not guaranteed or endorsed by the publisher.

pathway if aggression has been reported or suspected. The anti-discrimination pathway involves specific attention to patient communication, the placement of the individual in a quiet room when necessary, and the attribution of a priority code. The presence of a police officer in the ED can offer further legal support and protection when needed. At the end of the ED pathway, if the patient is discharged, a follow-up appointment with an ED physician and a psychologist from an anti-violence centre is scheduled. In line with the current literature, ED-supporting interventions aim to improve the social determinants of health.⁸

Based on the evidence that ED physicians are often the first healthcare professionals a person faces when he/she asks for help, they should be trained adequately to recognize and correctly handle any issues related to GBV and discrimination with the help of the professionals of anti-violence centres. The training course should teach basic knowledge about discrimination categories but also, more importantly, a correct approach in terms of language and communication techniques.⁹ The ultimate goal is to welcome patients of any gender, identity, or ethnic background, allowing them to feel safe, respected, and not judged, and letting them be more prone to the care process. The 25th of November is the

International Day for the Elimination of Violence Against Women.¹⁰ However, for emergency physicians and nurses, every day is a day dedicated to the fight against GBV and discrimination. We firmly believe that knowledge empowers doctors and nurses to make the best choices for each patient in terms of diagnosis and treatment, particularly those who have experienced violence and discrimination. For this reason, the creation of networks and synergies among emergency physicians, psychiatrists, and psychologists should be encouraged in order to improve the quality and accessibility of health services for all patients, regardless of their gender, ethnicity, and social status.

References

1. Italian National Institute of Statistics (ISTAT) (2015). Available from: <http://www.istat.it/it/archivio/161716>
2. Italian National Institute of Statistics (ISTAT). Il numero di pubblica utilità 1522: dati trimestrali al III trimestre 2023. 2023. Available from: <https://www.istat.it/it/archivio/290768>
3. Oram S, Fisher HL, Minnis H, et al. The Lancet Psychiatry Commission on intimate partner violence and mental health: advancing mental health services, research, and policy. *Lancet Psychiatry* 2022;9:487-524.
4. Barrios YV, Gelaye B, Zhong Q, et al. Association of childhood physical and sexual abuse with intimate partner violence, poor general health and depressive symptoms among pregnant women. *PloS One* 2015;10:e0116609.
5. Ministero del Lavoro e delle Politiche Sociali. Discrimination in the workplace. Available from: <https://www.lavoro.gov.it/single-digital-gateway/equal-treatment/discrimination-workplace>
6. Palumbo R, Manna R. A portrait of workplace discrimination in Italy: empirical evidence from a nationwide survey. *Evidence-based HRM* 2020;8:92-112.
7. Fondazione Onda. Available from: <https://fondazioneonda.it/en/>
8. Walter LA, Schoenfeld EM, Smith CH, et al. Emergency department-based interventions affecting social determinants of health in the United States: A scoping review. *Acad Emerg Med* 2021;28:666-74.
9. Vignola V, Cassinelli D, Berté R. Learning to communicate. The experience of an Italian emergency department. *Emerg Care Journal* 2023;19:11466.
10. UN. International Day for the Elimination of Violence against Women - 25 November. Available from: <https://www.un.org/en/observances/ending-violence-against-women-day>



Figure 1. No discrimination, racism, or violence at the entrance of the Emergency Department of Piacenza (Emilia-Romagna, Italy) (courtesy of Davide Bastoni).