

EXPERIENCES FROM THE FIELD

GENDER-BASED VIOLENCE; TRAGEDY AND CHALLENGES TO FACE

The WHO defines health as a state of complete physical, mental, and social well-being. Gender-based violence deeply damages all of these aspects. Gender-based violence is a widespread phenomenon whose levels are still dire, especially in low-resource countries where they often intertwine with conflicts and social situations that aggravate its severity and spread.

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SNAPSHOT OF A CRISIS

Gender-based violence is a widespread phenomenon across the world, stopping at no demographic or social barriers.

Sexual violence in particular is one of the worst atrocities that humans perpetuate on each other. Gang rape is always part of genocides and a frequent part of armed conflict, used as a full-fledged weapon of war.

Until more recent times, the omnipresence of rape in human history was tied to the invisibility of victims before the law. Suffice to remember that marital rape was not a crime in any country until the 1970s. In the last 50 years, the situation has much improved in the Western world. Cases of sexual violence have declined by more than 80% and the rate of femicide has reached minimal levels. In Italy, the rate of femicide was cut by half again in the last 20 years and is now around 0.3 per 100,000 women per year, among the lowest in the world. The major media attention that femicides elicit in Italy today, despite this improvement, speaks to the profound change in society's sensitivity to this form of violence.

CRITICAL SITUATION IN RESOURCE-LIMITED COUNTRIES

Unfortunately, the situation is much worse in areas with limited resources and even worse in areas where there are conflicts. According to WHO estimates, the prevalence of women who have been victims of violence in the last 12 months and over their lifespans is 22%, and 37%, respectively (WHO, 2018); Pregnancy is not a time safe from sexual violence, particularly in very young women. A recent review reported that in the Sub-Saharan area, there was an incidence of sexual violence among pregnant adolescents between 8% and 43% (Adjimi Nyemgah et al., 2024). Violence in limited-resource countries also has certain features that have disappeared or are very rare in the Western world, such as selective infanticide of female infants, genital mutilation, forced marriages, trafficking of girls into prostitution and sexual slavery, honor killings, corporal

tragedy. The accounts of women raped in the ongoing conflicts in Europe and the Middle East are widespread right now. Sexual violence, mutilation, videos of rapes sent with the victims' cell phones to relatives and friends, and guns fired at intimate parts. Some figuratively speak of mass "femicide." The Red Line Initiative has recently been launched, a campaign to

punishment of disobedient wives, and mass rape during war or

genocide. War situations further exacerbate this largely silent

recognize rape during wartime as a crime against humanity, a crime that cannot be overlooked once the war is over, for which there must be a legal prosecution and recognition of the victims (Mukwege and Conry 2023). A systematic analysis is needed of the evidence of war rapes, collecting testimonies, semen samples on the body of the victims, and asking for the autopsy of those who have died, when there is often a rush to identify them and then bury or cremate the body (*Physician for Human Rights*, 2023).

THE CHALLENGE OF MULTIDISCIPLINARY CARE

Care clinical management of cases of gender-based violence is complex. This multidisciplinary assistance involves psychologists, gynecologists, social workers, and lawyers. This model is followed by all Western anti-violence centers (Barbara et al., 2019) and is also supported in countries with limited resources. Denis Mukwege, a gynecologist from the Democratic Republic of Congo and 2018 Nobel Peace Prize laureate, played a key role in spreading this integrated model of care. He first implemented it in Banzi where he originally worked, but then spread it to many other areas of Sub-Saharan Africa. Violence against women is a complex problem that needs a many-faceted response; there are no shortcuts. The WHO defines health as a state of complete physical, mental, and social well-being. Gender-based violence deeply damages all three of these aspects of health. We cannot talk about reproductive health today without addressing the problem of gender-based violence. It is an enormous challenge, but one we must face without looking away.

BIBLIOGRAPHY

- 1 Adjimi Nyemgah C. et al. Intimate partner violence during pregnancy against adolescents in sub-Saharan Africa: a systematic review. Inj Prev. 2024.
- 2 Barbara G. et a. Sexual violence against women: a multidisciplinary integrated care model. BMJ. 2019.
- 3 Mukwege D. et al. A call to action: Drawing a red line to end conflict-related sexual

violence. Int J Gynaecol Obstet. 2023.

- 4 Physician for Human Rights. Position Paper: Sexual & Gender based violence as a weapon of war. During the October 7, 2023. Hamas attacks. https://www.phr.org.il. November 2023.
- 5 Pinker S. *II declino della Violenza*. Mondadori, 2017.
- 6 WHO, VAW-IAWGED. Violence Against Women Prevalence Estimates, 2018.