

Research Article

## Anti-Violence Centers in Italy During the COVID-19 Emergency: Support Strategies for Women Victims of Violence

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**Academic Editor:** Luc Jasmin

**Special Issue:** [How COVID-19 Changed Individual and Social Life: Psychological and Mental illness Studies on the Pandemic Outcomes](#)

*OBM Neurobiology*

2022, volume 6, issue 4

doi:10.21926/obm.neurobiol.2204147

**Received:** August 16, 2022

**Accepted:** November 21, 2022

**Published:** November 30, 2022

### Abstract

The COVID-19 pandemic has negatively impacted anti-violence centers for women. This study aims to investigate how the COVID-19 pandemic restrictions affect: the assistance and protection functions of the anti-violence centers; the needs of women victims of violence; and the well-being of the professionals working with these women. Twenty-four Italian anti-violence centers were involved, and 29 women working there were interviewed. From the qualitative analysis of the texts, three main themes were identified regarding the impact of the COVID-19 pandemic on the anti-violence centers service: 1) transformations and synergies to improve help-seeking, 2) consequences of the pandemic situation on women victims of violence, and 3) the impact of the COVID-19 crisis on professionals. The results show that anti-



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violence centers need to be restructured to respond to the changes caused by the pandemic and expand their remote support strategies. Their interventions were fundamental in enabling women to seek help during the COVID-19 pandemic. The professionals involved in providing support to victims encountered stressful difficulties specific to the pandemic.

### **Keywords**

COVID-19; women; anti-violence centers; remote support

## **1. Introduction**

Intimate Partner Violence (IPV) against women is a universal and structural phenomenon affecting women of all ages, ethnicities, education levels, incomes, and social backgrounds [1-5]. The extent of abuse makes it a public health problem and a violation of human rights [6]. According to the World Report on Violence and Health, IPV can be defined as any behavior within an intimate relationship that causes physical, psychological, or sexual harm to the person in the relationship [7].

IPV can increase during family time spent together, especially during the pandemic situation [5, 8, 9]. When the first steps to contain the spread of COVID-19 were enforced, many women suddenly found themselves trapped in their homes with abusive partners [10]. The COVID-19 restrictions officially started nationwide in early March 2020. On March 8, the government declared a state of national lockdown until at least the beginning of April [11]. This procedure consisted primarily of the following containment measures: prohibition to leave one's home except to work in those public utility activities that have not been closed and for primary needs.

Although vital to fighting the pandemic, domestic isolation may have contributed to the aggressor gaining more power. Studies have shown that the rate of IPV and sexual violence can escalate during and after large-scale disasters or crises [5]. Since the key factors leading to IPV within the couple are domination and control [12, 13], the proximity of victims to perpetrators has become a crucial problem and has made it even more difficult for women to seek support and help [14]. Thus, the COVID-19 pandemic situation can aggravate the impact of this conduct [11].

A general trend is emerging, which indicates that cases of IPV have increased on average by 25% and even doubled in some countries, compared to the same data from the previous year [5, 11, 15]. Other data suggest worse scenarios, with rates of femicide (i.e., the murder of a woman) reaching peaks in at least 10 years [16], with numerous disappearances of women and teenage girls, and with rates of IPV tripling compared to the same period the previous year [5]. The situation in Italy is consistent with the rest of the world: during the lockdown, the number of femicides tripled to a shocking one every two days [17].

During the lockdown, many social institutions, such as anti-violence support centers for women victims of violence, were negatively impacted. At that time, there was a decline in helpline calls in Italy, but a simultaneous surge in text messages and emails seeking help, suggesting that forced cohabitation led to greater control of women by their partners [18].

This study aims to investigate how the COVID-19 pandemic restrictions affect: the assistance and protection functions of the anti-violence centers; the needs of women victims of violence; and the well-being of the professionals working with these women.

## **2. Method**

### ***2.1 Participants and Procedure***

This qualitative study was conducted in Italy from May to July 2020 with the aim of interviewing the available Italian anti-violence centers. In Italy, there are a total of 338 anti-violence centers, 253 of which comply with regional and national institutions and are therefore financed by the state. In 61.9% of cases, they are private associations in almost all regions, financed by both private and public funds in 51.4% of cases, public funds only in 39.3% of cases, and private only in 2.7% of cases. 55.5% of social workers working there are voluntary and 44.5% have some form of remuneration [19]. 24 anti-violence centers have decided to participate in the research (8 in Northern Italy, 8 in Central Italy, and 8 in Southern Italy) with a total of 29 women working in anti-violence centers (13 from the North, 7 from the Center, and 9 from the South of Italy) were interviewed. Of the participants, 53% were psychologists or social workers, 44% were directors of the centers and 3% were lawyers. The mean age was 46.93 years ( $SD = 15$ ). Furthermore, 47% of the professionals had a master's degree, 33% had a three-year degree certificate, 17% had a secondary-school diploma, and 3% had a lower middle school diploma. In terms of marital status, 36.6% were married, 33.3% were single, 16.6% were divorced, 10% were cohabitating, and 3.5% were widowed. And 55% of the professionals are Catholics, of which 13.8% are Catholic practitioners. All the participants were women because it is a strict rule set by anti-violence centers, which base their work on the relationship between women.

Anti-violence centers in Italy are facilities that receive and support women who are experiencing or threatened by any form of violence. Anti-violence centers offer telephone reception services, personal counseling, and hospitality in shelters to women victims of domestic violence, sexual violence, economic violence, and stalking. This study identified anti-violence centers throughout Italy, consulting regional lists and taking into consideration the largest anti-violence centers in provincial capitals, and contacting them by telephone. The researchers stopped contacting these centers after reaching a sufficient number of participants. The project was explained to each anti-violence center when we asked if they had staff available for interviews. Before the interview, informed consent was sent to each research participant and was signed and returned to the researchers. A semi-structured interview with the participants was conducted by telephone for about an hour. This study was approved by the Padua University Ethics Committee for Experimentation before commencing the study (N°2D48EEDA09A32FAC1942DFAB10886080).

### ***2.2 Data Collection and Analysis***

Considering the historical period and the delicacy of the topic and the participants, the authors have chosen to implement this research by conducting a remote interview in the possible terms for the anti-violence centers. The authors, given the novelty of the research topic carried out, also decided to implement an interview that would leave as much room for expression as possible for the participants and use a qualitative analysis method to obtain the highest degree of informativeness from the information collected.

The semi-structured interviews created consisted of the following issues: the situation of the centers and the women they assisted from the outbreak of the health emergency until one month after its beginning; the relationships with social services, other anti-violence centers in the area, law

enforcement agencies and regional and national institutions; and the personal feelings of the interviewed operators during the pandemic phases.

A researcher conducted the interviews, and each interview lasted about one hour. The women participated voluntarily in the interviews and did not receive any compensation. The interviews were recorded, transcribed, and the texts were analyzed thematically following the six main phases: familiarization with the data, coding, generating initial themes, reviewing themes, defining and labeling the themes, and writing up [20]. In this process, patterns of themes were identified using Atlas.ti software [21]. Pseudonyms were used to protect the participants' anonymity.

### 3. Results

Three themes emerged from the qualitative analysis: 1) strategies to improve help-seeking, 2) consequences of the pandemic situation on women victims of violence, and 3) the impact of the COVID-19 crisis on professionals (see Table 1).

**Table 1** Results.

Themes	Codes	Quote
<b>1. Strategies and synergies to improve help-seeking</b>	Collapse called first lock-down phase: women's reasons	"At the end of February, the women had begun to cancel their interviews, and from March onwards, there were no more requests. We received an average of three calls a day from women and by March there would be about ten."
	Growth in emergency calls	"The majority of the calls we received were for emergency shelter, more than half. In addition, many women who were already being treated in refugee centers had to leave their homes as their situation deteriorated and their lives were in serious danger."
	Work reorganization of anti-violence centers: remote support	"We tried to enhance our skills in reading expressions even through tone of voice and facial gestures on Skype."
	Communication and advertising on the service	"We gave information about our always open and operational through the Internet, such as Facebook or Instagram, and also through an article in the online newspaper."
<b>2. Consequences of the pandemic lockdown situation on</b>	Territorial synergies	"Throughout these months, thanks to the Internet, different centers could pass information to us. This experience unified us and increased our motivation."
	Women's problems: violence and child management	"Women have reported worsening physical violence, but most importantly, a psychological decline in blackmail, threats, devaluations, humiliations that leaves them feeling powerless and stuck in domestic situations and violence."

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<b>women victims of violence</b>	Women's problems: uncertainty, fear of the future	"Many women were primarily concerned about their health and were unsure whether they or their children would become ill and what this entailed. For many women, their anxiety concerned the here and now, the change in social life and the loss of security they could rely on."
	Women's problems: regression from the way out of violence	"Women have reported a worsening financial control, justified by the uncertainty caused by the economic crisis. Especially for women with children, the anxiety has increased significantly."
<b>3. The impact of the COVID-19 crisis on professionals</b>	Stress and burnout in social workers: work reorganization	"Having to work from home means that there is no separation between home and office. I had counseling sessions at all times, without being able to emotionally distance myself from the problems presented to me. This made the work really very preoccupied and intense."
	Stress and burnout: remote support	"Our main concern was to find ways to process first-time requests from women who were still living with the abuser. We were concerned about their safety, especially in some of the high-risk situations, since we could not even call to see how the situation was developing. Waiting for their calls sometimes really causes anxiety for all of us."
	Absence of stress and burnout: compensation strategies	"For me, being involved in my work has never been stressful and I worked with greater intensity and passion during this pandemic period when everything has become more uncertain. I consider myself privileged that I haven't lost my job that I could continue to work with high motivation."

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### ***3.1 Theme 1: Transformations Synergies to Improve Help-Seeking***

The first theme concerns whether and how these centers have been able to provide help to women victims of violence during the lockdown and how they were restructured by strengthening regional networks.

Immediately after the lockdown began, the number of women who turned to anti-violence centers in Northern Italy fell drastically, for example, as reported by Ludovica, a 42-year-old psychologist:

At the end of February, the women had begun to cancel their interviews, and from March onwards, there were no more requests. We received an average of three calls a day from women and by March there would be about ten.

The heads of these centers attempted to understand the causes, including information at the international level provided by the media. They suggested that generalized fears of infection

affected the victims, in addition to having to grapple with uncertainty and fear for their children. These women were concerned that the drastic changes in their family and social life would make everything even more precarious and therefore would put their lives and those of their children at greater risk. According to Carmela, a 51-year-old social worker:

Our feeling was that women think their homes were safer than anywhere else. The fear of dying of COVID-19 was stronger than their fear of partner violence. The messages about the risk of infection in our region were very alarming and these warnings were generalized throughout the population. The initial period of silence was caused by the fear of the pandemic.

Similarly, Ophelia, a 29-year-old psychologist said:

I think that women turned more inward out of fear. Since this is something they are accustomed to in their daily lives, their sense of helplessness was heightened because they realized that society had been fragilized and therefore they did not feel able to ask for help even in this emergency. I think they thought that there was no longer a way out of the violence because life outside the family was being destroyed by the pandemic.

By contrast, in central and southern Italy, some anti-violence centers reported an increase in calls and, in some cases, even a doubling of requests compared to the same period in the previous year. Most of these were emergency calls, which often also involved the police when women needed to be rescued from their homes and placed in shelters. Lucilla, a 25-year-old social worker, said that the majority of calls we received were for emergency shelters, more than half. In addition, many women who were already being treated in refugee centers had to leave their homes as their situation deteriorated and their lives were in serious danger.

There was also a change in the response to the women already followed by the centers. Home interviews were impossible since the perpetrator was also present, so the only alternative was to monitor the situation. Marianna, a 71-year-old head of a center in northern Italy said:

Often maintaining long-distance contact even with the women who lived with the perpetrator was very difficult. It has happened more than once that the perpetrator asked the woman for an explanation or tried to interrupt the phone call. However, the women continued to stay in touch even in the presence of the perpetrator, perhaps with short calls and we tried to support and monitor them for possible messages.

The women called the centers at times that coincided with when they were out taking out the garbage or going to the pharmacy, walking the dog, shopping, or for medical examinations. As the head of the center, a 35 years-old psychologist, Alba said:

Women continued to try to stay in touch mostly via text and email. Many other women tried to call us in those few moments when they managed to be alone or when the perpetrator went out or when they managed to go out with some excuse such as the need to shop.

The reorganization strategies in the centers involved providing remote support, as described by Clementina, a 57-year-old head of a center in Northern Italy, "We tried to enhance our skills in reading expressions even through tone of voice and facial gestures on Skype.". The first step was to

prevent the phone call from turning into a time for the victims to simply vent their emotions. Flavia said, “We tried to give self-reflection tasks so that women would continue to increase their level of awareness through dialogue with us. To this end, we used autobiographical narration.”. In some centers in southern Italy, webinars providing information and raising awareness were organized. According to Flavia, these forms of assistance were initially difficult, because they required the acquisition of new skills, but this mode of remote support can be very useful in the future, regardless of the emergency. It can be a solution for women who do not want to come to the center in person. The Department of Equal Opportunities has launched a series of initiatives at the media level to make sure that women did not feel alone and would continue to maintain contact with the anti-violence centers. In April, Clementina noted that, “At that point, after 15-20 days of lockdown, women started calling again, so the number of daily calls was almost back to the average.”. The messages encouraging them not to surrender to violence were not only broadcast on television, but also on social media. Anita, a 70-year-old head of the center, indicated that “We gave information about our always open and operational through the Internet, such as Facebook or Instagram, and also through an article in the online newspaper.”.

Especially in the South, the regional network was a fundamental component in handling the emergency. The solidarity and synergy between the centers at the regional level have allowed the participants to communicate online, share experiences and be able to monitor the phenomenon locally, thanks to the Internet. As Carmela pointed out, “Throughout these months, thanks to the Internet, different centers could pass information to us. This experience unified us and increased our motivation”. Collaboration with psychiatry and mental health centers was very valuable, as Ophelia reported:

The mental health and psychiatry centers did not abandon us. They helped us by providing training courses to learn how to communicate online, and to recognize signs of fragility of callers and their condition concerning violence. We were also partially supported at the financial level, but only in terms of sanitary regulations.

### ***3.2 Theme 2: Consequences of the Pandemic Lockdown Situation on Women Victims of Violence***

This theme focuses on the issues women victims of violence reported experiencing during the pandemic lockdown.

Women’s needs ranged from physical to psychological violence support and often stemmed from the lockdown. Antigone, a 31-year-old head of the center, described this situation as follows, “Women have reported worsening physical violence, but most importantly, a psychological decline in blackmail, threats, devaluations, humiliations that leaves them feeling powerless and stuck in domestic situations and violence”. Alba also said that “Women’s concerns were influenced by the perception of external danger and the consequent fear of isolation and not being able to rely on a help network.”. As Gilda, a 33-year-old psychologist and head of a center in central Italy said, “Many requests for help came from women who felt the need for much stronger support than before because all those coping strategies, such as leaving the house or getting away, that they used up to that moment no longer worked.”. Childcare and housework at home have often led to deterioration in family relationships related to the sharing of space. Syria, a 47-year-old psychologist and head of a center in central Italy, said that “The drama of these women has worsened because critical situations with the children at home have increased. In fact, they had to manage everything, while

attempting to limit confrontations with their abuser, while taking care of their children as much as possible.”.

These requests for help did not only concern violence at home, but also the anguish of not understanding the unfolding of the pandemic and the associated loss of social and personal anchors. Ophelia described this as follows, “Many women were primarily concerned about their health and were unsure whether they or their children would become ill and what this entailed. For many women, their anxiety concerned the here and now, the change in social life and the loss of security they could rely on.”.

One of the greatest difficulties was related to the control of the partner/husband, as Tiberia noted, “Women could not turn to us freely, or to friends and family because the abuser systematically controlled their cell phone or means of communication, such as computers and social networks.”. She explained the nature of violence as control as follows, “Women have reported a worsening financial control, justified by the uncertainty caused by the economic crisis. Especially for women with children, the anxiety has increased significantly.”. Ophelia re-emphasized the anxiety related to economic difficulties, noting that the pandemic lockdown blocked the dynamics of independency, with “Women who had started out in activities suddenly found themselves again without a social space to function and achieve some financial autonomy.”. According to Orsola, this was accompanied by a freeze on further dimensions of independency, namely those related to separation, where “Women suddenly found themselves stuck in separation and protection because of postponed hearings, and many government offices were closed. Justice was basically put on hold.”. According to Tiberia, “Women lost hope for the future, they began to think that they had exhausted all the alternatives to extricate themselves from violent relationships.”. In some cases, as noted by Amaranta, a 52-year-old head of a center in Central Italy, a paradoxical phenomenon occurred, “The forced imprisonment in the home caused by the lockdown also led to a change that must be taken into account: the abusers’ need for absolute control over their partners declined and the victims noted more harmony in the home. This was followed by a regressive decline in the women’s motivation to liberate themselves.”. This decline in the determination to escape from the cycle of violence was also highlighted in central Italy, and in the north was combined with the aggravation in the family situation.

### ***3.3 Theme 3: The Impact of the COVID-19 Crisis on Professionals***

This theme reports on the impact of the COVID-19 pandemic lockdown on the personal and professional lives of the women who work in the anti-violence centers.

The lack of a reference model and the need to reorganize aid work so that they could continue to help women was the main cause of stress, as Amaranta said:

Our main concern was to find ways to process first-time requests from women who were still living with the abuser. We were concerned about their safety, especially in some of the high-risk situations, since we could not even call to see how the situation was developing. Waiting for their calls sometimes really causes anxiety for all of us.

This anxiety was combined with concerns about difficulties related to reorganizing the center, as Tiberia said:

Many of our colleagues suffered from insomnia and woke up at night with tachycardia, when we went home we were hyperactive, we could not really disconnect because we were physically charged and we could not mentally set aside our work-related anxieties.

For Orsola, helping women did not cease when the work ends, “We are all very involved in supporting victims of violence, and this takes up a lot of our free time. For us, our work has no time limit.”. Ofelia reiterated this position:

Having to work from home means that there is no separation between home and office. I had counseling sessions at all times, without being able to emotionally distance myself from the problems presented to me. This made the work really very preoccupied and intense.

According to Miriam, a 32-year-old social worker at a center in central Italy, “We worked in a constant state of emergency. Although for some time there was a decrease in the number of cases, there was no time to rest, because we had to constantly think about how to manage this unpredictable situation.”. The sense of helplessness caused by the initial decrease in calls from women was also underlined by Cesira, a 62-year-old head of a center in southern Italy, “We all lived in certain bewilderment when we realized that women were not calling not because the problem no longer existed, but because the situation had suddenly changed. We all knew that the violence ‘had not gone into lockdown’.”. Orsola highlighted the problems of providing support to victims remotely, “I experienced a strong sense of frustration and fatigue. A great deal of fatigue was due to the fact that I had to change my approach to assistance, I had to stop using the methods I was familiar with... and improvise other methods that I was completely unaware of. Unable to meet the women personally, I could not accurately assess the level of danger they were in. The uncertainty made me doubt my assessment. A virtual relationship does not allow you to get all the information or perceptions needed to understand and evaluate the situation.”. Later, Orsola described the problem further, “Providing support only by phone was very difficult, especially because the risk was that the abuser would suddenly catch the woman. Therefore, the women often used language that was almost impossible to decipher. For foreign women, the obstacles were even greater because of their language problems.”.

Working from home impacted the private lives of women working at anti-violence centers, according to Catherine:

Having to be home to work with the narratives of these women and their requests for my help was difficult because I am generally no longer a professional once I am in the door. But in this situation, there was no dividing line anymore.

Some professionals did not experience working full time or in a new way as a source of stress, as Syria said:

For me, being involved in my work has never been stressful and I worked with greater intensity and passion during this pandemic period when everything has become more uncertain. I consider myself privileged that I haven't lost my job and that I could continue to work with high motivation.

On the other hand, each center worked hard to define strategies to support their professionals, trying to reduce the impact of the COVID-19 crisis on them. What was considered the most effective

was teamwork, as described by Antigone:

Being able to count on the mutual support of colleagues was an important anchorage... If we were not a very close-knit and united team during this period, we probably would not have been able to work well or help those who needed us. We talked a lot to each other, we talked constantly, and we tried to support each other in difficult times to help each of us manage the uncertainty.

Another element that helped these professionals a lot was the gratitude expressed by the women who asked for help, as Tiberia commented, "The gratitude that these women expressed to us made up for our fatigue. These are really important outpourings that help us to deal with the unexpected and keep our motivation high".

#### **4. Discussion**

This study investigated how the COVID-19 pandemic restrictions have impacted: the assistance and protection functions of the anti-violence centers, the needs of women victims of violence, and the well-being of the professionals working with these women. The fight to prevent violence against women underwent a sharp decline due to the restrictions caused by the "stay safe, stay at home" policies on normal social life [22-24], as the home is the main arena where IPV most often takes place [2-4]. The results here confirm those reported by Italian women's protection associations, such as D.i.Re [25], which indicates an initial decline in women's calls for help to anti-violence centers and an increase in emergency calls to law enforcement agencies [26]. The gradual return of help-seeking to the centers to the pre-pandemic levels has forced professionals to substantially modify their intervention models.

The description of the problems experienced by victims because of the lockdown highlighted how the factors described in the literature on IPV [9, 27] were augmented by difficulties such as the aggravation and frequency of violence, financial/work, legal and bureaucratic problems, and the additional burden of childcare. These accompanied the victims' loss of confidence in the possibility of emancipating themselves from the cycle of violence and an adaptation to the control regime of the abuser.

The work of these centers adapted to these additional dilemmas. These involved (1) changing contact modes and the use of remote communication (webinars, and social media such as Facebook, Instagram, and dedicated websites) and remote support (telephone and Skype), (2) regional creation and implementation with social services, law enforcement agencies, and prosecutors to coordinate strategies to remove and relocate women from shelters, and (3) to exchange information and practices with other anti-violence centers and with institutions providing financial support, including health care agencies. The remote support sessions have created some unease for the professionals, including the loss of separation of their own lives from the women's appeals and their suffering, the difficulty grasping danger signals without expressing through personal contact, and the need to develop new computer skills. Nevertheless, remote contact was considered a useful tool that could be maintained in the future for women who could not physically go to anti-violence centers. The greatest limitations of this form of support are the effort required to build a trusting relationship and the difficulties related to determining the level of risk remotely.

Consistent with the literature indicating a rise in secondary traumatic stress in social workers [28,

29], professionals here had high levels of fatigue due to the sudden changes in their intervention models. The results show how professionals involved in providing support to victims encountered stressful difficulties specific to the pandemic. They regarded a change in intervention models and the acquisition of new skills, i.e., to recognize the level of the victims' distress or to read the danger signals by telephone or computer. Then, the boundaries between the professional and personal spheres became blurred, due to the increase in remote work on the one hand, as well as the widespread and constant emergency. Even though the pandemic lockdown had a stressful impact on their psychological and personal sphere, all the participants expressed great satisfaction in having been able to cope with the situation, but the constant commitment to pandemic emergency response has emerged as a possible source of burnout. Teamwork, social support, and supervision were particularly valuable as protective and compensatory factors. These can be complemented by experiential intervention programs to reduce stress, prevent burnout, and promote work-life balance [30, 31].

## **5. Conclusion**

This study on Italian anti-violence centers shows how professionals involved in providing support to victims encounter the specific difficulties of the pandemic and how they address them also in light of the problems of the women users of the centers. The emergency reorganization has highlighted the ideological and political commitment of the social workers who carried out the work and the relational and support network inside the anti-violence centers as fundamental elements of the action of the anti-violence centers. Likewise, the need to support this type of work at the organizational and economic levels becomes clearer as it faces stress loads. The reorganization of services and the possibility of continuing to help women victims of violence, even in health and social emergencies, depended to a large extent on the initiatives and commitments of each anti-violence center, which had to interface and resolve the specific problems that exist within its territory.

## **6. Limitations and Future Directions**

The main limitation of this study is the very small number of centers that agreed to participate compared to all the centers that were contacted. Therefore, in future research, it is important to successfully recruit a larger sample that is more representative of the Italian reality as a whole.

## **Authors Contributions**

Ines Testoni: research design and project planning, research supervision, text analysis, methodology and article writing; Lavinia Tredici: data collection, text analysis and article writing; Gianmarco Biancalani: methodology, text analysis and article writing; Micaela Bucuță and Hod Orkibi: article writing.

## **Competing Interests**

The authors declared no potential conflicts of interest concerning the research, authorship, and/or publication of this article.

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