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Gynecology

Domestic violence amid COVID-19

Ashri Anurudran¹ | Leah Yared² | Cameron Comrie^{3*} | Katherine Harrison² | Thomas Burke^{2,4,5}

¹Department of Public Health and Primary Care, University of Cambridge, Cambridge, UK

²Global Health Laboratory, Department of Emergency Medicine, Massachusetts General Hospital, Boston, MA, USA

³Harvard Medical School, Boston, MA, USA

⁴Department of Emergency Medicine, Harvard Medical School, Boston, MA, USA

⁵Department of Global Health and Population, Harvard T. H. Chan School of Public Health, Boston, MA, USA

*Correspondence

Cameron Comrie, 90 Alpine Street, Cambridge, MA 02138, USA.

Email: cameron_comrie@hms.harvard.edu

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In the midst of the COVID-19 pandemic, “stay at home” has become the mantra of governments and public health organizations alike. But for victims of domestic violence, home is often not a place of safety. Staying at home not only places survivors of domestic violence at risk for further violence, but also isolates them from networks of support. Containment policies may lead to higher rates of domestic violence, substance abuse, anxiety, major depression, suicide, and other manifestations of unmet mental health needs. Job losses and financial insecurity may tip at-risk relationships into violence.

The United States National Domestic Violence Hotline recently reported that many callers have indicated that their abusers are capitalizing on precautions related to COVID-19 to further restrict their access to support networks.¹ Although there is a lack of data on domestic violence in relation to the pandemic response, research on domestic violence during times of natural disaster provides some insight. After Hurricane Andrew hit Florida in 1992, the United States Center

for Disease Control found that “one third of 1400 surveyed residents reported someone in their home had lost verbal or physical control in the two months since the hurricane”.² More recently, a qualitative study of 30 Australian women aged 20–60 years found that domestic violence increased after a 2009 bushfire despite no increase in formal reporting.³

Since local crises increase the prevalence of interpersonal violence in affected communities, it is likely the COVID-19 pandemic is exposing countless individuals to circumstances with high risk for violence. Worldwide, one in three women experience either intimate partner violence or non-partner sexual violence within their lifetimes.⁴ The United Nations and WHO recognize violence against women as a major public health burden as victims may suffer from immediate physical trauma, sexually transmitted diseases, unwanted pregnancies, unsafe abortions, and mental health issues.⁴ Organizations and responders must come together to quantify the burden of domestic violence during the COVID-19 pandemic and mobilize resources to

address it. Additionally, COVID-19 testing sites must partner with domestic violence response organizations to incorporate screenings for domestic violence. Stakeholders can integrate discrete reporting platforms into grocery stores or other essential public spaces. Survivors and those who advocate for them must be included in the public health conversation surrounding COVID-19. While "staying safe" indeed means remaining virus-free, it also requires we all fight for those who are vulnerable to violence at home.

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AA, CC, LY, and TB contributed substantially to the conception of the piece. AA, CC, and LY performed the literature review. All authors contributed to drafting the article and providing critical revision. TB provided final approval of the version to publish. All authors agreed to be accountable for the accuracy of all aspects of the work.

CONFLICTS OF INTEREST

The authors have no conflicts of interest.

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Gynecology

The role of hysteroscopy during COVID-19 outbreak: Safeguarding lives and saving resources

Salvatore Giovanni Vitale¹ | Jose Carugno² | Gaetano Riemma³ | Zsolt Farkas⁴ |
Zoárd Krasznai⁴ | György Bacskó⁴ | Rudolf Lampé⁴ | Péter Török⁴

¹Obstetrics and Gynecology Unit, Department of General Surgery and Medical Surgical Specialties, University of Catania, Catania, Italy

²Obstetrics and Gynecology Department, Miller School of Medicine, University of Miami, Miami, FL, USA

³Department of Woman, Child and General and Specialized Surgery, University of Campania "Luigi Vanvitelli", Naples, Italy

⁴Department of Obstetrics and Gynecology, Faculty of Medicine, University of Debrecen, Debrecen, Hungary

Correspondence

Salvatore Giovanni Vitale, Obstetrics and Gynecology Unit, Department of General Surgery and Medical Surgical Specialties, University of Catania, Catania, Italy.
Email: sgvitale@unict.it; vitalesalvatore@hotmail.com

KEYWORDS: Acute bleeding; COVID-19; Emergency; Hysteroscopy; Pandemic

COVID-19 was declared a pandemic by the World Health Organization (WHO) during its 51st situation report on March 11, 2020.¹ One purpose of the report was to advise restructuring of healthcare services by limiting them to urgent or emergent cases in order to reduce pressure on the intensive care units (ICU) of hospitals treating COVID-19-positive patients. The availability of ICU during a pandemic is essential.

For this reason, it is mandatory to limit non-essential surgical interventions in order to allocate resources where they are urgently needed.

Hysteroscopy is the gold standard technique for the diagnosis and treatment of intrauterine pathologies. While hysteroscopic surgeries performed in the operating room with general anesthesia will only need a single ventilator (anesthesia machine), performing office