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How to cite

Cersosimo, G., Marra, P. (2020). In the Time of COVID-19: Love and Transformations in the Family. [Italian Sociological Review, 10 (3S), 711-736]

Retrieved from [<http://dx.doi.org/10.13136/isr.v10i3s.395>]

[DOI: 10.13136/isr.v10i3S.395]

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3. Article accepted for publication

Date: October 2020

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Italian Sociological Review
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In the Time of COVID-19: Love and Transformations in the Family

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Abstract

In recent months, COVID-19 has distorted our everyday life in unexpected and violent ways, irreversibly devastating our apparently strong world structures.

Although each country has tried to cope with the crisis, the repercussions on health, economy, social and family life, have quickly emerged around the world. The pandemic has redefined the criteria for health and well being as much as the virus itself.

Moved by this unprecedented emergency, the family suffers the effects of the virus in a mirror like way quite different from the effect on the individuals in that space, whose relationships - out of equilibrium - fall apart when hit by the classic tension-accommodation dichotomy (Simmel, 1895).

This tension is generated by the fear of death and disease, keeping pace with the growth of the pandemic, a common realization byway of an uncertain future; as well as by the financial strains that weigh on an already precarious personal and family economy, as well as by the expression of feelings that change our language and relationship to each other, proposing caution and circumspection. Within the home, time and personal space are necessarily subject to new forms of management, sharing, and redefinition. We have used a qualitative methodology of narrated communication using semi-structured interviews and in-depth interviews. Our research illustrates ways in which understanding the impact of the pandemic on our families and the new vulnerabilities that derive from it, activate mechanisms to contain the tensions associated with them and the new needs that gradually emerge.

Keywords: vulnerability, intolerance, fragility, poverty, relationship.

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1. Introduction

Due to the social isolation measures implemented across the globe to help reduce the spread of COVID19, people have been restricted to their homes. This situation has increased personal and collective vulnerabilities while limiting access to familiar support systems (van Gelder et al., 2020).

On an international level, in inhomogeneous ways, we have witnessed an increase in domestic abuse worldwide since social isolation and quarantine measures came into effect. This has led to an apparent decrease in emergency calls and an increase in online searches for resources and requests for help. Google reported a 75% increase in Internet searches related to support for domestic abuse (Poate, 2020). From the United States to China, Brazil to Australia, there are evident increases in violence among intimate partners and families, in particular against women and children, due to the isolating effects of quarantine conditions (Campbell 2020; van Gelder et al., 2020). China, the first country to impose a mass quarantine in the Wuhan province, denounced that domestic abuse incidents increase threefold in February 2020 when compared to the previous year (Allen-Ebrahimian 2020). While Europe imposed quarantine measures in an effort to slow the tide of infection, the Italian government began commissioning hotels to provide shelter to the increasing number of people fleeing abusive situations (Davies & Batha 2020). For those in these difficult situations, especially for the most vulnerable families and children, the United Nations Secretary-General Antonio Guterres recently called for countries to prioritize support, and set up emergency warning systems for people living with family violence (News Wires 2020). In Italy, a new 'Libera Puoi (You Can Be Free)' campaign has been launched for women who are victims of violence. The program is being promoted by the Department for Equal Opportunities. It was created to support women who were victims of violence during the state of emergency caused by the COVID-19 epidemic. The current goal is to promote the use of the phone number 1522, which is active 24 hours a day, as well as to promote the '1522' app – available on IOS and Android – which allows women to live chat with an operator to ask for help and information safely, without taking the risk of being listen to by their attacker (Presidenza del Consiglio dei Ministri. Dipartimento per le Pari Opportunità, 24 marzo, 2020). The Minister for Equal Opportunities and the Family, the President of the Federation of Orders of Italian Pharmacists (FOFI), the President of Federfarma and the President of Assofarm have also signed a common protocol to enhance the dissemination of information to women who are victims of domestic violence and/or stalking during the Coronavirus emergency. The goal is to support women in this time of difficulty, and provide them with all the information necessary to ask for help and report violence

safely. Pharmacies in the national territory have received informative materials that women can access to help them prevent and effectively deal with male violence or stalking. This support system has been strengthened by increased dissemination as well as by the promotion of the toll-free anti-violence number 1522.

International Press Agencies have presented other gender violence awareness campaigns during the time of Coronavirus including #failatuaparte [#doyourpart] and #riprenditilatuavita [#takebackyourlife].

The campaigns are divided into three actions to which three videos were created:

- Citizens can anonymously report acts of violence they hear or witness through the YouPol app.
- Isolated women can contact 1522 or download the app to online chat with operators. This video is subtitled in Italian, English, Arabic and Spanish.
- Anyone with a smartphone can help to spread awareness of the number and the 1522 app This video is also subtitled in Italian, English, Arabic and Spanish)¹.

Social distancing and isolation were central to the public health strategies adopted by many countries during this period, however, that social isolation resulted in an exacerbation of existing family dynamics, as well as the depletion of existing support systems such as the extended family and social/community-based support networks for families at risk. The fear and uncertainty associated with the pandemic as well, created an environment that compounded and triggered multiple forms of domestic abuse. Campbell predicted that actions such as social distancing, sheltering in place, restricted travel, and the closure of key community resources were likely to dramatically increase the risk of family violence at this time (Campbell, 2020). And so, the need arose to record and interpret what happened within the home and family in the time of COVID-19.

2. Research

2.1 Object of research

In recent months, COVID-19 has distorted our everyday life in unexpected and violent ways, irreversibly devastating our apparently strong world

¹Available here: <https://www.pressenza.com/it/2020/04/campagna-di-sensibilizzazione-violenza-di-genere-ai-tempi-del-coronavirus-failatuaparte-riprenditilatuavita/>

structures. Although each country has tried in its own way, with its own means and policies, to cope with the crisis, the repercussions on health, economy, social and every family life, have quickly emerged. The pandemic has redefined the criteria for health and well-being as much as the virus itself, reintroducing into everyday life, the dimensions of individual and collective vulnerability. In coherence with this approach and for the clarity of our analysis, we can refer at this point to different conditions of vulnerability (i.e. inherent, situational, and pathogenic), with consistent effects and levels of vulnerability (i.e., dispositional and occurrent) (Rogers, Mackenzie, Dodds, 2012). The authors bear in mind that these conditions and levels first acknowledge the ontological vulnerability associated with the human condition. This condition spreads context-specific forms of vulnerability, suggesting that vulnerability is also historically determined. It is from this historical lexicon that interventions must be projected in order to reduce the effects of its levels of vulnerability. (Mackenzie, Rogers, Dodds, 2014: 7 sgg.)

Each of us has now been obliged to subjectivity. Our roles and our way of being in public spaces have been modified. It is in fact individual emotions and feelings – intimate and private – that have been enriched and transformed in powerful ways. Within the walls of our homes, the family, susceptible to historical, social and cultural changes, adapts and transforms, beginning with the ways in which its members act, react and interact in this unexpected coexistence.

Moved by this unprecedented emergency, the family suffers the effects of the virus in a mirror like way. This is quite different from the effects on individuals within that space, whose relationships - out of equilibrium – fall apart when hit by the classic tension-accommodation dichotomy (Simmel, 1895).

This tension is generated by the fear of disease and death, keeping pace with the growth of the pandemic, a common realization by way of an uncertain future. It grows by way of the financial strains that weigh on already precarious personal and family economies, as well as by the expression of feelings that change our language and relationships to each other, causing caution and circumspection. The structure of multiple generations in the family is redistributed; roles and distances, risks and awareness are all in constant tension, but reinforced by a continuous physical and emotional proximity. Within the home, time and personal space are necessarily subject to new forms of management, sharing, and redefinition. This results in new forms of vulnerability and self identity along with a redistribution of expectations, and the awareness of inequalities which are all aggravated by the growing crisis of larger social and educational contexts, which contextualize relationships and the hierarchy of feelings that lie within school and the peer groups.

As part of our research, family vulnerability is being investigated from a gender perspective, and in relation the myriad of facets that accompany its manifestation in relational life through power dynamics and the forced interactions of family members, examining how this physical proximity can become a human crisis. Does individual vulnerability – which for different reasons Hobbes and Locke laid as the basis of coexistence – in this case, find coexistence imposed or forced by the epidemic? Is it a natural way of being or a limited experience?

Now we can connect, compare and reconsider the previously summarized² ideas and conditions of vulnerability in its various levels. Raciti, inspired by the work of Hannah Arendt who outlined three specific dimensions of life as compromised within a con-living imperative: ‘social life’, ‘moral life’ and ‘corporeality’. ‘Not man but men inhabit the earth’ (Arendt, 1958), and thus, in defining human identity, Arendt highlights that from birth, men enter into relationship with others. It is within human relationships and social life, that individuals, body and mind, physicality and morality, meet and seek each other and choose coexistence as a response to their need for safety and protection: protection of the self and protection of the body. ‘We are first of all a body, I am first of all my body [...] My body is, more essentially, a vulnerable body: vulnerable to the blows of the other man, vulnerable to the forces of nature, vulnerable to the falls of fragile balances, the psychics that animate him from within’ (Raciti, 2009: 46). The moral dimension, good conduct – one’s own and that of others – within social life, responds to the need for security to contain a perceived vulnerability. From this perspective, coexistence becomes a secure basis, a protective membrane for human frailty which can only yield to the vulnerabilities and upheavals that accompany an extraordinary event such as a pandemic. At the time of COVID-19, the family is more clearly permeable to external conditions: ‘Every action, for good or for bad, and every accident necessarily destroys the whole scheme under which the prediction moves’ (Arendt, 2001: 12).

The research question is, how did these subjects, especially women, organize themselves in this unprecedented phase to manage, protect and preserve the family itself?

² Inherent and situational vulnerability can be interconnected and interactive, for example during a period of unemployment or in front of a cognitive disability, so ‘both inherent and situational vulnerability can be dispositional or occurrent. The dispositional-occurrent distinction enables us to determine whether an identifiable vulnerability is potential or actual in order to distinguish vulnerabilities...’ (Mackenzie, Rogers, Dodds, 2014: 39).

2.2 Method of the research

We have used a qualitative methodology of narrated communication using semi-structured and in-depth interviews. It is an 'interactive process' since narrative discourse implies the possibility of multiple interpretations by those who come into contact with the story. The qualitative approach is based on analytical and explanatory methods in which emphasis is placed on deep understanding, complexity, details, and the context of the phenomena that the researcher actively engaged with to explain the research process (Coffey, Atkinson, 1996). The data were collected using semi-structured interviews and in-depth interviews from May 2020 to July 2020. Some of the guide questions used in the interviews were as follows: How did you organize your everyday during the lockdown? Have you had some problem with your husband or sons during the pandemic? Had COVID-19 consequences or created restrictions in family lives? The criteria for taking part in the study were: all participants were married or in other cohabitative relationships for at least 3 years prior to the research period. The group consisted of employed and unemployed women, all with children, and with varied levels of education from middle school graduates to university degree holders (see table no.1). By 'communicating through narration' with our participants, we aimed to organize and make sense of their daily experiences during the lockdown period. The interviews were conducted in mutually agreed upon public spaces. Each interview lasted about 60 minutes. At the beginning of each session, the objectives and ethical codes of the study, as well as privacy policies were described to the participants. All participants were allowed anonymity and the right to refuse a question or leave the session. With the participants' consent the interviews were recorded and then transcribed. The women in our research study live in the South of Italy, they were contacted by the researchers through word-of-mouth and social media (WhatsApp and Facebook). There were initially 30 women in this snowball sampling. Initially they all gave their willingness to participate in the research, however, 2 women later decided to end the interview process because they were afraid of being recognized or identified by their story. We transcribed taped-recordings, after we read all the transcripts of our interviews and we have discussed, until to familiarise with our material, reading through your expanded notes. After we read thorough our data we were be able to identify major themes and we rearrange it into sections under headings and subheadings that correspond to the themes that emerged. At the end of this phase were completed all the extracts that presented the same themes and then the contents of the interviews were interpreted, to express the points of view of our respondents.

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TABLE 1. Research participant characteristics.

N	Participant characteristics					Partner characteristics		
	Age	Educational Qualification	Occupation	N. of Children	Marital status	Age	Educational Qualification	Occupation
1	41	High school	Informal Employed	2	Married	42	Lower middle school	Employed
2	53	High school degree	Employed	2	Married	53	Bachelor's degree	Employed
3	41	Master's degree	Employed	1	Married	41	High school degree	Employed
4	42	High school degree	Unemployed	4	Married	44	High school degree	Informal Employed
5	41	Lower middle school	Informal Employed	4	Married	43	Lower middle school	Employed
6	40	Lower middle school	Employed	4	Married	40	Lower middle school	Informal Employed
7	44	High school degree	Unemployed	3	Married	46	Lower middle school	Employed
8	49	High school degree	Employed	2	Married	51	High school degree	Employed
9	40	High school degree	Unemployed	2	Life partners	43	High school degree	Employed
10	35	Academic degree	Employed	1	Married	37	Bachelor's Degree	Employed
11	42	Academic degree	Employed	2	Married	46	High school degree	Employed
12	53	High school degree	Unemployed	3	Married	56	High school degree	Employed
13	41	Academic degree	Employed	1	Married	47	Academic degree	Employed
14	58	Academic degree	Employed	2	Married	60	Academic degree	Employed
15	55	High school degree	Unemployed	1	Married	60	Lower middle school	Employed
16	48	High school degree	Employed	2	Married	50	Vocational School	Employed
17	44	Academic degree	Employed	1	Married	37	Bachelor's Degree	Employed
18	46	Academic degree	Employed	2	Married	51	Academic degree	Employed
19	52	High school degree	Unemployed	3	Married	56	Vocational School	Employed
20	48	Lower middle school	Unemployed	2	Married	53	Lower middle school	Employed
21	56	Lower middle school	Employed	3	Married	52	High school degree	Employed
22	45	Academic degree	Employed	2	Married	47	High school degree	Employed

Continue on next page

N		Participant characteristics				Partner characteristics		
Age		Educational Qualification	Occupation	N. of Children	Marital status	Age	Educational Qualification	Occupation
23	62	Academic degree	Employed	2	Married	58	High school degree	Unemployed
24	41	High school degree	Employed	2	Married	46	High school degree	Employed
25	29	Bachelor's degree	Unemployed	1	Married	33	High school degree	Employed
26	51	Vocational School	Informal Employed	3	Married	52	Lower middle school	Employed
27	52	High school degree	Employed	3	Married	52	High school degree	Employed
28	58	High school degree	Unemployed	1	Married	59	Lower middle school	Unemployed

3. Results

Through the interview process, we gathered data on how women defined their family at the time of the pandemic. COVID-19 has generated different forms of vulnerability and new expressions of fragility that social scientists must include in order to identify new interpretative paradigms. The literature on social science has dedicated a great deal of time and space to the concept of vulnerability (Hobbes, Mauss, Beck, Castel, Negri, Ranci, Arendt). In 1998 the Barcelona Declaration proposed an articulated definition of the term, analysing it according to two conceptual frameworks:

1. Vulnerability as an expression of the finitude and fragility of human existence;
2. Vulnerability as an object of interest for the entire moral sphere.

The vulnerability concept is intrinsic to that of a pandemic and the life histories of our interviewees show nuances within their personal experience. These reflections - through the interpretation, classification and summarization of interviews in the final phase of the research, suggested five categories related to women that organize themselves without precedent in the management, protection and preservation of the family itself during the time of COVID-19. They reveal a sense of acceptance, resilience, opposition, re-management and a need for quick action to address the situation and support the family.

3.1 Acceptance, and ongoing inequalities

COVID-19 has significantly affected the spaces of everyday life, and has redefined the home as one of the few places for non-virtual and interpersonal relationships, be they friends, couples or professionals. Within domestic spaces,

life at the time of the pandemic was the subject of a reorganization that involved the affective, relational and interactive dimension, first of all changing the roles of each individual subject (Del Boca et al., 2020).

It is interesting how interviewees reflect on the distribution or redistribution of gender roles within their homes during the pandemic. The very concept of home becomes relevant; historically configured as the place from which the ‘domestication’ of women originates, the dimension within which, for a long time, the female has been relegated in a mutual construction of: the order of the house and that of her gender (Leonini, 1991). The conquest of public space – for women even more than for men during the pandemic – went through a retroactive process in which the life built outside was brought back within the walls of the home, subverting the process of ‘domestication of the public’ described by Kumar and Makarowa (2008). Smartworking, D.A.D and webinar are terms that, having entered the daily lexicon of every social class at the time of coronavirus, and highlight the colonization of private spaces by extra-domestic life. During the lockdown, workstations and new school desks were set up inside the home, often side by side. Parents had to improvise as teachers and, at the same time, become students of new forms of the transmission of knowledge, in an articulated and complex alternation of roles (spouse-parent-professional) (Satta, 2020). In this confusion of tasks and roles, in a daily life upset by the epidemic, men and women have had to try to ‘tidy up’ the par excellence practice of domesticity (Pasquinelli, 2004), in the physicality of the home as well as in the new relational dimension that has been taking shape within in. In some cases, the order has been reconstituted through an unequal distribution of tasks, a gender disparity that has set women back years of social progress by making their work much less agile than men's, while exposed to continuous critique:

On the other hand, I am less important. I am the one who has to look after the child, cook the food, clean the house and smart work with a child in my arms (so much that my colleagues recognize that we have a child). I ... felt like I went back in time, perhaps, to when women were owned by their men and children. ... for a 35-year-old woman, the continuation of this situation could mean the loss of myself, my autonomy, and our emancipation. I would also say my freedom (Int. No.10).

My husband is tied in some ways to an image of the traditional wife ... in these days of continuous coexistence, I have understood that in some ways he expects me to do things as his mother did for his father, as my mother did for my father. If something is missing at the table, he does not have to get up, he is always there ready to say ‘get me this, get me that’ (Int. No. 2).

As Kant reflected (1785-1997), that which leads man to consider his own needs and interests as superior to the needs of others, generates a sort of selfishness, cruelty, and malaise.

3.2 Resilience, and other ways of managing the situation

The coexistence imposed by COVID-19, a completely new imperative compared to daily life before the pandemic, in terms of hours spent together as well as the emotions and feelings it generated, has also helped some individuals to relieve the burden of fear, uncertainty and vulnerability. For some, the coronavirus epidemic presented possibilities: the process of self-exploration, rediscovery and the development of coping mechanisms as well as a new perception of human fragility.

Yes, before, we did not talk at our house. We were always in a hurry, each of us for ourselves. Our house was where we met before going to bed, and sometimes for dinner. If we happened to be together more often, we were uncomfortable ... During COVID-19: my son came back from university, my daughter who is a graduate locked herself up at home, and my husband and I began smart working. What can I say? We enjoyed our family after so many years. We learned to talk and listen to each other, which we hadn't done for at least ten. We cooked together, ate and cleaned up together, all four of us saw the same films, laughing, commenting ... and with my husband, despite the children at home, we have also rediscovered our intimate relationship. (Int. No. 14).

We did a lot of things, we played more: for this I would say it was a positive moment ... we have been together for 24 years but we have never been so together. Before, the children had their interests, their father had his, I mine, so there were few moments that we could be together ... We were able to fill the day, maybe at the end of the evening play some games together ... we actually made the cards because we didn't keep them, 108 cards, all one by one, I and X drew them all (Int. No. 1).

Resilience, the ability to leave emotionally unscathed from a serious and unprecedented situation, has been possible in many families, thanks to the strength that each of the members has been able to draw from the others. This is not a common condition however among our participants, some of whom gained awareness and redefined their situation during the lockdown – in some cases finding the strength to face it – and others who succumbed to the weight of new discoveries.

Now, always staying at home, in this particular situation I realized that there are too many justifications and I understood one thing: before, thinking about a world without him, I was wrong, I felt a pain in my stomach, and now I think about it and say: I can do it! In this way, the quarantine has made me stronger: I can no longer justify it (Int. No. 6).

I would describe the period of the lockdown as ambivalent because I had moments of rediscovery alternated with moments of tension. Of rediscovery, because there was an introspective tour of my emotions taking place... There were already the first steps towards a new awareness of my relationship, but the extra time allowed me to continue along a path of reflection on our relationship that is now being reviewed and re-evaluated, and I am also adapting my behaviors to rediscover myself ... (Int. No. 8).

3.3 New awareness and new reactions

In a context characterized by emotional precariousness, such as that generated by COVID-19, new awareness also emerges in relation to care-giving activities. Within families, and particularly in those of southern Italy, the care performed by women does not end with the partner and their children. In this society, characterized by an increasingly aging population, it often happens that grandparents are not a support system for the parenting of their grandchildren, but they themselves become the recipients of care. Furthermore, as highlighted by the National Center for Epidemiology, Surveillance and Health Promotion, of the Istituto Superiore di Sanità in Rome, parallel to the increased life expectancy, an epidemiological transition has occurred in the emerging pathology. In a situation which required attention to the prevalence of an infectious disease, the preponderance of chronic degenerative diseases was put aside, including Alzheimer's disease and other forms of dementia. The complex management of COVID-19 completely enveloped health care providers in a sense of insecurity and psychological fragility. The social distancing generated by the coronavirus, has deprived many elderly people not only of home care, but also, the help and support of non-cohabiting family members - the family that assists them daily, an exhausting task. This has not only weighed on the management of everyday life - already distorted and complicated by the virus - but has often led to new tensions within the family unit, generating forms of psychological and private violence in several cases.

... after this period, and with the problem of having to take care of my father, because the caregiver did not come to the home during the lockdown ... my father ended up in the hospital with health problems, my husband ... he came to tell me or me and our son or your father. ... you don't want to let COVID19 into the house ... I say, all this fighting was for my father. For my job that saw

me leave even during the lockdown [works in the social-health sector] why didn't you make a fuss? The explanation is certainly linked to family jealousies and not sharing the responsibility of my father's load with the rest of my brothers (Int. No. 18).

My in-laws live alone and my mother-in-law couldn't always handle the situation herself. My husband has a brother and a sister but he had to do everything himself (shopping and care) ... it was heavy. I was exasperated because he is not the only child, but for a month, every night he was with his parents and let's face it, it's hard not to share a bed with your husband for a long time ... just in terms of intimacy. (Int. No. 1).

During this period my mother got worse. Alzheimer's is a degenerative disease, but I think it also was affected by the situation we lived through... I love her, but now, without a free moment or detachment from the wear and tear of this disease that upsets you... It turns someone you love into a stranger, I have often felt mad. In some moments I have taken out my frustration on my husband and sometimes I thought that my mother has taken away the energy and enthusiasm that I previously dedicated to my family, and which is now increasingly dim (Int. No. 3).

COVID-19 has also brought to light hidden and unthinkable behaviors within families, from the discovery of a husband's homosexuality, to the drug addiction of the youngest child, to the discovery that your teenage son has become an adult. Below are other family discoveries as told in the words of our interviewees:

... something was wrong already, but being locked in the house 24 hours a day was really a traumatizing experience. He started to lock himself up for hours in the bathroom, I didn't hear him speak, but I realized he was chatting ... after ten days he became grumpy, violent ... verbally mind you, not physically, with me and with our daughters ... I thought it would work out. Then the bitter discovery. We have been together for 13 years, and he confessed to me that for the last two, he has fallen in love with someone else, a colleague of his who is 10 years younger than him. I found myself a betrayed wife and a confidant of his new love, of which he is jealous, because his lover is not respectful of the quarantine... I wanted to die, I felt stupid, a failure (Int. No. 22).

My husband has always been a drinker. In this period it became unbearable, without much money and without being able to go out... it came to blows, but the worst thing was that our 15-year-old son got in the way to defend me... he pushed him and my son hit his head. The rush to the hospital, the problem of entering the emergency room, the questions to my son where

and how you got this cut... I had already told him, I recommend that if they ask you, you say that you were playing with your brother and you tripped, hitting your head ... then my son said 'Mom why don't you leave Dad, you have to call the police.' I'm ashamed but I don't know what to do. I don't want people to say that even now that there is Coronavirus I will make a fuss and I don't know how to keep a family together (Int. No. 19).

In some cases, COVID-19 has been used as a coercive control mechanism for perpetrators who want to exert further control in an abusive relationship, specifically through the use of containment, fear, and the threat of contagions as a mechanism of abuse. There have been reports of misinformation being propagated by intimate partners, so that those experiencing the abuse may be afraid to go to the hospital for fear of contracting the virus (Smith Slep et al., 2016; Fielding, 2020).

This is the case described below:

... after he had swollen and split my lip I told him: I will go straight to the emergency room, and he told me...you are not going anywhere to put stitches on your mouth, you could get the coronavirus (Int. No. 25).

This is not a new phenomenon, scientific studies and the news media have reported that domestic violence is a real risk in this new context, especially for women and children (News Wires, 2020).

Social distancing and isolation strategies, along with the resulting shortages of essential resources and the economic consequences of these measures have shown that globally, people are living under stressful conditions. While social isolation is an effective measure of infection control, it can lead to significant social, economic, and psychological consequences, which can be the catalyst for the type of stresses that can lead to violence. Increases in negative coping mechanisms such as excessive alcohol and drug consumption can come together into a perfect storm, triggering an unprecedented wave of family violence (van Gelder et al., 2020). Substance misuse, financial strain, and isolation are all well known risk factors for domestic abuse (Richards 2009). During isolation, there are also fewer opportunities for people living with family violence to call for help. Isolation keeps the abuse hidden, with physical or emotional signs of family violence less visible to others. Stress from the COVID-19 pandemic and the boredom associated with confinement can be serious risk factors for alcohol and drug abuse. These substances may be consumed to relieve negative feelings such as lack of control, financial worries and fear of death. (Stark, 2009; Volkow, 2020).

The symptoms of anxiety and depression (including withdrawal syndrome)

can be aggravated in users of these substances when they are not readily available. This along with local business closures may lead to more aggressive behavior in individuals with dysfunctional personality traits or personality disorders. Impulsivity could contribute to increased substance consumption or relapse and, thus, intensify tendencies toward domestic violence (Gonzales, et al., 2016; Sun et al., 2020).

The biggest problem has always been drugs... of course I've always known... the fact is that up until now, for better or worse, they were almost two separate lives in the sense that he was doing so many things on his own, once everything was done inside the house the war broke out... one night my son got up and found his father in the kitchen with his friend, who is also a boy of my son's age, smoking cocaine. My son got angry like a madman ... he shouted at him that he is a piece of shit, that it is better if he dies and he never has to see us again. He put his hands on him and they were going to kill each other. I didn't know what to do, and I was afraid that the little one would wake up too and see what was happening.. The only moment I thought of really leaving him was the lockdown because he really put his life in my face, he made me think that I wasted the best years, that I gave my children the wrong father...especially that night: the only thing I thought was that if something had happened to the boys I would have killed him, really killed him (Int. No. 5).

3.4 Opposition: the couples relationship when coping with the virus - hygiene and intolerance

In a daily life upset by the epidemic, men and women have had to reorganize themselves within domestic spaces. From some of the interviews, we found an emerging theme related to the particular attention paid to hygiene and the cleanliness within the home. This care was linked to the fear of contamination which, if not a responsibility shared by both partners, has clearly affected the life of the couple and pushed some women to develop a sort of intolerance toward their partner. In some cases, the mechanisms put in place to contain the infection actually created a form of opposition to their partner.

Sometimes he didn't even take a shower ... it was like he became a bum and I couldn't stand him. I am obsessed with cleanliness, and I became even more manic in this period. It really bothered me when he approached me, a sick feeling that started in my stomach. Even making love was bad. It seemed to me that he always stank, his beard smelled so bad, it really bothered me (Int. No. 5).

Our life changed with the lockdown. He kept going out every day, deciding that I was the one staying at home with the kids, because the school was closed. The sickness then began. He was not at all attentive to hygiene, on the contrary he came home and did not even take off his shoes ... hygiene was everything for me, but to him it was a stupid concern. After 23 years of love and agreement, we began to fight over everything. He didn't tolerate me or my mania to sanitize everything, I started to hate him for his attitude ... I started looking at his unhygienic behaviors that I didn't even see before, for example scratching his head, picking his nose while in front of the TV, etc... (Int. No. 16).

My husband was busy with volunteer shifts and I was just terrified. I was afraid he might bring some contamination into the house. We have all been taken by the need for disinfection ... even today we spray under our shoes, our hands are washed continuously, disinfectant in the washing machine, disinfectant in the dishes ... always with the fear of being able to contract COVID. I feared most for me and my first daughter, a little less for my husband and our other daughter. My husband has always gone out to help, with the delivery of drugs ... in this we often clashed as well because I was scared. It's nice to help others, but I was afraid and I wanted him to at least decrease these outings. He always silenced me and never considered how anxious I was living in this situation (Int. No. 2).

3.5 Re-managing everyday life as a couple and alone

Another specificity also emerged, which in our coding of the interviews we defined as: Coexisting in Physical Proximity and Solitude. This is the condition of some women who during the lockdown period discovered an absent presence, that is, the inability of the partner to provide support and to cope with the events of daily life together. After years of living together some of our participants have discovered that they have to face the difficulties alone, learning to reorganize their family life in solitude.

We have been together for 6 years, we have a small but lovely house, but during the time of COVID-19, it became a cage ... I think COVID introduced me to a side of my husband that I would have preferred not to see, his fragility, his insecurity, his fears, his appearances ... I only realized it when one night our three-year-old son was choking on a toy [nods]. While the baby was struggling and I was trying to do something he cursed me that I hadn't been careful ... he watched without doing anything but screaming and calling for help. When I told him to call 911, he said you're crazy... they could bring COVID to the house... luckily, by a dint of shaking, X threw up and threw out the little piece of the game. I still can't believe it, I don't have a child, I

have two. Thinking back, being together for so long this had never happened (Int. No.17).

There are several studies that explain the ways in which men are not always educated and or socialized to responsibilities and roles that women are more traditionally oriented toward. The lack of introduction to these processes makes men, in emergency situations, paradoxically more fragile. In the face of unprecedented or unusual situations (Williams, 2009), they can not always cope. The physical proximity during the lockdown period led some of our witnesses to verify inabilities and lack of action in their partners.

We were unprepared to share so much time ... the father in particular, was no longer accustomed to the presence of adolescent children, and the responsibility of managing a stressful and exhausting type of work, caused some frustration in the family which manifested with outbursts of anger, with loud voices and big words, addressed to me or to the children ...all those who 'happened to be in range'. I perceived myself as a balancing needle, as a tightrope walker who tried to keep all the balls in balance ... it is appropriate to say 'the balls in balance' and every now and then some however, ran away and rolled on the ground (Int. No. 8).

3.6 The fragility of the male that becomes violence against women and their family

In our interviews, a relevant fact emerged related to how the frailties of men – latent in normal situations, become explicit in crisis situations, taking on violent forms in the family and intimate relationships. In other words, violence against women is a disabler of dignity, liberty, and rights of the person, murder being its extreme form for silencing the individual. Research provides evidence that violence can happen across cultures, social structures, sexes, and societies. Other findings show that some forms of violence i.e. Intimate Partner Violence, which involves women more frequently as victims, is not rare in contemporary society (Zara, Gino, 2018; Miller, 2015).

He is a man who struggles and criticizes. During COVID-19, my house turned into a tomb ... in the tomb you can't do anything, you can't move, you can't see the black, you can't breathe ... so it was in my house. He decided when to get up in the morning, when to go to sleep, when to watch television and what to watch, when to wash the dishes or do other chores. He went so far as to say that we went to the bathroom too many times ... He went to eavesdrop if my daughter was talking on the cell phone or if she was following the school ... We were terrified because if he wasn't yelling, he would throw things at us to hurt us (Int. No.15).

He has been living for some time in a very uncomfortable condition: he is a hypochondriac, always in tension, always must be supported in order to avoid a crisis. In this period everything has been more difficult. In some ways we came together as a family. He was at home, when before he always seemed on the run... but then, especially in the evening, he began to behave strangely. I think that at night he never slept and then he always had a rifle (he is a hunter) near the bed. He said that with this crisis we had to expect that a revolution would come at any moment or that robberies would increase ... maybe he thought he was protecting us but this attitude of his has destroyed me psychologically (Int. N. 27).

It is possible to suppose that women's vulnerability to violence today is related to the general configurations of 'reflective modernity' (Beck, 1997), and therefore, to the consequences that this process brings to the subjects' individual trajectory. On one hand, because it obliges the woman to take decisions by herself and to be responsible for the results of her 'choices', which are not free from constraints, as they are mediated by ongoing social processes. If this provides some freedom to the women by opening new possibilities, in the COVID-19 context, risk control becomes more and more related to individual strategies, as socially there is greater exemption in relation to the collective responsibility of risk management; placing the burden on women for possible negative effects within the family. On the other hand, the myriad situations of discomfort experienced during the lockdown can cause one to lose the points of reference and the security of the family relationship. When a system breaks down, we can enter a state of confusion and loss of equilibrium that had allowed stability up to that moment. We can enter a state of vulnerability in which the elements of fragility dominate the elements of strength. Being vulnerable also means having to deal with the modification of one's self image, in relation to the changing environment and the surrounding phenomenon. In some cases that fragility is externalized, in other cases it is hidden for fear of not being understood, or out of a sense of shame (Ritchie et al., 2018).

3.7 Needs and vulnerabilities

Our research has shown that in a period of crisis such as that of the Coronavirus, families perceive new needs that they did not have before. These are not necessarily material goods, although the incidence of economic necessity has been predominant in numerous interviews. Sometimes it was a question of more subtle needs such as that of being able to understand and support children at a time when understanding and defining the situation were

particularly complex tasks. This was not previously visible when times were more hectic and the lives of young people were more marked by their social and peer relationships rather than those with their family members.

Finding out that you don't know anything about two daughters who are 16 and 19 ... then suddenly you discover that one uses cannabis and the other is gay. Their father who has never cared about anything begins to raise his hands... I feel failed as a woman, vulnerable, I don't know myself, I feel sorry for myself. I was stupid ... how did I not understand anything about my children (Int. No. 24).

For many women those needs have quickly and disarmingly become vulnerabilities. There are many factors that can determine social vulnerability such as: housing, financial conditions, work, health factors, family relationships and social relationships. Vulnerability can then be seen as a constant exposure to social risk (Laffi, 2007) requiring a daily balancing of the margin of safety between resources and requests. This process exposes weakness. In this state, you are more easily attacked, damaged and you live in a state of frailty that can be invaded by pain, by suffering and exposure to dangers; in most cases vulnerable people lack protection. Vulnerability can also be defined by conditions caused by trauma, injury, deficit, an accident, or a crisis that can affect anyone's life at any time (Malaguti, 2012). In terms of our research, the moment of crisis is defined as the unprecedented COVID-19 pandemic, in a time where freedom has become an unknown entity, but is not easy to give up. Our research illustrated several different forms of vulnerability. In the case of two of the most significant forms, the first is linked to their children, and the second to economic struggles.

3.8 The children under lockdown

During the lockdown, children took on very particular roles in the family, sometimes becoming the weak link within a consolidated group due to: their fears, their needs, or by way of having hidden parts of their identity revealed during the social isolation imposed by COVID-19. It is known, and was expressed by Erving Goffman beginning in 1956, that for many young people the safest place in which to express themselves freely is within their peer group, and through relationships established outside the home. These identities are quite different from representations that are built within the home, based on parents' expectations and desires, as well as for fear of being punished, criticized or judged. The lockdown inevitably forced our cohabiting subjects -parents and children- to reveal themselves to each other, in cases opening confrontations that the previous fleetingness of daily life had allowed them to evade. The

relationship between older and younger generations, even more so for those who live in small houses, was not always positive in this period, while some of our subjects have been able to rediscover their partner and children, for others their discoveries have brought into doubt and discussion their own parenting skills

...I always refer to my relationships with my daughters, especially with the first. Unfortunately, my daughter has always had a bad temper, and during the lockdown it got even worse. It is the first year that she had moved to another city to study and then she had to return for COVID. She is back more presumptuous than ever. It is as if now she felt more independent and therefore entitled to treat us worse than she did before. She tormented us, making us feel like nothing, belittling us as parents and as people ... I cried a lot, I wonder where I went wrong (Int. No. 2).

From these narratives, it emerges that even young children have destabilized the family balance. Children have suffered isolation even more significantly than adults – being particularly sensitive and able to absorb the emotional state of the surrounding environment, limited in the dimension of contact and body – many of them have shown signs of regression and fear.

‘According to the UNICEF guidance report on family management during COVID-19, children and adolescents can increase their burden of stress and anxiety (UNICEF, 2020) without parental help by assigning meaning to the pandemic. For this reason, international agencies such as UNICEF, the World Health Organization, the Internet of Good Things, End Violence Against Children and USAID suggest that information about the pandemic be mediated by parents, without secrets, but with developmentally appropriate language for different ages and stages of development, allowing children and adolescents to express their feelings, anxieties, and concerns, and thus physically and culturally elaborate the situation, without prejudice or xenophobia’ (Deslandes, Coutinho, 2020: 2481).

The physical and emotional protection of children has aggravated the level of stress and intimate relationship between parents who had to protect minors with more careful attention, sometimes even within their own bed. A bed that, during the phase of isolation, while the rooms of the house are overpopulated, the life of a couple and their needs for intimacy cannot find a private space. All these limitations, the discomforts of a too close coexistence and the emotions exacerbated by a condition which in itself are dramatic, in some cases have strengthened the couple’s bond, but in others have weakened it, depriving it of a good dose of tolerance.

Then he started sleeping with us... honestly this situation has become quite difficult to manage because after a day spent always together, at least the night we would have liked to enjoy some intimacy. It is not just about sex but also about being able to talk openly. The fact that our child was always present, forced me not to say, to neglect, to put, or not be able to share my worries, and this made me feel alone, fragile (Int. N. 3).

3.9 The Heterogeneity of poverty

A survey by Coldiretti (the major organization representing agricultural entrepreneurs at national and European levels) in the first two months of the lockdown in Italy highlighted the existence of over a million new poor citizens, who due to the limitations imposed to contain the contagion and the consequent loss of job opportunities, also needed to help citizens gain access to adequate nutrition. People and families who had never experienced such problematic living conditions came to the distribution centers for food parcels and solidarity canteens. Dozens of phone calls a day arrived at the switchboards with requests for help from parents unable to feed their children. These were parents who were ashamed of finding themselves in this kind of difficulty for the first time.

We still have not received financial support, so we were absolutely destroyed from an economic point of view. I did not pay the rent twice... the expense, yes, we managed, but I must say that we also had the family at the shoulders. For example, it's been two months since the washing machine broke and I can't buy it new, so I'm washing everything by hand, including towels and sheets. Believe me, this thing makes me feel bad because you know you will have to make so many sacrifices, and then you have to give up the necessary things as well (Int. No. 1).

In this period, the salary failed compared to the usual and we found ourselves in a bad situation... for me it is anguish... even the fear of getting sick because of the 'costs of the cure' and during COVID this fear was even stronger. I think the economic question is at the root of many problems. I felt vulnerable because of this. (Int. No. 2).

More thoughts on an economic level, because when not working we did not bring money home. We have suffered little from the fear of catching the virus, but we have suffered from the fear arriving at the end of the month with no food. Money is the basis of a stable family... My son, the eldest, told me 'Mom, if you need it, I'll go get something that I have saved, then when dad starts working again you can give it back to me in time'. This was very humiliating for me... my husband started to cry when he heard it. He was in the bathroom and he felt, as he said, 'a man who is worth nothing'. (Int. No. 7).

Poverty however, does not end in the economic dimension. Financial, emotional, cultural and educational poverty (Istat, 2020) emerge, albeit in a veiled way, in the representations of the hardship described by our participants. Our witnesses spoke of educational poverty in particular.

Of course we have always lived on two salaries, we didn't miss anything.. At least I thought so until the coronavirus. We have two children, for whom we bought smartphones, sweaters, shoes, backpacks, designer clothes, then the D.A.D.(distance learning) arrives and you realize that you have never thought of equipping the home with wifi ... you never thought of a PC for the children ... in short, you may not be too poor, but you realize that you are poor, because your children do not have what it takes for attending school. I began to review who we are as a family: the perfect family that cares more about looking than being. I started quarreling with my husband. One evening I said to my husband, my dear, you must think that you can be beggar in many ways... Hence fights, screams, some broken ornaments and a bruise on the shoulder... in short, you notice things that before you would not have even thought and imagined (Int. No. 11).

Only one salary, good luck, and three children ... you give them everything, but you don't give them the things they need, for example all three with cell phones, but we never bothered to buy a computer or a tablet, or what do I know. Now they are becoming blind from following the lessons online, and the gigs of the mobile phone are never enough. I tried to buy something but not having the ad at home was another problem. Do you think I could go out during the lockdown to get scans and photocopies done ... (Int. No. 14).

Through the words of the interviewees we recognize first that all children have born a cost in this time (Di Nicola, 2019). A transition took place from the initial agreements, based on shared decisions, unison and empathy. Lipps (2002) defined negative empathy as the feeling of disgust for decisions and situations in which one is not the protagonist, but simply aware of being implicated in the situation. This unaware mimetic adherence leads to intolerance, perception of vulnerability, disapproval of the other, as well as something deeper and more evident as in the case of the lack of finances to invest in your children's education along with the growing need for new and other forms of learning. It is difficult to grasp and to express, but situations of isolation certainly reduced the symbolic resources for all subjects by offering fewer tools for the interpretation and management of daily life.

4. Final remarks

In conclusion, the repercussions of the COVID-19 pandemic go far beyond measures to prevent the transmission of disease and reduce its impact on the global population. Although social distancing protects against contamination, it exposes families to physical, emotional and economic consequences as well as domestic abuse, which could culminate as a persistent problem for victims and their children. Studies indicate that the increased rates of emotional disturbances after a natural disaster often extend for several months (Campbell, 2020). By confining us to the home, the lockdown has exacerbated the phenomenon of gender-based violence, historically investigated in social sciences and placed at the basis of a large number of sociological investigations, which in recent years have highlighted its complex articulation. In this regard, the voices of our interviewees have provided food for thought and raised questions about the possibility of revisiting violence as a circular phenomenon which - without relieving the responsibilities of those who clearly act out these atrocities - pays particular attention to the communicative processes of the couple, within which, the woman herself often plays an active role in defining the phenomenology of violent behavior.

In summary, regardless of the interpretative key of the phenomena analyzed and described by this study, a fact emerges that seems to be distinguished in an almost objective measure; that the lockdown has destabilized pre-established interactive structures, aimed at a personal and relational balance - real or aleatory - within the family. This has imposed on the latter a new reflection on itself and original forms of accommodation. These are necessary to face in the emerging definition of vulnerability as we have conceptualized it, in the words of Negri, 'the chronicization, the everyday life, the familiarization of uncertainty'³. It is an uncertainty that can and must be accepted in terms of the limits of humankind in historical relationality. It is difficult to recognize but in any case implies a recurring dependence, a limit to the sense of absolutism that humans, in particular males, love to attribute to themselves. How can we deny that in the course of existence, at different historical moments, from childhood to old age, from illness to nostalgia to disability, whenever the resources to deal with situations seem to fail or be scarce and insufficient, human beings cannot manage to let go of addiction. Autonomy and dependence are 'ontological conditions of our humanity and of our being' (Turner, 2006; Fineman, 2008).

³ N. Negri in his speech at the presentation conference of *Programma Triennale di Politiche Pubbliche di Contrasto alla Vulnerabilità Sociale e alla Povertà – Fragili Orizzonti*, in the Province of Torino (17 March 2006).

In other words, uncertainty and vulnerability as ‘conditions’ that inevitably influenced contemporary couples and family relationships during the Pandemic, can be useful tools both to deconstruct the system of the transmission of gender inequalities and to understand contemporary gender changes (Ruspini, 2018).

Domestic abuse must continue to be considered a public health consequence of the COVID-19 pandemic. Police and psychiatric interventions are necessary, and professionals should be aware of the increased risks associated with continuous physical and emotional proximity. Individuals must observe precautionary measures without losing personal connections, and understand the great importance of reporting any concerns of violence. This is a tall but vital order in terms of crisis management, but it is important to remember that maintaining social connectedness is an important strategy during times of isolation (Usher et al., 2020), even more so with family or friends you suspect may be at risk of vulnerability, poverty and frailty.

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