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I was not safe in his house

The COVID-19 pandemic and violence against refugee and migrant girls and women in Italy

Authorship

This report is a joint product of the UNICEF Regional Office for Europe and Central Asia – National Response in Italy, the UNICEF Office of Research – Innocenti and the Center for Violence and Injury Prevention of Washington University in St. Louis, in coordination with the Department of Law of the University of Palermo and the association CLEDU (Clinica Legale per i Diritti Umani).

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Within this report, some of the quotes have been translated from Italian and others are originally in English, depending on the language with which the interviews and focus groups were conducted.

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Graphic design: Simone Manca
Editing: Angela Hawke, Barbara Hall
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"I was not safe in his house" is a quote from a 40 years old woman from Syria who participated to a focus group discussion.

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Acknowledgements

This research was only possible with the support of the girls and women who shared their experiences and opinions, to whom we are deeply grateful. We are also grateful to all the professionals who took the time to share their expertise and reflections, and to all the organizations who supported us in organizing the fieldwork. While acknowledging the precious help of all participants for this study, we will not provide a full list of their names, to protect their privacy.

This report was written by Camilla Caron (UNICEF), Maria Margherita Maglietti (UNICEF), Ilana Seff (Washington University in St. Louis), and Lindsay Stark (Washington University in St. Louis), with support from Luissa Vahedi, Alli Gillespie, Najat Qushua, Zyrie Berry-Hendricks, and Portia Nartey.

Close technical support was provided by Dorcas Ahinfowa Erskine (UNICEF), Alessandra Guedes, Floriza Gennari and Gabrielle Berman from the UNICEF Office of Research – Innocenti. Technical review was provided by Sheeba Harma, UNICEF's Gender Advisor at the Europe and Central Asia Regional Office. Valuable contributions were provided by Enza Roberta Petrillo (UNICEF), Alessandra Sciurba from the Department of Law of the University of Palermo and by Alice Argento, Maria Romano, Sonia Randazzo and Claudia Alaimo from CLEDU (Clinica Legale per i Diritti Umani).

Insightful reviews were also provided by Marta Fiasco and Chiara Curto from the Italian National Committee for UNICEF, Rebecca Germano from DiRE (Donne in Rete contro la Violenza), Sarah Martin (independent GBV expert), Viale Sonia and Filippo Curtale from the INMP (National Institute for Health, Migration and Poverty), and Zoe E. Taylor from Purdue University.

We are also grateful to the Department of Equal Opportunities for their collaboration and support through the entire research process and report finalization.

The publication of this report would not have been possible without the support of the British Embassy in Rome.

Contents

Acronyms and abbreviations

EU	European Union
DiRE	Donne in rete contro la violenza
FGD	Focus group discussion
GBV	Gender-based violence
GREVIO	Group of Experts on Action against Violence against Women and Domestic Violence
INMP	National Institute for Health, Migration and Poverty
IOM	International Organization for Migration
IPV	Intimate partner violence
IRPPS	Institute for Research on Population and Social Policies
ISTAT	Italian National Statistics Institute
KII	Key informant interview
THB	Trafficking in human beings
UASC	Unaccompanied and separated children
UNHCR	United National High Commissioner for Redigees
UNICEF	United Nations Children's Fund

Executive summary

"I felt lonely and away from everybody. Far away. Isolated. I felt unsafe because I was unsure about my future."
Young woman from Nigeria, aged 18

Gender norms and inequalities often shape the vulnerability of girls and women during emergencies.[1] As seen in every past crisis, from conflicts and natural disasters to disease outbreaks, the COVID-19 pandemic and the related containment measures have had a disproportionate impact on girls and women. Many countries report a surge in calls to national anti-violence hotlines and increased risks of gender-based violence (GBV).[2] At the same time -- and particularly during lockdown periods -- GBV response services have been forced to close, limit their services or change the ways they work in response to the ongoing pandemic.[3]

This research explored the specific impacts of the pandemic on exposure to GBV risks among refugee and migrant girls and women in Italy. The research focused on refugee and migrant girls and women because of the intersectionality[4] of vulnerabilities related to their gender and their migration status. It examined the availability and accessibility of GBV service provision over the course of the pandemic,[5] and explored how services adapted in the face of this health emergency.

The findings are the result of an initial desk review followed by data collection, with an emphasis on qualitative inquiry. The results reflect the direct perspectives of refugee and migrant girls and women living in Italy, but also the experiences of GBV service providers and experts on GBV, migration and asylum. Given the primarily qualitative nature of this study, it is important to recognize that some findings may not be generalizable beyond the study population.

The findings show that the pandemic worsened the already precarious economic conditions and psycho-social well-being of refugee and migrant girls and women in Italy. The physical distancing measures have increased the sense of loneliness perceived by those who, following the migration path, can only count on limited support netwroks of family and friends. In particular, adolescent girls, young women, and mothers reported increased levels of distress caused by a combination of pre-existing and new factors, including physical distancing measures, the disruption of education opportunities, heightened childcare responsibilities, and reduced resources to provide for the family due to severe economic challenges.

The study revealed that COVID-19 containment measures (such as movement restrictions and physical distancing) and the socio-economic impact of the pandemic have increased GBV risks for refugee and migrant girls and women, both indoors and in public spaces, compounding pre-existing and multi-layered vulnerabilities and creating new ones. The vast majority of key informant and participants in focus group discussions (FGDs) felt that the pandemic exacerbated key triggers of violence, including forced coexistence in small and/or overcrowded spaces, limited social support, economic difficulties and job insecurity, the slowdown of learning opportunities, xenophobia and increased social tension fuelled by the health emergency. Adolescent girls and young women were particularly exposed to episodes of street harassment and discrimination.

Findings also show that the pandemic has hampered the timely referral of GBV survivors living in reception facilities, as well as the procedures for mitigating the risk of GBV within some reception structures, as a result of reduced staff, overcrowded living conditions and limited privacy.

However, it is also important to acknowledge the many ways in which refugee and migrant girls and women felt empowered to cope with distress and bolster their own well-being, taking initiative throughout the pandemic to maintain social cohesion and participating in community-based initiatives, when COVID restrictions allowed.

The study indicates that the pandemic has not only exacerbated the barriers that refugee and migrant girls and women already faced in accessing GBV related services, it has also created new barriers, both at community and system level. As a result of COVID-19 related restrictions, many services were reduced or had to shift to remote provision, which created additional challenges for refugee and migrant girls and women seeking help, given their lack of technological tools and digital access, limited privacy, and linguistic issues. Several adolescent girls and young women reported reduced levels of awareness of the services available and challenges in keeping up with changes in the regulations for the delivery of services and their opening hours.

GBV services adapted quickly to the new pandemic setting, changing the methodology of service provision and expanding the services offered to meet the additional needs of girls and women.[6] While GBV service providers showed great commitment and resilience, those interviewed also reported that they faced multiple challenges during the pandemic, including problems of working remotely and limited human and economic resources needed to carry out their activities. However, they also stressed that many of these problems existed long before the COVID-19 pandemic, and were related to structural weaknesses of the system, including the limited spaces available in safe shelters, limited systemic inter-institutional coordination, unstructured referral mechanisms, the scarcity of financial resources, and limited monitoring of standards of services. The data also highlighted a need to train frontline workers and GBV service providers to strengthen their ability to respond to GBV cases by using approaches that are sensitive to culture, age and gender.

Three key recommendations emerged from this study:
- Prioritize GBV prevention and mitigation mechanisms and initiatives and support refugee and migrant girls and women's empowerment.
- Promote inclusive and safe access to GBV services and strengthen service capacity for refugee and migrant girls and women.
- Strengthen GBV service preparedness and adaptation at community and system level to ensure that services can respond to future crises.

These key recommendations align with and reiterate the priorities and recommendations geared towards refugee and migrant women of Italy's Strategic National Plan on Male Violence against Women 2021-2023,[7] the Council of Europe Group of Experts on Action against Violence against Women and Domestic Violence (GREVIO)[8] and the Concluding observations on the combined fifth and sixth periodic reports of Italy to the Committee on the Rights of the Child.[9]

1. Introduction

Gender-based violence (GBV) is an umbrella term for *"any harmful act that is perpetrated against a person's will, and that is based on socially ascribed (gender) differences between males and females."*[10] There are several definitions of GBV, but the framework for this research is built around the definition provided by the United Nations Inter-Agency Standing Committee. This emphasizes the disproportionate impact of GBV on girls and women as a result of the deep-rooted power inequalities between women and men in all societies of the world, with one in three women worldwide experiencing physical and/or sexual intimate partner violence (IPV) in their lifetime.[11] GBV spans a wide variety of physical, sexual, psychological and economic abuse, but intimate partner violence (IPV) is the most common form of violence experienced by women.[12]

GBV survivors[13] suffer severe short- and long-term consequences to their physical and mental health, including physical injuries, unwanted pregnancies, sexually transmitted infections, depression, anxiety, and post-traumatic stress disorder.[14] Many survivors are exposed to victim-blaming by their community, and sometimes by their own families, which puts them at risk of isolation, hampers help-seeking and increases the likelihood of further violence.[15]

In the framework of this research and in line with the International Organization for Migration (IOM) a migrant is defined as *"a person who moves away from his or her place of usual residence, whether within a country or across an international border, temporarily or permanently, and for a variety of reasons"*[16] and, in line the the United Nations High Commissioner for Refugees (UNHCR), a refugee as *"someone who is unable or unwilling to return to their country of origin owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion."*[17]

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Box 1: Overview of gender-based violence in Italy

According to the latest data available at the national level,[18] 31.5 per cent of the girls and women aged 16-70 interviewed by the Italian National Statistics Institute (Istat) have suffered some form of physical or sexual violence in their lifetime (equivalent to around 6.9 million girls and women). Rapes and physical violence are perpetrated largely by their current or former partners, while the main perpetrators of sexual harassment tend to be strangers. An estimated 26.4 per cent of girls and women have been subjected to psychological or economic violence by their current partner and 46.1 per cent by an ex-partner. In addition, an estimated 21.5 per cent of girls and women have experienced stalking from an ex-partner in their lifetime.[19] Foreign girls and women have been more likely to face physical violence then Italian women (25.7 per cent vs. 19.6 per cent), as well as rape and attempted rape (7.7 per cent vs. 5.1 per cent).[20]

The percentage of girls and women with disabilities aged 16-70 who have suffered some forms of violence, either physical or sexual, during their life is higher than for women without disabilities (36.6 per cent vs. 31.5 per cent). Women with disabilities face double the risks of suffering rape and attempted rape compared to others (10 per cent vs. 4.7 per cent).[21]

Among the children of women subjected to violence, 65.2 per cent have witnessed episodes of violence against their mother. In 25 per cent of cases, the children were also subjected to the violence.[22]

In 2018, of the almost 402,000 children in the care of Italy's social services, 77,493 were found to need assistance for some form of maltreatment (193 in every 1,000). Girls under the care of social services are more likely to have suffered maltreatment than boys in the south, north and centre of Italy, for a national average of 201 for every 1,000 girls compared to 186 boys. The percentage of foreign children being cared by the social services for maltreatment appears to be three times greater than the percentage for Italian children.[23]

1.1. Gender-based violence before, during and after migration

Global migration (both forced and voluntary) has reached unprecedented levels in recent years.[24] The causes and impacts of migration are deeply influenced by gender dynamics and constructs,[25] and girls and women are highly vulnerable to GBV-related risks before, during and after migration.[26]

Conflict, natural disasters and disease outbreaks often exacerbate pre-existing social and economic vulnerabilities and inequalities, resulting in higher levels of GBV and also prompting migration and displacement.[27] Girls and women in crisis settings and emergencies may face higher risks of IPV, forced or child marriage, denial of resources, sexual violence, trafficking and other forms of violence.[28] Many are fleeing from the risk of sexual violence, with instances of rape particularly common in conflict zones.[29] During such crisis situations, the societal structures and resources that should protect girls and women from GBV are often weakened, and the ability of girls and women to access services can also decline.[30]

Gender roles and inequalities may also affect the modality of travel, the choice of destination country and the impacts of migration. The pervasive and chronic GBV, in particular sexual violence, on migration routes around the world is widely documented.[31] Girls and women are vulnerable to human trafficking along their migration routes, especially if their migration is irregular, and may be sexually exploited or forced to get married, just to cover the costs of the journey.[32] Even the girls and women who use regular migration routes still face risks of GBV because of the lack of protection systems, the heightened vulnerabilities related to their gender, and conditions that are characterized by endemic fragility and insecurity.

Migration routes can be particularly dangerous for adolescent girls, especially those who are separated from their adult family members or who travel alone.[33] Girls may travel in a different way to boys, sometimes alone but often joining 'accompanying families or individuals' with whom they have no previous relationship.[34] This may be seen as protective, but it can also be linked to violence and exploitation. Younger women travelling without relatives and unaccompanied and separated girls face heightened risks of being trafficked and of sexual exploitation.[35]

Refugee and migrant girls and women face specific socio-economic vulnerabilities that expose them to continued and high risks of GBV in their destination countries. These include financial insecurity, barriers to employment, and a lack of knowledge about asylum procedures and protection mechanisms.

Finally, refugee and migrant survivors of GBV face multiple barriers that prevent their access to specialized services. All GBV survivors face barriers that hamper their attempts to seek help and access services, including stigma, fear and shame. However, refugee and migrant girls and women face additional challenges linked to their legal status, precarious financial situation, cultural and linguistic barriers; a lack of awareness of their own rights and of the services available; and fractured social networks, among many other problems.[36]

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1.2. Gender-based violence and the COVID-19 pandemic

The onset of the COVID-19 pandemic in March 2020 compelled governments across the globe to implement lockdowns, physical distancing policies, quarantine measures, and travel restrictions.[37] Many of these policies seemed to compound existing gender inequality within societies[38] and they have been criticized for overlooking and often failing to respond to existing and heightened threats of GBV.[39] In addition, the adverse social, economic and political effects of COVID-19 worldwide have had a disproportionate impact on girls and women as a result of entrenched gender inequalities and their lower socio-economic status.[40]

There have been deeply concerning reports around the world of increased violence against girls and women during the pandemic.[41] An increase in reported incidents of IPV has been observed in almost every country affected by the pandemic.[42] Findings from a 2021 study by UN Women in 13 countries across the globe show that 1 in 2 women aged 18-49 reported having experienced violence, or knowing a woman who had, since the pandemic began.[43]

Governments regulations mandating home isolation were deemed necessary to curb the spread of the COVID-19 pandemic. And yet, these regulations have enhanced the ability of perpetrators of violence to monitor and control women's movements while reducing their ability to seek help.[44]

The COVID-19 pandemic resulted in unprecedented service closures or modifications to critical community services, making it more difficult for girls and women to receive adequate support.[45] Globally, support services have struggled to provide adequate GBV responses as a result of the ongoing pandemic, as well as limited staffing, the challenges of adapting to and respecting COVID-related policies and new protocols, and strained financial resources, with many resources funnelled to the pandemic response.[46]

Some GBV support services did not qualify as essential services that must keep operating.[47]

Many first-response services for girls and women were also overwhelmed, ill-equipped, or lacked the capacity to respond to a surge in GBV cases. Even though steps have been taken in countries around the world to address these growing gaps in GBV service provision, including the shift to remote support, many challenges persist. These include obstacles in access to and the safe use of digital and remote services. Many survivors might not have access to phone or computers or they might find it difficult and perilous to use them in a situation of confinement and close monitoring by abusers at home.[48]

Box 2: Gender-based violence, violence against children and the COVID-19 pandemic in Italy

The COVID-19 pandemic and its related containment measures have aggravated GBV risks for girls and women across Italy, particularly in relation to domestic violence.[49] In 2020, calls to Italy's national anti-violence and stalking helpline (1522) increased by 79.5 per cent compared to 2019, with peaks registered in April (+176.9% compared to the same month in 2019) and in May (+182.2% compared to May 2019).[50] The violence reported to the helpline staff took place mostly at home and was perpetrated mainly by partners. Istat data confirm that 8.6 per cent of those who turned to anti-violence centres in the first months of 2020 did so for circumstances related to lockdown.[51] State Police reported a 13.2 per cent increase in family femicide victims in 2020 compared to 2019.[52] In 2020, a total of 67 children lost their mother.[53] In 2021, 119 homicides had female victims, with the vast majority of these homicides (70 in all) perpetrated by the victims' partners or ex partners.[54]

Family maltreatment at the expense of children also increased in 2021, which is attributable in part to the restrictive social isolation and lockdown measures put in place to stem the COVID-19 pandemic. Reported cases of the abuse and maltreatment of family members and cohabitants under the age of 18 increased by 13 per cent compared to 2019 and by 137 per cent compared to 2010. Girls accounted for the majority of the reported cases of family maltreatment (53 per cent of the 2,377 reported cases).[55]

Another trend reported by the Police[56] concerns online crimes against children. In 2020, reports of these crimes increased by 77 per cent compared to 2019, mainly in relation to online sexual exploitation, online solicitation (+110 per cent) and online child pornography (+132 per cent). These figures may also be related to COVID-19 restrictive measures, as more time has been spent online during the pandemic, increasing the likelihood of Internet abuse. Girls seem to be more affected by online harassment. According to a survey conducted by Istat in 2020, 7.1 per cent of girls aged 11 to 17 who are connected to the Internet or who have a cell phone have been subjected to ongoing harassment via these channels, compared to 4.6 per cent of boys of the same age.[57]

1.3. Study context

1.3.1. Italy's migration context

Like refugees and migrants all over the world, girls and women arriving in Italy face security risks before, during and after their migration journey. Two out of every three young migrant respondents (211 in total), and nearly all of the female respondents (18), who completed a poll on the online platform 'U-Report on the move'[58] at the end of 2021 noted that violence is an issue for migrant and refuge girls and women in their country of origin, along the migration routes, and in Italy.[59]

Many girls and women arriving in Italy are fleeing violence in their countries of origin, where GBV risks are exacerbated by a range of emergencies, such as conflicts, famine, natural disasters, and a lack of education and job opportunities, as well as discriminatory social norms and harmful practices.

Box 3: Figures on the migrant population in Italy

Currently, there are around 5 million foreigners living in Italy.[60] The official number of foreign residents has been relatively stable since 2014, with Romanians representing the largest community.[61] However, the available data refer only to regular foreign residents, and do not include the estimated 690,000 undocumented migrants thought to be living in the country.[62]

Starting from 2011, sea arrivals to Italy began to increase, reaching peaks in the period 2014-2017 when there were between 110,000 and 180,000 landings per year, while numbers declined in the period 2018-2020.[63]

In 2021, 67,040 migrants reached Italian shores: almost double the number who arrived in 2020 (34,154).[64] Of these arrivals, an estimated 7 per cent were women and 19 per cent were boys and girls.[65] While the number of migrants arriving by sea in 2021 was higher than in 2018, 2019 and 2020, it should be noted that it was still significantly lower than the numbers seen in 2015, 2016 and 2017.

Five countries accounted for the largest shares of migrants to Italy in 2021: Tunisia (16 per cent), Egypt (8 per cent), Bangladesh (8 per cent), Iran (4 per cent) and Côte d'Ivoire (4 per cent).[66] These nationalities refer to the entire migrant population disembarked in Italy in 2021, as gender breakdowns are not available.[67]

As of December 2021, girls accounted for around 3 per cent of the 11,159 unaccompanied and separated children (UASC) registered in the system, with most of them coming from Côte d'Ivoire, Eritrea, Albania, and Somalia.[68] It should be noted that the identification of unaccompanied girls comes with certain challenges, including challenges related to the way in which they travel and they are, therefore, likely to be underrepresented in official statistics.[69]

There are limited data available on refugees and migrants arriving in Italy by land, but according to the latest statistics[70], over 9,000 refugees and migrants arrived by land through the Italy-Slovenia border to reach northern Italy's Friuli Venezia-Giulia region between 1 January and 30 November 2021, more than double the numbers arriving in 2020 (around 4,100).[71]

In many cases, GBV often becomes a push factor for migration. Some are pushed to migrate through deception or force by traffickers, or by their own husbands or families.[72] Almost two-thirds (62 per cent) of the 299 women interviewed in Italy during an investigation by the International Organization for Migration (IOM) reported having left their country of origin due to personal violence, followed by economic reasons (15 per cent) or war/conflict (15 per cent).[73]

The pandemic has heightened some of these challenges in their countries of origin. For example, several indicators show an upsurge in violence against girls and women in Tunisia and Bangladesh during the pandemic;[74] 27 per cent of women aged 20 to 24 years in Côte d'Ivoire were first married or in a union before the age of 18.[75]

While all migratory routes are dangerous, the Central Mediterranean route is particularly so.[76] During their transit through and stay in Libya, refugee and migrant girls and women are highly exposed to GBV, especially sexual violence, with an overwhelming majority of women and adolescent girls reporting being raped or sexually assaulted.[77] Many girls declared taking or being forced to take birth-control shots to prevent pregnancy.[78] Many girls and women endure sexual trafficking, often through debt bondage and threats.[79]

Migrant girls and women arriving in Italy must navigate a complex system,[80] despite the notable commitment of national authorities in setting up mechanisms to identify vulnerable refugees and migrants. At landing points, for example, challenges on referral mechanisms for vulnerable categories, limited privacy, and limited considerations for the specific needs and risks of girls and women may create additional risks.[81] The 2020 Council of Europe Group of Experts on Action against Violence against Women and Domestic Violence (GREVIO) report noted that the failure of vulnerability assessments to properly detect GBV survivors can lead to deportations or returns in violation of the obligation of non-refoulement, which guarantees that no one should be returned to a country where they would face torture, cruel, inhuman or degrading treatment or punishment and other irreparable harm.[82]

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The identification of unaccompanied and separated girls in Italy is also challenging. Girls have reportedly been forced by traffickers or others to declare that they are over 18 to avoid detection, and there are reports that some who are married, pregnant or who have children have been registered as adults at times, without a proper age assessment procedure.[83] As a result, many unaccompanied and separated girls may be unidentified and unregistered, and risk falling through the cracks of adequate attention and support.[84]

The insecure living conditions in reception centres across Europe have been well documented since 2015.[85] The problems include a lack of privacy, overcrowding, lack of separate spaces for men and women, and poor access to critical services – all of which create additional GBV risks and exacerbate its consequences.[86] Girls consulted in Italy have reported a lack of privacy and mixed-gender facilities as crucial factors in their decisions about whether to continue their journey into Europe.[87] Prompt access to psychosocial services or to integration programmes is not systematic.[88]

In 2019, an estimated 30 per cent of about 31,000 asylum seekers in Italy, both men and women, were at risk of sex trafficking or forced labour while waiting for their asylum processes to be concluded.[89] The IOM estimated that 80 per cent of girls arriving in Italy from Nigeria in 2016 were potential victims of trafficking for sexual exploitation.[90] Girls and women are among the most vulnerable to trafficking, and they accounted for 81.8 per cent of persons under the care of the Italian anti-trafficking system in 2020, most of them coming from Nigeria followed by Côte d'Ivoire, with children accounting for one in 20 people assisted (105 in all).[91]

Refugee and migrant girls and women who have settled in Italy continue to face multi-level risks of GBV.[92] Many refugee and migrant girls and women in Italy continue to be trapped in pathways of violence and exploitation, including sexual exploitation, as well as abuse and harassment in the streets, in informal settlements, and in the homes of Italian families, where many women carry out care jobs. This violence may be perpetrated by employers and by their own partners, even though most cases remain unreported.[93] In addition, parental control over foreign adolescent girls is greater than that exercised over adolescent boys and the space granted for their decision-making autonomy in their daily lives is much smaller.[94]

In addition, harmful attitudes and beliefs persist in relation to GBV among young migrants in Italy. In a recent poll published ahead of the International Day for the Elimination of Violence against Women on the online platform U-Report on the Move,[95] half of the 171 refugee and migrant respondents (mostly aged between 15 and 24) believe that violence against women can be justifiable in certain cases. The percentage falls to one in four for female respondents.[96]

Italian legislation on assistance to and protection for migrants who have suffered various forms of violence, exploitation and trafficking guarantees an autonomous residence permit to survivors (through Article 18-bis of Legislative decree No. 286/98 - Consolidated Act on Immigration) as well as a long-term programme of assistance and social integration.[97] However, its implementation has often been inadequate, with a lack of regular funding for social integration programmes and long delays in issuing and renewing residence permits, which increase the vulnerability and uncertainty of women trapped in these situations.[98] The 2020 GREVIO report stressed that the application of the residence permit is limited by the fact that it can be issued only in cases of serious and repeated violence and where the person faces an immediate risk to her safety. This is sometimes difficult to prove and is often determined by inefficient policies and practices of risk assessment and risk management. In addition, there is still low awareness among migrant survivors of GBV about how to obtain such a permit.[99]

In general, refugee and migrant girls and women face multiple challenges to accessing GBV

services. These include their lack of knowledge about the GBV services available or what they are (including anti-violence centres); language barriers and the lack of cultural mediators; and the limited inter-cultural perspectives of services, as well as complicated bureaucracy.[100] The percentage of foreign adolescents with access to sexual and reproductive health (SRH) services is particularly low: 80 per cent of foreign adolescents have never had access to a gynaecological examination, compared to 30 per cent of their Italian peers.[101] The low level of education, poverty and the weakness of the social networks that effects some refugee and migrant girls result in their poor knowledge and use of contraception, and, the number of voluntary interruptions of pregnancy is much higher among foreign adolescents.[102]

Box 4: Accessing gender-based violence services

Access to gender-based violence (GBV) services in Italy is regulated by national and regional legislation, with regions having shared competence for the planning, coordination and channelling of social and health actions under Article 117 of the Constitution. Several legislative acts, action plans and strategies have been issued at national and regional level, and have built a legislative, policy and institutional framework to prevent and respond to violence against women.[103] One specific protection measure guaranteed in Italy to migrant women who are survivors of GBV is the provision of an autonomous residence permit in the event of particularly difficult circumstances, regulated by Article 18-bis of Legislative decree No. 286/98.[104]

Access to GBV services such as shelters or anti-violence centres is not legally limited by the citizenship or residency status of the beneficiaries: ownership of a document that validates the permanent presence of a woman or girl on Italian territory is, therefore, irrelevant.[105] However, while there is no provision for such a limit in national or regional regulations, it is possible that the internal rules of a shelter may deny access to those without a residence permit.[106] The lack of a residence permit or proof of registered residence can also limit the path of GBV survivors towards the basics they need for autonomy and independence, including their own housing and job opportunities, among many others. National and regional regulations do not oblige a woman to report a perpetrator in return for access to shelters.[107]

Access to shelters for GBV survivors with children is often based on the age of the minors, and not all facilities accept them.[108] Girls under 18 who are survivors of violence are supported through the child protection system.[109]

The 2020 GREVIO report notes that the Italian anti-violence system lacks systematic interinstitutional communication and coordination, with services spread unevenly across the country and disparities in the quality of GBV service provision. These disparities are also linked to the lack of financial stability among the non-governmental organizations (NGOs) that run specialist GBV services and the different regional mechanisms for funding. There are also persistent regional differences in the capacity to respond to the needs of survivors of all forms of violence, including forced marriage.[110]

It should be noted that the new National Strategic Plan on Male Violence Against Women, published in November 2021, sets out strategies to overcome some of these challenges.

1.3.2. Initial evidence of the impact of the COVID-19 pandemic on refugee and migrant girls and women in Italy

The severity and rapidity of Italy's COVID-19 outbreak, particularly in the first months of the pandemic, called for drastic containment measures to try to limit the spread of the virus, including the introduction of physical distancing and mobility restrictions across the country. The Government of Italy imposed a stringent national lockdown on 9 March 2020, restricting movement and prohibiting travel across municipalities except for documented work needs, health reasons, or reasons of absolute urgency.[111]

The impacts of the COVID-19 pandemic exposed and widened the structural inequalities between men and women in many European countries, including Italy, with severe and disproportionate consequences for women's socio-economic and security conditions.[112] Istat, for example, reported that women were twice as likely as men to have lost their jobs in 2020.[113]

The pandemic and associated disease control measures have further undermined the protection of migrants and refugee along migration routes and prolonged their travel times. This has left many migrants trapped in precarious conditions in Libya for example, facing an uncertain future and highly vulnerable to forced disappearance, physical and sexual violence, arbitrary detention, discrimination, xenophobia, exploitation and trafficking.[114]

Migrants have had to contend with changes in search and rescue operations and disembarkation procedures.[115] For example, the authorities set up quarantine facilities for refugees and migrants arriving in Italy on ships off-shore or in land-based structures where they have been housed before their entry into the more formal reception system.[116] All UASC and those who arrived in Italy by land were transferred to reception centres repurposed for quarantine. As of December 2021, these measures continued.

Not all of these facilities guarantee separate living conditions by gender and age,[117] prompt access to specialized services, or timely and appropriate referral mechanisms.[118] Quarantine periods are often prolonged by challenges in maintaining adequate physical distancing and limited spaces in second-tier reception facilities, in particular for UASC.[119]

The increased arrivals and the challenges posed by the COVID-19 pandemic, combined with the pre-existing challenges of the Italian reception system, have aggravated the difficulties normally faced by refugee and migrants, particularly girls and women, in transit and border areas.[120] They may lack access to services and institutional safe shelters and support, and may often live in the streets.[121]

Concerns were raised in 2020 about refugee and migrant girls and women in reception and detention centres by the Parliamentary Commission of Inquiry on Femicide and Every Form of Gender-Based Violence, which stressed the need to strengthen protection for refugee and migrant women.[122] A recent report also voiced concerns about the increased exposure of migrant women to violence and exploitation since the start of the pandemic, combined with fewer opportunities to escape from that violence.[123]

Early assessments of GBV response services during the first phases of the pandemic highlighted the specific impact on refugee and migrant girls and women. Nearly 90 per cent of the service providers interviewed by the Italian Institute for Research on Population and Social Policies (IRPPS) during the first lockdown in spring 2020 reported a decline in requests for services, probably because confinement meant that those in need of services had no privacy to seek them confidentially.[124] A study by Donne in rete contro la violenza (DiRE) during the same period showed that confinement has made it even more difficult for migrant women refugees and asylum seekers to access GBV services, exacerbating the barriers that prevented their access before the pandemic while adding new ones. These include deteriorating collaboration with reception centres and the suspension of in-person service provision, which intensified the cultural and linguistic barriers to service access.[125]

1.4. Study rationale and objectives

This report is part of a broader global study by UNICEF and the Centre on Violence and Injury Prevention at Washington University in St. Louis, United States. The global study explores the impact of the COVID-19 pandemic on the safety and well-being of girls and women and their access to GBV services, as well as the challenges facing GBV service providers and the innovative solutions they have implemented to respond to COVID-19 in Italy, Brazil, Guatemala, and Iraq.

This report focuses specifically on the study conducted in Italy and on the characteristics of refugee and migrant girls and women living in the country. While many women in Italy have been hit severely by the socio-economic impacts of the pandemic and have faced security challenges since it began, this research focuses on refugee and migrant girls and women as a diverse group that faces heightened risks of violence that are linked to their intersectional vulnerabilities as both women and girls and as migrants.

Box 5: The Intersectionality Framework

Intersectionality spans the various ways in which multiple dimensions of identity interact to shape an individual's experience and reflects the complexity of today's world.[126] Girls and women, for example, may face different forms of subordination, discrimination and violence based on multiple components of their identity, including their gender, sexual orientation, race, religion and legal status, among others. The experiences and vulnerabilities of an individual cannot be properly understood by looking at specific dimensions in isolation: sexism, patriarchy, racism, xenophobia, age and classism are all interconnected issues that are bound together.[127] When it comes to violence, all of these factors intersect to shape girls and women' experiences and risks.

Since the 1990s, the concept of intersectionality has been used to explore the ways in which gender and race intersect to influence experiences of violence against women of colour.[128] As a result of multi-layered and routinized forms of discrimination, women of colour occupy a different position in the economic, social, and political world. That position has an impact on their risks of GBV and hinders their ability to access support systems and escape from a situation of violence. In addition, the general failure of policies, services and social science analysis to examine the ways in which discrimination is based on gender and race converge only increases their vulnerability and marginalization.

The particular patterns of vulnerabilities faced by migrant women were also explored within this framework. The study found that economic poverty, cultural and language barriers, limited access to information, and the dependence of many migrant women on their husbands for legal status, all contribute to paths of subordination, disempowerment and vulnerability that, in turn, increase the risk of violence.

Intersectionality was used in the framework of this study to explore how the GBV risks facing refugee and migrant girls and women in Italy are a product of intersecting, interdependent and overlapping patterns of vulnerabilities and discrimination based primarily on gender, race and migration status. There are many other elements that shape their experiences of violence and discrimination, including sexual orientation and gender identity, which were not investigated in the study, which constitutes one of its limitations.

This exploratory study investigated the exposure and vulnerability of refugee and migrant girls and women to GBV in the context of COVID-19 in Italy, as well as the impact of the pandemic on their access to GBV services and the adaptation of these services to meet their needs. By gathering the direct perspectives of refugee and migrant girls and women living in Italy, as well as of GBV service providers and experts on migration, asylum and GBV in the country, the study explored three research questions as follows.

- How did COVID-19 containment measures affect the perceived safety, GBV risks, social networks, psychosocial well-being, and coping mechanisms of refugee and migrant girls and women?
- How did the levels of availability and accessibility of GBV response services and related information change during COVID-19, and how did the demand for these services evolve during the pandemic?
- How did GBV services shift during the pandemic, what have been the gaps in service provision, and what lessons can be distilled to inform policymakers and enable service providers so that they can adapt future service provision to the needs of the most vulnerable groups?

The results of the study aim to inform policymakers on the development of a structured plan to ensure the safety and well-being of refugee and migrant girls and women, not only during the ongoing pandemic response, but also for future emergencies. This is crucial for bolstering existing GBV services and designing new approaches to service provision to guarantee greater coverage for refugee and migrant girls and women.

1.5. Methodology and limitations

A mixed-method approach was used to answer these three questions, with an emphasis on qualitative inquiry (see the table below for a summary). An initial desk review was followed by the collection of qualitative data through focus group discussions (FGDs) with refugee and migrant women living in Latium, Lombardy and Sicily, and through semi-structured interviews

with key informants (GBV service providers working in these three regions and experts on migration, asylum and GBV at the national level). FGDs were organized inside a reception facility, a safe centre for women, an educational and recreation centre and an anti-violence centre. They focused on the experiences of refugee and migrant girls and women in Italy during the COVID-19 pandemic in relation to their education, work, psychological well-being and sense of security. Some questions also explored their knowledge of GBV services. For ethical reasons, women and young women above the age of 17 were eligible to be part of the FGDs, but researchers only identified young women aged 18 and above (although some were under 18 at the beginning of the pandemic).

The interviews with GBV service providers assessed the impact of COVID-19 on their service provision in terms of accessibility, quality, availability and adaptability, as well as their perception of the GBV risks facing girls and women during this period. Experts on migration, GBV and asylum provided a similar testimony on the impacts of COVID-19 on reception and anti-violence systems in general, and refugee and migrant girls and women in particular.

Data were also gathered through an in-depth online questionnaire and two short online polls that were disseminated to refugee and migrant girls and women. In particular, the polls published via the platform U-Report on the Move captured the voices of adolescents and young women, as three quarters of the refugees and migrants registered on the platform are aged 15-24. Questions investigated their social networks, their perceptions of their security and psycho-social well-being during COVID-19 and their knowledge and use of GBV services.

Research tool	Sample number	Research sites
Focus group discussions (FGDs)	8 focus group discussions, with a total number of 31 refugee and migrant women and young women participants, ranging from 18 to 65 years old	Lombardy, Latium, Sicily
Semi-structured interviews with key informants (KII)	51 interviews with GBV service providers and experts on migration, asylum and GBV	Lombardy, Latium, Sicily, National level
In-depth online questionnaires	22 refugee and migrant women above 18 years old[129]	Nationwide
Two online short polls	64 refugee and migrant girls and women[130]	Nationwide

Given the primarily qualitative nature of this study, it is important to recognize that some findings may not be generalizable beyond the study population. In addition, the selection of the FGD participants included refugee and migrant girls and women from very diverse backgrounds who were in different phases of their migration journey. More detailed information on the methodology of the study, including the rationale for the sampling selection of participants, can be found in Annex 1.

Box 6: Gender-based violence (GBV) services in the context of this study

GBV services are delivered through a multi-sectoral approach in line with international standards and protocols to address GBV survivors' multiple needs.[131] In general, the following are the main services that make up a holistic GBV response: safety and security options, health care (including mental health), psychosocial support, legal assistance, as well as long-term assistance, aiming to integrate survivors into their communities, empower them and give them tools to protect themselves in the future.[132] Global guidelines propose a multisectoral and principled case management approach: *"a structured method for providing help to a survivor [with one service provider responsible] for making sure that survivors are informed about all the options available to them, and that issues and problems facing a survivor are identified and followed up in a coordinated way."*[133] To reflect this multi-disciplinary and multi-sectoral approach, the GBV service providers referred to in this report include not only personnel from anti-violence centres, shelters and anti-violence hotlines, but also health providers (both mental and physical), linguistic and cultural mediators,[134] social workers, and legal aid officers who work with and support GBV survivors.

In Italy, short- and long-term specialist support services for GBV survivors are provided mainly by anti-violence centres that are run primarily by non-governmental organizations (NGOs), partially with public funds.[135] Anti-violence centres are structures where women of all ages – and their children – who are survivors of violence are welcomed free of charge.[136] Women are offered multiple services at these centres, including listening and counselling, guidance and accompaniment to other services (such as legal and psychological support), and services to help them achieve autonomy, including job orientation. These centres work with many local stakeholders, including doctors, psychologists, lawyers, law enforcement officers, social workers, employment services and other professionals to empower women and support their exit from situations of violence. Women GBV survivors in need can also access shelters with secret addresses that provide safe accommodation free of charge, regardless of their place of residence.[137]

GBV survivors can ask for support in Italy by calling the national helpline against stalking and violence, 1522, created by the Department for Equal Opportunities at the Presidency of the Council of Ministers. The helpline aims to support survivors of violence and stalking, in line with what is defined in the Istanbul Convention. It is free, anonymous and provides assistance and information on the available local anti-violence services in Italian, Arabic, English, French and Spanish.[138]

2. Key findings

"I do not feel safe in general, as I do not have money. I cannot call this situation a life. I am not sure I will be able to provide for myself from now on."
Young woman from Nigeria, aged 25

The results of the study revealed the negative impact of the COVID-19 pandemic on the well-being and security of refugee and migrant girls and women in Italy, and on their access to vital GBV services. The first section of this chapter focuses on the impacts of the pandemic on their economic conditions, psychosocial well-being, education and integration opportunities. The second section investigates how the impact of the pandemic on their well-being increased their risks of GBV. The third section explores the ways in which they looked for help, the barriers they encountered, and how GBV service providers adapted to meet their needs during the pandemic, including the strengthening of some elements of service provision. The last section outlines the impacts of the pandemic on GBV service providers.

2.1. Impact on the socio-economic well-being of refugee and migrant girls and women

2.1.1. Economic challenges

"No money, no cash, no security."
Young woman from Nigeria, aged 21

Italy has had one of the lowest rates of women's participation in the job market in the European Union for some time.[139] Even before the COVID-19 pandemic, the participation rate was just 56.5 per cent for women aged 20 to 64, most of whom (84.6 per cent) worked in the service sector.[140] The economic crisis triggered by COVID-19 has impacted Italy's women disproportionately, as so many of them work in sectors that have been hit hard by lockdown and physical distancing measures. This analysis is confirmed by the fact that women accounted for 72.9 per cent of the 444,000 jobs that were lost in Italy in 2020.[141]

Drop in female migrant labour participation

Refugee and migrant women were the ones hit the most by the pandemic in terms of labour participation: their employment rate fell by 4.9 percentage points, more than double the 2.2 percentage point fall for foreign men and eight times the fall for Italian women (-0.6).[142] The majority of the refugee and migrant women, service providers and experts who participated in this study agreed that the economic situation for refugee and migrant women was extremely unstable before the pandemic, and that their jobs were already precarious and informal, with many working without any contract. The pandemic aggravated this already difficult situation.

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"Before the pandemic, I had a permanent job contract. The pandemic has curbed my work activity because I lost my permanent job. [...] After a while I found a new job but without an employment contract, and for me it is important to work with a contract. The pandemic was a brake for legal work."
Woman from Senegal, aged 41

Many refugee and migrant women worked in sectors that were hit particularly hard by the pandemic. As the coordinator of an anti-violence centre explained:

"Almost all migrant women lost their jobs during the pandemic. The carers and maids lost their jobs because no one could go to anyone's home. Waitresses, bartenders and women who work in catering or tourism have also lost their jobs."

Job losses were particularly common among refugee and migrant women who did not have regular documents and those with jobs that lacked regular contracts. These women were unable to go to work because they could not provide IDs, proof of employment, or a valid justification for leaving their homes during lockdown if checked by the authorities.

As expressed by several study participants, refugee and migrant women (similarly to Italian women), had less time available to find a job or to continue working in their current one, because of their increased domestic responsibilities, especially for mothers. This was the result, in part, of the intermittent home-schooling of their children and the closure of childcare services.

"My daughters don't go to school and therefore I can't even look for a job because I can't leave them alone. Thus, COVID for me is hindering my chance to start a stable and regular life here".
Woman from Colombia, aged 32

According to several key informants, job insecurity for refugee and migrant women was also aggravated by the slowdown of bureaucracy and of administrative procedures related to their legal status and documents, as many offices closed or reduced their services. Finally, refugee and migrant women who participated in the FGDs reported that their job opportunities were curtailed by interruptions in training and language courses, which further undermined their future prospects for economic stability.

Increased vulnerability to labour and sexual exploitation

The instability of the job market during COVID-19 also increased the likelihood that refugee and migrant girls and women would be forced to accept jobs characterized by hazardous, vulnerable and insecure working conditions. Service providers highlighted that some girls and women started to beg in the streets for money and that others re-entered or engaged in sex work to provide for their families, while some found themselves exploited by traffickers. Refugee and migrant women already forced into sexual exploitation suffered severe economic challenges, reinforcing vicious and self-perpetuating cycles of poverty, as explained by the coordinator of an anti-trafficking project:

"impoverishment and exploitation increased [among trafficked women], because these women still have to pay the rent or other expenses. Therefore, they got into further debt. By getting into debt, they become impoverished, and the risk of exploitation is greater."

As reported by the same expert, girls and women who are already trapped in an exploitation circuit have often found themselves forced to remain in closer contact with their exploiter. This has further intensified the risks to their safety and security.

Deteriorating living conditions

Poverty in Italy grew to its highest rate since 2005 during the COVID-19 crises. There were more than 2 million households living in absolute poverty

in 2020: a total of around 5.6 million people, an increase of more than 1 million people compared with 2019.[143] In the first eight months of 2021, Caritas recorded an increase of 7.6 per cent in the number of people living in poverty assisted by its programmes compared to 2020, with an increase in people who hover at the limits of the poverty threshold as a result of volatile economic and employment conditions.[144] The impact on migrant families was profound. Study participants reported that refugee and migrant girls and women without documents were left with limited resources to meet their basic needs because they could not access welfare state subsidies or unemployment benefits.

Several refugee and migrant women taking part in FGDs said that they did not have enough money to cover their basic expenses, with one 39-year-old woman from Honduras saying:

"Our life changed right away. Before COVID I had a job, and I was able to support for my family. However, after the outbreak of the pandemic, I was out of work, and I had to contact a social worker and ask her for support because I could no longer provide for my family and pay the bills."

Service providers and women noted that many could not afford basic necessities, with single mothers particularly hit. As one 26-year-old Nigerian woman explained:

"Most women are not working, we do not have enough money to live decently. The stress is too much in this period. I have a kid and I do not have money for diapers, for example. [..] If my daughter gets sick, how do I treat her? It's not that easy. I don't have a husband, and I can't afford to pay for my daughter all on my own."

Adequate housing arrangements decreased with falling or disappearing incomes. This increased the insecurity faced by refugee and migrant girl and women with some ending up living in overcrowded and unsafe facilities, such as housing squats, informal settlements or on the streets.

A 21-year-old Nigerian young woman shared her concerns during a FGD:

"I think girls and women are less safe because they cannot have a job anymore and cannot provide for themselves. No money, no cash, no security. They cannot afford houses and they live outside or in crowded places, this can be dangerous."

2.1.2. Social isolation

"We can rarely get out of the house, and therefore it is difficult for us to make Italian friends with whom we can then practice the language."
Young woman from Pakistan, aged 23

Physical distancing measures implemented since the onset of the pandemic, and, in particular, during the lockdown phase, aggravated feelings of loneliness, anxiety and alienation for many people. This was particularly true for individuals with pre-existing vulnerabilities.[145] Some study participants shared that COVID-19 containment measures increased the isolation of groups that already faced higher rates of social exclusion, such as refugee and migrant girls and women, and particularly those who were recent arrivals. Some GBV service providers also mentioned that girls and women from certain conservative communities were more likely to be isolated because of traditional gender roles that discouraged interaction and restricted movement outside the household. The coordinator of a community centre commented on the isolation experienced by some refugee and migrant girls and women within the home during the pandemic:

"There were many cases of migrant women segregated in their homes, especially those who had just arrived in Italy. We tried to take them out of their houses through the school of this centre.

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But now [with COVID-19], many migrant women are going back to stay at home all the time."

Refugee and migrant adolescents and young women were particularly affected by the interruption of their social interactions at school and by the physical separation from their friends during lockdown. Several participants highlighted that refugee and migrant adolescents and young women suffered as a result of not being able to go out at a time in their lives when they are full of energy and ready to embrace different experiences. As a 19-year-old young woman from Nigeria explained:

"Before COVID there was movement, we were out all the time. We used to go to school, go shopping, go to work, we used to do many activities, I used to see my friends a lot. When COVID-19 arrived it was really boring, we had to stay inside and go out only to buy food. Every time that we went out it was full of Carabinieri and Police asking where we were going. [...] There was no happiness during the lockdown."

Even though girls' resilience was acknowledged by several service providers, several also said that migrant girls were among those hit hardest by COVID-19 related restrictions:

"I believe this pandemic has impacted underage migrant girls more than anyone else. It was more difficult for them, as it always is. They have fewer networks, social contacts and previous acquaintances than other people; this network can sometimes informally help you to resolve some problems. They have lost months of education, as well as months of socializing at school, which is essential for them. It was, and still is, a test of endurance for them."
Legal guardian

Several refugee and migrant mothers who participated in the FGDs talked about the negative effects of containment measures on their children:

"My little daughter had just started kindergarten when the lockdown broke out, so she practically spent an entire year at home. After a while I started noticing some side effects. Even when the government said that a parent with a child could go out for a walk, she didn't want to. After spending two months locked at home, she didn't want to go out anymore."
Woman from Bangladesh, aged 36

Refugee and migrant mothers themselves were identified by some service providers as another group particularly at risk of social isolation, as explained by a mental health provider:

"For migrant mothers, another severe problem is that they often lack solid family and friend networks here in Italy, so they often find themselves raising their children alone; this situation has been further aggravated by the pandemic."

Disruption of social avenues for integration

Service providers and FGD participants themselves reported that before the pandemic, refugee and migrant girls and women often relied on schools, civil society organizations, recreational centres and religious-based communities to socialize. These opportunities evaporated during the first phase of the pandemic.

"For many migrant women, schools and Italian classes are key to access everything else. But schools closed for a long time; women stopped taking children to schools and they stopped attending their Italian classes, with harsh consequences on their social life and integration."
Mental health provider

FGD participants often mentioned the disruptions of religious services as being a particular challenge, as these had been popular opportunities for women to interact with the rest of their community. Unable to attend religious services, several reported that they no longer felt part of a community, which left them feeling lonely, without social avenues to integrate in society, and weakened their sense of belonging. The loss of social support networks had a negative impact on their well-being, mental health and security. Across both rounds of polls carried out for this research, 94 per cent of migrant girls and women stated that they had felt lonely or depressed at least once since the beginning of the pandemic. Similar results emerged from the online questionnaire. Several refugee and migrant girls and women taking part in the FGDs discussed the challenges associated with the physical restrictions put in place to reduce the spread of the virus. These restrictions were particularly difficult during the first lockdown, as noted by a 34-year-old participant from Ghana:

"You woke up every day in your house and you had to stay there, and then a day went by and another started, with the same routine. A routine of nothing. Everything changed totally in our lives. I was not going to work and I missed having some moments for myself, and to socialize."

Some refugee and migrant girls and women participating in the FGDs highlighted how physical distance measures had affected the way people interact since the start of the pandemic. They reported that people around them had become more agitated, suspicious, nervous, and less keen to help others.

2.1.3. Disruption of educational opportunities

"How can you attend 5 or 6 hours a day of classes with that tiny screen?"
Young woman from Nigeria, aged 19

Over the course of the pandemic, the disruption of education al opportunities undermined the right to learn. This was particularly true for vulnerable people who already found it challenging to access educational opportunities and digital technologies, such as refugee and migrant girls and women, especially with regards to language barriers. Other adverse consequences included fewer opportunities for socialization, integration and empowerment.[146]

As a 27-year-old woman from Cameroon mentioned during a FGD:

"I was supposed to start school, but then I couldn't because of the pandemic. I do not know how to speak Italian, and I also do not know how to write. It will be hard for me to find a job if I do not go to school and learn the language first."

A recurrent theme raised by refugee and migrant girls and women was their struggle with the shift of schooling and training to online platforms because of, for example, a lack of computers, poor capitalize Internet connections and linguistic barriers. The lack of privacy and quiet spaces in their accommodation or reception centres also made online learning difficult, including as a result of crowded and chaotic housing that made it hard to concentrate:

"Some of my friends attended classes online, but they could not focus properly, and connection was sometimes bad. Most do not have computers or tablets, and the phone's screen is very small. How can you attend 5 or 6 hours a day of classes with that tiny screen?"
Young woman from Nigeria, aged 19


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"Everything is fragmented and I cannot keep up with the online lessons. I feel a little bit behind."
Young woman from Pakistan, aged 23

A social worker noted that online schooling relies very heavily on parental support, and the children of migrants are at a disadvantage if their parents are not fluent in Italian and are unfamiliar with the Italian education system. Mothers across the study confirmed this issue, with several reporting challenges in helping their children with online schooling. In addition, several refugee and migrant mothers who had only recently arrived in Italy reported that they had found it difficult to enrol their children in school as a result of the COVID-19 pandemic.

In short, the disruption of training and classes seem to have slowed down the integration of refugee and migrant girls and women and, as some have said, the pandemic put their lives *"on hold"*.

2.1.4. Emotional and psychological pressure

"Life before [COVID] was very different, I am not enjoying this one."
Young woman from Nigeria, aged 18

The key impacts of the pandemic have included rising psychological distress and an increase in the number and severity of mental health problems as a result of physical isolation, economic turmoil, uncertainty about the future, and the immediate health impacts of the virus.[147] COVID-19 containment measures had a substantial psychological impact on the population across Italy, with certain groups being more vulnerable to psychological distress, including women and young adults.[148]

A 25-year-old Nigerian participant in a FGD described how she had struggled to cope with social isolation and extreme financial instability:

"It is no good to stay all day in the house. You bathe, you eat, you sleep, nothing else. It is not good. I got worried for my future, because I had no job and no prospect of getting one. Even now I am jobless. So I don't feel safe in general because I don't have money. I cannot call this situation a life."

In some cases, respondents felt that the burden caused by the pandemic and lockdown surpassed their experiences in the countries of origin. As noted by a 38-year-old FGD participant, *"We left a situation full of problems in Pakistan, but now we are worse-off."*

Some mental health providers interviewed pointed out that the constraints of lockdown have added to the trauma endured by migrant girls and women. It has, in some cases, reminded them of the imprisonment and curbs on their freedom that so many experienced in their countries of origin or during their journey to Italy.

Many girls and women in the FGDs, online questionnaires and polls, as well as several key informants, spoke about increased feelings of loneliness as a result of being uprooted and the lack of family networks during the pandemic. These feelings of loneliness appeared to be particularly common among adolescent girls and young women, as expressed by two FGD participants from Nigeria aged 18 and 19 years old:

"I felt lonely and away from everybody. Far away. Isolated. I felt unsafe because I was unsure about my future. […] Also giving birth during the pandemic was complex, they wouldn't allow me to remove my mask while I was giving birth. […] I cried a lot. […] I felt uncomfortable. And I felt very lonely".

"I was alone [during the pandemic], and at that time I was a minor. I was staying in a centre, but I didn't want to stay there during the lockdown so I went to a friend's house, but I felt alone even there."

Additional stress for mothers

Mothers across the study discussed increased levels of stress and feelings of being extremely overwhelmed as a result of additional childcare responsibilities, home-schooling and challenges related to explaining the pandemic-related restrictions to young children. Others shared their concerns about the impacts of COVID-19 containment measures on their daughters and sons.

"It was difficult to be a mother in the last year, especially during the lockdown. I was very nervous and couldn't tolerate even the slightest noises sometimes."
Woman from Bangladesh, aged 36

"During the lockdown I was not stressed for

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myself, but I was mainly worried for my children. They like school, they miss their friends. They are not interested in online classes. [...] Many are losing interest, and this is alarming. School is fundamental for them, and I feel that they are partly missing some knowledge, experiences and opportunities to have a good life."
Woman from Bangladesh, aged 51

"Everyone [of my children] has his needs and I don't have the time and ability to organize myself."
Woman from Honduras, aged 39

"Women from single-parent households have particularly suffered the closure of schools and the movement restrictions. [...] Mothers' stress rose a lot, especially those with infants. This situation had an impact on the health of both, and on the relationship between mothers and children. This stress was also an additional risk factor for potential mistreatment. Parents may feel that they have no resources in these cases and they can more easily lose control."
Mental health professional

Women who became pregnant during the pandemic shared feelings of anxiety and loneliness, as they had to navigate much of the pregnancy on their own, amid a situation full of uncertainties:

"Being pregnant during the pandemic was very difficult. It was very hard going to the hospital by myself, nobody could go with me to the appointments."
Young woman from Nigeria, aged 18

A recurring theme in the FGDs was women's fear that they, or members of their family, would contract COVID-19. Results from the online questionnaire (which included a total number of 22 foreign respondents) show that 7 out of 10 respondents reported feeling more anxious about going to public places since the start of the pandemic.

Mothers who were working during the lockdown shared their anxiety about infecting their relatives and children:

"The children were happy to see me, but I couldn't hug them right away, I had to take off my clothes and wash myself first. I was afraid of carrying the virus at home with me, and this certainly was one of the strongest emotional impacts of the lockdown period."
Woman from Colombia, aged 32

Box 7: Coping mechanisms

While the COVID-19 pandemic had serious consequences for the mental health of migrant girls and women, it is important to acknowledge the many ways in which they felt empowered to cope with distress and bolster their own well-being. Study participants shared that girls and women often took the initiative throughout the pandemic to maintain social cohesion and foster social support networks:

"When there was another lockdown in January, we [my friends and I] stayed in touch with a WhatsApp group and via Zoom, and I think women should gather and connect in this way more often. It was nice to see my friends' face online even when we could not see each other in person."
Young woman from Gambia, aged 21

"I noticed cohesion strategies among the women housed in the shelter that helped them to partly overcome this difficult period. At the beginning of the pandemic, we were afraid that they would have argued a lot, but instead they relied on each other."
Shelter coordinator

Being part of volunteering or community activities was also a key coping mechanism for women, allowing them to congregate, participate in empowering and recreational activities, and receive support and referral to specialized services:

"I wasn't going to work and I missed having some time for myself and to socialize. This is why I decided to contribute to the opening of this space, to find a place where we could gather as women and engage in activities together, trying to find some sense of community that got lost during the pandemic. The pandemic is hard on us, but it's nice to see that many women are finding the strength to do something for themselves and their future. Maybe one positive thing about the pandemic is that it made us stop and think about who we are and what we want."
Woman from Ghana, aged 34

"I was impressed to see sisterhood between girls and women in this space. It was beautiful, and it gave me a lot of energy, even during stressful times. I realized that women can do everything they want to, if equipped with some tools, even small ones. This complicated period pushed us to think of new ways to support migrant girls and women, and I ended up learning many new things myself!"
Linguistic and cultural mediator

Many girls and women have shared ways to cope with the pandemic at home, including a range of activities with children:

"I was cooking a lot, because some Italian neighbours used to bring pasta, tomatoes, and other vegetables to us."
Young woman from Nigeria, aged 19

"But one of the good things about the lockdown was that we started growing plants. I have never had this habit. I am lazy, I have never cared about plants! But I started doing it with my daughter and

(...)

eventually I felt a passion for gardening. […] in the end we had lot of fun!"
Woman form Bangladesh, aged 36

"My sister was coming home once in a while and she helped a lot to keep the atmosphere of the house light and positive. She often did theatre activities with the kids."
Woman from Honduras, aged 39

To cope with the social isolation caused by COVID-19 containment measures, refugee and migrant girls and women – like the rest of the population – increased their reliance on digital communications. Many used smartphones to create social support networks and to share their problems, compensating, in part, for the lack of physical connections.

It must be noted that refugee and migrant girls and women were already well accustomed to communicating remotely with families and friends in their countries of origin, so the shift to online communication did not feel like a drastic change for some. However the lack of privacy and access to technology was sometimes reported as an issue. During the FGDs, several refugee and migrant women confirmed that they had been relying intensively on family and friends in their countries of origin since the onset of the pandemic:

"I normally communicate a lot with my family in Honduras, but in the past year I talked to them even more than usual. […] I know that it is not good spending too much time on the phone, but it is very important for me to maintain a thread of communication and connection with my family in Honduras, given the difficult situation we are all going through."
Woman from Honduras, aged 65

2.2. Impact on the safety of refugee and migrant girls and women

Among the respondents to the online polls, 40 per cent of refugee and migrant girls and women (28 out of the 68 who responded to that specific question) felt that safety for other refugee and migrant girls and women had deteriorated during the lockdown. These findings corroborate data from a separate UNICEF survey of over 2,000 young people aged 15 to 19 conducted in Italy in July 2020, which revealed a substantial sense of the GBV risks at home since the start of the pandemic, with far higher concerns among teenage girls. In all, 73 per cent of the teenage girls surveyed and 53 per cent of the boys, both Italians and foreigners, agreed that home was not always a safe place for everybody.[149]

2.2.1. Challenges within reception system

"…a woman told us that every night she heard a man knocking on the door"
Linguistic and cultural mediator working on a quarantine boat

Frontline workers reported that, during the pandemic, girls and women arriving in Italy

continued to report that they had faced a high incidence of sexual violence during their journeys, as expressed by a health provider:

"The violence that is usually reported by migrant girls and women in our facilities is sexual violence suffered on the way to Italy, especially in Libya. We receive many women with unwanted pregnancies or women who come to us with children born from acts of violence. This has not changed since the start of the pandemic. Generally, in terms of GBV risk factors, we have noticed that women or girls who travel alone face a greater risk of suffering violence during the journey to Italy."

The findings of the research highlight that the quarantine system created in response to the pandemic added to the existing challenges related to living conditions and service accessibility at arrival for migrant girls and women. Since 12 April 2020, refugees and migrants have had to complete a quarantine period in ad-hoc facilities on arrival in Italy,[150] either on land or ships. As noted by a linguistic and cultural mediator:

"Since [women] were forced to share common spaces with men, many women were undeniably worried. The concern was visible in their eyes. A woman told us that every night she heard a man knocking on the door of her cabin. He wanted to enter, she did not open. There have been some attempts like this, but in the end the space is so tight that we could control it."

Some key informants also shared that the procedures to mitigate to the risk of GBV within some reception structures were weakened by COVID-19, as explained by a mental health provider:

"The risk of suffering violence is always high, especially in large reception centres that are less controllable by the staff. When staff reduced their presence in the centres due to the outbreak of the pandemic, this was certainly another element of increased risk for women to suffer violence."

2.2.2. Risks of violence in public spaces

"Many girls reported to me a higher occurrence of harassment committed by Italians towards African girls walking around the streets since the start of the pandemic."
Mental health provider

The interplay between xenophobia and infectious disease has been widely proven, and there is a long history of disease threats triggering a rise in anti-immigrant sentiment and increased hostility towards minorities, who are often incorrectly blamed for the spread of infections.[151] The COVID-19 pandemic has been no exception, with the stigmatization of minorities, foreigners and outsiders fuelling xenophobia, as described by both key informants and FGD participants:

"The hairdresser on the corner of the street where we live called my four-year-old daughter 'monkey' several times. This is too much. Some people see us like monkeys. Many Italians are nice. But there are also some that treat us badly, and now the situation is getting worse. People are stressed and unhappy, and they pour their problems on us."
Woman from Ghana, aged 38

"In my opinion, people are very tense and angry on the street. [..] The pandemic has changed many people, making them more intolerant. The other day I was on the bus and I sat in one of the four available seats, and an old lady for no reason got into a fight with me and told me to go away, she said that I wanted to kill her."
Woman from Pakistan, aged 23

An increase in harassment in public spaces was mentioned by both key informants and FGD participants. Fear of physical violence limited their

use of public spaces, further isolating refugee and migrant girls and women. Several FGD participants reported that even when the restrictions on movement were lifted, they still did not feel safe walking alone in the evening:

"In this area in the evening there are only men around. Very often women told me that they did not want to go out in the evening because they felt unsafe. Now the situation has certainly worsened. With only men around, women do not feel safe."
Woman from Peru, aged 41

Street harassment of adolescent girls and young women

Study participants also reported how the increased episodes of discrimination and street harassment since the beginning of the pandemic placed adolescents and young women at particular risk, as explained by a mental health provider:

"Adolescent and young migrants face higher risks outside, of being harassed in the streets or solicited. […] A few days ago, one of my patients was attacked, and this unfortunately happens very often. […] Migrant adolescents and girls risk to become victims of a social system that is imploding."

Several young women shared their feelings of insecurity while outside at night and described episodes when friends were yelled at in the streets, while some mothers also shared their worries involving their adolescent daughters' lack of safety while in public spaces:

"Sometimes I am scared about my daughter, she is a teenager, and I am scared people might say something to her in the streets."
Woman from Bangladesh, aged 51

A legal guardian and a mental health provider mentioned specific security risks for unaccompanied and separated girls living in reception centres as a result of the practice of withholding or taking back girls' pocket money (usually provided so they can cover basic expenses) as a punishment if girls do something against the rules, even for small violations. This practice leaves girls with no resources and vulnerable to risky behaviours:

"Consequently, some of these girls find themselves totally unable to buy anything, and they either end up begging in the street or they are instigated into prostitution [..] now with the pandemic and the economic crisis the risk for these girls to get trapped into prostitution or end up begging in the streets is high. The security risks for these girls are undeniable."
Legal guardian

Vulnerability of girls and women trafficked or sexually exploited

The coordinator of a supporting service for trafficked women confirmed that, since the start of the pandemic, several young women have started to engage in sex work as a last resort to generate some income, given their lack of other economic opportunities.

Refugee and migrant girls and women trafficked or sexually exploited were described as being particularly vulnerable to violence since the onset of the pandemic. Key informants reported that this group faced greater insecurity because of a more violent atmosphere and the lack of protection for those working outside, citing examples of girls and women being robbed or beaten in the streets:

"Those who are forced to work in the streets have lost a huge part of their income during the pandemic. This means that they cannot pay off the debt. Some were probably massacred, and some lives might be at risk. These women face many risks of being beaten by their pimp or by the clients."
Coordinator of an anti-trafficking project

A few of the service providers consulted also reported that trafficked women or those sexually exploited faced an increased level of insecurity and especially during the lockdown as the streets were empty and sex work moved indoors. This increased their vulnerability and their already high risks of exposure to violence, given its increased invisibility and the constant presence of the exploiter:

"If you prostitute yourself inside your home, it is clear that the insecurity is greater, because you never know the person who will enter your house."
Coordinator of an anti-trafficking project


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2.2.3. Risk of domestic violence

"I know some women who have suffered violence at home, when they could not go out. Verbal violence, even physical violence. It is not easy to be locked up in four walls without working and going out."
Woman from Senegal, aged 41

Many girls and women across Italy faced an increased risk of domestic violence as a result the pandemic.[152] Those who were migrants or refugees faced heightened vulnerabilities to violence as a result, in part, of their particularly insecure employment, precarious housing conditions and limited social support, as described above, and as summarized by an anti-violence centre staff member:

"The condition of being a migrant woman in Italy leads to a situation of further fragility compared to an Italian woman who suffers violence, on different levels. They were more exposed to cases of domestic violence because they did not have access to a family and friend support network. Maybe the local services to which they used to refer before were no longer available and this made them even more fragile and without alternatives. This multilevel fragility has made their condition even more marginal and vulnerable than before."

Among the refugee and migrant women in a partnership who responded to the online questionnaire (around 20 respondents), half reported that they had experienced an increase in tension at home during the pandemic.[153] Few FGD participants said that the lockdown had strengthened their family relationships or that it had been an opportunity to spend more time with their loved ones. Most of the refugee and migrant girls and women interviewed as well as

service providers stressed that the pandemic had a negative impact on family relationships.

"I noticed that cases of psychological violence greatly worsened during the pandemic, as women were more controlled than before. When I was working at a hotline service, many stories deeply troubled me, especially in the first phase of the pandemic, when many services were blocked." Linguistic and cultural mediator

Some FGD participants also disclosed their personal experience of IPV within the home. A Syrian woman spoke about her difficulties in attempting to flee the physical violence inflicted by her former partner during lockdown:

"I trusted a person who convinced me to move to his house. He had promised to give me the Italian residence, marriage, children, everything. [...] Instead, he treated me like a fool. He was ordering me around all the time. I did not feel well with him in the last period of our relationship, I was not safe in his house. [...] The first time I called the police, they did not react; the second time as well. They told me to return home. I said, 'Arrest me, I can't stand it anymore.' But they did not. They told me to go home, but that was not my home. I returned there, and again: 'Bang, Slash, Bang' [multiple sounds of slaps, kicks and punches]. The neighbours called again the police, and they arrived. I begged them to help me, and they eventually took me away and called an anti-violence centre. I packed all my stuff and I left that home."

Service providers shared stories of women whose husbands prevented them from making independent decisions about household-related matters, and refused to take care of the children, leaving all caring responsibilities to their wives. Key informants reported increased power imbalances between refugee and migrant girls and women and their abusers during the pandemic. The pandemic also provided fertile ground for the reinforcement of conservative social norms and controlling attitudes, as highlighted by a linguistic and cultural mediator working in a health clinic:

"One example I have in mind is about a newly married migrant couple. They spent the lockdown with all his family […]. One day the girl came to the clinic for a visit together with her baby. Her mother-in-law should have accompanied her but she was ill that day and so she had come alone. The girl seized the opportunity, and she hid her documents in her child's stroller. That was her only opportunity to leave the house alone, because she was constantly under control, she lived segregated at home. She was only allowed to leave the house for medical visits. We were the only people she knew and with whom she could talk. We noticed that something was off, we asked her a few questions and then she opened up. She told us that she did not want to go home and that she was being mistreated."

Some informants highlighted that those living in informal settlements or housing squats faced risks connected to overcrowding and precarious housing conditions. They were exposed to health risks since the beginning of the pandemic as a result of limited resources and the difficulties faced by the health system in reaching them.[154] One health provider said:

"I would also mention refugee and migrant women living in large, occupied structures, where thousands of people live. Here, violence is exercised both verbally with threats and blackmail, and sometimes also physically."

Impact on children

The interplay between violence against women and violence against children was also a component of domestic violence as reported by study participants:

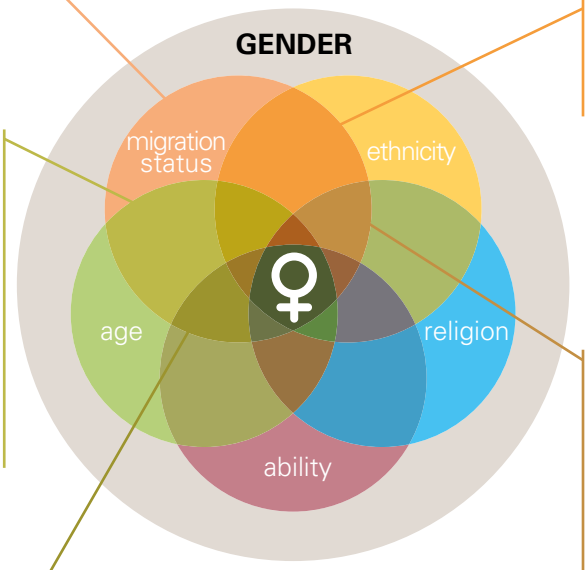
"This man got so violent right during the lockdown. He has always been a bit aggressive and jealous, but episodes of physical violence started occurring

Box 8: Intersectionality and the risks of gender-based violence during the COVID-19 pandemic

As mentioned in Box 5, migrant or refugee status can intersect with other social identities that further compound the risk of violence, both inside and outside the home. For example, inequalities in the form of ageism, racism and xenophobia intersect and overlap with the multiple social identities of those who are women, girls, but also migrants or refugees, and shape their experiences of and vulnerabilities to violence. The quotes below highlight the multiple and varied ways in which intersectionality exacerbates the risk of violence across these identities.

"Migrant women frequently suffer psychological blackmail from Italian men. 'You are nobody, I am Italian, you are a poor migrant, etc'."
Anti-violence centre coordinator

"We feel less safe when we are out. Sometimes if you walk alone here in the streets it is hard for us, black women. Many men make comments about us in the streets. In some areas from 7 p.m., it is not safe to go around."
Woman from Ghana, aged 39



"Some people used COVID-19 contagion to further criticize migrants […]. This was a serious problem, especially for young girls, because they felt targeted and were being called 'plague spreaders'."
Mental health provider

"Sometimes, people were bit impolite because of my veil, because they thought I was not wearing a mask. It happened on the bus and in a supermarket that people stopped me because they thought I did not have a mask. When I told them I had it under the veil, they told me I had to put it out as well."
Woman from Bangladesh, aged 32

"We had a case of a 15-year-old […] girl with disabilities who got pregnant after she was sexually assaulted by a man who was subletting a room in her house."
Mental health provider

during the lockdown. She [my daughter] has two sons […] and they also assisted and experienced this violence."
Woman from Honduras, aged 65

"I will never forget the call of a nine-year-old boy who saved his mother's life. At first it seemed like a joke, but then I realized that the situation was serious. We immediately contacted the police, because the level of gravity of the case was remarkably high."
Anti-violence hotline staff member

This issue aligns with recent reports of a 13 per cent increase in 2020 in the number of children who suffered maltreatment by family members and cohabitants in Italy compared to 2019.[155]

School closures sometimes left children alone at home, with parents working, and sometimes in an unsafe environment of crowded housing – a situation that meant significant risks to their security, as explained by a mental health provider:

"We had a case of a 15-year-old […] girl with disabilities who got pregnant after she was sexually assaulted by a man who was subletting a room in her house."

2.3. Changes to service provision and barriers to service access

"I think that refugee and migrant women were excluded from services, especially during the lockdown. We had no new requests or calls from new migrants during that period."
Anti-violence centre staff member

Overall, key informants observed a decrease in access to GBV services by refugee and migrant girls and women since the start of the pandemic, highlighting how the structural barriers that they normally faced when accessing GBV services were exacerbated by COVID-19 and as new barriers emerged.

Several service providers taking part in this study also highlighted the need to collect more specific data on refugee and migrant girls and women, to have a clearer picture of the incidence of violence against them and of their challenges in asking for help and receiving support.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Box 9: Help-seeking behaviours of survivors of gender-based violence during the COVID-19 pandemic in Italy

Calls to Italy's national anti-violence and stalking helpline (1522) had been rising steadily since 2017. In 2020, however, the number of calls soared, increasing by 79.5 per cent compared to 2019.[156] The violence reported to the helpline staff took place mostly at home and was perpetrated mainly by partners. The second trimester of 2021 registered a decrease by 34 per cent of calls to the 1522 number compared to the peak registered in the same period of 2020, but this was still a slight increase on the first trimester of 2021 (up by 6.7 per cent).[157] The percentage of foreign women, who represent 8.5 per cent of the entire female population in the country,[158] calling 1522 during the pandemic declined compared to the previous years: in 2020 foreign women accounted for around 10 per cent of callers to 1522, in 2019 for 13 per cent. and in 2018 for 12 per cent. During the pandemic, the cases reported to '114', the childhood emergency number, tripled. In 2021, there were 1,145 calls to 114, with 70 per cent of these calls from girls.[159]

Data on GBV reporting and survivors' help-seeking behaviours must, however, be analysed and interpreted with care. An increase in the number of GBV survivors seeking help does not necessarily mean increased violence. It could be driven by other factors, including a greater awareness of the services that are available. Conversely, a decrease in calls during the pandemic may reflect women's inability to seek help, rather than an actual decrease in the occurrence of cases. There is, therefore, a need for caution when interpreting help-seeking and administrative data. For example, at the onset of the pandemic, both institutions and civil society mobilized promptly to increase awareness of the available helplines.[160] This may well have contributed to increased calls.[161]

In the first five months of 2020, the access of women to anti-violence centres remained almost constant compared to the numbers of 2019, with a sharp decline recorded only in March in the first month of national lockdown, while there was a decrease in 11.6 per cent of women hosted in shelters compared to the same period in 2019. These decreased numbers were probably related to movement restrictions, the difficulties survivors faced in reaching out for help because they were under the constant control of their abusive partners, and the initial challenges anti-violence centres encountered in adapting to the new circumstances.[162]

2.3.1. Reduction of services and shift to remote provision

"Is the risk of the pandemic a priority over the violence suffered by a person?"
Woman from Honduras, aged 39

Anti-violence centres and shelters

Containment measures had a major impact on the operations of anti-violence centres.[163] During the first stages of the pandemic, 32 per cent of centres worked exclusively on a remote basis, while 57 per cent began to shift to remote methods such as communicating with women over the phone, and only allowed physical access for specific cases.[164]

The staff of anti-violence centres and shelters said that service provision did slow down as waiting times grew and case management became more complex and time-consuming, while assistance was mostly guaranteed for emergency cases:

"The problem was, as it often is, that sense of impotence in the immediate request, the impossibility to promptly reply to any need. Many women need a place to stop, reflect and decide what to do. We cannot always provide this space in a normal situation, but during the lockdown and even now, this has become even harder than usual."
Anti-violence centre staff member

Contacting services by phone or by online chat was challenging for some refugee and migrant girls and women, which further complicated their access to these services:

"For many migrant women, the simplest way to access GBV services is to physically go to them, because then they can partially overcome the linguistic problems and their lack of technological tools. During the pandemic, however, this was not possible, and women could no longer access services spontaneously."
Mental health provider

Some providers reported that access to anti-violence centres was hindered by movement restrictions, as some refugee and migrant women did not want to declare where they were going in the self-certification document explaining their movements in the first phase of the pandemic.

The lack of access to adequate safe shelter services has been a long-standing challenge characterized by huge regional variations across Italy,[165] and it seems that the pandemic added to pre-existing gaps.

Particular challenges in terms of access to GBV response services were reported for GBV survivors with children, as some structures are not equipped to accommodate women with children:

"She also contacted a social worker, who, however, could not find a safe place for both her and her children; the fact that she had a 19-year old son was a limitation for many shelters."
Woman from Honduras, aged 65, talking about a relative's experience

Some key informants mentioned that physical distance measures and mandatory quarantine reduced the number of women who could be hosted safely within shelters, added time to the process for their admission, and prolonged their stays in shelters because there was nowhere else for them to go. This reduced turnover and the availability of spaces for other women.

A recurrent theme among anti-violence centre staff members across this study related to their concerns about the practice of some centres of welcoming only those survivors who had filed an official case against their perpetrator. They shared the negative consequences of this practice, which ultimately deters women from seeking support. One mental health provider explained:

"Even before COVID-19, shelters had a great shortage of spaces available, but this problem has even worsened since March 2020. Because they have few places, some shelters sometimes tend to accept women who have officially reported the violence suffered to the police and already have a case open, on the assumption that they are in conditions of greater risk. […] Consequently, many women end up not entering safe shelters because they don't want to report. This practice goes against the principles and regulations of anti-violence support system."

These staff members also stressed that the pathway to autonomy for GBV survivors was compromised severely during the pandemic. This was particularly true for refugee and migrant survivors because of the economic consequences, limited funding, difficulties in obtaining documents, the reduction of services and the sense that life projects were 'on hold'.

Health services

"I was afraid that the hospital was full and that I would have not received a good treatment, so I stayed at home."
Young woman from Gambia, aged 21

Service providers interviewed for the study affirmed that healthcare facilities experienced major changes as a result of stringent protocols implemented during the pandemic. These included diminished service capacity and reduced services, the postponement of medical procedures, a reduction in non-urgent care and treatment, and lower service utilization by patients for fear of contracting COVID-19.

FGD participants also voiced concerns about the reduction of services related to SRH, with hospitals and health clinics only accepting urgent cases in the early months of the pandemic. Some young mothers shared their experiences of pregnancies at this challenging time:

"I was pregnant during the lockdown. I was feeling sick from time to time, and I was bleeding from my nose often, but I decided not to go to the hospital at the beginning."
Young woman from Gambia, aged 21


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Health providers confirmed that SRH services were limited, although they were still guaranteed for pregnant women and for emergencies, even if with some difficulties, as explained by a health provider:

"We really have difficulties in taking care of pregnant women during COVID. Pregnancy is a special and delicate moment. With COVID, we faced some additional problems: we have to do COVID testing to pregnant women, women cannot be accompanied, and they are all alone, etc. It's tiring. (..) There are no resources or time to stop and reflect."

In some locations, structures faced challenges guaranteeing abortion services, as stated by a health provider:

"Migrant women faced problem accessing specialist visits as I mentioned before, and the possibility to get voluntary interruption of pregnancies was more complicated, with serious problems for their sexual and reproductive health."

Key informants reported the decrease of other key entry points for GBV survivors, such as SRH clinics and emergency rooms which, especially at the beginning of the pandemic, accepted mainly COVID-related cases. As a consequence, referral processes to GBV services that originated in hospitals were disrupted.

"In my opinion, migrant women's access to services was mainly affected, especially at the beginning of the pandemic, by the reduction of the opening hours of family and women clinics ['consultori']. These clinics are highly frequented by migrant women, both for sexual and reproductive health problems and for problems related to violence."

Other services

Many public offices and legal services closed for a period, and services were delayed even after reopening. The study found that refugees and migrants faced barriers to obtaining or renewing

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legal documents, initiating resident permit procedures and filing asylum applications. Some service providers and experts interviewed said that the reduction of these procedures affected women's pathways towards social inclusion and autonomy:

"Another problem for migrants was that all the hearings for international protections were blocked during the lockdown. We usually work a lot on asylum requests for violence or discrimination […] During the lockdown they have not seen and heard anyone."
Operator of a legal help desk

COVID-19 and physical distancing measures also hampered the ability of charitable organizations and NGOs to support people. They were unable to offer temporary shelter to refugee and migrant women in need, including those leaving the formal reception system.

As lockdown measures limited face-to-face interactions, services of all kinds shifted to remote modalities. Some service providers mentioned that the quality of support was compromised, as a mental health provider explained:

"We had to sacrifice and marginalize a whole series of issues that are crucial in therapy, and that concern the trauma of violence. During online therapy, this topic is pushed aside due to the risk of hurting patients."

It should be noted, however, that some service providers believed that the shift to remote services yielded some benefits, strengthening some elements of service provision and increasing their accessibility and reach, as explained in the following box.

Box 10: Adaptation of gender-based violence service providers – online reservations for referrals, more use of mobile units and the benefits of remote service provision

Service providers adopted several strategies in response to the pandemic. Some began to help refugee and migrant women access services by making online reservations directly for them. Organizations also organized computer literacy sessions to help women navigate online processes.

Other service providers increased their use of mobile units to stay close to vulnerable refugee and migrant girls and women, and to inform them about the services available. Mobile units are normally composed of different professionals, such as linguistic and cultural mediators, psychologists, doctors, social workers and lawyers, who provide medical, legal or psychosocial basic assistance and facilitate access to other services in the areas where the most vulnerable people live.

One mental health provider described how mobile units made it possible for her team to keep reaching GBV survivors and girls and women at risk:

"Our mobile units were extremely useful in covering the needs of the most fragile population on the street. If it wasn't for our outreach activity, these people would not have access to any medical, psychological, or social services. We cannot wait for them to come to us, we have to reach them."

The shift to remote services allowed also some providers to strengthen parts of their activities. One GBV expert said that it allowed her team to increase the number of anti-violence centre workers who could be reached with remote training at lower cost. This was echoed by a mental health provider who noted that remote services enabled organizations to reach survivors who might have changed location, but who still wanted to access services. Remote online sessions also offered service providers a rare window into clients' homes, allowing them to identify any potential warning signs, as explained by a mental health provider:

"During online sessions you enter your patient's house. You can observe and get a feeling of the family atmosphere; often you would notice a girl who became scared, who froze, or didn't want to talk about her husband, showing clear signs of family tensions and of a potential risk of domestic violence. These observations would have not been possible during a face-to-face therapy session."

The shift to virtual service provision also helped some survivors talk more openly, as they felt protected by the distance and anonymity that is possible online. One social worker from an anti-trafficking service noted:

"Every time that they come [to our offices], they feel that they are entering a government office. They feel a bit intimidated. Online sessions eliminate this problem. There is a different setting, which is more familiar and less institutional."

2.3.2. Limited coordination and slowdown of referral mechanisms

"They keep on telling us that there is nothing they can do, but there are many problems here, and we do not feel protected and assisted."
Woman from Cameroon, aged 27

Participants felt that the pandemic reduced coordination between GBV services and other actors, such as reception centres and public social services. One contributing factor seemed to be service closures and the increase in remote working, which made communication and coordination more fragmented as services worked in silos. Several service providers commented on the lack of a widespread multi-disciplinary approach among services, which hinders holistic case management for GBV survivors and their referrals:

"What I have noticed working for the past two years in public health services is that many professionals work on a single need. Think about this scenario: there is a pregnant woman with mental health problems, she suffers intimate partner violence, she is unemployed, and her living situation is not stable. She brings with her various problems, all interconnected one to another. However, many services fail to analyse this situation in a comprehensive way."
Mental health provider

Erratic coordination is sometimes the result of limited mutual knowledge and of misconceptions about GBV services across sectors that serve migrant girls and women. This challenge was aggravated by the pandemic when services had fewer opportunities to meet and work together:

"Reception centre workers sometimes do not know about anti-violence centres and perceive other services as a threat, something that is invading their area of work."
Expert on GBV

A 24-year-old woman from Pakistan spoke about how support slowed during the pandemic:

"The problem in this centre is that before the pandemic there were three operators per shift, but now there is only one. But one person alone cannot manage everything. Not all women understand each other, there are no translators, and consequently in the end many troubles come out. [...] We always try to talk to them about our problems, but I am not sure whether these problems are taken into consideration."

Key informants also mentioned the lack of training and expertise among reception centre workers on supporting women survivors and referring them to specialized services, which hampers prompt referrals. One mental health provider said:

"We need more training, and we need a reception system that can provide serious psycho-social services and that has personnel equipped with tools and skills to read the needs of migrant women and direct them to local services. The stories of migrants are not in everyone's sight, and frontline workers often do not have the ability to understand the difficulties women migrant face."

Some key informants identified problems in communicating with some service providers since the start of the pandemic. Others, however, said that the rapidly changing crisis and the corresponding shifts in working conditions facilitated greater collaboration, as stakeholders could convene often and easily in virtual spaces to find collective solutions to the new challenges. Several anti-violence centre staff members reported that anti-violence networks were extremely cohesive during the crisis.

2.3.3. Limited awareness of services

"If you are not familiar with the place where you live, you do not know where to go, it is hard."
Woman from Senegal, aged 41

The refugee and migrant girls and women consulted for this research said that they had only limited awareness of GBV services as a result of their migration to a new country, their lack of understanding of its public institutions and systems, and cultural and linguistic barriers. Across both polls, only half of the migrant girls and women (out of a total of 64 respondents) stated that they knew where a girl could go if she needed GBV services. Qualitative findings affirmed that this limited awareness was exacerbated by the COVID-19 pandemic:

"Many women that suffer domestic violence do not know where to go, so in the end they did not access any service or talk to anyone. Because of COVID, someone did not want to go out for the fear of contagion, or because they thought the services were closed. If you are not familiar with the place where you live, you do not know where to go, it is hard."
Woman from Senegal, aged 41

It was also difficult for refugee and migrant girls and women to obtain knowledge about which services were impacted by the lockdown, with several FGD participants saying that they did not know what was open during the lockdowns and what was not. Movement restrictions limited the ability of providers to conduct community-based awareness, which further curtailed access to information for refugee and migrant girls and women on available GBV services:


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"We advertise our services on various levels. [...]. We also distribute flyers in what I like to call "women's places", like markets, schools, etc. However, during the lockdown or now that we are in red zone, these local awareness-raising activities were impossible to conduct."
Shelter coordinator

Some young women shared challenges in keeping up with the constant changes in regulations for services' opening hours and the modalities of service delivery across the different stages of the pandemic, as explained by a 24-year-old young woman from Pakistan:

"It was hard to keep up with rules constantly changing. Sometimes they tell you to go to an office, but once you get there, they do not let you in. They say one thing, and then they do the opposite. The rules change so often that it's really hard to keep up with them!"

Service providers also reported reduced interaction between reception facilities and GBV services, particularly in the first phase of the pandemic:

"A big part of our work is outreach, to go to reception centres informally and to initiate discussions with women in this way. Seeing and looking at each other was fundamental, and this part was limited by the pandemic."
Mental health provider

Poor awareness of services could be traced back to the lack of information in a range of languages. Some key informants spoke about the limited coverage of hotlines and outreach activities in different languages in general, let alone in the varied dialects spoken by refugee and migrant girls and women.

Box 11: Adaptation of gender-based violence service providers – preparing multi-language awareness campaigns and information materials

Some key informants reported that service providers responded to the challenges facing refugee and migrant women in finding clear information about available services. They implemented outreach strategies that used multi-language videos and informative materials that would also reach young migrants or migrants with limited literacy. One anti-violence centre staff member said:

"We made videos and an informative comic about gender-based violence targeting migrant women. We tried to use different channels to disseminate them, both online and with print copies. […] We produced these videos and comics in several languages."

Service providers involved in this study also shared their plans to collaborate with schools, embassies, consulates and language schools for adults to raise awareness among refugee and migrant girls and women of their rights, protections, and the services available.

The Department of Equal Opportunities promoted various awareness campaigns in multiple languages, including an initiative with the Italian Post Office to advertise the anti-violence and anti-stalking number 1522 on ATM monitors and on post office screens.[166]

2.3.4. Issues related to legal status

"[…] they are afraid of these services, because they are afraid of suffering legal repercussions if they decide to access them"
Mental health provider

Key informants identified the legal status of migrant girls and women, particularly the lack of a residence permit, as a barrier to service access. Some shelters, for example, do not seem to host women without such a permit, and GBV survivors who have no legal documents cannot join the employment programmes that would help them gain some autonomy. Key informants also reported that some migrant women did not seek services during the pandemic for fear of repercussions related to their legal status, as well as their limited knowledge of their legal rights. As reported by a mental health provider:

"Another category particularly at risk is undocumented girls and women: on the one hand, they cannot access some services because they are irregular, and on the other hand, they are afraid of these services, because they are afraid of suffering legal repercussions if they decide to access them."

Migrant girls and women with no regular status feared arrest, deportation or – if they were mothers – the loss of their children if they tried to access a service:

"I would like to stress that it was generally harder for migrants to reach out for help, especially the ones without regular documents: after the outbreak of the pandemic, they felt the need to hide even more, because if you do not have a residence permit in a city that is becoming increasingly deserted (especially during the lockdown), you are easily identifiable."
Legal aid officer

Several providers attributed this misconception to women's fears of accessing services in an unfamiliar system, as well as to the lack of information about service eligibility. As one key informant explained:

"There is certainly the issue of information. Migrant girls and women must know that protection mechanisms exist. They need to know that if they report a case of violence and ask for help, then they can get a residence permit. Most of them do not know it, and therefore they do not talk about it due to fears related to their legal status, which in many cases depends on their husband."

A health provider highlighted how migrants without regular documents are particularly vulnerable:

"Women without a residence permit are always a little scared and intimidated by the idea of entering a GBV service, especially if they suffered from domestic violence. Abusers often use their illegal status against them. 'You are without a residence permit, if you ask for help, they will take your children away and send you back to your country'. Men abusing migrant women often use their illegal status to prevent them from reporting the violence and accessing GBV response services."

2.3.5. Discrimination and cultural barriers

"[…] she does not trust them much, as she felt treated differently precisely because she is a migrant, with different blood and different skin colour."
Woman from Honduras, aged 39, talking about a relative's experience

Participants in the research spoke of the barriers that migrant girls and women faced in accessing quality services. These were the result of discrimination or misconceptions linked to attitudes, practices and language.

While some respondents noted a general mistrust of public services among refugees and migrants, others pinpointed specific ways in which this limited women's access to services during the pandemic. These included fears that they would not be believed, that they would not receive good or fair treatment because of their migration status or the colour of their skin, and fears of family separation:

"Even though she has regular documents, she had the feeling that these services have not promptly and adequately intervened because she is a migrant. If she was Italian, maybe they [the police] would have immediately taken this man and put him in jail. But they waited a long time before intervening. Consequently, she does not trust them much, as she felt treated differently precisely because she is a migrant, with different blood and different skin colour."
Women from Honduras, aged 39

"Migrant girls and women have many needs, but they don't know how to express them explicitly, and they don't know where to go or whom to contact when they need help. They are very afraid and distrustful."
A mental health provider

"There are also many stereotypes about gender-based violence response services, especially among migrants who are in a relationship with Italians. Migrant women frequently suffer psychological blackmail from Italian men. 'You are nobody, I am Italian, you are a poor migrant, etc.'. They are constantly threatened and therefore they are more scared of accessing services, especially if they have children."

Some participants described how some approaches perpetuated bias and stereotypes among service providers. This affects the ability of these service providers to offer adequate care and increases the risk of stigmatizing GBV survivors:

"Another issue is that some GBV service providers have stereotyped and culturally insensitive

perspectives that end up perceiving migrant women in the role of victims, disregarding their strength and resilience, and limiting their opportunities to rebuild their lives independently, express their needs, and make their voices heard."
GBV expert

Mutual understanding between refugee and migrant girls and women and service providers was reported as a challenge, both from a cultural and linguistic perspective:

"Everyone was talking about violence, but I did not understand what it meant. I did not know that the things happened to me were in fact acts of violence. I felt many strange feelings."
Woman form Syria, aged 40

Some women shared the importance of including linguistic and cultural mediators within services. While some of service providers interviewed, shared that they include linguistic and cultural mediators in their team and some are training them to enhance their understanding of what violence means and how to approach GBV survivors, study participants also highlighted the lack of linguistic and cultural mediators within many services. While this was true before the pandemic, their services were reduced still further or were not incorporated into remote services:

"During the lockdown, the presence of cultural mediators was very complicated with regards to support and service provision over the phone."
Anti-violence centre staff member

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Box 12: Adaptation of gender-based violence service providers – Women and Girls Safe Spaces

During the pandemic, some services providers strengthened and adapted dedicated centres for refugee and migrant girls and women. These centres aim to provide them with a safe space where they can spend time and enhance their skills and knowledge on a variety of topics, and also aim to boost their trust in local and national authorities, to familiarize them with the public system and to facilitate their access to services. During the lockdown and the periods with stricter restrictions, these centres promptly organized online activities to guarantee continuous support to women and girls during this difficult time. When movement restrictions were eased these centres immediately activated to return to in-person activities, whenever possible and respecting all the anti-COVID-19 protocols.

A mental health provider shared her personal experience in coordinating this type of activity: *"The beauty of this space is that it is co-built with migrant women and girls. The thing that touches me the most is to find in these women needs that were ancient and perceived as unsolvable, and that instead, shared through the safe space, immediately find a solution."*

Box 13: Adaptation of gender-based violence service providers – additional trends

Many service providers responded to the increased economic insecurity reported by refugee and migrant women during the pandemic. In particular, key informants described providing support beyond the classic services that are usually offered by anti-violence centres, including the distribution of food and grocery cards to women facing food insecurity and providing economic support to women in need. As one anti-violence centre coordinator explained:

"We provided food and telephone cards to those women who were not in protected apartments or communities. We provided basic needs and signs of proximity, to remind women that we were there, that they were not alone. We provided a lot of psycho-affective support and guidance because women needed this more than ever."

Numerous representatives of the NGOs and GBV service providers who took part in this study said that many of the women they supported economically during the pandemic were sex workers and trafficked women, as they appeared to be among the most vulnerable groups and in greatest need of help.

Although some organizations could not provide their full range of services during the lockdown, key informants reported that their teams were committed to making the best use of any unexpected downtime by, for example, increasing their advocacy initiatives.

Anti-violence centre staff reported some difficulties when women called their centres because both they and their callers were at home, which sometimes made it difficult to talk openly. To ensure that these points of contact with survivors did not go to waste, service providers redefined the purpose of these phone calls: to make women feel less isolated within their homes and to equip them with coping strategies to help them manage the daily stress caused by COVID-19.

2.4. Impact on service providers' staff

"There have been no stress-free moments in this pandemic. The pressure level is constant and indescribable."
Legal aid officer

The service providers interviewed for this study outlined the severe professional challenges they experienced during the pandemic, including significant increases in their workload and responsibilities, which affected their ability to provide appropriate care. With the new reality of working remotely, many providers struggled to find any balance between their private and professional life:

"One of the worst things of working from home is that work and private life are merging one into the other, and therefore there are no time limits, you work a lot more and you often lose a work/life balance. At home, we continue to work indefinitely, as there are always things to do."
Coordinator of women's organization

Many anti-violence centre staff who took part in the study shared their long-term sense of frustration and powerlessness. They specified

that these feelings could be traced back to the structural challenges of the system, such as lack of systematized inter-institutional communication and coordination, the scarcity of funding and the absence of monitoring of the criteria for access to GBV services – all problems that were exacerbated during the pandemic. One cultural mediator described the emotional toll:

"It was emotionally and psychologically a very tough period for us as frontline workers. [...] In the first weeks of the lockdown, when everything was closed, I felt stuck, my hands were tied, and I did not know what to do."

Other service providers highlighted the negative impact of not working as part of a team and in person and of having fewer opportunities for mutual support with colleagues, which had always been essential in challenging times. Providers described how their worries piled up and affected their sleep patterns and moods, resulting in elevated levels of stress and exhaustion, and possibly burnout and vicarious traumatization:

"I often worked overnight. Recently, I haven't slept much due to constant tension and worries about all the things I have to take care of. Every time I finish discussing a hearing, I feel highly charged for a while; then I go home and the tension melts, and I become like jelly. There have been no stress-free moments in this pandemic. The pressure level is constant and indescribable."
Legal aid officer

Like several refugee and migrant girls and women, service providers also expressed their fear of contracting COVID-19, especially during the earliest months of the pandemic. Receiving a vaccine, however, helped to alleviate some of the emotional distress this fear had caused:

"Honestly, during the first few months, I was a bit scared. I was a little worried about getting infected. It was not easy. Then thank God the vaccine arrived, and I feel much more protected now."
Health provider

Providers described the measures they took to cope with high levels of stress and its impact on their emotional and psychosocial well-being. One mental health provider, for example, said that she had found support for her own mental health:

"Carrying out my role of psychotherapist in this context was extremely tiring. After the outbreak of the pandemic, I resumed a path of psychotherapy with my own therapist. I need it to try to reposition myself and breathe. Because now we are not breathing properly."

Some providers took part in group-based coping practices, such as virtual group meetings, supervision and moments of reflection to share the challenges they were facing and to help them ensure the continuity and high quality of services. Other providers reported how anti-violence networks had a crucial role during the pandemic, as they provided a platform for support, for the sharing of challenges and for discussions on adaptation strategies and coping mechanisms:

"Networks of anti-trafficking and anti-violence immediately re-organized. We met regularly online to discuss and better understand the problems that were emerging and to find solutions. This network was a great support. We have never found ourselves working in silos within our organization, but we worked as a team."
Shelter coordinator

Despite the many challenges faced by service providers during the pandemic, all of the professionals interviewed for this study said that they managed to adjust to the new environment – proof, once again, of their strength, adaptability, resilience and creativity:

"It is a bit like entering a dark room, at first you do not see anything but after a while your eyes slowly adapt and you start to see something, and then you see well. And that is the feeling I got. I was in complete darkness during the lockdown, but now I know my way."
Mental health provider

3. Conclusions

This research has explored the perceptions and experiences of refugee and migrant girls and women, GBV service providers, and experts on migration, asylum and GBV in Italy on GBV risks and, in part, the availability, quality and accessibility of GBV services since the onset of the COVID-19 pandemic. The results have highlighted that the multi-layered vulnerabilities that refugee and migrant girls and women already faced as a result of the intersection of variables related to their gender, migration status, and legal status were exacerbated by the pandemic. Many participants perceived that the safety and well-being of refugee and migrant girls and women deteriorated, and that their ability to access quality GBV services was also reduced. The research also showed the capacity of services providers to adapt to a very challenging situation, although not always in a systematic way.

Decreased well-being and heightened risks of gender-based violence

The findings of this report show that the pandemic worsened the already precarious economic conditions and psycho-social well-being of migrant and refugee women and girls in Italy. The physical distancing measures have increased the sense of loneliness perceived by those who, following the migration path, can only count on limited family and friend support networks. In particular, adolescent girls, young women, and mothers reported increased levels of distress caused by a combination of pre-existing and new factors, including physical distancing measures, the disruption of education opportunities, heightened childcare responsibilities, and reduced resources to provide for the family due to severe economic challenges.

The study revealed that COVID-19 containment measures (such as movement restrictions and physical distancing) and the socio-economic impact of the pandemic explained above have increased GBV risks for migrant and refugee women and girls, both indoors and in public spaces, compounding pre-existing and multi-layered vulnerabilities and creating new ones. The vast majority of key informants and FGD participants felt that the pandemic exacerbated key triggers of violence, including forced coexistence in small and/or overcrowded spaces, limited social support, economic difficulties and job insecurity, the slowdown of learning opportunities, xenophobia and increased social tension fuelled by the health emergency. Adolescent girls and young women were particularly exposed to episodes of street harassment and discrimination.

The interplay between violence against women and violence against children was also reported by study participants as a component of domestic violence.

The study highlighted that the pandemic has had a detrimental impact on GBV prevention mechanisms and the condition of migrants within some reception facilities. This was the result of restricted and delayed access to services, overcrowded living conditions, and limited privacy.

However, it is also important to acknowledge the many ways in which refugee and migrant girls and women felt empowered to cope with distress and bolster their own well-being, taking initiative throughout the pandemic to maintain social cohesion and participating in community-based initiatives, when COVID restrictions allowed.

Barriers to access to gender-based violence services

The research results confirm that the pandemic further hampered access to GBV response services for refugee and migrant girls and women. The key barriers reported were the reduced availability of services and slowdown of referral mechanisms; difficulties in accessing remote services because of a lack of

technological tools and limited privacy; limited knowledge of the services available, especially among young women; discrimination and linguistic and cultural barriers, including the lack of cultural mediators within services; perceived or real challenges related to the legal status of refugees and migrants; and the fear of contracting COVID-19.

The closure and slowdown of regularization processes and hearings for asylum applications during the pandemic added to the barriers already faced by undocumented migrant girls and women in accessing GBV services. As key informants explained, access to such services – particularly shelters – could be restricted if a woman had no residence permit. Service providers also highlighted a practice of some anti-violence centres and shelters of welcoming only women survivors of violence who had officially filed a case against the perpetrator: another key barrier to women's access to the services they provide. The consultations highlighted that the structural problems limiting the ability of refugee and migrant girls and women to access services have been further compounded by COVID-19 restrictions. These have included, in particular, the lack of coordination between the migrant reception system and the anti-violence response system, and the limited knowledge of staff working within reception services to appropriately support emerging respond GBV cases. Participants repeatedly mentioned the need for GBV service providers to adopt and improve culturally sensitive approaches.

The adaptation of gender-based violence services provision during the pandemic

As the pandemic hampered the ability of GBV survivors to seek support, GBV services adapted quickly to meet their changing needs. The aim was to guarantee, at least in part, the continuity of their assistance by restructuring their services using mixed strategies to combine face-to-face and remote approaches. Some of the changes implemented by GBV service providers to adapt to the pandemic included: the increased use of mobile units; the direct signing up of migrants for services; the development of multi-language awareness and advocacy campaigns; the strengthening of collaboration within anti-violence networks; and the provision of economic support and distribution of food packs to refugee and migrant girls and women who were severely hit by the economic crisis caused by the pandemic.

As lockdown measures limited face-to-face interactions, services of all kinds shifted to remote modalities. Some service providers mentioned that the quality of support was compromised, especially for therapeutic services, with the treatment of serious trauma sometimes suspended during remote sessions. However, some service providers noted that changes to services in response to COVID-19 strengthened some elements of service provision. For example, the move to virtual service delivery enabled organizations to extend their reach and helped some survivors to feel more comfortable about using the service because they were doing so in their own environment.

As shown by their timely adaptation to the changing needs and challenges faced by GBV survivors during the pandemic, the study confirms the resilience, strengths, and high capacities of many GBV service providers across Italy. It also demonstrates that the country has many excellent examples of specialized services, with personnel who are trained to take care of refugee and migrant girls and women who are survivors of GBV. However, more resources must be put in place to guarantee the quality of service provision and the prompt access to (and smooth use of) GBV services by refugee and migrant girls and women. This is vital, given the specific vulnerabilities and security risks they face, and the negative impact the pandemic has had on their security and socio-economic conditions.

The vast majority of the problems highlighted by GBV service providers pre-dated COVID-19 and were related to long-term structural challenges: a lack of systematic inter-institutional communication and coordination; the scarcity of financial resources, which damages the quality and stability of service provision; and the lack of monitoring of the criteria for access to GBV services. All of these ongoing deficiencies were amplified by the pandemic, while services also had to grapple with a wide set of new and systemic challenges.

The impact on gender-based violence services providers

GBV service providers also reported severe challenges and negative impacts of the pandemic on their personal and professional lives, including: significant increases in their workload and responsibilities; struggles to find a balance between their private and professional lives; diminished opportunities for mutual support from colleagues; an increased sense of frustration and powerlessness; elevated levels of stress and exhaustion; burnout and vicarious traumatization; and fears of contracting COVID-19, especially during the earliest months of the pandemic.

Providers described the ways in which they coped with the stress and its impact on their emotional and psychosocial well-being, including supervision, individual therapeutical sessions, group discussions and mutual support within anti-violence networks.


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4. Recommendations

Three key recommendations emerge from the research: 1) Prioritize GBV prevention and mitigation mechanisms and initiatives and support refugee and migrant girls' and women's empowerment; 2) Promote access to GBV services and strengthen service capacity for refugee and migrant girls and women; and 3) Strengthen GBV service preparedness and adaptation at community and system level to ensure that services can respond to future crises and emergencies.

These recommendations build primarily on the findings of the study, but also on the ongoing work of UNICEF and its partners in Italy.

These key recommendations also align with, and reiterate, the priorities and recommendations geared towards refugee and migrant women of the Strategic National Plan on Male Violence against Women 2021-2023,[167] the Council of Europe Expert Group on Action against Violence against Women and Domestic Violence (GREVIO) 2020 baseline evaluation report on Italy[168] and the Concluding observations on the combined fifth and sixth periodic reports of Italy to the Committee on the Rights of the Child.[169]

Recommendation 1: Prioritize GBV prevention and mitigation mechanism and initiatives and support refugee and migrant girls' and women's empowerment				
	Italian authorities	**GBV services**	**EU Commission**	**United Nations**
Strengthen efforts to ensure that Italy's overseas support addresses the conditions that lead girls and women to migrate, including those linked specifically to GBV. Enhance joint initiatives to eliminate all forms of violence against girls and women, including along migration routes and in transit countries.	✓		✓	✓
Ensure that girls and women enjoy safe conditions and adequate living solutions within reception facilities, including quarantine structures. This requires effective safety audit tools, as well as access to protection mechanisms and information in line with national and international standards and with Priorities 3.1 and 1.4 of the Strategic National Plan.	✓		✓	
Strengthen identification procedures for unaccompanied and separated girls and women at risk and ensure they	✓			

have access to safe living conditions in structures adapted to their age and gender.				
Expand access to shelters, community centres and safe spaces for refugee and migrant girls and women areas, with a dedicated area for children.	✓	✓		
Promote interventions to encourage the empowerment and financial autonomy of refugee and migrant girls and women through, for example, Italian language courses, skills building classes and coaching programmes, in line with Priority 1.3 of the Strategic National Plan.	✓	✓		✓
Prioritize actions to promote positive social (including gender) norms that would prevent violence against refugee and migrant girls and women as well as multiple discriminations among the population at large, in line with Priorities 1.1 and 1.4 of the Strategic National Plan.	✓	✓		✓
Work with refugee and migrant communities in Italy to promote positive social norms to support girls and women, end the stigma linked to seeking help, ensuring the participation and leadership of communities, in line with Priorities 1.1 and 1.4 of the Strategic National Plan.	✓	✓		✓
Dedicate specific resources to grassroots-level outreach interventions in critical areas or in key social hubs for refugee and migrant girls and women in order to provide information and referrals adapted to their age, gender, and language.	✓		✓	✓
Strengthen and expand community centres or safe spaces that actively include refugee and migrant girls and women to enable them to socialize, build their skillsets, disclose their concerns	✓	✓		✓

and become familiar with the available services, taking into account the specific needs of adolescent girls, ensuring youth-friendly approaches in the programming and implementation of all activities.				
Promote a costed national plan for the response, prevention and care of child and adolescent survivors of violence, taking into consideration the specific needs and conditions of refugee and migrant adolescent girls.	✓			
Promote the repeated and systematic collection of disaggregated data on refugee and migrant girls and women within national statistics to inform policies and programmes.	✓			

Recommendation 2: Promote the inclusive and safe access of refugee and migrant girls and women' to GBV services and strengthen GBV response service capacity to respond to their specific needs				
	Italian authorities	**GBV services**	**EU Commission**	**United Nations**
Increase regular funding for anti-violence centres and shelters and other civil society organizations working in this area to ensure systematic resources for timely, quality, and appropriate support across Italy.	✓		✓	
Ensure the timely and systematic monitoring of anti-violence centres and shelters and provide guidelines to align the quality, funding and distribution of services across the country, with a clearly defined set of standards, in line with Priority 4.3 of the Strategic National Plan. This should include the timely monitoring of criteria to access safe shelters (in partnership with regional bodies) to	✓			

avoid discriminatory practices, such as requesting survivors file an official report to the authorities as an access requirement, or based on residence or legal status.				
Promote a case management approach to strengthen coordination across GBV response services and improve their multi-disciplinary approach, in line with Priority 3.1 of the Strategic National Plan.	✓	✓		
Continue to make constant efforts to ensure that the intersectionality of gender with other grounds of discrimination is addressed across all policies and that their implementation responds comprehensively to the specific needs and circumstances of girls and women in diverse groups.	✓		✓	
Appoint key institutional focal points at the national and regional level to undertake targeted monitoring of and coordinated action on cases of GBV against refugee and migrant girls and women.	✓		✓	
Strengthen helpline services in multiple languages and promote virtual spaces that are safe, inclusive, adolescent-friendly and accessible to refugee and migrant girls and women, including in situations where physical assistance is not available.	✓	✓		
Adapt and implement standards and procedures to ensure that GBV response meets the specific needs of refugee and migrant girls and women, including expanding their access to safe shelter, health care and legal support and ensuring access to skilled linguistic and cultural mediators and to service providers that are trained on diversity, in line with Priorities 1.4 and 2.6 of the Strategic National Plan.	✓	✓		

Ensure that training programmes on GBV response for refugee and migrant girls and women are organized in a systematic and harmonized way throughout Italy for all stakeholders concerned, including law enforcement officials, and professionals from the health, legal and psycho-social sectors, as well as linguistic and cultural mediators. To increase their sustainability, such training should also be included in pre-service curricula.	✓	✓		
Promote systems for the early identification of girls and women at risk and to support GBV disclosure with safety and data privacy standards throughout all phases of the reception system.	✓			
Strengthen the capacity of reception centre staff to provide an initial response to GBV cases through standardized gender-sensitive procedures and based on the survivor-centred approach.	✓			
Promote systematic coordination and referrals across reception system and anti-violence centres, psycho-social services, health services, territorial commissions, law enforcement, and the judiciary.	✓	✓		

Recommendation 3: Strengthen GBV service preparedness and adaptation at community and system level to ensure an effective response to future crises and emergencies				
	Italian authorities	**GBV services**	**EU Commission**	**United Nations**
Add a gender lens to emergency preparedness policies, considering the impact of crises and emergencies on girls and women in general, and on those with intersectional vulnerabilities	✓			

in particular, including girls and women with disabilities and refugees and migrants.				
Integrate GBV into national and sub-national emergency response plans and investments by ensuring that GBV response services are designated as essential and remain open and accessible, and planning higher investments in the comprehensive and multi-sectoral GBV services that are usually affected during emergencies and crises.	✓			
Support health and education sectors with public policies and public expenditures to build the social infrastructure that must underpin emergency response.	✓			
Strengthen the capacity of GBV response services staff on remote GBV case management.	✓	✓		
Ensure internal and external supervision and psychological support to GBV service providers to prevent and help them cope with situations of great stress and vicarious traumatization.		✓		
Ensure that remote service response is inclusive, structured and survivor-centred and considers the linguistic and cultural challenges faced by refugee and migrant girls and women. This entails strengthening the inclusion of linguistic and cultural mediators within online or phone-based services, as well as setting up operational desks where migrants can learn how to better navigate bureaucracy.	✓	✓		

Annex 1: Methodology

The methodology used in this research combined qualitative and quantitative data. Overall, one of the key objectives of this research was to amplify the voices of refugee and migrant girls and women who may be often ignored and unseen; consequently, this group was consulted extensively during data collection. Most of the findings presented in this study are derived from qualitative research activities. Data collection focused on three Italian regions: Lombardy, Latium and Sicily. These regions were chosen to represent different geographical areas of the country (north, centre, south), and to utilize UNICEF's partnerships across Italy.

Quantitative research activities included the distribution of an online questionnaire and two polls through the online platform: U-Report on the Move. This is a UNICEF digital platform that allows young refugees and migrants in Italy to express their voice on important issues, to obtain information on their rights and on available services, and to interact with a network of experts for free virtual advice.

The first poll was administered to approximately 180 foreign and Italian girls and young women in November 2020. They received a short series of 10 questions about their social interactions during COVID-19, the social support available to them, their perception of changes in the conditions of safety of girls and women around them, and their mental health status. A second poll was administered in February 2021, but this time only targeting refugee and migrant populations, with a sample of 37 girls and women.

The online questionnaire was distributed through UNICEF's partner organizations and with the help of online advertisements throughout June and August 2021. It included approximately 45 questions, covering topics such as pandemic-era changes in social networks, perceived safety for girls and women, and access to information on GBV service utilization and service satisfaction. Respondents included women aged 18 and over who were born either in Italy or elsewhere. A total of 22 refugee and migrant women and completed the online questionnaire in full.

Qualitative data collection took place between March and May 2021. Key informant interviews (KIIs) were carried out with a range of service providers, including social workers, health providers (both mental and physical), anti-violence centre and shelters' staff members, linguistic and cultural mediators, among others. Experts on GBV, migration and asylum at the national level were also interviewed. A total of 51 KIIs were carried out across Latium, Lombardy and Sicily, and at the national level. With the exception of a few KIIs that were conducted virtually, most of the interviews took place in-person.

Eight focus group discussions (FGDs) were also conducted across the three primary research sites. Each group included 3 or 4 participants, for a total number of 31 women, with ages ranging from 18 to 65. Participants' countries of origin included Bangladesh, Cameroon, Colombia, El Salvador, Gambia, Ghana, Honduras, Libya, Nigeria, Pakistan, Peru, Senegal and Syria. Some of the FGDs were organized in reception centres, while others were held in daily centres including safe spaces and inter-cultural centres for girls and women, or in shelters hosting GBV survivors. On average, KIIs lasted for 45 minutes, while FGDs lasted for 1.5 hours.

Inclusion criteria: screening of eligibility

Key informants to be interviewed as part of the study were required to be GBV service providers or to hold some expertise or experience in the GBV, migration or asylum sectors, or to be part of the refugee and

migrant community themselves. Key informants were identified through UNICEF and partner organizations in-country. Following the recruitment of key informants from various local organizations, the interviewer used an eligibility checklist to ensure that the potential key informants met the eligibility criteria.

Refugee and migrant girls to be included in the FGDs had to be at least 17 years old. FGD participants were identified through local partner organizations and screened for eligibility before arriving at the FGDs. The online questionnaire was distributed through Facebook, and by local partner organizations to eligible respondents based on the organization's familiarity with and knowledge of women who receive services.

Refugee and migrant women completing the questionnaire had to be at least 18 years of age and speak Arabic, Bengali, English, French, Italian, or Tigrinya. The polls were distributed via U-Report and were completed by refugee and migrant young girls and women registered to the platform who spoke any one of these six languages or Albanese.

Ethical considerations

Research methods and semi-structured interview tools used in this study were developed in keeping with the 'Do No Harm' imperative and were guided by recognized international standards for data collection on issues of violence and other sensitive subjects with girls and women. All study procedures were approved by the Health Media Lab Institutional Review Board and were discussed within a working group composed of representatives of UNICEF in Europe and Central Asia Regional Office (ECARO) – Italian National Response the Italy, UNICEF headquarters, UNICEF Office of Research – Innocenti, and Washington University in St. Louis.

FGDs and KIIs were conducted by UNICEF team members in Italian or in English. For the KIIs, an information sheet written in Italian and English, including the background, aims, design, and study contact information, was shared with participants prior to the start of the interviews. For the FGDs, UNICEF staff were assisted by linguistic and cultural mediators, as needed, to ensure understanding between the researcher and FGD participants. An information sheet written in Arabic, Bengali, English, French and Italian, which included background, aims, design, and study contact information, was shared with FGD participants prior to the start of the FGDs.

The online questionnaire was translated and available in Arabic, Bengali, English, French, Italian and Tigrinya. The U-Report polls were translated into Albanese, Arabic, Bengali, English, French and Tigrinya.

Consent and security

Procedures were put in place to guarantee the confidentiality, anonymity and security of all the participants. Safety protocols were also followed during all in-person activities to minimize the risk of COVID-19 transmission. Keeping in mind physical distancing protocols due to the pandemic, FGDs and interviews were organized in appropriate spaces to guarantee distancing between participants, who were required to wear a face mask for the entire period of the activity. Sanitizing gel was always provided to participants.

The study team followed a robust consent process to obtain and document voluntary and informed consent and assent from study participants. The team sought approval from key informants and FGD participants,

obtaining verbal consent either virtually or in-person for qualitative data collection activities, as well as a waiver registering consent for the online questionnaire. All participants were informed about the risks and benefits of their participation and were provided with an information sheet including background, aims, design and study contact information. Respondents did not enter any identifying information in the online questionnaire.

Data storage and data analysis

All KIIs and FGDs were audio-recorded, transcribed and translated into English, if conducted in Italian. All the data were de-identified by removing references to names, locations and other information that might compromise anonymity and confidentiality of study participants. Transcripts were analysed by a team of researchers using a thematic analysis approach. Transcripts were archived in an online folder protected by a password, to which only members of the research team have access. Transcripts will be destroyed 5 years after the end of the study.

Annex 2: Legal and policy framework on GBV

Key legislative acts, action plans, strategies and guidelines in response to the phenomenon of gender-based violence (including trafficking of human beings) at the national, EU and international level include:

Legislative Acts on GBV (including THB)	
National	Law 69/2019 known as Red Cod; Law 4/2018 containing several measures in favour of orphans of a victim of domestic violence; Law 80/2015, granting women survivors of violence special paid leave; Law 24/2014, Implementation of Directive 2011/36/EU on preventing and combating trafficking in human beings and protecting its survivors Law 119/2013 on femicide; Law 38/2009 on stalking; Law 7/2006 on female genital mutilation; Law 228/2003 containing measures against trafficking in persons; Law 154/2001 containing measures against violence in family relations; Law 286/1998, Consolidated text of provisions governing immigration and norms on the condition of the foreigner, article 18 on the provision of a residence permit to people who suffered different forms of violence, exploitation and trafficking in human beings; Law 66/1996 on sexual violence.
EU	Directive 2011/36/EU of the European Parliament and of the Council of 5 April 2011 on preventing and combating trafficking in human beings and protecting its survivors, and replacing Council Framework Decision 2002/629/JHA; Council of Europe Convention on preventing and combating violence against women and domestic violence, better known as the Istanbul Convention (ratified by Italy in 2013); Council of Europe Convention on Action against Trafficking in Human Beings (ratified by Italy in 2010).
International	Convention 190 on the Elimination of Violence and Harassment in the World of Work (ratified by Italy in 2021); DAC Recommendation on Ending Sexual Exploitation, Abuse, and Harassment in Development Co-operation and Humanitarian Assistance: Key Pillars of Prevention and Response (2019); CEDAW General Recommendation No. 19 on Violence Against Women, updated by General Recommendation No. 35 of July 26, 2017; UN resolution of 25 September 2015 for the adoption of the 2030 Agenda

	for Sustainable Development established international goals within the framework of Objective 5 "Achieving gender equality and empowering all girls and women"; Beijing Declaration and the related Action Platform (1995); United Nations Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW, ratified by Italy in 1985) and its Optional Protocol (1999).
Action Plan, Strategies and Guidelines on GBV (including THB)	
National	National Strategic Plan on Male Violence against Women 2021-2023; Ministry of Health with the Istituto Superiore di Sanità updated and extended the Distance Training Program (FAD) "Prevention and contrast of gender violence through territorial networks" (2020); National Strategic Plan to Combat Men's Violence Against Women 2017-2020; Dedicated decree of the government issued "Linee guida nazionali per le Aziende sanitarie e le Aziende ospedaliere in tema di soccorso e assistenza socio-sanitaria alle donne vittime di violenza" to be used for the timely and adequate care of women survivors of violence who go to the hospital first aid (2017); National action plan against trafficking and severe exploitation of human beings for the years 2016-2018; Extraordinary Plan of Action against Sexual and Gender Violence 2015-2017, issued in 2014; National Plan Against Gender-Based Violence and Stalking, issued in 2011.
EU	EU Gender Equality Strategy 2020/2025; EU Strategy on Combatting Trafficking in Human Beings 2021- 2025.

Annex 3: Legal and policy framework on child protection

Key legislative acts, action plans, strategies and guidelines related to child protection at the national, EU and international level include:

Legislative Acts on Child Protection	
National	Law 220/2017, Supplementary and corrective provisions of the legislative decree 18 August 2015, n. 142, implementing Directive 2013/33 / EU laying down rules relating to the reception of applicants for international protection as well as Directive 2013/32 / EU laying down common procedures for the purposes of recognition and withdrawal of international protection status; Law 71/2017 on the protection of children in preventing and countering cyberbullying; Law 66/2017 on rules for the promotion of the inclusion of students with disabilities; Law 47/2017 on measures to protect unaccompanied foreign children; Decree of the President of the Council of Ministers of 12 January 2017 containing "Definition and updating of the essential levels of assistance, as per art. 1, paragraph 7, of Legislative Decree 30 December 1992, n. 502" which establishes the obligation to registration in the SSN of unaccompanied foreign minors on equal terms with Italian citizens; Law 173/2015, amending Law 184/1983 on foster care; Law 90/2014 "Provision for the preparation of the annual and multi-annual State budget" (2015 Stability Law), art. 1, paragraphs 181, 182 and 183; Decree of the Minister of the Interior of 29 July 2014 establishing, at the Department for Civil Liberties and Immigration, a mission structure for the reception of unaccompanied foreign minors; Law 112/2011 establishing the National Ombudsperson for Children and Adolescents; Law. 62/2011 on the protection of the relationship between mothers in prison and their minor children; Law 296/2006, which makes education mandatory for at least 10 years and increases the minimum age for working from 15 to 16 years; Law 54/2006 on provisions on the separation of parents and shared custody of children; Law 38/2006 concerning the fight against the sexual exploitation of children and child pornography also via Internet; Law 7/2006 on provisions concerning the prevention and prohibition of the

	practice of female genital mutilation; Law 6/2004 on "amministratore di sostegno" (court-appointed guardian for physically or mentally disabled people); Law 149/2001 updated the Law 184/83 concerning foster care; Law 2/2001 establishing the abrogation of article 3 of Law 191/1975 on the enrolment of minors in military service; Law 328/2000 on integrated system of interventions of social services; Presidential Decree 394/1999 containing norms for the implementation of the Consolidation Act on Immigration; Decree of the President of the Council of Ministers 535/1999 concerning the tasks of the Committee for Foreign Minors; Law 28/1999, amending Law 104/1992, on assistance, social integration and the rights of people with disabilities; Law 476/1998 on international adoption; Law 286/1998, Consolidated text of the provisions concerning immigration regulations and regulations on the condition of the foreigner; Law 269 / 1998 establishing norms against the exploitation of minors for prostitution, pornography and sexual tourism; Law 40/1998 on regulation of Immigration and norms on the condition of migrants; Law 451/1997 provided for the establishment of the Centro di Documentazione e Analisi per l'Infanzia e l'Adolescenza (Centre for Research and Survey on Childhood and Adolescence) and the Osservatorio Nazionale sull'Infanzia (National Council for Childhood Studies); Law 285/1997 on the promotion of rights and opportunities for children and adolescents; Law 91/1992, New Citizenship Rules; Law 216/1991 on preventing the involvement of children in organized crime activities; Law 184/1983 on children's right to a family; Law 270/1982 containing provisions on teachers for special need children supporting school integration; Law 977/1967 on the protection of children and adolescent child workers; Civil Code, art. 330 and 333; art. 343, 402 e 403.
EU	Council of the European Union, Council Conclusions of the European Union and the representatives of the governments of the Member States on the protection of children in migration, 8 June 2017, Doc. 10085/17; Council of the European Union, Council Conclusions on the Promotion and Protection of the Rights of the Child, 3 April 2017, Doc. 7775/17; Directive 2013/33/EU of the European Parliament and of the Council of 26 June 2013 laying down standards for the reception of applicants for international protection (recast);

	Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse (ratified by Italy in 2012); Council of Europe Convention on Action against Trafficking in Human Beings (ratified by Italy in 2010); Charter of Fundamental Rights of the European Union (18 December 2000), affirming (art.24) the obligation for member states to ensure full compliance with the principle of the best interests of the child; European Convention on the Repatriation of Minors (28 May 1970), ratified by Italy in 1975.
International	Optional Protocol to the Convention on the Rights of the Child on a communications procedure (ratified by Italy in 2016); Optional Protocol to the International Covenant on Economic, Social and Cultural Rights (ratified by Italy in 2015); International Convention for the Protection of All Persons from Enforced Disappearance (ratified by Italy in 2015); Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (ratified by Italy in 2013); Convention on the Rights of Persons with Disabilities and its Optional Protocol (ratified by Italy in 2009); Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime (ratified by Italy in 2006); Convention No.182 relative to the prohibition of the worst forms of child labour and to the immediate action for abolition (ratified by Italy in 2000); Convention on the Protection of Minors and cooperation in international adoption (ratified by Italy in 1998); Convention on the Rights of the Child (ratified by Italy in 1991); International Covenant on Economic, Social and Cultural Rights (ratified by Italy in 1978).
Action Plan, Strategies and Guidelines on Child Protection	
National	National Plans of Action and Intervention for the Protection of Rights and Development of Subjects in Developmental Age (last one published in May 2021); Directorial Decree of 27 February 2017 with which the Director General of Immigration and Integration Policies adopted the "Guidelines dedicated to the issue of opinions for the conversion of the residence permit of unaccompanied foreign minors upon reaching the age of majority (art. 32, paragraph 1-bis of Legislative Decree no. 286 of 25 July 1998)"; National plan for the prevention of and fight against abuse and sexual

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EU	EU Strategy on the Rights of the Child (2021); Communication from the Commission to the European Parliament and the Council. Action Plan on Unaccompanied Minors (2010-2014).

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[4] Intersectionality spans the various ways in which multiple dimensions of identity interact to shape an individual's experience and reflects the complexity of today's world. More information about intersectionality can be found in Box 5.
[5] Data were collected between November 2020 and August 2021.
[6] GBV service providers referred to in this report include not only personnel from anti-violence centres, shelters and anti-violence hotlines, but also health providers (both mental and physical), linguistic and cultural mediators, social workers, and legal aid officers who work with and support GBV survivors. For more information refer to Box 6: Gender-based violence (GBV) services in the context of this study.
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