

I was not safe in his house

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

Report summary

Gender norms and inequalities increase the vulnerability of girls and women during emergencies.¹ As seen in every crisis, from conflicts and climate change to disease outbreaks, the COVID-19 pandemic and the related containment measures have had a disproportionate impact on women and girls. Many countries reported a surge in calls to national anti-violence hotlines and increased risks of gender-based violence (GBV),² including Italy.³ At the same time, GBV response services have been forced to close, limit their services, or change the ways they work in response to the ongoing pandemic.⁴

This study explored the specific impacts of the pandemic on exposure to GBV risks among migrant and refugee women and girls in Italy. It examined the availability and accessibility of GBV services over the course of the pandemic,⁵ and assessed how services adapted in the face of this health emergency. The study focused on migrant and refugee women and girls because they face heightened risks of violence as a result of the intersectionality⁶ of vulnerabilities related to their gender and migration status. An initial desk review was followed by data collection, with an emphasis on qualitative inquiry. The results⁷ reflect the direct perspectives of migrant and refugee women and girls living in Italy, but also the experiences of GBV service providers and experts on GBV, migration and asylum.

What we found

"I think girls and women are less safe because they cannot have a job anymore and cannot provide for themselves. [...] They cannot afford houses and they live outside or in crowded places, this can be dangerous."

Young woman from Nigeria, aged 21

"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. Over the past two years this situation had improved, but now these episodes are starting again."

Woman from Ghana, aged 38

1. The pandemic worsened the already precarious economic conditions and psycho-social well-being of refugee and migrant girls and women in Italy. The lockdown measures have increased the sense of loneliness among migrants who often count on limited support networks 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, disruption of education opportunities, increased childcare responsibilities, and reduced resources to provide for the family as a result of severe economic challenges.

2. COVID-19 containment measures (such as movement restrictions and physical distancing) and the socio-economic impact of COVID increased GBV risks for refugee and migrant girls and women within the household, compounding pre-existing and multi-layered vulnerabilities and creating new ones. The vast majority of key informants and participants in focal group discussions felt that the pandemic exacerbated key triggers of violence, including coexistence in small and/or overcrowded spaces, limited social support, economic difficulties, job insecurity, and a reduction in learning opportunities. Participants also reported increased risks of children witnessing and/or experiencing abuse at home.

3. To some extent, the pandemic has hampered GBV mitigation procedures and referrals within reception facilities. The pandemic has had a negative impact on the condition of refugee and migrants within some of these facilities. This is the result of restricted and delayed access to services, overcrowded living conditions, reduced staff and limited privacy for women and girls.

4. During the pandemic, refugee and migrant girls and women faced greater risks of GBV in public spaces. In some locations, the increased social tensions and xenophobia fuelled by the health emergency exposed migrant and refugee women and girls to street harassment and discrimination, directed primarily at adolescent girls and young women.

5. Refugee and migrant girls and women demonstrated a great deal of resilience. They found many ways to cope with stress and bolster their own well-being, taking initiative throughout the pandemic to maintain social cohesion and participate in community-based initiatives, when COVID restrictions allowed.

6. The pandemic exacerbated pre-existing barriers faced by refugee and migrant girls and women in accessing GBV related services, and created new barriers, both at the community and system levels. As a result of COVID-19 related restrictions, many services were reduced or had to shift to remote service provision, which created additional challenges for refugee and migrant girls and women seeking help. Such challenges included lack of access to technological tools and internet, limited privacy, and linguistic barriers, such as limited access to linguistic and cultural mediation or staff trained in diversity.

7. GBV services quickly adapted to a very challenging situation, although not always in a systematic way. To maintain the continuity of their services, service providers restructured their activities, often combining face-to-face and remote initiatives and increasing the use of mobile units.

8. While GBV service providers showed great commitment and resilience, those interviewed also reported that they faced multiple challenges during the pandemic. These included the difficulties of working remotely and the lack of human and economic resources needed to carry out their professional activities. Many reported that these problems existed long before the COVID-19 pandemic.

Our top recommendations

To Italian authorities, GBV services, the EU Commission and UN agencies...

1. Prioritize GBV prevention and mitigation mechanisms and initiatives and support the empowerment of refugee and migrant girls and women, including:

- ensure that girls and women enjoy adequate and safe living conditions within reception facilities and strengthen procedures to support GBV survivors
- prioritize actions to promote positive social norms that would prevent GBV and discrimination against refugee and migrant girls and women
- dedicate specific resources to expand safe spaces and grassroots-level outreach interventions in critical areas or in key social hubs for refugee and migrant women and girls.

2. Promote inclusive and safe access to GBV services for migrant and refugee women and girls, increasing their availability and improving their accessibility, as follows:

- increase regular funding for GBV services
- strengthen the capacity of reception centre staff to provide an initial response to GBV cases and promote systematic coordination across reception systems and GBV services
- ensure access to skilled linguistic and cultural mediators and to service providers that are trained on diversity
- strengthen multilingual GBV information and helpline services.

3. Strengthen GBV service preparedness and adaptation at community and system levels to ensure that services can respond to future crises, as follows:

- add a gender lens to emergency preparedness policies and integrate GBV into national and sub-national emergency response plans and investments
- strengthen the capacity of GBV response services staff on remote GBV case management and ensure that remote service provision is inclusive and survivor-centred and considers the linguistic and cultural challenges faced by migrant and refugee women and girls
- ensure that the intersectionality of gender with other grounds for discrimination (such as race or gender identity) is addressed when developing and implementing policies and interventions.

¹ Inter-Agency Standing Committee, *Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action* [Internet], Geneva, IASC, 2015, p. 1–366, (<https://gbvguidelines.org/en/>).

² United Nations Population Fund, *COVID-19: A gender lens: Protecting sexual and reproductive health and rights, and promoting gender equality*, UNFPA, New York, 2020 (<https://www.unfpa.org/resources/covid-19-gender-lens>); UN Women, *COVID-19 and Ending Violence Against Girls and Women*, UN Women, New York, 2022, (www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2020/Issue-brief-COVID-19-and-ending-violence-against-women-and-girls-en.pdf).

³ Gruppo di lavoro per la Convenzione sui diritti dell'Infanzia e dell'Adolescenza, 'La violenza contro le donne e i bambini ai tempi del COVID-19' (web-page), 2020 (<https://gruppopocr.net/la-violenza-contro-le-donne-e-i-bambini-ai-tempi-del-covid-19/>).

⁴ UN Women, *Impact of COVID-19 on violence against girls and women and service provision: UN Women rapid assessment and findings*, UN Women, New York, 2020, (www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2020/Impact-of-COVID-19-on-violence-against-women-and-girls-and-service-provision-en.pdf).

⁵ Data were collected between November 2020 and August 2021.

⁶ 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.

⁷ Given the primarily qualitative nature of this study, it is important to recognize that some findings may not be generalizable beyond the study population.