

COVID-19 Gender-Based Violence Policy Tracker

Policy Briefing Paper: Italy

Working Paper #4

The Policy Briefing Papers in this series are a set of Working Papers. They are authored by volunteers and have benefited from a network of scholars, anchored by Merike Blofield (GIGA) and coordinated by Asma Khalifa (GIGA)*, and provide a strategic input to the Lancet Commission on Gender-Based Violence and Maltreatment of Young People, co-chaired by Flavia Bustreo and Felicia Knaul.

The Working Papers were developed as a resource for policy-makers, advocates and scholars, to explore and assess key policy responses enacted following the onset of the COVID-19 pandemic and to support the formulation of policy recommendations to better address GBV in the future.

The Working Papers are not peer-reviewed, do not represent the views of the respective institutions or the Lancet Commission, and are not meant to provide a comprehensive or systematic analysis.

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The Scope of the Policy Briefing Papers

The policy briefing papers cover government policies to address *violence within the household*, a specific risk during the COVID-19 pandemic, with social distancing and shelter at home policies, combined with the increased financial and mental stress caused by the pandemic and associated policies.

Early in the pandemic, the Center for Global Development published a working paper that highlights potential policy solutions likely to be effective (Peterman et. al., 2020). The policy briefs build on the policy dimensions identified in this working paper. Each policy brief addresses the following measures, to the extent possible:

National-level government policies on the following dimensions, pre- pandemic and since the onset of the pandemic:

- GBV-related hotlines in operation in early 2020; changes since March 2020
- GBV-related communication campaigns implemented in early 2020; changes since March 2020
- GBV- related physical first-response health and legal services; changes, since March 2020
- GBV-related social protection policies in early 2020; changes since March 2020
- Shelter and temporary housing for survivors; changes since March 2020

*Acknowledgements In alphabetical order, those who worked on the concept note or joined virtual meetings, during 2020-2021: Paola Bergallo (Universidad Torcuato di Tella) Buenos Aires, Argentina; Flavia Bustreo (World Health Organisation) Geneva, Switzerland/Lancet Commission Co-Chair; Carmen Castañeda (CIDE) Mexico City; Emilia Cerra (FUNDAR) Buenos Aires, Argentina; Joht Chandan (University of Birmingham) Birmingham, UK; Shahjahan Chowdhury, Shahjalal Univ. of Science and Techn, Bangladesh; Mariana Chudnovsky (CIDE) Mexico City; Andrea Da Silva, UN Women; Beverley Essue (University of Toronto) Toronto, Canada; Eunice Kamaara, Moi University, Kenya; Felicia Knaul (Univ. of Miami) Miami, USA/ Lancet Commission CoChair; Claudia Lopes (United Nations University) Kuala Lumpur Malaysia; Mariela Magnelli (FUNDAR) Buenos Aires, Argentina ; Nicholas Metheny, University of Miami; Megan O'Donnell (Center for Global Development) DC, USA; Amber Peterman (UNC-Chapel Hill), USA; Johanna Pieper (GIGA); Juncal Plazaola Castaño, UN Women, USA; Stefanie Prange de Oliveira (GIGA); Rajnish Prasad, UN Women's Asia Pacific Regional Office ; Michelle Remme, United Nations University, Kuala Lumpur Malaysia; Florencia Savoca Truzzo, Global Women's Inst/George Wash. Univ., USA.

Working paper #4¹

Policy efforts on Gender-based violence and adolescent and child maltreatment before and since COVID-19 in Italy

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March 2022

1. Introduction

On 30 January 2020, following the recommendations of the Emergency Committee regarding the outbreak of novel coronavirus in 2019, the World Health Organisation (WHO) declared the outbreak as a Public Health Emergency of International Concern, and on 11 March 2020, with the rapid increased of cases and the number of affected countries tripled, the WHO declared the COVID-19 pandemic. At that time there were 118,000 reported cases in 114 countries worldwide, reaching over 4,000 fatalities.³

As of March 2020, Italy was the second-largest country worldwide with confirmed infection cases, after China, with over 12,462 cases and 827 deaths.⁴ The government established a series of extraordinary and progressive containment measures within the territory to prevent the diffusion of the virus. On 11 March 2020, as the SARS-CoV-2 was spreading rapidly, the government introduced a national lockdown and strict containment measures: prohibition of leaving the regions, suspension of all events, closure of educational services and schools of all levels, and public offices, work and business activities except for necessity, work and health circumstances.⁵ Italy has been one of the

¹ Suggested citation: Tronci, Bustreo, Armocida, Rocco, Conti, 2021, “Policy efforts on Gender-based violence and adolescent and child maltreatment before and since COVID-19 in Italy”, COVID-19 Gender-Based Violence Policy Tracker Working Paper #4 (March 2022), German Institute for Global and Area Studies (GIGA).

² With comments and feedback from Merike Blofield.

³ WHO Director-General’s opening remarks at the media briefing on Covid-19, 11 March 2020:

<https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020>

⁴ Ministry of Health (2020). *Covid-19: i casi in Italia alle ore 18 del 11 Marzo (Covid-19: the cases in Italy at 18:00 in March 18)*:

http://www.salute.gov.it/portale/news/p3_2_1_1_1.jsp?lingua=italiano&menu=notizie&p=dalministro&id=4204

See also: Saglietto A, D’Ascenzo F, Zoccai GB, De Ferrari GM. COVID-19 in Europe: the Italian lesson. *Lancet*. 2020 Apr 4;395(10230):1110-1111.

⁵ Sanfelici M. The Italian Response to the COVID-19 Crisis: Lessons Learned and Future Direction in Social Development. *The International Journal of Community and Social Development*. 2020;2(2):191-210.

doi:[10.1177/2516602620936037](https://doi.org/10.1177/2516602620936037). ; and Italia. Decreto del Presidente del Consiglio dei Ministri 11 marzo 2020. Ulteriori disposizioni attuative del decreto legge 23 febbraio 2020, n. 6, recante misure urgenti in materia di contenimento e gestione dell’emergenza epidemiologica da COVID-19, applicabili sull’intero territorio nazionale. (20A01605). Gazzetta Ufficiale Serie Generale n. 64 del 11 marzo 2020:

<http://www.trovanorme.salute.gov.it/norme/dettaglioAtto?id=73643>

Government of Italy, Decree of the president of the Council of Ministers 9 March 2020:

<https://www.gazzettaufficiale.it/eli/id/2020/03/09/20A01558/sg>

first European countries affected by the pandemic and one of the worst hit by COVID-19 in the world in the first wave from March to May 2020, reporting the highest mortality rate. This situation coupled with a precarious economic condition, a history of cuts to public health services and the limited capacity of intensive care unit departments, something that placed the Italian health services under considerable strain. For this reason, in March 2020, the first government response focused extensively on dealing with the sanitary crisis using a “containment” strategy, given the available resources.⁶ After two months, the Italian government foresaw the creation of a Recovery Plan, with an estimated value of 170 billion euro, chaired by a Taskforce and a group of experts to restart the economy and set up the foundations for a sustainable economic growth. Among the six areas covered, the Recovery Plan recognised also that gender inequality limits the potential contribution of women to the country’s economic growth; and that a multidimensional and intersectoral approach is required to tackle this issue.⁷ The Recovery Plan included also the provision of psychological support to families and individuals who have been affected by the pandemic, the implementation of initiatives to promote gender equality and women’s employment, and the introduction of an emergency income for survivors of gender-based violence (GBV).⁸ The Plan highlighted that equal opportunities could only be achieved contemporaneously in various areas of economic and social life: from employment to remuneration, through education, the balance between family and work commitments, up to the issue of GBV. The Taskforce Committee has also formulated specific interventions to protect minors who are victims of violence, with specific measures aimed at psychological support and the establishment of the educational endowment.⁹ Despite the inclusion in the Recovery Plan on initiatives related to gender equality, the project line counted on 4.52 billion, only 2.3% of the total resources of the Plan.¹⁰

What we know from history, crises and times of unrest have been linked to increased interpersonal violence, including a sharper increase in violence against women and children witnessing violence.¹¹ Women in abusive and toxic relationships and their children face an increased likelihood of exposure to violence from their perpetrators, as people stay at home and are confined indoors for prolonged periods of time.¹² The COVID-19 pandemic has simply exacerbated existing gender inequalities and increased GBV-related risks, the ‘pandemic within the pandemic’ with negative consequences for women, children and young people.¹³ GBV has serious consequences on children and adolescents’

⁶ Armocida B, Formenti B, Ussai S, Palestra F, Missoni E. The Italian health system and the COVID-19 challenge. *Lancet Public Health*. 2020 May;5(5):e253.

⁷ The plan focuses on six areas including: corporations and the labor market; infrastructures and the environment; tourism, art and culture; public administration; education and research; individuals and families. The core initiatives are: digitalization and innovation, gender equality and inclusion, and a green revolution.

⁸ Add Reference

⁹ Recovery and Resilience Plan, 2021: https://www.mef.gov.it/en/focus/documents/PNRR-NEXT-GENERATION-ITALIA_ENG_09022021.pdf ; see also: <https://www.frontiersin.org/articles/10.3389/fhumd.2021.704727/full>

¹⁰ https://www.ilsole24ore.com/art/lavoro-cosi-parita-genere-e-scomparsa-recovery-plan-ADKGhKDB?refresh_ce=1

¹¹ Acts of interpersonal violence can be further divided into family or partner violence and community violence. *Family or partner violence* refers to violence within the family or between intimate partners. It includes child maltreatment, dating and intimate partner violence (IPV), and elder maltreatment. *Community violence* occurs among individuals who are not related by family ties but who may know each other. It includes youth violence, bullying, assault, rape or sexual assault by acquaintances or strangers, and violence that occurs in institutional settings such as schools, workplaces, and prisons. WHO, May 2021

¹² Peterman, A., Potts, A., O’Donnell, M., Thompson, K., Shah, N., Oertelt-Prigione, S., & Van Gelder, N. (2020). *Pandemics and Violence Against Women and Children* (pp. [i]-1, Rep.). Center for Global Development.

¹³ Bustreo, Ramos, Knaul (2021) Gender-based violence: the ‘pandemic within a pandemic’ with devastating human and economic consequences: <https://oecd-development-matters.org/2021/03/08/gender-based-violence-the-pandemic-within-a-pandemic-with-devastating-human-and-economic-consequences/>

mental health and well-being, with children living in households with intimate partner violence (IPV) at particular risk as a result of the restrictions and containment measures.¹⁴ First data from UN Women shows that since the outbreak of COVID-19, violence against women and girls has risen and intensified, with emergency calls and helplines registering an increase of 30% in many countries.¹⁵ Evidence of increased numbers of cases of violence against women and children in Italy are not available yet, but in line with global trends and given the high levels of stigma, shame and underreporting, it is likely that too many unidentified women have been experiencing violence during the pandemic.¹⁶

While Violence against Women and Children (VAW/C) comprises a wide range of different typologies of violence, this paper focuses on interpersonal violence, including intimate partner violence (IPV), sexual violence and violence against children (including violent discipline, abuse and maltreatment).¹⁷ With regards to child and adolescent maltreatment, we focus on the Italian Authority maltreatment classification: physical maltreatment; psychological maltreatment, sexual abuse; pathology of care (includes neglect), and witnessed violence.¹⁸

This policy brief is part of the work of the Lancet Commission on Gender-Based Violence and Maltreatment of Young People¹⁹. It aims to capture the Italian response to GBV and Maltreatment of Young People (MoYP) before and since COVID-19, slightly before the second wave. First, it describes the legislative and policy framework landscape of GBV and MoYP, then it critically analyses the impact of COVID-19 measures on GBV and maltreatment of young people' programmes and policies. Lastly, it offers an overview of the key challenges on GBV and child and adolescent maltreatment in Italy.

I. PRE-COVID-19

1. An overview of the legislative framework on gender-based violence and child and adolescent maltreatment

Gender-based violence

A pivotal moment for Italy concerning gender equality is represented by the entry into force of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in 1985 and the 2011 Council of Europe (CoE) Convention on Preventing and Combating Violence against

¹⁴ WHO, COVID-10 and violence against women: what the health sector/system can do (2020) <https://apps.who.int/iris/bitstream/handle/10665/331699/WHO-SRH-20.04-eng.pdf?ua=1>

¹⁵UN Women, 2020: https://data.unwomen.org/sites/default/files/documents/COVID19/Infographic_VAW-COVID19.pdf

¹⁶ Intimate partner violence is by far the most prevalent form of violence against women globally (affecting around 641 million). However, 6% of women globally report being sexually assaulted by someone other than their husband or partner. Given the high levels of stigma and under-reporting of sexual abuse, the true figure is likely to be significantly higher. WHO, May 2021: <https://www.who.int/news/item/09-03-2021-devastatingly-pervasive-1-in-3-women-globally-experience-violence>

¹⁷ Peterman, A., Potts, A., O'Donnell, M., Thompson, K., Shah, N., Oertelt-Prigione, S., & Van Gelder, N. (2020). *Pandemics and Violence Against Women and Children* (pp. [i]-1, Rep.). Center for Global Development.

¹⁸ Terre des Hommes and Cismai, II National Study on Child and Adolescent Maltreatment in Italy (2021).

¹⁹ [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)33136-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)33136-8/fulltext)

Women and Domestic Violence (or Istanbul Convention). The Italian definition included in the law of violence against women underscores that, for the purpose of the Istanbul Convention, violence against women constitute a violation of human rights and a form of discrimination.

The Istanbul Convention constitutes a crucial legal tool for the Italian framework to understand what legislative measures have been taken to implement the core norms and values of the Istanbul Convention.²⁰ Law No. 119 of 15 October 2013 on stalking has provided procedural instruments to combat offences as maltreatment in the family and persecutory acts, and introduced new legislative measures including the urgent removal of the offender from the family home, the residence permit for foreign victims of domestic violence, the Questores formal warning for domestic violence cases, the requirement to inform offenders about available shelters and anti-violence centres, psychological and rehabilitation centres, and the establishment of a National Action Plan on Violence Against Women to ensure a coherent planning and coordination of multidisciplinary actions. The Law has also validated the authorities' responsibility and obligation to support and to promote, by allocating financial support, a broad network of emergency and support services for victims. Law Decree No. 80/2015 has granted women victims of violence special paid leave and Law No. 4/2018 has provided several measures in favour of orphans from women which died victims of domestic violence. Law No. 69 of 19 July 2019, the Red Code, has strengthened the protection of survivors of intimate partner violence and SGBV in line with the civil and criminal remedies foreseen by the Istanbul Convention, imposing stricter sentences for stalking, domestic violence, and other gender-based crimes.²¹ While the CEDAW Committee is a critical to tool understand whether progress has been achieved in undertaking legislative reforms. Our analysis of the CEDAW periodic report of Italy since 2011 highlights some of the key recurrent areas of concern: the insufficient integration of the prohibition of intersecting forms of discrimination into national laws and public policies; the absence of an overarching and integrated policy on gender equality at the national level; the strong focus on criminal repressions of acts of violence, whereas other important aspects, such as prevention and protection, are not enshrined in the existing legal framework, but rather in policy documents; the limited access to civil courts for women who are victims of domestic violence, the costs and length of procedures, insufficient legal aid, gender bias within the judiciary and the lack of reparation; and the lack of a comprehensive and harmonised framework, including clear procedures, guidelines and standards, for the identification of and provision of assistance to individuals with specific needs and vulnerabilities, especially refugees and asylum seekers who are women and girls. Furthermore, access to free legal aid is not ensured to all women, despite being formalised by Law 119/2013, because it is not supported by systematic, and targeted funding.²²

Child and adolescent maltreatment

The UN defines violence against children in line with article 19 of the CRC: “all forms of physical or mental violence, injury and abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse”. In Italy, there is no specific definition of violence against children, but the different violent behaviours (physical and psychological, injury and abuse, negligence, maltreatment and exploitation, including sexual abuse) are punishable under the provisions of the Penal Code.

²⁰ Council of Europe, Istanbul Convention: <https://www.coe.int/en/web/istanbul-convention/home>

²¹ Grevio Report 2020 Italy: <https://www.coe.int/en/web/istanbul-convention/-/grevio-publishes-its-report-on-italy>

²² Historical/Recurrent areas of concern, according to the CEDAW Committee based on the concluding observations issued by the CEDAW Committee on the occasion of Italy's report in 1991, 1997, 2005, 2011, 2017.

Several governmental bodies are in charge of coordinating the child protection system: Parliamentary Committee on childhood; National Observatory on childhood and adolescence; the National Observatory on childhood and adolescence; the National Childhood and Adolescence Documentation and Analysis Centre.²³

After the 1991 Convention on the Rights of the Child (CRC) ratification, several key laws in terms of children's rights have been adopted in Italy: the Act no.7/2006 on provisions concerning the prevention and prohibition of the practice of female genital mutilation; the Decree 2007 No.103, establishing the National Action and Intervention Plan for the protection of the rights and development of children and adolescents; the adoption of Law No. 71 of 29 May 2017, on the protection of children in preventing and countering action of cyberbullying; Law No. 47 of 7 April 2017, on measures to protect unaccompanied foreign children; and legislative Decree No. 66 of 13 April 2017, on rules for the promotion of the inclusion of students with disabilities.²⁴

Despite all these legislative actions, our analysis from the CRC Committee reporting period of Italy have identified some recurrent areas of concern: the introduction of a comprehensive and accurate definition of violence against children in legislation; the establishment of a national data-collection system, disaggregated by age, sex, disability, geographic location, ethnic and national origin, and socioeconomic background to cover all areas of the Convention. Another area of concern is the lack of affirmative action for the benefit of children and in particular children in marginalised and disadvantaged situations, such as asylum-seeking, refugee and migrant children; stateless children; children belonging to minorities, including Roma, Sinti and Caminanti children; children born to unmarried parents; transgender children and children living in lesbian, bisexual, gay or transgender families; intersex children; children with disabilities; and children in street situations.²⁵ Italy has also received very strict recommendations on children witnessing violence by GREVIO, the independent expert body responsible for monitoring the implementation of the Istanbul Convention. Children witnessing violence is a condition rarely considered in civil courts when defining custody rights of violent men, which is in violation of article 31 of the Istanbul Convention. Family mediation is not explicitly prohibited in cases of violence against women, with its use being widely used in custody cases, without considering father's violent and criminal record. This inflicts serious harms and damages to women survivors of violence and children witnessing violence.²⁶

2. Policies and programmes in relation to GBV and child maltreatment

Italian National Action Plans on Sexual and Gender-Based Violence

The latest comprehensive data from the Italian National Institute of Statistics (ISTAT) report that 2 million women in Italy between 16 and 70 years of age (13% of the total population) have experienced physical or sexual violence from partners, or former partners in their lives.²⁷

²³ https://www.istitutodeglinnocenti.it/sites/default/files/drivers_of_violence_italy_0.pdf

²⁴ Terre des Hommes and Cismai, II National Study on Child and Adolescent Maltreatment in Italy (2021).

²⁵ Historical/Recurrent areas of concern, according to the CRC Committee based on the concluding observations issued by the CRC Committee on the occasion of Italy's report in 2018.

²⁶ Grevio Report 2020 Italy: <https://www.coe.int/en/web/istanbul-convention/-/grevio-publishes-its-report-on-italy>

²⁷ <https://www.istat.it/it/archivio/250836> ; <https://www.istat.it/it/violenza-sulle-donne/il-fenomeno/violenza-dentro-e-fuori-la-famiglia/numero-delle-vittime-e-forme-di-violenza>

The establishment of national bodies or mechanisms to deal with the coordination, monitoring and implementation of the measures and to comply with its international legal obligations, it is recommended and required by, respectively the CEDAW Committee, its General Recommendation No. 35 and Article 10 of the Istanbul Convention. Most of Italy's measures concerning survivors' protection and support are primarily adopted and formalised through policy documents, in particular through the National Action Plans (NAPs) on Sexual and Gender-Based Violence.²⁸

The first Italy's 2015–2017 NAP covered several key areas: (i) communication/information to contrast gender stereotypes; (ii) education (encompassing both initiatives to educate children and adolescents as well as training for schoolteachers and school personnel); (iii) training for all the relevant stakeholders involved (focusing on three main areas: recognition of the signs of violence, assistance to the victims, and support throughout the transition from violence); (iv) risk assessment; (v) psychological and physical assistance to the victims; (vi) victim's reintegration in the society; (vii) rehabilitation of the perpetrators. In addition, the Plan foresaw the establishment of a National Observatory on Violence in 2016 to evaluate and monitor the implementation of the National Action Plans. The NAP has also led to the establishment of a National database on violence against women, operated by ISTAT, which collects data on VAW perpetrated across the country and aims to provide a comprehensive, systematic and holistic picture of this phenomenon and its relevant trends.²⁹ The second NAP 2017-2020 envisioned a more holistic and a survivor-centred approach through three main axes: prevention, protection and support, prosecution and punishment. This NAP envisaged actions on survivors' empowerment, support for orphans' children of femicides; and special protective measures and services for women refugees, forcibly displaced, and asylum seekers.³⁰ As of October 2021, no information are available on the implementation of the actions or a comprehensive monitoring and evaluation system envisaged by the Plans.³¹ A third NAP on GBV was expected for the period 2021-2023 but it hasn't been finalised.

Our analysis confirms that the monitoring recommendations made by GREVIO have not been implemented: a real and comprehensive review of what has been achieved and what still needs to be done is missing in the Italian landscape. In particular, asylum-seeking and refugee survivors of violence against women continue to face multiple obstacles and barriers to services, legal assistance and do not receive the adequate protection support they are entitled. The Italian system lacks a coordinated multiagency response to violence which involves the municipalities, local authorities, regions, anti-violence shelters, and NGOs involved in the prevention, protection and support to women survivors of violence. As requested by GREVIO but also NGOs and anti-violence centres, the Italian government should pursue a harmonised, coherent, structured and holistic approach in

²⁸ CEDAW Committee and General Recommendation n.35:

<https://www.google.com/search?q=cedaw+committee&oq=CEDAW+Committee&aqs=chrome.0.0l10.3l105j0j7&sourceid=chrome&ie=UTF-8>

²⁹ Italia, Piano di Azione straordinario contro la violenza sessuale e di genere 2015-2017:

https://www.isprambiente.gov.it/files2017/ispra/cug/piano_contro_violenza_sessuale_genero_2015_italia.pdf ; https://brill.com/view/journals/shrs/28/1-4/article-p24_24.xml?language=en

³⁰ Italia, Piano di Azione straordinario contro la violenza sessuale e di genere 2017-2020: <https://viva.cnr.it/wp-content/uploads/2019/08/piano-strategico-nazionale-sulla-violenza-maschile-contro-donne-2017-2020.pdf> ;

Extraordinary National Strategic Plan 2017–2020, p. 25. See *infra* Sect. 3.1.3; and

https://brill.com/view/journals/shrs/28/1-4/article-p24_24.xml?language=en

³¹ Action Aid Report 2020: <https://www.actionaid.it/informati/pubblicazioni/monitoraggio-sistema-antiviolenza>

guaranteeing protection and support to women survivors of violence and children witnessing violence in the national territory.³²

GBV against migrant and refugee women

Italy has been of the worst-hit countries by the European refugee crisis since 2014. In 2015, ISTAT updated data on VAW in Italy on foreign women living in Italy. The most affected foreign women for citizenship reported are Romania, Ukraine, Albania, Morocco, Moldavia and China. A total number of foreign women living in Italy who have suffered physical or sexual violence in their lifetime is similar to Italian women (31.3% vs 31.5%). Migrant and refugee women experience more frequently physical violence (25.7% vs 19.6%), while Italian women experience more often sexual violence (21.5% vs 16.2%). However, this can be related to the fact that sexual violence remains underreported among female migrant and asylum seekers. Foreign women tend also to be more exposed to rape and attempted rape (7.7% vs 5.1%). The perpetrators, partners or ex-partners are those who perpetuate and commit the gravest crime (67.2%); while those who commit sexual assault in most cases are unknown (76.8%). Regarding the age of the victim, 10.6% women have been victims of SGBV before the age of 16, with the rate of children witnessing violence and VAW cases equal to 65.2%. Lastly, 36% of women with disabilities conditions and health conditions have been victims of physical and sexual violence. This risk to be exposed to rape or attempted rate is double compared to women without any health problems (10% vs 4.7%).³³ Refugee and migrant women victims of trafficking, sexual and gender-based violence encounter challenges in accessing sexual and reproductive health services, medical support and care, and the justice and protection systems.

In 2019, the association D.i.Re (Donne in rete contro la violenza) and the UN High Commissioner for Refugees (UNHCR) presented a “strategic proposals to improve the response of the Italian anti-violence system to the specific needs of female migrants and asylum seekers who have suffered abuse”, which stressed the need to rethink the Italian anti-violence systems. Due to the critical issues identified by D.i.Re in the Italian prevention and protection landscape, the strategic proposal included: anti-violence centres and women seeking asylum and refugees, remove the barriers; beyond violence in the territorial network; an integrated and inclusive anti-violence system; D.i.Re, the network to support migrant women seeking asylum and refugees: the D.i.Re anti-violence centres to support migrant women seeking asylum and refugees.

Specialist support services and shelters

Shelters and anti-violence centres in Italy are mainly operated by independent women’s networks and national, regional and local civil society organisations. These centres support survivors with short and long-term psychological counselling, trauma care, legal aid and counselling, empowerment and support to achieve economic independence, advocacy and outreach services, telephone helplines and specific services for children as victims or witnesses. Figures published on the website of the

³² Greivio Report 2020: <https://rm.coe.int/greivio-report-italy-first-baseline-evaluation/168099724e>

³³ <https://www.istat.it/en/archivio/169135>

Department of Equal Opportunities (DEO) indicated 285 anti-violence centres in the national territory, including 228 shelters.³⁴

In a survey conducted by ISTAT in 2017 on the 281 anti-violence centres that carry out activities in support of women survivors of violence and their children, indicated that most of these centres (97%) are available day and night and every day to ask for help, and 95% include the 1522 helpline. 89.7% of the centres are open 5 or more days a week, and 85.8% are connected to a shelter. The survey indicated that 94% of the Centres offer psychological support, 96% legal support, 79% help in searching for jobs or become independent from their partners. Only 58% offer support in looking for a home. 62% offer parenting support services, 49% support minors and children; and 48% offer linguistic mediation.³⁵ However, the GREVIO's evaluation indicated that women organisations and networks' estimates on the number of available anti-violence shelters, were lower: 160 anti-violence centres, 79 of which run one or more shelters have been reported by civil society organisations. This incongruity represents a challenge in particular for what concerns the availability of support available to women and children, and the quality of available services provided.³⁶

Hotlines

Since 2006, the DEO has made available the helpline 1522, currently managed by an NGO called *Differenza Donna*, funded by the Italian government, which provides listening and support to women survivors of violence and stalking, in line with the provisions of the Istanbul Convention. The number is available 24/7, it is accessible from the national territory free of charge and the languages spoken are Italian, English, French, Spanish and Arabic. The hotline, available by chat and by phone call, provides an immediate and first response to GBV survivors and information about available support services. Data on the number of calls, the types of violence, and referrals are regularly transmitted every three months to the DEO and published on the official department's website.³⁷ Nonetheless, as reported by women's organisations who run these specialist services, coordination between the helpline and anti-violence centres is one of the critical gaps that need to be improved, as not all survivors receive the required available support. Furthermore, staff members dealing with the 1522 calls should provide women an accurate and updated list of existing specialist services available at the local, regional and national level.³⁸

Children and adolescent maltreatment

As requested by the UN CRC, Italy has adopted several National Action and Intervention Plans for the protection of the rights and development of children and adolescents since 2007, which focused on the emerging needs of children and adolescents. The latest plan adopted in 2021 covers three areas of intervention: education, empowerment and equality. The framework of the Plan is integrated with

³⁴ DEO website, data 2015.

³⁵ In collaborazione con il Dipartimento per le Pari Opportunità (DPO), il CNR e le Regioni, l'Istat ha condotto la prima indagine sui 281 Centri antiviolenza (CAV) che svolgono attività a sostegno delle donne maltrattate e dei loro figli: <https://www.istat.it/it/archivio/234874>

³⁶ WAVE Report, 2015: http://www.fileserver.wave-network.org/researchreports/WAVE_Report_2015.pdf

³⁷ DEO, 1522 and ISTAT: <http://www.pariopportunita.gov.it/materiale/report-e-monitoraggio-1522/>

³⁸ Grevio Report 2020: <https://rm.coe.int/grevio-report-italy-first-baseline-evaluation/168099724e> and Action Aid Report 2020: <https://www.actionaid.it/informati/pubblicazioni/monitoraggio-sistema-antiviolenza>

the international and European framework, in particular the UN CRC, the UN Sustainable Development Goals, and the European Union Strategy on children's rights and the European Child guarantee. The Plan offers a synthesis of conditions of childhood and adolescence in Italy, analysing existing interventions and actions that require new improvement interventions, also through the analysis of statistical data. Public decision-makers and civil society organisations can identify the elements that need new, innovative and more effective solutions. Furthermore, the Plan promotes innovative actions in favour of minors, it is coherent with the contents of other NAPs, and other coordinating bodies, such as the National Observatory on the family and the National Observatory for the fight against paedophilia and child pornography.³⁹ Italy has a dedicated hotline 114 (WhatsApp and telephone) for children and youth under 18, available 24/7. The helpline is funded by the Department for Family Policies and provides psychological, legal and sociological support.

A national survey conducted in 2015 by the Italian Independent Authority for Children and Adolescents and Terre des Hommes (TDH) supported by the National Authority for Children and Adolescents, estimated that the Italian municipalities' social services follow approximately 100,000 maltreated or neglected children every year, which is 9.5 out of every 1.000 resident minors. It emerged that 4.2 out of 100 maltreated children suffered sexual abuse.⁴⁰ The TDH national survey of 2015, which compared witnessing violence to child abuse, found that witnessing violence was the second most prevalent form of ill-treatment affecting children, with one in five children who suffer ill-treatment being a witness to family violence.⁴¹ Nonetheless, it is difficult to assess to what extent child witnesses have access to appropriate protection, intervention and support services in Italy. As reported by the assessment conducted by GREVIO, it was found that a major obstacle hindering such access is the lack of a proper understanding on the interrelations between GBV and its effects on children among child protection social workers and health care professionals.⁴² This is compounded by the fact that the Italian system lacks a national data-collection system that measures maltreatment and neglect, disaggregated by age, sex, disability, geographic location, ethnic and national origin, and socioeconomic background.⁴³

From the last survey carried out by Terre des Hommes and CISMAI between 2018 and 2020, it is reported that every 1,000 resident children, 45 are in care of the social services (i.e., 401,766); every 1,000 children in care of the social services, 193 are victims of maltreatment (i.e., 77,493). On the data concerning the most prevalent forms of violence minors are victims of, witnessed violence was again the second most prevalent form of ill-treatment affecting children.⁴⁴

³⁹ <https://famiglia.governo.it/it/politiche-e-attivita/comunicazione/notizie/l-osservatorio-nazionale-infanzia-e-adolescenza-approva-il-5-piano-nazionale/>

⁴⁰ Terre des Hommes and CISMAI, I National Study on Child and Adolescent Maltreatment in Italy (2015); <https://openpsychologyjournal.com/VOLUME/13/PAGE/193/>

⁴¹ Terre des Hommes and CISMAI, I National Study on Child and Adolescent Maltreatment in Italy (2015).

⁴² Grevio Report 2020: <https://rm.coe.int/grevio-report-italy-first-baseline-evaluation/168099724e>

⁴³ According to the World Health Organization (2007), a public health approach to prevent child maltreatment and neglect requires the identification of risk and protective factors.

⁴⁴ Terre des Hommes and CISMAI, II National Study on Child and Adolescent Maltreatment in Italy (2021).

Health Services

It is critical to specify that the Italian National Healthcare System is peculiar for two reasons: firstly, it is decentralised and regionally based, that is why it is possible to observe substantial differences in the delivery of services, particularly concerning primary health care services and women's health; secondly, the Italian system is public and offers universal coverage largely free of charge at the point of delivery.

In 2017, the National Guidelines for Health Authorities and Hospitals on the subject of support and social-health assistance to women who suffer violence were adopted for healthcare services and hospitals, to ensure proper and integrated intervention in the treatment of the physical and psychological consequences on women's health. The guidelines aim at intervening in a timely manner for women who suffer violence, starting from first-line support and hospital triage to their accompaniment, assistance or orientation to dedicated public and private services.⁴⁵ However, as reported by GREVIO, there are no consolidated and proper data at the national level regarding survivors' access to hospitals, healthcare, anti-violence centres and services. Some regions have adopted laws and established dedicated observatories to collect data of this nature, but data are not disaggregated depending on the sex, gender and age of the survivor, the linkages with the perpetrator, and whether children have witnessed or rather are victims of violence.⁴⁶ Between 2017 and 2019, in Italy, 16,140 women accessed hospital emergency rooms due to episodes of violence, with 19,166 single occurrences. Most of these instances resolved in the survivor being discharged to her home, while around nine percent of cases required hospitalisation.⁴⁷

Another critical area of concern is related to access to abortion services and sexual and reproductive health care. The territorial differences in the area of health services are strongly unaddressed and underdeveloped in the South, where around 60% of women were reported to not have access to sexual and reproductive health care and abortion services. Abortion is legal in Italy during the first 90 days of pregnancy for health, economic, social or personal reason. However, burdensome administrative requirements and the extensive use of "conscientious objection" on the basis of moral and religious grounds by doctors and gynaecologists, leave women and girls with all the challenges to find services within the time frame, with a high proportion of doctors refusing to provide legal abortion risen to 70 per cent, as reported in 2017.⁴⁸

The CCM project, supported by the Ministry of Health, REVAMP (*REpellere Vulnera Ad Mulierem et Puerum*) – Control and Response to violence against vulnerable people: women and children, models intervention in hospital and social and health services from a European perspective – is coordinated by the SINIACA-IDB surveillance of the ISS and the Galliera Hospital in Genoa, which collects data on violence, within the framework of the European Injury Database.⁴⁹ This project is

⁴⁵ Dedicated care pathways in Italian hospital emergency rooms for women who are victims of violence and abuse: Italian National Guidelines (DP24.11.2017 – G.U. n. 24 issued 30.01.2018):

<https://pubmed.ncbi.nlm.nih.gov/32716265/>

⁴⁶ Grevio Report 2020: <https://rm.coe.int/grevio-report-italy-first-baseline-evaluation/168099724e>

⁴⁷ ISTAT, Violenza e accesso delle donne al pronto soccorso: <https://www.istat.it/it/violenza-sulle-donne/il-fenomeno/violenza-e-accesso-delle-donne-al-pronto-soccorso>

⁴⁸ <https://www.hrw.org/news/2020/07/30/italy-covid-19-exacerbates-obstacles-legal-abortion>

⁴⁹ https://www.salute.gov.it/portale/news/p3_2_1_1_1.jsp?lingua=italiano&menu=notizie&p=null&id=3170

part of the 2014-2018 National Prevention Plan in the macro-objective of “promoting the mental health of children, adolescents and young people”, which include sexual violence among the risk factors. SINIACA-IDB data from 2015-2016 shows that for women victims of violence in reproductive age (15-49 years), more than 35% of cases are due to aggression by the spouse or intimate partner (in males it is less than 10%). Almost 85% of cases of violence against women are committed by acquaintances (in males this percentage is less than 40%). In the EMUR PS – emergency room flows (EMergenza URgenza) of Piedmont, Tuscany, Abruzzo and Sardinia, in 2013-2014, an average annual rate of access to emergency room for violence, 139 women each year was reported, every 100,000 residents, 72% of whom aged 15-49. In the surveillance, it was reported that women in reproductive age (15-49 years), 37% of the victims are of foreign nationality. Regarding the context of aggression, for women in reproductive age, 5% of the time is sexual violence. For girls (0-14 years), in 17.9% of cases, the cause of access to the emergency room for violence is sexual assault. The follow-up study reported that 3 months after hospital discharge, 67.5% of women survivors of domestic violence was suffering from post-traumatic stress disorder (PTSD).⁵⁰

II. SINCE COVID-19

1. Policies and programmatic responses during the Covid-19 pandemic

Italian response to COVID-19 has focused on short-term measures responses, with insufficient approaches and coherent and systematic programmes. The Ministry of Equal Opportunities signed an MOU with the Association of Pharmacies to spread and raise awareness of the measures available to survivors of violence and how to recognise GBV, including leaflet guidelines and information about the 1522 hotline, 1522 App and Youpol app.⁵¹ Women at risk of GBV can seek help from pharmacy staff by using code word 'Mask 1522', who are then required to immediately alert authorities. No comprehensive data are available on this system, however according to some articles reported in newspapers, some women managed to denounce their perpetrators.⁵² The Youpol app adopted by the Italian police allows women to report domestic violence; however only a few data is available on the numbers from the Ministry of Interiors. From 27 March and 20 April 2020, 117 episodes of domestic violence, and 82 of bullying were reported.⁵³

In April 2020, the Minister for Family and Equal Opportunities, Elena Bonetti, signed an extraordinary decree for the release of 30 million euros for urgent anti-violence programmes, resources which were however included in the 2019 plan. The decree stated that part of resources – 10 million destined for activities to combat violence; and 20 million for anti-violence centres shelters – must be used by these centres to cope with GBV and VAW.⁵⁴ Other short and immediate measures tracked for survivors were to exempt from some rules (e.g. the requirement to carry a document justifying why they are leaving their home) if they need to visit a refuge. A prosecutor in Trento ruled that in situations of domestic violence, the abuser (and not the victim) must leave the family home.

⁵⁰ https://www.salute.gov.it/portale/news/p3_2_1_1_1.jsp?lingua=italiano&menu=notizie&p=null&id=3170

⁵¹ UNDP/UN Women Policy Tracker: <https://data.undp.org/gendertracker/>

⁵² https://bologna.repubblica.it/cronaca/2020/05/04/news/una_mascherina_1522_il_messaggio_in_codice_al_farmacista_per_denunciare_una_violenza_domestica-255657421/

⁵³ <https://www.interno.gov.it/it/notizie/youpol-117-segnalazioni-violenza-domestica>

⁵⁴ <http://www.pariopportunita.gov.it/news/violenza-sulle-donne-ministra-bonetti-sblocca-30-milioni/>

However, this measure was taken at the provincial level and not part of a comprehensive national policy.⁵⁵

2. Changes in violence-related first response systems: social protection response

Hotlines

With the social distancing measures and the instructions to stay at home provided in the Prime Ministerial Decree no.18 of 8 March 2020, Italy reported an increase in the number of calls and/or reports of domestic violence, following the introduction of lockdown measures. ISTAT has been releasing data on GBV during COVID-19, including the number of calls to the 1522 helpline, type of violence experienced and the location of the incident, as well as the time of the call. Rates of family abuse and female homicides have also been tracked during this time. Compared with the weeks immediately prior to the lockdown and with the same period in 2019, the number of calls by victims of violence in Italy increased by up to 79.5% during the lockdown in March 2020 (+71%), with peaks in April (+176.9%) compared to the same period in 2019, and in May (+182.2%).⁵⁶ The violence reported is mostly physical (47.9% of cases), but the majority have also suffered more than one form of violence, with the psychological one emerging (50.5%). In 4 out of 10 cases, calls reported cases of violence and emergencies and stalking. Description by people calling the 1522 highlighted the danger of domestic violence, as it emerged that the home is one of the places where violence occurs most often: 93.4% of cases in 2020. In most cases, violence appeared to be not a sporadic episode, but rather a repeated behaviour: 74.6% admitted that violence had lasted for years.⁵⁷ The number of cases reported of physical and sexual violence increased from 980 in 2019 to 2383 in 2020; and the number of psychological cases doubled by reaching 1793 cases.⁵⁸

The 114 Emergency Hotline available for children, between February and May 2020, reported 410 emergency cases, 4.5 cases per day. In 60% of the cases reported, children indicated dangerous situations within the house; +532% children reported concerns on the pandemic; +21% mental health, suicidal acts and +6% physical abuse, domestic violence, psychological abuse.⁵⁹

Shelters

An important aspect that emerged from the ISTAT data concerns the adaptability of anti-violence centres and shelters in responding to requests for help during the pandemic emergency period. Data

⁵⁵ UNDP/UN Women Policy Tracker: <https://data.undp.org/gendertracker/>

⁵⁶ Data refer to national helpline number 1522 promoted by the Presidency of the Council, Department for Equal Opportunities, Italy. The helpline received calls from both women and men affected by gender-based violence and stalking. The vast majority of callers are women.

⁵⁷ Gender-based violence in the time of COVID-19: calls to the 1522 helpline:

https://www.istat.it/it/files//2020/06/StatToday_Violence_Helpline_calls.pdf

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<http://www.italiansociologicalreview.com/ojs/index.php?journal=ISR&page=article&op=view&path%5B%5D=402&path%5B%5D=311>

⁵⁹ <https://rm.coe.int/italy-covid-19/1680a0226f> ;

https://www.minori.gov.it/sites/default/files/report_covid_e_adolescenza.pdf ;

https://www.minori.gov.it/sites/default/files/report_covid_e_adolescenza.pdf

from ISTAT reported that 649 women were hosted in anti-violence centres during the first 5 months of 2020. At the outbreak of the pandemic, shelters encountered some difficulties and tried to adopt other strategies, such as using bed and breakfasts or other temporary structures, also made available with the support of the Prefectures. In the first 5 months of 2020, 20,525 women asked for help to anti-violence centres, with 8.6% of the violence originating from situations linked to the pandemic.⁶⁰ The Italian National Women’s Network (D.I.R.E) reported that 2867 women contacted 80 shelters from the March 2 to April 5, 2020, 28% of them were new contacts (863 women who contacted centres or shelters for the first time). The requests for help were made to centres and shelters.⁶¹ This represents a steep increase (74.5%) on the 2018 average monthly records. However, only one quarter of the total requests included women reaching such a network for the first time in their lifetime; in 2018 this proportion was as high as 78.0%, meaning that women are under constant control by their perpetrators and unable to ask for help.⁶²



Women’s contacts with anti-violence centres in Italy, 2016-2020. Monthly averages were extrapolated from annual data in 2016-2018, crude numbers reported from March and April 2020.⁶³

Health Services

The pandemic has exposed the weaknesses of the Italian health system, due to the lack of strategic foresight in the socio-health response.⁶⁴ Access to vital sexual and reproductive health services, including for women subjected to violence has become complex and limited, especially during the first wave of the pandemic. Some facilities suspended abortion services during the pandemic or

⁶⁰ Gender-based violence in the time of COVID-19: calls to the 1522 helpline:

https://www.istat.it/it/files//2020/06/StatToday_Violence_Helpline_calls.pdf

⁶¹ <https://www.direcontrolaviolenza.it/wp-content/uploads/2020/07/Domestic-violence-amid-COVID19-EuroMed-Rights-1.pdf> ;

<http://www.italiansociologicalreview.com/ojs/index.php?journal=ISR&page=article&op=view&path%5B%5D=402&path%5B%5D=311>

⁶² Violenza-Covid 19: 2867 donne si sono rivolte ai centri antiviolenza D.i.Re durante il lockdown. D.i.Re. 14 April 2020. <https://www.direcontroaviolenza.it/violenza-covid-19-2867-donne-si-sono-rivolte-ai-centri-antiviolenza-durante-il-lockdown/?fbclid=IwAR30aTqucE4tGxw608sXTffz3i955JMU7Tzp37AekQM-xAC9569QMii98ow>.

⁶³ Lundin R, Armocida B, Sdao P, Pisanu S, Mariani I, Veltri A, Lazzerini M. Gender-based violence during the COVID-19 pandemic response in Italy. *J Glob Health*. 2020 Dec;10(2)

⁶⁴ Ricci G, Pallotta G, Sirignano A, Amenta F, Nittari G. Consequences of COVID-19 Outbreak in Italy: Medical Responsibilities and Governmental Measures. *Front Public Health*. 2020 Dec 8

reassigned gynaecological staff to Covid-19 care. On March 2020, the Italian Ministry of Health published an update on COVID-19 guidelines for hospitals preparedness concerning the emergency: the option to convert several facilities and hospitals into COVID-19 medical hubs and plans to cancel non-urgent procedures to expand hospitals' capacity to provide critical care.⁶⁵ This decision has left women and girls facing avoidable obstacles to accessing legal abortion in Italy during the Covid-19 pandemic, putting their health and lives at risk. The government's failure to ensure clear pathways to essential, time-sensitive medical care during the pandemic caused interruptions to abortion services and prevented some women from accessing abortion within the legal time limit, exacerbating longstanding barriers to safe and legal abortion in Italy. Unlike other European governments, Italian authorities did not take steps during the pandemic to facilitate access to medical abortion.⁶⁶

III. CONCLUSION

Firstly, a major challenge that has impacted our analysis on the policy efforts on GBV and child maltreatment before and since Covid-19 is data. In Italy, data collection on GBV and child maltreatment by national institutions is fragmented, and scarcely coordinated, therefore lacks homogeneity, resulting in barriers to design long-term strategies, coherent and adequate policy responses to combat and prevent this phenomenon. The administrative data collection systems concerning survivors of GBV of the Ministries of Justice, Interior and Health are not in line with the provisions of the *Istanbul Convention*. This is reflected in the inadequacy of a comprehensive and systematic monitoring and evaluation system of the National Action Plans of GBV, but also in the lack of data and benchmarks to measure over time this complex phenomenon.

Secondly, the COVID-19 crisis has diminished and impacted the support services available to women but also children witnessing violence. Programmatic responses have been limited by the pre-existing lack of a regulatory framework and transparency on GBV and child maltreatment, along with disparities across the Italian regions. GBV is not considered as a *transversal* issue, with insufficiency of long-term strategies and adequate policy responses to promote gender equality and prevent child maltreatment. This is compounded by the weak positions within the government of the Ministry of Equal Opportunities, with scarce resources to achieve gender equality and to ensure that gender mainstreaming is applied in the formulation of programmes and laws across ministries and levels of governments. Within this context, women in Italy have also been hardest hit by the economic crisis during the pandemic, compounded by the lack of social protection measures for women to cope with the economic challenges. In some Latin American countries, cash transfers have been essential to reduce GBV and promote women's freedom and their economic independence.⁶⁷ In France, in the initial response phase, the government made hotel rooms available to women who were victims of violence during the lockdown period. In Italy, a monthly income of 400 euros for women victims of

⁶⁵ <https://www.bmj.com/content/369/bmj.m1444/rr-1>

⁶⁶ Shadow Reports HRW, CEDAW Italy March 2021

⁶⁷ Blofield M, Knaul FM, Calderón-Anyosa R, Peterman A, Franzoni JM, O'Donnell M, Bustreo F. A diagonal and social protection plus approach to meet the challenges of the COVID-19 syndrome: cash transfers and intimate partner violence interventions in Latin America. *Lancet Glob Health*. 2022 Jan;10(1):e148-e153. doi: 10.1016/S2214-109X(21)00444-7. Epub 2021 Nov 24. PMID: 34838201; PMCID: PMC8670753.

violence was recently established in order to promote their economic independence, which has already been the subject of criticisms by CSOs.⁶⁸

Lastly, funding strategies are scarce and fragmented. No centralised data exist regarding funds allocated to the response to violence against women by regions, provinces, municipalities and public entities other than ministries, which makes it impossible to draw a complete picture of the total amount of funds devoted to combat violence. This is compounded by the inadequacy of human, financial and technical resources at all levels of government for implementation of all policies, plans, and programmes directed at children, especially for children in disadvantaged and marginalised communities.

⁶⁸ In Genere, Reddito di Libertà, per DiRe non basta: <https://www.ingenere.it/news/reddito-di-liberta-dire-non-basta>