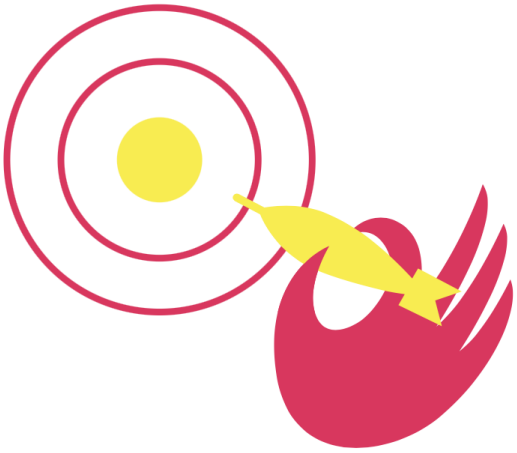
LILA

Supporting GBV survivors

# SERVICE ANALYSIS AND COUNTRY SCENARIOS ON **GENDER BASEDVIOLENCE** AFTER COVID-19 IN SPAIN, BELGIUM, GREECE AND ITALY

# Index



# Background

This study seeks to explore service provision to victims of gender-based violence (GBV) in Belgium, Greece, Italy, and Spain during and after Covid-19. The purpose is to describe

- the state of the art of services for GBV survivors after and during the covid-19 pandemic, with special attention to services for children
- the Public administration and CSO response to the new challenges
- the needs detected by survivors of GBV

It was anticipated that the knowledge generated from this inquiry would afford new insights and a needs and gap analysis meant to inform the development of guidelines for holistic assistance to GBV survivors and their children. The paper describes the current needs and gaps in caring for GBV survivors and their children that can be addressed through dedicated guidelines and training.

The study and the guidelines are part of the EU-funded project LILA "Integrated one-stop support service aimed at women survivors of GVB and their children to tackle the needs arising from the Covid-19 crisis." Launched in March 2022, LILA aims to design and pilot a comprehensive psychosocial support program for women and girls impacted by gender-based violence and their children, with a close look at the needs arising from the Covid-19 crisis.

# Methodology

The research was conducted by victim-support organizations in the four participating EU Member States, specifically covering the Flanders for Belgium, the Thessaloniki region for Greece, the Milan metropolitan area for Italy and Barcelona for Spain.

This research employed qualitative methodology to analyze the phenomenon under examination. Desk research and in-depth interviews were the primary methods of data collection. Desk research comprised literature, statistics, reports, and best practice. Interviews were conducted with service providers and beneficiaries.

Researchers inquired about the services for GBV survivors and their children available in the regional or local context where the service providers operate. They analyzed the obstacles and challenges observed in service delivery during the pandemic, the new modalities of service delivery, unknown risks for beneficiaries that emerged with the pandemic, change in prevalence and types of GBV, and the impact on the collaboration between services.

Interviews with GBV survivors were intended to ensure a participatory approach and explore the impact of the pandemic on their lives, for instance, on living arrangement, family situation, financial situation, mental wellbeing, physical health, future perspective, education, wellbeing, social life, etc. An attempt was made to understand whether women impacted by GBV are aware of the available services and how to access them, for example, accommodation, safe shelter, job search, help with school and vocational training, psychological therapy, childcare, and medical aid, etc. The way service provision changed, often from in-person to online, was explored to understand the impact on service quality.

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# Spain

# SPAIN

## Introduction

Catalonia is known to have some of the most progressive laws in terms of the approach to gender-based violence (GBV), rooted on a strong feminist movement and on the commitment of professionals and politicians. Since 2008, Catalonia developed a strong network of over 150 public services distributed throughout the whole territory and fulfilling different functions to ensure the prevention, care, assistance, protection, recovery and comprehensive repair of women and children, victims of this crime. Also, since the first Catalan law against GBV from 2008, there has been a law update[1] to consider added forms of GBV and bring up to date some of the concepts established in 2008.

In Catalonia, GBV is understood as violation of human rights and a "manifestation of discrimination and of a situation of inequality within the framework of a system of power relations of men over women and that, produced by physical means, economic or psychological, including threats, intimidation and coercion, results in physical, sexual or psychological harm or suffering, whether it occurs in the public or private sphere."(Ley 17/2020, de 22 de diciembre, de modificación de la Ley 5/2008, del derecho de las mujeres a erradicar la violencia machista, Art.3 a).

The update of this law, that took place in 2020 and is now in force, establishes the following forms of GBV:

a) Psychological violence
b) Physical violence
c) Sexual violence
d) Economic violence
e) Obstetric violence and the vulnerability of sexual and reproductive rights
f) Digital violence
g) Second order violence
h) Vicarious violence

[1] Ley 17/2020, de 22 de diciembre, de modificación de la Ley 5/2008, del derecho de las mujeres a erradicar la violencia machista

The following table shows the prevalence of the different types of GBV in Europe and in Spain: I

*Table 1: Prevalence of the different types of GBV in Europe and in Spain. Data from 2014 retrieved from Bermúdez, M.P. & Meléndez-Domínguez, M., 2020*

| | Physical GBV | Sexual GBV | Psychological GBV | Economic GBV |
|---|---|---|---|---|
| EU Average | 20% | 7% | 43% | 12% |
| Spain | 12% | 4% | 33% | 9% |

Psychological violence is, undoubtedly, the most prevalent type of GBV in all EU countries. Specifically in Spain, the 2015 Macro-survey on Violence against Women (Government Delegation for Gender Violence, 2015) indicated that "psychological violence, particularly control violence (surveillance and restriction of hours, places and contacts of women with friends and family, among others) is the most prevalent type of abuse being suffered by one in four women (25.4%)." (Bermúdez, M.P. & Meléndez-Domínguez, M., 2020).

The COVID-19 pandemic, which started in Spain in February 2020, led to unprecedented public health measures which had an effect on the population in terms not only of physical health but also mental health, community health, economy (at an individual and social scale) and, as in many moments of social crises, on the experience of GBV.

In Spain, measures to stem the outbreak included months of mandatory lockdowns and additional months of partial lockdowns in 2020 and part of 2021. These extreme measures also included:

- an outright ban on leaving the household, with the exception of purchases for basic needs or access to health services;

- mandatory telework for those that could do so;
- restrictions related to public transport and other forms of mobility.

The overall long-term impacts of the pandemic on the population remain to be studied.What can be assured is that these measures had health, economic and social consequences and a great impact on both the prevalence of GBV during lockdown and afterwards, which will be explored in this report.

# Part 1:

## OVERVIEW OF SERVICE PROVISION

### 1.1 Legal framework

The development of the first legislation at Catalan level regarding GBV goes back to the 80's: in Catalonia, the Interdepartmental Commission for the Promotion of Women was created in 1987, by Decree 25/1987, of 29 January. The objectives of this Commission were to promote equal rights, to promote non-discrimination between men and women and to promote the equitable participation of women in social, cultural, economic and political life. This Commission promoted the creation, in 1989, of the Catalan Women's Institute, with the aim of "facilitating and strengthening the role of guarantor of compliance with the Law on Effective Equality between Women and Men and the application of its transversality" and "to elaborate and execute all the projects and proposals related to the promotion of women, in order to make effective the principle of equality within the area of competence of the Generalitat"[2] (The catalan Government).

Since then, the following have been approved:

› Seven Action Plans for Equal Opportunities for Women (1989-1992, 1994-1996, 1998-2000, 2001-2003, 2005-2007, 2008-2011, 2012-2015);

[2] Llei 11/1989, de 10 de juliol, de creació de l'Institut Català de la Dona

- A comprehensive plan for the prevention of gender-based violence and care for women victims of violence (2002-2004);
- the Gender Equity Training Master Plan for Catalonia 2017-2020

In 2008, **Law 5/2008, of 24 April, on the right of women to eradicate gender-based violence** was approved, which marks a fundamental step in tackling violence in the territory and represents a qualitative improvement in relation to the Organic Law of Comprehensive Protection Measures against Gender-based Violence approved by the Congress of Deputies in December 2004. While this state law recognizes the rights of women affected by GBV strictly within the framework of intimate partner or ex-partner, Catalan law expands the scope to incorporate all forms of violence against women because of being so, calling it sexist violence and putting the focus on the motivation for such violence. In addition, this is the law that defines and structures the Network to tackle Gender-Based Violence in Catalonia. This Network is the "coordinated set of free public resources and services for the care, assistance, protection, recovery and reparation of women who have suffered or are suffering from gender-based violence and their children in the territorial scope of Catalonia."

According to Article 58 of this law, "The following services make up the network:

a) Specialised Telephone Assistance Service.
b) Information and care services for women.
c) Emergency care and reception services.
d) Reception and recovery services.
e) Substitute foster care services.
f) Specialised intervention services.
g) Meeting point technical services.
h) Crime victim care services.
i) Police care services.
j) Other services that the Government deems necessary."

In 2020, **Law 17/2020, of 22 December, amending the so-called Law 5/2008, on the right of women to eradicate gender-based violence**, was approved. This

law aims to expand, strengthen and update Law 5/2008, as well as to protect the rights of transgender and cisgender women and non-binary people, in order to respect gender diversity. The highlights of this law are:

- Regulating institutional violence as a domain, with the definition of due diligence and specifying that such violence can be caused by both action and omission;
- Regulating digital violence;
- Including a definition of sexual consent that defines the need for express will as an essential requirement;
- The provision that, when a woman goes to a police station to file a complaint as a result of having experienced any of the manifestations of sexist violence, the Mossos d'Esquadra must require the Bar Association for the presence of a lawyer to guarantee the legal assistance;
- The scale-up of social and community-based types of violence and forms of gender-based violence;
- A need for vocational training.

In addition, the Generalitat de Catalunya complements the services of the Network with two specific financial aids for women survivors of GBV:

- Support to women survivors of domestic violence with a monthly income of less than 75% of the current minimum inter-professional wage and with particular difficulties in finding a job.[3];
- Compensation for survivors of GBV (domestic violence, sexual assault, sexual harassment, trafficking, etc.) who suffer serious consequences, injuries or damage to physical or mental health and for children of deadly victims[4].

3 https://treballiaferssocials.gencat.cat/ca/tramits/tramits-temes/20283-Ajuts-de-mesures-de-proteccio-integral-contra-la-violencia-de-genere

4 https://treballiaferssocials.gencat.cat/ca/tramits/tramits-temes/Indemnitzacions-per-a-victimes-de-violencia-masclista

Other forms of financial support include:

- Compensation for victims of GBV: Compensation for victims who suffer serious consequences, injuries or damages and for the sons and daughters of fatal victims;
- Aid and assistance to victims of violent crimes and against sexual freedom: Women victims of gender violence have the right to legal representation regardless of their income, throughout the judicial and reporting process;

Finally, we should also point out certain decrees that apply to women's rights, including:Decree 60/2010, of 11 May, of the National Commission for a Coordinated Intervention against Gender-Based Violence;

- Decree 80/2015, of 26 May, on the compensation and aid for women victims of gender-based violence established in article 47 of Law 5/2008, and article 27 of Organic Law 1/2004;
- Article 9 of Decree 305/2016, of 18 October, which regulates the Analysis Group of cases of homicide due to sexist violence;
- Third additional provision of Decree 144/2017, of 26 September, which regulates the Centre for Studies, Research and Training on gender-based violence.

## 1.2 Network to tackle gender-based violence in Catalonia

### 1.2.1 Spanish background

The first laws to tackle GBV in Spain date from 1989 when the **LO 3/1989, of June 21, updating the Penal Code**[5] introduced art. Introduced art. 425, by which the crime of domestic violence was originally described. Said crime was defined by three characteristics: (i) the passive subject must be a "spouse or person to whom he was linked by analogous relationship of affectivity, as well as on the children subject to parental authority, or ward, minor or incapable subject to their guardianship or de facto custody", (ii) habituality and (iii) physical violence. This criminal type constitutes the basis on which the current system of effective protection for gender survivors was built.

Another significant law was the **LO 1/2004, of December 28, on comprehensive protection measures against gender violence**[6] and which meant a shift in criminal policy by introducing aggravated types for gender reasons, understanding that GBV is "the most brutal symbol of inequality existing in our society". The scope of the Law covers both the preventive, educational, social, assistance and aftercare aspects for survivors, as well as the civil regulations that affect the family and coexistence space where the aggressions mainly occur, as well as the principle of subsidiarity in Public Administrations.

### 1.2.2 The Catalan network to tackle GBV

In **Catalonia**, in 2018, it was approved the most relevant legislation to address GBV and provide the government with the means for the prevention and recovery of survivors, through the creation of a network of services for this purpose. The Framework Protocol for a coordinated intervention against gender-based violence, approved in 2008 by Law 5/2008, of 24 April, on the right of women to eradicate gender-based violence, establishes the basis to implement a model of approach and intervention with the survivors. It also promotes the development of various territorial circuits for tackling GBV in Catalonia in order to establish a territorial and coordinated network that

[5] LO 3/1989, de 21 de junio, de actualización del Código Penal, in Spanish
[6] La LO 1/2004, de 28 de diciembre, de medidas de protección integral contra la violencia de género

ensures the deployment and improvement of a comprehensive intervention model. The goals of this network are:

- "To ensure that the resources made available to women affected by GBV enhance their autonomy and do not create new dependencies for them.
- To generate a shared language and promote a common understanding and approach to the phenomenon of GBV by the various interdisciplinary agents.
- To actively involve all the institutions, bodies and social agents of the territory that are relevant to the active approach to GBV;
- To implement a model that facilitates the emergence of various intervention itineraries adapted to the needs of each woman and the specificities of each professional and each territory. This model must include prevention, detection, care, and recovery strategies.
- To define the functions of the services, the coordination circuits, and the referral criteria, and make them public for the whole network, establishing the mechanisms of coordination and cooperation that allow the deployment of joint and effective actions by the various bodies and social agents involved.
- To provide all professionals with specific and diverse training on the phenomenon of gender-based violence."

According to art. 54 of Law 5/2008, of 24 April, on the right of women to eradicate gender-based violence, the Network to tackle GBV is made up of a set of 8 types of services. These services can be grouped under their main functions within the network, which complement each other to achieve a comprehensive approach to GBV, as can be found below.

| | Prevention | Detection | Assistance | Recuperation |
|---|---|---|---|---|
| 1. Specialised Telephone Assistance Service | ✔ | ✔ | | |

| | | | | |
|---|---|---|---|---|
| 2. SIAD: Information and care services for women | ✔ | ✔ | ✔ | |
| 3. SIE: Specialised Intervention Services in Sexist Violence | | ✔ | ✔ | ✔ |
| 4. SAS: Home Substitute Reception Services | | | ✔ | |
| 5. SAR: Reception and Recovery Services | | | ✔ | ✔ |
| 6. STPT: Meeting Point Technical Services | | | ✔ | ✔ |
| 7. OAVD: Crime Victim Care Offices | | | ✔ | |
| 8. MMEE - Victim Support Groups (Catalan Police) | | | ✔ | |

Below we provide an explanation containing the details of each of these services:

**1. Specialized Telephone Assistance Service (Servei d'Atenció Telefònica Especialitzada)**

This service consists of a free and confidential telephone number (900 900 120) and e-mail, which operate every day of the year, 24 hours a day. This service responds to requests related to any form of GBV such as requests for information from women living in situations of violence, questions about the existing services in Catalonia to tackle GBV; and requests for advice on possible actions to be taken in the event of a situation of GBV from individuals and/or professionals. It includes lawyers and psychologists who can contact emergency departments when necessary. These professionals can speak a total of 124 languages.

**2. SIAD: Information and care services for women (SIAD: Serveis d'informació i atenció a les dones)**

There are 103 SIAD in the catalan territory. SIADs are not exclusive resources for intervention in GBV as they fulfil other functions in the territory, but they make a special impact on this prioritary issue. The work of the SIADs focuses, then, on

two main axes: (1) general care, guidance and counselling for women (with special emphasis on the detection and first care of women in situations of gender-based violence) and (2) raising awareness around equality between men and women.

SIAD reports on any subject, such as health, labour, housing, services and resources for women, and if applicable, refers to the entities and bodies responsible for these. They also work to increase community awareness of effective gender equality.

### 3. SIE: Specialized Intervention Services in Sexist Violence (SIE: Serveis d'Intervenció Especialitzada en violència masclista)

Currently in 2022 there are 17 SIE in the Catalan territory. They provide comprehensive care and resources in the process of recovery and reparation for women who have suffered or are suffering GBV and for their children. These services also have an impact on prevention, awareness-raising and community involvement.

The specific objectives of the SIEs are:

- To provide specialised and comprehensive social and therapeutic care in relation to the process of violence experienced;
- To adapt the model of social, legal and therapeutic intervention to the process of women who have suffered or are suffering GBV:
- To work in coordination with external services, attending to the specific process of each of the women.

### 4. SAS: Home Substitute Reception Services (Serveis d'Acolliment Substitutòri de la Llar)

SAS are specialised services, residential and temporary, which offer comprehensive care and assistance to enable the process of recovery and repair to women and their dependent children, who require a space of protection due to the risk of suffering GBV.

It is a free temporary service that acts as a home replacement, with personal, psychological, medical, social, legal and leisure support. It is carried out by professionals specialized in these areas, to facilitate the full social and labor integration of women who, suffering from situations of sexist violence, require protected accommodation, as well as their dependent children.

## 5. SAR: Reception and Recovery Services (Serveis d'Acolliment i Recuperació)

The functions of these services are to offer temporary and comprehensive residential careto GBV survivors (women and their children) to ensure the process of recovery and repair.

Therefore, its' main objectives are:

- To guarantee women and their children a space of security and quality support by giving them the opportunity to move away from the focus of violence, protecting their physical and mental integrity;
- To provide a space and time of their own for reflection, awareness and emotional recovery from the pain and abuse suffered, so that they can mark a decisive turning point in the cycle of violence;
- To promote autonomy, independence and responsibility so that every woman is the real agent of her changes;
- To facilitate and promote decisions and actions aimed at reformulating the life project of women and their children.
- To provide tools for labour and social integration.

## 6. Meeting Point Technical Services (STPT Serveis Tècnics de Punts de Trobada)

There are 23 Meeting Point Technical Services throughout Catalonia, which assist an average of 1 500 families per year.

The main objectives and functions of the Meeting Points are:

- To initiate, maintain or re-establish links between the child and his/her parent or other significant family members in a relationship-friendly environment and with the intervention of a qualified technical team;
- To promote the improvement of the relationship between the child and his/her non-custodial parent or other relatives with the right to visit;
- To allow the child to know and be in touch with their origins.
- To facilitate the improvement of the relationship between both parents regarding parenting in order to progressively achieve a detachment from the Service;
- To prevent new disputes or situations of violence in the visits and in exchange of minors.

## 7. OAVD: Crime Victim Assistance Offices (Oficines d'Atenció a la Víctima del Delicte OAVD)

These are police services that offer telephone and face-to-face care and advice in court to victims of crime and, in particular, to women victims of domestic violence, as they are the coordinating point for protection orders and other judicial protection measures.

The main objectives of the Offices for Victims of Crime are:

- To provide comprehensive care to all victims of any crime and;
- To ensure that the rights of all of them are respected.

According to the legislative reforms in the matter of judicial measures of protection to the victims (Law 27/2003 and Organic Law 1/2004), the Offices of Attention to the victim are the coordination point of all the measures of security and protection directed to all the victims of the Catalan territory and that are dictated by the judicial organs.

## 8. GAV: Victim Support police Groups (Grups d'Atenció a la Víctima GAV)

Specialised service of the Catalan Police (Mossos d'Esquadra) for the care and follow-up of women and their children in situations of gender-based violence, with the aim of guaranteeing their rights.

Also, depending on the situation of the survivor, the Victim Support Groups will refer them to specialised services in the network to tackle gender-based violence and will monitor them individually.

Besides these stable care services that are part of the Catalan network to tackle gender-based violence there are other intermittent services that can be activated, such as the **Serious crisis intervention service (Servei d'intervenció en crisis greus)**: With the aim of guaranteeing immediate and specialized care for victims directly affected by feminicide or a serious episode of GBV, and also facilitating community work to prevent this problem. The intervention consists of immediate and limited psychological assistance. Professionals travel to the scene of the incident in the shortest possible time, as this factor is decisive in these situations. The Catalan Women's Institute ensures this service is available for the whole territory.

### 1.2.3 Legislative strategies and measures to address GBV during the COVID pandemic in Spain and Catalonia

New legislation or amendments to existing legislation in response to Covid-19 were identified in 14 Member States by the EIGE report *The Covid-19 pandemic*

*and intimate partner violence against women in the EU* (EIGE, 2021). Spain was no exception: in March 2021 the Spanish government approved the Law 1/2021 of March 24, on urgent measures in terms of protection and assistance to victims of GBV[7]. This law was created following two other laws of urgent measures to combat the economic[8] and the socioeconomic impact of the pandemic[9].

Therefore, this Law "adopts a series of measures aimed at the maintenance and adaptation of comprehensive assistance and protection services, establishing organizational measures to guarantee the proper functioning of the services intended for their protection, as well as the adaptation of the modalities of provision of the same to the exceptional circumstances to which citizens are subjected during these days."

The **most relevant measures intended to ensure the operation of comprehensive assistance and protection services for victims of gender-based violence within the framework of the state of alarm** are:

- The care services for victims of gender-based violence are declared essential services and, therefore, their activity is not interrupted within the framework of the state of alarm (Art.1);
- Accessibility to the rights of victims is guaranteed for all women, regardless of their ethnicity, socioeconomic level, age, immigration status, functional diversity, disability, situation of dependency, place of residence or any other situation (Art.1);
- The competent Public Administrations are called upon to adopt the necessary measures to guarantee the provision of information services and legal advice 24 hours a day, by telephone and online, aimed at victims of gender-based violence (Art.2);
- The Public Administrations are called upon to reinforce the services that affect the socio-occupational recovery of victims of gender violence, especially in situations of greater vulnerability, in

[7] https://www.boe.es/buscar/act.php?id=BOE-A-2021-4629
[8] Real Decreto-ley 7/2020, de 12 de marzo
[9] Real Decreto-ley 8/2020, de 17 de marzo

collaboration with the competent bodies in matters of employment of the different Public Administrations (Art.2);

- The competent Public Administrations are called upon to guarantee the normal functioning of emergency centres, shelters, sheltered flats, and safe accommodation for victims of GBV, sexual exploitation and trafficking for the purpose of sexual exploitation (Art.3);
- When necessary to guarantee the reception of victims and their children at risk, the competent Public Administrations may order the use of tourist accommodation establishments (Art.3);
- Accessible assistance, care and reception protocols will be established for women with disabilities that will be made available to this network of services (Art.3);
- The competent Public Administrations are called upon to adopt the necessary measures to guarantee the normal operation and provision of the integral service, including the service of provision, installation and maintenance of telematic device equipment, of the monitoring system by telematic means of compliance with the precautionary measures and penalties prohibiting approximation in matters of GBV (Art. 4);
- The protection of victims and compliance with the precautionary measures adopted against men denounced or convicted of crimes related to GBV is guaranteed (Art.4);
- To prevent the impacts that home isolation may have on the increase in cases of GBV and facilitate victims' access to comprehensive social care services, as well as raising awareness of their social and family environment, the Administrations' Competent public authorities will prepare the appropriate awareness campaigns (Art. 6);

Following this line of State measures, also **Catalonia established relevant measures to tackle GBV during confinement and the state of emergency**, with the following measures[10], established on the 18th of March, 2020[11]:

a) The 900 900 120 permanent care service against sexist violence does not alter its functions;
b) The 5 information offices of the Catalan Women's Institute prioritize telephone and telematic assistance. (Barcelona, Girona, Lleida, Tarragona, Terres de l'Ebre). Therefore, access to users is restricted, except in case of emergency, when face-to-face care is maintained. The visits that were planned have been rescheduled and follow-up is done by telephone or telematics, but a professional is kept in the offices in case face-to-face care is required;
c) Specialized Intervention Services (SIE): Users' access to Specialized Intervention Services is restricted, except in case of emergency, and all face-to-face visits are rescheduled to telephone contact or by telematic means;
d) Meeting Point Technical Services (STPT): Visits and interviews are suppressed from March 13 to 27, 2020, both inclusive, and are rescheduled, if possible. Contact alternatives are offered by telephone or telematics;
e) Shelter and Recovery Services (SAR) and Substitute Home Services (SSL): These services function normally following the instructions for prevention and protection regarding Covid-19 validated by the Department of Health;
f) Services of the Department of the Interior – Mossos d'Esquadra: An e-mail box for potential victims of abuse comes into operation with the aim of activating agile and effective communication in non-urgent cases.

10 https://dones.gencat.cat/web/.content/03_ambits/violencia_masclista/serveis-confinament/Informacion-servicios-violencia-machista-a-25-de-mayo.pdf

11 https://govern.cat/salapremsa/notes-premsa/383481/govern-vetlla-garantir-atencio-dones-situacio-violencia-masclista-durant-confinament-emergencia-sanitaria

These measures, and other later ones, went through several changes during the whole state of alarm, in response to the succeeding levels of mobility restriction and the different phases of the pandemic, often with short notice and depending on the professional's availability and of the service director's evaluation, according to the professionals interviewed.

## 1.3 The impact of Covid-19 in GBV assistance services and in the forms of violence committed

### Introduction

COVID-19 did not have the same impact on men and women. In Spain, women were more exposed to the disease and more infected than men, due to the persistent traditional sexual division of labour (Ruiz Cantero, 2021). Women constitute the main caretakers, both in formal and informal spaces: in Spain, 84,2% of nurses are women[12], as well as 88,6% of informal care provided to people in a situation of dependency.[13] During the most critical moments of the pandemic, women remained in the frontline of care, assisting the elderly, the ones infected with the disease and the ones in a situation of dependency, with repercussions to their physical and mental health.

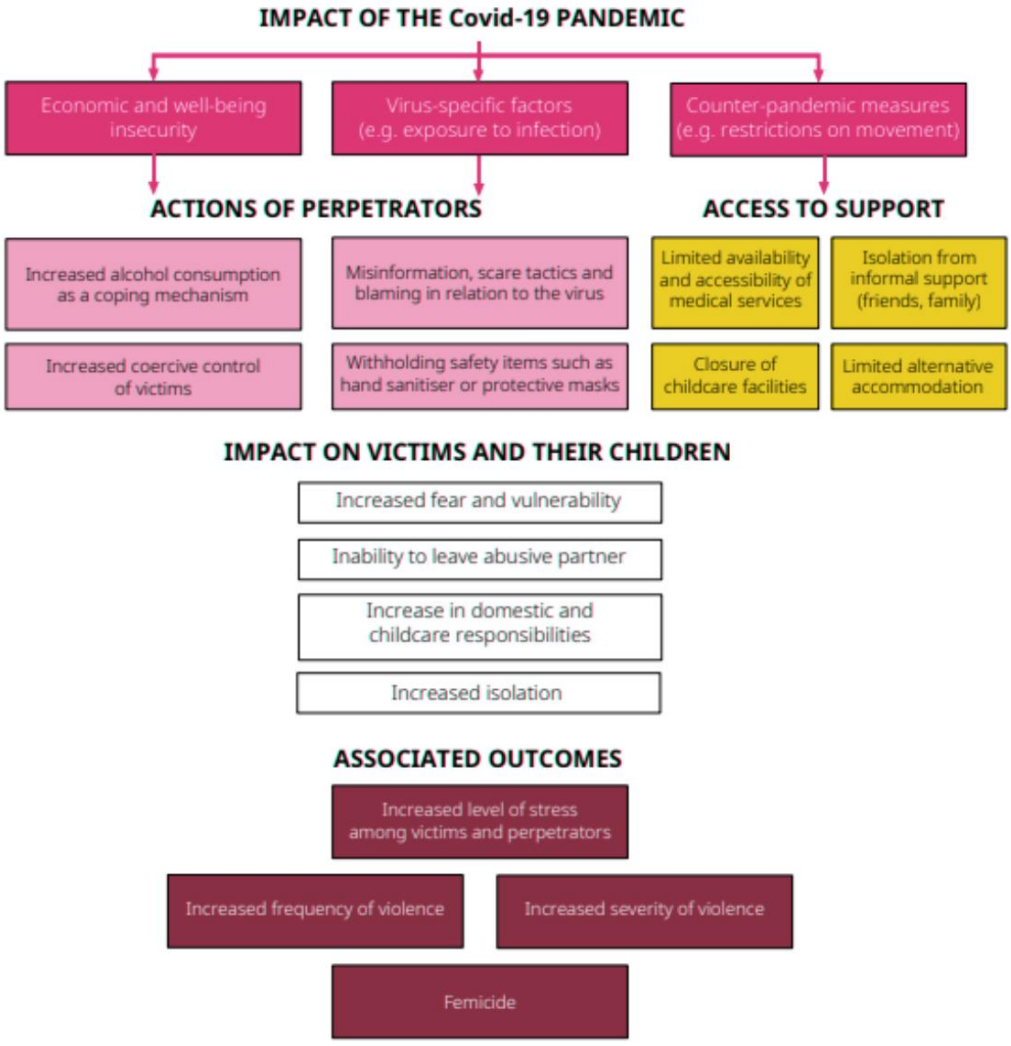
But not only in sanitary terms can Covid-19 be understood from a gender perspective. In socioeconomic terms the pandemic had a particular effect on gender inequality (Cardín, 2020) with women continuing to have an activity rate that is 10 points lower than that of men. The employment gap is now almost 11 points and they present a difference of more than 4 points in their unemployment rates (EAPN España, 2021)[14].

According to the UN, in a note published in April 2020, the Covid-19 pandemic threatened to hit women in the world in three ways: (1) compromising their economic livelihood and personal autonomy through the destruction of jobs feminized and vulnerable in the labour market; (2) hindering access to resources and services that guarantee their health and well-being (such as education or sexual and reproductive health); (3) threatening their physical and psychological integrity through reclusion within their own homes, where the

[12] https://www.ine.es/jaxi/Tabla.htm?path=/t15/p416/a2019/l0/&file=s08002.px&L=0
[13] https://www.imserso.es/InterPresent2/groups/imserso/documents/binario/im_143954.pdf
[14] https://www.eapn.es/ARCHIVO/documentos/documentos/1640764687_estudio_analisis-con-enfoque-de-genero-de-medidas-de-escudo-social.pdf

tasks of caring for others are intensified, while situations of social isolation are created in which gender violence is exacerbated (UN 2020; Lorente-Acosta, 2020; Salido-Cortés, 2021).

The European Institute for Gender Equality (EIGE, 2020) also identified the risk factors to the prevalence of GBV during previous pandemics and natural disasters, as they relate to Covid-19 pandemic. These are explained bellow:




*Source:* Authors' summary based on Parkinson and Zara, 2013; First et al., 2017; Fraser, 2020; Peterman et al., 2020.

All these possibilities were confirmed throughout the pandemic's most critical moments and afterwards. Oxfam (2021) found that "data from 10 countries shows calls to domestic violence or GBV helplines increased by 25 to

111% in the first months of the pandemic as women (…) were isolated with their abusers and cut off from social networks and essential and life-saving services."

Along this report we will analyse specifically how the Covid-19 pandemic had an effect on the prevalence of GBV and on the use of services aimed at assisting survivors of this type of violence.

The following pages were informed by academic studies, data analysis and interviews with service providers.

### 1.3.1 Obstacles and challenges to service provision on GBV services

The main obstacles and challenges identified by professionals with the development of the COVID-19 pandemic can be divided between issues regarding the provision of the service and the reality of women being assisted.

**Regarding the provision of the service**, professionals pointed out the following main challenges:

a) **Lack of predictability about the evolution of the pandemic and consequently the measures to address the arising needs:** This constituted a stress factor and hindered the immediate response and adaptation of the service since the 3-month lockdown that happened in Spain and all the following shorter and local confinements were changing by the hour and unpredictably. Some professionals mention that they thought the lockdown would only last 15 days and did not immediately adapt the service until it started to become clear that the confinements would take longer. Also when there were periods of face-to-face support, there were many doubts about safety issues and pertinence of going back to this type of intervention. There were also issues with some services operating face-to-face and some online, creating double spaces that sometimes revealed confusing.

b) **Lack of experience on how to adapt the service and improvisation along the lockdown and pandemic period**: Following the previous point, professionals reveal that it also took some time until there were formal

communications and instructions about how to adapt services of GBV to the pandemic reality. Therefore, professionals felt they had to improvise responses and strategies in order to continue assisting women.

c) **Professional's lack of means and work-life balance**: The lack of knowledge about the evolution of the pandemic led professionals to have to improvise on how they would continue doing their jobs and assisting women under the given circumstances. In this sense, they would have appreciated more support from the Public Administration in the development of solutions for digital assistance to GBV survivors. On the other hand, professionals mention that the response throughout different assistance centres was quite dispersed and they would have needed guidance and strategies to centralise the support process.

d) **Professional's need for care:** The pandemic affected professionals' mental health both while providing service as well as in their daily routines. Some of the changes that were needed to adapt to the new reality included the loss of differentiated spaces between work and private life, with many professionals working from home and being exposed in their own home to the difficulties faced by GBV survivors. The feelings of anxiety, constant adaptation, vigil, lack of rest and frustration were some of the feelings shared by professionals. Also, throughout the pandemic, some professionals got infected with COVID-19 or had to assist infected people, which led to more work absences and saturated the other professionals with a higher level of work.

Regarding the **reality of survivors of GBV assisted**, professionals point out the following:

a) **Difficulties reaching out women due to being confined with the aggressor**: One of the main challenges identified had to do with the difficulties regarding the continuity of support to women, especially during lockdown. The fact that women were living with their aggressors and unable to leave the house made it difficult for them to have ways of communicating privately with the professionals. Often, women and

professionals were not able to synchronize their availability, which generated several misunderestandings. This was both stressful for women and for the professionals, as mentioned.

b) **Difficulties reaching out to women due to not having the technological means**: Although the only option to continue supporting women was using online tools, many women did not either have the technology (mobiles, computers, tablets, etc.), internet access or money to pay for internet access. Also, often women did not know how to use technology to communicate, which led to stressful situations both to women and to professionals who had to adapt very fast and also teach women how to use technology over the phone.

c) **Difficulties regarding women's multiple challenges:** Very often women would express challenges regarding the relationship with the aggressor, with their children, the accumulation of stress and anxiety, challenges regarding bureaucratic procedures and other complications that were extremely hard to address by professionals over the phone. Also, these challenges would often require the support of other services and professionals who were not necessarily available, leading to a constant need to find solutions and improvise.

### 1.3.2 Modalities of service delivery during COVID-19 lockdown

Regarding the modalities of service delivery, most professionals and services adapted to **online and over the phone support**, with the due challenges disclaimed above. The strict lockdown (which lasted around three months) and the posterior intermittent confinements and limitations to mobility led GBV services to focus on online support and to quickly adopt strategies to reach the service users through technological means. Professionals mention that, at first, women were not inclined to accept this modality of support but, over time, resistances were broken and women agreed to use technology to get reached out and maintain contact with professionals.

The main modalities that were mentioned are:

› Support over the phone, with or without video;

- Support over Whatsapp or other internet communication apps;
- Support over video through programs like Zoom or Google meets;

Besides these modalities, there were also **adaptations to communication with other services and professionals** who accompanied women such as NGO professionals, social and sanitary services, schools, etc. Professionals had to develop communication strategies and strengthen networks with other professionals to be able to continue a consistent process of support to women at the same time as working in a comprehensive network. These strategies included exchanging personal telephone numbers and making working hours more flexible, with an impact on the professionals' well-being.

Professionals also mention as an example of a strategy developed to communicate better with women the **agreements made with other public administration services** that were closer to women's houses than the GBV centre in order for women to use their spaces to be able to develop a private conversation with GBV services, far from the aggressor's presence. These informal agreements were established with job centres and health centres so that the aggressors would not be suspicious, and women would use this time to communicate with professionals over the phone or via video and continue receiving support for GBV.

### 1.3.3 Changes in prevalence and types of GBV

To understand the changes in prevalence and types of GBV, there is some available oficial data that can be analysed to provide a comprehensive understanding:

**a) <u>Specialised Telephone Assistance Service</u>**

Regarding data from before COVID-19, during 2019 this service received 10.571 calls, 9.352 of which regarding GBV and the rest related to other reasons such as information, counselling or non-gender-specific issues surrounding violence. Besides this, 93,9% of the calls reported situations of GBV in the context of an intimate relationship, followed by violence in the social or community sphere (2,9%) and the family sphere (2,7%). In relation to the forms of violence registered, the rate of calls reporting psychological violence out of the total

number of calls per GBV is 97%, followed by the rate of physical violence at 38,0%.

During the COVID-19 pandemic, data from 2020[15] revealed that this service received 13.135 phone calls, 2.564 more than the year before, which represents an **increase of 24,25% regarding the previous year.**

At the date of finishing this report the data from 2021 is still not complete.

### b) SIAD: Information and care services for women

Regarding data before COVID-19, the total number of interviews provided in Catalonia in 2019 by the Women's Information and Attention Services (SIAD) and the ICD offices was 87.058[16]. This number increased by 23,6% in 2020, to 107.646 interviews. Regarding the available data from 2021, this number increased again in comparison to the data from before the pandemic, which means that between from 2019 and 2021 there was a total **increase of 38,8%**, from 87.058 to 120.876.[17]

### c) Crime Victim Assistance Offices

Regarding data before and after COVID-19, there hasn't been a significant change in the number of survivors assisted. In 2019 these were 12 366 interviews and in 2020 this number slightly increased to 12 486. In 2021 there was a timid decreased to 12 418[18].

### d) National phone number for Gender Based Violence

It is also relevant to mention that, besides the telephone service available in Catalonia for victims of GBV, there is a national number for the whole Spanish territory (016 phone number) which is also used in Catalonia. To provide a national context, it is therefore worth mentioning that between 2019 and 2021 there was an **increase of 27% of phone calls to this number.**

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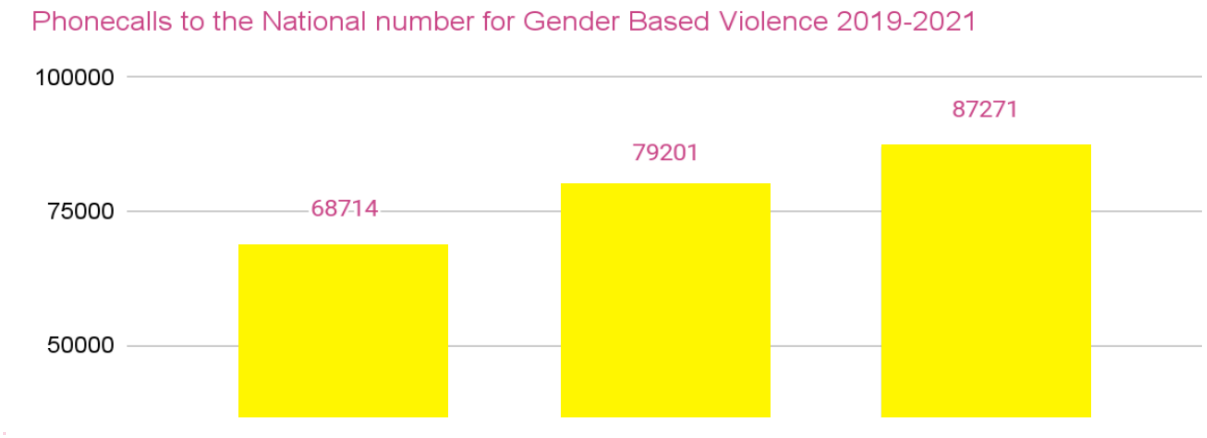
15 https://dones.gencat.cat/web/.content/03_ambits/Observatori/05_dades/Violencies_masclistes/Dades-estadistiques-Linia-900/Trucades-L900-Total-2020.pdf

16 https://dones.gencat.cat/web/.content/03_ambits/ens-locals/suport-ens-locals/Informe-SIAD_2019.pdf

17 https://app.powerbi.com/view?r=eyJrIjoiOTE0NjA5MjgtY2JmZC00OWZiLTlmYmMtYjhmYWFiZjYxZDI2IiwidCI6IjNiOTQyN2RjLWQzMGUtNDNiYy04YzA2LWZmNzI1MzY3NmZlYyIsImMiOjh9&pageName=ReportSectionacb1401040887d199091

18 http://www.gencat.cat/justicia/estadistiques_avictima/1_vict.html




Besides the available official data, **professionals who were interviewed and participated in focus groups** are of the opinion that during the first lockdown there was a wave of silence and invisibility surrounding GBV cases and professionals had very few new cases to assist and support. They speculate that, due to uncertainty, anxiety around the pandemic and other social and psychological factors, survivors of GBV were not prioritising to focus on their situation of violence. This situation changed over time and, as mobility measures evolved, professionals witnessed an increase in the access to GBV services and also an increase in situations of GBV that stood invisible during lockdown.

Nevertheless, professionals are of the opinion that the levels of GBV rose during confinement, as will be explained in the next section of the report, and this led many women to decide to take a stand and make changes which included breaking their relationship, moving out or starting judicial processes.

Regarding the **forms of violence**, professionals agree that the most expressive forms were psychological violence, sexual violence, and also economic violence. Still, professionals mention the high level of digital violence to which teenage girls were exposed, starting as young as 12 years old. Professionals also mention an important rise in sexual violence towards teenagers after the first confinement ended, something that is corroborated by literature.

Professionals mention also forms of violence towards women's belongings and even their pets in order to indirectly harm them.

### 1.3.4 GBV and children during COVID-19 pandemic

Professionals also mention the importance of bearing in mind all **forms of violence to which children were exposed**, either directly towards them or as witnesses of violence happening in their families. Professionals consider that children are the main and invisible survivors of the GBV that took place during the pandemic as they had no other ways of escaping such violence: school was closed, outdoors activities or contact with other children or family members was either not allowed or considered dangerous to public health and children/ teenagers had to deal with high level of stress, anxiety, negligence and violence during the pandemic. Due to this, professionals mention the high level of mental health trauma that affected and is still affecting children and teenagers.

Also according to the professionals interviewd, **vicarious violence** was very common, especially in the cases of couples who have shared custody. Professionals provide the example of fathers who would refuse to exchange the children between their home and the mothers in order to psychologically harm the women or to blackmail them.

### 1.3.5 New risks for beneficiaries arising from the pandemic

The analysis of the previous quantitative data shows that there was an increase in the contact to services of GBV, which could indicate that there was a rise of violence. Nevertheless, it is not possible to draw this conclusion unequivocally since many factors may have contributed to the increase of women approaching such services without this necessarily meaning that there was an increase of GBV. Some hypotheses that were discussed during the **fieldwork** for this report were:

1. Lockdown and forced coexistence led to women having more time to realise there was a situation of GBV and to re-evaluate their relationship, therefore addressing such services in search for guidance;
2. Women had more time to address such services due to being confined and having more available time;
3. The psychological impact of the pandemic may have led women to decide to make changes in their lives;

4. Women faced more difficulties regarding childcare arrangements with their partners, which led them to consult lawyers and psychologists for support;
5. Other private services were closed, such as private psychologists and lawyers, leading women to approach public services which were considered essential services and, therefore, never closed.

Although it is only possible to pinpoint the reasons for this increase, research developed for the past two years regarding specifically the case of intimate partner GBV and on the family sphere during confinement speaks of the evolution and changes in male perpetrated violence towards women over several months. It indicates the presence of greater control by the aggressor during lockdown, due to the limitations to leave the home, and a subsequent loss of control and power (Lorente et al., 2021; Lorente, 2020; Emakunde, 2020).

According to research, during lockdown there was an increased vulnerability affecting women, which is considered to be related with several factors, some personal and some contextual (Lorente, 2020; Lorente, M. & Lorente-Martínez, M. & Lorente-Martínez, M. 2021; López i Rubio, 2020; Pérez et al., 2020; Emakunde, 2020), that can be summarised as follows:

1. Difficulties reporting GBV due to greater control from the partner and difficulties to separate or divorce due to uncertainty about the future, economic precariousness and sense of responsibility towards the partner;
2. Poorer mental health due to fear and uncertainty, revealed mainly through anxiety and depression;
3. Higher sense of impunity of the aggressor due to social isolation;
4. Lockdown as a factor of isolation from friends, organisations and other social networks;
5. Confinement and the pandemic in general increased economic uncertainty, closure of companies, widespread unemployment and difficulties of access to job opportunities;

6. Difficulties getting psychosocial care due to the unavailability of psychosocial services or difficulties reaching such services, including health services which were collapsed;

Lorente Acosta is of the opinion that "The lockdown, for its part, created ideal conditions for the growth of the elements involved in gender-based violence: it isolated women even more, increasing control by formal confinement in the home, facilitating impunity by making it harder for women to escape from violence, and creating a context that facilitated the use of any of its forms if faced with the slightest stimulation."(Lorente Acosta, 2020:141).

According to the previously mentioned research, these conditionings may have led to an increase in GBV, mainly psychological violence, sexual, economic and physical, given the combination of three elements which characterize GBV: "the structural component, which places the figure of the man at the centre of decision-making and the need to maintain order based on his own criterion; isolation, as the result of the material barrier against escaping from it and freely communicating, and the direct control which violence exerts over women."(Lorente Acosta, 2020:141).


**The opinion of the professionals working in care services** that were interviewed for this research corroborate these hypotheses. They agree that, during lockdown, there was a wide range of situations, from women who were subjected to more violence due to forced coexistence, partner's higher levels of anxiety; alcohol consumption from the partner, etc. They add that some women did not necessarily suffer more violence, as the partner felt more in control of their lives but suffered it after the lockdown, when there was a subsequent loss of control directly related to the return to the previous routines or new ones

which implied a new distance between the aggressor and the victim. Also some women decided to separate from their partners after lockdown and this led to more violence as a retaliation.

To add to all the previous, it is also important to mention that **there was no rise in the number of reports filed to the police** which, as observed before, was hindered by the lack of access to their installations and lack of privacy to communicate over the telephone. The field work that was done, consisting of interviews and focus groups, confirms this hypothesis: Professionals agree that women usually need support and assistance in deciding whether to report such situations to the police and that not having access to them acted as a disincentive to do so. Even given the adaptation of services to online assistance, the lack of the material means to access online services resulted in GBV not translating in an increase of police reports.

Besides the risks directly associated with GBV, there were **other risks associated with the pandemic** that are worth mentioning as they constitute socioeconomic risks which contribute to leaving women more vulnerable to suffering GBV. These risks include:

a) **Loss of work or increase of job precariousness**, leading women to experience higher economic vulnerability and more dependency from their partners. Also leading leading them to become more exposed to labour violence and less inclined to address it due to having to prioritise survival strategies;
b) **Increase of poverty:** Women who lost jobs and assets during the pandemic also had more difficulties accessing services online due to lack of access to technology. This situation has possibly led to a greater exposure to GBV with less strategies to tackle it.
**c)** **Higher mental health problems in women** due both to lockdown, precariousness, loss of income, GBV and other social issues affecting them. The exposure to violence for a longer time during the pandemic and with no possibility of leaving the house also increased mental health problems, as well as substance abuse;
d) **Higher alcohol and drug use in women**, especially anxiolytics, due to exposure to GBV and precariousness. This rise in consumption of drugs and alcohol is still affecting women, according to professionals, who find

it difficult to address GBV when there is a tendency for substance abuse which generates mental and physical instability in women;

e) Professionals also mention that **women who are immigrants and/or lack legal documents** to remain in Spain were exposed to higher risks due to not being able to receive social services support or unemployment subsidy. Some of these women endured situations of GBV because they did not have any other options to survive or housing where to live during the pandemic.

Given all these conditions, first line **professionals reveal their concerns** regarding four interconnected topics:

1. The **increased precariousness of survivors of GBV** has a strong impact on their mental health, substance abuse and on many spheres of their lives, which translates into complex situations that need to be addressed from several perspectives and services and not only from the perspective of GBV or GBV services;
2. This complexification of the survivors' situation may lead, professionals' fear, to their **service having to assist survivors in the same manner as emergency services** and not as a second line service, as it was designed. Services that are part of network to tackle GBV were designed to have differentiated roles in such network that would complement each other in articulation with other public services such as social and health services;
3. The previous premises lead to the third concern regarding the **challenges that this complexification implies.** Such services now need to answer a great variety of situations, such as women in more precarious life conditions and worst social indicators which lead to more urgent and complex interventions.
4. Lastly, professionals consider these consequences to extend to their own **labour conditions regarding life-work balance, telework, stress and anxiety** related to stressful situations, exposure to violence and the lack of time and in some cases resources to answer the emergent complexities.

### 1.3.5 The impact of the pandemic in the collaboration between services

According to the field work, professionals expressed that the **collaboration between services was an essential key** to respond to the needs which arose with the pandemic.

- **Social support bureaucracy:** Many women who used to receive social support in person from professionals to manage bureaucratic procedures, suddenly had to do so through the online modality and did not know how to proceed. Some examples of these procedures may be unemployment subsidies, lay-offs, economic support as victims of GBV, child support procedures and others. In this sense, professionals collaborated directly with some public services to assist women in these procedures and ensure their means of survival, such as Social Services and unemployment centers.

- **Spaces to chat with professionals with enough privacy:** Many women who wanted to talk to professionals from GBV services were not capable to do so due to lacking the technological means to contact them or lack of privacy to do so in their own households. GBV services professionals collaborated with other public services to ensure the existence of spaces where women could have the means and privacy to address such professionals, in civic centres or other social equipments when it was not possible to visit the GBV centre due to distance or due to professionals working from home.

- **Coordination:** Professionals had to coordinate more often with professionals from Social Services and health services than they did before and work in tighter networks, either due to the seriousness of certain situations or due to difficulties contacting women.

# Part 2:

# INTERVIEWS WITH GBV SURVIVORS

## Introduction

In order to complement the information provided by academic research, quantitative data and interviews with professionals, two interviews to survivors of GBV assisted by Catalan GBV services were also conducted during this research. Besides completing the previous information collected, the purpose of these interviews is also to provide a platform for survivors to be able to express, in their own words, the impact that COVID-19 had on their GBV situation and on their life in general.

The questions of the interview were the following:

**Interviews with GBV Survivors: Questions**

1. Has the pandemic had an impact on your personal life?

2. If yes, in what way? For example, in your life situation, family situation, financial situation, mental well-being, physical health, future prospects, education, mood, social life, etc.

3. Are you currently being treated by any GBV survivor care service?

4. If so, what is your experience with this service?

5. Have you accessed this service before, during or after the pandemic?

6. Do you consider that these services are difficult or easy to access?

7. Did you experience different forms of intervention (online/offline) due to covid-19 and how did this affect the quality of the service provided?

8. How is your current relationship with the service providers that support you (psychosocial counsellors, social workers, etc.)? Has that changed during the pandemic?

9. Thinking about the support you have received, is there anything you would change? In what way?

10. Thinking about the support you have received, what would you highlight that worked for you?

11. Has the pandemic worsen the situation of women in GBV?

## 2.1 Interviews analysis

### 2.1.1 Sociodemographic data of the interviewees

| | |
|---|---|
| **Interviewee 1** | **Country of origin:** Spain<br>**Age:** 38 y.o.<br>**Labour situation:** Part-time job<br>**Children:** 1 |
| **Interviewee 2** | **Country of origin:** Italy<br>**Age:** 40 y.o.<br>**Time in Spain:** 16 years<br>**Labour situation:** Part-time job<br>**Children:** 2 children |

### 2.1.2 Analysis of personal situation

Regarding the impact that the pandemic had on the personal life of the interviewees, one of the women had to start working from home and to organize both formal work and care taking of her small daughter. She reveals that her partner refused to share household tasks, leaving the burden upon her and manifesting violent behaviour on a daily basis regarding chore division. This led her to understand that he expected a traditional division of gender roles and became violent when she did not comply, which led to the rupture of the relationship.

The other interviewee had health problems (cancer) and could not go to work due to being particularly vulnerable. She also spent a lot of time alone with her husband and children which led to identifying violent behaviour from him. She expresses not to have suffered an economic impact since she had savings and unemployment subsidy. This interviewee developed depression due to cancer and violence and when she explained her life story to her General Practitioner (GP) she was referred to SIE, a decision which she did not understand until she started getting assistance and now sees as “her salvation”. This interviewee left her house during the pandemic (and after the mandatory lockdown) due to GBV. Lockdown made her realize that she was in a sexist and

uneven relationship, characterized by daily fights, and decided not to continue it any longer.

One of the interviewees also reveals that she felt abandoned by the sanitary services since her daughter was very small and she needed guidelines on how to take care of a new-born. The pandemic also had a strong effect on this interviewee's mental health, more than in what concerns GBV: she expresses that she felt sadness for many days, burned out, with little or no time for herself and dedicating all of her free time to others. This also led to feelings of solitude and abandonment.

### 2.1.3 Analysis of the relationship with GBV services

Regarding the **means to communicate with the service**, one of the users has not experimented online support but agrees that this is a good alternative to face-to-face support, when this is not possible. They both consider that the services are easily reachable either in person or also by other means like telephone and e-mail and they both express their satisfaction towards the service and the adaptions that were made during COVID to continue assisting them.

The other interviewee was assisted during the pandemic when it was already possible to get face to face support. She contacted with SIAD and was later referred to SIE, having a very positive opinion of the services, although she points out the lack of availability for appointments that she wish were less spaced in time. Nevertheless, she considers that the welcoming was very good, and that professionals were very empathetic and understanding.

In general, their experience is said to be very positive, both throughout the pandemic and after the most critical moments of the pandemic. They point out that professionals do a very good and important job and are essential for their recovery.

**The most positive aspects** pointed out by women were:

- No judgment from the professionals and feeling comfortable in an empathetic relationship with them;
- Professionals try to improve women's self-care;
- Professionals suggest actions to improve their situation;
- Professionals are very available and flexible, with adapting schedules;
- The possibility of being accompanied to go to trial and to manage other practical issues.

Regarding the **aspects that the service users think could be improved**, the interviews pointed out:

- Intervention should also be done with men since women take all the burden and men should be a part of the recovery process. Women have the burden of taking care of children, working, balancing work life and personal life and also addressing the violence infringed upon them, reason why the interviewee considers that men should be more involved;
- One interviewee understands that there is little information about the existence of these centres. She says she had no idea of their existence, and many other women would need services like SIE but are unaware of their existence. She also considers that women should be able to address them directly without having to pass through a filter service. She mentions that even the Police forces (Mossos d'Esquadra) did not inform her about recuperation centres when she denounced and suggests that these centres should be made visible through campaigns and information on the streets available for all women;
- One interviewee suggests that the inclusion of children in the recovery process should be easier and not depend on the father's permission. She explains that she would like her children to attend the service but there is no way to overrule the father's denial;
- Regarding assistance over the phone or video, one interviewee recommends that the first appointments should be face-to-face but that the following appointments could be done over telematics means;
- Legal support should happen since the beginning of the process and along with social and psychological support as it took a long time to get legal support;
- Suggestion to implement group therapy at the service. One woman goes to another service to have group therapy and would like to do this activity at the service where she is being assisted;
- Suggestion of activities for women to get to know each other and support each other;

- Sessions with survivors who have already overcome violence so they can lead as an example to other women and teach them strategies (a mentoring-style activity);
- Sometimes professionals have no time to respond to all women who need the service. One of the interviewees says she would want to visit the service more often but professionals' agendas are very full;

### 2.1.4 Analysis of the general situation of survivors of GBV after the pandemic

When asked about the **consequences of COVID for survivors of GBV**, the interviewees are of the opinion that the pandemic had very important consequences, some of them being, according to them:

a) Many women separated from their husbands or partners after the confinement due to incompatibilities discovered throughout lockdown or due to an increase of GBV. One of the interviewees says that it seems that civilization receded 30 or 40 years during confinement with women assuming caretaking roles and men excluding themselves completely from these tasks. She understands that not being able to leave the house and having to coexist with their partners made many women aware of their partners' sexism and made them want to leave their relationship.

b) At an economic level one interviewee understood that many women who lost their jobs got used to stay at home and they did not go back to work, which hindered their autonomy, making them more dependable from their partners.

c) Many women endured an increase of problems with children exchange and suffered more intense physical and sexual violence from which they need intense recuperation in terms of mental health;

d) Women are more vulnerable and poorer and need more economic support and social services.

# Part 3:

## NEEDS ANALYSIS

The needs analysis takes into account the main findings throughout the current research. Due to the lack of academic studies focusing specifically on GBV service provision during the pandemic, most of the gaps and needs identified are based on the opinions and perspectives of the professionals interviewed and of the women interviewed as survivors of GBV.

| Needs analysis | |
|---|---|
| **Source** | **Gaps and needs** |
| 1. Professionals' Focus group and Service directors' interviews | Professionals experience feelings of professional burnout and lack of time and tools for self-care, which hinders their capacity to support women and to keep a balanced mental health. Professionals express a need to have more resources and tools to address this issues. |
| 2. Professionals' Focus group and Service directors' interviews | The increase of precariousness in the general population affects women survivors of GBV in particular and their children, leaving them more socially excluded, economically vulnerable and dependable of public services. Professionals need more support from social and sanitary services to ensure that each service does their part in the provision of support services in their own specialty. |
| 3. Professionals' Focus group and Service directors' interviews | It was detected that when women survivors of GBV do not have the support of professionals (like throughout the pandemic), many become excluded from the processing of bureaucratic paperwork regarding social support, economic support for victims of GBV, housing, employment, etc. This is either because it is done online or women do not know the procedures or do not have the technological means, either because it is not written in a language they can understand or due to the regular difficulties regarding bureaucratic matters. |
| 4. Professionals' Focus group and Service directors' interviews | Difficulties of labour insertion of women in the submerged economy. |
| 5. Interviews with women assisted in GBV services | Need to develop group activities and support groups for women. |

| | |
|---|---|
| 6. Interviews with women assisted in GBV services | Mentoring activities with survivors of GBV who can support women in their recovery process. |
| 7. Interviews with women assisted in GBV services | More divulgation and available information about the existing services that address GBV. |
| 8. Interviews with women assisted in GBV services | GBV survivors identify a need to implicate men in the processes of recovery from violence. |

**Conclusions**

*Project Lila and specifically the Protocols that may arise from the project should clearly have a trilateral approach*:

*1.* ***It should address the service user's needs regarding the complexity of their multi-vulnerable situation.*** *In that sense, the protocol should establish*:

a) *Circuits of communication and network with other services like social and sanitary services. Also with services which require bureaucratic procedures like housing services, employment centre, Social Security, tax authorities, etc.;*
b) *Indicators to better define the limits of intervention of each existing service on the network of services addressing GBV in Catalonia;*
c) *Circuits which improve the employability of women assisted in order to promote their autonomy;*

*2.* ***It should answer to the service users' needs and suggestions regarding the process of assistance****, either through protocols or direct measures, such as*:

a) *mentoring activities;*
b) *greater involvement of men perpetrators of GBV;*

*c) greater dissemination of services*

*d) creation of support groups for women survivors of GBV*

*3. I**t should address the working conditions of first line professionals** in terms of:*

*a) Time available for direct care to users*

*b) Regular mental health self-care practices*

*c) Internal team strengthening work*

*d) Means and training necessary to provide care to users telematically*

# Bibliography


- **Bermúdez, M.P., & Meléndez-Domínguez, M. (2020).** Epidemiological analysis of gender violence in the European Union. Anales de Psicología, 36(3), 380-385. Epub 21 de diciembre de 2020. https://dx.doi.org/10.6018/analesps.36.3.428611

- **Cardín, M. S. (2020).** La crisis del COVID-19 y sus impactos en la igualdad de género. ARI, 33, 1- 8. Real Instituto Elcano

- **Emakunde (2020)** La igualdad en época de pandemia. El impacto de la Covid-19-19 desde la perspectiva de género. EDE Fundaizoa

- **European Institute for Gender Equality (2020)**, The Covid-19 pandemic and intimate partner violence against women in the EU, retrieved from: https://eige.europa.eu/sites/default/files/documents/20210224_mhna30566enn_pdf.pdf;

- **López, E.; Rubio, D. (2020)** Reflexiones sobre la violencia intrafamiliar y violencia de género durante emergencia por Covid-19. CienciAmérica;

- **Lorente Acosta, M. (2020)**. Violencia de género en tiempos de pandemia y confinamiento. Revista Española de Medicina Legal, 46(3), 139-145

- **Lorente, M. & Lorente-Martínez, M. & Lorente-Martínez, M. (2021).** Impacto de la pandemia por Covid-19 y el confinamiento en los homicidios por violencia de género en España. Revista Española de Medicina Legal. 10.1016/j.reml.2021.08.001.

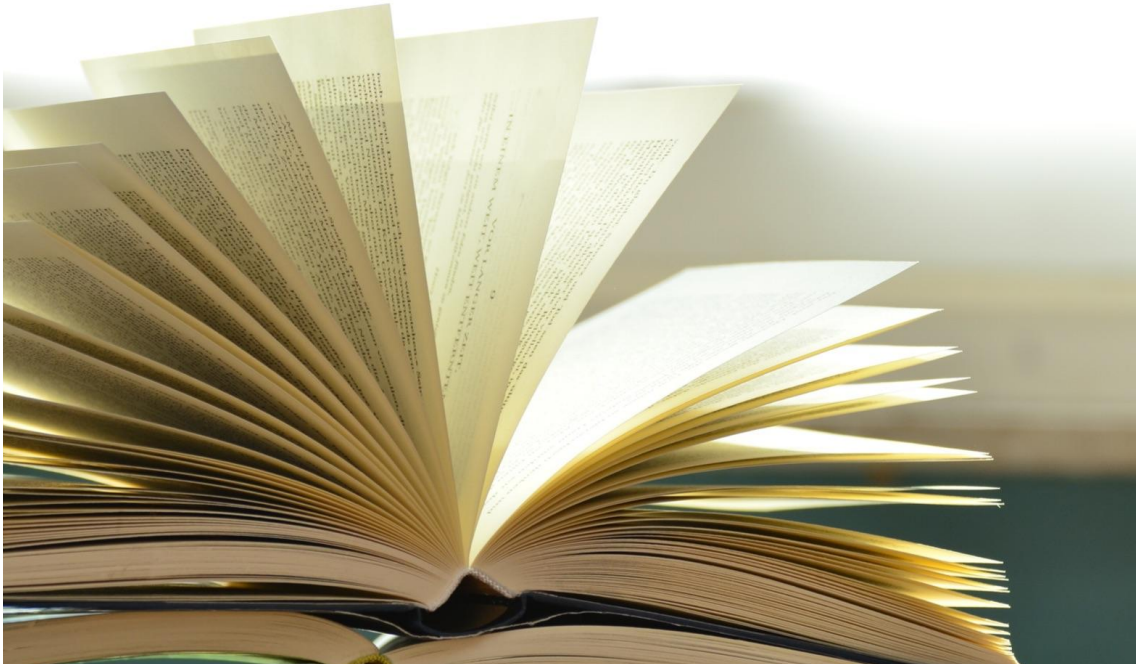
- **ONU (2020).** El Covid-19 golpea tres veces a las mujeres: por la salud, por la violencia doméstica y por cuidar de los otros, 27 de marzo. Recovered from: https://news.un.org/es/ story/2020/03/1471872

› **Oxfam (2021)**, The Ignored Pandemic The Dual Crises of Gender-Based Violence and COVID-19, Retrieved from https://oxfamilibrary.openrepository.com/bitstream/handle/10546/621309/bp-ignored-pandemic-251121-en.pdf

› **Perez, S. M., Carreras, E., Gibbons, M. A., Murphy, T. E., & Rossi, M. A. (2020).** Los confinamientos de la Covid-19 y la violencia doméstica

› **Ruiz Cantero, M. T. (2021).** Las estadísticas sanitarias y la invisibilidad por sexo y de género durante la epidemia de Covid-19-19. Gaceta Sanitaria, 35(1), 95-98. Epub 22 de noviembre de 2021.https://dx.doi.org/10.1016/j.gaceta.2020.04.008

› **Salido Cortés, O. (2021)** Los efectos de la pandemia sobre la igualdad de género: algunos análisis sobre el mercado de trabajo español. Panorama Social (33). pp. 75-93. ISSN 1699-6852



# Belgium

# BELGIUM

## 1. Introduction

Since 2001, Belgium has pursued its policy to combat gender-based violence by means of a national action plan (NAP). Coordinated by the Institute for the Equality of Women and Men, the NAP strives for a coherent and coordinated approach to GBV, and relies on the close cooperation between the federal government, the communities and the regions to convert this plan into 235 new measures to combat gender-based violence [1]. The plan also addresses GBV in asylum and migration contexts, particularly in emergency shelters.

Furthermore, there are a number of care centers across the country for victims of sexual violence. They provide multidisciplinary care to victims and are open 24/7. This multidisciplinary care is divided into:

- Medical care
- Forensic investigation
- Filing a complaint
- Psychological care
- After care

Acute care is provided to victims of sexual violence in order to gather forensic evidence against the exploiter and guide them through rehabilitation. Victims should contact the center within 72 hours of the abuse occurring.

## 2. Impact of COVID-19 on GBV[19] in Belgium

Several studies analysed the impact of the pandemic on GBV in Belgium. The Archive of Public Health published the report **"Domestic violence during the COVID-19 confinement: do victims feel more socially isolated?".** This research shows that lockdown measures cause stress socially, economically, and mentally, which can then trigger domestic violence. In addition, isolation tends to block help-seeking behavior. The study's results show an increase in the number of reported domestic violence cases from 2020 to 2021. Furthermore, there was also an increase in negative effects such as weak social support and emotional loneliness. The study concluded that there was an association between domestic violence and social isolation. Domestic violence ranges from physical to psychological, and while physical violence is usually easier to identify, psychological violence is more common and harder to detect. Additionally, the study warns about the difficulty of gathering national domestic violence statistics due to discrepancies in definitions and methodologies. It is therefore necessary to address this issue in order to better assess GBV victims' needs.

Secondly there is the **"Intimate Partner Violence and Mental Health during Lockdown of the COVID-19 Pandemic"** study which states that the pandemic reinforced control violence already present in households. It was believed that confinement led to tension, which led to increased conflict. The increased risk of violence was also caused by economic insecurity and other stress factors caused by Covid-19. During the pandemic, domestic violence helplines in Belgium received an increase of 70% in calls. The number of calls to one of those helplines, Ligne Écoute violences conjugales, tripled during the lockdown. There was also an increase in requests for shelters (e.g., Center de prévention des violences conjugales et familiales). Despite recent declines, requests remain higher than pre-covid. In addition, reports indicate an increase in intolerance of uncertainty.

[19] For further and more general information see https://www.frontiersin.org/articles/10.3389/fgwh.2020.00004/full and https://biblio.ugent.be/publication/8665202/file/8676183.pdf

As a member of the **Council of Europe**, Belgium collaborated in the promotion and protection of women's rights at national level in order to mitigate the impact of the pandemic. For this purpose the governments have created the Taskforce “Women and domestic violence” to address the increasing cases during covid-19 times. In addition, there was also the development of a social urgency task force that monitors and analyses situations of vulnerable persons. As a result, leave policies were established as well as flexible work environments promoted to ensure a work-life balance. Meanwhile, online healthcare services grew rapidly, and the age range for psychological aid expanded to those under 18 and over 65.

Belgium is also part of the **Istanbul Convention** within the Council of Europe. The convention’s GREVIO evaluation report points out the strength and shortcomings of each country in regards to their actions toward reducing gender violence. The report highlights, inter alia, the scope of Belgian policies, which address not only intimate partner violence towards women, but also other forms of GBV, such as forced marriages. Belgium also implements measures to educate people about gender equality, as a prevention measure. On the other hand, the biggest flaw indicated was the lack of gender perspective, which points out the link between gender discrimination and gender-based violence.

In order to respond to the lack of in-person support the Belgian government increased funding for hotlines. Despite being an important measure, it shows that women without access to technology, particularly those who live in poverty, are at a disadvantage. Furthermore, as a result of the increased demand for shelter during the pandemic, the government used vacant hotels and dormitories as additional housing for GBV survivors. For paid workers, the government incorporated special parental leave with paid benefits during the pandemic. The government also provided tax benefits to self-employed individuals. Belgian parental leave was available to both parents in pre-covid times, and continued during the pandemic as well.

## 2.1 Impact of COVID-19 on mental health

In Belgium, a number of mental health consequences have been associated with covid-19, such as anxiety disorders and depression, the 2022 UN Women report "Government responses to Covid 19: Lessons on gender equality for a world in turmoil" found . People between the ages of 18 and 29 are especially affected, presenting lower life satisfaction and a higher rate of suicidal thoughts. It was more difficult to get in touch with health professionals during the pandemic, causing care to be delayed to a great extent. There was an estimated cancellation or postponement of between 25% and 90% of appointments during the first lockdown. Financial issues were one of the main reasons. A reduction in in-home care was also observed. Lastly, people reported less social support throughout the pandemic.

According to the study "The impact of Covid-19 on Belgian mental health care: A Delphi study among psychosocial health professionals, patients, and informal caretakers," many non-covid-related issues went unaddressed because healthcare professionals were focusing on Covid-related issues, and patients consulted their doctors less often. In addition, surveys with healthcare professionals indicate that the increase in social inequalities during the pandemic may have contributed to the development of long-term psychosocial disorders. Women and especially minorities are often frontline workers, according to research. Combined with the fact that they use public transportation more often and are responsible for chores such as grocery shopping, which require more social interaction, it is not surprising that they are more affected by covid. Furthermore, the pressure to stay safe and the concern about contamination all contribute to a mental strain that negatively affects people. The survey also revealed a lack of focus on psychosocial health.

## 2.2 Impact of COVID-19 on childhood and adolescence

According to a study conducted by the **Child Focus Foundation** during the first year of the covid-19 pandemic, the number of referrals for online grooming tripled. Compared to the previous year, there was a 118% increase in the number of cases of sextortion of minors and a significant increase in the number of referrals for cases of depression, suicidal thoughts and anxiety.

Another information source comes from the chat **Nupraatikerover.be**, aimed at minor victims of abuse and sexual violence. According to the data collected, monthly online chat calls increased by 50% during the first nine months of the pandemic. Additionally, symptoms such as rumination, eating disorders, and self-mutilation were on the rise.

In order to complement the information provided by academic research and quantitative data, two interviews with professionals in the BVG field were conducted. In 2020 **Payoke**, a specialized reception center for victims of human trafficking, received 122 referrals of potential victims of loverboy trafficking. Only 49 referrals were followed by an assessment. And only 4 clients received a positive assessment and were recognized as victims of trafficking. In comparison to previous years, the number of referrals during the pandemic stayed relatively the same. The reason for the lower number of positive assessments is that COVID limited the opportunities for individual conversations with clients and counselors. In addition, when it comes to minors, victims often found themselves in shelter houses or other facilities which were closed to external visitors during the pandemic. This made it challenging to conduct individual assessments and follow-ups with clients. As a result, the social work team was temporarily restricted during the first months of the pandemic, which resulted in a growing waiting list.

After a year, social workers were allowed to conduct individual assessments at shelter houses and youth organizations. Some social workers were anxious about catching COVID, resulting in fewer assessments and a greater workload for internal staff. When an infection was detected in communal facilities, many clients were confined to their shelter houses. These lockdowns put a lot of pressure on ingroup relationships and isolated individuals, who in turn sought connections online.

In addition, schooling became less formal. With education shifting to online training, many clients lost focus during online courses. This resulted in a decline in academic performance. Lockdowns also resulted in social isolation. To keep in contact with friends and other individuals, clients started building online relationships. It exacerbated the issue of online sextortion, which social workers linked to the false sense of security online networks engendered because people could be exploited anonymously and virtually.

In addition, an interview with Kwadraat, an Antwerp-based organization that provides training about sexual resilience for minors, revealed that the number of referrals for sexual resilience training has increased significantly since 2020. Minors reported cases of digital extortion that included, for example, providing sexual services through online platforms such as Snapchat and webcams. Social media became more popular among clients as a way to remain social and as a means of generating income. The internet created a false sense of safety, resulting in more cases of digital sextortion. There was a lack of awareness of the dangers and consequences of sexting and online sexual services among many clients. After Covid, many clients still experience anxiety and struggle to regain social skills. The internet has become an integral part of life for minors today as well. That is why the current focus is not only on helping those already exploited, but also on promoting prevention.

## 2.3 Impact of COVID-19 on crime patterns

The paper "**Patterns of crime during the COVID-19 pandemic in Belgium**" (Hardyns et al., 2021) focuses on domestic violence during the pandemic and compares data from various sources such as police statistics, victim helplines, and their own empirical research. This study found that domestic violence reports to the police remained relatively unchanged from the year before the pandemic. In spite of this, the study emphasizes that the data may not be completely representative since many cases are not reported. Self-report surveys consistently show higher rates of domestic violence than data from criminal justice systems. Domestic violence victims often face barriers to disclosure, such as self-blame, fear of the consequences, and lack of knowledge

about available services. Through anonymous self-report surveys, victims are able to overcome these barriers. In April 2020, the 1712 helpline, which provides support to victims of violence and abuse, reported a more than doubled number of calls compared to a year earlier. The majority of calls were related to child abuse.

### 2.4 Impact of COVID-19 on refugees and migrants

The **ApartTogether** survey gives a preliminary overview of refugees and migrants self-reported impact of COVID-19. As part of the study, refugees and migrants were asked if psychological problems had increased due to COVID19. A large proportion of participants reported perceived worsening mental health. They reported feeling more depressed, worried, anxious, lonely, angry, stressed, irritated, hopeless, having more sleep problems, and using more drugs and alcohol.

## 3. Conclusions

GVB can be identified and stopped by finding ways to reintegrate isolated people into society, and creating bonds of trust to help victims reach out to aid centers.

There are several examples of good practices that could be implemented, such as promoting regular medical check-ups. This can be helpful in identifying signs of GBV. Furthermore, mental health and support should be prioritized, especially for those with stress related to the pandemic. All efforts should be directed at raising awareness about sexual resilience and the dangers of online sextortion among minors, and studying the possibility of creating protocols on digital services to apply in circumstances of social distance.

# Bibliography


- Stop Violence, National Action Plan to combat all forms of GBV, https://igvm-iefh.belgium.be/sites/default/files/88_-_stop_violence._nap_2015-2019.pdf
- https://archpublichealth.biomedcentral.com/articles/10.1186/s13690-021-00765-3
- https://www.proquest.com/docview/2637647388?https://www.proquest.com/coronavirus/advanced&pq-origsite=summon
- https://www.coe.int/en/web/genderequality/promoting-and-protecting-women-s-rights#%7B%2263001324%22:%5B5
- https://www.healthybelgium.be/en/health-status/factsheets/covid-19-impact
- Hardyns, Wim, et al. "Patterns of Crime during the COVID-19 Pandemic in Belgium." *SocArXiv*, 2021, doi:10.31235/osf.io/r34x8. Available at http://hdl.handle.net/1854/LU-8714652
- https://apps.who.int/iris/handle/10665/337931

# Greece

# Greece

## 1. Introduction

Almost from the beginning of the Covid-19 crisis, international and non governmental organizations,[20] as well as feminist collectivities (European Network of Migrant Women, European Women's Lobby, WAVE, Cross Border Feminists, et al),[21] stressed the gendered dimension of the pandemic's interconnected consequences in regard to health (and limited access to medical services due to multiple factors), paid and non-paid (informal/domestic) care, financial (especially for those working at informal sectors), but mainly gendered and domestic violence (Vougiouka, Liapi 2020). After two years of living under crisis, it is an undisputable fact that the gender-based violence (from now on GBV) against women and girls increased during the COVID-19 pandemic lockdowns and after them, both in the European Union and the member states, starting even from the first weeks of the restrictions imposed in March 2020.[22]

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[20] See for example, UN WOMEN, (2020). *COVID-19 and Ending Violence Against Women and Girls*, available at: https://www.unwomen.org/en/digital-library/publications/2020/04/issue-brief-covid-19-and-ending-violence-against-women-and-girls and *From Insights to Action: Gender Equality in the wake of COVID-19*, available at: https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2020/Gender-equality-in-the-wake-of-COVID-19-en.pdf and WHO, (2020). *COVID-19 and violence against women. What the health sector/system can do*, available at https://gbvguidelines.org/en/documents/covid-19-and-violence-against-women-what-the-health-sector-system-can-do/ ; EIGE https://eige.europa.eu/topics/health/covid-19-and-gender-equality;

[21] See indicatively, Statement of Feminists and Women's Rights Organizations from the Global South and marginalized communities in the Global North (2020). *Call for a Feminist COVID-19 Policy*, available at: http://feministallianceforrights.org/blog/2020/03/20/action-call-for-a-feminist-covid-19-policy/; European Women's Lobby, Women must not pay the price for COVID-19! available at: https://womenlobby.org/IMG/pdf/ewl_policy_brief_on_covid-19_impact_on_women_and_girls-2.pdf; Cross Border Feminists (2020). *Cross-Border Feminist Manifesto Emerging from the Pandemic Together*, available at: https://spectrejournal.com/cross-border-feminist-manifesto/

[22] EIGE https://eige.europa.eu/publications/covid-19-pandemic-and-intimate-partner-violence-against-women-eu

Many surveys confirm this alarming increase in domestic violence, as well as physical and psychological abuse, explaining further that cyber GBV against women and children, and especially girls, has been radically intensified, because of the more frequent use of the internet during the lockdowns and the mobility restrictions measures.[23] More specifically, according to the *Eurobarometer Flash Survey* conducted during the first trimester of 2022 (25/1-3/2/2022),[24] 3 in 4 women (77%) in the EU believe that the pandemic has lead to more physical and psychological violence against them in their country, with Greece representing the bigger percentage (93%) among the 27 member states. Across countries, a sizeable group of women referred that know women in their circle of friends and family who have experienced online harassment/cyber violence, street harassment (both 16%), domestic violence or abuse, economic violence (both 14%), and harassment at work (11%). Again, the percentage in Greece is quite high, rising to 25%.

Concerning the services available for the support of GBV survivors and their children during the pandemic, *European Institute for Gender Equality* conducted a research from March to September 2020 (all 27 member states included) focusing, among others, on the challenges the service providers confronted due to the introduction of the first counter-pandemic measures (i.e. mobility restrictions, social distancing, need for masks, self-isolation rules, closure of services).[25] The continuity of service delivery was referred as one of the main challenges, since, for example, in some countries (Greece included) the women's shelters should reduce their capacity in comparison to the usual so as to secure a ''covid-safe'' condition. Furthermore, multiple changes at the juridical and medical system due to covid measures also affected the service

[23] European Parliament (November 2020), *On the Gender Perspective in the COVID-19 Crisis and Post-Crisis Period*, available at: https://www.europarl.europa.eu/doceo/document/A-9-2020-0229_EN.html

[24] European Parliament (March 2022), Eurobarometer Flash Survey, *Women in Times of Covid-19*, available at: https://europa.eu/eurobarometer/surveys/detail/2712,

[25] European Parliament, *Covid-19: Stopping the Rise in Domestic Violence During Lockdown*, April 2020, available at:https://www.europarl.europa.eu/news/en/press-room/20200406IPR76610/covid-19-stopping-the-rise-in-domestic-violence-during-lockdown

delivery. At the same time, the need for remote work posed many concerns about the survivors' confidentiality and personal data, difficulties to the providers in accurately identifying and assessing risk and determining protective measures for survivors, but also difficulties to the survivors, since not all of them had access to the necessary technology for accessing remote services, or the skills to use them, or these technologies may have been under the perpetrator's control. Last, but not least, the surge of GBV survivors requesting support was combined with a staff reduction as a consequence of the pandemic (permanent leave for childcare, quarantining, falling ill, etc.), a fact that enhanced the strain the service providers have already been facing from the start of the lockdown. The service providers found it extremely difficult to be supported in remote working or to maintain work-life boundaries, especially when the surge of GBV incidents demanded increased working hours. The lack or delay of additional funding could not have done other but exacerbate the aforementioned challenges.

## 2. Covid-19 and GBV in Greece

### 1.1 Increase of requests by GBV survivors in numbers: the first period

According to reports published by the General Secretariat for Demography and Family Policy and Gender Equality (DFPGE), the main structure of the National Mechanism for preventing and tackling all forms of GBV,[26] already from the beginning of the first lockdown in March 2020 an important increase was noticed in requests made for the information and support of GBV survivors. The statistics presented below concern the period March – April 2020 and are drawn from the 62 national structures (i.e. 43 counseling centers and 19 shelters for 2022) and the 24/7 SOS Helpline 15900, that DFPGE has under its supervision.

[26] See the complete reports and an analytic presentation of the structure of the National Mechanism against GBV at https://isotita.gr/wp-content/uploads/2021/04/First-Report-on-Violence-Against-Women_GSFPGE.pdf

During the reporting period, the **Counseling Centers** of the Network serviced 549 unique cases. More particular, in March 246 women were serviced, while in April the number increased to 303, that is an increase of 23,2%. The main source of information about the network's structures was Helpline 15900 (39% in April), while a 17% was informed by another source. At this point, it should be recognized the value of word-of-mouth dissemination of information on specialised available services. Indicatively, for both March and April, almost 17% of women who received specialised support services from the Counselling Centres throughout Greece, reported that they were informed about the existing structures by their friendly network. Regarding the locations across Greece, for April 2020, 55% of women received support at the Counselling Centres of big cities (i.e. Athens, Piraeus, Patras, Thessaloniki and Alexandroupoli), almost 17% of the cases were reported in Crete, Kos, Corfu, Chios and Mytilene, while 28% in other Counselling Centres of the Network.

It is worth noticing that for both months the main type of GBV was domestic violence, that is almost 84% of the cases reported, receiving mainly psychological support (28%) and legal support (26%). In almost half of these cases the perpetrator was the husband (current and/or ex), presenting a percentage of 56% for March and of 51% for April.[27] The aforementioned data confirm the now common acknowledgement that, as the G.S.F.P.G.E. puts it, "home quarantine and movement restrictions aimed at minimizing the spread of the coronavirus, resulted in domestic violence being more frequent, more serious, and more dangerous for women and their children. Many women found themselves in a dangerous situation, with the pandemic being a perfect storm for controlling them and increasing isolation with violent husbands/partners, behind closed doors, separating them from the people and resources that can best help them. The COVID-19 pandemic highlights gender inequality in all its forms, with serious consequences in women's health, their rights, and freedoms worldwide".[28]

The rise of GBV during the first lockdown in Greece is also confirmed by the calls the **Helpline 1500** received during March – April 2020. In particular, during March 394 calls were reported, 325 of them concerning GBV incidents, and 69 information about GBV. The increase in numbers during April was quite big, since the percentage of calls made for GBV incidents rase to 227,4% and those concerning information to 142%. It should be mentioned that during March 85% of the beneficiaries, or third persons, called for the first time to the Helpline, while for April the percentage reached 91%. The majority of the calls were made from persons residing in Attica Periphery (42% for March and 45% for April), 9% from Central Macedonia and 4% from Crete. Meanwhile, most of the calls were received from people speaking Greek (almost 76% of Greek citizenship), a high percentage that explains the fact that during the reporting period 78% of the Counseling Center's beneficiaries were also Greek. As it will be shown at the next sections, one of the main gaps in managing GBV during the Covid-19 pandemic (but also before and after that) is that the refugee women have limited access

[27] For more details about data such as age, education level, employment status of the survivors, see the above bimonthly report, p. 6.
[28] See the above bimonthly report, p. 1.

to the National Network's Structures in comparison to natives, mainly due to the lack of easily available interpretation.

Comparing the data of the Helpline 1590 between 2019 and 2020, there has been an increase of 51% in calls, a fact that is also connected with the pandemic and the restricted measures imposed. However, as it has been noticed (Diotima, All Safe), the above increase reflects a part only of the women that suffered GBV, since many of them chose not to call the Helpline, but to ask help from some NGO, the police, or a private psychologist or/and lawyer. We should also consider the large number of women that remained silent under the fear to take action while living in such a precarious condition, as well as those that did not have the opportunity to call the Helpline because of their confinement in the same house with the perpetrator. Or even, for many women the time needed to call the Helpline is not available, since the danger to be caught by the perpetrator is quite increased, especially in quarantine conditions.

### 1.2 Specialized services for GBV survivors and challenges

In this section, the challenges of the GBV services during the pandemic are presented, as they emerged from 2 interviews that were conducted with public services (1 Counseling Center in Athens and 1 Shelter in Thessaloniki), 3 questionnaires completed and sent by email by the specialized staff of 2 NGOs in Athens (1 women's shelter and 1 GBV case management service), as well as the accumulated experience of Diotima of managing GBV cases before, during and after the pandemic. It should be noted that electronic questionnaires were sent to more than 15 public and private services, but did not receive any answer, even after sending "kind reminders". Furthermore, concerning the public services, the bureaucratic procedures has been an obstacle, since we are still waiting for some more public services (i.e. Counselling Centers in Athens and Thessaloniki) to receive the permission by their headquarters so as to participate in interviewing.
The challenges are presented below by answering the questions of the *Template for Desk Research and Needs Analysis*.

## 1) What are the services for GBV survivors and their children available in your region or local context?

The answers concern Athens and Thessaloniki

- Psychosocial support
- Legal support and representation
- Empowerment groups
- Mental health: psychotherapy, psychiatric support and advice, psychological therapy
- Body health: access to medical services and daily hygiene
- Social rehabilitation: access to public services and social inclusion
- Personal development: personal objectives, relationship management, mother consultation, job orientation, help for searching and finding job
- Education (for example language lessons)
- Second phase shelter
- Safe shelter (long and short term)
- Referrals for covering other needs of the survivors (livelihoods, medical services)
- Referrals for covering children's needs (for example school education, psychological support)

**2) What obstacles and challenges have been observed in service delivery during the pandemic/lockdown? Which challenges could be addressed, which couldn't?**

- Many difficulties, sometimes almost impossible to refer women to other services (public and private medical services, counselling centers, Asylum Service, courts, et al), because many were closed or non available due to general restrictions, especially during the first months of the pandemic. This posed also difficulties in informing the beneficiaries about other services, as well as networking with them, and slowed down the implementation of the intervention plans. Furthermore, many services suspended their function for some period due to the increase of the attacks by extremely right groups against refugee population, as well as NGO and solidarity groups.
- For a long period, the public safe shelters did not receive new referrals. However, there was no official statement about this, but the staff only informed the actors that there was no availability.
- Mobility under conditions create many difficulties in case management, mainly during the 1st lockdown. For example, the mobility restrictions made many survivors hesitant in going to the police station to report a GBV incident. Or created problems to the survivors in moving to another area of Greece in order to enter a public safe shelter. Thus, it should be mentioned as an important omission of the state not to add to the list of the 6 reasons excusing the mobility that of the need to transport to the police station.
- Difficulties in using face masks, especially when a survivor did not speak very well the Greek language. Professionals could not have access to the face gestures of the survivor, or should speak in higher tones. Or, not comfortable to wear a mask for a woman that cries and feels distress.
- Telephone communications:
    - ✔ Difficulties in some cases because the beneficiary had no private space to talk, or she was residing with the perpetrator.
    - ✔ Difficulties due to bad internet signal.

- ✔ Difficulties in building trust with the beneficiaries, because the voice as a single tool of communication meant that more time was needed for them to feel safe.
- ✔ No complete picture of the beneficiary, the professionals could not get as many information as they could if an in person session was conducted.
- ✔ Some women did have no access to Wi-Fi, or did not possess mobile phone.
- ✔ In some cases, concerns emerged about confidentiality and privacy issues during the phone call.
- ✔ Larger danger for the beneficiaries to face new security risks.

- Incomplete support by public actors, since there was lack of preparation and provision for all population groups. Many people were left with no safety net.
- The information campaign about the SOS Helpline 15900 and the awareness letter of the DFPGE towards the Police was designed and published with great delay (10/4/2020).

<u>Difficulties that were present before the pandemic, but were intensified during it, mainly in servicing refugee population:</u>

- High number of accommodation requests mainly by people being homeless or living under precarious accommodation conditions. Due to the big number of requests, there was great difficulty in timely finding an accommodation solution.
- The public shelters could not easily accommodate refugee population due to lack of interpretation.
- Difficulties in accessing medical services and police stations due to lack of interpretation. The refugees could not be serviced without an actor's mediation.
- There were cases that public hospitals denied to procced to pregnancy interruption, even for women that were raped.
- Difficulties in sheltering due to non-available beds at the public shelters.

- Difficulties in accessing the Asylum Service, since in many cases people could not manage to get registered, or had other problems with the procedure for applying for asylum.
- Many people could not receive the economic allowance.
- The National Mechanism cannot cover the cost needed for a survivor to be transferred to another area of Greece in order to be sheltered. Or, if it does the bureaucracy is too time-consuming.

Address challenges:

- Many of the above challenges could not be addressed (except taking advocacy initiatives), since concern mainly systemic gaps. So apart the necessary support of the beneficiaries (i.e. escort to mental services), not many things was possible to be done.
- Concerning the safety both of the working staff and the beneficiaries against the pandemic, all the necessary measures were taken and adaptions made. So, apart from the change to remote working with shifts and case management, the beneficiaries were informed about changes in the way of function of the service and their protection form covid.
- New equipment was bought (mobile phones, lap-tops with camera). However, in public services, the staff had to use their private mobile phones and lap-tops.
- Emergency accommodation: Counselling Centers had in their disposal the opportunity to accommodate the survivors for a short period in a hotel, until the necessary exams were completed in order to get to a public safe shelter.
- Interpretation: collaboration of the national network against GBV with an NGO offering interpretation.
- Some procedures were simplified. When there are in person appointment, some survivors may not be able to go. When the sessions were being done remotely, the survivors were more punctual (no need to be transported or find someone to take care of the children).

**3) What new modalities of service delivery have been activated (for example online/offline delivery)?**

- Remote working in shifts
- Use of masks (staff and beneficiaries)
- Internet communication (for staff meetings, lessons, GBV sessions, etc.). However, public services could not make use of internet applications (such as viber and whats app), that in general facilitate the refugee population, since usually interpretation is needed.
- The staff made daily covid test to the beneficiaries
- More space for activities
- More tentative follow up of the cases supported
- Escorts to services when needed

**4) Did service providers identify new risks for beneficiaries emerged with the pandemic?**

- When someone was infected by covid, a great effort should be made so as not to spread to the rest of the residents of the shelters.
- Difficulties in accessing the vaccination services and the public health services without social security number (AMKA)
- Not everyone had an appointment to the Asylum Service. This made the survivors more vulnerable, mainly in the legal aspect.
- Restrictions in getting out of the house and the long stay with the perpetrator multiplied the danger to survive new incidents.
- Difficulties in finding available time and place so as to freely and safely talk.
- Many women reported rape and sexual exploitation incidents in order to ensure a permanent accommodation during the pandemic.
- Disputes among couples about the anti-covid vaccination. Or, many survivors did not agree to have their children vaccinated.
- Intensification of stress of the survivors due to restriction measures.

5) **Did service providers observe any change in prevalence and types of GBV?**

The lockdowns as a transit period made it difficult to take the decision to leave the abusive environment and move on (i.e. finding a job, an apartment, childcaring). The public shelters had less referrals from the counselling shelters during the lockdowns.

However:

- Increase of domestic violence cases
- Increase of sexual abuse
- Increase of emergency cases
- Increase of homelessness and difficulty in covering basic needs.

6) **Did the pandemic impact the collaboration between services?**

According to the aforementioned data, the pandemic brought difficulties in the collaboration between services.

### 1.3 The case of a GBV survivor (Thessaloniki)

1) **Did the pandemic/lockdowns have an impact on your personal life?**

It had a bad impact since most organizations were closed and the asylum procedures slowed down.

2) **If yes, in what way? For instance, on your living arrangement, family situation, financial situation, mental wellbeing, physical health, future perspective, education, mood, social life, etc.**

I was worrying about my family condition and was not able to go outside home because of the restriction rules. At the same time, she was living in an Estia apartment with other women with whom she had no communication language. She was stack in the house and without being able to communicate with no one.

3) **If you have faced new challenges during the past years, like the ones described above, do you feel you need help coping?**

I was very disappointed because even language lessons were closed. I could do no activity at all and could not meet the social worker of the apartment. All appointments were closed. I could not the medical support I needed. There were available appointments, but no interpretation. Also I could not be socially supported by some other NGO, because I was supposed to have the apartments social worker.

4) **Do you know what services exist and where you can reach them to get help? For example, support with accommodation, safe shelter, support finding a job, help with school and vocational training, legal aid, psychological therapy, childcare, medical aid, etc.**

I have enough information, but the problem was that they do not support me (i.e. the social worker of the apartment). I have working abilities, but no one accepted me. I did everything by myself, even learning languages. When I got refugee status, the apartment NGO cut my money and gave me only 1 month time to leave. I am without money 6 months now. I also booked myself through email the appointment for giving fingerprints to get travel documents.

5) **Are you currently being provided with social services?**

I have no social support right now. I live in some friends' house, but they are living soon, and I do not know what to do. I still have no money.

6) **Did you access these services before, during or after the pandemic/lockdowns?**

At the beginning I was serviced by Diotima in Thessaloniki. I had been living for one year and a half to apartments (Estia program). After Thessaloniki, I was transferred in Ioannina, from one apartment to another. I returned in Thessaloniki 9 months ago.

7) **Did you consider these services difficult or easy to access?**

First of all, they did not book me any appointments. So, I went to their offices but they told me that there was no interpretation. We remain for 4

days without electricity in the apartment. There were problems with the lock in the house and I lost many of my personal things. I did not receive the attention I needed and expected as a single and sick woman and as a GBV survivor.

8) **Did you experience different forms of service provision (online, offline) because of covid and how did this impact the quality of the service being provided?**

I tried to keep connection with friends and people I know through internet, but this was not enough. Internet replaced communication for everything. I had paid interpretation service, since no other service supported me, and I did everything by myself.

9) **Are you receiving legal aid?**

I faced GBV violence and still have an open file in court. I am being supported by Diotima. About asylum issues I was supposed to get help from the accommodation actor. But I received no actual support.

10) **If so, what is your experience with this service and what would you change if you could improve it?**

I need more attention about my medical problems. Even though I know what is the medication I need, they told me "you are fine". I needed more attention about my asylum case. I felt alone. Now I am thinking of leaving Greece in order to find better support in another country. For example, my date of interview was for 2023. I asked the accommodation social worker and lawyer to help me to do it earlier, since I was a GBV vulnerable case and had the documentations. They told me that nothing could be done. So, I did it myself. I gave my asylum interview earlier, but in Athens. And took the decision earlier than 2023. When I found out I am alone, I tried to be independent. I did know the language and it was difficult to manage. But I did it. The NGOs chose the person they support depending on whether they like him/her. Also, when I tried to do things by myself, I faced other problems. For example, I had to be transported many times to Athens. When I returned back the organization staff had thrown my

things away, locked my and called the police. They said I tried to leave Greece illegally. Finally, with the help of Diotima, I made it to prove them that I was in Athens and Thessaloniki about court, but for 2 days I slept outside. Diotima helped me to find another apartment.

11) **How is your current relationship with the service providers who help you (psycho-social counsellors, social workers, etc)? Did this change throughout the pandemic?**

Answered above.

12) **Thinking about the support you received, is there anything you would change? In what way?**

One important thing is medical support and interpretation for medical appointments.

Also, they usually put many single people in the same apartment. It is important to understand each other, to speak the same language, because a lot misunderstanding and fighting happen. Also, support after taking the asylum decision, support for integration (language lessons and finding a job). They should not cut everything immediately after receiving the decision, but give time to people to manage their life. Many people want to take travel documents. Helios accommodation program (for recognized refugees) does not give you money for the first 2 months. So, you need to have money to rent the house, money that you do not have.

## 3. Needs analysis

*Describe the existing needs and gaps in caring for GBV survivors and their children that can be addressed through a Protocol and training*.

As it has already been described, many gaps and challenges emerged during the pandemic and the support of GBV survivors, as well as their children, mainly concerning the non-systematic national's system response.

A **Protocol** could address:

- In case of another lockdown, describe the ways the police should be mobilized in order to facilitate the transportation of a survivor so as to cover her needs (transportation to another city, to specialized staff, to the police station, etc.).
- Describing steps needed to be taken so as to facilitate the access to public health services for GBV survivors and their children by giving priority to appointments and systematically offering free of charge interpretation for refugee population.
- Describing ways of facilitating the vaccination of refugee population, especially of those that have no social security number.
- Describe the exact conditions under which a survivor should be transferred, if she wishes, to a city outside the one she currently resides in order to be safely sheltered (for example travelling cost).
- Continuation of the good practice of the Emergency accommodation service that the National Mechanism against GBV introduced during the 1st lockdown.
- Offer free covid tests to the general population.

A **Training** could address:

- The lack of knowledge of the staff working in public medical about GBV issues and the survivors' special needs (included Female Genital Mutilation).
- The gaps in information and awareness about GBV issues of police staff.
- The gaps in information and awareness about GBV issues of the professionals working in public schools (teachers, psychologists, social workers).

# Italy

# Italy

## 1. Introduction: Gender Based Violence in Italy

The first GREVIO Expert Report on Italy, which describes the status of **implementation of the Istanbul Convention in Italy and offers recommendations** for its full implementation, was published on January 13, 2020[29]. The results of the monitoring carried out and GREVIO's recommendations to Italy presented in the Report (currently available only in English) are summarized in a Council of Europe press release in Italian.

Despite a number of positive measures and a succession of legislative reforms, mayor concerns raised in the Report are:

- the lack of co-ordinated multiagency response to Violence Against Women (from now WAV);
- the uneven spread of specialized support services throughout the country;
- the widespread secondary victimization of women victims of violence;
- the shortcomings on the determination of custody and visitation rights;
- the emerging signs of a tendency to reinterpret and refocus gender-equality policies in terms of family and motherhood policies.

We find it interesting to devote a few more lines to this last point. Italy relies on the so-called Mediterranean or Southern European welfare model. The latter model entrusts the family and parental networks with primary responsibility for protection. The state, for its part, intervenes only

[29] https://rm.coe.int/grevio-report-italy-first-baseline-evaluation/168099724e

in residual ways; the family plays the role of social shock absorber. The model is especially widespread in Italy, Greece, Spain, and Portugal.

These differences in Welfare lead to different social spending and consequently different social implications and dissimilar aid even in the sphere of "domestic employers." Mediterranean Welfare, present in our country, does not incentivize care-related services, but intervenes with financial instruments (pensions, disability pensions, accompaniment) leaving the family to manage the mode of care. This has consequences with regard to survivors who often, as will be explained in more detail below, lack a family network.

## 1.1 Gender inequality as consequences and cause

The Report expresses concerns for the resistance which the cause of gender equality is facing in Italy and its repercussions for women's rights and related issues. Stressing that VAW is a consequence as much as it is a cause of gender inequality, the Report notes with concern that Italy ranks 70th in the 2018 Global Gender Gap Index of the World Economic Forum, and it has achieved a score of 63 out of 100 according to EIGE's Gender Equality Index for 2019 compared to the EU average of 67,4.

It was decided to give special emphasis in this report to the economic rights and socioeconomic empowerment of women because it seems to be the common thread among the different services that contribute to the exit from violence. A woman's **economic independence** on the one hand **acts as a prevention against GBV** and on the other hand is a **key factor in exiting violence**. Certainly this is not meant to diminish the importance of psychological support and a feminist pathway based on the relationship between women, but we want to **focus here on how we can improve the network of services** that as a whole can help women.

According to GREVIO, **the area of economic rights is particularly worrisome**: as of data from Bankitalia, women in Italy possess on average **25% less economic resources compared to men** and this divide increases to 50% in couples. **40% of married women are unemployed** and those who work earn less and are still discriminated against in the workplace. **Austerity measures** introduced in response to the economic and financial crisis appear to have had a severe and disproportionate **impact on women**, in particular **women with disabilities**, older women and women domestic workers. Poverty rates among women, in particular **single mothers**, are high.

GREVIO urges the Italian authorities to pursue their efforts to devise and effectively implement policies of gender equality and the empowerment of women as well as to ensure that such efforts are not undermined by

policies which overlook or downplay gender inequalities and gender-based violence by failing to acknowledge the structural nature of violence against women as a manifestation of historically unequal power relations between women and men.

## 1.2 Unpaid care work

According to the ILO[30], the work women do for free every day globally accounts for 76.2 percent of all unpaid care and domestic work. And to do it, **women devote three times as much time to it as men**. Its economic value has been estimated, based on an hourly minimum wage, to be worth about 9 percent of global GDP and 5 percent of Italy's[31]. These are values, however, which depending on the calculation methodology used can translate into much higher estimates, and in the Italian case can be as high as 25 percent of GDP[32]. The burden of such informal work performed within the home also negatively affects so-called productive work.

**The employment and wage gap between women and men in the labor market is due, for the most part, to the fact that care work is still considered something usually taken care of by women**. Working and at the same time having to take care of young children/children or dependent elderly relatives results in a reduction or modification of time to devote to work and family, which is obviously reflected in women's working careers.

In fact, the employment rate of mothers aged 25-54 recorded in 2019 was at 57 percent compared with that of women without cohabiting child/children at 72.1 percent. The data worsen in the case of mothers

30 https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_615594.pdf

31 https://www.iza.org/publications/dp/5771/use-of-time-and-value-of-unpaid-family-care-work-a-comparison-between-italy-and-poland

32 https://www.oecd.org/education/education-at-a-glance/EAG2019_CN_ITA_Italian.pdf

with children/children of preschool age who record an employment rate of 53 percent in the presence of children/children aged 0-2 and 55.7 percent in the case of children/children aged 3-5[33].

Of those employed, however, in 2019, 38.3 percent of women 18-64 years old with child/children under 15 years old were forced to change professional aspects to balance work and family, compared with 11.9 percent of men. In detail, 6 out of 10 women have reduced their working hours, while 2 out of 10 have asked to reschedule.

To these data concerning mothers, should be added those concerning the share of care provided to other dependent family members, 61 percent of which in Italy falls on the shoulders of women.

The data reported so far concern the pre-covid situation; **the pandemic, as in other cases, has only exacerbated an already existing problem**.

The closure of schools of all levels and childcare imposed during the first lockdown and the subsequent mandatory confinement at home significantly increased the burden of care especially for women. Indeed, a study by Bicocca University[34] recorded that **during the lockdown women devoted an average of 4 hours a day more to helping their daughters and sons**, trying to make up for the educational role of schools. However, women, who were more employed in essential services (schools, health and public administration), were also the ones who in 74% of cases continued to work outside the home (compared to 66% of men).

**Women, therefore, unlike men, suffer a significant disadvantage when they are mothers**. And this occurs not only on the employment side, but also on the remuneration. The literature investigating the extent of what is called the "motherhood penalty" (or "child penalty gap") is now extensive, including at the Italian level[35].

[33] https://www.istat.it/it/files/2019/11/ConciliazioneCuraLavoro2019.pdf
[34] Data presented at “Donne e lavoro di cura durante la pandemia”, https://www.biblio.unimib.it/it/eventi/donne-e-lavoro-cura-durante-pandemia
[35] Casarico, A., Lattanzio, S., “Quanto mi costi: l’effetto maternità sulle donne”, lavoce.info, 6 marzo 2020, https://www.lavoce.info/archives/63987/figlio-mio-quanto-mi-costi-effetto-maternita-sul-lavoro-delle-donne/

Several researches[36] have shown that the **consequences of the economic recession caused by Covid affected women the most**, so much so that it was called a "shecession" because of the disproportionately negative economic impacts on women compared to men. This research indicates that the hours worked and employment rates for women have declined at a greater rate than for men, with only minor differences from country to country.

As for Italy, the State General Accounting Office's Gender Balance confirms the European average: with reference to the 2020 data, it states that "**The negative impact of the pandemic crisis was, moreover, more intense for women with children, especially those of preschool age**. Italy is once again at the bottom of the European Union rankings for female employment levels and gender gaps in the labor market, particularly in the 25-49 age group. This situation on the labor market is to be read in conjunction with the "twin" situation regarding domestic and family care responsibilities, which are still characterized by a strongly asymmetrical distribution between men and women, by virtue of established stereotypes that attribute its almost exclusive competence to women"[37].

## 1.3 Child care services

In 2021, many efforts and **investments** have been made to strengthen and develop the network of **early childhood social and educational services** and the integrated *zerosei* (0-6) system (ex Legislative Decree 65/2017).

e.g., a document has been created indicating an Essential Level of Performance (OEL) to be achieved gradually from this year to 2027.

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36 https://www.europarl.europa.eu/RegData/etudes/STUD/2020/658227/IPOL_STU(2020)658227_EN.pdf

37 Ragioneria Generale dello Stato, “Bilancio di genere 2020”, agosto 2021, pag. 5, https://www.rgs.mef.gov.it/_Documenti/VERSIONE-I/Attivit--i/Rendiconto/Bilancio-di-genere/2020/Bilancio-di-genere-2020_finale.pdf

According to these indications, at least 33 out of every 100 children aged 0-2 years will have to attend a kindergarten in their municipality (or nearby) public or private accredited.
The resources earmarked for this by the Budget Law of 2022 are 20 million for 2022, 25 million for 2023, 30 million for 2024, 50 million for 2025, 150 for 2026, and 800 million from 2027 (with funds already allocated in the Budget Law 2021, for 2022 are 120 million available, which will grow to 450 mln for 2026 and 1.1 billion annually from2027). The gradual increase in funding is expected to go hand in hand with the gradual increase in the number of places available[38].

[38]https://www.istruzione.it/sistema-integrato-06/allegati/Nota%20trasmissione%20Piano%20pluriennale.pdf

Early childhood education services for children under 3 years of age include daycare centers, micronides, spring sections, and supplementary services (play space, child and family centers, services in home-based settings). Once again, the issue is not only quantitative but qualitative: it is essential that these services meet high quality standards outlined in the Pedagogical Guidelines for the Integrated System *zerosei*, defined by the National Commission in November 2021.

Inequality in the world of work, unpaid care work traditionally attributed to women, lack of childcare services, and the economic crisis after Covid that has particularly affected women **are all issues that affect all women but affect the lives of survivors even more profoundly**. In fact, **economic independence is one of the key factors** that enables women to get out of violent situations. However, economic independence must be accompanied by an adequate **welfare system** because very often, precisely because of violence, women do not have a support network and the issue of public services becomes even more crucial.

## 2. Covid and domestic violence in Italy

### 2.1 The rise of gender-based violence in Italy and Lombardy

The emergence of **Covid-19 has aggravated** many structural problems in our society, including **gender-based violence**. Women living with violent partners during the lockdown phase (particularly restrictive in Italy between March and May 2020) has resulted in greater risk of **isolation for women**, difficulties in seeking help, and an exacerbation of situations of violence already in place.

In Italy, there were **15,280 calls** both by phone and chat in the first phase of the pandemic in the period **between March and June 2020** to the national toll-free number 1522 made available by the Department for Equal Opportunities of the Presidency of the Council of Ministers. The

number more than doubled compared to the same period last year (+119.6 percent), from 6,956 to 15,280 calls. The growth in chat requests for help increased fivefold from 417 to 2,666 messages[39].

They called **mainly Italian women** (14,122, 92.4 percent) and only slightly foreign nationals (1,150, 7.5 percent). This figure is probably due to a **language barrier** and fear of having to somehow identify oneself by giving information about oneself to an unknown person, a greater risk when thinking of migrant women struggling with documents and legal recognition. It is interesting to relate this finding to another one: foreign women, in contrast to Italians, mostly experience violence (physical or sexual) from partners or ex-partners (20.4% vs. 12.9%) and less from other men (18.2% vs. 25.3%). Foreign women who have experienced violence from a former partner are 27.9%, but for 46.6% of these, the relationship ended before their arrival in Italy. This confirms the fact that **the lack of calls is not due to less violence**. These data also point us to another problem or at least put us in a position to ask how suitable the services are for migrant women and **how much the services have an intersectional approach**. It will be seen later in the survey and interview results that services have some shortcomings with respect to this.

**Lombardy appears to be the Italian region with the highest number of calls** made to 1522 during the period under consideration with 13.4 percent of total calls; followed by Lazio (12.4 percent) and Campania 9,8%). Lombardy also witnessed a significant increase in calls made to 1522 in the period between March and June (+118.8 percent), rising from 939 in 2019 to 2,055 in 2020[40].

The violence described by women seeking help and support from the 1522 hotline is **mainly physical and psychological**. 77.2 percent of

[39] https://www.istat.it/it/files/2021/11/EFFETTI_PANDEMIA_-VIOLENZA_D_GENERE.pdf

[40] https://www.polis.lombardia.it/wps/wcm/connect/630d58b2-90f9-4747-a1cc-8e07bb079109/La+violenza+di+genere+in+tempi+di+lockdown_nota+di+ricerca_++NOV20201.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-630d58b2-90f9-4747-a1cc-8e07bb079109-nnR.f-v

women report that violence occurs **within the home by their partner or ex-partner**.

Also increased significantly during the lock-down period was the total number of **children witnessing to violence (85.6 percent increase)** and, slightly, also the total number of children experiencing forms of violence (increase of 2.6 percent).

In 2020 in Italy, **58.5 percent of survivors** (equivalent to 3,801 cases) who contact the 1522 say they **have children**. Keeping in mind the reference period March-June 2020 it can be seen that compared to the previous year, the number of victims with children has more than doubled from 1,882 to 3,801 cases (102% increase).

## 2.2 The response of National Institutions: the Freedom Income

Introduced by the Italian Government **in May 2020** at the outbreak of the pandemic the so-called **"Freedom Income" is a support measure to respond to the specific economic needs of IPV survivors**. Funded with 3 million euros in 2020, the Freedom Income was extended for 2021 and 2022 with an **annual budget of 2 million euros**, subsequently supplemented with a further 5 million euros. **Made operational only in November 2021**, the measure provides for a support of **400 euros per month**, for a maximum of **12 months**, to women involved in pathways out of violence certified by municipal social services and Anti Violence Centers (AVCs from now).

The measure, at the onset welcomed by Italian AVCs on the account of the persistent difficulties IPV survivors face in reaching and maintaining socio-economic independence, has raised numerous concerns:

- **the scarcity of resources for each women**. The economic support granted to each women (400 euro per month for a maximum of 12 months), despite useful, will hardly be able to meaningfully contribute to the economic or housing independence of IPV survivors.
- the 3 million euros allocated for 2020 will **allow a maximum of 625 women to benefit** from the measure, **compared to the approximately 50,000 women who are supported by AVCs annually**. As a way of example, to benefit one fifth of women supported by AVCs, that is 10,000 women, the measure should have been funded with at least 48 million euros per year. That is a huge gap between real needs and the adopted solution. In Milan no one has been able to get it.
- **the criteria** established to access the measure. Together with a certification from the AVCs, women are required to obtain a **"certification" by municipal social services**, therefore excluding

those that are not or do not want to be supported by such services. Municipal social services are then asked to certify the "state of need" of IPV survivors, a condition that risk being reduced to the "formal" income situation without any consideration of the real accessibility of resources by IPV survivors, especially in cases of economic violence. Access to the Freedom Income is also denied for IPV survivors that at the time of the request cannot declare a "residence", a requirement that risk discriminating IPV survivors of foreign origin.

- Does not take into account the differences of the Italian territory.

Among the **positive elements** observed by AVCs, it is worth mentioning that the access to the Freedom Income **is not conditioned to the presentation of a specific certification** that in Italy is required to access almost all social benefits (the so-called "economic situation of families"). Moreover, the Freedom Income could be granted regardless of the "employment status" and, most importantly, it **is compatible with other income support tools** in place in Italy. **Does not require reporting**, this is one less job for AVCs and does not "judge" the expenses that women have to incur.

## 2.3 The Anti-violence Center work during Covid

The lockdown has certainly caused greater difficulties in managing the daily work of anti-violence centers.

Although covering the entire regional territory with Territorial Services dedicated to gender-based violence, **services which have remained active despite the containment measures**, Lombardy like other regions has had to deal with the health emergency linked to the COVID-19 epidemic, which has effectively **limited the de facto accessibility of the centers**, which forced the use of different ways of working such as

working from remote, which nonetheless affected the contacts that women on average had with the centers[41].

As of 12/31/2019, there were 5,098 women still in the care of the anti-violence centers in the region.

Of the 2,055 women who have contacted the call center in Lombardy, 82.5 percent (1,695 women) say they have never contacted the helpline before; only 17.5 percent (360 users), on the other hand, say they have had previous contacts with that service[42].

The number of women who have experienced violence has more than doubled during the period under consideration, in fact recording a 120 percent increase from 450 women in 2019 to 990 in 2020.

During the spring 2020 ActionAid established a fund called **#Closed4women** to enable AVCs to meet unforeseen expenses and to continue supporting women in emergencies.

There have been 2 calls (March 21 and November 20) designed to disburse microgrants of up to €3000 each subject judged eligible for a total of about €140000.

There were 74 applications from all over Italy and 56 were judged eligible.

Grants have been used for:

- Operating expenses (reopening communication campaigns, bills, and purchase of technology devices);
- Sanitation expenses and purchase of masks, gloves and disinfectant;
- Emergency shelter expenses because the shelters were full (lower capacity due to contagions);
- Direct contribution to women (food, bills, rent).

[41] A. Kustermann, A. Farina, *Le strutture socio-sanitarie: ruoli e competenze. Il ruolo del medico in presenza di una vittima di violenza domestica*, Corso di Formazione per MMG, PoliS-Lombardia, giugno 2019

[42] https://www.polis.lombardia.it/wps/wcm/connect/630d58b2-90f9-4747-a1cc-8e07bb079109/La+violenza+di+genere+in+tempi+di+lockdown_nota+di+ricerca_++NOV20201.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-630d58b2-90f9-4747-a1cc-8e07bb079109-nnR.f-v

**Figura 1. Classe di età delle vittime di violenza. Marzo-giugno 2020. Valori percentuali.**

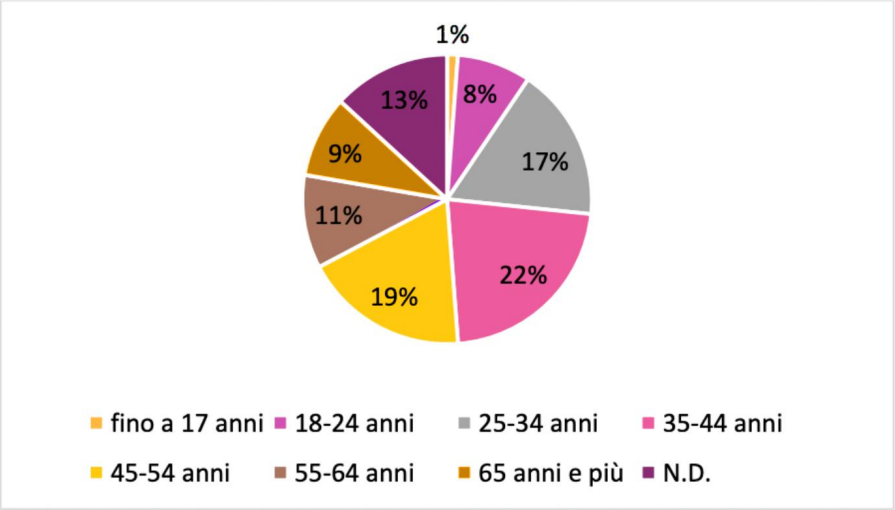


**Tabella 3 - Tipo di violenza subita dalle vittime. Periodo di riferimento marzo-giugno. Anni 2017-2020. V.a.**

| Tipo di violenza | 2017 | 2018 | 2019 | 2020 |
|---|---|---|---|---|
| Fisica | 1.050 | 1.527 | 1.331 | 3.004 |
| Psicologica | 856 | 1.270 | 1.141 | 2.285 |
| Molestie sessuali | 31 | 27 | 35 | 61 |
| Non risponde | 23 | 20 | 31 | 20 |
| Sessuale | 115 | 130 | 127 | 277 |
| Economica | 45 | 31 | 58 | 63 |
| Mobbing | 7 | 13 | 3 | 17 |
| Minacce | 119 | 136 | 106 | 216 |
| N.D. | 127 | 214 | 188 | 551 |

*Fonte: elaborazioni Polis-Lombardia su dati Istat*

## 3. Lombardia AVC Context

Region of Lombardy with the implementation of the **four-year plan to prevent and combat violence against women 2015-2018** has covered the entire regional territory with Territorial Services dedicated to gender-based violence.

Already during 2018, with 9 new Networks (3 in the province of Bergamo, 3 in the province of Brescia and 3 in province of Milan), the Territorial Anti-Violence Services have reached the entire territorial coverage regional. There are currently **27 territorial networks**, within which 50

anti-violence centers operate in agreement with the local authorities leading the networks under the ongoing 2020-2021 Program and 117 facilities between shelters and hospitality facilities (the latter in the hands of 42 managing entities currently under agreement with the region).
In addition to the main offices of the anti-violence centers, there are 49 decentralized branches, for a total of **99 access points to services for survivors**.
Nearly one-third of Lombard anti-violence centers (CAVs) (29.6 percent) opened before 2000, most however (40.9 percent) began their activities in the years from 2014 to 2018.
**Before the pandemic**, a recent survey by Istat on the performance and services offered by anti-violence centers and shelters in the country documented that Lombardy's centers are **open** an average of **5.2 days a week for about 5.4 hours a day**. 95.5 percent of Centers are open 5 or more days a week. Most facilities in Lombardy (72.7%) have then activated ways to ensure on-call availability on an ongoing basis. All Lombardy AVCs, then, even those that **cannot to guarantee h24 on-call** adhere to the service of the 1522 telephone number against violence.
In 79.5 percent of cases there is an answering service, 59.1 percent of cases report the presence of a hotline for operators, while only 6.8 percent of Lombard CAVs have its own toll-free number. A significant territorial coverage that is accompanied by the growth over the years by the centers of pathways aimed at women.

## 3.1 Municipality of Milan Context

Specifically in the City of Milan there is a *Network of Anti-Violence Centers* that meet regularly coordinated by the City of Milan to work in synergy, exchange practices, pool any resources and be updated on available public resources.
Members of the network include:

| Name | Risk assessment | Psychological counseling | Legal counseling | Shelter house | Minors | Job orientation |
|---|---|---|---|---|---|---|
| CADMI | x | x | x | x | | x |
| CeAS | x | x | x | x | x | x |
| C.A.S.D. | x | x | | | | |
| CERCHI D'ACQUA | x | x | x | | | x |
| FONDAZIONE SOMASCHI | x | x | x | x | x | x |
| SeD e FARSI PROSSIMO | x | x | x | x | x | x |
| SVS DaD | x | x | x | x | | x |
| SVSeD | x | x | x | | | |
| Telefono Donna | x | x | | | | |
| LULE | x | x | x | | | x |
| LA GRANDE CASA | x | x | x | x | x | x |
| COOPERATIVA LOTTA CONTRO L'EMARGINAZIONE | x | x | x | x | | x |
| LA STRADA | x | x | x | x | x | x |

**Informal groups and projects formed in response to the Covid 19 emergency:**

The **Brigata Lena Modotti**

The Lena Modotti Brigade is an association established in March 2020 consisting of 400 volunteers in response to the Covid 19 emergency. It has been and still is involved in bringing groceries to the elderly and disabled and food boxes for families in economic hardship.

She also takes care of people with housing difficulties.

During the first months of the lockdown, she activated an online training course for all volunteers in collaboration with the feminist collective Ambrosia and the Cadmi Anti-Violence Center. The purpose of the 2h meetings in small groups was to raise awareness of GBV among volunteers and inform them about possible early signs of domestic violence to be picked up during the phone calls they received at the switchboard for the delivery of groceries or during the delivery of the groceries themselves. They were also given all the information about available services they could give during the phone calls or at the groceries delivery.

Also in collaboration with CADMi, the distribution of solidarity expenditures was organized in secret address shelters that required special care by volunteers.

**Non sei sola Project**

You are not alone is a solidarity project born within the Ri-make squat in the North Milan suburbs during the early 2020s. The project is a response to the many needs in the neighborhood that are not always answered by public services. The project consists of a few about 20 volunteers who are responsible for bringing groceries to those in need, running a desk on housing and union issues, and organizing after school and summer center for children. The goal is not to replace public services but to create a network of mutual help. The space in which this project was born has always had a feminist perspective and a focus on gender-based violence. This has also been the case in the entire construction of this project, which is has sought to maintain a focus on both domestic violence (raising awareness of all services in Milan) and gender-based violence in the workplace.

## 4. The survey

In order to map what services are present in the Milan area, what the main needs of women are, and what strategies are already being implemented, a survey was sent to all the **Anti-Violence Centers of the Milan Network** and to the **Women's Desks**. Also contacted were **services and associations that do not directly concern women** who have experienced violence but can somehow intercept them such as associations that work with migrant women or vulnerable people. Two **informal groups** that came into being precisely in response to the major difficulties to be faced during Covid 19 were also involved: the *Brigata Lena Modotti* and the *Sportello Non Sei Sola*.
Thus, the survey was **sent to a total of 27 associations/services. 7 responded**.

Below are the main evidences that emerged:

1) **Services made available by AVCs:**

- first telephone interview (also to orient to other services);
- psychological intake and counseling;
- civil and criminal legal advice and assistance;
- employment guidance;
- support for housing autonomy;
- support for children;
- reception at a sheltered facility, room and board;
- educational support;
- orientation support at local services;
- support in learning the Italian language for foreign women.

2) **Services for women who have experienced violence with children:**

- listening and psychological support for mothers;

- civil and criminal legal counseling;
- group for mothers for parenting support;
- hospitality in emergency shelter and first and second level shelter;
- contact and referral to the network of actors in the area who deal with minors;
- support (both psychosocial and legal) in the networks that see the presence of the Social Service for the Protection of Minors, for the paths of parenting assessment and management of relations with the abuser for what concerns the foster care of minors.

### 3) Services provided during the pandemic:

- forms of psychological social and legal support in remote mode (telephone interviews or already Skype or teams);
- help in applying for bonuses and economic supports;
- activation of online courses on active job search and training;
- online trainings;
- allocation of pc's for distance learning;
- collaboration with associationism for secret home grocery delivery during lockdown periods;
- associationism training to be able to recognize signs of violence;
- social campaigns to communicate ways to access our center; online self-help group.

### 4) Main difficulties encountered during the pandemic:

- decreased access due to fear of going to facilities;
- difficulty with computer equipment both because of little training and because many women do not have a PC/tablet;
- difficulty talking to women because they are still at home with the abuser;
- difficulty for some women to move/access facilities because without green passes;

- difficulty in assessing situations of violence because phone calls were often interrupted by the presence of children or partners;
- difficulty in hosting due to lock down and mandatory swab tests;
- adjustment of spaces to ensure health security measures;
- difficulties in managing new rhythms of women's lives (sharing time with the abuser, reconciling with childcare activities);
- reduction in private funds due to diversion to health projects.

**5) Mitigation strategies:**

- Implementation of activities remotely;
- distribution of tablets to both women and their children;
- distribution of basic necessities;
- internal self-training on the new modalities;
- collaboration with other Centers in the Network;
- private fundraising.

**6) The new risk factors for women:**

- forced cohabitation with the abuser;
- greater economic precariousness;
- greater difficulty in seeking help due to isolation;
- reduction of institutional services (social and legal services).

**7) Impact on interdepartmental collaboration**:

- Increased difficulty due to work overload;
- mode of work and online meetings;
- the Anti-Violence Network has been very helpful and has continued to collaborate;
- difficult to communicate with other public services while it was easier with private social services.

**8) Difficulties in service delivery before Covid:**

- Scarcity of economic resources;

- lack of knowledge of services/prejudices;
- services unsuitable for migrant women (also lack of language mediation;
- networking with services with different approaches;
- difficulties in dealing with institutions and services poorly trained on GBV.

### 9) Difficulties in service delivery "after" Covid:

- Greater scarcity of available economic resources, workers and facilities;
- greater difficulties in obtaining documents for migrant women;
- online mode is not very usable for foreign women;
- there has been a lengthening of time in women's path out of violence;
- little communication from institutions about accessible services and funds.

## 5. Results from the interviews

Four interviews were conducted to further explore the evidence that emerged in the survey: 2 with Anti-Violence Center workers, 1 with a project manager of a project regarding Covid emergency management by AVCs, and 1 with a volunteer of the informal project *Non sei sola* mentioned above.

The interviews mainly confirmed what emerged from the survey. However, additional elements also emerged that can help us begin to think about if not guidelines at least directions in which to go.

Confirmed issues:

- **Structural lack of funds** (regular public funds are scarce, calls are hard to come by, and fundraising from private individuals was

more complicated during Covid). there is a need for regular funds allocated for the long term;

- lack of beds in shelters and **difficulty in finding houses** with affordable rents once out of shelters. Housing policies of the city of Milan should be implemented, proposed priority in social housing rankings, provided a period of semi autonomy;
- **public services inaccessible** (especially to during Covid) and poorly prepared to receive survivors;
- the importance of **networking** between AVC and the municipality of Milan;
- little communication of what services are on the ground and there is no platform that unifies all existing possibilities; **information is fragmented**;
- **poorly adapted services for migrant women**;
- **few services for children**;
- **Ambivalent views on the use of technology**: while it has allowed interviews with women in emergency to continue, female caseworkers believe that online interviews cannot replace in-person interviews because it lacks the relationship with the woman, the privacy of the AVC, and takes away from the importance of the moment of the interview as a time the woman devotes to herself.

The interview with ActionAid's PM allowed us to delve into an important aspect of these critical issues: the **lack of structural funds**. In fact, ActionAid Italia established an extraordinary fund to respond to the needs that AVCs had in emergencies. Unlike public funds, they were easier to come by and with simpler reporting and addressed an immediate need.

It was decided to involve informal activities and associations in this research because, particularly in emergency situations, their contribution was apparent.
Interviews show how this is due to several factors:

- the speed of response to needs (vs. a very complex municipal administration);
- neighborhood proximity (vs. the centrality of municipal services);
- attention to the specificity of people and the intersectional approach,
- a holistic approach to people's needs.

This interview, however, showed another very important thing: the *Non sei sola* project is not thought of as a replacement for a public service but as a **mutual aid** project.

In practice, women who, for example, take their children to the summer camp for free offer to cook lunch in turn, those who learn how to fill out forms with the counter manager then offer to help others. In this way we do not replace a service but create a **virtuous chain**. From the perspective of gender-based violence, this mechanism can be seen in terms of **prevention** because first of all women are not isolated at home and secondly they experience the value of social and economic independence. Ultimately they attend a space where they can find informational materials about AVCs and be referred to other services that may be needed. The latter point in particular can be developed with a holistic service approach and the implementation of networking among different stakeholders.

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