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RESEARCH ARTICLE

We must draw a different future! Insights from the frontline anti-violence work during the pandemic in Italy¹

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ABSTRACT: In this article we analyze the effects of the Covid-19 pandemic on the Italian anti-violence system, through the eyes of the practitioners of anti-violence centers, who are historically at the forefront in supporting women survivors of male violence. Their perspective is particularly relevant because, in Italy, anti-violence centers hold a "borderline" position, which lies between the political role of transformation and that of an actor of the private social provider of an 'essential' public service. On the basis of international recommendations, our analysis distinguishes two main areas of intervention on which national policies have been called to intervene: on one side, the protection of women victims of violence, and on the other their empowerment. Analyzing either official statistics and data collected through an online survey addressed to the practitioners of anti-violence centers during the lockdown, we highlight strengths and weaknesses of the policy measures implemented in Italy from their situated perspective, with reference both to the protection and the empowerment of survivors.

KEYWORDS:

Violence against women; Covid-19; Anti-violence centers; Feminist methodologies; Empowerment

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¹ This article is based on a shared reflection between the authors, whose names appear in alphabetical order. If, however, for academic reasons individual responsibility is to be assigned, paragraphs 3 and 4.1 are written by Pietro Demurtas, whereas paragraphs 2 and 4.2 are written by Caterina Peroni. Paragraphs 1 and 5 have been written by both the authors.

1. Introduction

Two years since the onset of the health crisis due to the spread of the coronavirus, hundreds of national and international studies and research reports have been published worldwide on the gender effects of the pandemic, many of them specifically dedicated to domestic violence. Drawing on the definition of gender-based violence as a “global pandemic” provided by UN Secretary General Guterres in 2018 (UN Chief, 2018), after the explosion of the COVID-19 pandemic, UN documents turned the metaphor into the phrase “shadow pandemic” (UN Secretary-General, 2020).

The metaphor of the shadow recalls the public–private dichotomy due to which violence against women (VAW) has historically been hidden within the private sphere. As is well known, feminist movements of the Second Wave challenged this separation, shedding light on domestic violence as a social problem worthy of political intervention (Kelly, 1987; Pitch, 1998; Creazzo, 2008). This awareness started being developed within the self-help groups during the 1970s and through the work of the first anti-violence (AV) centres born in the 1980s. Sexual violence was identified as one of the means with which patriarchal domination is reproduced from these experiences, and the family was perceived as the “privileged” place where this domination is expressed (Pitch 1998; Creazzo 2008; Kelly 1987).

These definitions have become an intrinsic part of the lexicon used by international organisations, which, in turn, owing to lobbying, have partially integrated the perspective of transnational networks of women and AV centres within the conventions and recommendations drawn up over the last 40 years (Demurtas and Misiti, 2020; Pietrobelli et al., 2020).

The bidirectional relationship between the practice-based feminist reflection on VAW and the recommendations formulated on their basis have been clearly evident since the early days of the pandemic. Indeed, international feminist research and the practice on previous health crisis and natural disasters had already underlined their specific “gender impact” on the living conditions of women, their children and sexual minorities, thereby making them more exposed to gender-based, physical and sexual violence (Neumayer and Plümper, 2007; True, 2013; Smith, 2019; Wenham, 2020; Korolczuk, 2020; Walklate, Richardson and Godfrey, 2020). According to this literature, the intensity of this impact is derived from the pre-existing structural inequalities in the framework of what True (2013) defines as “the political economy of gender inequality.” As such, emergencies amplify existing issues, such as the exclusion of women’s organisations from the decision-making and organisational processes involved in defining social and healthcare priorities and women’s economic dependence and segregation to care work in the home (Wenham, Smith and Morgan, 2020).

Evidence consolidated by studies on environmental disasters and epidemics in the recent decades forecast an increased risk of a rise in VAW worldwide. During health crises, victims’ difficulties are accentuated by the imposition of lockdown conditions, owing to fear of contagion and limitations on mobility, with the consequent “forced cohabitation” of women with their abusers and the consequent risk of exacerbating the violence (Wenham, 2020). Furthermore, the limited activity of “primary contact points” such as schools, local social and health services, police and judicial systems, whose operations on the AV field are greatly reduced to concentrate on the health emergency, increase the negative impact of the health crises on VAW (Peterman et al., 2020; John et al., 2020; Bradbury-Jones and Isham, 2020; Fraser, 2020; Wenham et al., 2020).

Another expected effect of the lockdown on the way out of violence programs, and, in particular, emergency programs, concerns the local coordination between different public and private actors of the AV field. Limitations on the activities of the courts, police, social services and healthcare stakeholders jeopardise the pursuit of the perpetrators and can undermine the continuity and efficacy of the way out of violence programs.

In such a crisis, it is precisely the ultimate goal of the pathway out of violence, namely the empowerment of women survivors of violence through their economic independence, that is most difficult to achieve. Indeed, in a lockdown situation, it is women who pay the highest price in terms of losing jobs, as they are globally overrepresented in those sectors most liable to closures, such as the service, tourism and hospitality industries (UN Women, 2020b; Blaskò, Papadimitriou and Manca 2020), where they perform temporary jobs with little to no social protection. But above all, it is in the field of care and social and health services where women make up the bulk of all workers (UN Women, 2020e). Moreover, it is the mothers who are again burdened with the majority of the care work in the family, due to the closure of schools owing to the containment measures.

Statistics worldwide confirm that the pandemic outbreak disproportionately impacted women in terms of job losses and, in turn, economic autonomy. According to the ILO (2021), women's employment at the global level decreased by 4.2 per cent, compared with 3 per cent for men, whereas in Europe the drop was 2.5 per cent for women workers compared with 1.9 per cent for men. These figures have been derived, as already predicted by UN Women and research on previous crisis, from the fact that the pandemic has hit the retail, accommodation, residential care, domestic work and clothing manufacturing fields the hardest, where they represent the majority of the workforce, and where working conditions are more informal and precarious. All in all, in Europe, according to the data collected by the EIGE (2021), 2.2 million women lost their jobs during the first wave of the pandemic. Moreover, the lockdown condition increased unpaid care burden for women, diminishing their chances of re-entering the labour market and/or advancing in their career trajectories. In this sense, the EIGE argues, "the COVID-19 crisis is likely to aggravate gender inequalities in unpaid care, reinforce traditional gender roles and derail the modest progress achieved so far" (EIGE 2021: 35).

In the face of a highly critical work environment for women, the national statistics clearly show the additional difficulties faced by female victims of violence on their path to autonomy. With reference to the female employment rate, in the EU27 context, Italy was at the bottom of the ranking even before the pandemic, followed only by Greece. The female employment condition clearly worsened in 2020. Indeed, the pandemic had a particularly negative impact on the service sector as well as on part-time jobs, where women are more numerous. The Italian Labour force survey shows that, between 2019 and 2020, the tertiary sector saw a percentage change of -2.6 per cent among male employees and -3 per cent among female employees. However, the decline was even more pronounced in activities such as trade, restaurants and hotels (-5.4 per cent among men and -6.4 per cent among women). Moreover, a clear decrease was also registered in part-time workforce, with a percentage change of -3.7 per cent among men and -5 per cent among women. Not surprisingly, the improvement of the female employment rate in 2021 is attributed to an increase in part-time employees.

Hence, women are struck by a double "gender impact" – greater exposure to economic dependence and psychological and physical stress, which can spark family violence. Indeed, according to Sophie Harman (2016), the feminised and unpaid reproductive economy acts as a "shock absorber" in times of crisis, forcing women to bear the weight and responsibility of care for the most vulnerable subjects, thereby multiplying their workload and feelings of inadequacy and social isolation. Without adequate financial resources and social protection, women who are dependent on abusive partners, psychologically strained by care work, and without the support of the public services – completely or mainly focused on the pandemic crisis – are exposed to additional forms of "social, function, physical and geographical control and isolation" at the hand of abusive partners (Peterman et al., 2020). From this point of view, research has shown that measures to implement women's economic independence are fundamental in order to exit abusive relationships, even more so during periods of quarantine and social isolation (Renzetti, 2009; Peterman et al., 2020).

In this dramatic situation, AV centres and shelters become crucial and essential services. However, under the “tyranny of the urgent” (Smith, 2019), they risk closure or heavy limitations to their activities, either due to underfunding and the lack of health and IT devices to support the new organisational methods caused by the restrictions (UN Women 2020c) or the lack of suitable spaces for mandatory self-quarantine.

2. Making the Difference: Feminist Self-mutual Help Methodologies and Gender-based Violence

Feminist methodologies in the field of VAW constitute the foundational grounds of recommendations and operational tools recognised at the international level, and these methodologies are characterised by two interrelated aspects – the attention to the subjectivity of women and their needs and the gendered analysis of the social context in which they are placed (Shah and Mufeed, 2022). Gender perspective in AV social work allows to de-individualise and de-pathologize the individual behaviours by framing it in the social, cultural and economic context and power relations based on the social construction of gendered roles and bodies (Shah Mufeed, 2022; Pitch, 1998; Anderson, 2009). The perspective of feminist practitioners has, therefore, played and still play the dual role of contrasting women’s oppression at social and intimate levels, focusing on the temporary vulnerability and the needs of women who suffer violence in the context of wider social inequalities within which the conditions of VAW are inscribed. From this perspective, AV analysis and policy proposals aim at supporting and empowering women, addressing the whole society and its power relations, institutions and the philosophy and practices of welfare services.

In this framework, welfare system policies are criticised by feminist AV networks as a structure that reproduces gendered power relations and forms of oppression in society (Shah and Mufeed, 2022). This critique firstly addresses the bureaucratisation of operational social practices, which is perceived as a way of neutralisation and hierarchisation of the gendered needs to which welfare systems are supposed to respond, including those of the practitioners themselves (Pietrobelli et al., 2020). Re-gendering language and practices in the welfare services is, in fact, a goal of feminist social work, as it “advocate[s] sensitive gendered responses to the needs of women ‘clients’ and women workers” (Dominelli, 2002: 7).

The separation of women-“clients” and practitioners is a critical aspect of the bureaucratisation of social work in the field of AV interventions, which has been contested by feminist social workers. Indeed, feminist approaches deconstruct the power derived from the professional position by recognising women’s experience and standpoints and constructing horizontal relationships. In this sense, feminist AV interventions are “woman-centered”, focused on women’s needs and empowerment, which are meant to be integral components in a mutual process of rebuilding of women’s self, life and citizenship (Dominelli, 2002).

This approach has been defined by Italian feminist networks of AV centres as the “methodology of the relationship between women”, which is based on the co-construction of the pathways out of violence through a relationship of active and non-judgmental listening, which is oriented to result in non-standardised interventions with a focus on the self-determination of women. According to this approach, the specialised AV services are first and foremost “a place of women with women for the freedom of women” (Busi, Pietrobelli and Toffanin, 2021: 27). The pathways out of violence built in AV centres are thus individualised and aimed at co-constructing empowerment strategies, starting from the needs of each women – actions include in charge interviews, mutual aid groups, guidance and accompaniment to services, legal support, parenting support, career and housing guidance and psychological counselling.

The commitment to women’s empowerment leads AV centres to collaborate with local and national institutions with the aim to address women’s needs in a holistic manner, representing “an experimental model

for the development of new ‘gender social policies’ oriented by an intersectional and multidisciplinary approach, which allows to recompose the segments in which welfare policies are currently fragmented and to overcome the logic of mere ‘management’ of social needs” (Busi, Pietrobelli and Toffanin, 2021: 37). For this reason, AV centres “hold a ‘borderline’ position, which lies between the political role of transformation and that of an actor of the private social provider of an ‘essential’ public service” (Busi, Pietrobelli and Toffanin, 2021: 36).

Moreover, in light of the very high obscure number that characterises domestic violence (CEPOL, 2020), owing to women’s fear of not being believed, the risks of escalation of partner’s violence and the mistrust on the punitive and criminal response to the complex relational and affective dynamic within which intimate violence takes place (Pitch, 1998), AV centres must be considered as the most important “lookouts” for VAW. This role becomes crucial during a sanitary crisis, when women are constrained at home with perpetrators and scared about contagion and in the construction of pathways out of violence through empowerment (Shah and Mufeed, 2022).

This capacity appears much more significant, as it is their trained mission and purpose to receive survivors and, therefore, they are recognised as safe places, especially in emergency situations (Bradbury-Jones and Isham, 2020). It is precisely on this essential role that all recommendations issued by transnational feminist networks and UN agencies have focused since the beginning of the pandemic. As we will see in the next paragraphs, in light of the high risk of the escalation of violence during the health crisis and with territorial services focused on emergency, international recommendations and feminist AV networks claimed to be defined as essential, overcoming the risk of overshadowing the specific needs of women within the universalising logic of the “war on the virus”.

3. Methodological Notes

A reflection on the difficulties experienced in Italy by female victims of violence and the strategies adopted by AV centres to help them during the COVID-19 pandemic is not an easy task, due to the partiality of available and reliable information. Furthermore, in general, VAW, as well as the strategies aimed at combating it, can only be partially described by statistics and need to be analysed integrating quantitative indicators and qualitative accounts grounded in local knowledge (Merry 2016). In this view, the perspective of AV practitioners acquires a great importance. In the words of Collins (2019), the political project developed by means of the feminist practice and activism has produced a “resistant knowledge”, not only introducing new categories through which the phenomenon of gender-based violence can be interpreted but also a critical view of how society functions and is structured. For this reason, the methodology adopted here integrates, in a dialogical way, official data provided by national research bodies with knowledge arising from the practical experience of the practitioners of AV centres. Data analysis will be framed within the critical review of the international and national policy documents addressing two main strands, which relate to the most challenging AV interventions during the outbreak – the protection of victims of violence and the implementation of empowerment paths for the women taken in charge. In this vein, quantitative and qualitative data will be combined to analyse the difficulties and changes in requests for help raised by female victims of male violence during the lockdown² and the strategies adopted by AV centres to support them in their way out from violence in terms of self-determination and autonomy. In particular, quantitative data collected and disseminated by the

² In Italy, the national lockdown was introduced on the night of March 7-8 and lasted until May 4, after which the total restrictions on mobility decreased and social contacts could be resumed in a limited mode.

main national institutional source (ISTAT) will be compared with data derived from two surveys involving AV centres during the lockdown – the one conducted internally by D.i.Re.³ and the other carried out nationwide by the National Research Council (NRC).

The analysis will focus on the latter, an online survey involving 335 AV centres⁴, which recorded a 70 per cent response rate, with 235 centres filling out the questionnaire. The semi-structured questionnaire aimed at investigating the organisational changes implemented to respond to the pandemic, the satisfaction with the national policies implemented in the first phase, the main critical issues detected during the emergency and the requests addressed to policymakers.

The questionnaire included a final open section where AV practitioners could freely report any additional problematic areas and proposals. Overall, 33 per cent of the total number of respondents contributed to the open section, supporting the process of interpretation of the statistics and, in general, the gender impact of the lockdown. In their unexpected articulation and density, these responses have highlighted the complexity of the issues faced during the COVID-19 emergency, offering a privileged perspective to describe the difficulties faced by female victims of violence. To introduce additional levels of interpretation, the practitioners' perspective has been integrated with some documents issued by the main national network of AV centres, with the aim of highlighting the criticisms expressed towards the measures taken by the government in the field of the survivors' empowerment.

In light of what emerged from the accounts by these key informants, the final discussion will highlight the pros and cons of the measures recommended at the international level and put into practice in Italy while underlining the importance of implementing structural interventions so as to overcome the emergency-inside-the-emergency logic (Peroni, Demurtas, 2021).

4. Coping with the Double Pandemic: From International Recommendations to Italy's first line emergency

Italy was the first Western country to adopt strict measures to limit mobility and, in turn, deal with the social consequences of the health emergency. In the next paragraphs, we will analyse the strategies adopted by feminist AV practitioners in Italy who worked on the frontlines during the crisis. Following the critical analysis of national and international policy documents, the quantitative and qualitative data will allow us to reflect on how intervention practices in AV centres have been adapted, highlighting the new opportunities and challenges encountered by AV centre practitioners in supporting female victims of violence with respect to both protection and empowerment and shedding light on the experiences and perspectives of AV practitioners.

³ D.i.re (Women's Network Against Violence) is the main Italian nationwide association of AV centers. A member of the European Women Against Violence Europe (WAVE) network, it is responsible for the shadow report for GREVIO and participated in the UN Special Rapporteur survey on VAW (D.i.Re, 2020e). During the lockdown, D.i.Re launched an internal survey aimed at identifying the victim contact trend (D.i.Re, 2020d). Where possible, the data from the survey conducted by the CNR will be compared with the results from the 82 centers in the D.i.Re network.

⁴ The list of 335 to be surveyed has been derived from a previous mapping carried out at the national level by NRC, under the purview of the VIVA project. For more information about VIVA research project, see the website: viva.cnr.it

4.1. Increasing focus on the emergence of help-seeking and victim protection

As recommended and reported by UN Women (2020d), many countries adopted similar solutions to address the additional hardships resulting for female victims of violence from lockdown measures and maintain the capacity to intercept situations of violence. To this end, domestic violence information and awareness-raising campaigns were promoted in addition to hotlines and online communication tools, where women could access psychological and legal support and report violent situations (CoE, 2020; Wenham, 2020). Listening and psychological and legal support activities were moved online and communication channels such as chats, hotlines, smartphone apps and social media were set up. Nevertheless, some experts noticed that the conversion of these services into remote mode could exclude women with limited access to technological and IT tools, owing to the gender divide, which continues to be widespread in many countries, and the control that the abusers exercise over their communications (Wenham, 2020; UN Women, 2020d). The EIGE issued recommendations on the need to foster the intervention of witnesses to the violence, such as practitioners and those closest to the victims, underlining the need to provide information, press for intervention in critical cases, facilitate indications to professionals on notification obligations and provide assurance of witness protection (EIGE, 2020).

In this vein, the first move made by the Italian authorities was to encourage women to seek help. Immediately after the general lockdown, on March 10, the Department of Equal Opportunities (DEO) launched the #Liberapuoil social media and television communication campaign to promote the “1522” helpline and app (which allows victims to seek help without the risk of the aggressors listening). Furthermore, in view of fostering the emersion of cases of domestic violence, the other operational local services – in particular, the police – were actively called upon to act as “lookouts” in order to encourage women to seek help and aid their access to the services. Subsequently, the awareness-raising activities were expanded to include other services present on the ground, including pharmacies, post offices and the public administration, through the establishment of equal opportunity committees (Peroni, Demurtas, 2021).

The recommendations provided by the European Commission (Blaskò, Papadimitriou and Manca 2020), United Nations (UN 2020) and GREVIO (2020b) maintained that it was necessary to distribute additional funds to the AV centres and shelters to keep the majority of the services up and running by adapting and reshaping the activities according to the health standards and safety needs imposed by the pandemic (Peterman et al., 2020). As such, these organisations underlined the need to classify these specialist services as essential services as well as guarantee and expand the shelters’ emergency reception capacity by seeking additional spaces such as hotels and other premises and providing the necessary health equipment to ensure the victims’ and practitioners’ health and safety (UN, 2020). Recommendations also underlined the importance of guaranteeing minimum standards safe spaces (UNFPA, 2019), where victims could be received in an empathetic and non-judgmental manner, and integrated interventions centered around the victims and their safety. This had to be done in partnership with the victim support groups and movements, which should have been involved in creating and planning the emergency safety plans from the outset (UN Women, 2020d; Peterman et al., 2020).

Consistently with these recommendations, during the early days of the pandemic in the FAQs published on the DEO website, AV centres were explicitly included in the category of essential services, that is, services that could be accessed despite restrictions on mobility. Moreover, on April 2, an urgent procedure was set up to distribute funding to compensate for the additional expenses sustained by AV centres and shelters during the health emergency. This unlocked the resources earmarked at the end of 2019, allocating a part to reimburse the additional costs sustained by the AV centres and shelters during the health emergency. Criticisms were

quick in coming, directed first of all at the criteria used to identify the recipients. According to the D.i.Re association, the application of these criteria “blew the resources to dust”, giving the AV centres a contribution of 2,500 euros at most, which was deemed to be insufficient (D.i.Re, 2020b). Moreover, the emergency system for women fleeing homes shared with violent partners was already in sufferance. Indeed, despite the progress made by the Italian protection system in recent years and underlined by the last GREVIO report (2020a, par. 49), the number of beds available in shelters in Italy is still insufficient (Misiti, 2020). This shortcoming has inevitably been worsened by the health emergency, as social distancing has necessitated an increase in the number of places to guarantee the 14-day mandatory self-quarantine period. In order to deal with these necessities, the prefects were, therefore, called upon to find new lodging solutions, also of a temporary nature, to offer accommodation to female victims of violence who, for health reasons, could not be received in the shelters (Peroni, Demurtas, 2021).

In addition to accommodation in shelters, a public debate was raised over an alternative procedure for safeguarding the victims’ safety. However, this procedure, namely the distancing of the abuser from the family home, is only implemented on rare occasions. But, as underlined by the Conference of the Regions and Autonomous Provinces (CRAP, 2020), this procedure requires a reception system to provide an accommodation to perpetrators in order to have widespread application, which is far from being set up.

4.1.1. Challenge of protecting victims during the lockdown

As noted above, in the early days of the pandemic, one of the main concerns at the international and national levels was the emergence of help requests. On this front, early data emerging from the national helpline seemed contradictory. Immediately after the lockdown ruling, the Italian case seemed to follow a different trend compared to other European countries (Blaskò, Papadimitriou and Manca, 2020): UN Women (2020d), in a first paper, highlighted a decrease in calls to the national helpline, thereby underlining the difficulty faced by women to ask for help in the first weeks of March, whereas in a second one, it observed that text messages and emails to support services went up (UN Women, 2020c).

Data provided by the National Institute of Statistics (ISTAT) confirm the decline in calls to the national helpline noticed at international level in the initial phase of the emergency, followed by a sharp increase in the fourth week of March (ISTAT, 2020). Overall, compared to previous years, in 2020, there had been an evident increase of people contacting the national hotline and, compared to 2021, ISTAT data show that a higher proportion of women during lockdown emphasised feelings of fear for their own safety and a sense of awe of their violent partner (ISTAT, 2021).

The dramatic increase in the volume of calls has been explained according to different reasons – an increase in the number of “new” victims of violence, an upsurge in violence that existed prior to the pandemic, or an increase in requests for help for violence that occurred previously, which resulted from the massive awareness campaign #Liberapuoi launched by the DEO at the end of March. If the first two explanations are supported by the increased feelings of fear reported by the victims in 2020, it is worth to notice in reference to the third one that the daily trend of calls shows peaks at the launch of the media campaign.

In addition, even though 1522 practitioners invited women to contact the local AV centres⁵, only a small minority actually did so. Indeed, data collected by other sources confirm that, in the first phase of the health emergency, AV centres experienced remarkable difficulties in intercepting new calls for help, whereas the

⁵ According to ISTAT data (2020), 69.6 per cent of the female victims of violence who contacted the 1522 helpline were invited to contact a local AV center.

relations with the women who had been previously taken into care continued. The NRC survey shows that 69 per cent of the centres recorded a decline in the new contacts compared to the period prior to the emergency, whereas 20 per cent did not report any variations, and only 7 per cent found an increase in new calls for help. All in all, between the pre-emergency and emergency periods, the average number of new contacts per week decreased by around half – going from 5.4 to 2.8 per AV centre. The situation was different concerning the contacts from women who had already begun to carve a way out of violence program. In this case, the majority of the centres did not observe any variations (42 per cent) or record an increase in contacts (19 per cent), whereas 39 per cent also noticed a decline in the number of contacts.

Similar results were found by the AV centres belonging to the D.i.Re network from March 2 to May 3. Only 31 per cent of the contacts were from women approaching the centres for the first time, a much lower percentage than in the past (in 2019, they accounted for 71 per cent of the total number) (D.i.Re, 2020a). On average, during the lockdown, every centre in the D.i.Re network received around 2.6 new contacts per week – a similar proportion to what had been observed by the AV centres investigated by the NRC.

Moreover, data from the D.i.Re survey shows that only 4 per cent of the new contacts were received through the 1522 helpline, demonstrating that only a small portion of the women contacted the national helpline and approached the AV centres. Different hypotheses can be provided to explain these data. As forecasted by the international organisations and women's associations at the start of the lockdown (UN Women, 2020a), the lower number of new cases seeking help at AV centres could have been attributed to the exposition to greater control, which was accompanied by the fear of being found out, which, in turn, could spark further violence. A second explanation could be referred to the greater ease of confiding one's situation to the national helpline rather than deciding to concretely start a path out of violence by contacting the AV centre.

Some practitioners speculated that women experienced a first "phase" when the forced cohabitation prevented many victims from reporting the violence. Thereafter, as the situation went on, a resurgence in the violence contributed to a large increase in the number of contacts, owing to the increased severity of the reported violence:

In truth, there seems to have been a great change in the reports and the cases taken on in the last week. After the very low number of requests from March 7 to the middle of April, there's been an incredible increase in calls, which might also be due to the 'forced cohabitation'. What is evident is that all these cases of requests for help are serious emergencies.

Another reason behind the drop in new contacts can be traced back to the fall in the number of women accessing the general services. Considered to be local-level "lookouts", these services are of central importance in recognising cases of violence and promoting emersion of calls for help. The data highlight that the greatest problems were encountered with the courts and health services, namely those local services that have been put to the test to a great extent during the COVID-19 pandemic. Indeed, around 6 out of 10 centres state that they broke off or decreased their relations with hospitals (61 per cent) and local health authorities (58 per cent). Similar percentages also reduced or broke off relations with the ordinary and juvenile courts (64 per cent).

On the contrary, for over half of the centres, the frequency of their contacts with the municipal social services (67 per cent), police (66 per cent) and police headquarters (58 per cent) remained unchanged or even increased. The frequency of contacts, however, does not imply that relationships during the lockdown have been easy. On the contrary, among the greatest difficulties encountered, operators reported the response of municipal social services (45.4 per cent) and the management of cases of violence by the police (28.6 per cent).

In their free declarations, the practitioners especially underline the problems with the emergency rooms in hospitals, in particular, and the lower availability of the local services, which usually provide notifications of

cases of violence, in general. Among the services mentioned are schools, which are considered to be one of the preferred places to report violence experienced and/or witnessed in the family.

[One reason was] the decrease in access to the hospital emergency rooms probably because of greater concerns over exposure to possible contagion, also for their family members, than the fear of experiencing violence.

The closure of schools led to the closure of those spaces where pupils could speak out about potential problematic situations in the family.

The central role played by the local “lookouts” in rooting out calls for help has also been underlined in a reflection on the abused women’s diverse digital skill levels, which can pose a further obstacle for some of them.

Our experience tells us that many women aren’t ‘social’. This might be because they weren’t allowed to be before either, or because they don’t have suitable devices (smartphones), or because they don’t have the skills.

The “gender impact” of the lockdown, therefore, started from the possibility of women activating contacts with the outside and making their needs emerge. At the same time, it reflects the existing structural problems in an “ecological” manner – from the individual level (the gender digital divide) to the relational level (forced cohabitation, often due to economic dependence) and the local level (the reduction in “lookout” services and, in some cases, the lack of ad-hoc training).

Another critical aspect of the emergency management concerned the distancing of women from their homes and their admission to a shelter. Indeed, this was considered the most critical issue by 59 per cent of the centres, in addition to 42 per cent, which underlined the difficulties in guaranteeing social distancing inside the stay facilities. During the lockdown, just over half of the centres (51 per cent) declared that they activated the urgency procedure. Among these, the majority (35 per cent) had to introduce new precautions, such as a period of quarantine in hotels, B&Bs and apartments singled out for the specific purpose of housing women victims (25 centres). Other precautions included health checks and the provision of personal protective equipment (16 centres), a period of isolation in an emergency reception facility or a health surveillance facility (15 and 11 centres, respectively) and remote support from the practitioners for the isolation period, after which the women could enter the facility (6 centres).

As observed previously, at the outset of the crisis, the activities of the other local services were also put to the test, as they were affected by closures and a general lack of organisational preparation. The need for special “Covid areas”, where the mandatory self-quarantine period could be spent, was in some cases complicated, and this forced the practitioners to find their own emergency solutions. Furthermore, the difficulties associated with the coordination between services and the lack of available premises to implement the social distancing and mandatory self-quarantine orders were compounded by the failure of the prefectures in some areas to apply the Ministry of the Interior circular of March 21 and identify spaces to use for temporary reception:

The problem is finding premises where the Italian and/or migrant women could spend the mandatory self-quarantine period. We were told nothing by the institutions. This created a lot of confusion, especially regarding the shelters where the trafficking victims could be hosted without putting the women with children already hosted at risk.

In this dramatic situation, leaving their homes in an emergency becomes traumatic for the abused women. The practitioners ask to put a stop to this by applying the measure to distance the perpetrator, as set out in article 384 bis of the Code of Criminal Procedure and already adopted by the Trento public prosecutor’s office in March 2020 and recommended by the Parliamentary Femicide Inquest Commission (2020):

We think urgent perpetrator barring orders should be applied all over Italy, and that it shouldn't always be the women and the children who have to leave the home.

The practitioners' words highlight that the pandemic accentuates the gravity of the women's conditions when they leave their homes (often with their children). This is true, in particular, for the most vulnerable women, where:

From the psychological point of view too we note a widespread malaise and greater need for specialist support. Today there doesn't seem to be any outlook for the future and this is despite our efforts to keep their trust and prospects alive. The presence of children makes their future even more uncertain.

The effects of the pandemic also have repercussions on the children who are housed in the shelters. School closures enforced an additional detachment in their fundamental day-to-day social relations. In addition, the shelters do not have enough devices to guarantee suitable support for the online teaching. The practitioners highlighted this problem while underlining the importance of the right to an education for the children of the women in their care:

Unfortunately, we only usually manage to offer one PC in the whole facility, with the resulting complications considering the different ages of the minors hosted and/or different lessons overlapping at the same time.

The health and hygiene standards, such as social distancing and mandatory self-quarantine for women newly admitted to the services, set out in the Prime Minister's Decrees also affect the management of the limited spaces at the shelters' disposal:

We're finding it hard to accommodate women in emergency situations because the facilities aren't taking in anyone new for fear of contaminating the women and children already hosted and the hotels are shut. In urgent situations we refer the cases to the local social services.

Therefore, in cases of emergency reception, past issues are hugely amplified. Indeed, even in normal conditions, there is no forward planning to provide sufficient places to respond to the national recommendations. Difficulties also emerge from the local institutions' reticence – and at times, pure negligence – to shoulder responsibility and work together.

4.2. Empowerment advocacy

To tackle the gender impact of the economic shock and support women on their way to independence, the international recommendations insisted on the need to adopt a gendered lens in the subsequent economic recovery plans. As such, the overall gender impact of crises needed to be evaluated beforehand, by concentrating on the more exposed feminised sectors of employment and involving women's and marginalised people's (including migrant women) organisations in planning measures to strengthen the social protection system that cover all women workers. In addition to supporting women and their children, these measures could change the power relations and gender balances within the family, thereby lessening the consequences of stress and family tensions resulting from poverty and social isolation (UN Women, 2020d).

As far as paid and unpaid care work is concerned, feminist networks and international organisations recommended to recognise their essential function and provide structural reforms that can respond to the "5R" approach – "recognizing, reducing, and redistributing unpaid care, ensuring adequate reward systems for paid care workers and prioritizing representations" (UN Women 2020e). Moreover, "Feminist response to Covid-19", a network composed of more than 400 feminist organisations and activists from 74 countries issued a document in May 2020 in which the topic of women's informal and unpaid labour was addressed, focusing on the necessity to "breaking the dichotomy of formal and informal labour and redefining the concept of care

work, essential work and who performs it” and directly linking the impact of the pandemic on the higher “loss of income and livelihood of women who are often hired in casual, contractual and short-term employment and the increase in women’s burden of unpaid care work” to the higher risk of being exposed to gender-based violence (Feminist response to COVID-19, p. 7). Therefore, the collective claims for including the informal workers, especially women working in precarious conditions in domestic, care and services work, in the social protection systems are relevant, as these claims consider them “essential works” and claim the extension of a universal basic income to all these sectors.

As it comes to this latter aspect, the Italian government, under pressure by AV centres’ networks, approved a measure called “Income of freedom”, which is “aimed at encouraging, through economic independence, paths of autonomy and emancipation of female victims of violence in a particularly vulnerable or poor condition” (INPS, 2021). This economic measure consisted of 400 euro (maximum) contribution per month per person for a maximum of 12 months. While the term “autonomy” is repeated in the INPS document to describe the goal of this provision, several national AV advocacy networks criticised it for being tardive and insufficient when compared to the needs of survivors in the whole national territory. On one side, as pointed out by Action Aid, the contribution was made operative 15 months after its approval (ACTIONAID, 2021). On the other hand, D.i.Re, the main Italian AV network, defined it as “a facade intervention, as it provided only 3 million euros, covering the needs of at best 625 women throughout Italy compared with the about 50,000 women taken in charge in 2018” (D.i.Re, 2021).

Additional specific recommendations were to extend special leave from work on safety grounds, to modify the uses of parental leave permits and to allocate a fund to distribute economic contributions to women under protection with no resources of their own (Parliamentary Femicide Inquest Commission, 2020). In the face of this necessity, the D.i.Re network wrote a letter to President of the Council Conte concerning the goals of the PNRR, the national Recovery Plan presented by the Italian Government, underlining how the socio-economic consequences of the pandemic impacted women and their work, in particular, and asking for an increase in their participation in production work, changes to working conditions in various sectors and stronger standards against discriminations as well as welfare to decrease the difficulties faced by women when entering and remaining in the world of work (D.i.Re, 2020c).

4.2.1 Empowerment path in the times of COVID-19

The work that the practitioners of the AV centres must carry out with these women is particularly complex and implies concrete help in building economic independence. In fact, once the obstacle of making initial contact and the emergency reception issues have been overcome, the programs embarked upon a plan to do away with violence, taking two fundamental aspects into account – the support in accessing economic and welfare measures so that the women can be independent and rebuild their lives on their own, and the necessary for local coordination between the welfare and specialist services in order to deal with women’s needs. With regard to the first front, criticisms by AV practitioners emerging from the NRC survey have been already reported in Section 3.3. Data from ISTAT surveys show that, among the 15.387 women who began to carve a path out of violence with the support of AV centres during 2020, a little less than half were not economically autonomous. The percentage stands at 63 per cent for foreign women, increasing to almost 70 per cent for women up to 29 years old (Sabbadini, 2022). Nonetheless, all AV centres offer the service of job orientation, either independently or in connection with other territorial services, and only 12 per cent of women received had access to this service in 2020, thereby confirming that the pandemic has had a negative impact on the pathway out of violence.

Findings from the NRC survey show how the changed contextual conditions and the new operating methods produced inevitable impacts on the practitioners' activities. Indeed, during lockdown, the centres experienced an increase in services that can be provided remotely. In total, a 55 per cent increase was observed in listening and emotional support activities, 29 per cent in psychological consultancy and 18 per cent in legal consultancy. On the contrary, interventions implying a connection with the local services were a lot less frequent. In particular, over 70 per cent of the centres declared that they had reduced their independence through work and independent housing guidance schemes, and around 60 per cent had reduced their support for child victims or witnesses of violence. Finally, owing to fewer requests, 90 per cent of the centres recorded a reduction in services aimed at migrant women, a warning sign for the additional difficulties faced by the most vulnerable groups.

The topic of the women's independence as a necessary and inevitable condition to free them from the "tyranny of violence" has been repeatedly mentioned in the practitioners' declarations concerning women's requests during the health crisis. Starting from an analysis of the most evident problems, the practitioners suggest going beyond the emergency approach to implement structural intervention measures in what could be considered an "AV political program".

In the general framework of a "lack of economic support measures for women" and of the "problem of finding new work and housing", the practitioners also assert that "the economic support designed for the emergency does not fully correspond to the needs of the female victims of violence."

Job loss owing to the pandemic is an extremely serious problem for female victims of violence, especially in light of the fact that their jobs are often relegated to the more or less informal sphere of care, which totally falls outside the public income support distribution system:

Many women in this situation find themselves without an income and with children to support; in many cases they aren't divorced yet, with all the problems that this causes. Very often their work is off the books and so they have no form of social protection.

Many women followed by the centres work in the subsistence or care work sectors: areas that are particularly affected by the restrictions dictated by the Covid-19 emergency. Furthermore, they're jobs which will not necessarily reappear when this situation is over. In any case, a lot of women find themselves in immediate difficulty in their own (and their families' – children and teenagers') day-to-day life management, in guaranteeing a suitable quality of life for their needs and requirements.

The solutions proposed by the practitioners imitate the indications that have also been shared by the AV centres, such as "giving those women who have to leave the home preferential access to work", "facilitating economic support measures for women in conditions of emergency", "also by guaranteeing work placements and economic and housing incentives" as well as "extending stay permits for migrant women and specific measures to guarantee accommodation and support in suitable facilities."

However, as anticipated, practitioners' proposals are not limited to identifying specific measures to deal with the effects of the health crisis. Instead, their requests extend to structural social justice measures such as a "self-sufficiency income for women on way out of violence programs" while underlining how the income must not be considered welfare but a payment recognising their right to self-sufficiency.

In this political context, other practitioners dwell on the necessity to recognise AV centres' competences and experience in building trust relationships between women and co-planning independence programs for female victims of violence:

In this health emergency situation, it's necessary to safeguard and protect everyone's health, but it's indispensable to be able to support the women on the way out of violence programs, to give them not only quarantine accommodation but a place of protection, with relationships of trust and direct contact with the AVCs which have always worked with the women on the way out of violence programs in their single plans to gain independence.

Furthermore, in general, according to the practitioners of another AVC, in order to guarantee the abused women's independence and freedom, it is necessary to imagine a more equal and fair society and radically transform the present world:

We must draw a different future! Now more than ever, we must insist to build a more inclusive economy that can guarantee women more independence and so create a fair society. I think that this is the first step to combat gender-based violence.

5. Conclusion

The COVID-19 health crisis has posed an enormous challenge to the whole world and amplified difficulties in the fight against VAW. It has emphasised existing failings in the AV policies and cast light on the shortcomings in the emergency prevention system. Drawing on the lessons learned during past crises, international organisations, women's networks and specialist AV service practitioners predicted that the lockdown could have had a heavier impact on victims of violence, both because of the increased difficulty faced by women to contact and reach services and, in turn, seek help and because of the difficult working conditions for the specialist support services and the local AV networks.

In our study, the perspective and positioning of AV practitioners, rooted within the historical genealogy of feminist movements, was identified as the most significant factor in order to capture the needs of victims in the condition of "forced cohabitation" during the quarantine. Moreover, their point of view is considered crucial in facilitating a wider perspective on policies to be undertaken at the structural level, which are intrinsic to feminist AV theorisation and practices that situate each woman's vulnerability within the wider political and social context. In fact, as international feminist literature pointed out in the context of the previous crisis, their impact depends on the pre-existing structural inequalities, not only in terms of shortcomings in the welfare state but also of the epistemological approach to policy-making. This, in turn, challenges the gender neutralisation hidden underneath the universalisation of subjects considered worthy of essential services. Sanitary crises' impact on gender-based violence in this perspective can work as a litmus test for the broader gendered setting of policies, whose indicator is the line separating emergency from the structural perspective in reading and addressing crises.

The analyses return a double sense of the structural nature of VAW. First, in accordance with the Istanbul Convention, VAW should be considered "a social mechanism by which women are forced into a subordinate position compared with men" – a process that reproduces gender inequalities at the macro, meso and micro levels, according to a representation of gender as a social structure (Risman, 2018). In this regard, the pandemic made the importance of an integrated response at the territorial level clear, in which the action of VA centres is strengthened by synergy with other territorial actors. As a result of the mobility restriction measures, with the sharp decline in relations with general services, the difficulties of AV centres in intercepting new requests for help and implementing a path out of violence have multiplied. The greatest difficulties emerged for women who were forced to flee their homes, who could hardly access shelters due to the historic shortage of beds, which was exacerbated by social removal measures and precautions against contagion. In terms of the AV centres' work, our analysis highlights the logistical and organisational difficulties that they experienced, thereby leading to the structural inability of the AV system to cope with the impact of the crisis and amplifying the problems present at the national and local levels.

However, as the reflections of women workers at AV centres revealed, VAW could also be considered structural according to the arguments of Farmer (1996), who points out that experiences of extreme suffering are amplified by poverty, as the poor are likely to suffer the worst consequences of violence. While remaining

aware that gender-based violence is a phenomenon that can affect all women and be perpetrated by men of any socio-economic status, an intersectional reading allows us to emphasise the importance of the economic factor in triggering a real process of emancipation from violence – an aspect emphasised by VA practitioners who underline the need of more substantial economic support measures for survivors.

Our analysis has described the measures implemented at the national level in response to the alarms issued by international feminist networks, to cope with the pandemic, distinguishing two main phases of the pathway out of violence of women – their actual protection and their paths of empowerment. Not unlike what has been observed at the international level, driven by the tyranny of urgency, the Italian government has adopted measures mainly referring to the first area. It is worth noting that after two years since the beginning of the outbreak, policies addressing WAV and specifically women’s empowerment reveal “programmatically fragmented, low and discontinuous funding, regional disparities, and weak and opaque governance” (ACTIONAID, 2021). In particular, even though the European Program Next Generation EU provided holistic resources to plan structural interventions to cope with the structural gendered inequalities, the Italian government missed the opportunity to revise the setting of policies regarding gender-based violence as a related phenomenon, separating them from those on gender equality. In fact, within the National Recovery and Resilience Plan issued by the Government, there are no measures dedicated to VAW, as strongly suggested by feminist networks of AV centres. Likewise, prevention and counter-violence remain a separate field from recovery policies and from those for gender equality. In this sense, this separation reproduces “the confinement of issues that specifically concern women’s rights [...] to policies and actions that are not integrated with economic, social and cultural strategies and programming” (ACTIONAID, 2021).

Thus, the practitioners insist on placing the current crisis and the actions needed to deal with it in a systemic perspective, considering VAW to be a litmus test for the state of freedom and independence of women in society. They strongly underline the necessity to implement structural measures to support the independence of female victims of violence, which is necessary and inescapable to safeguard their self-sufficiency and freedom from the tyranny of violence.

Therefore, to deal with the organisational shortcomings and fragmentation of the AV programs, the practitioners seek to be involved in task forces or coordination groups, which, both at the national and local levels, can foster integrated and coordinated actions between the local services. In order to make up for the lack of collaboration in structuring the activities, the policymakers have been asked to include the perspective of those who work in the field in the decision-making processes so as to immediately identify the sticking points that require a specific intervention and that risk remaining unsolved despite the measures taken. The centrality of the perspective and experience of the AV centres at all levels – decision-making, organisation and operations – appears to be the element upon which the requests and proposals of a great many of the AVCs converge. They recall the necessity, ratified at international level by the international organisation and feminist network recommendations and guidelines, to include women and, in particular, those who work in the field in all phases of the decision-making processes, not just in the AV sector but in the wider sphere too.

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