ITALY

Ministry of Foreign Affairs and International Cooperation

Inter-ministerial Committee for Human Rights

Comitato Interministeriale per i Diritti Umani

**ITALY’S CONTRIBUTION,**

**IN VIEW OF NEXT STUDY TO BE SUBMITTED BEFORE UNGA 74,**

**BY UN SPECIAL RAPPORTEUR**

**ON VIOLENCE AGAINST WOMEN, ITS CAUSES AND CONSEQUENCES**

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**ITALY’S CONTRIBUTION**

 To the attention of

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Italian Authorities are in a position to provide the following information:

**Introduction**

* Italy relies on a solid framework of rules, primarily of a constitutional nature, by which the respect for human rights and the principle of equality (Articles 2, 3 of the Italian Constitution) are among the main pillars. In particular Article 3 of the Italian (rigid) Constitution, enshrines the principles of equality and non-discrimination, including between women and men, as follows: “All citizens have equal social dignity and are equal before the law without distinction of sex, race, language, religion, political opinion, personal and social conditions. It is the duty of the Republic to remove those obstacles of an economic or social nature which constrain the freedom and equality of citizens, thereby impeding the full development of the human person and the effective participation of all workers in the political, economic and social organization of the country”.

By recalling our last oral discussion before UN CEDAW Committee, it must be considered that in terms of legislative progress, Italy ratified the Council of Europe Conventions on preventing and combating violence against women and domestic violence, by Act No. 77/2013 and Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse by Act No. 172/2012, respectively.

During the Italian Presidency of the EU Council-2014, based on the EIGE’s report commissioned and monitored by the Italian Presidency on “Beijing plus 20: the 4th Review of the Implementation of the Beijing Platform for Action in the EU Member States”, Italy prepared a set of Conclusions on “Gender equality in the EU: The way forward after 2015: Taking stock of 20 years of implementation of the Beijing Platform for Action”, adopted by the EPSCO Council in December 2014. Furthermore, on 23 and 24 October 2014, Italy organized in Rome, a High-Level Conference on the Beijing Platform for Action, entitled “Gender Equality in Europe: Unfinished Business? Taking Stock 20 Years after the Beijing Platform for Action”, to give new momentum to the relevant European policies, after 2015. It gathered over 200 international experts, academia, politicians, CSOs, and representatives from the main European and international institutions and was closed by a Ministerial Round-Table on the future of gender equality policies, with the participation of about 20 EU relevant Ministers

Under the Italian semester of EU Presidency-2014, the Ministry of Health organized the European Conference, “Women Health: a life-course approach”, to exchange views between EUMS28 on how to improve relevant policies and strategies; and the main topics were: life-style; sexual and reproductive health; women and cancer.

Health and physical, mental and social well-being depend on several factors, including gender. The protection and promotion of women’s health represent a key investment to improve overall health. Aware of the essential role of women within the family as key actors for healthy lifestyles (healthy drivers), women themselves must be, first, in healthy conditions. To increase awareness about women’s health in all life periods, with women’s participation the Government established the National Women’s Health Day, on April 22nd of each year (date of birth of Nobel Prize Sen. Rita Levi Montalcini).

 (a) During the first National Women’s Health Day-2016, Ministry of Health organized an interactive informational project, including online and study-discussions around 10 women health-relevant topics: 1. Sexuality, fertility, and maternal health; 2. Violence, right to health-care, immigrant women; 3. Nutrition throughout lifecycle; 4. Cancers’ Prevention and screening; 5. Mental health, eating disorders, and addiction; 6. Beauty treatments and aesthetic medicine, including plastic surgery; 7. Health at work-place; 8. Gendered medicine and research for women; 9. Healthy ageing for women; 10. Communication targeting women, for themselves and as their families’ health drivers;

 (b) Each WG proposed 5 priority participatory actions to be developed over the next three to five years, which resulted in “Manifesto for Women’s Health”.

**Turning to specific issues**

With regard to the specific area of care provided during pregnancy and child-birth, in 2010 Italy adopted an Agreement between the Government, the regions and the autonomous provinces of Trento and Bolzano, the provinces, municipalities and mountain communities, on the full realization of care pathways that guarantee the humanization of care provided for during the birth pathway.

This agreement commits all stakeholders that signed it, to support strategies and actions aimed at guaranteeing the humanization of the birth pathway in all its phases, from the birthing classes up to the rooming-in.

Among the functions related to the assistance levels, mention has to be made of the following:

- To guarantee the woman giving birth to privacy, recognition of her dignity, adequate information, the right to experience childbirth as a natural event, by taking advantage of the presence of a person of her choice, also through the establishment of dedicated pathways to physiological pregnancy;

- To guarantee adequate assistance to the birth event also through pharmacological and non-pharmacological pain control techniques;

- To remove the organizational-functional obstacles, which hinder the practice of rooming-in and the support for breastfeeding.

To increase the safety of the birth pathway, the Guidelines on physiological pregnancy and caesarean section are being implemented, also in the regions' assistance pathways, which respond to the need to promote adequate obstetric care towards low-risk pregnancy, physiological delivery and the puerperium term while ensuring the quality of overall obstetric care and assistance.

Against this background, in more general terms and as a way of examples, mention may be made of the following:

The Ministry of Health, as a member of the inter-ministerial Task Force set up at the Department on Equal Opportunities in July 2013, coordinated the ad hoc thematic sub-group on "Training", to elaborate relevant Guidelines (Article 5 of Decree-Law No. 93/2013, converted into Law No. 119/2013), as later adopted by Prime Ministerial Decree dated 7 July 2015. In this regard, it was stressed that the actions necessary to effectively prevent and combat violence should envisage integrated and multidisciplinary training for the service providers, also in order to acquire a shared language and methodology - ultimately to increase the skills of all the stakeholders while respecting their specific areas of competence.

The Ministry of Health also contributed to the other areas of action under the above inter-ministerial Task Force such as:

* -  Data collection, for an analysis of available data sources and possible synergies or actions for a more comprehensive and timely monitoring of the phenomenon under reference;
* -  Evaluation of the risk of recurrence, for the analysis of methods for assessing the risk of relapse back into intimate violence;
* -  Education, for the definition of educational initiatives aimed at the promotion of an anti- violence culture;
* -  The Rosa Code, to be replicated, nationwide (this is a best practice put in place at some Emergency Rooms);
* -  Reintegration of the victims, including actions to end violence and support victims in their reintegration into labour sector,
* -  Initiatives dedicated to the perpetrator/abusive man;
* -  Initiatives for minors in order to manage the effects of witnessing violence.  In addition to the above Plan, mention has to be made of the Guidelines on training, included in the Extraordinary Action Plan against Sexual and Gender-based Violence, the aim of which is to:
* -  be a tool for orientation and support for the implementation of training initiatives, to be uniform throughout Italy;
* -  increase the knowledge of the phenomenon of violence against women in a gender perspective, including consideration for specific forms of violence from other cultures;
* -  provide understanding of this issue, by considering its social, cultural, psychological and legal complexity;
* -  spread the reception methodologies, aimed at women’s empowerment, while avoiding mediation interventions;
* -  sensitize to the recognition of the phenomenon in every area;
* -  ensure an integrated model of intervention through the implementation and dissemination of a  network system.
	1. The training has been then divided into three specific areas of intervention, identified in relation to the moment in which the operator comes into contact with the victim of violence:

 Area 1: Recognition of the phenomenon: aimed at all the relevant professional of the territory who can come into contact with victims of violence and ill- treatment in any social and professional field: general practitioners, pediatricians in private practice, competent occupational physicians, health- care staff, pharmacists, Police forces, teachers and school staff, labour inspectors, provincial and regional gender equality councillors, rescue aid volunteers, religious community leaders or social groups, community educators, service providers working in home care with the elderly or the persons with disabilities, cultural mediators, counselling desks staff, CUG members, prison Police, etc. These figures can play a strategic role as early warning mechanisms/"Sentinels" of the phenomenon of violence.

  Area 2: Taking charge of the victim: addressed to the service providers directly involved in the charge-taking of the victims of violence, who form the "Territorial operational network" (first aid health-care workers and specialists, law enforcement agencies, judiciary, voluntary associations, anti-violence centres, etc.). The training must support the creation or consolidation of the above network also by determining, from an operational standpoint, references and contacts to be made available to the "Sentinels", in order not to cancel the efforts of emergence of the phenomenon from the first area of intervention, which, if not properly inserted in the territorial network of services, are likely to be thwarted.

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*   Area 3: Accompaniment to the exit pathway from violence, addressed to the service providers of the anti-violence centres, social care workers and social assistants, psychologists and psychotherapists, psychiatrists, specialized services on the taking charge of the victims and of the authors; mental health-care workers who often deal with authors and victims of violence, public and third sector’s service providers, general practitioners and pediatricians in private practice. The service providers involved in this third area of intervention must take care of the victims, who have suffered from significant physical and mental damage, often at risk of life, who must regain confidence in themselves and self- esteem when embarking on a new life pathway, as well as of the authors of ill- treatment and family members.  - National Centre for Disease Prevention and Control Project (acronym in Italian, CCM) 2014 - Blended training program  In order to enhance the ability to recognize and receive women victims of violence in the emergency rooms, from within the 2014 resources of the National Centre for Disease Prevention and Control (CCM), the Ministry of Health allocated € 260,000.00, for a key action, entitled "A blended training program for health-care professionals, and non”, aimed at strengthening the territorial networks for the prevention and fight against gender-based violence, coordinated by the Superior Health Institute (*Istituto Superiore di Sanità*).
	+ - 1. This project was implemented in four regions (Lombardy, Latium, Campania and Sicily) by a specific training pathway on gender violence, which took into account all relevant multidisciplinary aspects. Training was provided through the so-called FAD platform (a database) and with in person meetings, to physicians and nurses from 28 emergency room: 7, per Region.
* An online training course was also provided, with a specific section aimed to the State Police and the local Police from the same geographical areas. Each Hospital was accompanied by experts to strengthen, form or activate a local multi- professional network made up of health workers, law enforcement agencies, local Police, territorial social services, Associations and anti-violence centres, sharing the methods on the reception of women and identifying tasks and availability of the Institutions so involved.
* Moreover, mention has to be made of the National Strategic Plan on Men Violence Against Women, 2017 – 2020, as attached to baseline report of Italy to GREVIO-2018 (https://www.coe.int/en/web/istanbul-convention/italy).

**In conclusion**, Italy takes this opportunity to reiterate its full commitment to working with UN Special Procedures and all other relevant international mechanisms.