

ITALY

**MINISTRY OF FOREIGN AFFAIRS AND INTERNATIONAL
COOPERATION**

*Inter-ministerial Committee for Human Rights
Comitato Interministeriale per i Diritti Umani*

**ITALY'S REMARKS
ON CHILD EARLY FORCED MARRIAGE
(A/RES/69/156)**

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ITALY'S REMARKS

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Further to the UN Secretary-General query, Italy is in a position to provide the following information:

Introductory remarks

1. The Basic Law determines the political framework for action and organization of the State. The fundamental elements or structural principles of the constitutional law governing the organization of the State are as follows: Democracy, as laid down in Article.1; the so-called *personalistic* principle, as laid down in Article. 2, which guarantees the full and effective respect for human rights; the pluralist principle, within the framework of the value of democracy (Arts. 2 and 5); the importance of work, as a central value of the Italian society (Arts. 1 and 4); the principle of solidarity (Article.2); the principle of equality, as laid down in Article.3 (it is also the fundamental criterion applied in the judiciary system when bringing in a verdict); the principles of unity and territorial integrity (Article 5); and above all the relevant principles, including the social state, the rule of law and the respect for human rights and fundamental freedoms, such as freedom of correspondence, freedom of movement, freedom of religion or belief, and freedom of opinion and expression – as also mentioned in your report (para.10).
2. The Italian legal system aims at ensuring an effective framework of guarantees, to fully and extensively protect the fundamental rights of the individual. Indeed, we rely on a solid framework of rules, primarily of a constitutional nature, by which the respect for human rights is one of the main pillars.
3. Over the years, Italy has continued to be focused on a wider concept of equal opportunities with the main aim of removing all forms of discrimination and developing gender-sensitive policies in many different areas. In particular, specific attention has been paid to: GBV; THB; CEFM; FGM; employment; equal sharing of responsibilities between women and men; education and the fight against stereotypes; health; women's participation in the political and economic decision-making; and immigration. The measures taken in these areas have contributed to strengthening the role and further empowering women. In terms of progress at the national level, specific mention should be made of: Italy's ratification of the Council of Europe Conventions on preventing and combating violence against women and domestic violence (Act 77/2013) and on the Protection of Children against Sexual Exploitation and Sexual Abuse (Act 172/2012).
4. The eradication of **harmful traditional practices** represents one of the main Italian priorities. In 2014, DEO commissioned a specific research on CEFM, which resulted in a publication,¹ showing the difficulty of detecting this situation and the overall underreporting, especially among Roma.
5. When cases have been brought before the justice, they fell within: family ill-treatment; abuse; and reduction into slavery.
6. Italy is also actively engaged in the international campaigns for the eradication of FGM and CEFM.

¹<http://www.pariopportunita.gov.it/index.php/archivio-notizie/2473-il-matrimonio-forzato-in-italia-conoscere-riflettere-proporre>

- **At the last UN HRC29, Italy co-facilitated (A/HRC/RES/29/8)** the resolution on “Strengthening efforts to prevent and eliminate child, early and forced marriage”, adopted without a vote and co-sponsored by approx. 85 UNMS.

- This area is also considered within the framework of the National Action Plan on Women, Peace and Security, 2014-2016, in accordance with UNSCR1325(2000).

- The Italian Development Cooperation supports through annual voluntary contributions the activities of UNWOMEN, UNFPA and continues to be one of the major donors of the Joint UNFPA/UNICEF programme “Female Genital Mutilation/Cutting: Accelerating Change”.

- Relevant **development cooperation** initiatives have been also carried out in various priority countries. The commitment to recognise VAW as a human rights issue, to challenge *de jure* and *de facto* discrimination against women and to end impunity for the widespread use of sexual violence in war and armed conflict has been strengthened after 2009 when Italy launched the first G8 initiative against VAW. Since then, the support against THB, FGM, CEFM and GBV has been strengthened both at the political and financial levels.

7. At the national level, training for specialized groups and **the coordination of activities within judicial offices, in particular for the Prosecutor’s Offices, have been designed to make judicial interventions as qualified as possible, on all forms of violence against women.** Similarly, training on “vulnerable groups” allows for a continuous exchange of information about violence-related crimes, including a tentatively standardised interpretation of rules. There is also an initiative to draft MoUs, to improve links between all judicial bodies and care facilities (e.g. social services, NGOs, care centres, including anti-violence centres and hospitals). These MoUs – albeit within the limited scope of this kind of agreement – are of great relevance, precisely for the training of all operators as they provide an important opportunity for discussion on key issues and overall for the analysis of concrete solutions on all forms of violence against women. The consistent and effective cooperation with the National Bar Association and the Bar Association of each Court district is equally important, given that, in some cases, it has led to holding relevant meetings with a large participation of lawyers and judges.

8. With regard to the health sector, the Ministry of Health finalised in May 2015 the **sectoral Plan on Roma health.** Within this framework, specific attention is paid to Roma women and girls reproductive health rights. In drafting this Plan, from a normative standpoint, attention has been paid to the 1986 Ottawa Charter based upon three verbs: *to enable, to mediate, and to advocate.* Moreover, it considers the European Funds Planning, 2014-2020. To draft this Plan, which envisages 14 projects, also of an international relevance, institutional and non-institutional stakeholders, including Roma women, have been involved.

- As for **Roma**, from available data, low life expectancy, coupled with higher levels of child mortality, significantly impacts on Roma people’s health. Sexually transmittable diseases, alcohol and drugs addictions as well as overall poverty-related diseases are a matter of concern.

9. This scourge also requires specific attention with regard to **health-care protection needs of migrants**, especially maternal-child health care. The National Health-Care System expressly guarantees adequate care pursuant to Art.32 of the Constitution and Art.35 of Legislative Decree 286/98 (social protection for the pregnancy and maternity pursuant to Acts 405/75 and 194/78; and

Ministry of Education's Decree dated March 6, 1995); plus, all health-care protection measures consider the UN Convention on the Rights of the Child. Health care-related services are also provided by relevant charity Associations, pursuant to Art.43, para.8, of Presidential Decree 394/99. Furthermore, Act 94/2009 envisages that the access to health-care services is not subordinated to the submission of whatsoever document proving the regular stay in the territory. Thus, with regard to Non-EU citizens, Act 40/1998 expressly enforces the principles enshrined under the above Art.32 of the Constitution: they do have access to the health-care system. The additional effort is for the implementation of adequate health-care policies with the ability to detect relevant health-care needs. To this end, matters of concern are: the reduced knowledge of the Italian language, the little understanding and/or respect for the proceedings or the facilities – which, with regard to pregnant women, is translated into forms of suspect towards medical examination - on the assumption that the pregnancy in itself is a natural event without the need for whatsoever monitoring. On the other hand, both migrants and RSC people usually resort to emergency medical assistance - which does not facilitate any reconciliation with a normal medical timeline for medical services supply. Plus, medical treatments are often interrupted when symptoms disappear. On many occasions, the family group directly interferes in the medical decision leading to various forms of tension with the medical personnel - a situation determined by the lack of health-care education and the difficulty in accepting the importance of a culture of prevention.

CONCLUSIONS

Italian Authorities take this opportunity to reiterate their firm willingness to continue cooperating with the UN Secretary-General and all UN relevant mechanisms.