



LEGAL AND POLICY FRAMEWORK

Italy has ratified the UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in June 1985 and its Optional Protocol in September 2000. In September 2012 Italy signed the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention) and ratified it in September 2013.

Italy is one of the 21 European states that does not have a legal definition of Gender-Based Violence.1

Italian legislation does not cover the four forms of domestic violence specified in Article 3 of the Istanbul Convention within their criminalisation or definition of domestic violence. While it covers physical violence and sexual violence it excludes psychological violence and economic violence. Italy has not legally defined what femicide is either. As a result, such legal figure does not exist.2

Legislation against gender-based violence was first introduced into the Italian Penal Code in 1996 by Law 66, February 15, Art. 609 bis-Art. 609. This was followed by a President of the Council of Ministers' Directive (27.03.1997) that instructed the collection and the analysis of statistics of sexual violence and abuse, the creation of an observatory on violence against women and minors and the preparation of new legislation introducing urgent precautionary measures in cases of domestic violence (Art. 9). Since 2001, offenders can be precautionarily removed from the family home. Since 2002, any person experiencing gender-based violence (GBV) is eligible for legal aid irrespective of income.

Following the signature of the Istanbul Convention into law, Italy introduced the issues of battering and sexual violence into its Penal Code. Since 2009, stalking is a crime. Since 2013, the topic of prevention of GBV and all forms of discrimination is part of the education curriculum. Since 2013, women victims of sexual violence (except domestic workers) can be on work leave. Italy adopted in 2011 the first National Plan Against Gender-Based Violence and Stalking, followed in 2015 by an Extraordinary Plan against sexual and gender violence and in 2017 by the Strategic National Plan on men's violence on women and by several laws

(concerning economic compensation, paid leave, civil servant transfers, the safeguard of orphans as well as turning domestic violence, stalking and sexual violence into prioritised crimes), which have increased the number of protection measures for women. Since 2019 forced marriage, the deformation of an individual's appearance through permanent facial injuries and the unlawful dissemination of sexually explicit images or videos or revenge porn are recognized as crimes. Recently, in 2022, Italy enacted Law 53 (May 5), to ensure that statistics are collected so to generate a flow of information adequate in cadence and content on GBV against women so to ensure effective monitoring of the phenomenon. Its article 4 stipulates that all public health facilities, and in particular emergency room operating units, have an obligation to provide data and information related to violence against women. This latter move is part of an agenda (sparked by the Istanbul Convention) aimed at getting more real regarding the quantification of the GBV phenomenon and the extent to which the measures in place are doing their job or not.

FACTS

According to data from the ISTAT, in 2020, 54,609 women contacted Anti-Violence Centres (AVCs) at least once, 3,964 more than in 2019. Of those, 30,359 have started a path out of violence with the Anti-Violence Centres that adhere to the State-Regions Agreement. The bulk of those women were Italians (72,3%). 27,7% were foreigners. In at least 3.048 of such cases, women's lives were at risk.3

As the following data makes clear, the situations left behind were complex and multifarious.

12.907 of these women suffered from physical violence. In 9.281 cases there were threats made to them. 1.958 were cases of consummated or attempted rape. 2.525 were cases of other forms of sexual violence. In 4.039 instances women were stalked. In 17.521 cases there was psychological violence. In 7.557 instances there was economic violence. They were also a minority of other situations (forced marriages, Female Genital Mutilation, forced abortions, forced sterilization and ▶







trafficking linked to prostitution). In the vast majority of these cases the perpetrator was their current partner (54,8%), followed by ex-partners (22,9%), by family members (12,5%) and by friends (9,9%).

The bulk of those women had between 16 to 59 years of age (within that the largest group were women from 40 to 49 years of age followed by 30 to 39 years old). The majority of women were referred to an AVC by family and friends (39,6%), followed by referrals made by law enforcement agencies (29%) and then by Emergency Room personnel (19,3%).

The great majority of women contacting an ACV during 2021 sought to be listened to (18.379) followed by women who sought to be admitted into one (14.335).

In 2021, as well, 1.179 women were admitted to hospitals for recovery from GBV. In that same year, 6.356 women who visited an Emergency Room (ER) got a primary diagnostic of domestic violence. Additionally, 99.580 women who visited an Italian ER for another reason were secondarily diagnosed as victims of domestic violence. Of those, 92.309 of them had multiple bruising and 30.000 reported high level of anxiousness.

During 2020, 36.036 women victims of GVB called the 1522 Helpline. By and large, most of those calls were made by women victims of violence. During 2022, according to the Italian Ministry of Interior, law enforcement authorities receive the following complaints regarding GBV: 12.771 cases of stalking against women, 18.788 reported cases of ill-treatment against women and 5.991 cases of sexual violence against women.

During 2021, in Italy there were 119 cases of women killed: 70 by their partners or ex partners, 30 at the hands of other family members, 6 at the hands of someone known and 13 at the hands of an unknown.

WOMEN'S CSOs LANDSCAPE - Challenges and Needs

Italy's strong civil rights and women's movement disappeared a bit from the public scene after its strongest momentum in the 1970s surviving with isolated initiatives as any progress in civil rights came always up against strong opposition. In 2011 a strong wave of reaction against the state of affairs took shape in society and old and new women's organizations launched a variety of initiatives against gender discrimination and campaigns against domestic violence.

In Italy legislation and women's realities have substantially changed due to the relentless and rich debates within the feminist movement and the commitment of the women elected to Parliament as a consequence of it. Women's CSOs are key players in advancing gender equality and preventing and combating GBV by offering the much-needed support for women survivors of violence and particularly by holding the government accountable for translating their commitments into laws and policies and into implementation and enforcement.



- ¹ https://www.europarl.europa.eu/RegData/etudes/STUDD/2022/738126/IPOL STU(2022)738126_EN.pdf (retrieved March 24, 2023).
- ² https://www.europarl.europa.eu/RegData/etudes/STUD/2022/738126/IPOL_STU(2022)738126_EN.pdf (retrieved March 24, 2023).
- ³ Throughout this section, the 2020 data comes from ISTAT-Presidencia del Consiglio dei Ministri. Dipartimento per la Pari Opportunità. Il Sistema di protezione per le donne vittime de viiolenza. (2022) https://www.istat.it/it/files/2022/05/REPORT_CASERIFUGIOECENTRIANTIVIOLENZA_2022.pdf (retrieved 29 March, 2023). The 2021 data comes from https://www.istat.it/it/archivio/278024 (retrieved 29 March 2023) and the 2022 data comes from Ministero dell'Interno. Dipartimento della Pubblica Sicurezza. Direzione Centrale della Polizia Criminale. Servizio Analisi Criminale. Omicidi Volontari. 21 November 2022 https://www.interno.gov.it/sites/default/files/2022-11/53_settimanale_omicidi_21_novembre_2022.pdf (retrieved March_29, 2023).
- ⁴ Not every AVC and not every shelter deals exclusively with cases of GBV.
- ⁵ ISTAT-Presidencia del Consiglio dei Ministri. Dipartimento per la Pari Opportunità. Il Sistema di protezione per le donne vittime de viiolenza. (2022) https://www.istat.it/it/files/2022/05/REPORT_CASERIFUGIOECENTRIANTIVIOLENZA_2022.pdf
- 6 In the case of privately promoted and privately managed institutions, only 50% of the shelters and 58% of the AVCs deal exclusively with cases of GBV.
- ⁷ ISTAT-Presidencia del Consiglio dei Ministri. Dipartimento per la Pari Opportunità. Il Sistema di protezione per le donne vittime de viiolenza. (2022) https://www.istat.it/it/files/2022/05/REPORT_CASERIFUGIOECENTRIANTIVIOLENZA_2022.pdf

Direct Victim Support Activities

In Italy, the Anti-Violence Centres (AVCs) and Shelters are the core of the structure in place to deal with cases of GBV.⁴ In 2022, there were 366 AVCs and 368 shelters (88% of them with a secret address).⁵ Shelters and AVCs are unevenly distributed throughout the Italian territory. Northern Italy counts with 257 shelters (70,2%) and 146 AVCs (41,7%). Southern Italy has 104 AVCs (29,7%). The rest are spread throughout the rest of Italy. They are also unevenly distributed within the 20 administrative regions as well. Most of them (particularly AVCs) are located in major populated areas. AVCs and shelters may or may not adhere to the territorial network against violence that exists in every single region.

The vast majority of ACVs (283) have been promoted (and are managed) privately (on a non-for-profit basis, historically an initiative of women CSOs).⁶ Regarding shelters, 92% of them are also on the same regime. The rest of the AVCs and shelters have been promoted (and are managed) by public agencies. 81,8% of the shelters and 92% of the AVCs receive public funds.⁷ 59,1% of the shelters and 42,2% of AVCs receive exclusively public funds. Many AVCs operate on the basis of volunteers.

Given the increasing number of battered women, the first priority is to strengthen as much as possible the service of provision of medical help to victims of GBV. The current infrastructure is not enough. The established distinctiveness of AVCs of personalized women to women treatment, set AVCs apart from other regional social services. The importance of AVCs for women that both seek advice from them or simply need to be listened to as mentioned in the previous section cannot be highlighted enough. Yet, the fact that public funding is scarce and arrive slow and late, along with the fact that AVCs vary regarding what services they offer and how many days a week they are open for the public, united to the fact that women that wish to be hosted by one such institution, tend not to have their own financial means, fact that helps prolonging the period they stay there puts a lot of financial pressure on these organizations. As a result, they cannot keep up with the demand. For this reason, there is a demand from women CSOs to support the continual creation of GBV specialized AVCs in every district.

The same is true regarding shelters. It is necessary to support women CSOs' quest to **continue expanding the needed infrastructure** particularly in remote, non-central areas within regions. It is also necessary to support women CSOs to support an increase of their public service times so they can attend to the needs of GBV victims.

Indirect Victim Support Activities

Italy is not short of legislation to individually punish those who engage in GBV. Italy has also been moving towards the creation of specialized units in both justice system and law enforcement to deal with this. That notwithstanding, the prevention side of the equation and the coping with victims, particularly helping them to move on in life, are still the weakest links in the chain. In such a context, women's CSOs have pointed out to the importance of working with youth and adults to tackle stereotypes (what the state offers through the education system is not enough if we observe the inter annual flow of cases of GBV. According to CSOs, we are in front of a well-established cultural problem that has to be fully addressed) and to avoid harming behaviours (including through digital means).



The second priority is to engage in **lobby and** advocacy at both the regional and national levels (1) to ensure a sound working system of funding of those who deal with people affected by GBV and (2) to financially commit to help GBV victims to have the chance of a new beginning, which will also help increase the turnover of people under their care.

There is also a need to further engage the EU to deliver EU wide campaigns on GBV. Furthermore, another key need identified is to develop tools and standards that could support EU policies and actions regarding prevention of GBV.

Community Building and Outreach Activities

The first priority is the need to strengthen the capacity to build coalitions and partnerships between women CSOs working on the field of GBV prevention and to ensure a good flow of information, exchanges and best ▶

practices between them. In that regard, they pointed out to the need to build a solid digital platform that could make it happen.

The second priority is to find new ways of coordinating efforts between women CSOs with other stakeholders (both public and private) so as a whole they are capable of coping with old and new challenges. In that regard, they pointed to the need of co-programming, hence of building more horizontal spaces of debate, exchange and deliberation capable of delivering the needed answers.

CSO Competency Building

Women CSOs working in the field of GBV need training that could help to build autonomous capacities and to ensure sustainability.

Another key priority is capacity training on GBV. However, women's CSOs pointed out the lack of trainers that truly understand the GBV sector and therefore identified the need to generate trainers with specialized GBV expertise and methodologies so they can help with the strengthening of technical and managerial capacities with a clear strategic thinking flavour.

Additionally, they have also expressed the need for more traditional training on watchdogging, advocacy, lobbying and policy monitoring so to increase the weight that these organizations carry.

A final need that has to be met is given the visual impact of the effects of violence on women, there a clear need to train people by means of **video** making seminars.

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ABOUT THE STUDY

This study analyses the women's CSO landscape in Albania, Bosnia-Herzegovina, Croatia, Cyprus, France, Greece, Italy, Kosovo, Montenegro, Serbia and Spain. It identifies the challenges women's CSOs face and their needs to prevent and combat GBV. The study was carried out by INDERA SL at the request of Calala Women's Fund jointly with the Mediterranean Women's Fund (MedWF) and Ecumenical Women's Initiative (EWI).

Methodology:

Based on a review of the current initiatives at grassroots level in the 11 countries and the project portfolio of EU supported initiatives, a model of activities was created comprising the following four areas: 1) Direct Victim Support Activities: services and activities which are provided directly to the victims of GBV; 2) Indirect Victim Support Activities: monitoring, advocacy, and watch dog activities regarding the adoption and implementation of laws and policies to combat and prevent GBV as well as research, awareness raising and preventative activities. 3) Community and Outreach: activities to strengthen stakeholders' collaboration, networking and community building; 4) CSO Competency Building: activities to strengthen women's CSOs structural, technical, financial and operational capacities.

Stakeholder interviews with women's CSOs and experts from the 11 countries, together with desk research provided information and data about legal and policy frameworks, actors, tools and methods in the area of GBV and VAWG to identify needs to support actions with potential in prevention, protection, prosecution, service provisions, partnership building and prevalence.

The data provided in this study was collected in March 2023. More information at: www.calala.org







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