



HUMAN
RIGHTS
WATCH

*Submission to the United Nations Committee on the Elimination of
Discrimination against Women on the seventh periodic report of Italy*

June 21, 2017

We write in advance of the 67th Session of the Committee on the Elimination of Discrimination against Women and its review of Italy to highlight areas of concern regarding the government of Italy's compliance with the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). This submission addresses Articles 2, 3, 5, and 12 of the Convention.

Human Rights Watch recognizes that the government of Italy has taken steps to address violence against asylum-seeking women and girls, including its ratification of the Council of Europe Convention on Violence Against Women and Domestic Violence (Istanbul Convention).¹ We also acknowledge the challenges posed by the arrival of over 181,000 migrants, refugees, and asylum seekers in Italy via the Mediterranean in 2016 and over 71,000 thus far in 2017. Human Rights Watch continues to call on the European Union and its member states to provide greater support to countries of first arrival, including Italy, and to ensure more equitable sharing of responsibility, including through relocation of asylum seekers from Italy to other EU member states.

¹ Italy ratified the Istanbul Convention in September 2013. The Convention entered into force in August 2014, following ratification by ten Council of Europe member states. Council of Europe, Chart of signatures and ratifications of Treaty 210, Council of Europe Convention on preventing and combating violence against women and domestic violence, <http://www.coe.int/en/web/conventions/full-list/-/conventions/treaty/210/signatures> (accessed June 7, 2017).

However, the strain on Italy's reception system does not excuse the government from its obligations to protect women and girls, regardless of residency status, and we remain troubled by gaps in basic service provision to female asylum seekers who are survivors of sexual violence. The Committee referred to these concerns in its list of issues and questions conveyed to the Italian government in November 2016 in relation to the seventh periodic report of Italy.²

Since 2009, Human Rights Watch has documented abuses against asylum seekers prior to and during their journey from sub-Saharan Africa to Italy. In individual interviews, multiple asylum seekers have provided credible testimony of experiencing or witnessing violations against women including rape, sexual assault, and beatings.³ Reports from the United Nations and other agencies corroborate findings that women experience high rates of sexual and other violence during the journey to Italy, particularly in Libya.⁴

² United Nations Committee on the Elimination of Discrimination against Women (CEDAW Committee), List of issues and questions in relation to the seventh periodic report of Italy, UN Doc. CEDAW/C/ITA/Q/7, November 25, 2016, paras. 7, 9, 19-21.

³ See Human Rights Watch, *Pushed Back, Pushed Around: Italy's Forced Return of Boat Migrants and Asylum Seekers, Libya's Mistreatment of Migrants and Asylum Seekers*, 2009, https://www.hrw.org/sites/default/files/reports/italy0909web_0.pdf; "Libya: Whipped, Beaten, and Hung from Trees," news release, June 2, 2014, <https://www.hrw.org/news/2014/06/22/libya-whipped-beaten-and-hung-trees>; "EU/NATO: Europe's Plan Endangers Foreigners in Libya," news release, July 6, 2016, <https://www.hrw.org/news/2016/07/06/eu/nato-europes-plan-endangers-foreigners-libya>; "EU: Put Rights Above Politics," news release, February 1, 2017, <https://www.hrw.org/news/2017/02/01/eu-put-rights-above-politics>.

⁴ United Nations Office of the High Commissioner for Human Rights (OHCHR), UN Support Mission in Libya, "Detained and Dehumanised: Report on Human Rights Abuses against Migrants in Libya", December 13, 2016, http://www.ohchr.org/Documents/Countries/LY/DetainedAndDehumanised_en.pdf (accessed June 10, 2017); Refugees International, *Hell on Earth: Abuses against Refugees and Migrants Trying to Reach Europe from Libya*, May 31, 2017, <https://www.refugeesinternational.org/reports/2017/Libya>; Patrick Wintour, "German report details Libya abuses amid pressure to end migrant flows," *Guardian*, January 30, 2017, <https://www.theguardian.com/world/2017/jan/30/german-report-libya-abuses-pressure-migrant-flows>.

The CEDAW Committee has made clear that states' obligations under CEDAW pertain equally "without discrimination both to citizens and non-citizens," including refugees and asylum seekers.⁵ The Committee has also specified that "special attention should be given to the health needs and rights of women belonging to vulnerable and disadvantaged groups," including migrant, refugee, and internally displaced women.⁶

This submission is based on initial findings of Human Rights Watch research in the Lombardy and Veneto regions of Italy in March 2017.⁷ While Human Rights Watch documented some examples of good practice in support for female asylum-seeking sexual violence survivors, notably at the Ethno-psychiatric Consultation Center at Niguarda Hospital and the Sexual and Domestic Violence Support unit at Mangiagalli hospital, both in Milan and the Salute Migranti Forzati center in Rome, this was not mirrored at reception centers that Human Rights Watch visited. In interviews with asylum seekers and reception center service providers during visits to nine reception centers, and in interviews with local government officials, Human Rights Watch documented failure to ensure minimum standards of protection and response for survivors of sexual and other gender-based violence housed at reception centers. This included a lack of basic measures to facilitate identification of survivors, including interpreters, confidential spaces, and training of staff. In addition, interviews revealed a lack of information about and access to health, psychosocial, and legal services for survivors, including those who could have grounds for gender-based claims to international protection or humanitarian leave to remain. In most cases, survivors said they had not discussed the sexual violence with anyone prior to speaking with Human Rights Watch. This was due to a variety of factors, including lack of awareness of available services, fear of stigma, and lack of screening or inquiry by service providers.

⁵ CEDAW Committee, General Recommendation No. 28 on the Core Obligations of States Parties Under Article 2 of the Convention on the Elimination of All Forms of Discrimination against Women, UN Doc. CEDAW/C/2010/47/GC.2, Forty-seventh session, October 19, 2010, para. 12.

⁶ CEDAW Committee, General Recommendation No. 24, Article 12 of the Convention (women and health), Twentieth session, 1999, para. 6.

⁷ Further research will be conducted in southern Italy in mid-2017.

Lack of adequate services and support for women asylum seekers who have experienced sexual and other violence (Articles 2, 3, 5, and 12)

Human Rights Watch found that numerous barriers prevent asylum-seeking women survivors of violence at reception centers in Italy from accessing essential medical, psychological, and legal support. These barriers include:

1. Inadequate identification of asylum seekers who have experienced violence

In its General Recommendation No. 32 on the gender-related dimensions of refugee status, asylum, nationality and statelessness of women, the Committee calls on states to establish “adequate screening mechanisms for the early identification of women asylum seekers with specific protection and assistance needs,” and notes that this includes victims of sexual violence, trauma, and torture or ill-treatment.⁸ However, interviewees told Human Rights Watch that such screening often does not occur or is inadequate at disembarkation points, hotspots, and reception centers.

In several reception centers, staff said that authorities place asylum seekers without regard for specific needs they might have, such as mental health services, proximity to obstetric or gynecological care, and separate housing for men and women traveling alone or with children. As one staff member said, “When the prefecture sends people here, they don’t look at what problems they have. They just look for vacant places.”⁹ Another center’s director also noted that information about potential psychosocial or other needs does not accompany asylum seekers arriving from disembarkation points or hotspots:

⁸ CEDAW Committee, General Recommendation No. 32 on the gender-related dimensions of refugee status, asylum, nationality and statelessness of women, UN Doc. CEDAW/C/GC/32, November 14, 2014, para. 46.

⁹ Human Rights Watch interview with staff member at CAS/SPRAR, Lombardy region, March 9, 2017.

“Sometimes we will get a paper saying, for example, that somebody’s husband is in Bergamo, or that they are a minor, but never about a vulnerability.”¹⁰

Though reception center directors and staff said that they conduct intake sessions with asylum seekers upon arrival, many told Human Rights Watch that they hesitate to talk or ask about sexual violence directly. In some cases, they did not even inquire about asylum seekers’ experiences prior to arriving at the center. At a center in the Veneto region, a doctor who conducts initial medical checks of asylum seekers within 24 hours of their arrival said, “I don’t ask any questions about their voyage and those things.”¹¹

While service providers should not pressure survivors to disclose sexual violence, asking basic questions (in accordance with best practice for gender-based violence response) and informing asylum seekers of services can facilitate access to help. In some cases, rape survivors said that they had not told anyone about their rapes in part because no one inquired. A 23-year-old asylum seeker from Nigeria said that two young men raped her in Libya. Despite having visited medical services in both Sicily and the Veneto region, she had not told anyone about the rape prior to meeting with Human Rights Watch. “I didn’t tell the doctor here [at the reception center],” she said. “He wasn’t interested. He didn’t ask.”¹²

Even if a staff member identifies an asylum seeker as needing psychological support, such as in the case of a sexual violence survivor, the information is not systematically shared if the asylum seeker is transferred to another facility. A psychologist at a center in the Veneto region said that she submits a written report to the local prefecture, which the prefecture should communicate to the asylum seeker’s new facility, but the psychologist has no direct contact with staff at the new facility and cannot track whether the

¹⁰ Human Rights Watch interview with director of reception center, Lombardy region, March 10, 2017.

¹¹ Human Rights Watch interview with doctor at reception center, Veneto region, March 14, 2017.

¹² Human Rights Watch interview with asylum seeker at reception center, Veneto region, March 15, 2017.

information was shared.¹³ A psychologist at another center in the Veneto region said that, as far as he understands, he is not permitted to communicate directly with staff at other reception centers and can only provide information via an official report if an asylum seeker is transferred.¹⁴ A lack of clear referral systems and information exchange among health care providers within the reception system, in accordance with best practice standards, could prevent continuity of necessary mental and physical health care for asylum seekers who are survivors of sexual violence.

2. Lack of specialized training of staff and service providers

Lack of specialized training compounds the challenge of identifying asylum seekers who are sexual violence survivors. At every reception center Human Rights Watch visited, staff members said that they had no specialized training in recognizing or responding to signs of sexual violence or trauma. Psychologists were the sole staff members with any prior training in identifying and treating victims of trauma, but only a few centers had full-time psychologists and some centers did not have any on-site at all.

“There is no training for staff on how to identify people with particular problems or what to do,” said the director of one center outside of Milan. “It is just through the experience of working here. I didn’t know anything when I came here. I learned how to handle cases.”¹⁵ Other staff members at the facility confirmed the lack of training.¹⁶

When available, interpreters may be one of the only staff members with whom an asylum seeker can communicate directly, but they do not have training in recognizing or responding to cases of sexual violence or other

¹³ Human Rights Watch interview with psychologist at reception center, Veneto region, March 14, 2017.

¹⁴ Human Rights Watch interview with psychologist at reception center, Veneto region, March 15, 2017.

¹⁵ Human Rights Watch interview with directors at reception center, Lombardy region, March 10, 2017 and Lombardy region, March 12, 2017.

¹⁶ Human Rights Watch interview with nurse at reception center, Lombardy region, March 10, 2017.

traumatic incidents.¹⁷ Medical staff at reception centers also said that they had not participated in targeted training to help them identify or address problems likely to arise among asylum seekers, particularly psychosocial issues due to experiences of trauma. As a nurse at one center in the Veneto region said, “Being a nurse and being a nurse in this reality are totally different things.”¹⁸

3. Lack of access to same-sex interpreters and information about services

Limited availability of interpreters at reception centers that Human Rights Watch visited created further obstacles to female asylum seekers accessing help and information about available services.

In some cases, centers lacked interpreters for key languages and, even when interpreters were present, there were often no female interpreters. Providing the option of a same-sex interpreter, while not an obligation, is a widely accepted best practice. The UN refugee agency’s guidelines on sexual and gender-based violence response note that personnel should “conduct interviews in private settings with same sex translators, wherever possible.”¹⁹ The Committee has clarified that, with regards to women’s right to health and social services under the Convention, “Obligations include providing

¹⁷ Human Rights Watch interview with interpreter at reception center, Lombardy region, March 11, 2017.

¹⁸ Human Rights Watch interview with nurse at reception center, Veneto region, March 14, 2017.

¹⁹ UN High Commissioner for Refugees (UNHCR), *Sexual and Gender Based Violence: Guidelines for Prevention and Response*, 2003, <http://www.unhcr.org/uk/protection/women/3f696bcc4/sexual-gender-based-violence-against-refugees-returnees-internally-displaced.html>, p. 29. See also Inter-Agency Standing Committee, *Guidelines for Integrating Gender Based Violence Interventions in Humanitarian Action*, 2015, https://gbvguidelines.org/wp-content/uploads/2015/09/2015-IASC-Gender-based-Violence-Guidelines_lo-res.pdf; Inter-Agency Working Group on Reproductive Health Care in Crises, *Minimum Initial Service Package, Chapter 3: Prevent and Manage the Consequences of Sexual Violence*, 2011, <http://iawg.net/wp-content/uploads/2015/09/chapter3.pdf>, p. 26.

information on their rights and practical information on how to gain access to such services in a language that they understand.”²⁰

Female asylum seekers at multiple centers said they did not feel there was anyone they could speak to if they had a problem. One center in the Veneto region had only a part-time male interpreter for Tigrinya, an Eritrean language, despite housing up to approximately 35 Eritrean women at a time. “We would like to be able to use the services when we need to,” said a 23-year-old Eritrean woman at the center. “But even if we want to approach the staff, how could we?”²¹

When asked how a lack of female interpreters might impact the likelihood of female asylum seekers disclosing sexual violence and accessing related services, personnel at reception centers often dismissed concerns. At a center outside of Milan, which houses some female asylum seekers but has a mainly male population, the director minimized the need for female interpreters, but acknowledged the specific challenges it creates for female residents: “Most people here are men so we don’t have requests [for female interpreters]. The interpreters are men. A woman would have to find a friend who speaks English and who could speak to a social assistant or someone.”²²

At another center outside of Milan, the female director said, “No one has ever asked for a female interpreter or a female social worker.” She said that she and other female staff members, who are all Italian, serve as points of contact. “We are one big family,” she continued. “They know that if they need anything they can talk to me. They seek me out. I’m like their mother.”²³

However, Human Rights Watch interviewed two female residents at the center who said they had been raped in Libya and had not spoken about it to

²⁰ CEDAW Committee, General Recommendation No. 32, para. 33.

²¹ Human Rights Watch interview with asylum seeker at reception center, Veneto region, March 15, 2017.

²² Human Rights Watch interview with director of reception center, Lombardy region, March 10, 2017.

²³ Human Rights Watch interview with director of reception center, Lombardy region, March 12, 2017.

anyone since arriving in Italy, including the center's staff. One said she did not realize that this was a possibility. "I haven't spoken to anyone about this," said a 26-year-old woman from Ethiopia. "No one told me I could talk about it."²⁴

Failure to provide a same-sex interpreter can impede female asylum seekers not only from disclosing experiences of sexual violence, but also from getting help, including post-rape medical and psychosocial care. A psychologist at the same center noted that the lack of female interpreters makes her interaction with female asylum seekers especially challenging: "It is a problem because they don't speak English. They need an interpreter. And with a male [interpreter] it is very difficult."²⁵ She said that this also created a significant hindrance to the women's communication with doctors at local clinics.

Though staff at each reception center said that they inform asylum seekers of available services upon arrival, many of the asylum seekers Human Rights Watch interviewed had no knowledge of psychological services. Even where services were readily available, such as on-site psychologists, asylum seekers usually could not identify who provided the services or how to access them. Most asylum seekers also said that they received no indication from personnel, including health care providers, that sexual violence was an issue of concern.

4. Inadequate conditions for treating survivors of sexual or other gender-based violence

Facilities at some reception centers Human Rights Watch visited do not meet basic standards for sexual and gender-based violence response. At least one center failed to provide confidential space for counseling of survivors of violence. Two psychologists at a reception center in the Veneto region conduct

²⁴ Human Rights Watch interview with asylum seeker at reception center, Lombardy region, March 12, 2017.

²⁵ Human Rights Watch interview with psychologist at reception center, Lombardy region, March 10, 2017.

counseling sessions in one room, with only a fabric screen to stretch between them for privacy. “It’s okay because you are concentrating on the person you’re with and you can tell if they are listening to the other person [having counseling], and sometimes they are speaking in different languages,” said one psychologist. “Sometimes if someone has a particular problem, we try to be alone.”²⁶ Though overcrowding, basic facilities, and challenges coordinating with other state services mean that reception center staff often have to adapt to sub-par conditions, confidentiality is a core tenet of response to sexual and gender-based violence, including in the UN refugee agency’s own guidelines.²⁷ The CEDAW Committee has expressed specific concern over the impact of failing to uphold confidentiality on women and their access to health care: “While lack of respect for the confidentiality of patients will affect both men and women, it may deter women from seeking advice and treatment and thereby adversely affect their health and well-being.”²⁸ The Committee goes on to note that “women will be less willing, for that reason, to seek medical care ... in cases where they have suffered sexual or physical violence.”²⁹

Human Rights Watch is concerned that attitudes of staff towards female asylum seekers may also deter women from accessing necessary mental and physical health care. Staff members at some centers made comments about women’s sexual activity or reproductive health that perpetuate stereotypes. For example, at one center, medical staff described female Nigerian asylum seekers as “promiscuous” and Somali women as “more reserved.”³⁰ Even at centers with on-site medical staff, specialized health services—including, for example, pre-natal or other gynecological care and contraception—require visits to off-site medical providers. Given the isolation of many reception

²⁶ Human Rights Watch interview with psychologist at reception center, Veneto region, March 14, 2017.

²⁷ UN High Commissioner for Refugees (UNHCR), *Sexual and Gender Based Violence: Guidelines for Prevention and Response*, 2003, “Chapter 2: Guiding Principles,” “Chapter 4: Responding to Sexual and Gender Based Violence.”

²⁸ CEDAW Committee, General Recommendation No. 24, para. 12(d).

²⁹ *Ibid.*

³⁰ Human Rights Watch interview with doctor and nurse at reception center, Veneto region, March 15, 2017.

centers, which are often in suburban or rural areas without ready access to public transport, asylum seekers need to communicate their needs to staff, who facilitate referrals and clinic visits. In this context, negative or judgmental attitudes from staff members, compounded by the lack of same-sex interpreters, could further deter women from accessing needed care.

This became apparent at a center where the director said that no contraception was available, though staff were trying to establish an agreement with the local health service to provide condoms. For women to access oral or other contraception, however, would still require an off-site doctor's visit and prescription.³¹ At this same center, the health clinic staff told Human Rights Watch that, following a number of requests for abortions by Nigerian asylum seekers, they threatened that the women would have to begin paying for abortions themselves. "The impression I got was that the women started having the idea that once they got pregnant, it's okay, they can just have an abortion," said a nurse at the center. She said that facilitating the abortions caused problems for the staff, who had difficulty finding local doctors willing to perform the procedure within the needed timeframe.³² The nurse continued, "It was straining our relationships with authorities. When we started saying [to the women], 'You will have to take care of it and you will have to pay for it,' suddenly the women started keeping their babies. They became more careful."³³ The doctor and nurse whom Human Rights

³¹ Human Rights Watch interview with director at reception center, Veneto region, March 15, 2017.

³² Under the "conscience clause" or "conscientious objection", health care providers can refuse to perform abortion or provide contraception on the grounds that it conflicts with their personal values or beliefs. See Giulia Paravicini, "When a doctor's right to choose trumps a women's right to choose," *Politico*, February 8, 2017, <http://www.politico.eu/article/anti-abortion-doctors-become-majority-in-italy-right-to-choose/> (accessed June 12, 2017); Stephanie Kirchgaessner, Pamela Duncan, Alberto Nardelli and Delphine Robineau, "Seven in 10 Italian gynaecologists refuse to carry out abortions," *Guardian*, March 11, 2016, <https://www.theguardian.com/world/2016/mar/11/italian-gynaecologists-refuse-abortion-miscarriages> (accessed June 12, 2017).

³³ Human Rights Watch interview with doctor and nurse at reception center, Veneto region, March 15, 2017.

Watch interviewed did not indicate any concern about whether women might be pregnant due to exploitation, forced sex work, or other sexual violence. "I think the pregnancies they have are pregnancies they wanted," the nurse said.

The nurse and doctor at the center implied that, when a woman cannot get an abortion, it is usually her fault for requesting the procedure too late. The doctor said that they were attempting to educate women about emergency contraception to prevent the need for abortion, but that this requires a doctor's prescription, which he acknowledged may not be easily accessible. "There are doctors who refuse to give the pill because they object," he said.³⁴

Increased difficulty in accessing contraception, safe abortion, and post-rape care contravenes the Committee's recommendation pertaining to Article 12 of the Convention on the right to health. The Committee has specified that "states parties should ensure, without prejudice or discrimination, the right to sexual health information, education and services for all women and girls ... even if they are not legally resident in the country."

5. Lack of access to information about procedures for seeking international protection

In addition to hindering disclosure of sexual violence and access to services, lack of same-sex interpreters may lead to poor understanding of asylum-seeking processes, and could potentially prevent successful claims for asylum or international protection on gender-based grounds.³⁵ The Committee has

³⁴ Ibid.

³⁵ According to the UN refugee agency's guidance on gender-related persecution, "When rape or other forms of sexual violence are committed for reasons of race, religion, nationality, political opinion or membership of a particular social group, it may be considered persecution under the definition of the term refugee in the 1951 Convention relating to Status of Refugees and the Statute of the Office of UNHCR." The document goes on to state that "gender-related claims have typically encompassed, although are by no means limited to, acts of sexual violence, family/domestic violence, coerced family planning, female genital mutilation, punishment for transgression of social mores, and discrimination against homosexuals." UNHCR,

recognized this risk in its comment on rights of asylum seekers.³⁶ Availability of same-sex interpreters, confidentiality, and trained personnel are essential to creating an environment conducive to asylum seekers disclosing sexual violence and thus launching gender-based asylum claims.

Lack of understanding of or guidance on gender-based claims raises concerns about failure to identify asylum seekers who may have gender-based grounds for international protections. Asylum seekers whom Human Rights Watch interviewed were awaiting initial assessments of their claims—some after many months or even more than a year in the reception system—and many said they had not yet had any contact with a legal advisor. A 28-year-old woman from Nigeria at a reception center outside Milan told Human Rights Watch that she was forced into marriage at age 10, raped by her brother-in-law, and bore a child from the rape. She fled Nigeria when her husband's family attempted to take her child because they had paid dowry and her brother-in-law fathered the child. "They are all looking for me, all over the place," she said. She told one person at the reception center about her experience, but did not know the person's name or position, and said the woman did not offer her any specific assistance, legal or otherwise. "I told her my story. She pitied me," the woman recalled. "She said she prays the government will help me." Despite having arrived in Italy in July 2016, eight months before speaking with Human Rights Watch, she said she had not yet had any legal assistance or spoken with anyone about her asylum claim.³⁷

Sexual and Gender Based Violence: Guidelines for Prevention and Response, pp. 109, 111.

³⁶ CEDAW Committee, General Recommendation No. 32, paras. 13-16. The Committee notes that General Recommendation No. 32 "is intended to ensure that States parties apply a gender perspective" when assessing grounds for international protection and goes on to state, "The Committee is concerned that many asylum systems continue to treat the claims of women through the lens of male experiences, which can result in their claims to refugee status not being properly assessed or being rejected."

³⁷ Human Rights Watch interview with asylum seeker at reception center, Lombardy region, March 8, 2017.

Though legal assistants and directors at most reception centers said that they explain the process for seeking international protection to all asylum seekers who arrive at their facilities, communication gaps persist. Many of the asylum seekers Human Rights Watch interviewed said that they did not have knowledge of the process or the stage of their applications. At a center outside of Milan, where the director said legal assistance is available part-time one day a week, female asylum seekers said they had received no explanation of the procedure. One 25-year-old Eritrean woman said, “At first I had an interview at the police station with the help of the mediator, and that’s it. They just told us to wait.” She said she did not know of any legal assistance available at the reception center.³⁸

In its guidance on procedure related to gender-based persecution, the UN refugee agency notes that “it is essential that women are given information about the status determination process, access to it, as well as legal advice, in a manner and language that they understand.”³⁹ The guidance also notes the importance of facilitating gender-related claims by ensuring confidentiality, support services, and same-sex interviewers and interpreters.⁴⁰ The guidelines call for specific approaches to gender-based claims, including “adequate preparation” and, particularly in cases of sexual violence, the possibility of additional interviews to build trust and enable survivors to fully explain the circumstances of their claims.⁴¹

Conclusion

Despite the strain on Italy’s reception system due to significant arrivals, the government’s obligations under CEDAW, as well as the Istanbul Convention, require protection of all women and girls from violence and provision of assistance to survivors of violence, including migrant, refugee, asylum-seeking and displaced women and girls. Given the well-documented risks of sexual

³⁸ Human Rights Watch interview with asylum seeker at reception center, Lombardy region, March 11, 2017.

³⁹ UNHCR, *Sexual and Gender Based Violence: Guidelines for Prevention and Response*, p. 120.

⁴⁰ *Ibid.*, pp. 120-122.

⁴¹ *Ibid.*, p. 121.

violence for women and girls during migration, and the significant evidence of worrisome levels of rape and sexual assault committed against women and girls in Libya, it is incumbent upon the government of Italy to take concerted action to equip reception centers and their personnel with the necessary tools to identify and provide services to survivors of sexual violence. The Committee should question the government of Italy on its commitment to systematic training of reception center staff, provision of same-sex interpreters, and improved communication about available medical, psychological, and legal services, as well as about gender-based claims for international protection, in line with international best practice standards. The government should also consider building upon existing examples of good practice in Italy by supporting replication of such services in other areas and using their personnel's expertise for capacity-building of reception center staff members.

Human Rights Watch encourages the Committee to use the upcoming review to urge the government of Italy to:

- In line with international best practice standards, establish screening processes at transit and reception centers to identify asylum seekers who may have experienced sexual or gender-based violence and refer them to necessary services.*
- Ensure that all hotspot, transit center, and reception center facilities meet basic standards for sexual and gender-based violence response, including through access to same-sex interpreters and provision of confidential spaces.*
- Ensure access to physical and mental health care, including contraception, emergency contraception, safe abortion, and post-rape care, for asylum seeking women, and address barriers to such care that may place an undue burden on asylum-seeking women.*
- Establish standardized training curricula and systematically train all personnel at hotspots, transit centers, and reception centers on prevention of and response to sexual and gender-based violence and working with refugee or displaced populations, including on gender-based claims for international protection. In collaboration with public health services and local governments, conduct training for service providers and officials in areas with reception centers.*
- Facilitate information sharing among reception center personnel, in a manner that respects confidentiality and international best practice standards, to ensure continuity of care as well as experiential learning for staff members.*