

A new birth in Italy: Founding of the Support Network for Survivors of Torture

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New health needs linked to the torture-migration nexus in Italy

For at least two decades, Italy has been one of the main gateways into Europe for migrants and asylum seekers from Africa, the Middle East, and the Indian subcontinent. In a global context of restrictive and punitive migration policies and the ongoing “war on migration”, most are forced to take illegal routes, embarking on dangerous journeys and relying on criminal trafficking organisations. With this significant deterioration in the conditions of migration, violence and torture have become a structural part of the journey and of migration itself (Perocco, 2023). For example, those crossing through Libya or taking the Balkan route towards Italy are often subject to cruel, inhuman and degrading treatment (Perocco, 2022; Berta & Perocco, 2025).

Although most torture victims have been subject to torture in their countries of origin or during their migration journey, many migrants are also subject to injustices and human rights violations in Italy, due to the long and complicated procedure of seeking international protection, the inadequate reception system, exclusionary state policies, and institutional racism. For example, the systematic recourse to pushbacks and accelerated border procedures, the increasing rejection of asylum claims, and the use of administrative detention for both new arrivals and those being repatriated, creates “torturing environments” (Pérez-Sales et al., 2022) and contexts that favour mistreatment

– which have a powerful impact on the most vulnerable and those who have already been subject to torture.

There is thus an increasingly urgent need for the Italian health system to support victims of torture. This requires adequate resources, a multidisciplinary approach, and long-term rehabilitation processes, all of which go beyond the present capacities and normal operations of the Italian health system and the NGOs operating in this field.

The Ministry of Health guidelines: Potential and limitations

The Italian state is responsible for setting guaranteed levels of care and monitoring their provision across the country. Regional authorities have complete autonomy in the planning and managing healthcare within their territories, as provided through Local Health Unit Authorities (Azienda Sanitaria Locale – ASL) and Hospital Trusts. The regions must ensure that patients receive all health services included in the Essential Levels of Care (Livelli Essenziali di Assistenza – LEA) determined by the government. In 2017, the Italian Ministry of Health published “Guidelines for the planning of assistance and rehabilitation interventions and for the treatment of mental disorders for persons who have been granted refugee and subsidiary protection status and who have suffered torture, rape or other serious forms of psychological, physical or sexual violence”⁴. In addition to highlighting the relevance and importance of this health need, the Guidelines set out the institutional framework for the organisation and provision of services for victims of torture.

The Guidelines aim to ensure appropriate and uniform interventions across the country, by assigning the coordination of care and rehabilitation to the Italian National Health System, which, as we have said above, is organised on a regional basis, in collaboration with private entities and non-profit organisations. They recommend a multidisciplinary, participatory, integrated, and holistic approach, which is relatively innovative for the Italian National Health System, which is usually organised on a sectoral basis.

The Guidelines recommend using linguistic-cultural mediation, which is considered essential both in the therapeutic relationship and in the procedure for the medico-legal certification of the violence⁵; the timely identification of torture victims by staff from the Local Health Unit Authorities and migrant reception centres; and the training of social and health workers

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4 https://www.salute.gov.it/portale/documentazione/p6_2_2_1.jsp?lingua=italiano&cid=2599

5 This is helpful for obtaining international protection or for avoiding administrative detention or repatriation.

to recognise the signs of suffering linked to traumatic experiences and to refer people to specialised rehabilitation services.

However, the Guidelines are rarely implemented and are respected in only a few regions. Most regional authorities have not explicitly incorporated them into formal acts to be implemented by Local Health Unit Authorities. Although there are some positive examples at the local level, these are isolated cases and often rely on the contribution of non-profit organisations. Furthermore, despite the various projects and efforts at collaboration within Local Health Unit Authorities, the absence of stable programming by regional authorities has meant that initiatives are often fragmentary, and networks of cooperation are mainly informal. In addition to a lack of adequate financial resources, there is currently no structured linguistic-cultural mediation service and a lack of professionals adequately trained in the early detection of torture victims, in the assessment of clinical profiles, and in the care of torture survivors.

The founding of the Italian Support Network for Survivors of Torture

In the above-mentioned context, over the last two years, the main actors assisting torture survivors in Italy have come together to exchange their experiences and to begin a process aimed at strengthening rehabilitation programmes. In December 2024, the Italian Support Network for Survivors of Torture (Rete per il Supporto ai Sopravvissuti di Tortura – ReSST)⁶ was established, bringing together public bodies, private entities, non-profit organisations, and NGOs that run specialised programmes or services for people who have suffered torture or other severe forms of intentional violence⁷.

Although created as a response to the torture-migration networks, ReSST concerns all survivors of torture. Its aims are: supporting the full implementation of the Guidelines and respecting international standards on human rights and the

prevention of torture; enhancing the good practices already operating in some Italian contexts; improving the availability and quality of services for torture survivors, including ensuring access to adequate rehabilitation programmes and other forms of support; promoting research, training, and professional development on these issues; and encouraging initiatives to roll-out rehabilitation programmes on a national scale. The ReSST aims to create a space for collaboration and confrontation to support the creation of an integrated system, ensure the early identification of torture victims and their access to rehabilitation programmes, increase the capacity to respond to the needs of torture survivors, strengthen instruments of prevention and monitoring, and inform and raise awareness among the public and within institutions on issues related to torture.

In early 2025, various new projects on regional programmes for the health of asylum seekers, funded by the Asylum, Migration and Integration Fund (AMIF), were set up in Italy. These projects aim to strengthen the capacities of the participating regions (17 out of 21) and their Local Health Unit Authorities to identify and care for asylum seekers affected by specific vulnerabilities and encourage the adoption and implementation of the Guidelines in the Italian regions. To this end, ReSST is engaged in institutional dialogue with the national and regional health authorities, the State–Regions Conference⁸, the Ministry of the Interior, and international organisations, to ensure the implementation of the Italian state's obligations as a signatory of the Convention against Torture as regards the rehabilitation of torture survivors. Last but not least, ReSST is committed to producing an annual report on its members' treatment and rehabilitation activities, which is presented each year on International Day in Support of Victims of Torture.

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⁶ <https://controlatortura.it/>

⁷ There are three types of ReSST members: associates, including health services, public bodies, private entities, and NGOs working in Italy to rehabilitate torture survivors and other severe forms of intentional violence by providing them with specialized support and pathways to recovery; observers, which includes organisations and experts engaged in torture prevention that do not directly manage rehabilitation programmes and services for survivors but instead contribute by exchanging knowledge and strengthening advocacy on the issue; and the Committee of Experts, which is an independent body composed of specialists with multidisciplinary expertise on issues of intentional violence, torture and victim rehabilitation, who contribute to scientific research, in-depth study in the different areas of intervention, and advocacy and awareness-raising activities.

⁸ The State – Regions Conference fosters cooperation between the State, the Regions and the Autonomous Provinces by conveying the views of the Conference of the Regions and the Autonomous Provinces to the State.

Bertotto et al.

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