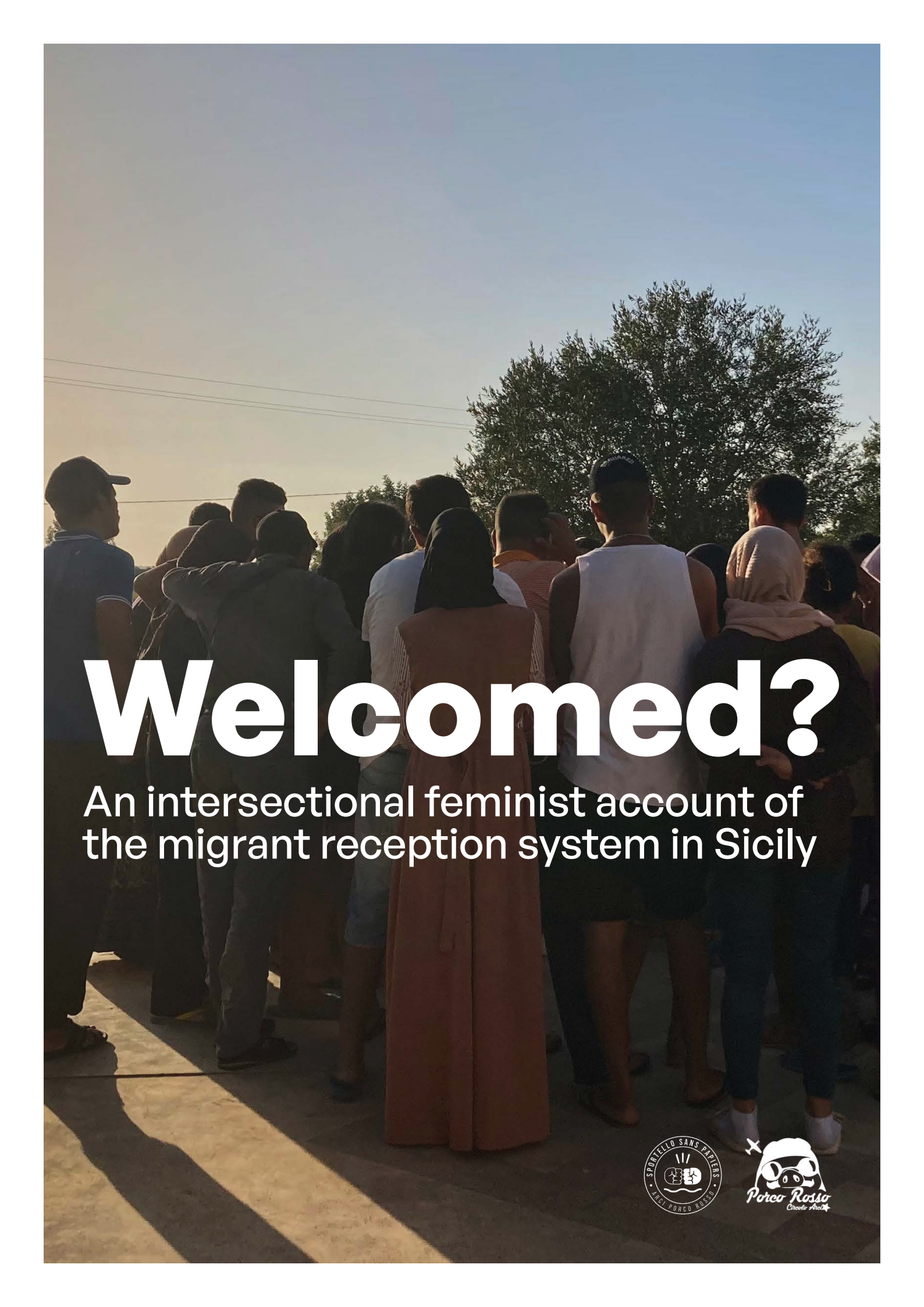




Welcomed?

An intersectional feminist account of
the migrant reception system in Sicily





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ARCI PORCO ROSSO - 6 DECEMBER 2024

To Rabeb.

This report is the product of a collective writing process carried out by the Mobile Team's social support workers, paralegals, interpreters, and cultural mediators at Arci Porco Rosso. The research was carried out between June 2023 and October 2024.

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The language we use in this report aims to be as inclusive as possible, avoiding binary gendering. We strongly believe that revolution begins with language, the vehicle through which we can express a transfeminist vision of the world.

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Summary

Over the last 25 years, Italy has instituted and maintained a separate and parallel housing system to lodge migrant people arriving in Italy and seeking asylum, that is called the reception system. This system is made up of several centralized networks of facilities, created with the general intent to house migrant people and offer them the necessary support to “integrate” or become independent. It can be defined as a two tier system: the first reception system, which hosts people who have just arrived, and a second reception system, with more services, to which people should later be transferred. The “first reception” system was originally set up as an emergency, provisional solution, however it has now become normalized¹. In this report, we present a case study of one specific type of reception center in the first tier, the Emergency Reception Centers (in Italian, Centri di Accoglienza Straordinaria, or CAS). Specifically, we focus on centers for women and families in Western Sicily. Our aim is to better understand the living conditions of women who are seeking asylum in Italy. The aim of this case study is to shed light on the experiences and perspectives of those who should be at the center of an urgently needed debate on reception policies—namely, the women themselves.

Approach

Based on these premises, the report focuses on identifying the reception system’s systemic and institutionalized shortcomings, rather than placing blame on one or two specific managing organizations.

With the aim of providing as clear a picture as possible, the next chapters outline the **legal framework** that governs the right to reception for individuals entering Italy and seeking international

protection. The main legislation concerning the reception of asylum seekers is the **“Reception Decree”**². Recent legislative measures that have significantly impacted the right to reception include the **“Salvini Decree”** and **“Cutro Decree”**³.

The report goes on to explore the **various types of reception centers**—which go by acronyms such as CPA, CAS, CASP/ CAT, and SAI—and the procedures through which organizations are selected to manage Emergency Centers (CAS), which, as we will see, have become the most widespread form of reception facility. The management of Emergency centers is typically entrusted to private entities **through public calls for tenders**, issued by the Prefectures, local branches of the government, in which any interested economic actor can participate. Often, these tenders for reception services involve the signing of **“framework agreements,”** which are similar to contracts, and are considered binding for both parties. The tenders follow **standard terms of reference**, which outline the general framework that regulates the relation between the public administrations and the managing organizations that win the tenders.

The New Terms of Reference

The **new terms of reference for reception services**, approved in March 2024, **significantly reduce staffing** in “first” reception centers—both in terms of **quantity** and, above all, **quality**. This new framework reinforces a broader trend, as it provides only **basic shelter**, and makes no investment in social inclusion. It relies on models that favor **big facilities**, designed for large numbers of people, often located far from urban centers, while **investing the fewest resources**

possible. As a result, it actively contributes to the **marginalization of the people being hosted.**

Emergency Reception in Sicily

According to **2022** data, **Sicily** ranks as the **third Italian region**—and the **first in Southern Italy**—in terms of the number of people hosted in reception facilities, hosting approximately 10,000 individuals, so 9.6% of the country's total.

A study conducted by Borderline Sicilia found that, in 2022, there were 68 Emergency Reception Centers (CAS) in the region, with a total capacity of around 3,000 places.

This report **categorizes centers** based on their **overall degree of isolation**—so as central, isolated, peripheral, or rural. At the same time, it adds the new category of **internal areas**, defined as those farthest from essential services (e.g., education, healthcare, mobility), and often facing severe depopulation and compromised educational opportunities. This category was adopted by the Italian Inter ministerial Committee for Economic Programming (or CIPESS), and also used by ActionAid and OpenPolis in their report Centri d'Italia.

Where are the Emergency Centers in Sicily?

As of November 2023, in the **province of Palermo**, 3 out of 14 CAS centers were designated for women and family units. Of a total of 14 CAS centers, 4 were located in rural areas; among these, one was for women and families, and one was for unaccompanied minors. Overall, 8 of these Emergency Centers were situated in municipalities classified as internal areas, 3 in peri-urban areas, and only 3 within the city of Palermo.

At the same time, in the **province of Trapani**, half of the six CAS centers were found to be located in rural areas. There were two CAS centers specifically for

women and family units, both situated in internal areas, one of which was in a rural zone. Overall, three CAS centers were located in internal areas, one in a peri-urban area, and two in the city of Marsala. In the **province of Agrigento**, as of a civic access request dated August 2024, there were seven CAS centers for family units and men, and one CAS center specifically for family units and women, out of a total of fifteen CAS. Based on fieldwork, one of these—the CAS for women and family units—was confirmed to be located in a rural area, although it cannot be definitively stated that it is the only one. Among the remaining CAS, three were found in municipalities classified as internal areas, six in peri-urban areas, and six in the city of Agrigento.

Tenders and procedures

The report also examines the public tenders issued by the Prefectures of these three provinces, aiming to provide an overview of the most commonly used **procedures** for awarding **public contracts** related to the reception of people seeking asylum.

As we observe the **high percentage discounts** offered by organizations that apply to manage the centers, compared to the **starting price of the bid**, we ask questions about the consequences for both the quality and quantity of the services that should be delivered in these centers, as well as the overall sustainability of the service when considering the managing organizations' margins of profit.

By analyzing the **contract templates** and **technical specifications** across the three provinces, we also found **discrepancies** between what was stipulated in the contract and what was actually provided.

Geographies of Displacement

Our fieldwork highlights a troubling trend: **Emergency Reception Centers (or CAS) for women and family units are often opened in small towns or in the middle of the countryside.**

Against the backdrop of cuts to first-level reception, and in the absence of targeted projects and adequate municipal planning, the **geographic (dis-)placement** of these centers poses significant **barriers** to the residents' efforts towards achieving autonomy, **social inclusion and job placement**—and who may remain in these facilities for more than one or two years.

This geographic isolation also negatively impacts the residents' **sense of safety**—sometimes even **exposing them to abuse and harassment**—while **restricting their freedom of movement and increasing their exposure to coercion**. This is particularly true for individuals who are already more exposed to **gender-based violence**.

The Dismantlement of the Reception System

During the fieldwork leading to the report, our team has encountered cases of **unaccompanied minors** and individuals with **severe motor and sensory disabilities**, neurodegenerative diseases, and other serious medical conditions who had been housed in Emergency Reception Centers (or CAS) for months.

Degrading hygienic and sanitary conditions, combined with the lack of adequate division of space in large facilities, lead to a **pervasive sense of insecurity and anxiety**, with residents **constantly fearing for their safety and their belongings**.

There is no evidence of a consistent connection with relevant local services, including for **STI prevention screenings**, information on **sexual and reproductive rights**, referrals to **family planning**

clinics—which are already scarce in many provinces—or **access to mental health services**. **Instead**, the only consistent connection made by Emergency Centers' managing organizations seems to be for basic gynecological checkups, mainly for pregnant women.

The testimonies of residents in three facilities across three different provinces, reveal several critical issues. **There is a shortage in the distribution of essential goods** such as sanitary pads, diapers, formula, and baby food, as well as a **lack of fruits and vegetables**, overall insufficient groceries, and reports of **parasite-infested food** being served in the center.

In many of these centers, legal support is practically nonexistent. Residents are referred to **external lawyers** only once they receive a **rejection of their asylum request**, and are provided with no legal assistance during the asylum application process or for the collection of supporting documentation. This approach to legal support often results in asylum applications being filed as **fast-track procedures**, with **negative outcomes that are difficult to challenge**.

In some cases, power dynamics within the center create tensions, which are exacerbated by the absence of cultural or linguistic mediation. The CAS system is thus perceived less as supporting residents in the exercise of rights and freedoms, and more as a system of confinement and control.



Img.1 Photo credit: Vincenzo Allotta (photographer).

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1. We chose to translate this system into first and second reception, following the Italian term, knowing there is no corresponding categorization in English. We found this to be the clearest solution. To know more about these categorizations, see [here](#).
 2. Legislative Decree No. 142/2015), which is the domestic implementation of EU Directive 2013/33/EU.
 3. Respectively (Decree Law 113/2018) and (Decree Law 20/2023).

Introduction

CHAPTER 1

1.1 What is the Sans Papiers support Space?

The Sans Papiers Space (in Italian, Sportello Sans Papiers) is an open space in which a group of activists offers social and legal support, as well as a chatting place, in the neighborhood of Ballarò. The Support Space has been active since 2016, and for the last eight years, it opened every Wednesday from 3pm to 7pm. Today, it serves as a reference point for many people with a migration background who pass through our city, as well as for many residents of the neighborhood.

In addition to our regular Wednesday presence in Palermo and other initiatives such as the From Sea to Prison project, we also carry out a weekly Mobile Support Team activity, or Sportello Mobile, which takes us beyond our neighborhood, Ballarò, and outside the city limits. Last year, we organized the Mobile Support Team's activities to ensure a regular weekly presence both in the informal settlements of Western Sicily and close to Emergency Reception Centers (or CAS), particularly those hosting women and families. Our aim with this project is to provide socio-legal support to social groups that are often unable to access the Wednesday support space and who, based on our experience, are more exposed to marginalization, exploitation, and layered forms of violence. We view our efforts to provide social and legal support to people who are marginalized by a racist society as

political. That is why we carry out this work with a conscious effort to avoid paternalistic or charitable approaches, and we complement it with research and advocacy strategies to spread and support political demands that stem from these interactions.

Our team is made up of two caseworkers, one paralegal, one Arabic-speaking interpreter and cultural mediator, and one consultant on gender issues. Our socio-legal support mostly consists of informing individuals of their rights concerning legal status, reception conditions, access to healthcare and local services, as well as offering knowledge and resources in the possible search for housing solutions. Over the past year (June 2023 – May 2024), our work has focused particularly on women and family units, as people belonging to these categories have contacted our Team the most in recent years to request support.

1.2 Methodology and Report Writing

In this report, we will delve into a **case study** on emergency reception centers (or CAS) for migrant women and families in Western Sicily⁴, in an attempt to better understand the living conditions of women who seek asylum and are housed in the Italian reception system. First of all, it is important to outline the practices

we developed during our work on the field, as they shaped our mobile Support Team and determined the research methodology used to write this report. As this is a case study, it does not try to claim that all facilities enact the same dynamics. Rather, we hope this research can be taken as a valuable tool for understanding the experiences and perspectives of those who should be at the center of any discussion on reception policies—namely, the women hosted in these centers.

The Mobile Support Team uses a multidisciplinary and situated approach, through which it developed a working methodology, which can be described along a series of phases that were carried out in chronological order; in some instances, these phases overlap. Here are the methodological steps we followed during the fieldwork and writing process:

Phase 1. Initial geographical mapping of emergency reception centers for women and family units in Western Sicily. This mapping was based on the aggregation of both documented data (from previous mappings by institutional bodies, local newspapers, and dedicated platforms) and information derived from fieldwork and local networks.

Phase 2. Submission of civic access requests, under the Freedom of Information Act (FOIA) to the Prefectures in the three provinces we studied.

Phase 3. Operational work of our Mobile Support Team close to emergency reception facilities, located across the provinces of Western Sicily, providing support to people seeking asylum who expressed the will, or the need, to engage with us. We carried out our socio-legal support activities, such as sharing information with interpretation, without accessing the facilities and without prior contact with the organizations managing the camps (the rationale behind this

approach will be explained in the next paragraphs).

Phase 4. Data collection, drawing from our direct experience as social support workers, legal advisors, and cultural mediators active in this context—further details on this methodology will be provided in the next paragraph.

Phase 5. Analysis of public tenders published on the websites of the Prefectures of Palermo, Trapani, and Agrigento for the management of emergency reception centers; this was then followed by a second geographical mapping based on data obtained through the civic access requests.

Phase 6. Processing and cross-referencing of the collected data, followed by report writing.

Before continuing, it is relevant to specify some aspects of Phases 3 and 4. First, we would like to clarify why we chose **not to physically enter the reception centers**. In Italy, accessing these centers requires authorization from the Prefecture, the local government. As a result, official inspections often result in a “distorted” perception of reception systems, partly because the managing organization is generally informed of the access beforehand. Even in cases of unannounced visits—which can be carried out with a Parliament Member—there is often neither the time nor the appropriate context to have meaningful conversations with the residents about potential issues with the space, as they might understandably feel that sharing their opinions and experience in this situation might expose them, also given that they will have to continue living there after the visit is over.

Moreover, the focus of this report is to highlight the systemic and institutionalized shortcomings within the reception system, rather than to point

fingers against any one cooperative or management organization.
 For these reasons, in many cases we chose to meet people **outside reception centers, in a place nearby**, and to create settings that allowed residents to share concerns and needs away from the eyes of the staff or other residents with whom they might not have a relationship of trust. This approach proved particularly

effective in the case of one specific center, enabling some women to share experiences that, by their own account, they would never have disclosed in the presence of a staff member—due to different positionalities, power dynamics, and fear of repercussions.
 Needless to say, implementing this practice was not easy.

SOURCE	RESEARCH TECHNIQUE	SOURCE
Responses to Civic Access Requests (under the FOIA)	Documentary information, gathered through civic access requests	Qualitative and quantitative, geographical mapping (n. of CAS centers, types, n. of residents)
Public tenders of the Prefectures of Palermo, Trapani and Agrigento	Documentary information, gathered by searching for publications on the prefecture’s websites	Qualitative and quantitative, Examination of percentage discounts in public procurement tenders and contract specifications issued by the Prefectures, as well as the services listed as guaranteed
Monitoring and fieldwork providing socio-legal support	Collective field notes; reports of interviews with the residents; semi-structured interviews to the staff of the Mobile Support Team	Qualitative questions tailored to collect the main needs and issues that emerged during the social legal support sessions

Table 1, methodology and triangulation of sources

Finding alternative meeting settings also required a great deal of **on-the-ground observation** in the areas where the reception centers are located. We often traveled long distances without knowing if we would be able to meet with a significant number of people. Nevertheless, this proved to be a worthwhile choice, as most of the women we spoke with were able to request and receive information freely, and in their native language.

Regarding point 4, it's important to clarify how we collected the **data** referred to here as **empirical**. In this phase, we employed a relatively experimental method, which involved—after each day of operational work—the **collective writing of field notes** concerning the conditions of people in reception. We paid particular attention to the legal information, and the support in accessing healthcare and social services we were asked to provide, as well as the location of the reception centers and their level of isolation. For the latter, we considered their distance from urban centers, and whether or not individuals could independently access essential public services such as hospitals, clinics, emergency care, schools, kindergartens and childcare centers, and social services.

Based on these and other, more gender-specific, parameters, our gender consultant conducted **semi-structured interviews with individuals from the Mobile Team**. Importantly, this practice stemmed from an **ethical decision** not to conduct interviews directly with the people who received our socio-legal support. We deliberately chose not to further burden individuals who had only recently arrived in the area, with whom it was not possible to build a longer-term relationship or guarantee a more constant presence. We opted for a **non-extractive approach**, focused on **listening** to the most pressing problems and needs—and responding with targeted information in the person's native language, along

with socio-legal support. Finally, another method we used was to draft written **reports after every individual information session with the people we supported**.

More broadly, we can say that the methodology adopted for this report is based on a **qualitative triangulation** (Stake, p. 453) of:

- **empirical data** obtained through operational work;
- **documentary information** acquired through Civic Access requests under the **FOIA**, albeit partially (as our requests were not given a complete response);
- **analysis of data** obtained from FOIA responses and the analysis of public tenders issued by the Prefectures for assigning management of emergency reception facilities.

This methodology, therefore, consists of an analysis of different types of data. We find this to be an optimal choice, as it allows us to develop a heterogeneous and comparative perspective that is able to take into account both the systemic level of the production and management of reception services as well as the more practical and tangible level of how these services are actually experienced.

1.3. An Introduction to Gender as a Lens for Understanding Migration Processes and Reception Policies

In the history of immigration to Italy, the **migration of women+**⁵ has been and remains a central element. However, this centrality is not always matched with an adequate representation. It is often characterized by a **gaze that renders women passive** and invisible (Gissi, 2022), failing to account for the specific nature

of each migration journey—shaped by individual choices, particular challenges, and different strategies adopted to undertake the journey.

In recent decades, there has been a significant increase in studies on international migration from a **gender perspective**. It is now widely acknowledged that the migratory experience affects people differently, and that gender is a crucial factor in understanding both the causes and consequences of this phenomenon (Piper, 2008). The migration of women has predictably drawn the attention of **intersectional studies**. On this topic, Kimberlé Crenshaw has referred to the lived experiences of refugee women to highlight the intersecting layers they contain, including gender, race, and class (Crenshaw, 2014). An intersectional perspective is essential in migration studies because it does not focus exclusively on women with migration backgrounds, nor does it attempt to speak on their behalf, but rather because it works to deconstruct an entire perspective. It entails the critical examination of the sources of inequality, the power dynamics within societies and their normalization, and an emphasis not only on the various forms of subordination and discrimination, but also on how these intersect (Rigo, 2022).

Within the **Italian context**, where our research takes place, a number of

researchers and activists have highlighted the urgent need to adopt a gender perspective more systematically in the field of migration studies. They emphasize how a lack of a gender perspective has favored discursive dynamics that support dominant narratives, repressive and control-oriented migration policies, and patriarchal, racist, and colonial socio-economic and cultural structures, based on the victimization of people on the move, a strengthened narrative of “vulnerability”, and practices that keep individuals in positions of subalternity (Rigo, 2022; Giovannetti, Zorzella, 2022; De Masi, 2023; Garofalo, Marchetti, Palumbo, 2023).

Even within **studies of reception systems**, a gender studies perspective has been essential to expose the inadequacy of these systems in safeguarding people’s interests, and at the same time their humanitarian, paternalistic, and victimizing approach. These issues are often intertwined with a form of control “based on flattening, standardization, and the construction of otherness” (De Masi, 2023) which manifests in these spaces. It is a well-acknowledged fact that many women who migrate experience multidimensional oppression—as individuals who have left, for a number of reasons, “a country that persecutes them or endangers their very existence, as foreigners in destination countries that are intolerant of difference, and as women—both in their country of origin and of arrival—where gender equality and the fight against gender-based violence are far from being fully accomplished” (Garofalo, 2017).

Through this situated lens, the gender-blind approach that underpins Italian migration and reception policies becomes apparent. As a result of this approach, interventions that appear neutral ignore the implications of gender differences and primarily address migrant men (Coccia, Demanio, Nanni, 2023) who are not part of the LGBTQI+ community. Researchers have also highlighted that the adoption of the gender mainstreaming approach in migration

and reception policies does not lead to adequate measures to counter gender-based discrimination and violence⁶. These interventions often reduce the gender issue to a binary framework based on an idea of male/female equality, or focus solely on violence perpetrated by men against women (Schmoll, 2022), without acknowledging how pervasively gender can define and determine the experience of migration. As a result, the measures that stem from such approaches prove inadequate in addressing gender inequalities, which are shaped by complex and structural economic, political, and social dynamics. Pragmatically accepting the policy-oriented definition of people in “conditions of vulnerability” for a moment, relevant literature also highlights the fact that some of the asylum claims made by individuals that fall under this definition are being processed under **“fast-track” procedures**, a practice that is clearly at odds with the current legal framework (Cirillo C., Nicodemi F., 2022). While the term “vulnerability” carries stereotypical and victimizing connotations, particularly in relation to women, within the current system it remains a necessary step to activate relevant and crucial services. A crucial issue lies in the failure to identify cases that fall under this legal category, and specific needs connected to such cases. Following disembarkation, the best case scenario for people who seek asylum is that they are transferred from the hotspot to an Emergency Reception Center (or CAS). Because of the changes made to the reception system, even basic communication often becomes problematic, primarily because of the absence or insufficiency of interpretation and cultural mediation. This further reduces the chances of **identifying vulnerabilities**.

In short, we see here that the structural lack of internal staff also hinders the activation of referral mechanisms to local services. The latter, in turn, are either difficult to reach—or entirely absent—

especially in the case of rural CAS. In the next chapter, we will describe the **emergency-driven approach** and the general administrative confusion that characterizes the Italian reception system. In this context, it is all the more necessary to adopt a gender perspective in our fieldwork—not only to grasp all the variables and individual specificities of the people we engage with, but also to remain aware of dominant structures, **in which power is exercised in deliberately inaccessible, ever-changing, and ambiguous ways**. Through this perspective, we aim to sharpen our focus on the **structural dimension** of the **control exercised by mobility regimes**, by observing how it unravels in first reception centers.

While it is urgent to radically rethink current reception policies, it seems to be nowhere near the agenda of the current government—nor of the previous ones. In the face of the virtually unstoppable dismantlement of the reception system, perhaps the only option left is to reclaim what currently seems unthinkable: that we must reimagine reception policies based on the principles of freedom, support, transparency, self-determination, intersectionality, anti-colonialism, as well as trans-culturality and multilingualism.



Img. 2: Photo credit: Giulia Gianguzza (social support worker).

4. See the summary

5. *In our report, we wish to be inclusive of all identities pertaining to gender. Therefore, in our theory section we refer to women as a broad group that does not exclusively include people assigned female at birth, but also people who do not fall into the gender binary, or who recognize themselves as women. In our fieldwork, however, we have only interacted with cis women (so women who identify with the gender assigned at birth).*

6. *Since the 1990s, gender mainstreaming has established itself internationally as a strategic approach to public policy aimed at achieving gender equality. This shift reflects a growing recognition of the necessity to integrate a gender perspective across all stages of public policy development, implementation, and evaluation. (Donà, A., 2007, *Genere e politiche pubbliche: introduzione alle pari opportunità*, pp. 68–88)*

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The right to reception: an overview of the legal framework

CHAPTER 2

2.1 Introduction and key principles

The goal of this chapter is to provide as clear a picture as possible of the reception system, by **outlining the legal framework that governs the right to reception** for individuals who enter Italy and apply for international protection. By doing so, it aims to offer useful tools for understanding the root causes of the systemic dysfunction in the reception system, specifically in relation to the Emergency Reception system (particularly CAS centers), which is the main focus of our work.

As this chapter will use legal terminology, we made the conscious decision **not to modify the definitions and categories used in current legislation**—such as “foreigner”, “vulnerable”, and “irregular crossing”, among others. These terms will instead be **highlighted in italics**, as we believe it’s important for critical legal sociology to also **engage with language critically**. Reading certain terms through these lens—and acknowledging the discomfort they can provoke—is an essential part of this reflection.

The primary legal framework governing the reception of asylum seekers in Italy and the EU⁷ sets out key objectives and principles, including: the need to adopt standards for the reception of

applicants that are sufficient to ensure them a dignified standard of living; that these standards should be harmonized across EU Member states; that material conditions at the reception centers must guarantee their subsistence and protect their physical and mental health, and that “the standard of living shall be appropriate to the specific situation of vulnerable persons.”⁸ In the next paragraphs, we will describe the different spaces of reception migrant people go through, depending on their administrative and legal situation, between confinement and humanitarian intervention. This process starts the moment they arrive to Italy.

2.2 Arriving to Italy

Italy’s legal framework stipulates that foreign nationals intercepted while irregularly crossing the border, or arriving on Italian territory as a result of sea rescue operations, are brought to crisis points, in order to provide first aid and assistance. These are government-run centers designated for identification procedures, including the collection of

photographs and fingerprints. The law states that adequate information about the right to seek international protection should also be provided in these centers. The law introduced in 2018 and known as **the “Salvini Decree”**⁹ introduced **the possibility to detain individuals** in these centers for the purpose of verifying their identity or nationality. At this stage, the foreigner’s legal status is determined. Those who do not express the intention to apply for international protection at this point are either transferred to deportation centers (or CPRs), or—if these are full—released with a expulsion order or a refusal of entry, and instructed to leave Italy within a specified timeframe. Although often carried out hastily and without the assistance of interpreters and translation or without authorities providing an adequate amount of information to make informed decisions, the completion of the “foglio notizie” (or information sheet) in these first moments in Italy determines migrant people’s future in Italy’s system. Those who are able to express their intention to seek asylum at this stage are transferred—depending on the availability of places—to **various types of reception centers**, as regulated by the law known as the **“Reception Decree”**¹⁰.

2.3 The First (or Provisional) Reception System

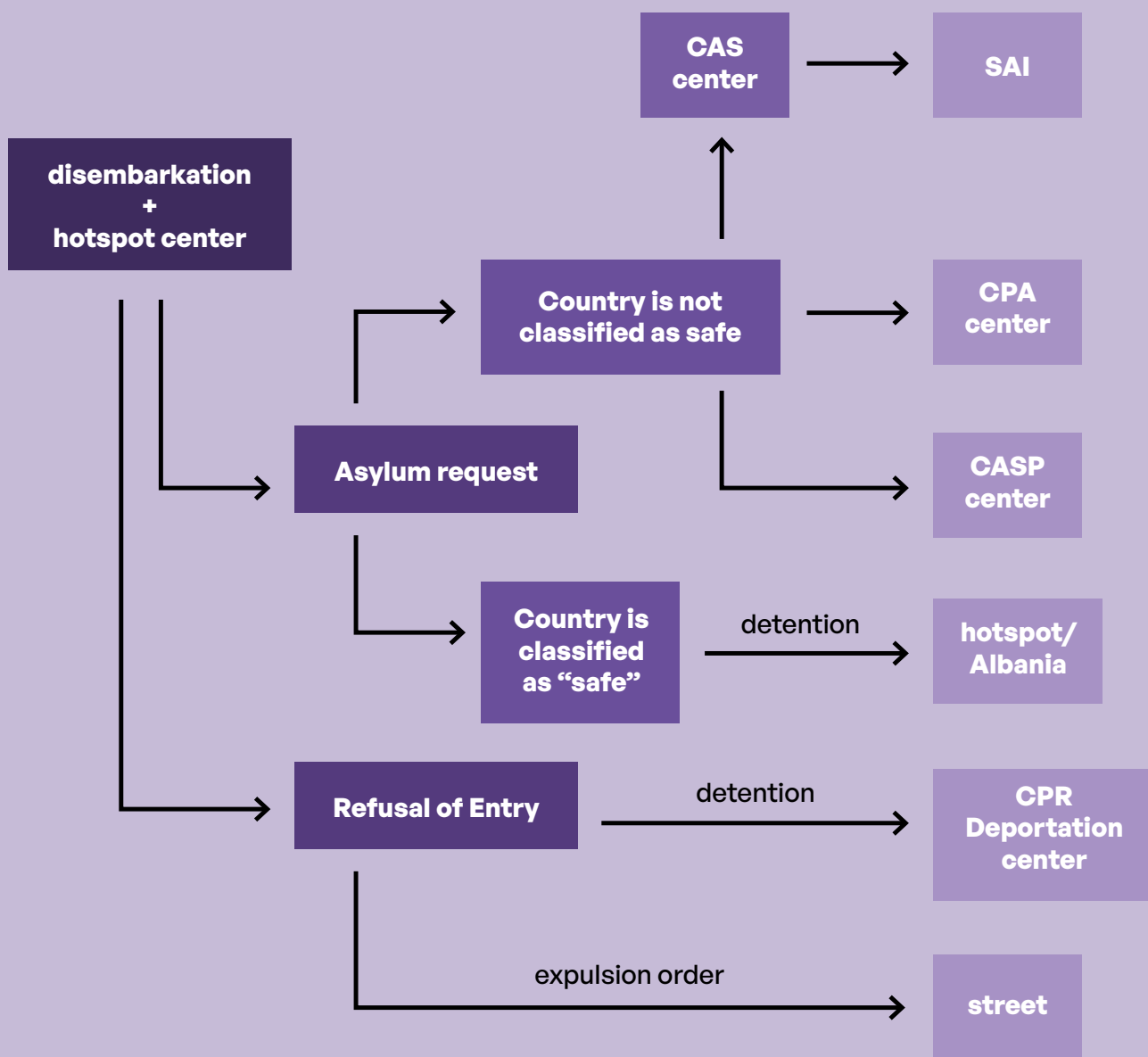
The reception system has developed over the last decades in ways that can only be defined as asymmetrical. Today, a set of acronyms describes the different types of centers that were set up, which can be grouped according to a two-tier system, with the lower tier (or first reception) providing legally validated lower standards.

CPA stands for “First Reception Center”,

CAS stands for “Emergency Reception Center”, and **CASP** stands for “Center for Emergency temporary reception”; All these types of centers were originally set up to offer preliminary housing for asylum seekers, as they waited to be transferred to centers with the necessary support services, aligned with European standards. They were set up in a situation of emergency, according to a narrative by which there was not enough time and resources to comply with EU standards for everyone who was arriving, at least not immediately. These centers could **only cover basic needs**, such as room and board, clothing, medical assistance and translations/cultural mediation. However, for years they were used as long term housing, because of **lack of allocated resources**. In time, all these systems have become more established and legitimized by Italy and its governments, which ultimately proves that the current reception system is a product of the lack of political will to comply with higher standards. Over the years, CASP centers have multiplied, even though they are not regulated by any kind of legal guidelines or time limits.

In 2023, the law which sadly became known as **the “Cutro Decree”**¹¹, ironically named after the Calabrian coast town that witnessed a tragic migrant shipwreck, eliminated the word “first” from the CPA acronym, simply turning these places into “Reception Centers” and excluded asylum seekers from accessing the higher-tier (or second) reception system. The same decree cut psychological support, Italian language courses and social-legal support services from the CAS/CPA reception system, determining one last shift towards a “temporary, emergency, securitarian” model¹².

One issue that is immediately evident is that these “emergency” centers have little to no systems or services aimed to identify special needs among the people who are hosted, for example to identify



Graph.1 Possible course of events for people seeking asylum in Italy, from reception centers to abandonment on the street, all the way to detention.

people **classified as “vulnerable”** in the legal framework¹³. The law establishes a list of cases in which extra social support services can – and should – be activated. This list includes women, particularly pregnant women, victims of human trafficking, people affected by serious illnesses, including mental disorders, people with minority sexual orientations and gender identities, and people who have evidently been exposed to torture, rape or other serious forms of psychological, physical or sexual violence, including victims of genital mutilation. **It is unclear, however, how these services should be activated in the absence of psychological and social support services in the first reception centers.** People with special needs **should be provided with housing that is adequate to their personal situations**, however these places are **often new or separate wings of the same centers that hosted them originally**. This last point remains unclear to this day, as **no information regarding these types of centers in the provinces we researched has been made public or shared with us at the time of writing**.

The result is that people spend a long time in this normalized first-tier system (that was originally supposed to be temporary, emergency housing), and are barred from often crucial support services, safe housing, as well as access to education, to the labor market or to more general social inclusion services.

2.4 The Second Reception System

The last acronym in the reception system is SAI, which stands for System for Reception and Integration, and constitutes the high tier, or second reception system. After the 2023 decree barred access to asylum seekers, these reception centers became exclusively reserved for people who have obtained

“protection documents”, which include people with refugee status, unaccompanied minors, young adults who have obtained a waiver of the deadline for accessing services for minors, people with the Italian closest equivalent of humanitarian protection¹⁴ and “special cases” protection, victims of calamities, migrants who stand out for special civic merit, people with permits for medical reasons. SAI centers offer material support, psychological support, linguistic and cultural mediation services, Italian language courses, legal counseling and social support. Some of the categories of people accessing SAI centers are additionally offered job placement services and professional training

2.5 How are organizations granted management of Emergency Centers (or CAS)?

Although it is possible for CAS centers to be entrusted to public entities, management has only ever been granted to private actors, through the publication of public tenders by the Prefectures. Actors who are interested in the contract can participate in the tender¹⁵.

Once again, the 2023 Cutro Law Decree lowered the minimum standards that are required for local governments to set up a contract with private actors that is binding for both parties.

This new law favors large facilities with respect to smaller centers consisting of apartments where people can manage the space more autonomously, as well as manage their own kitchen and choice of toiletries.

The services that must be granted to respect binding minimum standards are:

- **Administrative services**, necessary

to account for the management of the reception center.

- **Generic social assistance services**, which include interpretation and “cultural mediation” services, food distribution, transportation costs to cover basic needs (hospital, police station, asylum services office and, for minors only, transportation costs to attend school), distribution of clothes and of toiletries, medical support and medical expenses (up to 500€ per year).

The new minimum standards make cuts to the personnel working in first

reception centers, both in quantitative and, crucially, in qualitative terms. It is clear that the government’s priority is to make reception conditions as austere as possible, and to hinder migrant people’s efforts to settle and build their lives in the area. Instead, it chooses to prioritize “collective” reception in large centers, which are all too often distant from urban centers, and to use the least amount of resources possible, hiring often under-qualified personnel¹⁶. As a result of these choices, they are de-facto marginalizing and excluding the people hosted in these centers.

7. In Italy, **Law Decree No. 142/2015**, which is the domestic implementation of **EU Directive 2013/33/EU**, laying down standards for the reception of applicants for international protection.

8. EU Directive 2013/33/EU, art. 17

9. **Legislative Decree No. 113/2018**

10. Legislative Decree No. 142/2015

11. Legislative Decree No. 20/2023

12. For more information, see: Antonio Ferri, [“I CASP ci dicono dove sta andando l’accoglienza dei migranti in Italia”](#) Irpmedia. Accessed 12.7.24.

13. The law, [DL n.142/2014](#), offers more details over this categorization.

14. Special protection, in Italian *protezione speciale*, is the result of a series of reforms made to humanitarian protection, the last one being the “Cutro decree” which considerably narrows the scope of people who qualify, with respect to the rights that this type of protection originally safeguarded.

15. For more information, see: Actionaid and OpenPolis, [“Centri d’Italia: un fallimento annunciato”](#); Report, 2023. Accessed 31.01.2024.

16. For an interesting reflection on this trend, see: Openpolis: [“Le gare d’appalto e il declino dell’accoglienza diffusa.”](#) 14.06.2024



Img. 3: Photo crédit: Giulia Gianguzza (social support worker).

Local context, civic access requests, public tenders

CHAPTER 3

3.1 Data on the Reception System in Sicily

According to regional authorities' 2022 data, Sicily is the third Italian region in terms of the number of people hosted in reception facilities—approximately 10,000 individuals, or 9.6% of the country's total—after Lombardy and Emilia-Romagna¹⁷.

Of these 10,000 people, 17.5% (about 1,800) are in hotspots, 34% (about 3,500) are in first reception centers, and the largest proportion, 48% (about 5,000), are in SAI projects (Reception and Integration System).

Currently, there are officially five hotspots in Sicily (Lampedusa, Pozzallo, Pantelleria, Porto Empedocle, and Messina). In practice, a part of the facilities in Trapani/Milo also functions as a hotspot for people arriving to the island of Pantelleria, even though this is mostly used as a detention center for deportation, (or CPR)¹⁸.

The two hotspots of Pozzallo and Porto Empedocle—the latter opened in August 2024—are intended for the “detention of foreigners during the border procedure”¹⁹, introduced by the Cutro Decree. This entails that people who apply for

asylum directly at the border and who come from a “country of origin” that is categorized as “safe”²⁰, by the Italian state are sent directly into administrative detention, from which the government intends to carry out their deportation.

As for the Pantelleria hotspot (which is not formally designated for detention at the border), it primarily handles arrivals from Tunisia, and during our Mobile Support Team's activities, we observed that many people on the move passing through this hotspot are later transferred to Emergency Centers (CAS) in the Trapani area.

Sicily also hosts 2 of the 10 “Detention Centers for Repatriation” (deportation centers, or CPR) in Italy, located in Trapani (Milo) and in Caltanissetta (Pian del Lago). However, the Trapani-Milo facility was non-operational for eight months, from January to October of 2024, because of mounting protests over inhumane living conditions and a fire that burned parts of the facility down on January 22, 2024. After the European Court of Human Rights ordered the Italian government to restore conditions to align with Article

3 of the ECHR, which prohibits inhuman or degrading treatment, many of the individuals held in Milo were forcibly transferred to the Pian del Lago facility²¹. There are three local Commissions for the recognition of refugee status in Sicily:

- In Palermo, it has jurisdiction over the provinces of Trapani and Agrigento;
- In Catania, over the provinces of Catania, Enna, and Messina;
- Syracuse, over the provinces of Syracuse, Caltanissetta, and Ragusa²².

Moreover the association Borderline Sicilia, in a 2022 geographical mapping, showed there were 68 CAS centers in the region, with a total capacity of approximately 3,000 places²³. In the article that resulted from their research, based on civic access requests (under the FOI Act) and data analysis, they choose to categorize centers based on their overall level of isolation. According to this categorization, which we adopt here, CAS centers can be:

- Central, if located in cities with over 5,000 inhabitants, in neighborhoods that offer useful services;
- Isolated, if located in towns with fewer than 5,000 inhabitants, where infrastructure is inadequate even for basic services, such as the renewal of residence permits;
- Peripheral, if situated outside urban centers but still within reach of urban transportation services;
- Rural, if located in the countryside or in remote areas, where public transportation is virtually non-existent, severely limiting residents' mobility.

We will also add the category of “internal areas” adopted by CIPESS²⁴, defined as

those farthest from essential services (e.g., education, healthcare, mobility), and often facing severe depopulation and compromised educational opportunities. The report Centri d'Italia (Centers of Italy) shows that the **province of Palermo** ranks third in terms of the size of its Emergency Centers (CAS), with an average of around 21,1 places for each center. The two Italian cities with even larger centers on average are Rome and Naples. The report shows that smaller, apartment-based centers are particularly disadvantaged in southern regions, where the majority of contracts are for large facilities that offer up to 50 places (48%), and where 20 tenders were issued only in the first eight months of 2023²⁵.

It is also useful to make a quick comparison—at least on a quantitative level—with the SAI network (Reception and Integration System), or the second-tier reception system. As shown in data from the 2022 SAI Report, the most up-to-date report available, Sicily once again ranks as the region with the highest number of available places, accounting for almost 16% of the total national SAI capacity (with 7,053 places, nearly 1,500 more than the 5,514 reported in 2021). Of these places:

- Approximately 73% are for standard reception;
- 23% are allocated to unaccompanied foreign minors (UAMs);
- 7% are designated for individuals with special needs and/or requiring specialist and long-term healthcare²⁶.

As we mentioned earlier, SAI projects offer a different type of reception compared to CAS emergency centers: they are theoretically tailored to the needs of the individual, host fewer people, and provide a broader scope of services with respect to first-level reception, including support with employment and housing.

The “Cutro Decree”, written and passed under the current Meloni government, reinstates some measures originally introduced by Salvini’s “Security Decrees” and adds new ones. Among the changes that most significantly affect the lives of people seeking asylum in Italy is their exclusion from the SAI network, unless they are proven to be particularly **“vulnerable” cases** — at the same time, these cases are often difficult to demonstrate due to the acceleration of procedures for people coming from countries designated as “safe” by the Italian State²⁷. These fast-track procedures make the asylum process not only shorter but also more opaque, since even on an administrative level, some police stations (in Italian, Questure) no longer issue residence permits for asylum requests.

Another factor that hinders the identification of vulnerabilities is the **gradual erosion of services within Emergency Centers (CAS)**, which have increasingly become places merely to sleep and eat, rather than centers where individuals receive comprehensive support and care. A telling example of this degradation is the reduction—and even disappearance—of interpreters or cultural mediators from these types of centers.

3.2 Civic Access requests: a Summary of Collected Data

Between November 2023 and June 2024, our Support Team submitted requests for information through generalized civic access requests (under the Freedom of Information Act, or FOIA) to the Prefectures of the three provinces in Western Sicily, to ask for the number and types of Emergency Centers (CAS) in these three provinces. The table below summarizes our findings²⁸, and includes some data

derived by cross-referencing the responses received through our civic access requests (a total of six, plus one appeal, requesting a review of the information provided) with our geographical mapping on the ground. The cells that contain no number indicate that the relevant Prefectures did not provide the information requested by our civic access.

In the **province of Palermo**, we found that 3 out of a total of 14 CAS centers were dedicated to women and family units²⁹. By cross-referencing the data (as we explain in the methodology chapter), 4 of the 14 centers were identified as being located in rural areas—that is, in the countryside outside urban contexts, with extremely limited access to public transportation. Among these, one is designated for women and family units, and one for “unaccompanied foreign minors”. Of all the CAS centers in the province, 8 are located in municipalities classified as internal areas, 3 in peri-urban areas, and only 3 within the city of Palermo³⁰.

In the **province of Trapani**, we noted that half of the 6 CAS centers are located in rural areas. There are 2 CAS for women and family units, both located in internal areas, one of which is in a rural area. In total, 3 CAS are in internal areas, 1 in a municipality in a peri-urban area, and 2 in the city of Marsala.

It is also worth noting that the existence of one of the two CAS centers for women and family units was confirmed only after an appeal requesting a review of the information provided, because the initial response from the Prefecture of Trapani stated that the center was designated to accommodate only adult men, while our fieldwork had clearly indicated otherwise. Finally, regarding the **province of Agrigento**, at the time of the civic access, there were 7 CAS centers for family units and men and 1 for family units and women, out of a total of 15 CAS centers³¹. 1 CAS center for women and family units was found to be located in a rural area; however, due to the distance from the city of Palermo (where our operations

are based), we were unable to conduct fieldwork as thoroughly here as we did in the provinces of Palermo and Trapani. Therefore, it is not possible to confirm whether this is the only rural CAS center in the province. Of the remaining CAS, 3 are located in municipalities classified as internal areas, 6 in municipalities in peri-urban areas, and 6 in the city of Agrigento. It should be noted that the Prefecture

of Agrigento provided significantly more comprehensive data compared to the other two prefectures. From the information received, it also emerged that there is a **Temporary Reception Center** (or CAT). As of August 2024, the CAT did not report any residents, but it is designated to host 120 places for male “unaccompanied foreign minors”.

Province	Palermo	Trapani	Agrigento
No. of people in the CAS centers	678	325*	506**
No. of CAS centers	14	6	15
CAS for women and/or family units	3	2	8
CAS that can host up to 50 people	-	3	12
CAS that can host up to 100 people	-	2	3
CAS located in municipalities in internal areas	8	3	3
CAS located in municipalities in rural areas	4	3	≥1

Table 2. Information on CAS centers in the three provinces between 2023 and 2024

*maximum capacity: 368 places

**maximum capacity: 625 places

3.3 Comparative analysis of public tenders and contracting agreements with respect to the empirical data collected through the fieldwork

In this section of our research, we recovered and analyzed all the calls for public tenders, and their framework agreements. In all three provinces, public tenders reward the contract to manage the reception center to the organization offering the most economically advantageous service. For the first reception centers examined here, government payment ranges between 22.77 EUR and 40.28 EUR per day for each person hosted, for contracts to host from 100 people to 600 people. The contracts also list the services that should be provided with the agreement. However, our conversation with many of the people hosted in these centers revealed a **discrepancy between the contract's written word and the services actually provided in the centers**³².

For example, among the assistance services listed in the **contract** for the management of large centers, (from 51 to 100 people), we can find **catering services for the preparation and distribution of meals**. However, in many cases, the written menu does not correspond with what is actually given, and people hosted in the center describe a smaller offer. In one case, residents told us their dinner is made up of only one egg per person, in another, people said they were served spoiled food, or that there was vermin in the food. People are regularly forced to use their pocket money - a small allowance given to residents to cover small personal expenses - to buy food.

As for the healthcare service, contracts

ensure a permanent medical unit. They also provide for the professional figure of a doctor for the center, who would be responsible for conducting initial health check ups and offering first aid interventions to identify conditions requiring the assistance of specialist doctors or the activation of diagnostic procedures. This figure should guarantee at least occasional presence. However, we have collected numerous complaints from individuals hosted in large centers about the complete lack of medical attention and the absence of a designated physician.

Similarly, **the interpretation and mediation service** is effectively non-existent, according to the reports of residents in most of the peripheral and rural CAS centers studied. On this point, we gathered numerous testimonies indicating that residents communicate with staff for any type of need (medical, legal, or otherwise)—regardless of the language spoken—through voice translation apps.

Finally, it is important to highlight that, especially in the case of one large peripheral CAS centers for adults and family units, there is a **complete or de facto absence of staff during night hours**, making the center an extremely unsafe environment, particularly for women and minors, as we will further examine in the next chapter.

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17. Assessorato della Famiglia, delle Politiche Sociali e del Lavoro, Piano triennale per l'accoglienza e l'inclusione 2024-2026: Linee, programmazioni e indirizzi per una Regione inclusiva. 11 Jan. 2024
18. ASGI, [Report sulla visita al Centro di Permanenza per il Rimpatrio \(CPR\) di Trapani](#), 2023.
19. Article 6-bis of Legislative Decree No. 142/2015
20. Luca Rondi, [Dopo Porto Empedocle, due nuovi centri di trattenimento ad Augusta e Trapani](#). Altreconomia, 29 Agosto 2024.
21. ARCI, ASGI et al., ["Tra le macerie del CPR di Milo: voci da un'indegna reclusione. La CEDU condanna l'Italia"](#), 7 February 2024
22. Sicily's Regional Three-Year Reception Plan.
23. Giuseppe Platania, ["I centri di accoglienza in Sicilia sono sempre più isolati"](#), Borderline Sicilia, 24 October 2022.
24. The Inter-Ministerial Committee for Economic Programming and Sustainable development
25. Action Aid and Open Polis, ["Centri d'Italia: un fallimento annunciato"](#), Jan. 2024.
26. SAI Network, ["Atlante Sai 2022: Rapporto annuale SAI, 2022"](#). Accessed: November 2023, p.18.
27. Ministry of Interior, Department for civil liberties and immigration, "Vademecum per la rilevazione, il referral e la presa in carico delle persone portatrici di vulnerabilità in arrivo sul territorio e inserite nel sistema di protezione e accoglienza" June 2023.
28. It should be noted that the data presented refer to November 2023 for the provinces of Palermo and Trapani, and to August 2024 for the province of Agrigento.
29. In August 2024 there seem to be 3 CAS centers again, as one center has been closed and a new one opened.
30. According to the CIPRESS classification, a municipality is considered in an internal area or a periurban area depending on the time it takes to reach the closest city (internal is farther away than periurban). A municipality is classified as a "city" if it has multiple options for secondary education facilities, at least one hospital with an emergency room, and a train station for intercity trains.
31. In the table, we aggregated the data to show 8 centers hosting women and/or family units in the province of Agrigento.
32. Prefecture of Agrigento, contract agreement, 2021 ([PDF](#)) ([PDF](#)), technical specifications ([PDF](#)) ([PDF](#))



Img. 4: Photo credit: Max Hirzel (photographer).

The conditions of women seeking asylum in first reception centers: a case study

CHAPTER 4

In this chapter, we present an analysis of the empirical data we collected, with the methods described in the second chapter of this report.

Before examining each point in detail, we will outline the general characteristics of the reception system as they emerged during the fieldwork in this case study. The case study focuses on first reception centers (or CAS), for women and family units located in Western Sicily. In total, we observed six centers—two per province. Apart from two of these centers, which hosted more than 50 people seeking asylum, the CAS centers in this study were mainly medium-sized facilities located in isolated, peripheral, and rural areas, generally hosting fewer than 50 people. Specifically, as our work was primarily aimed at providing support, we focused on peripheral and rural centers, where residents typically face greater challenges in accessing local services due to the remoteness of the facilities.

4.1 The location of the first reception centers

Predictably, people experience a greater sense of isolation when living in centers that are located outside urban contexts, in the countryside, which in Sicily are notoriously characterized by a lack of services and dysfunctional public transport, which hinders people's ability to move independently. As we observed during our fieldwork, the tendency to place centers for women and family units in peripheral and rural areas has many harmful consequences. To name a few:

- It hinders or prevents autonomous access to basic services;
- It exposes residents to blackmail by third

parties who have access to transport or more advanced language skills than theirs;

- It marginalizes individuals who, instead, should be supported in their path toward social inclusion;
- It can exacerbate stigma, discrimination, and abuse toward people who have already been exposed to trauma and violence during their migration journey, especially in the absence of adequate municipal plans;
- It exposes people to labor exploitation in agriculture, in the absence of proper legal information and case management;
- It makes it more difficult to access the right to education and, in particular, to learning Italian;
- It hinders access to play, socialization, and overall learning opportunities for minors, and fails to prioritize the creation of meaningful environments for children's psychological and physical development;
- It contributes to the further marginalization of people with disabilities (who should not be placed in such facilities in the first place);
- It makes it even harder to leave situations of "domestic" violence by partners and complicates the local referral and response process.

Only one of the rural centers for women and families, specifically in the province of Palermo, offers an efficient shuttle service to the nearest train station, clearly displaying the fixed schedule of the service. Not only does this allow residents to plan ahead, but the transportation service does not appear as a "favor" from the managing organization, but rather as a basic service to which they are entitled. In one CAS in the province of Trapani,

many women report that they do not attend the Adult Education Center (CPIA) because they would have to walk **50 minutes** each way every day, while also having to care for and pick up their children from school. Needless to say, people with disabilities—who should not even be housed in this kind of facility—suffer additional discrimination, and access to basic education is effectively denied to them, as we found no active agreements between the cooperatives and the education centers that would allow classes to take place within these centers. It is also important to consider the risks faced by individuals who are put in the situation where they **have to ask for rides due to the absence of public transport or private shuttles**. S., a 27-year-old Tunisian woman from the same center, told us she avoided accepting rides from a local resident who spoke both her native language and Italian and had repeatedly offered help with transportation and mediation, as she did not feel safe. Residents in a center in the countryside near Agrigento told us that the nearest town (which counts less than 5,000 inhabitants), is a **40 minute walk away**—a trip they also need to make for grocery shopping, since no fruit or vegetables are distributed at the center. Even those hosted in isolated centers—meaning facilities located in urban areas with fewer than 5,000 inhabitants—face a significant level of isolation. The infrastructure in small municipalities often does not allow for the provision of basic services, especially those regarding non-citizens' legal status. Furthermore, public transport schedules do not meet the needs of a population that must access services in nearby municipalities but is required to return to the facility at night. The scarcity of services, which **already problematically marginalizes local communities**, has even more harmful effects on those in reception, as it compromises the completion of

bureaucratic procedures necessary for obtaining a legal status, limits the ability to meet personal needs, and hinders the development of a local social network. For these reasons, a unifying element for all the reception centers we've observed is a profound **geographic isolation** from urban centers and the services they host. This remoteness, in turn, produces and amplifies a sense of **social isolation**, contributing to a **process of marginalization experienced by those in the reception system**.

The distance from cities and larger towns—where there is more demand for labor—further **complicates employment prospects** and integration into the labor market. For instance, a young Tunisian woman, housed in a CAS in a rural area of the province of Palermo, explained to us that while her husband manages to find occasional work in agriculture or construction, these opportunities are not available to her. These are typically physically demanding jobs for which only men are sought by local employers. **The decision to place reception centers for women and families in rural areas—**without considering how this severely compromises the employment prospects of women during their transition out of the reception system—**greatly contributes to slowing down and limiting their paths toward autonomy**.

Moreover, conversations with people in the reception system clearly show how the geographic placement of centers in remote areas negatively impacts their sense of safety, particularly restricting the freedom of movement of those most exposed to gender-based violence. It is primarily women who report fearing returning to the facility after a certain hour due to its distance from bus stops and the need to walk a long stretch in the dark, often through the countryside. Acknowledging how the geographic displacement of reception centers hinders residents' prospects for employment and social inclusion, the

trend of opening CAS for women and families primarily in small urban centers or in the countryside appears particularly troubling—especially against the backdrop of cuts to first-level reception, the absence of dedicated project planning, and lack of adequate municipal planning. We have outlined some reasons why this policy choice places women and minors at an immediate disadvantage when it comes to meeting their own needs, pursuing socio-economic stability, and advancing in their individual life projects.

4.2 Internal Environments

Let us now focus on how reception facilities' interiors are experienced by the residents, and how this affects their physical and mental health. In situations of isolation, the management of internal spaces becomes especially important in creating welcoming environments that foster a sense of community, while also respecting residents' rights to privacy and safety. When these conditions are absent—and there is little effort to create them—the living environments within the facility can contribute to additional stress, feelings of insecurity, and frustration. We observed that it is not uncommon for residents—particularly women—to feel that they lack proper protection and adequate private spaces. There are borderline situations in which even the most basic standards of safety and security are not met. In the course of this research, in two facilities—one in the province of Trapani and another in the province of Palermo—residents reported severe overcrowding and degraded hygienic and sanitary conditions. In these cases, the lack of effective separation of living spaces between women, family units, minors, and single men led to a general state of insecurity, anxiety, and

distress.

The absence of this separation, which occurs for example when a facility is in the same building or is located next to another one hosting single men, results in de-facto mixed-gender centers. This particularly exposes migrant women to a constant state of fear for their safety and their belongings. Five residents—not only women—reported incidents of sexual harassment occurring in one of these centers, adding that they had not filed a report out of fear of retaliation and lack of a trusted figure to ask for support.

The absence of night-time security services, which we found to be lacking in one of the two centers, contributed to the creation of conditions that further expose women and other people to risks of abuse, coercion, harassment, and violence.

Living conditions in first reception facilities can become critical due to **hygienic and sanitary degradation**, leading to additional physical and psychological harm. This emerged in a particularly concerning case involving a center in the province of Trapani, where residents reported **infestations of bed bugs and untreated insect bites on children, the presence of mice and cockroaches in the facility, and parasites in the food**. These issues, specifically in this center, were described to us as **structural and persistent** rather than temporary or exceptional, since it appears that the managing organization, despite being urged by the residents in the previous months, did nothing to address the serious situation. Institutions responsible for monitoring the centers or safeguarding public health also did not take action.

Furthermore, testimonies reveal cases of discriminatory behavior and power dynamics among the residents, and in some instances, even **acts of intimidation** and retaliation by the staff. In particular, through interviews and case assessments, it emerged that in three reception facilities, the **distribution of**

basic necessities had become a **tool for blackmail** used by staff to dissuade and silence residents from reporting the degrading conditions within the facilities. Concerning internal dynamics between staff and residents, individuals hosted in one center in the province of Agrigento and another in the province of Trapani reported that the lack of **staff during night hours** was a significant issue, as it led to the absence of any form of safeguard for the residents, with no one available to mediate conflicts or respond to urgent needs.

In one of these two centers, there was also a report that, in anticipation of inspections by the Prefecture, the facility was specifically cleaned and “beautified,” children’s play equipment was installed and the fences painted, while residents were told not to complain or speak with the officials conducting the inspection. In summary, according to our findings, the **power dynamics and coercive practices** that emerge within certain facilities—which, in extreme cases, escalate into abuse—are:

a) exacerbated by the frequent absence of interpretation and cultural mediation, which contributes to creating a climate of tension, and

b) fueled by a persistent perception of these spaces as sites of confinement and control, rather than of support, safety, and the exercise of one’s rights and freedoms.

People seeking asylum are not offered an individual assessment of their physical and mental health prior to being placed into a first reception center, a matter of particular concern considering this would be essential to identify special needs and potentially redirect individuals to the more tailored services offered by the second reception (or SAI) system. More critically, these placements in first reception systems also often occur because of a **shortage of available places in the second reception network**, especially centers that are specifically designed for

individuals with mental health issues or disabilities.

4.3 Services in First Reception Centers

The obstacles, and the general difficulty in accessing local services is even more serious if we consider the context, as we are witnessing the dismantling of the reception system and the resulting lack of services provided in the centers. These challenges are amplified because of the facilities' isolation. The services within the CAS reception system were subjected to cuts by Decree Law No. 20/2023, known as the "Cutro Decree," which eliminated psychological assistance, Italian language courses, legal counseling and orientation to social services—which were included before the reform.

The facilities hosting the people we support still adhere to the requirements for 2023 tenders, so they supposedly fall under the previous legislation, so they still supposedly had these services. They were listed as general personal assistance (in addition to food, accommodation, clothing, healthcare, and interpretation-cultural mediation). However, from conversations with the people we met, we have rarely received a confirmation of the actual provision of these services. We found a lack of legal counseling and orientation to social services; lack of interpretation-cultural mediation; lack of psychological support, and of language courses.

This raises concerns, especially considering that the reception system that is already not effectively implementing required services will be further dismantled under the new tender specifications adopted in May 2024, which will form the basis for upcoming contracts. The following paragraphs will delve into our findings related to interpretation and mediation services,

legal support, healthcare, and literacy courses and second-language teaching.

4.3.1 Interpretation and cultural mediation

Interpretation and cultural mediation services play a cross-cutting role, as they often determine access to all other types of services delivered within the Italian reception system, significantly shaping the experience of individuals living in first reception centers. Interpretation, especially in the absence of a common language, enables communication among residents and between residents and staff, the identification of specific needs and vulnerabilities, and effective access to services.

Guests in nearly all of the examined centers report that, in the absence of a professional mediator, communication with staff occurs through the Google Translate app. It is often the norm, and not the exception, that a fellow resident informally takes on the role of interpreter and mediator. If this person is a man, this entails an additional issue: women may struggle to express needs related to intimate or private matters due to the gender difference.

For instance, people housed in a CAS center in the province of Palermo, which is now closed, reported that one resident appeared to play a dual role of mediation and control for the managing organization. It was unclear whether he was officially employed by the organization or simply assigned tasks informally—this created an atmosphere of general suspicion, fear, and a total lack of trust in the facility's management. A similar situation occurred in a reception center in the province of Trapani, where the absence of Arabic-speaking interpreters/mediators in a center that exclusively hosts Arabic-speaking families has led to one relatively long-

term resident being informally tasked with translating in various situations. This too generates tension, conflicts, a lack of privacy, and, consequently, a breakdown in trust.

The lack of mediation affects all the other services: how can residents communicate their needs to lawyers or doctors without adequate language support?

From a gendered and intersectional perspective, it's clear that the absence of interpreters/cultural mediators further marginalizes some people, making their needs easier to overlook. On the other hand, it increases the risk of exploitation and power imbalances, making them more vulnerable within the centers themselves. This is particularly the case for Arabic- speakers from Tunisia—the most common nationality among the people we met³³—who have less access to common languages like English or French, and who already face structural disadvantages in the asylum process due to Italy's classification of Tunisia as a “safe country.”

4.3.2 Legal Support

Legal counsel and support are one of the primary needs for individuals in the first phase of reception, as it is crucial for navigating an increasingly obstructed regularization process. This highlights the importance of providing adequate legal support within CAS reception centers, which is essential for informing individuals about the rights and guarantees they are entitled to as asylum seekers. It also enables the identification of so-called “vulnerabilities” and other key elements relevant to the recognition of specific statuses or forms of protection documents.

Testimonies reveal a widespread lack of legal assistance in almost all the examined centers. While legal information on asylum, types of protection, procedures, and guarantees

is rarely provided in full, only the people encountered in one CAS in the province of Palermo reported receiving support from a lawyer or legal support worker in preparation for their hearing before the Asylum Commission—a stage that is crucial to the outcome of the case and of any potential appeal.³⁴

Moreover, there does not appear to be any real coordination or guidance toward legal aid clinics in larger nearby urban centers, which further isolates the residents of centers located in remote or rural areas. Instead, there is a common practice of referring people to private law firms, often with little communication or coordination between the actors involved.

Here are a few telling cases, which we will share here as examples. On a first note, it became unsurprising that at every meeting, most individuals expressed gratitude simply for being able to speak with our team—often noting that our legal advisor was the first they had spoken to since disembarking in Italy. We were particularly struck by the case of F., a very young woman from Sierra Leone residing in a CAS in the province of Agrigento for 1 year and 5 months. Despite her personal history, she reported having met with a lawyer only three times, without the assistance of a mediator, which made effective communication impossible. In the same facility, M., a man of around 30 from Nigeria, told us that in two years of living in the center with his family, he had seen a lawyer only once—when he was asked to sign the power of attorney for an appeal following the rejection of his asylum claim. He received no explanation regarding the process.

In two different CAS facilities in the province of Trapani, we had to take on three family reunification cases, as the individuals had been separated at disembarkation, or had not been able to communicate that they already had family members in Italy and request to be placed together. These included: a husband separated from his pregnant wife and

young child, an older brother from a younger, underage sibling, and a sister from her younger, underage sister. In two centers—one in the province of Trapani and one in the province of Palermo—residents described particularly degrading conditions, both in terms of hygiene and of the provision of basic services. The people to whom we provided socio-legal information also reported not knowing who to turn to in order to report the dire situations they were subjected to.

In these two centers—even in the face of particularly sensitive cases, such as that of a pregnant woman with children, of families separated at disembarkation, individuals with serious degenerative illnesses, and unaccompanied foreign minors—people complained about the absence of a designated legal contact they could reach out to for representation, to obtain basic information, or to understand their legal status.

In the most problematic centers, such as those mentioned above, the lack of access to both internal and external legal support also entails difficulties in identifying and reacting to particular cases, including:

1. Labor exploitation, especially in agriculture, due to the rural location of many centers: cases of undeclared or semi-declared work in agriculture, construction, and catering were reported by some residents in the centers. However, few people perceive this as a problem—rather, it is often seen as one of the few available opportunities in the area. These situations were brought to light by residents of one CAS center in the province of Palermo, two in the province of Trapani, and one in the province of Agrigento.

2. Sexual exploitation and trafficking: particularly from our fieldwork, we have observed a growing number of

cases involving young Tunisian women who arrive in Italy alone and leave the reception center after just a few days or weeks, once they are contacted by fellow nationals already in Italy promising them work. This trend emerged from the testimonies of eight Tunisian people hosted in two CAS centers in the province of Trapani.

3. Abuse and harassment: a particularly serious case of repeated sexual abuse was reported in one center, although for reasons of privacy and protection, no details will be published—not even anonymously. In the same center, R., a thirteen-year-old girl who had just arrived in Italy from Tunisia and was placed there with her mother and brother, was left alone for over three days because her mother was in the hospital with her other child. The girl reached out to us in tears and visibly terrified, saying she was afraid of being assaulted during the night given “what happens here at night.”

4. Trauma, torture, and violence experienced in the country of origin or along the migration route: in our experience, these stories emerged while talking to a group of young Tunisian women hosted in a CAS in the province of Trapani, although it is likely that these accounts significantly underestimate the true scale of the phenomenon. In essence, our fieldwork highlights a fairly common situation of lack of dedicated legal support within the facilities. Instead, it seems that many centers **refer people to external lawyers only when their asylum request is denied** in the first instance, and do not ensure legal assistance throughout the asylum application process or during the collection of relevant documentation. There have also been instances—in the provinces of Agrigento and Trapani—where **external legal support** was provided only **for a fee**, as it was not covered by state-funded legal aid. More

specifically, in these cases lawyers requested a sum of money to cover the potential revocation of legal aid in the event the appeal was rejected. While this practice is theoretically legitimate, it becomes problematic when it occurs without the person being provided with proper information and, more critically, without having the actual possibility to choose a different lawyer than the one affiliated with the center. In some cases, our interlocutors even reported that these legal fees were deducted directly from the residents' pocket money by the center's management.

This approach to legal support often contributes to asylum applications falling under an "accelerated", or fast-track procedure and receiving negative outcomes that are difficult to successfully appeal. In other cases, it places individuals in a sort of legal limbo—which sometimes lasts for years—defined by uncertainty and prolonged waiting, often without being given the tools to understand the nature, procedures, or timelines of the legal process.

The lack of clear information regarding such crucial aspects of a person's migration journey—and by extension, their life—combined with the distance from relevant services, significantly increases both the risk of **losing the right to stay in the reception system and the experience of prolonged waiting, which fosters confusion, anxiety, and hopelessness.**

4.3.3 Women's right to Health in the Reception System and the Distribution of Essential Goods

Italian law states that all individuals in the reception system must be guaranteed **access to healthcare**, establishing that

"urgent or otherwise essential outpatient and hospital care, including long-term and follow-up treatment, must be provided in case of illness or injury, and that preventive medicine programs must be extended to safeguard both individual and collective health."³⁵

To this end, in addition to ensuring the **presence of a doctor in the facility**, it is the responsibility of the managing organization to guarantee access **to specialist medical visits and care** based on needs and requests, and if necessary, to arrange transportation to external facilities.³⁶ Moreover, the management of the reception center is also responsible for supplying both basic and specific medications, as well as handling the administrative procedures necessary to **enroll its residents in the National Health Service** and to obtain the **health insurance card** (in Italian, Tesserata Sanitaria) or a temporary health insurance code (or STP code), which are required to access healthcare services and possible cost exemptions for tests, visits, and essential medications.³⁷

According to the residents' testimonies, not all first reception centers we examined seemed to guarantee access to essential medical care or necessary check-ups—although, fortunately, the majority of them did. **Difficulties in accessing the Italian healthcare system** are also tied to communication barriers stemming from **language and cultural differences**, as well as from a **lack of information and orientation to bureaucratic and administrative norms and procedures by the centers' staff**, which inevitably lead to a lack of understanding. In this regard, we met individuals living in rural centers who, after two years of residence, still had not received either a health card or a temporary code. Due to the center's remote location, they had no means of resolving the issue on their own and were therefore forced to use their pocket money to buy the medicines they needed.

One couple in another center located in an urban area told us they had always autonomously arranged all the necessary medical appointments and tests for the mother's pregnancy and birth, as they were unaware of their rights.

A significant part of the healthcare and support needs of women seeking asylum who have recently arrived in Italy concerns

sexual and reproductive health. This includes the prevention and treatment of STIs, prenatal and postnatal care, and access to information on voluntary termination of pregnancy (VTP) and related services. Access to medical care related to sexual and reproductive health—as well as to **mental health**—is particularly important for women who have arrived via the Mediterranean route, as they are often exposed to gender-based violence, including abuse, exploitation, and mistreatment during migration and while crossing European borders, which are known to be very violent. These experiences often result in severe physical and psychological trauma, which profoundly impacts well-being. For this reason, it is essential to establish interdisciplinary therapeutical treatments—also in coordination with local health services—for those who have survived gender-based violence, torture, and inhuman or degrading treatment in their country of origin, during the journey, or in the destination country.

According to our casework, it does not seem that people in these centers are accompanied to local services dedicated to STI prevention screenings, nor is there evidence of any information being provided regarding sexual and reproductive rights. Access to family planning/counseling clinics—already scarce in the province—and to routine gynaecological check-ups does not seem to be facilitated, nor is there orientation towards mental health services. More often, gynaecological appointments are arranged only in cases of pregnancy. For example S., a 25-year-old Tunisian

woman residing in a peripheral center in the province of Trapani, told us that her repeated requests for a gynaecological exam were disregarded by the facility's staff, despite her stated willingness to pay for the service herself, if necessary. In light of the center's prolonged inaction, we booked an appointment for her at a municipal family planning/counseling centre, which she attended on her own to meet her healthcare needs. This case concerns a woman who persistently advocated for herself to access essential care and still encountered significant barriers; it is therefore easy to imagine how, in other situations, access to such essential services may be entirely lacking. Focusing on the **support of pregnancy and motherhood, as well as child health**, we found that such protections are not uniformly guaranteed, even though they fall under the categories of care that Italian national law theoretically ensures for foreign nationals in the reception system.³⁸ In particular, in a rural CAS in the province of Agrigento, several women expressed concern about the lack of adequate healthcare, including for pregnancy: there appeared to be no doctor in service at the center and only sporadic visits to external hospital facilities.

I., a woman seven months pregnant, told us she was not receiving gynecological care. F., while in tears and holding her daughter in her arms, who is about one-and-a-half years old, told us: "look, she's growing up alone, like this," meaning the child was not receiving the attention or opportunities she deserved. Another mother, whose daughter is about the same age and was born in the facility just two weeks after her arrival, confirmed these accounts and added that she had never had a check-up after giving birth. When she asked us for support, she was once again pregnant and worried: despite being in her seventh month, she had only had two medical check-ups, even though she was experiencing some physical

discomforts.

We encountered similar situations in a center in the province of Palermo and in two in the province of Trapani, where pregnant women and girls close to giving birth were in a deep state of anxiety and concern. In the case of M., a young Tunisian woman who had been in Italy for just one month, her anxiety was worsened by the forced separation from her partner, who had been taken to a detention center for repatriation (or CPR) and violently removed from the rest of the family in front of their three-year-old son. As the mother shares the story, her child – who is with her – shows signs of sadness at the absence of his father and says: “Mom, I’m scared of the police.”

What has been reported—alongside the fact that many are single women with more than one child—exposes women, especially those who are pregnant, to intense psychological stress as well as risks to their own health and that of their children.

What could only be interpreted as an underestimation of—if not total failure to consider—gender-specific needs also emerges in the distribution of basic necessities within reception facilities, particularly with regards to sanitary pads and hygiene products. Italian regulations establish that each woman should receive a package of 20 sanitary pads per month. In some facilities, this rule is applied quite strictly: needless to say, this quantity has been established without any consideration for how menstruation varies from person to person. It is absurd to impose a monthly maximum on the number of sanitary pads each woman can access without accounting for individual needs—and even more so when this already minimal amount is sometimes not even provided. Furthermore, in many cases across different provinces, women reported that pain relief medication (for menstrual cramps) is not provided—even upon request.

Staying on the topic of the distribution

of essential goods, we have collected widespread complaints about the limited provision of diapers and hygiene and care products for infants, as well as the lack of appropriate food for babies and young children, such as **baby food** and **formula**. In particular, in three facilities across the three provinces, conversations with residents reveal a general shortage in both the quantity and quality of the food provided. People we spoke with frequently reported limited food portions, **a lack of fruits and vegetables**, and an overall absence of variety. The groceries supplied are often insufficient to meet the needs of those living in the facilities: “The other day we only got one zucchini and one bell pepper each,” reported one person in a CAS in the province of Agrigento. Another woman, in a different facility, told us that “sometimes the only food available for dinner is just bread and one egg per person.” These shortcomings—serious in their own right—raise additional concerns when it comes to the care of children, who all the more require a healthy and nutritionally complete diet. To make up for this, many of the women we spoke with said they are forced to spend nearly all of their pocket money to buy essential goods that should instead be provided to them.

4.3.4 Literacy and Italian language courses

In general, the provision of literacy and Italian as a second language courses is another service mandated by Italian law that should be offered in reception facilities. This can be organized: through Italian courses offered within the center by a teacher hired by the managing organization; through agreements with the local Provincial Center for Adult Education (or in Italian, CPIA) or with external associations; through individuals autonomous enrollment in the local

CPIA; through Italian courses provided by private organizations in the area. The latter scenario, however, is highly unlikely due to the distance from larger cities. It was primarily the individuals hosted in rural and isolated reception centers who expressed frustration about the inability to attend Italian language courses. This gap, when added to the marginalization they are experiencing in housing, social support, and employment, further increases the sense of frustration during a period of waiting and inactivity that is indefinite. For example, the residents of a rural center in the province of Agrigento reported that until the previous year they had attended Italian classes held in a nearby town, located about a 40-minute walk away. The school was then relocated to the municipality of Agrigento, and they were no longer able to attend due to the distance from the center and the lack of a shuttle service arranged by the facility. A similar situation was reported by residents in two centers in the province of Trapani, an issue already mentioned in the paragraph concerning the location of CAS facilities.

Another concerning element, in addition to the lack of access to literacy and Italian language courses, is the limited access to education for adults—particularly the schooling necessary to obtain a lower secondary school diploma, which is necessary to access an important section of the job market—as well as for minors residing in reception centers for women and family units. The law establishes that school attendance for minors who are (or whose parents are) seeking asylum is not only a right, but a mandatory requirement. It also provides for access to “courses and initiatives for learning Italian that may be implemented by the State, regions, and local authorities to ensure the effective right to education.” Unfortunately, individuals interviewed in a rural CAS in the province of Trapani reported that no arrangements were made for the enrollment of children

even in nursery schools—let alone preschools—for families considered “in transit,” despite the fact that many had been residing in the facility for over three months.

33. According to official data, about 217'000 Tunisian nationals have arrived to the Italian coasts over the last 5 years, 35% of whom were women. Sources: the Italian Ministry of Labour and Social Policies, at the Tunisian community in Italy, 2023 [\[PDF\]](#) and [UNCHR data](#).

34. The criteria adopted by the Asylum Commissions for the evaluation of asylum applications are strongly Eurocentric and follow precise indicators and categories. To obtain a positive outcome, people seeking asylum need to tell their story carefully, making sure they include aspects of their lives they might not normally share, but that help them fit into one of the categories predefined by the law as deserving of a form of protection. For this reason, preparation for the hearing before the Commission, as well as of the necessary documentation, becomes fundamental.

35. Asylum seekers are guaranteed access to healthcare, in accordance with the provisions set out in Articles 34 and 35 of the Consolidated Immigration Act. Therefore, as long as a person has a pending asylum application, they are entitled to urgent or otherwise essential outpatient and hospital care, including ongoing treatment, for illness and injury. Preventive medicine programs aimed at safeguarding both individual and public health are also extended to them. In particular, the following are guaranteed:

a) social protection during pregnancy and maternity, under the same conditions as Italian citizens; b) protection of the health of minors, in accordance with the Convention on the Rights of the Child of 20 November 1989; c) vaccinations pursuant to the law and within the framework of collective prevention campaigns authorized by the regions; d) international prophylaxis measures; e) prevention, diagnosis, and treatment of infectious diseases, as well as the possible remediation of related outbreaks.

36. New standard contract specification for the management of reception services approved by Decree of 4 March 2024 [\[PDF\]](#)

37. In Italy, the right to free healthcare is granted not only to foreign nationals with a valid residence permit, through registration with the National Health Service and the issuance of a Health Card, but also to foreign nationals who are on Italian territory without a residence permit, so who do not have legal recognition of their right to stay. The latter are entitled to access urgent and essential healthcare services. This is guaranteed through the issuance of an STP code, which stands for Straniero Temporaneamente Presente (Temporarily Present Foreigner). Applying for a Health Card or, alternatively, for the STP code is a simple procedure that requires the applicant to fill out a form.

38. The "Reception Decree" [\(DL n.142/2015\)](#)



Img. 5: Photo credit: Francesco Bellina (photographer).

Conclusions

“Oh God, let this bus be for me!” P. exclaims, laughing. She’s sitting on the low wall in the courtyard of the emergency center, overlooking the main road, when she sees the large bus. She’s joking about the center where she was placed when she arrived to Europe—a disused former hostel in the middle of the countryside, with nothing around it. She hopes that the bus is coming for her. Maybe they’ve finally decided to transfer her “to a place with other human beings.”

What is the purpose of a report that focuses specifically on the condition of women in Emergency Reception Centers (CAS) in certain areas of Sicily, while we are witnessing the ongoing dismantlement of the reception system? It serves to remind us **not to get used to the increasingly popular idea that reception is a form of charity rather than a right, and not to take for granted that the people most exposed to exploitation and marginalization are those who experience intersecting forms of oppression**—including gender, race, class, and legal status—and who, moreover, have just recently arrived. Such a report can help us **recognize the direct consequences of Italian and European populist, racist, and patriarchal policies** on the lives of a specific group of people. More broadly, it invites **reflection on the state of internal and peripheral areas in Southern Italy**. Traditionally, reports focus on what is

observed and demonstrated. To do so, some things may be left unspoken. For example something the authors wish to preserve, what belongs to the intimacy of something as simple and unique as a human encounter.

This report does not share life stories, and that is a deliberate choice: during the work, we stepped aside and left each person the freedom to tell their own story—as the narrators, they chose whether their migratory experience was a relevant element in their narration, or not. The few direct quotations and bits of information included, particularly in Chapter 4, serve only to emphasize some aspects of the functioning of the reception system.

Despite this position, **listening** to the experiences of the people we met is the starting point for the reflections that shaped this report—though their stories are not the object of analysis. **The aim was not to portray “the female condition” within CAS centers.** Each migratory journey is unique in its specific features, as is each woman’s experience within first-level reception centers. The **heterogeneity** of migration flows is also one of the key elements that disrupts the rigid categorizations on which migration and asylum law traditionally relies. And it is precisely through listening to individual voices that the rigidity—and ultimately, the inadequacy—of European and Italian legal frameworks becomes

clear, as they fail to respond to the challenges posed by human mobility. These policies create the conditions that render people “vulnerable” by denying the possibility of legal entry into European territory, artificially distinguishing—based on Eurocentric and constructed criteria—between those deemed “worthy” of protection status and those who are not, while at the same time marginalizing individuals through specific reception policies.

This report aims to **contribute to a broader reflection on power dynamics, subordination, and exploitation**, and on how these are structured, maintained, and reproduced within parts of the current reception system. This system has allowed reception structures that were originally set up as emergency measures to become the norm. It reflects a **“more than emergency-driven”** approach—evident, for instance, in the recent creation of new temporary reception centers (*centri di accoglienza temporanei*).

It is a system that involves the use of public resources, which should ensure the provision of basic services. However, as this report demonstrates, these services far too often fail to meet even the most basic needs that women seeking asylum often carry. This reflects the broader inadequacy of the current legal framework to provide safe spaces and effective tools for addressing structural inequalities and for supporting the autonomous development of the individuals involved.

What **emerges is a general picture of a collapsed system**, governed by **discretionality**, in which people arriving are frequently exposed to a **lack of safeguards and support and to degrading conditions**.

Thus, starting from the testimonies of people who directly experience reception in these places, and conducting the analysis through the methods illustrated in the various chapters, **current first reception policies reveal themselves**

for what they are: a component of broader practices of confinement and mobility control implemented by European and Italian migration policies, which **play a central role in dynamics of domination and exploitation**.

At the same time, it would not be fair to generalize the very serious situations observed in certain Emergency Reception Centers as descriptive of all facilities. It is important to clarify this point, since there are also centers where the managing cooperatives, despite struggling to make ends meet due to substantial funding cuts and restructurings, still strive to maintain a level of service that, if not fully adequate due to structural limitations, at least upholds some degree of support. Likewise, there are dedicated staff members who, in order to keep doing a job they love—or simply to avoid having to leave their own region—accept difficult working conditions.

Nonetheless, what is being analyzed here is the reception system, and it is both necessary and urgent to expose the fact that a person seeking asylum can end up being housed in remote and hard-to-reach facilities, completely arbitrarily. These are often abandoned hotels in mountain villages or former farmhouses in the middle of the countryside, repurposed because they no longer generated profit. In such settings, the protection and safeguard of individual rights are minimal, and tension and fear are extremely high, making people much more exposed to coercion and exploitation.

This study reveals, among other things, that CAS centers for women and family units in the examined provinces are frequently located in rural and inland areas and rarely within urban centers. In some of these facilities, systemic shortcomings overlap, creating what can be described as **“reception voids”**—spaces where women, men, and minors are provided with only the bare minimum for survival, while **other essential services that could support pathways**

toward autonomy and socio-economic inclusion are sorely lacking.

Far from public attention and community oversight, duties, rights, and guarantees are consistently disregarded, while people are forced to live precarious and suspended lives: precarious because they face legal, housing, and economic instability, making it difficult to plan ahead or make informed decisions about their future; suspended, because they have no knowledge of how long this state of limbo will last.

Moreover, invisibility and marginalization—primarily geographical—are the very conditions that enable power imbalances to take root and expose individuals to the multiple risks and harms documented in this report, including lack of support, and various forms of discrimination, exploitation, abuse, and harassment.

For the reasons we outlined, the fact that **CAS centers for women and families are often located in geographically isolated areas** is deeply problematic. It places women and families at a **disadvantage** when it comes to accessing local services independently—services that are essential for meeting urgent and non-urgent needs, understanding one’s rights, building social networks, and gradually achieving autonomy.

In particular, the care and fulfillment of the needs of children, and people with health conditions or disabilities tends to fall disproportionately on mothers (or sisters and other women within the household). This adds an additional layer of concern and leads to significant practical limitations, especially in areas where even attending school becomes a luxury.

As a result, migrant women and families, who already face discrimination tied to labor market stereotypes, which also influence their social lives, are further disadvantaged in their access to rights and services by a system that disregards their specific needs—contributing even more to their marginalization and

exclusion.

Within the broader context of the **progressive and continuous erosion of the right to reception**, the reduction or elimination of services undoubtedly has negative consequences for all people hosted in the system. However, it has an especially **harmful impact on those who are underrepresented and already face particular discriminations**, in a system still designed around the prerogatives and characteristics of male identity. What emerges is the inability of the current legal framework to recognize the heterogeneity of the individuals living in the reception system and the differing needs they bring. What dominates, instead, is a stagnant representation that sees “the migrant” primarily as a male figure, while all others—especially women—are treated as secondary or additional.

We are thus witnessing a process in which **patriarchal social and cultural structures**—such as the fact that the material and moral responsibility of child-rearing disproportionately falls on women—combined with the lack of institutional support and adequate services, have significant practical consequences on the experience of women in the reception system. These dynamics severely hinder their path toward socioeconomic inclusion and financial independence.

It is women who are left to shoulder the burden of having to find solutions independently, constantly trying to compensate for the shortcomings and dysfunctions of a system that fails to guarantee equal rights and conditions for all, where gender-specific needs are consistently overlooked.

Building on these reflections, in the title of our report we wanted to provoke some questions. In Italian, the word “receiving/reception” and “welcoming” are closely linked, especially in this context. But are women on the move actually “welcomed” in Italy, as many local narratives try to

claim? What does “reception” even mean today? In the wake of an ideological and politically instrumental attack on the second reception (SAI) model and other alternative reception systems, will we be capable of bringing a healthy public debate about this topic back into the spotlight? Can we spark a critical debate, acknowledging the roots of the existing system in an emergency-based and charity-driven conception of welfare, which are recurring in the history of the service (or third) sector in Italy? Above all, will it be possible to finally center the perspective of those most directly involved?

