

From arrival *to* settlement

Vulnerabilities of asylum seekers
and refugees in Europe

Edited by
Daria Mendola



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Neodemos Association 2026

Authors

- Maurizio Ambrosini** - University of Milano
Micaela Arcaio - University of Palermo
Elisa Barbiano di Belgiojoso - University of Milano-Bicocca
Ignazia Maria Bartholini - University of Palermo
Annalisa Busetta - University of Palermo
Eralba Cela - University of Milano
Rafaela Hilario Pascoal - University of Palermo
Roberto Impicciatore - Alma Mater Studiorum - Università di Bologna
Elisabeth Kraus - Federal Institute for Population Research (BiB), Germany
Daria Mendola - University of Palermo
Ceri Oeppen - University of Sussex
Livia Elisa Ortensi - Alma Mater Studiorum - Università di Bologna
Anna Maria Parroco - University of Palermo
Manuela Stranges - University of Calabria
Francesca Tosi - Alma Mater Studiorum - Università di Bologna

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Introduction

Though frequently invoked in common discourse, vulnerability remains an imprecise and poorly defined concept. The United Nations has characterized it as a state of high exposure to certain risks and uncertainties, combined with a reduced ability to protect or defend oneself against those risks and cope with their negative consequences.¹ In the European context, vulnerability among migrants and refugees has only recently emerged as both a framework for humanitarian intervention and a focus of academic attention. The availability of clear definitions and assessment tools remains a concern.

The notion of *vulnerability assessment* -as a structured tool for identifying population groups that should be prioritised for intervention- emerged mainly in the aftermath of the Syrian war, when UNHCR developed a *Vulnerability Assessment Framework* (VAF, see UNHCR, 2018²) to manage the massive influx of refugees arriving in camps in Lebanon and Jordan. Initially conceived to draw attention to the precarious living conditions in these camps, the VAF also provided a quantitative tool based on 64 indicators grouped into 10 domains.

These indicators capture both *inherent* sources of vulnerability -such as sex, health conditions or age, considering children and older adults as intrinsically fragile- and *contextual* or situational vulnerability, for example, access to non-toxic cooking fuel, drinkable water, the presence of sewage systems, or waste-management infrastructures. The VAF also incorporates information on coping strategies, such as the availability of savings.

However, this complex system of indicators -which ultimately collapses into an ordinal categorisation of priority levels- fits poorly with the circumstances of migrants and refugees who arrive in high-income countries. European states, in particular, invest heavily in managing migration flows, receiving refugees and providing integration services. The 2015 refugee crisis, along with the persistent inflows that continue today, exposed structural weaknesses of the Dublin system and revealed the li-

1 See United Nations, Department of Economic and Social Affairs, Report on the World Social Situation 2001, chapter XIII “Reducing vulnerability”.

2 UNHCR (United Nations High Commissioner for Refugees). (2018). Jordan – vulnerability assessment framework 2017–population survey report-sector vulnerability review (July 2018). Geneva: UNHCR.

mitations of reception mechanisms across Europe. It also challenged an international legal framework -the 1951 Geneva Convention and its 1967 Protocol- originally designed for post-war displacement in Europe and still adequate only as long as refugee numbers remained limited.

At present, there is no theoretical or operational framework for vulnerability assessment tailored to high-income countries. Except for those living in informal settlements -where access to basic services remains critical- most refugees and asylum seekers in Europe do benefit from essential services. What emerges instead are challenges related to integration, discrimination and the effective enjoyment of civil and human rights.

The 2013 EU Directive (2013/33/EU), implemented differently across member states, does not define “vulnerable migrant” but rather lists categories presumed to be vulnerable. The 2013 Directive further consolidates a rigid category-based approach that relies exclusively on inherent individual characteristics while overlooking situational factors.³ Yet situational elements may transform otherwise “neutral” characteristics into risk factors and interact with inherent traits to produce compounded, intersectional, vulnerability (Mendola & Pera,⁴ 2022).

What, then, should a vulnerability assessment for high-income countries be based on? According to the above-mentioned United Nations’ definition, vulnerability arises from exposure to potential risks that may have detrimental effects on individuals lacking the material or psychological resources to cope with them. This is a complex, partly philosophical concept, that does not align easily with the emergency-driven practices that characterise asylum procedures and reception systems. Nevertheless, the question of *who* is vulnerable must be addressed and a new conceptual grid is needed -one that differs from UNHCR’s camp-based framework but is more nuanced than the EU’s category-based approach. As the Söezer (2021)⁵ article insightfully argues, rigid categories may inadvertently obscure other forms of vulnerability by casting a bright light on some groups while leaving others in the shadows.

The AVRAI project (*Assessing the Vulnerability of Refugees and Asylum Seekers in Italy*), launched in 2023, was created with the aim of

3 Among the categories broadly recognised across EU countries are minors, unaccompanied minors, older adults, disable people, pregnant women, and -though only in some countries- survivors of torture, survivors of shipwrecks, and women who have undergone female genital mutilation.

4 Mendola, D., & Pera, A. (2022). Vulnerability of refugees: Some reflections on definitions and measurement practices. *International Migration*, 60(5), 108-121.

5 Söezer, H. (2021). Categories that blind us, categories that bind them: The deployment of the notion of vulnerability for Syrian refugees in Turkey. *Journal of Refugee Studies*, 34(3), 2775–2803.

reflecting on these issues and collecting high-quality empirical data on the living conditions of refugees and asylum seekers in Italy. Unlike some other European countries, Italy lacks an official survey dedicated to this population and, more broadly, suffers from limited statistical tools for studying migrants' living conditions. This is paradoxical in a country where debate on incoming migration has been at the forefront of public discourse for more than two decades -one need only think of the arrival of migrants from Albania in the early 1990s following the collapse of the communist regime- often characterised by hostile rhetoric and narratives of competition between migrants and native citizens for essential services, debates too rarely grounded in reliable statistical evidence.

In this context, AVRAI represents a small but important step toward building a stronger statistical foundation for understanding refugees and asylum seekers' vulnerability in Italy. It contributes new opportunities for research and sheds light on dimensions of vulnerability that have been largely overlooked.

The project AVRAI involves a multidisciplinary research team -including social statisticians, demographers and sociologists with extensive experience in migration studies-which has been enriched over time by interactions with international scholars. These collaborations intensified, for example, during the project workshop held in Palermo on 9–10 October 2025 (see project website at <https://avrai.unipa.it>) , and they will continue to bear fruit in the years ahead.

AVRAI relies on a diverse set of statistical sources. The primary source is the ItRAS (Italian Refugees and Asylum Seekers Survey), presented in detail later in this volume. Additional data come from Italian administrative records collected in a first-reception centre, Eurostat databases and surveys carried out in other European countries, useful for comparative discourses. The research team has also conducted a qualitative study on older refugees, providing valuable insights into the experience of ageing as a foreigner in Italy.

The project adopts a comparative perspective, with a particular focus on Germany and Austria-countries that regularly or intermittently collect official statistics on refugees and asylum seekers. The availability of such data can support public debate, promote evidence-based discussion, and contribute to long-term migration planning. It also helps shift the perspective away from emergency-driven responses and towards recognising migration flows as structural phenomena that, according to demographic projections,

are expected to grow, especially from the Global South to the Global North.

This ebook contains the proceedings of the project's final conference, held in Palermo on 9–10 October 2025, and presents some of the results already achieved by the project. Some contributions have already appeared in peer-reviewed journals; others will follow in the coming months and years. The diversity of disciplinary approaches, data sources and national contexts makes AVRAI both ambitious and promising. We hope this volume will offer new insights, advance knowledge in Italy and Europe and engage not only scholars in migration and refugee studies but also NIUSSP and Neodemos readers seeking evidence-based perspectives on the public debate.

**Daria Mendola,
P.I. of the AVRAI project**

Structure of the volume

The volume is organised into four chapters, each exploring selected dimensions of vulnerability identified by AVRAI and concludes by offering some policy recommendations. We have also included contributions from researchers outside the project who collaborated with the AVRAI team during its first two years. What follows is an overview of the structure and content of the volume.

CHAPTER 1 FOCUSES ON THE ELEMENTS OF VULNERABILITY THAT REFUGEES ENCOUNTER UPON ARRIVAL IN EUROPE

It includes three contributions. The first, by Ortensi, Tosi and Impicciatore, offers an analysis of Eurostat data on asylum recognition decisions across European countries. The contribution draws attention to gender disparities in asylum recognition rates and to the specific vulnerabilities that emerge as a result.

The second contribution offers some reflections on the hostile environment that UK public debate offered to refugees and asylum seekers with the rise of nationalism and anti-immigrants sentiments and policies. Ceri Oeppen reflects on how anti-immigrant rhetoric, and the political focus on the manner of arrival of asylum seekers (i.e., via smugglers, or by safe and legal routes), inflated concerns about asylum numbers while undermining the UK international obligations to protect refugees.

The third contribution examines the contradictory nature of Italian public policies on migration and refugee reception. Maurizio Ambrosini discusses the restrictions applied to refugees from the Global South, the generous reception granted to Ukrainian refugees, and the new openness towards migrant workers—not only those who are highly skilled.

CHAPTER 2 OFFERS AN IN-DEPTH PERSPECTIVE ON THE HEALTH OF REFUGEES AND ASYLUM SEEKERS

It comprises three contributions. The first contribution examines unique administrative data from a large first-reception centre located in Southern Italy- one of the largest in Europe. Stranges, Busetta and Mendola offer important insights into the health conditions of newly arrived migrants and asylum seekers. Data suggest a strong association between

en health conditions and length of permanence in the reception centre. Across all groups and nationalities, those accessing external healthcare had considerably longer stays compared to those without documented health issues.

The second contribution focuses on resilience, conceptualised as a resource that can mitigate the consequences of vulnerability. The attention here shifts to Germany, the European country hosting the largest number of refugees. Using IAB-BAMF-SOEP data, Busetta and Mendola identify a “vicious cycle” where discrimination fuels loneliness, damaging multidimensional health. Resilience serves as a “hidden asset” that directly improves health outcomes and acts as a protective filter by reducing the perception of hostility. The authors argue for a shift away from deficit-oriented models toward policies that nurture resilience by increasing refugees’ agency.

The third contribution returns to the Italian context and presents early findings from the ItRAS survey, exploring the relationships between age, gender, personal and family characteristics and general and mental health. Cela and Barbiano di Belgiojoso present novel evidence on refugees’ and asylum seekers’ access to healthcare services in Italy. A comparison with analogous official data on natives provides further insights into persistent health inequalities and the disadvantages faced by refugees and asylum seekers.

CHAPTER 3 TURNS TO THE PROCESS OF INTEGRATION IN ITALY

The first contribution examines how labour market participation affects refugees’ life satisfaction. Drawing on original ItRAS data, Parroco, Arcaio and Mendola reflect on the significance of employment not only as a means of economic self-sufficiency but also as a determinant of subjective well-being and life fulfilment. The analysis also highlights the crucial role of social and family networks in shaping life satisfaction.

The second contribution further explores labour market integration using ITRAS data. The results by Impicciatore and Ortensi point to gender and origin-related disparities, once again underscoring that refugees are not a homogeneous group. The analysis reveals the greater vulnerability of refugee and asylum-seeking women, who are often concentrated in part-time or irregular jobs, thereby feeding into the informal economy. The contribution also offers policy recommendations.

CHAPTER 4 PROVIDES AN IN-DEPTH DISCUSSION OF GENDER AND FAMILY-RELATED ISSUES

The first contribution addresses the issue of families separated during forced migration. Kraus' analysis shows that migration -forced migration included- is often a family-based process. Forced migration frequently leads to family separation, giving rise to transnational families dispersed across several countries. The focus is on Germany, particularly on families from Eritrea and Syria. Reframing refugees not merely as isolated individuals but as people embedded in family networks allows us to recognise a form of vulnerability often overlooked by both public policies and the scientific literature.

The chapter concludes with a contribution by Bartholini and Pascoal, who reflect on an unintended effect of reception policies. While such policies aim to foster autonomy and personal development, they may, in practice, generate dynamics that the authors refer to as the infantilisation of migrants -linked to power asymmetries and to the role of frontline workers such as social workers, psychologists, and cultural mediators. The case study presented focuses on two women (one refugee and one with a pending asylum application) who, after long periods in reception centres, have become key figures within their communities. The article illustrates how practices of care and assistance may evolve into subtle forms of infantilisation, thereby reducing or undermining individuals' agency.

POLICY CONCLUSIONS AND RECOMMENDATIONS

Policy recommendations are put forward across the various contributions of this Ebook. They highlight how the vulnerabilities of refugees and asylum seekers can be reduced through targeted policy measures, particularly by improving reception systems and strengthening integration practices. This final contribution provides a set of policy recommendations that emerged from the reflections and discussion held during the closing roundtable of the AVRAI final conference, including specific suggestions addressed to practitioners within the official asylum reception and processing system, as well as examples of good practices arising from the interaction between the third sector, municipal authorities and the official asylum reception and processing system.

The Italian survey on refugees and asylum seekers: Introducing the ItRAS

Daria Mendola

1. INTRODUCTION

Understanding the living conditions and experiences of refugees and asylum seekers represents a critical challenge for contemporary migration research. In Italy, as in many European countries, the lack of comprehensive data on this population has long hindered evidence-based policymaking and scholarly analysis. The Italian Refugees and Asylum Seekers Survey (ItRAS) was developed to address this gap, providing the first nationally representative dataset on individuals who have sought or obtained protection in Italy. Many contributions in this Ebook are based on ItRAS data analysis, hence it is useful to give some introductory information on this new survey.

Conducted between April and August 2024 as part of the [AVRAI research project](#), ItRAS represents a groundbreaking effort to systematically document the experiences of refugees and asylum seekers across the Italian territory. This survey offers unique insights into a population that has historically been difficult to study due to its mobility, diversity, and the administrative complexities surrounding migration status. A detailed description of the survey, its objectives, the methodologies employed and a set of preliminary analyses is presented in the scientific article by Mendola et al. (2026), which is cited for a more rigorous and in-depth treatment.

2. WHO WAS SURVEYED: DEFINING THE TARGET POPULATION

The survey focused on adults aged 18 and above who fall into specific categories related to international protection. The target population includes individuals holding various legal statuses: those who have been granted refugee status under the 1951 Geneva Convention, persons with subsidiary protection (a form of international protection for those who do not qualify as refugees but face serious harm in their home country), and individuals with pending asylum applications who have not yet received a final negative decision.

The study also encompasses people holding temporary protection status—a relatively new mechanism activated in the European Union fol-

lowing the Russian invasion of Ukraine in February 2022. This provision offers immediate protection to Ukrainian citizens, stateless persons, and third-country nationals who were residing in Ukraine before the conflict, along with their family members. Additionally, the survey includes individuals granted national forms of protection specific to Italy, historically known as “humanitarian” or “special” protection, which is based on national legislation rather than international conventions.

An important aspect of the survey design involved capturing individuals at different stages of their integration journey. The study includes not only those currently holding protection permits but also people who, having initially received protection, have since obtained other types of residence permits, long-term EU resident permits, or even Italian citizenship. This inclusive approach recognizes that protection status often represents a transitional phase in a longer migration trajectory.

To ensure that participants had sufficient time to establish themselves in Italy and to avoid surveying individuals who had just arrived, the study required respondents to have lived in the country for at least six months before their interview. Additionally, all participants must have arrived in Italy no earlier than 2011, focusing on more recent migration flows and ensuring that the data reflect contemporary conditions and policies.

Given the vulnerability of the population being studied, ethical considerations were paramount throughout the research process. The entire study protocol underwent rigorous review and received approval from the Bioethics Committee of the University of Palermo in April 2024. This review examined every aspect of the research, from sampling methods to data collection procedures and consent protocols.

3. THE SURVEY IMPLEMENTATION: MEASURING VULNERABILITY AND LIVING CONDITIONS

3.1. The questionnaire

The survey employed a face-to-face interview format using Computer-Assisted Personal Interviewing (CAPI) technology. Recognising the linguistic diversity of the target population, interviewers were specifically recruited and trained, with most of them having a migrant background, serving as cultural mediators, and working in NGOs. They could explain the consent form and conduct interviews in Italian, English, French, or Arabic, depending on the respondent’s preference. When participants spo-

ke other languages, additional cultural mediators acted as interpreters. This multilingual approach was essential for ensuring that all participants fully understood their rights and the nature of their participation.

The questionnaire at the heart of ItRAS was developed with a specific goal: measuring vulnerability among refugees and asylum seekers in Italy while maintaining comparability with similar surveys conducted in other European countries.

The final questionnaire consists of seven main sections, each exploring different facets of refugees' and asylum seekers' lives in Italy. The substantive sections cover personal characteristics and demographics, family composition and housing conditions, health status and access to healthcare, food security and nutrition, economic integration including employment and economic resources, personal and social resources such as networks and support systems, and broader aspects of life in Italy including experiences of discrimination and social inclusion.

The survey recognizes that vulnerability encompasses both objective conditions and subjective experiences. Objective dimensions include measurable facts: whether someone has stable housing, access to healthcare, sufficient food, or employment. Subjective dimensions capture how people perceive their situation, their attitudes, and their sense of wellbeing or insecurity.

3.2. Reaching a Hard-to-Survey Population: The Centre Sampling Technique

One of the greatest methodological challenges in studying refugees and asylum seekers is simply finding them. Traditional sampling methods rely on complete, accurate lists of the population -sampling frames such as voter registries or address databases. For refugees and asylum seekers, such lists are often unavailable, incomplete, or quickly outdated due to this population's high mobility and changing legal statuses.

To address this challenge, ItRAS employed the Centre Sampling (CS), a method specifically designed for surveying elusive populations. The technique rests on a simple but powerful observation: even though we may not have a complete list of individuals, we can identify specific places where members of the target population regularly gather. These locations -called "centres" in the CS framework- serve as observable access points to an otherwise hard-to-reach population. For refugees and asylum seekers, such centres might include reception facilities, organizations providing services to migrants, places of worship, community associations, specific markets or

shops, and public spaces where people gather.

Crucially, the questionnaire includes a specific section that records each respondent's centre-attendance patterns (i.e., which types of centres they visit). This information is essential for the technique's validity because it allows researchers to calculate each individual's probability of being sampled.

The logic is straightforward: someone who visits five different types of centres regularly has a higher chance of being approached for the survey than someone who only visits one location. Similarly, at a centre that attracts many potential participants, any single individual has a lower probability of being selected than at a less-frequented location. By carefully recording these patterns, researchers can compute sampling weights that compensate for these differential probabilities (see Baio et al., 2011 for technical details), ultimately allowing valid statistical inference about the entire population based on the sample.

A further recalibration was carried out relying on official statistics by gender and nationality in the three national macro-areas. This macro-regional calibration was important given Italy's substantial north-south differences in economic opportunities, service availability and migrant integration outcomes.

The final weights enable researchers to make valid statistical inferences about the entire population of refugees and asylum seekers in Italy based on the sample data. When these weights are applied, descriptive statistics and analytical results can be interpreted as representative of the broader population, not just the specific individuals who happened to be interviewed.

4. THE RESULTING SAMPLE: A SNAPSHOT OF REFUGEES AND ASYLUM SEEKERS IN ITALY

ItRAS covered nine Italian regions distributed across the country's three macro-areas: Northern Italy, Central Italy and Southern Italy (including Sicily). The largest proportion of respondents (40%) resided in Northern Italy, followed by Central Italy (34%) and Southern Italy (25%). This distribution reflects both the geographic concentration of services and opportunities in different parts of the country and the sampling strategy designed to capture regional diversity.

Sixty-six municipalities of varying sizes – small, medium, and large cities – were randomly selected for inclusion. An important selection criterion was that all chosen municipalities belonged to provinces hosting a

Territorial Commission, the administrative body responsible for making decisions on asylum applications. This ensured that the survey reached areas where refugees and asylum seekers are actively present and engaged with protection procedures.

The final sample comprised 1,327 individuals, offering a rich and diverse portrait of the refugee and asylum-seeker population in Italy. About three-quarters of respondents held some form of protection status at the time of the interview. This included 18% with full refugee status under the Geneva Convention and 224 Ukrainian nationals (approximately 17% of the sample) holding temporary protection status activated following the 2022 invasion. The remaining quarter of the sample consisted of asylum seekers with pending applications.

The sample reflected substantial national diversity. Ukrainian nationals were the largest single group, followed by individuals from Pakistan (9.6%) and Bangladesh (9.2%). Approximately half of all respondents were citizens of African countries, with Asians representing 27% of the sample, Europeans 18%, South Americans 5%, and stateless persons 2%.

5. SIGNIFICANCE AND CONTRIBUTION

ItRAS represents a significant advance in Italian migration research. As the first nationally representative survey of refugees and asylum seekers in Italy, it fills a crucial knowledge gap. Previous research often relied on small, non-representative samples from specific localities or reception centres, limiting the generalizability of findings. ItRAS provides a comprehensive, scientifically rigorous dataset that captures the diversity of experiences across different regions, nationalities, legal statuses, and stages of the integration process.

The survey's methodological contributions are equally important. The successful application of Centre Sampling Technique demonstrates that representative data on mobile, hard-to-reach populations can be obtained without relying on traditional sampling frames. The multilingual, culturally sensitive approach to data collection offers valuable lessons for conducting ethical, high-quality research with vulnerable migrant groups.

The survey's comprehensive coverage of vulnerability dimensions -from material conditions like housing and employment to health, food security, social integration and legal vulnerability -provides a holistic view of refugee wellbeing. This multidimensional approach recognizes that

vulnerability is not a single condition but a complex interplay of factors that can reinforce or compensate for one another. Not all these areas are covered in this Ebook and there are several forthcoming literature contributions from the AVRAI researchers (stay in touch!).

Like any research endeavour, ItRAS has limitations. The sample size, while sufficient for national-level and macro-region estimates, does not allow for statistically significant analyses at the regional level or by specific nationalities. Moreover, the questionnaire's breadth -designed to cover multiple dimensions of vulnerability- necessarily meant that individual areas could not be explored in exhaustive depth. These trade-offs reflect the inherent challenges of balancing comprehensiveness with granularity in large-scale survey research.

As Italy and Europe continue to navigate complex migration dynamics, the data and insights from ItRAS will serve as an essential resource for policymakers, practitioners, and researchers working to support refugee integration. The survey represents not just a methodological achievement but a commitment to understanding and improving the lives of some of society's most vulnerable members.

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Chapter 1

Refugees' vulnerability at their arrival in Europe

1. A gendered analysis of asylum decisions in the EU27 countries

Livia Elisa Ortensi, Francesca Tosi and Roberto Impicciatore

This article investigates the gendered dynamics of asylum recognition across the European Union (EU27) between 2008 and 2024, using over eleven million decisions from Eurostat reconstructed microdata. Results provide robust evidence that gender matters in shaping both the overall likelihood of success and the type of protection granted. Across the EU, women display systematically higher probabilities of receiving a positive decision than men at both first and second instance, with Hungary representing an outlier. However, this female advantage does not extend evenly to the type of protection obtained: in several countries, including the Netherlands, Denmark, Luxembourg, Poland, and Hungary, men are more often granted Refugee Status, while women are channelled into subsidiary or humanitarian protection.

1. INTRODUCTION: ASYLUM DYNAMICS AND GENDER BLINDNESS IN EUROPE

Protracted and newly emerging armed conflicts, climatic stressors, diverse forms of violence and persecution, and growing geopolitical instability have sharply increased the global demand for international protection in recent years (European Parliament, 2025). While most asylum seekers remain close to their countries of origin—primarily in the Global South, which hosted about 73% of the global refugee population at the end of 2024 (UNHCR, 2024)—Europe continues to play a pivotal role in asylum provision and legislation. Beyond the absolute numbers of people it hosts, Europe exerts a disproportionate influence in shaping international asylum norms, setting institutional standards, and producing symbolic representations of refugees (Lambert, 2013). Asylum adjudication lies at the heart of these dynamics, directly affecting the safety of individuals fleeing persecution while also structuring broader debates on migration and borders. Yet recognition rates continue to vary significantly across countries and even within them, depending on local commissions, individual officers, or

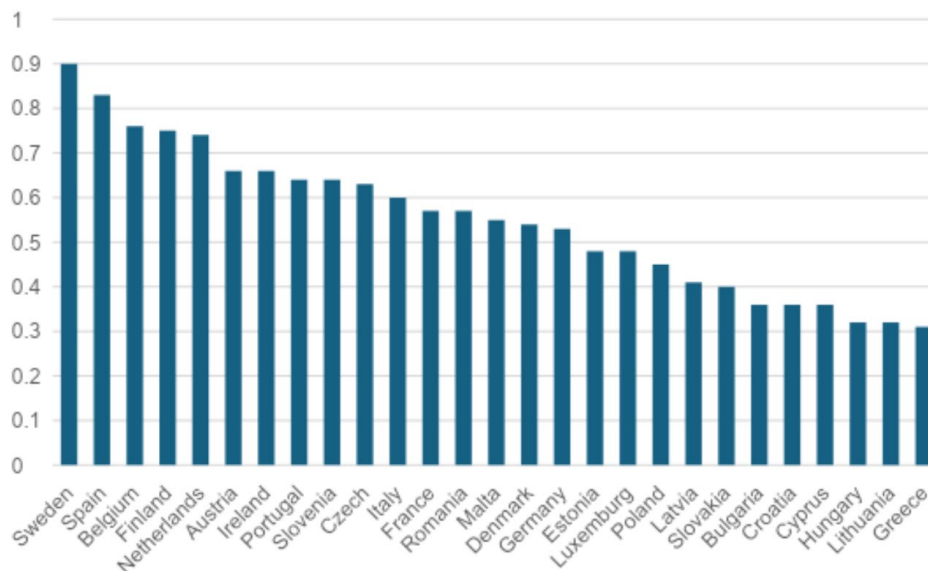
legal representation (Hatton, 2023; Van Wolleghem et al., 2022). In this framework, a gendered perspective is rarely implemented. In fact, most research has treated asylum outcomes as gender-neutral (Emmenegger and Stigwall, 2019).

2. GENDERED FOUNDATIONS OF ASYLUM LAW AND POLICY

Over the last two decades, women consistently represented around 30% applicants in the European Union (Eurostat, 2025). Gender is a crucial dimension in all aspects related to asylum procedures and has shaped legislation since the elaboration of the 1951 Refugee Convention (or Geneva Convention). Scholars examining legislation through a gendered lens have noted that international laws and conventions have initially been based on a male ideal model of asylum seeker. Traditional conceptions of refugees in Europe typically referred to politically active males fleeing communist regimes (Edwards, 2010). Despite being severely outdated conceptions, they remain at the foundation of fundamental European Union (EU) directives (Emmenegger and Stigwall, 2019). Harms disproportionately affecting women, such as gender-based violence and traditional harmful practices, have been initially less visible to adjudicators (Crawley, 2000), with likely effects on the success rate and the type of protection recognized. Although gender-sensitive provisions have been progressively incorporated into CEAS and strengthened by instruments such as the Istanbul Convention (Council of Europe, 2011), there is still considerable variation in the extent to which EU member states' national policies consider women's needs. The recent analysis carried out by Emmenegger and Stigwall (2019), who developed a Women-Friendliness in Asylum Index (WFA) index for the year 2015, shows that the incorporation of gender into asylum recognition remains highly uneven across the EU, with implications for applicants' chances of protection depending on where claims are lodged. The WFA captures the extent to which European states have adapted their regulatory frameworks to consider the specific situation and needs of female asylum seekers, for instance, related to motherhood and reproductive rights. Accordingly, the EU member states can be grouped into clusters reflecting markedly different approaches to gender-sensitive asylum. Northern and some Western European countries—such as Sweden, Norway, and the Netherlands—tend to rank high, having adopted comparatively stronger procedural safeguards and recognition practices that more consistently incorporate women's rights and gender-related forms of persecution. By contrast, several Central and Eastern European states, as well as Southern Europe, lag behind in adapting

their asylum systems to address women's specific protection needs (Figure 1). These differences are not merely legal-technical but reflect member states' broader political and institutional contexts, including the extent of women's political representation and the degree of commitment to international human rights standards. Such heterogeneity is likely to have a strong impact on the extent to which women are penalized in their asylum claims. This institutional bias may translate into uneven chances of protection for female applicants depending on where their claims are lodged, particularly when their claims involve domestic or sexual violence, or when they are unable to demonstrate the failure of state protection in their country of origin.

Figure 1 - The Women-Friendliness in Asylum Index in 2015



Source: Authors' elaboration on Emmenegger and Stigwall (2019) data.

3. GENDER, VULNERABILITY, AND DISCRETION IN ASYLUM ADJUDICATION

Recognition of asylum claims is not simply a technical application of international norms, but it is also a socially embedded practice shaped by national institutional routines, bureaucratic discretion, and symbolic representations that often rely on stereotypes of refugees (Haas and Shuman, 2019; Dallara and Lacchei, 2024). These dynamics highlight that gender should not be treated merely as a background variable but as a structuring dimension of the asylum recognition process. Gender shapes which forms of persecution are acknowledged, how credibility is asses-

sed, and who is categorized as vulnerable and therefore deemed worthy of protection (Welfens, 2023). The notions of vulnerability and deserviness are particularly relevant: while they capture the heightened risks faced by women in migration and asylum contexts, they also reproduce stereotypes and inequalities, often casting refugees as passive recipients of compassion rather than as active rights claimants (Mayrhofer et al., 2025; Yahyaoui Krivenko, 2022).

There is currently limited research exploring the gendered effects of contemporary asylum policies. Academic research has not kept up with the increasing feminization of asylum legislation and practices (Emmenegger and Stigwall, 2019), and gender-disaggregated data are still frequently missing from official reports and policy commentaries. As a result, the impact of an applicant's gender on asylum decisions remains ambiguous, with mixed and sometimes outdated evidence. Earlier studies suggested that being a woman increased the likelihood of rejection in European countries (Randall, 2002; Keith & Holmes, 2009), or that gender had no significant effect (Rodda, 2015). More recent studies, instead, suggest that the trend might have reversed, although the advantage of women over men in the framework of asylum applications may not be systematic, with heterogeneity by country of origin as observed in Germany (Plümper and Neumayer, 2021) and Italy (Ortensi et al., 2024).

4. IS THERE A FEMALE ADVANTAGE IN FIRST- AND SECOND-INSTANCE DECISIONS ON ASYLUM APPLICATIONS IN THE EUROPEAN UNION?

Drawing on reconstructed microdata on more than eleven million asylum decisions issued in the 27 EU member states between 2008 and 2024, this study examines gendered differences in the proportion of men and women receiving a positive decision and the type of protection granted. The analysis includes both first-instance and appeal decisions and compares results across countries. Across the EU27, women account for about one-third of asylum applicants (32.4% at first instance and 31.2% at the final stage), though the proportions vary widely across countries (Table 1). In some member states, such as Italy, Romania, Slovenia, and Croatia, women represent fewer than 15–20 per cent of applicants, suggesting strong gendered selection into migration and asylum.

Table 1 - First and final instance decisions for years 2008-2024 by country issuing the decision and gender of the applicant

Country Issuing the Decision	Total Decisions	% First Instance Decision on Total Decisions	% Female Applicants by Degree		% Successful Applicants First		% Successful Applicants Second	
			First Instance	Final Decision	Female	Male	Female	Male
Austria	502,265	74.3%	29.9%	29.1%	68.8%	45.3%	48.0%	38.7%
Belgium	457,220	73.5%	33.1%	35.0%	42.3%	38.6%	4.8%	5.0%
Bulgaria	54,610	99.7%	25.5%	20.0%	89.0%	60.5%	42.9%	75.0%
Croatia	3,265	63.2%	13.1%	14.2%	31.5%	15.3%	26.5%	11.2%
Cyprus	95,295	70.1%	26.3%	25.1%	33.1%	25.1%	3.3%	2.7%
Czechia	20,305	58.8%	26.0%	25.7%	30.8%	14.9%	9.0%	5.1%
Denmark	76,975	79.9%	32.7%	30.2%	62.6%	57.9%	22.1%	19.9%
Estonia	7,890	98.0%	27.8%	31.3%	96.3%	95.5%	10.0%	0.0%
Finland	91,065	68.6%	24.8%	21.3%	54.0%	37.1%	36.5%	22.5%
France	2,184,080	65.9%	35.8%	33.3%	29.5%	22.8%	21.1%	18.7%
Germany	4,175,975	71.8%	35.7%	34.5%	55.5%	52.1%	31.7%	27.9%
Greece	570,515	74.7%	25.1%	17.4%	64.4%	35.7%	18.9%	11.9%
Hungary	30,615	89.0%	23.0%	9.2%	12.8%	13.4%	4.8%	5.7%
Ireland	45,380	57.3%	33.8%	36.1%	53.2%	43.4%	28.7%	25.0%
Italy	1,021,405	81.0%	14.6%	12.4%	53.2%	36.7%	54.1%	48.7%
Latvia	2,270	81.5%	24.3%	14.3%	66.7%	33.9%	8.3%	1.4%
Lithuania	11,010	56.9%	29.8%	29.8%	35.1%	21.2%	23.3%	16.0%
Luxembourg	19,240	75.1%	36.4%	37.7%	54.6%	48.6%	2.2%	1.7%
Malta	26,245	77.2%	17.7%	10.9%	76.2%	58.7%	6.2%	2.2%
Netherlands	289,835	89.7%	29.4%	31.8%	64.4%	61.4%	65.2%	51.7%
Poland	80,380	74.7%	42.5%	44.2%	43.9%	42.3%	2.9%	2.0%
Portugal	8,255	63.1%	32.4%	20.2%	60.4%	46.2%	0.0%	0.0%
Romania	36,395	79.7%	14.6%	10.9%	74.3%	21.8%	57.1%	17.0%
Slovakia	2,130	83.3%	15.5%	12.7%	70.9%	42.7%	0.0%	4.8%
Slovenia	2,830	74.6%	16.4%	6.9%	78.3%	29.5%	0.0%	0.7%
Spain	590,255	95.7%	41.8%	37.0%	53.2%	41.4%	6.9%	4.7%
Sweden	767,995	69.7%	35.1%	33.1%	51.7%	44.9%	13.1%	12.0%
EU27	11,367,150	26.6%	32.4%	31.2%	50.5%	42.1%	26.1%	23.6%

Source: Authors' elaborations on Eurostat (2025) data

By contrast, in countries such as Poland and Spain, women make up more than 40 per cent of applicants, and in France, Germany, and Sweden, they are consistently around one third.

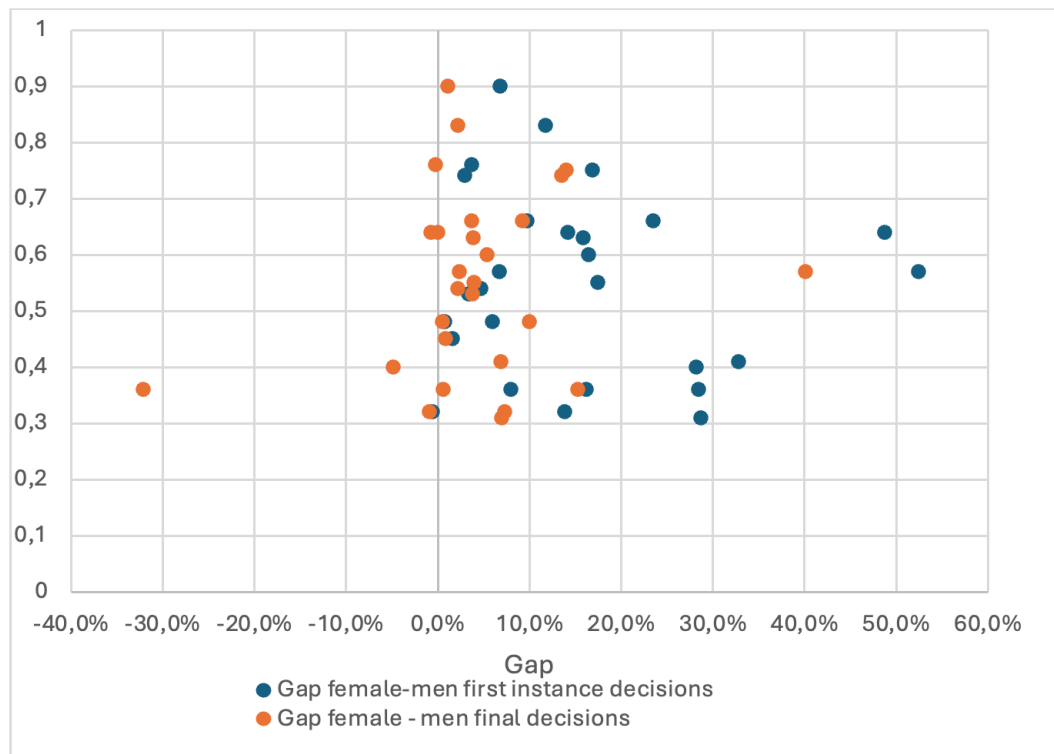
Asylum decision data for the years 2008–2024, disaggregated by the country issuing the decision and the gender of the applicant, indicate that female applicants tend to have higher systematic success rates than male applicants, especially when first decisions are analyzed. This pattern is particularly pronounced in countries such as Austria (68.8% vs 45.3%), Bulgaria (89.0% vs 60.5%), Greece (64.4% vs 35.7%), and Romania (74.3% vs 21.8%). Even in countries where overall recognition rates are lower, women still often achieve better outcomes—for example, in Finland (54.0% vs 37.1%) and Italy (53.2% vs 36.7%). Hungary represents the only exception with a slightly higher success rate for men (13.4% vs 12.8% for women). The same gender gap, though sometimes narrower, also persists at the final decision stage. In several cases (e.g., Austria, Italy, the Netherlands), women’s recognition rates remain higher even after appeal. Only in Belgium, Bulgaria, and Hungary are men most successful at the final decision stage. In Belgium and Bulgaria, the trend in the final decision reverses the wide female advantage in the first instance.

When examining the EU27 aggregate, women represent approximately one-third of total applicants (32.4%), but their average success rate at first instance (50.5%) exceeds that of men (42.1%). At the second instance, the difference remains noticeable (26.1% vs 23.6%).

These findings suggest a systematic gender advantage in asylum outcomes across European countries, which may reflect differences in countries of origin, grounds for persecution, or adjudication patterns that are more favorable to claims typically raised by women.

If we consider the relationship between the female advantage (measured as the percentage of successful female minus the percentage of successful male) in both decision degrees and the Women-Friendliness in Asylum Index (WFA) index for the year 2015, we clearly see that no association is detectable between the degree of women-friendliness and women’s relative advantage compared to men (Figure 2). Widest gaps in favor of women are observed in countries that scores low to intermediate scores of the WFA index.

Figure 2 - Female Advantage and Women-Friendliness in Asylum Index (2008–2024)



5. DISCUSSION AND CONCLUSION

We examined the gendered differences in asylum recognition in Europe by analyzing more than eleven million individual decisions issued in EU27 countries between 2008 and 2024. Our results provide robust evidence of a gender advantage in recognition rates, with Hungary being an exception. In fact, in recent years, Hungary has made it extremely difficult for people to seek asylum, using legal and physical barriers, and has been found to be in breach of EU asylum law by the European Court of Justice, which has fined the country 200 million Euros for this violation (ECRE, 2025). Therefore, the country can be considered an outlier. Importantly, we do not observe a relationship between the degree of women-friendliness in legislation and the female advantage. On the contrary, countries that are more women-friendly tend to show low female advantage.

Future research should deepen this analysis by incorporating qualitative perspectives on decision-making practices, exploring how adjudicators mobilize gendered narratives in hearings and written decisions. From a policy perspective, showing high country-level variability in both overall acceptance rates and female gaps points to the need for greater harmoniza-

tion in the recognition of gender-related persecution and for closer monitoring of how humanitarian statuses are applied across Europe. Strengthening gender-sensitive standards in asylum adjudication requires not only legal reforms but also critical reflection on the stereotypes that shape perceptions of credibility, vulnerability, and deservingness.

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2. Routes, racism, and the hostile environment: Public and political opposition to asylum seekers arriving in the UK

Ceri Oeppen

This contribution examines current public and political concerns about asylum seekers arriving in the UK, which are disproportionate to their small share of overall immigration arrivals. It situates current hostility in a recent historical trajectory of deterrence politics, from the 2012 “Hostile Environment” to subsequent political slogans, i.e. “Stop the Boats”. Drawing on official statistics and opinion polls, it highlights public overestimates of asylum numbers and explores how political narratives have amplified moral panics around asylum seekers arriving in ‘small boats’. The contribution then considers the Labour Government’s continuation of deterrence policies that penalise irregular arrivals, and the comparative moral positioning of those arriving via so-called ‘safe and legal’ routes versus those arriving via the facilitation of smugglers. It argues that political narratives framing asylum seekers’ mode of entry as a marker of legitimacy or credibility reinforces racialised hierarchies of ‘good’ and ‘bad’ immigrants, and enables the entry of far-right rhetoric into mainstream politics. Arguably, such narratives undermine refugee protection and exacerbate exclusion of other racialised minorities in the UK.

1. INTRODUCTION

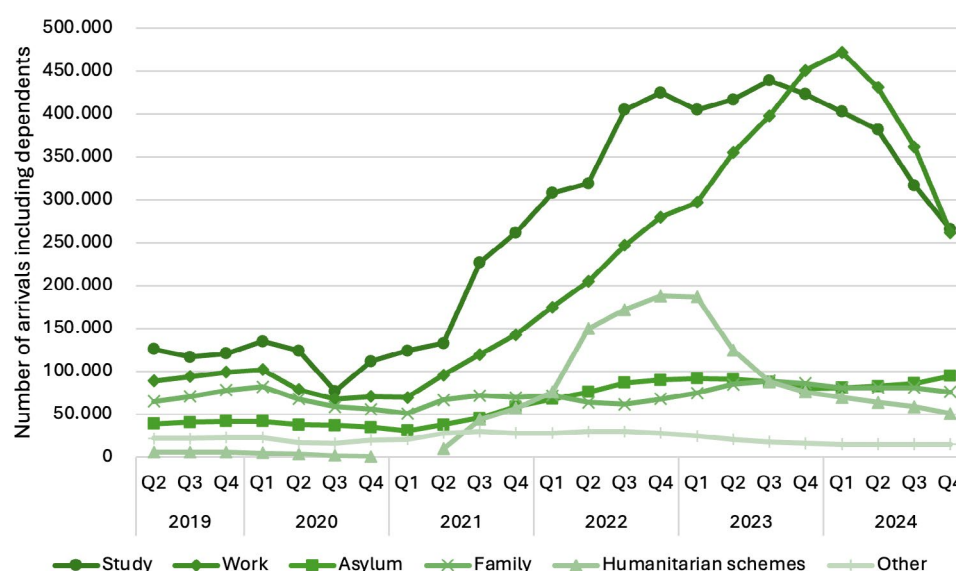
In 2024, asylum seekers were less than 10% of UK immigration arrivals, yet they dominate media and public concerns; opinion polls reveal huge public overestimates of their numbers. As in many European countries, UK-based far-right activists and politicians appear increasingly confident, with the summer of 2025 seeing protests outside hotels accommodating asylum seekers; an anti-immigration rally in London; and the proliferation of nationalist symbols in public places. These appear to be an evolution of other nationalist campaigns including Brexit; however, their current focus on asylum seekers raises important concerns about the rights of refugees to seek asylum, and knock-on effects for other racialised immigrants. In this

contribution I put asylum seeker arrivals in their wider UK immigration context. I highlight key moments in the evolution of UK immigration and asylum policy from 2012 onwards, including deterrence campaigns such as the “Hostile Environment” and “Stop the Boats”, up to the current Government’s asylum policy. I conclude by reflecting on how a political focus on the manner of arrival of asylum seekers (i.e. via smugglers, or by safe and legal routes) risks inflating anti-immigration and racist rhetoric, and undermines the UK’s international humanitarian obligations to protect refugees.

2. ASYLUM-SEEKING IN A UK IMMIGRATION CONTEXT

In 2024 the UK received the fifth largest number of asylum seekers in Europe.¹ Although this seems high, when considered proportionately in relation to national population the UK only comes seventeenth (Home Office, 2025a). Looking at UK immigration more generally, we see that despite the current political, public, and media attention on asylum seekers, they are a small proportion of arrivals – about 9% in 2024 (see Figure 1). This is in stark contrast to perceptions amongst the public: a representative sample of 3,000 British adults were asked, “of all the people arriving in the UK, what proportion are seeking asylum?” The average answer given was 37% (British Future, 2024), or, about four times the actual proportion.

Figure 1 - Non-EU immigration to the UK, by arrival reason (2019-2024)



Source: Calculated from Office of National Statistics data by the Migration Observatory at the University of Oxford (see Sumption et al., 2025).

¹ Europe, here, includes the UK, the European Union countries, as well as Iceland, Liechtenstein, Montenegro, Norway and Switzerland (Home Office, 2025a).

Aggregate data on asylum hides diversity: the top three nationalities combined (Pakistanis, Afghans, Iranians) were only a quarter of arrivals (Walsh and Jorgensen, 2025). Grant rates also vary widely – from 6% for Indians, to 99% for Syrians and Sudanese in 2021-23 (*ibid*). Alongside asylum seekers and a small number of refugees resettled via UNHCR (623 in 2023, *ibid*), the UK also operates nationality-based humanitarian schemes for Ukrainians and Hong Kongers as well as, previously, a relatively small number of Syrians and Afghans. These schemes rarely feature in public narratives about immigration except when being positioned against those who arrive via irregular means, such as those smuggled into the UK by small boat.

3. MIGRATION MANAGEMENT POLICIES AND PUBLIC DISCONTENT

Current UK public and political discontent over immigration and asylum is hardly new. Opinion polls show the significance of immigration concerns rising and falling over time. However, there is no doubt that currently immigration is a ‘hot topic’ – ranked as the most important issue facing Britain in opinions captured by Ipsos’s ‘Issues Index’, up from second place earlier in 2025 (Clemence, 2025). As Figure 1 shows, immigration has increased in recent years,¹ so rising numbers may explain some part of this public concern. The number of asylum seekers arriving in the UK has also been rising in recent years, rising above 50,000 in 2021, for the first time since 2003 (Walsh and Jorgensen, 2025). Indeed, asylum seeker numbers – specifically – are the focus of much of the public concern about immigration. Media coverage and opinion polls confirm this: Tu et al.’s analysis (2025:3) shows that 68% of British adults think there are ‘too many’ asylum seekers – perhaps not surprising given the overestimates made of the number of asylum seekers (see above). This is higher than the smaller proportions thinking there are too many migrant workers, or international students. Tu et al. suggest that a key aspect of this concern is that many of those polled (62%) believe “asylum seekers are economic migrants falsely claiming refugee status to take advantage of welfare services” (*ibid*:3). This view is shaped by media and political discourse around ‘bogus asylum seekers’, which whilst clearly “nonsensi-

¹ Brexit has a role to play here – by leaving the EU, the UK is also no longer part of the ‘Dublin Regulations’, meaning the UK cannot return asylum seekers to an EU country they had previously arrived in.

cal” in reference to international refugee law (UNHCR and NUJ Ireland, 2015:3), has been at the centre of public moral panics about asylum in the UK, since at least the late-1990s.

Whilst there is clearly a back-and-forth relationship between public concerns and political discourse, I suggest that Government narratives have shaped public engagement with the issue of asylum, with vocabularies of control, ‘illegal’ migration, and even the term ‘asylum seeker’ (rather than refugee), all feeding public concern about the number of asylum seekers (see also Boswell et al., 2011). Cynically, it may be that a political focus on immigration is a useful distraction from other fundamental challenges facing the British public, e.g. the increasing cost of living, waiting lists for healthcare, and housing shortages. Whatever the causal direction, there is no doubt that 2025 has seen a growing public confidence amongst those expressing anti-immigration sentiments (Bonansinga and Forrest, 2025). Some manifestations of this include: the rising popularity of the anti-immigration political party, Reform; the so-called ‘Unite the Kingdom’ rally in September initiated by far-right activists, attended by over 100,000 people; and the proliferation of England flags in fabric and graffiti form, that have appeared across the country, as part of a demonstration of supposedly nationalist ‘pride’. There have also been protests that are more targeted at asylum – in particular, outside hotels housing asylum seekers.²

Below, I highlight some of the Government policies that I think have been particularly significant in shaping negative narratives around asylum (and immigration) in the UK, and contributed to public discontent, including an inflated concern about the significance of asylum arrivals.

3.1. The Hostile Environment

Coined in 2012 by the then Home Secretary Theresa May, “The Hostile Environment” referred to how she wanted so-called ‘illegal immigrants’ to have a harder time living in the UK. Whilst not a formal policy as such, the term was used in relation to activities such as extending border control po-

² Since 2020/21 the Government increased the housing of asylum seekers in hotels, from a short term measure for a minority of asylum seekers to housing thirty to forty-five percent of asylum seekers in 2022-24 (Jorgensen, 2025) for an average stay of over six months (Helen Bamber Foundation and Asylum Aid, 2024). The imagery of asylum seekers living in hotels on taxpayer money has fuelled far-right anti-asylum propaganda.

wers and responsibilities to new agents (e.g. landlords, healthcare workers and educators). Although supposedly aimed at irregular migrants, asylum seekers and others – including ethnic minorities who had lived in the UK for decades – were also affected (see Griffiths and Yeo, 2021). It was under May’s leadership that arguably any remaining pretence of kindly hospitality towards asylum seekers was dropped (Goodfellow, 2019). Whilst the term “Hostile Environment” has since been officially abandoned, both its narrative and practical effects are still strongly felt (RAMFEL, 2022).

3.2. Stop the boats and the Rwanda scheme

“Stop the Boats” was a slogan used by the Conservative Government from around the end of 2022 into their election campaign in 2024. It referred to so-called ‘illegal migrants’ (almost all of whom would seek asylum on arrival) crossing in small boats from France to England. It became shorthand for a series of policies aimed at deterrence, including the Rwanda scheme, which planned to send asylum seekers who arrived via small boats to Rwanda for processing, and a key part of what Bonansinga and Forrest (2025) describe as a populist contagion, which has radicalised contemporary centre-right politics in the UK, promoting nativism and authoritarianism. Whilst the Rwanda scheme, and the Conservative’s re-election campaign were both ultimately unsuccessful, the slogan “Stop the boats” has become part of the public lexicon, as demonstrated by both Google search trends and its wide usage in the media, and as part of anti-immigration protests.

3.3. The Labour Government’s approach to asylum

Elected in 2024, the Labour Government abandoned the Rwanda scheme but have not ruled out other third-country processing options. Their asylum policy continues the spirit of the hostile environment and “Stop the Boats” (Khiabany and Williamson, 2025). Deterrence policies continue, and Labour are attempting a ‘one-in, one-out’ policy to return asylum seekers to France in equivalent numbers to those who arrive in small boats. This is despite evidence that deterrence policies rarely influence asylum seeker decision-making about preferred destination (see Squire et al., 2017:74–77). Labour also continues the previous Government’s work, creating additional restrictions and settlement penalties even for those granted refugee status, especially those arriving through ‘irregular’ routes, despite Article 31 of the 1951 Refugee Convention prohibiting penalising refugees for the manner of their arrival and presence.

4. CONCLUSION: A CONCERNING FOCUS ON ROUTES OF ARRIVAL

Labour's asylum policy continues the moral positioning of those who arrive in small boats as non-compliant (and therefore, people who should be deterred from entering), and those arriving via so-called 'safe and legal routes' (such as UNHCR resettlement, bespoke humanitarian routes, or community sponsorship) as worthy of protection. Home Secretary Shabana Mahmood, addressing Parliament, said: "I have made an explicit policy choice to disincentivise people from coming through that [smuggling] route (...) We will privilege those who come through our safe and legal routes". (Hansard HC Deb., 2025). Whilst refugee rights' advocates have long campaigned for safe and legal routes, these routes' limited and selective nature do not come anywhere near to meeting the needs of those fleeing conflict and persecution, or in providing equitable responsibility sharing within the international refugee regime. In the same parliamentary debate, Minister Mahmood went on to say: "the numbers [arriving via new safe and legal routes] will be in the low hundreds" (Hansard HC Deb., 2025).

The UK Government's current asylum and returns policy describes safe and legal routes as, "*the right way* for refugees to enter the UK and benefit from *our* protection" (Home Office, 2025b:28, my emphases). Whilst governmental acknowledgment of the need for such routes is welcome, my and others' (e.g. Darling, 2025; Ziegler et al., 2025) concern is that the possibility of these routes will be used to justify further mistreatment of the majority of those seeking asylum in the UK, whose only option is arriving via irregular, 'non-compliant', routes. This concern is reinforced by statements, such as Prime Minister Kier Starmer's that, "...if we want to see fewer channel crossings, less exploitation and a fairer system with safe and legal routes, we need an approach with a stronger deterrent effect" (Home Office, 2025b:7). Or Minister Mahmood's, that the Government, "make no apology for the fact that those who enter illegally by crossing the channel will have a longer path to settlement. We are deliberately incentivising other safe and legal routes into the country to show that that is *the proper way* to seek sanctuary in this country" (Hansard HC Deb., 2025, my emphasis).

In current British political and public discourse, asylum seekers' manner of arrival is becoming a proxy for representations of 'good' and 'bad' immigrants, echoing the themes that underly model minority stereotypes (Shukla, 2016). This allows the Government to create impressions of both compassion and control: compassion for refugees and the UK's responsibilities

under international refugee law, and control of borders, asylum seekers, and so-called ‘illegal’ immigrants. By bowing to – rather than questioning or correcting – public over-estimations of the size and significance of asylum seeker arrivals, UK Governments have reinforced racialised (and racist) categorisations of ‘desirable’ and ‘undesirable’ migrants, and incorporated narratives from the increasingly-confident far-right into mainstream party politics. This both disadvantages asylum seekers arriving in the UK, but also all racialised minorities who are made to feel less belonging as a result.

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3. Three tensions between migration policies

Maurizio Ambrosini

Much of the current debate overlooks the tension between three different immigration policies, both at the EU level and—more prominently—in the Italian discussion: a) Restrictions on the reception of refugees from the Global South; b) The generous reception of Ukrainian refugees; and c) The new openness toward migrant workers, not only highly skilled ones. So far, rhetorical maneuvers have made it possible to conceal the contradictions among them, but it is unlikely that this can continue indefinitely. In this contribution we argue that a policy that welcomes immigrant labor while simultaneously curbing the rights and demands of those who provide that labor risks undermining interethnic relations and, over time, fostering separation, mistrust, and weak or uncertain forms of integration.

The tension between three different immigration policies, both at the EU level and with greater emphasis in the Italian debate, has not been grasped by much of the current debate. Rhetorical devices have so far concealed the contradictions, but it is unlikely that they will continue to do so indefinitely.

1. THE THREE CONTRASTING AXIS OF MIGRATION POLICIES

The most visible and emphasized policy axis, and the one most consistent with the ideological vision of Italy's current governing forces, is the fight against unwanted arrivals, which translates into combating landings and restricting the possibility of seeking and obtaining asylum. The so-far unsuccessful establishment of centers in Albania—first as external containers for asylum seekers arriving by sea, then as additional detention facilities for immigrants subject to expulsion orders—is the best-known link in a chain of measures hostile to asylum seekers and immigrants (Echeverría & Finotelli 2024). I will mention here only the decree that limited rescue activities by NGOs, the virtual abolition of “special protection” as a condition for granting asylum, and the reduction of the protection afforded to unaccompanied foreign minors, including reception (albeit justified by

the emergency) in facilities intended for adults. The Italian government has also been very active on the external front, renewing agreements with Libya and entering into new ones with Tunisia, with the aim of curbing new departures.

The second trend, which introduces a notable exception to the previous one, concerns the continued good reception of Ukrainian refugees: approximately 150,000 currently in Italy, around four million in the EU. It's never discussed, yet their welcome has debunked many pseudo-sociological theories about the supposed threshold of tolerance for new arrivals: arriving en masse, within a few weeks, they were absorbed without disruption (Näre, Abdelhady, & Irastorza 2022). The political system, the regulatory framework, and public opinion all agreed to welcome them immediately, generously, without even submitting an asylum application, admitting them to all public services and the labor market—at least in theory, because bureaucracy subsequently slowed and significantly complicated the momentum of the welcome (Bassoli & Campomori 2024). Three and a half years after the invasion, this spirit may have waned, but the good reception has continued, passing from the Draghi government to the Meloni government. As if Ukrainian refugees didn't entail welfare costs and pressure on public services.

The third direction, which I intend to explore in this paper, runs counter to the first: it translates into the opening of borders to workers. For about twenty years, immigration from new EU member states such as Poland, Romania, and Bulgaria—admitted to full freedom of movement within a few years—satisfied the labor demand of the “old” Union countries, including Italy. Now, however, in the post-pandemic context, employers across Western Europe are complaining that they cannot find the workers they need. European governments are thus returning to being “reluctant importers” of immigrant labor from third countries (Hollifield, Martin, & Orrenius 2014). We are thus witnessing the paradox of European institutions and national governments harshly attacking refugees and their spontaneous arrivals, as if they were not capable of working, while, with some distinctions and a pretense of control, they open their doors to potential workers, as if these would not then swell the ranks of the populations settled in the real or imagined banlieues of their cities, thus also fueling the fears of their voters.

2. THE INSTRUMENT OF IMMIGRATION DECREES FOR WORKER ADMISSION: THE PROCEDURAL CRUX

The Italian government's immigration decrees fully engage with the European paradox, adding a few more decibels to the cacophony of contradictions compared to our neighbors, both due to the prominence of countermeasures and the record numbers of workers admitted: 450,000 in the three years 2023-2025, nearly 500,000 in the three years 2026-2028 (Table 1). It's hard to deny that these measures are far from the official discourse of a government that expresses open opposition to a multiethnic society. One might call it the paradox of illiberal populism (Ambrosini 2025): the opening of borders to workers, despite anti-invasion campaigns. The loud closures are counterbalanced by whispered openings, filled with substantial numbers. And to overcome the paradox, it's not enough to declare "we want to choose them ourselves," or "we don't want the smugglers to choose them": employers have no means of choosing a worker currently living in Egypt, or a family caregiver from Moldova. Either these workers are already here, and the immigration decree triggers a tortuous charade to regularize them (this has usually happened in the past years), or employers must rely on intermediaries, primarily relatives already settled in Italy. In any case, the government is forced to admit that new arrivals are necessary, even if it prefers to continue to insist on the fight against traffickers and unauthorized arrivals, as well as on cooperation with African countries.

It should be noted that the openings primarily concern seasonal workers, but provide for the possibility of permanent employment after a few years. And a portion of the quotas refers to permanent residents, in addition to workers "out of quota," for example, because they have attended training courses promoted by Italian institutions. The main new development of the new decree also concerns the possibility of hiring, without quotas or click-days, family caregivers for seniors over eighty and people with certified disabilities.

However, moving from declared policies to those implemented, the limitations of the approach adopted become apparent, which have thus far affected the opening intentions. The procedure, inherited from the Bossi-Fini law, over twenty years old, has never worked. The Italian government has reformed the mechanisms several times, but has failed to make the call system timely, efficient, and transparent. First and foremost, it has refused to give up the click-day lottery, a unique system in Europe, in which in-

ternet connection, speed of access, or simple luck determine the outcome of applications.

Furthermore, the priority of security demands creates a hierarchy of countries of origin based on (theoretical) cooperation in repatriations, rather than professional skills, and subjects employers and applicants to lengthy and exhausting administrative procedures. The result is that workers don't arrive, or don't arrive when they're needed, despite the seasonal nature of most of the jobs they're hired for: agriculture, tourism, and construction. Furthermore, the system is designed in a way that leaves space for fake entrepreneurs and fictitious contracts, which the government has openly denounced, imposing new checks and delays. Last year, permits from some countries (Bangladesh, Pakistan, and Sri Lanka) were blocked for months. In 2024, according to the "I was a foreigner" campaign, only 7.8% of the planned quotas translated into actual jobs, half the already low figure for 2023. Even the increased involvement of employers' associations, which were instead burdened with improper security controls, was not enough to resolve the critical issues.

3. PROMOTING INTEGRATION

Furthermore, the immigration decrees only address workers, overlooking the fact that—as in Switzerland or Germany in the 1950s and 1960s—people arrive alongside their labor, with their own compelling needs, recognized by law. The primary one is family reunification. On this issue, the Meloni government has acted counter to integration by doubling the application deadline from one to two years, beyond requirements of income and living standards: a provision that conflicts with the aim of promoting integrated immigration.

In addition to the opportunity to live with a family, another basic and historically recurring need of immigrant minorities concerns freedom of worship. In this area too, government policies, and even more so those of local authorities that represent the same majority, have worked to counter the establishment of unwelcome religions. Islam comes to the forefront. Today, in Italy, only a modest fraction of Muslim prayer rooms are officially authorized, and Islam does not enjoy official recognition by the Italian state, with negative consequences in terms of transparency and the possibility of potential oversight of the activities carried out at places of worship.

A policy of accepting immigrant labor, coupled with a restriction of the rights and demands of those offering that labor, risks compromising inter-ethnic relations and, over time, fueling separation, mistrust, and weak and uncertain integration.

Table 1 - Quotas of new entries envisaged by the 2026-2028 immigration decree

Year	Total quotas (number of authorized new entries)	Non-seasonal employment	Seasonal employment	Self-employ ment	Special cases (refugees, offsprings of Italian emigrants)
2026	164,850	76,200	88,000	650	13,970
2027	165,850	76,200	89,000	650	14,370
2028	166,850	76,200	90,000	650	14,570

Source: Italian Government Foreign Workers Quota Decree (2025)

4. CONCLUSIONS: SOME PROPOSALS

In conclusion, I would like to put forward some proposals for reforming immigration policy, based on the Italian case but which I believe may also inspire reflection at the EU level. I draw inspiration in particular from the ideas developed in the Agenda of the Tenth Edition of the Modena Migration Festival (October 2025).¹

First, it is desirable to establish a mechanism for regularizing residence on a regular and individual basis, which can be activated directly by foreigners without requiring an employer's approval, following the approach currently in place in other countries such as Spain (Finotelli & Rinken 2024). Residence permits should be granted based on a person's rootedness and social integration, in the absence of social risk.

Second, a pragmatic mechanism could be introduced that allows asylum seekers, under certain conditions, to transit towards the labor market, thus meeting two needs: that of employers seeking labor and that of refugees seeking a future.

Third, free entry channels should be opened for jobseekers, with permits issued based on adequate financial guarantees provided by the appli-

¹ https://www.festivalmigrazione.it/def_agenda_2025/. Downloaded on the 1st December 2025

cant (self-sponsorship) or by third parties, whether natural or legal persons (sponsorship). This would essentially be a return to the sponsorship system, already introduced by the Turco-Napolitano law (1998), but immediately abolished with the return to power of the coalition led by Silvio Berlusconi. A dual sponsorship could also be considered, meaning the complementary commitment of public bodies, unions, and associations to support new arrivals.

Fourth, it would be appropriate to ease the current constraints between employment contracts and residence permits. This constraint reduces immigrants' ability to navigate the labor market, exposing them to the risk of irregular employment if they lose their jobs. It therefore creates job insecurity, forcing them to accept employment conditions that even fall short of minimum standards.

Another point, not directly related to employment, but complementary, concerns expanding resettlement and private or mixed (public-private) sponsorship opportunities for refugees, particularly leveraging the experience of humanitarian corridors promoted by the Catholic and Protestant churches, along with other organizations.

Finally, it is recommended to facilitate family reunification, which promotes stability and integration, by once again allowing immigrants to request to be joined by their families after one year of regular residence and employment.

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Chapter 2

Health vulnerability at different stages of forced migration

1. Insights on the health of migrants in a reception center in Italy

Manuela Stranges, Annalisa Busetta and Daria Mendola

This study explores the health conditions of migrants hosted at the CARA Sant'Anna (a first reception center of the Italian official reception system), located in Crotona, in the south of Italy, in the period 2013 and 2018. The Sant'Anna Center has been the largest reception center in Europe for many years, with a declared capacity of 883 hosts. Using administrative data, collected during the registration at the center, and linking them with health reports filled by the center's officers, the analysis aims to describe the main characteristics of individuals who experienced health problems during their stay. Particular attention is given to the timing and reasons for exit from the center, in order to better understand how health issues intersect with the broader dynamics of the reception pathway. Descriptive analyses are used to outline patterns of morbidity and differences by gender, age, family composition and country of origin. By providing insights from one of the main Italian reception centers, the study seeks to inform broader reflection on the health of migrants in the early stages of arrival and settlement, a phase often marked by uncertainty and limited access to health services. So, the results contribute to shedding light on the specific health vulnerabilities of migrants.

1. INTRODUCTION

The health conditions of refugees and migrants in reception centers remain relatively understudied. Access to these facilities is often restricted, and most available information is collected for administrative rather than research purposes. Although substantial work examines the general health of displaced populations, much less is known about how health problems arising during stays in reception centers relate to practical outcomes such as duration of stay or reasons for departure.

This paper analyzes the health conditions of migrants (mostly refugees and asylum seekers) using data from one of the largest reception centers in Italy over a six-year period (2013-2018).

2. LITERATURE REVIEW

Numerous studies demonstrate that refugees and asylum seekers experience considerable health difficulties, particularly psychological issues like anxiety, depression, and post-traumatic stress disorder (Steel et al., 2009; Hollifield et al., 2016; Keller et al., 2003; Kleinert et al., 2019; Pejušković & Marković, 2020). These conditions tend to affect those living in reception facilities or facing legal uncertainty more severely than resettled refugees. The strain of asylum procedures – interviews, hearings, and waiting without clear outcomes – heightens vulnerability (Pejušković & Marković, 2020; Khouani et al., 2022). Physical health problems like respiratory infections and other preventable illnesses stem from overcrowded facilities, inadequate sanitation, and insufficient privacy (Müller et al., 2021; Kleinert et al., 2019; Tourneur et al., 2015). While public discussions sometimes emphasize “imported” diseases, evidence shows these cases are uncommon, with everyday health issues and chronic conditions being far more relevant (Kleinert et al., 2019).

Living conditions characterized by constrained autonomy and difficult access to services can worsen mental and physical well-being and may affect desires to leave reception facilities (Bradby & Humphris, 2017; Pejušković & Marković, 2020; Khalil & Tjaden, 2025). Extended stays combined with administrative limbo tend to intensify psychological strain (Pejušković & Marković, 2020). Existing research points to widespread health difficulties among asylum seekers and suggests these problems might indirectly influence decisions to leave reception centers, although precise causal connections need further investigation.

3. DATA

Our analysis draws on administrative records from the Sant’Anna CDA-CARA center, a major reception facility for refugees and asylum seekers in southern Italy. When data were collected, Sant’Anna was regarded as Europe’s largest reception center of its kind (Stranges and Wolff, 2025; 2018). Situated roughly fifteen kilometers from Crotone, the facility occupies a former military airbase along important migration routes across the Ionian Sea.

The center has operated since 1998 and officially accommodates 883 people, though this capacity is regularly surpassed. Upon arrival, residents are registered by police, assigned to shared accommodation, and meet with social workers. Since Sant’Anna is not a detention center, residents

can leave and return freely between 8 a.m. and 8 p.m., and many opt to leave shortly after arriving, sometimes to circumvent Dublin Regulation constraints (Stranges and Wolff, 2025; 2018).

Staff keep detailed logs of every entry and exit, forming the foundation of our dataset. The logs capture precise dates of arrival and departure, stated reasons for leaving when recorded, and basic demographic details including gender, date of birth, and country of origin. Records also show whether people arrived alone or with relatives.

We connected administrative records to individual health files created by medical staff when residents required care outside the center, such as at hospitals or specialist clinics. Health records were only generated for cases deemed serious enough to warrant external medical attention, covering conditions ranging from significant injuries to cardiovascular issues. Minor complaints – colds, headaches, small cuts – were not documented. Consequently, the health variable indicates having accessed external healthcare and almost certainly underestimates actual illness prevalence.

While the complete archive runs from 2008 to 2018, we restrict analysis to entries from January 1, 2013 onward, when health information becomes available. The final dataset encompasses 24,120 entries between 2013 and 2018, of which 22,252 are non-censored observations. Among these, 777 individuals accessed external healthcare services.

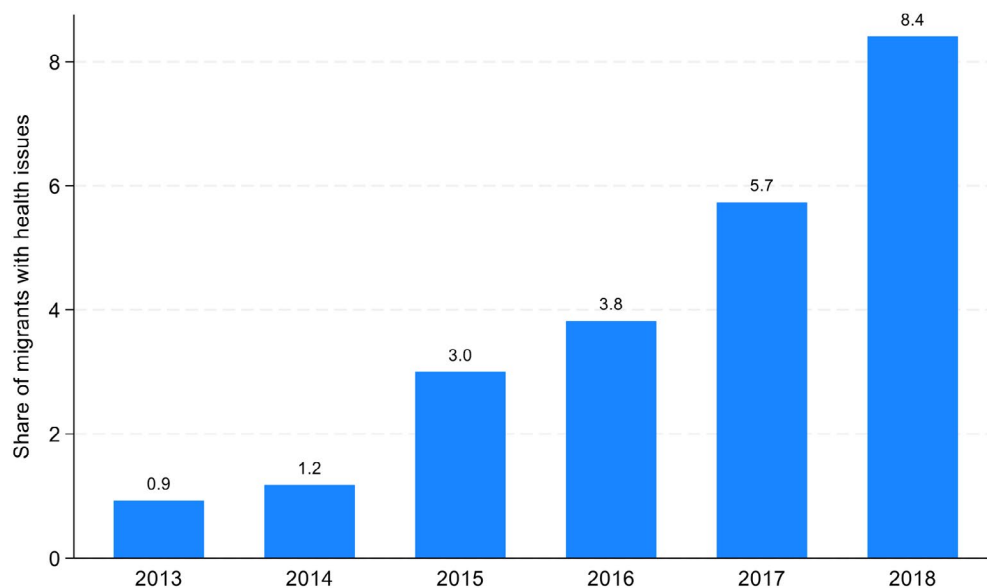
4. FINDINGS

An overview of health issues over time

Figure 1 illustrates an upward trend in the share of migrants with health issues from 2013 to 2018. In 2013, only 0.9% of residents (30 of 3,242) accessed external healthcare. This remained low in 2014 at 1.2% (52 of 4,422), then rose to 3.0% in 2015 (154 of 5,137), 3.8% in 2016 (292 of 7,641), 5.7% in 2017 (129 of 2,250), and 8.4% in 2018 (120 of 1,428).

While absolute numbers fluctuated – peaking at 292 in 2016 when arrivals were highest – the proportion accessing external healthcare steadily increased, suggesting growing incidence of serious health problems requiring attention outside the center, even as total arrivals declined in later years.

Figure 1 - Share of migrants with health problems over total migrants entering the center over time



Source: Authors' elaboration on data from Sant'Anna Cara, 2013-2018

Characteristics of migrants with health problems

Table 1 shows the distribution of health issues. Men constitute 77% of those with documented health problems, though women show higher incidence rates (4.81% versus 2.93%). While most people with health issues are men (reflecting overall population composition), women arriving at the center are more likely to develop health problems requiring external care.

Older residents (35+ years) have the highest incidence at 4.63% compared to around 3% for other age groups, though they represent only 14.54% of all those with health problems due to their smaller population share. Those arriving with family show slightly higher incidence (3.83%) compared to those arriving alone (3.11%), possibly reflecting vulnerable family members like children or elderly relatives requiring medical attention.

Country of origin reveals the most substantial differences. Pakistanis have the highest incidence at 6.57%, followed by Bangladeshis at 5.27% and Nigerians at 4.88%. Syrians show remarkably low rates (0.28%). Pakistan accounts for over one-fifth (22.14%) of those with documented health issues, making it the single largest nationality group requiring external medical care despite representing only about 11% of total arrivals.

Table 1 - Characteristics of migrants with health issues

(1) Characteristic	(2) Category	(3) Share among those with health issues	(4) Incidence of those with health issues within each category
Gender	Male	77.09%	2.93%
	Female	22.91%	4.81%
Age Class	0-17	10.94%	3.41%
	18-24	39.12%	2.64%
	25-34	35.39%	3.58%
	35+	14.54%	4.63%
Family	Alone	81.34%	3.11%
	With the family	18.66%	3.83%
Country of Origin	Eritrea	14.16%	2.82%
	Pakistan	22.14%	6.57%
	Nigeria	13.77%	4.88%
	Syria	0.77%	0.28%
	Iraq	3.22%	1.73%
	Bangladesh	8.75%	5.27%
	Gambia	5.02%	3.05%
	All other countries	32.18%	2.70%

Duration of stay

Understanding the relationship between health status and length of stay requires careful interpretation due to potential reverse causality. We cannot determine whether health problems cause longer stays or whether longer stays increase likelihood of developing health problems. Individuals who fall ill may remain longer due to medical needs or administrative delays; conversely, those staying longer simply have more time for health issues to emerge. Additionally, common underlying factors like administrative processing times or legal status uncertainties could influence both health and duration. Despite these challenges, descriptive patterns are striking. Table 2 shows substantial differences in length of stay between residents with and without documented health issues across all characteristics.

Men with health issues had median stays of 332 days compared to 12 days without health problems – a 320-day difference. Women showed similar patterns (206 versus 5 days, a 201-day difference). Women without

health issues leave more quickly overall, but both genders experience substantial delays when health problems arise.

Table 2 - Duration of stay by health problems

Characteristic	Category	Median Duration -days- (Without health issues)	Median Duration -days- (With health issues)	Difference* -days-
Gender	Male	12	332	+320
	Female	5	206	+201
Age Class	0-17	5	96	+91
	18-24	11	302	+291
	25-34	17	331	+314
	35+	8	320	+312
Family	Alone	12	330.5	+318.5
	With the family	6	146	+140
Country of Origin	Eritrea	16	141	+125
	Pakistan	187	381	+194
	Nigeria	8	326	+318
	Syria	5	119.5	+114.5
	Iraq	6	347	+341
	Bangladesh	6	369.5	+363.5
	Gambia	116.5	252	+135.5
	All other countries	7	278	+271
Overall		9	308	+299

* Difference between those with health problems and those without health problems

Older migrants with health issues stayed 312 days longer than healthy counterparts (320 versus 8 days). The youngest group had short baseline stays (median 5 days) increasing to 96 days with health problems – a nearly 20-fold increase. Middle age groups showed consistent patterns, with median differences of 291-314 days.

Those arriving alone experienced dramatic shifts from 2 without health issues to 330.5 days (+318.5 days) with health issues. Those arriving with family had shorter baseline stays (6 days) increasing to 146 days

with health problems (+140 days). While the absolute increase is smaller for families, both patterns suggest health problems substantially impede departure.

Country patterns vary substantially. Iraqis and Bangladeshis showed the largest increases – Iraqis from 6 to 347 days (+341 days), Bangladeshis from 6 to 369.5 days (+363.5 days). Nigerians shifted from 8 to 326 days (+318 days). Pakistanis and Gambians showed long baseline stays even without health issues. Pakistanis stayed 187 days at baseline, rising to 381 days with health problems (+194 days). Gambians stayed 116.5 days at baseline, rising to 252 days (+135.5 days). These groups appear to face substantial obstacles to onward movement regardless of health status. Eritreans showed moderate patterns (16 to 141 days, +125 days). Syrians maintained the shortest stays (5 to 119.5 days, +114.5 days), possibly reflecting different migration strategies or faster administrative processing.

5. BRIEF CONCLUDING REMARKS

This descriptive analysis documents notable patterns regarding health status and length of stay among asylum seekers and refugees at Sant’Anna between 2013 and 2018. The share of residents accessing external healthcare increased from under 1% in 2013 to over 8% by 2018. Women, older residents, and individuals from Pakistan, Bangladesh, and Nigeria showed higher rates of documented health problems. Syrians had particularly low rates.

Across all groups and nationalities, those accessing external healthcare due to health issues had had considerably longer stays – typically 200-350 days longer at the median – compared to those without documented health issues. These patterns should be interpreted descriptively rather than causally. We cannot determine whether health problems lead to longer stays, whether longer stays increase health risks, or whether both are influenced by common underlying factors. The timing of health events during stays remains unknown, limiting conclusions about causal direction.

Nonetheless, the data suggest a strong association between health status and duration at Sant’Anna. Whether reflecting medical needs affecting mobility, administrative processes, or other mechanisms, the patterns indicate health considerations may play a meaningful role in reception center experiences. These observations may be useful for those managing reception facilities or considering policies affecting both health services and length of stay.

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2. Refugee health in Germany: The interplay of resilience, discrimination and loneliness

Annalisa Busetta and Daria Mendola¹

For decades, the dominant narrative of refugee health focused on trauma, persecution and displacement, portraying refugees as especially vulnerable. Yet, this study of refugees in Germany highlights a vital but overlooked factor: resilience. Drawing on data from approximately six thousand adults in the IAB-BAMF-SOEP Survey of Refugees in Germany, it examines how perceived discrimination, loneliness and resilience together influence physical and mental health. The structural equation model confirms that both discrimination and loneliness are strong negative predictors of health, and importantly, discrimination indirectly erodes health by increasing loneliness, creating a vicious cycle of social withdrawal and stress. Resilience emerges as a protective asset: it directly supports better health outcomes, and reduces the perception of discrimination. However, resilience does not significantly reduce loneliness, indicating that isolation, based on fragmented social networks and cultural isolation, remains untreated by individual strength alone. These findings suggest that host countries like Germany should go beyond deficit-oriented models and adopt policies that enforce resilience, while simultaneously targeting structural discrimination and facilitating inclusive social networks. In doing so, they can unlock the hidden potential of refugee populations to sustain their own well-being, rather than simply facing the adversity.

1. INTRODUCTION

For decades, the narrative surrounding refugee health has been dominated by the weighty issues of trauma, persecution and displacement. Research has largely focused on how these extraordinary experiences compromise mental and physical well-being, often portraying refugees as a uniquely vulnerable population. Yet, reality demands a more complex

¹ This contribution is a non-technical summary, greatly based on Mendola, D., & Busetta, A. (2025). Resilience and discrimination: unravelling the multifaceted nature of refugee health in Germany. *Genus*, 81(1), 15.

perspective. Despite enduring extreme adversity before, during, and after their flight, the majority of survivors do not develop severe mental disorders. This fact suggests a higher capacity to adapt, recover and maintain well-being despite exposure to adverse conditions, acting as a key protective factor against acculturation stress and the profound loss of familiar networks (Mosca et al., 2017). This capacity is named resilience.

Unlike “economic migrants” who select destinations based on available social networks (Gërxhani & Kosyakova, 2020), refugees frequently face the complete severing of their familial and social ties (Cheung & Phillimore, 2013; Mendola & Busetta, 2021). This study embraces a focus on individual strengths, moving beyond the traditional study of trauma to ask a vital question: How does the individual’s resilience interact with the structural challenges of the host country, specifically perceived discrimination and loneliness, to shape the overall health of refugees in Germany?

In our study, we focused on subjective, rather than solely material, determinants of multidimensional health (encompassing both mental and physical aspects) and examined three key dimensions that influence refugees’ subjective health in the host society: perceived discrimination, loneliness, and resilience.

The literature strongly supports that discrimination acts as a major stressor of immigrant health, operating acutely and chronically to prompt adverse physiological and psychological responses (Szaflarski & Bauldry, 2019; Williams et al., 2003). We looked at perceived discrimination, i.e., the subjective experience of unfair treatment due to origin or other characteristics (Ziersch et al., 2020), because it limits opportunities for refugees and impedes successful integration. Moreover, literature points out that refugees report higher levels of social isolation and loneliness than both migrants and native populations in Germany (Löbel et al., 2022). This isolation, defined not merely by the lack of contacts but by the lack of quality of desired social contact, is exacerbated by linguistic and cultural barriers (de Jong Gierveld et al., 2015) and is directly linked to poorer health (Strijk et al., 2011). In this landscape of external hostility and social isolation, literature identifies resilience, with its roots in internal resources like optimism and adaptability, as the protective force expected to mitigate these adverse effects.

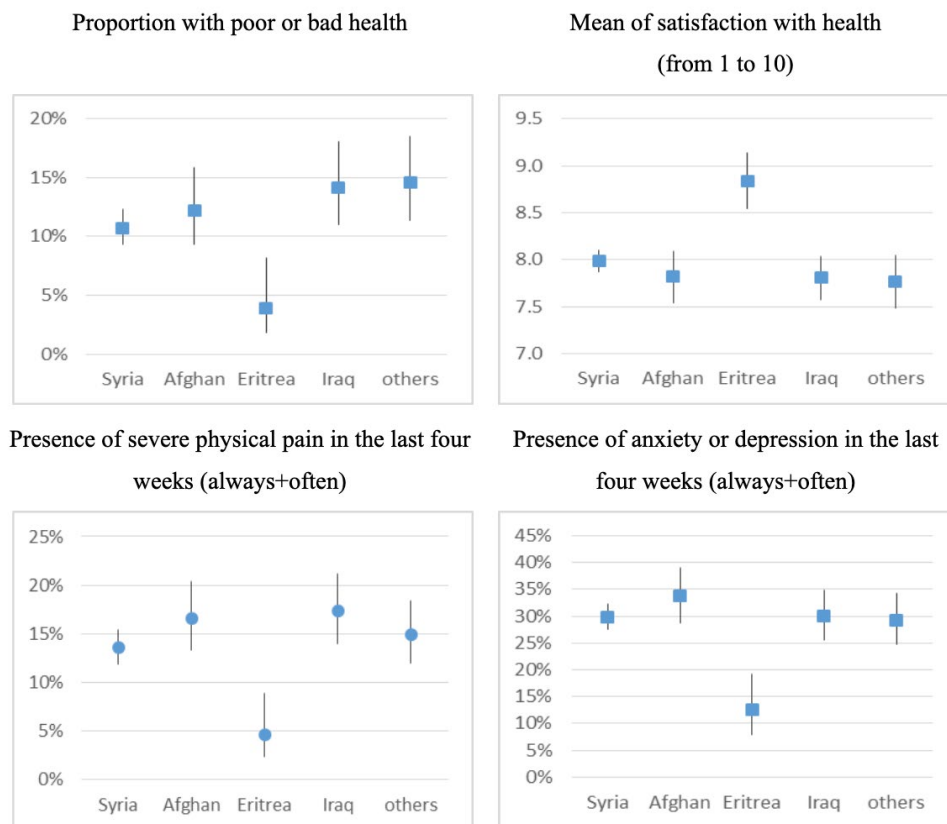
2. DATA AND DESCRIPTIVE RESULTS

Our analyses are based on respondents from the first two waves of the IAB-BAMF-SOEP Survey of Refugees in Germany (Brücker et al. 2021). The target population includes asylum seekers and refugees who arrived

in Germany and applied for asylum or temporary protection between 2013 and 2017. The working sample used for the analysis included 5,900 adults, with a prevalence of men (70%). The four main nationalities (Afghan, Eritrean, Iraqi, and Syrian) account for about 65% of the sample. The average age varies from 26 years for Eritreans to 31 years for Syrians.

When looking at health, the picture of refugees' health conditions appears complex, with 14% reporting severe pain in the last four weeks and about 29% reporting melancholy or feeling "down" in the last four weeks. In addition, 12% have experienced limitations in their daily lives or work due to emotional problems. The presence of anxiety and depression (through melancholy items) was consistent with frequent feelings of social isolation among refugees (25.6%). Regarding loneliness, 61% reported often or very often missing the company of compatriots, while 40.3% reported a general lack of the company of others. The distribution of perceived health status by country of origin of refugees (Figure 1) provides further valuable information.

Figure 1 - Percentage of refugees in bad health conditions by country of origin (95% confidence intervals). Weighted values



Source: Author's elaboration on IAB-BAMF-SOEP data

Despite residing in a country where most, if not all, of their medical needs are met, respondents' self-reported health appears serious. Responses related to self-reported current health status, as measured by satisfaction with current health and self-report of health conditions, present a different picture than questions about physical pain and the presence of anxiety/depression in the four weeks prior to the interview. However, Eritreans emerge as the population reporting the best health, with less than one in twenty indicating poor to bad health and an average satisfaction score of 8.8. In addition, Eritreans report lower levels of severe pain (5%) and anxiety or depression in the last four weeks (13%), significantly lower percentages than those reported by other refugee groups. This constant difference in self-reported health may be associated with the distribution of years of arrival in Germany, which is earlier for Eritreans than for Afghans, Iraqis and Syrians.

Regarding perceived discrimination, 10.1% reported having suffered disadvantages because of their origin. The analysis of resilience items revealed a generally high level in all the items considered (on a scale from 0 to 7), with the lowest average value (6.09) recorded for the statement on the ability to have one's reactions under control.

3. TRACING THE PATHWAYS

Our primary interest was in assessing the direct and indirect interactions between resilience, loneliness and perceptions of discrimination and refugee health. The hypothesised structural model tests the direct effects of resilience, discrimination and loneliness on health, and the indirect effects, in particular the mediation of loneliness in the relationship between discrimination and health, and the indirect effects of resilience on health through discrimination and loneliness. Control variables (age and sex) were included with a direct effect on health and discrimination, while nationality (five categories: Syrian, Afghan, Eritrean, Iraqi and all other nationalities) was included with a direct effect on all endogenous latent variables.

The definition of health conditions as a latent construct is based on subjective evaluations of both physical and mental well-being, recognizing that these two facets are distinct yet interrelated, especially among individuals who have suffered trauma and stressful experiences. The measurement model for Health relies on 11 manifest physical and psychological health variables sourced from the SF-12 scale (Short-Form Health Survey,

Jacobsen et al., 2017). Also Perceived Discrimination, Loneliness and Resilience are summarized as latent constructs measured through multiple survey indicators with i) perceived discrimination that reflects sense of inclusion, concern about xenophobia, and experiences of ethnic disadvantage; ii) loneliness who captures emotional isolation via three UCLA scale items (Russell, 1996) on missing company, feeling isolated, and missing people from one's home country; and iii) resilience that represents adaptive coping, assessed through four BRCS items (Sinclair & Wallston, 2004) reflecting the ability to recover from adversity.

4. COMPLEX DYNAMICS

As anticipated, both loneliness and discrimination were found to have a negative direct relationship with the health of refugees, leading to a vicious cycle of discrimination and isolation. However, the most damaging finding concerns their interrelation: we found that perceived discrimination fuels feelings of loneliness (Mendola & Busetta, 2025). This isolation then further contributes to poorer health outcomes. When combining the direct and indirect effects, the total effect of discrimination on health is substantial and significantly negative. This means that the experience of hostility in the host society traps the refugee in a self-reinforcing cycle of stress and social withdrawal, severely compromising their well-being.

Resilience demonstrated its expected protective role, standing as a hidden asset for refugees. It was positively and significantly associated with better health, suggesting that internal coping mechanisms are indeed crucial for surviving difficult circumstances. Crucially, resilience also proved to be an effective filter against hostility: the higher a refugee's resilience, the lower their perception of being discriminated against. Resilience helps individuals manage hard times, not just by boosting internal coping, but also by altering how they interpret and react to adverse experiences, thereby reducing the perceived sting of hostility. The positive "total effect" of resilience on health, accounting for this protective filtering effect, remained highly significant. Despite resilience's power to improve health and mitigate discrimination, a striking finding emerged: there was no evidence of a direct association between resilience and loneliness. This suggests that loneliness among refugees is a profound, structural challenge rooted in the non-negotiable fact of severed social and family networks (Cheung & Phillimore, 2013). This form of isolation -the profound distance from loved ones and compatriots- is a vulnerability that individual strength (re-

silence) alone cannot overcome. Loneliness remains a persistent, unmitigated determinant of poor health.

5. DISCUSSION AND CONCLUSIONS

While previous studies have emphasized vulnerability as a defining condition of refugee lives (Busetta et al., 2021; Mendola et al., 2024), our results suggest that focusing exclusively on deficits provides an incomplete picture. The findings carry serious policy implications, especially concerning the role of the host society. Refugees from countries like Syria and Eritrea (nations at the centre of the last decade's refugee crisis debate) exhibited lower perceived discrimination compared to other groups, suggesting a possible “-deservingness-” bias among the German population. However, these same populations experienced greater feelings of loneliness, mourning the loss of their social ties. This demonstrates that while social acceptance may vary by nationality, the deep emotional cost of displacement is universally high.

The core takeaway is that health interventions must shift focus going beyond simply managing health deficits to actively fostering resilience, which the evidence confirms can smooth hard times in refugees' lives. Since resilience can be built by external factors, policies can modify the environment to maximize this asset (Hutchinson & Dorsett, 2012). Based on our results, there are three interventions that policymakers could act on to support this hidden asset: a) combat structural and perceived discrimination, b) increase agency and resources, c) target loneliness directly. Implement culturally sensitive health systems and proactive communication (WHO, 2018) is indeed crucial to preventing and combating xenophobia, as discrimination is toxic to health and amplifies isolation (Williams, 2012; Williams et al., 2003).

Moreover, policy interventions should help refugees gain control over their lives (agency), improve their language skills, and facilitate participation in community projects and family reunification, all of which have been proven to increase resilience. Finally, given that internal resilience is insufficient to tackle isolation, social policies must prioritise the creation of quality social networks and family ties and provide explicit emotional support to address the profound wound of severed ties. In conclusion, our study highlights that resilience is a valuable resource that refugees often bring with them (Mendola & Busetta, 2025), a finding consistent with evidence from the Itras survey (Mendola et al., 2026). Yet, this strength

is sustained or eroded by the environment they face. By actively mitigating discrimination and isolation, destination countries could effectively strengthen this hidden asset, ensuring better health outcomes for a deserving population (Siriwardhana et al., 2017).

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3. Health at the margins: Refugees and the challenge of health and healthcare in Italy

Eralba Cela and Elisa Barbiano di Belgiojoso

This study investigates the health status and unmet healthcare needs of asylum seekers and refugees in Italy, a population that remains under-researched despite its growing relevance. Unlike other migrant groups, refugees often experience forced and unplanned migration, which increases their physical and mental vulnerability. Using data from the ItRAS survey, the analysis explores how age, gender, and other personal and family characteristics influence self-rated and mental health, as well as barriers to healthcare access. Compared with the native population (based on official statistics), the findings reveal persistent health inequalities, though asylum seekers and refugees aged 50 and over show a more polarised pattern, being overrepresented in both good and poor health categories. These results highlight the need for inclusive and targeted public health policies.

1. INTRODUCTION

The literature unanimously recognizes that voluntary migrants are positively selected: they tend to be younger, healthier, and more resilient than those who remain in the country of origin. As a result, recently arrived migrants tend to exhibit better health outcomes compared to native population in the destination country, a phenomenon widely known as the “healthy migrant effect” (Abraído-Lanza et al., 2005). Refugees, however, follow an entirely different migratory trajectory. Their movement is forced, urgent and unplanned, typically triggered by conflict, persecution, or environmental disaster. Therefore, no positive selection mechanism operates among refugees, and pre-departure exposure to violence, trauma, and deprivation can significantly compromise their physical and mental health (WHO, 2018a). The migration journey itself - often prolonged, dangerous, and carried out with scarce resources - further increases vulnerability, heightening risks of injury, infectious disease, malnutrition, and psychological distress. These cumulative stressors translate into substantially higher health needs upon arrival compared to other migrant groups. In addition, refugees face several barriers to access health

services in the destination country contributing to further deterioration of their health and ageing can cause an additional deterioration in the health.

Once in the destination country, refugees face additional obstacles related to healthcare access, including administrative barriers, lack of information, language difficulties, cultural mismatches, and limited continuity of care (WHO, 2018a). Such barriers not only exacerbate existing health vulnerabilities but can also lead to long-term deterioration, particularly in the case of chronic conditions that require stable and timely treatment (Allegri et al., 2025). Ageing compounds these challenges: older refugees often experience accelerated physical decline, higher prevalence of multimorbidity, and greater mental health fragility due to cumulative lifetime adversity (WHO, 2018b).

Taken together, these factors mean that refugees cannot benefit from the protective mechanisms that underpin the healthy migrant effect; instead, their trajectories point toward heightened, unmet, and often complex health needs that require targeted and inclusive public health responses.

2. HEALTH AND UNMET HEALTHCARE NEEDS AMONG ASYLUM SEEKERS AND REFUGEES IN ITALY

Evidence from the recent ITRAS survey provides an important snapshot of the health profile of asylum seekers and refugees in Italy, a group often portrayed as highly vulnerable but for which systematic data remain limited. Overall, respondents report relatively good health conditions. 75.1% describe their health as good or very good and 27.1% indicate very good self-rated health. Only 7.1% assess their health as poor or very poor. These findings suggest that at least part of the refugee population retains a degree of physical resilience upon arrival, consistent with the idea that - even without positive selection mechanisms - some individuals maintain robust health despite adverse pre-migration experiences.

Table 1 - Very good health and mental health and unmet need among refugees and asylum seekers

Health measure	Percentage
Very good self-rated health	27.1%
Very good mental health	20.9%
Unmet health need	14.3%
Unmet health need among those needing a visit or treatment	22.1%

Source: Authors' elaboration on ItRAS data. Weighted data

When other health indicators are considered, an important nuance emerges. The share of respondents reporting very good mental health is notably lower than those declaring very good overall health (20.9% vs. 27.1%). This discrepancy underscores the heightened relevance of psychological vulnerability in this population, a trend widely documented in the literature on forced migration, which highlights the cumulative impact of trauma, uncertainty, and prolonged displacement on mental well-being.

Unmet need for medical care is also non-negligible. Overall, 14.3% of asylum seekers and refugees report an unmet health need, and the proportion increases substantially - to 22.1% - when the analysis is restricted to those who declared that they actually needed a visit or treatment (see Table 1). These results suggest that refugees and asylum seekers face substantial obstacles in translating health needs into actual access to medical care in Italy. Reported motivations for unmet health needs shed light on these barriers. Respondents frequently mention structural constraints such as long waiting lists in the public healthcare system, and economic difficulties, including the costs of treatments. Other common barriers include difficult bureaucratic procedures, problems associated with obtaining a work permission and family care duties, such as the inability to leave children unattended. Interestingly, health literacy barriers – such as not knowing where to go for a visit, or whether a health problem can be treated – appear to be reported less frequently. One plausible explanation lies in the living conditions of a substantial share of respondents: roughly one-third of the sample reside in reception centres for refugees where staff often mediate access to health services and provide guidance on available treatments. This local support may partially compensate for limited familiarity with the Italian healthcare system, at least in the initial phases of settlement.

3. HOW PERSONAL AND FAMILY CHARACTERISTICS ARE ASSOCIATED WITH BETTER HEALTH

Age emerges as one of the strongest determinants of health differences. As expected, health status tends to worsen with age and unmet healthcare needs result higher among older asylum seekers and refugees. This pattern may reflect both a higher demand for medical care and the cumulative effect of migration and ageing. The age trend for mental health is less

evident: differences across age groups are relatively small, suggesting that psychological vulnerability cuts across the life course. Forced migration, exposure to trauma, and prolonged uncertainty may exert long-lasting effects that are not confined to older age.

Gender differences also characterise both self-rated health and mental health. Men report substantially better outcomes: 33.4% of men describe their health as very good, compared to 22.4% of women, and 24.4% of men report very good mental health, compared to 16.1% of women. These differences are consistent with broader evidence showing that women often report poorer health (especially mental health) than men. Women in the sample also report higher levels of unmet healthcare needs than men, indicating that gendered barriers may hinder access to timely care.

The relationship with length of stay is not always linear but some trends emerge. As with self-rated health, recent arrivals and long-term residents tend to report better health, while those who arrived three to six years ago display less positive outcomes. This “U-shape” may reflect the initial resilience upon arrival, followed by a period of instability or integration challenges, and a later adaptation once individuals gain familiarity with the health system and more secure living conditions. Overall, 20.4% of respondents report that their self-rated health worsened during migration highlighting the lasting toll of displacement. Very good mental health is more common among long-term asylum seekers and refugees suggesting some degree of psychological adjustment over time. Unmet healthcare needs decrease slightly with longer duration of stay, yet they remain consistently high: 27.8% among recent refugees and 23.1% among those living in Italy for more than 10 years. This suggests that structural and socio-economic barriers may continue to constrain access to care even after long-term settlement. Finally, severe material deprivation is strongly associated with poor health. Those experiencing acute economic hardship are far more likely to report poorer self-rated and mental health, as well as higher unmet healthcare needs. Economic precarity is therefore a central determinant of vulnerability within the asylum seeker and refugee population, potentially outweighing other demographic or migration-related factors.

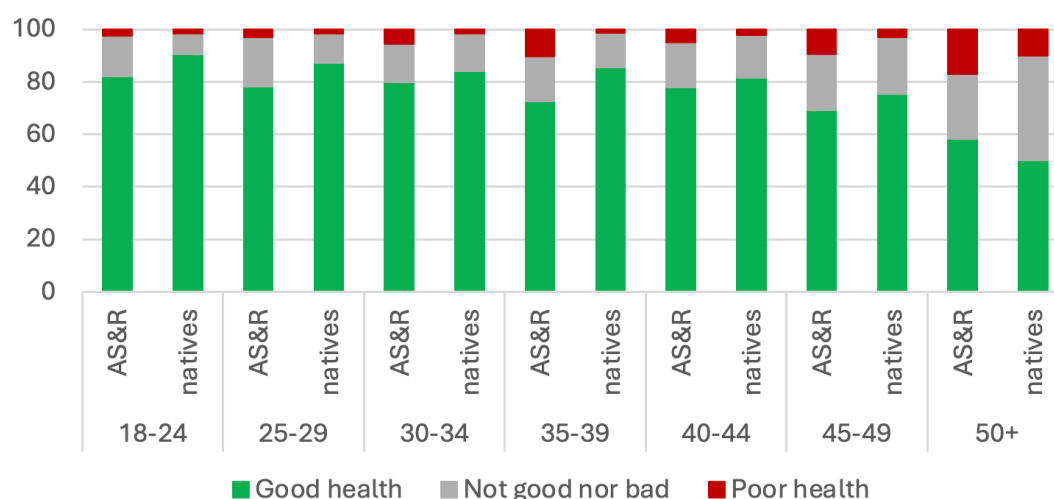
4. COMPARISON WITH THE NATIVES

A comparison with the native population shows that natives more frequently report good health and are less likely to declare poor he-

alth than asylum seekers and refugees, with one exception, individuals aged 50 and over. In this age group, the data show a more polarised pattern, with refugees and asylum seekers overrepresented in both good and poor health categories. This partially reflects the very different age structures of the two groups. Within the 50+ category, the native population includes a larger share of older- old (70-80+) who naturally report lower levels of good health. Interestingly, despite their younger age, asylum seekers and refugees are more likely to report poor health than natives.

When comparing unmet healthcare needs, the gap between asylum seekers and refugees and the native population becomes even more pronounced. At all ages, asylum seekers and refugees report considerably higher levels of unmet medical care need (Figure 2). This confirms that access to healthcare represents a persistent challenge for this population. While long waiting lists and economic barriers are also common among the native population, asylum seekers and refugees usually face additional obstacles that exacerbate unmet needs, including linguistic barriers, poor health literacy, limited familiarity with the healthcare system.

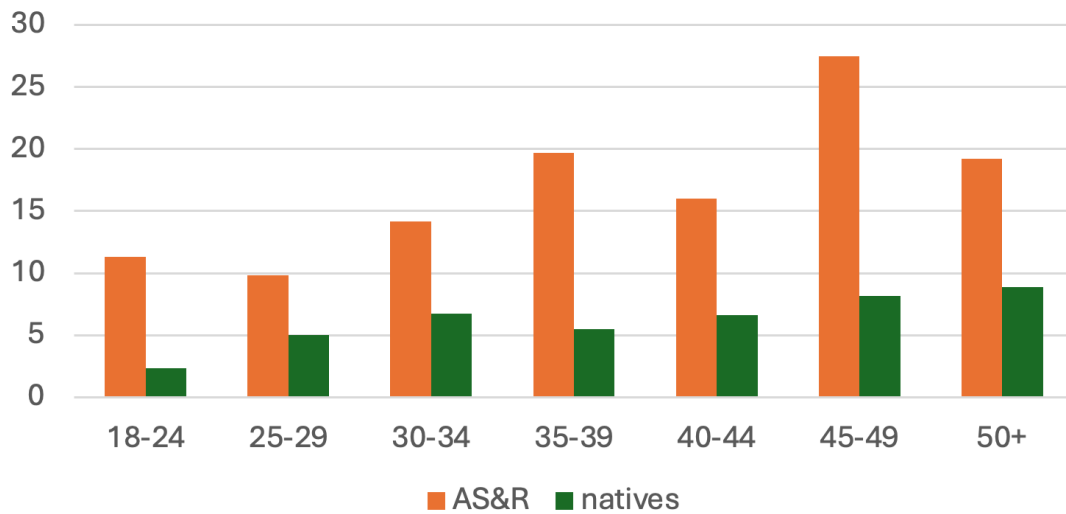
Figure 1 - Composition by self-rated health, age and group.



Source: For AS&R, the ItRAS survey (2024); for natives, “Aspetti della vita Quotidiana” (ISTAT, 2022)

Note: AS&R asylum seekers and refugees

Figure 2 - Unmet healthcare needs by group. Italy.



Source: For AS&R, ItRAS survey (2024); for natives, “Aspetti della vita Quotidiana” (ISTAT, 2022)

Note: AS&R asylum seekers and refugees

5. CONCLUSION

Although asylum seekers and refugees in Italy generally report relatively good health, their outcomes remain systematically worse than those of the native population, and unmet healthcare needs are substantially more frequent. These disparities are particularly pronounced among older asylum seekers and refugees, who appear to face a double penalty: the vulnerabilities associated with ageing combine with the stressors of forced migration, resulting in sharper deterioration in both physical and mental health. The polarised pattern observed in the 50+ group, with overrepresentation in both good and poor health categories, also suggests important heterogeneity within this population, reflecting different migration histories, levels of resilience, and degrees of integration into the Italian context. Moreover, the true extent of disadvantage may be underestimated, as the survey likely excludes individuals who moved to other European destinations due to poor health or fragile socio-economic conditions.

Despite the formal guarantee of equal access for refugees and asylum seekers to the Italian National Health Service (SSN), a substantial gap persists between legal entitlements and effective access to care. Linguistic and cultural barriers, insufficient health literacy, and complex administrative procedures limit the ability of asylum seekers and refugees to navigate the system and obtain timely treatment. These obstacles disproportiona-

tely affect women, older adults, and individuals experiencing severe material deprivation, groups that consistently exhibit poorer health outcomes in the survey. The fragmentation of cultural mediation services and their uneven territorial availability further exacerbate inequalities, particularly in regions where local authorities have limited resources or insufficient experience in managing migrant health. While non-governmental organisations play a crucial role in addressing unmet needs and compensating for gaps in the public system, their interventions, often project-based and geographically fragmented, cannot fully substitute for structural, long-term solutions.

Taken together, the findings highlight the need to strengthen inclusive health policies that go beyond formal entitlement and actively remove the practical barriers that hinder access to care. Priority should be given to older refugees, who bear the heaviest burden of unmet needs, and to interventions that enhance cultural mediation, system navigation support, and continuity of care. More broadly, ensuring genuine equity in healthcare for asylum seekers and refugees requires recognising the cumulative interplay of migration-related stressors, socio-economic hardship, and ageing, and designing public health responses that are tailored, sustained, and structurally embedded within the national health system (Allegri et al., 2025). Only through such an approach can Italy reduce persistent disparities and ensure that the promise of universal healthcare translates into concrete and equitable health outcomes.

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Chapter 3

The integration process in Italy

1. Investigating the mediating role of employment outcomes in refugees' life satisfaction using data from the ItRAS survey

Anna Maria Parroco, Micaela Arcaio and Daria Mendola¹

Using data from the Italian Refugees and Asylum Seekers Survey, this study examines how work influences life satisfaction among refugees and asylum seekers across Italy. The findings reveal that having a formal job is strongly linked to higher life satisfaction, while barriers such as poor health and limited Italian language proficiency significantly reduce it. Social and family networks also play a crucial role: those with relatives or Italian friends in the country report greater satisfaction with life. Interestingly, moderate economic support, when paired with employment, appears to enhance life satisfaction by fostering both autonomy and security. The results suggest that employment mediates many of these relationships, acting as a key pathway through which structural and personal factors shape refugees' satisfaction in life. By highlighting the interplay between work, health, language, and social connections, this research underscores the need for policies that expand access to decent employment, invest in language training, and strengthen community support systems to promote lasting integration and well-being.

1. INTRODUCTION

Life satisfaction is a widely used measure of subjective well-being: it reflects how people evaluate their life as a whole, based on personal expectations, experiences, and values (Diener et al., 1985). For refugees and asylum seekers, this evaluation is, however, heavily influenced both by pre-migration traumas and living conditions, and by post-migration challenges in the host society (Pollenne, 2024).

¹ This contribution is a non-technical summary, greatly based on Parroco, A. M., Arcaio, M. & Mendola, D. (2026). Employment and life satisfaction among refugees and asylum seekers in Italy: Evidence from the ITRAS survey. *Rivista Italiana di Economia, Demografia e Statistica*, LXXX(1), 75-86. doi: <https://doi.org/10.71014/sieds.v80i1.551>

Research suggests that employment, social and family relationships, health, housing conditions, and access to local networks all strongly influence life satisfaction (Jebb et al., 2020). However, refugees often encounter obstacles in each of these domains.

When it comes to employment, the literature suggests that it is not only a source of income but also a key factor in shaping people's identity, autonomy, and social belonging (e.g., Haindorfer et al., 2024). For forcibly displaced people, whose lives are marked by the sudden departure from their place of origin and uncertainty, stable work can become a crucial anchor (Ager and Strang, 2008).

The labour market is particularly challenging for newly arrived migrants in general as well as for asylum seekers who, according to the Italian law, are allowed to access the labour market 60 days after submitting their application for international protection – only if no rejection decision has been issued (see Article 22 of Legislative Decree No. 142/2015).

Italy has historically focused on emergency reception, with a significant ongoing narrowing of the conditions required for the recognition of protection. But beyond the urgent need for safety, housing, and legal protection, some important questions emerge: What enables refugees and asylum seekers into work? What makes them feel satisfied with their lives in the host country? How strong is the relationship between work and life satisfaction? And how do other barriers – such as poor health, limited language skills, weak social networks – shape refugees' well-being?

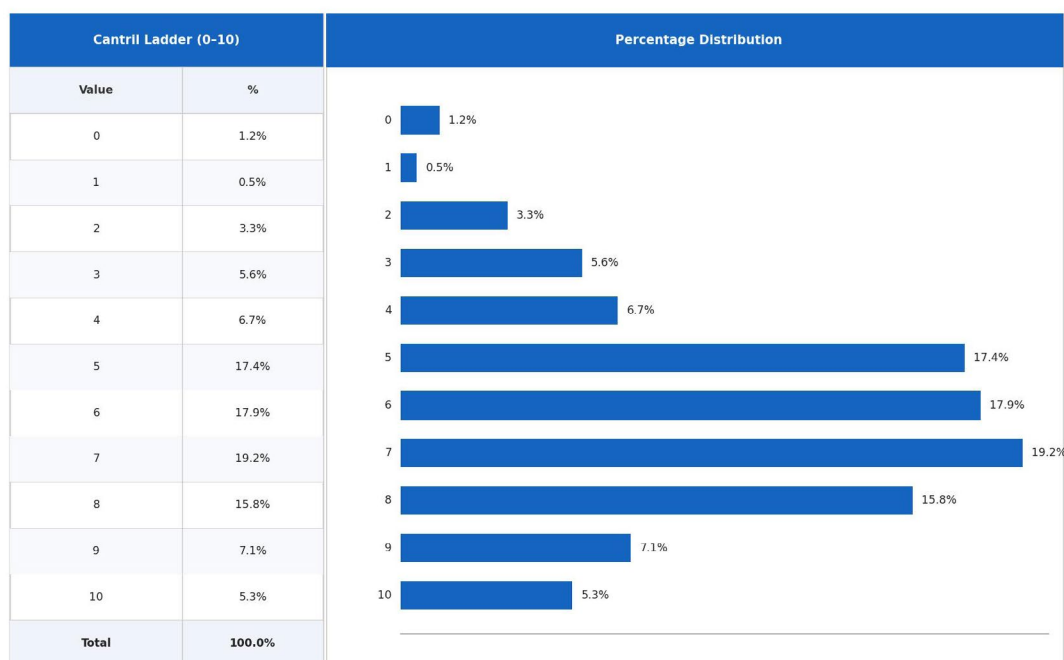
To answer all of these questions, this article presents a synthesis of findings obtained using data from the ItRAS survey (Mendola et al., 2026), the first national survey conducted in Italy on refugees and asylum seekers. We explore how employment outcomes relate to life satisfaction, and whether employment has a mediating role between facilitators and barriers versus life satisfaction. For more in-depth analyses, see Parroco et al. (2026).

2. DATA AND METHODOLOGY

The key variables investigated include the response on the question “How satisfied are you currently with your life in general?” on an 11-point scale (0–10) and a categorization of employment outcomes that captures increasing levels of legal and social protection – (1) unemployed (thus, no labour income), (2) informally employed (respondent

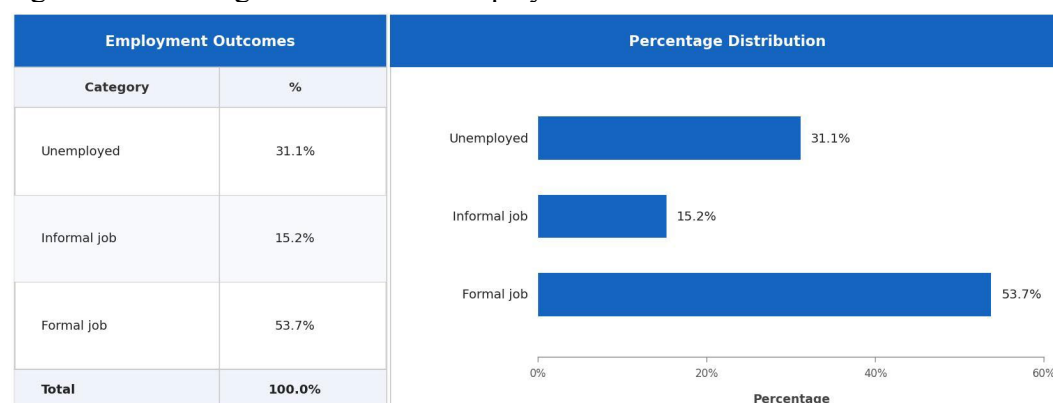
works off the books, without a contract), (3) formally employed (with a contract) – see Figures 1 and 2.

Figure 1 - Percentage distribution of Life Satisfaction



Note: Elaborations on ItRAS data using sampling weights.

Figure 2 - Percentage distribution of Employment Outcomes



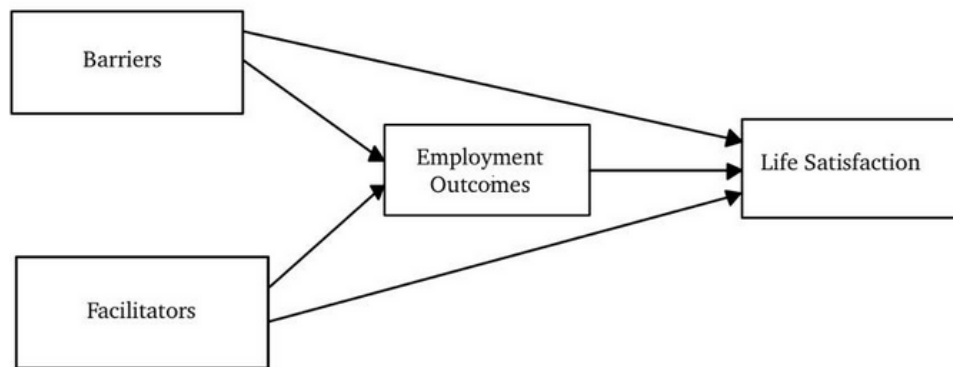
Note: Elaborations on ItRAS data using sampling weights.

We evaluate the effect of poor Italian language proficiency, poor self-reported health, dependence on economic subsidies, presence of relatives in Italy, presence of Italian friends and foreign-born friends both directly on employment and on life satisfaction and indirectly on life satisfaction

through employment.

In the mediation model estimated (see Figure 3), an ordinal probit regression was used for employment outcomes, and a linear regression for life satisfaction; this second model included controls for age, sex, education, residence, origin, length of stay, living arrangements, and a measure of perceived relatedness (appreciation of how Italian people work).

Figure 3 - Theoretical mediation model of the relationship between Employment Outcomes and Life satisfaction



Source: Parroco et al. (2026).

Note: The estimated statistical model also includes two sets of control variables for EO and LS.

3. RESULTS

Language skills and health: the strongest barriers

Two factors consistently and powerfully shape both employment and life satisfaction: Italian proficiency and health. Poor language skills reduce the probability of having formal employment (coeff = -0.518, p-value < 0.001), strongly lowers life satisfaction (coeff = -0.842, p-value < 0.001) and has an additional indirect negative effect through employment (coeff = -1.174, p-value < 0.001). Poor health decreases employment opportunities (coeff = -0.599, p-value < 0.001, directly reduces well-being (coeff = -0.621, p-value = 0.012) and also has a significant indirect effect via employment (coeff = -0.201, p-value = 0.002).

These findings confirm that integration is multidimensional: without

adequate health and language support, refugees risk both economic exclusion and reduced well-being.

Social networks: family matters more than friends

We tested three different types of possible bonds – as manifestation of a social network – on employment and life satisfaction: the presence of blood family in Italy, being friends with Italian people and being friends with other foreign-born people. The results paint an interesting picture of the influence of social circles.

The presence of relatives in Italy does not improve employment prospects but it does significantly boost life satisfaction (coeff = 0.482, p-value = 0.002) – likely through the reciprocally-offered emotional support.

Having Italian friends has a small, borderline-significant positive association with employment (coeff = 0.026, p-value = 0.062), but a substantially stronger association with life satisfaction (coeff = 0.082, p-value < 0.001).

Foreign-born friends show no clear association with either outcome, suggesting that local, host-country networks play a more relevant role for subjective well-being.

Economic subsidies: a dual effect

Dependence on subsidies produces contrasting outcomes: high dependence is associated with worse employment outcomes (coeff = -0.359, p-value < 0.001) and a slightly negative total effect on life satisfaction (coeff = -0.259, p-value = 0.070); low dependence is associated with higher life satisfaction (coeff = 0.602, p-value = 0.009), possibly reflecting perceived autonomy and reduced economic stress.

This indicates that subsidies may support well-being when they complement – not replace – paths toward economic independence.

Employment strongly influences life satisfaction

One of the clearest findings is that better employment outcomes are directly associated with higher life satisfaction (coeff = 0.335, p-value < 0.001). This supports the idea that employment is not only a financial resource but also provides social participation and a recognized status in the host society.

Barriers such as poor health or weak language skills reduce well-being partly because they reduce access to good employment. Similarly, facilitators like Italian friends have a small but positive indirect effect.

All in all, employment acts as a key pathway through which structural factors shape well-being.

4. WHY IT MATTERS: IMPLICATIONS FOR INTEGRATION AND POLICIES

The findings carry several policy-relevant insights. First of all, employment is central to well-being. Thus, integration policies should prioritize access to formal, stable jobs, not only as an economic goal but as a component of psychological and social well-being. Moreover, language and health are fundamental. Without adequate support in these areas, refugees remain at a significant disadvantage. Investments in language acquisition and accessible healthcare can have multiplicative effects.

Social networks are crucial. Family presence and local friendships enhance well-being, even when they do not improve employment directly. Policies supporting community interaction – mentoring programs, social activities and other cultural initiatives – can be valuable mediums of integration in the local communities.

Finally, economic support should promote autonomy. Subsidies that reduce immediate hardship are extremely important, but the ultimate goal should be self-sufficiency. Training programs, job-placement services, and recognition of foreign qualifications can strengthen this transition.

As Italy continues to receive refugees and asylum seekers, understanding the determinants of their well-being becomes essential. The ItRAS survey highlights that life satisfaction is shaped by a combination of personal resources – that at times act as barriers – and contextual supports. Life satisfaction also involves social ties, perceptions and experiences of discrimination, and the ability to rebuild one's identity in a new country. Employment plays a crucial role as well, directly enhancing well-being and mitigating the impact of barriers such as health and language.

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2. Labour market integration of refugees and asylum seekers in Italy: Evidence from the ItRAS survey

Roberto Impicciatore and Livia E. Ortensi

This article examines the labour market integration of refugees and asylum seekers in Italy using data from the ITRAS survey. Results show substantial gender and origin-based inequalities: men are more likely to hold regular full-time jobs, while women are concentrated in part-time or informal employment. Asylum seekers, particularly women, face high inactivity rates due to legal and procedural barriers. Differences across national groups highlight the role of cultural norms and migration trajectories. The authors argue for targeted policies—such as early labour market access, credential recognition, and gender-sensitive measures—to foster inclusion and reduce precariousness.

1. INTRODUCTION

This study investigates the labour market outcomes of refugees and asylum seekers in the Italian context. Despite growing attention to migration issues, quantitative studies on their employment outcomes remain scarce. Evidence from other countries shows that refugees experience the lowest levels of employment and job prestige among non-economic migrants, performing slightly worse than family migrants and well below economic migrants (Zwysen, 2019; Bevelander, 2020; Bevelander and Pendakur, 2014).

Several explanations may account for these differences across migrant categories (Impicciatore and Molinari, 2025). Humanitarian migrants often face higher levels of uncertainty and suffer negative consequences related to trauma (Connor, 2010), prolonged stays in refugee camps or other forms of asylum accommodation (Bakker et al., 2014; De Vroome and Van Tubergen, 2010; Hainmueller et al., 2016), and the depreciation of human capital and credentials during lengthy asylum procedures (Bevelander, 2020). Moreover, regional dispersal policies may isolate refugees from co-ethnic networks that are often crucial for job search and social learning (Brell et al., 2020; Fasani et al., 2022) and may face greater uncertainty regarding their legal status, especially shortly after arrival, which can have a direct negative effect on labour market

outcomes (Dustman et al., 2016).

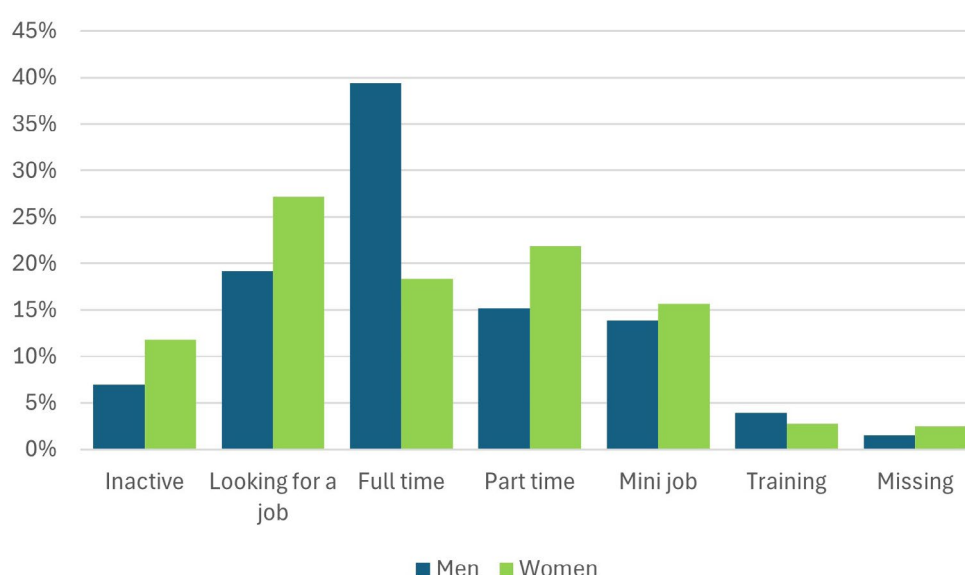
Gender represents another key dimension of differentiation in labour market integration (Donato et al., 2014). Dumont et al. (2016) highlight that refugee women generally show lower employment rates than refugee men, reflecting both lower participation and lower levels of education.

Even when employed, non-economic migrants—and refugees in particular—tend to earn significantly lower wages compared to other immigrants. Although this gap narrows over time, it rarely disappears within the first decade after arrival (Brell et al., 2020). Fasani et al. (2022) further confirm that refugees in Europe consistently perform worse than other migrants, especially economic migrants, in terms of income, occupational quality, and labour market participation.

2. INSIGHTS FROM THE ITRAS SURVEY

The ItRAS survey provides valuable insights into the recent labour market outcomes of refugees and asylum seekers in Italy. Figure 1 shows that men are substantially more likely to be employed in full-time jobs, whereas women are overrepresented in part-time or mini-jobs (minimal, intermittent, or casual employment), typically characterised by fewer hours and lower earnings. This confirms the gendered concentration of women in precarious or non-standard employment and their higher inactivity rates.

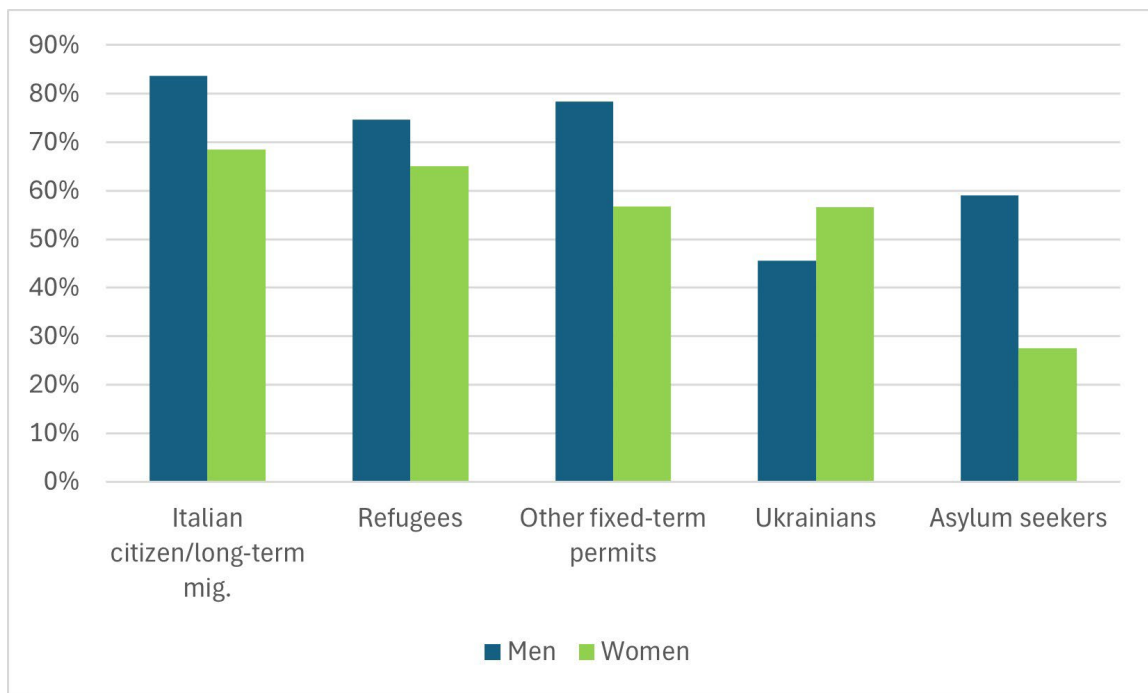
Figure 1 - Occupational status by sex



Source: Author's elaboration on ItRAS data.

Among asylum seekers without legal documentation (326 cases), labour market outcomes are even less favourable: 38% of men and almost 70% of women are not employed (Figure 2). This pattern largely reflects Italy's legal framework: asylum seekers may access the labour market only 60 days after submitting their application for international protection, provided that no rejection decision has been issued (Art. 22, Legislative Decree No. 142/2015). In practice, delays in obtaining the required nominative certificate further postpone the possibility of employment. Once refugee status is granted, individuals gain full access to the Italian labour market on the same terms as citizens, including both dependent and self-employment, registration with professional bodies, vocational training, internships, and even public sector employment under the same conditions as EU citizens.

Figure 2 - Percentage of employed persons by sex and legal status at the interview



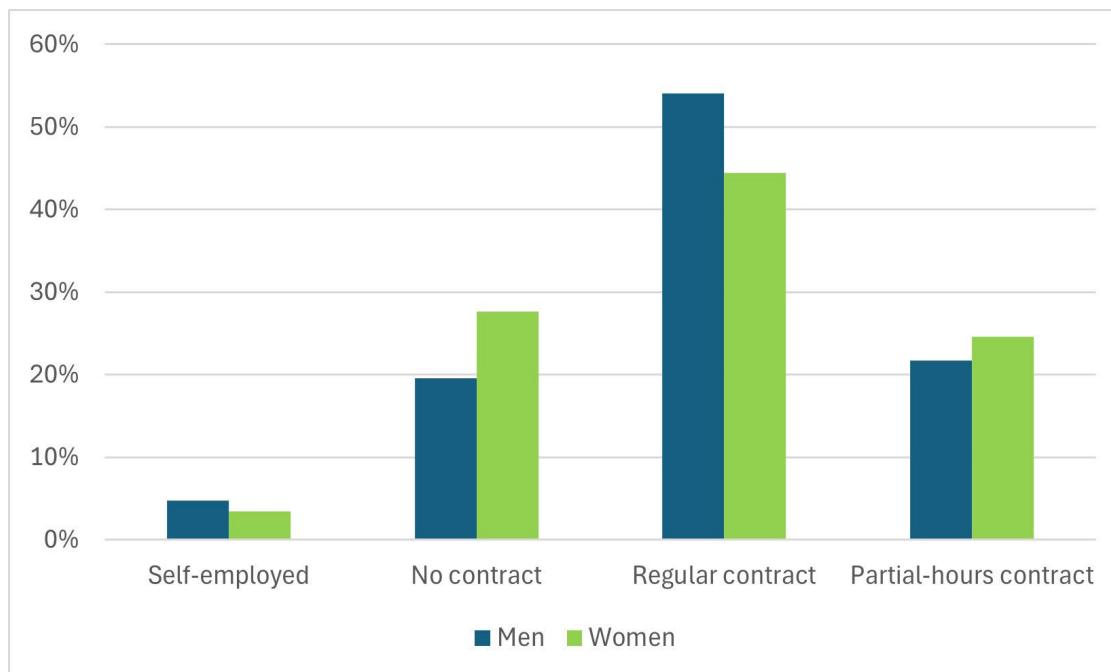
Source: Author's elaboration on ItRAS data.

Focusing only on employed individuals and trainees (864 cases), the analysis of contractual arrangements (Figure 3) reinforces the gendered nature of labour market outcomes. Men are more likely to hold regular contracts (54%) than women (44%), while women show a higher inci-

dence of informal employment (27.6% vs. 19.6%) and contracts reporting only a share of the hours actually worked (24.6% vs 21.7%), revealing their greater exposure to precarious working conditions. Self-employment remains marginal for both genders.

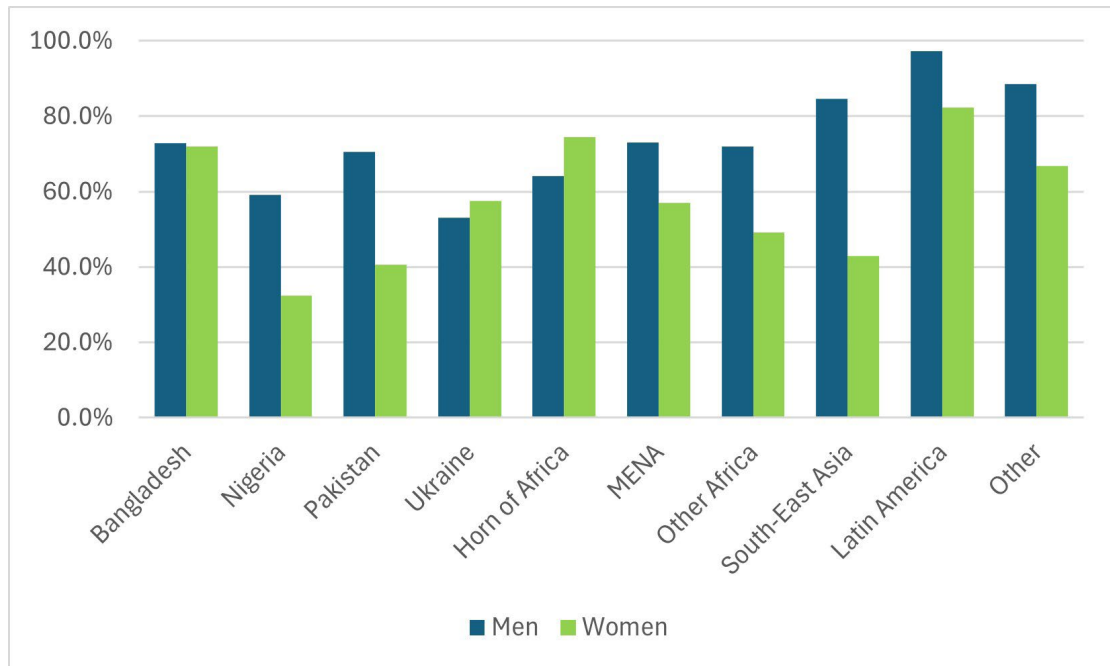
Employment rates also vary substantially by country of origin (Figure 4). Among men, employment exceeds 70% in most national groups, peaking among migrants from Latin America (97.3%), South-East Asia (84.7%), and other European countries (84.6%). Lower employment levels are observed among Ukrainian (53.1%) and Nigerian (59.1%) men. For women, employment rates are systematically lower across nearly all countries. The widest gender gaps emerge among Nigerian migrants (59.1% for men vs. 32.4% for women) and migrants from other African countries (72% vs. 49.2%). Yet, women from Latin America (82.3%) and the Horn of Africa (74.5%) show relatively high employment rates, even exceeding those of men in the latter group (64.2%). In contrast, women from Pakistan, Nigeria, and South-East Asia remain particularly underrepresented, with employment rates below 50%.

Figure 3 - Type of employment contract (among workers and trainees)



Source: Author's elaboration on ItRAS data.

Figure 4 - Percentage of employed persons by sex and citizenship



Source: Author's elaboration on ItRAS data.

Overall, these findings confirm that labour market integration is strongly shaped not only by gender but also by country of origin. Cultural norms, migration trajectories, and differences in human capital are likely contributing factors to these patterns.

3. UNLOCKING REFUGEES' POTENTIAL

The Italian case reflects broader European trends, where refugees and asylum seekers face structural disadvantages in entering and remaining in the labour market. Legal restrictions, recognition of qualifications, language barriers, and limited access to social networks all contribute to persistent inequalities. However, the heterogeneity observed by gender and country of origin suggests that one-size-fits-all approaches are unlikely to be effective.

Policy interventions should therefore move beyond generic integration measures and focus on targeted strategies that consider both the timing and the specific needs of humanitarian migrants. This includes earlier access to employment during the asylum process, recognition of foreign qualifications, and tailored language and vocational training. For women, in particular, access to childcare, gender-sensitive training, and anti-di-

scrimination policies are essential to reduce inactivity and precariousness.

Ultimately, fostering the economic inclusion of refugees and asylum seekers is not only a matter of individual well-being but also of social cohesion and economic efficiency. Enabling these individuals to fully deploy their skills and potential contributes to a more inclusive and productive labour market. This need is particularly pronounced in countries like Italy, where admissions on humanitarian grounds have, in recent years, constituted a relevant share of immigrant flows.

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Chapter 4

Family and women issues

1. Split across borders: Rethinking refugee families beyond ‘here’ and ‘there’

Elisabeth Kraus

Public debate often imagines refugees as individuals who arrive in European destination countries alone, having left their families behind and hoping to reunite later. This picture is widespread, but it is also misleading. New evidence on refugees from Eritrea and Syria shows that most remain embedded in families spread across several countries or even continents. Refugee families are often ‘multi-transnational’, that is, spread across several countries at the same time. Their lives are shaped not by a simple ‘here-there’ divide, but by family networks that stretch across origin, transit, destination, and other countries. Even though Germany has received large numbers of refugees since 2015, their families are frequently spread across several countries instead of following one shared route to a single destination. War, displacement, restrictive exit and entry regimes, and limited legal mobility create patterns of separation and dispersion that extend far beyond the country of origin and one destination. Understanding these patterns is essential for developing policies that reflect the everyday realities of forced migrants. This article is based on a recent publication (Kraus, 2024) and draws on representative survey data from the TransFAR project, conducted in 2020 among Eritrean and Syrian refugees in Germany. The results indicate that family dispersion may have profound consequences for transnational family life, mental well-being, integration pathways, and decisions about settlement or onward migration.

1. FAMILIES ACROSS BORDERS

Research on transnational families has long argued that migration creates geographically extended family systems that span two or more countries (Bryceson & Vuorela, 2002). This is particularly true in forced migration contexts, where family members often flee at different moments, using different routes and reach distinct destinations (Tiilikainen et al., 2023). Several reasons may produce the geographic dispersion – and

separation – of families. Flight from conflict or authoritarian regimes is unpredictable, and many families cannot leave together. Financial constraints prevent joint travel or safe passage. Some relatives remain behind to care for others or because they lack documentation. Others settle in neighbouring countries of origin or in alternative destinations when routes to Europe are blocked or difficult to access. These factors produce complex and gendered family arrangements that refugees must navigate while rebuilding their lives in Germany. To capture this geographic dispersion of families, the TransFAR survey includes detailed information on the places of residence of nuclear and extended family members of Eritrean and Syrian refugees in Germany. The findings show that the average refugee family originating from one of these two countries and with at least one member in Germany spans nearly four different countries.

About the TransFAR dataset¹

The article uses data from the Forced Migration and Transnational Family Arrangements – Eritrean and Syrian Refugees in Germany (TransFAR) survey, conducted in 2020 among women and men with Eritrean or Syrian citizenship aged 18–45 who arrived in Germany between 2013 and 2019 (Sauer et al., 2022). The survey is based on a nationally representative sample drawn from the German Central Register of Foreigners and includes 1,458 individuals. It contains detailed information on the location of partners, children, parents (including parents-in-law), and siblings; on transnational and local personal social networks; and on partnerships, fertility, and labour market participation, among many other topics.

2. TWO ORIGINS, DIVERSE FAMILY PATTERNS

Although both Eritrean and Syrian refugees fled dangerous conditions, their family configurations differ substantially due to country-specific migration histories and patterns, distinct reasons for leaving the country of origin as well as specific legal conditions and constraints.

Syrian refugees: more relatives in Germany, but still dispersed

In Syria, the violent conflict and civil war from 2011 onwards has produced one of the largest and fastest displacement crises of the 21st century. Many Syrians fled together with close relatives, and family reunification pathways were relatively open during the early years of Syrian arrivals in

¹ The TransFAR dataset is available here: <https://doi.org/10.7802/2916>

Germany. As a result:

- Almost all of the partnered Syrians in the survey live with their spouse in Germany.
- Nearly all Syrian parents surveyed in Germany live with their children.
- Many also have siblings and, to a lesser extent parents, living in Germany.

Yet dispersion remains significant. Parents, in-laws and siblings often live in Syria or in neighbouring countries such as Türkiye, Lebanon or Jordan. Others have moved on to European countries other than Germany. Thus, even when the nuclear family is consolidated, the extended family is often divided across several countries.

Eritrean refugees: extensive fragmentation

Eritrea's strict exit controls and indefinite military conscription drastically limit opportunities for families to migrate together. Many people flee alone, taking dangerous routes through Sudan, Ethiopia, or Libya. Family reunification is lengthy, costly, and often blocked by bureaucratic or political obstacles. As a result:

- More than half of partnered Eritrean men live apart from their wife or unmarried partner.
- Some Eritrean fathers are separated from their minor children.
- Almost none of the Eritrean refugees have parents in Germany, and far fewer have siblings in Germany compared to Syrian refugees.

Instead, relatives are frequently found in neighbouring countries Ethiopia, Sudan, or other African countries, reflecting the difficulty and danger of reaching Europe. The Eritrean case illustrates how authoritarian governance structures and migration restrictions shape the long-term fragmentation of families (Hirt & Mohammad, 2013).

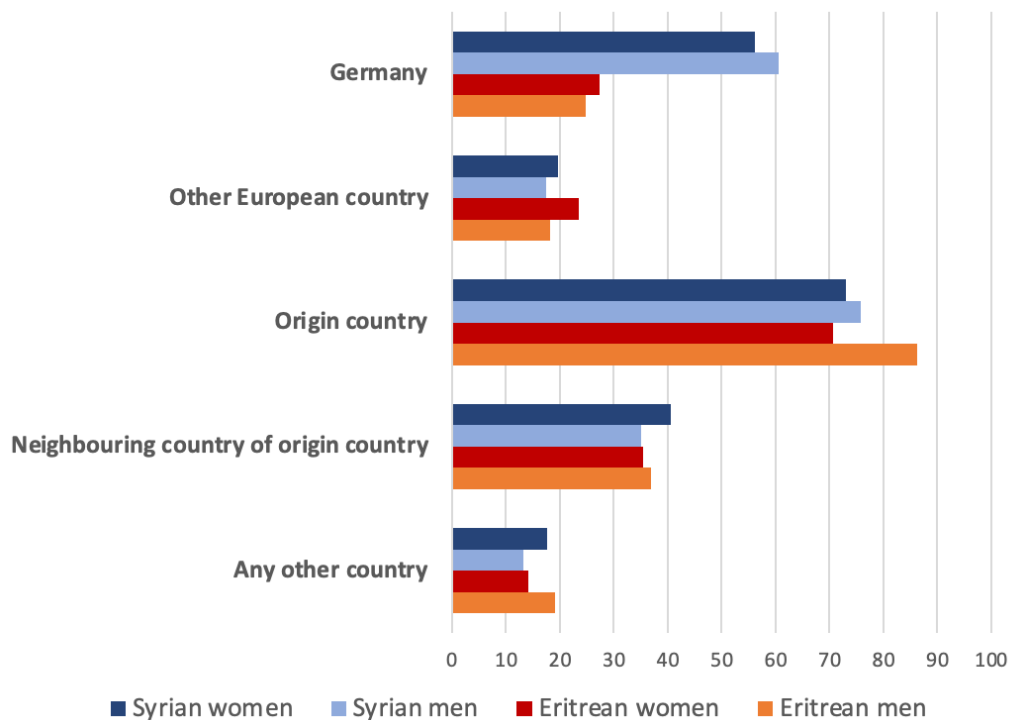
3. WHERE ARE REFUGEES' SIBLINGS?

Among all family relations, siblings offer a particularly useful lens for understanding the geographic dispersion of refugee families. They are numerous, mobile, and often migrate independently. Figure 1 shows where Eritrean and Syrian refugees have at least one sister or brother: in Germany, in the origin country, in neighbouring states, in other European

countries, or in other world regions.

Most Eritrean men and women have siblings in the origin country, but significant numbers also report siblings in neighbouring countries such as Ethiopia or Sudan. Syrian refugees are far more likely to have siblings in Germany, reflecting the larger-scale and more collective and family-based nature of Syrian migration to Europe. In both origin groups, siblings are also found in other European and non-European countries, showing that family arrangements in forced migration contexts are highly globalized. These patterns align with recent arguments that refugee journeys should not be understood as linear movements from one country to another, but as multi-stage processes shaped by border regimes, displacement trajectories, and shifting opportunities (Crawley & Jones, 2021).

Figure 1 - Sibling locations of Eritrean and Syrian refugees living in Germany, by gender (weighted percentages)



Source: Data from TransFAR (2020); own calculations.

Note: Respondents may report having siblings in more than one region, therefore percentages may exceed 100 percent. All percentages are calculated on the basis of the entire sample, not as a share of those who in fact have at least one sibling. Eritrean men N=350; Eritrean women N=353; Syrian men N=354; Syrian women=350.

Four types of family arrangements

To summarise these complex arrangements, the article underlying this paper uses cluster analysis techniques to identify four common family configurations (i.e., clusters) among Eritrean and Syrian refugees.

1. Transnational nuclear families (23%): These refugees have partners or children living outside Germany, often in neighbouring countries of their origin. Their parents and siblings also tend to live abroad.
2. Families in Germany (9%): This relatively small group has the most consolidated family structures, with partners, children, and often parents or siblings living in Germany.
3. Multi-transnational sibling networks (40%): This is the largest group. These refugees typically have parents in the origin country, siblings in Germany, and other siblings in additional countries.
4. Parents and siblings elsewhere (28%): These refugees have no close extended family in Germany. Their parents and siblings live entirely abroad.

Together, these four clusters show how diverse refugee family configurations and situations are, and why policies built on simplified assumptions about ‘the family’ might fail to meet actual needs.

4. THE ROLE AND CONSEQUENCES OF ECONOMIC RESOURCES AND FAMILY DISPERSION

The geographic dispersion of families is closely linked to economic conditions and inequalities. The analysis shows that refugees who were financially better off before flight, or who describe their current financial situation as stable, are more likely to belong to Cluster 1, the “transnational nuclear family” type in which partners, parents and siblings are mostly abroad. In contrast, refugees who coped poorly financially before leaving and struggle economically in Germany are more likely to belong to Cluster 3, the “multi-transnational sibling network”. The two other clusters – families whose close relatives are mostly in Germany (Cluster 2) and those whose parents and siblings live entirely abroad (Cluster 4) – show no clear association with economic conditions.

One possible explanation is that Cluster 1 is a rather specific group, largely made up of Eritrean men, whose migration histories and possibilities for family reunification differ from those of other refugees. Families with at least some resources may also be more able to engage in lengthy and costly family

reunification procedures or onward movements, and may therefore spend longer periods living across borders while they might be in the process of trying to bring relatives to Germany. By contrast, limited resources in Cluster 3 can contribute to staged migration processes: when extended families cannot afford to migrate together or to finance regularised routes, siblings may leave at different times, travel via different paths and reach different destinations. Some remain in the country of origin, others stay in neighbouring states, and a few manage to reach Germany or another European country. Economic constraints thus contribute to fragmented sibling trajectories and multi-transnational family networks, although the precise mechanisms behind these patterns need further research (Dubow & Kuschminder, 2021).

These economic and spatial patterns are also likely to shape refugees' everyday lives in Germany. Separation from partners, children or parents creates stress, anxiety and prolonged uncertainty, especially when relatives are in unsafe conditions or in a legal limbo. Studies show that family separation is strongly associated with poorer mental health and well-being among refugees (Löbel, 2020). Refugees who have no close family in Germany, or who are separated from the nuclear family, often experience higher emotional strain and are worried about their relatives abroad (Gambaro et al., 2018). At the same time, family networks present in Germany can provide important emotional support and these are related with refugees' social participation in European societies (Kohlenberger et al., 2023; Sauer et al., 2025).

5. CONCLUSIONS AND POSSIBLE POLICY IMPLICATIONS

The analysis of the geographic dispersion of Eritrean and Syrian refugee families shows that family life during and after forced migration is complex and diverse. Parents and siblings, and to a smaller extent partners and children, live in different countries, and many families are spread across three or more locations. These multi-country family arrangements are important for understanding refugees' everyday lives, their mental well-being and their options for integration and participation in destination societies. Policies and much research that limit 'family' to spouses and minor children and assume that families are split at most between 'here' and 'there' – i.e. between just two countries – do not reflect these family arrangements. More flexible and quicker family reunification procedures could help reduce some of the negative consequences of such dispersion. At the same time, integration measures and social services in European refugee-receiving countries should consider that many refugees have strong

obligations towards relatives abroad and live with constant uncertainty about their situation. Recognising these transnational responsibilities, and offering support that explicitly addresses separation and worries about family members in other countries, would bring policies closer to the lived realities of refugee families.

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2. Infantilization or inclusion within the reception system? A case study on the experience of female asylum seekers and international protection holders in Palermo

Ignazia Bartholini and Rafaela Hilario Pascoal

The Italian reception system, regulated by Legislative Decree 142/2015 and structured into first- and second-level centres (CAS and SAI), was established to promote the inclusion and autonomy of asylum seekers and beneficiaries of international protection. However, throughout the process of “resocialisation”, the relationship between frontline workers – social workers, psychologists, cultural mediators – and migrant women often reproduces asymmetrical power dynamics. The case study presented here focuses on two asylum-seeking and refugee women who, after long periods in Palermo’s reception centres, have become key figures within their communities. The article highlights how practices of care and assistance may evolve into subtle forms of infantilisation. Although many women possess considerable cultural capital in their countries of origin, they frequently find themselves positioned as passive subjects “to be guided”, a dynamic that reinforces symbolic dependency and delays processes of empowerment. The analysis draws on feminist and postcolonial critiques of humanitarian governance, which illuminate how a rhetoric of protection may mask the reproduction of inequality and subalternity. By re-examining the tension between care and control, the article offers a critical reflection on inclusion practices within reception systems, calling for models capable of recognising the agency, skills, and social potential of refugee women.

1. INTRODUCTION

In recent years, the Italian reception system – regulated by Legislative Decree 14/2015 and organised into first- and second-level centres – has been officially tasked with promoting the autonomy and social inclusion

of asylum seekers and beneficiaries of protection. Yet the process of “resocialisation” that marks the entry of migrant women into reception facilities often reproduces asymmetrical power relations, in which the rhetoric of protection coexists with more or less explicit forms of infantilisation.

Feminist and postcolonial scholarship on humanitarian governance (Ticktin, 2011; Fassin, 2012; Freedman, 2015; Spivak, 1988) has shown how welfare and assistance practices, while presented as instruments of care, may in fact conceal subtle mechanisms of disempowerment that keep migrant subjects in a condition of dependency. This is particularly true for women who, despite possessing high levels of cultural capital in their countries of origin, are repositioned in Italy in socially, economically, and symbolically subordinate roles.

At the same time, recent research on migrant women’s integration in Sicily (Bartholini and Pascoal, 2025) highlights their active agency and their ability to transform linguistic, educational, and relational resources into meaningful tools for inclusion. The case study analysed here – based on qualitative materials from two in-depth interviews – explores the tensions between care and control, protection and autonomy, institutional delegation and self-affirmation.

The aim of the following pages is to show how some migrant women – now cultural mediators and points of reference within their communities – have developed strategies to break free from institutional dependency and build autonomous pathways despite the structural contradictions of the reception system.

2. HUMANITARIAN GOVERNANCE AND WOMEN’S AGENCY

The theoretical framework develops around the interplay between power structures and individual agency. For the interviewees, the initial phase of reception is described as a “biographical reset”: a period during which previously accumulated skills, family roles, decision-making autonomy, and cultural capital are temporarily suspended. Entering a reception centre entails an imposed form of resocialisation in which, as one woman explains, “to matter, you have to be part of the community and start from zero.”

This reflects a core contradiction of humanitarian governance: the promise of protection almost always entails a regime of control (Ticktin, 2011). The rhetoric of welcome coexists with practices of classification,

separation, and infantilisation. Women are frequently treated as subjects who must be guided, as individuals assumed to lack the capacity for self-determination and therefore requiring constant supervision. Such representations obscure their pre-existing biographical, professional, and linguistic skills – key components of their cultural capital.

Against this backdrop, women's agency emerges as a set of adaptive, negotiated, and resistant strategies. Their testimonies reveal self-organised language learning, efforts to understand institutional dynamics, and a desire to reclaim their rights and build non-subordinate relationships with organisations and professionals (Bartholini and Pascoal, 2025). Cultural capital therefore becomes a transformative resource, capable of being reactivated and reshaped within the migration context.

3. METHODOLOGICAL APPROACH (BASED EXCLUSIVELY ON NVIVO NODES)

Using NVivo, the two interviews – reconstructed diachronically from the women's early days in community settings to their eventual acquisition of professional roles – were coded into thematic categories, conceptual nodes, and interpretive pathways. This process allowed for the reconstruction of an inductive, life-history-oriented analytical approach.

The narrative material was reorganised into nodes such as resocialisation, trust, cultural capital, autonomy pathways, networking, segregation, the role of associations, and the reception “business”. These categories correspond to three analytical levels:

- micro: daily experiences, emotions, interpersonal relations
- meso: interactions with associations, workers, and migrant networks
- macro: broader representations of reception, systemic patterns of dependence, and institutional shortcomings

3.1 Resocialisation and the Temporary Loss of Autonomy

The first stage of life within the reception system is marked by profound uncertainty and dependency. Entering a community home or a SAI centre is not experienced as a simple relocation but as the beginning of a phase in which women suddenly lose the communicative and social tools needed to navigate their environment. Lacking knowledge of the local language makes it difficult to understand staff instructions, interpret procedures, and

grasp the implicit rules of everyday life.

Added to this is unfamiliarity with Italian institutional codes: what appears to staff as routine administration is experienced by women as a complex, opaque system governed by unfamiliar categories, documents, and bureaucratic steps. Even the simplest actions – organising one's day, managing domestic spaces – become subject to prescriptive guidelines that they must follow without negotiation.

One interviewee captures this feeling vividly, describing the need to “tear down the nest you had built,” as though entry into the reception system required dismantling one's adult identity. This is a form of structural infantilisation: women must accept beginning “from scratch”, despite having held respected professional roles or managed extensive family responsibilities in their home countries. Resocialisation thus becomes not only a process of adaptation but also a symbolic de-qualification that temporarily renders past autonomy invisible.

3.2 Cultural Capital and Language Learning as a Lever for Emancipation

Within this landscape of diminished autonomy, learning Italian becomes the first decisive step toward regaining control of one's life. Language enables women to understand what staff members say, participate in decision-making processes, ask questions, express disagreement, and challenge automatic compliance with imposed rules.

Mastering Italian also provides access to bureaucratic autonomy: reading and completing forms, understanding public office requirements, speaking directly with healthcare providers or institutional representatives. This significantly reduces vulnerability to manipulation or paternalistic mediation. Reclaiming linguistic competence means reclaiming one's own biographical narrative; as one woman states, “I don't want anyone else to read my things anymore.”

Crucially, language learning unfolds primarily in informal contexts: private homes where women work as domestic workers, kitchens where they cook alongside employers, daily exchanges with children or host families. In these spaces, language is not taught but lived; it becomes a tool through which women confront, negotiate, and affirm their position. Learning Italian becomes an act of symbolic emancipation, a practice of self-education that strengthens cultural capital and broadens their capacity for action.

3.3 Trust, Distrust, and Biographical Wounds

The construction of trust is non-linear and often fragile. The interviewees are acutely aware of the distance between themselves and institutional actors. Many migrants describe being treated as numbers – “cases” rather than individuals with complex biographies. These perceptions intersect with the profound wounds carried from migration journeys marked by violence, trafficking, exploitation in Libyan camps, and other traumatic experiences. Such histories make trust in institutional authority difficult, especially when power relations appear asymmetrical.

In this atmosphere of vulnerability, even minor gestures can be perceived as threatening: a request for a signature, a transfer to a different centre, a reprimand may trigger traumatic memories and deepen distrust. One interviewee recalls returning to a *maman* who exploited her because she did not feel listened to or protected within the reception system. Only later did she realise that alternative support existed. This episode reveals a structural problem: when trust is not carefully built, institutional protection loses legitimacy and may be replaced by informal networks that are harmful yet perceived as more comprehensible or accessible.

3.4 Segregation, Separated Roles, and the Risk of “Suspended Citizenship”

Some cultural mediators highlight the paradox whereby organisations – though founded to promote inclusion – end up reproducing separation between migrants and the broader urban context. They speak of parallel groups, activities organised exclusively for migrants, and pathways mediated at every step by staff.

When organisations take over migrant decision-making processes, acting as total intermediaries, the line between protection and control becomes blurred. Tasks that women could perform independently – booking appointments, speaking with teachers, managing documents – are often handled on their behalf. This produces what we may call “suspended citizenship”: Support is provided, but autonomy is not fostered; access to services increases, but the tools needed to navigate them independently remain inaccessible.

The segregation that results is not the overt marginalisation of urban exclusion but a softer form of inclusion-at-a-distance, where women are always accompanied, rarely positioned as full social subjects acting on their own.

3.5 The Business of Reception

The NVivo node dedicated to the “business” of reception contains some of the most critical reflections. The women speak openly about organisations that prolong migrants’ stays in centres in order to secure ongoing funding. In such cases, dependency is not an accident but a structural feature of the system.

Weak oversight of service quality and financial management exacerbates this dynamic. While many organisations provide strong support, others – as one interviewee bluntly states – “are there to make money off migrants.” The risk, widely noted in critical literature on reception systems, is that migrants become economic resources, bodies that legitimise funding flows, rather than subjects of rights and aspirations.

Integration becomes an administered process in which genuine autonomy is inconvenient and therefore implicitly discouraged.

3.6 Working in Networks and Building Autonomy

Another key theme concerns the need for effective networking among organisations. The interviewees who now work as mediators or community liaisons highlight the waste of resources resulting from poor coordination. Each association tends to create its own path, often without communication, producing duplication or gaps in support.

No single organisation, they argue, can do “everything”. Reception should not be about substituting migrants’ agency but about accompanying it; not about managing rights on their behalf but about supporting their understanding; not about filtering institutional contact but enabling direct interaction. Inclusion is not a service delivered to passive recipients – it is a process that requires daily practices of empowerment.

As one mediator puts it, the aim should not be “to help forever” but “to let go when they can walk on their own.” This perspective requires a profound cultural shift within many organisations, moving away from total care models toward autonomy-oriented practices.

3.7 Pathways to Autonomy and Transformations of Social Roles

The node dedicated to autonomy captures some of the most transformative narratives. Women who have become community representatives describe complex pathways that go beyond conventional notions of integration. Their ability to negotiate their life trajectories, build institutional relationships, and support other women mirrors a structural transition

from service recipient to producer of social capital.

This transformation requires organisational skills, relational competence, language mastery, and, above all, institutional recognition of their cultural capital. Their experiences become assets for the territory: they support other women, facilitate service navigation, mediate cultural conflicts, and build networks.

Autonomy thus emerges not merely as an individual condition but as a form of active citizenship that develops over time and requires institutional acknowledgement to fully exist.

4. CONCLUSIONS

The case analysed shows that the reception system often oscillates between protection and infantilisation, yet it also reveals the transformative power of women's agency. Those who activate their cultural capital and build meaningful relationships become protagonists of their own integration. What is needed is a reception model capable of recognising these competencies and fostering genuine pathways to autonomy.

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Policy conclusions and recommendations



Refugees' vulnerability: Towards better policies

Daria Mendola and Rafaela Hilario Pascoal¹

1. INTRODUCTION

The importance of vulnerability in shaping social norms, institutions and identity has attracted significant multidisciplinary scholarly attention, particularly on migration, human trafficking and social welfare (Giolo & Pastore, 2018; Mendola & Pera, 2022).

The polysemantic, plasmatic, polyhedric and complex characteristics of the concept have led to a deeper analysis, focusing mainly on oppression, identity and agency (Cole, 2016). Scholars such as Martha Fineman (2010; & Grear 2013) and Mackenzie et al. (2014) affirm that vulnerability is a time-related concept. According to Fineman (2010), vulnerability is not inherently static in the subject. On the contrary, the individual embodies vulnerability and is therefore exposed to potential harm. Exposure to harm is thus context-specific and can change over time, depending on an individual's position within social arrangements, power and institutional structures (Mackenzie et al. 2014). In fact, the category of "vulnerable groups" is retained to contribute to an oppressive "double disavowal": firstly, at a particular level, excluding individuals who do not share the identified vulnerability-defining feature from consideration as vulnerable subjects and secondly, its restrictive perspective potentially limits the individual's agency. Furthermore, Mendola & Pera (2022) focus on how the lack of clarity in legal definitions shapes how humanitarian organisations translate the concept into practice. They also indicate that both academic literature and humanitarian action have tended to underestimate the complexity of the interrelations among the different dimensions of vulnerability, which are based on personal and structural characteristics but also shaped and amplified or smoothed by the social and institutional contexts.

¹ This study is the result of the common reflection of the two authors. D.M.: conceptualisation, review and editing. R.H.P.: drafting original article, textual data curation. In particular, D.M. wrote sections 2 and 3; while Rafaela Hilario Pascoal wrote sections 1, 3 (with D.M.) and 4. Rafaela Hilario Pascoal gratefully acknowledges funding from the AVRAI project.

As a first-entry country for migrants into the European Union, Italy has managed large-scale mixed migration flows, comprising both migrants who undertake these journeys primarily to improve their living conditions and individuals fleeing conflict zones or escaping persecution on grounds such as gender, ethnicity, political opinion, or religion (Cimino & Degani 2024). According to Eurostat in 2024, Italy, with 151,120 (16.6%) along with Germany (25.2%), Spain (18%) and France (14%), is one of the EU Member States with the highest percentages of first-time asylum applicants.

In the Italian legislation, vulnerable categories are identified according to the Art. 17 of Italian Law Decree 142/2015, which lists “minors, unaccompanied minors, persons with disabilities, elderly persons, women (with priority given to those) who are pregnant, single parents with minor children, victims of human trafficking, persons suffering from serious illnesses or mental disorders, persons who have been found to have suffered torture, rape or other serious forms of psychological, physical or sexual violence or violence related to sexual orientation or gender identity, and victims of genital mutilation.” These categories can be granted protection under the Italian legal framework when the Territorial Commission assesses vulnerability through an intersectional lens over time, e.g., an increased risk of harm due to characteristics linked to their origin, experience, or personal features in their origin country. For instance, asylum seekers who have contracted HIV in their journey to Europe are often considered vulnerable to stigmatisation and violence and often lack access to adequate treatment in their origin countries.

Most of the applicants are citizens of the so-called “safe-countries”,² such as Bangladesh, Egypt and Morocco, which, in case of adult males or in absence of indicators of vulnerability according to Art. 17 of Law Decree 142/2015, are put under the “accelerated procedure”. Asylum seekers in accelerated procedures, whose claims are not relevant to the Geneva Convention and who lack relevant vulnerabilities, receive a rejection that

2 The “safe country of origin” concept has been introduced in Italian legislation by Decree Law 113/2018, implemented by L 132/2018. Based on the on the Article 2-bis(2) Legislative Decree No. 25 of 2008, a third country may be designated as a safe country of origin where, based on an assessment of its legal framework, the effective application of the rule of law within a democratic system, and the overall political situation, there is no risk of persecution as defined in the Qualification Decree, nor of torture or other forms of inhuman or degrading treatment or punishment, nor of serious harm arising from indiscriminate violence in situations of internal or international armed conflict.

is manifestly unfounded, which accelerates the repatriation process.³

However, even when their journey is motivated by economic reasons, migrants often undertake extremely long and dangerous trips. During transit, they may face torture or severe ill-treatment or find themselves in highly vulnerable situations upon arrival (WRC, 2019).

Once arrived in the host country, identifying vulnerabilities across migration stages (from arrival/disembarkation to post-asylum exit) is crucial for effective support, accurate asylum assessments and legal status determination. This should be supported by adequate and stage-specific indicators which could ensure the provision of appropriate services.

According to the *Handbook for the identification, referral and care of persons living with vulnerabilities entering Italy and within the protection and reception system*, published by the Italian Ministry of Interior (2023), institutional and non-institutional actors, both within and outside the asylum and reception system, are responsible for identifying vulnerabilities. Referring vulnerable migrants to stakeholders promotes a holistic, beneficiary-centred approach that addresses multiple intersecting vulnerabilities.

From these premises, it is clear that, while the actors shaping and mitigating refugees' vulnerability are numerous and operate at different levels of the social structure, those operating in the reception chain are crucial. This contribution, which concludes this Ebook, offers some reflections on refugee and asylum seekers' reception practices in Italy and drafts some policy recommendations that emerged from a two-hour roundtable entitled "*Refugees' Vulnerability: Towards Better Policies*", held during the final conference of the PRIN project AVRAI – *Assessing the Vulnerability of Refugees and Asylum Seekers in Italy* – which took place on 9–10 October 2025 at the University of Palermo.

2. THE ROUNDTABLE ON REFUGEES' VULNERABILITY

The AVRAI roundtable aimed to facilitate interdisciplinary knowledge exchange, both within and outside academia, on refugees' vulnerabilities

³ According to the Art. 28 bis, comma 6, accelerated procedures "do not apply to unaccompanied minors and foreigners with special needs pursuant to Article 17 of Legislative Decree No. 142 of 18 August 2015", in particular "specific situation of vulnerable persons, such as minors, unaccompanied minors, persons with disabilities, elderly persons, women (with priority given to those) who are pregnant, single parents with minor children, victims of human trafficking, persons suffering from serious illnesses or mental disorders, persons who have been found to have suffered torture, rape or other serious forms of psychological, physical or sexual violence or violence related to sexual orientation or gender identity, and victims of genital mutilation."

in high-income countries. In particular, it aimed at identifying grey areas in the reception system and to produce evidence-based knowledge to enhance stakeholders' ability to identify and mitigate asylum seekers' and refugees' vulnerabilities by posing the following questions:

1) What situations of vulnerability have you encountered in your work with migrants, and particularly refugees?

2) In your opinion, what are the policies that are needed to address the vulnerabilities of asylum seekers and national⁴ and international protection holders?

The roundtable brought together academics, professionals and experts, gathering a range of professionals to help develop a multidisciplinary analytical framework for policy recommendations. At the roundtable, organized by Professor Daria Mendola (P.I. of the AVRAI research project) and moderated by Professor Marco Picone (the Rector's Delegate for Community Engagement and the Third Sector at the University of Palermo), participants included Dr. Daila Costa from the MiDi-Migration and Rights Legal Clinic⁵ of the Department of Law at the University of Palermo, which offers free legal assistance to migrants on international protection, legal status, and rights; the researcher and practitioner Giuseppe De Mola of MSF- Médecins Sans Frontières⁶ that operates in Palermo a specialist outpatient clinic for foreigners who are survivors of violence and torture (mainly from the Central Mediterranean route), in collaboration with the Provincial Health Authority (ASP) of Palermo and various local organisations; Dr. Maria D'Agostino, Full Professor of Italian Linguistics and Director of ITASTRA⁷ ("School of Italian as a Second Language") a teaching and research unit within the Department of Humanities at the University of Palermo, dedicated to innovation in the fields of linguistic inclusion and Italian language education of foreigners; Angela Errore, who is the Director of Casa dei Diritti⁸ ("House of Rights") of the Municipality of Palermo, responsible for the local management and governance of SAI -Reception and Integration System- (the national network

4 "National protection" holders are those who can obtain residence permits for reasons of vulnerability, such as victims of trafficking, victims of violence, victims of exploitation, or permits for medical treatment, permits for minors (under age).

5 https://www.unipa.it/dipartimenti/di.gi./content/documenti/MIDI-Presentation-2025_26.pdf

6 <https://www.medicisenzafrontiere.it/news-e-storie/news/palermo-tortura-riabilitazione-sopravvissuti-violenza/>

7 <https://www.unipa.it/ITASTRA/>

8 <https://docs.comune.palermo.it/struttura-amministrativa.php?lev=4&id=3699>

of reception services for asylum seekers and refugees, coordinated by the Ministry of the Interior); Dr. Rafaela Hilario Pascoal, researcher at Ca' Foscari University and serving as an External Expert for UNHCR- United Nations High Commissioner for Refugees at the Territorial Commissions for Asylum in Trapani and Agrigento (in Sicily); Abdelkadir Hissen Abdallah Alhibawi, the author of “Sfide – diario di un viaggio dal Ciad alla Sicilia” [Challenges: the story of my journey from Ciad to Sicily], published by Multimage in 2025.

During the roundtable and the following public discussion, panellists raised several concerns and provided suggestions on the legislation governing refugee reception, the asylum application process and the quality and training of the professionals involved.

In brief, the discussion, which also included qualified attendees from NGOs, unions and academic institutions, highlighted the need to strengthen cooperation among stakeholders to ensure a holistic, multidisciplinary approach. Panellists also emphasised the importance of providing targeted training for reception-system professionals to identify migrants' vulnerabilities and adopting a beneficiary-centred approach. Notably, several panellists and attendees stressed the remarkable human (and often professional) resources that refugees and asylum seekers bring with them, arriving full of dreams, with a strong determination to improve their lives and an eagerness to actively contribute to the development of their new host society, as if seeking to prove that they are not a burden but a valuable asset to their new communities.

The following section briefly outlines key recommendations that emerged from the roundtable and subsequent discussion, focusing only on those for stakeholders in the reception system. A more in-depth analysis of the evidence from the debate will be presented in a forthcoming research article.

3. RECOMMENDATIONS FOR STAKEHOLDERS IN THE RECEPTION SYSTEM

The following recommendations are designed to guide professionals working in the reception system in identifying vulnerabilities at each migration stage (from disembarkation/arrival to exit from the reception system), enabling the adoption of appropriate procedures. Some good practices are also reported and offered as possible policies that could be implemented more extensively in the official reception chain.

a) Initial identification upon arrival can help in assigning migrants to the reception system. This step can be challenging due to the emergency nature of the process. As a result of this poor identification of specific needs (including those foreseen by Article 17 of the Law Decree 142/2015), migrants can be allocated to CAS (“Centro di Accoglienza Straordinaria”), which are first reception centres for asylum seekers not considered vulnerable, implemented by the Law Decree 142/2015. Given the scarcity of resources and services in the CAS, this often translates into poor support given to truly vulnerable people.

Reception centres should establish a multi-actor network capable of ***providing services to identify migrants’ specific needs and to support the preparation of documentation for asylum procedures.***

During the roundtable, it emerged the positive practice of Médecins Sans Frontières, which operates a helpdesk assisting migrants -particularly survivors of torture- and has successfully facilitated their transfer to the SAI reception system once vulnerabilities were identified. A similar activity is carried out by MiDi in its legal support of many asylum applicants. These experiences represent good practices from the third sector that should be formally integrated into official reception facilities.

b) Recently, the central Italian government reduced CAS’s financial resources, limiting *per diem* accommodation and food and eliminating psychologists and teachers of the Italian language. The absence of these professionals in CAS hinders the identification of migrants’ vulnerabilities.

We emphasise the importance of providing not only material assistance -such as food and accommodation- but also dedicated attention to the mental health needs of traumatised individuals. Moreover, policies should actively ***foster integration into the host society***, beginning with access to local language acquisition and extending to broader forms of social and civic participation. Furthermore, the linguistic competences of newly arrived persons -beyond proficiency in Italian- should be recognised and leveraged to facilitate access to employment opportunities above the low-skilled sector.

c) A multi-actor network, when integrated into the official reception chain, can adopt a preventive approach by ***providing training to frontline professionals to identify predictive signs of distress.*** For instance, due to the considerable waiting lists for mental health treatment within the ASP, the Municipality (through Casa dei Diritti) established a partnership with

MSF to reduce psychological distress and prevent hospitalisation. On one hand, Casa dei Diritti provides targeted training to professionals working within the SAI system, focusing on the early identification of predictive signs of psychological distress. On the other hand, the MSF ensures access to structured cultural mediation services that support patients during treatment and build a trust relationship with healthcare providers.

The example mentioned above indicates the necessity to ***enhance collaboration between institutional and non-institutional actors***, especially regarding the offer of cultural mediation services in public offices.

d) The importance of identifying vulnerable categories also applies to SOGIESC-Sexual Orientation, Gender Identity and Expression, and Sex Characteristics- asylum seekers and protection holders. Some of MiDi's beneficiaries are SOGIESC people who fear or have experienced persecution in their countries of origin on these grounds. After arriving in Italy, many live in fear and are unable to freely express their sexual orientation or gender identity because of the discrimination and insecurity they face in CAS, where they live with compatriots who exhibit homophobic and transphobic behaviour.

SOGIESC migrants should be placed in LGBTIQ-friendly facilities where they can feel safe.

e) Migrants, particularly SOGIESC and women, who have experienced gender-based or sexual violence are at heightened risk of exposure to sexually transmitted infections and other adverse consequences affecting their sexual and reproductive health. ***Early medical screening upon arrival is therefore essential*** not only for timely access to appropriate treatment, but also as a potentially relevant element in the assessment of an asylum claim. Indeed, stigmatisation associated with certain health conditions, as well as the lack of access to adequate medical care in countries of origin, may constitute indicators of a well-founded fear of persecution or of exposure to undignified living conditions. ***Such factors may thus be taken into account in determining eligibility for international protection.***

f) Finally, as emerged during the roundtable, it is important to point out that ***policies should be implemented bottom-up***. Furthermore, although the accompaniment of migrants in the reception centre is based on their needs, it is advisable to consider their dreams and aspirations in their migration path towards self-determination. For instance, Abdelkadir Alhibawi stated that reception practices do not consider his aspirations and dre-

ams, taking him far from his initial migration project. Although listening and assessment moments are formally included during the reception and asylum procedures (for example, during interviews), the social and labour integration measures implemented do not always place the individual life project of the people concerned at the centre. As a result, beneficiaries risk becoming the object, rather than the subject, of intervention.

4. CONCLUSION

While significant harm to vulnerable groups is often overlooked at the macro level, this should prompt further analysis. From an intersectional perspective, inherent vulnerabilities -that is, those stemming from individuals' personal and structural characteristics- may increase or decrease the risk of harm depending on how they interact with other factors across time and context (see Mendola and Pera, 2022, for a detailed discussion). Indeed, inherent sources of vulnerability, such as gender or age, can heighten an individual's susceptibility to harm.⁹

Failing to identify vulnerable migrants' needs denies support and may push them into marginalised areas like informal settlements (AIDA, 2020; Mendola and Busetta, 2021) or into marginalised job sectors.

As widely emerged from the debate, the concept of vulnerability in the Italian asylum system is based on a broad and evolving definition of vulnerable categories set out in Art. 17 of Law Decree 142/2015. Therefore, its concrete implementation depends on the capacity of institutions and professionals to recognise, document and respond to complex and intersecting forms of vulnerability. Furthermore, this contribution highlights the importance of a multi-lens approach in interpreting the concept of vulnerability.

As demonstrated by the experiences of SOGIESC applicants facing persecution and marginalisation, a singular characteristic can trigger other vulnerabilities. However, this vulnerability can increase when intersected with additional structural inequalities and inadequate reception conditions. A failure to identify specific needs at an early stage may result in inadequate placement, delayed access to healthcare and psychosocial support, and ultimately a weakening of the individual's right to seek and obtain protection.

⁹ For instance, according to Mendola & Pera (2022:110), "migrant women are dispositionally vulnerable to sexual exploitation, but whether or not they will be actually exploited will depend on a range of factors, such as their socio-economic status, their geographical location, the welfare system in the destination country and so on."

Therefore, vulnerability assessment should be conceived as a continuous, dynamic process, supported by adequately trained professionals, multidisciplinary cooperation, and strong coordination between institutional and non-institutional actors. The development of local networks, the provision of cultural mediation, early psychological intervention and safe accommodation environments are essential to ensure a beneficiary-centred approach.

Ultimately, strengthening vulnerability identification mechanisms not only enhances the effectiveness of the reception system but also reinforces the integrity of the asylum procedure itself. By properly recognising and supporting those most at risk, the system advances towards a major protection of vulnerable migrants.

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SHORT BIOS OF AUTHORS

Maurizio Ambrosini

Maurizio Ambrosini is Full Professor of Sociology of Migration at the University of Milan. His research regards mainly irregular immigration, labour markets, migration policies at national and local level, transnational families, asylum seekers and refugees. He is also the editor of the journal “Mondi Migranti”.

maurizio.ambrosini@unimi.it

Micaela Arcaio

Micaela Arcaio is a Post-Doctoral Researcher at the University of Palermo. Her research covers a range of themes including population studies, migration studies and social geography of the Global South. Her current research is focused on refugee studies, intimate partner violence and social sustainability.

micaela.arcaio@unipa.it

Elisa Barbiano di Belgiojoso

Elisa Barbiano di Belgiojoso is Associate Professor of Demography at the University of Milano-Bicocca. Her research interests include migrants' health, migration and poverty, family migration, family reunification, citizenship acquisition, return and onward migration, migrant working trajectories, and demographic projections.

elisa.barbiano@unimib.it

Ignazia Maria Bartholini

Ignazia Maria Bartholini is Full Professor of Sociology at the University of Palermo. Her research covers a wide range of topics related to contemporary sociological paradigms, feminist theories, and the analysis of social policies, with a strong focus on processes of segregation, exclusion, and vulnerability affecting marginalized and “deviant” groups. She combines theoretical reflection with qualitative and empirical research on

gender relations, migration, welfare, and social violence. Her recent work focuses on gender-based violence against women and migrant women, and she has developed the concept of proximity violence to analyse violence embedded in intimate, care, and dependency relationships.

ignazia.bartholini@unipa.it

Annalisa Busetta

Annalisa Busetta is Associate Professor of Demography at the University of Palermo. Her research covers a range of topics relating to demography, migration studies and social and territorial inequalities. Her recent research focuses on refugees' resilience, living conditions and vulnerability among migrants and refugees.[annalisa.](mailto:annalisa.busetta@unipa.it)

busetta@unipa.it

Eralba Cela

Eralba Cela is Associate Professor of Demography at the University of Milan, Italy. She is currently coordinating the research unit of Milan University for the project AVRAI. Her research has involved a range of themes situated within population studies, with a focus on ageing and migration from the perspective of both sending and receiving countries. Her current research focuses on ageing migrants and intergenerational dynamics, active ageing, health, well-being, and refugees.

eralba.cela@unimi.it

Roberto Impicciatore

Roberto Impicciatore is Full Professor of Demography at the Alma Mater Studiorum - Università di Bologna. He is the Director of the First Cycle Degree in International Development and Cooperation and Vice President of the Italian Association for Population Studies (AISP). He also serves on the editorial boards of Neodemos.info and the IUSSP online news magazine (NIUSSP.org), and is Vice President of the Neodemos Association. His research primarily focuses on internal and international migration, family dynamics and life courses.

roberto.impicciatore@unibo.it

Elisabeth Kraus

Elisabeth K. Kraus is a Senior Researcher at the Federal Institute for Population Research (BiB) in Wiesbaden, Germany, where she heads the research group “Global and Regional Population Dynamics.” Her work focuses on (forced) migration, family demographic behaviour, and the social integration of refugees. Her recent research includes studies on family arrangements, social networks and fertility dynamics among Eritrean and Syrian refugees in Germany.

Elisabeth.Kraus@bib.bund.de

Daria Mendola

Daria Mendola is Full Professor of Social Statistics at the University of Palermo. She is the Principal Investigator of the National Research Project AVRAI – Assessing the Vulnerability of Refugees and Asylum Seekers in Italy- and coordinator of the Palermo research Unit. Her research has involved a range of themes related to poverty measurement, statistical sampling and data analysis. Her current research focuses on defining and measuring the vulnerability of refugees and asylum seekers in high-income countries.

daria.mendola@unipa.it

Ceri Oeppen

Ceri Oeppen is Co-Director of the Sussex Centre for Migration Research (SCMR), and a Reader (Associate Professor) in Migration Geography at the University of Sussex, UK. Her research is primarily about the ways in which migrants (particularly forced migrants) adapt to life after migration. She is also interested in the politics of migration management, including how migration policies are experienced by migrants themselves. An experienced qualitative fieldworker, Ceri’s research has focussed on Afghanistan and the Afghan diaspora in the UK, USA, Norway and Pakistan.

c.j.oeppen@sussex.ac.uk

Livia Elisa Ortensi

Livia Elisa Ortensi is Associate Professor of Demography at the University of Bologna. She is Vice PI of the project AVRAI and coordinator of University of Bologna Research Unit. Her main research interests focus on the study of international migration and gender-based violence.

livia.ortensi@unibo.it

Anna Maria Parroco

Anna Parroco is Full Professor of Social Statistics at the University of Palermo. Her research interests include social issues related to family behaviours, refugee vulnerability, tourism, and various aspects of survey methodology.

annamaria.parroco@unipa.it

Rafaela Pascoal

Rafaela Pascoal is a Lecturer of Sociology at the University of Palermo. Her research covers a range of topics relating to migration, human trafficking, governance and gender. Their recent research includes studies in social capital of migrant women with high cultural capital, access to health services of undocumented women in Italy and vulnerability in Human Trafficking.

rafaeladaconceicao.hilariopascoal@unipa.it

Manuela Stranges

Manuela Stranges is Associate Professor of Demography at the University of Calabria. Her research covers a variety of topics including migration, population ageing, social norms, subjective wellbeing, intergenerational transmission, and sexuality. In recent years, her research has particularly focused on refugees, studying their inflows, characteristics, family patterns, and trajectories.

manuela.stranges@unical.it

Francesca Tosi

Francesca Tosi is Tenure-Track Assistant Professor of Demography at the University of Bologna. Her current research concerns international migrations and transnational families, internal mobility and regional disparities in Italy, and the transition to adulthood. She carried out applied research on well-being and quality of life issues both in Europe and Sub-Saharan Africa.

francesca.tosi12@unibo.it