Degree Project
Master’s Degree
Uncontrollable Bodies

Self-harm behaviour among male undocumented migrants detained in Southern Italian CPR

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ABSTRACT

In response to the recent surge in migrants entering Italy, the Italian government has implemented several laws since early 2023 to expand the administrative detention system for migrants – mostly males – pending repatriation, commonly known as Centri di Permanenza per il Rimpatrìo (CPR). Despite the large body of evidence provided by national humanitarian organizations and academic research concerning their overall detrimental effect – both on national budgets and detainees’ psychophysiological health –, these centers are still deemed as the best way to deal with the migration phenomenon. Nevertheless, the high incidence of self-harm episodes recorded within these venues, together with their secrecy and isolation, symptomize their problematic nature. Thus, focusing on three different administrative detention facilities located in the Southern Italian regions of Apulia and Sicily, this thesis aims at penetrate these closeted realities in order to raise awareness about the prisoners’ true living conditions and grasp the potential political weight of their self-injurious gestures. Moreover, it argues for the need to partially de-medicalize the approach toward this specific health issue, as it prevents to acknowledge it as a full-fledged expression of rebellion against this specific detention regime and, simultaneously, to identify the strategies used by authorities to suppress it.

Keywords: immigration detention, migrants, Italy, self-harm, resistance.
To Moussa, Harry, Anani and Arshad, to all those who didn’t make it and to those who think they can’t.
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Introduction
In the past decades, several studies discussing the pathogenic nature of confinement structures were published, investigating particularly how imprisonment severely impacts the mental health of the inmates. Recently, many scholars related these findings to the field of migration studies, as the gradual restriction of legal opportunities for immigration throughout most European Union’s countries paved the way for the creation of new detention facilities for migrants, in the name of maintaining security and order (Arbogast, 2016). In Italy, these facilities, currently known as Centri di Permanenza per i Rimpatri (CPR), convict foreign individuals who have violated administrative provisions such as the lack of residence permit to prison, pending their repatriation. Their design and purpose evolved considerably since their original creation in 1998 (Coalizione Italiana Libertà e Diritti Civili, 2021); however, the greatest changes occurred in the past few years, as the Italian CPR’s network has been reinforced not only by the 2018 Law Decree known as “Decreto Sicurezza” but, even more recently, by the 2023 Italian Budget Law (Gazzetta Ufficiale della Repubblica Italiana , 2022). Needless to say, this situation only aggravated the life condition of all the people confined in these places.

Several NGOs, civil society organizations and political groups have expressed their disagreement with these legislations, highlighting the dramatic increase of self-harm acts among the inmates in the last years (Manghi, 2021). Self-harm is not uncommon within detention facilities and the topic has been studied for decades, mainly to single out risk factors, prevent suicide attempts and improve inmates’ overall mental health (Slade, 2014). However, as recent scholarly inquiries have suggested (Fiske, 2016) (Puggioni, 2014) (Aitchison, 2022), these self-damaging conducts could be interpreted not only as mental struggle’s symptoms, but also as active bodily forms of protest and resistance against the power abuse prisoners might face during their permanence. Administrative detention centers for migrants, in particular, are the perfect place for unmonitored human rights’ abuse to occur, as they express the state’s prerogative to protect its borders at any cost, even by using coercive methods (Cornelisse, 2010). Thus my interest is to navigate this phenomenon on the basis of the evidence currently available and discuss the topics of migrants’ agency and resistance within these “places of exemption” (Agamben, Homer Sacer. "Sovereign power and bare life." Homo sacer 1, 1995).

Few interesting studies and reports concerning self-harm within Italian CPRs have been conducted recently, and most are focused on those facilities located in Northern and Central Italy, such as Milan, Turin, Gradisca d’Isonzo and Rome. Hence, it is imperative to expand the literature available on the topic and fill the knowledge gap that allows numerous Southern Italy’s CPRs to remain in the shadows. A more attentive examination of the CPRs located within the South of Italy is also advisable.
in order to reconstruct the patterns of migrants’ transfers amongst state territories and their consequent isolation, especially after their landing on Italian shores. As a matter of fact, several sources suggest that these venues’ strategical positioning could be exploited by authorities to interfere with their chances to apply for political asylum in Italy or elsewhere, whenever they arrive from foreign countries considered safe.

Objectives
The objective of this thesis is to analyze the agency’s scope of male undocumented migrants detained in Southern Italian CPR within their self-injurious behaviors, seen through the eyes of the psychotherapists working within these facilities.

Research Questions
- To what extent is the current therapeutic approach of mental health’s practitioners able to understand self-harm in correctional contexts such as that of the CPR?
- How can self-harm behaviors displayed within Italian CPRs be interpreted as form of active bodily resistance to administrative detention regime? What are the strategies adopted by the detainees?
- How do authorities react to suppress these forms of bodily resistance enacted by CPR’s detainees?

Methodology
This research is using a mixture of primary and secondary sources interpreted through the lenses of the theoretical framework of sovereign power, resistance and agency, in order to investigate the delicate phenomenon of self-harm among undocumented migrants constrained in Italian administrative detention centers. It offers an analytical evaluation of the available scientific literature concerning this wide-spread issue – mainly yielded through the analysis of Australian immigration system – and attempts to apply it on CPR facilities located within the Southern regions of Apulia and Sicily. The subjects of this inquiry are the psychotherapists working within Southern Italian administrative detention facilities and the individuals who are detained inside. Throughout this thesis, the term "migrant" is used to encompass the different categories of economic migrants, refugees, and asylum seekers. This inclusive terminology strives to make the text more accessible and to avoid perpetuating the existing division between "undesirable migrants" and "deserving refugees" that is often present in everyday language (Wyszynski, Guerra, & Bierwiazonek, 2020) (De Coninck, 2020). It is important indeed to acknowledge that
all individuals in these facilities experience the same psychological deterioration, hopelessness, and suffering, which can lead to self-injurious behaviors, regardless of the reason why they migrated in the first instance. Therefore, by using egalitarian terminology, I aim to address their experiences respectfully, which often overcome the sharp division between the bureaucratic categories that international law uses to label them (McMahon, 2018). Moreover, this thesis employs the term "prisoners" or “detainees” to emphasize how detention significantly impacts their political and social standing. These individuals often face stigma due to being classified as both migrants and prisoners, leading to negative attitudes towards them from both public opinion and the media.

Due to its geographical position, Southern Italy is currently the primary docking point for migrants crossing the Mediterranean to reach Europe (Monzini, 2007) (Kassar & Dourgnon, 2014) (Dines, Montagna, & Ruggiero, 2015). Hence, the majority of immigrant detention venues – six out of ten as in picture 1 – are strategically placed in this area, so human relocation can be less troublesome. However, the level of secrecy reached by these facilities far exceeds that of the CPRs located in the Northern and Central Regions of Italy. The differences become manifest when consulting the public records available on the topic: most of the evidence – especially on inmates’ self-injurious conducts – has been gathered within the detention centers of Milan, Turin, Rome and Gradisca d’Isonzo, mainly through social media complaints, anecdotal reports and journalistic inquiries. During my research work, I experienced firsthand this covertness, as gathering evidence and information proved to be extremely difficult. Therefore, this study attempts to address this knowledge gap, as it provides five original interviews to psychotherapists whose main job is (or was) to follow the inmates and their mental well-being inside these places. These mental health workers were recruited after a three-months research process throughout social media such as LinkedIn and Instagram, coupled by the valuable help provided by ASGI¹ association’s members working within the main city centers of Southern Italy.

Differently from regular Italian prisons, the identities and positions of Italian CPRs’ employees are not publicly available on any official website of the Italian government; therefore, reaching out to them or even simply singling out these centers’ broader chain of command is exceptionally complicated. In my specific case, I decided to approach all those mental health specialists who had included their work experience within southern Italian CPRs in their public digital resume. However, as I immediately noticed, only very few people decided to include it within their resume. Therefore,

¹ ASGI stands for Associazione per gli studi giuridici sull’Immigrazione, literally “Association for Legal Studies on Immigration”
I wound up centering my study on three specific facilities, namely those of Bari, Brindisi and Trapani; despite being sited in two different Southern Italian regions, these venues are linked to each other due to geographical and managerial reasons. The reason behind this decision is twofold: on the one hand, it is a result of the circumstances, as most of the psychotherapists who made themselves available for the interviews had worked (or currently work) in these structures; on the other hand, it can also be ascribed to my personal preference and life experience, since I was born and raised between the cities of Bari and Brindisi. My knowledge of this area and my connections were utterly significant and partially eased the arduous process of research. Moreover, having the same cultural background as the interviewed allowed me to gain their trust, so much that in some cases they even indulged in unflattering comments about these centers’ working environment.

The therapists I telephonically interviewed asked to maintain anonymity, so no personal information will be shared within this research. Three of them worked around the same period in the same CPR structure – one became the current director of the center, awhile the other two independently worked within different facilities. All their job experiences date back no more than seven years, so that their insights keep abreast with the institutional changes that have recently reshaped the reality of immigrant detention in Italy. The interviews comprise these health workers’ perception on the prisoners’ mental health issues and the rate of self-harm behaviors among them. The main concern is whether they understand these self-injurious acts as driven by desperation or resistance; this aspect is crucial, in order to verify if this empirical evidence mirror the previous body of research on the topic. For ethical reasons, these psychologists could not publicly expose too detailed info about each individual under their treatment; however, I am confident that the findings will allow me to piece together a clearer overview of self-injurious phenomena occurring within these facilities. My intention, however, is to integrate these original interviews with secondary sources such as social media accounts, non-profit organizations and media reports.

Nevertheless, I must stress how the scope of this field research was repeatedly narrowed by reluctant and uncooperative institutions that prevented the access to a greater rate of useful insights. I am referring specifically to the refusal I received from the private managing company of another controversial CPR located in Palazzo San Gervasio, Basilicata, when I asked for the chance to interview the therapists working in that venue; this was not an isolated case, as I also experienced

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2 Bari and Brindisi CPR belong to the same Italian administrative region, whereas Bari and Trapani CPRs share the same managing company called Badia Grande, which was formally investigated for state fraud (Santoro & Borlizzi, 2022). For more recent information on the topic, see L’affare CPR. Il profitto sulla pelle delle persone migranti, the latest report by CILD published in 2023 (Ikonomu, et al., 2023)
defiance among two other therapists I reached out. In this case, however, their turndown is more understandable, as they might have faced retaliations from their employees whether they had revealed any compromising information, or poorly depicted their workplace during the interviews. This premise is important to understand the reasons why I collected such a small sample of interviews, but also underlines how vital it is to increase the academic research on the topic and to consequently penetrate these realities.

State of Research

As I mentioned ahead, investigating the reality of Italian CPRs is extremely challenging. These facilities are known for being secluded and isolated from the rest of the Country: not only it is difficult to access, but it is also severely forbidden to film and photograph what occurs inside (Veglio, 2020). However, this reticence paradoxically increased the interests of many journalists, scholars, civil society associations and politicians, who were able to partially fill this knowledge gap, providing reliable information about these facilities in the past few years (Coalizione Italiana Libertà e Diritti Civili, 2021) (Leone, Ikonomu, & Manda., 2022) (Santoro & Borlizzi, 2022). It could be argued that due to the institutional isolation these places enjoy, these reports are often more focused on gathering data to describe what happens inside, than critically analyzing the phenomenon. Nevertheless, these sources represent a privileged starting point for any scholarly analysis who desire to understand and discuss the stress and suffering degree to which migrants are subjected to in Italy: one of the most recurring issues raised by this documentation is the high rate of self-harm gestures within these venues.

This phenomenon is certainly not new, as many scholars from different geographical contexts already investigated the detrimental effects that detention regimes can produce on human’s mental health (Smith H. P., 2011; Klonsky E. D., 2007). Part of the literature on the topic tend to distinguish prisoners’ genuine self-injurious behaviors from those identified as “less serious” or “manipulative” (Klonsky E. D., 2007) (Fagan, 2010) (Smith H. P., 2019): the former are considered a way to cope with deep emotional distress, while the latter allegedly represent a non-suicidal strategy that prisoners use to influence the environment they live in and bargain with the authorities. Although several studies showed that these so-called manipulative motives do not necessarily implicate the lack of suicidal intent or posit lower risks for the inmates’ lives (Dear, Thomson, & Hills, 2000) (Lohner J. a., 2006), this idea remains wide-spread among the people working in detention facilities, including those located in Italy. Back in 2010, Pietrantoni, Prati, Palestini and Gramellini conducted interesting research about prison’s staff perception of inmates’ self-harm behaviors, that confirmed how deeply
entrenched this prejudice still is even within specialists of this sector (Pietrantoni, 2010). This is also true for Italian detention facilities for immigrants, as they function as actual prisons, despite all the administrative attempts to sugarcoat the lexicon used to address this type of detention. In the 2018 report Uscita di emergenza. La tutela della salute dei trattenuti nel CPR di Torino published by Human Rights and Migration Law Clinic, one can easily assess the same skeptical approach among the medical personnel of Turin’s immigrant detention facility, so much that the healthcare director claimed he felt personally mocked by these “useless attempts” of drawing attention (HRMLC, 2018, p. 43). These testimonies seem to corroborate the idea that self-harm can “only be authentic when it is non-communicative” (Steggals & al., 2020, p. 158)

However, the last decades have given rise to new original understandings of this phenomenon, as a rapidly growing literature was able to enhance its social communicative dimension: Anna Motz’s research, for example, underlines how in reality “self-harm is a powerful, silent language. It communicates states of mind to others, inscribing a narrative on the body itself” (Motz, Managing self-harm: Psychological perspectives., 2009, p. 15). Drawing from the same conclusions, Raffaela Puggioni maintains that once inside these facilities, undocumented migrants are left with no choice but to use their body to express their feelings of anger, frustration and helplessness (Puggioni, 2014). According to her, “contrary to the predominant literature on camps, the evidence is that sovereign violence inside detention centres is met not exclusively with muted and bare bodies but with violent bodily reactions” (Ibi, p. 563). In other words, when migrants decide to harm themselves inside these places, they are not only expressing their dissent through their bodies, but also challenging the passive role that statal sovereign power forced upon them. The correlation between these acts and political resistance is also emphasized by Fiske’s 2016 work on Australian administrative detention system, in which she underlines the importance of migrants’ bodies in the “performance and maintenance of state power and national identity” (Fiske, 2016, p. 125) and thus explaining how radical their choice of damaging them really is. Hence, it is imperative to analyze these self-injurious gestures within a framework of uneven power dynamics; Agamben’s discourse on homo sacer remains vital to understand how undocumented migrants are excluded from the production of politicized lives and transformed in non-humans that can be easily confined in these zones of exemptions (Agamben, Homer Sacer. "Sovereign power and bare life." Homo sacer 1, 1995) (Rajaram & Grundy-Warr, 2004).

As for Italy, Italian sociologist Giuseppe Campesi supports Puggioni and Fiske’s attempt to restore the political dimension of migrants’ aggressive and self-injurious behaviors, partially disagreeing with Agamben's idea of camp as a place of absolute subjugation (Campesi G. , Hindering the
deportation machine: An ethnography of power and resistance in immigration detention," 2015, p. 441). On the contrary, his ethnographic research on Bari’s facility for administrative confinement depicted a much more conflictual situation, whereas the representatives of sovereign power struggled at maintaining control over detainees. This case study is extremely significant, as not only tackles the issue of resistance within Italian immigrant detention, but also shed light on those facilities located in Southern Italy that are often neglected by mainstream media. However, due to the time gap, this research does not take into account the new political adjustments occurred in the last seven years, which transformed those facilities, previously known as Centri di Identificazione ed Espulsione (C.I.E), into the current and controversial Centri di Permanenza per il Rimpatrio (C.P.R.); thus it is important to uphold his thesis through a more recent analysis of self-harm within the new developments that affected the life quality of detainees.

Furthermore, to reinforce my argument concerning the essential role of the physical body in the act of self-harm as a form of resistance, it is crucial to explore Kristeva's concept of the abject and its insightful application by Johansson and Holmes in their study of psychiatric patients' resistance strategies towards their nurses (Johansson & Holmes, 2022). According to the researchers, these patients employ their own abject status, epitomized by bodily fluids, to intimidate their caretakers and induce feelings of anxiety and distress (Ibi). Inside administrative detention facilities, these emotions are not limited to the caretakers alone, but extend to all staff members, who often experience trauma in response to the raw and brutal violence inherent within the system. This matter was thoroughly investigated by Bugoni and Corvino, who conducted a qualitative analysis of former employees in Northern Italian facilities, revealing the pervasive trauma associated with this line of work (Bugoni & Corvino, 2018). However, it is important to note that these findings are specific to the Northern regions, while the conditions present in Southern centers remain unexplored.

Another crucial contribution on the topic was offered by Nicola Manghi, in his more recent case study on Turin’ C.P.R., published in 2021. His research was the first to be entirely centered on self-harm within the current Italian immigrant detention system and aimed at understanding how this phenomenon, that certainly reveals the agency of the inmates, can also serve the logic of the system itself. The author maintains that the violent gestures migrants perform on their bodies in order to rebel to the authorities and find a way to improve their condition are caused by the nature of the detention itself, which turns them into accomplices, forcing them to perpetuate the logics of exclusion (Manghi, 2021, p. 131). His brilliant use of Foucault’s subject’s duplicity will be pivotal in my discussion on migrants’ agency as well; my aim is to examine migrants’ agency scope within Southern Italian CPRs, where unfortunately few scholarly research has been taken place until now. This lack of information
is confirmed also by the data published last April concerning the arbitrary administration of drug
treatment within Italian CPRs: Rondi and Figoni’s inquiry on the severity of this phenomenon was
unable to uncover the expenditure for psychiatric drug among those venues located in the South of
Italy (Rondi & Figoni, 2023) due to their isolation and inaccessibility.

Finally, I must stress the importance of the 2022 report “Buchi Neri”, as well as of the online
portal “LasciateciEntrare”, for my research on Southern Italian CPRs. Their documentations not
only allow the public to access in these facilities, but they are also vital to retrace the institutional
habit to transfer migrants into Southern Italian CPRs immediately after their arrival on national
soil. Tunisia, Morocco and Egypt’s governments, in particular, are extremely cooperative in
repatriation processes and thus, the Italian State usually sends their citizens directly into the
closest immigration detention centers to expel them from its territories. Moreover, through the
information available on newspaper archives, one can also single out the patterns of migrants’
forced relocation from the Italian borders with other countries in Northern Europe to its southern
regions. This was done to impede their further movement to other parts of the continent.

Source Materials

i. Discussing international data on self-harm in immigration detention and its limits

In the past few decades, migration has posed an increasingly significant challenge for European
nations in terms of management and reception. Political discourse gradually polarized and gave
rise to what Stumpf called “crimmigration”, namely the convergence of criminal and immigration
law (Stumpf, 2006). To put simply, the legal procedures used to address immigration violations
have adopted numerous characteristics resembling those of criminal proceedings (Ibi, p. 381-382). This has led to more and more restrictive migration policies within all Western world, which
culminated in the construction of migrants’ status of illegality (Parkin, 2013). Therefore,
administrative detention and deportation became the main tools to deal with this phenomenon.
The next chapter tackles this issue more in depth; however, it is important to underline how,
alongside the rising development of these confinement strategies, research analyzing its effects
over migrants has also expanded. Migrant detainees’ mental health has been thoroughly
investigated in the past few decades and significant data have been gathered, especially
concerning PTSD (Post-traumatic Stress Disorder) and depression (Keller & al., 2003) (Steel &
al., Impact of immigration detention and temporary protection on the mental health of refugees,
The findings uncovered the general detrimental impact of administrative detention on their mental and physical well-being.

During the 1990s, early research explored the link between pre-migration experiences and mental struggles within detention facilities (Silove, McIntosh, & Becker, Risk of retraumatisation of asylum-seekers in Australia, 1993) (Silove & al., 1997) (Steel & al., 1999). In other words, they sought to understand to what extent pre-migration factors, such as the journey’s hardships and past instances of mistreatment, can impact the subsequent development of mental health issues. Most of these studies have been conducted in Australia, due to its leading role in handling migrants’ influx through systems of detention and surveillance. For example, one notable research conducted by Silove and colleagues investigated the symptoms of post-traumatic stress disorder (PTSD), depression and anxiety among Tamil asylum seekers who fled from the Sri Lankan Civil War. The results revealed that post-migration stressors, including limited access to basic needs, isolation and conflicts with immigration authorities had a greater impact on developing mental health issues compared to the challenges experienced before migration (Silove & al., 1997). This is asserted also by further international studies on the topic, as immigrants subjected to administrative detention and human rights abuse in other recipient countries observed comparable symptoms and repercussions. Therefore, although it is important to recognize the traumatic pre-migration experiences, the negative psychological impact of recipient countries’ criminalizing policies is undeniable.

Research conducted in the 2000s has further delved into the topic, shedding light on the significant impact that the duration of detention and the subsequent feeling of uncertainty have on the mental well-being of migrant detainees. These new body of evidence emerged from different parts of the Western world, with significant insights coming from the United States and Europe as well. These studies claim that the loss of freedom experienced within these facilities, coupled with the potential exposure to abuse, is deeply traumatic, leading to a rapid psychological collapse that will affect migrants’ minds also in their future outside (Keller & al., 2003) (Steel & al., 2006) (Green & Eager, 2010). According to Keller et al.’s inquiry set in the United States, asylum seekers’ mental well-being dramatically decreased after only two months of confinement, and even upon their release, an improvement was not always effectively achieved (Keller & al., 2003). Similar findings were obtained within the context of the United Kingdom, as Steel et al.
revealed how this decline transpired at an even earlier stage, approximately after one month, and kept affecting inmates even after three years from their liberation.

The heightened levels of anxiety and depression observed, particularly when detention and isolation is prolonged over time, often contributes to self-harm and suicidal thoughts (Robjant, Hassan, & Katona, 2009). Correctional environments have always been associated with the high incidence of self-injurious behaviors (Dear, Thomson, & Hills, 2000) (Lohner & Konrad, 2006) (Verdolini & al., 2017) (Favril & al., 2020); the correlation between these conducts and the duration of jail time has been also closely examined (Kaba & al., 2014). However, the research on self-harm in administrative detention underscored the severity of this phenomenon within these specific facilities. For instance, Juliet Cohen discovered how the percentage of these behaviors are higher among imprisoned asylum seekers compared to those occurring within average British prisons’ population (Cohen, 2008, p. 242). According to her analysis, the main contributing factor is the element of uncertainty, as in criminal detention these acts are generally more common during the pre-conviction periods, when individuals are unaware of the outcome of their trials (Ibidem). Moreover, self-injurious behaviors within correctional environments are often associated with aggressiveness (Fliege & al., 2009). The role of anger has also been underlined in complex PTSD disorder: according to Dyer et al., “alteration in self-perception”, which includes feelings of shame, isolation and the impression of being permanently damaged – extremely common in immigrant detention – emerges as the most substantial correlate of anger, aggression and self-harm (Dyer & al., 2009). It is not a case that many episodes of rioting and violence often explode within these facilities.

The statistics depicting the severity of self-harm incidents in administrative detention centers have remained consistent. To provide a tangible perspective on the prevalence of these behaviors, the recent study conducted by Hedrick et al. can be informative. According to their findings, the rate of self-harm behaviors in immigration detention facilities is two hundred times higher than that of the general Australian population (Hedrick, Armstrong, & Borschmann, 2019); these statistics could potentially be even higher when contemplating unreported episodes. Furthermore, it should be noted that this tragic phenomenon occurs also in countries with relatively lenient detention standards and shorter durations, as highlighted by the study conducted by von Werthen in collaboration with Robjant (von Werthern & al., 2018). Even in Sweden, where softer approaches are adopted, the traumatic impact of administrative detention remains unalleviated (Canning, 2020). Thus, it is safe to assume that conditions of imprisonment could have even
lesser significance than foreseen, since administrative detention itself seems to be the underlying issue.

However, it is of utmost importance to acknowledge the limitations of current research on the mental health impacts and self-harm practices linked with this type of detention. One of the most crucial factors revolves around the restricted chances for researchers access these facilities, as they are secluded from the outside world. When it comes to accessing information about sensitive incidents like self-harm, there are a couple of effective approaches. One way is to conduct interviews with detainees after they have been released. However, this method raises concerns about the reliability of the information obtained and the ethics surrounding it. Delving into distressing memories of deeply traumatized people might be counterproductive and potentially harmful. The second option involves cross-checking official centers’ records. However, as highlighted by Cohen and von Werthen, the data provided by these centers may be conflicting or even unavailable (Cohen, 2008) (von Werthern & al., 2018). Capturing instances of self-harm, in particular, proves to be challenging as not all individuals who engage in self-harm disclose it to prison staff; they might even be embarrassed and try to hide it. Moreover, since “the academic scholarship on detention is highly international” (Bosworth M. , 2016), it becomes challenging to establish meaningful statistical comparisons of self-harm rates across different detention centers, considering the variations in contextual factors (Vallentine, 2016).

ii. Discussing interviews and research limits

My quest to gather information regarding self-harm episodes within Southern Italy’s immigration detention centers started at the beginning of the year 2023. Immediately, I began to research more details about these centers – two of whom are close to my hometown – and realized the potential challenge associated with conducting such a study. Initially, I planned to conduct interviews with former detainees and survivors of the administrative detention regime; however, this idea was too hard to put into practice, as not only these people were too difficult to retrace, but also explicitly refused to be questioned about their experiences within those centers. Moreover, the gap between me, a white female European student and them, non-European male trauma survivors coming from different parts of the world would have been too wide to cover; I doubt I could have gained their trust to a point where they would have discussed with me about such a delicate topic. Therefore, given the great sensitivity of the matter, combined with the remarkable secrecy surrounding these centers, I decided that the most efficient and less harmful way to closely investigate these men’s self-harm behaviors was to speak with the medical personnel who is in charge of their mental wellness. These
Interviews were semi-structured to avoid interviewer biases as much as possible; they were held between April and May 2023 and lasted roughly for an hour. Despite the major insights they provided and the significant contributions that this qualitative research offers more in general to the field, it is also important to acknowledge its several limitations.

One of the key limitations is the small sample of interviews I was able to collect. In the past few months, I came in contact with a total of eleven people who worked in the mental health field within these facilities across Southern Italian regions; however, only seven of them allowed me to telephonically interview them. Moreover, as I mentioned in the Methodology paragraph, this number furtherly decreased, as two of the therapists that initially wanted to take part to the research withdrew. Clearly, the reason behind this reluctance is the fear of retaliations, as many began to worry about the potential exposure of their identities. Thus, the findings of this thesis are inherently partial and need to be endorsed by further research on the topic. Another limitation is the reliability of these interviews. Only one of the five psychotherapists is currently employed at a CPR facility, while the others left within a span of two to seven years. Thus, their memories could have been altered by time or trauma. Moreover, the isolation and inaccessibility of these facilities make it challenging to verify the information they provided. During the interviews, they could have accentuated the incidence of self-harm episodes or, on the contrary, diminished it.

Research limits concerns also the scarcity of previous studies on this topic conducted within the Southern Italian context. As I already explained in the previous sections, most of qualitative research concerning self-harm phenomena within Italian administrative detention centers either present a overarching approach to this issue (Puggioni, 2014), or focus on venues located in large metropolitan centers in the Northern and Central part of the country, such Turin and Rome (Manghi, 2021). One exception is Campesi’s noticeable study concerning Bari’s immigration detention center and the ways migrant detainees are able to resist to deportation through the practice of self-harm (Campesi G., 2015). However, this research dates back to 2015; since then, further legislative developments concerning administrative detention occurred in Italy and were not addressed by any academic study.

Moreover, quantitative research on self-harm within Italian and Southern Italian administrative detention is almost nonexistent. According to the Garante Nazionale, along with several other civil societies associations, an effective and comprehensive system for documenting critical incidents such self-harm and suicidal attempts still remains elusive, as these facilities refuse to adopt it. Thus, there is a lack of a consistent and dependable method that can be trusted to accurately record these events, so that they can be studied and reviewed (Santoro & Borlizzi, 2022). This lack of transparency is
dangerous both for the inmates – as it is impossible to evaluate the extent of this issue – and the prison staff, who is usually left alone to deal with these episodes, causing potential distress and trauma.

1. Administrative Detention and Italy: a background

Before delving into the main topic of self-harm within Southern Italian CPRs, it is important to offer a general knowledge concerning the historical developments that immigration detention systems underwent throughout Europe and Italy in the past decades. This chapter aims at presenting to the reader the broader political framework that gave birth to the legal practice of
arbitrarily incarcerating undocumented migrants within all Europe; moreover, it attempts to reconstruct its specific evolution in Italy since the 1990s, in order to understand how CPRs came into being and why. This historical overview is conducted by integrating academic research with newspaper articles and official government documents, so that an accurate picture of the Italian political and economic situation of the last thirty years and how it has influenced the expansion and contraction of the administrative detention system can be provided. A focus on those facilities where the psychotherapists I interviewed used to work or are currently employed is also offered, as it is important to understand the peculiarities of these environments and the way they affect both the therapists and the migrants detainees.

1.1. Administrative Detention and the ‘European Fortress’

The symbolic fall of the Berlin Wall was seen as an epochal change, a promising moment ushering in an era of global cooperation and open borders. However, after three decades it seems evident that this promise has been shattered, as the construction of new barriers, both physical and psychological, fueled a rise in xenophobic sentiments and increased the obstacles for migrants seeking safety and better life conditions within the Continent (Benedicto & Brunet, 2018). European countries underwent a huge process of securitization (McDonald, 2008) and became what today is known as “Fortress Europe”, an area surrounded by almost one hundred kilometers of walls, supported not only by an extensive system of maritime surveillance in the Mediterranean, but also by even more severe border controls preventing outsiders to access and freely travel across its territories (Benedicto & Brunet, 2018). The creation of the Schengen area during this time, aiming to promote freedom of movement among Member States, appears paradoxical, given the treatment reserved to the movement of migrants coming from other parts of the globe (Santoro & Borlizzi, 2022).

Despite the efforts, preventing all unauthorized entries is impossible, as foreigners continue to find ways to cross the borders. Therefore, European countries gradually legalized and standardized the use of administrative detention as a means of addressing this issue (Cornelisse, 2010) (Campesi G., 2013) (Santoro & Borlizzi, 2022). The 1980 French Loi Bonnet law was one of the first attempts to implement this measure within the Continent. This law was a result of the legalization of an abusive situation discovered through a news report a few years earlier (Pugiotto, 2014). Journalists highlighted the presence of unauthorized holding areas for foreigners across the country, where individuals were unlawfully confined in makeshift shelters, awaiting deportation for long periods of time. Rather than eliminating these facilities, the decision was made to legalize them (Ibi). Thus, the
concerns regarding the legitimacy of this detention regime have been inherent in a way since its origins.

In most national and international law codes, the limitation of personal freedom is primarily considered when individuals engage in heinous criminal activities. Nevertheless, administrative detention is implemented due to mere administrative violations, usually related to inadequate documentation regarding one’s presence within a given country. This type of detention is commonly justified in order to attest detainees’ identities and streamline their bureaucratic procedures. Therefore, the primary aim of such detention should not be to impose punitive measure, but rather to contain these people while expediting their administrative processes (Colombo, 2013). However, many countries largely employ it to surveil individuals who allegedly posit a danger, as they are deemed at risk of escaping prior to their deportation (Pugiotto, 2014). This category includes those whose asylum claims have been rejected and are waiting to be readmitted, as well as individuals who violated the Dublin III Accord by attempting to apply for asylum in a different European Union country than that of their arrival. Hence, it is evident that its use presents an ambiguous solution, as de facto punishes migrants for being undocumented or allegedly un-integrable within society while it reinforces public perceptions linking migration with criminal activity (Stumpf, 2006) (Campesi G., 2013) (Campesi & Fabini, 2020).

Within European Union, the detention of non-EU citizens pending repatriation is governed by the Return Directive, which was originally implemented in 2008 (Arbogast, 2016). This Directive officially allows Member States to detain individuals from non-Community countries who are staying illegally on their national territories, in order to prepare for their readmission or carry out their immediate removal (Campesi G., 2013) (Colombo, 2013). However, it also states that detention can be implemented only if less coercive alternatives are unavailable, underlining how the individual’s fundamental rights must be respected in the process (Pugiotto, 2014). Moreover, it sets a time limit for their confinement, namely half a year, as the confinement needs to be subjected to the principle of proportionality, clarity and protection against arbitrariness (Campesi G., 2013). Nevertheless, this period can be further extended for a maximum of eighteen months when the delay in deportation is caused by third-country nationals’ lack of cooperation or to issues in obtaining the required documents for their return (Santoro & Borlizzi, 2022). By doing so, the European Union has granted each state the autonomy to enforce detention measures that are intended to be used with caution only on paper. Reality paints a different picture, as administrative detention progressively became the prevailing approach for managing migratory movements, despite the large body of academic evidence.
emphasizing its ineffectiveness. Thus, the ambiguous nature of Return Directive highlights EU’s paradoxical effort to balance the respect for migrants’ human dignity with increasingly harsh and punitive policies.

This ambiguity is perfectly exemplified also by the semantic games used by state legislations to obscure the custodial nature of these venues (Campesi G., 2013). France, for instance, employs bureaucratic language that deliberately avoids using the term "detention," substituting it with the more obscure concept of retention, while in Italy, all the laws regulating these spaces use the word trattenimento, which literally means retention (Ibi). These words seem to suggest a short-term period of custody, when in reality migrants end up spending months of their lives locked between these prisons’ walls. The purpose of this detention regime may not be punitive; however, individuals subjected to it often perceive it as such, sometimes even worse (Bosworth & Turnbull, 2015a). As a matter of fact, the usage of milder language aims to differentiate administrative detention from the constitutional and international legal protections ordinarily afforded to those deprived of personal freedom (Veglio, 2020). Thus, the circumstances faced by migrant detainees are often precarious and less secure in nature; these individuals are not only exposed to legal abuses but also to the violence of law enforcement who constantly surveil these venues. Sometimes, this violence is so terrible that even judicial authorities can justify riots within these centers, as it happened in the case of the former Italian CIE of Capo-Rizzuto in 2016 (Santoro & Borlizzi, 2022).

1.2. History of Italian Administrative Detention and the Creation of the CPRs

The Southern border countries of Europe serve as significant arrival points for migrants due to the vast expanse of the Mediterranean Sea, which makes it impossible to completely block access for those seeking to cross. As a result, the management of migration influxes and its associated challenges have been crucial within Italian political debates for the past decades. Like the rest of Europe, the prevailing approach has been to prioritize border securitization in response to what is perceived as an “emergency situation” (Colombo, 2013). The use of detention, both as a management strategy and a deterrent, has become strongly consolidated (Turnbull, 2017). As this thesis primarily explores the topic of Centri Permanenza per il Rimpatrio (CPR), it is essential to provide a brief overview of their origin and development. Thus, it supplements outstanding academic research written by Campesi (Campesi G., 2013) (Campesi G., 2020) and Colombo (Colombo, 2013)

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3 Based on the latest data that is currently accessible, less than 50% of migrants detained in Italy are successfully returned to their home countries (Santoro & Borlizzi, 2022). For further information, see The Effectiveness of Administrative Detention of Migrants in Relation to Return Rates: A Compared Analysis along States of EU South Frontier: Italy, France, Greece and Spain as Cases Study (Falsone, 2020)
on the matter with the latest reports on CPR from organizations like CILD (Santoro & Borlizzi, 2022), as well as relevant journalistic articles that document the most recent updates.

Administrative detention for undocumented immigrants is a relatively recent development within Italian legal system (Calavita, 1994) (Campesi G., 2013). It was first implemented in the winter of 1995 as a temporary and exceptional measure known as the Dini decree\(^4\), following the trend of securitization occurring within the rest of EU’s Member States. This decree stated that undocumented migrants could be detained for one month at most within specific facilities provided by the Ministry of the Interior, so that they could be eventually expelled from national territory. Although the Dini decree never formally became part of the Italian legislation, it set the groundwork for the subsequent regularization of this practice. In the same year, the Puglia law was enacted, which gave birth to the preliminary version of the present-day "Centri di Accoglienza per Richiedenti Asilo\(^5\)" (CARA). Through this law, accommodation facilities were created along the Puglia coast, the Southern Italian region that at that time was most affected by migrant arrivals due to the Balkans wars (Santoro & Borlizzi, 2022). Their primary goal was to provide initial reception while at the same time tackling the issue of illegal immigration. Hence, these facilities were designed as detention spaces, as they restricted de facto migrants’ freedom of movement.

Three years later, the law 40/199, also known as Turco-Napolitano law, marked the official introduction of administrative detention within the Italian legal system, as it regularized the practice of depriving individuals of their liberty due to administrative offence (Di Martino, 2013). This legislation essentially gave the Questore (a high-ranking police official) the authority to order the confinement of an individual for up to thirty days in one of the "Centri di Permanenza Temporanea e Assistenza\(^6\)" (CPTA) located on national territory (Ibi). Such a measure would be implemented in situations where immediate deportation or expulsion could not be carried out due to the necessity of rescuing or identifying a foreigner lacking proper identity documents.

From 2000 to 2002, additional measures were implemented to further regulate the functioning of these facilities. However, a pivotal moment occurred in the latter half of 2002 when the Bossi-Fini law\(^7\) was enacted in July, under Berlusconi’s second government mandate (Campesi G., 2013) (Di Martino, 2013). This law aimed to classify irregular immigration as a criminal offense and enabled law enforcement to lawfully expel migrants without a valid residence permit and/or identification.

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\(^4\) See the original text on https://www.gazzettaufficiale.it/eli/id/1995/11/18/095G0539/sg

\(^5\) “Reception Centres for Asylum Seekers”

\(^6\) “Temporary detention and assistance centres”

\(^7\) See the original text on https://www.gazzettaufficiale.it/eli/gu/2002/08/26/199/so/173/sg/pdf
documents. Under this new rule, these individuals would be transferred to CPTA facilities – already established by the Turco-Napolitano law – where they could be held for a maximum period of sixty days, in order to be identified and removed from national territory. Six years later, these venues were re-nominated as Centri di Identificazione ed Espulsione\(^8\) (CIE). Furthermore, this legislation officially created the Centri di Identificazione\(^9\) (CDI), where people who applied for asylum after illegally bypassing border controls had to be mandatorily withheld. In 2008, these centers underwent a name change and are now referred to as the CARA centers mentioned earlier. Despite their new name, they continue to face criticism for their resemblance to detention facilities rather than reception centers (Santoro & Borlizzi, 2022).

Under the 2009 fourth Berlusconi government, following Europe’s adoption of the Return Directive, Italy witnessed an expansion in the duration of administrative detention with a group of legislative measures known as “Security packages” (Di Martino, 2013, p. 9-12). This expansion entailed an initial increase from sixty to one hundred-eighty days, followed in 2011 by a further rise to eighteen months (Ibidem). This period is crucial, as the crisis in Northern Africa and the subsequent immigrants’ arrivals were consciously depicted by the media and political forces as a social emergency so that stricter policies could be justified and implemented (Bruno, 2015). The same government is accountable for creating the crime of “immigrazione clandestina” (literally clandestine migration), which is still now subjected to a straightforward legal procedure before a justice of the peace. This led to the establishment of the derogatory and racially biased term "clandestino" for undocumented migrants, a label that has only recently been acknowledged as discriminatory\(^10\). In the same years, Berlusconi’s administration also implemented a new policy that limits access to the CIEs exclusively to certain humanitarian organizations, completely excluding the press. As a result, these centers became increasingly closeted, making journalistic reports and academic research extremely hard.

At the end of 2011, the right-wing government of Berlusconi came to an end, being replaced by a technical government led by Mario Monti, a former EU commissioner, as Italy faced the imminent threat of bankruptcy. According to Campesi, this event marked an end to the first period of expansion and consolidation in administrative detention’ legislation within the country. Afterwards, this practice entered in a phase of “crisis” (Campesi G., 2020, p. 7). There were two primary factors behind this shift. Firstly, in 2013, the new government initiated an investigation that exposed the inefficiency of

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\(^8\) “Identification and Expulsion Centers”

\(^9\) “Identification Centers”

\(^10\) On the 16th of August 2023 the Supreme Court of Cassazione established that the improper use of the term “clandestino” against foreign asylum seekers constitutes a discriminatory act. (sentenza n. 24686)
these centers in terms of both cost and outcomes. Moreover, a tragic incident occurred in the same year, where 368 individuals lost their lives near Lampedusa in the attempt to reach Italian shores. This episode profoundly impacted public sentiment, leading to a more empathetic stance towards migration (Ibidem) in both politicians and media. In October 2014, an important legal development took place, marking the first positive reform since 1998 when the Turco-Napolitano law introduced the practice of administrative detention. Under this new legislation, the maximum length of detention was reduced from eighteen months to three.\textsuperscript{11}

The years 2014-2015 witnessed a huge rise in arrivals on Italian shores; as Dublin Regulation III was implemented, there was also a notable surge in the number of asylum requests. This was due to the obligation for migrants to provide their fingerprints and be confined within the reception system of the first country they docked in. Concerns arose about national security and those asylum seekers who were deemed dangerous or likely to flee, leading to the enactment of the law decree 142/2015.\textsuperscript{12} This decree employed the opportunity provided by EU directives to regulate immigrants’ detention, and thus this practice became feasible in two scenarios. Firstly, when asylum seekers have committed specific and highly serious crimes that pose a risk to public order or national security; secondly, when there is an escape risk while awaiting the decision on their applications. The only other circumstance that warrants its use is when authorities possess sufficient evidence to believe that migrants already held in a CIE are attempting to seek asylum solely to avoid an expulsion order.

The period spanning 2017-2018 witnessed additional changes as the need to govern the immigration crisis became pivotal in political debates. The Minniti Decree 13/2017\textsuperscript{13}, which was issued on 17th of February 2017 under Gentiloni’s caretaker government, redefined the entire system of administrative detention and gave birth to the current CPR facilities, which replaced the CIE across the country. These centers were initially meant to be smaller and evenly distributed on national territory, with the primary goal of ensuring the utmost respect for individuals’ dignity. However, as we delve into subsequent chapters, it becomes clear that despite the name change, there have been no substantial improvements in migrants’ life quality inside these venues. Furthermore, this decree also brought about the expansion of the legal ability to detain asylum seekers through the introduction of the Hotspots, coupled with accelerated and less secure procedures for political asylum. In 2018, there was another shift in the Italian political landscape, resulting in the ascent of the prominent far-right

\textsuperscript{11} Thirty days if the foreign individual who is undergoing deportation procedures has already served a quarter of their sentence in prison (Santoro & Borlizzi, 2022).
\textsuperscript{12} See the original text on https://www.gazzettaufficiale.it/eli/id/2015/09/15/15G00158/sg
\textsuperscript{13} See the original text on https://www.gazzettaufficiale.it/eli/id/2017/02/17/17G00026/sg
party Lega through a coalition government. The important law decree 113/2018\textsuperscript{14} known as Decreto Sicurezza or Decreto Salvini was introduced in October of the same year, which extended the maximum length of CPR’s detention within to 180 days. This decree also brought an end to the provision of protezione umanitaria, a form of residual protection previously available to individuals who did not qualify for refugee status, consequently leading to a significant increase in the number of undocumented immigrants within the country. Due to a perceived threat to national security, administrative detention resurfaced as a potential solution for maintaining control over the “refugee crisis”.

After two years, the condition of administrative detention facilities was reaching a critical level, exacerbated by COVID-19 health emergency. The pandemic led to these venues being isolated, creating a high risk of infection among detainees due to overcrowding. Furthermore, there was a decline in repatriation operations, as countries of origin were less willing to cooperate (Camilli, 2020). Consequently, numerous protests arose throughout the Italian CPR, spanning from the northern regions to the south, including the islands. In October 2020, the new law decree 130/20\textsuperscript{15} was enacted, reducing the maximum duration of administrative detention to ninety days, with a possible extension of thirty days for individuals from countries that have readmission agreements with Italy, resulting in a total maximum duration of one hundred-twenty days. A range of improvements for detainees within the CPR was also implemented: an important provision introduced by the law gave them the chance to file a complaint, known as Procedura di Reclamo, with the Garante Nazionale\textsuperscript{16} in case their fundamental rights have been violated during their confinement; detainees were also assured the right to communicate with the outside world via various channels, including telephonic communication. Moreover, this law explicitly stated that detention centers must meet adequate standards of sanitation and accommodation, ensuring that detainees are well-informed about their status, provided with assistance, and treated with respect for their dignity. However, as the 2022 dossier edited by the civil association LasciateCIEntrare proved, these mandatory requirements were almost never implemented (Santoro & Borlizzi, 2022).

At the end of 2022, Fratelli d’Italia, a far-right political party, won the political elections, and since then, their strong stance against migration has significantly marked the entire 2023. In the wake of the devastating shipwreck occurred on February 26th off the Calabrian coast, resulting in the tragic

\textsuperscript{14} See the original text on https://www.gazzettaufficiale.it/eli/id/2018/10/04/18G00140/sg
\textsuperscript{15} See the original text on https://www.gazzettaufficiale.it/eli/id/2020/10/21/20G00154/sg
\textsuperscript{16} The Garante Nazionale dei Diritti delle Persone Private della Libertà Personale was established in 2013 and functions as an autonomous supervising body entrusted with the responsibility of ensuring the protection of the rights of individuals who are detained in Italy (Ministero della Giustizia, s.d.).
loss of nearly 100 lives (Artiaco, 2023; Giuffrida, 2023), the government has passed a decree law 20/2023\textsuperscript{17} commonly referred to as the Cutro Decree, named after the town where the tragedy happened. This legislation unmistakably demonstrates the umpteenth emergency response to the situation, as it not only revokes several facilitations for individuals with special protection status but also allows the potential detention of asylum seekers within immigration detention facilities (CPR). The Cutro Decree has been recently reinforced through another decree law 124/2023\textsuperscript{18} issued on September 19th, in response to the significant increase in the number of arrivals throughout the summer. This decree introduces new regulations concerning Centers for Repatriation. Not only does it extend the maximum detention period for irregular migrants in the CPR to 18 months, as in 2011, but it also paves the way for special initiatives to build new facilities across Italy.

\textbf{1.3. Southern Italian CPRs: The Cases Of Bari Palese, Brindisi Restinco and Trapani Milo}

In Italy, there are currently nine operational detention facilities on national soil for migrants awaiting repatriation, as the tenth venue located in Turin was closed due to the extensive protests of detainees that occurred in March 2023. Among these, seven are condensed within the central and southern parts of the country. The regions with the highest concentration of these centers are Apulia and Sicily, both of which host two CPR each, together with other migrant “reception” facilities such as Hotspots and CARA. Historically, these regions have served as crucial points within the Euro-Mediterranean border due to the significant influx of migration. Hence, it is understandable that these facilities were intentionally placed in these areas to facilitate the sorting and relocation processes of migrants so that the repatriation procedures could be faster. Based on a recent report by CILD, there has been a significant increase in the detention of North African migrants for the purpose of expulsion from Italy since 2020 (Santoro & Borlizzi, 2022, p. 126). Italy has entered into favorable repatriation agreements with the governments of Egypt and Tunisia over the past five years, resulting in the immediate incarceration of individuals from these countries upon their arrival on the Italian coast in CPR facilities\textsuperscript{19}. In particular, Tunisian citizens have been subjected to indiscriminate arrests without being informed of their rights or the opportunity to seek international protection (Ibidem). The Southern CPR facilities play a crucial

\textsuperscript{17} See the original text on https://www.gazzettaufficiale.it/eli/id/2023/05/05/23A02665/sg
\textsuperscript{18} See the original text on https://www.gazzettaufficiale.it/eli/id/2023/09/19/23G00137/sg
\textsuperscript{19} To deepen this issue, see Return Mania: la politica di cooperazione tra UE ed Egitto (Progetto Sciabaca e Oruka, 2019) and Le conseguenze concrete degli accordi fantasma: Italia e Tunisia fra rimpati e opacità (Cociglio, Figoni, & Mattirolo, 2020).
role due to their proximity to the landing sites. Through interviews, psychotherapists have also confirmed the high presence of Tunisian citizens and individuals from the Maghreb area more in general in these facilities, highlighting the significant impact of this relocation strategy for rejection. Furthermore, Southern Italian CPRs’ position is also strategically advantageous, as they are distant from the national frontiers separating Italy from other European countries, which many migrants aspire to reach. It is not a coincidence that in 2016, the former Italian police chief Gabrielli, introduced a strategy known as decompression along the French border. This involved apprehending and transferring migrants who refused to seek asylum or undergo identification and fingerprinting to the detention centers in Southern Italy (Gavino, 2016) (Demer, 2016). The purpose was to address the issue of third-country nationals who could potentially access other parts of Europe without authorization (Ibi).

Despite their evident strategic importance, the public information concerning Southern Italian CPRs is scanty, especially compared to the well-documented detention venues in the northern cities like Turin, Milan and Gradisca di Isonzo. This disparity is clearly evident in the report "Buchi Neri," one of the most significant sources on recent developments in Italian repatriation centers (Santoro & Borlizzi, 2022). However, Palazzo San Gervasio CPR, located in the region of Basilicata, stands as an exception. In recent years, the voices of some incarcerated individuals’ lawyers have risen, exposing continuous abuse within the facility (Ibi). This has been confirmed by recent journalistic enquiries\(^{20}\) that uncovered through original video and audios the reality of this center (Dorigo, 2023). However, the CPR facilities this thesis decided to focus on, namely those of Bari Palese, Trapani Milo, and Brindisi Restinco, have yet to witness such occurrence, as they are still considered some of the most remote and challenging to access. One reason for this is that the detainees in these centers lack access to phones equipped with video cameras or recorders capable of producing incriminating evidence about the management and services of the venues. In fact, a significant portion of the audiovisual testimonies shared on platforms like Instagram, such as those exposed by @noaicpr, originate predominantly from the Northern Italian centers, particularly the one in Gradisca di Isonzo, where the use of smartphones with functioning cameras is currently permitted (Santoro & Borlizzi, 2022). Moreover, while Giuseppe Campesi has made notable scholarly contributions on Bari CPR, there is a general scarcity of recent acade-

\(^{20}\) See also the video inquiries made by satiric journalist Rajae Bezzaz in 2023 for the controversial tv show “Striscia la Notizia”.

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mic field research on these facilities, as since 2011 more restrictive norms prevented external people to enter these realities21.

At the end of February 2023, the Garante Nazionale visited both the CPR facilities in Bari and Brindisi; however, as I am writing this thesis, their account is not available yet. Therefore, the following information should be considered partial, as it is based on reports that date back at least three years.

The Bari Palese CPR is situated on the outskirts of the city, just a short distance away from the airport and the reception center for asylum seekers (CARA). The facility can host at least one hundred and twenty-six people, all males. During the visit conducted on June 19th, 2019, the National Garante discovered several issues in the detainees’ bedrooms. They found mattresses without expiration dates and often without sheets. Additionally, the condition of the bathrooms was appalling, as they smelled awfully and displayed signs of damage. Some of the showers were not functioning properly. The center features a common room equipped with tables where detainees can have their meals. Additionally, although a football pitch is available, detainees are often prohibited from using it due to security reasons. Lastly, there is no designated room for praying.

The Resinitco CPR is situated within the homonymous district on the outskirts of Brindisi city, in close proximity to another reception center for asylum seekers (CARA). The facility has the capacity to accommodate forty-eight male individuals and is divided into three sections, each with different capacities. There are seven rooms, each equipped with seven beds, where efforts are made to separate minors from adults. During the visit on June 20, 2019, the Garante noted unsanitary conditions in the bathrooms and a lack of adjustable temperatures in showers. The venue has a canteen and a football field, which is inaccessible. The Garante emphasized the uncooperative nature of law enforcement, which tends to prevent migrants from taking part to any initiatives or activities. Furthermore, there are no dedicated spaces for worship within the facility.

The Trapani CPR is situated on the outskirts of the city, near the former airport and the city's fire brigade. This facility is the largest among those discussed in this thesis, as it is capable of

21 As of today, only the members of Italian Parliament and Government, together with of the Garante Nazionale and of European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) can enter without previous authorization. Other notable Italian civil associations such as Coalizione Italiana Libertà e Diritti (CILD) or Associazione per gli Studi Giuridici sull’Immigrazione (ASGI) may access to these facilities only under police authorities’ approval. (Ministero dell'Interno, 2022)
accommodating up to one hundred and fifty individuals. Again, theis center is reserved for only male prisoners. Following the Garante’s visit on November 25, 2019, several issues were identified. The night rooms had many broken windows, malfunctioning air conditioning units, and insufficient lighting. Additionally, there was a lack of tents and doors to ensure privacy for the users of the toilets and showers. The frequent water supply interruptions further exacerbated the problems faced by the occupants. Furthermore, individuals were compelled to consume their meals while seated on the bed, on the floor, or while standing. Interestingly, the dining area, which had a well-organized layout and was situated outside the housing units, had been allocated to the Air Force. However, following the extensive renovations in 2020, the situation has seen some improvements. In fact, after the section's reopening in 2021, the civil association CILD conducted an inspection of the structure and discovered how the bedrooms now feature tables and benches for dining, while the bathrooms and showers have been equipped with doors. Moreover, the heating system is now fully functional. Additionally, detainees can enjoy recreational spaces and have the option to individually visit a place of worship upon request.

2. Sovereign Power and Bare Life in Italian C.P.R.s
In order to gain a deep understanding of the Italian administrative detention’s power dynamics, it is crucial to establish the theoretical framework that should be applied when analyzing them. The theories and concepts of power formulated in the previous century serve as a pivotal tool in comprehending the construction and nature of these spaces, as well as deciphering the significance of the actions undertaken by migrants within them. Particularly significant is Agamben's concept of bare life, which has greatly influenced scholarly discussions in political science over the past twenty-five years. While it provides a compelling insight into how sovereign power operates through nation-states and the exclusionary processes that define them, I contend that Agamben's apolitical interpretation of bare life fails to acknowledge and amplify the transformative potential of detainees' actions in Italian detention centers. Thus, within this chapter, I stress the need for scholars to stop referring at administrative detention centers as sites of bare life, as migrants’ active conducts reshapes them into dynamic settings where power resistance is pervasive rather than marginal.

### 2.1. Defining Sovereign Power and Bare Life

Foucault’s political contributes are the starting point of this examination. In the first volume of *The History of Sexuality*, the author maintains that sovereign power is a form of power exercised through violence, that partially evolved in biopower, which focuses on enhancing and protecting life (Foucault M., 1976). Controlling the lives – and the bodies – of the populations through a series of technicalities (Ibi) becomes its crucial aim. It is important to underline that biopower is in any way less violent than sovereign power, as “it does not celebrate death and violence, but seeks to exclude or at least to hide them” (Oksala, 2013, p. 322). “Within the rationality of biopower”—the law (p.323), any type of action can be legitimized in the name of securing and improving human condition, even the eradication of an entire race. Thus, biopower can still decide who lives or die, yet it must provide rational criteria to distinguish the two cases.

On this notion, Italian philosopher Agamben builds his concept of state of exception, using the figure of homo sacer. To accomplish this, he subverts the relationship between sovereign power and biopower, claiming that “the production of a biopolitical body is the original activity of sovereign power” (Agamben, Homer Sacer. "Sovereign power and bare life." Homo sacer 1, 1995, p. 6). Sovereign power, thus, becomes responsible for the creation of the subjects that can enjoy the benefit of protection, as well as of the exceptions (De Larrinaga & Doucet, 2008) (Zeveleva, 2017). For Agamben, homo sacer precisely embodies this exception, as it represents a cursed individual placed outside the law, whose killing is not framed as homicide (Ibi). Living in the state of exception means
conducing a life reduced to its biological minimum, deprived of all rights and responsibilities, where political action is impossible (Darling, 2009). According to Agamben, this type of life, that he calls bare, can be found in the specific reality of the camp, which is “the precarious ethical terrain of reliance upon the ‘good will’ of the sovereign for security and survival” (Ibi, p. 652). In the camp laws are suspended, as the people confined in those places are excluded from any form of protection.

The most famous example Agamben makes in order to underline the destructive potential of sovereign power, is that of the Nazi genocidal camp; however, it is not the only place where life can be reduced to its bare form. In our contemporary society refugee camps, paralegal detention sites as well as shanty towns can perform the same function. Furthermore, since biopolitical regimes tend to shy away from pure violence, it is important to note that “what constitutes sovereign power is the zoning of life reduced to its biological minimum rather than the killing of life as such” (De Larrinaga & Doucet, 2008, p. 521). Sovereign power does not require the act of killing, as the deprivation of protection and political dimension is more than enough.

2.2. Creating Bare Life in Contemporary Societies

According to Agamben, the production of bare life is at the core of the modern Western nation-states. In discussing this point, the philosopher relies heavily on Hannah Arendt’s reflections on human rights and stateless individuals found in “The origins of Totalitarianism” (Arendt, 1958). Arendt provides one of the earliest discussions on the hypocrisy underpinning the human rights’ discourse: drawing from her own experience as a refugee during World War II, she argues that in order to benefit from human rights protection, people must belong to an organized political community, such as that of a State. As the title of the 1789 Declaration of the Rights of Men and Citizen implies, it is only through citizenship that human voices become politically relevant. Her viewpoint contrasts Western naturalistic theories claiming that rights are something that belongs to every human being simply in virtue of their humanity. In the real world, stateless individuals become rightless; they move within lawless spaces, deprived of any legal status, and are treated as “human waste” (Bauman, 2004). In Europe, for instance, in spite of the European Convention on Human Rights, one can clearly assess the difference in the safeguarding of the “right to life” among regular and irregular travelers (Spijkerboer, 2017). Nation-states are obliged to legally protect people crossing the borders but deny the benefits of these positive obligations to those who do it illegally (Ibi).

Therefore, for Agamben, migrants and refugees perfectly fit into the category of homo sacer, as states deliberately limit their access to a rule-based, politicized life, forcing them into living into a state of exception. However, the production of bare life is more than just a collateral damage; it should rather
be conceived as an integral part of this power system’s logic, as nation-states not only have the ability of creating law and order, but also that of withholding it (Zeveleva, 2017, p. 45). Sovereign thus regulates both the norm and the exceptions, and “the very act of exclusion […] brings the zone of exception inside, blurring the lines between inside and outside” (Rajaram & Grundy-Warr, 2004, p. 37). Immigrant detention centers are the empirical manifestation of this paradox, as they are places of exclusion located within national territory.

In these venues, Agamben maintains that the realm of politics cannot exist, as the people living inside are subjected to a relationship of violence rather than of power (Edkins & Pin-Fat, 2005, p. 10). What differentiate these two types of relationship is that, according to Foucault, power relationships comprise freedom and the ability to resist, whereas relationships of violence are only based on utter and often physical oppression, leaving no scope for any type of dissent (Ibi p.11). Following Agamben’s discourse, since power relationship can be “exercised only over free subjects and only insofar as they are ‘free’” (Foucault M., 2000, p. 342), this dynamic cannot exist in such correctional environments. Reduced into a “bare life” status, migrant detainees cannot fight against to the power of the State, and they are doomed to live at its complete mercy; everything they do – including self-injurious gestures – cannot be framed as a political act, simply because these places are conceived to be outside of the politicized life. Most of the times, self-harm ends up being labelled as nothing more but a desperate “symptom caused by this type of detention”, using the words of Psychotherapist 2.

2.3. What about Resistance?

This outlook over immigration detention centers pervades likewise most of the available mainstream accounts and articles on the topic, as they often seek to highlight the human right’s abuses occurring inside these venues. In Italy, the reports on CPRs frequently falls into this pietistic narrative, focusing mainly on the brutality and injustices migrants passively endure during their imprisonment. An example could be the popular Instagram page @noaicpr (literally “no to CPRs”), as the way these facilities are depicted strongly recalls Agamben’s description of bare life. For instance, one of its most popular posts – published on the 26th of April 2023 and achieving more than 500 likes – consists of a video of a young detainee brutally battered by police officers in the CPR of Gradisca d’Isonzo. The caption perfectly abridges the relationships of violence oppressing the people locked inside these centers, helpless victims of “a form of lawlessness, organized by the police” (Arendt, 1958, p. 288):

Thrown back on the floor with violence, a group of agents in riot gear with helmets, shields and batons closed the pexiglass door of the cell and returned
to his inmates M., 27 years old, humiliated, crying and screaming in pain, on
his back the deep and bloody signs of the brutal truncheons that hit his skin 22.

Of course, these descriptions need to over-accentuate migrants’ dramatic experiences within those centers, as the page’s purpose is to abolish the existing system of administrative detention in Italy. However, this can be counterproductive when self-damaging conducts are portrayed only as desperate and irrational acts produced by the hardships of imprisonment, which gradually deteriorates inmates’ sanity and rational thinking. The case of Moussa Balde represents the exemplification of this attitude. Moussa Balde was a young 23-years-old men from Guinea, who arrived in Italy around 2017 and whose request for asylum was rejected. After a period of homelessness and vagrancy, he was brutally attacked by three Italian men in Ventimiglia and, following his hospitalization, he was arrested and confined in Turin CPR, where he took his own life three weeks later. This event was extremely significant in Italy, as it allowed the topic of immigration detention to enter inside Italian mainstream public debate. Several Italian newspapers such as Il Manifesto and TorinoToday described Balde as the victim of a power system that creates grey areas, where rights are suspended and hope disappears (Merli, 2021) (Urso, 2023). According to this narrative, administrative detention forced him into a dehumanizing process that drove him insane, stripping away his will to live. After all, it is better not to live at all rather than being forced into the realm of bare life.

Although this viewpoint cannot be deemed as completely unwarranted, I maintain that Balde’s last words to his attorney Gianluca Vitale could shed new light over the possibilities of resistance to sovereign power and thus help reframing new political subjectivities inside immigration detention centers, overcoming Agamben’s idea of bare life as utterly apolitical. According to Vitale, he claimed that he could not understand the reason for his confinement but was determined to get out at all costs (Fargiorgio, 2022). Therefore, his decision to end his life could be read not only as a desperate act, but also as an attempt to purposefully shirk Agambean state of exclusion. This interpretation is strictly linked to Zevnik’s attempts to carve out a space for agency and resistance within bare life, using its twofold nature already laid out in Agamben’s writings:

Agamben described bare life as a by-product of sovereign power that is excluded from all power relations and can therefore be understood as an apolitical form of life where no resistance is possible. Such form of life is associated with the camp. However, bare life as a form of life can also be

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22 “Risbattuto in cella con violenza sul pavimento, un gruppo di agenti in tenuta antisommossa con caschi, scudi e manganelli alla mano richiude il portone di plexiglass restituendo ai suoi compagni M., 27 anni, umiliato, piangente e urlante dal dolore, sulla schiena i solchi profondi e sanguinanti delle feroci manganellate inferte sulla pelle viva” [original quote in Italian].

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understood as a political form of life, but only when and if it leads to the embodiment of ‘whatever being’. (Zevnik, 2009, p. 94)

According to the Italian philosopher, bare life, due to its contemporary inclusive and exclusive nature, cannot offer a clear-cut distinction between what is inside and what is outside. Therefore, for Zevnik, this “zone of indistinction” has the potential to challenge sovereign power, as it comes from outside and it is not subjected to its same logics (Ibi, p. 88-89). Bare life becomes thus “whatever being” – something unintelligible to sovereign power logic – when “it is free from the question of belonging to a class or a set of common identities” (Ibidem). Balde’s suicide did not implied belonging, expectations nor demands; on the contrary, it aimed simply at eluding to the same sovereign power’s logic of exclusion and inclusion through his death, which was not contemplated in the original plans for his detention.

However, even though Zevnik’s conceptual framework could be helpful to interpret Balde’s suicide as a form of resistance, it fails to include in the same realm detainees’ self-harm gestures such as lip sewing or self-cutting. According to her, these acts cannot be considered as such, as they are directly referred to the sovereign and expect some sort of recognition and response instead of completely detaching from its logics (Ibi, p.105). Nevertheless, when discussing the concrete implications for political resistance within immigration detention centers, one cannot ignore how, inside these venues, a large part of self-harm gestures are explicitly made to contrast their detention regime, as the therapists I interviewed repeatedly underlined. This regime is perceived by inmates as an injustice, especially because of the lack of explanations concerning the reasons behind their imprisonment; thus, they decide to react to it:

Many people did not know exactly why they were confined in the facility, and that’s why they started to manifest symptoms of anxiety and depression (Psychotherapist 4).

They feel like victims of injustice, and they act as such. (Psychotherapist 1)

The personnel’s emphasis on the terms “oppose” and “rebellion” when discussing these bodily self-punishment practices highlights the purposefulness of their action and the determination to contrast the authorities, who are not met with a passive attitude:

I would define most of these self-harm acts as rebellious gestures. The triggers are usually denied requests or their will to push for a quicker repatriation process. (Psychotherapist 1)
From what I could assess, most of self-harm gestures were performed in order to oppose to their detention […] (Psychotherapist 5)

These men’s struggles to be seen and heard cannot be dismissed merely as rioting, as they represent a conscious effort to reshape the hostile environment around them; this is in open contrast with the mainstream narration concerning Italian CPRs. As previously mentioned, Foucault includes the possibility of resistance within power relationships; thus, labeling the power dynamics occurring within these venues only as “relationships of violence” would be too inaccurate. Many scholars, in fact, criticized Agamben’s lack of recognition of the political struggle that may occur within the reality of the “camp”. His conceptualization of bare life, although it remains a valuable theoretical framework through which to interpret Western state’s systemic logic of exclusion, leaves little scope for migrant detainee’s actions to be considered politically relevant. Zevnik’s interpretation of the disruptive potential inside Agamben’s “zone of indistinction” is still too narrow to give justice to these men’s behaviors and therefore cannot be employed to analyze self-harm in Italian centers for immigration detention. Therefore, in the next chapters, I will provide alternative models able to encapsulate the potential of politics hidden in these gestures.

3. Understanding self-harm

The prevalence of self-harm in prison environments is a widely recognized phenomenon. Although there is no comprehensive national registration system in Italy to determine the true extent of the problem, reports from the Garante Nazionale indicate that these practices are extremely common in administrative detention. However, when some of the therapists I interviewed analyzed this phenomenon, they often fell into the biases typical of the disciplines
that Rose’s calls psi-sciences. Psychological and psychiatric understanding of these actions can be limited when it is mainly pathologizing. According to this point of view, self-harm is abhorrent and needs to be eradicated with meds and therapy without fully comprehend the underlying emotions involved in these practices. In this chapter, I propose a different interpretation that focuses on the meanings and driving factors behind self-injurious behavior, aiming to achieve a more realistic comprehension of the phenomenon and the importance that it has for those who commit it. To support this perspective, I draw upon studies conducted by Straker, Motz, and Steaggle, which highlight the significance of these actions for the self-empowerment and communication of patients who are in deep pain. I argue that these interpretations can and should be used also to evaluate this phenomenon within Italian CPRs, as they can shed light on the use that migrant detainees make of these actions.

3.1. Self-harm and Clinical Psychology

Outlining self-harm can be challenging, as several and often contrasting definitions have been offered over time about this issue, due to its complex and often paradoxical nature. According to the sociologist Peter Steggal, despite the boost of academic publications on the topic in the 1990s, still “we have not matched knowledge to naming, we have not found a way to understand it properly and make it make sense; in other words, we have not described it well enough or fully enough” (Steggals & al., 2020, p. 3). Nevertheless, it is important to restrict the area of observation and provide common ground for discussion. Usually, the term self-harm identifies a wide range of intentional behaviors people repeatedly implement to hurt their own body with no purpose of causing their death (Yaryura-Tobias, Neziroglu, & Kaplan, 1995, p. 31). Although it can sometimes overlap with suicide, it is normally considered a separate phenomenon, as seemingly self-injurious behaviors are not always driven by suicidal intents; yet the boundaries remain quite slippery (Skegg, 2005) (Klonsky E. D., 2007). Self-harm can be manifested in many different forms, including cutting, burning, self-battering, interfering with wound healing and so forth (Skegg, 2005).

Large part of current clinical research maintains that this phenomenon is mainly caused by deep emotional dysregulation, and it is often used as a self-soothing or self-punishing practice. Thus, the purpose is to eliminate these unhealthy self-coping mechanisms and help patients to regain their alleged self-autonomy (Motz, 2009) (Rotenberg, 2014). However, as stated by more recent and comprehensive inquiries, these psychological certainties about self-harm must be problematized, since the same literature tends to diminish or neglect alternative interpretations of this phenomenon.
(Edmondson, Brennan, & House, 2016). Too often, popular clinical approaches aim at inhibiting these behaviors through therapy and medications rather than understanding the mechanisms underlying them (Hoffman & Kress, 2008, p. 159). Thus, the subject feels eventually disempowered, and their emotions often invalidated (Ibidem). A key component to understand this issue is the construction of mental illness within what sociologist Nikolas Rose defines modern psy-sciences (Rose, 1998). Although the aim of this thesis should not be interpreted as an indiscriminate critique to the whole psychiatric and therapeutical field, it is important to underline the limits of clinical and behavioral approach toward self-harm.

According to Rose, since the nineteenth century, the domain of psy disciplines – psychology, psychiatry, psychotherapy, and psychoanalysis – attempted to define “the normal individual” (Ibi, p. 18), in opposition with any other type of abnormality, giving birth to the dichotomy of normal/abnormal, sane/insane. In this way, “human behavior can be simultaneously identified as undesirable or problematic and examined to the point where we now know more about that behavior” (Rotenberg, 2014, p. 38). Thus, according to this viewpoint – greatly influenced by positivism, abnormal conducts can be understood and cured through a variety of pervasive “intellectual technologies” (Rose, 1998, p. 10). In other words, what was once deemed as madness, today becomes a illness that can and must be treated through therapy and medications. Rose’s argumentation relies heavily on Foucault’s theories of biopolitics, as for him the aim of psy-disciplines is human self-regularization, which allows power to manage more efficiently people lives (Ibi). This would also explain why large part of current psychological and psychiatric literature focus mainly on risks factors and management strategies based on containment. However, this tendency can affect the chances to find new and more efficient therapeutical techniques. In light of this, I maintain that the clinical-behavioral approach is unable to grasp the nature of self-harm within immigrant detention centers and therefore, I argue for the need to explore new understandings of this phenomenon.

3.2. Self-harm and Alternative Interpretations

The psychologist Gillian Straker was the first to put forward the hypothesis that self-injurious gestures could represent a way to re-create a sense of self that has been lost due to traumatic experiences (Straker, 2006, p. 105). According to her field experience, many people employed this strategy to reaffirm their own existence, to realize that, despite everything, they were still alive. Thus, self-harm functions for them as reminder non only of their physicality, but also of their right to exercise power over themselves (Ibi); it is not a case that she uses the expression “carving out the body” when speaking about her patients’ attempts of “bringing [their] subjectivity into being” through self-cutting
In other words, when their emotions seem out of control, self-harmers try to gain it back through the act of damaging their own tissues.

This original concept shed light on the role played by the patient’s agency in self-harm, which is often neglected or suppressed through medications. Drawing from her conclusions, Anna Motz also underlines the importance of self-injury as a mean through which “the perpetrator/victim recognizes themselves as the author of their own actions” (Motz, Managing self-harm: Psychological perspectives., 2009, p. 47). As proof, she illustrates the story of her patient Thomas, who was deprived of his bodily autonomy the moment he was confined in a residential school for deaf children, where he endured several episodes of physical and psychological abuse (Ibi, p. 36). Devoid of name and dignity, the only thing he had left was his body, through which he attempted to re-asset his identity that was stripped away from him at a really young age (Ibidem). Positioning Thomas’s attitude toward self-harm in the realm of the pathological means misunderstanding the purpose that these gestures have for him; this is also substantiated by Steggal’s analysis of Carla, victim of sexual assault. He claims that “while biopsychological objectivism positions self-harm as a symptom of trauma, and trauma as a causal aetiology, people who self-harm are themselves more likely to use the idea of ‘trauma’ as a complex of ideas and values which helps them to make sense of themselves, their lives, their world and, in particular, their sense of estrangement” (Steggals & al., 2020).

In discussing the implications of agency and body’s ownership, Motz also confirms the centrality of self-expression in self-harm gestures; people engaging in these types of behaviors tend to consider their body as integral part of their identity, a blank canvas that they can use to reshape themselves and mirror how they feel inside. Therefore, Motz argues that the communicative feature of this phenomenon should not be underestimated, as deliberate self-injuries often aim at externalizing feelings in hope of receiving a positive, empathetic response to pain (Motz, 2010). In this conceptualization of self-harm as a body language, one can easily retrace Straker’s influence (Straker, 2006): this author repeatedly underlines how difficult was for her patients to rely on words whenever they felt the need to disclose the intensity of their lived experiences (Ibi, p. 97). On the contrary, bodily communication seemed to provide a much more comfortable and successful channel of expression, which reveals how important it is for practitioners to understand and decode it, instead of simply pathologize it (Motz, 2009).

3.3. Self-harm bias in correctional environments
As stated earlier, clinical-behavior psychology often fails at recognizing the social-communicative aspects of this phenomenon. The limits of this approach can be inferred from the attitude that many mental health practitioners have in discussing the meaning of self-injurious gestures (Saunders, 2012), especially when they occur in specific settings such as those of detention centers (Dear, Thomson, & Hills, 2000) (Fagan, 2010) (Smith H. P., 2019). In those places, prisoner’s self-harm episodes are often met with distrust and skepticism, not only by medical staff but also by law enforcement (Pietrantoni, 2010; Ramluggun, 2013). For instance, among the interviews recorded by Pietrantoni, Prati, Palestini and Gramellini in the Italian prison of Forli 2010, a 40-years-old prison guard claims that “most of the time, when inmates decide to self-harm, they do only to achieve some goals” (Ibi p. 80). But here is the paradox: according to the biomedical objectivist framing, self-harm violently displays a deep malaise that people are uncapable of expressing in a healthy way, through what Steggals calls the “expressive imperative” of words (Steggals & al., 2020, p. 119-120). However, when inmate’s bodily communication becomes too explicit and demanding, it is often labelled as low risk and manipulative (Lohner & Konrad, 2006).

This can be easily verifiable within Italian CPRs; in 2018, the Human Rights and Migration Law Clinic carried out an extensive report on the immigration detention center located in Turin; this document offers a series of interviews to the medical personnel of the facility concerning the topic of self-injury among the detainees. All of them, including the chief medical officer Doctor M., maintain that these gestures are not authentic externalization of malaise, but rather a way to trick the staff in order to influence the environment or try to escape (HRMLC, 2018).

"They’re foolish cuts, they do those at home as well... this morning I saw one who told me he got them after an argument with his father. They do it casually, just for the sake of it. Another one last week took off 130 stitches, I mean, you really had time to waste! […] I can’t send them away only because they cut themselves or whatever, otherwise everyone else will. I do not accept the mockery; I am good and honest. I bring them confetti, sweets, everyone loves me... even when they meet me on the street, they greet me. But when they

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23 “La maggior parte delle volte che i detenuti intraprendono delle azioni autolesionistiche, lo fanno per raggiungere degli obiettivi” [original quote in Italian]
tease me I don’t accept it, so I don’t send them home in these case.24” (Ibi, p. 44).

The director defines these gestures’ “mockery”, something these people engage in only out of boredom and malice. His negative and suspicious attitude mirrors my direct experience with mental health practitioners within Southern Italian CPRs. All the therapists I interacted with – seemed to distinguish between detainees’ authentic and manipulative self-injurious episodes. Psychotherapist number 3 – who worked for several years within Trapani Milo CPR – had perhaps one of the most cynical approaches to the incidents she witnessed during her experience in the center:

I remember one guy from Tunisia who sewed his lips and penis with a thread made from his pants; he could not pee and had to be taken to the hospital. He was one of the few exceptions, as his self-injuries were caused by genuine depression. The rest of them almost exclusively used self-harm in a manipulative way to draw attention and ask to speed up their procedures. They did not really want to harm themselves.

Through this anecdote, she draws a clear-cut line between self-injuries caused by “genuine depression” and those who are enacted only in a performative way, to threaten the staff and gain something in return. Her words mimic the literature’s distinction of self-harm gestures based on the perceived seriousness of intentions (Franklin, 1988) (Haycock, 1989) (Martinez, 1980) (Wicks, 1974). Although it has been repeatedly pointed out that having “manipulative” purposes does not necessarily affect lethality’s degree (Dear, Thomson, & Hills, 2000) (Jeglic, Vanderhoff, & Donovick, 2005), this wide-spread clinical differentiation still somehow feeds staff’s distrust, leading them to underestimate the dangerous implications of these episodes. Moreover, it is important to mention the gender bias that can potentially influence their skeptical attitude toward inmate’s self-harm episodes. As I mention earlier, most Italian CPRs are exclusively reserved to men – with the exception of Rome’s center –, while according to the literature, self-injurious behaviors affect mainly the female population (Taylor, 2003) (Claes, Vandereycken, & Vertommen., 2007) (Bresin & Schoenleber,

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24 “Sono taglietti da quattro soldi, se li fanno anche a casa... stamattina ne ho visto uno che diceva di esserseli fatti dopo aver avuto una discussione con il padre. Lo fanno così, tanto per. Un altro che mi è capitato a un recente caso ha avuto una discussione con il padre e si è tolto 130 punti di sutura, ma io dico: avevi proprio tempo da perdere! […]io non posso mandarli via, perché si tagliuzzano o per altro, altrimenti tutti gli altri lo farebbero. La presa in giro non la accetto, io sono buono e onesto. Gli porto i confetti, le caramelle, tutti mi vogliono bene... an- che quando mi incontrano per strada mi salutano. Però quando mi prendono in giro non lo accetto, dunque non li mando a casa in questi casi” [original quote in Italian]
Thus, it is plausible that male self-harmers are taken less seriously, as these behaviors tend to be “unquestionably coded as feminine in our culture” (Steggals & al., 2020, p. 13).

However, to better understand the origins of this cynicism, the words of Psychotherapist number 4 might be helpful. During our interview, she attempted to explain how, inside Bari’s CPR, “the most wide-spread type of self-harm gesture was used to send a message to the staff”, whereas those she learned during her academic career “were rarer, as people usually tended to hide them”. She is implying that, according to what she learned from university, in order to be considered authentic displays of malaise, self-harm episodes not only have to be secretive but also cannot become a means for explicit communication. This paradoxical interpretation can be explained only if the idea of self-harmers as unable to communicate verbally is overcome.

Self-harm has deep social and communicative features. As Straker hypothesizes, self-harmers often choose bodily language because they perceive it as more effective than words, and not because they are unable to properly use them (Straker, 2006). The way these people externalize their feelings must be conceived within a “dynamic tension between being secret and being seen” (Steggals & al., 2020, p. 160). They carve into their bodies a message written in a “powerful, silent language” through which they aim at creating their own narrative, hoping for someone to see it and care for them (Motz, 2010, p. 15). To put it simply, communication is an integral part of self-harm, and thus, migrants’ self-injurious gestures should not be always framed negatively, even when accompanied by explicit requests. They are the reflection of their situation: according to Brossaurd, “like any practice, self-injury is part of the daily lives of the people involved. It therefore engages with their position in the social world”. The current biomedical approach too often neglects to recognize this phenomenon as a proper survival strategy (Motz, 2010, p. 15).

These alternative understandings of self-harm, combined with the theories of sovereign power, biopolitics and bare life that the previous chapter thoroughly discussed, are the fundamental conceptual framework that will be used to explore the potential political weight of migrants’ self-injurious actions within Southern Italian administrative centers for migrants pending repatriation.

4. Oppression and Bodily Resistance Through Self-Harm: the case of Southern Italian CPRs
In the previous chapters, the limitations of Agamben's conceptual framework in assessing the potential for political resistance within Italian CPRs were highlighted. Additionally, alternative interpretations for self-injurious behaviors in correctional environments, such as those found in immigration detention facilities, were explored. Consequently, it becomes essential to synthesize these theoretical frameworks to develop a new understanding of self-harm that acknowledges the agency and purposefulness of migrants within it. This novel perspective will be applied in a specific case study examining the CPR facilities in Bari, Brindisi, and Trapani, as valuable insights provided by psychotherapists offer evidence supporting a political and resistant interpretation of the phenomenon of self-harm.

This chapter challenges traditional views on resistance, as they are proved to be ineffective when speaking about such intimate and simultaneously brutal acts. I argue that the specific power dynamic taking place in CPR microcosms can be better understood using Daniel Silvermint’s feminist conceptualization of resistance, alongside with that of Vinthagen and Johansson; both in fact focus on the peculiarities of people’s reactions when confronted with power, which can change according to the context and the realm of their concrete possibilities. Furthermore, I claim that self-harm as a tactic of physical defiance used by migrant detainees against administrative detention system can be categorized into two approaches. Firstly, there is the deliberate effort to express distress in a manner that aligns with psychologists' understanding of genuine psychological anguish and malaise, in hopes of eliciting empathy from them; the aim is to find a way speed up their bureaucratic procedures and to escape from the CPR. Thus, I employ the brilliant classification made by Marieke van Houte, Arjen Leerkes, Alice Slipper and Lars Breuls to differentiate the types of overt and covert resistant acts within immigration detention and to understand which are more successful. Secondly, there is the tendency to employ bodies to disrupt the status quo, intimidate the CPR staff and make them feel uncomfortable, conveying migrants’ own frustration and highlighting their uncontrollability. The detainees’ aim is to regain power and control over their bodies and their lives, deeply diminished by this specific kind of detention regime. In this case, I delve into the concept of Julia Kristeva’s abject to explore the ways migrant detainees use their bodily fluids such as blood to resist power abuse. It is important to underline how these two strategies are not mutually exclusive, as they can be put into effects at the same time. Finally, I attempt to understand whether the infamous use of psychotropic drugs – particularly sedatives –, testified not only by the practitioners I engaged with but also by a large part of the public documentation on the topic, can be interpreted as a strategy to suppress any type of resistance within these centers.
4.1. Understanding Resistance Within Immigration Detention Centers

From Foucault’s perspective, wherever there is power, there is resistance. Therefore, although immigration detention facilities are characterized by violent power dynamics, detainees de facto keep exercising agency during their stay to contrast the awful conditions of their detention regime. As the therapists repeatedly pointed out, the funds and services’ shortage of these centers deeply affects detainees’ life quality:

This is my suggestion: to improve activities and allow them not to feel like they are in prison, as de facto they are not. I would also recommend a higher expenditure for these centers since they are always severely financially neglected, as I could assess when I became director. (Psychotherapist 5)

Private and public institutions, along with law enforcement, should put more effort into making these facilities more welcoming and comfortable. And I say this as the current director, I am trying my best to change these aspects (Psychotherapist 1)

Their claims mirror the literature available on Italian CPRs exposing a general institutional disregard towards these realities, often underfunded and neglected by the Government. The most acknowledged deficiencies concern cultural mediation personnel and legal information services, which translate into a systematic violation of migrants’ dignity and rights (Santoro & Borlizzi, 2022). However, it is important to also the inadequacy of psychotherapy services in address the detainees’ needs:

I believe that the weekly hours available for therapists to work and help the inmates are too little. I used to work for 8 hours every week, and I had to take care of only 2 sectors. After they reopened the rest of the facility, they offered me an additional 8 hours to follow 300 people! That’s crazy! (Psychotherapist 3)

The lack of mental health personnel is not the only thing that affects the quality of this assistance; CPRs environments often facilitate criminalizing behaviors towards prisoners, perpetuated by the punitive and suspicious attitudes of law enforcement, who “are usually obliged to participate and supervise” private counselling sessions (Psychotherapist 1). This is also confirmed by Psychotherapist 5, as she emphasized the venues’ excessive surveillance system:
The main issue was the lack of free movement within the facility, as law enforcement was supposed to guard them and follow their every move. Their voice was more powerful than ours (Psychotherapist 5)

Moreover, the same physical configuration of these buildings is extremely asphyxiating, with stripped walls and cages all over the place, which increase detainees’ sense of hopelessness and powerlessness:

[…] The way they are structured… everything is closeted and the spaces are quite small and suffocating. Even a week can feel like forever there, especially if you have not committed any crime. In my opinion it is much worse than prison. (Psychotherapist 2)

Therefore, despite making efforts to express discontent through official procedures, migrant detainees may find themselves silenced, lacking any acknowledgement or response to their fundamental necessities. Left alone to face the hardships of this detention regime, as they are unable to establish communication with the outside world, they resort to using their bodies as weapons to resist their circumstances.

This can be ascertained by the numerous episodes of riots and clashes occurred within Italian CPRs since their opening (Paleologo, 2007), punctually reported by newspapers and civil societies’ associations. For instance, considering only the facilities that this thesis decided to focus on, public reports recorded no less than three different episodes of arson and rioting in the past year (Caruso, 2022) (Oliva, 2022) (Francklin, 2023), which caused several injured and one death among the prisoners. These incidents prove how, contrary to Agamben’s conceptualization of bare life deemed only as mere survival and submission, migrant detainees are openly engaged into a power struggle against the Italian state (Campesi G., Hindering the deportation machine: An ethnography of power and resistance in immigration detention.”, 2015). As Raffaela Puggioni recounts in her research on self-harm in Italian immigration detentions, sovereign violence is not met with acquiescence and submission, but rather with bodily violent reactions (Puggioni, 2014, p. 563). Therefore, the political significance of their actions must be recognized and restored, in the attempt to overcome prevalent narratives that linger exclusively on their suffering.

However, in the conventional sense, the concept of resistance typically comprises forms of political action that requires a certain level of power and privilege and may not be feasible for those who are constrained by different and perhaps harsher circumstances (Aitchison, 2022). Public and collective exhibitions of dissent such as those cited above are easily identifiable as
resistant acts, but it is a mistake to consider them as the only way possible to fight injustices, especially within these specific correctional environments. As a matter of fact, this understanding of resistance overlooks the diverse manners that individuals might employ to confront, challenge, or oppose the oppression they experience. There is no doubt that detainees cannot retain control over their circumstances; yet they continuously display maladaptive behaviors that are incompatible with a disengaged, apathetic acceptance of their fate, even with no hope of improvement.

As claimed by feminist philosopher Daniel Silvermint, “resistance comes in many flavors, each revealed by a different understanding of why oppressive circumstances call for resistance” (Silvermint, 2013, p. 409). In other words, in the face of oppression, individuals may respond in varied ways based on their beliefs and situations. For this reason, resistance in settings like that of the CPR can sometimes be difficult to spot, as its expressions are often manifold and ambiguous (Puggioni, 2014). Afraid of potential repercussions, sometimes detainees might prefer to keep a low profile, avoiding direct conflict with the authorities. Furthermore, one does not have to intentionally aim at dismantling oppressive systems through their actions for them to be qualified as resistance; the agent’s primary goal can also be to improve their material condition, or simply lessen the burden of oppression for themselves and others (Silvermint, 2013). Thereby, less evident and quieter forms of resistance run the risk of being misunderstood or completely overlooked (Vinthagen & Johansson, 2013).

Vinthagen and Johansson sought to emphasize the importance of this low-key, often self-interested resistant behavior that is “done routinely, but which is not politically articulated or formally organized (yet or in that situation)” (Ibi, p. 10), known as “everyday resistance”. According to them,

The existence of mundane or non-dramatic resistance shows that resistance could be understood as a continuum between public confrontations and hidden subversion. It also suggests a possibility to understand from where open rebellions come, and why sometimes and in some places they don’t occur, despite “objective” conditions. Furthermore, everyday resistance suggests that resistance is integrated into social life and is a part of normality; not as dramatic or strange as assumed – even if it is still unclear how common it is. (Ibi, p. 3)
The concept of “everyday resistance” is engrossing, as it is able to shed light over the power dynamics within immigration detention centers, which sees migrant prisoners confronting the overwhelmingly powerful control system of the State, with no chance to win. However, as Silvermint already pointed out, resistance should not be evaluated according to its success in subverting the system, considering that mostly function as a both practical and existential strategy: it enables detainees to not only gain some benefits, but also to assert their own agency in a hopeless and restricted environment (Fiske, 2016). Lucy Fiske’s research set within Australian detention islands was pivotal to understand the multifaceted and often unconventional ways people use to counteract state power, such as to refuse food, trigger physical altercations, provoke the authorities through self-harm or destroying the facility (Ibi).

4.2. Inside Southern Italian CPR: Self-Harm as a Strategy of Covert Resistance

Although it is important to detect and emphasize every act of resistance occurring in these venues, including the most eccentric and apparently futile, this thesis’s first focus remains that of self-harm. Several studies conducted within places for immigration detention around the globe sought to analyze and understand these gestures’ traits and motives, moving away from harmful stereotypes that portrayed them as acts of desperation or as symptoms of their alleged savagery (Fiske, 2016) (Puggioni, 2014) (Aitchison, 2022) (Manghi, 2021); therefore, large part of their findings will be employed in this examination of the self-damaging behaviors recorded inside the Italian CPRs of Bari, Brindisi and Trapani. As I already discussed in the previous chapter, detainees’ self-harm episodes are often misinterpreted by the same medical personnel who is supposed to take care of them. James Scott’s twofold conceptualization of resistance – as displayed and used by Van Houte et al. in their brilliant research concerning the perceived legitimacy of immigration control amongst irregular migrants (Van Houte & al, 2021) – can be useful to understand the reason behind it. Drawing from their work, I will attempt to outline migrants’ maladaptive behaviors narrated through the words of the therapists that worked with them during their permanence and highlight the singularities of self-harming.

As aforementioned, the creation of disturbances inside immigration custodial facilities is highly recurrent and may follow different routes. In his 1990 influential work *Domination and the Arts of Resistance*, James Scott maintains that
each realm of open resistance to domination is shadowed by an infrapolitical
twin sister who aims at the same strategic goals but whose low profile is better
adapted to resisting an opponent who could probably win any open
confrontation (Scott, 1990, p. 184)

To put simply, expressions of dissent can be more or less explicit, based on the prisoners’
circumstances, since they are often at risk of retaliations. I already stressed the importance of
emphasizing all forms of resistance that may occur within constrictive settings; however, Van
Houte et al. went even further, as their research was able to disclose a general pattern of
distinction between overt, explicit resistant acts and those who are less expressive, labelled as
covert. (Van Houte & al, 2021). Overt resistance acts are usually performed to openly display
inmates’ objection to administrative detention, and they are often unsuccessful, as they end up
agonizing the staff working in those facilities. Many examples of overt bodily resistance can
be found within the therapists’ experiences in these centers, such as lips-sewing, batteries’
ingestion, self-cutting and genital mutilation. Their animosity and nuisance towards
“manipulative” self-harm is easily detectable throughout all the interviews. While describing her
job experience with migrant detainees, Psychotherapist 3 inadvertently draws an interesting
connection between “manipulative” self-harm and other disruptive conducts she witnessed:

They used to damage everything: toilets, telephone booths, doors, windows
and so on. They did that just to annoy the staff. That did not happen before,
inmates used to paint and craft. The types of people we hosted changed;
currently, inmates have more aggressive tendencies, they come in Italy to
commit crimes and are not in search for a job (Psychotherapist 3)

[… ] I never witnessed someone coming from West African countries such as
Nigeria, Senegal or even from Sudan committing self-harm; on the contrary,
the men coming from the Maghreb, particularly from Tunisia, are much more
likely to engage in these behaviors, as I believe they are much more aggressive
and their attempts to escape are more frequent (Psychotherapist 3)

From her point of view, the current migrant population hosted within Trapani’s CPR is more
prone to engage in both self-harm and belligerent attitudes, perceived as strategies employed to
threaten and annoy the staff rather than a symptom of mental ill-health. However, she does not
apply this negative evaluation to all self-damaging acts, but only to those who are explicitly
performed to provoke the authorities. This viewpoint is extremely widespread among the
therapists I interacted with:
[...] I am not saying this is what everybody did [manipulation], many of them used to hurt themselves out of genuine psychological pain (Psychotherapist 2)

It was clear what the difference was between real desperation and manipulation (Psychotherapist 5)

These words reveal a certain uncomfortableness towards detainees’ expressive resistance methods such as collectively organized riots, destructive behaviors and manipulative self-harm acts, as they seem to be related exclusively to their imprisonment and could be easily solved through the prisoners’ release. Nevertheless, the therapists were also able to partially recognize how “genuine” self-damaging conduct occurring in these correctional environments may be caused by the nature of administrative detention itself:

[...] when you talk about self-harm, remember to underline that often is a symptom caused by this type of detention (Psychotherapist 2)

“Do you think that administrative detention perhaps triggered latent mental illnesses?”

I believe it could, especially within people with a traumatic past or an history of addiction. [...] (Psychotherapist 3)

Their strict separation among the types of self-harm happening inside the facilities compared to those manifested and learned in the “outside world” suggests that they are aware to some extent of the specific pathogenic nature of administrative detention:

[...] I’d say that self-harm behaviors among CPR’s inmates is different from those happening in the outside world, as they come out more as threats than anything else (Psychotherapist 1)

This type of self-harm differs from what we learn at university. Let’s be clear, those happened as well but they were rarer, as people usually tended to hide them (Psychotherapist 4)

It is normal to become more and more frustrated when you feel you are being subjected to injustice (Psychotherapist 5)

Therefore, from what I could assess, the main issue occurs when self-harm becomes a way to explicitly protest against the detention. Yet, as it was thoroughly discussed in the previous chapter,
the aim of self-harm is always communicative: with the act of bodies’ brutalization, detainees seek help insofar to ease their pain and frustration. Hence, I argue that self-injurious behaviors can be employed simultaneously as an overt and covert strategy of resistance, and that their success depends on whether these gestures become explicit. This idea is supported also by Manghi’s field research on Turin’s CPR facility, as he underlines how prisoners learn to play along with the system – in particular with the stereotypes that medical personnel hold against mental illnesses and self-harm episodes, in order to free themselves from the regime of administrative detention (Manghi, 2021). Psychotherapist 2 brilliantly clarifies this:

When they swallow batteries, for instance, and start feeling bad, they can go out to reach the hospital, so many see it as a chance to escape, or, even better, to start a series of bureaucratic processes assessing their incompatibility with detention regime. This process can end up with their release. It does not matter if they get repatriated or only moved to somewhere else, the important thing is that they can get out of the CPR. (Psychotherapist 4, my emphasis)

Migrant detainees seem to have gradually learned how to exercise their agency in the most convenient way, as they understood from the medical personnel’s attitudes that they must exhibit convincing and often critical symptoms of mental malaise, in order to ensure their release. From what I could assess, the message they receive is that the more “genuine” their self-injurious behaviors appear, the higher their chance for freedom becomes. Acts of rebellious and aggressive self-harm, just like all the other overt resistant strategies explicitly made to provoke the authorities, can be counterproductive, as they often fail in conquering the empathy and the understanding of the staff, whose help is essential for them to outlive to this type of detention. Therefore, migrants tend to act following what they see works for their fellow detainees who manage to leave the venues: it is not a case that, according to Manghi, they often exaggerate their symptoms and enrich their background stories with tragic details (Manghi, 2021, p. 131), so that their malaise can be taken seriously and not labelled as a mere manipulative tactic. Nevertheless, this logic should not be always interpreted as a fully conscious choice, especially for those people who engage in life threatening self-harm; Lucy Fiske reports that most self-harm experiences within her experience with Australian immigration detainees “blended their emotional state with complaints about both politics on a local level […] and broader national and international politics”, to a point where is difficult to differentiate the two aspects (Fiske, 2016, p. 126).
4.3. Inside Southern Italian CPRs: Self-harm and the strategy of Abject Resistance

Differently from other forms of overt and covert resistance occurring inside immigration detention facilities – such as hunger strikes or refusing to disclose real identity to obstruct the deportation process (Campesi G., Hindering the deportation machine: An ethnography of power and resistance in immigration detention.", 2015), bodily self-damaging practices may appear extreme and illogical at first glance. Self-harm is painful and poses potential risks to the lives of the detainees’ involved, making it challenging for the medical personnel to comprehend or condone such behavior. However, as Straker, Motz and Steggals already underlined, some people might deem this type of body language as more powerful and effective than words (Straker, 2006) (Motz, 2009) (Motz, 2010) (Steggals & al., 2020), especially in repressive, demining environments such as those of immigration detention (Puggioni, 2014). Based on the interviews, it is evident that therapists do not always perceive this mode of communication in a favorable light, resulting in a simultaneous experience of discomfort, sadness, and frequent irritation, especially towards those self-injurious conducts labelled as “manipulative”. Nevertheless, they rarely fail at capturing the attention of both the staff and the media, as evidenced by the recent surge in CPR’s reports and journalistic investigations. Hence, it is important to understand the roots of such discomfort for this specific form of bodily resistance.

The centrality of body within this strategy of “everyday resistance” must be stressed, as it contrasts the traditional subaltern role that Cartesian-inspired philosophy has always attributed to human physicality (Adelman, 2016). As Puggioni already pointed out, the mind and body are two strictly linked entities, so the distress and isolation experienced by migrants within immigration detention centers is felt deeply through their whole physical beings. According to her, “it is precisely this corporeal experience that triggers corporeal responses” (Puggioni, 2014, p. 570), such as self-harm conducts. These gestures may be deemed simultaneously as a “hopeful” cry for help – using Motz words –, but also a way to exert their bargain power with the authorities, as bodies represent the primary – and often only – tool that inmates have available to influence the people who are responsible for their custody. By drawing upon the notion of abject resistance discussed by Johansson and Holmes in their analysis of how psychiatric patients use their bodily fluids to resist against the coercive power techniques of their nurses, I maintain that incarcerated migrants strive to elicit a similar reaction of repulsion and concern from the prison’s staff, when they expose them to the crude reality of their bleeding wounds (Johansson & Holmes, 2022). Johansson and Holmes’s analysis examine the specific nurse/psychiatric patient’s relationship and cannot be directly applied to other realms. Nevertheless, I posit that they could provide
valuable insights to also understand the reason behind detainees’ choice of self-harm as a resistance strategy.

The concept of abject was originally introduced by psychanalytic philosopher Julia Kristeva, who emphasized its fundamental role in shaping subjectivities (Kristeva, 1982). According to her, it is a process of rejection and revulsion through which the infant distances themselves from their mother and infancy – symbolized by breast’s milk (Ibi). Without this process, the individual cannot form their own identity as whole, delimited person with borders: the creation of “I” requires the rejection of the Other. Thus, anything that crosses “the correct perimeters of our clean and proper bodies” poses a danger to the subject’s integrity (Mansfield, 2000, p. 83). Bodily fluids such as vomit, feces and blood demolish “the illusion of whole bodies with unbroken surfaces”, as they permeate corporeal boundaries exposing their inherent fragility, causing feelings of distress and disgust in those who witness (Wilcox, 2015, p. 84). In other words, abjection serves as an emotional mechanism that individuals employ in response to experiencing or perceiving a violation of their personal boundaries (Rudge, 1998). After all, “when we do conceive of the body in terms of the inner and the outer, the insides of the body are not meant to be shared with others” (Arya, 2014, p. 8).

Johansson and Holmes state that nurses often experience similar feelings as they encounter their psychiatric patients’ bodily fluids and wounds, especially when they are consciously weaponized against them:

> The patient who smears themselves with their own excretions, or who creates boundaries of excretions between themselves and nurses, is intentionally using the abject as a means of resistance (Johansson & Holmes, 2022, p. 6)

Although the therapists I interviewed did not explicitly mention instances of inmates using the blood leaking from their wounds as a weapon against prison staff’s members, they did affirm witnessing firsthand multiple episodes of self-harm as part of their job. This is something quite ordinary for the staff of Italian administrative detention facilities; for instance, Bugoni and Corvino reported the account of a young linguistic mediator who was forced by the circumstances to watch an Algerian men cutting his arm with a blade without being able to help him (Bugoni & Corvino, 2018, p. 136). She defined it as “another extremely dramatic moment” of her job experience within these centers, suggesting how these acts were really part of her routine (Ibidem). Psychotherapist 4 also hinted at the profound impact that these gestures had on her psyche while she worked in the CPR:
During the months I have been there I witnessed to many of these acts. They were incredibly shocking, so I cannot tell you today if they were actually numerous or if my mind is just tricking me (Psychotherapist 4).

On the contrary, the rest of her peers exhibited a sense of detachment when recounting these incidents, adopting a professional demeanor characterized by a certain aloofness, likely a result of their familiarity with such situations. Nevertheless, when I questioned them about this phenomenon, they all answered without any hesitation, sometimes even preempting my questions (Psychotherapist 1), and displayed a noticeable level of awareness, as if they had given it considerable thought. Generally, when a topic fails to capture our interest, it does not dwell in our thoughts for an extended period of time; thus, self-harm must have been a significant concern for these mental health operators as well. Moreover, in the previous paragraphs, I delved into the way their interviews revealed their unease towards self-injurious conducts, especially those labeled as “manipulative”. Thus, it is safe to assume that even the sight of bodily self-mutilation might arouse feelings of discomfort, disorientation and fear in them, which I argue it stems from the way the abject challenges their personal boundaries.

This reaction can be considered analogous to what happens during some extreme Body Art performances such as Gina Pane’s *Lait Chaud*, when the audience is exposed “to both the operation of abjection to which the artist subjects the body and the abject condition of the artist brought about their actions” (Arya, 2014, p. 8). To put simply, being exposed to wounds, which symbolizes the disintegration of the boundary between the self and others, leads to a state of anxiety and disrupts the established order of things. I maintain that this occurs when migrants’ corporal boundaries become porous through cuts or “swallowing nails, batteries, caps” (Psychotherapist 3) within Southern Italian CPRs. When they engage in self-harm, just like psychiatric patients, CPRs’ detainees exploit their vulnerabilities and transform them into tools against those people that perform the simultaneous – and often contradictive – function of custody and caring (Johansson & Holmes, 2022, p. 5). Their level of awareness can be disputed; perhaps they also understand how devastating trespassing personal boundaries with the abject can be. Regardless, the impact of their intention is secondary, as it still triggers significant reactions.

Furthermore, I argue that the reason behind therapists’ experience of unease when confronted with "manipulative" self-harm episodes stems from the challenge of categorizing such actions as pathologies. Hence, I refer again to Johansson and Holmes’s study, particularly regarding nurses’ tendency to negatively label their patients' highly transgressive behavior. In this context, those who openly resist their coercive authority are often portrayed as "deviant" and "monstrous" (Ibi,
p. 4). However, it is important to note that this research is centered in a psychiatric hospital where all patients have been diagnosed with mental illness. Conversely, the case under examination in this thesis highlights that those individuals with “genuine” mental disorders – such as schizophrenia and severe depression –, who engage in self-harm, are more likely to receive an empathetic response, as their incompatibility with the detention regime is promptly addressed to the authorities. This is the case of the schizophrenic detainee that Psychotherapist 2 mentioned during her interview:

[…] People with that type of mental illness are not even condemned to normal prisons, they are usually admitted to a judicial psychiatric hospital. We did our best to make sure that men could get out of the CPR, as his case was incompatible with any detention regime (Psychotherapist 2).

Prisoners who demonstrate a rebellious attitude or openly engage in self-harming behaviors in order to be removed from the facility often face challenges in receiving recognition for their malaise. Unfortunately, psychotherapy often views these behaviors through pathological lenses, labeling them as either deviant acts of defiance or ailment’s symptoms that can be cured with medications. On the contrary, I maintain they should be seen as proper acts of political resistance that use the abject to provoke strong reactions from the people that generally dismiss migrants’ request or are unable to properly address them due to these centers’ strict managerial rules.

4.4. The Abject Body as Uncontrollable

According to the therapists, the praxis that the staff should follow when self-injurious episodes occur is typically prompt and proactive:

First of all, when someone attempted to hurt themselves, the medical equip intervened immediately to make sure their lives were not at risk. (Psychotherapist 3)

The nurse immediately intervened and made sure their lives were not in danger. After this, we usually decided to meet with the subject in question more often, in order to monitor his situation (Psychotherapist 4, my emphasis)
Law enforcement and medical equip were the first to assess the situation and ensure the inmate was alive and well. After the life-threatening aspects were solved, we usually arranged new meeting with these patients on regular basis, I don’t know, every three days for instance, in order to evaluate their mental condition (Psychotherapist 5, my emphasis)

The sudden reaction and the subsequent implementation of stricter measures towards individuals engaging in these acts indicate a pressing necessity for the state – through the members of its surveillance system – to reclaim its authority over inmates’ lives and bodies, as they had momentarily eluded through such actions. After all, the aim of the sovereign power, when it locks migrants within these venues, is not to kill but to slowly asphyxiate them through policies entrapping them into cramped spaces with very few chances of getting out (Tazzioli, 2021). Preserving their lives is crucial, so that sovereign power can continue to exercise its control over them: only the state can make “all life-and-death decision” (Jenkins, 2020, p. 6), not the prisoners. This fear towards inmates’ ability of hurting themselves can be asserted by the words of Psychotherapist 4:

[…] (this type of) self-harm gesture was used to send a message to the staff:
if I don’t get what I want, I will hurt myself and you will be responsible of it.
If someone dies within these centers, it’s really complicated! (Psychotherapist 4, my emphasis)

Although this concern partially arises from the potential legal ramifications they would encounter if a tragic accident were to occur to the prisoners, it is crucial to delve further into the matter.

I argue that through the disruption of their corporal integrity, inmates showcase the “relentless materialism and uncontrollability” of their bodies (Arya, 2014, p. 5), which could potentially unsettle the system of control upon which administrative detention is founded. From the moment migrants were confined in the CPR, their bodies underwent a process of abjection. Branded as illegitimate, their identities transformed into that of the "irregular immigrant," destined for expulsion from national territory (Isin & Rygiel, 2007). Consequently, they became segregated from the rest of society, being perceived as strangers, dangerous outcasts. Thus, confined within “abject spaces” (Ibi) and “abject identities” – reinforced by the harsh conditions of their imprisonments compelling them to live in dirty, disgusting environments (Santoro & Borlizzi, 2022) – they decide to embody their abject character through self-mutilation and use it to scare and defy therapists and the rest of the prison’s staff. As a matter of fact, the dual nature of
abjection resides precisely in its ability to be both rejected and feared; it is spurned for being
dangerous and uncontrollable, but it can never be radically defeated, as it persists as a threat
(Kristeva, 1982). These episodes reveal the custodial figures’ incapacity to restrain migrants’
body and subject them to the rules of societal appropriateness, despite the high surveillance
level characterizing these spaces. By using such a painful, hard-to-watch practice, inmates
attempt to reinvent themselves as free owners of their bodies. This highlights their profound
impact on the physical realm, albeit limited by the circumstances; the message they send is “I am
here, and you can’t control or ignore me any longer!”.

The use of the abject as a means to evoke intense responses and emotions among the prison staff
additionally brings together the various manifestations of self-injurious behavior, whether overt
or covert, that occur within these facilities. For example, Psychotherapist 4 reports an episode
that scarred her for life, which I contend is particularly emblematic of how meaningful self-harm
acts are for detainees, both for their communicative and empowering aspects:

I remember vividly one case of a prisoner who did not want to take his meds
any longer and thus decided to sew his own lips in public. His defiance was clear to everybody: he was so angry that he barely felt any pain
(Psychotherapist 4)

Through Psychotherapist 4’s account, it is challenging to deem this act as anything other than a
performance for everybody to see; it is also evident that this detainee’s message of “defiance”
was so significant that allowed him to overcome physical pain and the fear of retaliations. On top
of that, the act of lip-sewing clearly represents his refusal to obey to the center rules and regain
control over his body. Within an environment that holds an all-encompassing power over
detainees’ lives and micro-manages every aspect of their days, the rejection of psychotropic drugs
that can potentially affect his sense of self epitomizes this men’s will to re-asset his identity. Scarring his body means re-own it.

This act of self-harm bears similarities to a previous incident mentioned earlier in the text,
involving Psychotherapist 3. In that case, a Tunisian man also sewed his lips and penis to express
his deep mental distress. Despite the therapist's shock, she recognized this act as a genuine
reflection of the man's suffering rather than a manipulative ploy. Subsequently, the man was
urgently hospitalized, and it is likely that the terms of his confinement were reevaluated. Thus,
we can infer that in that instance, also the Tunisian man utilized extreme behavior such as sewing
parts of his body to elicit a strong reaction. The difference is that his use of the abject could be
framed by therapists into the realm of pathology, and therefore was perceived as less threatening. Hence, it appears clear that this strategy of resistance is not solely limited to those who engage in what the therapists call “manipulative” self-harming behaviors but is also employed horizontally by inmates to draw attention to the reality of their suffering and assert their ownership of their physical bodies and personal identities. As brilliantly articulated by Fiske, not only “detainees’ bodies became a site for the exercise of state sovereignty, but they were also sites for detainees to reclaim sovereignty of self” (Fiske, 2016, p. 137). By engaging in self-injurious behaviors, migrant detainees are able to retrieve some sense of personal agency in a situation where they have little or no control, not even concerning the food they ingest or the people they are allowed to talk to (Coalizione Italiana Libertà e Diritti Civili, 2021). As mentioned in the previous chapter, authors such as Straker, Motz and Steggals share a similar view over this phenomenon, underlining how crucial self-harm can be in the process of shaping one’s identity. Therefore, this practice can be paradoxically interpreted as a survival practice, as it exploits the uncontrollability of their abject bodies to regain control over themselves.

4.5. Psycho-pharmaceuticals and the Suppression of Bodily Resistance

The wide-attested use of medications such as sedatives and tranquillizers may represent an attempt to limit migrant detainees’ self-sovereignty and bodily resistance. As a matter of fact, according to Fiske’s inquiry, through the approval of Regulation 5.35, Australian government “retained the power to administer medical treatment against the will of the detainee” (Fiske, 2016, p. 137), in order to restrain episodes of self-harm occurring frequently within these structures. In Italy, there is no such a clear legislation that legalize the forceful administration of psycho-pharmaceuticals; however, most research available to the public repeatedly underline the widespread use of this kind of substances for soothing purposes among detainees, often unscreened – if not encouraged – by the staff and authorities (Barbieri, et al., 2013, p. 17;26) (Veglio, 2020, p. 70-72). Recently, the Italian magazine Altraeconomia published up-to-date information concerning this issue, emphasizing the large expenditure for drugs authorized by managerial authorities throughout most Italian CPRs (Rondi & Figoni, 2023). Nevertheless, when it comes to Southern Italian centers, no data were publicly disclosed, due to the relative isolation of these venues.
Caltanissetta and Macomer’s CPR represents the sole exception: in the former, between 2021 and 2022, 2,180 tablets of Tavor (plus 29 ampoules) and 180 of Zoloft were purchased, alongside with unspecified allotment of Valium, Bromazepam and Rivotril (Ibi, p.12), against a population that in July 2022 counted around 40 individuals (ASGI, 2022, p. 3). It is therefore legitimate to assume that similar figures may also be found other Southern Italian CPRs, such as those of Bari, Brindisi and Trapani. Throughout the interviews, all therapists mentioned at some point the administration of drugs to people displaying maladaptive behaviors, although some of their answers were conflicting. Psychotherapist 1, for example, argued that meds were administered only to migrants engaging in “genuine” self-harm acts:

[… the first thing we do [in case of self-harm episodes] is to call an ambulance and ask for emergency interventions. This happens whether the victim has previous psychiatric history or is just trying to rebel. However, we co-operate with the CSM (ed: acronym for Centro Salute Mentale, namely Mental Health Center) only with the former. (Psychotherapist 1)

The only other therapist who partially confirmed her words is Psychotherapist 4, who does not exclude the possibility that these substances may also be given to those who self-injure to protest against the detention regime:

Pharmacological therapy was commonly used, but it depended on the origins of these self-injurious acts. Meds were usually given more often to people whose self-harming gestures were genuine, and not as an act of rebellion (Psychotherapist 4)

Nevertheless, she seemingly disproved these words with an earlier answer, in which she claimed that the use of psychotropic drugs was common, but it was stopped by the nurse as it caused detainees to become addicted.

The fact that Psychotherapist 1 is currently working as the head of one of these facilities may perhaps explain why she felt the need to “justify” the way her center administers pharmacological therapies to its patients; however, if Italian legislation specifies that individuals with certain mental health pathologies – as underlined also by Psychotherapists 2 and 3 – are incompatible with this type of detention but a surge in costs associated with medication appropriate for that profile occurs, the contradiction appears evident. Additionally, other staff members working in other Italian CPR centers highlighted how customary and calculated the administration of drugs in these centers really is. For instance, in the previously mentioned journalistic inquiry of
*Altraeconomia*, the authors were able to interview a former CPR worker, who expressed an interesting perspective over the nature of the massive sedatives’ use within these environments:

While they are asleep or numb, their requests diminish: thus, people detained in the CPR do not eat nor ‘mess around’, they get repatriated and can’t claim their rights. And above all, the management society saves more money, as psych drugs cost much less. Food, maintaining an 'active' person, instead, costs much more25. (Rondi & Figoni, 2023, p. 11).

This description of migrants under psychiatric medication recalls the figure of the Muselmann in Agamben’s *Remnants of Auschwitz* (Agamben, 2002). This term indicates the camp prisoner sent to the gas chamber due to a complete mental and physical collapse; he perfectly embodies the notion of bare life, as he “lost all consciousness and all personality” to a point where he was no longer human (Ibi, p. 39). Therefore, I claim that the massive and often unjustified use of sedatives should be interpreted as a repression tactic undertaken by authorities to reduce undocumented migrants to passiveness and acceptance, often in response of their rebellious attitudes. If bare life cannot be ensured by detention itself – as resistant acts continuously disrupt CPRs’ environments, alternatives are needed to exert total control and deprive them of any sense of self-sovereignty.

25 “Mentre sono addormentati o storditi, le loro richieste diminuiscono: così le persone trattenute nel Centro di permanenza per il rimpatrio (Cpr) non mangiano, non fanno 'casino’, vengono rimpatriate e non pretendono i propri diritti. E soprattutto l’ente gestore risparmia, perché gli psicofarmaci costano poco. Il cibo e una persona ‘attiva’, invece, molto di più” [original quote in Italian]
5. Conclusive Remarks

The main objective of this study was to examine the phenomenon of self-harm behaviors within the administrative detention centers known as Centri di Permanenza per il Rimpatrio (CPR) situated in Southern Italy, a highly strategical region on the external borders of the European Union, separating it from North Africa and West Asia. Due to these facilities’ noticeable remoteness and impenetrability to the public, the voices of psychotherapists responsible for monitoring the mental well-being of the detainees were used as an entryway. After offering a brief overview of administrative detention in Europe and Italy, this research aimed to address various questions related to this topic.

Firstly, the thesis aimed to comprehend the limitations of the clinical and biomedical approach often used to analyze these actions, as it tends to overly-pathologize them. It has been observed that such an approach creates an arbitrary distinction between "genuine" acts of self-injury, which stem from identifiable mental illnesses, and "manipulative" acts, which are solely intended to seek attention and cause trouble for those working within prison system. By adopting alternative
conceptual frameworks, drawing mainly from psychoanalytic and sociologic understanding of self-harm, this thesis demonstrated that this phenomenon can and should be viewed both as a means of reclaiming one's body and identity against tragic and painful circumstances and as a bodily language to express frustration and suffering. Placing these actions within the category of "manipulation" is deemed pointless in this new perspective, since every act of self-injury aims at drawing attention to one's own pain and make it tangible.

Later, the thesis aimed to provide a more specific political interpretation of these self-harming conducts. It analyzed these acts in relation to the concepts of sovereign power, resistance, and agency to understand their significance in the context of administrative detention. To conduct this analysis, it was crucial to examine how self-inflicted bodily harm can serve as a powerful tool for prisoners to resist and disrupt the operations of these facilities. This thesis singled out two main strategies implemented by inmates to do so. The first strategy involves intentionally exploiting psychologists' biases on self-harm and mental health: inmates often attempt to express malaise in a manner that aligns with psychologists' understanding of genuine psychological suffering to gain their empathy, so that they can be helped expediting bureaucratic processes or even allowed to leave the CPR. In fact, by hurting themselves and making it look as a “genuine” act of desperation without ulterior motives, can be transferred to external hospitals and attempt to escape. The second strategy involves using their wounds to disrupt the existing order and create in the prison’s staff – including the therapists – a sense of unease and distress. Through this strategy, migrants convey their own frustration and emphasize their lack of control over their bodies. The explicit use of self-harm demonstrates a certain level of awareness in their desire to challenge and intimidate the authorities, with the goal of reclaiming their body and identity in environments that seek to reduce them to a state of mere survival, as described by Agamben. Hence, regarding these actions merely as symptoms of mental disorders, excluding them from the realms of politics and resistance, would be deceptive.

The thesis concludes by identifying the strategy authorities use to respond to these acts of bodily resistance, namely the overuse of psychotropic medications on prisoners. In these facilities, recent investigations have actually revealed that there is a widespread purchase, distribution, and utilization of sedatives and antidepressants, with the intention of suppressing any forms of dissent that may hinder the smooth operations of the facilities. It is clear once more that Agamben's characterization of "bare life" is inadequate in capturing the ongoing power dynamics that take place in this particular context on a daily basis.
Despite the challenges and limitations discussed earlier, this thesis has made a significant contribution to the academic understanding of administrative detention in Italy. It shed light on some of the most inaccessible CPR facilities, providing insights into management practices and the treatment of prisoners' mental health. However, there is still a long way to go in exposing the reality of these centers, so that the Italian community can acknowledge their detrimental effect on the well-being and dignity of migrants and thus reconsider its entire reception system. Understanding self-harm in immigration detention is a crucial step in this, as it reflects not only our perception of the detainees' actions, but also the actors involved.

Annex
Picture 2 CPR of Bari

Picture 3 CPR of Brindisi Restinco

Picture 4 CPR of Trapani Milo
Complete Interviews

Interview to Psychotherapist 1

1. When did you start working in the mental health field?
   Since 2016, when I joined the Albo degli Psicologi and officially became a psychotherapist under the Italian Law.

2. Why did you decide to become a therapist?
   I started working at local cooperatives that took care of migrant children and I decided to continue on this path. At the time, I was also offering private therapy sessions and gained some field experience.

3. Since when did you begin to work in the CPR?
   To be exact, I was first hired as a psychologist. After that, I became the manager of this facility, while another therapist filled my previous role.

4. Could you briefly explain to me both of your job experiences and their missions?
   As the manager, my job is to run this place trying to balance the inmates’ wellbeing with bureaucratic requirements. As a psychologist, my job was to take care of the inmates, listen to them and receive their requests during individual counseling sessions. Each person usually had to fill in a form, expressing the specific need for social, psychological or legal assistance (sometimes all of them together). The purposes and missions changed according to the patients’ necessities. When someone exclusively asked for therapeutical support, that’s when I started with them individual counseling sessions, always accompanied by a cultural mediator. Also, I must mention that these are open-door conversations, as law-enforcement authorities are usually obliged to participate and supervise. This facility works closely with the police headquarters of the city and the private managing company.

5. So, psychologists usually work in team?
   Yes, they are usually accompanied by social workers, cultural and linguistic mediators and legal assistants.

6. How many inmates is this facility currently hosting? Are they most males?
   Today, this CPR is accommodating 67 people on a maximum capacity of 72, so we currently have 5 empty spots. They are all males and mostly from Tunisia or other parts of the Maghreb. The age range goes from people born in the 1970s to the early 2000s. Our youngest was born in 2001.
7. What kind of cases do you mostly face? And what type of therapy did you personally use? Since this center mainly aims at repatriating its residents, it is difficult to initiate a proper and coherent therapeutical path due to the limited time they spend within the facility. Therefore, the service we offer is way more similar to psychological counseling. We provide them with a space to process their past experiences, vocalize their desires, expectations and plans for their future lives. However, whenever we face delicate cases, such as people with a history of drug and alcohol addiction, it is customary to proceed with a more targeted treatment path. Personally, the therapeutical approach I am more confident with is the cognitive-behavioral.

8. As I previously mentioned, the focus of my research is to investigate self-harm behaviors within CPRs. According to your experience, how high is the number of cases related to this phenomenon? Did you follow any of them? In the year I worked exclusively as a therapist, these acts occurred quite rarely, maybe just a couple of times.

9. What is the procedure you are supposed to follow in those cases? The facility has a nonbinding agreement with the local ASL (ed: acronym for Agenzia Sanitaria Nazionale, which is a health services’ company belonging to Italian National Health Service), as well as with the nearby hospital units, so the first thing we do is to call an ambulance and ask for emergency interventions. This happens whether the victim has previous psychiatric history or is just trying to rebel. However, we co-operate with the CSM (ed: acronym for Centro Salute Mentale, namely Mental Health Center) only with the former. When we have particularly vulnerable patients, we also increase the number of psychotherapeutical meetings so we can monitor the situation.

10. You preceeded me, since I was about to ask your interpretation of these behaviors. You told me they try to rebel? In my experience, I’d say that self-harm behaviors among CPR’s inmates is different from those happening in the outside world, as they come out more as threats than anything else.

11. Could you further articulate this passage please? Of course. What I mean is that, as detainees, they usually commit self-harm to complain about their condition. I would define most of these self-harm acts as rebellious gestures. The triggers are usually denied requests or their will to push for a quicker repatriation process. They feel like victims of injustice, and they act as such.

12. Do you have some suggestions that could improve the situation of the inmates’ mental health? There are many things that should change at a structural level, I mean, in the way these facilities are currently managed. Private and public institutions, alongside with law
enforcements should put more effort in making these facilities more welcoming and comfortable. And I say this as the current director, I am trying my best to change these aspects. I want to make as “human” as possible their permanence in this center, so we try to accommodate their requests, even though we face bureaucratical mishaps in the procedures. However, I have to admit, some changes started to happen, and Bari’s CPR is currently going through an improvement process.

13. So would you say things changed since when you became director?
   Exactly, I became more aware about the situations and its difficulties. When I was a therapist, I didn’t fully realize it.

14. Do you think I should have mention something else in my interview?
   Maybe…Talking about self-harm behaviors, in my opinion, I think it is important to create a new, specific protocol to act immediately whenever these emergencies occur. I say this because I believe that self-harm here has different motivations from those of a random patient coming into a private studio. It is important to work on that, through more targeted interventions on how to handle anger and frustration, or more in general their emotions.

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Interview to **Psychotherapist 2**

1. **When did you start working in the mental health field?**
   I work as a therapist since 2012.

2. **Why did you decide to become a therapist?**
   I was interested in the main themes of psychology: introspection and chance to help other people.

3. **Since when did you begin to work in the CPR?**
   I had a brief work experience of six month in the facility, back when it was still denominated as CIE and located near the CARA (ed. Italian Reception Centers for Migrants). It was 2016, I believe. It was a period when reception centers were full and asylum procedures were much slower.

4. **Could you briefly explain to me your job experience and its missions?**
   In those six months I had to coordinate the activities of both structures and provide psychological counselling session.

5. **Do you remember the characteristics of the people who stationed inside the CPR?**
   At that time, the facility hosted only males, just like today, I think. The men I used to take care of were not extremely young, differently from the common population you find in the
CARA. Many of them had lived in Italy for years, some had criminal records, usually small felonies they committed here in Italy, some others not. The majority was confined there because they were not able to renovate their resident permit and were arrested.

6. I just came up with a question based on what you told me earlier. Since you worked in the facility in 2016, I was wondering how long did the inmates wait before the repatriation at that time?
Usually 8 months. I don’t know if you have ever been in one of those places…

7. No I have not unfortunately, despite my attempts.
I suggest you visit them so you can really understand what I mean. The way they are structured… everything is closeted and the spaces are quite small and suffocating. Even a week can feel like forever there, especially if you have not committed any crime. In my opinion it is much worse than prison.

8. Did you usually work in team during the counselling sessions?
Absolutely, cooperation was everything to us in there. I usually worked closely with a social assistant, legal advisor and cultural mediator. The former was not always present to my sessions, as I speak fluently both French and English. The help of the medical equip was extremely important as well, especially when we had to take care of vulnerable cases. As a psychologist, I needed some basic information about the patient’s physical health.

9. What kind of cases did you mostly face? And what type of therapy did you personally use?
We had cases of substance abuse (not only common drugs but also medical drugs), self-harm… I remember one men in particular, he suffered heavily of schizophrenia.

10. Was he supposed to be locked?
I don’t think so. People with that type of mental illness are not even condemned to normal prisons, they are usually admitted to a judicial psychiatric hospital. We did our best to make sure that men could get out of the CPR, as his case was incompatible with any detention regime. He was brought into the CPR by law enforcement while he was wandering around with no documents.

11. What about your therapeutical method, was there a chance to start with the detainees a treatment pathway?
Yes, I usually adopted a cognitive behavioral approach, frequently flanked to pharmacological prescriptions. I also tried to explain carefully the diagnosis, cause often there is a cultural difference that can prevent them to understand technicalities and diagnostic language. Most of the therapeutical work occurred as a community, both with the other inmates and with the rest of the medical staff. This helps us a lot as well, to avoid mental burnouts, as the work
field is usually extremely difficult. We did not neglect individual counselling sessions of course.

12. As I previously mentioned, the focus of my research is to investigate self-harm behaviors within CPRs. According to your experience, how high is the number of cases related to this phenomenon? Did you follow any of them? 
Yes, I did but I can say it did not happen that frequently. I remember some cases where inmates ingested batteries.

13. What is the procedure you are supposed to follow in those cases? 
After visiting the emergency room, or in worst cases, the hospital, usually self-harm is cured through a pharmacological therapy.

14. According to your professional experience, how would you interpret self-harm in those facilities? 
There is definitely a strong instrumental component. When they swallow batteries, for instance, and start feeling bad, they can go out to reach the hospital, so many sees it as a chance to escape, or, even better, to start a series of bureaucratic processes assessing his incompatibility with detention regime. This process can end up with their release. It does not matter if they get repatriated or only moved to somewhere else, the important thing is that they can get out of the CPR. I am not saying this is what everybody did, many of them used to hurt themselves out of genuine psychological pain; however the majority thought “I don’t have nothing to lose, let’s try.”

15. Do you have some suggestions that could improve the situation of the inmates’ mental health? 
My suggestion is that we should change the way CPR are structured today. In my opinion, you have two option: you guarantee repatriation within 48 hours or you provide a different type of space where these people can live, not a prison.

16. Do you think I should have mention something else in my interview? 
No I don’t think so. Maybe, when you talk about self-harm, remember to underline that often is a symptom caused by this type of detention.

Interview with Psychoterapist 3

1. When did you start working in the mental health field? 
I graduated in 2002 and after only two months I started working as a therapist. I first specialized in eating disorders, then I worked as a human resource trainee and lastly in the immigration field.
2. Why did you decide to become a therapist?
   I always had a weak spot for the clinical aspect of my job, so that’s why I started.

3. Since when did you begin to work in the CPR?
   I started working there around 2015, when the facility was still an Hotspot (ed. Italian Centers for immediate reception of migrants, namely places where migrants are taken when they first land in Italy). Then it was closed for some time because the facility needed to be readapted and become a CPR. I remember that when it reopened, I used to go to work wearing my mask so it must have been during the Covid19 emergency, in October 2020. I quitted last December (ed. 2022) because I decided to change my job.

4. Could you briefly explain to me your job experience and its missions?
   My role was that of therapist and I used to arrange and conduct counselling session to every new arrival. Firstly, my purpose was to evaluate any vulnerability risks: I talked with the patients about their personal stories, to understand them better and to assess whether they had a troubled past, if their journey to Italy had been difficult and so on. Later, these meeting became sort of support sessions. Unfortunately, due to the short time they stayed within the facility, it was impossible to start a proper treatment pathway with them, but we do what we can.

5. How long did their permanence usually lasted?
   It varied from case to case. Those who applied for asylum procedures usually stayed longer, even for six month or more. Yet most of them were recurrently transferred to other facilities or, in case they were accused of being scafisti (ed. Italian word to indicate human smugglers), they ended up in actual jails.

6. Do you remember the characteristics of the people who stationed inside the CPR?
   They were all males, and the average age was around 30. Minors were also common, but they stayed in a specific area, separated from the rest. When we assessed their age through a medical examination, the immigration office was immediately contacted so that they could be transfer to more suitable facilities. It could happen to host a sixty-years-old, who perhaps was trying to come back in Italy after an expulsion, but it was definitely rarer.

7. Did you usually work in team during the counselling sessions?
   Yes absolutely, cultural mediators were fundamental for my job, it was the only way to communicate with the detainees.

8. What kind of cases did you mostly face?

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26 To deepen the public perception and prosecutions of scafisti in Italy see Patane’s Asylum-Seekers Prosecuted for Human Smuggling: A Case Study of Scafisti in Italy and Ricard-Guay’s Criminalizing migrants who steer the dinghies in the Mediterranean: A collateral effect of migration management? (Ricard-Guay, 2018) (Patane, 2020)
We had many drug or alcohol addiction cases. Many others were simply people who experience extremely stressful past events, so they suffered from panic attacks and depression.

9. As I previously mentioned, the focus of my research is to investigate self-harm behaviors within CPRs. According to your experience, how high is the number of cases related to this phenomenon? Did you follow any of them?
   If I have to approximate, I would say around 20-30% of the men I had worked with in those facilities engaged in self-injurious conduct.

10. What is the procedure you are supposed to follow in those cases?
    First of all, when someone attempted to hurt themselves, the medical equip intervened immediately to make sure their lives were not at risk. If the injuries were life threatening, they were transferred to the nearest hospital. Most cases I witnessed consisted in people swallowing nails, batteries, caps or shattering the windows to obtain sharp pieces of glass that could be used to cut their skin. If the wounds were not extremely severe, they were treated within our medical clinic. After the subject in question partially recovered, we started with him a series of meetings, so we could understand his motives.

11. According to your professional experience, how would you interpret self-harm in those facilities?
    The way I see it, self-harm is often used by prisoners to obtain something or to draw attention. The phenomenon changes also according to cultural differences.

12. It would be great if you could further elaborate this concept…
    What I mean is that in my experience I noticed some differences in the approach toward these gestures according to different socio-cultural background. I never witnessed someone coming from West African countries such as Nigeria, Senegal or even from Sudan committing self-harm; on the contrary, the men coming from the Maghreb, particularly from Tunisia, are much more likely to engage in these behaviors, as I believe they are much more aggressive and their attempts to escape are more frequent. I don’t think you have ever visited the CPR I worked in, right? Like I said earlier, we don’t have a proper hospital so when they hurt themselves really bad, they must be carried outside to be cured. Some of them even tried to pretend they swallowed glass chunks, but they were actually hiding them in their mouths. I remember one guy from Tunisia who sewed his lips and his penis with a thread made from his pants; he could not pee and had to be taken to the hospital. He was one of the few exceptions, as his self-injuries were caused by genuine depression. The rest of them almost exclusively used self-harm in a manipulative way, to draw attention and ask to speed up their procedures. They did not really want to harm themselves. Additionally, I must mention another category of
North African migrants I dealt with, namely those who came directly into the CPR from “normal” prison. These people did not accept this further confinement and thus cut their entire arms.

13. Do you think that administrative detention perhaps triggered latent mental illnesses?
I believe it could, especially within people with a traumatic past or an history of addiction. It was really common for law enforcement to bring us homeless men who showed signs of mental illness. Many times, these people ended up living in close proximity with other inmates who were not mentally ill, and this made their co-existence extremely difficult. It is really complicated to balance all these things, I mean, as a CPR we cannot provide the health care these people need. They often refused their pharmacological prescriptions… it is really hard.

14. Do you have some suggestions that could improve the situation of the inmates’ mental health?
I believe that the weekly hours available for therapists to work and help the inmates are too little. I used to work for 8 hours every week, and I had to take care of only 2 sectors. After they reopened the rest of the facility, they offered me additionally 8 hours to follow 300 people! That’s crazy! Another thing I would suggest is to increase recreational and social activities for the inmates; now, let’s be clear, these people are…unusual. Many activities are no longer available because of their behaviors. We had a table football and they destroyed it. They used to damage everything: toilets, telephone booths, doors, windows and so on. They did that just to annoy the staff. That did not happen before, inmates used to paint and craft. The types of people we hosted changed; currently, inmates have more aggressive tendencies, they come in Italy to commit crimes and are not in search for a job. Many of them escape from criminal activities they were involved with back in their home countries.

15. Do you think I should have mention something else in my interview?
No I think we were quite exhaustive.

Interview to Psychoterapist 4

1. When did you start working in the mental health field?
I became a psychologist 3 years ago, when I was 31.

2. Why did you decide to become a therapist?
Oh that’s a complicated question! My first love was music but I could not pursuit it so I found another way and here I am. I have always had a strong inclination towards human relations.

3. How did you begin to work in the CPR? And since when?
One of my big interests is the encounter of different cultures. I love discovering new places and new languages. When I was still studying at uni, I had a Thai professor who changed my life: she allowed me to work in her hometown with young refugees, mostly teenagers. That’s how I got closer to this field. When I came back to Italy I started working as a social assistant for an association who dealt with people in difficult socio-economic situations: here I managed to meet and help several migrant families. After that, my friend and colleague who was working in a CPR suggested me to join her there and that’s how I started. I did not know these places, I only read something about them in the newspapers. I worked there for six months, at the end of 2020. It was a brief experience, but it marked me as a professional and human.

4. Could you briefly explain to me your job experience and its missions?
I was the only psychotherapist for almost one hundred inmates at that time. My job was to arrange meetings with inmates when unsettling situations occurred. Many people did not know exactly why they were confined in the facility, and that’s why they started to manifest symptoms of anxiety and depression. Several came from normal jails, and they were certain that after finishing their sentence, they would be free again but no one explained them it does not work this way if you have a resident permit. I was really surprised everybody forget to tell them. I usually had to explain them what was happening and follow them closely.

5. Do you remember why they were arrested and spent time in jail?
From what I recall, the majority had been condemned for drug-dealing. Some others ended up there for physical altercations or terrorism, few were accused of being a scafista.

6. Do you remember the characteristics of the people who stationed inside the CPR?
Within the CPR I worked in you could only find males. Most of them were originally from North and Central Africa, but I remember a bunch coming also from Pakistan and South America. Many of them arrived with assessed psychiatric symptomatology. There were also many minors, but not all of them immediately claimed to be such, as they preferred waiting for the meeting with the judge to say it. When their age was assessed, we send them in a more appropriate community. Between ourselves, they did not use extremely accurate methods. Whenever there was a doubt, they usually classify them 18+ so there were more chances for them to be transferred to a better place.

7. Did you usually work in team during the counselling sessions?
Absolutely, I was often accompanied by a social assistant, especially during the first meetings. A really important role was also played by the medical equip; the nurse, in particular, was
there almost all day long, he lived within the facility actually, whereas the doctors… well, they made shifts.

8. What kind of cases did you mostly face? And what type of therapy did you personally use?
   I could not do proper therapeutical work, as it was not the appropriate place to do so; the inmates were too numerous, and we – the therapists – were only two. I used to do more counseling sessions for psychological support, to mitigate their anger and frustration.

9. As I previously mentioned, the focus of my research is to investigate self-harm behaviors within CPRs. According to your experience, how high is the number of cases related to this phenomenon? Did you follow any of them?
   In the months I have been there I witnessed to many of these acts. They were incredibly shocking, so I cannot tell you today if they were actually numerous or my mind is just tricking me. But they definitely happened. The use of psychotropic drugs was also common, even though I remember the nurse attempted to stop this custom cause many of them became addicted.

10. Did the addiction start within the CPR?
   No, many came from previous incarceration within Italian detention system and were already taking meds there.

11. What is the procedure you are supposed to follow in those cases?
   The nurse immediately intervened and make sure their lives were not in danger. After this, we usually decided to meet with the subject in question more often, in order to monitor his situation. Pharmacological therapy was commonly used, but it depended on the origins of these self-injurious acts. Meds were usually given more often to people whose self-harming gestures were genuine, and not as a act of rebellion.

12. You preceded me, I was about to ask how do you interpret this phenomenon according to your experience.
   For me, this phenomenon has different meanings. I remember vividly one case of a prisoner who did not want to take his meds any longer and thus decided to sew his own lips in public. His defiance was clear to everybody: he was so angry that he barely felt any pain. This type of self-harm differs from what we learn at university. Let’s be clear, those happened as well but they were rarer, as people usually tended to hide them. The most wide-spread type of self-harm gesture was used to send a message to the staff: if I don’t get what I want, I will hurt myself and you will be responsible of it. If someone dies within these centers, it’s really complicated.

13. Do you have some suggestions that could improve the situation of the inmates’ mental health?
Can I be honest?

14. Absolutely, this interview will be anonymous.
   In a utopic world, these places should not even exist. They should be shut down immediately, as they are unconstitutional.

15. Do you think I should have mention something else in my interview?
   No, I don’t.

Interview to Psychotherapist 5

1. When did you start working in the mental health field?
   I started working immediately after my graduation in 2016.

2. Why did you decide to become a therapist?
   I always wanted to become a therapist since I was twelve.

3. Since when did you begin to work in the structure? Did you have any previous experience in the field?
   I worked there for two years, from 2020 to the beginning of 2022, both as a therapist and later as a director. Before that, I had a four-years-long job experience within a reality who used to take care of young and poor mothers. Many of them were foreigners, so after this experience I took a master in Rome on neuropsychology of migrations to become an expert on the topic, which is really close to my heart since my mom is not Italian.

4. Could you briefly explain to me your job experience and its missions?
   As a psychologist, I had to verify the vulnerability’s degree of the inmates and follow the most those who were extremely fragile. I attempted to provide them with a safe space where they could open up a little about their past and find support.

5. Do you remember the characteristics of the people who stationed inside the CPR?
   My patients were all males, mainly between 20 and 30 years. The majority of them came from Northern African countries such as Tunisia, Egypt and Morocco.

6. Did you usually work in team during the counselling sessions?
   Yes, I usually worked with a social assistant, legal informer and cultural mediator.

7. What kind of cases did you mostly face? And what type of therapy did you personally use?
   You have to keep in mind that many of the people confined in the CPR came from previous incarceration, where they already received a diagnosis. Most of them struggled with relations and rage containment, but not only. When we dealt with very critical cases, we worked side by side with the medical equip who provided a pharmacological therapy and we were also
helped by some of the inmates; we worked hard to gain their trust. However, it was impossible
to offer to each of them a therapeutical pathway, but we tried our best to follow them.

8. As I previously mentioned, the focus of my research is to investigate self-harm behaviors
within CPRs. According to your experience, how high is the number of cases related to this
phenomenon? Did you follow any of them?
   It depended on the period of course, but it was quite high. Many were made to draw attention,
but we also had cases of people who were genuinely hurting themselves because they were
hurting inside. The preferred method was to ingest batteries.

9. What is the procedure you are supposed to follow in those cases?
   Law enforcement and medical equip were the first to assess the situation and ensure the inmate
was alive and well. After the life-threatening aspects were solved, we usually arranged new
meeting with these patients on regular basis, I don’t know, every three days for instance, in
order to evaluate their mental condition. Depending on the case, a pharmacological therapy
was established, if they weren’t already following one.

10. According to your professional experience, how would you interpret self-harm in those
facilities?
   From what I could assess, most of self-harm gestures were performed in order to oppose to
their detention. Swallowing batteries for example meant for them a mandatory trip to the
hospital, that could lead them to escape. It was clear the difference between real desperation
and manipulation; I’m not saying that people who protested through self-harm were not
suffering, I am just saying that the modalities and purposes were different. It is normal to
become more and more frustration when you feel you are been subjected to injustice.

11. Do you have some suggestions that could improve the situation of the inmates’ mental health?
   When I became director, I tried – not with any difficulties – to encourage and increase
activities that could help the inmates to feel better and more centered, such as laboratories,
film clubs etc.. However, the main issue was the lack of free movement within the facility, as
law enforcement was supposed to guard them and their voice was more powerful than ours.
This is my suggestion, to improve activities and allow them not to feel like they are in prison,
as de facto they are not. I would also recommend a higher expenditure for these centers, since
they are always severely financially neglected, as I could assess when I became director.

12. Do you think I should have mention something else in my interview?
   We did not talk enough about how deficient and inadequate the management of this centers
is, so I would like to emphasize this aspect. The inmates’ dignity is not always respected.
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