

Laboratorio Interdisciplinare di Ricerca su Corpi, Diritti, Conflitti
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SOCIORAMA
quaderni 5

Quaderni del Laboratorio Interdisciplinare di ricerca su Corpi, Diritti, Conflitti

Geometries of Control:
Dynamics of Power, Oppression and Resistance

Issue 1

edited by
Riccardo Caldarera and Simone Tuzza

PM edizioni

Sociorama
Norme, potere, controllo sociale

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QUADERNI DEL LABORATORIO
INTERDISCIPLINARE DI RICERCA SU
CORPI, DIRITTI, CONFLITTI (V)

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Sociorama. Norme, potere, controllo sociale

Sociorama esplora le interconnessioni tra cambiamenti sociali, politici e giuridici, soffermandosi sui processi di istituzionalizzazione delle norme e delle loro specificità rispetto ad altre modalità di regolazione. La collana si rivolge a chi desidera esplorare, in un'ottica teorica ed empirica, i modi attraverso cui le società e le loro istituzioni affrontano il controllo sociale, la devianza, la criminalità e le disuguaglianze di potere, esaminando i diversi fenomeni anche in chiave di genere e intersezionale. I temi riguardano in particolare le trasformazioni delle democrazie e i conflitti che interessano le istituzioni politiche e giuridiche dalla prospettiva della sociologia del diritto e della devianza, analizzando la selettività delle norme, i processi decisionali e l'impatto del giuridico sulle comunità. L'obiettivo è offrire una lettura critica delle dinamiche socio-politico-giuridiche, supportando la ricerca accademica. All'interno della collana si situano le sezioni: a) «Ricerche», b) «Classici» e c) «Quaderni del Laboratorio Interdisciplinare di ricerca su Corpi, Diritti, Conflitti» / «Quaderni del Laboratorio su Rappresentazioni sociali della violenza sulle donne». Questa sezione si prefigge di valorizzare le attività seminariali, di ricerca sociologica applicata attivati all'interno del Dipartimento «Culture e Società» dell'Università degli Studi di Palermo.

La collana è sottoposta a un processo di *double-blind peer review*.

Settore di pertinenza della collana: Gruppo scientifico-disciplinare 14/GSPS-07 Sociologia della politica, del diritto e della devianza

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Introduction to the volume

*Riccardo Caldarera, Simone Tuzza*¹

This first Issue of the *Quaderni del Laboratorio Interdisciplinare di Ricerca su Corpi, Diritti, Conflitti – V* stems from a desire that often accompanies collective projects seeking to detach themselves from the neoliberal and bureaucratic mechanisms that risk transforming academia into a space of sterile enumeration of titles. This volume, instead, emerges from – and aims to generate – shared space of reflection, critique, and conscious subversion. *Quaderni V* is the result of a collective path built over time, shaped by discussions, revisions, rewritings, and above all by an ongoing dialogue among disciplinary perspectives, methodological approaches, and diverse research experiences. What makes this volume particularly significant is, first and foremost, the richness and variety of the contributions it brings together. The fourteen chapters that compose the volume are authored by PhD candidates, early-career researchers, and scholars at an early yet already mature stage of their academic trajectories. These contributions often originate from in-depth empirical research, doctoral dissertations, or collective projects, and they demonstrate a remarkable ability to combine theoretical rigor, critical sensitivity, and close attention to the social and political contexts under investigation. This volume thus takes shape as a space dedicated to the valorization of emerging research, in continuity with the spirit that has always animated the *Quaderni del Laboratorio*.

A further element of novelty, which deserves particular emphasis, is the decision to publish the volume entirely in English for the first time. This choice arises from a shared desire on the part of the editors and the Laboratory to engage with a broader academic community – a desire for reciprocal contamination that was enthusiastically and actively embraced by authors from different backgrounds. Indeed, this Issue is perme-

1. Riccardo Caldarera is a PhD candidate in Inequalities, Differences, and Participation at the Department of Cultures and Societies at the University of Palermo; Simone Tuzza is a researcher at the Department of Sociology and Law of the Economy at the University of Bologna.

ated by a perspective that moves beyond national boundaries without ever losing sight of the specificity of the contexts analyzed. The authors are affiliated with different universities and research centers in Italy and abroad, and the case studies range from Italy to France, from Europe to transnational migratory contexts. Without indulging in facile cosmopolitan rhetoric, we can nonetheless proudly state that the volume brings together contributions by scholars who have “converged” from diverse geographic and academic settings, united by a shared interest in the dynamics of power, oppression, and resistance that traverse contemporary bodies and institutions, and by a commitment to producing chapters of high scientific quality, characterized by complex content addressed with rigor, seriousness, and passion.

A central aspect of the editorial process of this Issue was the internal blind peer review, carried out through an exchange of reviews among the authors themselves. This choice, consistent with the laboratory-based orientation of the *Quaderni*, transformed the review process into a moment of horizontal exchange and collective growth. The work of critical reading, commenting, and rewriting contributed decisively to strengthening the overall quality of the contributions and to fostering a shared sense of responsibility toward the editorial project. We therefore extend our sincere and non-ritual thanks to all those who took part in this process.

Geometries of control. Institutions, bodies, practices of resistance

The title shared by the two Issues – *Geometries of Control: Dynamics of Power, Oppression and Resistance* – finds in this first volume a particularly intense articulation, outlining a multifaceted and deeply compelling trajectory. The contributions collected here may be read as explorations of the forms through which power is distributed, exercised, and legitimized, as well as analyses of the many fractures, unruly resistances, and counter-conducts that emerge in a wide variety of contexts. The *fil rouge* running through the volume is not defined by a single empirical object or a single theoretical tradition, but rather by a shared attention to the relationships between institutions, norms, bodies, and subjectivities.

The volume opens with the contribution by *Ciro D’Amore*, a researcher in political and social sciences at the University of Naples “Par-

thenope”. His chapter analyzes the transformations of Italian defense policy between 1987 and 2001, focusing on the role of Parliament in decision-making processes during the phase of institutional transition. Through a detailed empirical analysis of legislative activity, D’Amore shows how democratic control over military policies was redefined in a context marked by reforms, crises of legitimacy, and new international pressures. This contribution provides a broad institutional framework, useful for understanding how power is organized and exercised “from above”, within state apparatuses.

From parliamentary institutions – and thus from political verticalism – we then shift our gaze toward forms of mobilization from below with the chapter by Clark Pignedoli, Louve Zimmermann, Mar Andrade Viu, and the collective Acceptess-T. Active at the intersection of academia and community work in France, the authors propose a reflection on community-based action research and memory justice grounded in the struggles of migrant trans and travesti people against HIV/AIDS. The contribution shows how the production of memory can become a tool of justice and resistance against institutional forms of erasure.

The theme of vulnerability produced by public policies is also central to the chapter by Emilia Mazzara, a PhD candidate and researcher in the field of migration and LGBTQIA+ rights in Palermo. Her contribution analyzes the Italian-Albanian Agreement on cooperation in migration matters, highlighting the forms of exclusion and lack of protection affecting LGBTQIA+ people involved in mechanisms of externalized migration control. Here, control is exercised through law and migration policies, producing forms of vulnerability that intersect sexual orientation, gender identity, and legal status.

From the juridical-political dimension, our focus shifts to practices of care and resistance with the chapter by Erica Rodigari, a researcher working on health and transfeminism at Université Paris 8. Her work explores the experience of transfeminist gynecology within a *consultoria*, interpreted as a space of alternative care and as a practice of subversion of dominant medical knowledge. The contribution challenges the boundaries between expert knowledge and situated knowledge, showing how care itself can become a terrain of conflict and transformation.

This reflection is echoed by the chapter by Camille Laufer of the University of Geneva, which analyzes the tensions between autonomy and ine-

quality in trans care practices. Through the concept of “rhythm”, the author investigates the temporalities imposed by healthcare institutions and those claimed by trans subjects, highlighting how medical control is also exercised through the management of time and access pathways to care.

The theme of total institutions and their transformations is addressed by Giulia Giraudo, a PhD candidate at the Universities of Turin and Florence, who reconstructs the response of the Brigata Basaglia to the privatization processes in mental health. Attentive to social movements and health policies, Giraudo focuses on how mental health becomes a genuine battlefield, where market logics, practices of control, and forms of collective resistance confront one another.

Sexual violence is at the center of two contributions which, while starting from different perspectives, engage in a rich dialogue. Hakima Aboudali, a criminologist at the University of Ottawa, analyzes the experiences of rape victims, highlighting both the forms of oppression exercised “from above” through institutions and the practices of resistance and agency that emerge “from below”. Hans Goerdten, a PhD candidate at Goethe University Frankfurt, focuses on sexual violence in the lives of gay and bisexual men, paying particular attention to early sexual experiences. Both contributions critically interrogate the categories of victim and vulnerability, showing how social control intersects in complex ways with narratives of sexuality.

The chapter by Maria Urso, a PhD candidate at the University of Palermo, addresses the construction of the figure of the *juvenile sex offender* within the four main European welfare models. Through a comparative analysis, the author explores logics of risk, prevention, and treatment, paying particular attention to how penal and social control overlap in the management of sexual deviance.

The contribution by Francesca Barbino, also a PhD candidate at the University of Palermo, shifts our attention to the educational context. The author presents preliminary results of a qualitative study on comprehensive sexuality education, analyzing the transition from cis-hetero-white normative spaces to participatory, intersectional, and transfeminist educational practices. Here too, normative control is called into question through alternative pedagogical approaches.

Marta Renda, who holds a master’s degree from the University of Palermo, addresses institutional communication against gender-based vio-

lence by analyzing the symbolic violence of stereotypes present in Italian campaigns. Her contribution shows how communicative framing can reproduce forms of control and victim-blaming, even when presented as a tool of awareness-raising.

The volume moves toward its conclusion with the chapter by Martina Lo Cascio. Affiliated with the Department of Culture and Society at the University of Palermo, the author analyzes emergency policies and the everyday practices of migrants in the Sicilian countryside. Through an ethnographic lens, she highlights the complex relationship between care, control, and resistance in rural contexts, often marginal to mainstream debates on migration.

Finally, the volume closes with the contribution by Julie Minders, a PhD candidate at the Université libre de Bruxelles. In this final chapter, the author explores the different frameworks – medicalized, religious, and moral – through which sex therapists interpret pornography. The chapter problematizes and illuminates the fragile boundaries between normality and deviance, showing how sexuality mediated by images also becomes a terrain of regulation and symbolic conflict.

Conclusions and acknowledgements

Taken together, these fourteen contributions offer readers a dynamic and complex account of contemporary geometries of control, inaugurating a volume that takes shape as an eclectic collective effort capable of bringing institutional analyses, empirical research, practices of care, and forms of resistance into dialogue. The *fil rouge* running through the volume lies in its capacity to critically interrogate dispositifs of power without ever losing sight of the subjects who inhabit them, endure them, and transform them.

We therefore renew our thanks to all the authors for their work, their openness to dialogue, and the generosity they demonstrated throughout the review process. We hope that this Issue will find curious, critical, and attentive readers, and that the pages that follow may stimulate further reflections, discussions, and – this is our deepest and most sincere wish – new forms of resistance.

Parliament, defense policy, and the Italian transition, 1987-2001¹

*Ciro D'Amore*²

Introduction

Since the 1990s, Italian military policy has experienced considerable dynamism, marked by numerous international interventions that have elevated the nation's global stature and addressed the credibility crisis it encountered at the beginning of the decade. Up to then, postwar Italy had presented just a minimal exposure on the international scene, a basic military policy mainly made of decisions in favor of the personnel belonging to the armed forces rather than oriented to fulfill institutional missions and the use of the military abroad. Yet following fifty years of such a "low profile" foreign policy (Panebianco, 1982), matched by a nominal military policy and "invisible" armed forces (Battistelli, 1996), a comprehensive cycle of reforms was initiated that would have transformed the country's military institutions and redefined its security policy.

A limited number of agents ultimately drove the dynamics of change:

1. developments in foreign policy leading to a more proactive and assertive stance than in previous years in view of a redefinition of tasks in military alliances and roles in multilateral forums;
2. the loss of credibility in the early 1990s due to difficulties in complying with the Maastricht criteria in the context of a financial and institutional crisis which might relegate the country to the second tier of a multi-speed Europe and to the rank of a small regional power;

1. The author wishes to warmly thank the anonymous revisor for bright comments and the substantive help in improving the text.

2. *Ciro D'Amore* is a researcher in political and social sciences at the University of Naples "Parthenope".

3. dangers arising from proximity to unstable geostrategic areas (the Middle East and the Balkans), marked by profound internal upheavals, an intense arms race, and endemic local conflicts that edge its borders and expose the country to the dangers of terrorism;
4. the need to adapt military institutions to new realities, such as operating in peacekeeping and peace-restoring operations. So that, after the collapse of the bipolar confrontation between East and West, the military could finally act as a policy tool for the protection of national interests;
5. a difficult institutional transition which, by transforming the old party system, de-ideologized foreign and security policies, leading most political forces to support the country's new military activism.

A confluence of factors within the policy domain, coupled with domestic and international political dynamics, led to the redefinition of the interests of those involved in defense policy making, changing their perception of military issues and triggering change or accelerating those underway. Moreover, behind these pressures and in parallel with the prominence acquired on the government agenda, military security issues have emerged from the restricted and closed circle of experts to engage the general public and, through their views, influence policy. Nevertheless, only a few studies have analyzed these transformations through empirical research from a political science standpoint rather than from a historical, sociological, or legal one. Additionally, many studies focus on major decisions or just on the most striking ones, neglecting what is the “normal” defense policy making.

Our goal is to fill this knowledge gap and conduct an initial survey of the changes that have taken place in this domain of public intervention at the dawn of the Italian transition, starting with the 10th legislature up to the 13th. Specifically, our focus is on how, *beneath* the major decisions taken in recent years, defense policy making has changed and what changes can be traced in the policies produced. To this end, we first assess the actual relevance of security issues for parties and governments throughout the transition from the perspective of parliamentary actions. We then investigate the decision-making processes, number of decisions taken, and their content.

Given the breadth of the research, a series of measures aimed at delimiting both the scope of analysis and the number of variables to be examined were adopted. For what concerns the universe under analysis, bills relating to bodies of the armed forces – such as the *Carabinieri* – and the police forces, including the *Guardia di finanza*, have been excluded, since their main activities, although with some exceptions, can be defined as not primarily military. In other words, we have used a very narrow definition of “military”, identifying the core activity of the armed forces as directly related to the possibility of interstate conflicts.

The investigation is based on data produced by the Italian parliament during its institutional activities and mainly collected through: the electronic archive of the *Camera dei deputati*, very useful to track the progress of bills introduced by individual MPs and governments; the *Gazzetta ufficiale della Repubblica* which was a primary source for consulting the text of enacted laws to facilitate their classification; the collection of bills and reports on the work of the committees and the assembly which were used to analyze the legislative process.

Legislative initiatives

The investigation begins by examining the scope of military-related initiatives in the legislative sessions included in the research timeframe. The field of observation encompasses nearly 1,300 selected bills – excluding only those dealing with constitutional matters – that, having been introduced by either Parliaments or Governments, were assigned to any parliamentary committee from the 10th to the 13th legislature (1987-2001).

The period under review covers a significant part of the reform of the armed forces, including, among other things, the restructuring of the defense leadership, military service for women, and the suspension of compulsory conscription established by Delegated Law 331/2000. However, our focus moves away from major decisions to concentrate on the “everyday” nature of the sectoral decision-making processes. The limited number of exclusions made in the construction of the database allows for reasonably accurate and useful comparisons with existing knowledge about the transformations of the legislative process during the transition.

This approach aligns with the decision to consider all legislative activities concerning defense, that is, to examine ordinary and delegated legislation, decree-laws, and ratifications of international treaties enacted by the country in recent years, before conducting a more detailed investigation.

The first observation concerns the attention paid by Parliaments and Governments to military issues during the time period covered by our study. A comparison between the number of proposals put forward on the military and the legislative initiatives of the first three legislatures under scrutiny shows that military issues accounted for between 4 and 5% of the concerns. These are fairly modest figures, at least when considered in light of the changes that have taken place in the international system and the complex overhaul of the national defense system.

Even a comparison, necessarily crude, with legislative initiatives in other areas³ seems to confirm that military security issues are relegated to the back of legislative activity. This is hardly surprising considering that defense has never held a prominent place on the political agenda, and until recently, it was either completely overlooked or limited to sparse statements of principle in party electoral platforms and government programs.

Parliamentary work and MPs representative vocations also show strong continuity with previous legislatures. Indeed, in the so-called First Republic, the assignment of deputies to parliamentary committees saw the Defense Committee placed last in the hierarchy of individual preferences. As a result, military issues were dealt with by a very limited group of experts in the field (MPs who actively sought committee assignments because of personal interests, previous experiences, and individual representative vocations), complemented by a broad circle of generic parliamentarians and a small group of deputies recruited to the committee because of the prestigious positions they held, sometimes even outside the parliamentary circuit. Neither group was intensely interested in committee work or sectoral issues (D'Amore 2001; 2025).

Thus, policy formulation predominantly occurred within a highly insular and restricted policy network, characterized by limited permeability, often managing sector-specific issues with considerable autonomy,

3. We made an approximate comparison with the number of bills assigned to some parliamentary committees in the 10th, 11th, and 12th legislatures, based on the data presented in Capano and Giuliani 2001

and whose resources were largely related to the holding of institutional positions, mandates received from party organizations, accreditation and visibility acquired in the military world, and, obviously, to the body of knowledge deriving from personal experience, often preceding entry into politics.

Legislatures	No. of projects	Monthly average	Parliamentary bills (%).	Monthly average	Government bills (%) Commission	Monthly average
X	419	7.5	82	6.1	18	1.4
XI	190	8.6	74	6.0	26	2.1
XII	205	8.2	70	5.9	30	2.5
XIII	458	7.6	75	5.7	25	1.9
Total	1272	7.5	77	5.8	24	1.8

Table 1. Legislative initiatives of Parliament and Government on national defense and monthly averages, 1987-2001. Percentage values per legislature.

These considerations help decode the data collected on legislative initiatives on military matters (Table 1), which present a number of anomalies compared to what is known about the activity of parliaments during the period under review. The most striking finding is the trend shown by the monthly average of proposals introduced. After a surge in the 11th and 12th legislatures, it levels off at values equal to those reached in the last phase of the *Pentapartito* (i.e. the five-party coalitions). This diverges quite a bit from the upward trend in proposed bills (Giuliani and Capano, 2001; De Micheli and Verzichelli, 2003), attributable to the introduction of majoritarian electoral dynamics, which favor greater proactive behavior by individual deputies and senators (Zucchini, 2001). In our case, parliamentary initiatives rather deviate significantly from the overall trend.

Starting from the 11th legislature, MPs proposals experienced a significant decline, stabilizing at values considerably lower than those of the 10th legislature. In a nearly mirrored fashion, there was a strengthening of the Government's role and greater emphasis on military issues, especially during the two technical legislatures of the 1990s. In numerical terms, the Government's contribution to legislative initiatives during this period rose from 18% in the 10th legislature to over a quarter of

the bills presented as early as the 11th legislature. During Center-Left governments, it reached an average of nearly two proposals per month (compared to 1.4 in the 10th legislature), but only after having hit particularly high levels in the previous two legislatures (2.1 in the 11th and 2.5 in the 12th).

Overall, it seems that in the first decade of the Italian transition, the government was able to control the defense agenda even at the legislative level, leveraging the breakdown of the traditional party system, the military reforms under discussion, and the numerous international commitments of the period. However, is this the case? Did transitional governments gain an advantage over parliaments in military matters, as our data seem to suggest? This would not be surprising given the nature of this area of regulation, which is traditionally the prerogative of executives rather than parliaments. Should this indication be confirmed, even though a detailed analysis is still necessary – one that takes into account the respective roles of the majority and the opposition – the military reforms, which are by themselves the most significant in the entire history of the Republic, could turn out to be the result of an adversarial logic rather than the product of consensual decision-making processes.

However, this is not necessarily the case. Greater executive control over defense agenda-setting, to be fully effective, should have met the increased demand for regulation during the period under review. Indeed, changes in the international scenario and alliance systems have led to the signing of a much larger number of bilateral agreements and treaties in the field of security than in the past. While this may, in some respects, indicate greater activism on the international stage, it unduly emphasizes the role of executives in the legislative process and the production of military policies. Moreover, it was precisely in the 1990s that the country experienced an extraordinary international presence, evident in the significant growth of participation in international peacekeeping missions, which are usually implemented through emergency decree-law. Thus, in this area of public policy, the volume of ratifications and emergency decrees became substantial (fig. 1).

Considering these peculiarities, and even dealing with delegation laws as ordinary legislation, Government's legislative initiative appears to be much more limited throughout the entire period of the institutional transition under review. In quantitative terms, it dropped from an average of

almost one bill – not a conversion or ratification bill – per month during the 10th legislature to one every two months in the 11th. Apparently, the agenda-setting power of the executives is then stronger in the final phase of the *Pentapartito* than afterwards, but the result is entirely reversed if emergency decree legislation is also considered.

What remains to be explained is the reduction in parliamentary initiatives, particularly the contraction observed in the transition from the 11th to the 12th legislature, which profoundly affects the overall trend. The most convincing explanation is linked to the high turnover rates among members of parliament during this period (Verzichelli 1996; 2002) which, especially with the 12th legislature, brought a considerable number of newly elected representatives to the Chambers, drastically lowering the levels of parliamentary experience and specialization in the representative work of deputies and senators. Thus, by the mid-1990s, both the relationships between the political class and interest groups and the policy network seemed to be redefined, with new actors – both party-affiliated and not – entering the game.

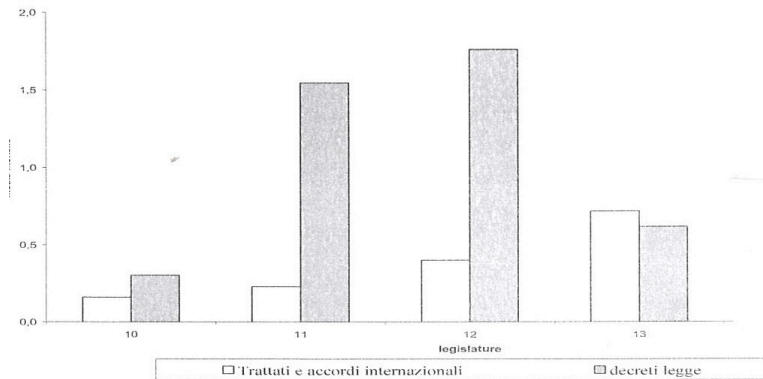


Fig. 1. Decree-laws issued and proposals for ratifying international treaties and agreements on national defense, 1987-2001. Monthly averages.

Decision-making procedures

Of the nearly 1,300 proposals included in our study, only a small fraction successfully completed the legislative process. By examining how these proposals were handled and approved, we aim to gain further insight into the changes that have occurred in this policy area. To this end, we will proceed along two avenues: that of sectoral policies, also using a diachronic perspective based on possible comparisons with the policy making of the First Republic, and that of a comparison with the law-making process as a whole, to isolate any specific features relating to our policy area.

On the first front, the question is whether the consensualism that also characterized this policy area survived the initial republican experience. It is worth asking whether the political choices of the last decade – much more divisive than in the past because they involve the adoption of a new defense model and interventions abroad – have ultimately garnered broad bipartisan consensus or whether, given their significance for partisan identities, they still signal deep divisions between the sides. Consequently, decision-making processes in defense could not exhibit the same drive for agreement and compromise that still characterizes the legislative process today. More generally, it remains to be seen how defense decision-making processes have changed since the onset of institutional transition. On a different front, the task is to determine which characteristics of defense policy making, if any, distinguish it from other areas of public intervention.

Given the nature of our database, we were forced to limit our investigation in several ways. On the one hand, we will focus only on a subset of the bills, namely those that, having reached the end of the decision-making process, have been successful. Therefore, we will consider only the laws approved in the military field. On the other hand, in accounting for their discussion and approval, we will consider only two dimensions. The first concerns the type of procedure followed, since we are particularly interested in the role played by legislative committees in the adoption of the measures under examination. The second is related to the duration of the process. We then analyze dynamics that take shape among actors, but only by investigating the scope of the majority with which defense

decisions were approved in both the chambers and parliamentary committees.

The Italian Parliament is renowned for the pivotal role that its committees play in the legislative process. Through a decentralized approval mechanism, these committees frequently attain the status of autonomous decision-making entities, traditionally accounting for nearly two-thirds of legislative output. This significant role was, on the one hand, responsible for detailed hyper-legislation which, by setting aside controversial issues, took on a strongly sectoral and distributive character. Moreover, owing to the dynamics that characterize small groups and the sheer volume of laws produced, it reflected a largely consensual decision-making style in Parliament. These dynamics also brought uniformity to policy areas where the political distance and preference rankings of the actors remained considerably far apart.

In the case of military policy, it was precisely the strong delegation of parliamentary work to the relevant committees – which makes it easier for reciprocal relationships to form among actors involved in shaping political decisions – that allowed for narrowing the gaps separating the different factions within the substantive dimension of the issues under discussion⁴. As a result, much like in other policy sectors, there were high levels of inter-party cooperation and an overproduction of strongly distributive regulations.

4. During the First Republic (1948-1992), legislative process took place almost entirely in committees, since just in the 34% of the cases were defense issues placed on the assembly agenda at least once during their parliamentary process.

Legislatures	No. of laws	% Chamber	% Committee	% Chamber and Committee	% Total
X	62	23	37	40	100
XI	10	90	10	0	100
XII	21	86	0	14	100
XIII	88	71	2	27	100
Total	181	61	12	27	100

Table 2. Laws approved on national defense by place of approval, 1987-2001. Percentage values per legislature.

Data in Table 2, on the sequence of venues through which bills were approved in the two chambers, illustrate the distance separating the legislative process of the First Republic from the subsequent institutional transition. Throughout the period under review, the legislative chamber became a highly minority mode of lawmaking. The most striking elements are the speed, extent, and longevity of changes. Between the 10th and 11th legislatures, the use of the decentralized approval process fell dramatically from 37% to 10%. Since then, no more than one or two laws have been fully approved in committee in each legislature, while almost always around 80% or more are approved in the chamber in both houses. In this regard, defense policymaking largely reflects the overall dynamics of parliament (tab. 3). It differs in terms of a lower use of the decentralized procedure and a decidedly greater assignment of bills at times to the legislative venue and at times to the referring venue.

Obviously, this distribution is greatly affected by the conversion of decree-laws and ratifications, which, by crowding into this policy area, artificially inflate the approval figures in the chamber. Once these factors are accounted for, the resulting picture is only partially different. For example, the abrupt abandonment of the decentralized venue already noted for the 11th legislature effectively disappears, given that the only law approved in the committee is also the only ordinary measure of the legislature.

In the 12th Parliament, only one of the bills approved in the Chamber was not a law of conversion or ratification. However, the mixed procedure remains important in almost all legislatures. This suggests that the use of decentralized bargaining forums for the examination of bills and

negotiations among the various actors involved in defense lawmaking is a practice that has not been abandoned. So much so that, since the 12th legislature, it has affected over 60% of ordinary laws resulting from government and parliamentary initiatives. These are quite high figures, and at any rate very different from overall numbers, suggesting that, as a whole and despite the depolarization of the party system, defense policy making remains suspended between two poles: that of opposition between different – if not outright opposed – worldviews, and that of confrontation among actors with differing priority scales and antagonistic interests.

Legislatures	No. of laws	% Chamber	% Committee	% Chamber and Committee	% Total
X	1051	43	52	5	100
XI	314	68	28	4	100
XII	295	89	8	3	100
XIII	349	71	13	16	100
Total	2009	59	35	7	100

Table 3. Laws approved by place of approval, 1987-2001. Percentage values per legislature. Source: Capano and Giuliani, 2001, p. 35. Data relating to the 13th legislature are updated to May 31, 2001.

An analysis of the time taken to approve defense-related laws and a comparison with the average values for legislative output allow us to revise this image. The data shown in Figure 2 do not distinguish defense from other areas of regulation in terms of the length of decision-making processes. Indeed, in the two central legislatures of the period, especially in the 11th, these fall below the average values for overall lawmaking⁵.

Even when considering the substantial number of decree laws, which tend to dampen legislative timelines, the overall assessment remains largely unchanged. The data for the 10th legislature are notably higher than those for general policy making, indicating heightened conflict within this specific segment of public policy. However, while the figures for other legislatures have increased, they generally align with overall trends. Overall, it appears that the complexity of decision-making processes is

5. On average, 199 days in the 11th legislature and 146.4 in the 12th (Giuliani and Capano, 2001, p. 35).

more attributable to challenges and obstacles in achieving compromises among stakeholders than to oppositional dynamics due to the salience that security issues continue to hold during the transition period. The resulting depiction is one of robust cooperation among stakeholders, consistently reflected in the levels of consensus ultimately achieved by the proposals under consideration.

Table 4 illustrates that the majorities formed around defense laws have consistently been substantial, with at least 86% voting in favor. In essence, there has been near-unanimous agreement among policymakers responsible for decisions in this specific area of public policy, and upon closer examination, the changes over the past two decades have been relatively marginal.

Since the mid-1980s, military laws have been approved with essentially the same levels of consensus, both in the five-party legislatures (9th and 10th) and in those of the transition period⁶.

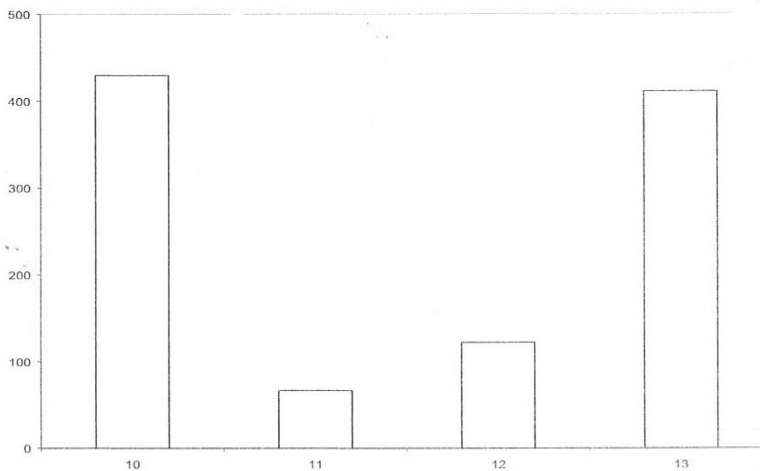


Fig. 2. Number of days required for the approval of laws on national defense, 1987-2001. Average values per legislature.

6. There were no major variations in the consensus gathered by the laws approved by the first Berlusconi government and the Dini government. In the 9th legislature, defense laws were approved with 93% of the vote.

Dissent, even when abstentions are added to votes against, has always been limited, even in the only two legislatures, the 11th and 13th, in which it seems to have manifested itself to some extent. Thus, it is difficult to find any disruption to the usual cooperative dynamics and decision-making models aimed at seeking agreement and compromise between the political forces that lead competing majorities, whose size varies only slightly between very different legislatures and political phases.

Legislatures	No. of laws	% in favor	% Against +abstentions	% Total
X	62	92	8	100
XI	10	86	14	100
XII	21	92	8	100
XIII	88	89	11	100

Table 4. Percentage of votes in favor with which laws on national defense were approved, 1987-2001.

Laws and their content

The final stage of our investigation concerns the legislative activity of the defense, both in terms of the role played by governments and parliaments and in relation to the number of measures passed by the chambers and their content. The first thing that emerges, and not at all unexpectedly, is the sharp decline in legislative production with the onset of the institutional transition. In absolute terms, there was a shift from over 60 laws passed in the final phase of the *Pentapartito* to just 10 and 21 measures in the 11th and 12th legislatures, respectively (Table 5). The feeling is of a nearly complete decision-making deadlock which, as in other policy areas (Giuliani and Capano, 2001), affected the field of defense in the first half of the 1990s, with the short duration of the parliaments of the period having little impact on its scope.

The monthly average of laws passed in the 11th legislature was less than half that of the previous one (0.4 *vs.* 1.1). Afterwards, it rose somewhat (0.9 laws in the 12th legislature), but this was largely due to the proliferation of ratifications and decrees (Fig. 1 *above*). Thus, the defense policy making of the period also appears to follow logics that are entirely

emergency-driven and, obviously, reactive. Several factors contributed to this result: the crumbling of the traditional party system, the fragility and uncertainty of the majorities, and the most pressing problems of the time. However, the data also confirm the difficulty of reweaving a network of relationships with sectoral interests in a phase of rapid political change, declining availability of resources, and high turnover in the parliamentary class.

Only with Center-Left coalitions will there be an increase in legislation, which now reaches average levels equal to or higher than those of the governments formed by the *Pentapartito*. Once again, the overall figure is largely the result of ratifications and emergency decrees⁷, which together account for almost 60% of the legislation passed by the Center-Left. Discounting both, the legislative recovery is modest and falls well below that of the 10th legislature, with just over one law every two months.

Legislatures	No. of laws	Monthly average	Source of speech (%)	Government origin (%) Commission
X	62	1.1	32	68
XI	10	0.4	10	90
XII	21	0.9	10	90
XIII	88	1.4	18	82
Total	181	1.1	20	80

Table 5. Laws approved on national defense. Percentage values per legislature and monthly average, 1987-2001.

Overall, policy styles do not change significantly in the transition from technical to political governments. In both phases, less legislation was enacted than before for the usual reasons, but even considering the innovations brought by delegated decrees, the feeling remains that the international activism of the period – the number and significance of peacekeeping missions – largely took place on the basis of only very limited changes to the military apparatus. This suggests that the country's

7. As it is well known, one of the consequences of Constitutional Court ruling 360/96 is to induce a rapid disposal of decrees pending in the Chambers.

greater international exposure focused to overcome the credibility crisis of the early 1990s but also served to legitimize new actors in government.

What changes have occurred in the relationship between Governments and Parliaments in military policy making? Has Governments been strengthened during the transition, succeeding in restricting and limiting the scope of action of parliament, as happened in other areas of state intervention? What variations have affected the decision-making effectiveness of these two institutions?

Even in the military sphere, governments have not avoided resorting to delegated powers, thereby eroding at least part of parliament's powers. However, if we look at the contribution made to the formation of military policy, we can see that executives have also strengthened their position through more traditional means (Table 6). Government-initiated laws, including those converting decrees, increased throughout the entire period, reaching particularly high levels in the two technical legislatures, even though this was almost entirely due to the use of emergency decrees.

Legislatures	No. of laws	Monthly average	Parliamentary origin (%)	Approved bills (%)	Source Government (%)	Approved projects (%)
X	55	1.0	3	6	64	52
XI	9	0.4	11	1	89	18
XII	12	0.5	17	1	83	20
XIII	54	0.9	30	5	70	53
Total	130	0.8	29	4	71	42

Table 6. Laws approved on national defense, excluding measures ratifying international treaties. Percentage values per legislature, monthly averages, and success rates, 1987-2001.

Indeed, in the 10th legislature, Parliament still accounted for 36% of legislative output (compared to 64% for the Government); however, even though in the following two legislatures, it continued to produce a large share of ordinary legislation, government measures became dominant thanks to emergency decree powers (89% in the 11th and 83% in the 12th legislature). The growth of parliamentary legislation during the 13th legislature only partially reduced this predominance, which, still excluding ratifications, reached 70% of all legislation

The executive branches took advantage of the transition to strengthen themselves vis-à-vis Parliament, certainly using delegated legislations – for which an appropriate analysis in this policy field is in need – but also the much more traditional instrument of decree laws. Of course, the real effectiveness of this tool – the extent to which it served as a vehicle for regulation – should be assessed by excluding its use in relation to the numerous military missions of the period. Nevertheless, as shown by the varying rates of success of the proposals, from the second half of the 1990s, the governments of the transition managed to increase their decision-making effectiveness even compared to the last governments of the *Pentapartito*.

The preceding discussion has not yet elucidated any transformations in defense policies, particularly regarding substantive changes. Based on the established findings, it is evident that the decision-making impasse resulting from the transition significantly influenced the volume of actions undertaken. However, the characteristics of military policies during this period remain unexplored. Furthermore, it is essential to identify the changes that have occurred since the pre-transition era.

Legislatures	X	XI	X	XIII	Total (%)
Granting of benefits	34	30	10	16	22
Regulation	13	0	5	8	9
Sort	19	0	0	2	7
Administrative reform and personnel reorganization	13	0	10	8	9
Military commitments and treaties.	19	70	67	65	50
Minor provinces	2	0	10	1	2
Total	100	100	100	100	100
Absolute values	62	10	21	88	181

Table 7. Laws approved on national defense by content and legislature of approval. Percentage values per legislature, 1987-2001.

In the initial fifty years of the Republic, parliamentary activities predominantly concentrated on personnel, with minimal variation across different legislatures and political phases. Notably, approximately half of this focus was directed exclusively towards career military personnel,

while two-thirds pertained to the management of the military apparatus. Consequently, loosely coordinated policies were prevalent, characterized by a strong distributive emphasis and regulatory measures concerning the behavior of the recipients. Overall, the two categories accounted for approximately two-thirds of the legislation produced during the first ten republican legislatures (D'Amore 2001; 2025).

Data in Table 7 mark a turning point. Just over half of the legislation is now attributable to the use of armed forces in missions abroad or in public order service, the fulfillment of international obligations, and the ratification of military treaties and agreements. Of course, the number – much higher than in the past – of bilateral agreements signed in the field of security and the domestic emergencies of the period have an impact, but the data effectively summarize what was previously mentioned about the most significant changes in current military policy: the move towards restoring the country's international credibility and the renewed role of the armed forces as an instrument of policy for safeguarding the newly defined national interests.

Beyond these changes, there remains a strong distributive component, largely focused on personnel, which seems to characterize this policy area, also given its lower level of deregulation. However, a diachronic reading of the data reveals a clear reduction in this type of measure since the 12th legislature (from 30% to 10% compared to the 11th Parliament), which, under Center-Left governments, reaches physiological values of about 15% of the legislative output. This seems to confirm that a distributive crisis affected also this policy area with the onset of the transition, making the difficulties faced by the sector's policy network tangible. However, little can be said about administrative reform and personnel reorganization.

Looking at the data, the reforming momentum was able to take shape before the transition. However, mere numbers are inconclusive if limited to the production of regulations and in the absence of an examination of the nature of the reforms undertaken and the innovations introduced with delegated legislation. Nonetheless, beneath the major decisions made in recent years, something has changed, but not much.

Conclusions

The very simple objective we had set for ourselves was to carry out an initial survey of the changes that had taken place in military security policies during the first decade of the institutional transition. We wanted to determine whether and what new developments could be found beneath the major decisions of those years. We were curious to discover the interest sparked among parliamentarians and government officials – also due to the forceful entry of security issues onto the political agenda – by the prospects of reforming the armed forces and the new directions in military policy, how much sectoral policy-making had changed, and what new elements could be found in the policies ultimately adopted.

We pursued these objectives considering the (few) actions and the (many) inactions of MPs and governments, seeking to give our investigation a basic temporal and cross-sectoral depth. In other words, where possible, we compared the data collected for this research with what was happening in the formation of military policy before the transition and then compared what we discovered with what occurred in general policy making. This has highlighted new developments, continuities, and specificities related to military security and its decision-making processes.

The overall low level of interest shown by deputies and senators in this area of regulation is certainly nothing new. Despite the growing importance it has assumed in recent years and the major decisions at stake, it does not seem that defense issues acquired charm. Certainly, the appeal it once held for the average deputy has greatly diminished because of the difficulties in resorting to traditional distributive policies, mastering the technical nature of the issues at hand, and penetrating the traditionally closed structure of the sector's policy network. This has resulted in a less proactive role than what can be observed in other areas of state intervention, further distancing the volume of legislative initiatives in defense from the overall figure.

A preference for decentralized bargaining venues in defense decision-making processes is not new either, but there is an important change. In this area, there is a widespread reluctance in both chambers to entrust their committees with the transformation of bills into decisions. However, this has not prevented parliamentary committees, during their review, from being granted the full extent of their decision-making powers as

needed. This fact does not seem to reflect any particular conflict due to the nature of this policy area, but rather the necessity to adopt consensual practices to encourage the search for shared solutions – another element that is not new and not at all unique to the military policies of the transition period.

However, what has changed? The topics of the decision-making processes have changed. First, there is the sheer number of agreements and treaties submitted to parliament for ratification. This is the result of a military policy that has become, in part, more autonomously driven due to the end of the bipolar competition between East and West and, in part, deliberately oriented, with participation in peacekeeping missions and the use of the armed forces as a policy tool – a virtually unprecedented occurrence in the postwar period, given the traditional reluctance to deploy troops in operational theaters. The aims have been to regain international credibility, support diplomatic activities, protect national interests, and secure legitimacy for the new governing forces. The decisions ultimately made have also changed, at least to some extent. They have become less distributive and inevitably, given the financial constraints of the time, more focused on the institutional missions of the armed forces, yet also disappointingly reformist.

The transformation towards professionalism and the rationalization of command lines were not the only reforms of the period, but they were not accompanied by many mid-level structural interventions either. Certainly, we could not consider both the regulatory activities of the government and the actual outcomes of delegated legislation; therefore, the result remains inconclusive. With these advantages, it would appear that during the transition, the executive branch was indeed able to assert itself in controlling the agenda and managing decision-making processes and perhaps even play a leading role in the changes, but only insofar as it succeeded in governing without legislating.

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Community-based action research and memory justice: insights from the struggle of immigrant trans and *travesti* sex workers against HIV/AIDS in France

Clark Pignedoli, Louve Zimmermann, Mar Andrade Viu and Acceptess-T^{1, 2}

“We have to act quickly, because most of the people...the groups I used to belong to, have already passed away. Only four or five of us are still here. You need to make the most of me while I’m still around”.

CLAUDIA, 65 YEARS OLD, CO-FOUNDER OF ACCEPTESS-T,
PORTUGUESE, ARRIVED IN FRANCE IN 1978

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Introduction

Very few scholars in France have explored the social and historical dynamics of transfeminine and *travesti* (TT)³ migrant and immigrant⁴ communities. French *études trans* (trans studies), first conducted in the 2000s (Espineira and Bourcier, 2016), have largely overlooked these dimensions. More specifically, the current historiography of trans movements in the French context was primarily developed by French trans researchers who focused on the evolution of French trans activism and the medicalization of trans identities (Espineira, 2015), two topics that have also left the most visible archives (Foerster, 2021). This choice was rooted in their desire to advance the fight for the depathologization and the recognition of gender transition; this process is largely inaccessible to undocumented persons and non-French citizens.

The few academic works that have addressed to some extent TT migrant and immigrant communities in the French context share a methodological approach influenced by the fight against HIV/AIDS. They include articles by Viviane Namaste (2015) and Laurent Gaissad (2010), as well as a doctoral dissertation by Marina Silva Duarte (MSD hereafter) (2018). Other information can be found in more general sources on ‘male prostitution’ such as articles by Welzer-Lang, Barbosa and Mathieu (1994) and Handman & Mossuz-Lavau (2005), and in mostly forgotten activity reports produced by community organizations dating back to the 1980s and early 1990s (Chafi and Gaissad, 1992). The most recent French research on TT migrant and immigrant communities includes the MeS-T-HIV project—from which the present article is based on—

3. We use and italicized the term *travesti* precisely because of its ambiguity in English-speaking contexts. The word exists in French, Spanish (Castilian) and Portuguese, but its pronunciation and meaning differ. In contemporary French, *travesti* refers to the experience of individuals assigned male at birth who deliberately present *en femme* (as women) in specific contexts and then return to a masculine identity. However, it was also commonly used by trans women in the 1960s, for example, to describe their gender identity. In Latin America, particularly in Brazil and Argentina, *travesti* designates individuals who embody a gender experience that traverses conventional boundaries between masculinity and femininity. The word reflects not only a personal embodiment but also the socio-historical constructions of gender within specific cultural contexts (Darouiche, 2024; Duarte, Paz and Pelúcio 2024).

4. In this article, we employ the terms “migrant and immigrant” to highlight a notion of population mobility rather than fixity, consistent with a transnational perspective on migration (Schiller, Bash and Blanc-Szanton, 1992).

doctoral thesis by Otto Briant-Terlet,⁵ and the recovery and re-examination of relevant archival materials by community archivists. The most notable example is Morgane Vanehuin, herself a trans woman, who discovered, reported, and shared archival documents from the organization AIDES. Vanehuin is working on re-categorizing the organization's archives, and her preliminary analyses of early prevention reports from the late 1980s, show that at that time AIDES also engaged with TT in its outreach efforts specifically targeting male sex workers. This example of miscategorization raises the question of whether certain identities/bodies/communities have been erased from HIV/AIDS archiving (Vanehuin, 2024).

MeS-T-HIV (2024-2026) is a community-based action research project on health mediation⁶ among TT people; launched in Paris in 2024, it is funded by a grant from the ANRS-MIE.⁷ The project is co-led by the grassroots trans community-health organization Acceptess-T, which is located in Paris, and the multidisciplinary research unit SESSTIM, which is based in Marseille. Acceptess-T was created as part/in the context of the fight against HIV/AIDS; it provides medical, social, and legal support to the most precarious trans individuals, and advocates for their social and political rights. The majority of its members are migrant and immigrant TT from Latin America, most of whom are sex workers, and many are undocumented (Pignedoli *et al.*, 2024). Historically, SESSTIM has conducted research in collaboration with, and focusing on, people living with HIV as well as sexual and gender minorities.

The MeS-T-HIV grant enabled Acceptess-T to secure the financial and human resources needed to begin documenting and preserving the history of their community using a bottom-up approach. This community-based archiving project is grounded in the active participation of older migrant and immigrant TT. It was conceived to develop participants' so-

5. Otto Briant-Terlet is a PhD candidate in public health. His doctoral dissertation primarily seeks to reconstruct the trajectory of mobilizations and public policies addressing HIV/AIDS and trans issues in France from the late 1970s through the late 2010s.

6. Health mediation refers to community members' actions to help peers who are disconnected from care to gain a better understanding of the health system and healthcare, with a view to increased access. This concept has many associated terms, such as "peer navigation" and "community health work".

7. French National Agency for Research on HIV, Viral Hepatitis and Emerging Infectious Diseases.

cialization and archival skills, to create a meaningful, affective, and caring physical space for trans people that is rooted in memory, and to construct a political tool for documenting the lives of a community that continues to experience multiple forms of violence. In other words, this archive was conceived as an instrument of transformative justice: a means to generate grassroots forms of reparations, to celebrate the lives of its protagonists, and to confront and heal past wounds. It was also conceived as a vehicle to support campaigns seeking material reparations from the French state for gross human rights violations, inspired by similar processes initiated in Latin America. Building on the experience of creating this archive—situated at the crossroads between the need for memory and the demand for justice—this article contributes to ongoing debates on “memory justice” (MJ) from the standpoint of migrant and immigrant TT communities and their struggles against HIV/AIDS. It illustrates how MJ can be articulated through community-based action research and community health initiatives. Community-based action research is an approach that actively involves community members in all stages of the research process, fostering the co-construction of knowledge and scientifically rigorous and socially meaningful interventions. It provides a framework to test and implement innovative actions that directly benefit the community in question (Gelineau *et al.*, 2022). Community-based health approaches and practices are grounded in the lived experiences, cultural values, and engagement of the communities they serve, and they are based on a holistic vision of health (Otis, Bernier and Lévy, 2015).

Methods and epistemological grounding

We employed a qualitative research design, drawing on the case study of the MeS-T-HIV project where one of the actions to be tested and implemented was the launch of a community archive within Acceptess-T. The data used come from the MeS-T-HIV project, ethnographic field notes collected by the authors, written records of team meetings, steering committee meetings, encounters with external partners, and a witness

seminar (Nicholls, 2022)⁸ with migrant and immigrant TT participating in the creation of the archive. We employed a general inductive approach to analyze qualitative data. In this approach, themes and concepts emerge from the data itself rather than being imposed by pre-existing theoretical frameworks (Thomas, 2006).

This study is grounded in an epistemological framework informed by research reflexivity, critical trans gerontology and community-based health approaches. In the context of community-based action research, reflexivity involves continuous dialogue about power relations, epistemological assumptions, and the co-construction of meaning between researchers and community members (Peralta and Murphy, 2016; Bailly, 2025). Although we, the authors, are trans, we occupy professional roles and social positions that do not expose us to the same conditions of precarity and marginalization as migrant and immigrant TT sex worker communities. This reflexive awareness of our positionality informed all stages of the research and was systematically integrated into all decision-making processes (Pignedoli, 2025; Zimmermann and Pignedoli, 2025). The field of critical gerontology is based on the belief that the experience of aging is shaped by an individual's life trajectory and their social embeddedness. It therefore approaches ageing as a process that can involve resistance, agency, and varied lived realities rather than exclusively a matter of vital decline (Toze, 2019). From this perspective, the individual act of remembering becomes especially valuable when it is rearticulated through the development of a collective history or the formation of a shared identity. Engaging in this process can help individuals cultivate a sense of pride, dignity, and recognition of contributions that may have previously gone unacknowledged. Building on critical gerontology and transfeminism, critical trans gerontology shifts research on ageing trans people away from narrow clinical and policy perspectives towards a broader exploration of the importance of life course perspectives and local contexts; it also takes a critical stance toward biomedicalization.

8. A witness seminar is a study tool used in the social sciences where people who took part in or witnessed past events come together to share their memories and collectively reconstruct what happened.

The scattered memories of the HIV/AIDS crisis among migrant trans and *travesti* communities in France

Social marginalization and erasure from historical narratives

For TT sex workers in France, in the 1980s, being exposed to HIV came to represent a “community of common destiny” (Pollak, 1988). Indeed, this population continues to be one of the groups most at risk of infection (Castro *et al.*, 2022). It is impossible to precisely quantify how many TT sex workers have died in France over the years from AIDS-related complications, as public institutions have failed for decades to assess AIDS-related deaths among this population. TT and TT sex workers have been subjected to epidemiological misclassification, often subsumed under categories such as “male prostitutes” (Vanehuin, 2024) or “men who have sex with men” (del Río-González *et al.*, 2021), which obscure their specific experiences and healthcare needs. TT sex workers were ignored in official prevention guidelines until 2008 (Yeni, 2008, pp. 76–77). The category “transgender individuals” was only added in 2012 to the mandatory reporting of new HIV infections (Cazein *et al.*, 2021).

The history of their exposure to and management of HIV appears to carry a necropolitical dimension (Mbembe, 2003), as it has been shaped by public health institutions’ social organization of erasure and denial of their existence (Cazeiro, Silva and Souza, 2021). Consequently, TT and TT sex workers have historically been excluded from official accounts of HIV and related activism in France, placing their communities at serious risk of erasure from broader historical narratives of the epidemic crisis, especially narratives focusing on its early years. Since the 1980s, the fight against HIV/AIDS has primarily been told from a cisnormative⁹ and homonormative¹⁰ perspective, focusing on the experiences and memories of cisgender, white French gay men (EthnoAides, 2024; Briant-Terlet, 2025). Some authors speak of the “homosexualization” of the cause (Filleule and Broqua, 2002), which has contributed to the invisibilization of

9. “Cisnormative” refers to the assumption that being cisgender (i.e. non-trans) is the norm, which marginalizes or invalidates trans and non-binary identities.

10. “Homonormative” refers to the assumption that all LGB individuals are cisgender.

other socially marginalized bodies and their experiences, such as those of racialized migrant people (Izambert, 2014; Briant-Terlet, 2025).

Since at least the 1960s, France has been a transit and settlement location for migrant and immigrant TT, primarily from Latin American and North African countries. Many TT individuals choose major urban centers such as Paris and Marseille as places to live, to work—mostly in the sex work milieu—and to build a community (Gaissad, 2010; Namaste, 2015; Duarte, 2018). These migration trajectories are characterized by their “circularity” (i.e., migrants maintain emotional and economic ties with their countries of origin) as well as by their multinational nature (Paul and Yeoh, 2021) (i.e., they live in multiple countries before settling temporarily or permanently in France (Pignedoli *et al.*, 2024)). This circularity and mobility suggest that these individuals’ histories, shaped by sociocultural backgrounds and personal trajectories, “travel” with them.

The limited sources available document the extreme precarity faced by these communities, marked by urgent survival needs and heightened vulnerability to social exclusion, police persecution, and violence in sex work environments (Serre *et al.*, 1994; Handman and Mossuz-Lavau, 2005). These repressive dynamics have been fueled by intersecting systems of classism, racism and transphobia, which, combined with a lack of access to rights and legal protections, have kept many TT migrants and immigrants in conditions of social and administrative invisibility and exclusion. Social invisibilization was reinforced by media-driven stigmatization: throughout the 1980s and 1990s, TT individuals were frequently depicted in French media as vectors of the HIV/AIDS epidemic (Espineira, 2013; Duarte, 2018). Press coverage from this period is marked by a racialized double standard: while issues such as access to legal gender recognition, employment, and family life began to receive attention in relation to communities of French-born trans people, migrant TT communities were depicted solely as threats to public order whose persecution was portrayed as justified (Zimmermann and Pignedoli, 2025). Karine Espineira’s analysis of the Bois de Boulogne – a large public park on the western edge of Paris, widely known as a location for TT sex work since the 1980s – highlights how this park became central to the mythification and sensationalized portrayal of migrant and immigrant TT. Between approximately 1988 and 1992, the park emerged as a focal point in media discourse, particularly through sensationalist

coverage in popular outlets such as *Paris Match* and on prime-time television (Espineira, 2013). Espineira argues that these representations constructed a powerful and damaging stereotype: the “prostitute as a vector of AIDS”, depicted as irresponsible, deceptive, and violent (*Ibidem*). The rapid conflation of the Bois de Boulogne, transgender identity, and HIV/AIDS in the public imagination helped solidify these harmful associations well before HIV/AIDS prevention organizations had an established presence on the ground. Notably, the media showed little to no interest in the material living conditions of these sex workers, who were, for the most part, migrants (Serre *et al.*, 1994). Immigration law reforms in the 1990s further exacerbated the situation of migrant and immigrant TT by restricting the conditions under which they could legally reside and work in France (Fassin, Morice and Quiminal, 1997). Likewise, reforms to sex work legislation in the 2000s had a detrimental impact on their living conditions and reinforced existing patterns of marginalization (Mathieu, 2015).

Grassroots Resistance and Living Archives

Despite the above-mentioned hostile context, since the 1980s, communities of migrant and immigrant TT have mobilized—both informally and formally—in the fight against HIV/AIDS (Duarte, 2018). Established in 1988, the *Agence française de lutte contre le sida* (AFLS) played a pivotal role in advancing HIV prevention by funding field-based research focused on community-specific interventions. Emphasizing participatory, community-driven research methods, AFLS supported collaboration between grassroots organizations, healthcare providers, researchers, affected populations, and activists (Welzer-Lang, Barbosa and Mathieu 1994; Mathieu 2015; Girard 2016; Coppel, Amaouche and Bragiotti, 2020). These initiatives helped to legitimize the inclusion of migrant and immigrant TT individuals, as well as sex workers, as key populations in HIV/AIDS prevention efforts. This approach also gave rise to new grassroots trans mobilizations: in 1992, PASTT was established in Paris as a pilot HIV prevention and action-research initiative targeting migrant TT sex workers. Led by Camille Cabral and Sonia Castelletti and supported by the organization AIDES (see above), PASTT marked an important

step in organizing community-based actions at the institutional level. In 1997, PASTT evolved to become the first trans community organization in France, born directly out of the HIV/AIDS crisis and the activism of migrant and immigrant TT individuals. In 2010, some former PASTT staff went on to found Acceptess-T (see above): Giovanna Rincón, Chris Valle, and Claudia Anjos Cruz, among others.¹¹

Despite over 30 years of migrant and immigrant TT sex worker community-based actions, there is a striking lack of written documentation on the origins of these mobilizations and on the living conditions of these communities during the height of the HIV/AIDS epidemic. Very few archival materials have been preserved or deposited in public and private archives (Zimmermann and Pignedoli, 2025). Oral history and the “community count” (i.e., of friends who died from AIDS) passed down within migrant TT organizations from older TT who survived the epidemic to younger TT individuals, indicate that AIDS had a devastating effect on their affection networks and their communities (Namaste, 2015; Antonucci, 2021; Foerster, 2021), as illustrated by Claudia’s quotation at the beginning of this article. Although this is still a living memory for these older TT individuals and this “community count” circulates informally within migrant TT organizations, it is at risk of disappearing as this generation ages (Namaste, 2015; Antonucci, 2021).

Aging migrant and immigrant TT constitute an economically vulnerable population that have often survived thanks to informal economies, living in conditions of social isolation and exclusion because of family ruptures, migration, and hostile socio-political contexts. These communities have endured the criminalization of homosexuality, the policing of cross-dressing and sex work, state terrorism, the pathologization and psychiatrization of “transsexualism”, the HIV/AIDS epidemic, serophobia, police violence, and other types of violence (Vernier, 2005; Pourette, 2005a; 2005b; Foerster, 2018; Antonucci, 2021). TT are more likely to experience incarceration, homelessness, and unemployment, all of which often push them toward sex work (Pourette, 2005a; Negroni, 2011; De Montvalon, 2013; Antonucci, 2021; Reyes Serna, 2022; Pignedoli *et al.*, 2024). Migrant and immigrant TT individuals experience biograph-

11. It is also important to highlight Pasaje Latino, a project initiated by Arcat in 2002 (now known as Punto Latino), which has provided community-based support to many Latin American TT sex workers.

ical ruptures and economic barriers that render them ineligible for social benefits such as pensions (Reyes Serna, 2022). All these elements, as well as housing insecurity and the imperative of survival, make it extremely challenging for this population to preserve personal materials – such as photographs, letters, documents, clothing, and other memorial objects – that could serve as valuable archival sources for future reference.

Memory and the construction of justice: a conceptual work in progress

The notion of MJ has yet to be systematized as an autonomous concept. Few texts address it as a distinct category (Anderson and Daya, 2022), and those that do are predominantly grounded in judicial and legal frameworks (Booth, 2001). In this article, we adopt the notion of MJ to highlight both the material dimension of reparations for human rights violations and the active role of communities in shaping them. Rooted in MJ, we also consider memory work as a form of collective agency that seeks to recognize, protect, and restore the truth about past injustices, while connecting symbolic reparation with processes of knowledge production, community health, and social transformation. Nevertheless, in conceptualizing this notion, we situate our work within the literature on *memorial justice*, even though the latter often refers to more institutionalized and state-led practices of commemoration. Drawing on a genealogical perspective, and taking Argentina and France as key reference points, we trace the broader meaning of MJ and show how it emerged within processes of transitional justice (TJ) and social reparations in the aftermath of massive human rights violations.

Argentina: memory at the core of justice

TJ is a repertoire of political and legal instruments designed to support and safeguard the transition from authoritarian regimes to democratic political systems, with the aim of fostering social reconciliation. One example of TJ is in Argentina, where beginning in the mid-1980s, a range of protocols, forums, and public events were established to address

the violations committed by the last military dictatorship (1976-1983). These initiatives sought, among other goals, to implement symbolic and/or material reparations for victims and their families (Naftali, 2016; Gutiérrez-Rodríguez, 2025). They also served a preventive function, aiming to deter future repetition of the violence and atrocities experienced (Druliolle, 2009; Garibian, 2014).

The Argentine military dictatorship had implemented a doctrine of state terrorism aimed at the systematic elimination of political opponents through enforced disappearances, torture, murder, and censorship.¹² Before relinquishing power, the ruling high command destroyed incriminating archives and put a legal framework in place to shield themselves from prosecution (Compagnon, 2022). As a result, militarization and authoritarianism profoundly shaped both the accessibility and preservation of archival materials (Wilson, 2016; Compagnon, 2022). In this context, the shift toward democratic institutions brought the issue of memory to the forefront (Stewart, 2020; Gutiérrez-Rodríguez, 2025). The triad of *Memoria, Verdad y Justicia* (Memory, Truth, and Justice) processes came to symbolize the means taken to account for the crimes of the dictatorship and define the associated reparative practices, both legal and memorial (Stewart, 2020). The order of the three terms in the triad conveys the idea that memory is a necessary precondition for any form of justice, both functionally and emotionally. The “right to truth” (understood as the effort to bring the reality of historical events to light) was closely linked to the broader notion “right to know” (Garibian, 2014; Naftali, 2016), a right long denied to the Argentine public, as exemplified by the contested issue of access to archives/memory. During Argentina’s democratic transition in the mid-1980s, judicial bodies, civil society organizations, and grassroots and community-based archives played a crucial role in the documentation and reconstruction of the country’s 20th-century history (Naftali, 2016; Compagnon, 2022). Testimonies and materials gathered using a bottom-up approach gained new legitimacy as formal documentation and legal evidence. These citizen-driven archives helped fill the void left by the military *junta*’ and collaborators’ systematic destruction of official records (Wilson, 2016; Compagnon, 2022).

12. Over 30,000 individuals were forcibly disappeared by the regime (*desaparecidos*).

The legacy of the dictatorship sparked widespread public awareness of the political dimensions of memory (Simonetto and Butierrez, 2022; Insausti and Ben, 2023). Civil society organizations assumed the responsibility of remembering victims of state and dictatorial violence and of reclaiming the truth about what had taken place (Naftali, 2016). The institutionalization of memory policies allowed for the construction of an official/national narrative of past crimes (Insausti and Ben, 2023).

Trans and Travesti Exclusion as Memory Injustice

Despite the development of TJ tools in Argentina in its move towards democracy in the 1980s, their applicability was and still is limited; this is especially true for TT individuals and their communities. As documented through interviews and materials from the Argentinian *Archivo de la Memoria Trans* (AMT – Trans Memory Archive), memory has not been mobilized as a paradigm of human rights and justice for these populations, despite the specific forms of violence they endured during the dictatorship (Antoniucci, 2019). TT were subjected to a dual regime of oppression: they were political opponents and were targets of the cisheteronormative system on which the dictatorship was ideologically and politically grounded, that is to say, they were deliberately targeted through intersecting forms of oppression related to their gender non-conformity, class position, and racialization (Oberlin, 2019). The premeditated nature of this second axis of repression has been recently confirmed through newly uncovered archival materials by political activists (Insausti and Ben, 2023). In this sense, scholars have referred to the existence of a necropolitical mechanism/strategy enacted by the dictatorship, aimed at the systematic and ongoing elimination of TT lives (Mbembe 2003; Valencia and Zhuravleva, 2019; Rodríguez Madera, 2020). Persecution and systematic violence were not integrated or addressed within the TJ implemented during Argentina's democratization (Oberlin, 2019). The cisheteronormative imprint of the justice system contributed to the exclusion of TT individuals from official memory (*Ibidem*). Although hundreds of military officers and former regime collaborators have been prosecuted since 2006, the first court ruling recognizing state violence against TT

during the last dictatorship was only issued in April 2022 (Insausti and Ben, 2023; Nuñez Lodwick, 2024).

If we consider TJ in terms of recognition, it reshapes the temporality of events by establishing a symbolic boundary – an often fictitious “end” – to state violence. However, in the case of Argentina, this temporal framing risks exonerating this democratic state from accountability for structural and institutional violence that continued or manifested itself in new forms after the fall of the military dictatorship. Moreover, TT communities assert that their persecution under the military dictatorship represented both a continuation and an intensification of repressive measures already present under previous democratic governments and that, in their experience, state violence did not begin with the dictatorship or end with its downfall (Insausti and Ben, 2023; Nuñez Lodwick, 2024). In Argentina, TT individuals and communities face extremely precarious living conditions marked by social exclusion and systemic marginalization. Between 2000 and 2005 alone, of the 420 persons in this population who died, primarily from HIV/AIDS-related complications and violent murders, nearly 70% were under 40 years of age (Berkins and Fernández, 2005). Nearly 95% of working-age TT are excluded from the labor market and the school dropout rate among this population is critically high. For many, sex work constitutes the only possible available source of income (Antoniucci, 2019). At a regional level, TT life expectancy in Latin America is dramatically low, ranging between 35.5 and 41.25 years, which is less than half the regional average of approximately 75 years (Borgogno, 2013). Sheilla L. Rodríguez Madera (2022) coined the term “necropraxis” to describe the multiple direct and indirect forms of everyday violence, often small-scale and normalized, through which necropower operates. These are forms of repression designed to kill TT individuals slowly, through what she calls “small doses of death”.

TJ in Argentina focuses on violence committed explicitly during the dictatorship and thus fails to consider the continuum of violence that TT still face, in the context of the dictatorship or not; this places TT memory in direct opposition to TJ, proposing an alternative justice timeline for TT population.

Although France has a long history of using memory for political purposes—primarily to reinforce a national narrative under monarchies, empires, and republics alike (Michel, 2010)—practices more closely resembling MJ began to emerge in the late 1990s with the rise of the *devoir de mémoire* (“duty of memory/remembrance”) imperative which became institutionalized through significant legislative actions by different members of parliament and the creation of institutions such as the *Direction des Patrimoines, de la Mémoire et des Archives* (Department of Heritage, Memory, and Archives) in 1999, particularly in connection with the recognition of the Holocaust, slavery, and the transatlantic slave trade (Ledoux, 2016). More recently, in 2022, socialist senator Hussein Bourgi introduced a legislative initiative (Bill No. 864 (2021–2022)) which aimed to recognize and officially express regret for the criminalization of homosexuality endured by homosexual individuals as a result of discriminatory laws enforced between 1942 and 1982, and to offer reparation to those convicted. The proposed measures included symbolic financial compensation, the reimbursement of fines paid, and the creation of an independent national commission for recognition and redress.¹³ Between 1942 and 1982, approximately 10,000 people were convicted under laws enforcing a higher age of consent for same-sex relations, and 40,000 under charges including “public indecency” for “homosexual behavior” (Gauthier and Schlagdenhauffen, 2019). While the Senate adopted the bill in 2023, it was stripped of its indemnification component and the creation of the independent commission, thereby severely limiting the notion of reparations (Big Tata, 2024). The parliamentary debate leading to its adoption revealed divergent understandings of what constitutes meaningful reparative justice, with symbolic recognition prevailing over material compensation.

However, the *devoir de mémoire* imperative in France is not without problems. Witnesses occupy a central place, playing a symbolic and emotional role as transmitters of history (*passseurs d'histoire*) (Wieviorka, 1998). This role often compels them to speak from a position of compas-

13. A detailed presentation of the bill proposal is available at this link: <https://www.senat.fr/leg/pp121-864.html>

sion-seeking suffering (Lefranc, 2014), or within a trauma-pathologizing framework (Fassin and Rechtman, 2024). This discursive apparatus surrounding witnesses' testimonies reinforces the social-order function of the *devoir de mémoire* in two main ways: by discouraging the articulation of material demands or political anger that might disrupt the existing social order, and by rendering the actual perpetrators of the violence invisible, behind a proclaimed goal of "reconciliation" via recognition (Gensburger and Lefranc, 2017). Yet, as many scholars and activists argue, recognition alone is not sufficient. For Big Tata, an international francophone network of LGBTQIA+ libraries and archive centers, financial reparations must also mean allocating resources to community-based initiatives, such as LGBTQIA+ archives and collective memory projects, which play a vital role in preserving and transmitting marginalized histories. Big Tata has denounced the "homosexualization of repression" and has highlighted how public discussions of memorial laws have consistently failed to include trans people and sex workers, whose experiences of criminalization and state violence fall outside the dominant narrative (Big Tata, 2024). For example, the collective points out that the temporal scope of Bourgi's bill—limited to 1945-1982—obscures the continued judicial and police repression experienced by TT and sex workers after the law's timeframe, revealing the persistent blind spots in current French institutional memory politics (Big Tata, 2024).

Echoing Big Tata's argument, the present article, as part of the wider MeS-T-HIV project (see above), highlights the importance of community archives and memory practices as key spaces where justice can be imagined beyond the limits of state-led and judicial frameworks. The central aim of this article is to contribute to the conceptualization of MJ, drawing on the case of migrant and immigrant TT sex worker communities' struggles against HIV in France. We advance the hypothesis that MJ may emerge outside formal legal arenas through a reclamation of power over individual and collective histories, via community documentation and archival practices.

Shaping a community archive through community-based action research

The main objective of the MeS-T-HIV project is to trace the origins and development of community-based health mediation targeting migrant and immigrant TT within the field of HIV/AIDS prevention in France. In doing so, the project aims to address the relative invisibility of these practices and of the people who have shaped them, by collecting and preserving as much as possible of their fragile and endangered¹⁴ individual and collective memory. Preliminary work has already created a valuable database documenting the trajectories and practices of mediators, and the groundwork for a community archive curated by Acceptess-T has already been laid. Three research staff, a sociologist (CP), a community health worker (LZ), and a community archivist (MAV), were recruited for the project.

Phase 1: laying the foundations of the ¡Presente! archival project

The MeS-T-HIV project was launched in 2024. Although the community archivist position was first envisioned during the co-writing of the research project, the archival component of the project was not described in detail when seeking funding. The definition and the creation of the community archivist position were themselves two elements of the project, conceived as a separate process of community-based action research which needed to be conducted. Accordingly, in the months following the project's launch, the research team conducted a series of discussions about the archive and the archivist position (see section 4.2 below); during this period the project's sociologist and community health worker had begun their fieldwork.

The key reflections for the research team were identifying what an archive meant to us, and what the implications of creating an archive at, *and of*, Acceptess-T would be. Acceptess-T is unique in France in terms of its history, its members, and the communities it serves. As of 2025,

14. Here, endangered means at risk of disappearance due to the aging of pioneering community mediators and the wider community itself.

the organization employs 23 people, 18 of whom are trans. Ten of the latter have a migrant background—mostly from Latin America—and some have been, or still are, sex workers. Many have not completed formal education and live in France with residence permits. Globally, there are very few examples of trans community archives, and even fewer archival projects with which the organization could identify or from which it could draw inspiration. Within the research team, both formal meetings and informal exchanges played a central role in shaping MeS-T-HIV's launch and development. Among the questions we asked ourselves were: *How can we create an archive that endures? Where should materials be deposited and preserved; within Acceptess-T or in institutional settings? What are the legal issues involved, particularly regarding sex work and HIV status? What risks arise if biological families initiate legal action when Acceptess-T preserves and takes care of belongings of deceased daughters? How can we design a framework that is both ethical regarding contributors and that can protect the organization against prosecution? How can we prevent potential commercial use of archival materials? And, how can we ensure that the project truly speaks to, and for, the people whose lives it documents?*

Since its creation in 2010, Acceptess-T has gradually shaped and positioned itself as a familial entity in relation to the community members it supports. This sense of family emerges from the context in which both the founders of the organization and its members and beneficiaries have lived—often marked by disruptions in biological family ties, experiences of violence, social isolation, and exile. With its intention to create an archive, the organization acts as a chosen family, preserving the memories of loved ones who have passed and of older generations as they age, integrating their stories into the present. Caring for memory entails caring for the deceased individuals themselves. In this way, the project also serves to nurture social bonds, particularly those that are intergenerational in nature.¹⁵

In parallel with these epistemological reflections, our research team began to train and inform ourselves on the practical aspects of building an archive, while also initiating intracommunity consultations. CP had

15. At the time of writing, the three people carrying the archival component of the MeS-T-HIV project are in their twenties and thirties; they work in close collaboration with older TT who frequent Acceptess-T. This intergenerational dynamic has become a central aspect of the MeS-T-HIV project.

training on how to facilitate and support groups through an approach and practices informed by critical pedagogy (*éducation populaire*). The team met with Morgane Vanehuin (see above), who has experience in archival work, both through formal training and activism, and with María Belén Correira, co-founder of the TT community-based archive AMT, which was founded in Buenos Aires in 2012. The AMT collects, preserves, and shares photographs, documents, and testimonies that trace the lives, struggles, and resistance of TT people in Argentina. Created and led by TT activists, it seeks both to safeguard collective memory and to challenge the historical erasure of trans experiences (Antoniucci, 2021). During her visit to Acceptess-T, Correira shared the history of the Argentine archive, provided insights into its development, and participated with us in in-depth discussions on engaging and training community members in archival practices, such as digitization. LZ reached out to the Big Tata collective (see above), to inform them about the archival component of MeS-T-HIV, and to seek advice and to confirm their future availability for support. Finally, we collaborated with MSD (see above), a Brazilian researcher who worked for several years in Paris with Brazilian *travesti* communities from the first and second waves of immigration (Duarte, 2018), many of whom were connected to the organization PASTT (see above).

Moreover, during this first phase, the research team decided that the archival project would comprise one main axis: the archive as a tool of care and support against the isolation experienced by aging members of Acceptess-T. This axis aims to foster community engagement and, potentially, community organizing, by encouraging participants to approach the archive not only as a site of remembrance but also as one of collective advocacy and activism. The creation of this axis was driven by a strong sense of urgency, stemming from the aging and passing of survivors of the HIV/AIDS epidemic, compounded by the critical health conditions of others. This urgency was driven by the fear of losing their stories, and therefore their legacy, that is, the collective memory and the archives that preserve and safeguard their lives as well as their collective struggles. We named the archival project *¡Presente!* (Still here!) for the cultural and political resonance it evokes. In Latin America, *¡Presente!* is the slogan used to chant and proclaim the names of victims of forced disappearances, feminicides and transfemicides. It also carries a temporal

connotation—an archive anchored in the present—and a symbolic one, as the MeS-T-HIV project responds to the material erasure of bodies and histories. Accordingly, *¡Presente!* embodies both a temporal and a political dimension.

Phase 2: initiating community memory work

As mentioned in the previous section, a key element of the project was the creation of the community archivist position, which we saw as different from that of a traditional, institutional archivist. We decided not to recruit someone with formal archival training, rather a person capable of creating and sustaining a link between the participants in the archival project and Acceptess-T, as well as facilitating participants' appropriation of the project. Initially, we hoped to recruit someone rooted in the migrant and immigrant TT community, fluent in both Spanish and French, and able to facilitate community activities while outlining an initial proposal for an archival framework within the organization. However, this profile proved difficult to find; given the hardship that shapes their life trajectories, few aging migrant and immigrant TT sex workers have all these characteristics. MAV was ultimately recruited; he possesses the required skills but is not a TT and, like CP and LZ, belongs to a younger generation of trans people. Since no members of the joint Acceptess-T/SESSTIM research team have experience in creating an archive, we created a small group of experts to supervise MAV's work. This group meets periodically to discuss the progress of the archival project.

In parallel with the establishment of and recruitment for the community archivist position, we began preparing a witness seminar (WS) on the experiences and histories of sex work in Paris, focusing on the perspectives of migrant and immigrant TT, paying particular attention to the 1980s and 1990s, as these are the decades for which the community's historical traces are starting to disappear, primarily because of the deaths of so many TT of AIDS-related illnesses and because TT from that period are now aging. Indeed, many of the latter have suffered premature aging because of HIV and/or other lifelong struggles. The WS was conceived by the authors and MSD (see above), with the supervision of Acceptess-T's leadership and several of its founding members. Some

of the latter invited, by telephone, individuals they considered might be interested in bearing testimony. Moreover, an evocative flyer in Spanish, Portuguese, and French was created as an invitation to be shared via WhatsApp, a tool widely used for communication within the Latin American TT community in France. Nine elderly TT from Acceptess-T's network agreed to take part. All were between 50 and 65 years old, and originally from countries outside of France (Argentina, Ecuador, Colombia, Portugal, Brazil, and Guyana), all arriving to France at different times. The WS was conducted in Spanish and French and was facilitated by CP, LZ, MAV, MSD, and Acceptess-T's co-directors Giovanna Rincon and Laszlo Blanquart.

To foster a participatory process that made participants' narratives tangible and visible, enlarged maps of various Parisian neighborhoods historically frequented by migrant and immigrant TT communities (such as Pigalle, the Bois de Boulogne park (see above), and the western entrances to the city) were displayed on the walls of the workshop room. Participants could mark the places they mentioned with colored post-its or stickers, each color corresponding to a different theme (e.g., sex work, housing, sociability, etc.). Archival photos collected by MSD during doctoral fieldwork, along with newspaper clippings from the 1980s and 1990s, were also made available and circulated among participants to spark memories and reflections. These press cuttings were mostly sensationalist articles about an "invasion" of immigrant and migrant TT sex workers in Paris, and subsequently their alleged role in the transmission of the HIV epidemic (the only two topics through which this community appeared in the public sphere, at that time, and always without the protagonists' control over what was reported). In addition to the memorializing aim presented to participants, the WS also pursued several goals connected to the process of community-based action research. These included the following: presenting the project of building a collective and participatory archive to the participants; introducing the project team (CP, LZ, MSD, and MAV) and identifying MAV as the community archivist so that participants could get to know him and be in contact with him; exploring the participants' interest in memory practices in order to assess the relevance of creating a TT community archive; collecting participants' views on the project, including possible commitments to become actively involved in it.

The WS did not address sex work in a narrow sense. Rather, the discussion quickly turned toward biographical narratives, shared in turn by each participant. These narratives focused on a variety of themes and conveyed not only individual life stories but also stories of places and people. These themes included the years spent in their countries of origin; the violence of state terrorism during military dictatorships; experiences of imprisonment; the trajectory of migration; their arrival and settlement in Paris and all that this entailed; the hotels or addresses where participants lived; the venues they frequented to eat and socialize; the streets, neighborhoods, hotels, and woods where they engaged in sex work; the violence perpetrated by the French state and the police; their difficulties accessing healthcare; poverty; addictions; the “golden years” of TT sex work; the HIV/AIDS epidemic; their exclusion/marginalization from HIV/AIDS prevention campaigns and interventions; the death of dozens of friends and acquaintances. Most importantly, the WS sparked curiosity, interest, and motivation for participants to become directly involved in the archival project. As a form of exploratory collective interview, the WS allowed the research team to i) identify themes to be further explored in subsequent individual interviews collected for the archive and to draft a preliminary interview guide, ii) to note the names of places and people who played a role in the community’s history, and iii) to create a TT map of the city of Paris.

The WS was audiorecorded with participants’ oral permission. In the spirit of community-based action research, this recording will serve both as archival material itself and as research material for scholarly writing. Together with the materials gradually collected in the archive, it will be used to develop a strategy and content for advocacy on rights and material reparations for TT.

Toward a new conceptualization of memory justice, action-research and community health

Memory practices hold a dual force: while they may contribute to erasure, they can also create openings for alternative modes of remembrance grounded in collective care and resistance. As in the Argentine case, migrant and immigrant TT sex workers in France continue to be erased

from official memory and reparation frameworks such as the *devoir de mémoire*. The MeS-T-HIV project builds on and renews the French tradition of action research which, in the late 1980s and early 1990s, was supported by targeted HIV/AIDS funding. At that time, these resources made it possible to test and sustain innovative interventions with the most marginalized communities, while also providing crucial financial support for the creation of community-based organizations (Coppell, Amaouche and Braggiotti, 2020).

Since the late 1990s, HIV/AIDS prevention policies and memory-related initiatives appear to have evolved along separate lines. Funding bodies have tended to prioritize biomedical prevention strategies. Moreover, it is difficult to secure funding for community history studies outside of an academic framework. MeS-T-HIV is the first community-based action research project in France to receive targeted funding to support the development of a community-based archival project. The project introduces various innovative dimensions.

Acceptess-T's partnership with SESSTIM was designed to strengthen the former's research capacities and to provide a framework for structuring its archival work. In this sense, the project has succeeded in achieving its objective. MeS-T-HIV has developed a circular methodology in which materials produced within the archival project directly contribute to the sociological research component, and simultaneously, materials generated for sociological research are immediately reintegrated into a community circuit, through a process of restitution that avoids delays and misinterpretations. This strengthens the archives and supports the fight against isolation among ageing TT. This circular dynamic between research and community work ensures that knowledge production and collective empowerment are closely intertwined.

As we saw above with Argentina, memory emerges as a necessary precondition for any form of justice, whether material or emotional. Community initiatives play a decisive role in uncovering experiences that institutional history cannot—or chooses not to—address, through, in the case of France, the official *devoir de mémoire* imperative. Following the tradition of HIV/AIDS activism that acted when the French state failed, or refused, to intervene in the HIV crisis, the *¡Presente!* archive embodies this counter-practice and counter-narrative. Its objective is not reconciliation but justice. In Argentina, TT activism has explicitly connected

memory and archival practices to reparation claims. A notable example is the 2017 campaign “*Reconocer es reparar*” (To Recognize is to Repay), through which activists introduced a bill demanding economic reparations for TT over the age of forty, in recognition of the persecution and rights violations endured under both the dictatorship and subsequent democratic regimes (Simonetto and Butierrez, 2022; Pizarro, 2024). In a similar vein, the Acceptess-T archive has the potential to articulate claims for historical reparations. It confronts HIV-related stigma and discrimination, racism and transphobia, by dismantling the entrenched trope of the migrant and immigrant TT sex worker as a “carrier” of disease, while also documenting the necropolitical strategies pursued by the French state against these communities. Recent research shows that many migrants acquire HIV in France, not prior to migration (Gosselin *et al.*, 2020). By documenting participants’ trajectories and everyday lives, *¡Presente!* exposes the structural factors that have put TT communities at risk of HIV/AIDS and have led to the deaths of many TT individuals. It also reclaims individual and collective narrative power for those most directly concerned. It generates counter-narratives that uncover structural inequalities, affirm denied rights, and have the potential to inspire future struggles.

¡Presente! shapes the meaning-making of MJ by underlying the transnational dimension of memory (Stewart, 2020). This dimension is closely linked to the migration trajectories of Latin American TT communities to France, among other countries. It is also closely linked to broader processes of globalization (Simonetto and Butierrez, 2022). For example, the high degree of mobility within TT communities generates a circularity of biographical experience (Pignedoli *et al.*, 2024); individuals who arrive in France often bring with them histories of exile, repression, or hostile social environments (Insausti and Ben, 2023). Past, pre-migration life experiences travel together with migrants, influencing their present lives and shaping the ways in which memory is produced and expressed. The circulation of memory across borders underscores the importance of recognizing diverse histories within global human rights frameworks. It calls for forms of transnational solidarity that acknowledge the specific experiences of TT people in diasporic communities. Transnational memory practices intersect with political activism, as memory becomes a tool for claiming rights and justice beyond national borders. TT communities

can mobilize memory not only to remember past abuses but also to resist ongoing discrimination and violence, emphasizing the continuity of states and societal oppressions.

The case of the joint Acceptess-T/SESSTIM research team for the archival component of MeS-T-HIV also highlights the intergenerational dimension of MJ (Nuñez Lodwick, 2024; Rojas-Granada, 2025). It illustrates how solidarities can be forged among people from diverse socio-political and generational backgrounds who come together within a trans community bound by the need for memory. Within this framework, by co-constructing the archive with older generations, younger ones contribute to the production, transmission, and valorization of community memory; this occurs formally, through the collective development of the archive, and informally, through the learning, and preservation of oral histories. This intergenerational transmission of memory is fundamental for the construction and preservation of collective identities within trans communities. The active participation of younger generations in co-creating archives alongside elders ensures that memory remains a living, dynamic process. Such practices foster the community's capacity to thrive.

MeS-T-HIV mobilizes resources specifically dedicated to care via the use of memory and community documentation. Overall, our archival project expands the scope of community-based health approaches and practices through its grounding in the lived experiences, cultural values, and the engagement of the communities it serves. It is framed within a holistic vision of health that encompasses the improvement of quality of life through the creation of moments of sociability, the work of memory, and restorative justice. Such practices seek to foster social inclusion and empower participants, while at the same time reconstituting both individual and collective narratives (Punzalan and Caswell, 2016). In this sense, the critical trans gerontology (see above) approach to archival work is particularly relevant. Within this epistemological framework, exposure to or life with HIV, as well as the experience of minoritarian lives, is understood not only as a source of vulnerability, but also as a potential lever for reclaiming power over one's life and one's place in the world. From this perspective, MJ refers to the enactment of restorative justice beyond the boundaries of the formal legal system, through the reclamation of individual and collective historical agency, made possible by participatory

documentation, socio-historiographical work, and community-based archival practices (Booth, 2001).

The case of the MeS-T-HIV project demonstrates how memory, research and archives can converge to advance both health and justice. It shows how community-based archives can expand the meaning of MJ, reframing it as a transnational, intergenerational, and participatory practice rooted in the lived experiences of migrant and immigrant TT sex workers communities. Future work will further develop this perspective by integrating the voices of participants, an essential step that could not yet be implemented in the present article as the sociological fieldwork of the project is still ongoing.

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Experiencing dual vulnerability: the lack of protection for LGBTQIA+ subjects under the Italian-Albanian Agreement for the strengthening of cooperation on migration issues

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Introduction

The legal notion of vulnerability is increasingly central in contemporary discussions on migration, asylum law, and human rights protection. Despite its growing relevance, the concept continues to suffer from a lack of coherent application across legal systems. While international and European instruments acknowledge the need for heightened procedural safeguards for individuals in vulnerable situations, the operationalisation of such protection often remains limited and frequently instrumentalised for political purposes.

This issue has become particularly evident in the context of the Italian-Albanian Agreement for the strengthening of cooperation on migration issues and its domestic implementation through Law No. 14/2024.

Explicitly, the Agreement provides the possibility for Italian authorities to lead migrants saved by military ships in international waters directly to hubs, set in the cities of Shengjin and Gjadër, Albania.

This legislative framework permitted the transfer of asylum seekers rescued in international waters by Italian authorities to detention centres located in Albania. However, it failed to provide adequate procedural guarantees for the identification and protection of vulnerable individuals, especially LGBTQIA+ persons, raising substantial concerns regarding

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the system's compatibility with international human rights law, European Union asylum legislation and Italian constitutional framework. Indeed, such operations took place in 2024 and 2025, before several Italian courts submitted a request for a preliminary ruling to the Court of Justice of the European Union (CJEU), temporarily halting the activities².

The aim of this paper is to critically analyse the normative, procedural, and operational deficiencies of the Italian-Albanian system, with a specific focus on the inadequate recognition of LGBTQIA+ asylum seekers as vulnerable subjects.

The first part analyses how the Italian system, provided by Law n. 14/2024 based on the Agreement with the Republic of Albania, constituted a severe breach of people's rights. Particularly, this system disproportionately affected members of the LGBTQIA+ community, whose vulnerability is often not immediately visible and whose protection require an intersectional and contextualised approach. Of particular concern was the preliminary screening phase conducted aboard Italian military ships during rescue operations in international waters, in which individuals were assessed for detention in the Albanian centres under questionable criteria, time pressure and without the assistance of qualified personnel or independent legal safeguards.

The paper eventually focuses on the inadequate recognition of LGBTQIA+ applicants as vulnerable subjects in procedures for the recognition of international protection, mainly due to the use of stereotypes repeatedly censured by case law.

Ultimately, it argues the validity of the safe Country criterion, pointing out that most countries considered safe are in fact hostile towards members of the LGBTQIA+ community, exposing applicants to potentially irreversible risks.

Methodology notes

The paper adopts a critical and methodologically grounded approach to the current Italian legislation related to the procedures for recognising

2. At the time of writing, the border procedures at the centres in Albania are suspended following the Court of Justice of the European Union decision of the 1st of August 2025, C-758724 and C-759/24.

international protection and asylum, focusing on border procedures under Law 14/2024.

Drawing on law, doctrinal sources, case law from international, European and domestic courts, and reports from civil society organisations, this study will demonstrate how the Italian legal framework fails to meet its obligations under current legislation.

The critical reading of the legal provisions is carried out through the methodology of legal hermeneutics and systemic interpretation. Special attention is paid to assessing the coherence of the contested legal framework with the constitutional principles of the Italian legal system and the supremacy of EU law and international human rights obligations. The analysis applies interpretative techniques, such as textual interpretation of law, teleological interpretation, comparative and case-based reasoning. Particular emphasis is placed on the interpretative contribution of the judiciary, with a focus on the evolving case law that highlights the tensions between national legislative reforms and supranational standards of fundamental rights protection.

The paper includes an analysis of the notion of safe countries of origin as applied to LGBTQIA+ asylum seekers. This part adopts a law-in-context approach, integrating legal analysis with empirical data drawn from the ILGA World Database³. The criteria used for assessing the effective protection of LGBTQIA+ rights include: the criminalisation of consensual non heterosexual sexual acts, the existence of anti-discrimination legislation, and the availability of legal gender recognition. These three criteria serve as fundamental indicators for assessing the respect for personal freedom, dignity, and social equality. Their presence (or absence) constitutes a concrete element in assessing the safety of a State for LGBTQIA+ individuals according to international law standards. Particularly, criminalization of consensual non heterosexual intercourses conflicts with protection of private and family life and prohibition of discrimination, guaranteed by Articles 8 and 14 of the European Convention of Human Rights, while the absence of anti-discrimination laws shows a structural lack of protection against violence and discrimination. The presence of an anti-discrimination framework is one of the key tools through which a State demonstrates its commitment to ensuring substantive equality. In

3. <https://database.ilga.org/en>

the case of the Countries part of the European Convention of Human Rights, this commitment is enforced by a positive obligation to adopt active measures to protect individuals against discriminations. As per the third criterion, the legal recognition of gender identity is essential for the effective enjoyment of civil, political, and social rights by transgender and non-binary individuals. The inability to obtain documents that reflect one's gender identity entails risks of discrimination, exclusion, and violence, even in everyday life.

Data were systematically extracted from country reports, categorised under these indicators, and analysed to reveal inconsistencies between the legal classification of countries as safe and the actual level of protection guaranteed to LGBTQIA+ subjects.

The (lack of) definition of vulnerability

The only criterion the Italian-Albanian Agreement provides regarding people who could be transferred to the Shengjin and Gjadër centres is the foreign provenance of the people saved on international waters by Italian authorities. The ratification law was not amended further despite criticism from the Government's opposition parties and international organisations, such as UNHCR and Amnesty International. Indeed, under Law n.14/2024, every person saved by the Italian military could be held in the Albanian centres without considering any peculiar situation incompatible with detention (Siccardi, 2024, p. 121). Nevertheless, Italian lawmaker needs to comply with domestic, European and international legislation dedicated to protecting vulnerable people.

Vulnerability in legal sources

While taking for granted the universal nature of vulnerability (Fanlo Cortès and Ferrari, 2020, p. 8), the approach that the legal system has embraced is that of vulnerability “in context”, meaning as a condition of difference determined by physical, human, social factors (Fineman, 2008, pp. 13-15), to which experiences of offence and non-recognition of rights are connected (Pastore, 2018, p. 107).

Even though the concept of vulnerability has been widely studied and analysed in philosophy and sociology, it has only been expressively acknowledged in the sources of law since the Nineties (Fanlo Cortès, Ferrari, 2020, p. 7). The Convention Relating to the Status of Refugees (Geneva Convention, 1951), the starting point for any form of refugee protection, does not expressly define vulnerability. Indeed, a definition was first provided in guidelines and non-binding documents, such as those issued by international organisations. For example, the UNHCR has started using the term “vulnerability groups” or “persons of concern” to indicate minors and pregnant women starting from 1989 (Report of the United Nations High Commissioner for Refugees, 1989). Gradually, the notion started to be used in international treaties (among others, the United Nations Convention on the Rights of Persons with Disabilities, considered one of the first legally binding sources to use the term openly).

In the following years, the concept of vulnerability slowly penetrated European legislation and, consequently, national orders (Bernardini, 2017). As mentioned, vulnerability is considered to be a condition of differences based on personal peculiarities, so the legal sources generally define the concept of vulnerability as the dividing line to locate groups of people who share specific characteristics worthy of protection (Fanlo Cortés and Ferrari, 2020, p. 7).

In the European legislation, the concept first appeared in relation to migration flows in Directive 2011/95/EU (the so-called Qualification Directive), in which Article 10 provides that Member States, when assessing the reasons for persecution, shall take into account race, religion, nationality, political opinion, and belonging to a particular social group. More specifically:

A group shall be considered to form a particular social group where in particular:

- members of that group share an innate characteristic, or a common background that cannot be changed, or share a characteristic or belief that is so fundamental to identity or conscience that a person should not be forced to renounce it, and
- that group has a distinct identity in the relevant country, because it is perceived as being different by the surrounding society.

Depending on the circumstances in the country of origin, a particular social group might include a group based on a common characteristic of sexual orientation. Sexual orientation cannot be understood to include acts considered to be criminal in accordance with national law of the Member States. Gender related aspects, including gender identity, shall be given due consideration for the purposes of determining membership of a particular social group or identifying a characteristic of such a group.

The directive, while reproducing a problematic textual formulation that separates sexual orientation as an abstract identity from sexual behaviour (Díaz Lafuente, 2014), introduced some procedural guarantees, such as special modalities for conducting the hearings of people seeking international protection and the involvement of psychologists and physicians in line with vulnerable groups' special needs.

In 2013, the European lawmaker issued two directives, 2013/32/EU and 2013/33/EU (the so-called Procedures Directive and Reception Condition Directive), addressing safeguarding asylum and international protection seekers with specific characteristics, including LGBTQIA+ individuals.

In Italy, the directives 2013/32/EU and 2013/33/EU were implemented by D. Lgs. 142/2015 (now Law n. 176/2023), which introduced into the Italian framework the list of vulnerable groups provided by Directive 2013/33/EU, in order to enhanced reception measures to establish specific obligations for administrative authorities regarding the identification, protection, and care of minors (including those without any parent or guardian), persons with disabilities, older people, women, single parents with children, human trafficking victims, people with severe physical or mental illnesses, people who suffered tortures, rapes or other significant form of acts of violence, also due to their sexual orientation or gender identity, genital mutilation victims.

In the D. Lgs. 25th of July 1998 n. 286 (also known as the Immigration Law Consolidation Act), the Italian legal system recognises and protects any situation related to personal or social conditions that may expose people to serious risks in their Countries of origin. Specifically, for LGBTQIA+ subjects Article 19, co.1, forbids to eject a foreign citizen to a Country where he/she/they could face persecution related to his/her/their sexual identity. Moreover, members of the LGBTQIA+ community

hold the right to receive international protection as people who are exposed to violence and discrimination in their Countries.

Legal issues arising under Italian legislation

The legal framework outlined so far constitutes the only set of applicable norms for LGBTQIA+ individuals with a migratory background, as there are no specific provisions, either domestic or international, aimed at protecting this category in a targeted manner.

Nevertheless, the Italian legislator cannot refrain from guaranteeing adequate protection to those under the protected categories provided by international, European, and national law. For this reason, among other issues, the lack of any provision related to protecting vulnerabilities raised doubts about the legitimacy of Law n. 14/2024.

The Italian Government partially addressed the matter by issuing a Ministerial Act of Enforcement of Law 14/2024 from the Italian Minister of Interior. The ministerial act provides a detailed discipline of the procedures imposed by the Italian–Albanian deal, as a guideline for Italian authorities involved in rescue operations in international waters. This kind of ministerial act is a secondary source of law, as per the Italian constitutional system. This means the provision is not issued following a democratic procedure, as with the parliamentary law-making process (Bin and Pitruzzella, 2024, p. 400). The secondary sources are indeed issued directly by the executive power, leaving considerable discretion in the hands of the public authority.

This approach is quite common in Italian legislation and is particularly used in Immigration Law. In the present case, the lawmaker chose to defer to the executive power a considerable part of the discipline regarding the operative procedures of rescue operations in international waters, the preventive screening phases, and the transportation of migrants into the Albanian centres. Nevertheless, the use of a secondary source of law in this case constitutes a breach of the principle of qualified reservation of law with respect to Articles 10 of the Italian Constitution, as per Law 14/2024, it appears to be no provision that explicitly excluded the possibility of transferring vulnerable persons to the centres located in Albania (Italian Supreme Court, 2025).

The preventive screening phase

As per the Execution Protocol (the official name of the Minister of Internal act), the Italian authorities drawled on military vessels only migrants found on international waters. Once the people were embarked on the Italian ships, the medical personnel on board conducted a first screening operation. Based on the Protocol, during this phase, the Italian authorities should check on any situation preventing the person from being conducted into the Albanian centres. These conditions expressively provided by the Act are the following:

Conditions of obvious physical or mental fragility, such as female persons, visibly minor persons, older people, people with evident physical or psychological pathologies, persons who voluntarily hand over their valid passport or equivalent identity document.

Hence, it is clear that the Minister of Interior act, in contrast with the international, European, and Italian legislations, intended to circumscribe vulnerability as a condition limited to three factors only: being female, being a minor (but only if the minor age is unmistakable) or an older person, and being visibly ill.

It must be underlined that the identification of these standards took place on offshore military ships, without any adequate means to effectively detect people's vulnerabilities, not even the "visible" ones provided by the Execution Protocol. Indeed, during the few operations carried out between 2024 and 2025, the Italian authorities demonstrated not to be able to carry out the preventive screening procedures successfully, leading to the detention in Albanian centres both minors and people with health issues (Tavolo Immigrazione e Asilo ASGI, 2025).

Furthermore, it must be underlined that the preventive screening operations occurred under time pressure, with little guarantee of privacy. It is difficult to believe that an accurate analysis of individual situations can take place in such an uncomfortable context after a dangerous journey such as that of the Mediterranean route, and in a psychophysical situation severely compromised by the traumatic experiences suffered by migrants.

The situation was exacerbated by the fact that the board authorities were military physicians with no skills to identify vulnerable people. Indeed, even if the act provided the possibility for members of the International Organization for Migration and other professionals, such as psychologists and social workers, to join the operations, it was reported that no one of these professional figures was indeed on the military ships during three operations carried out between October 2024 and January 2025 (Tavolo Immigrazione e Asilo ASGI, 2025).

Incompatibility with legal sources and case law

The conditions under which people were forced to undergo such screening are highly incompatible with the international, European, and Italian framework.

Firstly, the criteria set out in the Execution Protocol raise concerns on multiple levels. The Ministerial act places considerable discretion in the hands of the public authorities, which can decide who can be transferred to Italy and who is sentenced to detention in Albania based on female attributes, age and medical issues, tragically disregarding the categories considered vulnerable under the law.

The system of “protection” outlined by the Ministerial Act stands in conflict with the legal framework on at least two levels. Substantively, it deviates from the system of rights protection established for vulnerable groups under Article 28-bis D. Lgs. n.25/2008 and, by extension, under European Union law. Formally, it constitutes an unlawful derogation by a secondary normative source from provisions set out in a primary legislative act, as already mentioned.

Secondly, it must be underlined that the application of such discretionary screening procedures contravenes Article 3 of the Italian Constitution. The lack of appropriate criteria leads to a clear violation of the principle of equality since it creates unequal treatment not only between foreigners brought to Italy and migrants transferred to Albania (Benvenuti, p. 255-256, 2024) but also among people with personal conditions, different LGBT backgrounds, and special needs that are not visible. In the case of LGBTQIA+ subjectivities, this is particularly relevant, as the complexity of the personal stories of community members does not fit

into summary procedures, which do not provide adequate space or time for empathic or safe listening.

In addition, the operations conducted by the authorities on the Italian military ships seriously infringe the provisions of the directives 2013/32/EU and 2013/33/EU, which impose a personalised and informed assessment of specific personal situations and needs. In particular, Article 22 of the Reception Directive provides for enhanced procedural safeguards, placing on the State the obligation to establish appropriate mechanisms for identifying vulnerable applicants, while at the same time relieving the applicant from the burden of having to prove their own vulnerability.

The approach adopted by the Italian government in managing border procedures in international waters also conflicts with the rights enshrined in the European Convention on Human Rights. The European Court of Human Rights (ECHR) has repeatedly addressed the scope of application of the Convention in relation to the rights of applicants in regularisation procedures, with particular reference to Articles 3, 5 and 8 of the Convention. In the case *Tarakhel v. Switzerland*, the Court clearly stated that any transfer of asylum seekers must be preceded by an individualised and thorough examination of the applicant's circumstances, especially when the individuals involved are families with children or otherwise vulnerable persons. In this case, the Court emphasised that the State intending to carry out a transfer must, through an individualised and thorough assessment, rule out the risk that the person would be exposed to inhuman or degrading conditions, taking into account their specific personal vulnerabilities.

This requirement clashes with the operational practices conducted during the rescue operations by the Italian authorities, as reported by the Italian Association for Legal Studies on Immigration (Tavolo Immigrazione e Asilo ASGI, 2025). The failure to promptly identify vulnerabilities led to hasty transfers to the Albanian centres without the individual guarantees required by the European Court of Human Rights.

The relevance of the rapid identification of vulnerabilities (and, notably, the need to quickly identify the ones related to sexual orientation) was already underlined in *O.M. v. Hungary*. In this case, the ECHR recognised that:

In the present case, the authorities failed to carry out an individualised assessment demonstrating the specific grounds for the applicant's detention. It appears that his detention was ordered automatically, without any consideration being given to his situation, including his sexual orientation or the potential risk of ill-treatment that he faced in detention on account of that orientation.

Indeed, the Court emphasised that the applicant's sexual orientation had to be considered as a factor of vulnerability in assessing whether detention was appropriate, establishing that the State has a heightened duty of protection toward LGBTQIA+ asylum seekers. This decision is particularly relevant in the case at hand, as the people who are not considered to be "visibly" vulnerable are sent to the centres located in Albania, where their freedom risks being unlawfully compromised in breach not only of the European Court of Human Rights principles, but also under Art. 13, 2 and 3 of the Italian Constitution (Benvenuti, 2024, pp. 255-260; Bonetti, 2024, pp.260-266).

Under the conditions provided by the Executive Protocol, it is evident that no protection is guaranteed for LGBTQIA+ people during this phase of the procedure, exposing them to the almost certain risk of being transferred to the Albanian centres.

The recognition of rights between stereotypes and institutional invisibility

The circumvention of the non-refoulement principle

Once the preventive screening was conducted and those considered vulnerable were sent to Italy, the military ships sailed to Albania. This mechanism represented an apparent attempt to circumvent the principle of *non-refoulement* with a system called «preventive interceptions off-shore» (Carta, 2024, p.26). In order to avoid any censorship due to the illegitimacy of people's push backs (as already happened before, such as in

the case of *Hirsi Jamaa and others v. Italy*⁴), foreign citizens intercepted on international waters and sent to Albania using Italian military ships were officially considered as withheld in Italian territories, as provided by Law 14/2024. Nevertheless, one of the main problems related to the principle of non-refoulement remained. Indeed, the rule represents a guarantee for international protection and asylum seekers access to the territory of the host State in order to have access to fair procedures for the recognition of their rights.

The screening procedure

As the foreign citizens arrived in Shenjin, another medical screening was conducted. Even in this case, the screening aimed to detect any medical issue. There were two options at that point: if any health condition was detected, the person would have been sent to Italy, facing another arduous journey in poor conditions. The others underwent another screening procedure to detect, under Article 28-bis d.lgs. 2008 n.25, the presence of:

Minors, unaccompanied minors, persons with disabilities, elderly people, women, single parents with minor children, victims of human trafficking, persons suffering from serious illnesses or mental disorders, individuals who have been found to have suffered torture, rape, or other serious forms of psychological, physical, or sexual violence, including violence related to sexual orientation or gender identity, and victims of genital mutilation or who belong to family units (including women and/or underage children or other vulnerabilities, with a direct line of kinship.

Ideally, these criteria should have applied to preventive screening as well. However, as we have already seen, these conditions were not provided by the Execution Protocol, and recognising these characteristics was completely impossible on a ship in military trim and without specialised personnel.

The detection of one of these circumstances, in addition to coming from a Country considered safe, prevents the public administration from

4. *Hirsi Jamaa and others v. Italy*, n. 27765/09

applying the so-called accelerated border procedures, which are characterised by tight timeframes and the lack of alternative measures to detention. The Italian framework, indeed, provides just one provision to avoid detention: the payment of a pecuniary guarantee, an unlawful form of discrimination against applicants based on their economic conditions (Praticò, 2023, pp.9-16).

Where vulnerabilities are detected, or when it is impossible to promptly ensure a correct and complete assessment of the individual's situation, the ordinary procedure is applied. Under Article 8 d. lgs. 25/2008, the ordinary procedure allows for a more thorough examination, adequate time for gathering evidence and reception conditions better suited to safeguarding the applicant's physical and psychological integrity.

Nevertheless, failing to promptly identify a vulnerable status during initial screenings often results in incorrect placement into the accelerated procedure. This is particularly true for members of the LGBTQIA+ community.

Stereotypes and institutional invisibility

Applications for international protection based on LGBTQIA+ identity often conflict with an institutional model that ties the applicant's credibility to implicitly normative, ethnocentric, and often stereotyped criteria. Authorities assessing the reliability of migrant narratives frequently rely on a standard of social perception—that is, on how publicly recognisable or performatively aligned the declared identity is with western cultural expectations (Masullo, 2016).

Indeed, the methods used by the public administration to ensure that the person is worthy of protection because he/she/they are at risk of violence or discrimination have often been considered detrimental to the dignity of applicants and not follow fundamental rights when assessing the sexual orientation of asylum seekers. It is not that rare that the authorities responsible for examining international protection claims based on sexual orientation or gender identity rely on cultural and sexual stereotypes to assess the credibility of applicants.

In many contexts, a standardised narrative of the LGBTQIA+ experience is centred on public coming out, visible romantic relationships, and

behaviours that align with the western model of LGBTQIA+ subjectivity (Dustin and Held, 2018). This approach overlooks the diversity of identity experiences in countries of origin and the role of secrecy and fear in shaping identity within repressive environments. One of the causes of this kind of approach is the lack of a specific framework dedicated to the LGBTQIA+ community. As already mentioned, apart from the Procedures Directive, which expressly refers to sexual orientation and gender identity as characteristics guaranteeing special procedural protection, LGBTQIA+ subjects are protected exclusively as vulnerable individuals (Ferreira, 2018). Despite the issuing of guidelines (such as the UNHCR Guidelines on Claims to Refugee Status based on Sexual Orientation and/or Gender Identity), the legal basis is still inadequate to tackle the specificity of LGBTQIA+ subjects' applications, in which an intersectional perspective should prevail (Dustin and Held, 2018). Conversely, the absence of adequate legislation inevitably leads to excessive recourse by administrations to discretionary decisions tainted by cultural stereotypes. As a result, specificities related to sexual orientation and gender identity become invisible to institutions, leading to a double marginalisation of applicants, on one hand as migrants and on the other hand as LGBTQIA+ subjects (Martorano and Prearo, 2020).

It should be considered that authorities are often completely unprepared to handle particularly sensitive cases. For example, little consideration is given to the significant number of LGBTQIA+ individuals who may have never disclosed their sexuality or struggle to accept it (Giametta, 2017), factors worsened by a potential mistrust in the authorities or the fear of retaliation by members of the community of origin (Selim *et al.*, 2024). Likewise, the applicant could decide to hide these elements for religious or cultural reasons or not be comfortable discussing these personal situations with an authority (Ferreira and 2018).

Sometimes, the barrier can be the language: it may happen that the applicant's language does not even provide a term to define his/her/their sexual orientation or even provide a derogatory term in western culture (Danisi *et al.*, 2021, pp.54-76). Also, interviews take place under conditions of intense emotional stress, in which the information provided by the applicant is often met with scepticism by the authorities.

Moreover, a late disclosure of the applicant's sexuality during the asylum application could potentially be ignored. Indeed, Article 5 of the

Qualification Directive requires the applicant to submit any evidence related to his/her/their right to obtain international protection as soon as possible. On the other hand, no consideration is given to the fact that the LGBTQIA+ applicant is often unaware of the relevance of his/her/their sexual orientation and of the importance of demonstrating any violence or discrimination suffered.

The case law's criticisms

The authorities' approach has been curbed by case law, which has expressly condemned the adoption of cultural stereotypes as a criterion for evaluation in LGBTQIA+ asylum practices, both under European law and international legislation.

In *A, B and C v. The Netherlands*⁵, the CJEU held that the credibility of the applicant's sexual orientation cannot be based solely on stereotypes, questions about sexual practices, or invasive tests. A decision based only on these premises would be in breach of the European framework, considering that the deciding authorities must take into account the applicant's situation and circumstances (as provided by Directive 2013/32/UE). At the same time, the CJEU censured the use of detailed questioning concerning sexual practices or any other evidence that might be invasive of the private sphere under the respect for private and family life guaranteed by Article 8 of the Charter of Fundamental Rights of the European Union.

In recent decisions (*B. and C. v. Switzerland*⁶ and *M.I. v. Switzerland*⁷), the ECHR finally ruled on the illegitimacy of widespread practice in European countries of the so called «discretion requirement» (Ferreira, 2018, p. 42). Indeed, it was pretty standard for European authorities to reject LGBTQIA+ subjectives' applications on the basis that they could keep living in their Country of origin, concealing their sexual orientation. The ECHR underlined that concealment of one's sexual identity represents a constraint falling within the definition of inhuman and degrading treatment and, as such, protected by Article 3 of the European

5. *A, B e C v. The Netherlands*, C-148/13, C-149/13, C-150/13

6. *B. and C. v. Switzerland*, appeals n. 889/19 and 43987/16

7. *M.I. v. Switzerland*, appeal n. 56390/21

Convention of Human Rights. Sexual orientation should be considered as a fundamental element of one's identity: it is not a behaviour to be repressed but an essential part of the person.

The breach of the applicants' right of defence

What has been described so far concerning the treatment of LGBT-QIA+ migrants risked being even worse for those detained in the centres in Albania. It is worth recalling that the migrants undergoing the procedures for the recognition of vulnerabilities, as well as those who have gone through the fast-track border procedures, faced the authorities in a hostile environment, in isolation confinement, and without proper professional legal assistance. Indeed, according to reports (Tavolo Immigrazione e Asilo ASGI, 2025), during the detentions in Shengjin between 2024 and 2025, access to the applicants' right of defence was severely compromised.

Under Article 13 of the European Convention of Human Rights, the State has a positive obligation to ensure adequate and accessible information on the fundamental rights of migrants, including the means of protection to which they can have access (*Hirsi Jamaa and others v. Italy*, 2009). Hence, some doubts arise from the validity of the legal information provided. As reported, the right to receive legal notice was acquired through simple explanatory sheets; the instrument can hardly be considered adequate, given both the legal complexity of the cases and the actual ability of the applicants to understand the information provided (as in the cases of illiteracy, or low level of education). Moreover, as previously noted, in the case of LGBTQIA+ individuals, legal assistance plays a crucial role in limiting the wide discretionary power granted to administrative authorities and in effectively highlighting the specific personal circumstances that warrant special protection.

Particularly worrying was the difficulty of the applicants to be in contact with his/her/their lawyer. Under Law n.14/2024, lawyers could keep in touch with their clients, but they could not visit them in the Albanian centres and had to be present in the courtroom with the competent judge in Italy. However, it appears that the appointments of the defence lawyer took place a few minutes before the validation of the detention hearings,

preventing the defendants from receiving valuable information about their clients. This provision represents a potential breach of Article 24 of the Italian Constitution, which guarantees the right of defence. Remote communications with the lawyers, mainly if these occur when proceedings have already commenced, risk being ineffective in case of language difficulties or psychological trauma, compromising the applicant's right of defence.

The possibility to speak freely with one's lawyer in a context where privacy and empathy are guaranteed is often the only effective way to detect vulnerabilities. This is particularly relevant for LGBTQIA+ subjects whose applications face the abovementioned difficulties.

Considering that the current legislation does not (still) offer any valid protection against the many different forms of oppression that a LGBTQIA+ person could face, and that public administration holds great discretion in deciding on applications, talking with a professional could make the difference in choosing the best path to guarantee as soon as possible individuals' rights.

Safe countries for whom?

Under Article 28 D. Lgs. 25/2005, implementing Directive 2012/32/EU, if the applicant's Country of origin is considered safe, the accelerated procedure must be applied. The consequences of applying this process are relevant concerning applicants' rights. As noted above, the accelerated procedure provides for shorter production times than the ordinary procedure: the commission in charge of the decision needs to issue an order within five working days from the applicant's interview, and any appeal against the rejection order must be proposed in fifteen days, while the ordinary time is usually thirty days. Moreover, in case of appeal, the rejection order effects are not automatically suspended; hence, the applicant could face deportation even if the trial is still pending.

The definition of Safe Country of origin

The first problem relates to the exact definition and application of the safe Country concept. According to Article 36, Annexe 1, a State of origin could be considered safe:

[...] where, on the basis of the legal situation, the application of the law within a democratic system and the general political circumstances, it can be shown that there is generally and consistently no persecution as defined in Article 9 of Directive 2011/95/EU, no torture or inhuman or degrading treatment or punishment and no threat by reason of indiscriminate violence in situations of international or internal armed conflict.

In Italy, the list was first introduced under Article 2-bis of d.lgs. n. 25/2008 on the 4th of October 2019 with a Decree enacted by the Minister of Internal Affairs, the Minister of Justice, and the Minister of Foreign Affairs. Even in this case, one of the main problems with the list was using a secondary source of law.

The majority of case law (see, among the others, Firenze Tribunal, Decree 20/09/2023, r.g. 9787/2023 and Decree 26/11/2023, r.g. 11464-1/2023, r.g. 4988-1/2022) argued that the enforcement of the list countered with primary sources, such as Article 37 of Directive 2013/32/EU and Article 2-bis d.lgs. n. 25/2008, which imposes an obligation on judges to evaluate the Country's situation under domestic and European law, regardless of the public administration's definition of a safe Country.

In *CV v. Czech Republic*⁸, for example, the CJEU stated that a Country cannot be considered safe if parts of its territory are not. Following this decision, several Italian Courts started to reject the detention orders (including the ones for people held in Albania) based on the impossibility of establishing security throughout the whole Country and for all categories of people. Specifically, the Court of Palermo (Decree r.g. 11974/2024) objected to the designation of Tunisia as a safe country based on the new principles provided by *CV v. Czech Republic*. Referring to the country fact sheet provided by the Minister of Foreign Affairs, the Court disputed the designation of the Country as a safe place for

8. *CV v. Czech Republic*, C-406/22

members of the LGBTQIA+ community, considering that the Tunisian Criminal Code sentences to three years' imprisonment non-heterosexual intercourse, even if consensual. For the same reasons, the Court of Rome (Decree r.g. 42256/2024) did not validate the detention of twelve foreign nationals detained in Albania, including citizens from Bangladesh, formally considered a safe country but, as stated by the Court, potentially dangerous for minorities, including LGBTQIA+ people.

Following this case-law orientation, the Italian Government issued new legislation (d.l. 158/2024), converting the list into a proper law, removing any reference to the sources used for the safe country designation, in an attempt to limit the judges' scrutiny and guarantee the full implementation of the Italian-Albanian Agreement (Siccardi, 2025, pp. 15-16).

Nevertheless, the situation was far from being resolved. Many Courts decided to refer to the European Court of Justice for preliminary rulings, asking, among others, to determine if a country can be considered safe when there are categories of people at risk and to define better the judge's scrutiny of a country's security (see, among the others: Court of Bologna, Order r.g. 14572-1, p. 20; Court of Rome, Order r.g.46690 and others; Court of Palermo, Order r.g. 763 and 764.).

Finally, in August 2025, the CJEU (C-758/24 and C-759/24) affirmed that a Country cannot be considered to be safe if it is unable to ensuring safety conditions for all its citizens. Moreover, the European judge stated that national Courts have the power to override conflicting domestic rules, including those of legislative status.

Formally safe, substantially perilous

According to the Italian list, the following Countries are considered safe: Albania, Algeria, Bangladesh, Bosnia-Herzegovina, Cape Verde, Ivory Coast, Egypt, Gambia, Georgia, Ghana, Kosovo, Morocco, Montenegro, North Macedonia, Peru, Senegal, Serbia, Sri Lanka, and Tunisia.

It is not known on what basis these countries are considered safe, but as far as we are concerned, the legal framework of the States under review concerning the LGBTQIA+ community certainly deserves a closer look. Taking into account three elements (criminalisation of consensual same-

sex sexual acts, protection against discrimination, and legal gender recognition), based on data gathered from the ILGA database, the following conclusions can be drawn:

- Criminalisation of consensual sexual acts between non-heterosexual persons. Non heterosexual intercourses are prohibited by law in eight out of nineteen Countries (Algeria, Bangladesh, Gambia, Ghana, Morocco, Senegal, Sri Lanka, Tunisia). The maximum penalty is life in prison, provided for in the Bangladeshi and Gambian Criminal codes. Sri Lanka provides a prison sentence of up to ten years; Senegal five years; Ghana, Morocco, and Tunisia three years; Algeria two years. Egypt does not officially criminalise non heterosexual acts; however, particularly serious is the state authorities' promotion of hateful acts against the LGBTQIA+ community and, in general, against all subjectivities that conflict with strict moral norms (Noralla, 2023).

- Protection against discrimination. Excluding the countries that officially criminalise non-heteronormative relationships, it can be noted that three out of eleven countries (Cape Verde, Ivory Coast, and Peru) do not have regulations to protect members of the LGBTQIA+ community. In the case of Bosnia Herzegovina, there is particular resistance to the recognition of LGBTQIA+ rights by the Republic of Srpska, whose president has announced the introduction of a law in 2023 to prohibit the presence of LGBT subjectivities in educational institutions. Georgia offers protection against sexual orientation discrimination, but not against gender identity or gender expression discrimination.

- Legal gender recognition. Out of eleven Countries (Albania, Bosnia Herzegovina, Cape Verde, Georgia, Ivory Coast, Kosovo, Montenegro, North Macedonia, Peru, Serbia) only Bosnia Herzegovina, Montenegro, and Serbia guarantee access to gender reassignment procedures. Kosovo does not provide an established procedure, but access to gender marker change is possible through judicial claims. In North Macedonia, a procedure of legal gender recognition formally exists, but it appears to be vague and unclear.

The data unequivocally show how the safe country criterion ignores serious violations of the rights of specific vulnerable groups. In the case of LGBTQIA+ subjects, the discriminations and risks that they may face are particularly serious: coming from a safe country, together with the difficulties in coming forward with their personal history, expose LGBTQIA+ applicants to an even greater risk of repatriation, with potentially irreversible consequences.

Conclusion

The present analysis has brought to light a number of fundamental issues concerning the implementation of Law No. 14/2024 and the related Italian-Albanian Agreement, especially as they pertain to the treatment of individuals in vulnerable conditions. The legislative and operational framework currently in force creates a system in which access to asylum procedures and international protection is subordinated to a preliminary assessment conducted in conditions that are neither legally adequate nor procedurally sound. In doing so, it compromises some of the most fundamental guarantees established under international law, European directives, and Italian constitutional principles.

The most alarming consequence of this system is its impact on LGBTQIA+ subjects, whose particular vulnerabilities are systematically overlooked in a process that privileges speed and control over individualised assessment and legal safeguards. The delegation of key phases of the procedure—such as the preventive screening concerning vulnerability—to military personnel, during a high sea crossing, and in the absence of legal and psychological support, exemplifies the structural disregard for the needs of members of the LGBTQIA+ community. As demonstrated by the case law of the European Court of Human Rights and the Court of Justice of the European Union, such neglect can amount to violations of Articles 3, 8, 13, and 14 of the European Convention of Human Rights, as well as of principles of the Charter of Fundamental Rights of the EU and the Italian Constitution. Furthermore, the application of the safe country of origin criterion in an undifferentiated manner, without consideration for the specific risks faced by minorities, constitutes a structural flaw in the current Italian (and, maybe, European) host system. The

judicial responses of Italian courts, which have challenged the legality of detentions in Albania based on a critical review of the safe country lists, demonstrate the growing dissonance between administrative practice and judicial interpretation. Yet, recent legislative efforts to limit judicial scrutiny and consolidate executive discretion signal a dangerous drift towards the erosion of legal safeguards and the weakening of constitutional checks and balances. In conclusion, the Italian-Albanian system, as currently structured, does not merely constitute a legal anomaly or policy misjudgement. It reflects a broader trend of externalising migration control at the expense of individual rights and legal accountability. Indeed, the new European Pact on Migration and Asylum, soon to be implemented, seems to follow in the footsteps of the Albanian system, providing for screening at external borders and stricter procedures for foreign nationals, with predictable results.

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Seek a cure, find care
Transfeminist gynaecology in a *consultoria* as an
act of resistance and subversion
*Erica Rodigari*¹

Introduction

Throughout their history and across various geographical contexts, feminist movements have accompanied their demands in the field of sexual and reproductive health with the implementation of autonomous practices that embody their political demands, in opposition – or as an alternative – to institutional health services (Pavard *et al.*, 2020).

In Italy, in the first half of the Seventies, feminist groups created spaces dedicated to gynaecology and reproductive health, which were later institutionalised by law 405/1975 and evolved into what are now known as *consultori familiari*, i.e. public sexual health centres. These institutional centres are currently fewer than those required by the law²: for this reason, and because of a general difficulty in accessing gynaecological and obstetric care, the Turin node of the transfeminist movement Non Una di Meno (Nudm) initiated an autonomous project in response³. Together with a collective engaged in transidentity and one in access to health, Nudm launched a self-managed sexual health centre (*consultoria*) in 2022⁴.

1. Erica Rodigari is a PhD candidate at the University of Paris 8.

2. <https://www.epicentro.iss.it/consultori/aggiornamenti> last accessed on June 15th, 2025.

3. Transfeminism in Italy does not indicate the merge of trans struggle with feminism as it does in other contexts, such as France (Espineira 2017), I argue, from fieldwork observation, that it is rather a specific form of feminism which includes trans and queer claims as well as decolonial, antifascist, and antispecistic stances.

4. I will refer to self-managed and non-institutional sexual health centres as *consultoria*. This term derives from the Italian word *consultorio*, modified by replacing the masculine ending *-o* with the feminine *-a*. This linguistic strategy is often employed in Italian feminist and transfeminist circles

A definition of consultoria is to be found in the reference text of Nudm, the *Piano femminista contro la violenza maschile sulle donne*:

Spaces for experimentation, self-inquiry, mutualism and redefinition of welfare, in order to rethink and reconstruct processes of circularity between new experiences of self-management and forms of re-appropriation of services; places in which to develop strategies of collective intervention with respect to everyone's self-determination, gender and gender violence, health and sexual pleasure (2017, p. 26)⁵.

This experimentation and elaboration were the subject of a fieldwork conducted in the Consultoria in Turin in 2023 for a master's degree thesis. The Consultoria is a collective that brings together activists with both medical and non-medical competences, mainly women or non-binary persons, between 20 and 35 years old. The composition of the Consultoria varies over time, according to the availability of the people involved⁶. At the time of my fieldwork, the Consultoria was both a collective and a physical space – the place where the collective gathered and took action – organised around assemblies, self-education, and healthdesks. Assemblies could be either open or restricted to active members of the Consultoria, serving as moments for political discussion and internal organisation. Self-education was conceived as an opportunity to acquire knowledge on specific topics, usually related to sexual and reproductive health or, more

to challenge the use of the (grammatical) masculine as the neutral form, thereby emphasising the feminist nature of the “feminised” word. Although *consultoria* does not exist in standard Italian, I use it for two main reasons: within the context of social movements, it refers to a specific form of collective and set of activities, and it is the name chosen by the collective itself. For the sake of fluency, I will no longer use italics when referring to the term, and I will capitalise it when referring to the Consultoria that is the object of this article. I have adopted this designation as no further specification is required for the purposes of this chapter, and it also helps to preserve the anonymity of the research participants. For an analysis of the impact of the process of institutionalisation of *consultori* on the activism that created the *consultoria* in Milan and Rome, see the doctoral thesis of Anastasia Barone (2024).

5. Unless otherwise indicated, all non-English quotations in this article have been translated by the author.

6. Most of the people involved in the Consultoria at the time of the fieldwork that led to the writing of this text were white and Italian. However, this did not mean that the racial dimension of health was absent from discussions. On the contrary, this aspect – along with class and ability – was as central to the debates as gender and sexuality. Since these issues did not emerge in the interviews and observations presented here, they will not be the focus of this chapter. Nonetheless, these are dimensions that will be important to consider and develop in future work.

broadly, health from a non-hegemonic perspective. Healthdesks were moments dedicated to welcoming people from outside the Consultoria in order to offer them a gynaecological or obstetrical visit, or a moment of mutual listening.

My research aimed to understand the possibilities of shaping a transfeminist medical theory and practice, and ethnography allowed me to closely observe its deployment, in practices, collective political elaboration and individual narratives. Conducting ethnography in social movement contexts requires the researcher to pay particular attention to their position, to not engage in extractiviste research practices during fieldwork, and to avoid being a simple repeater of activists' claims in the analysis (Boni, 2020). Feminist epistemologies provide a possible counterweight to these issues: according to Sandra Harding (1993), strong objectivity can be reached through reflexivity on the situated and intersectional standpoint of the agent of knowledge. In the case of the fieldwork at the Consultoria, my background as a transfeminist activist in sexual and reproductive rights, allowed me to approach the field in solidarity with the struggle and empathy for the research actors. Critical analysis could be done thanks to constant reflexivity and the awareness of my standpoint. The outcome of this research is an ethnography that presents a piece of the contemporary feminist landscape, read from the point of view of a researcher that is both an insider and outsider in the field (because not previously engaged in this specific consultoria).

The first section of this article applies medical anthropology concepts to understand how the experience of illness becomes both the reason for joining the Consultoria and the condition for the political activism it practices. One of the forms of this activism is the gynaecological healthdesk that is described in the second part. Care, as an approach, is embedded in the form of medicine practiced at the Consultoria, which thus applies to bodies the reflections that stem from the embodied experiences of its members.

Chronic pain and emotions: “mindful bodies” for political activation

Consultoria activists have varied reasons for joining the collective, one of them is the experience of illness. Through the example of a person living with vulvodynia, I will observe how the Consultoria becomes a space not for finding a cure, but for achieving a social and political understanding of pain. This same process was at the founding moment of the Consultoria, an assembly that took place in May 2022. It is through the emotions triggered by these moments and reflections that the Consultoria activates its militancy.

Joining the Consultoria: anthropological approaches to vulvodynia

Chronic gynaecological diseases are one of the themes addressed by the Consultoria since its foundation. These clinical conditions are hardly recognised in Italy, making it difficult to obtain a diagnosis and, therefore, treatment. These are chronic cystitis, pudendal neuropathy, pelvic floor hypertonia and, in particular, vulvodynia⁷. The campaigns carried out in Italy by Nudm, but also by other associations and collectives, are calling for the recognition of vulvodynia by the national health system, in order, on the one hand, to be able to cover the costs of treatment and, on the other hand, to obtain a diagnosis more easily⁸. In 2024, the request to recognise vulvodynia as a disabling disease was presented to the

7. Vulvodynia was recognized by the World Health Organization in the 2022 revision of the International Classification of Diseases (ICD-11), launched in 2018 and entered into force in 2022. In ICD-11, it falls into the category “Pain related to vulva, vagina or pelvic floor” (<https://icd.who.int/browse11/l-m/en#/http://id.who.int/icd/entity/1539507119> accessed June 20th, 2025). It is a syndrome that involves the nerve endings of the female external genitalia, creating spontaneous or induced pain and burning, with great discomfort in daily life: people with vulvodynia may experience pain when walking, wearing tight clothing, riding a bike, during sex or simply sitting. In addition, this condition is often associated with urinary, intestinal, or musculoskeletal disorders. Vulvodynia is not necessarily chronic, but it can easily become chronic, precisely because of the difficulty of diagnosis and the resulting delay in treatment. Chronic diseases are disabling, but among them, those that are not officially recognized do not give access to legal assistance and benefits. Although little known to medical personnel, it is not a rare disease: a recent review of the scientific literature estimates the prevalence of the disease at 15% of the vulvar population (Grazottin and Murina, 2011).

8. These associations include the Associazione Italiana Vulvodinia and the Comitato Vulvodinia e Neuropatia del Pudendo.

Minister of Health, for the inclusion of this disease in the LEA (*Livelli Essenziali di Assistenza*, Essential Levels of Healthcare), which would imply the possibility of requesting reimbursement for treatments. At the same time, there are calls for this and other genital pathologies to be studied in depth so that they do not remain unknown: as the historian and feminist Ilana Lowy (2005) explains, referring to the United States, feminist movements can have an impact on biomedical research.

Vulvodynia is not only important for the Consultoria as a political battle for the recognition of a disease, but also because, as Margherita told me during an assembly, «*many people in the Consultoria are sick*»⁹. She was referring precisely to this and other chronic illnesses, from which some of the activists suffer. Precisely for this reason, they have turned to the Consultoria.

Aurora's experience with chronic pain exemplifies this dynamic¹⁰:

So, we can [as the Consultoria] guarantee a certain number of services that are more like moments, well, in my opinion, an approach through which we try to limit the damage, and therefore to give awareness, in mutualist terms. For example, [before joining the Consultoria] I discovered that I had vulvodynia not thanks to a doctor, but precisely because I knew Camilla [another Consultoria activist]. I talked to her, and then it took me another four months before I decided to see the person who would give me a diagnosis. But for me, the confrontation with another person [Camilla] and the understanding of the existence of these things that I was feeling was fundamental, and so the idea of doing something like this [the Consultoria] – which obviously doesn't solve your problem because it can't give you therapy, it can't give you a diagnosis and so on, but it can give you tools to access these things if you want to. It can even give you significant support: I think that if I had had a consultoria like the Consultoria, it might not have taken four more months [to have a diagnosis]. And in a way, the pain got worse, in the sense that I went to the midwife because I said, «I'm in pain again, maybe I'll try to see if this is really this thing». But it probably would have made a big difference for me to have a space where I wouldn't have experienced the things that I went through then with a lot of other doctors. Or simply where I could

9. Turin, informal conversation with Margherita, 30 March 2023.

10. I interviewed Aurora (the name is a pseudonym, as all the activists' names in this text), 22 years-old, in June 2023.

have a discussion and say, «Oh yes, they told me this thing here» and hear someone say, «Maybe it doesn't fit so much, try this other treatment here, too».

Medical anthropology offers a lens for reading Aurora's narrative, to understand how her experience of pain drove her to the Consultoria and how the latter met her necessities. The reflections of the group of scholars associated with the Harvard School, formed in the 1970s around the psychiatrist and anthropologist Arthur Kleinman, are based on the principle that biomedicine should be considered as a specific type of medicine to be subjected to cultural analysis¹¹. In this sense, disease is as a cultural category, a symbolic reality that is interpreted according to two explanatory models: *disease* and *illness* (Kleinman, 1978). The first is the scientific language of the doctor, the second is the everyday language of the patient. In these terms, the experience of suffering described by Aurora is an *illness*, but the problem of recognizing vulvodynia does not arise only in terms of the difficulty of mutual understanding in the relationship between doctor and patient. Allan Young (1982) proposes to add the concept of *sickness* to those developed by the Harvard School, i.e. pathology considered as a product of medical knowledge intertwined with vast social and economic processes. From this point of view, biomedical institutions struggle to recognise vulvodynia because of the patriarchal production of biomedical knowledge, and this is the reason why this untreated pain becomes chronic.

Reflection on the body is a central dimension at the Consultoria, and pathology is not regarded merely as a matter of interpretation. For this reason, although the anthropological perspectives on *disease*, *illness*, and *sickness* mentioned above are necessary for a deep understanding of the discursive and social layers of vulvodynia and their relevance to the Consultoria, they are not exhaustive. The critical-interpretive approach developed by Margaret Lock and Nancy Scheper-Hughes makes it possible to account for the embodied dimension of suffering, which would otherwise risk being overlooked. In their seminal paper "The mindful body" (1987), they suggest that anthropologists understand the issues of health and disease by abandoning the Cartesian mind-body dualism

11. It is with this in mind that I use the word "biomedicine" in this article to talk about institutional Western medicine.

that characterizes biomedicine and Western society and instead observing them through “three bodies”: individual (*body-self*), social, and political.

The first, the individual body, is that of self-perception, which involves the incorporation of historically and socially determined cultural meanings. Anthropologist Christine Labuski, in her study on female genital pain, explains that many persons socialized as women are unable to express the pain they feel, because they do not have the words to name it (2015). Individuals experiencing vulvar pain have internalized the taboo that exists around female genitalia, which makes it difficult to perceive and name the manifestation of physical pain.

The people who attend the Consultoria come from a feminist, academic or medical background (which very often intertwine and overlap), which has made them very aware of their own bodies¹². This is why people with vulvodynia at the Consultoria do not hesitate to define their body as sick. Their *body-self* is a body that experiences pain and impedes their ability to live the daily life they desire, but it is also the body that adapts to the pathological state, in the way they position themselves in space, sit, stand up, have sexual intercourse. It leads to a mental load because it requires more attention in the choice of underwear and sanitary products.

Then there is what Lock and Sheper-Hughes call the social body: the conception of the body is a cultural construction that confirms and reproduces a vision of society and social relations (1987). Aurora’s suffering struggles to find its legitimacy because her pain does not receive the socially accepted label of illness. It is only by talking to Camilla, an activist with the Consultoria, that Aurora understands «*that these things existed*»: her pain can only become a symptom through confrontation with another person who legitimizes her as such and in a group, the Consultoria, where the pathology is not ignored or disavowed.

Finally, the body politic acts through what can be called, in the words of the philosopher Michel Foucault, biopolitics, the politics of life: the state and institutions regulate bodies, also producing the meaning of health and sickness (2022). The national health system, which does not recognise vulvodynia, denies the disease of some people with vulvas, who

12. As noted above, there is also a shared racial and class background that contributes to a common somatic culture among the activists at the Consultoria.

therefore find it difficult to treat it. The four months that Aurora waited before making the necessary examination illustrate the effects of biopolitical mechanisms: suffering is so illegitimate that there is no urgency to deal with it. The gender component is central here, as the expression of female pain is considered exaggerated or the exclusive result of a psychological state (Graziottin and Murina, 2011)¹³.

Biomedicine reduces pain to its biological component alone, ignoring the social, cultural and political dimensions of disease. The transfeminist struggle for the recognition of vulvodynia and other female genital diseases goes in the opposite direction: starting from the awareness that these dimensions act by exacerbating pain because they prevent its healing, activists demand their pathological state to be recognized and become the object of medical treatment.

Aurora, who has a very strong militant socialization, quickly makes her illness a political issue, especially because she discovers her vulvodynia thanks to Camilla, a transfeminist activist:

During that first year of university, I began to experience what were then the first symptoms of, precisely, vulvodynia and hypertonia. In this context, a little pushed by – I mean obviously I didn't know, I didn't have a diagnosis yet and so on – but a little driven by a more personal and individual need, I thought of approaching the Nudm health table¹⁴[...]. And then, as I went through my journey of, let's say, discovering the diagnosis, it became more and more urgent for me to politicize that part of my lived experience and so in the end, I would say after I got the diagnosis, I think maybe a little bit later, I went to a Nudm health table that was the first assembly or perhaps immediately before or at least a little before the first assembly where the Consultoria was actually formed. That is to say, where the Consultoria began to be thought of.

13. Although in this text I focus mainly on the delegitimization of vulvar pain, and therefore on the gender dimension of the process of minimising the suffering expressed by the patient, it is also important to remember the racial dimension. Among the forms of racial discrimination that hinder access to healthcare is the so-called "Mediterranean syndrome", an unfounded prejudice that believes that patients from North Africa or more generally racialised patients exaggerate their pain (Fassin, 2002). An intersectional consideration of vulvodynia is important both from the point of view of access to treatment and diagnosis: the symptoms that allow this disorder to be identified appear mainly in white women, resulting in underdiagnosis of the disease in black women (Brown *et al.*, 2015).

14. The Nudm health table is the group within the transfeminist movement Nudm that focuses on health rights.

The body is political because it is the object of biopolitics, but it is also political because politics can be made from it.

Through the militant experience, the disease, vulvodynia, became for Aurora and Camilla (but also for the other people in the Consultoria) a component of their self from a physical point of view, in its biological and physiological dimension and of pain legitimized by the recognition of their comrades, but also from a symbolic point of view, as a claim to be considered sick. The disease, at the Consultoria, becomes an element of empowerment, which does not deny their vulnerability. It is accepted and integrated into mutual aid practices and care relationships, as I will explain in the second section of this article.

Individual and collective rage against structural gender-based violence

In the same article, Lock and Scheper-Hughes define emotion as the «mediatrix of the three bodies», (1987, p. 28) meaning that «it affects the way in which the body, illness, and pain are experienced and are projected in images of the well or poorly functioning social body and body politic» (*Ibidem*).

Emotions go through the Consultoria and are expressed and listened to in such a way that they are not only an individual matter, but a social and political issue. One of the most recurrent emotions, particularly related to the experience of the disease, is rage. Aurora felt overwhelmed by this emotion when she, who was ill, joined the Consultoria: «*I went there without knowing anything, without having any particular contribution [to make] other than the fact that I was angry because I was sick at 21 years old*». Aurora decided to join the Consultoria full of anger, but her goal was not to find a listening group where she could vent this emotion, and she knew that the Consultoria would be more than that: the Consultoria allows this rage to be processed and transformed into a driver of political action.

The collective elaboration of rage makes it possible to recognize structural violence, that is, that particular form of violence that does not require the action of a subject to be exercised, but which is part of the social structure. «Structural violence is silent, it does not show – it is essentially static, it is the tranquil waters» (Galtung, 1969, p. 173) and it is for this

reason that recognition is a difficult act to achieve. For people suffering from vulvodynia, the embodied violence is medical, but it is also economic: «*I wondered how my sister could have bought her car, and I realised that in the meantime I had to spend all this money on my treatment*», says Margherita, who suffers from vulvodynia¹⁵.

During healthdesks or the calls for stories of medical experiences shared on social network¹⁶, Consultoria's activists are confronted with suffering and structural violence, which explains Gia's comment: «*For anyone, the first session at the healthdesk is uncomfortable, then it's okay, you never leave happy, it's a mixture of emotions, but you want to set fire to a dumpster, which is already something*»¹⁷. These emotions, mainly rage towards the system that allows and normalises violence, but also exasperation and pain are dealt with in assemblies. Collective discussion unravels emotions and organises the narratives of individual experiences to identify the axes of oppression at play and the responsibilities of patriarchal biomedicine. At the same time, emotions and embodied experiences serve as evidence of the existence of such violence; they fuel the discussion and generate the energy necessary for political action.

The sharing of experiences of violence makes it possible to become aware of a social fact. In the case of vulvodynia, the result of this sharing was brought beyond the threshold of the Consultoria, so that violence, in this case medical and economic, would be visible in the public space. Aurora tells how it happened:

On March 8, [...] we had done a big, long receipt with all the medical bills and this thing for me was really, really nice because I really felt like I was part of it, like I finally found a collective voice, you know? I mean my medical bills were there [at the demonstration] and all that.

The Consultoria aims to create this collective voice that cries out, more or less metaphorically, the violence suffered in biomedical institutions by those bodies that are not masculine, white, able, and cisgender,

15. Turin, informal conversation, May 2023.

16. This practice allows the Consultoria to gather stories of people who experience medical violence. This serves to advocate for real access to sexual and reproductive rights both on social networks and – and most importantly – during demonstrations in the public space.

17. Turin, assembly, May 2023.

even when it comes to pathologies, disorders or requests for intervention other than vulvodynia.

The same process took place at the very beginning of the experience of the Consultoria, when the assembly that started the collective gathered stories, opinions, frustrations and rage from those who attended. Consultoria activists talk about this event as:

A very powerful moment, a very intense moment of creating a space for confrontation between so many people, very different in terms of their life paths: I don't know, doctors, psychologists, blah blah blah, who are confronted with real-life stories, lots of people who have been through things – some good, some not so good – and in any case to feel them coming towards them with this power of free confrontation and everything, and also to feel a bit challenged [...] And so it was a series of “awareness-raising”.¹⁸

It was not only the shared experiences and the awareness of the content that triggered the launch of the project, but, as reported by the testimonies of those present, that assembly above all made it possible to channel a great deal of energy stemming from anger, from past and present physical pain, and from the satisfaction of finding a space in which these feelings were legitimised and echoed – an emotional awakening. This is also reflected in the semantic field of the words used to describe that event: “*strong*”, “*intense*”, “*powerful*”, “*overwhelming*”¹⁹.

In this section, I presented how the Consultoria is rooted in the embodied experience of its members, particularly in the shared sense of rage towards patriarchal medicine.

The Consultoria is “a space of care and political activation”, as stated in the fanzine that presents the Consultoria itself²⁰. Political activation is achieved through activists’ reflections on their own experiences of illness and their needs, by considering the body in its individual, but also social and political dimension, intertwined with a strong emotional component.

18. Interview with Stefania, 26 years old, June 2023.

19. Interviews with Stefania, Federica and Aurora, June 2023.

20. Self-printed fanzine, 2022.

The recognition of one's own experience of illness, as well as that of others, within collective settings gives rise to political activation, a process that always begins «*from ourselves*». This phrase, frequently reiterated within the Consultoria, serves as a reminder that the body-self, both physical and emotional, is placed at the centre of political reflection and feminist struggle. This political activation takes shape not only in demonstrations held in public spaces, but also in the creation of alternatives to biomedical spaces.

In response to structural (gender-based/sexist) violence, the Consultoria adopts care as both an ethical and political principle, which finds practical expression in the work carried out through its healthdesks. For this reason, in the transitional section, I will focus on the concept of care.

Transfeminist medicine in practice: care across the gynaecological visit.

The quote reported above states that the Consultoria is «a space of care and political activation». In the previous section, through the example of vulvodinia, I presented the second element of the claim: the Consultoria becomes a space of political activation through a deep understanding of gender-based/sexist structural violence acted mostly, albeit not exclusively, in biomedical institutions. I will now focus on the first element, care, in order to present how it is embedded in the medical practice at the Consultoria.

Care is at the core: ethics and politics at the Consultoria

The concept of “care” is central to understanding the work of the Consultoria and is constantly used by activists to explain their approach.

This concept, in Italian, is expressed by the word “*cura*”, which means “care” (to take care, *prendersi cura*), but also “curative therapy, cure”. It is used in the medical sphere to indicate the cure, in everyday language to refer to the attention that can be paid to a person or a thing, in the academic sphere as the object of scholarship known as “care studies”. Social sciences refer to care, as a concept and perspective that, over the past

decade, has been successful thanks to its usefulness in social, ethical, and political analysis. Care entered feminist analyses through the reflection on free domestic work between the 1970s and 1980s (Scrinzi, 2021). Today, this perspective takes into account care work, both in its form of domestic work (Delphy and Leonard, 2019) and emotional labour (Hochschild, 2012); both when it is carried out in a free and invisible way within the family and society, mainly by individuals assigned as women (Federici 2014), and when it is outsourced and paid work, carried out mainly by racialized people (Gallo and Scrinzi, 2016). In addition to this type of analysis, social sciences adopted a political perspective, which is particularly interested in public policies and analyses the way in which states provide and delegate social care services (Daly and Lewis, 2000).

Care is also an ethic, as political scientist Caroline Ibos reminds:

In academic usage, the word *care* refers first and foremost to an ethical reflection that confers a discursive form on absent moral voices, on obscured or illegitimate questions in the humanities and social sciences. The ethics of *care* are opposed to the dominant liberal ethics centred around a normative model of justice whose universal values apply to a subject that is both abstract and arbitrarily assumed to be autonomous, i.e. without social inscriptions. The ethics of *care* are contextualistic, which means that they bring moral problems out of the materiality of specific and complex situations. Moreover, they do not erase, but, on the contrary, value the bonds of interdependence between people perceived as ontologically vulnerable. And, while they do not reject the relevance of justice for morality, they consider that morality is not limited to justice (2019, p. 182).

All these components of care are present at the Consultoria, in addition to the search for medical treatment (“cure”) that motivates individuals who approach the Consultoria, both as activists – as I described in the previous section – and as patients. Care work and care politics are part of the practice of the Consultoria, which is, on the one hand, a service that provides care and assistance; on the other hand, it is a collective that questions the lack of care, such as welfare services, provided by the state.

However, when members of the Consultoria speak of care, they are referring to it as an ethical practice: the Consultoria’s response to bio-

medical and structural violence is an ethics of care, which does not fear interdependence and vulnerability. This is evident not only when individuals external to the Consultoria are welcomed, as I will explain in the following section, but also in a form of activism that is attentive to both collective and individual needs. It rejects the demand for militant performance, places inclusivity and accessibility at its core, and acknowledges imperfection and failure.

The manner in which the Consultoria brings together all these dimensions of care highlights its political nature: care is enacted as a form of transfeminist struggle, asserted in public demonstrations as a stance towards vulnerability, and demanded of institutions as a political necessity. The direct action of this politics of care is found in the practice of transfeminist medicine at the Consultoria, particularly through the gynaecological healthdesks.

Welcome to the Consultoria: the reception as the beginning of gynaecological visit

When gynaecological healthdesk take place at the Consultoria, the collective gives an appointment to a group of people, about 5 or 6, who have contacted them because they need a gynaecological visit. People usually arrive at the Consultoria because they have encountered it via Instagram or through word of mouth. Consequently, they often already have some understanding of the kind of welcome they can expect and are familiar with the Consultoria's approach and values. Its location within an occupied social centre further signals some distance from institutional healthcare models. Those attending the gynaecological healthdesk come with expectations of a non-institutional form of assistance.

Even the initial contact through Instagram reflects the kind of reception offered by the Consultoria. One interviewee, a member of the collective, described this dynamic:

This is a shout-out to whoever manages the Instagram account and the emails, because the sense of care is already there. It's meticulous and enveloping. When you write to the Consultoria, the response is the kind you wish to receive. Especially in a moment of vulnerability, feeling of

care is evident. You sense it in the messages, and that creates a foundation of trust, doesn't it?²¹

The first point of contact is therefore reassuring, *caring*, and so is the moment of the gynaecological healthdesk. When individuals arrive for their appointment, they enter a room prepared with care: comfortable sofas, snacks and drinks laid out, even a cushion designed specifically for people with vulvar pain. The walls are decorated with slogans and placards from transfeminist demonstrations, reminding visitors that, before being a medical space, the Consultoria is a militant one. If the hospital is a classic example of a non-place, the Consultoria is a place saturated with its political transfeminist identity.

This ethos is evident not only in the space itself but also in the very first words spoken in the reception room, which aim at reassuring but also clarifying a political position. Activists in charge of welcoming and patients introduce themselves with their names and pronouns. The principle of gender self-determination is upheld throughout all the moments at the Consultoria, reflected in the use of gender-neutral language and forms, typically employing the phoneme /-u/ as a neutral ending. This linguistic practice ensures that individuals feel recognised and respected in their self-expression.

Appointments are often scheduled for small groups experiencing similar issues. Those activists who have relevant knowledge or lived experience usually manage these sessions. This setup fosters a shared environment in the waiting area, where informal conversations become exchanges of knowledge and support. What happens resembles a moment of chatting, but it is an integral part of the visit itself, because it initiates a collective elaboration of the experience of illness as well as a peer-to-peer circulation of information about the body, which is rarely found in other biomedical spaces. Sharing is horizontal, involving both patients and activists, and touches on various topics that had remained unexpressed in the clinical context because they were perceived as unworthy of attention, or aspects that were kept silent precisely because they were deprived of legitimacy, if not actually liable to discrimination (e.g. gender identity, sexual and relational orientation).

21. Interview with Federica, June 2023.

One speaks in the terms and language that people choose to use for their narrative of the disorder, and the register varies depending on the tone the conversation takes: from light-hearted to serious, adapting to the needs and emotions of the group. Humour, when present, is not dismissive but rather a tool that enables individuals to begin articulating their experiences of pain in their own terms. It thus serves to begin a process of expression in which every narrative choice is valid and can lead to a resolution of the problem. In this setting, the initial phase of the medical process already involves a form of collective care.

A transfeminist clinic: words, gestures, relationships

The second part of the visit takes place in another room called the microclinic, also located within the social centre. It closely resembles the reception room, except for the presence of a medical examination table and a desk with a computer. Despite these typical clinical items, the colourful curtain used as a screen for the examination table and the colourful fabrics covering the desk give the room the same informal feel as the reception room.

What happens in this space is a continuation of the welcoming phase, evident not only in the visual resemblance between the rooms but also in the way boundaries between the medical and non-medical are blurred: two activists from the welcome group accompany the patient, if they consent.

At first, the visit may appear to be a conventional gynaecological check-up, but once again the practice of care is evident, especially in the respect shown to the patient's body. The patient is asked for their consent at every step of the gynaecological examination. Just as the careful use of linguistic endings affirms the subject's identity in language, so too the gentle, consensual, and conscious touch affirms the subject in and through their body.

Care also lies in explaining why one procedure might be chosen over another – such as deciding between an abdominal or transvaginal ultrasound – always leaving the final decision to the patient. The Consultoria's medical practitioners do not abstract the body from its human and subjective dimensions. They are mindful of the ways people perceive them-

selves and their physicality, especially in the case of trans or non-binary individuals.

The gynaecological visit is a deeply verbal experience: at every stage – whether at the desk, on the examination table, or back at the desk – there is ongoing dialogue. There is constant exchange of information and knowledge between the practitioner and the patient. This dialogue is crucial to achieving therapeutic efficacy (Kleinman, 1978) and is facilitated by the Consultoria's structure. The practitioners, by explaining each gesture and observation, offer the patient a perspective on their body that connects with the patient's own narrative of self, body, and pain. This exchange is made even smoother by the shared background and values enabled by the filtering effect of choosing to attend a gynaecological healthdesk in a social centre, and at this stage of the visit, the Consultoria's approach is clear for the patient.

For example, one interviewee told me how she had experienced an unpleasant episode in a hospital and how, by contrast, during her visit to the Consultoria, she finally felt comfortable asking questions she had kept to herself:

This whole conversation just flowed more easily. I didn't feel like I was wasting anyone's time. I wasn't afraid of boring people with silly questions. I knew that the purpose of that space was precisely that²².

What takes place during the gynaecological healthdesk is the application of a narrative approach. This involves not only listening to the patient's narrative of their condition but also offering explanations and responses that serve as tools for the patient to understand and explain themselves, to speak about their body and take an active role in the diagnostic process (Quaranta, 2012). At the Consultoria, the medical visit is a relational process, where all participants contribute to the co-construction of care in a broad sense.

This relationship involves not only the practitioner and the patient but also the people from the welcoming group, who are especially active during the phase when findings from the examination and ultrasound are discussed. Their participation might include sharing experiences or offer-

22. Interview with Stefania, June 2023.

ing practical advice on how to follow the proposed treatment. They may also ask questions to the practitioner. In this way, they position themselves as allies – not against the medical professional, but as collaborators who, like the patient, are non-experts in medicine.

Because of this position, the people from the welcoming group also engage with the emotional aspects of the visit. For instance, one activist described how she did a pregnancy test together with a patient during a healthdesk session, and how they celebrated the result together:

It was negative, we hugged. That was the vibe. And it was a lovely moment because I saw myself in it. It happens often [to do a pregnancy test], and recognising yourself and sharing in joy is always beautiful²³.

Sometimes, the medical visit is not a space of positive emotions but instead a moment where the patient's suffering is unveiled. The Consultoria activists, both medical and non-medical, are attentive to this pain and vulnerability.

This act of care is also extended toward the practitioner. This perspective, which acknowledges the vulnerability of medical practitioners, is quite different from what is found in biomedical settings, where the emotional well-being of healthcare professionals is often overlooked (Banse *et al.* 2025). In the relational process that unfolds within the Consultoria, the role that deviates most from the norm is that of the practitioner. Their humanity is acknowledged, not only in terms of the emotional load they carry but also in their fallibility. Though not always easy to admit, practitioners at the Consultoria have the freedom to say «*I don't know; I need to ask someone else*»²⁴, and this is not seen as a problem.

The end of the visit: care is collective

The visit does not end in the microclinic. It continues in the reception room, where other people are either waiting to be seen or have stayed after their own visit, along with the welcoming group. When there are not many people waiting, even the practitioners come out of the micro-

23. Interview with Federica, June 2023.

24. Marta, doctor at the Consultoria, healthdesk, March 2023.

clinic, mingling with the others. In this moment, any remaining distance between practitioner and patient disappears. Sinking into the sofas, with a handful of crisps, the practitioners blend into the rest of the group.

This post-visit moment allows the patient to reflect on the experience, to process the emotions it brought up, and to seek support, comfort, or advice.

Emotions, once again, are central, acting as mediators between the three bodies: individual, social, and political. Even when the visit does not lead to a resolution, because the examination reveals no physiological dysfunction, the discussion becomes collective and continues the pursuit of the person's wellbeing. This process helps reframe the pain that remains illegible in biomedical terms, placing it within a narrative where it is acknowledged as valid. It also becomes political: people speak about their experiences as individuals whose gender identity or sexual orientation shapes their interactions with healthcare, and this gives rise to a biopolitical reflection.

These exchanges are led by individuals who are not biomedical experts but who may still use expert words, because they have experience of the body. As one of the activists, Aurora, explained, recalling how she shared her experience of vulvodynia with a patient experiencing vulvar pain:

For me, it was essential because it made me feel valued, not in terms of ego but in terms of power, as in the potential to exist. The fact that I could say, «I don't have medical expertise, but that doesn't exclude me from the realm of care». Maybe that's exactly the point: imagining a new way of doing care that dismantles those power dynamics I had seen in my own experience.²⁵

Through collective dialogue at the end of the visit, as well as during the initial reception, the body is acknowledged in its social and political dimensions. This, too, is part of care in a broad sense. On one hand, the gynaecological healthdesk puts into practice what is theorised during the collective's assemblies; on the other, it is itself a space of political elaboration. From group sharing, the co-construction of care, and the discussion of lived experiences in and outside biomedical structures, participants

25. Interview with Aurora, June 2023.

reflect collectively on the social dynamics surrounding these experiences and formulate political demands and new medical practices.

Conclusions

This text has sought to show how emotions, bodies, illness, frustration, and spaces of creativity are interwoven within the activist work of the Consultoria. The experience of chronic illness, understood not only in its individual dimension but also in its social and political aspects, treated, but, above all, discussed, within the Consultoria, sets in motion a process of political activation. This process is fuelled by the anger that activists seek to externalise in the public sphere, but it also takes the form of a practice of care. Care, in this regard, is both a response to structural violence in biomedicine and a political tool, deeply embedded in the collective understanding of illness and health, as embodied but also social and political experiences.

What emerges from the observation of the gynaecological healthdesk at the Consultoria is that the form of medical care it offers is not demedicalised, unlike other contexts where feminist perspectives intersect with embodied knowledge (Quéré, 2023). Medical professionals are present and listened to, but the scope of biomedicine is intentionally limited to the biochemical functioning of the organism. When it comes to achieving a broader state of health – one that encompasses the individual, social, and political dimensions of the body – a collective, human effort is required. This involves gestures and postures, dialogue, and political reflection, drawing on practices that can be found in other groups and phases of feminist movements²⁶.

What renders the Consultoria innovative, even in comparison with previous experiences, is precisely this transversal ethic of care, which intersects with the collective's transfeminist stance. Rather than proposing a completely new structure, the Consultoria engages in a continuous process of deconstruction, leaving space for experimentation. This is why its members *«spent an entire year trying to define what [they] mean*

26. For an example of this kind of practices in France, see the historical ethnography of Lucile Ruault (2023) on MLAC experiences or, for a local perspective, see the accounts collected by Tullia Todros on the experiences of consultori in Piemonte region (2022).

by *transfeminist medicine*»²⁷ – a process that remains open-ended. It is not a fixed model, but an ongoing inquiry into practices that continue to evolve, assessed within the healthdesk and rethought through it. The re-examination of biomedical practices which, at first glance, may not appear so different from those found in institutional hospital settings. Yet it is precisely in the details, often imperceptible in conventional clinical environments, that this approach takes shape and becomes decisive. For this reason, those who join the Consultoria as activists or turn to it as patients may seek a cure for their condition, but what they encounter is a transfeminist medical practice grounded in care.

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27. Words of an activist during an assembly, Turin, April 2023.

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Rhythms against the clinic: trans care between autonomy and inequality

*Camille Laufer*¹

“There are decades when nothing happens; and there are weeks when decades happen”

(QUOTE OF UNCERTAIN ORIGIN OFTEN ATTRIBUTED TO
VLADIMIR ILITCH LÉNINE)

“All behaviours associated with exercising power over other people’s time should be identified and analysed, both on the part of the powerful (putting things off until later, stalling, raising hopes, delaying, procrastinating, postponing, arriving late, or, conversely, rushing, taking someone by surprise), as well as on the part of the ‘patient’, as they say in the medical world, one of the places par excellence of anxious and powerless waiting”.

(PIERRE BOURDIEU, 2016 [1997], MÉDITATIONS PASCALIENNES, P. 270, MY TRANSLATION)

“I treat patients with kindness and devote the necessary time to them (and their loved ones)”.

(THE SWISS MEDICAL OATH, SOLEMN PROMISE FOR DOCTORS, SWISS MEDICAL OATH, MY TRANSLATION)

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Introduction

Across Europe, trans people navigate transition pathways marked by significant institutional barriers. Medical and legal systems continue to function as gatekeeping structures, conditioning access to hormones, surgeries, and legal recognition (Beaubatie, 2021; Stryker, 2008). For many, hormone replacement therapy (HRT) represents not only a central step but also a vital condition of livability (Fondén, 2020), with overwhelmingly high satisfaction rates (Jaafar *et al.*, 2022; Rastogi *et al.*, 2025). Yet, access to these treatments remains uneven and often precarious, entangled in the temporalities of waiting lists, bureaucratic delays, and the structural power of medical authority, state regulation, and pharmaceutical markets.

Faced with these constraints, many trans individuals and collectives experiment with practices of self-determination beyond medico-legal frameworks. DIY hormone therapies, whether pursued alone or in collective settings, have emerged in Switzerland and across Europe as responses to reactionary anti-trans politics and the failures of institutional healthcare. By reducing the impact of state policies on transitions, these practices constitute both acts of necessity and forms of resistance. Despite their growing presence, DIY transitions remain underexplored: few studies address them directly (Jaafar *et al.*, 2022), little research examines the dynamics of DIY self-injection's practices (Alkemade, 2023; Raia, 2024; Wang, 2024) or their temporal dimensions (Goetzke, 2025), and none focus specifically on Switzerland.

This article seeks to address this gap by analyzing DIY trans care through the lens of rhythmanalysis. Attending to the rhythms of institutions, collectives, and individual practices allows us to grasp how temporalities – of waiting, acceleration, repetition, and delay – structure experiences of trans health care and autonomy. The guiding question is therefore: What can a rhythmanalytical approach reveal about the autonomization of trans hormonal care under conditions of inequality? This article situates DIY hormone practices within the geometries of control that shape contemporary trans healthcare, highlighting how resistance unfolds in time as much as in space.

Method

This study focuses on a permanence (or “perm”), which is a self-organized, community-based space in French-speaking Switzerland run by and for transgender people. Held weekly, it serves as a collective apparatus for sharing knowledge, experiences, and resources related to hormone therapy. The initiative is grounded in the values of mutual support, autonomy, and harm reduction, offering guidance on self-injection techniques (subcutaneous or intramuscular) and providing free medical supplies like syringes and needles, though not the hormones themselves. Far from operating as a medical clinic, the permanence challenges institutional rhythms of care by empowering trans individuals to reclaim their transition processes in the face of medical barriers. While perhaps less developed than in France, similar initiatives based on these principles of collective organization exist in several Swiss cities.

The methodology consisted of six months of participant observation (Sept. 2024-Feb. 2025) combined with nine semi-structured interviews conducted with all individuals actively involved in organizing the permanence at the time of the study, each lasting between 90 minutes and three hours. All interviews in French have been translated into English in this article. The sample includes three transfeminine, five transmasculine, and one non-binary participant, reflecting patterns observed by Beaubatie in the French context, where transmasculine individuals are overrepresented among engaged trans people (Beaubatie, 2021). Most participants are white (one non-white person) and possess significant cultural capital, with six out of nine holding at least a bachelor’s degree, but have limited economic capital due to studies, unemployment, or precarious jobs, aligning with Alice Caudron’s (2023) analysis of queer (dis)engagement in professional careers.

Interviews were analysed in Atlas.ti through iterative thematic coding within an abductive approach. Coding generated categories directly from participants’ accounts and was progressively refined into broader concepts through constant comparison, memo writing and the integration of field notes. While rhythmanalysis informed the interpretation, concepts were not imposed a priori but emerged from engagement with the data. Data saturation was reached once additional material no longer produced

new insights. Ethical safeguards were central². Informed consent was obtained, and anonymization applied using pseudonyms generated according to Coulmont's method³, while preserving gender and social origin. The researcher's positionality as a trans person⁴ engaged in community care networks fostered trust while necessitating reflexivity, in line with recommendations from trans studies (Bonté, 2021). The data was collected and analyzed entirely offline to ensure security.

State of art

Between medical reforms and the persistence of trans health inequalities

Despite institutional reforms, exclusionary logics toward trans people persist. While the former distinction between “primary” and “secondary” transsexuals has been abandoned, hierarchies based on conformity to binary norms remain (Beaubatie, 2021). Diagnostic categories have shifted from “transsexualism” to “gender dysphoria” in the DSM-5 (APA, 2013), and more recently to “gender incongruence” in the ICD-11 (2024), which removed trans identity from mental disorders. Several hospitals now present trans-inclusive policies (Gouilhers *et al.*, 2023; Rivoire *et al.*, 2025), yet structural discrimination in healthcare continues.

In Switzerland, empirical data on trans populations are scarce. The only recent national survey, the Swiss LGBTIQ+ Panel 2023 (Hässler & Eisner, 2023) many legal changes in favor of lesbian, gay, bisexual, trans, intersex, queer people (LGBTIQ+, provides limited information on medical experiences, focusing mainly on self-reported health and diagnosed conditions. Findings show that 34% of trans respondents report being in “poor health”, compared to 19.6% of cis non-heterosexuals and 13.9% of cis heterosexuals. Trans respondents are also five times more

2. Making such topics visible requires careful consideration of what is disclosed. I elaborate on these ethical and methodological choices in my master thesis, with the primary aim of safeguarding vulnerable groups.

3. <https://coulmont.com/bac/> (Accessed on 9.07.2025).

4. I also am a white researcher from an upper-class background.

likely to report depression (38.3%) than cis heterosexuals (7.1%), while cis non-heterosexuals are twice as likely (14.5%). These figures reveal both a continuum of health inequalities across sexual and gender minorities and the specific, heightened disparities faced by trans people.

The violence of the medical system

The healthcare system often remains inhospitable to trans people, marked by discrimination, inadequate care, long and arduous procedures, psychiatrisation, a shortage of willing specialists, and mistreatment (Cosne, 2021; Davis *et al.*, 2021; James *et al.*, 2016). Numerous studies in medical research document these difficulties and forms of violence (Coleman *et al.*, 2022; Cosne, 2021; James *et al.*, 2016; Winter *et al.*, 2016). While hormonal and surgical treatments are associated with improved well-being, their accessibility remains limited. The 2022 U.S. Transgender Survey highlights persistent obstacles: lack of provider training, financial barriers, and geographic inequalities. Respondents were twice as likely to travel more than 50 miles for transition-related care compared to routine care (11% in 2022 vs. 5% in 2015) (Rastogi *et al.*, 2025, p. 42). Such travel requires spatial capital or motility (Kaufmann, 2002).

Among health inequalities, waiting is often analyzed as a form of violence (Goetzke, 2025; Pitts-Taylor, 2020). As Bourdieu (2016 [1997], p. 270, *my translation*) notes, waiting is «one of the privileged ways of experiencing power». In this sense, institutional temporalities – particularly bureaucratic ones – operate as instruments of social control: they discipline conduct, establish hierarchies, and assign symbolic value (Darmon *et al.*, 2019, p. 12). Like other marginalized populations (Auyero, 2012), trans people must adapt their expectations, their bodies, and sometimes their very existence to institutional timeframes (Pitts-Taylor, 2020). Waiting within medicalized transition processes therefore constitutes a form of symbolic domination.

Darmon, Dulong, and colleagues, building on Bourdieu, describe a «social space of relations to time» (2019, p. 9, *my translation*), shaped both by the capacity to avoid waiting and by the dispositions to endure it. All trans people seeking HRT face delays, but not under the same

conditions. Economic resources and somatic culture – the socially structured relation to the body shaped by material conditions of existence (Boltanski, 1971, p. 222) – determine whether individuals can withstand or bypass waiting. Only the most economically privileged can accelerate access through private care or medical tourism (Pitts-Taylor, 2020).

The urgency of transition also depends on gendered environments. Transmasculine people tend to transition earlier and, being less visible, often face fewer stigmas, allowing for more gradual masculinization. Transfeminine people, by contrast, are more exposed to violence and stigmatization – such as being labeled “travesti” or “travello” – which makes rapid transition a matter of safety (Beaubatie, 2021, p. 145-165). Visibility thus amplifies vulnerability, while relative invisibility reduces immediate pressure.

However, these dynamics cannot be understood without accounting for the intersection of gender and race. Racialized transmasculine people, for example, may face police profiling (Gabriel, 2021; 2022) and institutional racism, which not only delays access to care but also undermines treatment quality (Baumes, 2025; Blandenier *et al.*, 2025a; Blandenier *et al.*, 2025b; Ngassop *et al.*, 2024). In short, the temporal experience of medical waiting for trans people is structured by class, gender, and race.

An unequal and inadequate prescribing framework

In Switzerland, reimbursement for hormone therapy requires a certificate of “gender dysphoria” (Law Clinic, 2023, p. 94). This diagnostic step is handled case by case, producing inequalities in access to care, since legal knowledge and resources to appeal decisions are unevenly distributed within the trans population (Beaubatie, 2021).

These challenges are compounded by the limited pharmaceutical production of hormone treatments – particularly for transfeminine people – and by what has been described as an «inadequate prescription framework» (Raia, 2024, p. 6). Current treatments derive largely from endocrinological research of the 20th century, primarily focused on cis women (Oudshoorn, 2003), with few formulations specifically designed for trans populations (Clochec, 2021). Swiss university hospitals either follow the 2017 Endocrine Society Guideline (Hembree *et al.*, 2017), as

in Geneva⁵, or provide no specific protocol, as in Lausanne⁶. Compared to international availability, the Swiss formulary is narrow: feminizing oestrogen treatments exist only in pill or gel form, excluding injectables⁷, while certain masculinizing steroid or testosterone injectables are also absent from the official market, though accessible abroad or through informal channels.

Injectable hormones occupy a distinctive role in transition pathways due to their clinical and social properties. For transfeminine people, they reduce risks of hepatic toxicity and thromboembolic complications (Thompson, 2021). For trans people more broadly, injectables allow higher doses, greater flexibility in dosing frequency, and relief from the mental burden of daily administration⁸. Yet access remains unequal: transfeminine people face greater restrictions than transmasculine people. This imbalance is mirrored in medical research: the eighth *Standards of Care for the Health of Transgender and Gender Diverse People* (Coleman *et al.*, 2022, p. 255) does not address injectable oestrogens, except in the case of hormone blockers. Only social science studies (Alkemade, 2023; Barksdale, 2024; Jaafar *et al.*, 2022; Raia, 2024) highlight the community knowledge and benefits of injectables⁹. Consequently, many transfeminine individuals turn to informal markets to access these treatments (Jaafar *et al.*, 2022). These regulatory, pharmaceutical and institutional constraints create an uneven landscape of therapeutic possibilities. It is within this constrained environment that DIY practices emerge as alternative forms of care.

5. The HUG's 2021 offering (Marina, 2021) refers in particular to the 2017 Endocrine Society Guideline. https://www.hug.ch/sites/interhug/files/structures/medecine_de_premier_recours/documents/colloques_MPR/2021/2021.03.03_traitement_hormonal-transgenre_mpl.pdf. (Accessed on 1.07.2025).

6. Groupe de travail Trans de la Grève féministe Vaud, 2025, Luttons trans pour l'autonomie médicale: le cas du CHUV. *SolidaritéS*, n° 449. <https://solidarites.ch/journal/449-2/luttons-trans-pour-lautonomie-medecale-le-cas-du-chuv/>. (Accessed on 1.07.2025).

7. Transgender Network Switzerland, Quelles possibilités pour les femmes trans? 4.1 Traitement hormonal. <https://www.tgns.ch/fr/information-2/medecin/#femmes1>. (Accessed on 1.07.2025).

8. Transdermal application in gel form requires waiting 15 to 20 minutes for the product to dry, and must be done every day, just like oral administration in pill form, which can be a constraint in terms of lifestyle.

9. Aly (2021), An Informal Meta-Analysis of Estradiol Curves with Injectable Estradiol Preparations, *Transfeminine Science*, [en ligne], <https://transfemscience.org/articles/injectable-e2-meta-analysis/>. (Accessed on 9.07.2025).

The alternative of DIY practices

In Switzerland, the inhospitality of medical institutions «results in people distancing themselves from the healthcare system and foregoing treatment, leading to a loss of trust in the various actors in the healthcare sector» (Jaafar *et al.*, 2022, p. 110). A French quantitative study (n=589) shows that among trans people using injectable HRT, most transfeminine participants (90.7%) and a minority of transmasculine participants (6.9%) lacked a valid prescription for all or part of their treatment (Jaafar *et al.*, 2022). The study confirms the widespread reliance on self- or community-administered injections: 59.2% of transmasculine and 97.9% of transfeminine respondents reported receiving injections from “non-qualified” individuals.

These findings align with international data showing transfeminine people more frequently turn to non-medical pathways for HRT, often due to legal restrictions on testosterone access and distribution (August-Rae *et al.*, 2024). Rates vary: in China, 74.2% of transfeminine vs. 36.8% of transmasculine respondents used non-medical hormones (Liu *et al.*, 2020); in the UK, one in four transfeminine people self-prescribed hormones before accessing a clinic, a practice far less common among transmasculine people (Mepham *et al.*, 2014). In Canada, 26.8% of trans respondents had used hormones without a prescription, and some explicitly identified as DIY users (Rotondi *et al.*, 2013).

Medical literature often frames DIY hormone use as an individual, risky practice to be reduced in favor of institutional care (Rotondi *et al.*, 2013; Mepham *et al.*, 2014; Winter *et al.*, 2016). Yet, as Alkemade argues «characterizing self-medication as “A concern for sexual health services”, or as a negative consequence of long waiting times, might not do justice to the diverse and contrasting attitudes trans people have towards the practice» (2023, p. 9).

Ethnographic studies emphasize that medical framings reflect paternalistic logics that ignore structural violence – cissexism, racism, fatphobia, etc. – produced by healthcare institutions, which themselves carry significant health risks (Alkemade, 2023; August-Rae *et al.*, 2024; Baker *et al.*, 2023; Wang, 2024).

From a community perspective, DIY hormone practices function as care, knowledge production, and mutual support, fostering bodily au-

tonomy (Welty, 2025). Raia (2024) describes learning injection techniques as a ritualized passage within one's "hormonal career" (p. 23), highlighting the strength of informal knowledge networks. Injectable use by transfeminine people, often without medical supervision, is thus both widespread and systematic. Beyond usage, DIY hormone production has been interpreted as resistance to pharmaceutical monopolies that, through intellectual property regimes, limit treatment access (Fragnito, 2020).

Community-based approaches to care foreground risk reduction (Hassan, 2022), the labor of gender production through transition (Giles, 2023 [2019]), and the risks of activist burnout (Malatino, 2020; Spade, 2020). Empirical studies have documented community knowledge-building around DIY and harm reduction policies (Fondén, 2020), transfeminine self-injection in China (Wang, 2024) and France (Raia, 2024), practices in the Netherlands (Alkemade, 2023), the United States (August-Rae *et al.*, 2024), and among non-binary users (Welty, 2025). Across these ethnographies, temporal dynamics remain underexplored. A rhythm analytical perspective therefore offers a way to examine how DIY care and institutional practices unfold in time.

A rhythmological approach to care

Developed from Henri Lefebvre's unfinished Marxist sociology project, rhythm analysis offers a framework for analyzing everyday life (Lefebvre, 1980 [1961]), recently revived in the *Manifesto for a Politics of Rhythms* (Antonioli *et al.*, 2021). Rhythm is understood here as a way of linking time and space, experience and form. Rather than providing a fixed methodological toolkit for empirical research, rhythm analysis encourages attention to the multiple forms rhythm can take in contemporary analysis.

This heuristic focus on time, space, experience, and form provides a useful entry point for examining permanence in relation to health-care. Indeed, temporal, spatial, and experiential dimensions are central to medical care and emerge in studies of transition as longitudinal or biographical processes (Beaubatie, 2021), in research on self-injection ca-

reers (Raia, 2024), and in analyses of waiting for treatment (Pitts-Taylor, 2020).

A rhythm analytical perspective on permanence and the hospital – entities not entirely comparable – has heuristic value because it brings together dimensions often overlooked or considered separately. Yet, as Darmon, Dulong, and Favier (2019) note, sociological approaches to time risk falling into three traps: excessive abstraction, homogenization of temporal cultures at the scale of society¹⁰, and neglect of time's relationship to power (p. 7). To avoid these pitfalls, the analysis (1) remains close to participants' accounts, (2) is grounded in their lived experiences while specifying the limits of generalization, and (3) keeps the power relations embedded in temporal structures at the center.

Analysis: The rhythmology of care

This section applies a rhythm analytical lens to interpret the temporalities emerging from participants' narratives. I first reinterpret medical domination through these temporal structures. I then analyze the rhythm analytical contributions of the permanence as an apparatus (Dodier and Barbot, 2016) in contrast with the hospital. Finally, I open a reflection on how the permanence can function as an apparatus to substantially change healthcare.

Waiting times for appointments

Among the constraints linked to the medicalization of hormonal transitions, many are tied to the bureaucratic rhythms of care – waiting to obtain an appointment and the time spent within these appointments – shaped by cissexist contexts in medical institutions. I first describe the empirical patterns reported by participants before turning to their analytical implications. Waiting times to see an endocrinolo-

10. Among the philosophical works on time that rely on little empirical research and are subject to such critique, Hartmut Rosa's analysis of the acceleration of industrial modernity (2010) stands out. His work has been criticized for a universalizing homogenization that overlooks the diversity of existing temporalities (Bouton, 2022).

gist are described as “extremely long” in trans pathways, despite the fact that reflection and decision-making already take significant time at the individual level (Todd, 2023). Waiting thus emerges as one of the most negative experiences at the start of transition.

As Pitts-Taylor notes, «being trans means having to wait» (2020, p. 657). Interviewees repeatedly highlight the normalization of delays. For example, Noe recalls being told: «“Yes, I have space in a year and a half”. As if that were normal». This power to postpone what is urgent for patients constitutes a form of symbolic violence shared by many trans people: «In the medical system, you need to wait», explains Roxanne. Depending on profile, location, and the “trans narrative” presented, the minimum waiting period for hormonal treatment is often around six months.

These statements reflect participants’ perceptions of waiting as a normalized form of institutional control. Waiting reshapes behavior, pushing trans people to comply in hopes of accessing hormones. As Bourdieu explains, waiting implies submission: «It alters conduct for as long as the expectation lasts, keeping the individual suspended on the awaited decision» (2016 [1997], p. 270, *my translation*). This Bourdieusian point is reflected in Théa’s comments:

[Doctors] are mega gatekeepers when it comes to hormones... I mean, I’ve had girls tell me that when they were 17 or 16, the CHUV always promised them, like, ‘Don’t worry, when you’re an adult, we promise you’ll get hormones and everything’. And once they reached adulthood, they were like, ‘Oh no, actually, as long as you’re not well, we’re not going to prescribe them to you’. And so, well, it becomes blackmail, really, because as long as you’re not well/better psychologically, we’re not going to give you hormones, which is totally stupid! Because if you give hormones, the person will be much better psychologically. That’s how it is in university hospitals (Théa).

Poor mental health is often cited as a reason for refusing treatment, yet being denied hormones further harms mental health (Baker *et al.*, 2021). This paradox sustains symptoms that medical institutions use to justify withholding care, contrary to WPATH recommendations on the matter (Coleman *et al.*, 2022, p. 111). Some people remain suspended in this limbo for years.

Faced with long waits and medical gatekeeping, DIY hormones become a practical alternative. Thea explains the dilemma faced by transfems who hesitate between medical hormones and DIY hormones because of the waiting time:

There are people who are already aware of the violence of the medical system and are like, ‘Right, let’s just start DIY straight away.’ And then there are people who are like, ‘I’m going to go through the medical system.’ They experience how violent it is, the waiting times and all that, and they’re like, ‘Actually, I’m not going to survive if I don’t take hormones now, I need hormones.’ And so they start DIY, and then they’re like, “Oh shit, this actually works”. So they don’t stop” (Théa).

The urgency of accessing hormones is thus fundamentally material. Waiting does not only represent a form of symbolic medical violence tied to legitimacy and recognition (Schlegel and Schlegel, 2025), related to «the question of the legitimacy of existence, of an individual’s right to feel justified in existing as they do» (Bourdieu, 2016 [1997], p. 280, *my translation*); it also concerns material access to one’s body, with or without medical sanction.

The speed of medical acts

The long waiting times required to access hormones in the medical system contrast sharply with the speed of medical gestures once care is provided. As Tristan explains:

What I find annoying in the medical field is that the medical gestures are so habitual for caregivers that it goes incredibly fast – the speed at which people take blood samples, my god, it’s completely crazy, like really it’s a matter of 15 seconds, [...] really, you just pass through the checkout (Tristan).

Several participants use the expression of being treated “à la chaîne¹¹” (Théa, Lucien, Tristan), describing follow-ups as «very depersonalized, very psychiatrizing» and «transmedicalist» (Théa), especially in university hospitals. This “à la chaîne” speed recalls Foucault’s citation of the 18th-century surgeon J. R. Tenon, who described the hospital as a «machine for treating the sick» (Foucault, 1979, cited in Carricaburu and Ménoret, 2004, p. 15, *my translation*). In summary «the hospital interior must be arranged so that it becomes medically efficient: no longer a place of assistance, but a place of therapeutic operation. The hospital must function as a “healing machine”» (Carricaburu and Ménoret, 2004, p. 15).

This 18th-century description resonates with the hospital’s current neoliberal form (Klein, 2025), which continues to operate as a “healing machine” shaped by its architecture, budgetary constraints, and bureaucratic organization.

The rhythms of community clinics differ markedly from those of the medical system. What requires an entire afternoon in a collective setting can be accomplished in minutes in a hospital office, while access to information and care is often far quicker in community spaces than after months of medical waiting. This inversion of temporalities, akin to a chiasmus¹², extends to form and experience: the permanence emphasizes emotional work and the importance of «being surrounded [by one’s peers]» (Lucien), in contrast to professional medical care, which is perceived as «cold» (Tristan) and individualized.

11. The French expression “à la chaîne” is retained in the original. Literally translatable as “on the assembly line”, it conveys an industrial logic of repetition, standardization, and dehumanization. While “assembly-line” in English partially captures this meaning, the French phrasing has been preserved here to reflect the specific way participants themselves employed the term.

12. This analogy between two worlds of practice – medicalisation (the hospital) and demedicalisation (the emergency room) – cannot, however, be understood as a simple symbolic or formal correspondence. As Bourdieu points out in his afterword to Panofsky’s *Architecture gothique et pensée scolastique* (Anheim and Pasquali, 2025; 2011 [1967]), any analogy must be related to the social and institutional mediations that make it possible. In this case, these mediations appear through the stages that led to the opening of the on-call service, as well as in the testimonies of respondents who have both visited and worked in hospitals (Laufer, 2025). According to the latter, medical training and institutional practices are determining factors.

Rhythmological gains

The differences in space-time between community-based care (the permanence) and hospitals – whose attributes should not be reduced to a monolithic¹³ opposition – present advantages and disadvantages that can explain why some choose one over the other. Several interviews highlight that the permanence provides specific rhythmic benefits in terms of spatial, temporal, and economic costs compared to medical care. I illustrate this with two examples. First, in Arsene’s case, using the permanence and self-injection saved both time and money otherwise spent on transportation to see an endocrinologist:

If I had to go see my endocrinologist, I would have to go all the way to the district of [xxx], which means paying for a train ticket, then taking the bus because it’s not [in town]. These are also things to consider in terms of cost and time (Arsene).

Together, these accounts illustrate participants’ subjective evaluations of alternative care rhythms, including financial and temporal savings «that a hospital does not have», and «that the perm allows you to» (Arsene). Second, Ilan described the permanence as a practical option when work schedules made weekday injections impossible: «[...] my new job didn’t allow me to take lunch breaks to go to my doctor for injections. So I had to find a solution. And then I discovered this, and I was like, this is amazing». When asked about the frequency of injections, he explained:

It’s once a month. And actually, I don’t have a driving licence, so I depend on public transport, and at the time I didn’t have a bike, so I wasn’t as free as I am now. But when you start a new job, it’s a bit complicated to say, “Oh, well, once a month I take a slightly longer lunch break for a medical appointment”. I know that in my field, employers don’t like that at all. You mustn’t show that you have medical appointments (Ilan).

13. Although the “hospital” as a singular rhythmic institution is not a monolithic and uniform entity that can be entirely summarised by its slowness in providing access to hormones and its cold efficiency in terms of treatment procedures, the experiences shared by the respondents are consistent when analysed together.

Hormone therapy thus becomes a temporal burden in the workweek, potentially conflicting with productivity demands and threatening the economic and professional stability of trans people. The permanence mitigates these costs¹⁴ in two ways: first, by reducing conflicts with work schedules – important in professions where medical appointments can be stigmatized – and second, by reducing recurring hospital visits and associated transportation expenses, especially for those with limited mobility resources (Kaufmann, 2002).

As these interview excerpts show, participants actively reflect¹⁵ on the rhythmic impacts of the permanence in their practices and decisions. In Ilan's case, the industrial/technical labor sector he works in is strongly masculinized and discourages signs of vulnerability: «It's a bit like, “Why should we bet on you if we don't know you have an underlying condition?” Even if it's an appointment for eczema. I don't know why the industry is like that» (Ilan).

As a temporary worker, his engagement in employment reflects pragmatic adaptation to economic constraints: maintaining income and avoiding exclusion from the labor market. His adherence to workplace norms (such as strict attendance) is less about valuing work itself than about survival in a precarious context. The rhythmic advantages of the permanence are therefore not universally beneficial in themselves but acquire meaning within specific contexts and situations.

14. In terms of rhythmology, the utilitarian function of permanence recalls Grossman's neo-classical conception of health capital as a form of “investment good” that provides more time available to “produce money and goods” [because] sick days generate a “cost in terms of time that must be withdrawn from competition” (Grossman, 1972, p. 225 *cited by* Schneider-Kamp and Askegaard, 2022, p. 62).

15. However, while this emphasis on rationality does indeed make it possible to move beyond medical approaches that deprive trans people of their agency, we must be careful not to fall into the neoclassical economic trap (close to *homo economicus*), as criticised by Bourdieu with regard to Gary Becker, for example, by questioning the «social conditions that make it possible for individuals to implement ‘rational calculation’» (Convert *et al.*, 2014, p. 11). Indeed, while he said of his work on Algeria that «individuals are all the more inclined to take control of their future through rational calculation [...] as their future is more amenable to rational calculation» (Bourdieu and Darbel, 1966, p. 147 *cited by* Convert *et al.*, 2014, p. 11), the applicability of rational calculation is always determined by contingent historical and social conditions. Therefore, a sociological approach must not universalise a historical arbitrariness, which is only «the form of interest that is generated and demanded by a capitalist economy» through the development of specific fields (Bourdieu and Wacquant, 1992, p. 92), by re-situating the specific rules that reward or penalise certain practices. Here, it is the conditions specific to temporary work, which is predominantly male, that structure and encourage this form of short-term economic rationality.

Gaining autonomy from the permanence

These rhythmic advantages also shape participants' trajectories toward greater autonomy, both from medical institutions and, eventually, from the permanence itself. The following section moves from empirical narratives to a discussion of the broader implications for autonomy. As Mélis explains, the aim of the permanence is not to centralize injections in a new location, but to multiply spaces «so that people can be more independent in this area» and able to do it alone or with others. Interviews show that these constraints are also gendered, since injection schedules are generally more frequent for transfems (every 1-2 weeks) than for transmascs (every 1-3 months). Indeed, «injecting is therefore a common practice that punctuates the monitoring of HRT for a significant proportion of trans[feminine] people» (Jaafar *et al.*, 2022, p. 110).

For this reason, autonomy from both the medical system and the permanence itself appears more urgent for transfems, for whom «coming to the day centre every week for several years is just not sustainable». By contrast, «T-boys who come to get injections, and who don't mind being dependent on the clinic to inject themselves, because they can come every three months» (Théa). In other words, the rhythmic benefits of becoming autonomous from the permanence vary according to gender. Politically, these practices reconfigure access to care by shifting control away from medical institutions and toward community-based forms of autonomy.

A substantial (rhythmological) modification apparatus

As I have shown, the permanence frees participants from institutional rhythmological constraints without necessarily altering the hormonal treatment itself (product, dosage, hygiene practices), while opening space to question its substance, both pharmacological and conceptual. While the permanence does not always change the hormonal substance, it at least reshapes the broader substance of care, so that «the idea of health matches the idea of [...] responding to a need [rather than a disease]¹⁶»

16. Here we find the articulation of a line between depathologisation and defending access to medical care. For a more detailed articulation, see the book of Christoph L. Hanssmann, *Care Without Pathology: How Trans- Health Activists Are Changing Medicine* (2023).

(Théa). In other words, one may inject the same product in the same dosage, with only the site and its sociological composition changed; or one may access experimentation and reflection on the product and dosage themselves. By enabling such questioning of treatment in both senses – literal and figurative – the permanence expands what is possible.

Noe illustrates this in describing how the hospital’s normalization of pain left little room for adjustment, whereas the permanence allowed for alternative rhythms of injection without changing the substance:

When I talk to him about it, [my doctor] doesn’t really listen to [my problem]. He just says, “Maybe we could change products”, meaning injecting a different product every three months. But that’s something I don’t want to do, and it’s pretty much the only option he offers me. However, after talking to other people, I realised that it might be possible to shorten the injection interval a little, and thus avoid these side effects. That’s what I’m doing now, and it’s working better for me. (Noe).

The permanence also enables hormonal experimentation with DIY injectable products, especially for transfems, unlike the hospital where, according to participants, negotiation is limited. While gel-based treatments allow slightly higher doses «than what is prescribed for you», leaving «some room for negotiation» (Théa), switching treatment types – such as to monotherapy¹⁷ – remains difficult with medical prescriptions. According to several interviewees, for transfems, moving to DIY injectables often permits broader experimentation than «prescription medicines».

This also fosters reflexivity on medicalization, particularly around dosage. As Théa explains, medical prescriptions often come with limited information, restricting patients’ knowledge: «People also know less about what they are taking and less about what their dose corresponds to [...] they don’t know if it’s a lot or not a lot. It’s just their doctor who told them to “take this”». By contrast, DIY injectables require self-mon-

17. Hormone monotherapy is a form of therapy mainly used by trans women following treatment with DIY hormones. It consists of taking only large amounts of oestrogen without testosterone blockers (Raia, 2024). (For more information, see Transfemscience: <https://transfemscience.org/articles/transfem-intro/> (Accessed 17.05.2025).

itoring and attention to effects, which represents «a completely different approach», centered on introspection¹⁸:

You will suddenly understand what this dose does to your body, what this amount does in your body. And then you will also be able to adjust and say, “Ah, well, actually, I feel that physically or psychologically, it makes me more comfortable to take more or take less” (Théa).

For several participants, DIY injections allow an autonomy over medication choices otherwise constrained by medical gatekeeping:

When you do DIY, you know much more about what you’re doing and can adjust it to your own needs. Whereas with doctors, medical gatekeeping means you don’t really know what’s being done to your body. And that makes it harder to have any kind of self-awareness about your medicalisation. (Théa).

In this sense, the permanence enables participants to manage their care according to their own needs, whether with prescribed or DIY hormones. Different administration forms also have distinct temporal and practical constraints. Gel requires daily application: «With the gel, you need to take 15-20 minutes every day to apply it, let it dry, and then put your trousers back on because it gets on thin skin», meaning, as Tristan explains, spending «15 minutes like that, naked, waiting for your body to dry». By contrast, injections allow testosterone every month (or less) and oestrogens every week (or less).

DIY hormones and self-injection sites like the permanence also contribute to radical depathologization, removing the requirement of psychiatric approval: patients are «no longer required to obtain approval from a bloody psychiatrist to access [their treatment]» (Arsene). For Théa, the permanence transformed what began as a provisional practice into a sustainable one:

When I started taking hormones on my own, I was like, “Oh, I’ll do this for a few months, the injections, and then I’ll find a real doctor who

18. It is worth noting that this tendency toward greater self-analysis and introspection is more common among the middle and upper classes (Poliak, 2002).

will give me real prescriptions”. I was thinking, “This is temporary”. And actually, I feel like the perm has allowed me to be surrounded by people who let me ask questions if I need to, to be able to continue doing DIY while feeling supported and not alone in my corner (Théa).

By embedding self-injectors in peer networks, the permanence removes the solitude of DIY practices. In this sense, it operates as an apparatus (Dodier and Barbot, 2016) that supports the long-term viability of DIY practices, often first imagined as temporary, and enables alternative careers (Raia, 2024) outside the medical system. Paradoxically, by legitimizing doubt and experimentation, the permanence allows more planning and projection into the future – «the future not as an explicitly stated goal, but as entirely embedded in the present as it is perceived» (Convert *et al.*, 2014, p. 11, *my translation*).

Thus, the permanence is not only about collective DIY practices; it is part of broader strategies through which participants negotiate access to care, depending on their social (dis)positions, skills, and socio-economic resources.

Conclusion

In short, the experiences of trans people surveyed with access to hormone therapy show that institutional medical timeframes, characterised by long waiting times and rigid gatekeeping, generate both symbolic violence and material constraints. The rhythmological approach shows how the processes involved in providing care at the permanence have their own rhythms (from which some users can benefit), distinct from the rhythms of medical care. In fact, DIY practices and community facilities such as the permanence offer a response to these constraints, making it possible to speed up the pace of care, reduce spatio-temporal costs and, above all, develop autonomy and reflexivity about one’s own medication. As well as replacing the hormonal substance, permanence changes the ‘substance’ of care by opening a space for experimentation, co-construction of practices and projection into the future, while encouraging collective support and the perpetuation of previously temporary practices. In this way, these alternative rhythms transform the experience of care

by reorganising temporalities around the needs of trans people, in the face of the constraints of an often inflexible medical system. At the same time, this cultivation of autonomy exists in tension with broader trends in healthcare, where the neoliberal emphasis on individual responsibility increasingly frames health management as a personal rather than collective endeavour – highlighting how alternative rhythms can both resist and coexist with dominant logics of care.

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The Brigata Basaglia's response to the processes of privatization of the mental health: the mental health as a battlefield

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Introduction

The following paper develops from a reflection that arises at the intersection of two processes: the “psychologization” (Bauman, 2009) and the “privatization of stress” (Fisher, 2018; 2019), two phenomena that by shifting responsibility to the individual, obscure the social roots of distress. These are two processes that contribute to the “depoliticization of the mental health field”, a dynamic closely related to the processes of victimization of suffering subjects: these processes depotentiate *the* very possibility of subject's *agency*, except within the boundaries and around the externally defined labels inwardly assumed by subjects. Although less visible than other social processes, these dynamics have consequences for the individual and society (Pitch, 2022).

The resulting dominant depoliticization is countered by the politicization of the field of mental health, a goal set by the Brigata Basaglia: the Brigata Basaglia came into being in response to a widespread malaise affecting an increasing number of people. What characterizes the response of the Brigata Basaglia is the critique underlying its work, namely the awareness of the impossibility of responding adequately to the mental health crisis without radically changing the conditions in which the subject is immersed. Conditions that affect people differently according to their economic and social condition (class), country of origin (race, ethnicity), gender, sexual orientation, that is, according to the axes that

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define the subject: the consequences on the subject therefore are variable, but in general there is at every level and intersection an increasingly widespread malaise, a loss of meaning that can be understood and redefined only from a radical critique of the capitalist system that “depowers” subjects by directing them toward the achievement of alienating goals that require daily performances and sacrifices (<https://www.brigatabasaglia.org/>). This is the framework for the reflection and work of the Brigata Basaglia, which was born in 2020 as a response to the consequences caused by the management of Covid-19 and the inability of political institutions to respond to the crisis by putting the person and care back at the center beyond profit and commodification.

The experience of the Brigata Basaglia

As highlighted, the following paper focuses its attention on a case of “politicization of the mental health field”, and specifically, on the practices of critique and care constructed by the Brigata Basaglia through daily work on the ground that began in 2020.

The experience of the Brigata Basaglia can be read as a form of “everyday resistance” that stems from an awareness of the need to organize from below in response to the emergency conditions that capitalist society has experienced intensely since the pandemic crisis. The word “emergency” and related crises have characterized the capitalist model even before the pandemic crisis, but it was the pandemic crisis that clearly showed the system’s inability to respond to emergency conditions with due care for people and territory, the impossibility for institutions to take care of society, since they are structured according to logics of performance and profit that are antithetical to a real model of care and emancipation (Leach, 2021).

The question from which this paper starts is, therefore, “who/what is the Brigata Basaglia?”

The Brigata Basaglia is a psycho-social accompaniment network established in 2020 in response to the ongoing health emergency. The founding nucleus operates in different contexts (not only on the Italian territory), but places also where the different intensities of the violence suffered force to think different intervention strategies. The active groups

are composed of different personalities and professionalities. The group is made up of people with diverse experiences and professional backgrounds, coming from the worlds of clinical practice, art, social work, and activists. The varied composition reinforces the idea that “not only the clinic cures”, but rather mental health is a complex, articulated and collective issue that, as such, must be addressed. The creation of mixed working groups within which different personalities and professionalities are present stems from the realization of the need to relate to the issue of mental health as to a process in which multiple factors and actors take over that cannot be understood without diverse disciplinary tools and subjectivities willing to place themselves in an ongoing dialogue that arises in crisis. Challenging one’s own certainties, starting with one’s own knowledge is a complicated step, but a fundamental one where the goal is to care for the world and the community.

Despite this open and multidisciplinary approach, at first the Briagata Basaglia was born as small groups of psychologists working at the popular outpatient clinic on Via dei Transiti in Milan in 2020: during the pandemic crisis in the city of Milan (one of the Italian cities where the health crisis was most felt) thanks to the volunteer activity that allowed them to get in touch with those who were locked in their homes (delivery of packages with food goods and medical supplies) these professionals realized the negative repercussions produced by the pandemic on isolated people. Mental health services during the first wave of contagion had been closed suddenly leaving the people who attended them isolated: the pandemic crisis on the one hand had fueled previous mental health needs and produced a new wave of mental health-related crises.² In this context, a specific task force was created that began to carefully study the international protocols of emergency psychology (which referred purely to natural disasters such as floods, earthquakes, hurricanes, and humanitarian catastrophes) and adapted them to the new Covid-19 situation, creating a switchboard that could channel needs in ways similar to those of an emergency room, using emergency codes (this is something we continue to do more than three years later. A public call for applications was created, open to everyone: psychologists, industry professionals, and non-experts. About a hundred people responded, and approximately

2. World Mental Health Report <https://www.who.int/publications/i/item/9789240049338>

25 were selected. This core group initiated the training and fieldwork. Over time the mode of work has been structured from the needs traced through calls to the switchboard from people in need: once a week the group meets to discuss activities but at the same time great attention is placed on the growth of the group and its care, which are embodied in the relationship of speaking and listening to one's practical and emotional experiences of activism.

If at an early stage of the pandemic crisis the calls that came in were almost exclusively about Covid-19, later the collective began to receive requests for help and assistance in relation to social issues such as housing issues, employment, legal status, addictions, domestic violence, issues that cannot be solved solely and exclusively by individual intake focused on the psychological malaise of the individual.

The calls have shifted the focus from the specific pandemic crisis and emergency to conditions of the everyday and structural that concern people's lives: this shift is fundamental to understanding the need to imagine defined interventions starting with the creation of a network of organizations and skills that can give complex answers to complex needs. The complexity of reality forced the first nucleus to engage with other personalities and professionalities, other groups and realities working in the area that contributed to the birth, for example, of an ad hoc desk for high school students.

Work, research and training are some of the fields in which the Brigata Basaglia in relation to local groups and collectives built relationships and tried to imagine solutions or at least alternative visions. It has never been just a matter of theoretical proposals or conferences, but of theories born in relation to practice, to actions of presence and care from which to try to build real alternatives and theoretical frameworks legitimized by continuous work in the field.

A daily work of care that stems from the expressed need of the people who live in the territory, who are immersed in a daily work of presence and resilience realize the harmfulness of solutions that arise from a perception of mental and physical health understood only as a personal good. Since these are fundamental needs in close relation to the material conditions of the individual and the community, mental and physical health must be rethought in a different scheme that puts at the center a systemic and radical critique of the conditions in which communities are

immersed: pandemic crisis, climate crisis, housing emergency and structural violence are clear and concrete expressions of structural malaise and thus of the need to think and act differently.

It is impossible to imagine a transformation of the existing without new or different tools that can also arise in the relationship with other contexts and knowledge. The decolonization of mental health is, therefore, a necessary step that is also a consequence of the relationship with migrants and second generations, bearers and carriers of different histories, knowledge and practices (Mills, 2014).

Another opportunity for confrontation for the construction of a collaborative network and knowledge-others is the Festival Contatto, conceived as a collective moment of group and territorial care: during the festival, thematic discussion tables, workshops, performances and meetings are organized during which alliances are built with realities with which the Brigata Basaglia collaborates throughout the year. Networking is central aspect of this experience: the network is built over time and strengthened during these events designed to meet in a different space with different times, where to relate in presence, listen to each other and share ideas. All these moments serve to strengthen the desires for collaboration: to build healthy relationships, to discuss and confront issues, to build spaces where conflict is not annulled but part of the concretization of knowledge and practices that can truly transform the existing.

Theory and praxis

Theory and praxis go hand in hand in the political experience of the Brigata Basaglia: by imagining and constructing horizontal forms of relationships that arise from the recognition of the value of the person and the distress experienced individually, the Brigata Basaglia acts with the goal not only of caring for the individual, but for the society in which the individual is embedded. Indeed, it is impossible to imagine a cure for the individual living in a sick social, political and economic context, where inequalities and social injustices are the primary source of malaise (Leonardi and Imperatore, 2023).

The critique of the capitalist system and its degenerations is the basis of this experience, which reads the issue of mental health in relation to

the social, economic, and cultural crisis and imagines reticular solutions that allow for the construction of a network of protection for all individuals living in this power structure (Contestabile, 2024).

So by putting the person at the center, the Brigata Basaglia created physical branches on the territory, often in social centers or Arci circles to have the freedom and possibility to build open, but safe spaces for those who ask for help. This is the case of the counter set up at the ARCI il Campino, in an area on the outskirts of Florence where the club represents a garrison of sociability and encounter, but also support and relationships for those who seek ways of being together outside the consumerist model and find in the social space an open and inclusive environment in which to try to build common moments of reflection and action. Here the recently activated counter was created with the intention to respond to the needs for psychological support, especially for those who have economic difficulties and cannot follow a path of paid treatment.

Within this framework, the Brigata Basaglia, in addition to organizing awareness-raising initiatives and meetings in the territory, during which texts and authors criticizing the hegemonic model of care in the field of psychology are often discussed, starting from the very definition of what is defined as normal and what is not, propose a concrete model of self-organization from below that includes concrete practices that go along with the construction of an alternative discourse on mental health in relation to war and the different forms of violence that run through capitalist society (Contestabile, 2024; Cipriano, 2025). The issue of war also takes on a centrality in the European context: rearmament and the consequences of the arms race are increasingly diriment issues, but so are the climate catastrophes that territories and populations are facing with increasing urgency (Leonardi and Imperatore, 2023). Thanks to the moments of collective discussion, the Brigades reflect on the need to organize responses from below that take these dynamics into account: if critical analysis is a fundamental tool, it becomes increasingly necessary, however, to imagine new tools that play a role in overcoming many of the models (especially of Western psychology) that have been naturalized over time, often become part of the problem.

It is part of this perspective “the epistemological revolution” to which the Brigades movement aspires (around which other realities working in the territories, attentive not only to the issue of mental health, converge)

that includes new tools that can be built precisely with those realities that have not been recognized a space in Western knowledge.

If the emphasis is on the suffering experienced by the subject, at the same time oppressed by the dynamics of victimization and blaming that fragilize him or her, the solution cannot remain within the confines of the hegemonic system but must imagine new tools that arise in the relationship and interaction between different cultures, knowledge and subjects.

A different idea of health: public community and universal starting with the Antipsychiatric Assembly.

In 2022, following the international meeting sponsored by the WHO (World Health Organization) at which the World Mental Health Report³ was presented, a document characterized by language and a generically human rights-oriented approach, there was much criticism from those who denounced the empty abstractions of the declarations, the lack of a real movement that would put the fight against inequalities at the center and counter the progressive impoverishment of public health services, as well as the exploitation that characterizes care work. The main criticism at that stage comes from the Pisan context of Anti-psychiatry, where the Anti-psychiatric Assembly has long promoted collective moments of reflection with the intention of building a critique of the psychiatric system: prompted by the rhetorical statements made at the WHO Convention, the Anti-psychiatric Assembly calls for a public call to build a moment of meeting and sharing with other local and national realities critical of the dominant view on mental health.

A public assembly is built that focuses on the idea of a community and universal public health around which different local realities converge: the convergence that arises from the need to confront such a central issue, on which over time rhetoric and actions have been built that have limited the concrete possibilities of empowerment and emancipation of the person, becomes an opportunity for the Brigata Basaglia to meet with other realities that have long worked on the issue. Among the main objectives of the meeting is to build together forms of intervention

3. World Mental Health Report <https://www.who.int/publications/i/item/9789240049338>

and action directed primarily at collectives and organizations struggling to improve the living conditions and well-being of communities in an increasingly degraded and degrading welfare context.

In the assembly, they talk about community health understood as an alternative model to the health model of the neoliberal state that promotes individual and care relationships based on dependence, repression of distress and chronicity.

The concept of community is at the center of the assembly's reflections: in the words of the participants, it emerges how in recent years (also as a result of the pandemic crisis) a new vision of health has emerged to be understood as an interdependent process of bodies, social, psychological and environmental conditions. It is impossible to talk about the health of the person without considering his or her relationship with the health of the territory and communities in which he or she is embedded (Contestabile, 2024).

Public health must therefore be interpreted and guaranteed with the relationship of the individual and society in mind:

There is no health without union rights, without safe environments in which to work, whether in factories and companies, or in domestic spaces, cooperatives and associations. There is no health without the right to study and without public, secular and accessible schools and universities. Places of learning must be freed from the neoliberal logic of performance that, from the very early years, prepares and frames male and female students for a future of exploitation and competitiveness in the workplace. There is no health without more resources to education, stabilization and training of teaching staff. There is no health without education on sexuality, affectivity and countering violence of and gender. No health without the effective right to abortion, comprehensive gestational support, and free and informed access to transitional pathways (and Alias careers) untethered from (medical) diagnosis or surgery. There is no health without the right to housing and without environmental justice, without public recreational spaces and without access to common goods such as a full diet, clean water and clean air. There is no health in CPRs where migrant people are detained, in prisons, in SPDCs, in psychiatric wards behind closed doors, in the mechanical restraint of users, in the reduction of distress to a security or pharmacological issue, in police intervention in mental health crises. There is no health without a sociality outside the neuro-normative algorithms of commercial platforms that

nullify complexities, segment identities by making them commodities, and induce measuring and disciplining every emotional and cognitive experience. There is no health without breaking down the physical, perceptual and social barriers that effectively discriminate against people with disabilities. There is no health without combating ableism. There is no health without anti-prohibitionist and harm reduction policies: without the immediate cessation of criminalization against substance users. There is no health without abolishing the psychiatric stigma and the consequent isolation to which people who are diagnosed with such disorders are relegated; without the elimination, through education and information, of the fear and superstition that classify these people as dangerous and incurable; without allowing them the freedom to build an autonomous existence that is included and active in society.

A real political program of claims emerges that aims to build a different society, a different way of being together and in relationship. As emerges from the text, great emphasis is placed on representations, the need to deconstruct dominant discourses on health and illness, identities and labels. The theme of freedom of choice becomes central: freedom to construct a space without labels or classifications that reduce the person to a normed and controllable subject.

These are not baseless statements, however, but arise in an open and participatory assembly that aims to broaden the presence of “oppressed, impoverished, racialized communities and support for the experiments and struggles of women and men workers in public health and social work. An Assembly that is based on the proposals of those who have used, survived, gone through or rejected mental health services; it is based on the experience of neurodivergent and disabled, unemployed, precarious, studying and working people”.

The assembly is not the solution but the beginning of a confrontation or its continuation that needs different subjects, forms of relationship and recognition of powers that inform the same relations between militants. Taking care of the collective also means recognizing this dimension, trying to imagine alternative forms of sharing, alternative forms of being together and building politics.

Politicizing the catastrophe: political mobilization and caring for the relationship on the ground with “Forlì città aperta”.

As it turned out, dialogue with the territory is at the heart of the practices of the Brigata Basaglia: in the case of Forlì, a city affected by the flood, the relationship born in 2023 went in the direction of a common construction of collective care practices in emergency situations and to the decolonization of mental health.

The flood represents a catastrophic moment for a community: catastrophe disrupts the everyday, emergencies are grafted into an already critical context, into a precarious territory, “knowing this helps us to re-signify an existential crisis or conflict in our group as part of a social and community experience” (Forlì città aperta, <https://www.piazzettadelleoperaie.it/forli-citta-aperta/>).

By disrupting the everyday, catastrophe represents a moment of rupture and forces a rethinking of one’s habits, of the daily rituals that inform us. Catastrophe forces one to stop, to look and to search for adequate words to describe it, starting with defining and understanding one’s own emotions. Catastrophe does not wait for the subject to have built his or her vocabulary, to be aware of his or her own condition and the world around him or her: it comes sweeping away the few certainties and, if it is certainly a moment that brings with it fear, pain, suffering, at the same time it can become an opportunity to open one’s gaze and question the existing taken for granted, for granted (Forlì città aperta, <https://www.piazzettadelleoperaie.it/forli-citta-aperta/>).

For this reason, the “speech groups” born in the Forlì città aperta’s experience with the participation and support of the Brigata Basaglia, represent an innovative, transformative practice. The word groups are created as a fundamental response to the catastrophe, understood as a tool no less important than other interventions: a safe space and a first moment to be able to vent, decompress and metabolize one’s feelings collectively. Finding words to identify one’s emotions (or not finding them) is an expression of the very possibility and difficulty for the subject to cope: the possibility of finding words to express oneself in some cases emerged in the words of others. Emotional and daily work that has consisted of verbalizing emotions: work that has consequences on several levels, from the neurophysiological one, since not expressing emotions pro-

duces somatization. Being able to say freely what one feels is a useful and healthy first step: sharing one's emotions is a fundamental step in building self-awareness (Forlì città aperta, <https://www.piazzettadelleoperaie.it/forli-citta-aperta/>). Understanding the systemic reasons for psychic suffering and how these accumulate in our lives allows us to understand the meaning of collective action without allowing ourselves to succumb to the individual despair and helplessness that often accompanies crises.

Alongside work on emotions and the creation of appropriate spaces to express them, what characterized the response to the flood was spontaneous mobilization from below, a political mobilization that helped to think about and implement collective assemblies in which to confront each other to try to probe needs and imagine solutions. In this sense, mental health care, political mobilization, and struggle for community rights are three aspects that appear closely connected in the experience of the Brigata Basaglia.

According to an alternative approach that we find in the experiences of the Brigata Basaglia and the collectives active in the territories, resilience must be discussed collectively: only in this way is it possible to construct a different notion that is developed in the collective. Community resilience is thus to be understood as a system that rests on several pillars that must be understood as protective elements that make a disaster have less impact (less damage and fewer victims). These include having a cohesive social structure; governmental honesty; cultural and social identity (sense of belonging); collective self-esteem; social humor (the ability to downplay); and cultural-historical preparedness. The latter means having a historical memory, not forgetting what happened, and being able to treasure the strategies and mistakes of the past, relying on a collective memory that can and should be shared.

Alongside and in antithesis to the pillars, there are the anti-pillars: that is, those factors that cause crises to leave more damaging and traumatic aftermaths, such as poverty (economic, political, social, and moral); economic dependence of the community on the outside; social isolation; stigmatization of victims; fatalism ("nothing could have been done"); authoritarianism; corruption; passive attitudes; conformism and pessimism (Jabr, 2021; Contestabile, 2024). Anti-disasters are particularly prevalent in the society in which we live and contribute to making disaster response fragile, if not impossible. Moreover, although resilience is a key

tool for cushioning the blow and emerging from crisis, resilience alone is not enough. Adaptation alone represents a strategy that in the long run, crushes and renders the individual powerless. Alongside resilience, the concept of resistance thus becomes central (Corposanto and Pagano, 2024; Contestabile, 2024)

Resilience/resistance: going to the roots, recognizing the distortions of the system and acting for the transformation of the existing

Our Western outlook is a product of the meanings conveyed by over-used and repeated words in different contexts, which are less and less capable of responding to the needs of the individual and the community, as in the case of the word “resilience” (Murray and Zautra, 2012).

Samar Jabr, a scholar to whom the Basaglia Brigades often refer in their stances and with whom they collaborate and build meetings and conferences in which to discuss and confront each other, has shown in her work the concrete possibility of rethinking the concept of resilience from the Palestinian context. The violence experienced in daily life by the Palestinian people is continuous, cross-cutting and repetitive (Jabr, 2019). It is acted upon psychologically and on bodies, without respite. It is a violence that should not be identified as an exception, however, since it is part of a vision and approach that underlies the capitalist system, which identifies subjects and spaces to be exploited with greater violence while building a social, political, economic and cultural architecture that produces inequalities and injustices in other contexts (Sousa *et al.*, 2013; Contestabile, 2024). In the West, physical violence may be less visible (Contestabile 2024): in fact, it is often invisibilized (think of Italy’s prisons or detention and repatriation centers or CPR) or it may take less visible forms on the surface, such as psychological violence. In this sense, the capitalist system is a violent system, whose violence is acted upon subjects at different levels of intensity (Sousa *et al.*, 2013). In the Western context, moreover, no less violent, especially in the consequences they produce in the psyche and daily lives of subjects, are the rhetorics of success, self-entrepreneurship that shift the blame to the individual for his or her failure, inequality, social immobility, poverty all the way to the ecological and social crisis, an increasingly pressing issue.

On the basis of the above, the idea of rethinking the concept of resilience stems from the realization of the limitations and risks of the Western interpretation of the term and thus the possibility of rethinking it in relation to forms of resilience and resistance that feature a people, the Palestinian people who for years have been experiencing those forms of violence and exploitation of bodies and territories that are characteristic of the capitalist system.

The concept of resilience, abused in the capitalist system and as previously mentioned, functional to the maintenance of the given order (Necoleous, 2013; Rovelli, 2023; Finkenbusch, 2023; Contestabile, 2024), can also be rethought and re-signified thanks to knowledge and subjectivities as in the case of Samar Jabr who live or have lived through other contexts, forms of violence and who are bearers of other knowledge. Jabr's reflections originate in the Palestinian context and bring to light the term *sumud* (Van Teeffelen, 2011), a concept that inspires many collectives active in the territories today, including the Basaglia Brigades, which have been reflecting on the term and its repercussions in relation to mental health for some time (Jabr, 2021; Contestabile, 2024; Corposanto and Pagano, 2024).

Jabr expresses the Palestinian point of view of psychologists, psychoanalysts and psychotherapists who work with the population in Palestine and in their studies bring to light the forms of resilience and resistance of the Palestinian people. In the work of these scholars there emerges the need to rethink tools born in the Western context such as, for example, PTSD (*post-traumatic stress disorder*), towards which there is no shortage of criticism in the Global North itself (Fassin Rechtman, 2007) and at the same time they invite reflection, starting from the context in which they practice, on the impossibility of a treatment of the individual outside of the collectivity and the historical dynamics in which they are immersed. In the Palestinian case, trauma does not have an *aftermath*, trauma repeats itself every day: the Palestinian people have constructed a tool of defense, *sumud*, which represents a psycho-social practice that results in the individual and collective will to oppose the colonial device of occupation (Jabr, 2021). It is a process of collective healing from which examples and inspiration can be drawn. In this framework, *sumud* can represent a form of thinking, feeling and action that connects the Global South to an increasingly less critical North capable of building tools for

emancipation and autonomy. The concept of *sumud* can help Western contexts themselves to confront polycrises (ecological, social, economic) while reflecting critically on a capitalist system that through processes of precarization of labor and lives reproduces injustice, violence and exploitation at different levels and intensities.

Starting from concepts proper to the Western context (such as that of resilience and resistance) in which the same individuals active in the Brigata and in the anti-psychiatric and for a community health collectives have been formed, these experiences try daily to counter alternative and sustainable models of relationship and care that are born and strengthened in the critique of the capitalist system and its logic of market and profit. By putting people in the community at the center, by highlighting the risks of a pacified reading of reality oriented by values such as performativity, productivity, entrepreneurship, the Brigata Basaglia and the collectives active in the territories identify health and specifically mental health as a battlefield to be presided over, in which to act in order to build a different reality: a different reality that can only be thought through a radical critique that does not exclude conflict. Conflict is perceived here as a positive aspect of change and rebirth, not a destabilizing element.

In the Western context, it is possible to identify a real break between the concept of resilience and resistance (Ungar, 2011) where the concept of resistance involves a collision, a conflict that is not part of the resilient's strategies. The resilient, in fact, accepts and at the same time constructs a different positive narrative in which even the least acceptable conditions, can and should be accepted because they are immutable. The transformation of the subject must take place, but he or she must adapt to the external standards and demands dictated by the dominant power structures and the discourses that legitimize them (Rovelli, 2023; Contestabile, 2024; Corposanto and Pagano, 2024)

This separation is not included in the concept of *sumud*, which, on the contrary, imagines and is defined from an ongoing dialectic between resilience and resistance: a relationship possible only from a different conception of resilience, understood not as adaptation, but as the steadfastness and dignity of the person, recognition of the rightness of one's demand and stubbornness that arises in the "We", in the collective.

Sumud brings out human will and *agency* and in doing so, contributes to the Palestinian narrative of loss and liberation by inviting Palestinians

and those who support their cause to share it. In general, *sumud* is presented as a living and universal model for holding one's head up in an extremely difficult situation: it is thus an act of existence and affirmation. The word *sumud* refers to the concept of resistance and resilience; thus, it does not correspond to either word but reconnects them together.

At the same time, trauma is redefined as a process that has no beginning or end, but repetitive, part of the everyday. Trauma must do not only with the individual, but with everyday experiences that affect everyone and everyone and that only if resocialized in listening and speaking groups can be understood and placed within a larger picture, that of a society founded on logics of domination and subjugation, of which state institutions themselves are part (Jabr, 2021).

Conclusions

This contribution has attempted to shed light on the experience of the Basaglia Brigades in order to try to outline some aspects of a peculiar experience, born during the pandemic crisis, which is an expression of a broad and political process that sees an increasing number of individuals and collectives engaged in an attempt to construct a different representation of physical and mental health, starting from a critical and radical approach. The critique that characterizes all of these experiences is the fruit of analyses that arise in the contexts in which the subjects move and are strengthened in the relationships they build with other individuals and realities that experience a form of suffering and distress that is less and less recomposable.

These are experiences that put the person and his or her care at the center and seem increasingly to respond to the dominant culture of performance and perfection of bodies, of passive resilience that require the subject to work on himself or herself to construct an adaptable and performing human type, always ready to produce and consume. This is a model that is criticized by the collectives and the Basaglia Brigades themselves not only on a theoretical level, but by acting in the world, starting with the creation of different spaces in which to meet and share.

The solutions are not immediate, as the dominant model guarantees: the risk these radical projects run is that of being reincorporated, starting

with words (think of body-positivity, for example) or depowered through platforms (as in the case of Instagram) that isolate and reaffirm dynamics of privatization and closure of the individual.

Although the risk cannot be eliminated, the concrete utopia that these experiences imagine and try (not without difficulty) to build is oriented toward the individual experiencing psychological distress, which arises in the intersection of the social, economic and cultural dynamics in which he or she is immersed: the Basaglia Brigades do this not by denying the importance of the personal journey, but through their work they show the need to build a society of healthy individuals from a critique of the existing. Research and confrontation with “altri-saperi” (Connell, 2007) ensures support for theoretical and practical constructions that develop in different contexts, where violence, even physical violence, is greater: practices and theories that challenge the naturalized status of our knowledge, and at the same time contribute to the construction of hybrid tools that are a first step in imagining different solutions.

Finally, catastrophes violently force us to rethink our model, although the consumerist and predatory lifestyle continues to have its centrality: the need to construct a different narrative is thus closely connected to the plane of emotions. Indeed, finding the words to describe one’s emotions allows one to rewrite one’s own history and that of one’s community differently and to imagine from this different representation an alternative present and future.

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Rape's victims: oppression from above and resistance from below

*Hakima Aboudali*¹

Introduction

When a woman is raped, people start by saying: she shouldn't have worn tight jeans, she shouldn't have smiled, she shouldn't have gone out, she shouldn't have done this, she shouldn't have done that, she shouldn't even have existed as a woman (Halimi, 1977, free traduction from a conference).

Since its first qualification in the sense understood today as «the emblem of women's rights, [...] the standard-bearer of equality» (Riot-Sarcey, 2015, p. 4), the feminist struggle has focused on the appeal of freedom: freedom to think, to work, to procreate, or not to do so. Freedom to say no: no to physical, psychological, institutional, and sexual violence; freedom to revolutionize everything in order to reinvent oneself in a different way. But the abusive control exercised over women's bodies (Irene, 2022, pp. 67-68) also extends to their identity, especially after sexual abuse. Indeed, body and identity are intrinsically linked, and rape, as a massive physical assault, becomes (also because of its symbolic implications: a total denial of women as human beings with a will of their own) a violent attack on identity.

The body is a blank canvas that we dress, mark, adorn, and draw on to express our sense of self; it is therefore an essential element of our identity construction. The way we dress, mark, and adorn the body is

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a constant negotiation that we pursue throughout our lives, so that a biographical narrative emerges that reflects who we feel we are (Kilty, 2012, p. 286).

Brownmiller positioned rape as the first scene at the origin of the patriarchal system in the sense that it is the only crime for which the victim bears the greatest responsibility (Brownmiller, 1975), and patriarchy, as an instrument of oppression (Delphy, 1999), shapes the acceptable range of women's actions and behaviors, even their identity. But rape and the imagery surrounding it make us see it as a violent act of possession by a man over a woman (see the paintings of Picasso or Cabanel, for example). The myth thus depicts "real rape" and, by extension, a "real victim" as opposed to the "banality" of everyday sexual transgressions, which are rarely addressed in representations, sociopolitical discourse, or the legal system. But conforming to this standard sometimes, and often, seems to be the only way to obtain recognition of one's suffering and social and legal gain, even though it corresponds to a limited profile of sexual violence. Chenier argues that the discourse of the "*dangerous sexual predator*" is more about maintaining the patriarchal and heteronormative social order than about any reality that we should protect ourselves from. In fact, "dangerous sexual predators" are often our parents, friends, and loved ones. It is getting hard, then, to see and identify ourselves as "*victims*" or other terms in different and multiple contexts of sexual violence, for example in contexts of emotional relationships. It is a challenge to make sense of what we have experienced if the standards and norms that define rape or sexual assault do not correspond, or correspond only minimally, to the widespread idea of women being conquered by force and brutality. In short, how can we make sense of our experiences, whether they meet the standards or not, and above all, how can we break free from the "inevitability" of this rape culture?

Rape and sexual assault can be considered as a form of control over women (and often over young men), and as a weapon of war against women to keep them "in their place". By making rape the "worst crime in the world" one from which there is no escape but which, paradoxically, is rarely recognized as a "crime" by justice systems, we might be making rape an act of double control. On the one hand, control over the body, which is held, taken, constrained, unable to move, and on the

other hand, control over the social and on the other hand psychological consequences in the form of withdrawal, breakdown, and freeze frame. Are we not denying rape victims the power to speak out and regain their power, both in their bodies and their psyches?

Beyond the identity consequences of an assault itself, the literature forces us to recognize that we live in a rape society, where little girls are warned from an early age: «our culture instills in girls from the cradle that rape is the worst thing that can happen to them. We say that it will destroy their lives and rob them of their innocence» (Veselka, in Sanyal, 2024, p. 109). The omnipresence and severity of rape are two constants in their socialization: «after all the workshops and brochures on date rape, safe sex, and sexual harassment, as bold, rebellious, and daring as we may be, we are left with a sense of imminent danger» (Roiphe, in Sanyal, 2024, p. 71). Little by little, all women internalize knowledge of rape culture through discourse, school dress codes, the media, their social circles, institutions, and become familiar with what to do and what not to do: “*good*” girls—who will become “*good*” victims—do not dress too revealingly, do not drink, do not go out at night or too late at night, do not invite men to their homes; in short, they «*avoid*» being raped (Zaccour, 2019). «The good victim is usually portrayed as a ‘naive, sexually inexperienced’ woman who has suffered what is considered a ‘real rape’, i.e., a particularly violent and sordid attack committed by an armed stranger» (Mercier, 2024, pp. 38-39). Society teaches women to avoid being raped (rather than teaching men not to rape), then teaches them to be ashamed of rape, hence the shift from rape as an attack on sexual identity to an attack on social identity (Sanyal, 2024, p. 106), and the transformation of the possibility of rape into its inevitability. How, in this context, can we resist an oppressive and institutionalized patriarchy in order to regain the freedom to define and tell our own stories?

Literature review

Identity and sexuality are two components that are much more closely linked than they appear, particularly for women: virginity has long been synonymous with purity and a source of honor, while failure to conform to sexual mores tarnished, until a few years ago (and sometimes still does),

a woman's reputation and future aspirations. With this in mind, Simon and Gagnon developed "*sexual scripts*" (Simon and Gagnon, 1968) divided into three components: first what is morally acceptable and therefore culturally imposed from above; second cultural scripts, which shape the social imagination; our interactions and what they provoke, i.e., interpersonal scripts; and finally, our own creativity, i.e., intrapsychic scripts. The latter allows us to challenge the first two types in order to express ourselves differently, from below. The victim, whether legally or culturally, is portrayed in a subordinate, passive position: she "*suffers*" and has no choice but to accept—or be unable to accept—this label: some women feel «locked in a drawer with the label 'rape victim' stuck on it, from which they will never be allowed to escape» (Sanyal, 2024, pp. 260-261). Cultural scripts are also closely correlated with epistemic injustices (Fricker in Catala, 2023): an individual's social identity grants them a certain level of credibility. Women, and particularly female victims, are stereotyped as emotional, sensitive, and even exaggerated. The credibility they are granted can be diminished by these reasons, and only a certain pattern can restore their - almost - full intelligibility. The main scene in which victims are represented is the judicial sphere, where they must present themselves in a well-defined light: a damaged victim, but with a coherent, almost factual account.

While everyone feels it is their duty to assess the credibility of a victim, the victim must tell a colorful story. It is not enough to say, 'I experienced sexual violence.' It is also necessary to know what kind of violence. It is not enough to say, 'I was raped'; you have to know who, where, when, how, and why (Zaccour, 2019, p. 59).

However, not all victims suffer in the same way, and not all victims recognize themselves as such. Other terms, although very present in activist and media discourse, are completely absent from this crucial scene. Conversely, this label may be rejected in the absence of the judicial actor, «because society is more interested in the spectacle of misfortune than in understanding it» (Erner, 2006).

How, then, can we move away from this representation that is as ubiquitous as it is limited?

In activist discourse, the passive victim is sometimes contrasted with the active survivor, thus revealing the main issue at stake in the vocabulary used: action, or performativity. But some get lost in the idea of a survivor who testifies at all costs, who acts decisively, who above all does not adopt a “*victim attitude*” (Sinno, 2023, p. 198). Thus, the victim and the survivor seem to be diametrically opposed throughout the literature. Our definition of the survivor outlines a woman who lives only in the aftermath as she sees fit: surviving in the sense of defying the societal norms of the true victim, but not in the sense that the victim necessarily carries a passive and negative connotation. She continues to be in control of her identity, to bring it to life, «where, in principle, there should be a dead person» (Brossat, 1998). Nevertheless, it must be noted that freedom of definition is not the last obstacle when it comes to women’s rights (in the figurative and not the legal sense). While the term «*victim*» carries its connotations, the term “*survivor*” is no less controversial: the obvious link with concentration camp survivors (Badinter, 2003, p. 26) and the symbolic relationship to death fuel a wide range of criticism. We see how injunctions from above shape the limits of acceptability of creativity from below.

Research method

The method used to compile the database for this article was as follows: we conducted eight interviews with participants who identified themselves as having experienced sexual assault or rape during their lifetime. Through a co-constructed life narrative, we traced their relationship to gender as women, their life stories, and the strategies they undertook—where necessary—to heal from this sexual assault, which often also affected their sense of identity. Due to time constraints and a desire for generalization, we limited ourselves to cisgender identities and excluded cases of incest². Two criteria were specified to the participants: the presence of a supportive entourage, able to assist after the interview if it triggers strong emotional reactions, and a genuine willingness to talk.

2. In our opinion, these situations call for knowledge of specific dynamics and more in-depth study of these subjects.

Through these interviews, we attempted to retrace their life stories in order to establish a common thread and understand how the sexual assault or rape they suffered may have influenced their life stories in one way or another, but also more specifically on the definition of their identity. The priority was to allow them considerable freedom in choosing the topics to be discussed, according to their own assessment of their relevance. Thus, our analysis reveals an interpretative process that reflects and respects their words and expressions. The meaning of this research was therefore co-constructed during the interviews.

A major concern during these interviews was to ensure free and informed consent and to foster the development of a caring and comfortable researcher-participant relationship. The sensitivity of the subject seemed to be a key factor to take into account in these considerations, particularly given its potentially traumatic nature, even though the narrative can also be seen as a tool for reconstruction, particularly the narrative of the self. This is precisely what Pollak and Heinich explain when they describe self-expression as an attempt to distance oneself or restore connections (Pollak and Heinich, 1986). By recounting their stories, the participants distance themselves from the traumatic event through the narrative as a form of retrospective reflection and rebuild themselves through this same process: the story takes shape through their words and the creation of an identity that they themselves (re)shape, an identity that can be modified in terms of the time and place of their life story.

Our data analysis is based on an inductive process inspired by the grounded theory method developed by Glaser and Strauss in 1967. This method involves using raw data to develop something that can be generalized. In this article, we use the participants' words to highlight their use of post-assault identity concepts. In this sense, the inductive and iterative approach we propose allows interviewees, during open interviews, to truly participate in the co-construction of knowledge, to use language that will not be reformulated later into vague categories, and, in short, to stay as close as possible to their worldview. This positionality in research, that of situated knowledge, allows us, if not to create concepts and theories, at least to respect the experience and the way in which the main stakeholders share it. Life stories are also a tool: a tool for healing, or at least an aid to reconstruction: breaking the silence to assert one's agency, speaking

out to denounce, putting words to overcome the imposed feelings of shame and guilt.

Results

Our research allowed us to explore women's identities, especially following a sexual assault but also in a more general way, women's identities living and growing in a patriarchal society that is not always made for them. First, we will see how the body shapes partially our identity and carry one whole identity itself: the body's identity and its link to our global self. Then, we will explore our the sexual assault, as an attack towards the body constitutes also an attack towards our identity via the narrative tool: women tell their stories, and that is the first step to regain one's strength and power. As we will go on, we will use the three concepts of victim³, survivor⁴ and fighter⁵ to describe our participants' experiences, and especially focus on which one suits them or doesn't. Next, we will observe rape through society's vision and its contradictory injunctions. Then, how stereotypes as social constructions can serve as justification to rape, and last, we will observe the inequalities between the women's category itself, as their suffering are often hierarchized depending on their social status, culture, skin of color, etc.

3. Legally, a person who suffers sexual assault or rape is a victim. According to a standard dictionary, a victim is either «a living creature offered as a sacrifice to the gods» or «a person who suffers injustice at the hands of another, or who suffers (from a state of affairs)» (Dictionary Le Robert). The first scene in which victims are represented is the judicial sphere, and it is defined in European and international law as follows: victims are «persons who, individually or collectively, have suffered harm, including physical or mental injury, emotional suffering, economic loss, or serious violation of their fundamental rights, [...]». (La Rédaction, 2023). It is often synonymous with complainant or injured party, and is therefore systematically subordinate to the idea of an offense, and all victims are considered in the same way regardless of the cause (human or natural action, for example), at least in strictly theoretical terms. But the social category of victims is a heterogeneous group: not all victims suffer in the same way and do not all want the same thing. That is also a term that is nowadays connoted in a bad way: it evokes passiveness, weakness and, of course, evokes the “good victim” theory.

4. The potential inadequacy of victims to fit the above definition (from society) encourages women to reinvent themselves, to be creative in order to escape a label that is sometimes felt to be imposed on them. To move away from this representation of the passive victim, whose life is destroyed and who will never be happy again, certain feminist movements (and notably abolitionist feminism) adopted the term survivor in the 1990s. This allows the person who has experienced abuse to regain a form of agency: «she survives (actively) versus she is turned into a victim (passively)» (Sanyal, 2024).

5. Concept used by a participant to describe herself, but have not been found in literature yet.

1. Body's identity

Our interviews enabled us to confirm the strong link between body and identity: for our participants, the sexual violence they suffered altered their perception of their bodies, their faces, and by the same token their self-esteem. Adeline looked to her body for an explanation: «Did I do something to make it so?». She subsequently started to sexualize herself, turning her body into the only possible source of desire for her partners. Above all, she rebuilt herself by regaining confidence in her body and its reactions, and by understanding that her presence could be appreciated in circumstances other than sex. As for Suzanne, she experienced a feeling of her body not belonging to her anymore: it was no longer her legs, her arms, her stomach. She no longer recognized herself. In particular, she resorted to body modifications such as tattoos to remind herself that not only her body, but also her consent, belonged to her. Josie recalls a deep sense of self-loathing, both as a body-object and as a body-individual, hating herself and her reflection in the mirror. She also frequently had the impression of being seen as meat, of being objectified, of being nothing more than a piece of flesh, and altered her clothing habits in an attempt to lessen this feeling. For a time, Rosalie resorted to hypersexualization as a means of recovering a sense of identity.

Several coping strategies and defense mechanisms were mentioned by our participants⁶: the use of speech, first to overcome shame⁷ but also to free oneself from taboo; activism, as a kind of bubble where some feel listened to, understood and safe; non-definition as a distancing strategy: it's not rape or sexual assault, it's "it" that happened and they don't want to name it; and finally, the aspect of identity reconstruction, which we're going to develop further.

2. An attack on identity: the narrative tool

6. For reasons of anonymity, the first names have been changed and replaced by those of our choice, which are completely fictitious and unrelated. We will therefore develop our analyses here, using the 8 testimonials of Adeline, Suzanne, Caroline, Josie, Rosalie, Madeleine, Eveline and Blanche. Any resemblance or correspondence of a first name with a person would be fortuitous.

7. 7 out of 8 of our participants mentioned a feeling of shame or answered positively to the question of whether they had felt any.

The “sexual violence” event «can simultaneously be one of the worst tragedies imaginable, and a fact of everyday life» (Zaccour, 2019). Thus, it is very often drowned in the mass, passed over in silence, but works insidiously to cover the complete identity of the person affected: all our participants evoke the desire that it should not become an «intrinsic part of their identity» (Adeline), that it should take up «less space» (Suzanne), but many of them evoke that this fragmentary and irreducible portion of their identity also takes on a physical, psychological, almost existential permanence. Through «these little traces, these moments, this perfume [...], this time of night when it happened» (Rosalie), sexual abuse gains a consequent influence on the behaviors produced, creates a form of «dependence on our feelings» (Eveline) and sometimes goes so far as to partially, if not entirely redefine our identity. The sexual attack thus becomes an attack on identity, reshaping women’s existence, possibility and freedom of definition. It is at this point that narrative, as a means of telling oneself to oneself and to others, comes into play with a view to redefinition.

The narrative tool is not limited to the real, and the imaginary can also serve as a support. First of all, our participants’ narratives have enabled us to make one observation: the frequent presence of mental dissociation during the assault. Suzanne «mentally put herself in a corner of the room, waiting for it to end». According to our findings, this dissociation helps to combat traumatic sideration (Salmona, 2024): the body freezes, but the brain helps to mentally distance itself. On the other hand, as with Josie and Eveline, they find themselves «stuck» in their bodies, «unable to move». But even if the power of the imagination doesn’t seem to be effective at the time, it can always become so afterwards: Josie was able to regain control of her traumatic situation via EMDR (Eye Movement Desentitization and Reprocessing) therapy, enabling her to relive the moment differently and regain power over the course of events. On several occasions, Rosalie cites an increase in the frequency of particularly violent dreams, in which she makes her attacker suffer, giving her a feeling of “revenge”. Imagination allows us to put a situation into perspective and change not only our actions but also the course of events: rape may no longer be rape - «I lie down and, for the first time, I stop Tom. For the first time, he takes his weight off me and sits up. With my powerful hands, I lift my body to find myself sitting up too [...] and dress the girl I

used to be in a clean nightgown» (Elva and Stranger, 2017). This reclaiming of power over one's own body and history also allows us to see a correlation between the imaginary and identity dissociation. Elva dresses «the girl she used to be». Similarly, Josie expresses a «feeling of dissociation between who [she was and who she is] today». Differentiating between a pre- and post-assault self enables her to redirect her anger and guilt onto another who bears responsibility, and to free her present identity from this burden, favoring an identity reconstruction as free as possible from the traumatic consequences of the assault.

3. Victim, survivor, fighter⁸?

It is in the context of this new self that freedom of definition takes on its full importance: if society imposes post-assault behavioral norms on the pre-assault self, the post-assault challenge is to detach oneself from them in order to find a way to reclaim first one's body, then one's consent, and finally one's identity. At this level, and this is what we want to highlight, needs differ: Rosalie felt she was treated as a victim by the police and legal system, which enabled her to feel legitimate, to have her experience supported and to feel believed. On the other hand, she doesn't feel she fits in with the connotations of a survivor. Madeline and Caroline, for their part, have never recognized themselves as victims. Caroline mentions that she sees herself as a «fighter», marking agentivity, action, but also duel. The fighter confronts social diktats, but also her own intrapsychic contradictions, in order to break free from social scripts rooted in the collective imagination. Suzanne appreciates the notion of survival, evoking an initial «feeling of dying when it happens», followed by a feeling of «being reborn over time» by accepting the «possibility of living something else». Josie likens rape to murder, in that part of one's identity dies symbolically; internally, she mentions how her perception of herself has changed, hardly recognizing herself anymore. But sexual abuse maintains a form of openness, where resilience allows us to «finally live again» (Madeline), erasing other «branches» where it doesn't survive. For Suzanne, we are first victims of something, and then reconstruction allows us to survive it. For Blanche, neither is immutable: sometimes she feels one, sometimes the other, sometimes nothing, sometimes all at once.

8. Word chosen from the french translation «battante».

4. Rape and contradictory injunctions

Firstly, «as long as you don't accept your identity as a victim, you don't have to live it» (Sanyal, 2024, p. 117). Secondly, redefining one's identity can be part or all of a coping strategy: since "raped" overlaps with one's identity (Sanyal, 2024, p. 112), redefining its contours helps to lessen its psychic and symbolic impact. It's not a question of not mentioning it or fully assuming it: it's a question of choice, and women have understood this well. Indeed, in 2007, Tarana Burke launched the first #MeToo wave, and other campaigns soon followed: #YesAllWomen, #BeBrave, #myHarveyWeinstein, #BalanceTonPorc (Wikipedia, June 10, 2025). Women are speaking out, telling their stories, expressing themselves: they have been touched by the scourge of rape, but no one can take away their identity.

I'm Alyssa Royce, wife, mother, friend, writer, trainer, cooker, creator, goofball, probably in pajamas because I like to be comfortable. I'm funny, contemplative, creative, kind, sporty, sometimes angry, and very sexual. When asked to describe myself, I never add «rape victim» (Royce in Sanyal, 2024, p. 125).

When rape deprives those affected of their ability to act, healing consists primarily in regaining it: the same applies to the question of definition. Societal reaction to rape deprives women of their personality, their passions, their character, a whole part of their lives. They are often regarded as ticking time bombs (Veselka in Sanyal, 2024, p. 131) and treated either as liars or wax dolls: in either case, roundly criticized. This is the double bind or contradictory injunction (Frye in Chollet, 2024, p. 44): a weapon used against all oppressed groups to suppress the movement, whatever its direction. Oppression creates a «situation in which options are limited to the extreme, and all lead to punishment, blame or deprivation» (Frye, 1983), just as the bathing ordeal imposed on witches at the time of their hunting inaugurates this double constraint. The suspect is immersed in a river: if she dies, she is innocent but already dead; if she survives, she is indeed a witch and must be burned. All situations lead to condemnation, and therefore death. Far from the stake, these contradictory injunctions nevertheless persist:

You're too dressed up. You're sloppy. [...] Don't be too fat. Don't be too thin. [...] Go on a diet. Eat celery. Chew gum. Drink lots of water. You've got to fit into those jeans. My God, I look like a skeleton. Why aren't you eating? [...] Get Botox injections. Get a facelift. Tighten your tummy. Slim your thighs. Tone your calves. Straighten your breasts. Look natural. Be yourself. [...] Don't sleep with too many men. Protect yourself. Men don't like sluts. Don't be a prude. Don't be so uptight... (Writings of a Furious Woman, 2017).

The good victim must be perfect, fragile, irreproachable, and bear the scars of her attack. She must denounce her attacker without delay, but not talk about it too much and be ashamed of it. She must cry, but not too much so as not to start embarrassing people. She mustn't have been drunk before the assault or in general, to legitimize her trauma and remember every detail of the attack (Salmona, 2022). The challenge, then, would be «to have the courage and audacity to get over it, not to accept being destroyed» (Sinno, 2023, p. 201), but also not to blame herself or feel guilty for being traumatized, or for having after-effects. The (rather nonsensical) so-called middle ground forced to respectively open the door to both extremes. And in a society that considers women to be overly emotional and irrational, and that sees getting over it as vindicating the aggressor, it's hard to find one's own way. Indeed, women are often seen as not being «the equal of men in terms of emotional strength or self-control» (Kipnis, 2017, p. 16-17), and

They are found to be emotional, whiny, hysterical, angry, threatening, violent. [...] Finally, they are blamed for acts of which they are the victims: they are harassed, sexually assaulted, raped, then claimed to be teasing, lecherous, debauched (Chollet, 2024, p. 45).

These stereotypes then justify the patriarchal system of discrimination, which legitimizes these behaviors: and we've come full circle.

5. Stereotype as a justification

In light of epistemic injustices, «if there is a stereotype that women are overly sensitive or emotional, a woman's testimony denouncing a sexist joke or inappropriate gesture could easily be not taken seriously, or even derided, by her audience» (Catala, 2023, p. 2). Yet, «it's normal to act

irrationally when you're afraid. It's normal to be afraid when someone tries to rape you. So it's normal to act irrationally when raped. Women who have acted irrationally are not false victims; they are human victims» (Zaccour, 2019, p. 27). This does not prevent them from getting on with their lives: from continuing to go out, to enter into new relationships if they wish to, to being something other than a victim. These two perspectives are, for many people, incompatible: typically, a «real» victim must be too traumatized to have sex. «As if, by making love, she erased the rape, by rebuilding her life, she ceased to be the one who had been sequestered by the monster. As if, by getting out of it, by moving on, you cease to be a victim» (Sinno, 2023, p. 199). This is a highly paradoxical aspect of the subject: the slightest «deviation» from expected behavior denies us our right to be a victim, but our identity remains completely erased by this part of our lives. Madeleine gives us the example of Gisèle Pelicot, who will probably be known as a victim for the rest of her life (not least because of the extensive media coverage of her story), yet her word and the veracity of her own actions are constantly being called into question. As it happens, history proves her right: Artemisia Gentileschi was an Italian painter who lived in the 17th century. Her best-known works feature women murdering men. She is later raped by her teacher, and this brief moment in her life takes precedence over the rest of her story: Artemisia Gentileschi is no longer a talented artist, unconventional for her time, she is a woman who has been raped, a victim.

[...] Artemisia Gentileschi has been erased from art history, because she was a woman. The only trace of her that can be found in reading revolves around her rape. As if, five centuries after the fact, this rape were more important than the extraordinary work she left behind. As if she had no chance of moving on, of existing for what she created and not for what she suffered (Irene, 2022, p. 22-24).

Whatever happens, it's as if they don't have the right to decide. It's as if society is the sole master of their identity, their history and their future.

So, whether they feel like a victim, a survivor, a fighter, nothing or all of the above, the challenge of redefining identity is to get away from the definitional injunctions imposed from above, and make room for who they are from below. Chosen – or unchosen – status resists normative

cultural scripts and is exchanged in interpersonal scripts. It shapes relationships differently, and the way others look at them. If rape is expected, and almost inevitable, this downtime can be used to re-construct oneself outside the societal norms of rape culture.

6. Inequalities: the hierarchization of women facing their suffering

At this stage of our reflection, it seems more than pertinent to mention a few points: firstly, the inequality of suffering, and secondly, the inequality of freedom among women themselves.

Firstly, suffering and trauma are highly subjective components, and are experienced differently by everyone. We are not suggesting a hierarchy, but rather a statement of fact about human beings and their characteristics: some are sensitive to physical pain, others to insults, still others to ignorance. A woman who suffers a «non-violent» sexual assault may suffer lifelong after-effects, and a woman who suffers an aggravated rape accompanied by sequestration may be able to heal and go on her way. We see sexual violence and its effects as a kind of spectrum, a continuum between the legally serious and the individually serious. What is considered a «horrible crime» by society and the justice system does not always correspond to the standards of the person concerned, and this is, in our eyes, something that needs to be greatly considered.

Secondly, access to freedom of definition is also a source of inequality between women: the mania for the «perfect identity» when it comes to determining a woman's credibility doesn't stop with the obsession about sexual history: «married, 'slut', black, colonized, prostitute, poor, widow» (Sanyal, 2024, p. 78). In particular, black women suffer «hypervisibility from puberty onwards as they are subjected to sexual racism» (O'shun, 2023; Gay, 2017), followed by hyper-invisibilization of the sexual violence they experience. Yet such violence is essentially committed in contexts of inequality or even domination, and in particular against people subject to discrimination or in vulnerable positions:

Girls and women, children, disabled people [...], people placed in institutions, marginalized, racialized, homeless, asylum seekers and undocumented, in prostitution situations... And the consequence of this violence is a worsening of inequalities, disabilities and the precariousness of victims (Salmona, 2022, p. 37-39; Baromètre santé, 2016; CSF, 2006;

VIRAGE, 2015-2017; ONDRP, 2012, Cazalis *et al.*, 2022; MTV/Ipsos, 2019, Brown-Lavoie *et al.*, 2014; Dammeyer, 2018).

It very quickly became clear to those concerned that society's view of rape is bitterly tinged with sexism and racism, giving rise to hermeneutic domination: hermeneutic domination «occurs when a dominant group imposes a certain understanding of a given practice [...] that people from the non-dominant group affected by this practice cannot truly contest» (Catala, 2023, p. 8). What's more, this gaze focuses as much on the dimension of the credibility and respectability of the person assaulted, as on the question of the identity of the aggressor. Indeed, rape culture also perpetuates racist ideals regarding the aggressor: in 1912, in the popular story of Tarzan, Edward Rice Burroughs describes Jane Porter's fate as «a thousand times worse than death» (Sanyal, 2024, p. 78) after she is abducted by a monkey, who represents the black rapist of white innocence. The myth of the black rapist continues to this day: in 2016, during the New Year's Eve incidents in Cologne where multiple women were raped and sexually assaulted, «people of Arab and North African appearance» were once again seen as «inseparable from the sexual threat to white women» (Sanyal, 2024, p. 148-152).

Here we see how different social oppressions work together to give a certain hue to sexual violence, and to the women who report it. We also understand how, when they don't fit in with stereotypical expectations, women are quickly victimized by false or manipulative accusations, and deprived of any power over their image. What we want to highlight is the importance of opening up and encouraging storytelling and identity redefinition, in order to gradually try to free women and their intimate, personal histories from the shackles of sexism, racism and classism, and open a creative door from below to liberate ourselves from oppression from above.

Conclusion

In conclusion, identity is a complex, irreducible and highly subjective component. The impact of sexual violence on identity is significant, and women are not free to define themselves as they wish, either before or

after. They are constantly subject to multiple social oppressions, which put pressure on their life story, their reconstruction, but also their entire identity. We also wanted to highlight the fact that these oppressions are unevenly distributed, and that different individuals will react and feel differently depending on their environment and resources. The aim of this article, and of this research more generally, has been to help convey an emancipating and non-overwhelming experience, and to illuminate the reappropriation of possibilities for thinking and acting as strategies for reconstruction. The words analyzed here are intended to be free and, above all, authentic. In the end, whore or prude, liar or whiner, from good victim to bad survivor, and against all odds, always a fighter.

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Sexual violence in the lives of gay and bisexual men – focusing vulnerability in early sexual experiences

*Hans Goerdten*¹

Introduction

In the late 1970s, the “Homolulu” Festival in Frankfurt am Main marked a turning point both for the German gay liberation movement (Henze, 2019) and for the life of Ralf König, a well-known gay German comic artist. In an interview about his life and body of work, König reflects on “Homolulu” as a formative and liberating week of celebration and political action that he experienced as a 19-year-old: «I returned to my village a changed man». He also had his first sexual experience there, as he nonchalantly recalls: «I was drunk, someone used the opportunity and pushed me into the woods behind the festival-tent. I didn't enjoy it but thought nothing of it». (Goddemeier, 2021, p. 47, *my translation*)

This recollection caught my attention, as I encountered several very similar accounts in interviews with gay men that I conducted for my master's thesis. Many gay and bisexual men appear to experience sexual transgressions of varying severity at the hands of other gay or bisexual men, often at the beginning of their sexual lives. Narratively, they tend to downplay and gloss over these experiences. On a second glance however, it becomes apparent, that they occur at crucial points of identity formation and are not without significance for their sense of self, their perceptions of other gay men, and their understanding of gay community and culture more broadly. My intuition is that this represents a meaningful and urgent research question: to explore and illuminate to what extend

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and how gay and bisexual men narrate experiences of sexual violence and the roles these narratives may play in their processes of identity formation.

Sexual violence emerged as the politicized issue it is widely discussed as today during the second women's movement of the 1970s and 1980s. In its wake, sexual violence came to be widely recognized and conceptualized as a significant and constitutive aspect of heteronormative gender relations and masculine dominance (Hagemann-White, 2003; Heberle, 2009; Bourdieu, 2009; Connell and Messerschmidt, 2005). It is, however, still commonly and stereotypically perceived as an issue rooted in an inherently heterosexual power imbalance (Mortimer *et al.*, 2019; Menning and Holtzmann, 2014), which diverts attention from, for example, male victimization (Anderson, 1982; Javaid, 2018). Connections between queerness and gendered violence have largely focused on anti-queer violence as a defining aspect of queer experience, whereas the victimization and perpetration of sexual violence beyond the cis-heteronormative dyad have only recently begun to emerge as a growing field of research (Hindes, 2025). Many publications note a persistent lack of engagement with queer perspectives on the topic (Javaid, 2017).

The present chapter focuses on the experiences of sexual victimization among gay and bisexual men. It begins with a brief overview of existing empirical research and introduces a preliminary set of insights from an ongoing PhD research project addressing one specific aspect of the topic – the heightened vulnerability to sexual violence in the context of the early sexual experiences of gay and bisexual men – giving insight and discussing ways in which it may relate to their experiences of belonging and community.

Empirical perspectives on sexual violence as experienced by gay and bisexual men

The existing scientific literature on the issue of sexual violence as experienced by gay and bisexual men is situated within an interdisciplinary field, the largest part of contributions however originating from public health studies. Existing research employs varying definitions and operationalizations of sexual identity (e.g. sexual minority men, MSM, gay

and bisexual men) as well as different framings of sexual violence (e.g., nonconsensual sex, unwanted sex, rape, sexual assault, sexual abuse, intimate partner violence). The diversity of approaches and perspectives complicates comparisons and the formulation of general conclusions. Nonetheless, it has been robustly established that LGBTIQ+ populations face an elevated risk of sexual victimization (Menning and Holtzmann, 2005; Hindes, 2025; Balsam, 2005), and that gay and bisexual men specifically experience consistently higher rates of victimization compared to heterosexual men (Pathela, 2010).

To examine issues that uniquely affect gay and bisexual men, I will focus on a set of studies based on qualitative testimonies. They offer valuable insights into the circumstances and contexts in which gay and bisexual men may experience sexual violence. While many aspects identified – such as the circumstances of the assault or the strategies of coercion – may be shared with other victim groups, these studies also reveal a number of themes that meaningfully connect to the participants’ non-heterosexual orientation. They make it possible to isolate a set of issues and aspects that, in various ways, are specific to the experiences of sexual violence among gay and bisexual men.

1. *Alcohol and drug use* (by victim and/or perpetrator) frequently played a role in participants’ accounts (Braun *et al.*, 2009; Fenaughty *et al.*, 2006; Menning and Holtzmann, 2014; McKie, 2020; Gaspar, 2021). The deliberate intoxication of victims or the exploitation of an already intoxicated state was a recurring issue, as was the general effect of substance use in blurring boundaries and lines of consent². What makes this aspect particularly relevant in relation to sexual orientation is that alcohol and other drugs were often used to boost confidence and to overcome feelings of shame associated with one’s own sexual orientation.

2. Many studies highlight *concerns regarding STI transmission* in connection with sexual violence (Fenaughty *et al.*, 2006; Gaspar, 2021; McKie, 2020; Peitzmeier *et al.*, 2015). Part of this focus may stem from the fact that much of the research originates within a public health framework; however, given that gay and queer populations face an elevated

2. Similar issues of boundary-blurring have been noted regarding chem-sex (Morris, 2019) - the use of drugs to intensify sexual experience, a practice common in gay subculture, which has quantitatively been associated with non-consensual sex (Drückler, 2020). Chem-sex however is not referenced in the qualitative research reviewed here.

risk of STI and HIV infection, this constitutes a uniquely relevant issue. More specifically, the object of negotiation around consent may concern the use of protection or particular sexual practices (such as anal sex) that may be preferred or avoided based on their respective levels of infection risk. The practice of *stealth*ing (the nonconsensual removal of a condom) was repeatedly identified as a concern across studies.

3. *Cultural assumptions about gay masculinity* that frame it as promiscuous or uninhibited are highlighted as relevant (Braun *et al.*, 2009; Ford and Becker, 2020; McKie, 2020; Menning and Holtzmann, 2014; Fenaughty *et al.*, 2006). They may obscure the recognition of sexual violence as such or lead to its minimization.

Hickson and colleagues poignantly reflect:

Fantasies of the sexually forceful man, the pleasure of “being taken”, and the excitement of power-driven sex are very common in gay culture and pornography. All these collective sexual fantasies normalize sexual abuse and rape of gay men by gay men, providing motivation, justification, and normalization for the assault (Hickson *et al.*, 1994, p. 293).

As for male sexual assault victims in general (Javaid, 2018), issues of masculinity may play a complex and important role here. The cultural assumptions that men should be sexually potent at all times may make it difficult to reject sex. A perceived incongruency between maleness and victimhood may also complicate recognizing transgressions as such.

4. Several studies highlight the relevance of the *context of stigma and marginalization* (Fenaughty *et al.*, 2006; Peitzmeier *et al.*, 2015; Ford and Becker, 2020; McKie, 2020). In settings where gay and queer sexuality is stigmatized or even criminalized, the threat of disclosing a victim’s sexual orientation may serve as a coercive strategy or even become a form of blackmail. Additionally, sexual encounters that occur in secrecy, in remote locations, or with closeted partners were found to be associated with a higher risk of sexual assault.

5. Stigma and marginalization furthermore make *disclosure and reporting* a uniquely complex issue for gay and bisexual men (Fenaughty *et al.*, 2006; Braun *et al.*, 2009; Peitzmeier *et al.*, 2015). Victims often fear homophobic reactions from peers, family, healthcare providers or law enforcement, and therefore refrain from reporting or talking about assaults.

Furthermore, they may fear that speaking out will reinforce negative stereotypes or even trigger retaliation by law enforcement against the gay or queer community.

I would like to conclude by focusing on one further aspect, addressed in several of the studies discussed above and recurring within my own data, in a separate section.

Focusing vulnerability in early sexual experiences

I opened this chapter by outlining the heightened vulnerability of gay and bisexual men to sexual victimization in the context of early sexual experiences. This phenomenon has been identified and described to some extent in the existing literature. It is highlighted by four studies based on three distinct qualitative datasets from New Zealand, Mongolia, and the United States:

Fenaughty and colleagues note:

Differences in age and experience were frequently identified as a dynamic that enabled sexual coercion. Younger, less experienced men can be vulnerable in sexual encounters with older, more experienced men (Fenaughty *et al.*, 2006, p. 7).

Similarly, Peitzmeier *et al.* report that 17 out of 30 qualitatively surveyed incidents «featured a young or sexually inexperienced victim» (2015, p. 12). Braun *et al.*, analyzing the same dataset as Fenaughty *et al.* (2006), attribute a «lack of knowledge about gay sexuality and relationships» and «relatively restricted and naïve understandings of the cultural norms around gay sex» to younger gay and bisexual men, noting that this «created a vulnerability» (Braun *et al.*, 2009, p. 356). They suggest that «the heteronormative and heterosexist filters that exist to marginalize representations and discussions of gay sexuality» (*Ibidem*) are largely responsible, adding that in some cases «traces of curiosity, desire, and pleasure» (*Ivi*, p. 357) on the part of the victims were also present, despite the experiences being non-consensual.

Ford and Becker find that respondents often:

Described not necessarily knowing what to expect in man-on-man sexual encounters, not only because they had little experience with same-gender encounters, but also because the “rules” and/or expectations were not clearly defined (Ford and Becker, 2020, p. 61).

Applying Simon and Gagnon’s (2003) *Sexual Script Theory*, they argue that “less defined scripts” or a “lack of cultural roadmaps” due to heteronormative upbringing complicates the navigation of sexual situations, sometimes leading to a “trial and error phase” that is crucial for understanding young gay and bisexual men’s vulnerability to sexual victimization. They conclude: «If there had been more of a script, it is possible that GBQ men might have been able to refuse sex or call out male partners for acting inappropriately» (Ford and Becker, 2020, p. 70).

Research context and methodological framework

With these insights in mind, I would like to turn to a case taken from my PhD project and start by outlining the study more generally: it focuses on the life stories of gay and bisexual men who have experienced sexual violence. Its central interest lies in the broader question of how gender, sexuality, and violence relate, aiming to explore novel perspectives by centering the experiences and viewpoints of gay and bisexual men who have been victims of sexual violence. Consistent with the qualitative research reviewed above, sexual victimization in the context of early sexual experiences emerged as a relevant issue. The study’s in-depth, biographical approach allows for a close and nuanced examination of this phenomenon and opens perspectives and new questions on how sexual violence may specifically relate to gay and bisexual identities and their formation processes.

The data for the present study consist of six in-depth biographical interviews conducted with gay and bisexual men who have experienced sexual violence. All participants were recruited from a German context. Because recruiting respondents willing to discuss such experiences proved challenging, a variety of methods were employed in a pragmatic and explorative fashion. Foma Petrov, the participant whose interview forms the

basis of the case study presented below, responded to a poster displayed at a queer counseling center in a large German city.

Methodologically, the study adopts an interpretive-reconstructive perspective. This approach focuses on how individuals and collectives engage in meaning-making regarding their own lives and environments, thereby co-constructing the social world they inhabit. The point of departure is qualitative data (such as interview transcripts) which is treated as documentation of meaning-making processes. Rather than relying on large samples, this approach generally works with a limited number of cases in great depth, analyzing the interactional dynamics of the interview, the embedded construction of meanings, and their attachment to individual lives and collective experiences (Bräu, 2025).

Case study: Foma Petrov³

Foma grew up in a conservative, religious household in an eastern European country, in an environment where sexuality in general was taboo and homosexuality was almost unanimously regarded as unnatural. Otherwise, he describes his family as very supportive, particularly in encouraging and enabling him to pursue an excellent higher education. In his early twenties, he traveled to Germany for a semester at a German university, about five years before the interview. During this time, he fell in love with a German man – his first romantic relationship and the catalyst for his coming out. This experience marked a profound rupture with his family and social world in Russia and ultimately prompted his decision to remain in Germany. He describes this period as a fundamental biographical turning point:

My life started anew. Nobody was interested in what I did before... I experienced my coming-out in a new country, a new culture, and a new language.

3. All data presented in this article have been fully anonymized. The participant provided informed consent prior to the interview, and the study underwent ethics review and approval before data collection commenced.

At the same time, he describes himself as actively endorsing this new beginning:

I also positioned myself as a completely new person. A confident person who does sports and tries out new things.

The significance of Foma's migration – and the accompanying shift in worldview – becomes apparent in his reflections on the contrast between German culture and the environment in which he was raised:

The more I thought about my past, the more shocked I was about how I grew up. Like, in school we had to pray every day, go to confession, you weren't allowed to masturbate because it's a sin and you will go to hell.

Foma experiences this fresh start as both liberating and somewhat ambivalent. He gains personal freedom and safety in expressing his sexuality yet loses significant cultural and social capital. For instance, he finds himself overqualified for the work available to him, settling into a job in the healthcare sector despite holding a master's degree in the humanities. Instrumental in this process of rebuilding is a group of gay friends he gradually acquires, who help him navigate German society: learning the language, finding employment, managing bureaucracy, and securing housing after a breakup.

Unfortunately, Foma experiences a sexual assault from within this circle of friends, about one year before the interview, when he is in his late twenties. The perpetrator is a man around sixty years old, someone Foma had considered both a friend and a helper. In fact, the assault occurs immediately after the perpetrator assists Foma in transporting some belongings to his flat. Foma recalls already feeling uneasy when the man asked to come upstairs for a coffee – an unusual request, as Foma notes that he does not normally drink coffee. Despite sensing that the perpetrator was “looking at me not as a friend anymore, but in a sexual way” and feeling deeply uncomfortable, Foma could not find a way to defuse the situation. Sitting together on the sofa, the perpetrator at some point places his hand on Foma's leg. Noticing Foma's tension, he offers to give him a massage. To his own distress, Foma finds himself unable to refuse,

and the perpetrator begins to massage him, soon however proceeding to undress and to masturbate both himself and Foma. Throughout, the perpetrator remains aware of Foma's reluctance, asking what is wrong with him and telling him to relax.

Foma recounts the situation in painstaking detail, describing how he mentally scrambled for interpretations and explanations as it unfolded. He portrays himself as caught in a double bind: on one hand, feeling loyalty and gratitude toward the friend and the group of friends that had helped him start over; on the other, experiencing aversion to the man's sexual advances. Internally, he is very clear that he does not want this: «I didn't want him to come to my flat... somehow my gut feeling told me this is not going to end well». Yet he also distrusts that intuition: «I thought to myself, nonsense, you have a bad feeling because of your prejudices from Russia... I mean, he knows who I am, he knows we're just friends». For a long time, Foma even remains unsure whether he is misinterpreting everything: «Maybe he really just wanted to massage me?» At the same time, he feels guilty for accepting help with the transport: «I kept thinking I have to thank him somehow. Maybe this is what he expects as gratitude». He also wonders whether he might have encouraged the advances himself, recalling a previous occasion when he had jokingly offered the perpetrator a blowjob.

In the interview, the boundaries between what went through Foma's mind during the assault and his retrospective reflections become increasingly blurred. He discusses at length the boundaries between the normal and the non-normal, friendly and sexual relationships, fun and seriousness, fault and responsibility, gratitude and ingratitude all desperately entangled in insecurities - whether he is rightfully feeling wronged, whether any of it is even remarkable, who is to blame, who could have done what differently and why he didn't defend himself. None of these attempts help him form a clear stance on what is happening (either in the moment of the assault or in retrospect) or to arrive at an interpretation that would have justified self-defense. This internal conflict results in paralysis. Foma describes feeling completely detached from himself, as though watching the scene unfold in a theatre or film. He recalls being shocked by his own inaction, which stood in stark contrast to his self-image as a confident and independent person, and how this shock further added to his inability to act.

While Foma nonverbally rejects the advances he is unable to stop the assault entirely. He manages to prevent penetration, but the perpetrator masturbates himself to completion, despite seemingly being aware that this was not a successful encounter. He appears to be offended and exits Fomas flat soon after finishing, leaving him with a piece of poisoned advice: «Keep it in mind Foma, it is really a turnoff to deny a blowjob like that». Foma is left disgusted, confused and disappointed, later stressing that this was the most deeply unpleasant thing that ever happened to him. The insecurity and confusion over what happened stays with him even after the incident and keeps him from seeking assistance or speaking about it to anyone.

Discussion

Previous studies describe the reoccurring issue of sexual violence that specifically affects gay and bisexual men in their early sexual experiences. They analyzed it primarily as a structural vulnerability that relates to relative inexperience mixed with sexual curiosity, an unfamiliarity with established sexual scripts and power differentials attached to age. Fomas case documents all of this to some extent: he is fairly newly out, still in a process of finding his place in Germany and with his homosexuality. He is being taken advantage of by a considerably older and more experienced man. Also, the observation the observation of “less defined sexual scripts” seems accurate, as Foma grows up with a phobic vacuum surrounding everything sexual, where homosexuality only appears as a western disease. Fomas case however enables us to shed further light on several aspects concerning the role of his homophobic upbringing, the gay collective and the assault.

Firstly, Foma’s vulnerability is closely tied to the dynamics of his homophobic upbringing. Growing up in an environment where homosexuality was heavily stigmatized lead to a harsh break with his family and cultural background that left him in an emotionally and materially precarious position, that leads to new dependencies in Germany. I would argue, that this emotional and material precarity goes beyond an issue concerning sexual scripts, though it may go hand in hand.

Secondly, while Foma speaks of his migration and coming out as a radical break, we can also observe parallels between his life in the eastern European country and in Germany. His family, despite its homophobia, is tightly knit and very supportive. In Germany this familiar structure seems to be replaced by a close gay friend group that assumes a similarly supportive role. Narratively, he addresses both collectives in a comparable way. For example, he states about his education: «I got a very good education. My parents made sure of that». And later about his successful new start in Germany: «I accomplished all of this. With the help of my friends». In both cases it becomes apparent that his confidence and sense of achievement is high, but mostly in relation to a community.

Thirdly, the flood of interpretations that overwhelms and incapacitates him during the assault – though muddled and incoherent – is linked to this dependency and to the tension between the normative frameworks of his upbringing and those he adopted after migrating to Germany. For instance, he reports that he hesitates to blame the perpetrator, because this would align with the «prejudices I grew up with». The assault thus touches on issues related to Foma's sense of communal belonging which, as shown, is intertwined to his sense of self. Hence the paralysis he experiences is tied to fears of rejection and loss of community, something he already experienced as precarious in his coming out and migration. Put differently, whether consciously or not, the perpetrator leverages Foma's emotional attachment to the community to make him compliant. The perpetrator's final remark before leaving («Keep it in mind, it is really a turnoff to deny a blowjob like that».) is interesting in this regard: by positioning himself as more culturally knowledgeable, he implicitly casts Foma as inexperienced and lacking understanding. In this way, Foma is not only neglected in his sexual integrity but also symbolically excluded – as if no longer a full member of the joint social world. This is reflected in Foma's own account, in which he describes the assault as a profound disappointment, hinting at aspects of loss.

To summarize, Foma's case suggests at least two insights that help to clarify the nature of the vulnerability among young gay and bisexual men identified in existing research:

1. Stigma creates conditions where coming out may leave young gay men not merely with “less defined sexual scripts” but in emotional and material precarity, that links to vulnerability to sexual victimization.

2. For the victims, assaults within the gay community may relate to issues of belonging. In Fomas case they are documented in his fear of a loss of community, and the perpetrators play with symbolic exclusion. This demonstrates how dependency on 'chosen families' may create exploitable double binds.

It is important to emphasize that this analysis represents a partial aspect of an ongoing research project. By highlighting vulnerability in the context of early sexual experiences, I have isolated one recurring configuration. Sexual violence however remains a complex and challenging subject of study, as it is deeply embedded in structural inequalities and gendered power relations – both as a product of these structures and as a site of their reproduction – while simultaneously being situational, volatile, multifaceted, and overdetermined with meaning for those involved. This case study is intended to illustrate that experiences of sexual violence can relate in meaningful ways to issues of community and belonging, and that these connections can be explored effectively through qualitative approaches. Much, however, remains to be disentangled.

Conclusion, challenges and open questions

As shown, existing research provides indicative evidence for an elevated vulnerability of especially newly out gay and bisexual men. The research presented here adds detail and nuance to this finding by illustrating how a homophobic upbringing and a subsequent loss of emotional and material resources in coming out may contribute to a vulnerability to sexual victimization and even shape interactive dynamics of sexual assault. It also highlights how experiences of belonging and community may interlink with these dynamics. Nevertheless, many questions remain open regarding the relationship between sexual violence and the collective identities of gay and bisexual men. What does it mean with regard to gay- or queerness more broadly that many gay and bisexual men seem to encounter sexual transgressions at the beginning of their sexually active lives – that is, within the context of formative experiences? Differently put: how may this be conceptualized with regard to subjectivity and collective sexual identities?

A further complication arises when approaching the issue from the perspective of an interpretive sociology of violence (Lindemann, 2022). Not everyone interprets the same acts as (sexually) violent; indeed, violence itself is an extremely contested discursive and normative notion (Imbusch, 2003; Koloma Beck, 2011). Moreover, definitions and interpretations of what constitutes violence and what makes it legitimate or illegitimate are always culturally embedded and tied to broader questions of social order (Lindemann, 2017). There exists a reflexive relationship between general cultural knowledge, moral codes such as definitions of (sexual) violence, and the ways in which acts of violence are enacted and experienced. For instance, cultural notions of consent have been shown to influence how rape is carried out (Wolters, 2022). This raises a fundamental question for the qualitative empirical study of sexual violence: who interprets what as sexual violence, and how do these interpretations shape the events and interactions that come to be understood as such? This may be specified: What do gay and queer communities recognize as sexual violence, and how do these collective interpretations inform the ways sexual violence is both perpetrated and experienced within these communities?

It remains crucially relevant that sexual victimization of gay and bisexual men is obscured beneath multiple layers of stigma – most notably, the stigma surrounding male victimhood and that attached to homosexuality itself (Javaid, 2017). Addressing the vulnerability of young gay and bisexual men within gay communities is an additionally delicate matter, as homophobic discourses have long equated homosexuality with pedophilia and predatory behavior. It is therefore likely that this topic has remained overlooked or silenced out of a desire ‘not to rock the boat.’ All the more reason, then, for a frank, sensitive, and informed discussion of these issues.

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Constructing the sex offender: risk, intervention, and welfare models in contemporary Europe

*Maria Urso*¹

Introduction

In recent decades, sex offending has emerged as one of the most controversial and politically sensitive issues in public, legal, and scientific discourse. In the face of increasing media exposure and growing social alarm, a distinct figure has progressively taken shape legally, in the media, and in terms of treatment: the sex offender. Without denying the seriousness and complexity of the phenomenon and of sexual crimes more broadly, this paper seeks to offer a constructionist analysis of sex offending by asking how, in particular, the sexual offender is constructed.

The term *sex offender* denotes an *ex post* legal category grouping individuals convicted of sexual offences – ranging from coercive contact offences to non-contact forms of sexual exploitation (including the production/possession/distribution of CSAM), as well as non-contact sexual harassment, criminalised exhibitionism, solicitation/grooming, and trafficking for sexual exploitation. It is a *legal*, not clinical, designation: it does not in itself imply psychopathological status, nor does it carry inherent predictive value regarding individual risk; rather, it is a status conferred by judicial adjudication which operates as an entry point into post-sentence management regimes (registration, notification, community supervision, or – in some jurisdictions – civil commitment). The resulting sub-population is markedly heterogeneous, because qualitatively and victimologically distinct behaviours are aggregated solely based on the sexual element codified in the offence title (Bonnar-Kidd, 2010). Pre-

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cisely this normative, supra-local nature – i.e. not tied to domestic clinical classificatory systems but to a juridical convention circulated within the Anglophone policy space and embedded in risk governance – is the reason the term has become prevalent in comparative scholarship: it preserves comparability across legal systems and welfare models, reducing dependence on national nosographic distinctions and yielding a more uniform coding frame for empirical comparison.

Far from representing an ontologically given category, this figure appears rather as the result of a social and political construction of dangerousness, which has increasingly amplified the perception of social urgency and, as argued here, of moral panic.

Starting in the 1980s, particularly in Anglo-Saxon contexts, there has been growing institutional and regulatory attention to the anticipatory management of risk, with the adoption of legislative tools such as public sex offender registries, post-incarceration restrictions, and cognitive-behavioral treatment programs. This process marked a shift from the rehabilitative function of punishment to a predominantly managerial and preventive logic (Feeley and Simon, 1992; Garland, 2001). As emerges from an analysis of intervention programs and policies in the various welfare systems examined herein, there is a growing focus on and perception of the sex offender as an exemplar of social dangerousness. This concept, rooted in the positivist criminological and socio-legal perspectives of the 19th century, represents one of the fundamental yet most politically charged–pillars of criminal law. In its broadest sense, social dangerousness refers to the likelihood that an individual will commit future acts harmful to society, including acts of criminal significance (Baratta, 1991). This construct indissolubly links the assessment of the past, the crime already committed to the prediction of the future, the risk of recidivism, profoundly influencing the responses of the criminal justice system. Specifically, the Italian Penal Code identifies four specific forms of social dangerousness along a temporal continuum: recidivism, habitual offending, professional offending, and a tendency to commit crimes. Given these preliminary considerations, how is social dangerousness in its various forms managed by different welfare systems with respect to the figure of the sex offender?

This paper aims to analyze how the main welfare models – liberal, social-democratic, continental, and Mediterranean – define, treat, and

manage the phenomenon of sex offending. The hypothesis of this article is that the punitive, rehabilitative, or treatment-oriented choices adopted by different welfare regimes are not merely technical and neutral responses to a legal-clinical issue, but rather reflect a specific vision of deviance, security, and the role of the welfare state in citizens' lives. The methodological approach adopted is desk analysis of secondary sources, including: international and European legal documents (e.g., the Istanbul Convention), institutional reports (GREVIO, ASSEDEL), academic scientific literature, and critical criminology texts. The comparative analysis follows a theoretical-interpretive approach, viewing the sex offender as a discursive category useful for highlighting broader tensions within welfare regimes between prevention, punishment, and reintegration.

In this sense, the sex offender acts as a *folk devil*, that is, a figure, as defined by Cohen, that, in each historical moment, becomes the symbol of a looming threat to the moral order of a given society (Cohen, 1972). Through this analytical lens, it becomes possible to interrogate the internal tensions within each welfare regime: between inclusion and exclusion, between rights and control, between prevention and punishment. In this way, sex offending becomes a prism through which to read not only the transformation of contemporary penal policies, but also the evolutionary trajectories of European welfare systems, increasingly shaped by emergency logics, security rationality, and risk management.

Risk governance between indicators of social dangerousness and penal welfare

Between the 1940s and the 1980s, many European and Anglo-Saxon countries saw the proliferation of laws and intervention programs aimed at containing what was perceived as a rapidly growing phenomenon: sexual crimes. Gradually, statistical data, psychological-treatment-based definitions, and legal classifications of a relatively recent figure began to emerge namely, the sex offender. Initially, the phenomenon that raised the most concern was pedophilia, to the point of prompting the drafting of several European and international conventions aimed at protecting the paramount interest of the child to be safeguarded and defended.

As will be further examined, various welfare models have proposed numerous responses to the collective concern surrounding the figure of the sex offender. Without in any way denying the importance and necessity of legal and judicial interventions in cases of sexual crimes, it is nonetheless worth observing the process through which this phenomenon came to be perceived as so urgent because, ultimately, there emerged a growing sense of needing to act, to do something. The perception of an increasingly ineffective public safety system, particularly in the face of media reports that glamorized crime (Anastasia, Anselmi and Falcinelli, 2015), led to the development of forms of moral panic surrounding the figure of the sex offender and, specifically during the period under examination, the paedophile. A further clarification is needed here: although in the period under scrutiny the paradigmatic “threat image” is the figure of the paedophile, the policy effects generated by this panic exceed the perimeter of child-related crimes. In other words, paedophilia functions as a *metonymic anchor* for a much broader juridical category: the symbolic centrality of the paedophile in media and political discourse contributes to collapsing a heterogeneous constellation of sexual offences into a single intelligible figure of risk. This symbolic condensation authorises expansive regulatory responses – registration, community notification, spatial exclusion, preventive incapacitation – that are formally keyed to the broad, supra-categorical label “sex offender”, rather than to specific offence types or victim age. Precisely because the most emotively saturated node in the sexual crime taxonomy is the child victim, the discursive primacy of paedophilia becomes the vector through which the entire landscape of sexual offending became rendered governable as a homogeneous risk domain. (Hanson and Morton-Bourgon, 2005).

Thus, the concept of moral panic becomes useful in understanding the process through which the perceived need for containment – often punitive or even medicalizing – emerged around the figure of the sex offender in major welfare models, starting with the U.S. example.

Moral panic, as theorized by Cohen, is defined as:

A condition, episode, person or group of persons emerges to become defined as a threat to societal values and interests; its nature is presented in a stylized and stereotypical fashion by the mass media; the moral barricades are manned by editors, bishops, politicians and other right-think-

ing people; socially accredited experts pronounce their diagnoses and solutions; ways of coping are evolved or (more often) resorted to; the condition then disappears, submerges or deteriorates and becomes more visible (Cohen, 1972, p. 1).

The figure of the sex offender, therefore, far from being an objective fact, is the result of a social construction operated through media, political, and legal devices that shape a perceived sexual threat as exceptional and, ultimately, a *folk devil* (Cohen, 1972). Reading sex offending as an instance of moral panic construction allows us to move beyond official statistics that have been presented over the years, and to identify – within legal systems and treatment frameworks – the spaces in which the social resonance of the issue is produced and reproduced. This resonance, far from being neutral and objectively serious, appears instead as the outcome of social actors' ability to mobilize attention, emotions, and political resources. Sex offending, in this sense, constitutes a paradigmatic example of the discursive construction of dangerousness, and the sex offender is ontologically marked by an inherent social dangerousness—to be treated in some cases and contained or punished in others.

Thus, the figure of the sex offender, representing a broader collectivity of dangerous subjects, becomes paradigmatic in the transition toward what has been termed the *New Penology* a concept theorized by Feeley and Simon (1992), which describes the shift from using criminal law to punish the individual, to employing penal instruments to categorize specific groups of individuals who come to embody the social dangerousness of a given historical period. In this context, the role of the criminal justice system is no longer transformative, but purely managerial.

In particular, the new penology:

does not speak of impaired individuals in need of treatment or of morally irresponsible persons who need to be held accountable for their actions. Rather, it considers the criminal justice system, and it pursues systemic rationality and efficiency. It seeks to sort and classify, to separate the less from the more dangerous, and to deploy control strategies rationally. [...]. In these methods, individualized diagnosis and response is displaced by aggregate systems for purposes of surveillance, confinement, and control (Feeley and Simon, 1992, p. 452).

In this sense, the renewed emphasis on risk management turns public safety into an instrument of disciplinary power (Foucault, 2014), aimed at containing danger and identifying personality traits and predictive indicators of criminal behavior and social dangerousness (Garland, 2001).

Treatment approaches to sex offenders in four welfare state models: between punitive, reintegration, and preventive interventions

Treatment policies, theoretical intervention models, and state-allocated budgets for issues of a strictly social and emergency-related nature represent choices that define what each state considers politically relevant and how it structures its political agenda and order of priorities. Furthermore, following the so-called welfare diamond model, as theorized by Ferrera (2006), the relationships between the State, the Market, the Family, and Intermediate Associations shape the welfare model, the definitions of what is urgent and relevant, and the resulting treatment strategies. As previously noted, since the 1980s there has been a growing state of emergency and fear surrounding child sexual abuse, identifying the figure of the pedophile as a scapegoat to be contained and controlled due to their perceived social dangerousness. This development led to the establishment of the first international conventions aimed at protecting children from sexual abuse. Consequently, questions regarding treatment methods both in prison and after release have become and remain common concerns across the main welfare systems. In response to the intensifying moral panic, all systems have sought answers to the emergency of sex offending. Despite certain distinctive characteristics specific to some welfare systems, as will be seen, there are treatment and intervention models that have been adopted across various countries and at different historical moments.

In the comparison of major welfare models², significant structural and cultural differences emerge that directly affect the effectiveness of

2. This paper adopts the definition of the Welfare State proposed by Ferrera, according to which the welfare state encompasses «the set of public policies linked to the process of modernization, through which the state provides its citizens with protection against predefined risks and needs, in the form of assistance, insurance, or social security, introducing specific social rights and financial contribution duties». (Ferrera, 2006).

gender-based violence prevention and response policies, as well as the practical implementation of the Istanbul Convention. Through analysis of the approaches adopted by welfare regimes, it becomes evident how the boundaries between the rehabilitation of sex offenders, public safety, and the media and social perception of the phenomenon are extremely blurred: on the one hand, sexual crimes raise questions of public safety; on the other hand, this is clearly limited by the European Convention on Human Rights in terms of the right to a fair trial.

Specifically, Article 6 of the European Convention on Human Rights (ECHR) states:

Right to a fair trial

1. In the determination of his civil rights and obligations or of any criminal charge against him, everyone is entitled to a fair and public hearing within a reasonable time by an independent and impartial tribunal established by law. Judgment shall be pronounced publicly but the press and public may be excluded from all or part of the trial in the interests of morals, public order or national security in a democratic society, where the interests of juveniles or the protection of the private life of the parties so require, or to the extent strictly necessary in the opinion of the court in special circumstances where publicity would prejudice the interests of justice.

2. Everyone charged with a criminal offence shall be presumed innocent until proved guilty according to law.

3. Everyone charged with a criminal offence has the following minimum rights:

a. to be informed promptly, in a language which he understands and in detail, of the nature and cause of the accusation against him;

b. to have adequate time and facilities for the preparation of his defence;

c. to defend himself in person or through legal assistance of his own choosing or, if he has not sufficient means to pay for legal assistance, to be given it free when the interests of justice so require;

d. to examine or have examined witnesses against him and to obtain the attendance and examination of witnesses on his behalf under the same conditions as witnesses against him;

e. to have the free assistance of an interpreter if he cannot understand or speak the language used in court. (Council of Europe, 2010).

To question how the main Welfare State models address and represent sex offending is not only to reconstruct political choices, but more broadly to understand how states deal with deviance and, ultimately, how they define social dangerousness.

In France, since 2005, judicial supervision has included mandatory participation in post-prison therapeutic programmes aimed at supporting the reintegration of individuals convicted of sexual offences. Additional tools used in some continental welfare countries relate to pharmacological management. Some jurisdictions have adopted pharmacological measures or even chemical castration as a means to reduce sexual desire and, correspondingly, the risk of recidivism – given that sexual desire is often seen as a contributing factor (Basdekis-Jozsa *et al.*, 2013). These treatments, implemented in 13 European countries, are not permanent; in some cases, their use is time-limited, and individuals may discontinue medication and regain normal physiological function after a defined period. The Italian legal system, however, has not regulated or legitimised their application (Carabellese *et al.*, 2020). Pharmacological management using antiandrogens is generally reserved for high-risk individuals and is implemented either on a voluntary basis or with judicial authorisation. Yet chemical castration and other pharmacological interventions raise complex questions concerning the actual ability of incarcerated individuals to freely consent to treatment. As is the case with many institutional services, access to therapies – though nominally voluntary – is often significantly compromised. This defect of consent is particularly evident when the individual is placed in institutional settings not by choice, such as prison: in such contexts, a patient may consent to a treatment (e.g. antiandrogenic pharmacotherapy) not out of genuine autonomy, but in the hope of receiving a reduced sentence or increased liberty within the institution.

The liberal welfare model

The liberal welfare model, prevalent in countries such as the United States, Canada, and the United Kingdom, is grounded in an individualistic ideology that views state intervention as a residual measure, limited to cases of extreme need (Esping-Andersen, 1990). Specifically, it aims to

reduce the spread of certain social phenomena, such as poverty, through social assistance programs and means-tested benefits. These programs, like healthcare provision, are not universal in nature, and the role of the state remains marginal. This system, primarily based on the market as the main actor in the distribution of resources, structures interventions in a fundamentally categorical way—targeted at specific groups deemed in need of support. As a result, a strong dualism is created between those segments of the population who depend on welfare and those who, conversely, benefit from it (Vogliotti and Vattai, 2014, p. 19).

In light of increasing concern over sexual crimes, particularly against women and minors, and a growing sense of emergency triggered by perceived uncontrollable crime rates, the liberal welfare model has, over time, responded primarily through punitive and security-oriented measures. Notably, with the introduction of U.S. legislation such as *Megan's Law* in 1996, states were authorized to disseminate information, accessible online, regarding registered sex offenders, including specific data about the neighborhoods in which they resided. States complying with federal guidelines received various financial incentives. That same year, the *Pam Lychner Sexual Offender Tracking and Identification Act* was enacted, establishing a national sex offender registry (Zgoba, Jennings and Salerno, 2018; Knopov *et al.*, 2023).

From the 1990s onward, U.S. jurisdictions began implementing legislative tools requiring individuals convicted of sexual offenses to provide identifying information to authorities upon release from prison. This sensitive data was made available to community residents in order to, ideally, enable strict and pervasive safety measures and, concurrently, reduce the risk of recidivism. These measures were consolidated in 2006 with the *Sex Offender Registration and Notification Act* (SORNA).

Numerous critical perspectives have emerged in the literature regarding the effectiveness of such measures, especially when comparing pre- and post-registry statistics. It has become apparent that SORNA has not achieved its intended public safety outcomes and may, in fact, exacerbate certain risk factors for recidivism. This appears to be linked to the extreme social isolation experienced by registered sex offenders upon release, which prevents them from securing stable housing and employment. Some scholars have argued that these measures, far from being rehabilitative, ultimately aim at disintegrative shaming, resulting

in public punishment and stigmatization both offline and online, effectively eliminating any possibility of renegotiating the “sex offender” label (McAlinden, 2007). Moreover, these types of policies, as implemented in the U.S. context, appear inconsistent with the widely accepted theoretical and statistical understanding that most sexual crimes are committed by individuals known to the victim, rather than by strangers or neighbors. This prior relationship suggests that registries risk functioning less as preventive tools and more as lists of dangerous individuals marked by stigma.

Alongside the rise of sex offender control mechanisms such as registries, some treatment programs have also been developed, notably the Sex Offender Treatment Program (SOTP), used in U.S. federal prisons. These programs serve a rehabilitative and educational function upon release from incarceration. They are predominantly based on Cognitive Behavioral Therapy (CBT) (Marshall *et al.*, 1999), aiming to restructure attitudes that support or enable sexual offending by replacing dysfunctional behaviors with new skills and responses. The goal of these programs is to assist sex offenders in understanding the nature of their crimes and the factors that may have led to violent behavior.

However, treatment remains secondary to post-incarceration surveillance: measures such as the Containment Model in the U.S. integrate therapy, electronic monitoring, and legal supervision, demonstrating that the primary objective continues to be community protection—in line with the sex offender registry system—rather than the individual’s personal change or treatment pathway.

Another type of program implemented in the United Kingdom is the Internet Sex Offender Treatment Programme (I-SOTP), targeted at male individuals involved in viewing, producing, possessing, or distributing sexually explicit images of minors via electronic means. This program involves both group and individual therapeutic approaches for offenders. The treatment model follows the Risk/Needs/Responsivity (RNR) approach, meaning the intensity of treatment is fundamentally determined by the offender’s risk of recidivism and the severity of the offense committed³.

3. <https://ecsa.lucyfaithfull.org/internet-sex-offender-treatment-programme>

As for victim protection policies, the Anglo-Saxon model such as in the UK—adopts a more decentralized and pluralistic structure, where NGOs play a central role, though their involvement often lacks systemic coordination. Nevertheless, recent reforms such as the Domestic Abuse Act (2021) have introduced broad and inclusive definitions of domestic violence, explicitly recognizing psychological and coercive abuse and establishing clear obligations for local authorities regarding safe housing and support for victims⁴. A relevant case study is the Safe Lives project, which has promoted an approach based on Multi-Agency Risk Assessment Conferences (MARACs) local coordination models involving police, healthcare services, and women’s organizations. This model has had a measurable impact on reducing recidivism and increasing the number of reports (Walby and Towers, 2018).

The social democratic welfare model

The social democratic model, characteristic of countries such as Sweden, Denmark, and Norway, is based on principles of universalism, substantive equality, and strong public intervention in the promotion of individual and social well-being (Esping-Andersen, 1990). Unlike the liberal model, access to social services is explicitly guaranteed to all citizens as an inalienable right, regardless of income or social status. One of the core features of this model lies in its active effort to *de-commodify* welfare, through policies that enhance autonomy from the market (Vogliotti and Vattai, 2014; Esping-Andersen, 1990).

These very principles also shape the treatment policies addressing the phenomenon of sex offending, with an emphasis on rehabilitation and social reintegration, rather than on surveillance and public safety alone, as seen in the liberal model.

This model has long sought to integrate its universalistic approach to social rights with growing awareness of gender-based violence. In Sweden, for instance, national policy against male violence toward women is embedded in a long-term strategy, formalized in the *National Strategy to Prevent and Combat Men’s Violence Against Women 2017-2026*, which

4. Home Office, *Domestic Abuse Act 2021: overarching factsheet*, London, 2021.

includes multi-year funding, a robust monitoring system, and close collaboration between public institutions and civil society. Anti-violence centers (CAVs) are an integral part of the healthcare and social service systems, staffed with specially trained professionals; in this regard, CAVs are not merely voluntary initiatives but embedded within the institutional intervention framework⁵.

Moreover, the Swedish approach is grounded in the explicit recognition of violence as a systemic and structural phenomenon, which has led to mandatory training sessions for judges and law enforcement officers (Krizsan and Roggeband, 2017).

Over recent decades, the approach to treating sex offenders in these countries has evolved significantly. While earlier efforts focused primarily on risk assessment and recidivism prevention, these nations have increasingly adopted more holistic and person-centered strategies. A notable example is the implementation of the Good Lives Model (GLM), developed by Ward and colleagues (2006), which is based on the premise that all individuals strive toward a set of *meaningful goods* (such as fulfilling relationships, autonomy and agency, and broader well-being). Consequently, criminal behavior is seen because of being unable to attain these goods through functional means. The GLM thus seeks to equip individuals with the tools and resources needed to meet such needs in prosocial and constructive ways, promoting self-determination and holistic well-being.

In parallel, the use of restorative justice approaches has expanded, including programs such as Circles of Support and Accountability (CoSA)⁶ originally developed in Canada but adopted in several European countries. These programs involve community volunteers who support and monitor sex offenders during their reintegration, fostering personal accountability and collective safety.

Cognitive Behavioral Therapy (CBT) is also widely employed within the social democratic model. This form of treatment aims to address the cognitive distortions underlying deviant sexual behavior. Individuals are guided to recognize such distortions, develop empathy for victims, and construct relapse prevention plans (Beech and Hamilton-Giachritsis,

5. <https://www.government.se/information-material/2023/01/swedens-work-to-combat-mens-violence-against-women/>

6. <https://www.cep-probation.org/knowledgebases/circles-of-support-and-accountability-cosa/>

2005). Alongside CBT, pharmacological treatment is sometimes used—such as the administration of antiandrogens or libido inhibitors—particularly in cases deemed to involve high risk.

Another relevant intervention used in countries adhering to this welfare model is the Sex Offender Program with an Individual Focus (SEIF), which is based on the previously mentioned Risk/Needs/Responsivity (RNR)⁷ model and primarily targets the reduction of recidivism risk.

Post-treatment phases, following incarceration, are also carefully managed through employment reintegration programs and housing support initiatives, thereby reducing risk factors linked to social isolation and economic instability. Ultimately, this model stands in marked contrast to what has emerged from the analysis of the liberal welfare system.

The continental or conservative welfare model

The continental model, predominant in countries such as Germany, France, Belgium, and Austria, is characterized by an extensive yet selective social protection system, primarily aimed at safeguarding workers and their families from risks such as illness, disability, unemployment, and old age (Vogliotti and Vattai, 2014; Esping-Andersen, 1990). This model is based on the primary role attributed to families and voluntary associations. It establishes a close link between social benefits and employment status. The principle of subsidiarity implies that the state intervenes only when other actors—such as the family or private organizations—are unable to guarantee well-being, a characteristic that, as will be seen, makes this model closely aligned with the Mediterranean regime.

In the criminal justice and therapeutic fields, the continental model differs from the previously discussed regimes in its use of treatment models that borrow certain features from the liberal model, while not fully adopting its underlying philosophy. Some countries have implemented sex offender registration systems similar to the SORNA framework in the United States. However, the scope and accessibility of these registries remain highly restricted in these contexts, as only law enforcement and

7. For a more in-depth analysis of the implementation of this program in the Swedish context, see the pilot study presented in S. Lindegren, *A Pilot Study of the Swedish Sexual Offender Treatment Program*, in *Research on Social Work Practice*, vol. 32, no. 3, 2022, pp. 328-344.

judicial authorities are granted access—not, as in the liberal model, any citizen or resident (Pacheco and Barnes, 2013).

Restrictive measures such as GPS electronic monitoring or residency restrictions – similar to urban banning orders – are also used, intended to limit access to public spaces for individuals deemed socially dangerous. Nevertheless, the use of such tools is quite limited. Among the various national cases, France offers an example of increasingly structured and institutionalized responses. For instance, France has developed the *Plans interministériels de lutte contre les violences faites aux femmes 2023-2027*, a program aimed at strengthening and expanding prevention and intervention measures against domestic violence and femicide, through the involvement of multiple territorial actors⁸. Germany, by contrast, has adopted a more decentralized approach. The *Hilfetelefon Gewalt gegen Frauen* is a free, national, multilingual hotline available 24/7, representing a significant innovation in ensuring immediate access to support—especially for migrant women and those in vulnerable situations⁹.

In parallel, for individuals already convicted of sexual offenses, the German prison system in particular has developed mandatory therapeutic programs based on CBT, with specific modules on cognitive distortion recognition, impulse control, and management of sexual aggression (Hanvey and Hoing, 2013). The Good Lives Model (GLM) is also employed within the continental regime, albeit with different structures and implementation strategies depending on the country (Navathe, Ward and Rose, 2013).

The Mediterranean welfare model

The Mediterranean or *familist* welfare model, found in countries such as Italy, Spain, Greece, and Portugal, is characterized by a social and cultural structure deeply rooted in the primary role of the family, which is considered the main provider of care and assistance. In this system, the state plays a marginal role; public interventions are residual in nature,

8. <https://www.egalite-femmes-hommes.gouv.fr/prevenir-et-lutter-contre-les-violences-au-sein-du-couple#:~:text=Le%20Plan%20interminist%C3%A9riel%20pour%20,lutte%20contre%20les%20violences%20conjugales>.

9. <https://www.hilfetelefon.de/>

and welfare protection mechanisms are activated only when the family is unable to bear the burden of care. As a result, public measures tend to be emergency-driven, and preventive interventions are scarce and unevenly distributed.

The typically familist nature of the countries adhering to this welfare regime, and the resulting marginality of state intervention, is also reflected in treatment policies targeting sex offenders. These policies are generally unsystematic and, as will be further analyzed, largely delegated to local initiatives and third-sector organizations.

The adoption of risk assessment tools for recidivism, such as the Static-99 (Hanson and Morton-Bourgon, 2009), has been introduced only recently, and its application remains uneven across different territorial contexts. In Spain, the reform of the *Ley Orgánica* in 2006 led to the implementation of mandatory treatment programs in prisons, encouraging a more structured and coordinated management of interventions and rehabilitation initiatives for sex offenders¹⁰.

The Mediterranean model presents a heterogeneous landscape, though it includes some noteworthy best practices. Spain stands out, particularly due to the *Ley Orgánica 1/2004 de Medidas de Protección Integral contra la Violencia de Género*, previously referenced. This law introduced a comprehensive legal framework including specialized courts, prevention measures, mandatory training, and economic support for victims. The Spanish system is widely considered a best practice at the European level, as highlighted by GREVIO reports, especially for its attention to intersectionality and integration across levels of government¹¹.

Beyond these general traits, the Italian case exemplifies particularly well how the familist welfare logic materialises in fragmented and territorially uneven penal-welfare responses. Comparable territorial variation also marks the network of Centri Anti-Violenza (CAV): in some regions (e.g. Emilia-Romagna, Toscana) inter-institutional protocols link victim support, health services and municipal authorities, while in others provi-

10. Boletín Oficial del Estado. (2006). *Ley Orgánica 5/2006, de 20 de junio, de reforma del Código Penal en materia de delitos sexuales*. Boletín Oficial del Estado, núm. 147, de 21 de junio de 2006. From <https://www.boe.es/buscar/act.php?id=BOE-A-2006-11244>

11. GREVIO (Group of Experts on Action against Violence against Women and Domestic Violence), *Baseline Evaluation Report on Legislative and Other Measures Giving Effect to the Istanbul Convention in Italy*, Strasbourg, Council of Europe, 2020.

sion remains almost entirely dependent on precariously funded third-sector organisations (Demurtas and Misiti, 2021).

At the same time, this territorial unevenness also extends to services directed at men who perpetrate violence which – although not specific to sex offending – constitute one of the few intervention infrastructures explicitly oriented toward working *with* the perpetrator rather than solely with victims. The Italian case also offers an instructive example of downward delegation in the field of perpetrator-oriented interventions. Since 2009, Italy has seen the emergence of so-called CAM/CUAV centres (Centri per Uomini Autori di Violenza), initially established as a non-profit initiative in Florence and subsequently replicated – unevenly – across the country: 141 structures according to the 2023 national survey by the Department for Equal Opportunities (Demurtas and Taddei, 2023). These centres do not target “sex offenders” as a legal class, but they constitute one of the few relatively stable territorial services explicitly devoted to the *perpetrator* rather than the victim. CAM/CUAV programmes draw on the 2023 European Standards for Work with Perpetrators of Domestic Violence, which require alignment of perpetrator programmes with the safety and rights of survivors. Access pathways vary widely – self-referral, police “Zeus Protocol” warning letters, judicial orders (including conditional suspension), or referral by probation services (UEPE). This multiplicity of access routes mirrors the broader Mediterranean logic: therapeutic work with perpetrators is not systemically guaranteed, but made conditionally available where local institutional ecologies, funding and interpretive cultures make it possible. Moreover, treatment pathways within CUAVs are themselves heterogeneous: national data indicate that 40% employ psychotherapeutic approaches, 74% psycho/socio-educational approaches, 37% gender-based frameworks, 14% criminological models, and 9% other mixed methodologies. Precisely because programmes are predominantly psychotherapeutic in orientation, a further ethical tension emerges: how can the freedom-based nature of psychotherapy be meaningfully preserved when entry into such treatment may simultaneously constitute a *condition* for access to alternatives to custody? The CUAV field crystallises, therefore, a paradigmatic Mediterranean contradiction – nominal voluntariness and substantive conditionality co-exist within the same institutional dispositive.

The fragmentation observed in the Italian case is not an isolated domestic anomaly, but rather a recurrent Mediterranean pattern in which the technological or institutional capacity to manage risk depends on the robustness of territorial infrastructures rather than on a unified national strategy.

The VioGén System, in the Spanish policy, a shared database accessible to all security authorities, enables real-time monitoring of recidivism risk, thereby enhancing the immediate institutional response (Bustelo, 2015). In this context, Italy – despite having formally transposed the principles of the Istanbul Convention¹² – appears to be still in a phase of transition. Its implementation is marked by significant territorial disparities, a lack of inter-institutional coordination, and policies still largely shaped by emergency logic.

A comparative analysis of the four welfare models

As previously observed, the intersection of ideologies centered on prevention, punishment, and rehabilitation takes different forms depending on which actor—be it the state, the family, the market, or the third sector—is designated to manage risk, care for the offender, and protect the public through the reinforcement of security.

In the liberal model, the centrality of public safety, post-release surveillance, and informational transparency regarding the sex offender translates into markedly punitive and stigmatizing measures. Through tools such as public registries, federal laws like SORNA, and control mechanisms including residency restrictions, this model reinforces a highly punitive system geared toward the social isolation of sex offenders. Even in the presence of CBT-based treatment programs, the primary focus remains containment rather than reintegration, thus reaffirming a conception of the offender as irredeemably dangerous rather than rehabilitable.

12. The Istanbul Convention of 2011—formally, the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence—is the first legally binding international instrument that explicitly defines violence against women as a manifestation of historically unequal power relations between the sexes. It adopts a multidimensional approach based on four pillars: the prevention of violence, the protection of victims, the prosecution of offenders, and the implementation of integrated policies.

By contrast, the social democratic model demonstrates how a universalistic conception of social rights and substantial public investment in long-term policies allow for integrated and less emergency-driven responses. Here, rehabilitation is not a secondary goal but the central pillar, around which approaches such as the Good Lives Model and Circles of Support and Accountability revolve. The therapeutic approach is personalized and embedded within a broad and cohesive support network, addressing sex offending as the outcome of structural and systemic inequalities, which are to be tackled through re-educational and rehabilitative programs.

The continental model occupies an intermediate position: while incorporating elements of control borrowed from the liberal system—such as electronic monitoring and limited-access registries it also maintains a strong focus on the therapeutic and clinical dimensions of sex offending. France and Germany combine pharmacological interventions, post-release judicial supervision, and mandatory therapeutic programs, highlighting a dual view of the offender: on the one hand, as a subject to be contained for the protection of public order; on the other, as an individual in need of treatment and rehabilitation. This ambivalence reflects an ongoing tension between a liberal-style security approach and a more explicit clinical and rehabilitative perspective.

Finally, the Mediterranean model highlights the fragilities of a welfare system historically reliant on the family, with episodic and inconsistent state intervention. Responses to sex offending appear fragmented, marked by sharp territorial disparities and dependence on third-sector initiatives. However, some positive developments can be noted, particularly in Spain, where legislative reforms and the integration of institutional levels with advanced technological tools (such as the VioGén System) represent a promising attempt to address the structural deficiencies of the model. Italy, on the other hand, continues to face delays in implementing the measures prescribed by the Istanbul Convention, with a risk management approach still driven by emergency logics and lacking a systemic strategy.

In conclusion, what emerges from this comparison is that how a state responds to sex offending is neither an isolated nor a merely technical matter, but rather the expression of a broader vision of deviance, security, justice, and the contextual definition of social dangerousness.

Ultimately, the comparative study of the four welfare models suggests that the management of sex offending cannot be understood solely through a criminological or socio-criminological lens. It also requires an analysis of the phenomenon as an expression of different political rationalities. In the liberal model, the emphasis on control and surveillance reflects a notion of citizenship conditioned by public security. In the social democratic model, investment in holistic programs and social reintegration signals a universalistic understanding of rights that includes the offender within the boundaries of welfare. The continental model, oscillating between control and treatment, illustrates how social dangerousness is managed through hybrid tools, revealing tensions between guarantees and prevention. The Mediterranean model, with its familialist and emergency-oriented nature, shows how the absence of a systemic framework results in a highly fragmented and locally dependent approach to the management of deviance.

From this perspective, the figure of the sex offender acts as a mirror reflecting the capacity of different welfare regimes to integrate security and inclusion, demonstrating that social dangerousness is not an objective given but a social construction, produced and reproduced through institutional and political spaces.

Conclusions

The comparative analysis of welfare models in the treatment of sex offending reveals that the management of sexual deviance is neither a neutral nor a merely technical or clinical matter. On the contrary, it represents a crucial point of intersection where penal ideologies, institutional frameworks, and normative visions of deviance, risk, and collective security converge. The figure of the sex offender thus emerges as a revealing device: a subject around whom collective anxieties, expressions of moral panic, risk governance strategies, justice models, and social orders are condensed orders which ultimately determine who is to be excluded, rehabilitated, or punished, and who is deemed to have deviated from normality.

What emerges is a stratified landscape: the liberal model, with its emphasis on surveillance and deterrence, generates interventions where the

sex offender is not seen as a citizen to be reintegrated, but as a threat to be neutralized. The social democratic model, by contrast, integrates prevention and rehabilitation within a long-term public strategy, where the protection of the community is achieved through the offender's accountability and the reduction of systemic vulnerabilities. The continental model maintains a hybrid posture, alternating between containment strategies and therapeutic tools, yet it lacks a truly universalistic intervention framework. The Mediterranean model, finally, highlights the limitations of a fragmented and often improvised approach, where the management of sex offending relies more on the capacity of local contexts or the third sector than on a coherent and systematized state strategy.

Across all the models considered, the concept of social dangerousness plays a structural role, functioning as a transversal criterion for classification, intervention, and, in some cases, exclusion. In this regard, social dangerousness is not an objective quality, but rather a performative category, one that activates specific institutional responses and shapes the offender's trajectory, depending on the political and welfare model within which they are situated.

In conclusion, the sex offender is not merely a legal or clinical category but can rather be interpreted as a catalyst for forms of moral panic, or, ultimately, as a *folk devil*, thus reflecting how a state constructs and reproduces definitions of deviance and the resulting political agenda. From this perspective, sex offending becomes a critical lens through which to examine the deeper tensions within European welfare systems: between security and rights, between emergency and structural approaches, and between punishment and reintegration.

What follows, then, is that the sex offender does not simply *mirror* penal rationalities: the category participates in *producing* them. In other words, the "performative" dimension at stake is not exhausted by naming a group of subjects; it is instantiated in the very institutional dispositive that each regime activates. In the liberal model performativity is realised through social ostracism and spatial exclusion; in the social democratic model through inclusionary rehabilitation devices; in the continental model through a dual semantics of cure and control; and in the Mediterranean model through fragmentation and delegation. Thus, the sex offender is not only the object of welfare regimes – they are a vector through which regimes materialise their own logics of control, care, and

inclusion. In conclusion, the sex offender is not merely a legal or clinical category but can rather be interpreted as a catalyst for forms of moral panic, or, ultimately, as a folk devil, thus reflecting how a state constructs and reproduces definitions of deviance and the resulting political agenda.

In this sense, the article aims to stimulate a broader debate on the ethical and political implications of treatment and security policies, questioning the role of the welfare state not only in protecting victims, but also in shaping rehabilitative systems directed at offenders.

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From cis-hetero-white normative oppressive spaces
to participatory, intersectional, transfeminist
Comprehensive Sexuality Education - Preliminary
results of a qualitative study with adolescents
*Francesca Barbino*¹

Introduction

Italian schools are increasingly lauded as spaces of diversity and inclusion, as we can see from the education policies promoted in the last 20 years, at European and national level, to ensure at least formally equal educational opportunities for all students (Ainscow, 2020; Ianes *et al.*, 2020; European Commission, 2023). At the same time, mainstream contents from pop culture, as for instance TV shows/teen drama such as “SKAM Italia”, “Il Professore”, “Prisma”, are giving visibility to new subjectivities that are radically challenging gender roles and stereotypes (Cabassi, 2022; Di Grigoli, 2024; Santambrogio, 2024).

However, looking at other data, the pictures coming from schools can concurrently present a profound paradox in which despite this new narration, schools seem to persist as sites where deeply entrenched concepts of normativity are rigorously perpetuated. Heterosexism, being a ideological system in which power, authority, social privilege and control are predominantly concentrated in the hands of cisgender and heterosexual males, relegating female, queer subjectivities and everything outside the gender binary logic to a subordinate role, and denigrating any action, relationship or community which is not alligned to the norm, appear dominant also in schools (Lingiardi, 2007; Burgio, 2020). Ad-

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ditionally, despite increasing visibility of trans* and non-binary students and some progressive school-level policies, such as the *carriera alias* which are inconsistently applied on the national territory, Italian schools largely operate as binary and cis-gendered devices, reinforcing existing norms and often failing to provide adequate support or recognition to students (Santambrogio, 2022; Bourelly *et al.*, 2022). Also, despite a legal framework that should guarantee the right to education to all, students with migrant backgrounds face significant challenges: they often experience higher rates of learning difficulties, also leading to early school leaving or school segregation (IOM, 2021; Chiappelli and Bernacchi, 2024).

This is often resulting in widespread discrimination and the manifestation of various forms of violence, including gender-based violences (GBV)², creating an environment where students lived realities of evolving identities and experiences clash sharply with rigid, traditional expectations, leading to marginalization and harm. In response to this critical situation, Comprehensive Sexuality Education (CSE) stands as an internationally recognized and vital counter-hegemonic practice for preventing GBV. CSE is a curriculum-based practice that equips young people with knowledge, skills, attitudes and values to foster their well-being, dignity and respectful relationships (WHO, 2010; UNESCO, 2018). It moves beyond basic biological facts, which were typical of the previous approach of “sexuality education” to rather add other dimensions of sexuality such as emotional literacy, consent, gender identity, diverse masculinities etc. (Barbino and Saint-Nom, 2022; Chinelli, 2023; Demozzi and Ghigi, 2024; Nimbi, 2025). However, despite almost 50 years of attempts of entering the topic into Italian public policy-making (Bruno, 2024), CSE’s structural integration in Italy is not ensured, leading to fragmented, inconsistent and often non-inclusive educational initiatives among the Italian regions (Goldfarb *et al.*, 2021; Chinelli *et al.*, 2024).

This contribution presents preliminary results from a qualitative study conducted in Palermo through two focus groups with a group of 12 adolescents aged 14-18 years old, within the research program “Idea

2. Gender-based violences are intended as any physical, verbal, symbolic and psychological violence acted against women, homosexual, bisexual and trans* people (Educare alle Differenze, 2024). In its plural declination, the concept is broadened to intra and inter-gender violence, sexism, homolesbobitransaphobia etc., all distinct phenomena but stemming from the same roots of control, domination, gender norms (Rubinacci, 2013).

- Azione” promoted by the Institute for Policy Training “Pedro Arrupe” of Palermo and funded by the SYLFF Program of the Tokyo Foundation. Grounded in critical gender, queer and decolonial theories, the research aims to understand youth needs in addressing GBV within educational settings and to inform transformative policy, placing the voices of adolescents as active agents for change. The paper is structured as follows: the first section outlines the theoretical intersections underpinning this study, detailing Comprehensive Sexuality Education (CSE) and integrating queer, Critical Studies on Men and Masculinities (CSMM) and decolonial perspectives. The following chapter details the methodological approach, highlighting the study’s inspiration from Grounded Theory, as well as its qualitative design. The last section presents the preliminary findings from the focus groups, categorized into 3 main areas: common experiences of School-Related Gender-Based Violence (SRGBV); structural barriers towards CSE; needs and practices related to public policies. Finally, data collected will inform a proposal for a new model of CSE that can broaden the existing ones through the involvement of young people and through the application of key concepts such as transfeminism and intersectionality on all the topics covered (sexual health; emotional and relational aspects; gender identity; hegemonic masculinities, consent, discrimination; cultural diversity and disability). This model could work as a transformative practice able to resist to normativity patterns and to challenge current mainstream debates in Italy, also through the implementation of the *Piacere di Conoscerci* campaign³, a youth-led initiative launched from February 2025 and advocating for a structural CSE engagement by the Municipality of Palermo.

3. <https://www.instagram.com/piacerediconoscerci/>

Epistemological intersectionality of research

Comprehensive Sexuality Education

Comprehensive Sexuality Education (CSE) is internationally recognized as a tool to prevent gender-based violences (GBV), thus emerging as a vital counter-hegemonic practice. International bodies and researchers define CSE as a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality, reflecting the right of young people to education on their bodies, relationships, sexuality and gender identities (UNESCO, 2018).

It aims to equip children and young people to deal with their sexuality, a quite complex concept described by the WHO (2006) as «a central aspect of being human throughout life, that encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction»⁴. In other words, it tries to equip them with knowledge, skills, attitudes and values that will empower them to enjoy their health, well-being, and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and understand and ensure the protection of their rights, thus moving beyond mere biological facts to encompass emotional and relational aspects, consent, gender identity, diverse masculinities and critical engagement with discrimination and cultural diversity (Demozzi and Ghigi, 2024; Nimbi, 2025).

The different documents which have started to define this practice to address specifically policy makers over the world, including the “Standards for Sexuality Education in Europe” (WHO, 2010) and the UNESCO’s “International Technical Guidance on Sexuality Education: An Evidence-informed Approach” (UNESCO, 2018), have set detailed criteria on how to address the issue, as for instance the prescription to start from early childhood (0-4 years is the first age group to be analysed); the need to guide intervention through an holistic, evidence-based and multidisci-

4. World Health Organization. Defining sexual health; 2006 [updated 2010]; Available from: http://www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/

plinary approach, involving many different professionals as well as families and teachers, to be duly trained; or the ways how to plan, implement and evaluate interventions.

However, the effective implementation of CSE, particularly in contexts like Italy, faces significant challenges, the same faced by any kind of gendered education proposed in Italy in recent years, often rooted in fervent moralistic debates and mischaracterizations by Catholic right-wing movements. Since 2013, current protest cycles often enter the Italian public debate, as for instance the one raised in occasion of the parliamentary debate on civil unions between same-sex couples, against homophobia and on the introduction of gender education in schools, or in February 2014 when the Beck Institute of Rome, appointed by UNAR⁵ as part of a Memorandum of Understanding between the Ministry of Education and the Department for Equal Opportunities aimed at combating violence and discrimination, released 3 handbooks for primary and secondary school teachers to combat homophobic bullying, which have been harshly criticized and its release withdrawn. Many other similar cases followed over years, categorised by media under the labeling of “*teoria gender*”, which has been created ad-hoc by these conservative catholic anti-gender movements to classify any attempt to enter gendered topics into schools, using “thrilling sci-fi arguments”, which however in many occasions have managed to effectively block the implementation of educational programs (Garbagnoli, 2014; Selmi, 2015; Bellé and Poggio, 2018; Lavizzari and Prearo, 2019). This discursive framing, which have become more and more politicized and organised, generates substantial public and political opposition that very often successfully influences decisions. Their last footprint can be observed in the recent legislative proposal “*DDL Valditara*” (June 2025, currently under discussion), which wants to introduce mandatory prior parental consent for all extracurricular activities related to sexuality education and impose restriction to the practice of CSE into schools. Such measures, by imposing restrictive content definitions not only undermine the very essence of CSE, but also create institutional mechanisms for opt-out that can inadvertently segregate students. This legislative trend reinforces a conservative stance that

5. Ufficio Nazionale Antidiscriminazioni Razziali – National Office against Racist Discriminations.

prioritizes traditional family values and a prescriptive view of sexuality over a rights-based, inclusive and empowering education, thereby imposing an additional model of surveillance and contrasting sharply with international standards and recommendations (Prearo, 2025; Educare alle Differenze, 2025).

Queering, CSMM and decolonial perspectives

In terms of epistemology, this contribution is grounded in a critical theoretical framework that intentionally intersects various trajectories to address GBV and inform transformative public policies through education. Central to this approach is the concept of intersectionality, understood not merely as a critical theory but as an essential lens for research. Originating from 1980s activism, intersectionality examines how intersecting identity attributes – including class, racialization, nationality, sexuality, gender – collectively underpin exclusion, oppression and privilege, thus necessitating an intersectional approach that integrates multiple critical research paradigms (Crenshaw, 1989).

The first theoretical pillar is offered by the Critical Studies on Men and Masculinities (CSMM), which analyzes the social construction of masculinity, particularly hegemonic masculinity and its oppressive impacts. Particularly, this research looks at the pressure exerted by hegemonic masculinity in educational contexts: repressing emotions, empathy and solidarity; striving for physical strength to avoid appearing effeminate, or conforming to “true man” stereotypes, especially at school, which became a “community of practice” (Connell, 1995; hooks, 2004; Burgio, 2023). This can create rigid “cages” for boys, often more stringent than those faced by women. Contrarily to this, exploring “caring masculinities” offers potential for alternative male identities, distant from normativity and dominance, and “disloyal to the hegemonic stereotype” (Bernacchi and Di Grigoli, 2023).

Another contribution comes from queer studies, initiated by Teresa de Lauretis in 1990, which analyse subjectivities at the margins of rigid heteronormative dichotomies and assert queer communities’ right to define themselves outside monolithic social schemes. It promotes a political identity of the margins, open to the complexities and contradictions

of gender and sexuality, critically examining structural and institutional mechanisms that normalize heterosexuality and cisgender identities (Bernini, 2023; Di Grigoli, 2023). Methodologically, «queerness allows us to analyze reality no longer through hyper-thematized or exoticized variables, but by problematizing what is “taken for granted” – that “normality” which doesn’t need to be stated because it can remain implicit, obvious» (Rinaldi, 2023).

Finally, decolonial studies emerging in the late 20th century are also important to criticize epistemological power structures inherited from global colonialism, challenging the persistence of its hierarchies. This theory deconstructs the presumed universality of Eurocentric thought, recognizing and valuing the voices and experiences of marginalized subjectivities silenced by dominant discourses (e.g., “epistemic racism” by Grosfoguel; “epistemic injustice” by Fricker). In pedagogy, decoloniality dismantles racist, sexist and classist knowledge hierarchies within intercultural education by re-appropriating histories submerged by Eurocentrism, while feminist and queer decolonial contributions specifically highlight intersections of gender, race and class oppressions, critiquing mainstream Western feminism for often overlooking the impact of racism and colonialism on non-white, non-Western women. Decolonial thought thus functions as a subversive practice against dominant knowledge, valuing situated knowledge and alternative perspectives on gender and sexuality (Ngugi Wa, 1986; Quijano, 2000; Borghi, 2020; Walsh, 2023; Mignolo, 2024).

These interwoven theoretical choices are crucial for unmasking the presumed neutrality of research methodology (Muraca, 2021), and to reinforce the transformative power of research to intervene for social justice, ensuring it remains political. Particularly, research and political practices shows the importance of genderising public policies, to be more effective than gender neutral interventions (Toffanin, 2021); at the same time, we know the potential of “queering pedagogy” to resolve binary and heteronormative logics, thus to foster recognition and coexistence of differences especially at school (Ulivieri, 1995; Biemmi and Mapelli, 2023). Similarly, insights from masculinity studies in pedagogy highlight patriarchy’s problematic role for hegemonic masculinity models into educational settings, while the decolonial lens are essential to responding to the increasing cultural diversity lived in educational contexts (Di Grigoli,

2023). Therefore, the attempt in this contribution is to propose a practice of CSE which is sensible to all these theoretical concepts.

Methodology

This research's methodological design is built upon several dimensions, all reflecting the specificity of its themes. Firstly, because of the sensitive themes researched, and in a way to refuse the researcher's neutrality while affirming the centrality of the subjectivities participating in the study, the study's methodology follows the previously mentioned epistemologies as a way to "situate" all kind of knowledge (Haraway, 1988). Secondly, it put an emphasis on participation and on the general aim of the work to foster local dimensions of change.

Therefore, its methodology is inspired by the Grounded Theory (GT), a qualitative methodology proposed by Glaser and Strauss (1967) and popularized from the 1990s to challenge the quantitative dominance in social sciences. This flexible, inductive approach was chosen for its suitability in exploring the complex, multi-dimensional phenomena and centering participants' experiences, through the simultaneous data collection and analysis, and field/documentary research. Particularly, in educational research, GT's value lies in its "fitting, relevant, modifiable, working" characteristics, enabling theory to be constructed progressively from the field. This iterative process allows for new reflections and shifts, leading to knowledge co-constructed between researcher and participants (Tarozzi, 2008; Prisco, 2021).

The study started with 2 focus groups involving 12 adolescents aged 14-18, selected via purposive sampling (Silverman, 2007) addressing a group of students having already worked with the researcher in Palermo (the Student Union of the "Liceo Magistrale 'Regina Margherita'" in Palermo), therefore perceived as already engaged and politically aware on the researched topics, and asking them to invite fellows from other schools of the city (Liceo Classico 'Umberto I,' Liceo Scientifico 'S. Cannizzaro,' ISS 'Mario Rutelli,' Liceo Scientifico 'Benedetto Croce,' and ISS 'Ragusa Kiyohara Parlatore,' in addition to the aforementioned).

Initials	Age	Gender
MP	17	Woman
GA	14	Woman
CD	15	Woman
GF	16	Woman
IB	17	Woman
CM	16	Woman
FV	16	Man
TLR	16	Man
SB	16	Man
LP	15	Man
BA	17	Non-binary trans masc
OF	17	Man

Table 1. Focus group participants

The logic was to afford the research deeper and with less adult-centric insights, while simultaneously providing the groups with instruments and competencies to advance their own advocacy efforts. Also, the method of the focus groups was chosen for its efficacy in eliciting diverse perspectives beyond individual responses, facilitating observation of participant interaction, meaning negotiation and the collective construction of opinions. Consistently with the GT principles, the overarching generative question guiding these initial discussions was “What experiences do you report concerning gender-based violence, sexuality education and youth participation?”. These three initial thematic areas functioned as “sensitizing concepts”, providing a flexible, yet foundational, framework for the inquiry.

The analysis of data collected was done applying the Reflexive Thematic analysis methodology (Braun and Clarke, 2019), in a way to empower the pluralities of voices, through a system of transcription and reflexing reading, annotations of emotions, tensions and experiences, and grouping categories.

Subsequent levels of data analysis and coding were developed from the initial 3 concepts, guided by the group of participants. The first level, “initial or open coding”, involved fragmenting the collected textual data and assigning conceptual labels, often derived directly from participants’

own terminology. The second level, “focused coding”, entailed selecting the most salient labels and developing syntheses, subcategories and interconnections. The most substantial level, “theoretical coding”, aimed to identify core categories that both elucidated the observed phenomenon and directly addressed the initial research questions.

Concurrently with data collection and coding, a phase of documentary research served to deepen empirically emerged concepts and establish theoretical foundations. This involved a discursive analysis of CSE as a GBV prevention tool, scrutinizing relevant policy documents and extant literature (Guidelines, Standards, and strategic documents from key international organizations). It also encompassed interdisciplinary international scientific production on hegemonic masculinity and related themes such as body, identity and bio-psycho-social/gender relations, alongside scholarly literature on sexual and reproductive rights within a human rights framework. Finally, it included a contextual analysis of the specific schools examined and their surrounding urban environment. The objective of this documentary phase was to unveil authentic needs and meanings, unconstrained by preconceptions, and to investigate their actual or absent application within Italian and Palermitan legislation and practice, thereby highlighting disparities, critical aspects and unresolved issues.

Ethical considerations were of paramount importance: informed and parental consent for adolescents were secured, as well as anonymity, confidentiality and the right to withdraw at any moment, prioritizing participants’ well-being and agency. In terms of positionality, recognizing that all knowledge production is situated, embodied and permeated by power relations, I have chosen to explicitly declare my positioning as a transfeminist activist researcher, aware that neutrality in social and pedagogical research is an illusion that often legitimizes dominant paradigms. This being “inside” the field – as a precarious researcher, sex educator and political subject, but also as a white, Western, cisgender woman – required a constant exercise of critical reflexivity, leading to the choice of a dialogical posture with the research participants, not as mere objects of study, but as co-constructors of meaning. This political and relational stance that is not merely an ethical premise, but an integral part of the methodological framework adopted in constructing the research question, selecting the subjects involved, choosing the tools used, and determining the methods

of dissemination, reflected in the adoption of a qualitative, participatory and transformative methodology, in line with the principles of action research and a critical and intersectional Grounded Theory. This positioning, however, is not without its tensions. Being a researcher who shares spaces and practices with the participants certainly facilitated access to the field, particularly to groups of students, teachers, and educators. But it also raised questions about relational asymmetry and the risk of over-determining or influencing data production. In this sense, I sought to acknowledge my perspective as partial and shaped by privilege, even within an intersectional and deconstructive framework.

Findings and discussion

Findings from the focus groups made with adolescents reveal a stark gap between adolescents' lived realities of discrimination and violence and the inadequacy of current schools and institutions' responses.

Common experiences of School-Related Gender-Based Violence (SRGBV)

The first concept emerging from the data analysis is the examples of violences they live. For the entire student group, GBV is primarily conceptualized as:

(...) A systemic problem, a pervasive relational pattern that is perpetuated across all spheres of daily life, in some cases fostered by discriminatory policies embedded within very precise rules (MP, 17).

They noted that it is often committed even casually, due to a lack of awareness or recognition of what constitutes violence. It is seen as «caused by patriarchy, persistently aggravated by ignorance and prejudice» (IB, 17), which impede access to information and normalize trivialization or joking about serious issues, like jealousy, possessiveness or even rape.

GBV disproportionately affects women and the LGBTQIA+ community (defined by the group as comprising all queer subjectivities, i.e., anyone socializing with a gender different from their sex assigned at birth, or

having a non-normative sexual/affective orientation). As one girl underscored, «it is important to specify this, since often the term refers exclusively to violence against women» (CM, 16). To a lesser extent, they say it also affects boys and men, but a female participant emphasized:

The difference is that GBV is a systemic problem: a woman killing a man is a woman killing a man, but if a man kills a woman, he does so because of all those patriarchal roots we have already mentioned... (MP, 17).

Such violence is reported to occur everywhere: at home, at school, in sports, on the street and on social networks. Attempting to categorize the phenomenon broadly, some participants cited the non-approval of the “DDL Zan”, wage disparity or tampon taxation as discriminatory examples. They further intersected these with other frequent societal discriminations:

I think the law today is highly inequitable, it exacerbates differences that are not only gender-based, but also economic and social, leaving people homeless, letting them die because healthcare is terrible, etc. (OF, 17).

This directly introduced the theme of intersectionality, illustrating how factors like religion, socio-economic status or disability often reinforce experiences of violence and discrimination: «the higher you are in the pyramid, with your privileges and everything, the more social power you have» (OF, 17). Regarding trans* subjectivities, some recognized the issue as even more delicate: «if you are a trans or non-binary person, you walk down the street and you might not make it home» (BA, 17). When asked to identify who most frequently perpetrates such violent episodes, the unanimous portrait drawn was that of the “cis-hetero white male, educated into the role of oppressor”.

Conversations with students also revealed that girls often do not recognize violent behaviors, frequently minimizing them. However, contrary to the misconception that such phenomena only affect adults, it emerged that adolescents themselves regularly experience discrimination and violence. Examples cited include:

I often clash with people who have a different ideology than mine and make me feel inadequate (CD, 15).

I don't know how to respond to the stereotypes I experience and I ruminate on them for a long time (GA, 14).

Unfortunately, I can tell you something that happened to me just as I was coming here: a man whistled at me (...), it made me ashamed, I wanted to hide, I started thinking that maybe I had done something strange, even though I realize it's totally wrong and if a friend told me that, I'd be furious! (GF, 16).

It happened to me, as a trans* person, to wonder whether to introduce myself with my chosen name or use the one assigned at birth, for fear of consequences: maybe that person reacts negatively and I pay the price (BA, 17).

In response to these situations, where the school often appears as a cis-hetero-patriarchal institution that inadvertently perpetuates rather than prevents violence, the research also explored participants' awareness on services that could help to face these episodes. Students primarily mentioned digital platforms supporting girls who go out alone, especially at night and local territorial services. A debate emerged regarding school-based support services, which are largely absent but considered necessary. «I would prefer to talk to a psychologist, even if in my school I don't know where they are or how to access them, despite I am the students' delegate of my school!» (CM, 16). One girl stated, «as a girl who has suffered violence, I wouldn't go to a "Family Planning" center⁶ or another facility, I'd be scared by the idea»; another «I'd prefer a place where I feel comfortable, like my school» (GA, 14), while others preferred the anonymity of telephone services or interactions with unfamiliar professionals. Concurrently, some found it unacceptable that certain school support services are managed directly by school teachers, with whom they may not feel at ease.

Finally, when stepping back to the topic of how to prevent such violent episodes before they occur, students immediately cited the role of

6. "Consultorio familiare" in Italian.

families in disrupting patriarchal models instilled from birth. They emphasized «educating sons not to be bullies and daughters to recognize unacceptable behaviors, not to think it's their fault» (LP, 15). The themes of guilt and difficulty in naming violence recurred frequently. More broadly, students advocated for eradicating stereotypes in all areas, especially those related to gender binarism, and crucially, educating adults: «On social media, we constantly hear about these issues, but perhaps adults do not, thus they need to be educated» (CD, 16); another added: «I really think we should educate adults, meaning us, as young people, talking to adults saying 'look, let's talk for a moment...» (IB, 17).

Summing up, what emerge in this section can draft the picture of “school-related GBV” (SRGBV), which has been theorised by international organizations and scholars as a widespread phenomenon referring to any act or threat of physical, sexual or psychological violence occurring in and around educational settings, including online spaces, that is perpetrated due to harmful gender norms, stereotypes and unequal power dynamics (UNESCO, 2019; UNGEI, 2024; Roberts and Wescott, 2024). Students reported widespread GBV at school, rooted in cis-hetero-white normative expectations, including homophobic/transphobic slurs, body-shaming, harassment in the streets and public transportations towards school. They also report marginalization and a lack of safe spaces or reporting avenues; thus confirming critical theories already described.

Structural barriers towards CSE

Students interviewed draft their own definition of CSE as “a training about non-overbearing relationships, consent, self-acceptance and respect in general”. They add that «it's not a list of subjects, but a lens, it's an approach that one chooses to see» (MP, 17). Regarding crucial aspects of CSE, such as the age appropriateness, participants said:

It should start from childhood, not to talk about sex but to learn to say yes or no; then, from middle school, to address all aspects, when one person's fixed points - parents - begin to shift towards school, friends and other people (CD, 15).

Even talking about gender is possible even with small children: it's about getting them used to it; parents shouldn't say 'this is for boys and this is for girls!' (LP, 15).

What she said is very important, because every form of -phobia derives from a simplification of reality, while reality is complex! Accustoming a child to something simpler than it is, means not making them understand it even when they're grown, and if one doesn't understand something, they go against it (OF, 17).

Also, regarding key roles in teaching CSE and the debate on who should be the figures that should be involved in the task between families or school staff/professionals, one said:

All this shouldn't only be taught to me by my mother, because my mother or my father might not have the tools to teach me. It must be a trained person, present in schools, who is prepared regarding relational, sexual, emotional education (SB, 17).

From the lucidity that emerges from this definition of CSE, one might say that the participants in this research were sufficiently trained on the topic. However, that is not precisely what emerges from the data collected. On the contrary, this knowledge on what is CSE and what is its importance is due to a common "practice" of activism: the lack of institutional responsibility on CSE is only filled by personal and political inclination, leading these young people, and in some cases by their teachers, to self-organize their learning, as clearly expressed: «we make public policies by ourselves, with demonstrations, self-trainings, organising our "students' week" and inviting experts...» (MP, 17).

They described absent or fragmented preparation at school, often limited to biology. This critique of fragmented, non-inclusive sexuality education they receive is validating Italy's educational gap emerging from research (Goldfarb *et al.*, 2021). They strongly criticized the lack of intersectional and transfeminist perspectives, noting failure to address diverse gender identities/expressions, varied sexual orientations (as hetero-normativity prevailed), nuanced consent, critical masculinities or the intersection of oppressions (gender, race, class, disability) when dealing with GBV. This demand for intersectional and transfeminist CSE sup-

ports the study's hypothesis according to which a CSE model embracing these approaches can be effectively transformative, challenging dominant debates in Italy, aligning with international calls (OMS, UNESCO) but tailored by youth insights.

Needs and practices about public policies

Within the research, particular attention was dedicated to the themes of constructing public policies in the field of GBV prevention, especially among young people, thus emerging as the third and last dominant theme. The initial hypothesis, specifically, was to highlight the potential of policies that promote youth participation in public life to overcome the current institutional stalemate. Therefore, the group was asked about their opinions on the state of the art and on real needs on which politics should invest more related to youth. It emerges that young people's opinion is neither heard nor requested, and is often hindered: «Once we hung a banner outside the school saying 'Fascists out of schools'. They took it down without giving us an explanation why» (SB, 17).

Conversely, among the proposals that emerged were: listening more to younger people, first and foremost to educate adults themselves; allowing associations to enter into schools; utilizing the "Student Council" as a tool to discuss these topics; creating or strengthening local aggregation centers where young and older people can meet, discuss, plan and act.

This emphasis on youth participation on which participants agree resonates with critical pedagogy, particularly Paulo Freire's concept of "education as a practice of freedom" (Freire, 2002) and on bell hooks' work on "teaching to transgress" and decolonial pedagogies that seek to dismantle hierarchical knowledge structures and center marginalized voices (hooks, 2020), for the potential of seeing adolescents not as passive recipients of knowledge, but as active agents capable of co-creating contents and advocating for change. This stresses that their involvement is essential for developing CSE programs that are truly relevant, effective and empowering, directly addressing their needs and experiences of GBV and discrimination.

Conclusion

The preliminary findings of this study, even though limited to a small sample of politicized activist students, paint a clear and yet concerning picture: schools remain oppressive spaces, where cis-hetero-white “normality” is reinforced, perpetuating gender-based violences. This is attested by students interviewed, which often experience SRGBV, from verbal and physical harassment to the minimization of abusive behaviors, often feeling unrecognized and lacking the tools to address these dynamics especially within schools. At the same time, the deep awareness they demonstrate on the topic, rooted in their perception of it as a systemic problem caused by patriarchal schemes, emerges in a sharp contrast with the lack of structural responses from educational institutions and with the absence of a structural integration of CSE into schools’ curricula that Italian adolescents are living.

On the contrary, young people seem to know exactly what CSE programs can offer them if beginning in childhood, with trained professional and in constant dialogue with families, to the point to draw themselves their own “new model” of CSE, which through transfeminist and intersectional lens move even beyond the existing and recommended approaches coming from international organizations and reinforced by research. This enriched model could be useful in better addressing the complexity of their identities, bodies and relationships, thus becoming a concrete transformative practice, capable of resisting normative patterns and challenging current mainstream debates from anti-gender movements that seek to control their bodies until becoming law, in Italy and above.

This model is also asking for their active participation, to be ensured through youth-friendly and co-designed policies able to detect and listen to their needs, and to be translated in practice from policy-making. With this in mind, starting from the data collected the group of students participating to this research has proceeded with a concrete proposal for the Municipality of Palermo: with the youth-led “Piacere di Conoscerci” initiative⁷, since February 2025 they have mobilised more than 50 NGOs,

7. The Manifesto is available here: https://drive.google.com/file/d/14g42hre8K9P4NUEJPI-ipBK6zuzx2fUbG/view?fbclid=PAZXh0bgNhZW0CMTEAAacjagToQ0HRuabm0iaJqIMrffH-7GI8NvnPGN5_DImwWFXqz5xKbP6dT1t2-sGg_aem_UldrWfNztyZZyobSO6V_QQ

groups of activists and professionals organised a petition campaign to collect symbolic paper signature across the city (thousands of them are already collected), as well as dozens of events, workshops and assembly to ask to the Mayor a commitment to introduce systemic and public CSE programs into schools, as many other cities have done, including Rome and Milan.

The ongoing mobilization in Palermo is a powerful testament to the fact that a truly open and inclusive sexuality education is not just a recommendation, but an urgent imperative for young people as for many adults supporting them, in order to challenge prevailing normativity and dismantle oppressions.

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The power of the frame: the symbolic violence of stereotypes in Italy's anti-violence social communication

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Introduction

Gender-based violence is a complex social phenomenon that can be understood as the structural result of «social processes of construction of genders and gendered sexualities», operating as a «mechanism of creation, control and maintenance» of roles and social expectations that sustain the reproduction of the existing gender order (Connell, 2011, p. 37). It can sometimes be enacted unconsciously and unfolds within relationships in which the exercise of power, unequally distributed between the parties, is aimed at reinforcing stereotyped gender identities that feed the normative social system (Carnino, 2011). Gender-based violence, therefore, does not end within heterosexual dynamics, but can also manifest itself within same-sex relationships, involve couples composed of transgender, non-binary or queer people, or even occur outside sentimental relationships, being directed towards men and women who do not display hegemonic traits of masculinity and femininity (Abbatecola and Stagi, 2017; Connell, 1996; Schippers, 2007). The expression “gender-based violence” thus serves as an umbrella term under which more specific forms of violence are included, such as male violence against women² and domestic

1. Marta Renda holds a Master's degree in *Comunicazione pubblica, d'impresa e pubblicità* (Public, Corporate and Advertising Communication) from the University of Palermo.

2. «A violation of human rights and a form of discrimination against women, encompassing all acts of gender-based violence that result in, or are likely to result in, physical, sexual, psychological or economic harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life» (Istanbul Convention, 2011, p. 3).

violence³, but also transphobic and homophobic violence. However, in public debate, this expression is often used in a reductive way to indicate male violence against women. This overlap can be explained, on the one hand, by the high statistical incidence of cases involving the female sex, and on the other hand, by the need to counter naturalizing interpretations that intrinsically associate masculinity with the exercise of violence (Popolla and Bagattini, 2022).

At the root of the various forms of violence, whether more or less tangible, more or less recognized, lies what the sociologist Pierre Bourdieu defines as «symbolic violence» (2014), a concept developed from the perspective elaborated by the feminist philosopher Simone de Beauvoir in her renowned *The Second Sex* (2016). According to de Beauvoir, in Western culture, man has historically established himself as the universal Subject, defining woman solely in relation to himself, that is, as “the Other”. Although this dichotomy is the result of historical and cultural processes, it ends up being internalized by women themselves as something natural, influencing expectations, behaviors and social roles and placing them in a position of inferiority with respect to men. Bourdieu expands this perspective with the concept of symbolic violence, defined as a form of violence that does not require the use of physical force to be exercised but that manifests itself “naturally” within the social system and its dichotomous gender organization. It is therefore an invisible violence that operates through the unconscious collaboration of both parties. The dominant and the dominated internalize certain structures, a specific *habitus*, and certain ways of behaving, to the point of perceiving their existence as “natural”. Symbolic violence thus concerns all those normalized forms of abuse that become invisible precisely through their normalization, such as sexist language or gender stereotypes, which form the foundation of what is known as rape culture. This culture finds a formal representation in the model of the “pyramid of violence” in which seemingly harmless attitudes and beliefs constitute fertile ground for legitimizing and minimizing microaggressions and harassment, such as catcalling or the non-consensual sharing of intimate material, paving the

3. «All acts of physical, sexual, psychological or economic violence that occur within the family or domestic unit, or between current or former spouses or partners, irrespective of whether the perpetrator shares or has shared the same residence with the victim» (Istanbul Convention, 2011, p. 3).

way for a continuum of practices that may culminate in the most extreme manifestations of gender-based violence, up to and including femicides (Vagnoli, 2021; Bainotti *et al.*, 2021).

Thus, emphasizing the gender of the victim has a profound meaning: it reminds us that the woman was killed precisely because she was “female”, based on an internalized patriarchal order that sees her in a position of subordination to man (Popolla, and Bagattini, 2022, pp. 19-20).

Despite the magnitude of the phenomenon, it is not uncommon to encounter conflicting data, often unable to provide an accurate representation of its complexity. Although several data collection systems on gender-based violence exist, undoubtedly essential tools, they are often incomplete and fragmented. Among the main ones are those established by ISTAT in collaboration with the Department for Equal Opportunities (ISTAT, 2024), the Ministry of the Interior, and the Ministry of Justice (*Ibidem*, 2021). A significant role is also played by the Non Una di Meno Observatory (Femicides, Lesbicides, Transicides)⁴, which collects data independently from media reports and has become one of the main reference sources for journalists and researchers alike. The persistence of such informational discrepancies can be attributed, on the one hand, to the absence of a national institutional database, centralized and systematic, specifically dedicated to cases of femicide, as well as to the fact that, to date, such acts have not been recognized in the Italian Penal Code as an autonomous criminal offence. In this regard, the final approval by the Chamber of Deputies of the draft law (Art. 577-bis), aimed at introducing the offence of femicide into the Italian criminal system, is currently awaited. However, the lack of a unified and institutionally shared definition at the European level continues to contribute to the significant fragmentation in the collection and analysis of available data (Dino, 2021)

Although legislative measures to combat gender-based violence have been numerous and certainly necessary, Italy still shows a certain reluctance to detach itself from a patriarchal mindset, thereby perpetuating a cultural and judicial system not without contradictions. It is important to note that Italian criminal legislation is rooted in a legal framework

4. [Non Una Di Meno - Osservatorio nazionale femminicidi, lesbicidi, transcidi](#)

marked by an authoritarian and male-dominated tradition, embodied in the original design of the so-called *Codice Rocco*, which still constitutes the backbone of the current Penal Code. In this sense, it is unrealistic to expect a radical and immediate transformation from a legal system historically built upon sexist and outdated principles centered on the subordination of the feminine to the masculine (Basile, 2019). In this regard, it is significant to emphasize that addressing gender-based violence requires not only a normative approach but an integrated, multi-agency approach encompassing social and cultural interventions as well, *as emphasized in Chapter III – Prevention of the Istanbul Convention*. This includes establishing campaigns and educational programs aimed at raising awareness among younger generations, and promoting a culture of respect and diversity that seeks to counter all forms of discrimination (Cocchiara, 2013).

Social communication, as an insider claims-maker⁵, represents a central actor in the processes of defining social problems and constitutes an important pressure group capable of profoundly influencing public opinion and supporting the adoption of public policies. However, precisely because of its institutional position, it often relies on narratives and discursive frames that reaffirm the moral values and dominant cultural views of the community. While this orientation ensures the legitimacy and broad dissemination of its messages, it also risks limiting the transformative potential of social communication, contributing to the reproduction of representations and meanings that do not genuinely challenge the cultural structures underlying gender-based violence (Rinaldi, 2016). Starting from this awareness, the present work aims to examine the role of social communication in the representation of gender-based violence, critically analyzing the institutional media products promoted by the Department for Equal Opportunities and carried out by the Italian government between 2012 and 2024, in order to evaluate their effectiveness and possible limitations in deconstructing gender stereotypes.

5. «pressure groups already within the policymaking process and able to influence political decision-makers and have their interests recognized» (Rinaldi, 2016, p. 12, *my translation*).

The role of gender stereotypes and their communication

The results of monitoring conducted by Istat entitled *Stereotypes, Renunciations and Gender Discrimination* (2013) highlight Italy's persistent difficulty in overcoming traditional gender stereotypes and, consequently, in making significant progress toward eliminating inequalities. According to the data collected, 49.7% of the population believes that men are less capable of taking care of household chores; the same percentage considers it legitimate that, in times of crisis, employers favor the hiring of men over women. In Southern Italy, 60.3% of respondents think that a working mother cannot maintain as good a relationship with her children as a stay-at-home mother. Furthermore, about 40% of men and 50.6% of women in Italy believe that no gender discrimination exists. Among stereotypes, those connected to gender are indeed the most pervasive and difficult to eradicate, exerting a profound influence on collective perceptions of the characteristics and roles attributed to gender, reinforcing inequalities and discrimination. They consist of

Images, concepts and simplistic representations, which attribute to women and men certain characteristics [...] in a summary, prejudicial, rigid manner, assuming women and men as homogeneous social groups within themselves (Celotti, 2015, p. 29).

Stereotypes and categorization processes are fundamental from early childhood for cognitive development and the construction of a sense of belonging: children tend to pay particular attention to categories of age, ethnicity, and especially gender, being able already by six months to distinguish male and female faces and voices and, shortly thereafter, to link physical characteristics to objects commonly associated with the two genders (Szpunar *et al.*, 2017). Primary socialization, and therefore the ways in which the family environment stages gender representations and transmits stereotypes, plays a predominant role in the construction of gender identity. From the earliest years, children rapidly internalize the roles prescribed based on their biological sex, learning what is considered the “correct” way to behave as boys or girls. To further reinforce this process of identity construction and the resulting individual aspirations, the school system, peer groups, and media also intervene (Cerbara *et al.*, 2022).

The media, configured as true gender technologies (Lauretis, 1987), play a decisive role in shaping collective perceptions of reality. Through images, language, and narratives, the media transmit values, ideals, lifestyles, and opinions that often crystallize into gender stereotypes, contributing to producing and reproducing culturally limiting models. These representations, constantly present in the domestic and social environment, are progressively learned and internalized as natural (Priulla, 2013). However, the media do not have the capacity to generate nonexistent cultural models from scratch, nor to impose them on society; they operate based on prevailing values and beliefs; they observe, analyze, and reproduce what is already socially accepted and shared, incorporating it into the content they convey. In this way, the media align with existing social expectations regarding specific situations or behaviors, presenting them as legitimate and appropriate, and thereby reinforcing them. The media not only reflect the dominant culture but also contribute to perpetuating it, further embedding stereotypes and social expectations (Calabi, 2016). As sociologist Erving Goffman states, the media

Seem to draw upon the same corpus of displays, the same ritual idiom, that is the resource of all of us who participate in social situations, and to the same end: the rendering of glimpsed action readable (1979, p. 84).

What truly needs a revolution is the cultural system in its entirety, with its symbols, meanings, knowledge, practices, and behaviors, which, historically, geographically, and economically determined, contribute to the construction and maintenance of unbalanced power relations based on a rigid and traditional distinction of gender roles (Cerbara *et al.*, 2022). Although the family, school system, and public policies represent central areas for initiating authentic cultural change toward gender equity, assigning them full responsibility would underestimate the pervasive influence of the media, which continue to rely heavily on rhetorical formulas, narrative schemes, images, and clichés that reinforce deeply rooted stereotypes in our system of values and knowledge. In this context, the concept of communication ethics elaborated by Giampaolo Fabris (2014) is particularly useful for understanding how communication cannot be limited to functioning as a mere technical or persuasive

tool but must be configured as a social practice inherently connected to ethical responsibility; communicating with a gender perspective thus becomes not only a political issue, necessary to truthfully represent a society composed of men and women, but also a socio-cultural issue, as it implies overcoming a male-centered vision that has historically relegated female voices to the margins of listening. It is also an economic issue, as the persistence of rigid gender roles continues to confine many women to unpaid care work, resulting in labor marginalization and systemic inequality in access to professional opportunities; but beyond these aspects, it is primarily an ethical issue, involving the recognition and valorization of individual differences (Capecchi, 2020). Communication and social advertising cannot ignore these considerations, as they are strategically relevant not only in promoting gender-sensitive communication but also in developing a culture attentive to these issues. Social communication has the task of accompanying socio-cultural change, fostering consensus on relevant issues, and contributing to the mediation of conflicts and critical issues. As an educational tool, it must operate according to ethical principles, promoting gender-respectful communication and the dissemination of a culture that recognizes its value (Dominici, 2014). To intervene effectively, social advertising must operate on three levels: perception, knowledge, and incorporation. First, individuals must have sufficient cultural and symbolic resources to select and understand the content conveyed by the media. Once awareness of the message is acquired, it is necessary that they perceive the need to deepen the topic and that they also have the resources to do so. Finally, for the message to translate into change, it must be incorporated through confrontation with the existing body of knowledge and representations. The more the content is distant from collective imagination, the less likely it will be incorporated and, consequently, the less likely a change will occur. Possible changes can be either individual, entailing a radical modification of behaviors, or collective, generating cultural transformation (Volterrani, 2016).

Objectives and research method

The present research is configured as a qualitative study aimed at analyzing the social communication initiatives and media products promoted by the Italian Department for Equal Opportunities of the Council of Ministers, focused on raising awareness and preventing gender-based violence. The purpose is to explore the content of these products to identify the presence of stereotypical frames and assess any innovative elements in the representation of masculinity and femininity. More specifically, the objective is to evaluate whether these initiatives perpetuate traditional and stereotyped conceptions or, on the contrary, introduce original ideas that challenge and surpass normative standards, offering a more inclusive and modern vision that undermines traditional gender roles.

The research was developed around the following questions:

- How do government media products and communication initiatives represent women and gender roles, and which stereotypes are maintained or deconstructed?
 - How are men and masculinities represented, and to what extent do these media products explore individual and cultural responsibility?
 - Which forms of violence are prioritized in social communication, and how is the complexity of the phenomenon mediated?
 - How do narrative and visual strategies foster cultural awareness and social change beyond mere sensitization?

The analysis focuses on 13 audiovisual contents and 4 static visual materials produced at national, regional, and municipal levels by the Italian Department for Equal Opportunities of the Council of Ministers between 2012 and 2024. The materials analyzed were collected partly through an independent search on the official website of the Department⁶, as well as on institutional profiles on social platforms such as YouTube ⁷and Facebook⁸, and partly through information obtained directly from regional Departments via e-mail. Below are two tables containing the media products promoted by the Italian Government and their respective years of publication: the first re-

6. See: [Homepage](#)

7. See: <https://www.youtube.com/channel/UC31kPl9605EIrlo8pRKLbvA>

8. See: https://www.facebook.com/DipartimentoPariOpportunita/?locale=it_IT

fers to audiovisual products (Tab. 1), the second to static visual products (Tab. 2).

N°	Year	Title
1	2012	La violenza sulle donne non ha scuse
2	2013	100% contro la violenza sulle donne
3	2015	Cose da uomini (Web series)
4	2016	Mettiti nei suoi panni
5	2017	Antiviolenza 1522
6	2017	Antistalking 1522
7	2017	Spezza le catene
8	2019	Libera puoi.
9	2019	Un'altra vita è possibile
10	2021	Giornata mondiale contro la violenza: una nuova campagna per promuovere il 1522
11	2022	Non sei sola
12	2022	Il primo passo dipende da te
13	2023	Gli uomini che cambiano 1;2;3

Tab. 1. Audiovisual Products

N°	Year	Title
1	2013	Riconosci la violenza
2	2018	Dalla parte delle donne
3	2020	Passo dopo passo
4	2024	Se te lo dice è VIOLENZA

Tab. 2. Static Visual Products

The criteria adopted for the selection of media texts were as follows:

- The media product had to be created by the Department for Equal Opportunities at the national level or by regional and municipal entities and structures dedicated to equal opportunities.
- The content had to focus on the issue of male violence against women.

- The texts had to represent ordinary people or be set in everyday social spaces; therefore, media products using illustrations or featuring famous testimonials were excluded.
- Media products without human figures but primarily focused on language, considered a highly relevant element, were also selected.

Analysis and discussion of the data

Although the objectification of the female body is often considered a prerogative limited to the entertainment sector and commercial advertising (Fredrickson and Roberts, 1997 in Tonnello, 2020), it can also manifest in the context of social advertising. Despite the adoption of communication strategies based on the aestheticization and glamorization of violence being more frequent than desirable, among the contents produced by the Department for Equal Opportunities selected, only three made use of this approach: *La violenza sulle donne non ha scuse* (Rome, 2013)⁹; *Spezza le catene adesso* (Bolzano, 2017)¹⁰; *Un'altra vita è possibile* (Rome, 2019)¹¹. The constant exposure to violated and suffering female bodies risks producing significant side effects: on one hand, it can desensitize the audience, reducing the perception of the severity of violence and contributing to its normalization; on the other hand, the centrality given to the physical signs of violence tends to obscure other forms of abuse that are already poorly recognized and analyzed within society. Added to this is the danger of reinforcing harmful stereotypes, such as that of the passive, helpless female victim, which perpetuate a vision of femininity as intrinsically fragile and subordinate (Capecchi, 2020).

Although adopting different narrative methods, the three analyzed spots share a fundamental approach that flattens the complexity of the phenomenon. The choice to forgo an institutional voice, replacing it with distressing or dramatic melodies, accentuates the emotional and compassionate dimension, but at the same time contributes to a strongly victim-

9. Trad. eng: *Violence against women has no excuse*. See: <https://www.youtube.com/watch?v=lxBGZQOJ1ms>

10. Trad. eng: *Break the chains now*. See: <https://www.youtube.com/watch?v=FFTJxXbXS1E>

11. Trad. eng: *Another life is possible*. See: https://www.facebook.com/DipartimentoPariOpportunita/videos/1228983323977286?locale=it_IT

izing representation of women, portrayed as passive figures lacking agency. In this way, any possibility of representing pathways of resilience and female empowerment, essential for constructing a more balanced and change-oriented narrative, is obscured. Consequently, although created with the aim of raising public awareness and promoting the anti-violence number 1522, these spots risk reinforcing stereotypes and simplifications, providing a reductive and partial image of gender-based violence. Other media products, such as *100% contro la violenza* (Rome, 2013)¹²; *Libera puoi* (Rome, 2019)¹³; *Spot Anti-Stalking* (Rome, 2017)¹⁴, prefer to explore different narrative methods to raise public awareness, offering a more inclusive perspective that also focuses on other forms of violence, such as psychological, sexual, economic violence, stalking, or violence witnessed by minors. In these cases, the preferred narrative tends to name violence through voiceovers or to represent it indirectly, showing not so much the physical harm suffered by the victims, but rather the consequences it generates. Most of the analyzed content, in fact, avoids focusing on the physical injuries inflicted on women's bodies, preferring to highlight the psychological effects that profoundly alter their lifestyle, such as the social isolation of victims (Polizzi, 2024).

Even though most of the analyzed spots avoid explicitly representing the signs of violence, the risk of objectifying the protagonists is not entirely avoided. By depicting women without empowerment and agency, these campaigns mostly present a passive image of the victim, unable to break the cycle of violence without the intervention of the announcement itself, like static objects lacking autonomy (Magaraggia, 2015). The image of a woman curled up in a corner, fragile and overwhelmed, does not reflect the perception that abusive partners have of their companions. If in the spots victims are portrayed as resource-less and unable to react, in reality many women refuse to identify with this state of helplessness. On the contrary, they directly confront the violence of husbands or partners, enact resistance strategies, seek support, and demonstrate that they are active and determined individuals reclaiming control of their lives (Oddone, 2013).

12. Trad. eng: *100% Against violence*. See: <https://www.youtube.com/watch?v=318hHdbmL8E>

13. Trad. eng: *Free you can*. See: <https://www.facebook.com/DipartimentoPariOpportunita/vidoes/526694587926153/>

14. Trad. eng: *Anti-stalking spot*. See: <https://www.youtube.com/watch?v=HaML4H0f4rU>

All the spots also focus exclusively on promoting the anti-violence number. Even when campaigns choose to distance themselves from conventional body representations and focus on more symbolic elements, such as the language of violence in the campaign *Se te lo dice è violenza* (Emilia Romagna, 2024)¹⁵, the message is still directed exclusively at women. They are represented as subjects called to quickly recognize the signs of violence and to take action, effectively assuming responsibility for their own protection. This type of communication, while avoiding images of suffering bodies, risks perpetuating a model in which prevention and breaking the cycle of violence are considered the victims' tasks, rather than the responsibility of the aggressor or the community as a whole (Faccioli, 2016). Most of the analyzed spots can indeed be classified as educational campaigns, as they identify «women [...] as recipients and, simultaneously, beneficiaries of the messages», thus always addressing «the victims and never the perpetrators of violence» (Gadotti and Bernocchi, 2001, in Polizzi 2024, p.10). Furthermore, as Faccioli (2016) observes, in social campaigns on gender-based violence, the task of offering support and guidance is often entrusted to other women. It is indeed women, in most cases, who reach out to other women, both as spokespersons for promoting the helpline number and as friends providing support and advice. This dynamic contributes to reinforcing traditional gender roles associated with the female figure, such as care, assistance, and sensitivity.

All women are also represented within everyday life scenes, engaged in common activities such as grocery shopping, working on a computer, doing housework, smiling, or spending time with their children. The emphasis on traditional gender roles, combined with the complete absence of women in positions of power or engaged in prominent professions, risks giving rise to what Tuchman defines as «symbolic annihilation». This phenomenon contributes to reinforcing a stereotyped narrative of women, represented predominantly within the domestic space as victims, housewives, wives, and mothers (Capecchi, 2014).

It is significant that the only space clearly identified as the setting of violence is the woman's home. Outside of this context, the representation of violence often appears abstract, lacking specific references to particular

15. Trad. eng: *If he tell you it's violence*. See: “Stai zitta” - “Ti sei vestita come una zoccola”: *Se te lo dice è VIOLENZA* - Regione Emilia-Romagna

places or moments, as in the case of the video *Giornata mondiale contro la violenza: una nuova campagna per promuovere il 1522* (Rome, 2021)¹⁶, which attempts to convey the idea that different forms of violence can occur anywhere using a simple static background of an urban landscape. Awareness campaigns tend to exclude public contexts such as schools, workplaces, or leisure spaces from the narrative, avoiding not only showing them but also explicitly acknowledging the possibility that violent dynamics may develop within them (Oddone, 2013).

Although the campaigns analyzed so far offer a diversified representation of forms of violence, the same cannot be said for the female figures that are protagonists. Except for a single spot, *Non sei sola* (Rome, 2022)¹⁷, which merely includes different ethnicities and age groups, the women depicted share homogeneous characteristics: they have white skin, are generally young, heterosexual, and have able-bodied bodies, free of physical or cognitive disabilities. What emerges from these representations is a partial, skewed, and outdated image of our country, a limited and non-inclusive narrative that does not reflect the real heterogeneity of contemporary society. Opting for a more diverse representation of female figures could help highlight the transversal nature of violence and avoid outlining stereotypical victim profiles, emphasizing that any woman can be exposed to different forms of violence (Tampone, 2021).

A relevant point concerns the near-total absence of the male figure in advertisements and campaigns against gender-based violence. Consistent with what Magaraggia (2015), Oddone (2013), and Polizzi (2024) argue regarding social advertising practices on the topic, seven of the visuals considered do not represent the male figure responsible for the violence at all. By focusing solely on the victims, the importance of addressing the systemic nature of violence is overlooked, and the idea is conveyed that men are incapable of change, shifting the responsibility for the success of relationships entirely onto women (Magaraggia, 2015). Even when men take part in the narrative, they are often partially represented: they may appear from behind, with indistinct or evanescent outlines, or only in part, for example showing only hands or hiding the face (Polizzi, 2024).

16. Trad. eng: *International day for the elimination of violence: a new campaign to promote 1522*. See: <https://www.youtube.com/watch?v=Zu1zpARrORw>

17. Trad. eng: *You are not alone*. See: <https://www.youtube.com/watch?v=90dA1BRiN1M>

Emblematic cases are the posters *Passo dopo passo*¹⁸ (2020, Catania), where only the abuser's clenched fist appears, or *Riconoscere la violenza* (2013, Rome)¹⁹, in which the faces of the aggressors are covered by humorous slogans. This type of fragmented representation raises significant questions about how violence is communicated and perceived. Just as women are represented in fragments in commercial advertising (Tampone, 2021), men also undergo a dehumanizing effect, which, by stripping them of their human component, renders them extraordinary and evanescent (Oddone, 2013). Moreover, social advertising often makes clear distinctions between good and evil, between victim and perpetrator, between normal men and violent men, preventing the latter from recognizing themselves in what they see. These representations thus contribute to perceiving violence as a phenomenon far removed from everyday banality rather than as an endemic social problem (Oddone, 2013). In the campaign *Dalla parte delle donne* (2020, Lazio)²⁰, for example, victim and perpetrator are labeled as such by a superimposed text. While the victim is placed in the foreground, the perpetrator is again depicted in a blurred and undefined manner.

In the *Spot Anti-violenza*²¹ published in 2017 on the Department's YouTube profile (Rome), the figure of the abusive man can finally be observed in its entirety. Despite this, the message continues to be directed exclusively toward women, who, as usual, are represented in a subordinate position and exhorted to «unlock their courage». There is thus no educational purpose aimed at collective accountability. It is essential to remember that violence is not an isolated psychological problem concerning only some men considered deviant, but represents a structural element in current social dynamics. While acknowledging the importance of psychological support, it is crucial to emphasize that analyzing violence requires focusing not only on the individual responsibility of men who perpetrate abuse, but also on the collective responsibility of society (Magaraggia, 2015). Directly addressing the male audience, with the aim of promoting a

18. Trad. eng: *Step by step*. See: <https://www.comune.catania.it/informazioni/news/scuola/default.aspx?news=77847>

19. Trad. eng: *You are not alone*. See: <https://www.riconoscilaviolenza.it/>

20. Trad. engl: *On women's side*. See: <https://www.quotidianoprevenzione.it/salute/donna-adulto-uomo-adulto/regione-lazio-campagna-piano-contro-violenza-donne.html>

21. Trad. engl: *Anti-violence spot*. See: https://www.youtube.com/watch?v=tkXjzHUvHJs&ab_channel=Dipartimentoperlepariopportunit%C3%A0

center for men who commit violence, is the spot *Il primo passo dipende da te* (2022, Trentino)²². Although this is the first media product not to identify women as the target of the message, it is not without contradictions. The first problematic aspect is the dichotomous representation of gender universes: the male universe is depicted through a dark and dilapidated room, reflecting the protagonist's mood, a young white and physically fit man. The female universe, in contrast, is represented through the use of white sheets, symbolizing purity, and women who are crying, trembling, and frightened. This visual choice risks perpetuating stereotypes and reductive views of gender roles, contributing to the enactment of hegemonic versions of masculinity and femininity.

A second issue concerns the textual part of the voiceover. On one hand, phrases such as «Calling it violence seems exaggerated to me», «My children are afraid of me», or «I can change» facilitate the identification of the abusive man with what he sees on the screen; on the other hand, the phrase «When my blood rushes to my head I don't understand anything anymore» highlights a significant problem: the risk of justifying violent behavior as a consequence of an uncontrollable outburst, a rhetoric often present in journalistic language.

The video *Mettiti nei tuoi panni* (2016, Rome)²³, while directly addressing the male universe, inviting men to overcome indifference toward gender-based violence and reflect on the female experience while avoiding victimization and adopting a direct and realistic language, depicts the aggressors with covered faces and violence as an extraordinary and stereotyped experience rather than as a structural phenomenon perpetrated most often by individuals close to the victim. Highlighting the normality of men who commit violence in the analysis of gender-based violence is fundamental, as it means focusing on the cultural norms that define dominant masculinity in contemporary society. It means interpreting violence as a radicalized expression of heterosexual norms, rather than as an impulsive action driven by loss of control (Magaraggia, 2015). Violence, in fact, has roots so deep, from the organizational structures of society to the construction of our collective imagination, from language to representations of gender roles, that even

22. Trad. eng: *The first step depends on you*. See: <https://www.ufficiostampa.provincia.tn.it/Comunicati/Donne-vittime-di-violenza-azioni-e-interventi-in-Trentino>

23. Trad. eng: *Put yourself in her shoes*. See: <https://www.youtube.com/watch?v=Sg3BqqqLa0>

institutional strategies of prevention, expressions of outrage, and calls for justice often, albeit unconsciously, reflect the same symbolic system and cultural context from which violence originates and is sustained (Cicone, 2009 in Oddone, 2013).

The tetralogy *#Gliuominichecambiano* (2023, Valle d'Aosta)²⁴ stands out from other media products as it highlights the role of culture in the perpetuation of gender-based violence. With an accusatory tone, the series addresses men directly. The reflections are set in typically male daily contexts, such as a soccer locker room or a construction site, but also in spaces frequented by both sexes, like restaurants and gyms. Here, the comedian Francesco Rizzuto delivers incisive, unfiltered monologues, tackling crucial topics such as catcalling, stalking, sexual violence, and, echoing Pierre Bourdieu, the concept of dominance and symbolic violence.

Despite the critical tone, the main goal is not to blame men, but to promote greater awareness and individual responsibility. The spots aim to highlight men's ability to take an active role in change, standing up against injustice, emphasizing their capacity for choice and agency. The web series *#Cosedauomini* (2024, Rome)²⁵, curated by the Department for the Five Men project, also emphasizes the need to address culturally ingrained habits. Structured in five episodes, the series explores themes such as insecurity, confrontation, possessiveness, jealousy, and the division of domestic labor, highlighting the frustration, powerlessness, and sense of inadequacy that many men feel while trying to conform to rigid models of masculinity imposed by social standards. The common thread of the narrative is the soccer locker room, a symbol of the influence of homosocial environments and the responsibility that is not only individual but, above all, collective, in perpetuating a sexist culture. The locker room thus becomes a metaphor for society, a place where different conceptions of masculinity meet and clash, revealing the contradictions and complexities of the modern man.

24. Trad. eng: *#TheMenWhoChange*. See: <https://lavoro.regione.vda.it/notizie/news-2022/gliuominichecambiano>

25. Trad. eng: *#Thingsforman*. See: <https://www.youtube.com/@cosedauomini5562>

Conclusion

The institutional media products and communication initiatives promoted by the Department for Equal Opportunities of the Council of Ministers on male violence against women represent an important tool for raising awareness. However, the analysis conducted reveals several critical issues that limit their effectiveness. Women are often depicted exclusively in caregiving roles and within domestic spaces, without significant representations of female figures in work contexts or in positions of authority. This narrative choice risks reinforcing gender stereotypes and reducing the complexity of women's experiences. Moreover, these initiatives tend to focus exclusively on gender-based violence from a heteronormative perspective, without adequately considering the experiences of the LGBTQ+ community. Another limitation concerns the representation of men, often shown in a blurred manner or through body details, such as hands or shoulders, which prevent direct identification. This type of representation risks portraying violence as a phenomenon distant from everyday reality, hindering men's assumption of responsibility. Furthermore, when shown explicitly, perpetrators of violence are often stereotyped as marginalized or pathological individuals, neglecting the fact that male violence against women can be perpetrated by seemingly ordinary men from diverse social and cultural backgrounds. Another limitation concerns the target of these media initiatives, aimed almost exclusively at women. The main approach continues to focus on the protection and information of victims, promoting the use of the helpline, while still intervening too little on the deep cultural causes that feed violence. However, to effectively counter the phenomenon, it is essential to act not only on the consequences but also on the social dynamics that generate it, including a more incisive representation of men and their role in change. Despite these critical issues, signs of evolution can be observed. The institutional media products are beginning to shift attention from solely physical violence to other forms of abuse. Furthermore, there is a growing interest in the role of culture and male responsibility in combating violence, although interventions in this direction remain marginal. More effective communication should therefore embrace a holistic approach, capable of challenging the cultural roots of violence and proposing new models that consider the complexity of female and male

experiences, moving away from limited and stereotyped representations. Only through a more balanced and inclusive narrative will it be possible to more effectively combat male violence against women and promote lasting cultural transformation.

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Care, control and resistance in the Sicilian countryside: emergency policies and everyday practices of migrants

*Martina Lo Cascio*¹

Introduction: emergency policies and migrant vulnerability

In recent years, the countryside of southern Italy has emerged as a paradigmatic space for observing the intertwining of emergency policies, exploitation and forms of resistance. The COVID-19 pandemic has highlighted the centrality of agricultural work and, at the same time, the vulnerability of migrant workers. As Piro (2021) points out, «agriculture has been recognised as an essential sector, but this has not led to an improvement in the conditions of those who work in it» (p. 12). Far from being a turning point, the extraordinary regularisation of 2020 reproduced selective logics and control mechanisms (Dal Zotto, Lo Cascio and Piro, 2021), confirming the persistence of an emergency paradigm that governs migration through differential inclusions and spaces of exception.

This approach allows us to go beyond official statistics and convey the complexity of power relations at play in camps, ghettos and temporary settlements, showing how emergency policies translate into daily practices of differential inclusion and exploitation.

The article is divided into three main sections. The first part reconstructs the theoretical and regulatory framework, discussing the link between emergency policies, the 2020 regularisation and Law 199/2016 against illegal hiring, highlighting how these measures have had ambivalent effects: on the one hand, symbolic interventions to combat exploita-

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tion; on the other, the strengthening of blackmail mechanisms linked to legal status.

The second part analyses the institutional production of marginality, showing how ghettos and seasonal settlements are not anomalies, but devices for governing mobility that are functional to the agricultural supply chain. In the third part, we get to the heart of everyday practices through ethnographies of Campobello: contracts perceived as favours, informally negotiated wages, paternalism, dormitory labour regimes and the strategic use of the body. Finally, forms of migrant agency are discussed – from mobility to micro-resistance – and some reflections are offered on how to overcome the emergency logic and recognise migrants as subjects of law.

Theoretical framework: governance mechanisms and differential inclusions

The governance of migration in agriculture is based on mechanisms that combine care and control (Agier, 2011), inscribed in a biopolitics that produces differential inclusions (Mezzadra and Nielsen, 2013). In this context, rural areas are not neutral: they become “governance mechanisms” (Lo Cascio and Piro, 2018), where ghettos are not anomalies but technologies of power (Wacquant, 2007), capable of organising mobility and segmenting the workforce. Emergency policies – from the 2020 regularisation to the protocols against illegal hiring – do not eliminate precariousness, but reformulate it through spaces of exception and surveillance regimes, transforming the “emergency” into normality.

To understand how these logics translate into the daily lives of labourers, it is useful to refer to Labour Process Theory (Braverman, 1974; Smith, 2006), which highlights the “double indeterminacy” of the employment relationship: «the employment contract is open-ended, subject to the employer’s direction to extract a measure of output» (Smith, 2006, p. 390). This concept is crucial for understanding the practices of paternalism, informal wage negotiation and control strategies observed in the Sicilian countryside. More recently, Alberti and Sacchetto (2025) in *Lavoro migrante. Exit, voice e riproduzione sociale* (Migrant Labour: Exit, Voice and Social Reproduction), show how mobility can become an active strategy: some migrants, trapped in low-skilled jobs, use temporary

employment to resist and escape degrading conditions. This perspective allows us to recognise the micro-practices of resistance that arise in ghettos and dormitories, where the simple possibility of “leaving” becomes a concrete form of agency.

Migrant labour is part of a regime of extreme flexibility, where mobility is both a resource and a constraint. As Sacchetto (2015) points out, «mobility is not only a condition, but a governing mechanism that regulates bodies and fragments solidarity». Alberti (2014) invites us to consider mobility as power: «some migrants are trapped in low-skilled sectors, while others manage to strategise around their temporary status to escape degrading jobs» (p. 866). This perspective opens up an understanding of the micro-practices of resistance that develop in ghettos and dormitories, where the possibility of “leaving” becomes a form of agency.

Finally, intersectionality (Crenshaw, 1989; Collins, 2015) allows us to understand how gender, ethnicity and legal status shape hierarchies and vulnerabilities, influencing not only access to work but also forms of exploitation and opportunities for resistance. These theoretical tools are not abstract: they are reflected in the case of Campobello di Mazara, where long-term ethnography reveals how policies and practices intertwine to produce spaces of exception and regimes of exploitation, but also daily tactics of survival and conflict.

The 2020 regularisation decree, presented as a response to the health crisis, involved approximately 207,000 people, but with limited results. «The outcome fell far short of expectations» (Piro, 2021, p. 13), as the measure excluded large groups of workers and made “legality” conditional on the availability of a contract. In the case of Campobello di Mazara, this condition reinforced employment blackmail: without an employer willing to “put the papers in”, regularisation remained inaccessible. As Dal Zotto, Lo Cascio and Piro (2021) observe, these policies «do not undermine the emergency paradigm, but reinforce it, reproducing structural vulnerabilities». Law 199/2016 against illegal hiring, while introducing safeguards, has had ambivalent effects: it has shifted the focus to ghettos as a public order problem, without addressing systemic precariousness, as demonstrated by the evictions in Campobello. Corrado and Perrotta (2016) point out that «the fight against illegal hiring has resulted in symbolic interventions, while material living and working conditions remain unchanged» (p. 10).

Bodies, marginalisation and everyday practices

Campobello di Mazara is a privileged observatory for analysing how emergency policies produce spaces of exception. Ethnographic research conducted in the area (Lo Cascio and Piro, 2018) shows how ghettos are “spaces of confinement and blackmail”, where the logic of “getting out of the ghetto” translates into surveillance measures rather than rights. The proliferation of temporary settlements, far from being random, responds to the need to govern mobility and fragment solidarity networks. Emergency management produces spaces of exception that normalise exploitation. These spaces are not mere “side effects”, but actual technologies of power (Wacquant, 2007), operating through territorial segregation and social stigmatisation. Lefebvre (1974) reminds us that space is produced and reproduced by power relations: in the case of Campobello, seasonal shanty towns are not only places of life, but devices that organise work and discipline bodies. Sacchetto (2015) points out that «mobility is governed in order to fragment solidarity and keep labour costs low» (p. 217). Similarly, Corrado and Perrotta (2016) speak of «regimes of exploitation based on a combination of low wages, informality and blackmail linked to legal status» (p. 12).

The case of the Transformed Littoral Strip (TLS), the largest greenhouse area in Italy, is useful for putting the dynamics observed in Campobello into perspective. «The contract is perceived as a favour received from the boss» (Piro, 2021, p. 79), a tool for binding the worker and disciplining their behaviour. In Campobello, too, the promise of employment encourages labourers to show themselves to be “available” and “reliable”, accepting unpaid overtime and foregoing breaks. Wages, far from being an objective parameter, are negotiated on a daily basis and vary according to nationality and housing conditions, as highlighted by Corrado and Perrotta (2016). The dormitory labour regime (Smith, 2003; Ceccagno and Sacchetto, 2020) reduces reproduction costs and justifies lower wages for those living on the farm: «the home becomes an extension of the workplace» (Piro, 2021, p. 91). In Campobello, this logic translates into shacks and tents, where precarious housing becomes a lever of control. However, while in the TLS, deseasonalisation favours semi-permanent settlements, in Campobello, extreme temporariness pre-

vails, which accentuates vulnerability and hinders any form of collective organisation.

The body is the primary terrain of exploitation and resistance. In greenhouses and fields, «tomatoes are like children: you have to feed them» (Piro, 2021, p. 36), but this care translates into exhausting postures, such as the “rabbit position”, which «after hours breaks your knees and back» (Piro, 2021, p. 125). Fatigue is normalised, and hegemonic masculinity pushes men to hide their pain: «No one loves this job, you only do it to fill your belly» (Piro, 2021, p. 51). Women, on the other hand, are hypervisible and stigmatised: «Romanian women are considered sexually available» (Sanò, 2018, p. 98), exposing them to blackmail that intertwines labour and sexual exploitation. The body thus becomes a device of control, but also a space of agency: slowing down the pace, taking hidden breaks, and taking care of one’s appearance to counteract symbolic degradation are daily tactics for “resisting in the body”. As Piro writes, “tensions around bodies, although embodied and therefore often invisible, constitute a significant part of daily conflicts between employers and workers” (Piro, 2021).

Alongside these micro-strategies, collective practices are emerging that transform ghettos into ambivalent places: «spaces of confinement and blackmail, but also of solidarity and struggle» (Living and struggling in rural ghettos). Here, food, transport and information are shared, but inter-ethnic conflicts fuelled by wage segmentation are also addressed. Seck’s awareness, gained through his experience in Campobello, shows how precariousness can become politicised: «We are not just labourers, we are people who think and fight». His story tells of the transition from survival to vindication: from the confusion between “mayor” and “trade union” to the awareness that «we must become so strong with our assemblies that we can force the caporali to use their power in the interests of the workers» (Lo Cascio, 2025). This sentence overturns the paternalistic narrative that reduces labourers to victims and restores their ability to act as political subjects.

The struggles and the “We Are Here” campaign are intertwined with silent resistance: «even silence can be a form of struggle» (Piro, 2021, p. 91). In this intertwining of body, space and word, a migrant subjectivity is constructed that challenges the regime of humanitarian exploitation, transforming vulnerability into vindication. As *La coscienza di Seck* points

out, the protagonism of farm labourers does not arise from strategies imposed from above, but «from the urgency of needs as experienced by the workers themselves, without victimisation». It is in this tension between everyday life and politics that a trade union capable of listening to and supporting processes of self-organisation emerges, avoiding the reproduction of the paternalism inherent in many institutional practices. Experiences in the ghettos, although marked by precariousness and extreme mobility, show that resistance is not the absence of power, but the ability to reinvent conflict, shifting it from the sphere of production to that of reproduction, from the fields to the shacks, from bodies to assemblies.

Conclusions: beyond the emergency paradigm

The analysis conducted shows how the Sicilian countryside is now an emblematic laboratory for emergency migration governance, where differential inclusion, control mechanisms and precariousness are reinforced within production chains that require extreme flexibility and very low reproduction costs. The 2020 regularisation and Law 199/2016, although presented as turning points, have mainly acted on the most visible effects (public order, combating illegal hiring as a deviant practice) without affecting the material and symbolic architecture of exploitation: dependence on the employer for access to “legality”, informal housing as a labour infrastructure, ethnic and gender segmentation as a standard labour management technique. From this perspective, ghettos and seasonal settlements are not anomalies to be removed, but devices that organise mobility and discipline bodies, normalising the exception.

Within this framework, ethnography shows that conflict does not disappear: it shifts, fragments, and takes on minute but persistent forms. The “double indeterminacy” of the employment relationship translates into daily negotiations over working hours, wages and breaks, in which paternalism and blackmail coexist with tactics of subtraction, slowdowns, silent refusals and self-care as a counter-narrative to degradation. Mobility itself is ambivalent: a constraint that fuels precariousness, but also a strategic resource for reorganising ties and opportunities, to the point of making it possible to exit the most oppressive contexts. Experiences of self-organisation – assemblies, solidarity networks, grassroots trade union

practices – show that the “humanitarian” can be overturned from within when workers recognise themselves as political subjects and not as passive recipients of protection.

Overcoming the regime of humanitarian exploitation requires a change of scale and vocabulary. In terms of policy, this means: (1) decoupling residence permits from the discretion of employers, recognising channels of regularisation that do not reproduce subordination; (2) guaranteeing decent housing and essential services (water, electricity, transport) as an integral part of the supply chain, with shared responsibility between businesses, large retailers and institutions; (3) strengthening labour inspections on working hours, real wages and conditions in greenhouses, going beyond repressive measures and symbolic evictions; (4) supporting forms of representation that start from the needs as experienced in the camps and dormitories, avoiding the reproduction of paternalism.

In terms of practices, it is necessary to recognise the political value of daily micro-resistance and build bridges between it and collective demands: linguistic and legal translation services in living spaces, self-managed transport, solidarity funds, mobile help desks in ghettos during the seasons. To the same extent, the supply chain must adopt transparency as a criterion: social clauses in contracts, traceability of working conditions, rewards for those who invest in public guesthouses and territorial bargaining.

If space is produced by power relations, then it can be reproduced in different ways: from exception to right, from ghetto to a social infrastructure of citizenship. The lesson that comes from the Sicilian fields is twofold: exploitation is not a remnant, but a rational outcome of a flexible economy; and yet, precisely where the emergency claims to close off possibilities, the practices of care, speech and organisation of workers open up concrete opportunities. Recognising, supporting and institutionalising them is the condition for agricultural work to become compatible with dignity, rights and democracy.

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What do sex-therapists do with pornography? Exploring medicalized, religious, and moral framings

*Julie Minders*¹

“When it comes to pornography, we sex-therapists don’t throw the baby out with the bathwater, because we are often brought to using pornographic and, above all, erotic images in sex-therapy in order to enrich our patients’ fantasies”

“When you watch pornographic films, your brain isn’t able to distinguish between the pleasure it got from looking at the fantasy, and the pleasure it got from experiencing the fantasy”

*When it comes to porn, get into the habit of saying: it’s a film.
[...] When you watch a film with werewolves, you are not going to say to yourself ‘Damn, I want to be a werewolf!’”*

Introduction

In numerous countries, a surprising diversity of actors – of which many sexologists – have become involved in public debates about (video) pornography², framing it variously as a matter of cultural and educational concerns, as a criminal issue, and, very often, as a public health problem

1. Julie Minders is a PhD candidate in sociology at GERME (Group for Research on Ethnic Relations, Migration and Equality) and a graduate sex-therapist, Université libre de Bruxelles.

2. Seen the absence of consensus regarding the definition of what is pornography (Ashton et al., 2019; McKee et al., 2020; Willoughby and Busby, 2016) and the recurring use of the term in the field, we chose to refer to any type of sexually explicit video as “pornography”, unless specified otherwise in the text. We however acknowledge the interest of notions such as VSS – Visual Sexual

(Smith and Attwood, 2014; Webber and Sullivan, 2018; Damian-Gillard and Vörös, 2025). A growing body of research has been criticizing the now widespread notion of “pornography addiction” as a case of medicalization of a moral issue (Vörös, 2009; Clarkson and Kopaczewski, 2013; Ley *et al.*, 2014; Burke and MillerMacPhee, 2021), extending earlier analysis of sex addiction as pathologization of culturally disapproved sexualities (Irvine, 1995, 2005; Reay *et al.*, 2013). The rhetorical mobilization of addiction discourse by religious actors (Paternotte *et al.*, 2015; Burke and MillerMacPhee, 2021; see also Gulamhusein, 2018 and Shariff *et al.*, 2022) illustrates the prevalence of this trend and shows that medicalization of porn use extends well beyond the medical sphere.

Although numerous therapists nowadays offer religious approaches to health and wellbeing (Lüddeckens *et al.*, 2022; Dharamsi and Liberatore, 2024; Tal and Pagis, 2024), research has yet paid little attention to the normative implications for sexuality in contemporary therapeutic practices. This gap is particularly noteworthy given the links between religiosity, pathologization of porn use, and related sexual issues evidenced by research (Grubbs *et al.*, 2017; Leonhardt *et al.*, 2018; Burke and Haltom, 2020). Yet beyond the active involvement of numerous sex-therapists in constructing the notion of a “porn addiction epidemic” (Vörös, 2009), fieldwork reveals a diversity of practices among both religious and non-religious therapists. Sexology indeed appears as a strongly medicalized, but eclectic and loosely structured field, made of a diversity of professional profiles – especially in the case of francophone Europe (Bauer and Crozier, 2017; Giami and Michaels, 2020; Leng and Sutton, 2021; Gouvernet and Adam, 2023 Kempeneers, 2024). This phenomenon is being reinforced by the expansion of online activities (Tiefer, 2012; Sciberras and Tanner, 2023). These elements lead us to a general interrogation: what do sex-therapists do with pornography in their therapeutic and educational practices, beyond public debates on porn addiction?

This article investigates the treatment of pornography by six sex-therapists with a strong presence in the media and social-media, in regard to medicalization understood as a broad cultural process. In doing so, it aims at contributing to the body of knowledge on sexology and por-

Stimuli, meant using a more neutral term for scientific research, “pornography”, as we will see, often bearing negative moral connotations (Ley *et al.*, 2014).

nography. It highlights diversity of practices related to pornography in the context of an eclectic but strongly medicalized professional field, underlining their ideologically situated character. By looking into the interactions between (non-)religiosity and approaches to pornography, it interrogates the moral stakes embedded in the practice of sex-therapy. The analysis is based on an online ethnographic exploration of the public activities of six notorious francophone sex-therapists based in Belgium and France.

Medicalizing sexuality

Medicalization and psychologization

The phenomenon of medicalization as studied by social sciences generally consists in the extension of the medical domain to another area of human existence – applying its own norms, practices, devices and definitions. Conrad and Schneider describe it as a process in which definition is decisive: medicalization consists in defining a problem in medical terms, adopting medical framework and interventions in order to understand and treat it (Conrad and Schneider, 1980; Conrad, 1992). Their contemporary French sociologist Robert Castel clearly distinguishes medicalization from the psychologization of society. Whereas medicalization is rooted in the management of deviance by institutions and professional figures (Castel, 1976), psychologization is a broader social process that engages society at large (Castel, 1981). His work highlights a twentieth-century shift: structural and collective dysfunctions increasingly came to be understood as individual failings, explainable through psychology (Castel *et al.*, 1979). The sociologist warned against the rise of a pervasive “new psychological culture” that extends beyond traditional psychiatric patients (Pache and Mathieu, 2023; Castel, 1981). Psychologization is particularly evident in the media and public discourse, as a tendency to frame social behaviours as individual and interpersonal issues, prompting responses such as psychotherapy, counselling and all the related therapeutic discourses and practices (Castel, 1981). The psycholo-

gization of reality paradoxically serves a political function of maintaining the established order, by placing responsibility on individuals and erasing the structural and environmental causes of their suffering (Castel, 1995).

The two phenomena are however linked, and regularly overlap: Castel's notion of psychologization appears in continuity with medicalization. Numerous authors include the contemporary tendency to suggest therapy and counseling in response to social issues into the broader concept of medicalization. According to Conrad, the phenomenon of medicalization concerns all subjects defined following a medical frame of reference, and does not necessarily imply the direct involvement of the medical profession (Conrad, 1992). Without an explicit use of the term "psychologization", Tiefer is critical of the psychotherapeutic and normative framings of sexuality, particularly regarding notions such as "healthy", "dysfunction", or "orgasmic". She regards these approaches as medicalizing in a multi-disciplinary sense: doctors, psychologists, sexologists, coaches... can all play a part in the medicalization of desire. In this sense, we can consider that Tiefer's analysis includes what is otherwise described by Castel as "psychologization" – the erasure of social and political stakes through the individualization of social issues – in the larger term of "medicalization" (Tiefer, 1996; 2006; 2012). Castel's notion of psychologization can be understood as a continuation of medicalization, as medical norms are shifted from institutional settings to psychological discourse and individual self-regulation. This aligns with Memmi's "government of bodies": a cultural shift that, while still encompassing medical institutions, extends beyond them in the management of conduct through increasingly individualized means – primarily via speech and under strong psychological influence (Memmi, 2006; 2014).

Therefore, unless specified otherwise, we chose in this paper to include psychologization within the broader term "medicalization", understood as the definition of any type of issue relying on medical and psychological terms and referentials – with all the social and cultural processes associated, beyond professional and institutional contexts.

Sexology and the medicalization of sexuality

While Castel did not focus specifically on sexuality, a flourishing body of literature has examined sexology as a clear illustration of the medicalization of sexuality (Foucault, 1976; Giami, 2004). Throughout the course of the twentieth century, a reframing of formerly religious affairs as matters of health – accompanied by a shift in the dominant mode of argumentation and the main authority figures (Bourdieu, 1987) – was coupled with a growing emphasis on pleasure instead of reproduction (Béjin, 1982). Benefiting from an image of neutrality, rooted in scientific claims, sex research and its associated therapeutic practices have contributed to the development of new sexual scripts (Gagnon and Simon, 1976) – with the potential of re-defining, or reinforcing, what is considered “normal” or deviant. Still predominantly heterosexual and monogamous, these scripts promote a conception of sex focused on pleasure and performance, in which the absence or lack of either can be treated as a pathology (Aromataro, 2017; Tiefer, 2017).

While the field of sexology appears nowadays particularly preoccupied by an epidemic of porn addiction stemming from the increased accessibility of online platforms, sexology has a historically fluctuating relationship to pornography. Developed in the twentieth century at the intersection of medicine, psychology and religious institutions, modern sexology is and has been constantly negotiating its paradigmatic inscription and disciplinary boundaries (Beccalossi *et al.*, 2023; Vanderpepen-Diagre and Sägerser, 2017). Beyond institutional projects, the scientific knowledge and therapeutic treatment of sexualities have been, since the beginning, influenced by a large diversity of actors – from feminist and queer activists to sex workers (Kolodny, 2001; Bard *et al.*, 2018). Sexology and pornography have been regularly intertwined in history – from the exploitation of erotic visual productions to the funding of research projects by the pornographic industry; from the use of pornographic contents for research and therapy to the publication of studies in mainstream erotic magazines (Irvine, 2005; Bull, 2012; 2021; Chaperon, 2002). One of the challenges for the development of sexology in the Western world has however been to differentiate itself from pornography, as a challenge for achieving social legitimacy. Medicalization, in this sense, is also to be read as part of the struggle for symbolic authority over inti-

mate affairs: biomedical and religious normative systems are thus in competition for the imposition of concurring visions of the world (Cardon, 2003; Bourdieu, 1987).

The historical study of such topics as youth education or masturbation however shows continuities among a diversity of actors in the construction of certain sexual practices as harmful and dangerous, despite providing seemingly concurrent symbolic framings (religious, biomedical, militant...) (Giami, 2007; Brenot, 2007). This reflects Foucault's argument that the science of sexuality is «essentially a subordinate science, governed by the imperatives of a morality whose distinctions it has reiterated in the form of medical norms» (Foucault, 1994, p. 72). Numerous authors have, indeed, examined sexology as a development of the medicalization of society, analysing the many cases of pathologization of sexual behaviours otherwise framed as deviant (Giami and Levinson, 2021; Tiefer, 2017; Rinaldi, 2016). Increased psychologization perfectly coexists with the reinforcement of moralism, to the point of reinforcing each other, Castel reflected (Castel *et al.*, 2008).

Sexology and pornography: from public debate to real practices

A conjunction of moral and medical concerns about sex addiction was already pointed out in the 1990s by Janice Irvine, who analysed it as a social construction based on the pathologization of deviant behaviours, stemming from the crossing of moral conservatism and radical feminism (Irvine, 1995). The construction of addiction to pornography has been analysed as a case of medicalization of sexuality, carrying financial stakes, by an expanding body of authors (Irvine, 1995; Clarkson and Kopaczewski, 2013; Reay *et al.*, 2013). Religious voices also contribute to framing pornography as harmful and addictive. Christian and Muslim religious orthodoxies generally reprove its use on theological grounds (Maudet, 2017; Perry and Schleifer, 2018; Uthman, 2022; Uba Adamu, 2024), but research undelines an investment of addiction rhetoric by religious actors (Paternotte *et al.*, 2015; see Shariff *et al.*, 2022). Studies on religious population groups point at intricate links between religiosity, moral disapproval, problematic use and increased tendency to (self-) diagnose addiction to pornography, underlining a contemporary pheno-

menon of medicalization of a moral issue (Grubbs *et al.*, 2017, 2018; Leonhardt, *et al.*, 2018; Burke and Haltom, 2020).

There is, however, no scientific consensus neither on the general implications of porn use, nor on the validity of pornography addiction diagnosis (Reay *et al.*, 2013; Ley, *et al.*, 2014; Williams *et al.*, 2020). In recent years, a growing body of research has criticised work on pornography addiction for generally neglecting its sociological dimensions, pointing to important methodological issues (Clarkson and Kopaczewski, 2013; Ashton *et al.*, 2018; Burke and Miller-MacPhee, 2021; Fisher, 2024). Bearing the influence of sex wars, most studies are marked by the ambition to prove or disqualify common assumptions that pornography leads to more sexist attitudes, gives way to deviant practices, or causes sexual dissatisfaction and relational problems (Smith and Attwood, 2014; Fisher, 2024). The potential positive outcomes of pornography are generally left out of the public debate, also by healthcare professionals and educators, despite existing research (Vörös, 2009; McCormack and Wignall, 2017; Bóthe *et al.*, 2019; Popolla, 2021; Masanet *et al.*, 2025). But this dominant framing of pornography as harmful has not always been in sexology. Though rarely studied, pornography appears to have played a role in the development of modern sex-therapy, with figures like Kaplan and Masters and Johnson supporting its use (Tyler, 2011; 2016)³. Tyler suggests that moral scandals did contribute to the distancing of sex-therapists from the therapeutic use of pornography. In the case of francophone sexology, it is envisageable that the Tordjmann case could have similarly contributed to increasing moral pressure on sex-therapists and, in response, to the increasing pathologization of porn use⁴.

However, sexology is an eclectic domain composed at the intersection of numerous disciplines and ideological anchorings (Giami and Levinson, 2021; Leng and Sutton, 2021), which can lead us to the assumption that professional approaches to pornography are also diversified among therapists. Controversially called a “porous field” (Bauer and Crozier, 2018),

3. It seems however important to note that few sources are available regarding the history of therapeutic practices relating to pornography.

4. Eminent French sex-therapist Gilbert Tordjman was accused of multiple assaults on his patients, often involving the projection of pornographic videos during therapy sessions. The highly mediated case was accompanied by claims of scientific illegitimacy and moral respectability of sexologists as a professional group (Giami, 2014).

sexology appears even less structured and organized in francophone Europe (Gouvernet and Adam, 2023). Beyond the active involvement of numerous sex-therapists in constructing the notion of a “porn addiction epidemic” (Vörös, 2009), the researcher’s experience of the field reveals a diversity of practices from both religious and non-religious therapists. The multiplication of professionals offering sexuality advice, while they do not necessarily constitute a challenge to the medicalization of sexuality, does accentuate the diversity of existing practices – especially with the recent expansion of online educational and therapeutic initiatives (Tiefer, 2012; Todaro *et al.*, 2018). Online platforms have seen the expansion of alternative approaches to therapy and education, including queer and feminist (Curtiss *et al.*, 2023; Sciberras and Tanner, 2023; Green, 2024) but also, as observed on the field, of sex-therapists that offer religious-informed counselling and other spiritual practices. Numerous therapists nowadays offer religious approaches to health and wellbeing (Lüddeckens *et al.*, 2022; Dharamsi and Liberatore, 2024; Tal and Pagis, 2024), but research has yet paid little attention to the normative stakes for sexuality in the case of contemporary therapeutic practices⁵. This is particularly noteworthy given the interactions between religiosity, pathologized use of pornography, and related sexual issues underlined earlier (Grubbs *et al.*, 2017; Leonhardt *et al.*, 2018; Burke and Haltom, 2020).

These elements call for an examination of the interactions between moral and medicalized framings of pornography, beyond “porn addiction”. The limited attention to contemporary clinical practices relating to pornography leads us to the general empirical question: What do sex-therapists do with pornography?

The present research offers an exploratory account of sex-therapist’s diverse engagements with pornography. It examines the mechanisms of medicalization and de-medicalization involved in these practices, and investigates the (in-)visibilisation of positive and negative moral stances on porn use in the activities of therapists with diverse religious, ideological and professional inscriptions. In doing so, it seeks to advance knowledge

5. About European sexology and religious institutions, see Vanderpelen-Diagre, C. and Sägger, C. (2017), *La Sainte famille: Sexualité, filiation et parentalité dans l’Eglise catholique*, Editions de l’Université de Bruxelles; Giami, A. and Levinson, S. (eds.) (2021), *Histories of sexology: between science and politics*, Cham, Palgrave Macmillan (Global queer politics); Chaperon, S. (2017), *Sexologies européennes*, in «Histoire, médecine et santé», (12), pp. 9-18.

on the contemporary handling of pornography in sexology and to contribute to broader reflections on the cultural and political implications of medicalized categorization in sexology.

Methods and data

Data collection

Analysis draws on the observation of the activities of six notorious francophone sex-therapists⁶. In line with the aim to examine medicalization as a broad cultural process that extends beyond institutions and involves society at large (Castel, 1981; Memmi, 2006; 2014), the observations focus on activities directed at a broad public – rather than professional literature and formal training programmes. This includes educational articles on blogs and websites; videos; podcasts, radio and tv shows, as well as posts on social media. Paid content aimed at professionals was kept out of the analysis, as well as professional events and offline activities. An inductive methodology was adopted, drawing on comprehensive sociology as defined by Kaufmann (1996), which is particularly suited to the exploratory nature of the project. Comprehensive methodology implies to reajust hypothesis and analysis until saturation is reached, grounding theory into the field (Glaser and Strauss, 1967). The subject of this article emerged from engagement with the field, while literature on pornography and sexology tends to focus primarily on pathologization. The research question thus occurred as a result of data collection (Ramos, 2015). For this reason also, the present article mainly seeks to open unexplored avenues, to further research on concrete practices regarding pornography, sexology, and the medicalization of sexuality.

The sex-therapists whose activities are analysed range in age from their thirties to their sixties. Three of them are mainly based in Belgium and

6. This data collection is consecutive to an online ethnography led for the author's doctoral thesis with a focus on the work of francophone Muslim sex-therapists; her experience as a young sex-therapist; and the immersive observations in the field of francophone sexology that were complementary to the online ethnography, in order to gain larger understanding of context and discipline.

three in France. However, national borders appear as less relevant online, where language tends to matter more than geographic location (Wehden and Stoltenberg, 2019).

Among the therapists, S2, S3, S4, and S6 hold degrees in biomedical fields, while S1 and S5 do not exhibit a professional background in (para-)medical disciplines. Regardless of their initial qualification – from philosophy graduate to medical doctor – each of them holds at least one university degree in sexology⁷. All sex-therapists were selected based on the scope of their public activities: each of them has made several appearances on mainstream media in the past 5 years, entertains a professional social media page that counts over 20 000 followers, and/or has produced contributions to major health and education information websites. All six have also published books and work as practising clinician sex-therapists. Three sex-therapists display no religious affiliation in the context of their professional activities, while three others do include signs of religiosity as well as discussions on religion and sexuality in their work⁸. It is important to note that each of these therapist incorporates religion into their work in distinct ways, as will be further exposed. While the analysis relies on a small sample of sex-therapists (n=6), the scope of their public interventions is particularly large for what concerns sexual education⁹. The present article does not aim to provide a representative account of approaches to pornography in francophone sexology, but rather to explore diverse existing forms of framing pornography among some of its most visible and influential figures.

Profiles

S1 describes herself as a couple therapist and sexologist. In addition to her clinical practice, she is known for her frequent appearances in both mainstream and social media, and for producing conferences and

7. There is, to this date, no formal regulation in Belgium, nor France, regarding sex-therapy and professional titles (Kempeneers, 2024).

8. The therapist's religious affiliation is only taken into account when it is actively integrated into their professional activities.

9. Sexual education here is to be understood as any activity of information about sexuality and affective relationships, directed at any age category and not solely at children and adolescents.

educational contents about sexuality and relationships. She is particularly active among Catholic organizations, especially as an educator, and regularly discusses Christian faith in her professional activities.

S2 presents himself as a medical doctor and sex-therapist. In parallel to his clinical practice, he is well-known for his contribution to some reality tv shows as a counselor, and frequently takes part in interviews, videos and podcasts online. He is the founder of an online consulting platform and publishes numerous educational contents on sexuality. He does not display any religious affiliation in the context of his professional activities.

S3 is a sex-therapist and a midwife. In addition to exercising in her private practice and collaborating as an educator with community organisations, she hosts a national radio show on health where she invites diverse authors to discuss their work – often on sexuality. Openly Muslim in professional contexts, she also takes part in a number of interviews with major media (audiovisual and written), in which she often discusses issues of sexuality in relation to Islam.

S4 is a clinical sexologist and couple therapist. A doctor in biomedical sciences, he has taught sexology at the university and founded diverse professional training programmes for clinicians. Often interviewed in the media, he participated in radio and tv shows and wrote several articles on sexuality for famous magazines. He does not display any religious affiliation in the context of his professional activities.

S5 presents herself as a sex-therapist, speaker, and intimacy coordinator. In addition to her clinical practice, she is particularly active on social media. She hosts a podcast on sexuality with a strong focus on non-normative sexualities and feminist approaches, and organizes a diversity of webinars and conferences, both for professionals and the public. She does not display any religious affiliation in the context of her professional activities.

S6 is a sex-therapist and a midwife. In addition to her clinical practice, she is particularly active on social media, where she has been publishing educational content for the past few years, and has made several appearances on mainstream television channels. She is openly Muslim in her professional context and frequently draws on religious references for sexual counseling, focusing on offering relevant answers to the realities of people from a Muslim and/or Maghrebi background. She organizes

thematic activities that range from discussions about certain traditions, to workshops for (muslim) marriage preparation.

Non-medical framings of pornography

All sex-therapists in our sample address pornography in a diversity of manners depending on the context, and even sometimes within the same intervention. For the purpose of analysis, medicalized and non-medicalized framings have been divided into distinct sections.

What is ethical?

While there is a general consensus in the field around casually referring to sexually explicit videos as “pornography”, sex-therapists appear to use inconsistent and highly individualized definitions of the term – which aligns with research on non-specialist populations (Willoughby and Busby, 2016). Some occasionally distinguish between “ethical” and “mainstream” pornography, or oppose “erotic” (positive) to “pornographic” (negative), but these mentions are too scattered for systematic comparison. S1 and S5 frequently engage with the notion of ethics, although in sharply divergent ways.

For S5, ethics refers primarily to production conditions: fair pay, safe working environments, and consensual practices. She takes a stance against mainstream pornography but does not reject video pornography as a whole – provided it is understood as *adult* entertainment. Her main concerns regard the conditions of production and diffusion, and minor’s access. In several podcast sessions, she recounts her experience as an intimacy facilitator on a porn movie set, emphasizing consent, actors’ well-being, communication, safety, hygiene, etc. Regarding content, S5 emphasizes the degree of fidelity to reality, the level of potential violence conveyed, and the extent to which sexual normativity or diversity is expressed.

S1 also differentiates types of sexually explicit contents, but on entirely different grounds. Here, the fact that an actual sexual intercourse is displayed or not, is a determinant factor. Certain audio productions –

which S1 calls “erotic” – constitute healthy excitement because they do not show “real sex” and are thus not immoral. By contrast, audiovisual productions that display sexual intercourse, involving sex-workers, are deemed pornographic (not erotic) and resultantly harmful – and can legitimately be regarded as cheating on one’s partner. S1 cites the Catholic Church’s condemnation of pornography, but emphasizes the importance of not reinforcing feelings of shame, preferring to talk about “victims” of pornography. For the sex-therapist, pornography is harmful because it involves real sexual acts; eroticism, by contrast, does not, and allows individuals to explore fantasies without engaging in immoral behaviour.

S6, who does not discuss the possibility of morally acceptable sexually explicit contents, but also equates watching pornography to cheating on one’s partner – often associating this with a masculine behaviour. She similarly frames pornography as harmful. S6 considers pornography “unethical” and, occasionally, explicitly expresses religious incompatibility. In a video shared on social media, she invites her followers to help create a list of “ethical” movies containing no sex scenes, invoking the believer’s duty to “lower the gaze”¹⁰, which she interprets as incompatible with any sexual scene on screen.

In certain interventions, S1, S5 and S6 discuss pornography as a moral issue rather than a medical one. The historical divide between pro- and anti-porn feminisms (Smith and Attwood, 2014; Fritz and Paul, 2017), is particularly salient in their public work. While they aim to support a fulfilling and pleasurable sexuality, their ethical criteria differ entirely. S1 equates a certain type of sexually explicit content with prostitution, considers it inherently harmful and takes a moral stance on certain sexual practices. What she deems “pornography” is an object of transgression, while “eroticism” is a tool for maintaining heterosexual and monogamous order in a more personally fulfilling manner. Considering S1’s Christian inscription, this could also be read as a creative middle ground between religious condemnations of certain sexual practices, including masturbation (Maudet, 2017; Burke and Haltom, 2020; Perry, 2019; Burnett, 2022), and the boundless modern sexuality that they deplore (Paternotte *et al.*, 2015; Peumans, 2016). S6’s conception of what is ethical, largely

10. S6 emphasizes the relevance of this religious duty for both men and women. Muslim feminist scholars have been criticizing the erroneous mobilizations of Sura 24:30-31 for sexist purposes (Fay, 2010).

compatible with this logic, is however more explicitly grounded in her practice of islamic faith.

S5, on the other hand, focuses her concerns on the conditions of production – above all, fair treatment of the actors – and representation. She grants attention to the models convened – woman-centered, realistic, not focused on penetration. Coherent with a feminist vision that considers pornography as a potential tool for empowerment (Fritz and Paul, 2017; Popolla, 2019), her approach to porn use is more explicitly political.

Appendix – What is ethical?

S5: Regarding ethical porn, sometimes we only focus on what we see in the picture: it's beautiful, it's centred on the woman's pleasure, there's no penetration [...] and it's very nice, but in reality what's also interesting to know is what happens when the camera isn't rolling. [This movie set] is also ethical in the sense that the actors are *treated* well, they *eat* well, they are *paid* well; they have showers available, they have what they need to clean themselves, they can chat together, they have free rooms to take some rest [...] and that feels good.

S1: I'm opposed to porn, but I'm ultra pro-eroticism, which makes life happy and fulfilling. Also paintings, photos, films, literature. I think that is how we're going to get out of this porn industry. One of the aims of eroticism is to unlock the imagination.

S5: I found some of the scenes very beautiful. For example, there is a lesbian scene that's unbelievable. [...] Because it is something you don't see much of in porn, i.e. there's no penetration, there are no sex toys, there's kissing, caressing, stimulation of the breasts, vulva, etc. and it's super hot and sexual, so there's no need for penetration or sex toys to render a lesbian scene very, very hot.

S1: Fantasies aren't meant to be realised as such. But through an audio recording, for example, we can be allowed to live them out in our imagination. [...] An incredible thing about us human beings [:] imagining it is almost living it! The bodily sensation can be enormous just by imagining, when actually, there are the kids sleeping next door, the husband watching Netflix or sitting quietly next to us... in short, you are simply at home and you're not doing something that is degrading for yourself or for someone else.

The impact of pornography on human sexuality, largely researched (Fisher, 2024; Kühn and Gallinat, 2014; Vandenbosch and Van Oosten, 2017; Kohut, Baer and Watts, 2016), is a key concern for several therapists. They question the sexual culture it shapes and the gender dynamics it may influence.

S5 regards certain types of pornography as a political tool: by providing positive sexual models, (ethical) pornography has the potential to influence sexual and relational culture.

In numerous interviews, S3 also talks about pornography from the angle of its impact on sexual scripts¹¹ (Simon and Gagnon, 1973) and culture. Critical about pornography, she presents it as the opposite of the sexuality she promotes: emotional, creative, fulfilling, based on connection to oneself and one's partner – as opposed to being «locked into a mechanical and productive conception of pleasure». S3 regularly affirms that her personal religious convictions do not form the basis of her professional work. On her radio show, she collaborated several times with former porn actresses and filmmakers, which does not give rise to any strictly anti-pornography discourse from her side. During these encounters, she does not frame pornography with medical terms, nor mention addiction.

S2 likewise devotes a significant part of his interventions to examining pornography's effects on sexual scripts and sexual well-being. Unlike educational approaches focused on its harmfulness, he concentrates on explaining how porn videos are produced, aiming to foster a more informed and critical understanding among his audience. In an educational video featuring a famous former porn actress, he addresses questions regarding pleasure, violence, body image, sexual skills, consent, control of ejaculation, penis size, squirting, STIs, amateur vs professional content, etc. His guest shares technical insights from behind the scenes, including filming conditions, the actual sex lives of performers, and various

11. “sexual scripts” are not mentioned as such on the field. However, we chose to mobilize the term for referring to scenarios – cultural, interpersonal and intrapersonal – as it does fit what the sex-therapists describe in terms of models and scenarios being part of a cultural context, that can be internalized and condition individual's interactions, imaginaries and personal representations of sexuality.

“tricks” used to present bodies in visually appealing ways. The tone is factual, oriented toward risk reduction and media literacy. S2 emphasizes providing the audience with the necessary tools for critique distance in order to counter what he describes as a tendency to develop performance anxiety when confronted to pornography. While medical issues such as addiction are mentioned, they are not central. Pornography is framed primarily as entertainment, and S2 encourages critical distance to counter performance anxiety and feelings of inadequacy. They serve as entry points for S2 to critically engage with social injunctions to performance, and bring individuals to question their internalized representations of what sexuality should be.

S6 and S1 also do discuss pornography’s influence on sexual scripts, and gender dynamics, focusing on its damaging effects. Both emphasize the suffering porn use can occasion in couples and families by hindering desire and connection – partly due to the unrealistic expectations conveyed. S6 claims that people who watch pornography tend to develop unrealistic expectations regarding the physical features of their partner, and may not be as attracted to their husband or wife anymore. «We know that for a woman, foreplay, emotion and gentleness are very important. Going from pornography to reality is brutal for both» she explains in a video. S1 adopts similar positions, citing statistics connecting porn use to domestic violence and foregrounding violent content as a key reference of her anti-porn activism.

S4 also addresses gender representations in pornographic videos, but solely from the point of user’s preferences. He regularly regrets that beyond cultural taboos, women tend to be less attracted by pornography due to the nature of the scenarios. S4 explains in an interview:

S4: Women feel excluded from these fantasies, where tenderness and emotion are completely absent and female desire is ignored. However, there is a place for female pornography that emphasises relationships, glances, suggestion, kisses, foreplay and, above all, without sexual performances or gynaecological close-ups¹²

12. It seems noteworthy that certain critiques regarding gender stereotypes in porn, while expressed by therapists with opposing visions of pornography, do rest on other gender stereotypes. Available studies show that “hardcore” contents such as described also figure among women porn users’ preferred categories (Hald and Štulhofer, 2016; Fritz and Paul, 2017; Daskalopoulou and Zannette, 2020).

If couples decide to watch pornography together, there should be no pressure to it and they should choose a type of video that the woman also enjoys. Like S5, he emphasizes the importance of realism. He estimates that users tend to prefer amateur videos for this specific reason. His analysis is focused on individual preferences only.

Appendix – Pornography and sexual scripts

S5: The less we talk about porn, and the more dangerous it is. And porn can be a way of [creating change] – but deep change. It's not only, like, "oh, it's a passion" or "it's fantasy". No, it can change the structure of interactions between humans, connections, in a mindful way.

S3: People are being pushed to some sort of sexual formatting – letting go of any moral consideration, we're not talking on a moral level! It is simply about leaving people the freedom to create their own sexuality, with the practices that suit them or not, and not imposing a sexual relationship scenario, because that is what pornography imposes, in the end.

S2: When it comes to porn, get into the habit of saying: it's a film. [...] When you watch a film with werewolves, you are not going to say to yourself "Damn, I want to be a werewolf"!

S6: These obscene and vulgar practices put women in a state of submission. Men who have viewed pornographic content, sometimes for several years, and who equate it with sexuality, very often without any affect or relationship, but with violence, are heading straight for the wall.

Similar types of framings do not imply a shared ideological orientation. Several sex-therapists do view pornography through the prism of its impact on sexual scripts, but with diverse outcomes: S5 sees it as a potential tool for subverting heterosexist norms, whereas S2 and S3 are more focused on injunctions to performance – both adopt different approaches to the issue. Meanwhile, S1 and S6 frame pornography as contributing to the reinforcement of sexist behaviors and to relationship difficulties.

Two main non-medicalized approaches emerge here: one centred on sexual scripts – the relational and sexual models conveyed by pornography – and the other on "ethics," referring to sex-therapists' own criteria of moral acceptability. The absence of medical categorization and the mobilization of non-medical arguments do not imply ideological homogeneity. Positions range from condemning total condemnation to consi-

dering it as a potentially positive medium. Practices span from education centered on informed use and risk reduction, to encouraging the use of non-video pornographic materials in order to prevent “immoral” behaviours (that are equated with cheating and prostitution), to suggesting watching pornography that aligns with women’s personal preferences.

Medical framings of pornography

These non-medicalized approaches to pornography coexist, in the practices of the six sex-therapists, with arguments and practices that are more or less explicitly grounded in medicine, psychology, and the biomedical sciences, and this in a variety of ways.

Therapy for pornography

Each sex-therapist does mention the existence of porn addiction, without nonetheless granting it the same relative importance compared to other framings of pornography. Medicalization takes a diversity of forms in the work of each sex-therapist, with a multiplicity of implications in terms of sexual scripts and moral injunctions. S5, for example, only occasionally mentions the existence of porn addiction and does not devote any broad-public activity to the topic. Conversely, S1, who regularly affirms that pornography is “her fight”, devotes a major part of her work to addressing its harmful effects. The relevance of addiction as a category is never debated by the six therapists. However, echoing the state of research, the definitions of porn addiction employed strongly diverge.

Defining porn addiction

S4 rarely tackles pornography in terms of addiction. He considers that porn addiction is verified when a subject spends more than 12 hours watching pornography weekly. Among the effects of addiction, S4 mentions difficulty becoming aroused with real people; difficulty or even inability to orgasm during sexual intercourse; unstable erections; anxiety, stress

and depression; feeling unhappy and discouraged, and difficult social interactions.

S3, who also rarely mentions porn addiction and does not treat it as the main issue raised by pornography, nonetheless affirms that its existence is unquestionable. In defining it, she focuses principally on the loss of control over one's behaviour, stressing a lack of objectivity in other commonly used criteria for defining addiction. Conversely, S1 and S6 focus primarily on the negative outcomes of porn consumption. They also emphasize repetitive behaviors and loss of control. However, as they do not consider healthy or unproblematic use of pornography to exist, the need for a precise definition of addiction appears effectively removed. Addiction is presented as one – and likely the most prominent – of the numerous risks associated to pornography use.

S1, S2 and S6 emphasize the necessity of therapy in order to tackle porn addiction, also offering therapeutic services for this issue. According to S2, the most important aspect to define porn addiction is not the amount of time spent watching pornography, but the mindset of the user. He frequently explains that addicts would usually feel like they can't do without pornography, feel bad when they can't watch it, and feel shame afterwards. He does detail certain neurological mechanisms, but also emphasizes strongly on understanding the environmental factors that impact the user's general well-being: stress, anxiety, loneliness, etc. S2 and S3, in this sense, seem to concede more attention to the potential normative judgements surrounding the category "addiction", underlining the culturally relative character of notions such as frequency and amount – in coherence with their educational approaches centered on informed use and individual preferences.

It is noteworthy that sex-therapists in the sample rarely refer to frequency of use, a criteria that has been underlined as unreliable and culturally influenced by certain scholars (Ley *et al.*, 2014; Williams *et al.*, 2020), rather focusing on the discomfort experienced by the patient. The mechanisms described in a diversity of manners by each sex-therapist converge to a certain point: loss of control, endless search for stronger stimulation, difficulties finding satisfaction in other sexual activities, discomfort with one's own behaviour. This corresponds to mainstream conceptions of addiction, however largely debated within the scientific community (de Alarcón *et al.*, 2019). But the importance granted to

addiction categorization, and the tendency to frame porn use through a pathological lens, vary considerably. Although addiction is a medicalized category, it is not treated uniformly as a scientifically legitimate one.

Appendix – Therapy for pornography

S3: As a clinician sexologist, I do not understand expert's debates on the question and about the terms. If you explain addiction to pornography as – it is very reductive, what I'm saying, but that's to be able to figure things properly – it is simply an excessive and uncontrolled consumption of sexually explicit images [...] control exactly, because even "excess" is actually disputable. It is the fact of being... of not being able to control certain pulsions. So addiction to pornography, as every addiction, plays on an unbalance of the reward-pleasure circuit.

S6: Consuming pornography may seem harmless, even 'normal' in our hypersexualised society. However, its effects often go far beyond what we imagine. On a personal level, it can alter perceptions of intimacy, create addiction, and cause guilt or discomfort with one's own body. In a relationship, it can introduce unrealistic expectations, cause emotional distance, and affect mutual trust.

S2: This urge to masturbate doesn't cause harm, it reveals it [...] it is the consequence, not the cause, of latent anxiety or depression, for example. The act of masturbation becomes a kind of self-prescribed treatment.

S6: You know it is haram, you feel very guilty, you repent and then do it again... It is not a problem of faith, it is a problem of addiction.

Biomedical framings for and beyond addiction

Addiction is not the only form of medicalization of pornography observed on the field. Analyses regarding the neurophysiological effects of pornography and its impacts on the mechanisms of sexual response are frequently encountered, for example. Guest to a famous influencer, S1 explains:

When you watch pornographic films, your brain isn't able to distinguish between the pleasure it got from *watching* the fantasy, and the pleasure it got from *experiencing* the fantasy. In other words, for the brain, watching is doing. [...] The shot of dopamine – the hormone you get when you have sexual pleasure – well that's going to send a signal to the

brain that it's OK, you've experienced the act you were watching. There are no boundaries.

Without providing scientific evidence in order to support such claims regarding the brain's ability to distinguish pornography from reality¹³, S1 draws loosely on neuromedical notions and vocabulary to discuss porn use. As analysed in previous sections, S1 equates watching sexually explicit videos with engaging in sexual intercourse – which compares to adultery in the case of couples, a stance also endorsed by S6. By invoking brain and hormones, S1 seems to suggest that this moral stance is grounded in neuroscientific evidence: if the brain were indeed not able to differentiate pornography from performing sexual intercourse, then a real sexual act outside of marriage would actually be taking place. This rhetorical construction allows a shift from normative transgression to health concern.

On her website, S1 requests new patients who watch pornography – even occasionally – to follow her (paid) “method to stop watching porn forever” before making a first appointment. In the form of a series of videos, the method is meant to shed light on personal, relational and sexual problems that pornography tends to hide in the patient's life. She affirms:

Impotence, premature ejaculation, loss of libido, obsessive thoughts, lack of self-confidence, compulsive masturbation, isolation, as well as the use of paid sexual services such as camgirls, escorts and massage parlours are some of the many consequences on sexual and mental health of consuming pornography.

These symptoms and practices are attributed to porn consumption without further contextualization, and behaviors such as resorting to sex-work are listed alongside physical symptoms such as “impotence” (erectile dysfunction), illustrating a marked conflation of moral and medical framings. Conversely, S6 underlines medically harmful consequences with more nuance in her social media publications:

13. A long tradition of research does verify human's capacity to discern fiction from reality, from children developing the capacity to use words such as “pretend” or “real” as of age 2 years old (Woolley and Wellman, 1990) to understanding the prefrontal cortex's role in differentiating real and fantastical events (Li *et al.*, 2019).

A regular consumer of pornography and masturbation may experience a decrease in libido towards their partner, erectile dysfunction and ejaculation problems in men, or even problems with pleasure and orgasm.

Such an affirmation is not without clinical and scientific basis; however, the symptoms are enumerated without contextualization, or definition of what “regular” consumption means. Indeed, the issues described have been linked to porn use, but research has been so far unable to establish a direct causal link with pornography rather than with sexual compulsive disorder in general, and with cultural variables such as moral incompatibility, for example (Ley *et al.*, 2014; de Alarcón *et al.*, 2019). This recurrent and exclusive emphasis on physiologically and psychologically negative effects is strongly compatible with S6’s moral framing of pornography. The sex-therapist openly considers that watching pornography is morally reprehensible and often suggests on social media that it is a form of infidelity. Nevertheless, she mainly addresses these remarks to Muslims, providing contextual information as to the ideological nature of these affirmations, whereas S1 rather tends to present them as purely objective facts.

In the work of both sex-therapists, the mobilization of medical framings (relying on physiology, psychology, neuroscience, etc.) is closely aligned with moral disapproval. It tends to produce an image of ideological neutrality and scientific objectivity, evacuating the culturally and morally situated components of the therapist’s activities.

Here, medicalization takes the form of pathologization of porn use, especially in the work of S1 who encompasses any consumption of video pornography – even occasional – as harmful. This echoes Castel’s analysis of psychologization as an extension of treatments beyond the subjects commonly constructed as diseased: “therapy for the normals” (Castel *et al.*, 2008). It seems noteworthy to underline, in this context, the congruence evidenced by research between moral disapproval, problematic use of pornography, and outcomes such as shame, anxiety, depression and relationship dissatisfaction (Volk *et al.*, 2016; Grubbs *et al.*, 2017, 2018; Guidry *et al.*, 2020; Ostrander, 2021).

S4, who at times refers to addiction and associate dysfunctions, makes overall little use of biomedical or psychological vocabulary. While other sex-therapists discuss hormones, brain functioning, or the search for in-

creased stimulation, he relies on more casual expressions that the public is unlikely to perceive as scientific. His recommendations for unproblematic porn use appear grounded in an understanding of habituation mechanisms, yet the discourse remains oriented towards achieving a pleasurable sex life. Centered on physical arousal mechanisms, he states, for example, that watching pornography «should produce a nice erection» and that users should avoid «endless expedition[s] through the maze of different pornographic practices», as problems occur when individuals spend long periods viewing pornographic contents without a corresponding erection. In this respect, his logic contrasts with that of S1 and S6: S4 draws on biomedical principles as a tool to his conception of good sexuality, rather than deploying them as symbolic markers of expertise. It may also be the case that S4's credentials, presenting him as a doctor in biomedical sciences, already serve this legitimizing function, reducing the need to assert scientific authority through medicalized vocabulary.

When discussing pornography, S2 often includes explanations of the physiological mechanisms involved in arousal and pleasure. He explicitly identifies these mechanisms and presents them as tools that can help the public engage with pornography in a more informed manner. Mechanisms related to porn use are described without a systematic positive or negative connotation. Negative effects associated with violent or shocking content – particularly for young users – are, for instance, linked to notions such as trauma and post-traumatic shock, and contextualized through comparisons with everyday experiences. Although he relies on medicalized categories, S2 avoids attributing intrinsically positive or negative qualities to pornography. Instead, he consistently situates its effects within individual, cultural and relational contexts.

Pornography use, when approached through a medicalized lens, is discussed by therapists in ways that extend well beyond the notion of addiction. S1, S2, S4 and S6 analyse its effects from a neuro-bio-medical lens with diverging perspectives. This illustrates that medicalized framings are not systematically tied to negative assessments of pornography. Neurobiological mechanisms and psychological concepts can justify particular visions of what constitutes good sexuality, confer symbolic legitimacy on therapeutic claims, or simply function as tools enabling more informed use.

Pornography for therapy?

S4 and S5 do not mainly discuss pornography relying on biomedical framings and vocabulary. They, however, link pornography to sexology by presenting it as a potential professional tool. Suggesting pornography use for therapy is a practice that S6 strongly condemns. Other sex-therapists do not seem to mention this possibility.

For S5, pornography – of certain types – constitutes a useful tool for sex-therapy, as it can stimulate sexual desire and support the exploration of one's individual preferences. "Ethical" porn movies, as such, appear as an extra resource to foster a satisfying sex life, and can be recommended to patients by the therapist. Without suggesting therapeutic uses, S2 also acknowledges positive impacts of pornography when used as a source of consensual pleasure, considering that it can, in that case, be a tool among others to suscite sexual desire. S1, who makes strong claims against video pornography, however supports the use of other media (that she calls "erotic") such as audio or written productions, also as a resource for therapy.

S4 considers that pornography is a frequent tool for sex-therapists, although he provides limited elaboration on this point. In a general-audience article on a psychology and sexuality information website, he provides guidelines for watching pornography together as a couple. Pornography, in that case, is viewed as a tool for satisfying fantasies and developing one's sexual experiences. He suggests that women are less interested in watching pornography as a result of cultural taboos. Without developping further, he also suggests the use of educational pornographic videos in order to provide teenagers with positive and realistic representations of pleasurable sexuality. It is not specified whether these would be recommended to teenagers, or viewed in educational settings.

No therapist mentions the possibility of viewing sexually explicit content during a therapy session or using such material as part of sex-therapy professional training – practices that seem to have existed in the past, as seen above. In the public discourses encountered in the field, treating pornography as a therapeutic or educational tool takes the form of suggestions and recommendations for clients to explore and watch on their own, outside of the therapist's office. These approaches can be read as another form of medicalization of pornography – not pathologizing,

but positive, this time – as they link it to therapeutic purposes. At the same time, they can also prompt reflections on the de-medicalization of sex-therapies (Giarni, 2004; Tiefer, 2012) with a stronger focus on the personal exploration of pleasure and the construction of positive sexual scripts, instead of pharmaceutical treatments or therapeutic treatments centered on dysfunctions (Tiefer, 1996, 2006).

Overall, medicalized framings are present in a variety of forms in the activities of the sex-therapists. Generally conferring symbolic legitimacy to the speaker (Bourdieu, 1987), and providing an appearance of ideological neutrality (Foucault, 1963; Tiefer, 2017), it appears more or less strongly associated with ideological visions of pornography – both positive and negative. The diversity of definitions of what constitutes porn addiction – while consistent with the current state of research – also resonates with the characterization of sexology as a loosely structured, interdisciplinary field (Leng and Sutton, 2021; Gouvernet and Adam, 2023).

Appendix – Pornography for therapy?

In a podcast episode, S5 tells a filmmaker specialized in “ethical porn”: «In your movies, you are really showing women’s agency. To be free about their sex lives, to be okay with that, and I have to tell you that when I work with my clients on desire, and especially female clients – I obviously work first on all the blockages that can slow down their libido, but when we work on this and they need a boost for themselves by exploring erotic content, I recommend them watching [your] movies [...] And my question is: why sexologists – because we have a lot of sexologists listening to the show – should recommend ethical porn movies to their clients?» The guest then goes on about the importance of diversity and representativity, which can allow for a type of pornography that is a tool to finding one’s own desire, S5 expressing agreement.

S4: When it comes to pornography, we sex therapists don’t throw the baby out with the bathwater, because we are often brought to using pornographic and, above all, erotic images in sex therapy in order to enrich our patients’ fantasies.

Children and minors: a quasi-consensus

Children and underage minors watching porn videos is a topic that seems to elicit convergent approaches from most sex-therapists in the sample. Certain therapists mention it occasionally, while others dedicate a significant part of their activities to the topic. The idea that porno-

graphy is harmful for children and adolescents is present in the activities of all sex-therapists, except for S4 who does not mention the subject. All sex-therapists that tackle the topic do cite statistics regarding minors and pornographic contents in order to underline the urgency of the current situation¹⁴. Certain affirm that pornography has nowadays become a matter of public health, calling for political intervention on these grounds. Each one of them also advocates the necessity of sexual education in order to protect minors. However, in coherence with the diverse ideological visions previously exposed, the modalities of such education strongly diverge. The question of age, types of use and political measures needed prompt diverse positions.

S1, S3 and S5 do, with diverse levels of implication, call for the implementation of legal measures aimed at restricting access to pornographic videos to majors of age. As in the previous sections, they however do not propose the same modalities. S5 stresses that pornography is adult entertainment, and hosts diverse speakers to discuss the relevance of preventing or educating. S1, by contrast, argues that pornography is inherently harmful at any age and that it should be banned entirely. She explains in an interview for a Christian newsmedia that children should be educated to pornography in a manner that leads them to view it as “something rotten”. S3 also emphasizes the necessity of education but insists on the importance of avoiding any moral framing, and generally warns against censorship. She considers that a legal response is a matter of public health: easily accessible pornography has the potential to “disrupt the child’s psycho-sexual development and sensory and psychological perceptions, leading to potential trauma later on.” S6 dedicates a significant part of her recent activities to raising awareness about the potential dangers of pornography. In her advocacy for sexual and relational education for children and adolescents, protection from pornography is one of the main arguments she puts forward, identifying porn as a threat.

The recurrence of terms such as “shocking”, “trauma” and “development” in the speeches of all therapists is noteworthy. It is associated with

14. They usually rely on data published by Arcom, the French audiovisual regulatory agency, and occasionally refer to the 2023 French Senate report on pornography, whose methodology and framing have been underlined as ideologically biased and reductive by some scholars (Borrillo, 2023; Gouvernet and Letzel, 2023). These sources being widely accessible and advertised for, their quoting by sex-therapists does not however necessarily signal ideological affinity.

the idea of a psychological and biological threat for minors. Porn use and minors appears as one topic that is systematically framed both in a medicalized *and* a political-educational manner. The sensitivity of the topic and the moral panic associated (Bozon, 2012; Webber and Sullivan, 2018) could be put in relation with the prevalence of biomedical vocabulary, emphasizing the legitimizing potential of medicalized framings of sexuality.

Results and Discussion

While medicalized discourses tend to produce an impression of ideological neutrality, pornography renders the moral stakes underlying the sex-therapeutic practices particularly salient, due to its current high politicization.

The claims about pornography analysed here, however contradictory, are all grounded in the ambition to contribute to a consensual, satisfying and fulfilling sex life. The diversity of interpretations and practices is coherent with the disciplinary and ideological eclecticism that characterises (francophone) sexology (Giami and Levinson, 2021; Leng and Sutton, 2021; Gouvernet and Adam, 2023). Much like the research field, the practices of sex-therapists bear the imprint of the sex wars and ongoing debates about pornography (Smith and Attwood, 2014; Fisher, 2024).

Thematic overlaps do not necessarily signal shared professional or ideological positions. Based on public interventions, the analysis does not provide an exhaustive account of the therapist's professional approached-to pornography, and some views may remain unexpressed publicly.

Therapists with (para-)medical backgrounds (S2-S3-S4-S6) do not seem to rely more heavily on psychological and biomedical vocabulary and categories than those without such training (S1-S5). The omnipresence of this type of framing reflects the strong influence of medicine and psychology in the field of European francophone sexology (Giami and de Colomby, 2002; 2006; Giami and Michaels, 2020; Chaperon, 2017; Kempeneers, 2006; 2024; Gouvernet and Adam, 2023), supporting Tiefer's stance that professional diversification does not constitute a challenge to the dominant medicalized model (Tiefer, 2012). Given the small

sample, and the focus on therapists with at least one university degree in sexology, more research seems needed on this question.

The notion of addiction to pornography appears firmly established in the practice of sex-therapy, extending Vörös's earlier observations in France (2009). Debates on its relevance as a category are entirely absent from the field. All sex-therapists mention addiction, yet their interpretations vary widely, which is congruent with the state of research and of current expert's debates (Reay *et al.*, 2013; Ley *et al.*, 2014; Williams *et al.*, 2020; Gouvernet and Letzel, 2023). Certain therapists nuance biomedical and psychological categories with an emphasis on their culturally constructed aspect. As illustrated with the activities of S2 and S3, such nuanced uses of medical categories seem paired with less moral disapproval. Centered more emphatically on users' subjective well-being, rather than on immediate causal links or medical categorization, they contrast with more unequivocal claims about pornography's threat to human sexuality.

A stronger focus on the medically and psychologically harmful effects of pornography, especially regarding addiction, seems to be paired with a stronger sense of moral incompatibility. This is the case in the activities of S1 and S6, who regard pornography as essentially harmful on every level, also cultural and relational, considering it as cheating, and also have a negative approach to masturbation. The medicalized framing of porn use can grant an appearance of scientific objectivity and ideological neutrality to otherwise moral claims regarding sexual activities. This is rendered particularly salient in the case of strong compatibility between medicalized arguments against porn use and strict moral disapproval, as illustrated in the activities of S1 and S6.

Comparisons between religious and non-religious therapists align with existing scholarship: moral disapproval, not religious affiliation, is associated with pathologizing framings. These observations resonate with literature on medicalization, religions and normative continuities (Castel, 1981; Giami and Levinson, 2021; Tiefer, 2017; Rinaldi, 2016), and with studies linking moral disapproval, problematic use, and tendency to diagnose addiction to pornography (Volk *et al.*, 2016; Grubbs *et al.*, 2017, 2018; Leonhardt *et al.*, 2018; Lewczuk *et al.*, 2021). This aspect seems particularly concerning from an ethical and clinical standpoint, as negative moral framings tend to exacerbate distress and foster porn-related difficulties, suggesting that medicalized negative moral framings

participate in producing the very symptoms that therapists aim to heal. Larger-scale research is needed to provide better understanding of the interactions between moral disapproval, (non-)religious inscription and medicalization of pornography.

Pornography also appears as a therapeutic tool – primarily for education or to support exploration and arousal – but these practices remain marginal and rarely discussed. They can appear as another form of medicalization, as they mobilize pornography for therapeutic purposes – sometimes to regulate morally disapproved behaviours. Yet when focused on pleasure, exploration and positive sexual scripts rather than dysfunctions and biomedical treatment (Tiefer, 1996; 2006), they may also engage reflection about the de-medicalization of sex-therapies (Giami, 2004; Tiefer, 2012). No therapist reported using explicit material during sessions or within professional training.

The widespread use of biomedical and psychological terms and mechanisms – often loosely or without scientific grounding – in mainstream media (videos, interviews, collaborations with influencers) reflects the broad societal medicalization of pornography. Medicalization takes multiple forms beyond pathologization and does not inherently imply a negative stance. That such framings are applied not only to cases of “addiction” but to most forms of porn use echoes a medicalization that extends beyond clinical contexts to the general population (Castel, 1981; Memmi, 2006; 2014).

Non-medical framings, often in imbrication with medical ones, visibilize the moral and ideological dimensions of therapists’ discourses. By construing pornography as a social and cultural issue – positively or negatively – they stand apart from medicalization that individualizes broader structural concerns (Castel, 1981; 1995). These framings often include proposals for legal or educational measures, but they frequently focus on individual behaviours (access restrictions, personal responsibility...). Two therapists recognize the potential positive effects of certain forms of pornography – for non-normative sexualities according to one of them (Barriault, 2016; Fritz and Paul, 2017; Böthe *et al.*, 2019; Popolla, 2021).

This exploration of the practices of European francophone sex-therapists shows that while medicalized framings dominate, medicalization takes diverse forms and intersects with moral, religious and political concerns in complex ways, beyond pathologization. Biomedical rhetoric coexists

with alternative interpretations highlighting broader ideological issues. This plurality reflects the flexible nature of sexology and must be read within the context of strongly politicized debates on sexuality, shaped by sexual nationalisms (Puar, 2007; Farris, 2017; Peumans, 2019; Awondo *et al.*, 2022; Lamrabet, 2021; Lachheb and Hamdi, 2022). Larger-scale studies are needed to further understand sexology's (dis-)entanglements with pornography and everyday professional practices in Europe.

	Treat.	Medicalized	Healthy way	Porn in ther.	Religion	Gender	Para-med
S1	Yes	Yes	No	Against	Catholic	Woman	No
S2	Yes	Yes	Yes	-	-	Man	Yes
S3	Yes	No	Yes	-	Muslim	Woman	Yes
S4	Yes	Yes	Yes	In favour	-	Man	Yes
S5	No	No	Yes	In favour	-	Woman	No
S6	Yes	Yes	No	Against	Muslim	Woman	Yes

Tab. 1. Results and discussion

Notes: *Treat.*: suggests treatment for porn addiction; *Medicalized*: uses biomedical and psychological vocabulary/references for porn outside of addiction; *Healthy way*: there is a healthy way of consuming video pornography; *Porn in ther.*: pornography as a resource for therapy; *Religion*: religious affiliation; *Para-med*: (Para-)medical training.

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