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Disturbo da stress post-traumatico e disturbi correlati tra i migranti vittime della tratta

Brescia Dicembre, 2016 Disturbo da stress post-traumatico e disturbi correlati tra i migranti vittime della tratta

Background



Europe



76 million refugees in Europe



European Union



1.2 million migrants who submitted asylum or refugee status





In the last two years, more than 300.000 trafficked persons have reached Italy.



In spite of a pressing opposition supported by outward concerns relative to financial backing and resurgence of xenophobia, racism and isolationism, the European Union has pursued a policy for trafficking emergency that is grounded on two ethical principles.

Heavy fight against the traffickers.



European Union offers to trafficked persons a number of guarantees:

- rescue
- first-aid interventions
- health and social basic support before to shelter
- access to acceptance centers and, when possible, other forms of housing

The realization of a supporting migration-sensitive health policy is hampered by numerous barriers. Some are related to migrants, others to the host country.

Migrant-related barriers Increased flux of migration Lack of knowledge on legal entitlement Difficulties in navigating a "foreign" health care system Poor command of the language of the host country Etno-specific beliefs on maladies and their treatment Fear of a negative influence of health care professionals on decisions relative to asylum application Pre-migration experiences mining the trust toward public health services *

Host country-related barriers

- Inadequate funds
- Xenophobia
- Racism
- Isolationism
- Inadequate support of language mediation services
- Misunderstanding between interpreters and health care professionals
- Poor expertise of health care professionals relatively to largely ethno- and migrationspecific pathologies
- Poor interaction with outreach services
- Insufficient professional training to work with migrants
- Inadequate information about health care entitlement and services

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HEALTH CARE FOR ASYLUM SEEKERS AND ILLEGAL MIGRANTS

traumatic depression syncope branch cataracts kidnev difficultie motor ataxia visual optic lymphoma one -amnesia auto psychosis cardiomyopathy leep ons coronary dementia peripheral mal cancer cyst malformation

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The health care for asylum seekers and illegal migrants has been so far devoted eminently to communicable medical diseases and conditions in general. A decided minor interest has been instead addressed to mental health.

MENTAL HEALTH CARE FOR ASYLUM SEEKERS AND ILLEGAL MIGRANTS



Minor interest for mental health of asylum seekers and illegal migrants is surprising.

Indeed, media and grey literature inform daily on the inhuman experiences that trafficked migrants from non-EU to EU countries live or have witnessed before and during the exodus by.

Furthermore, traumatic experiences not only constitute well-known factors for numerous mental disorders but are also listed explicitly as a diagnostic criterion for PTSD and related disorders.

In a chronological perspective, trafficked migrants are exposed to risk for three groups of trauma and stressors:

Pre-migration events

- Physical violence
- Sexual abuse
- Domestic servitude
- Economic hardship
- Lack of essential goods
- War
- Detention and imprisonment
- Racial persecution
- Religion persecution
- Political persecution
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Peri-migration Events

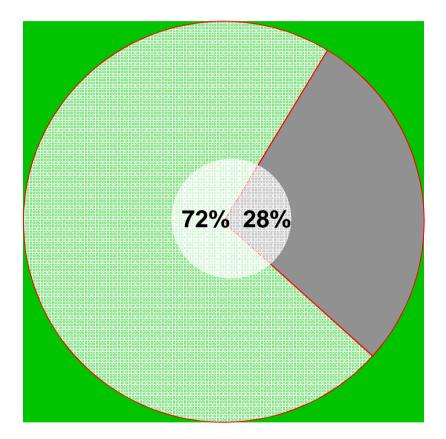
- Physical violence
- Sexual abuse
- Exploitation
- Servitude
- Extortion
- Robbery
- Life-threatening exodus conditions
- Separation from close figures
- Detention and imprisonment
- ✤ Communicable diseases
- Lack of essential goods
- *

Post-migration events

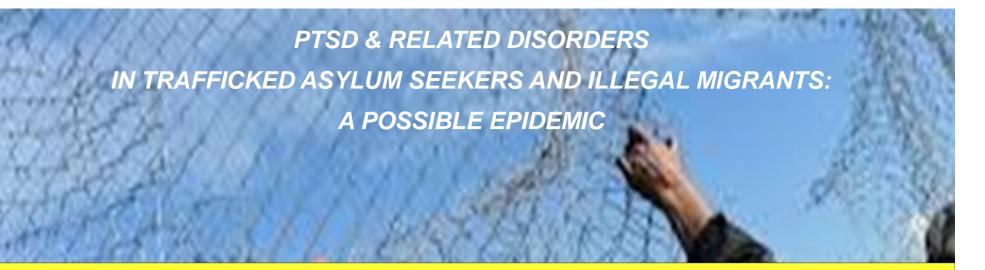
- Detention in acceptation center
- Dread of expulsion order
- Uncertainty about asylum application
- Social isolation
- Stigma
- Racism
- Xenophobia
- * ...



Common sense and the limited evidence accumulated in these last few years strongly support the assumption that trafficked people constitute a special population highly vulnerable to PTSD and related disorders. 97 trafficked adults In contact with South London secondary Mental Health Services



ICD-10 diagnosis



Taken together, the mass exodus to Italy of trafficked persons and the fact that they are reasonably at enhanced risk for traumas and stressors justify the prevision that Italy could have to face with an epidemic of PTSD and related disorders that, in absence of adequate countermeasures, could undermine the mental health care system.

