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

Brescia

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Background

EUROPE : MIGRATION FROM NON-EUROPEAN COUNTRIES



Europe is increasingly forced to face with a quasi-biblical exodus of asylum seekers and irregular migrants coming specially from Central Africa and Mideast

ASYLUM SEEKERS AND REFUGEES IN EUROPE : YEAR 2015

Europe

76 million refugees in Europe

European Union

1.2 million migrants who submitted asylum or refugee status

Source: Priebe S., Giacco D., El-Ragib R (2016)

“Public Health Aspects of Mental Health Among Migrants and Refugees : A Review of Evidence on Mental Health Care for Refugees , Asylum Seekers and Irregular Migrants in the WHO European Region”.

Copenhagen : WHO Regional Office for Europe , Health Evidence Network Synthesis Report , N° 47

EXODUS TO ITALY OF TRAFFICKED ASYLUM SEEKERS AND ILLEGAL MIGRANTS



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

EUROPEAN UNION POLICY FOR TRAFFICKED MIGRATION

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.

Support to trafficked persons in agreement with the EU Charter of Fundamental Rights.

EUROPEAN UNION FOR TRAFFICKED PEOPLE : MAIN GUARANTEES

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**

MAJOR BARRIERS TO A SUPPORTING MIGRATION-SENSITIVE HEALTH POLICY FOR ASYLUM SEEKERS AND LEGAL MIGRANTS

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

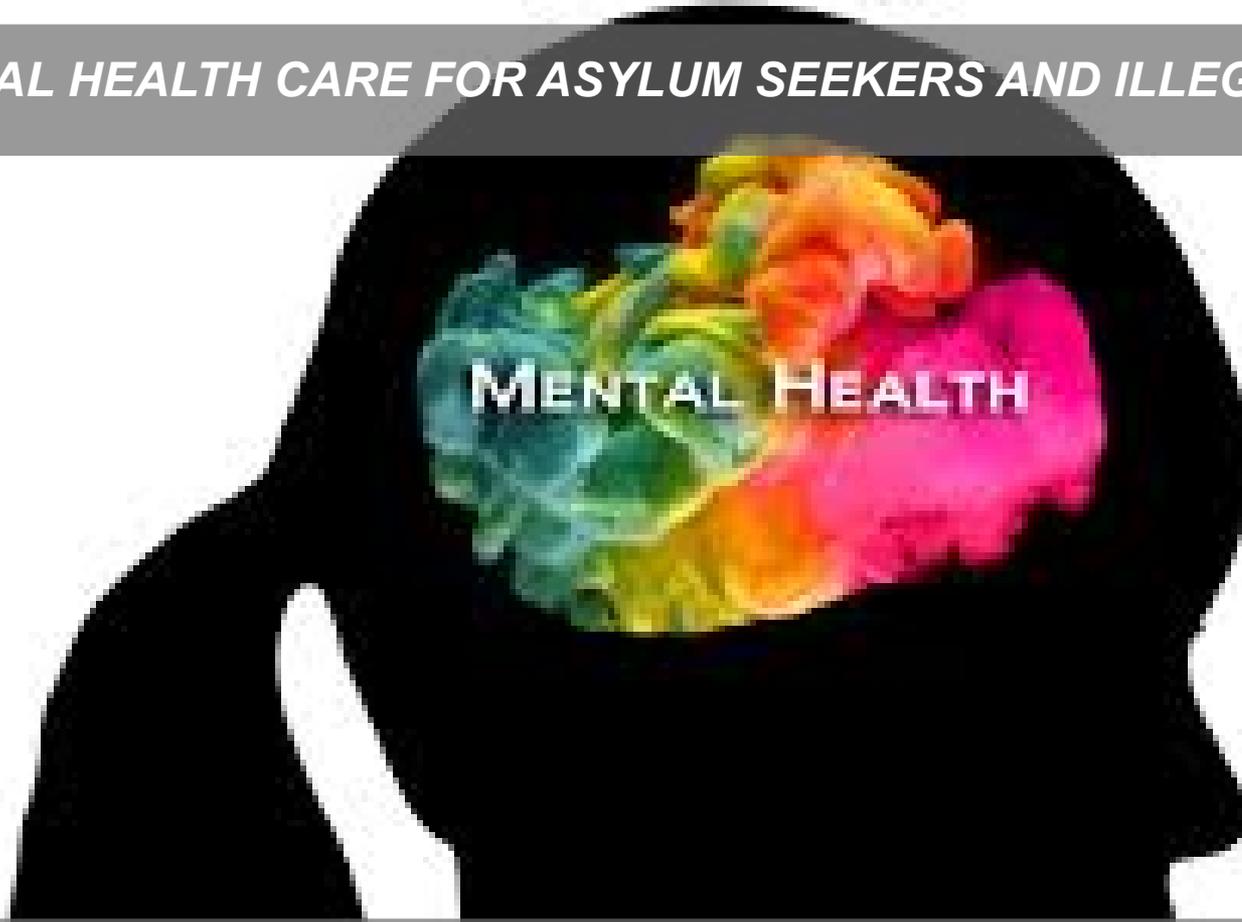
Migrant-related barriers

- ❖ 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
- ❖ Ethno-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 migration-specific pathologies
- ❖ Poor interaction with outreach services
- ❖ Insufficient professional training to work with migrants
- ❖ Inadequate information about health care entitlement and services
- ❖ ...

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.

MAJOR TRAUMAS AND STRESSORS FOR TRAFFICKED MIGRANTS : CHRONOLOGY

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
- ❖ ...

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 acceptance center
- ❖ Dread of expulsion order
- ❖ Uncertainty about asylum application
- ❖ Social isolation
- ❖ Stigma
- ❖ Racism
- ❖ Xenophobia
- ❖ ...

PTSD AND RELATED DISORDERS IN TRAFFICKED PERSONS

PTSD

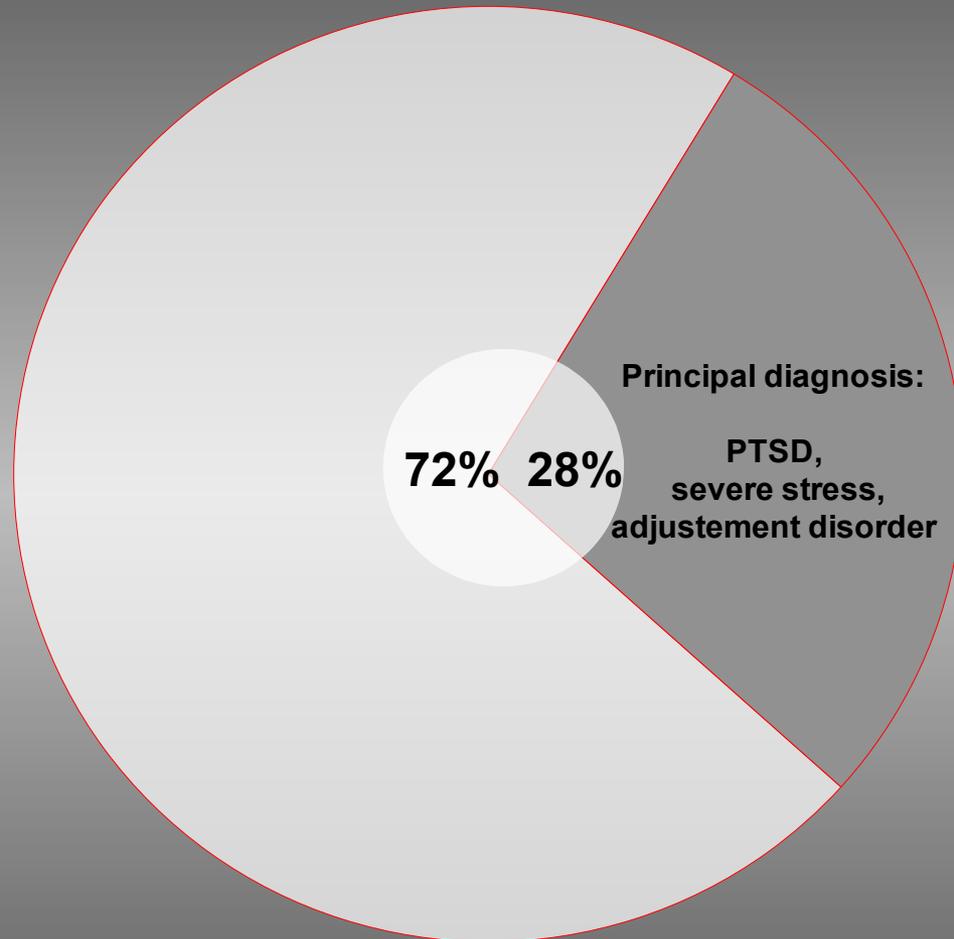
Common sense and the limited evidence accumulated in these last few years strongly support the assumption that trafficked people constitute a special population highly vulnerable to PTSD and related disorders.

PTSD AND RELATED DISORDERS

IN TRAFFICKED ADULTS IN CONTACT WITH MENTAL HEALTH SERVICES

97 trafficked adults

**In contact with
South London
secondary Mental
Health Services**



ICD-10 diagnosis



*PTSD & RELATED DISORDERS
IN TRAFFICKED ASYLUM SEEKERS AND ILLEGAL MIGRANTS:
A POSSIBLE EPIDEMIC*

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.