Training packages for health professionals to improve access and quality of health services for migrants and ethnic minorities, including the Roma
MEM-TP

ADDITIONAL MODULE 1: TARGET GROUPS

Unit 4: VULNERABLE GROUPS

Guidelines

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Migrants & Ethnic Minorities Training Packages

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Unit 4. Vulnerable Group

1. Objectives and Methods

1.1. Objectives

Objectives of the Presentation:

- To provide an evidence-based update on migrant and ethnic minorities vulnerable groups' health.
- To identify major trends in the health status of migrant and ethnic minorities vulnerable groups.

1.2. Methods

As part of the local adaptation contents from Additional Module 1 are to be selected and integrated in the training contents.

Time	Objectives	Activity	Sources
5 min.	Identify the unit's objectives	Presentation **(slide 2)**	Presentation
15 min.	Present recent studies on migrant Women's health	Presentation **(slides 4-5)**	Projector, laptop, screen.
15 min.	Present the health risks and consequences of human trafficking	Presentation **(slide 6-8)**	Projector, laptop, screen.
10 min.	Present recent studies on elderly migrants and health service access	Presentation **(slide 9)**	Projector, laptop, screen.
10 min.	Present health risks and consequences of detention	Presentation **(slide 10)**	Projector, laptop, screen.
10 min.	Present recent comparative studies on racism and hate crimes and health effects, including case studies and recommendations	Presentation Video screening: Human Rights First. Confronting Hate Crimes Against Roma. **(slide 11)**	Projector, laptop, screen.

10 min.	Present recent studies about the impact of economic crisis on migrant and Roma people	Presentation Video screening: Doctors of the World. Greece / The faces of the crisis. **(slide 12)**	Projector, laptop, screen.
40 min.	To identify strategies for improving access to health care and prioritize these strategies according to their perceived relevance.	Activity in 3 parts: • Presentation of the methodology • Small Groups work • Wrap up and discussion in plenary **(slides 13)**	Projector, laptop, screen. Cards, markers, flip chart, adhesive (spray), self-adhesive dots.

2. Presentation

Slide 1 Title

Slide 2 Outline of contents

Slide 3 According to WHO European Region, the overall health of the population *"has improved during recent years. However, these improvements and the conditions that foster them have not been equally shared within and among the different European countries. Substantial differences persist, and health inequalities and their determinants continue to widen in many parts of the Region. Migration is a key factor influencing these avoidable and unfair inequalities in Europe*.[1]*"*

Slide 4 Women's health
Characteristics of migrant women:

- Feminization of migration flows by familiar reunification of married women and the presence of women who start their own migration process.
- Invisibility: migration is considered to be an economic phenomenon that is related to males.
- Young population: 60-80% at fertile age.
- Diversity of origin.
- Available work does not correspond with skills and it focuses on service and care activities.
- They suffer triple work discrimination: social class, gender and ethnic group.
- They don't usually show different diseases to those of the native population. They are healthy women in general.
- There are migrant women in vulnerable situations involving their health, as domestic workers o trafficked women.

"Women are also in the majority in the least secure sectors like domestic work or in the unofficial

[1] Poverty and social exclusion in the WHO European Region: health systems respond. Copenhagen, WHO Regional Office for Europe, 2010.

sector, which makes them especially exposed to abuses. In all the host countries, women are mainly employed in health related occupation or domestic work"[2]. For many women employed in domestic service "the health and safety situation in the home is not satisfactory, and if domestic workers are ill, they do not get paid and may even lose their jobs. Psychological, physical and sexual abuse are common"[3]. "They are exposed to a double risk of gender-based & ethnicity-based violence"[4].

Slide 5 Reproductive and sexual health

Migrant women have their own sexual and reproductive patterns that may be modified during the time of their stay. Migration creates situations where cultural and ethnic reproductive and sexual health practices and norms of behaviour may challenge or conflict with those in the host community e.g. different access to and use of contraception or female genital mutilation. Migrants with different religious or cultural backgrounds may find their approaches to sexuality and behaviour challenged by their new place of residence[5].

Their main health requirements are related to reproduction and maternity. Migrant women are exposed to a higher risk of maternal mortality[6], while in many migrant groups worse outcomes are also found in relation to low birth weight, premature birth, perinatal mortality and morbidity and congenital malformations[7,8]. Poverty and marginalization can limit access to reproductive health services for migrants. Ensuring that migrants have early access to these services (which include those that promote health and prevent illness, screening and diagnostic care, and prenatal and obstetrical services) will reduce the risk of adverse outcomes. For migrants in an "irregular" situation and other vulnerable groups, accessing prenatal care is a major public health issue[9].

"In many Western European countries, female migrant sex workers constitute a significant percentage, in some cases as high as 70%, of the country's sex workers". "Health and social care cannot be effectively provided within a repressive or judgemental framework". "The social exclusion of sex workers exacerbates the situation of migrant sex workers who in addition face the pressure of restrictive migratory legislation, which often excludes them from the limited legal, social, and health care facilities available to non-migrant sex workers"[10].

[2] MWN. Women and Migration. 36º Congress Migrations, 2007. Available at: https://www.fidh.org/IMG/pdf/Femme_Migrations_Eng.pdf

[3] Kofman, E. Women Migrants and Refugees in the European Union. The Economic and social aspects of Migration. European Commission and the OECD, 2003. Available at: http://www.oecd.org/migration/mig/15515792.pdf

[4] European Network of Migrant Women. Dear Europe: Stop ignoring The Violence, 2014. Available at: http://www.migrantwomennetwork.org/wordpress/wp-content/uploads/2014/12/1VAW_ENoMW_2014Statement.jpg

[5] Gushulak B, Pace P, Weekers J. Migration and health of migrants. In: Poverty and social exclusion in the WHO European Region: health systems respond. Copenhagen, WHO Regional Office for Europe.

[6] Pedersen, G.S., Grøntved, A., Mortensen, L.H., Andersen, A.-M.N., Rich-Edwards, J. Maternal Mortality Among Migrants in Western Europe: A Meta-Analysis. Matern Child Health J; 2013, 1–11.

[7] Bollini, P., Pampallona, S., Wanner, P., Kupelnick, B. Pregnancy outcome of migrant women and integration policy: A systematic review of the international literature. Social Science & Medicine; 2009, 68: 452–4.

[8] Reeske, A., Razum, O. Maternal and child health – from conception to first birthday. In: Rechel B et al. Migration and Health in the European Union. European Observatory on Health Systems and Policies Series, Open University Press, 2011.

[9] Gushulak, Pace, & Weekers, 2010, In: WHO, 2010. op. cit.

[10] Transnational AIDS/STD prevention among Migrants Prostitutes in Europe / Project. TAMPEP Position Paper on Migration and Sex Work. Available at: http://tampep.eu/documents/positionpaper_migrationsexworkers_en.pdf

Migrant women and girls, particularly those trafficked, forced to flee from conflicts or displaced, are often subject to gender-based violence. Gender violence makes them more vulnerable to sexually transmitted diseases.

Migrants originating from global regions with a high prevalence of HIV may represent populations at increased risk of the disease after arrival. Due to migration-associated vulnerabilities, migrants can also be at increased risk of exposure to HIV infection after arrival in their host country.

Slide 6 Trafficked people[11]

"Trafficking in persons": "*the recruitment, transportation, transfer, harbouring or receipt of persons, by means of threat, use of force or other means of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the receiving or giving of payment… to a person having control over another person, for the purpose of exploitation*."(Article 3 of the UN *Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, Supplementing the UN Convention Against Transnational Organized Crime*)

Types of exploitation:

- Labour exploitation: e.g. factories, agriculture, construction, domestic servitude, begging, etc.
- Sexual exploitation.

Health consequences of human trafficking

- Diagnosing the health need of trafficked people is often complex because their symptoms reflect cumulative effects of health risks faced throughout the trafficking process.
- Trafficked persons are exposed to health risks before, during and even after the period of exploitation.

Health professionals need to learn about the specialized services available for trafficked persons at local level. Find-out and provide local references and information if possible in various languages, including names and phone numbers of contact persons and know whether these referral options are competent to support the needs of the patient[12].

Slide 7 Figure 1 Summary of the health risks and consequences of being trafficked[13]

Slide 8 Health providers should integrate the ethical and human right standards shown in figure 2 into all aspects of health care for trafficked and exploited people[14].

Slide 9 Elderly migrants[15]

[11] Based on International Organization for Migration (IOM) Equi-Health project to address Roma, migrant health issues in Europe. PBHLM *Increasing Public Health Safety alongside the New Eastern European Borderline.* Available at: http://www.iom.int/cms/en/sites/iom/home/news-and-views/press-briefing-notes/pbn-2013/pbn-listing/equi-health-project-to-address-r.html

[12] Caring for Trafficked Persons: Guidance for Health Providers () International Organization for Migration (IOM), 2009.

[13] Based on Zimmerman, C. et al. The Health Risks and Consequences of Trafficking in Women and Adolescents: Findings from a European Study, London School of Hygiene and Tropical Medicine, London, 2003.

[14] Caring for Trafficked Persons: Guidance for Health Providers *(2009)* International Organization for Migration (IOM).

[15] Contents based on the EC co-funded HA Project. Healthy Ageing, A Challenge for Europe (2007). Swedish National

Certain groups of older people such as disadvantaged or vulnerable persons, those facing social exclusion, older migrants, refugees or the homeless are more prone to ill-health and disabilities, and therefore need special attention. Most national health care systems in Europe are ill-equipped to address the needs of the ageing members of their populations, let alone the more vulnerable of the older groups. Richer people make more use of preventative and specialist care than poorer, who make more use of emergency hospital care.

According to the report "Social Exclusion and Unemployment in the European Union", the age groups under 24 and over 65 show an above-average risk of persistent poverty. This overall trend is largely mirrored nationally, although the degree to which these groups are likely to be disadvantaged varies noticeably from country to country. As stated before, poverty has a negative impact on health and life expectancy; it aggravates disease and disabilities among old people.

In general, older women run a higher risk of poverty than older men do. Old women's earning are significantly lower than men's due to their reduced participation in the labour market. According to EU-Co-funded MERI project[16] women have a higher life expectancy than men, although longer life means in many cases a longer life with chronic and incapacitating disease. Older disabled women are more likely to live alone than older disabled men are. Older women may report more psychological symptoms than men do and make more use of medical consultations and medical treatment than do older men.

Adequate access to good-quality health services for older people with lower socioeconomic status is however not the only measure necessary to reduce the health inequalities they experience. To reduce inequalities, any healthy ageing strategy should include special measures and approaches to reach out effectively to disadvantaged groups of older people. Measures that have proved effective in promoting the health of socially excluded people include outreaching, home visits, intercultural mediators or self-help groups and other low-barrier activities that involve and empower participants.

Projects aimed at alleviating loneliness may lead to cognitive improvement and improved psychological well-being, especially for older migrants with severe cultural and language barriers. Integration demands new efforts from the community, and empowerment may influence health positively and reduce the consumption of social and health services. Programs focusing on "health literacy" have resulted in improved eating habits and an increase in physical activity.

"Tackling health inequalities in later life and improving the underlying socioeconomic determinants for older people in disadvantaged situations should be at the core of any healthy ageing strategy."[17]

Slide 10 Among those more vulnerable are **migrants in detention centres**, with limited access to health care and insufficient quality of health care being stated[18,19,20]. As mentioned in Module 4,

Institute of Public Health.

[16] http://www.own-europe.org/meri

[17] Swedish National Institute of Public Health (2007), op cit.

[18] JRS-Europe, Jesuit Refugee Service-Europe. Civil Society Report on the Detention of Vulnerable Asylum Seekers and Irregular Migrants in the European Union (The Devas Project). Brussels: JRS-Europe, 2010. Available at: http://www.detention-in-europe.org/images/stories/DEVAS/jrs-

Unit 4, available health care is often provided by subcontracted health care providers or NGOs. Furthermore, experiences of discrimination and ill-treatment by health care providers are reported. In the studies, several health risks are identified during the stay in the detention centres, among them the precarious living conditions, the lack of adequate healing, a frequent situation of overcrowding, as well as incidences of physical or psychological violence committed by the staff or other inmates. Many migrant people "enter detention with pre-existing medical conditions, or, the imposition of detention itself leads to the onset of previously inexperienced conditions. In other cases, detention exacerbates long dormant medical conditions such as those related to mental trauma"[21].

Slide 11 Victims of harassment and hate crimes
Video screening: *Confronting Hate Crimes against Roma*.
http://www.humanrightsfirst.org/2012/03/01/viktoria-mohacsi-confronting-hate-crimes-against-roma

Not forgetting dramatic events like the ethnic cleansing campaign of Roma from Kosovo in 1999 and 2004[22], "there seems to be a consensus that racist violence and crime is on the increase in Europe"[23]. According to EU Minorities and Discrimination Survey of 2008[24], "nearly every fifth Roma and Sub-Saharan African interviewed said on average that they had suffered serious harassment at least once in the last 12 months". The vast majority of these incidents were not reported to the police. Around "18% of all Roma and 18% of all Sub-Saharan African respondents in the survey indicated that they had experienced at least one 'in-person crime' in the last 12 months (that is – assault or threat, or serious harassment) that they considered as being 'racially motivated' in some way. In comparison, less than 10% of other groups indicated that they considered they had been a victim of 'racially motivated' in-person crime". "The highest levels of 'racially motivated' in-person crime were recorded among Roma in the Czech Republic and Somalis in Finland, with 32% of all interviewees from both of these groups considering that they had been victims of 'racist' in-person crime. They were followed by Somalis in Denmark (31%) and Africans in Malta (29%)"[25]. Recently, in European countries as Hungary the Roma community "has been subjected to a series of violent acts motivated by hatred"[26].

We should know that "the effects of racist and ethnic hate-crime victimization are unique. Because

europe_becoming%20vulnerable%20in%20detention_june%202010_public_updated%20on%2012july10.pdf

[19] Médicins Sans Frontieres. Migrants, refugees and asylum seekers: Vulnerable people at Europe's doorstep, s.a. Available at: http://www.doctorswithoutborders.org/sites/usa/files/MSF-Migrants-Refugees-AsslymSeekers.pdf

[20] Amnesty International. Migration-Related Detention: A research guide on human rights standards relevant to the detention of migrants, asylum-seekers and refugees. London: AI, 2007. Available at: http://www.refworld.org/pdfid/476b7d322.pdf

[21] JRS-Europe. 2010. op cit.

[22] ERRC, European Roma Rights Centre. Five Years of Ethnic Cleansing of "Gypsies" from Kosovo. Available at: http://www.errc.org/article/five-years-of-ethnic-cleansing-of-gypsies-from-kosovo/1924

[23] Iganski P, ENAR, European Network Against Racism. Racist Violence in Europe. Brussels: Open Society Fundations, 2011. Available at: http://enarireland.org/wp-content/uploads/2013/07/Racist-Violence-in-Europe.pdf

[24] FRA, European Union Agency for Fundamental Rights. Data in Focus nº 06. Minorities as Victims of Crime. EU_MIDIS: European Union Minorities and Discrimination Survey. Vienna: FRA, 2012. http://fra.europa.eu/sites/default/files/fra-2012-eu-midis-dif6_0.pdf

[25] FRA. 2012. op cit.

[26] Human Rights First. Confronting Hate Crimes Against Roma. Available at: http://www.humanrightsfirst.org/2012/03/01/viktoria-mohacsi-confronting-hate-crimes-against-roma

of their membership in stigmatized social groups, most victims of racist and ethnic hate crime will experience their victimization in a way that reflects their marginalized status"[27]. "Victims of racist violence have specific needs for support that commonly cannot be catered for by criminal justice or other state agencies because they lack the expertise and often lack the appropriate resources"[28]. Racism effects "may increase the risk of mental distress and mental illness. Perceived interpersonal racial discrimination has been associated in epidemiological studies with higher rates of common mental disorders and more recently with higher rates of psychosis"[29]. Bhui et al.[30] suggest ethnic variations in relations between symptoms of anxiety and depression and experiences of discrimination in the United Kingdom. "When hate crime victims lack informal sources of support, mental health practitioners can play an especially important role"[31].

Slide 12 Financial and economic crisis
Video screening: ***Greece: The faces of the crisis***
https://mdmeuroblog.wordpress.com/2013/04/08/greece-faces-of-the-crisis-2/

"During economic downturns migrant workers are often the first to lose their jobs because of the sectors of the economy in which they are employed"[32]. "Temporary migrant workers, particularly undocumented migrants, have suffered increased pay cuts, deterioration of working conditions and deprivation of health care services"[33]. "In various countries, family reunification regulations have become more severe, imposing new restrictions that make reunification more difficult. Additionally, there is growing evidence that some states have adopted harsher deportation and detention policies, such as raids against irregular migrants, abuses at borders, criminalization of irregular migrants and deportation of parents of children born in destination countries"[34]. The life of undocumented children "is defined by their lack of basic rights to housing, to education, or to food and proper clothing. They live a transitory, isolated life. The child is often kept indoors, with little or no contact with other children, as discovery of their status puts the family at risk of expulsion. In many European countries, their right to healthcare could not be taken for granted"[35]. The Platform for International Cooperation on Undocumented Migrants, PICUM, "has noted a dangerous trend towards the erosion of the rights of undocumented children (…) in almost all EU member states"[36].

[27] Craig-Henderson K, & Sloan LR. After the Hate: Helping Psychologists Help Victims of Racist Hate Crime. Clinical Psychology: Science and Practice 2003; 10 (4), 481-490.
[28] Iganski P, ENAR, European Network Against Racism. Racist Violence in Europe. Brussels: Open Society Fundations, 2011. http://enarireland.org/wp-content/uploads/2013/07/Racist-Violence-in-Europe.pdf
[29] McKenzie M. Racial discrimination and mental health. Psychiatry November 2006; 5, 11: 383–387.
[30] Bhui K, Stansfeld S, McKenzie K,Karlsen S, Nazroo J, and Weich S. Racial/Ethnic Discrimination and Common Mental Disorders Among Workers: Findings From the EMPIRIC Study of Ethnic Minority Groups in the United Kingdom. Am J Public Health 2005; 95(3): 496–501.
[31] Craig-Henderson K, & Sloan LR. After the Hate: Helping Psychologists Help Victims of Racist Hate Crime. Clinical Psychology: Science and Practice 2003; 10 (4), 481-490.
[32] Beets G, & Willekens F. The Global Economic Crisis and International Migration: An Uncertain Outlook. Netherlands Interdisciplinary Demographic Institute, 2009.
[33] GMG, Global Migration Group, UNICEF. Fact-Sheet on the Impact of the Economic Crisis on Migration and Children's Rights. UNICEF, October 2009. Available at: http://www.globalmigrationgroup.org/sites/default/files/uploads/documents/UNICEF_Fact_Sheet_1_final.pdf
[34] GMG (2009), op cit.
[35] Hjern, A. & Bouvier, P. (2004). Migrant children—a challenge for European paediatricians. Acta paediatrica, 2004 Nov; 93 (11): 1535-9.
[36] PICUM, Platform for International Cooperation on Undocumented Migrants. Undocumented Children in Europe: Invisible Victims of Immigration Restrictions. Brussels: PICUM, 2008. Available at: http://picum.org/picum.org/uploads/publication/Undocumented%20Children%20in%20Europe%20EN.pdf

In countries as Greece, the economic crisis has exacerbated the xenophobia and has led to an increase of violence and racist attacks[37].

On the other hand, Roma "is likely to suffer disproportionate economic hardship as a result of the crisis"[38]. In Europe "many Roma face discrimination and social exclusion living in marginalised and very poor socio-economic conditions"[39]. Less than a half of adult Roma in Greece, Romania and Bulgaria have medical insurance "in contrast to around 85% for the non-Roma" [40]. "Use of prevention services among the Roma population is low and, according to some studies, over 25% of Roma children are not fully vaccinated (…) Data show that Roma have lower socio-economic status, and diseases such as TB, measles, and hepatitis disproportionately affect the lowest socioeconomic strata"[41]. In short, "the turmoil created by the financial crisis has meant that many structural and intermediary determinants have taken a turn for the worse, leading to even greater socio-economic inequalities and thereby potentially exacerbating health inequalities in Europe in recent years" [42].

3. Activity

Slide 13 Activity: Strategies for Improving Access to Health Care for Migrant and Ethnic Minority Population Groups in Situation of Social Vulnerability

The activity consists of three parts:

1. Presentation of the methodology
Method: Nominal group technique.
Moderation: 1-2 facilitators / group.
Materials: Cards, markers, flip chart, adhesive (spray), self-adhesive dots.

2. Identification and prioritization of strategies for improving access to health care for migrant and ethnic minority population groups in situation of social vulnerability, in small groups *(8-10 people)*
Technique:

- The participants are invited to write down the 3 most relevant strategies they identify for improving access to health care for migrant and ethnic minority population groups in situation of social vulnerability in their region / country *(one idea / card).*
- The facilitators collect the cards, reading and arranging the named aspects by topics on a flip chart.
- The participants are asked to prioritize the most important strategies *(3 dots / person).*
- The participants choose a rapporteur, in charge of summarizing the most relevant aspects in the plenary.

[37] Doctors of the World / Medecins du Monde. Greece / The faces of the crisis. Available at: https://mdmeuroblog.wordpress.com/2013/04/08/greece-faces-of-the-crisis-2/
[38] Dimitrova K. The Economic Crisis Closes in on Bulgarian Roma. Roma Rights Journal 2009; 1: 39-43. http://www.errc.org/cms/upload/media/04/15/m00000415.pdf
[39] FRA, European Union Agency for Fundamental Rights. The situation of Roma in 11 EU Member States Survey results at a glance. Luxembourg: Publications Office of the European Union, 2012. Available at: http://fra.europa.eu/sites/default/files/fra_uploads/2099-FRA-2012-Roma-at-a-glance_EN.pdf
[40] FRA. 2012. op cit.
41 ECDC, European Centre for Disease Prevention and Control. Health inequalities, the financial crisis, and infectious disease in Europe. Stockholm: ECDC, 2013. Available at: http://www.ecdc.europa.eu/en/publications/Publications/Health_inequalities_financial_crisis.pdf
[42] ECDC. 2013. op cit.

3. Wrap up and discussion in plenary

- Wrap up: The rapporteur of each small group provides a summary of the results, in three sentences.
- Group discussion.

Slide 14 Thank you and questions

Slides 15-18 References

4. Reading

Recommended reading:

- Poverty and social exclusion in the WHO European Region: health systems respond. Copenhagen, WHO Regional Office for Europe, 2010. Available at: http://www.euro.who.int/__data/assets/pdf_file/0006/115485/E94018.pdf

- International Organization for Migration (IOM) *Equi-Health project to address Roma, migrant health issues in Europe. PBHLM* Increasing Public Health Safety alongside the New Eastern European Borderline. Available at: http://www.iom.int/cms/en/sites/iom/home/news-and-views/press-briefing-notes/pbn-2013/pbn-listing/equi-health-project-to-address-r.html

- Swedish National Institute of Public Health. Healthy Ageing, A Challenge for Europe. The Health Ageing project co-funded by EC. Huskvarna, Swedish National Institute of Public Health, 2007. Available at: http://ec.europa.eu/health/ph_projects/2003/action1/docs/2003_1_26_frep_en.pdf

- Mock-Muñoz de Luna C, Bodewes A, Graval E, Ingleby D. Appendices I-VI, Synthesis Repport. MEM-TP, Training packages for health professionals to improve access and quality of health services for migrants and ethnic minorities, including the Roma. Granada, Copenhagen: Andalusian School of Public Health, University of Copenhagen, 2015. Available at: http://www.mem-tp.org/pluginfile.php/619/mod_resource/content/1/MEM-TP_Synthesis_Report.pdf

Complementary readings:

- Amnesty International. Migration-Related Detention: A research guide on human rights standards relevant to the detention of migrants, asylum-seekers and refugees. London: AI, 2007. Availablea at: http://www.refworld.org/pdfid/476b7d322.pdf
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Minority Groups in the United Kingdom. Am J Public Health 2005; 95(3): 496–501.

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- ECDC, European Centre for Disease Prevention and Control. Health inequalities, the financial crisis, and infectious disease in Europe. Stockholm: ECDC, 2013. Available at: http://www.ecdc.europa.eu/en/publications/Publications/Health_inequalities_financial_crisis.pdf
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- European Network of Migrant Women. Dear Europe: Stop ignoring The Violence. 2014. Available at: http://www.migrantwomennetwork.org/wordpress/wp-content/uploads/2014/12/1VAW_ENoMW_2014Statement.jpg
- FRA, European Union Agency for Fundamental Rights. Data in Focus nº 06. Minorities as Victims of Crime. EU_MIDIS: European Union Minorities and Discrimination Survey. Vienna: FRA, 2012. http://fra.europa.eu/sites/default/files/fra-2012-eu-midis-dif6_0.pdf
- FRA, European Union Agency for Fundamental Rights. The situation of Roma in 11 EU Member States Survey results at a glance. Luxembourg: Publications Office of the European Union, 2012. Available at: http://fra.europa.eu/sites/default/files/fra_uploads/2099-FRA-2012-Roma-at-a-glance_EN.pdf
- GMG, Global Migration Group, UNICEF. Fact-Sheet on the Impact of the Economic Crisis on Migration and Children's Rights. UNICEF, October 2009. Available at: http://www.globalmigrationgroup.org/sites/default/files/uploads/documents/UNICEF_Fact_Sheet_1_final.pdf
- Gushulak B, Pace P, Weekers J. Migration and health of migrants. In: *Poverty and social exclusion in the WHO European Region: health systems respond.* Copenhagen, WHO Regional Office for Europe, 2010.
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- Iganski P, ENAR, European Network Against Racism. Racist Violence in Europe. Brussels: Open Society Fundations, 2011. http://enarireland.org/wp-content/uploads/2013/07/Racist-Violence-in-Europe.pdf

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- International Organization for Migration (IOM). Caring for Trafficked Persons: Guidance for Health Providers. Switzerland: IOM, 2009.
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