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Vincent O'Brien, Senior
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Refugee and migrant vulnerability to injury

THE MIGRATION 'PROBLEM'

At the start of 2005 the number of refugees worldwide fell by 4% to an estimated 9.2 million, the lowest number in more than 25years.[1] Even so, refugees and asylum seekers in the UK and elsewhere in Europe have borne the brunt of hostile media attention and hostile government policies. The use of deportation, detention and dispersal, measures once reserved for special circumstances, has now become the standard approach for European governments' management of immigration.[2] Added to this is the hyperbole of the so called 'war on terror'. Despite the disproportionate and negative attention paid to refugees and asylum seekers by some politicians and the tabloid press, the majority of migrants to the UK come for economic reasons. According to the Government Actuary's Department[3] an estimated 255,000 migrants other than asylum seekers entered the UK during 2004–2005, while Home Office[4] figures showed only 25,720 applications for asylum during 2005. Furthermore, of the 361,500 migrants entering Britain during 2003, 121,600 were from professional and managerial groups.[5]

MIGRANT HEALTH AND VULNERABILITY

Refugee and migrant groups are as diverse as any other community in the UK and analysis of the relationships between migration, refugee status, ethnicity and injury is complex. Refugees are perhaps more likely than other migrant groups to suffer psychological stress before, during and after migration although personal, cultural and contextual factors will mitigate the health impacts of migration. Refugees are also more likely to be living in poor physical environments and working illegally or in poorly paid, higher risk employment.

Recent interest in the health needs of refugees and asylum seekers has focused largely on mental health issues such as post traumatic stress disorder[6] and anxiety and depression.[7] To date, little attention has been paid to the relationship between migration and injuries. Research has more often focused on ethnicity rather than migrant status, and there remains a lack of clarity about the relationship between migration and health.

A number of studies indicate that some ethnic minorities are more likely to suffer injuries than other groups in the population. For example, black men are two to three times more likely to be admitted to hospital following violent assault than any other group.[8] International studies also suggest that children from some ethnic minority groups suffer a disproportionately high pedestrian accident rate.[9] Studies of workplace health suggest that South Asians have lower accident rates overall, whereas black Caribbeans have accident rates similar to those of the general population.[10]

Workplace injuries are generally recorded under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR). There are three categories of reportable injury,

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defined under the regulations fatal, major and over-three-day injury. While the data on fatal injuries are likely to be accurate, less serious injuries may not be recorded, especially where employment status is temporary, illegal or poorly defined. The Health and Safety Executive estimates that only 5% of injuries to self-employed workers in agriculture are reported under RIDDOR.[11]

VULNERABILITY

Refugee and migrant groups are as diverse as any other community in the UK and analysis of the relationships between migration, refugee status, ethnicity and injury is complex. Some economic migrants have well-paid jobs and enjoy relatively good social conditions. Others, particularly those with limited English language skills, are more likely to endure poor social conditions, discrimination and lack of social support that may place them at greater risk of injury and exploitation in the home or workplace.

Refugees are perhaps more likely than other migrant groups to suffer psychological stress before, during and after migration although personal, cultural and contextual factors will mitigate the health impacts of migration. Refugees are also more likely to be working illegally or in poorly paid, high-risk employment. Health status among migrant groups is variable and although there are well-established health disadvantages for some ethnic groups[12] the reasons for these differences are not easy to determine. Many, but by no means all, migrant groups suffer social and economic disadvantages that are likely to affect their health adversely.

ILLEGAL MIGRATION AND TRAFFICKING

As asylum and immigration laws become increasingly more restrictive in Europe the market for people smuggling increases. Trafficking in women and children is now acknowledged as a global public health issue as well as a violation of human rights. Victims are smuggled across international borders to work in illegal or unsafe occupations, including agriculture, construction, domestic labour and sex work. Trafficking is associated with a range of health risks including injuries from violence and workplace injuries. The health problems which arise amongst trafficked people are shaped by lack of access to services, language barriers, social isolation and exploitative working conditions.[13]

The uncertain status of migrants, refugees and asylum seekers, their economic vulnerability and lack of awareness of workplace regulations reduces the likelihood that employers will abide by national employment standards. Recently arrived migrants are likely to be most at risk and trafficked migrants are likely to be exposed to unregulated, unsafe and dangerous working conditions. These risks may include exposure to occupational injuries, chemical and other toxic materials or the effects of sustained work in substandard surroundings, the consequences of which may be injury or even death. The challenge for public health is to find ways to engage with migrants at an early stage while advocating for more humane immigration policies that do not encourage and support the growth of trafficking or unsafe and illegal employment practices.

Vincent O'Brien
Senior Lecturer in Public Health, School of Rehabilitation and Public Health, St Martin's College, Lancaster, UK

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