

## MENTAL HEALTH WEEK

### Protect Migrant Women's Mental Health: Expand Access to Trauma-Informed Care for Persons at Risk of Severe Exploitation and Abuse

La Strada International - RESILIA

This **Mental Health Week**, La Strada International, in the context of the RESILIA project, calls attention to the often **invisible and layered mental health challenges faced by migrant and displaced women across Europe**, including victims of human trafficking and exploitation and those at risks of severe exploitation and abuse.

Women migrate or become displaced in search of safety, protection, stability, livelihoods, and better opportunities for themselves and their families. **Many have experienced or remain exposed to discrimination, poverty, gender-based violence including severe forms of exploitation and other forms of abuse both before, during, and after their migration**, with lasting emotional and psychological impacts.

Yet rather than finding safety and stability upon arrival, they frequently encounter a second wave of adversity, shaped by insecurity, discrimination, isolation, and structural barriers to support and protection, including difficulties to access health care.

Trauma, as a result of experiences of violence, exploitation, coercion, and structural inequality throughout a person's migration or trafficking journey, can affect both mental and physical wellbeing, relationships, and everyday life. These experiences are compounded by chronic stress, fear, and uncertainty that rarely receive the attention they deserve.



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For the RESILIA project, we have been conducting interviews with women with lived experience of migration, displacement, and human trafficking, as well as with the organisations that aim to support them. The barriers and gaps they describe are strikingly consistent.

**Language and cultural barriers, limited knowledge of administrative and social systems, and uncertainty about both the present and the future make it extraordinarily difficult to process and heal from traumatic experiences.** Women who have experienced human trafficking or exploitation often face additional obstacles, including fear of authorities, lack of trust in institutions, social isolation, retaliation from traffickers, and stigma linked to exploitation and abuse.

An unstable migration status, uncertainty about whether return home will ever be possible, or fear of detention or forced return pile on top of discrimination, economic and legal insecurity, restricted access to services and rights, and significant barriers to entering the labour market, create conditions in which recovery becomes nearly impossible. Access to healthcare, including mental healthcare, is too often fragmented, underfunded, inaccessible, or conditioned by administrative requirements that many women cannot meet.

**The professional deskilling that many refugee and migrant women experience is itself a source of deep distress.** Women who were lawyers, doctors, teachers, or engineers in their home countries now find themselves confined to precarious or low-paid work simply to survive. Housing conditions, with families sharing single rooms and no private space for rest or recovery, further undermine any prospect of healing and stability.

**Recovery from trauma cannot happen in isolation from the material conditions of life.** Therapy alone is not sufficient. Women need safety, stability, dignified housing, income security, childcare, community support, and meaningful access to healthcare and social services. Mental health and social inclusion are inseparable.

**Responses must also be trauma-informed.** Too often, migrant and trafficked women are required to repeatedly relive traumatic experiences in administrative, asylum, healthcare, or law enforcement settings without adequate safeguards or support. Services must recognise the long-term impact of trauma, avoid re-traumatisation, and ensure care that is culturally sensitive, survivor-centred, gender-responsive, and grounded in trust and dignity.

## On this Mental Health Week, we call for:

- **Access to healthcare, including mental healthcare, regardless of migration status.**
- **Increased investment in accessible, trauma-informed, culturally sensitive, and gender-responsive mental health services** for migrant, displaced, and trafficked women.
- **Greater resources for NGOs and frontline organisations** providing long-term support, interpretation, legal assistance, psychosocial care, and case management.
- Coordinated action to remove the practical, financial, administrative, linguistic, and social barriers that prevent migrant women from accessing healthcare and mental health support.
- **Stronger identification, protection, and long-term support mechanisms** for victims of human trafficking and exploitation.
- **Investment in quality shelter and housing for those in need**, recognising that safe, stable, and adequate housing is a precondition for recovery.
- **Access to affordable, quality childcare**, so that women are not forced to choose between their own wellbeing and the needs of their children.
- **Policies and services that recognise that recovery is a long-term process requiring stability, continuity of care, and sustained social support.**

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