

health issues and unmet healthcare needs were also prominent. Cluster analysis highlighted that pregnant women and recent mothers are a subgroup in a vulnerable situation, facing compounded risks linked to their migration status, employment conditions, and restricted social support networks. The participatory co-creation workshops helped identify community-driven solutions and policy recommendations to improve access to health and mental health services and reduce social exclusion. Key proposals included culturally sensitive mental health support and better translation and mediation services. The findings underline the need for multisectoral strategies to promote equity, protect health, and foster social inclusion among migrant women in Portugal.

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Sexual Harassment against Migrant Women in Europe's Informal Labor Market

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Sexual harassment and violence in the workplace remain under-recognized occupational health risks, particularly for migrant women in low-paid, informal sectors. Epidemiological studies increasingly highlight disproportionate exposure among migrant workers employed in domestic work, caregiving, hospitality, and agriculture. A 2022 survey by the European Union Agency for Fundamental Rights (FRA) found that nearly one in three migrant women in Europe had experienced some form of workplace harassment. However, underreporting remains a pervasive barrier, largely due to fear of retaliation, precarious legal status, and lack of trust in institutional support. This presentation will review the latest epidemiological evidence on sexual harassment affecting migrant workers, focusing on the types, patterns, and situational dynamics of abuse. Drawing on an EU-funded qualitative research conducted with 66 victimized migrant women working in domestic and care roles across four European countries, the presentation will explore different forms of sexual harassment and how these are shaped by the nature of informal, isolated, and gendered work environments. The presentation will also examine the current European policy landscape through the lens of ILO Convention and will provide a global standard for addressing violence and harassment in the world of work. Gaps in labor legislation, inadequate occupational health protections, and poor intersectoral coordination will be highlighted in relation to migrant and informal workers.

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Understanding occupational injuries among non-residents in Europe: evidence from the EU-IDB

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Background: Occupational injuries (OI) -resulting from exposure to various workplace hazards- among non-resident populations are a significant but underexplored public health issue and are poorly captured in national injury surveillance systems.

Methods: We analyzed emergency department (ED) OI data from the European Injury Database (EU-IDB), during 2018-2022, identifying non-resident cases through the "Country of Permanent Residence" field. OI were defined as unintentional injuries sustained during paid work activities.

Results: From the EU-IDB databank, 315,063 ED cases of OI (mean age 37.9 years; SD ± 13.2) were identified (77.5% involving males). Of all cases, 17,501 (5.6%) involved non-residents in the country where treatment was received. The proportion of OI among non-residents was higher in males than females (6.0% vs. 4.4%), with comparable mean age (37.4 vs. 37.5 years, $p = 0.64$). Hospitalization occurred in 9.3% of non-resident cases, with a higher rate in males (10.1% vs 5.1%). The mean length of stay was 7.1 days, with no significant sex-based difference (M: 7.1; F: 7.4, $p = 0.76$). Injury patterns varied by sex: the most frequent OI in males were open wounds (31.9%), contusions (24.2%), and fractures (14.9%), while females most sustained contusions (31.0%), open wounds (19.3%), and distortions (15.3%). Hands and fingers were the most affected body parts in both sexes (M: 30.7%; F: 25.7%). Males also frequently injured the eye area (7.6%), while females more often injured the ankle (9.7%). Occupational sector patterns showed that 47.5% of injuries among non-resident males occurred in construction, while for non-resident female 29.0% in health care, trade and education sectors.

Conclusions: The IDB-FDS offers valuable insight into occupational risks faced by non-residents. Gender and sector-specific injury trends highlight the need for improved surveillance systems that include migration and employment data to better inform targeted prevention efforts.

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Protecting the rights of migrant and refugee women and girls - a public health law perspective

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This presentation will explore recent legal and policy developments in Europe aimed at strengthening the protection of migrant, refugee, and asylum-seeking women and girls through a gender-sensitive and intersectional lens. Building on SDG 5 and the Council of Europe's Gender Equality Strategy (2018-2023), the session will highlight Recommendation CM/Rec(2022)17, which calls on Member States to eliminate discrimination, address intersecting vulnerabilities, and enable access to justice without fear, particularly for undocumented women and victims of violence or trafficking. A major legal milestone will be discussed: the 2024 ruling by the Court of Justice of the European Union (AH & FN v. Federal Office for Immigration and Asylum), which affirmed that gender-based systemic discrimination may constitute grounds for international protection. This case strengthens legal interpretations under Article 24(2) of the EU Charter of Fundamental Rights and aligns with UNHCR Guidelines, as codified in Directive 2011/95. While gender has increasingly been mainstreamed in asylum procedures, the presentation will argue that these protections remain under-implemented in labor law and occupational health frameworks. Special attention will be given to gaps in legal, health, and labor systems that continue to expose migrant and refugee women to exploitation, inadequate care,