



This is a repository copy of *Researching the health and social inequalities experienced by European Roma populations: complicity, oppression and resistance*.

White Rose Research Online URL for this paper:  
<https://eprints.whiterose.ac.uk/182265/>

Version: Published Version

---

**Article:**

Orton, L. [orcid.org/0000-0002-9641-523X](https://orcid.org/0000-0002-9641-523X), Fuseini, O., Kóczé, A. et al. (2 more authors) (2021) Researching the health and social inequalities experienced by European Roma populations: complicity, oppression and resistance. *Sociology of Health & Illness*. ISSN 0141-9889

<https://doi.org/10.1111/1467-9566.13411>

---

**Reuse**

This article is distributed under the terms of the Creative Commons Attribution (CC BY) licence. This licence allows you to distribute, remix, tweak, and build upon the work, even commercially, as long as you credit the authors for the original work. More information and the full terms of the licence here:  
<https://creativecommons.org/licenses/>

**Takedown**

If you consider content in White Rose Research Online to be in breach of UK law, please notify us by emailing [eprints@whiterose.ac.uk](mailto:eprints@whiterose.ac.uk) including the URL of the record and the reason for the withdrawal request.



[eprints@whiterose.ac.uk](mailto:eprints@whiterose.ac.uk)  
<https://eprints.whiterose.ac.uk/>

# Researching the health and social inequalities experienced by European Roma populations: Complicity, oppression and resistance

Lois Orton<sup>1</sup>  | Olga Fuseini<sup>2</sup> | Angéla Kóczé<sup>2</sup> | Márton Rövid<sup>2</sup> | Sarah Salway<sup>1</sup> 

<sup>1</sup>Sociological Studies, University of Sheffield, Sheffield, UK

<sup>2</sup>Romani Studies Program, Central European University, Budapest, UK

## Correspondence

Lois Orton, Sociological Studies, Elmfield, Northumberland Road, Sheffield, S10 2TU, UK.  
Email: l.orton@sheffield.ac.uk

## Funding information

Wellcome Trust, Grant/Award Number: 9219779/Z/19/Z; School for Public Health Research, Grant/Award Number: PD-SPH-2015-10025

## Abstract

This paper draws on the experience of two Romani and three non-Romani scholars in knowledge production on the health and social inequalities experienced by European Roma populations. Together, we explore how we might better account for, and work against, the complex web of dynamic oppressions embedded within processes of academic knowledge production. Our aim is to encourage careful scrutiny through which sociologists of health and illness might better recognise our own complicity with oppression and identify concrete actions towards transforming our research practices. Drawing on a well-known domains of racism typology (Annual Review of Public Health, 40, 2019, 105), we use examples from our own work to illustrate three interconnected domains of oppression in which we have found ourselves entangled (structural, cultural and interpersonal). A new conceptual framework is proposed as an aid to understanding the spectrum of different “types” of complicity (voluntary–involuntary, conscious–unconscious) that one might reproduce across all three domains. We conclude by exploring how sociologists of health and illness might promote a more actively anti-racist research agenda, identifying and challenging subtle, hidden and

This is an open access article under the terms of the Creative Commons Attribution License, which permits use, distribution and reproduction in any medium, provided the original work is properly cited.

© 2021 The Authors. *Sociology of Health & Illness* published by John Wiley & Sons Ltd on behalf of Foundation for SHIL (SHIL).

embedded negative ideologies and practices as well as more obviously oppressive ones. We hope these reflections will help revitalise important conversations.

#### KEYWORDS

anti-racism, complicity, health inequalities, oppression, research practice, Roma, sociology

## INTRODUCTION

Racist assumptions built into our questions and the failure to acknowledge these effects (of earlier racism) has a continuing effect in naturalizing the acts of oppression, discrimination, murder and state violence against Gypsies, Roma and Travellers in the twenty-first century.

Acton and Ryder (2015, page 1)

This paper calls for sociologists of health and illness to better account for the political, historical and social contexts that underpin oppression. Whilst those working with racially minoritised or marginalised groups might, on the face of it, encounter some quite obvious dilemmas, we believe everyone should consider how their engagement in research contexts will result in potentially compromising entanglements. In this piece, we take our experiences in knowledge production on the health and social inequalities experienced by European Roma<sup>1</sup> as an example of the complicities that we all face, and explore how we can work with and against these complicities. Roma have been identified by major international organisations as “the largest minority ethnic group in the European region” (WHO, 2021) and are thought to experience some of the most extreme health and social inequalities (Cook et al., 2013; European Commission, 2014). From a complicity perspective, however, it is Roma’s long history of both overt and insidious oppression that leaves much to be learnt from their example.

Oppressive processes, ideologies and relations have impacted upon Roma, and their health, across many generations. The tendency for Roma to be portrayed as a dirty and disease spreading population has only been amplified by reactions to the current COVID pandemic (see: Brooks, 2012; Holt, 2020; Lee, 2020; Sedláková, 2014; for example). Such racist dehumanising tropes reflect wider processes of entrenched and evolving state-sanctioned oppression and violence that have followed generations of Roma (see, for example: Artal & Rubinfeld, 2017; Brooks, 2012; Lee 2020; Sigona & Vermeersch, 2012; van Baar, 2019). Despite wide recognition of these historical and ongoing oppressions, and a keen interest in how they drive the social inequality experienced by Roma people today, there is very little critical sociological work that explores the subtle and complex, multi-dimensional and interacting processes linking social inequality with health inequalities (Orton et al., 2019). Most research comes from a practice or policy perspective and falls within what might be termed (social) epidemiology (Cook et al., 2013). This work typically employs a narrow range of taken-for-granted categories (often based on secondary analyses of pre-existing census and survey data) to produce descriptive accounts of differences in health outcomes (see Cook et al., 2013; Orton, 2017 and European Commission, 2014 for an overview). Underlying causal processes, including the legacy of past and continuing structural violence, social injustice and the intergenerational transmission of trauma, are

left largely unexplored, with a focus instead on “lifestyles” and “health risks.” As a result, currently privileged explanations for the “Roma health gap” are partial and distorted (Orton 2019).

So, how might we develop more complete understandings of the determinants of Roma health whilst taking account of our own complicities with Roma oppression in the process of knowledge production? What might this reflexive work tell us about countering wider complicities in the sociology of health and illness? As sociologists, we might appear well placed to produce new understandings that fully embrace the complexity of racially minoritised identity and experience. However, there is a growing recognition that the conceptual and empirical research tools developed via the largely White, Western sociological project are imbued with colonial legacy and inadequate to the job (Vajda, 2015). This journal has reported a growing discomfort that health inequalities research has been co-opted by the mainstream, so the veneer of intense activity disguises the failure to expose and disturb the deep structures perpetuating disadvantage (Richardson, 2020; Scambler, 2020; Seale, 2008). If we look at the case of Roma, it is clear that the decolonisation movement has yet to make an impact. The invisibility of Roma within contemporary knowledge production and policy responses underpins the enduring social and health inequalities that they experience. Romani activists and academics have indicated repeatedly that they would welcome a dialogue with non-Roma who are serious about doing the hard work needed to transform exclusionary forces rooted in a history of oppression (Kóczé, 2009). They call for a shift away from outsiders speaking about matters relating to Roma as if they were a “target group” and towards an approach that recognises the racism that is endemic in European society (Bogdan et al., 2015). The challenge now is to transform deeply embedded ways of thinking and practising within academic research processes.

## **Aims of this paper**

This paper draws on the experience of two Romani and three non-Romani scholars (at different locations and stages in their academic/activist careers) in producing knowledge around the health and social inequalities experienced by European Roma populations. We explore how sociologists of health and illness might better account for the political, historical and social contexts that underpin complicity with oppression and actively work against these tendencies. We aim to encourage careful scrutiny through which sociologists can better recognise their own complicity and identify concrete actions towards transformation of knowledge production processes. Recognising that racialisation and other oppressions are fluid processes, we hope that our reflections might resonate with the experiences of other groups in similar social positions.

## **APPROACH AND FRAMEWORKS**

The reflections presented below are based on deliberative discussions and the sharing of written memos between the co-authors (see Box 1, below) drawn from our various involvements in research processes in the broad field of the health and social inequalities experienced by Roma populations across Europe. We took a retrospective approach based on five key tenets of collaborative auto-ethnography: personal memory, self-reflection, self-observation, self-analysis and conversation (Chang et al., 2013). Through this process, we selected key examples to illustrate the ways in which we have found ourselves entangled in oppressive processes and our attempts to resist and disrupt them. The examples were developed by combining individual self-reflection and writing with sharing, group meaning-making and group writing. Across examples

**BOX 1 Author backgrounds**

*Lois Orton* is a non-Romani White British female researcher with experience across the health and social sciences.

*Olga Fuseini* is a Romani female with Czech citizenship, living and working in the UK since 2007.

*Angela Kóczé* is a Romani Hungarian female, interdisciplinary scholar who is still in her extended community considered as a first-generation scholar.

*Marton Rövid* is a non-Romani White Hungarian male researcher who has grown up in a mixed environment.

*Sarah Salway* is a non-Romani White British female interdisciplinary researcher who has worked across the boundaries of sociology and public health over many years.

we critically reflected on our roles and responsibilities (as well as those of other key actors) and the structures that we reproduce, reform and transform. We drew out lessons learnt and considered how things might have been different.

Research literature was sourced across diverse disciplines (including politics, anthropology, public health and history) to expand and challenge the points we identified. An online group mapping exercise was used to provide a space for additional voices to be heard and incorporated into the analysis. Briefly, six people identifying as Roma, based in the UK and Hungary, who have engaged with research were asked to describe their own experiences and perceptions of research, how individual researchers and research structures and processes might contribute to oppression and potential ways to counter this. Participants used “sticky notes” to represent their thoughts, ordered them based on importance and annotated them (i.e. responded to each others’ comments). Although participants tended to agree on the main issues, the dynamic dialogue did not always end in agreement but identified points of consensus and divergence.

Following this process, we organised our thoughts based on a typology that describes the main domains within which oppressive processes might operate, and in which sociologists of health and illness might find ourselves entangled (see Box 2, below). The typology is based on the three domains of racism identified by Williams et al. (2019): structural, cultural and interpersonal, but extends this to include the intersections with other oppressive “isms” such as sexism and classism. It delineates the sites, structures, discursive practices and relationships within which oppression can be manifested.

**BOX 2 Domains of oppression**

*Structural domain:* The structures and processes (laws, policies, practices, etc.) that exclude and denigrate.

*Cultural domain:* The ideologies (values, language, images and symbols, etc.) that circulate to reinforce inferiority and pathology.

*Interpersonal domain:* The relationships that sustain exploitation and instrumentalisation (what Williams et al. (2019) refer to as individual racism and discrimination).

Of course, social processes by their very nature are dynamic, complex and self-reinforcing. As such, we will often find ourselves entangled with oppressions operating across more than one domain. For example, cultural oppression creates an environment in which structural and interpersonal oppression are able to flourish (and vice versa). We aim to highlight examples of this in the discussions that follow.

Not all complicity is the same. Through the process of sharing reflections, the online mapping exercise and through collaboratively writing this piece, we started to identify a spectrum of different “types” of complicity that operate across all three domains of oppression (structural, cultural and interpersonal). These “types” go beyond what might be termed finger-pointing complicity (which assumes knowledge of a morally wrong, unjust structure in which a person/group/institution is voluntarily involved), to recognise that in practice our complicities might be voluntary or involuntary, as well as conscious or unconscious.

Complicities can be unconscious and voluntary, for example by reproducing policy assumptions without thinking to question their bases. They can be conscious and involuntary, for example being aware of the limitations of policy assumptions but seeing no alternative or when a junior research team member feels unable to challenge the framing of a project by more senior colleagues. At times we may, with varying success, attempt to use certain types of (conscious voluntary) complicity as part of a strategy of resistance. Drawing on Mihai (2019), we consider that these types of complicity are neither dichotomous nor static, but rather sit along a continuum of locations that we as researchers might shift between depending on our constantly changing positionality within the social world.

## REFLECTIONS

For each domain of oppression (structural, cultural and interpersonal), we outline key themes relating to the spectrum of complicities (conscious–unconscious, voluntary–involuntary) that might arise within knowledge production processes. We illustrate these themes with examples from our own research experiences, including more and less successful attempts to resist complicity with oppression. Each example concludes with a reflection on lessons learned.

### **Complicities with structural oppression**

#### Key themes

As sociologists of health and illness, we engage every day with an unavoidable web of oppressions that are sustained (or occasionally challenged) by powerful institutions including the university, the wider academy, governments, inter-governmental organisations, research funders and public and third sector services/organisations. During the online mapping exercise, participants highlighted the key role that systemic institutionalised social exclusion has played in the life of many Roma people, leading them to have limited access to resources, services and opportunities throughout their lives. In order to apparently counter this exclusion, there has been a relatively recent but decidedly ferocious EU-led policy drive to “include” and “integrate” Roma into European society (for example the Decade

of Roma Inclusion 2005–2015; the 2011 EU Framework for National Roma Integration Strategies; and the 10 year “EU Roma strategic framework for equality, inclusion and participation for 2020–2030”; see van Baar (2019) and Surdu and Kovats (2015) for a detailed overview).

The EU has set aside large sums of money to research these policy-driven inclusion/integration agendas, tying funds to their own frameworks and normative assumptions (Vermeersch, 2012). When researchers respond uncritically to calls for knowledge originating from such policy agendas, we risk reinforcing institutionally sanctioned oppression (Glasberg & Shannon, 2012; Randell-Moon et al., 2013), creating a self-reinforcing nexus of policy-research complicity (*ibid*). Knowledge production processes that stem from the “Roma inclusion/integration” agenda have been criticised for rarely challenging but rather feeding into the short-term depoliticised, technical solutions that are proposed to counter decades of mental and material subjugation, structural oppression and racial violence (Fassin 2011, p421; Kóczé & Rövid, 2017; Rostas et al., 2015; Spinner-Halev 2007). Furthermore, Roma inclusion projects rarely learn from the well-documented critiques of wider participation drives (Hickey & Mohan, 2004, for example). The stubborn expectation that Roma should want to contribute to this policy and knowledge production agenda takes no account of the centuries of hostility and overt institutional and everyday racism that informs it (Kóczé, 2019). Roma have learned to distrust paternalistic “Roma inclusion” projects that legitimate activity without fundamentally changing the structures of exclusion or challenging oppressive ideology (Rostas et al., 2015); in effect absolving responsibility for their eventual failure, and locating the blame with Roma themselves (Surdu & Kovats, 2015).

In response to the insufficiency of mainstream approaches, new initiatives have emerged from within the academy (Rostas & Rövid 2015). Despite often being portrayed as lacking agency or organising capacity, a new cadre of Romani critical scholars and activists are acquiring positions at prestigious universities, fuelled by the desire to create alternative structures with radically different foundations. This “Roma Spring” of newfound critical consciousness and assertiveness (Bogdan et al., 2015) challenges positivist claims to “independent, ‘supra-social’, detached knowledge” (Horkheimer, 1972:196) and the exclusion of Roma from knowledge-making processes (Kóczé, 2019). Critical Romani Studies align with the current decolonial shift in academia which “seeks to make visible, open up and advance, radically distinct perspectives and positionalities that displace Western rationality as the only framework and possibility of existence, analysis, and thought” (Mignolo & Walsh, 2018:17).

The push for justice for Roma within the neoliberal academy in many ways reflects more prominent movements by other groups such as the Maori of New Zealand (Walker et al., 2006) or First Nations people in Canada and the United States (Schnarch, 2004). Similar to these other groups, those transformative Roma thinkers that make an impact are often accused by their peers of being subsumed into the academic and wider establishment benefiting their own upward mobility (as “Roma elites”) but doing little for the position of other Roma within the academy (Bogdan et al., 2015; Marushiakova & Popov, 2011). Further, many Roma scholars find themselves working on the margin of established academic networks, lacking sponsorship or academic capital to navigate in a historically upper class, patriarchal White space. On the plus side, however, the decolonisation agenda has fuelled an increasing interest among (often non-Romani) scholars to contribute to and support Roma-led knowledge production processes (Bogdan, et al., 2015). The question remains whether, and how, the academy can facilitate a more engaged and anti-racist approach to Romani knowledge production. Below, we present an example to illustrate

the challenges that these scholars, and indeed anyone engaging with structural oppression in knowledge production processes, might face. We also offer reflections on how we could attempt to resist these complications.

### Illustrative example one — The framing of research questions (Lois Orton)

*For me there is one particularly nagging question: am I complicit simply by asking about a concept “Roma health” that originated in European policy and has unknown relevance for those it concerns? In the proposal for my current research, I found myself unwittingly drawn into the nexus of dominant policy framings, repeating the kinds of language that I believed would catch the eye of the targeted funding body (a large health charity based in the UK). My research risked feeding into the policy drive to quantify the size of the “problem,” further justifying the attention paid to it. I am now negotiating the difficult path of reframing my assumptions in the hope of reimagining the concept of “Roma health,” engaging with various Roma communities to agree new and transformative terms of engagement and with “powerful” others to examine our complicity praxes.*

#### **Reflections and lessons learned**

Whilst my aim was to question the concept of “Roma health,” my proposal was perhaps more conflicted than I originally realised, playing into the idea that this topic was worth funding because powerful others think it is whilst at the same time aiming to question these very assumptions (by taking them back to the people they pertain to). Could I have gone further: for example, by questioning the idea that we should explore the health of specific groups that have been identified as “at risk”? My previous experience led me to believe that I would struggle to start from a position that was considered too politically threatening. I felt I had to be complicit to begin with in order to build the “scaffolding” with which to deconstruct and reimagine the terrain. Whilst, for the most part, I engaged with this conscious complicity voluntarily, I found myself involuntarily moving further towards the position of the oppressor than I would have liked. Looking back, I was not as conscious of my complicity as I thought I was, unwittingly making assumptions about the degree to which I could break with the status quo. Instead, I could have explored whether the funder (who, although inevitably not value-free, was relatively independent of the policy domain) may have supported a more radical approach from the outset. The case for such an approach may have been strengthened if, rather than working with a few Romani scholars and community organisations, I had engaged a broader spectrum of Roma perspectives from the point of project conception. This would likely require a change to the funding landscape and allowance for a consciously “slow” social science that recognises the ebb and flow of such complex relationships. Overall, I have learnt that it is sometimes possible to move from a position of complicity to one of resistance, but only if you are conscious of that complicity and do not find yourself involuntarily bound to your original position. Going forward, I now feel a keen imperative to not just uncover problematic policy assumptions, but to actively challenge them.



## Complicities with cultural oppression

### Key themes

Bhavnani (1993), drawing on Donna Haraway, argues that researchers hold significant power to influence dominant understandings of different social groups. Roma, in common with other racially minoritised groups, are repeatedly constructed through powerful negative images, symbols and stereotypes. As researchers, our privilege and identity will inevitably inform our internalised understandings and influence the kinds of knowledge that we (re)produce (Gunaratnan, 2007; Salway et al., 2011). Vigilance is required in examining how we might support or resist complicity in reproducing the ideology of inferiority. Both the research methods we employ to generate knowledge (the questions we ask, the tools we use to gather data) and the research accounts that we produce (the norms and categories that these sustain) require scrutiny.

It is perhaps not surprising that research outputs predominantly represent Roma as a group in poor health. Political processes underpinning structural oppression often create an environment in which cultural oppressions can thrive. In 2014, the EU commissioned “Roma Health Report” (European Commission, 2014) created an impetus for research exploring the “poor health situation of European Roma.” This report summarised the state of knowledge on the health of Roma in 11 European countries, including the United Kingdom, with a primary focus on “lifestyles” and “health risks,” to the exclusion of wider structural processes. Putting aside significant data issues, the findings suggest that despite considerable heterogeneity of circumstances, most Roma populations have poorer health and wellbeing relative to “non-Roma” (variously defined), including higher rates of communicable and non-communicable diseases, poorer self-rated child and maternal health and higher mortality rates. Further studies have been published, apparently confirming the report’s findings (Orton, 2017). In more recent times, the response of some CEE countries to the COVID pandemic (specifically, the over-zealous attempts to control Roma movement; Matache & Bhabha, 2020) highlights how the imaginary of the dirty and diseased Roma lives on. Participants in our online mapping exercise emphasised how politicians continue to draw on the popular image of Roma as to blame for all of society’s ills.

However, the generalisation of Roma as a population in poor health belies a wealth of different experiences across many diverse populations. The term “Roma” is in fact a contested political construction and includes at least 20 different ethnonyms (Surdu, 2019). The term encompasses a wide range of geographic locations and ways of living (settled/travelling, indigenous/migrant, integrated/segregated, rural/urban and various sources of income and work practices (Ringold et al., 2005)). However, researchers looking to find out why Roma apparently experience worse health than others often pay little attention to past and present experiences or the everyday contexts in which they live. Inappropriately generalised group characteristics are implicated in the marginalisation of Roma and the singular “they” mentality. This contributes to an overall notion of “Roma health” that overlooks the heterogeneity of experiences (Orton 2019). When over-generalised accounts are coupled with an over-emphasis on individual- and community-level factors, such approaches reinforce cultural stereotypes and pathologise Roma as a “problem” while overlooking the intricate social, cultural and institutional factors that all too often create vulnerable circumstances for many Roma communities (Howard and Vadja 2016).

This cultural essentialism is not unusual. As Ahmad and Bradby noted in this journal back in 2007, “the disadvantage of minority ethnic groups” is often located in “dysfunctional cultural inheritance” (p798), cementing inferiority whilst absolving the powerful from responsibility.

This is despite efforts to promote the principles of critical race theory in public health research (Ford & Airhihenbuwa, 2010). Unfortunately, a common pitfall of much health inequalities research and practice remains its tendency to homogenise experiences and resort to “lifestyle” explanations, thereby stigmatising the very “communities” they purport to help (Douglas, 2016). Participants in the online mapping exercise felt that researchers need to be very careful not to contribute to this “cultural trauma.” However, other participants argued the importance of highlighting “when things were bad” so that something might be done about it. It is not easy to strike the right balance between neglect and stigmatisation, as the two examples below illustrate.

### Illustrative example two — Reinforcing narratives of powerlessness (Olga Fuseini)

*I remember, a year before I started University, I took part in research. The aim was to discuss Roma experience in accessing jobs, healthcare, housing and education. My role was to lead the discussion groups of Roma participants and later transcribe the recordings. During the discussions on housing, I encouraged people to share their opinions about their landlords. As a community development worker, I had had countless experiences with Roma being exploited by their landlords so I assumed that my discussion group would have gone through the same thing. Most of them told me that their landlord was good. This surprised me. I knew this is not a picture we see in the community, so I used all my focus on the one lady that had negative experiences, to prove my point of inequality, rather than explore further, the positive ones.*

#### **Reflections and lessons learned**

Roma researchers ourselves are not immune to the pervasive ideologies of Roma as victims. My complicity in reinforcing an internalised narrative of powerlessness was perhaps at first unconscious and involuntary. It was only later that I was able to imagine a different experience to that which I had assumed was common to all Roma. Memory was important. I struggled to put my own experiences and internalised assumptions aside. I became alert to my complicity towards the end of the session as I started to question why no-one was talking about the horrible experiences with landlords and housing conditions that were all too common for me. I realised there are also good experiences and that these need to be listened to in order to understand the whole picture. Going forward I plan to examine my internalised understandings on key issues affecting “my” community and to think about how I might locate diverse perspectives (outside of my usual frame of reference) that might help me to reconceptualise my methods and key narratives.

### Illustrative example three — perpetuating inferiorising narratives (Sarah Salway)

*A few years ago, I found myself chairing a multi-professional working group in the north of England. While ostensibly with a remit to share insight around and advocate for the health of*

*“new arrivals” to the city, it became clear that the focus and concern of those attending the quarterly meetings was the Roma Slovak population in the city. A key activity was the organisation of a workshop focused on “Roma Slovak health needs” for healthcare and community development professionals. At first sight, there were some positive elements to this endeavour. A community-based organisation held group discussions with people identifying as Roma Slovak to seek their ideas on how the workshop should be organised. A talk was included that provided a critical socio-historical perspective on Roma populations. The event was well attended and feedback was positive. Several participants reported “greater understanding.” However, despite the tone of discussions being gentle and well-meaning, I couldn’t help but notice that the narrative was overwhelmingly one of deficit. I listened as differences were framed as deviant and problematic (albeit understandable in the context of past experiences), rather than opportunities for practitioner self-reflection and system challenge. I noted that similarities with other disadvantaged communities, and connections to systemic processes of marginalisation, were not identified. While I challenged some of these constructions during the small group face-to-face discussions, I did not speak in the plenary, leaving these important concerns unstated. Furthermore, in the follow up to the event I failed to challenge parts of the workshop report, and did not raise these issues in subsequent conversations with health professionals keen to take action on the “problems” identified. Rather, I moved on to other tasks in the wake of the workshop. Another event to add to my curriculum vitae; the status quo left firmly intact.*

### **Reflections and lessons learned**

Reflecting on this event, and my role within it, I became increasingly concerned that the workshop amounted to no more than a performative gesture, serving the “tick box” needs of individuals and organisations involved in its delivery. Worse, it could be seen as contributing to the dominant, inferiorising and homogenising discourse of “Roma health.” While my actions can be identified as conscious and voluntary, I suspect that the majority of participants were unaware of the ways in which the workshop was contributing negatively to the construction of Roma people. I demonstrated some elements of resistance, but these were not sustained. Mihai’s (2019) notions of social positioning and social embeddedness are helpful, constraining our actions even when we are aware of their conflict with what we would aspire to be doing. I was, at the time, in a relatively precarious academic contract, working within a context of dense networks where many relationships of cooperation overlapped. Furthermore, in the context of the health-care practitioner dominated event I was a relative outsider, not privy to all aspects of the event and reminded on a number of occasions of my non-practitioner status. I had a, probably unwarranted, fear of being a pariah and a sense of powerlessness to influence (a loss of hope, limited imagination). Mihai (2019) talks of the need to have social scaffolding for our hopes so that we can mobilise for efficient action in pursuit of transformation. This might involve consciously seeking out other people who we know share our visions and who can offer support when we speak up, or seek to challenge or obstruct. Planning future events carefully to anticipate opportunities for positive disruption and to enable the orchestration of such social scaffolding for me and other colleagues, are important concerns for me currently.

## Complicity with interpersonal oppression

### Key themes

Complicity is always enmeshed in complex social relations and influenced by one's location within those relations (Mihai, 2019). "Non-Roma" people cannot escape the consequences of the role of racial oppressor that has been played by their ancestors over many generations (Vajda, 2015). Structurally sanctioned racism lives on in the collective memories of Roma populations. The ability to develop equal relationships between Roma and non-Roma researchers and participants is constrained by these structures of racialised reality and past exploitations. During our online mapping exercise, participants described the extractive nature of much research that they had experienced. Like other over-studied groups, they were wary of taking part in projects that were unlikely to yield positive change in their lives.

The above description could relate to any racially (or otherwise) minoritised group. Indeed, those wishing to resist reinforcing oppression through their relationships with Roma might learn from the successes (and failures) of North American critical race scholars (Cole, 2009). A key consideration is whether and how we can create spaces in (and beyond) our universities that enable the growth of long-term and mutually beneficial collaborations. Ritterbusch (2019) suggests that, in order to go some way to rebalancing a long history of oppression, we must focus on the quality of relationships forged over time as well as their content and structure. In fact, she argues that managing relationships should come far ahead of the needs of the research itself. Such collaborations necessitate a process of personal transformation that is not comfortable. Majority scholars must acknowledge that they have benefited directly from extant and inherited structural social hierarchies. This active recognition not only puts them beyond their comfort zone but also can lead to direct opposition with peers and institutions (Bhavnani, 1993). Furthermore, absorbing this "off the clock" relationship work alongside the demands of the "day job" inevitably risks burn-out, especially when audiences within and beyond the academy will frame emotional engagement as a weakness rather than as central to addressing social injustice. The examples below further illustrate these key challenges in resisting interpersonal oppression and transforming interpersonal relationships.

### Illustrative example four — The colonisation of Roma knowledge (Angela Kóczé)

*I will never forget when a few years ago, one of the non-Romani scholars who organised a Summer University at Central European University (CEU) focused on Roma desperately asked me if I could meet with his students during a lunch break because they wanted to meet with Roma. As he described, the students had critiqued the organisers because they had not invited any Roma to participate in the summer course either as a faculty member nor as a student. At that time, I had just defended my PhD at CEU and was in the library where I met with this scholar. I could not believe that he was sharing this story with me without any critical reflection on his role as a powerful gatekeeper who reproduces the exclusion of Roma from knowledge production. Certainly, he could have involved me earlier, before the pressure from the students. Anyway, I ironically suggested to him that if he wants just any Roma to meet with the students during the lunch break then he should go out onto the street and persuade the most "traditional" and "authentic" looking illustration he can find. I refused to join them as a sign of resistance and truly hoped that the message was clear. Following*

*the episode, the students led an action asking the course director to involve Romani scholars as lecturers in future.*

### Reflections and lessons learned

Rather than being included as a participant or faculty member of the Summer University, I (a Romani scholar) was instead considered only useful as an illustrative example of the issues under discussion by non-Roma scholars. My act of resistance, a refusal to provide such a curiosity, while empowering at the time, was perhaps learned after facing similar experiences throughout my personal and professional life. It becomes draining to repeatedly have to “call out” such complicitous acts (where Roma are treated as objects of interest rather than as worthy and equal contributors). Previous experience told me that it is not always worth the effort of explaining. However, it is possible that by refusing to participate I effectively let the scholar “off the hook.” He was perhaps able to go back and say that he tried but, as he suspected, nobody wanted to join, further confirming that he is the most accessible voice on the subject. An alternative approach might have been to tell the scholar that I would come but only if a full session was given over to me. I could then have taken the opportunity to initiate a discussion around the issues raised here. Even so, it was at least heartening that the students were more conscious (than the scholar) of the complicity at play; and were keen to resist their entanglement. This suggests that there is an appetite among the next generation of scholars to tackle the legacy of oppression head on. This should be built upon in future curricula. For myself, these sorts of repeated experiences spurred me on to redress the oppression of Roma in the academy. Now, as academic director of the Romani Studies Program at CEU, I aim to create a path for decolonising Romani Studies by creating opportunities for Roma and non-Roma to be engaged in critical dialogue with regards to academic and policy work. Through this work, we make an explicit challenge to structural inequalities in academia by critiquing the objectification of Roma in academic knowledge production.

### Illustrative example five — Exclusionary research relationships (Lois Orton & Olga Fuseini)

*Olga Fuseini: Lois originally saw the call for papers for this special edition and pulled together the authorship team. She was keen to create a collaborative approach to producing the piece. However, as the originator, she was clearly the “leader” in the process of writing. Furthermore, the call for papers provided a tight timescale. While this time pressure was a challenge for all involved, it severely constrained the contribution that I, as someone who was employed outside of academia (and a student at the employing university of two of the co-authors: Lois and Sarah) was able to make. I had little time each week to devote to an exercise that was, after all, a side project for me.*

*Lois Orton: When invited to contribute, Olga betrayed the unsettling power differentials at play, stating “I really appreciate what you do for Roma... Thank you for allowing me to look at your work, I feel honoured that you consider my opinion... I have never read anything about Roma that would go so deep in the problem...” She felt that her contributions were not of equal value and that she was not qualified to question the perspectives of her co-authors: “I have added a document with some comments and ideas. The first comment is just a suggestion.... and I may have got it completely*

wrong! So pls don't take me too seriously." It appeared that Olga had internalised the expectation that academic writing excludes Roma and non-academic voices.

### **Reflections and lessons learned (from the perspective of Lois Orton)**

Through the process of writing the piece, I moved from a position of unconscious complicity (in perpetuating exclusionary processes) to one of conscious but involuntary complicity. Firstly, it must be acknowledged that I wanted to be first author and will benefit professionally from such a position. The fact that I saw the call for papers and was able to pull together an authorship team reflects my inclusion in networks of privilege. I was also privileged to be funded via a fellowship (itself a product of prior networks of privilege) and able to devote considerable time to developing the manuscript. Olga, on the other hand, was preoccupied with other work and had less capacity to contribute. When faced with such a situation a decision needs to be made on whether the terms of involvement (often laid down by the publisher) are "good enough" for all authors to make a valuable contribution and, conversely, when they are too far tilted towards an extractive model. As an authorship team, we found ourselves, on more than one occasion, discussing the possibility of pulling the piece from the special edition in order to allow a slower and more equal process of writing. In the end, we sought two extensions to the submission deadline. Perhaps we should have gone further still and sought funding for Olga to allow fuller participation and to foster an authorship process that truly valued the worth of her contributions thereby perhaps countering some of her understandable doubt. Unfortunately, I felt constrained in my confidence to make such demands having little experience or training in involving "non-academic" co-authors (something that is not highly valued by the academy).

## **CONCLUSION**

As demonstrated throughout this paper, sociologists keen to generate new knowledge around the health and social inequalities experienced by racialised minorities such as Roma are inevitably entangled in a complex web of interconnected complicities with oppressions across structural, cultural and interpersonal domains. Much of the previous literature on complicity focuses on repressive regimes, such as the Vichy Regime in France (Mihai, 2019), which are considered to be diversions from "liberal" and "democratic" societies. In this paper, we highlighted the forms of complicity that operate within the knowledge production processes of allegedly "liberal" and "democratic" societies. We sought to engage with a set of challenging questions: Whether and how can scholars, activists, and other professionals become aware of such oppressions? To what extent and under what conditions is it possible to resist and transform them?

By drawing on our own experiences, we have begun to unpick some of these questions. Example one illustrates the role of institutional context and funding opportunities in complicity, and calls for researchers and research funders to identify routes to challenging these structures. Example two points out how Romani actors themselves can involuntarily and unconsciously reproduce stereotypes, thereby reinforcing stigmatisation. Example three demonstrates that even allegedly participative and empowering forms of knowledge production can be tokenistic, further reproducing epistemic injustice. Example four exemplifies the objectification of Roma in academic knowledge production. Example five discusses the challenges of navigating power differentials when co-authoring an academic text with diverse contributors.

Across these examples, by describing the spectrum of forms that our complicity has taken (conscious–unconscious and voluntary–involuntary), we have highlighted the different ways in which we might reinforce (or resist) oppression of racially (or otherwise) minoritised groups. The writing of this piece has allowed us to look back with fresh eyes and identify where we have often been quite aware of our deliberate (voluntary conscious) complicities, as well as where we have felt less able to challenge the status quo. It was perhaps less straightforward to identify examples of where we have been unconsciously involuntarily complicit. This may reflect the fact that, despite our best efforts at personal reflection, we remain ignorant of these complicities. The same goes for voluntary unconscious complicity (routinised ways of thinking, being and doing). We may be so embedded in the system that we are unable to identify our own “wrongdoing.” There are manifold challenges of being able to consciously reflect on invisible forms of oppression. Once we become conscious of these structures, we may not be able to challenge them and so remain involuntarily complicit. This underscores the urgent need to create safe spaces within which serious challenge by those who are oppressed can take place.

The complexity of our complicity praxes reflects the complexity of the oppressions that we find ourselves engaging with. Whilst we have presented the various levels of oppression sequentially, in reality they are of course interconnected and mutually reinforcing. Whilst action is needed at all levels, attention directed at structural level influences and power differentials might be expected to feed down to influence common perceptions and (to a lesser degree perhaps) vice versa. This leads to the question of why attempts to resist complicity with oppression in knowledge production have not had the traction they might have. This was a key consideration for the co-authors. Our feeling is that it may come down to the very layered ways in which we are complicit. We might make progress at the individual interpersonal level to recognise and resist our racist tendencies but it is much harder for us to challenge our institutions and the wider system. Whilst the neoliberal project persists, how can we urge our universities to acknowledge their reparative responsibility in addressing past and persisting injustice? How do we encourage them to ensure we have the time and space needed to develop more equitable research relationships? This is particularly challenging when researchers are not in positions of security within their host institutions. Maybe we have come to accept defeat in challenging the higher-level influences, in effect becoming compliant and complicit over time and failing to challenge the status quo. Others certainly think the field of sociology as a whole has fallen prey to this tendency (Scambler, 2020). To make a real difference, we perhaps should be attempting to raise these issues in other arenas (beyond the sociology of health and illness) where they are not so readily received. As authors of this piece, we could have aimed for a mainstream health or policy journal rather than taking the easy option of responding to a call that already sympathises with the core values at stake.

In conclusion, while far from an exhaustive account of all approaches to recognising and challenging complicity with oppression within knowledge production processes, we hope that our first-hand reflections will prompt some progress towards the transformatory work needed to reduce harm and begin working towards some kind of reparation. We do not provide “technical fixes” but rather offer a starting point for ongoing debate and dialogue around “responsible research practices” within wider academic, policy and community fora.

## ACKNOWLEDGEMENTS

We would like to thank all those who we have learned so much from in our endeavours to do better research addressing the health and social inequalities experienced by European Roma populations. In particular, we would like to thank the participants in our group mapping exercise. Lois Orton's

contribution was supported by the Wellcome Trust (Roma populations and health inequalities: deconstructing a European policy "problem": Reference: 219779/Z/19/Z). Sarah Salway's contribution to this project was in part supported by the National Institute for Health Research (NIHR) School for Public Health Research (SPHR) [Grant No. PD-SPH-2015-10025]. The views and opinions expressed are those of the authors and do not necessarily reflect those of the NHS, the NIHR, MRC, CCF, NETSCC, the SPHR or the Department of Health. This research was funded in whole, or in part, by the Wellcome Trust [219779/Z/19/Z]. For the purpose of open access, the author has applied a CC BY public copyright licence to any Author Accepted Manuscript version arising from this submission.

## AUTHOR CONTRIBUTIONS

**Lois Orton:** Conceptualization (lead); Formal analysis (lead); Methodology (lead); Writing-original draft (lead); Writing-review & editing (lead). **Olga Fuseni:** Conceptualization (supporting); Formal analysis (supporting); Writing-original draft (supporting); Writing-review & editing (supporting). **Angéla Kóczé:** Conceptualization (equal); Formal analysis (equal); Methodology (equal); Writing-original draft (equal); Writing-review & editing (equal). **Marton Rövid:** Conceptualization (equal); Formal analysis (equal); Methodology (equal); Writing-original draft (equal); Writing-review & editing (equal). **Sarah M Salway:** Conceptualization (lead); Formal analysis (lead); Methodology (lead); Writing-original draft (equal); Writing-review & editing (supporting).

## DATA AVAILABILITY STATEMENT

Data sharing is not applicable to this article as no new data were created or analyzed in this study.

## ORCID

Lois Orton  <https://orcid.org/0000-0002-9641-523X>

Sarah Salway  <https://orcid.org/0000-0002-7688-5496>

## ENDNOTE

<sup>1</sup> In this piece, we use the terms Roma (noun) and Romani (adjective) interchangeably. However, these are in fact contested political constructions. Their uncritical use has collectively homogenised the many and varied experiences of diverse populations

## REFERENCES

- Acton, T., & Ryder, A. (2015). *From clienthood to critique – The role of Nicolae Gheorghe as Mediator and Catalyst in the Roma Awakening in Roma Rights 1 2015: In Search of a Contemporary Roma Identity: In Memoriam – Nicolae Gheorghe*.
- Ahmad, W. I. U., & Bradby, H. (2007). Locating ethnicity and health: Exploring complexities and contexts. *Sociology of Health & Illness*, 29(6), 795–810. <https://doi.org/10.1111/j.1467-9566.2007.01051.x>
- Artal, R., & Rubinfeld, S. (2017). Ethical issues in research. *Best Practice & Research in Clinical Obstetrics & Gynaecology*, 43, 107–114. <https://doi.org/10.1016/j.bpobgyn.2016.12.006>
- Bhavnani, K.-K. (1993). Tracing the contours: Feminist research and feminist objectivity. *Women's Studies International Forum*, 16(2), 95–104. [https://doi.org/10.1016/0277-5395\(93\)90001-P](https://doi.org/10.1016/0277-5395(93)90001-P)
- Bogdan, M., Ryder, A., & Taba, M. (2015). The Roma spring: Knowledge production and the search for a new humanity. *Roma Rights: Journal of the European Roma Rights Centre*, 33–38. Nothing about us without us? Roma participation in policy-making and knowledge production. [http://www.errc.org/uploads/upload\\_en/file/roma-rights-2-2015-nothing-about-us-without-us.pdf](http://www.errc.org/uploads/upload_en/file/roma-rights-2-2015-nothing-about-us-without-us.pdf)
- Brooks, E. C. (2012). The possibilities of Romani feminism. *Signs: Journal of Women in Culture and Society*, 38, 1–11. <https://doi.org/10.1086/665947>
- Chang, H., Ngunjiri, F., & Hernandez, K. A. C. (2013). *Collaborative autoethnography*. Routledge.



- Cole, M. (2009). Critical race theory comes to the UK: A Marxist response. *Ethnicities*, 9(2), 246–284. <https://doi.org/10.1177/1468796809103462>
- Cook, B., Wayne, G. F., Valentine, A., Lessios, A., & Yeh, E. (2013). Revisiting the evidence on health and health care disparities among the Roma: A systematic review 2003–2012. *International Journal of Public Health*, 58, 885–911. <https://doi.org/10.1007/s00038-013-0518-6>
- Douglas, M. (2016). Beyond ‘health’: Why don’t we tackle the cause of health inequalities? In K. Smith, S. Hill, & C. Bambra (Eds.), *Health inequalities: Critical perspectives*. Oxford University Press.
- European Commission. (2014). *Roma Health Report. Health Status of the Roma population. Data collection in the member states of the European Union*. [https://ec.europa.eu/health/sites/health/files/social\\_determinants/docs/2014\\_roma\\_health\\_report\\_en.pdf](https://ec.europa.eu/health/sites/health/files/social_determinants/docs/2014_roma_health_report_en.pdf)
- Fassin, D. (2011). ‘Racialization: How to Do Races with Bodies’. In Mascia-Lees, F. E. (Ed.), *A Companion to the Anthropology of the Body and Embodiment*. Malden, MA: Wiley-Blackwell.
- Ford, C., & Airhihenbuwa, C. O. (2010). The public health critical race methodology: Praxis for antiracism research. *Social Science and Medicine*, 71, 1390–1398. <https://doi.org/10.1016/j.socscimed.2010.07.030>
- Glasberg, D. S., & Shannon, D. (2012). *Political sociology: Oppression, resistance and the state*. Sage.
- Gunaratnan, Y. (2007). Complexity and complicity in researching ethnicity and health In J. Douglas, S. Earle, S. Handsley, L. Jones, C. E. Lloyd, & S. Spurr (Eds.), *A reader in promoting Public Health: Challenge and controversy* (pp. 147–156). The Open University.
- Hickey, S., & Mohan, G. (2004). *From Tyranny to transformation. Exploring new approaches to participation in development*. Zed Books.
- Holt, E. (2020). COVID-19 lockdown of Roma settlements in Slovakia. *Lancet Infectious Diseases*, 20, 659. [https://doi.org/10.1016/S1473-3099\(20\)30381-9](https://doi.org/10.1016/S1473-3099(20)30381-9)
- Horkheimer, M. (1972). *Critical theory: Selected essays*. Translated by Matthew J. O’Connell. Seabury Press.
- Howard, J. & Vadjia, V. (2016). “Inclusion as an agenda for transformative and sustainable change: addressing invisible power through reflective practice”. *IDS Bulletin*. <http://bulletin.ids.ac.uk/idsbo/article/view/2793/ONLINE%20ARTICLE>
- Kóczé, A. (2009). *Missing intersectionality: Race/ethnicity, gender, and class in current research and policies on Romani Women in Europe*. CEU University Press.
- Kóczé, A. (2019). Transgressing borders: Challenging racist and sexist epistemology. In S. Beck, & A. Ivasiuc (Eds.), *Roma activism: Reimagining power and knowledge* (pp. 111–128). Berghahn.
- Kóczé, A., & Rövid, M. (2017). *Roma and the politics of double discourse in contemporary Europe, identities: Global studies in culture and power* (Vol. 24, pp. 684–701). Global Studies in Culture and Power. <https://doi.org/10.1080/1070289X.2017.1380338>
- Lee, J. (2020). *Police are using the COVID-19 pandemic as an excuse to abuse Roma*. Aljazeera, 14 May 2020. <https://www.aljazeera.com/indepth/opinion/police-covid-19-pandemic-excuse-abuse-roma-200511134616420.html>
- Marushiakova, E., & Popov, V. (2011). Between exoticization and marginalization. Current problems of gypsy studies. *Behemoth – A Journal on Civilisation*, 4(1), 60.
- Matache, M., & Bhabha, J. (2020). Anti-Roma racism is spiraling during COVID-19 pandemic. *Health and Human Rights Journal*, 22(1), 379–382.
- Mignolo, E., & Walsh, C. E. (2018). *On decoloniality: Concepts, analytics, and praxis*. Duke University Press.
- Mihai, M. (2019). Understanding complicity: Memory, hope and the imagination. *Critical Review of International Social and Political Philosophy*, 22(5), 504–522. <https://doi.org/10.1080/13698230.2019.1565692>
- Orton, L. (2017). The ‘problem’ of Roma health and wellbeing: A critical analysis of European policy perspectives. *Journal of Epidemiology and Community Health*, 71, A95. (Society for Social Medicine Annual Scientific Meeting 2017, Manchester, UK).
- Orton, L., Anderson de Cuevas, R., Stojanovski, K., Gamella, J., Greenfields, M., La Parra, D., Marcu, O., Matras, Y., Donert, C., Frost, D. Y., Robinson, J., Rosenhaft, E., Salway, S., Sheard, S., Such, E., Taylor-Robinson, D., & Whitehead, M. (2019). Roma populations and health inequalities – A new perspective. *International Journal of Human Rights in Healthcare*, 12(5), 319–327. <https://doi.org/10.1108/IJHRH-01-2019-0004>
- Randell-Moon, H., Saltmarsh, S., & Sutherland-Smith, W. (2013). *The living dead and the dead living: Contagion and complicity in contemporary universities*. [https://eprints.usq.edu.au/30186/2/final\\_revised%20zombie%20ch\\_5%20V3.pdf](https://eprints.usq.edu.au/30186/2/final_revised%20zombie%20ch_5%20V3.pdf)
- Richardson, E. (2020). *Epidemic Illusions: On the coloniality of global public health*. Penguin.

- Ringold, D., Orenstein, M. A., Mitchell, A., & Wilkens, E. (2005). *Roma in an expanding Europe: Breaking the poverty cycle*. World Bank.
- Ritterbusch, A. E. (2019). Empathy at Knifepoint: The dangers of research and lite pedagogies for social justice movements. *Antipode*, 51(4), 1296–1317. <https://doi.org/10.1111/anti.12530>
- Rostas, I. & Rövid, M. (2015). On Roma civil society, Roma inclusion and Roma participation. *Roma Rights*, 2. [https://www.researchgate.net/publication/320445052\\_On\\_Roma\\_Civil\\_Society\\_Roma\\_Inclusion\\_and\\_Roma\\_Participation](https://www.researchgate.net/publication/320445052_On_Roma_Civil_Society_Roma_Inclusion_and_Roma_Participation)
- Rostas, L., Rövid, M., & Szilvasi, M. (2015). On Roma civil society, Roma inclusion, and Roma participation. *Roma Rights: Journal of the European Roma Rights Centre*, pp 7–10. In: Nothing about us without us? Roma participation in policy-making and knowledge production. [http://www.errc.org/uploads/upload\\_en/file/roma-rights-2-2015-nothing-about-us-without-us.pdf](http://www.errc.org/uploads/upload_en/file/roma-rights-2-2015-nothing-about-us-without-us.pdf)
- Salway, S., Barley, R., Allmark, P., Gerrish, K., Higginbottom, G., & Ellison, G. (2011). *Ethnic diversity and inequality: Ethical and scientific rigour in social research*. Joseph Rowntree Foundation. <https://www.jrf.org.uk/report/ethnic-diversity-and-inequality-ethical-and-scientific-rigour-social-research>
- Scambler, G. (2020). *Muckraking sociology*. <http://www.grahamscambler.com/muckraking-sociology/>
- Schnarch, B. (2004). Ownership, Control, Access, and Possession (OCAP) or self-determination applied to research. A critical analysis of contemporary first Nations research and some options for first nations communities. *Journal of Aboriginal Health*, 80–95. <https://Users/loisorton/Downloads/28934-Article%20Text-74712-1-10-20181111.pdf>
- Seale, C. (2008). Mapping the field of medical sociology: A comparative analysis of journals. *Sociology of Health & Illness*, 30(5), 677–695. <https://doi.org/10.1111/j.1467-9566.2008.01090.x>
- Sedláková, D. (2014). Low socioeconomic status and unhealthy lifestyle lead to high morbidity in young Roma of East Slovakia. *Central European Journal of Public Health*, 22, S3–S5. <https://doi.org/10.21101/cejph.a4008>
- Sigona, N., & Vermeersch, P. (2012). Editors' introduction. The Roma in the EU: Policies, frames and everyday experiences. *Journal of Ethnic and Migration Studies*, 38, 1189–1193.
- Spinner-Halev, J. (2007). From Historical to Enduring Injustice. *Political Theory*, 35(5), 574–597.
- Surdu, M. (2019). Why the 'real' numbers on Roma are fictitious: Revisiting practices of ethnic quantification. *Ethnicities*, 19(3), 486–502. <https://doi.org/10.1177/1468796819833424>
- Surdu, M., & Kovats, M. (2015). Roma identity as an expert-political construction. *Social Inclusion*, 3(5), 5–18. <https://doi.org/10.17645/si.v3i5.245>
- Vajda, V. (2015). Towards 'Critical Whiteness' in Romani studies. *Roma Rights: Journal of the European Roma Rights Centre*. Nothing about us without us? Roma participation in policy-making and knowledge production. pp 47–56. [http://www.errc.org/uploads/upload\\_en/file/roma-rights-2-2015-nothing-about-us-without-us.pdf](http://www.errc.org/uploads/upload_en/file/roma-rights-2-2015-nothing-about-us-without-us.pdf)
- Van Baar, H. (2019). Neoliberalism and the spirit of nongovernmentalism: Toward an anthroposociology of Roma-related engagement and activism. In S. Beck, & A. Ivasiuc (Eds.), *Roma activism: Reimagining power and knowledge*. Berghahn.
- Vermeersch, P. (2012). Reframing the Roma: EU initiatives and the politics of reinterpretation. *Journal of Ethnic and Migration Studies*, 38(8), 1195–1212. <https://doi.org/10.1080/1369183X.2012.689175>
- Walker, S., Eketone, A., & Gibbs, A. (2006). An exploration of kaupapa Maori research, its principles, processes and applications. *International Journal of Social Research Methodology*, 9(4), 331–344. <https://doi.org/10.1080/13645570600916049>
- Williams, D. R., Lawrence, J. A., & Davis, B. A. (2019). Racism and health: Evidence and needed research. *Annual Review of Public Health*, 40, 105–125. <https://doi.org/10.1146/annurev-publhealth-040218-043750>
- World Health Organization. (2021). *Roma health*. <https://www.euro.who.int/en/health-topics/health-determinants/roma-health>

**How to cite this article:** Orton, L., Fuseini, O., Kóczé, A., Rövid, M., & Salway, S. Researching the health and social inequalities experienced by European Roma populations: Complicity, oppression and resistance. *Sociology of Health & Illness*. 2021;00:1–17. <https://doi.org/10.1111/1467-9566.13411>