

Prevention of Sexual Revictimization for Female Adolescent Refugees by Increasing Access to Healthcare and Social Services

Michelle L. Woods, M.S. & Kristine M. Jacquin, Ph.D.

Abstract

- It is vital to find and implement prevention strategies for sexual revictimization of female adolescent refugees.
- There is research regarding prevention strategies for the victimization of refugees, but only minimal research on prevention of sexual revictimization of female adolescent refugees.
- Many refugees do not have access or have limited access to health care or social services.
- This poster asserts that increasing access to healthcare and social services would be a prevention strategy for the sexual revictimization of refugees, specifically adolescent females.

Introduction

- According to UNHCR (2020), there are approximately 79.5 million people worldwide that are displaced and 26 million of them qualify as refugees.
- Children below 18 years comprise 40% of refugees (UNHCR, 2020), while the average duration of exile is approximately 17 years (Williams et al., 2018).
- Refugee children may spend their entire childhood exposed to multiple risk factors including sexual exploitation (Williams et al., 2018).
- Females face intertwined risks of sexual and gender-based violence, forced marriage, survival and transactional sex, and limited access to education and livelihood opportunities (Williams et al., 2018).
- During adolescent years, there is an increased risk for health problems when most adolescents begin sexual activity.
- Ruck et al. (2014) asserted that three of the top ten causes of death among adolescent females worldwide are maternal mortality, death from complications of illegal abortions, and HIV/AIDS.

Introduction (cont.)

- There are high rates of sexual violence for children and adolescents in refugee settings, and there is an even greater risk for adolescents in marginalized groups including racial/ethnic minority, indigenous, or sexual minority (Ruck et al., 2014).

Discussion

- Due to racial and ethnic discrimination, many immigrant and refugee adolescents have differential access to health and social services (Ruck et al., 2014).
- Additionally, stigma contributes to health problems.
- Stigma can be regarding sexual victimization and social taboos around sexual abuse.
- Many communities do not perceive adolescents who are sexually exploited as victims of sexual violence, but they are viewed as criminals involved in an arrestable offense of prostitution (Williams et al., 2018).
- Many adolescents avoid healthcare if parental notification is required, which can cause further health consequences (Ruck et al., 2014).
- Females often experience sexual revictimization.
- After sexual violence or exploitation, sometimes women turn to prostitution or transactional sex (Ferris, 2007).
- According to Ferris (2007), the most frequently exploited were girls ages 13-18 and this was frequently by humanitarian workers.
- Refugee camps are very dangerous places as well, including from workers in the camp toward female adolescents (Friedman, 1992).
- Additionally, refugees are susceptible to sexual violence, abduction, sex trafficking, and discrimination in the country they flee to (Friedman, 1992; Jupp, 2003).
- Refugees are particularly vulnerable to being victims of sexual trafficking (Callister, 2019).

Discussion (cont.)

- According to Ruck et al. (2014), the United Nations Convention on the Rights of the Child includes that all children should have rights to basic health services and protection rights to include protection from sexual exploitation and abuse.
- However, many adolescent refugees have inequities in access to basic necessities, protection, and developmental support including health care and social services (Ruck et al., 2014; Williams et al., 2018).
- Healthcare and social service programs vary depending on the location and diverse programs being provided.
- Research on intervention for social services with refugees is limited and varies in outcome.
- However, the investment on provision of social services to refugees and funding for the research is insufficient (Edward & Hines-Martin, 2014; Shaw & Funk, 2019).
- There is a need for increased access to healthcare and social services for refugees, especially adolescent females.

Future Directions

- The overarching implication of the research is that prevention of sexual revictimization for female adolescent refugees is essential and increasing access to healthcare and social services is one prevention strategy.
- However, more research needs to be conducted on the sexual revictimization of refugees.
- In particular, the increase of access to health care and social services including stigma reduction and decrease of discrimination.
- Additionally, research is needed to determine the treatment and prevention strategies that could be provided that would be beneficial to female adolescent refugees at risk for sexual revictimization.



Recommendations

- Discrimination and stigma should be reduced through education of healthcare providers, social service workers, female adolescent refugees, and their families.
- Treatment of female adolescent refugees should be trauma-focused.
- Healthcare providers should be trained to be culturally competent with this population's specific needs.

Summary

- In conclusion, sexual victimization is a significant problem for adolescent female refugees.
- Female adolescents are at an increased risk of revictimization due to prostitution, transactional sex, and sexual trafficking.
- Refugee children have the right to basic healthcare and social services, however, these are limited and insufficient.
- Increasing access and services to healthcare and social services is a prevention strategy that should be used in efforts to decrease sexual revictimization of female adolescent refugees.
- Further research is needed to determine the effectiveness of increased access to healthcare and social services as a prevention strategy for sexual revictimization.

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