

SAFER UK

Preventing sexual maltreatment of unaccompanied asylum seeking minors and improving services for them

Executive Summary

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Background

An earlier study (Embrace UK) and anecdotal evidence from the Ethiopia Community Centre in the UK (ECCUK) had suggested unaccompanied Ethiopian asylum seeking minors may be vulnerable to sexual maltreatment. The study was funded by the BIG Lottery Fund in 2003 and began in 2004.

The lay participants had sought asylum from Horn of African countries which suffer from ethnic conflicts, human rights abuses, high mortality rates, poverty, gross gender inequalities, and high rates of female circumcision or female genital mutilation (FGM). Rape and mental illness are highly stigmatised. Such factors are significant to the lay participants' experiences of and responses to sexual maltreatment in the UK.

Aims of study

- To identify how sexual abuse and sexual assault (hereafter termed 'sexual maltreatment') can be prevented in the UK among unaccompanied asylum seeking minors (UASM) from Ethiopia, Eritrea and Somalia (Horn of Africa nations).
- To identify how services can be improved in terms of prevention of sexual maltreatment and after care, and their cultural competence.

Methods

Both qualitative and quantitative methods were used. Data were collected by self-completion questionnaire and by personal interviews with both lay and key professional participants following purposive sampling. Lay participants were 53 young adults from Ethiopia, Eritrea and Somalia who had been sexually maltreated as unaccompanied asylum seeking minors (UASM) in the UK. The key professionals were practitioners or policy makers whose work impacts on the welfare of UASM.

Characteristics of lay participants

The sample is biased by the recruitment methods – targeting of specific ethnic groups by same ethnic group interviewer, some of whom were more successful at recruiting than others.

- 53 young people participated; mostly females (n=51); mostly Ethiopians (n=35), Eritrean (n=10) Somali (n=4), mixed (n=3); and mostly Christian (n=43), Muslim (n=9);
- most had arrived in the UK aged 15-17; range 9-17 years; mean = 15.5 years; mode =16 years; only 6 were aged less than 14 years on arrival.
- two-thirds (62%) of the females had undergone 'circumcision' (female genital mutilation)
- 39 described incidents occurring in 2000-04; and 8 in the 1990s

Characteristics of key professionals

Total sample size = 8

- Dedicated teacher – school with many asylum seekers
- Private counsellor – experienced in male sex abuse
- Project manager from the NSPCC
- Senior member of the National Asylum Support Service (NASS)
- Former Ethiopian employee refugee support centre
- Detective Sergeant with project SAPPHIRE – specialists in investigating sexual assault
- Social services manager for a child asylum service
- Academic / primary care nurse

Findings

A range of types of incidents was reported from feeling afraid for sexual safety to rape. Both the males reported experiencing hand to genital fondling, as did a quarter of the forty nine females who responded (n=13:26%). 'Other types of fondling' were reported by 25 females (51%); 4 (8%) females reported that they had been raped and a further five (10%) described attempted rape; 10 (20%) of the females had experienced some other type of sexual maltreatment or a near miss. Although only five (10%) females

indicated in their self-completion questionnaire that they had been sexually harassed, 29 (57%) described this in their interview. Several females reported two or more types of sexual maltreatment.

Location of incidents

The victim's home was the most common location reported (n=19). Others included the perpetrator's home (n=6), the perpetrator's car, outside, the workplace, and over the telephone.

Frequency of sexual maltreatment

Of 45 who reported the frequency of the incidents 33 (73%) reported more than one incident /near miss: 42% 2-3 times; 18% 4-6 times; 13% 10 or more times. Half (53%) reported being abused /sexually harassed by the same person more than once over a period of weeks, months or years.

Age and circumstances at the time of the first incident

Of 48 who gave their age at first sexual maltreatment/ near miss in the UK 36 (75%) were aged 16 or under; only 3 were aged under 13 years including both males. This relates closely to their age distribution on arrival. Three quarters (77%) experienced their first incident of sexual maltreatment during their first year in the UK. Of 43 who gave their living circumstances at the time, 9 were in foster care and 32 were in shared accommodation e.g. hostels, hotels, bed and breakfast or flats. Of these, only 11 girls reported living in single sex housing. One was in residential care and one was homeless (*these figures on accommodation are not provided in the full report*). Few had contact with community organisations for their nationality.

Perpetrators

Over half (58%) reported that there had been more than 1 perpetrator at each event.

Perpetrators' approach:

- Treats or 'rewards for sexual favours' (n=31)
- Abuse of trust (n=8)
- Exploited weaknesses (n=7)
- Opportunistic (n=7)

Perpetrators' socio-demographic characteristics

A large majority of the perpetrators were male (only 2 female). 24% of lay participants believed the perpetrators (as groups or individuals) were teenagers; 42% said they were in their 20s; 24% in their 30s; 10% said in 40s. Most said the perpetrators were African or 'black'; others were believed to be Arabs, white and black British, Afghans, Pakistanis and East Europeans. Some were believed to be refugees or asylum seekers. Many lived nearby or shared the accommodation including the toilet and kitchen of the victims.

Perpetrators' profiles

Some, particularly paedophilic perpetrators, abused their position of trust e.g. a foster carer and a residential social worker. Young 'predatory males' often acted in groups or alone to sexually harass and assault their teenage female victims. Older 'rescuer /father figure' males, often Africans settled in the UK targeted their female victims by befriending or grooming them and later sexually abusing them.

Relationship to perpetrator

Many of the young people knew the perpetrator(s) as they lived in the same accommodation or nearby (n=17). Others were a friend of a friend (n=8); acquaintances (n=4); home or hostel staff (n=3); a foster parent (n=1); a manager/ employer (n= 2); a classmates n=2; or others (n=6) including the children or friends of foster parents. However, many said they were strangers (n=14).

Main risk factors (lay participants' views)

Common reasons given for their vulnerability were a lack of information and knowledge about sexual abuse and their rights (n=22), being without their family (n=19), loneliness /isolation (n=18), their housing situation e.g. mixed sex, mixed ethnicity (n=19), their proximity to potential perpetrators (n=17); and a lack of monitoring/ supervision. Other risks included being female (n=15), young (n=14), or foreign (n=9); having language problems (n=9); and cultural factors (n=5), such as being secretive and shy, sexual maltreatment being a taboo subject therefore unlikely to be disclosed, and trusting own country folk and older people.

Main risk factors (professional participants' views)

Being needy emotionally and financially was thought to reduce the resistance of UASM. Other factors given included being in an alien culture with language problems and ignorance of their rights or the system; lack of supervision and monitoring; housing issues - inadequate supervision and large groups of UASM easily

targeted; poor inter-agency communication; UASM being a low priority; lack of professional expertise; females seen as sex objects; and racism and discrimination.

Mental health problem or symptoms since experience of sexual maltreatment

Symptoms of mental distress were common (76%), such as anxiety and depression. Symptoms and problems reported by more than 50% of young people were: lack of self-esteem/ confidence; persistent nightmares; difficulties finding/ keeping friendships or sexual relationships; amnesia for the event or time around the event; and feeling life was not worth living. Some (24%) had psychiatric symptoms and were prescribed medication or were hospitalised as a consequence of their sexual maltreatment. Only one admitted drug or alcohol abuse. Those who reported that the perpetrator 'gave rewards for sexual favours' more often had five or more mental health symptoms (68% v 26%) as did those who had multiple perpetrators at each event (73% v 24%). Those with five or more mental health symptoms more frequently reported physical health problems (44% v 11%). These associations were statistically significant ($p < .01$).

Who the lay participants told about their sexual maltreatment

In the interviews 17 young people said they had told nobody about their sexual maltreatment, 29 had told a friend or peer; 23 sought professional help. Less than half of those who reported having had a social worker reported it to them ($n=14/31$). 7 sought help from a GP but did not disclose the incident(s). 4 reported the incident to police but there were no prosecutions.

Reasons for non-disclosure

The reasons given for non-disclosure included fear of consequences or of retaliation; fear of what others might think of them; shame and self blame; believing they would not be believed or that nothing would be done. Not having anyone to tell and not knowing how to report or complain. Cultural reasons, such as shyness, stigma and taboo were also commonly reported. Ethnic loyalty e.g. the perpetrator having the same ethnicity as their social worker or as themselves, and lack of English language skills were further reasons given for not reporting an incident.

Factors associated with disclosure

Being warned as a child that adults might sexually abuse them increased the likelihood of disclosure (81% versus 41%) and the likelihood of seeking professional help (56% versus 21%). Having multiple perpetrators, the frequency of incidents, or 'rewards for sexual favours' were NOT associated with disclosure, neither was the 'quality of sex education' (in terms of it being 'good', 'fairly good', 'not good', or 'non existent').

Conclusions

The UASM who participated in our study had fallen victim to sexual maltreatment within a context of poor support and supervision and high exposure to perpetrators, many of whom were living within the same accommodation or nearby. Some perpetrators appear to have deliberately targeted these children and young people who were devoid of the care and protection of their families. Many of them suffered greatly afterwards with mental health difficulties which impacted on their ability to fully engage in activities of everyday life without fear. More needs to be done to ensure that UASM are properly protected. In particular they need to be provided with safe and secure single sex accommodation with higher levels of supervision and monitoring. They also need opportunities to form relationships with trustworthy others from their own culture within a safe context. This is particularly important in their first year in the UK when they appear to be most vulnerable, irrespective of their age. Other recommendations are outlined below and include addressing perpetrator issues.

Recommendations for the prevention of sexual maltreatment:

Reduce motivation to commit sex acts with inappropriate/ unwilling partners

- Remove the temptation –asylum seeking males not to be housed with or near young female asylum seekers and disallow unsupervised male visitors to female accommodation.
- Reduce time adult asylum seekers spend awaiting a decision (to reduce the 'idle' period)
- Provide asylum seekers with opportunities to build self-esteem and to gain emotional fulfilment

Strengthen perpetrator's internal barriers

- Educate that sex offences are crimes
- Punish offenders
- Reform offenders whilst in prison
- Educate perpetrators about harm to victims to increase empathy
- Educate /socialise males to respect females and to not abuse power over them

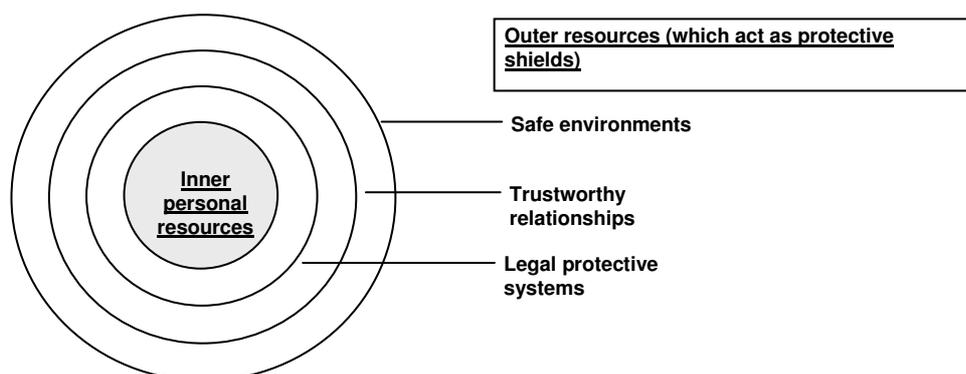
Strengthen external barriers to perpetrators

- Provide UASM with appropriate accommodation – single sex and foster care to 16-17 year old
- More monitoring and supervision of UASM
- Prompt professional action on disclosure of sexual maltreatment
- Re-house victims/perpetrators to prevent re-victimisation
- Strengthen skills/ knowledge of professionals especially their cultural competence and where to refer
- Improve interagency working
- Improve relations between police and minority ethnic groups
- Engender a culture of openness about sexual maltreatment and encourage disclosure

Strengthen resistance of potential victims (reducing attraction as target for sexual maltreatment)

- Teach UASM about sexual abuse, their rights and the support available e.g. community organisations soon after arrival
- Provide opportunities to attend English language classes
- Provide opportunities to discuss well-being with social worker in private
- Provide with information, advice and support to report incidents; need to see that action will be taken
- Improve UASM access to and cultural competence of health and welfare services
- Help them avail of opportunities to develop good quality trustworthy relationships

The SAFER UK model of prevention of child sexual maltreatment (which relates to the external barriers to perpetrators and strengthening of child's inner personal resources)



Recommendations for improving services for unaccompanied asylum seeking minors

- Improve access to services
 - Increase service users' and workers' awareness of available services
 - User friendly, non-authoritarian (e.g. 'buddies' to act as advocates/ mentors).
- Improve cultural competence
 - Cultural awareness, knowledge and sensitivity e.g. language, inclusivity, participatory, appropriate/ not ethnocentric; more black and minority ethnic staff.
- Improve effectiveness
 - Joint roles, training and systems; interagency protocols; shared resources/ expertise; retention of suitably experienced staff.

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