Watts College of Public Service and Community Solutions

Arizona State University

Refugee Women's Health Clinic

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– Dr. Kate Fox

Exposure to Violence Means Less Access to Care for Somali Women and Girls in Arizona

Migrant women and girls victimized by crime have profound health consequences in Arizona. According to recent research by Dr. Crista Johnson-Agbakwu and Dr. Kate Fox at Arizona State University's Southwest Interdisciplinary Research Center, Somali women and girls who have ever survived violence are more likely to have health problems and barriers to accessing healthcare. They are also less likely to have a designated place to receive care in Arizona compared to nonvictims.

The study, published in the American Journal of Public Health,[1] is the first-of-its-kind large-scale survey of Somali women and girls in Arizona that shows the health effects of victimization (homicide, violence, sexual assault, arson, kidnapping) and Female Genital Mutilation/Cutting (FGM/C) – the removal of part or all of the external female genitalia for nonmedical reasons – on health outcomes.

"Somali women and girls who are some of the most vulnerable receive the least preventative healthcare services, and rely on emergency care – which is more costly and yields worse outcomes for our patients."

– Dr. Crista Johnson-Agbakwu

"There are over two million Somalis who have fled their country due to violence and persecution," said Dr. Kate Fox, co-author and associate professor at ASU's School of Criminology. "And this research helps us understand how Somali women and girls use healthcare in the U.S." This is important because despite the fact that over 7,000 Somali refugees and asylees have resettled in Arizona since 1992 (fourth highest nationally for Somalis), they remain a hidden population.[2]

Violence against women is a global and pervasive problem. Somali women and girls are at a high risk for domestic violence, child abuse, involuntary family separation and FGM/C. The World Health Organization declares FGM/C as a form of gender-based violence, yet its effects may be experienced differently across those affected by this practice. Nonetheless, FGM/C remains prevalent throughout the world, with an estimated 98% of all women and girls in Somalia affected.[3] FGM/C puts women and girls at an increased risked for obstetric and gynecological complications, as well as depression and post-traumatic stress disorder.[4]

Dr. Crista Johnson-Agbakwu and Owliya Abdalla (Somali Cultural Health Navigator) with a Somali patient. Photo courtesy of Valleywise Health, Refugee Women's Health Clinic.

Women and girls victimized by crime in ASU's study were four times more likely to experience depression or trauma and twice as likely to experience sexual intercourse, pregnancy and gynecological problems. These effects are compounded for Somali women and girls who are both crime victims and FGM/C survivors, as they have a 15% greater chance of gynecological health problems compared with nonvictims with FGM/C.

Dr. Johnson-Agbakwu, M.D., co-author of the study with over 15 years practicing Obstetrics and Gynecology, 11 of which in providing care to Somali women in the Refugee Women's Health Clinic at Valleywise Health Medical Center in Phoenix said, "Somali women and girls who are some of the most vulnerable receive the least preventative healthcare services, and rely on emergency care – which is more costly and yields worse outcomes for our patients."

The study's findings also point to the need for a larger state-wide discussion about health policies for underserved populations due to the large costs incurred by taxpayers. It is estimated that victims and taxpayers pay more than $100 billion each year for emergency department visits, medications, and other medical and public program costs as a result of victimization.[5]

Arizona has become a welcoming home away from home for Somali families who have survived forced displacement and violence, but there is still much to be done to ensure that survivors are well supported along their journey to health and wellness. According to Dr. Fox and Dr. Johnson-Agbakwu, there are many ways that policy makers and the community can get involved and encourage change.

Policy Recommendations from Dr. Fox and Dr. Johnson-Agbakwu

Our research suggests that the two biggest barriers that Somali women and girls face when trying to access care are transportation and childcare.

Policymakers Can:

- Incentivize subsidized childcare programs for wellness checks
- Implement ridesharing programs and non-emergent transports to clinics
- Fund Community Health Workers for hard-to-reach populations

The Community Can:

- Raise awareness and encourage community members about the importance of preventative health services (screening for cervical cancer, i.e. pap smears even among women with FGM/C)
- Establish a primary care provider and see a health care professional regularly, even when healthy

Healthcare Professionals Can:

- Educate staff about culturally appropriate care for migrants
- Hire culturally, linguistically, and gender-congruent providers and support staff
- Engage in community outreach to build trust and enhance health literacy
- Accommodate mothers of young children (e.g., childcare onsite, flexible office hours, transportation)
- Implement outreach to victims of crime in healthcare and community settings

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[1] Fox, Kathleen A. & Johnson-Agbakwu, Crista. (2019). Crime victimization, health, and female genital mutilation/cutting among Somali women and teenage girls. *American Journal of Public Health, 110*(1).

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[5] Miller TR, Cohen MA, Wiersema B. *Victim Costs and Consequences: A New Look*.; 1996. doi:NIJ155282.

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