Development of a toolkit to confidentially screen for GBV among refugees to improve access to services: evidence from Ethiopia

Bangkok, October 2013

Andrea Wirtz, Nancy Glass, Kiemanh Pham, Leonard Rubenstein, Alexander Vu

Funded by the US Government: US Dept. of State, Bureau of Population, Refugees, and Migration
Assessment Screen to Identify Survivors Toolkit for Gender Based Violence (ASIST-GBV)

Research & development by JHU to develop a GBV screening tool for refugees/ IDPs: females in Ethiopia & Colombia, males in Uganda

Collaboration between JHU, UNHCR, IRC (Jijiga), PAPDA, & ARRA in Ethiopia

Goal: future global implementation in UNHCR refugee camps & by implementing partners
GBV among conflict-affected populations

“any harmful act that is perpetrated against a person’s will, and that is based on socially ascribed (gender) differences between males and female”

Not just a ‘weapon of war’ - perpetrated during across trajectory from conflict to displacement and settlement

Vulnerability associated with social disruption, insecurity

Only 20% of survivors believed to report/access services
Objective of the screening toolkit

**Primary:** Routine use of screening method to confidentially identify unreported cases of GBV and refer to appropriate services

**Secondary:**
- Change norms related to discussing/disclosing GBV
- May assist with data collection to assess trends

Qualitative interviews with 37 female refugee who are self-identified survivors (≥ 15 yrs) & received services

11 focus group discussions with service providers (n=77)

Goals:

- Determine breadth of violence, related health outcomes
- Types of questions, appropriate wording, do women want to be asked questions about GBV
- Understand barriers to reporting & service use
- Assess needs of service providers to identify GBV
- Considerations for implementation
Single and multiple counts of GBV were reported

- **Sexual Violence**: rape, gang rape, coercion, and other sexual violence;
- **Psychological and social violence**: physical violence.
- **Abduction** within & across borders, constant vulnerability

I actually experienced it and I saw other women who were raped in front of me... I was raped while I was on my journey from Somalia to Ethiopia, and I entered the border and I was just newly [gave birth to] my child.

– Somali GBV survivor, Addis Ababa

**Perpetrators:**

- armed actors, strangers, other trusted individuals (e.g. family members, neighbors)
Formative Research: Results

Locations of GBV occurrence:
- Town prior to displacement, during transit, in host setting
- During conflict, within home, in captivity, in camp
- Domestic violence more often reported in the host country

At the place they put me, I don’t know if it was prison or what, every night anyone can come and sleep with me. If I tell them that, "I’m pregnant, why are you doing this to me?” they will be beat me and do it by force.

– Congolese GBV survivor, Addis Ababa

Enter humanitarian settings with significant health sequelae

Barriers to reporting: stigma; shame; low awareness of / access to services; fear of leaving children to seek services

Most survivors state they want providers to ask about GBV

Wirtz. Glass, Pham, Aberra, Rubenstein, Vu Conflict and Health 2013, 7:13
Developed from qualitative & cognitive research

Consent to screen

Brief set of direct questions about GBV

Items: recent GBV experiences, last 12 mo
- Threats of violence
- Phys. violence
- Forced sex
- Coerced exchange sex
- Forced pregnancy
- Forced marriage

Draft tool

Introduction (Read): Violence is a traumatic experience for both men and women. When we ask women about “gender based violence”, we are asking about different types of violence that women/girls may experience. This could include physical violence, sexual violence, psychological harm, including threats of violence and/or coercion by members of their own family, acquaintances, and/or strangers in the home, community and/or during conflict. Gender based violence can also lead to health problems for some women. The purpose of these questions is to assess your experiences of gender based violence in the past 12 months. Your responses can help us identify with you the most appropriate health and protection services. Your responses to these questions are confidential and will not be shared with anyone without your permission.

Is it okay for us to ask you questions on gender based violence? Yes: ⬜ Proceed to screening questions No: ⬜ Proceed to next question
If no, would this person like additional resources for health or safety? Yes: ⬜ Provide information and stop here No: ⬜ Stop here

Instructions for Screening Questions
Interviewer: Ask each key violence question in the far left column. For positive responses (Yes) proceed to the right to questions a and b. Use the following responses listed for questions a who (who) and b (where) to for each question about the perpetrator and the location of each type of violence. For each question, unless skipped, write the corresponding number for all applicable responses. For negative responses to key violence questions, proceed down the column to the next key violence questions.

<table>
<thead>
<tr>
<th>Responses for a “who is/was the perpetrator”</th>
<th>Responses for questions b “where does/did the violence occur”</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 Husband/ex-husband 09 Police</td>
<td>01 House where you currently live</td>
</tr>
<tr>
<td>02 Partner/ex-partner 11 Teacher</td>
<td>02 Your current neighborhood/camp</td>
</tr>
<tr>
<td>03 Family member 12 Armed militant</td>
<td>03 Outside your current neighborhood/camp</td>
</tr>
<tr>
<td>04 UN/NGO worker 13 Majority clan</td>
<td>04 While in transit to current location</td>
</tr>
<tr>
<td>05 Government official 05 School</td>
<td>06 Community/refugee or religious leader</td>
</tr>
<tr>
<td>07 Someone from your neighborhood/camp 66 Other (specify)</td>
<td>07 Someone from your neighborhood/camp</td>
</tr>
<tr>
<td>08 Someone outside your neighborhood/camp 88 Refused to answer</td>
<td>88 Refused to answer</td>
</tr>
<tr>
<td>66 Other (specify)</td>
<td>99 Do not know</td>
</tr>
<tr>
<td>88 Refused to answer</td>
<td>99 Do not know</td>
</tr>
</tbody>
</table>

Screening Questions:
1. In the past year, have you been threatened with physical or sexual violence by someone in your house or outside of your house?
   - Yes: Go to 1a
   - No: Skip to 2
   - Refused to answer: Skip to 2
   - Do Not Know: Skip to 3

2a. If yes, who is/was the perpetrator or person who committed the violence? (Indicate number from the responses listed above that apply to this experience of violence, then proceed to 2b)
   - 1b. If yes, where does/did the violence occur? (Mark all that apply, then proceed to 2c)

2b. If yes, who is/was the perpetrator or person who committed the violence? (Indicate number from the responses listed above that apply to this experience of violence, then proceed to 2b)

2c. If yes, where does/did the violence occur? (Mark all that apply, then proceed to 2d)
Validation Phase

 Sites: Addis Ababa & Jijiga camps, June 2011
 Sample: 119 self-identified survivors of GBV and 314 females (> 15) from general refugee populations
 Validity tests:
 Referent Standards: other violence and trauma screening tools used in non-conflict/displaced settings (HTQ, AAS, HITS)
 Compared results of those previously self-reported to those who screened positive
## Validation Phase: Participant Characteristics

<table>
<thead>
<tr>
<th></th>
<th>Urban (N=86)</th>
<th>Camp (N=348)</th>
<th>Total (N=351)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age (median)</strong></td>
<td>27%</td>
<td>29%</td>
<td>29%</td>
</tr>
<tr>
<td><strong>Yrs. in current camp/city</strong></td>
<td>2</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td><strong>Country of Origin</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Burundi</td>
<td>8.1%</td>
<td>0.0%</td>
<td>1.6%</td>
</tr>
<tr>
<td>DRC</td>
<td>20.9%</td>
<td>0.0%</td>
<td>4.1%</td>
</tr>
<tr>
<td>Eritrea</td>
<td>37.2%</td>
<td>0.0%</td>
<td>7.4%</td>
</tr>
<tr>
<td>Kenya</td>
<td>1.2%</td>
<td>0.3%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Somalia</td>
<td>27.9%</td>
<td>99.7%</td>
<td>85.3%</td>
</tr>
<tr>
<td>Other</td>
<td>3.5%</td>
<td>0.0%</td>
<td>0.7%</td>
</tr>
<tr>
<td><strong>Marital Status</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married/Living together</td>
<td>41.9%</td>
<td>50.8%</td>
<td>49.0%</td>
</tr>
<tr>
<td>Separated/Divorced</td>
<td>17.5%</td>
<td>19.8%</td>
<td>19.3%</td>
</tr>
<tr>
<td>Widowed</td>
<td>14.0%</td>
<td>14.1%</td>
<td>5%</td>
</tr>
<tr>
<td>Never married</td>
<td>24.4%</td>
<td>15.2%</td>
<td>17.0%</td>
</tr>
<tr>
<td><strong>No. of children living with (median)</strong></td>
<td>1</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td><strong>Self-identified Survivor</strong></td>
<td>47 (54.7%)</td>
<td>71 (20.4%)</td>
<td>27.4%</td>
</tr>
</tbody>
</table>
**Validation Phase: Results of GBV Screening**

<table>
<thead>
<tr>
<th></th>
<th>Positive n (%)</th>
<th>Negative n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>By Urban vs. Camp</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urban</td>
<td>54 (62.8)</td>
<td>32 (37.2)</td>
</tr>
<tr>
<td>Camp</td>
<td>227 (65.2)</td>
<td>121 (34.8)</td>
</tr>
<tr>
<td><strong>By Camp</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Awe-Barre</td>
<td>94 (81.0)</td>
<td>22 (19.0)</td>
</tr>
<tr>
<td>Kebrhibeyah</td>
<td>60 (50.4)</td>
<td>59 (49.6)</td>
</tr>
<tr>
<td>Sheder</td>
<td>73 (64.6)</td>
<td>40 (35.4)</td>
</tr>
<tr>
<td><strong>Overall</strong></td>
<td>282 (64.8)</td>
<td>153 (35.2)</td>
</tr>
</tbody>
</table>

* Screened positive: ‘yes in the last 12mo.’ to any of the six priority GBV types

- **Compared to combined referent standards:**
  - Sensitivity = 84.3% and Specificity = 80.3%
- **Limitation**: no gold standard
Generalizability Phase

**Site:** Bokolomayo, Dolo Ado (June – Aug. 2012)

**Sample:** 482 female refugees (> 15)

**Implementation:** ARRA health clinic
- Trained PAPDA social workers
- *Offered screening* to women entering health clinic
- Linkage to reporting system
- *Offered* referral to those screening positive
- *Emphasized* privacy, confidentiality, right to refuse
- *Offered* information to all
Among those who screened positive, 47.5% accepted referral. All participants offered information about GBV & services.
Generalizability Results

- Tool can confidentially identify those who have recently experienced GBV and refer for services
  - 50% of all screened positive for GBV (last 12 mo)
- Most common: domestic violence, threats of violence, sexual violence
- Threats of violence may be indicator of future violence, referral to protection & social service
- Limitation: tested predominantly among Somali populations; simultaneous research among IDPs in Colombia & future testing among in other countries
Future use:

- ASIST-GBV Tookit provides guidance for implementation in new settings
- Ensure minimum package of GBV services are available
  - Health: clinical, reproductive, HIV testing & care, PEP
  - Psychosocial support
  - Protection: police or community protection
- Ensure privacy and confidentiality
- Next: test feasibility in other humanitarian & service settings
  - Test implementation in refugee registration
  - Linkage to different reporting systems
Thank you

- **Refugee participantes** in Addis Ababa, Jijiga, Bokolomayo
- **UNHCR Geneva**: Margriet Veenma, Matilda Svennson, Martina Pomeroy, Menbere Dawit
- **UNHCR Addis Ababa**: Dr. Dejene, Catherine Evans
- **ARRA**: Dr. Tesafaye and colleagues
- **PAPDA**: Fanuel Debalkie and colleagues
- **IRC Ethiopia, Jijiga camps**
- Other Johns Hopkins staff: Amsale Aberra, Rehana Gubin, Lopa Basu
- **Financial support**: US Department of State, Bureau of Population, Refugees, and Migration
- **US Dept. of State**: Shanna Devoy, Nicole Gaertner