MENTAL HEALTH

VAW IN HUMANITARIAN SETTINGS
**Engagement of Sexual Violence Survivors in Trauma-Informed Research**

KATHERINE M. ANDERSON, MAILE Y. KARRIS, ALEXANDRA FERNANDEZ DESOTO, S. GIOVANNA CARR, JAMILA K. STOCKMAN

Engagement of survivors of sexual violence (SV) in research is vital. Participation in research can cause re-traumatization for survivors. Trauma-informed practices in research are essential for engagement of survivors. The THRIVE Study is a biobehavioral study of HIV risk after exposure to forced vaginal penetration perpetrated by a male. 37.5% of 40 Exit Survey Respondents had past-month SV at baseline, 50.0% had forced sexual initiation, and 52.5% had lifetime forced sex at baseline.

<table>
<thead>
<tr>
<th>Trauma-Informed Principle (Elliot et al., 2005)</th>
<th>Description of Principle (Campbell et al., 2019)</th>
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</thead>
<tbody>
<tr>
<td>1. Recognize the impact of violence &amp; victimization on development and coping strategies</td>
<td>Be aware that interpersonal violence &amp; child abuse have ongoing negative impacts, affects many aspects of a person’s identity, relationships, worldview, &amp; coping behaviors</td>
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<td>2. Identify recovery from trauma as a primary goal</td>
<td>Provide trauma-specific resources to aide in survivors’ recovery</td>
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<td>3. Employ an empowerment model</td>
<td>Give participants choice and control over their actions; As a researcher, engage in a partnership with the participant in which each person’s knowledge is valued</td>
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<td>4. Strive to maximize choices &amp; control over recovery</td>
<td>Provide participants with choices, options, a sense of control over decisions</td>
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<td>5. Frame R-P relationship as collaboration</td>
<td>Recognize and aim to reduce the power imbalances in the R-P relationship</td>
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<td>6. Create an atmosphere that is respectful of survivor’s need for safety, respect, acceptance</td>
<td>Strive for comfort, privacy, psychological &amp; physical safety in the research space; Protect participant confidentiality &amp; provide clear information about role &amp; expectations</td>
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<td>7. Emphasize survivors’ strengths, highlighting adaptation over symptoms and resilience over pathology</td>
<td>When appropriate use the term survivor rather than victim, which can carry connotations of powerlessness; Validate survivor’s resilience, recognizing that trauma symptoms may come from survivor’s efforts to cope with the trauma</td>
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<td>8. Minimize the possibility of re-traumatization</td>
<td>Recognize ways in which the research may be re-traumatizing; Avoid intrusive or insensitive research procedures that could trigger trauma-related symptoms</td>
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<td>9. Strive to be culturally competent &amp; to understand survivors in the context of their life experiences &amp; cultural backgrounds</td>
<td>Develop the knowledge &amp; skills needed to understand participants’ cultural contexts; Consider how participants’ identities &amp; backgrounds interact with their trauma; Recognize that different cultures have different ways of conceptualizing &amp; healing</td>
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<td>10. Solicit participant input on the research process and involve participants in various stages of research</td>
<td>Consider ways that participants can be involved in the research process</td>
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Of 40 Exit Survey Respondents, 37.5% had past-month SV at baseline, 50.0% had forced sexual initiation, and 52.5% had lifetime forced sex at baseline. Over 90.0% in each SV category felt positively about participation and that they were more likely to participate in future research, while none felt negatively or less likely to participate.

"[The study team] were patient and soft with me, they were supportive when I had a trauma response. They always made me feel comfortable and ensured I was ready/ at ease. It's easy to participate in a study when the people you're working with, from blood draws to exams to online surveys, have your best interest." - Survivor

Research supported by NIH/NIAID R01A128803
Psychosocial Interventions to Improve the Mental Health of Survivors of Human Trafficking

Joelle Mak, Abigail Bentley, Sharli Paphitis, Mita Huq, Melanie Abas, Cathy Zimmerman, David Osrin, Delanjathan Devakumar, Ligia Kiss

Contact: joelle.mak@lshtm.ac.uk
RESILIENCE IN THE FACE OF GENDER-BASED VIOLENCE AGAINST WOMEN IN THE INFORMAL WORKING SECTOR: A STUDY OF KAMPALA MARKETS, UGANDA

INTRODUCTION: Investigates and documents the intricacies of a social setup where women take the initiative to work toward their own financial independence while being dragged down by the patriarchal structures that seek to keep them chained to their dependency on men.

PROBLEM: GBV remains structural within the informal work sector due to a lack of law enforcement and strong community structures to both protect women from violence and provide effective remedies to seek justice. Women develop resilience and coping mechanisms to survive and pursue their vital economic activities.

KEY RESILIENCE MECHANISMS: Women primarily rely on individual vectors of support and organised community-based or social vectors than natural relational support vectors.

KEY RECOMMENDATIONS (PROTECTION)
- Promote access to economic empowerment initiatives such as cooperatives and SACCOs.
- Provide a clear legal definition of GBV within the market context.
- Adopt a 30% women representation on each leadership committee in line with gender representation targets in other national legislation.

KEY RECOMMENDATIONS (PREVENTION)
- Include the right to complain and report GBV in the informal work sector in the law.
- Recognise the role, legitimacy and importance of community-based paralegals who work within the markets.
- Develop collaborative initiatives involving women vendors such as Community legal volunteers (paralegals) trained by CSOs like FIDA.
Raising Voices understands practice-based learning as the cumulative journey of intentional learning over time, including insights gained from direct experiences, observations, stories, informal reflections, monitoring data, and more.

Tvisha Nevatia, Sophie Namy, Lori Michau
IPV victimization during pregnancy increases risk of postpartum depression among urban adolescent mothers in South Africa

Q1: Prevalence of IPV during pregnancy and PPD among adolescent mothers (< 19 years old)?

**Answer:**
40% reported IPV during pregnancy
47% reported symptoms of PPD between 6-9 weeks postpartum

Q2: Risk of PPD when experiencing IPV during pregnancy?

**Answer:**
Prevalence of PPD is 1.6 times higher among those who report IPV during pregnancy than those who did not (95% CI: 1.03-2.44).

**Acknowledgement:** We are so grateful to the study participants for sharing their experiences with us. Funding for this study was provided by the US Department of State (DOS) and managed by JSI (PI: Ali Groves, PhD). The opinions, findings, and conclusions stated herein are those of the authors and do not necessarily reflect those of the DOS or JSI.
Experiencing abuse and trauma are associated with alcohol use in South African women

Kim A Nguyen, Naeemah Abrahams, Bronwyn Myers, Rachel Jewkes, Volke Nwogu, Sonjana Seede, Celi Lombard, Claudia Gerca-Moreira, Enakt Chirwa, Andrea F Kongnyuy, Heather Phiri

BACKGROUND AND OBJECTIVES

There is emerging data on the associations of multiple forms abuse with alcohol use. Research also suggest there is a complex relationship between gender-based violence, mental health (e.g. depression and PTSD) and substance. This study examined:

• The associations of experiences to childhood abuse (CA) and adulthood/intimate partner violence (IPV), non-partner sexual violence (NPSV) to other trauma events (TE) with alcohol use.
• The mediating effects of mental-ill-health on these associations.

METHODS

Setting: Durban, KwaZulu-Natal.
Design: Cross-sectional using baseline data of the Rape Impact Cohort Evaluation (RICE) longitudinal study.
Population: women aged 18-40 years.
Data collection: using validated questionnaires

Current alcohol use: ever consumed alcohol in the past 12 months.
Abuse/trauma exposure:
• CA any of 4 types: sexual, physical and emotional CA, and parental neglect.
• IPV any of 4 types: sexual, physical, emotional and economic IPV.
• Lifetime NPSV: ever sexually violated by a non-partner.
Other Trauma Exposures: e.g. witnessed a murder, robbed at gun or knife point, etc.
Depressive symptoms (scores): Center for Epidemiological Study Depression scale (CESD)
Post-traumatic stress symptoms (PTSS) (scores): Davidson post-traumatic stress self-rating scale (DTS)

RESULTS

Sample size: 1615 women.
Median age: 24 years (25th-75th percentiles: 21-28).
Prevalence of CAU: 53%

Prevalence of GBV by Current Alcohol Use status

Prevalence of GBV by Current Alcohol Use status

CONCLUSIONS

• This study highlights the need for evidence-based trauma-informed psychological interventions to prevent or reduce alcohol misuse in women exposed to violence.

ACKNOWLEDGEMENT

South African Medical Research Council: Phezulu-Avance Project SAMRC-RFA-IFSP-01-2013. Division of Research Capacity Development under the SAMRC Intramural Postdoctoral Programme from funding received from the South African National Treasury.

Odds Ratios (ORs) and 95% confidence intervals (95%CI) of logistic regression for the associations of abuse/trauma exposures with CAU

Multiple mediation analysis for the effects of abuse/trauma exposures on CAU

Statistical Significant ***=< 0.01
Adaptation of an Empowerment counseling intervention for intimate partner violence in Tanzania

Dorothy Mushi (Muhimbili University Tanzania)
M. Ellsberg, B. Mahenge, E. Karnely, K. Falb, C. García-Moreno, M. Murphy, A. Bourassa

- IPV, ANC
- ECI? Humanitarian?
- MH, safety, self efficacy, coping skills

IDIs, KII, FGDs, Meetings

Enablers Barriers, Strategies Visibilities

ECI client centered
- Needs assessment, safety
- F/ups
- Implement MH, Coping safety

?impact IPV on MH, safety, future implementation
Young people in peri-urban Cape Town, South Africa experienced a number of psychosocial stressors due to COVID, faced substantial increases in community and household violence, and suffer from depression and hazardous alcohol use that may continue a cycle of violence if not addressed.

<table>
<thead>
<tr>
<th></th>
<th>Total (n=536)</th>
<th>HIV+ (n=217)</th>
<th>HIV- (n=320)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age, mean (range)</td>
<td>19 (13-25)</td>
<td>19 (13-25)</td>
<td>19 (13-25)</td>
</tr>
<tr>
<td>Female</td>
<td>69.8%</td>
<td>57.9%</td>
<td>77.8%***</td>
</tr>
<tr>
<td>Food insecure</td>
<td>51.8%</td>
<td>37.2%</td>
<td>61.3%***</td>
</tr>
<tr>
<td>Received food parcel</td>
<td>32.1%</td>
<td>27.3%</td>
<td>35.5%*</td>
</tr>
<tr>
<td>Mostly/always self-isolated</td>
<td>45.8%</td>
<td>53.0%</td>
<td>38.6%***</td>
</tr>
<tr>
<td>Lonelier due to COVID</td>
<td>34.7%</td>
<td>25.7%</td>
<td>42.5%***</td>
</tr>
<tr>
<td>Community violence ↑</td>
<td>38.3%</td>
<td>27.9%</td>
<td>46.5%***</td>
</tr>
<tr>
<td>Experienced household violence (HV)</td>
<td>31.9%</td>
<td>24.1%</td>
<td>37.2%***</td>
</tr>
<tr>
<td>HV ↑, among those experiencing</td>
<td>46.1%</td>
<td>25.5%</td>
<td>55.2%***</td>
</tr>
<tr>
<td>Experienced IPV, among those with partner (n=263)</td>
<td>11.4%</td>
<td>7.1%</td>
<td>13.5%***</td>
</tr>
<tr>
<td>IPV ↑, among those experiencing</td>
<td>16.7%</td>
<td>17.4%</td>
<td>17.2%</td>
</tr>
<tr>
<td>Depression</td>
<td>44.6%</td>
<td>47.9%</td>
<td>42.5%</td>
</tr>
<tr>
<td>Anxiety (GAD-2)</td>
<td>12.1%</td>
<td>13.5%</td>
<td>11.3%</td>
</tr>
<tr>
<td>Hazardous drinking (AUDIT-C)</td>
<td>56.2%</td>
<td>64.9%</td>
<td>51.4%**</td>
</tr>
</tbody>
</table>

VAW IN HUMANITARIAN SETTINGS, CONFLICTS, AND CRISES
GBV AoR HELPDESK

SUPPORTING HUMANITARIAN ACTORS TO PREVENT AND RESPOND TO GENDER BASED VIOLENCE IN EMERGENCIES

Need some support on GBViE programming?
You can contact the GBV AoR Helpdesk by emailing enquiries@gbvihelpdesk.org.uk
The GBV AoR Helpdesk is available 09.30-17.30 GMT, Monday to Friday.
We will respond to you within 24 hours.
EXPANDING LEARNING ON THE EFFECTIVENESS OF INTEGRATING GENDER-BASED VIOLENCE RESPONSE AND CASH ASSISTANCE IN HUMANITARIAN SETTINGS: A MIXED-METHODS STUDY

THE CASH GROUP in comparison to the non-cash group

- 9% GREATER DECREASE
- 29% GREATER INCREASE
- 26% GREATER INCREASE

ANY IPV PAST 3M
EARNINGS PAST 1M
SAVINGS

“Before, I had to go out on the streets to work as a prostitute and I risked my life...I have been shot, macheted, stabbed...Well now... I’m a stylist... Now I’m at home, cutting hair, with the support I received I rented a house and I’m at home, very calm!”

– Transgender Colombian IDP woman

“It [my situation] is safer, of course since I am taking care now of myself. I am trying to find new things. I become more aware of myself. I did not know if the circumstances of war made me feel that life is useless. There were always consecutive losses. But I said, ‘Maybe I will live longer.’ I should honor myself more, and I am trying to do so till now...I feel now self-sufficient again as I used to be when I was working before war. The cash assistance was so effective. I wished that such positive effect would last for long on my family.”

– Cisgender Syrian IDP woman in Jarablus
What would a feminist approach to humanitarian aid look like?

A Five-Minute Presentation prepared for:

Jule Voss, Jeanne Ward

Email: jmv2nd@virginia.edu
LinkedIn: linkedin.com/in/julevoss
Enhancing Protection to Female Staffs and Volunteers in the Humanitarian Response in Cox's Bazar, Bangladesh

Implemented by: Jago Nari Unnayon Sangstha (JNUS)

Supported by: The Global Women’s Institute (GWI), The George Washington University

This program is funded by the US Department of State Bureau of Population, Refugees, and Migration
Making progress visible: a human-centered design approach to creating field friendly GBV M&E Tools in humanitarian settings

Authors: Kade Betty Kenyi, Maureen Murphy, Alina Potts, Fiona Shanahan

- Overview of the process
  - Designed by GBV frontline workers
  - Developed and piloted tools for prioritized indicators

- Reflection Workshop
  - Validation of developed tools
  - Make final changes to identified gaps from the pilot stage

- Key Reflections
  - Simple to use tools
  - Easy to analyze information to identify gaps in the programmes
  - Data collected from the programmes will help recommend necessary changes.

Thanks to our funder:
The research intended to define the linkages between GBV services and SEA survivor assistance and overcome challenges within PSEA processes.

• Practitioners often not accessing information on available GBV services to refer SEA survivors
• Processes for avoiding putting survivors at risk of harm are not adequately defined.
• Lack of understanding or awareness among PSEA focal points and others in charge of handling SEA complaints of GBV referral pathways.
• Difficulty reconciling the survivor-centered approach with mandatory reporting, with the survivor’s wishes and with rights to autonomy, confidentiality and self-determination.
• GBV sub-clusters and PSEA networks lack clarity on SEA data sharing protocols at the country level
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Title: Putting learning into practice: GBV under COVID-19 pandemic in Nepal

Background: The Family Planning Association of Nepal, a Member Association of IPPF, is a leading SRHR service provider in Nepal, implementing integrated package of essential services and the MISP services through an integrated client-centered approach ensuring comprehensive services through skilled service providers.

Strategy

Targeted social media

Outcome

Improved availability of GBV services

Advocacy

Stepping up for survivors

Authors

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