

ADDRESSING UNPRECEDENTED CHALLENGES IN MANAGEMENT OF SUD'S AND GBV IN THE MIDST OF COVID-19

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LEARNING OBJECTIVES

- ❑ To create an understanding of new risk factors for GBV in the advent of COVID 19
- ❑ To help professionals explore and develop new strategies in management of GBV amidst COVID 19 pandemic

PRE- COVID ANALYSIS

- Display of affection: hugging, shaking hands
- working persons, busy due to engagements
- Family vacations and outings.
- Economic stability.
- Availability of resources.
- Less exposure to online world and space.
- Large Social gatherings
- No wearing masks



DURING-COVID

- ❑ More family time since most work from home.
- ❑ Economic strain (pay cuts and job loss).
- ❑ Increased use of substances.
- ❑ Mental health issues most are depressed and anxious.
- ❑ Gadget frenzy
- ❑ Virtual meetings fatigue
- ❑ Increased cases of GBV



DEFINITION

- ❑ Gender-Based violence refers to harmful acts directed at an individual based on their gender. It is rooted in gender inequality, the abuse of power and harmful norms.



FORMS OF GBV

- Intimate partner violence (IPV) is the most common form of GBV and includes physical, sexual, and emotional abuse and controlling behaviours by a current or former intimate partner or spouse, and can occur in heterosexual or same-sex couples (WHO, 2012).
- Domestic violence refers to violence which is carried out by partners or family members.



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TYPES OF ABUSE

<p>Physical Violence Occurs when someone uses a part of their body or an object to control a person's actions.</p>	<p>Sexual Violence Sexual Occurs when a person is forced to unwillingly take part in sexual activity.</p>	<p>Neglect Occurs when someone has the responsibility to provide care or assistance for an individual but does not.</p>
<p>Spiritual Violence Spiritual (or religious) violence occurs when someone uses an individual's spiritual beliefs to manipulate, dominate or control that person.</p>	<p>Psychological Violence Occurs when someone uses threats and causes fear in an individual to gain control.</p>	<p>Emotional Violence Occurs when someone says or does something to make a person feel stupid or worthless.</p>
<p>Cultural Violence Occurs when an individual is harmed as a result of practices that are part of her or his culture, religion or tradition.</p>	<p>Verbal Abuse Occurs when someone uses language, whether spoken or written, to cause harm to an individual.</p>	<p>Financial Abuse Occurs when someone controls an individual's financial resources without the person's consent or misuses those resources.</p>



CYCLE OF ABUSE

Honeymoon Phase



Abuser may show jealousy, which makes the victim feel special & important. They feel love & dependency on each other. No abuse is taking place and acts as though abuse never happened. Victim hopes the abuse is over & the abuser may give gifts to victim.



Reconciliation

The abuser apologizes & begs the victim to believe the violence won't happen again. Blames the victim for the abuse. Victim is still in shock the violence happened & leaves them vulnerable to accept abusers apologies & gifts. False resolution based on denial & minimizing of abuse & life goes on. Abuser may encourage victim to go shopping or call family & friends.



Explosive Phase

Tension will be released in a variety of ways, depending on the history of violence in the relationship. Typically it gets worse over time. The abuser is out of control, terrorizes victims for hours, breaking things, hitting, spitting, pushing, choking, burning, tying up, raping or kicking victim. Victim will survive this stage with bruises & broken bones, & may end up in the hospital. Sometimes police will be called during this stage.



Tension building

Stress builds from the pressures of daily life, like conflict over children, marital issues, misunderstandings, or other family conflicts. The abuser feels ignored, threatened, annoyed or wronged. Victims may feel like they are "walking on eggshells" around the abuser.



ASSOCIATION OF GBV & COVID 19 PANDEMIC

BEFORE THE PANDEMIC



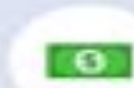
243 million

women and girls, aged 15-49, experienced **sexual and/or physical violence** by an intimate partner in the past year.

SINCE THE PANDEMIC

Violence against women, especially **domestic violence**, has intensified.

Exacerbating factors include:



Security, health
& money worries



Cramped
living conditions



Isolation with
abusers



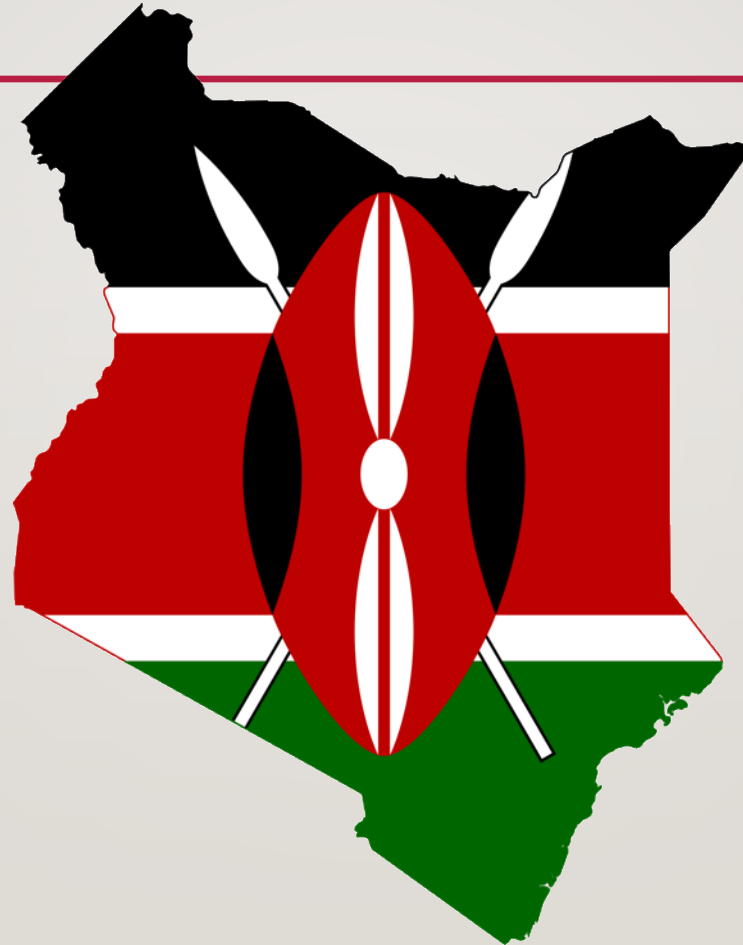
Movement
restrictions



Deserted
public spaces

“Since March 13, Sexual offences constituted 38.5% of cases recoded.” - Chief Justice David Maraga (April 2, 2020)

- “42% increase in the past one month”
- – *The ministry of Public Service, Youth and Gender Affairs (April 10, 2020)*



“January: 50 cases

February: 62 cases March: 106 cases”

PREVALENCE OF GBV DURING COVID PERIOD BY COUNTRY

According to UN, 2020 GBV trends report:

- ❑ United States : 22%
- ❑ India & United Kingdom 25%
- ❑ France & Israel 36%
- ❑ Spain 47%
- ❑ Netherlands 50%
- ❑ China 90%
- ❑ Argentina, Australia, Belgium, Colombia have all reported 67%
- ❑ New Zealand: On Good Friday, New Zealand Police reported a 20% spike in cases on the first Sunday after the lockdown was announced on March 29, comparative to the past three weeks.
- ❑ Russia: domestic violence hotline has increased by at least one forth in a month.
- ❑ Denmark: Government reported rise in men who have become homeless because of conflicts in relationships during COVID – 19 pandemic



CAUSES OF GBV

- COVID
- Gender equality issues
- Upbringing/ Socialization
- Survivor of abuse
- Cultural influences
- Substance use/abuse
- Religion
- Mental disorder
- Low self esteem
- Poor anger management skills
- Differences in literacy levels



THOUGHT PATTERNS

What a perpetrator communicates to the survivor	The survivor's interpretation of this	The effects on the survivor
I hit you because I love you	This is what love is	Confusion, re-victimisation
The abuse is your fault	I'm bad and to blame	Self-blame, confusion, helplessness
No one will love you like I do	Without this person I'm alone forever	Dependent, fearful of leaving
This is for your own good	Other people know what's good for me	Doubts judgement
You don't own your body, I do	I have no control over what people do to me	Poor boundaries, re-victimisation
No one will believe you if you tell	I'm all alone and no one cares	Silence

SYMPTOMS OF CHILDREN EXPOSED TO VIOLENCE

- Sleeping and eating disorders
- Enuresis
- Speech disorders
- Withdrawal
- Behavioral disorders (deviant behaviours)
- Aggression, clingy, temper tantrums, crying alot
- Depression
- Difficulties at school, poor academic performance
- Suicidal ideations or attempts



CLINICAL PRESENTATION OF SURVIVORS

- Depression, Anxiety, PTSD, sleep disorders
- Suicidal thoughts/attempts or self-harm
- Alcohol and other substance abuse
- Unexplained chronic gastrointestinal symptoms
- Unexplained reproductive symptoms, including pelvic pain, sexual dysfunction
- Adverse reproductive outcomes, including multiple unintended pregnancies and/or terminations, delayed pregnancy care, adverse birth outcomes
- Repeated bleeding from the genitalia and sexually transmitted infections
- Unexplained chronic pain or aches
- Repeated health consultations with no clear symptoms

BEHAVIORS ASSOCIATED WITH GBV SURVIVORS

- Injuries inconsistent with explanation of cause
- Frequent appointments for vague symptoms
- Tries to hide injuries or minimize their extent
- Reluctant to speak in front of partner or accompanying adult, or appears sub-missive or afraid in front of partner or accompanying adult
- Non-compliance with treatment, turn down help...
- Frequently missed appointments
- Multiple injuries at different stages of healing
- Frightened, overly anxious, or depressed
- Partner is aggressive or dominant, talks for the woman or refuses to leave the room
- Early self-discharge from hospital.

WHY SURVIVORS DO NOT SEEK HELP

- Feel ashamed and guilty
- They choose to deal with it independently or disclose to someone close to them
- They believe no one can help them
- Their situation was too 'minor' to involve services
- Stigma
- Fear
- Unaware that there are services available

INTERVENTION FOR SURVIVORS

ADULTS

- Assess for safety & immediate needs
- Listening skills
- Normalize sharing of feelings & Empathize
- Take note of non-verbal cues
- Take note of visible physical injuries
- Take note of partner/ relative who has accompanied the patient and seems to be answering questions for the patient.
- Once he/she is comfortable in a private environment take history at the patient's pace while assessing the mental status.
- Treatment plan: MTD Approach, psycho-education , psychodynamic psychotherapy, CBT

CHILDREN

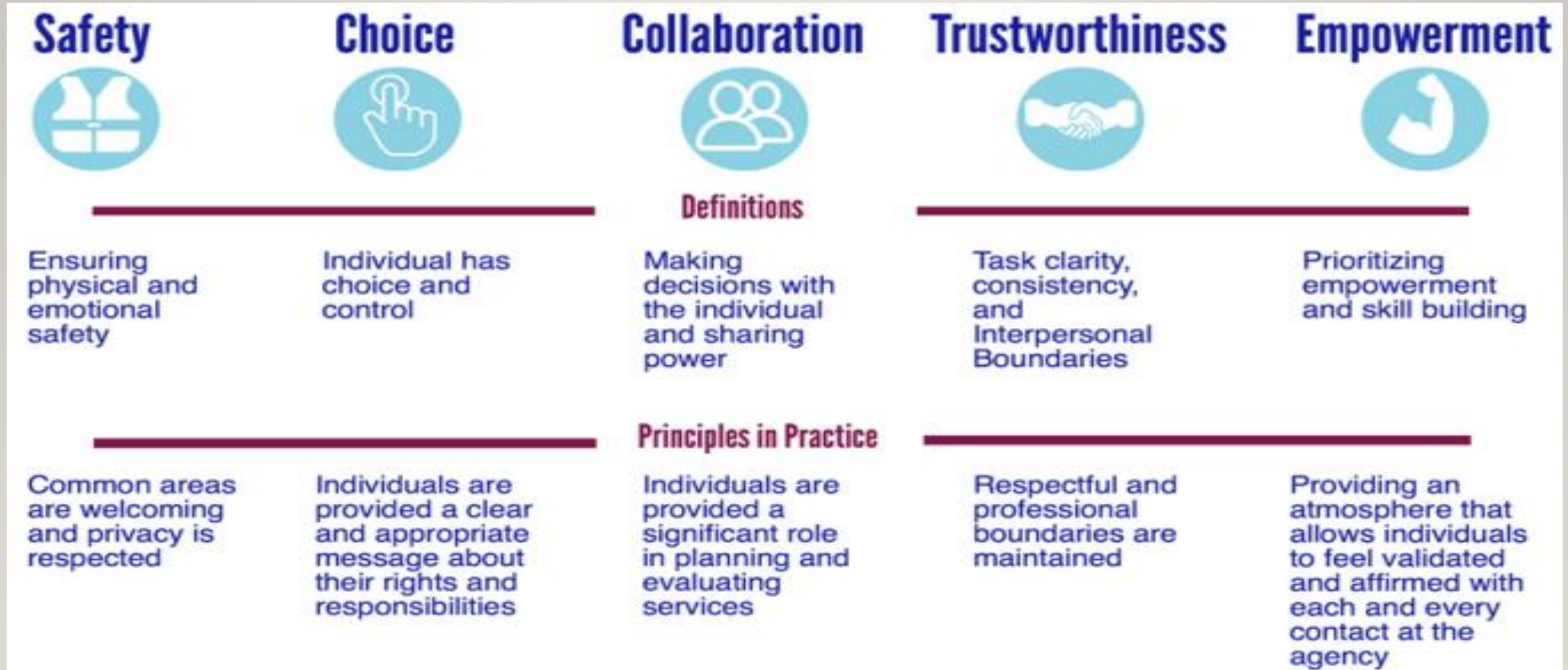
- Assess safety & immediate needs
- Listening skills
- Empathize
- Take note of non-verbal cues
- Take note of visible physical injuries
- Take note of the person who has accompanied the child and seems to be answering questions for him/her.
- Once he/she is comfortable in a private environment take history at the patient's pace while assessing the mental status
- Use other techniques to gather history like play therapy, art therapy, HTP

DO'S AND DONT'S

- Be sensitive: The world for many GBV survivors can be lonely, isolated, and filled with fear.
- Sometimes reaching out and letting them know that you are there for them can provide tremendous relief.
- GBV survivors may often feel misunderstood and unsupported during their interactions with mental health professionals. Take note of the words you use.
- Labeling survivors with psychiatric conditions may cause them to feel as though their abusive situation is not understood. This may lead to mistrust
- When handling GBV survivors always use a trauma-informed model to ensure a positive engagement with the patients.



CHART BY THE INSTITUTE ON TRAUMA AND TRAUMA-INFORMED CARE MODEL (2015)



ASSESSMENT TOOLS

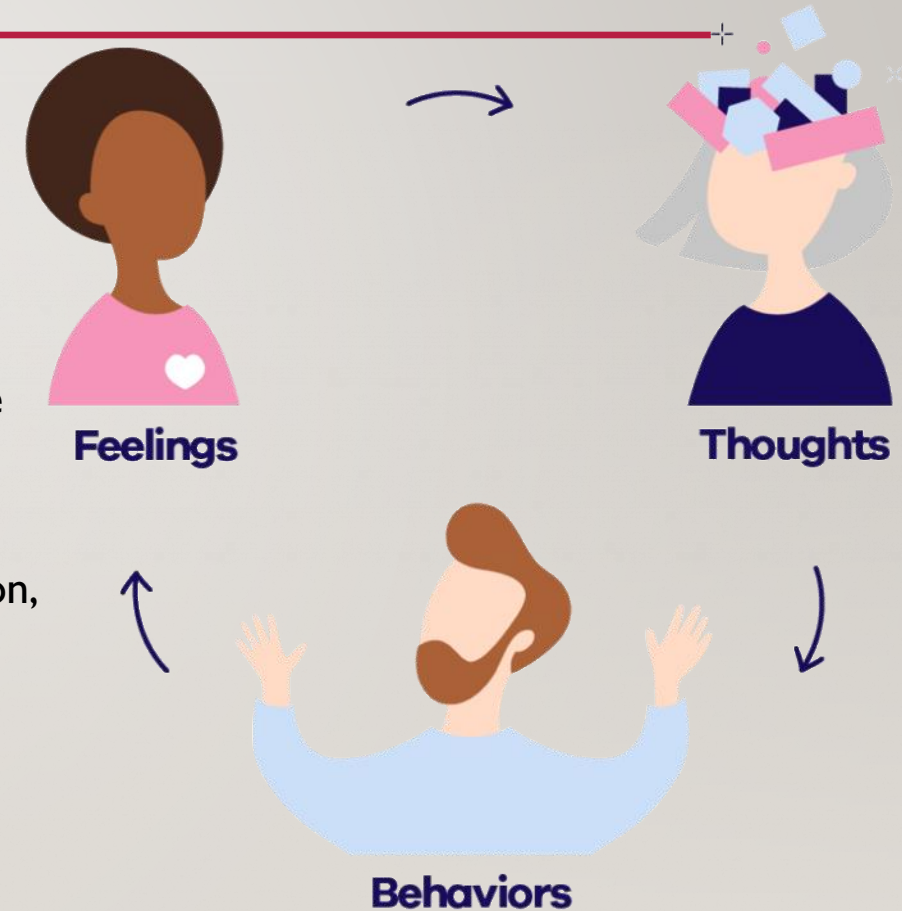
The following tools can be used to help determine risk.

- **The Danger Assessment** a 20-item scoring instrument is a widely validated tool that determines the level of danger an abused victim has of being killed by an intimate partner.
- **The Danger Assessment-Revised (DA-R)** is a tool that was also found to predict re-assault in abusive relationships. This tool is also available, and it predicts only re-assault, not lethality (CDC, 2007).
- **Becks Hopelessness Scale (BHS)**
- **Beck Scale for Suicide Ideation (SSI)**
- **Columbia-Suicide Severity Rating Scale (C-SSRS)** is a 19 item clinician-administered scale querying, among other things, the patient's wish to die, wish to live, and the duration and intensity of thoughts of **suicide**
- **PTSD checklist**
- **Self-Stigma of Mental Illness Scale (SSMIS)** is used to assess the three phases of self-stigma, namely, stereotype awareness, personal agreement, and self-concurrence



RECOMMENDED PSYCHOTHERAPIES FOR GBV

- **Cognitive Behavioral Therapy (CBT)** helps people to attain safety while helping them to reduce trauma/PTSD symptoms and substance abuse. CBT can be done in a group and individual formats, in both adults and adolescents.
- **Seeking Safety**, an evidence-based, integrative treatment approach is often used to help GBV survivors attain safety from trauma, PTSD and SUD
- **STAIR** (Skills Training in Affective and Interpersonal Regulation) STAIR is an evidence-based skills-focused CBT for PTSD treatment. Can be used in both group and individual sessions
- **Interpersonal Psychotherapy (IPT)** IPT has been shown to be an effective non-exposure-based treatment for PTSD
- **Cognitive Processing Therapy (CPT)**, this is an effective treatment for reducing PTSD and depression symptoms; following interpersonal victimization, including physical and sexual assault.
- **Eye movement desensitization reprocessing (EMDR)**. The EMDR integrates techniques from cognitive behavioural, psychodynamic, and body-oriented therapy.



HOW TO HELP PERPETRATORS/INSTIGATORS

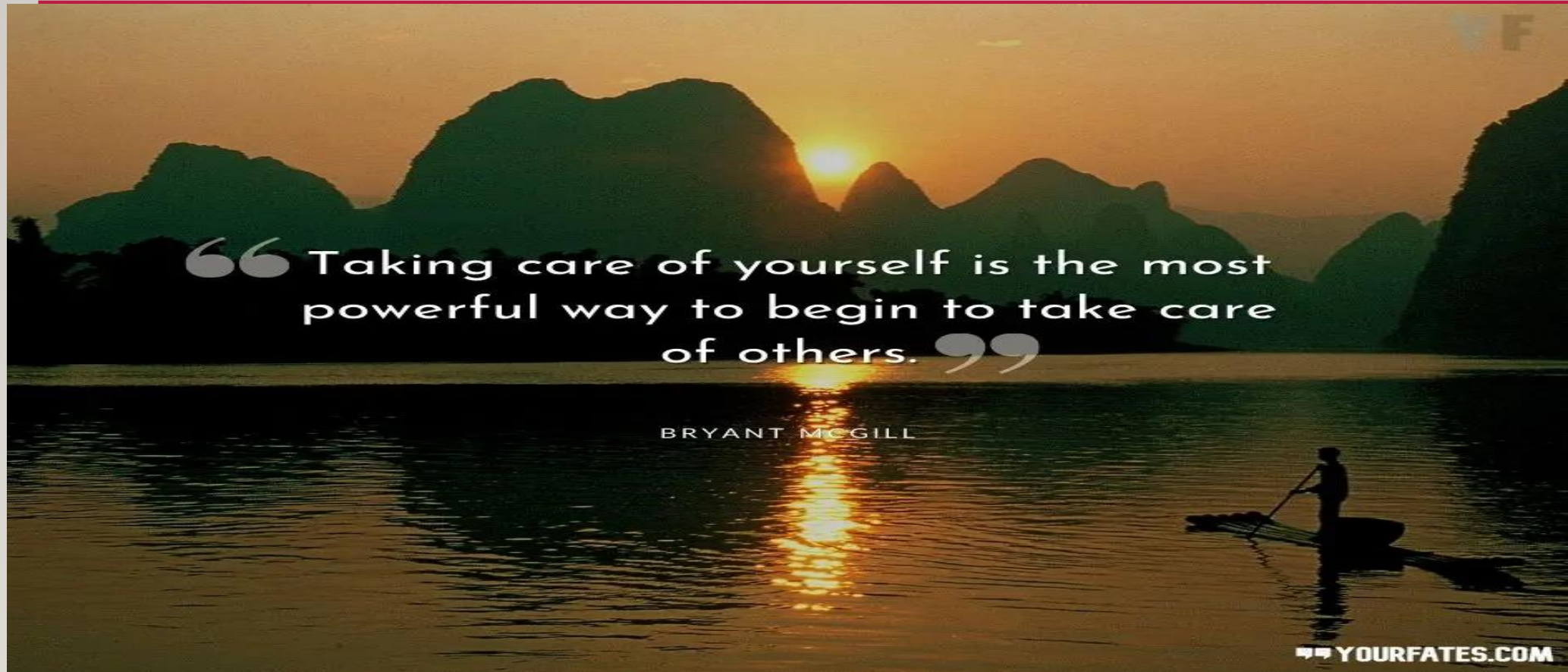
- Will you call the police?
- Will you chase them away?
- Self-awareness is key
- Decide whether to help or refer
- Safety
- Listening skills
- Empathy, UPR, Genuineness
- Once he/she is comfortable in a private environment take history
- Treatment plan: MTD Approach, psycho-education , psychodynamic psychotherapy, CBT



GENDER BASED VIOLENCE HOTLINES

NUMBER/SMS	SERVICES	PARTNER
0800-220-000(Toll Free)	Psychological support and counselling services	Chiromo Mental Health Hospital
1195(TOLL FREE)	GBV services	Health Care Assistance-Kenya
0800-720-565	GBV response	Gender violence recovery centre
0800-730-999	Directorate of community policing, gender and child protection	National police service
1190(toll free)	GBV, HIV, SRH	LVCT Health
0800-720-186	Psychosocial support, legal representation, dignity packs, referrals to safe houses ad health services	Centre for rights education and awareness
1190 (toll free)	Counselling, referral, linkage	Kenya Red Cross
Sms 21094	GBV reporting	Nairobi county
0711400506	GBV response	MSF (Nairobi)
0777782318	GBV response	JOT Refferal Hospital, Kisumu
0702141431	GBV response	Mombasa General Hospital
719	COVID-19	Hotline

CONCLUSION



“Taking care of yourself is the most powerful way to begin to take care of others.”

BRYANT MCGILL

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THANK YOU!

QUESTIONS?

COMMENTS?

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