



MASSACHUSETTS
GENERAL HOSPITAL

GLOBAL INITIATIVE TO END
GENDER-BASED VIOLENCE



GBV Training for Disaster Responders

Seminar 1: Screening



MASSACHUSETTS
GENERAL HOSPITAL

GLOBAL HEALTH
DISASTER RESPONSE

Introduction to Gender-Based Violence and Screening

Learning Objectives

Upon completion of this activity, participants will be able to:

- Define GBV, including main types and risk factors
- Recognize GBV in the context of disaster and humanitarian crisis settings
- Recognize the types and methods of screening and how screening is incorporated into medical and/or public health interventions

Target Audience

This activity is intended for all professionals and students who are currently working or are interested in the fields of global health, humanitarian aid, and disaster relief operations. All participants will have an interest in learning about gender-based violence and developing strategies to address this complex issue in their current or future work and practice.

Course Directors/Speakers

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ACCREDITATION

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Agenda

12:00pm	Introductions
12:05	Didactic Review of Material
12:15	Case Study Discussions
12:45	Case Summaries and Conclusions
1:00pm	Adjourn

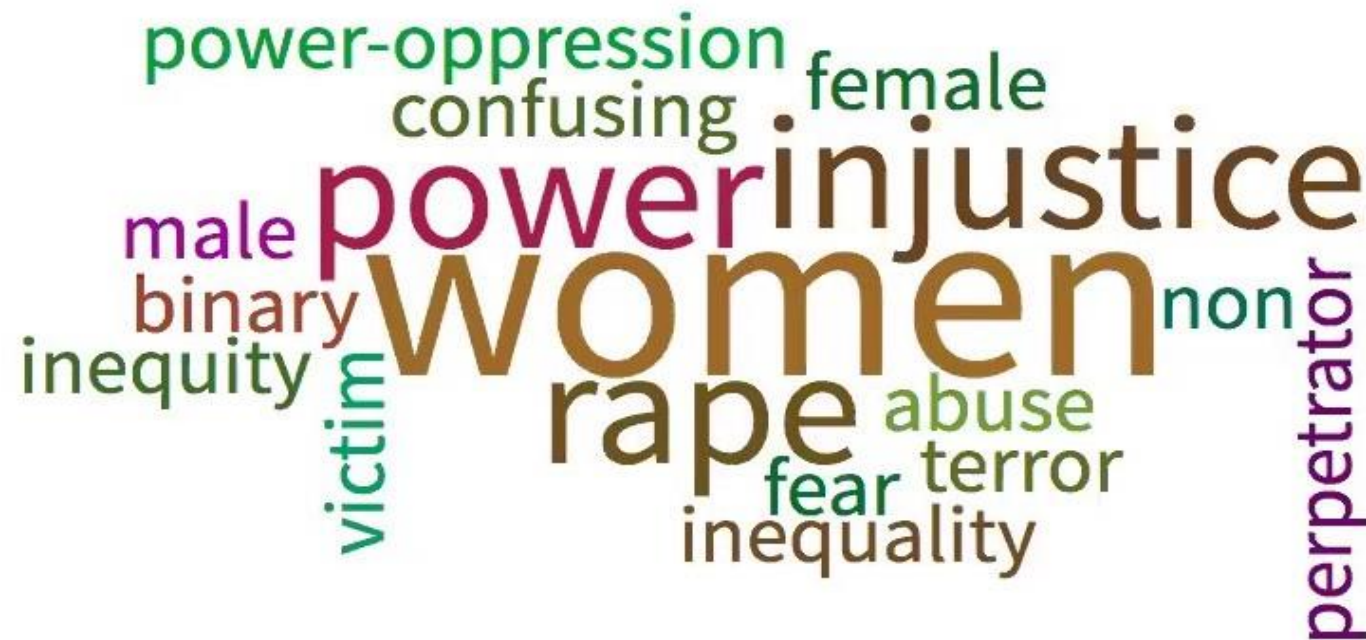
Virtual Norms

- Turn your video on and mute yourself when not speaking
- Have your name appear correctly in the video frame
- Type your name, position and site of work in the chat box before we start
- Please use the « raise hand » feature when you want to speak
 - Click on « Participants », then « raise hand » at the bottom right side of the screen.
 - Don't forget to click on « lower hand » when you're done.

POLL

What words do you associate with “Gender-Based Violence”?

**Responses from the training session below:*



SUMMARY SLIDE

**Annotated with observations from the training session.*

GBV takes on **different forms**, including subtle acts with invisible psychological and emotional scars.

- *Encompasses rape and other forms of sexual violence, child marriage, sex trafficking and sexual violence as weapon of war*
- *Includes verbal, physical and emotional abuse, financial control, isolation from support network*
- *Often hidden and goes untreated*

Absence of **legal and social frameworks** in disaster settings increases the occurrence of GBV and complicates interventions.

The **four pillars** of screening are:

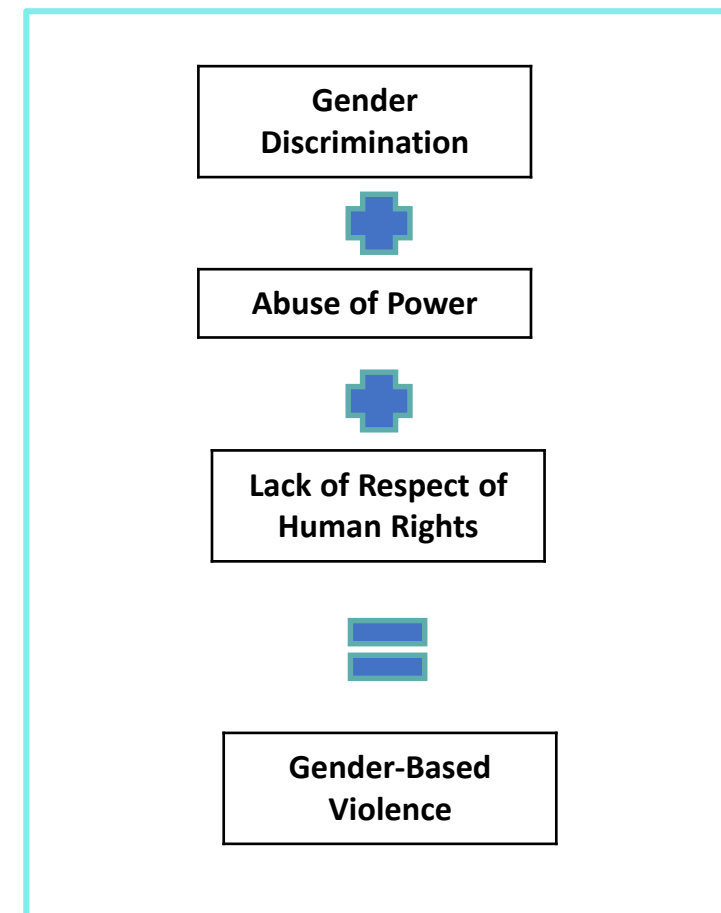
- **Confidentiality** *Critical for safety. Ask permission to share information. Don't call attention to suspected abuse.*
- **Respect** *Abuse erodes self-esteem. Treat with dignity, be nonjudgmental, allow patient to make own choices.*
- **Safety** *Of paramount importance. Need to conduct intake/exam in private, safe place.*
- **Non-Discrimination**

Screening **systematically** is an important public health intervention

- Should be part of routine disaster response
- Reduces stigma for survivors

Use a screening questionnaire suitable (**tailored to the context and culture**) for the humanitarian crisis and the public you are interacting with.

Only screen after **physical safety** and **privacy** of survivors are established.



CASE

Part 1

**Annotated with observations from the training session.*

Several **respiratory illness clinics** were set up by your institution to meet the needs of underserved communities in your area, treating patients **proactively in a controlled setting and preserving healthcare resources**. Test results from these clinics revealed **disparities in the pandemic** and confirmed one community as a hot spot for COVID-19 infection. **An alternate care site** was established in a local hotel for **individuals recovering from COVID-19** that do not require hospital care but need a safe place to quarantine. This safe housing solution is open to nearby communities where the majority of residents **are low income, live in overcrowded housing conditions, and tend to have jobs that typically do not allow them to work from home**. Your team has been asked to serve as the **primary medical providers** at this site.

Questions for the breakout rooms:

→ Who is at most risk in of GBV in these communities?

Women and girls; children generally; people with disabilities; undocumented immigrants; those with substance use disorder or who live with others with substance use disorder; members of LGBTQI+ community; marginalized groups; returned college students.

→ In the setting of the COVID-19 pandemic, what might cause GBV to increase in these communities?

*Rising tensions in the face of security, health, economic fears; financial concerns associated with loss of work/continued expenses; cramped living spaces, restricted movement; reduction in social interaction; reduction in access to external supports/resources; increase in substance use disorder; lack of coping skills
misinformation about COVID.*

→ Without having much information about plans for this isolation site, what are some screening methods that might work for both the staff as well as the patients and fit comfortably as part of your routine care?

Ensure privacy during intake/exam; inquire if male or female preferred for intake/exam; ask questions like "Do you feel safe at home?"; make it conversational; explain resources. Be mindful that GBV is always a possibility.

CASE

Part 2

**Annotated with observations from the training session.*

Your team has received additional information about the **plan for patient intake**. Patients coming to the site will have **already been seen by a provider in their community** and, based on information gathered during that assessment, referred to the isolation site. Before patients are admitted, they will undergo an **onsite intake process** conducted by an intake team of **nurses and social workers**. Once admitted, patients receive **twice-daily in-room symptom monitoring assessments** by trained medical staff. Patients also receive **daily behavioral health assessment check-ins** from staff social workers.

Questions for the breakout rooms:

→ How does this new information change your plan on screening for GBV?

The moment of screening is not static; as you spend more time with the patient, you can build trust.

→ What will be some important things to consider when setting up your GBV screening program in this setting?

Safety: consider risk to GBV survivors, their families and communities

Confidentiality: only GBV survivors can decide if and to whom they want to disclose violence. Share only non-identifying information with consent.

Respect: informed consent and regard for the choices, wishes, and dignity of survivors

Non-discrimination: equal and fair treatment of survivors regardless of age, race, religion, nationality, ethnicity, sexual orientation, or any other characteristics

→ What are some challenges you may face incorporating GBV screening in this setting?

Lack of trust; fear of retribution; fear of deportation; lack of resources to which you can connect patients; inability to provide adequate privacy due to space limitations; staff not trained in GBV screening and response.

Thank you !!

Next session on Interventions for GBV in Disaster Settings will take place on October 20th.

For more information, contact agoodman@mgh.harvard.edu