

# When home is unsafe:

Prioritizing **research** and **programs**  
to tackle  
intimate partner violence  
in  
humanitarian settings



## Authors:

Jennifer Scott, MD, MPH,  
Beth Israel Deaconess Medical  
Center, Harvard Medical School

Vandana Sharma, MD, MPH,  
Harvard T.H. Chan School of  
Public Health

## Suggested Citation:

Scott J, Sharma V. (2019). When home is unsafe: Prioritizing research and programs to tackle intimate partner violence in humanitarian settings. Paris, France.

© Scott J, Sharma V, 2019. All rights, ownership and copyright of data and materials are retained by the authors.

The Unite for a Better Life (UBL) program was adapted for a humanitarian context by researchers and practitioners at the Harvard T.H. Chan School of Public Health, Beth Israel Deaconess Medical Center at Harvard Medical School, Women and Health Alliance (WAHA) International in Ethiopia, and Addis Ababa University.

Implementation of the adapted UBL program was supported by the United Nations High Commissioner for Refugees (UNHCR), Administration for Refugee & Returnee Affairs (ARRA), and Bokolmayo Refugee Camp Community Advisory Board in Dollo Ado, Ethiopia.

# Context:

**Intimate partner violence (IPV)** is a global problem with staggering statistics everywhere around the world. The World Health Organization states that one in three women experience physical or sexual IPV in their lifetime<sup>1</sup>. A United Nations' study reported that 137 women were killed by an intimate partner or family member every day in 2017<sup>2</sup>. These shocking statistics are only half the story and likely only represent a fraction of the true numbers.

In humanitarian settings, the resources and programming have often focused on other forms of gender-based violence (GBV) including rape and sexual violence by non-partners which remain important and widespread problems. For example research shows that one in five refugee or displaced women have experienced sexual violence<sup>3</sup>. However, there are serious and concerning gaps in available data and information on gender-based violence, especially on IPV, in humanitarian settings.

These gaps result from numerous challenges, including lack of access to areas affected by conflict or the stigma or fear around reporting. Also, programming to address GBV remains underfunded, accounting for only 0.12% of humanitarian funding in 2016-18, and funding requests have not matched the scale of the problem<sup>4</sup>.

What we do know is that both in and out of humanitarian emergencies, **the most common perpetrator of GBV is an intimate partner**. This calls into question what programming and policy are needed to ensure protection of women in these settings.

All forms of violence have serious and long-term health, social, cultural and economic impact on survivors. In 2015, 193 countries agreed to eliminating all forms of violence against women in public and private spheres through SDG Goal 5. Yet, the number of women killed at the hands of an intimate partner or family member has risen during this time.

30%

of women experience IPV in their lifetime

0.12%

of humanitarian funding is for GBV programming

**We will not achieve this goal if we do not tackle this issue now.**

<sup>1</sup> WHO multi-country study on women's health and domestic violence against women, 2005.

<sup>2</sup> UNODC Global Study on Homicide. Gender related killing of women and girls, 2018.

<sup>3</sup> Vu A, Adam A, Wirtz A, Pham K, Rubenstein L, Glass N, Beyrer C, Singh S. The prevalence of sexual violence among female refugees in complex humanitarian emergencies: a systematic review and meta-analysis. PLoS currents. 2014;6.

<sup>4</sup> Where is the Money? How the humanitarian system is failing in its commitment to end violence against women and girls. IRC, 2020.

# We must understand the scope of the problem to respond to it:

Without accurate and reliable data and research on GBV in humanitarian settings we cannot tackle this global issue or develop effective programming and policies. The lack of research means the problem will remain under-resourced and under-funded. Sexual violence, often referred to as a weapon of war in certain humanitarian settings, has been widely reported on in mainstream media. These horrors are traumatic and deserve action, however this attention must not come at the expense of ignoring violence within the home.

## The home remains the most dangerous place for a woman.

Although the research that does exist indicates that **IPV is the most common form of gender-based violence in humanitarian settings**, violence within the home happens behind closed doors and remains a mostly invisible problem.

There is limited research to understand why it happens or how to effectively address it, particularly in humanitarian settings. As a result, there are few programs designed to effectively tackle it in humanitarian crises.

Evidence from other settings shows that participatory programming can lead to effective shifts in attitudes, norms and behaviors and can drive meaningful change at the community level.

But such programs have not been well evaluated among displaced populations. To effectively tackle IPV in humanitarian settings, there must be more evidence-based programming developed and tested, especially amongst displaced populations where data are the most limited and the risk is the highest.

# Preventing IPV:

The **Unite for a Better Life** (UBL) program was designed to **prevent and reduce IPV**, focusing specifically on displaced Somali-Muslim communities in sub-Saharan Africa. Unite for a Better Life is a participatory group-based intervention **delivered within the context of Somali Tea Talks. UBL includes 16 skills-building sessions** delivered by trained facilitators to men, women or couples. Sessions address gender, healthy sexuality, conflict resolution, household task-sharing, substance use, & sexual harassment.

Development and testing of the program has led to a better understand what works and why, and has helped shine a light on this hidden issue. The learnings can and should inform evidence-based interventions for other refugee contexts to tackle intimate partner violence.

## UNITE FOR A BETTER LIFE



### A Gender Transformative Program to Prevent and Reduce IPV

1

Targets the underlying social, cultural and behavioral determinants of IPV

2

Is delivered in the context of cultural or community practices that serve as platforms for intervention delivery and discussion

3

Uses a participatory approach with curricula tailored for the humanitarian context for groups of women, men and couples

# UBL IMPACT:

“We discuss everything



together now.

Our family is  
getting  
a  
better life.”



# UBL Development & Testing:

The **UBL** program was initially developed for rural Ethiopia where sessions were delivered by trained facilitators within the context of the Ethiopian Coffee Ceremony, a traditional forum for community dialogue. It was rigorously tested with a large cluster-randomized controlled trial from November 2014 to March 2018.

Unite for a Better Life was adapted for the humanitarian setting where it is **delivered in Somali Tea Talks**. It was piloted in Bokolmayo refugee camp in Dollo Ado, Ethiopia from 2016-2018. The pilot study, conducted among 180 households, showed the project had high attendance rates - despite the challenging setting - with 78% of participants in the women's group and nearly 70% of couples completing at least 70% of sessions.

Principal performance indicators demonstrate acceptability, relevance and utility of the program.

Overall, 92% of participants said they were satisfied or very satisfied with the program, 85% would recommend it to a friend, and none reported spousal conflict or violence as a result of participation.

Participants demonstrated **increased knowledge about what violence against women is** and **less support for gender inequitable attitudes** and IPV.

Furthermore, improvements in knowledge and attitudes related to HIV were noted.

These promising findings demonstrate **potential of the program to change longer-term outcomes**, including experience and perpetration of intimate partner violence. While the UBL program is already showing positive results, a longer follow-up period (at least one year) is required to assess changes in experience and perpetration of IPV.

92%

satisfied with UBL

85%

would recommend UBL to a friend



knowledge, gender equitable attitudes & behaviors

There are over **2.2 million displaced Somalis** globally and more than **200,000 Somali refugees** living in five refugee camps in Dollo Ado, Ethiopia alone.

The UBL program could provide both the greatly needed research and tested interventions to change attitudes, improve relationships and prevent and reduce intimate partner violence among displaced populations,

**but**

**it cannot be done without support.**





# Tackling IPV together:

Together, it is imperative that we work to address IPV in humanitarian settings. **To do so, we must prioritize the following:**

## 1. Research

Evidence-based programming is the most effective way to achieve sustainable and meaningful change for communities. However, there is a gap in the research needed to inform programming on IPV, especially in humanitarian settings. **We must fund research and secure access within the camps to collect this information effectively and safely.**

## 2. Program design

Eliminating GBV cannot be achieved with a 'one-size fits all' approach. Accessibility to basic human rights, such as clean water, proper shelter, and the ability to live with dignity can greatly impact a person's behavior. Displaced populations are often living in insecure and deeply challenging situations. As such, their needs and responses may differ from someone living in a secure context. It is imperative that we **build programs to address IPV specifically for humanitarian settings.** We will not effectively tackle this issue without tailored and targeted approaches that are suitable for the communities, cultures and contexts we are working in.

## 3. Funding

With the global commitment of reaching gender equality by 2030, there has been an influx of global funding for women and girls. Yet very little funding is available to specifically address IPV. The UBL program has shown initial positive results, but further financial support is needed to continue this life-changing work. We ask that **partners explore, source and prioritize funding opportunities to advance understanding about what works to prevent intimate partner violence** now, whilst there is still potential to address and achieve our goal to eliminate it.



[uniteforabetterlife.org](http://uniteforabetterlife.org)



Humanitarian  
innovation fund

| **elrha**

