Overview of the WINGS model: Lessons learned and future directions in times of COVID

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ALARMING INCREASE IN DOMESTIC VIOLENCE IN KYRGYZSTAN SINCE COVID-19

From January to March law enforcement agencies of Kyrgyzstan have registered 2,319 complaints of domestic violence. The Ministry of Internal Affairs of the Kyrgyz Republic reports. According to the ministry, this figure is 65 percent higher than for the same period in 2019

ALARMING INCREASE IN DOMESTIC VIOLENCE AROUND THE WORLD SINCE COVID-19

- China's Hubei Province recorded a tripling of domestic violence reports in February 2020 during the COVID-19 quarantine (John, 2020)
- In France, reports of domestic abuse have increased 32 percent since quarantine measures were implemented,
- In the U.S, there has been a sharp rise in the number of domestic violence calls made to law enforcement agencies
- In Tunisia, in the first five days after people were ordered to stay in, calls to a hotline for women suffering abuse increased fivefold

Locked down with abusers: India sees surge in domestic violence

As world's largest coronavirus lockdown is extended to May 3, National Commission for Women reports spike in complaints.

by Rukmini S

18 Apr 2020

- In Brazil, where the federal government hasn't issued stay-in orders, a state-run drop-in center has seen a 40 to 50% rise in calls to a domestic hotline

- in Spain, calls to domestic hotline have jumped 18 percent, and a state-run hotline website has seen a 270-percent increase.

- In Greenland, the capital banned the sale of alcohol following a surge in reports of violence in homes

➢ **Similar increases in domestic violence occurred during other natural disasters - Hurricane Katrina, Hurricane Harvey, Ebola**

Handing out literature about domestic violence in the Bronx.   Stephanie Keith for The New York Times

Interviewed 122 NGOs or government agencies in 69 countries in April 2020

➢ Found significant increases in reports of all types of violence against women and girls since COVID social isolation restrictions, including:

- Intimate Partner Violence
- Sexual abuse by non-intimate partners of women and girls
- Increased sexual abuse of women by law enforcement and in unsupervised quarantine centers
- Economic abuse (women/girls deprioritized for food drop offs)

➢ Reported women experiencing violence faced major barriers accessing emergency care, police response and receiving orders of protection

➢ DV programs are pivoting around barriers with using technology – social media outreach, TEXT oriented 7/24 hotlines and deploying DV resources and services in grocery stores and pharmacies

Shruti Majumdar, *COVID-19 Impact on Civil Society Organizations working to end violence against women and girls : rapid assessment*, UNTF, April 2020

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ECO-SYSTEM FRAMEWORK FOR CONSIDERING IMPACT OF COVID-19 ON RISKS FOR INTIMATE PARTNER VIOLENCE

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COVID-19 – ACTUAL & PERCEIVED HEALTH, SOCIAL & ECONOMIC THREATS

Multi-level COVID-Related risks for IPV
Community-level
- Quarantine and physical distancing
- Economic Distress -Unemployment
- COVID morbidity and mortality
- Shortages of food and basic necessities
- Increase in gun sales and alcohol sales

Interpersonal-level
- Increased social isolation
- Increased ability of abusers to enact constant surveillance; strict rules for behavior; and restrict access to basic necessities

Individual-level
- Increased caregiving stresses
- Increased daily living stress
- Increased Anxiety, Depression a Substance Misuse as a result of COVID
- Interruptions in treatment

Multi-level Protective Factors
- Increased Telehealth options
- Increased online social network
- Increased checking in on family/ friends
- Increased exposure to social media for IPV prevention and service messages

IPV SERVICE THREATS
- Decrease in outreach and capacity of IPV psychosocial counseling
- COVID Burnout of IPV service staff
- Increased need for IPV services and to update safety plans with COVID with people at risk
- Delayed Emergency Response to IPV situations and overburdened emergency departments
- Decreased capacity for courts to provide and monitor orders of protection
- Decreased faith-based response to IPV
- Decline in funding for IPV services

IPV SERVICE OPPORTUNITIES
- Building online capacity of IPV services and IPV peer support groups and redressing disparities in online access
- New community IPV service spots – pharmacies/grocery stores
- Increased Telehealth Demand/Capacity for IPV screening and linkage to services
- Enhanced Community Social Capital & Response "we're in this together"

OUTCOMES
- Incidence and severity of IPV
- # of people experiencing IPV who are able to access IPV services they need
- Equity in access to IPV services by race, gender, sexual orientation and class

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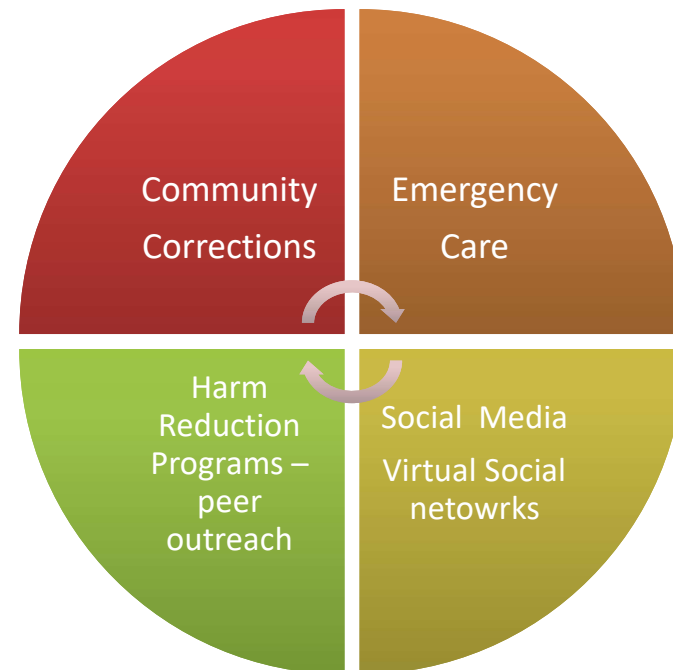*untains. Change lives.*

Only 6% of women who use drugs who need IPV services are receiving it (Gilbert et al., 2015)

Challenge: How do we find the 95% or more of WUD who are experiencing IPV or GBV and link them to violence prevention services?

Challenge: How do we reach WUD during Covid-19 and mobilize a community coordinated response

Where to find WUD who need IPV services and substance abuse treatment?

Community Corrections

Emergency Care

Harm Reduction Programs – peer outreach

Social Media Virtual Social netowrks

WINGS is a one or two session evidence-based SBIRT model designed to address GBV that may include HIV Counseling and Testing and Naloxone-based Overdose Prevention

WINGS has also been used to collect aggregate data on different types of GBV among WUD to raise awareness and inform community level advocacy/policy initiatives and interventions like Sunflower

WINGS
Women Initiating
New Goals of Safety

what is WINGS? WINGS is an evidence-based and highly adaptable tool to identify and address intimate partner violence (IPV) & gender based violence (GBV) among key affected populations of women.

WINGS has been implemented in a wide range of organizations and programs:
- HIV treatment
- Services for sex workers
- Harm reduction & drug treatment programs
- Justice settings
- Homeless services
- Refugee services
- Domestic violence services

WINGS is available in **8 languages** and has been implemented in **6 countries**

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INTEGRATING MOTIVATIONAL INTERVIEWING (MI) IN **WINGS** SBIRT

Motivational Interviewing (MI) a client-centered method of communication for strengthening internal motivation for change

Affirms women themselves as experts on their issues and as the primary agents of addressing IPV, substance misuse and other co-occurring problems

Harm reduction approach to improving relationship safety and reducing risk for IPV and GBV

Recognizes that poverty, class, racism, sexism, heterosexism and other social inequalities affect both people's vulnerability to and capacity for dealing with substance misuse and IPV

OARS is core clinical skill of MI that is used in **WINGS** and other SBIRT models

O= Ask Open-Ended Questions
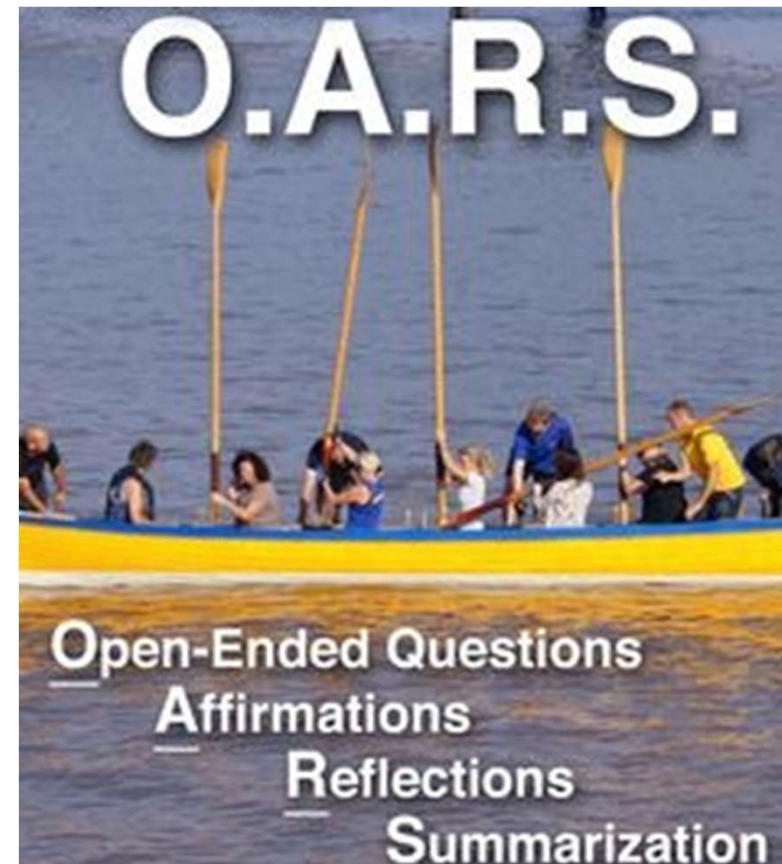A= Actively affirm and validate
R= Reflective listening
S= Summarize

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WING is designed as 1-2 session SBIRT model for WWUD that may delivered by a counselor or trained peer advocate with following components

1. Brief psychoeducation on substance misuse and experience of different types of IPV and GBV ((*MI: use OARS to engage in a conversation!*)

2. Screening for IPV and provide feedback on risks (*use OARS*)

O.A.R.S.
Open-Ended Questions
Affirmations
Reflections
Summarization

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3. Eliciting motivation to address IPV and relationship conflict (*OARS, weighing pros and cons of change, highlighting change talk*)

4. IPV Safety Planning Tool adapted for WWUD *(OARS and providing a menu of choices)*

5. Social Support Network Enhancement (use OARS – Provide Options)

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6. Identify and Prioritize Service Needs

 (Use OARS and Provide Options)

7. Linkage to IPV and other Services

 (*MI: use OARS and Provide Options*)

8. Goal setting to improve relationship safety and reduce IPV (MI: Identify *Client-driven Goals using OARS and SMART Goals*)

SMART

| Specific | Measurable | Attainable | Relevant | Time Based |

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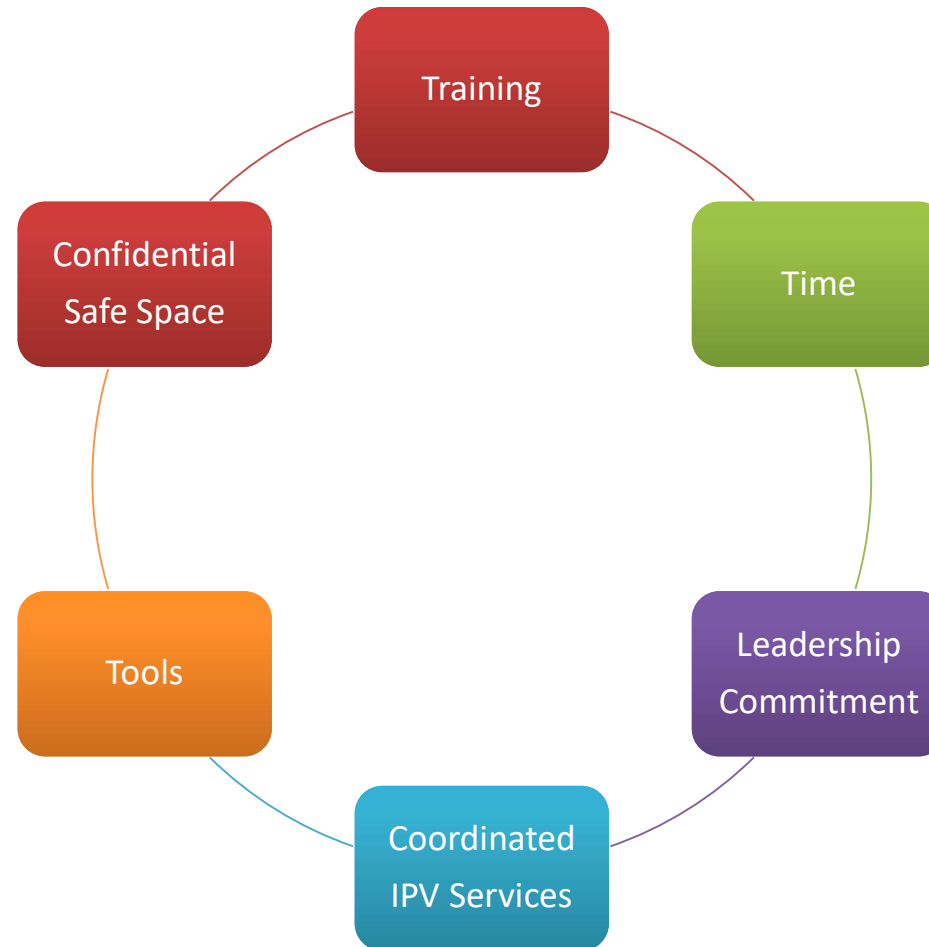*Make waves. Move mountains. Change lives.*

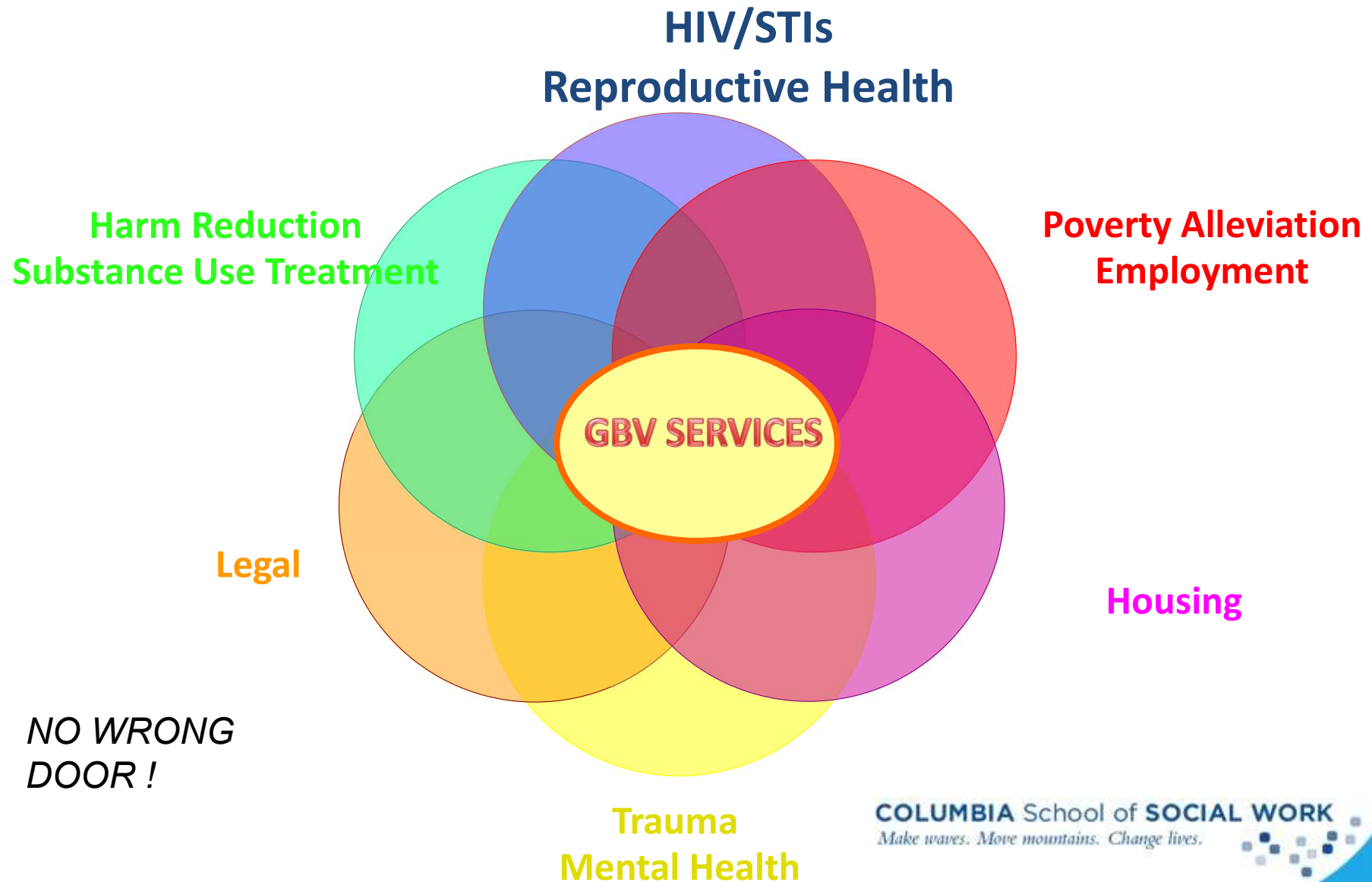# POTENTIAL BENEFITS OF A COMPUTERIZED SELF-PACED GBVSBIRT MODEL

- Studies show WINGS computerized model is equally effective in identifying and reducing different types of GBV as WINGS delivered by a clinician or counselor (Gilbert et al., 2015; Gilbert et al., 2016).

- May provide greater sense of privacy and confidentiality, particularly in settings where women are fearful of disclosure

- May extend reach of IPV services in overburdened high caseload settings

- May be culturally tailored and translated into different languages in settings where there are a lack of bilingual speaking staff

- Can generate aggregate data that can be used to inform policy and programs to address GBV

- May be used to pivot around COVID restrictions!

VISION OF **WINGS**

Find 9 in 10 WWUD with IPV not in services and enable them to develop strategies to increase relationship safety
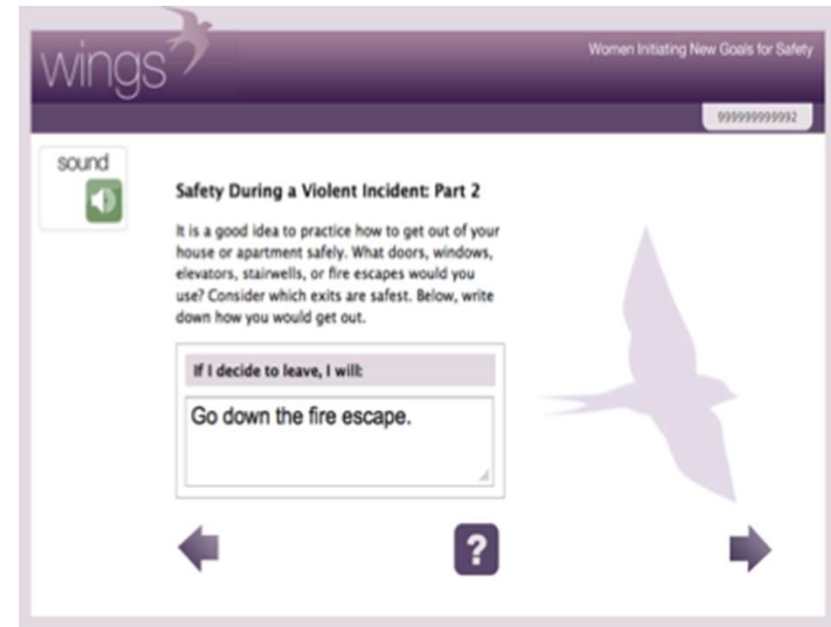
Collect data on GBV to document scope and severity of public health threat of GBV among WWUD

Use data to guide policy and program efforts to redress GBV among different populations of WWUD

Expand venues to implement WINGS in different venues to reach women at risk

Integrate WINGS into a community coordinated response

- What is the need for ongoing training, technical assistance and supervision of staff in implementing WINGS?

- How to support staff coping with vicarious trauma?

- How to identify and secure funding sources for WINGS?

- How to create and maintain network of IPV related resources in communities (emergency shelter/housing, counseling, legal services, employment) that will be responsive to the needs of women who use drugs?

- How to continue collecting and analyzing data on incidence and prevalence of GBV among WUD?

- How to mobilize key stakeholders and use data from WINGS to inform a advance policies and programs to prevent GBV?

NEED TO GO UPSTREAM --To achieve a larger scale population effect there remains an urgent need for effective anti GBV community interventions

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GET IN TOUCH

Contact: Louisa Gilbert at lg123@columbia.edu

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