

KYRGYZ REPUBLIC

Developing culturally appropriate responses to gender-based violence (GBV) from helpseeking to safety planning and intervention:

Adapting myPlan for Kyrgyz Republic

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BACKGROUND

GBV is a serious problem in Kyrgyz Republic which occurs in a context of weak institutions of social protection for women and an emerging social work community of practice. Research shows that women face significant barriers to disclosing violence because of cultural and social norms that support or encourage the abuse. As a result, negative consequences are not fully addressed. To increase women’s comfort and confidence in disclosing GBV in healthcare and social service settings and seeking help and support for safety planning, survivors need access to skilled providers and tools. Results of preliminary fieldwork show that the social service providers and healthcare professionals see the strong need for safety planning, risk assessment, and better service delivery in Kyrgyz Republic using technology-based interventions.

PROJECT AIM

The aim of this research project is to culturally and contextually adapt a promising technology-based GBV intervention called myPlan (www.myPlanapp.org) among university students and women seeking healthcare/social services in Kyrgyz Republic, using community-based participatory research (CBPR) approaches.

The specific aims of this project are to:

1. Adapt the content of the web-based myPlan app, an evidence-based, women-centered, personalized safety planning resource, with survivors and social service providers to improve responses to GBV in Kyrgyz Republic; and
2. Examine usability of the adapted myPlan content with IPV survivors, concerned friends/family, healthcare, and social work professionals.

SUMMARY OF THE INTERVENTION:

The myPlan app is an interactive, personalized safety decision aid developed by Johns Hopkins University to assist women in abusive relationships (and their friends/families) assess the danger in their relationship, weigh their priorities, and access a personalized safety plan with links to resources. The myPlan application has three interactive components. The first allows the user to answer questions on a validated IPV risk assessment called the Danger Assessment (DA) and provides immediate graphic feedback on her danger level. The second interactive section is a priority-setting activity where the user can consider her values (e.g. privacy, feelings for partner, having resources, safety, well-being of children) about her relationship, and receive immediate graphic feedback regarding those priorities. Information provided by the user is combined with the safety priorities of the user in the third interactive section of the app to provide a tailored safety action plan with links to resources and services. The intervention also provides education about healthy relationships, dispels myths about GBV, and provides information about red flags for abuse.

STUDY DESIGN

This study will be completed in two phases:

1. Formative research, using qualitative research to inform the adaptation of myPlan; and
2. Development of myPlan app for female survivors of GBV through cognitive testing and pre-testing to refine language and terminology.

Phase 1: includes formative, qualitative research with women, survivors of GBV, and healthcare/social service providers to inform the adaptation of the app. We will provide descriptive information from female survivors and service providers to understand specific forms of GBV, barriers to disclosure, safety strategies, awareness and use of services, healthy relationship information, myths about domestic violence, risk/protective factors, and priorities, as well as to identify terminology, language, and content to inform the adaptation of myPlan.

Phase 2: Findings from Phase 1 that have been validated by the Working Group will be mapped to the app for four possible routes of adaptation: 1) revision of content and language to improve applicability and acceptability; 2) addition of new content to address specific experiences and needs that are not currently addressed in the app; 3) identification of irrelevant content in current app that can be programmed to be removed; 4) and identification of existing content that is appropriate and acceptable and does not require alteration.

STUDY CONTRIBUTION

The proposed study includes several innovative aspects and contributions to GBV prevention and response:

1. Development of a theoretical model of culturally specific risk and protective factors for domestic violence. To our knowledge, no intervention in Kyrgyz Republic has incorporated an empowerment approach to link risk assessment, safety related empowerment, and increased self-efficacy in order to assist women to cope more effectively with trauma and violence in their lives. Because of the complex etiological nature of GBV, it is important to examine the risk and protective factors unique to women in Kyrgyz Republic.
2. Utilizing state-of-the-art implementation science and capacity building approaches. This innovative approach will draw on providers’ ability to develop high quality, evidence-based, and culturally relevant sustainable interventions and prevention programs that reflect the providers’ specific organizational contexts and needs.
3. Development and adaptation of the myPlan app and use of mobile technology with survivors, their family members, and service providers. The intervention provides an opportunity to reach a broad group of abused women in Kyrgyz Republic and deliver an interactive, tailored intervention at low cost, any time of day, and free from the stigma and secondary victimization that may be associated with face-to-face interventions.

