

Approaches to safeguarding and referrals for young people who participate in violence research: Lessons from the CoVAC study in Uganda

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Motivation

- Safeguarding and referrals are a central pillar of violence research
- Limited guidance on if – and how – to conduct remote data collection and how to design approaches to safeguarding
- We re-designed our approach to safeguarding and referrals during the COVID-19 pandemic

Aims

- 1) Describe the safeguarding procedures developed for the CoVAC study including adaptations made for COVID-19
- 2) Describe the referrals received and actions taken
- 3) Describe challenges, lessons learned and recommendations for how to develop and improve referral and safeguarding processes for young people who disclose violence in research

Overview of CoVAC

- The Context of Violence in Adolescence Cohort (CoVAC) study is a mixed methods cohort study to examine the epidemiology and patterns of violence exposure in adolescence
- Participants are young people in Luwero, Uganda
- Three waves of data collection
(2014, 2018, **2021/22**)
- Partnership between Raising Voices, LSHTM, MRC/UVRI

Wave 3

2,539 participants

16-27 years of age

Three data collection
contact points

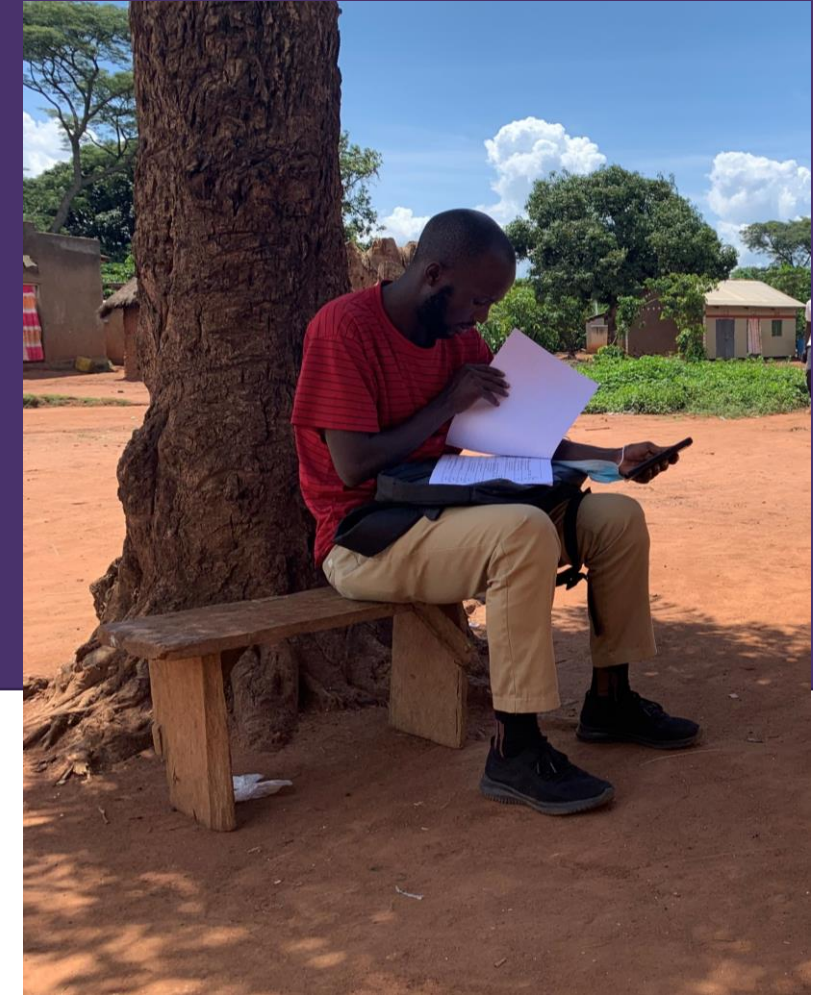
Wave 3 (2021/22)



- Remote phone survey
- Researchers at home



- Office-based and remote phone survey
- Researchers at home and in office



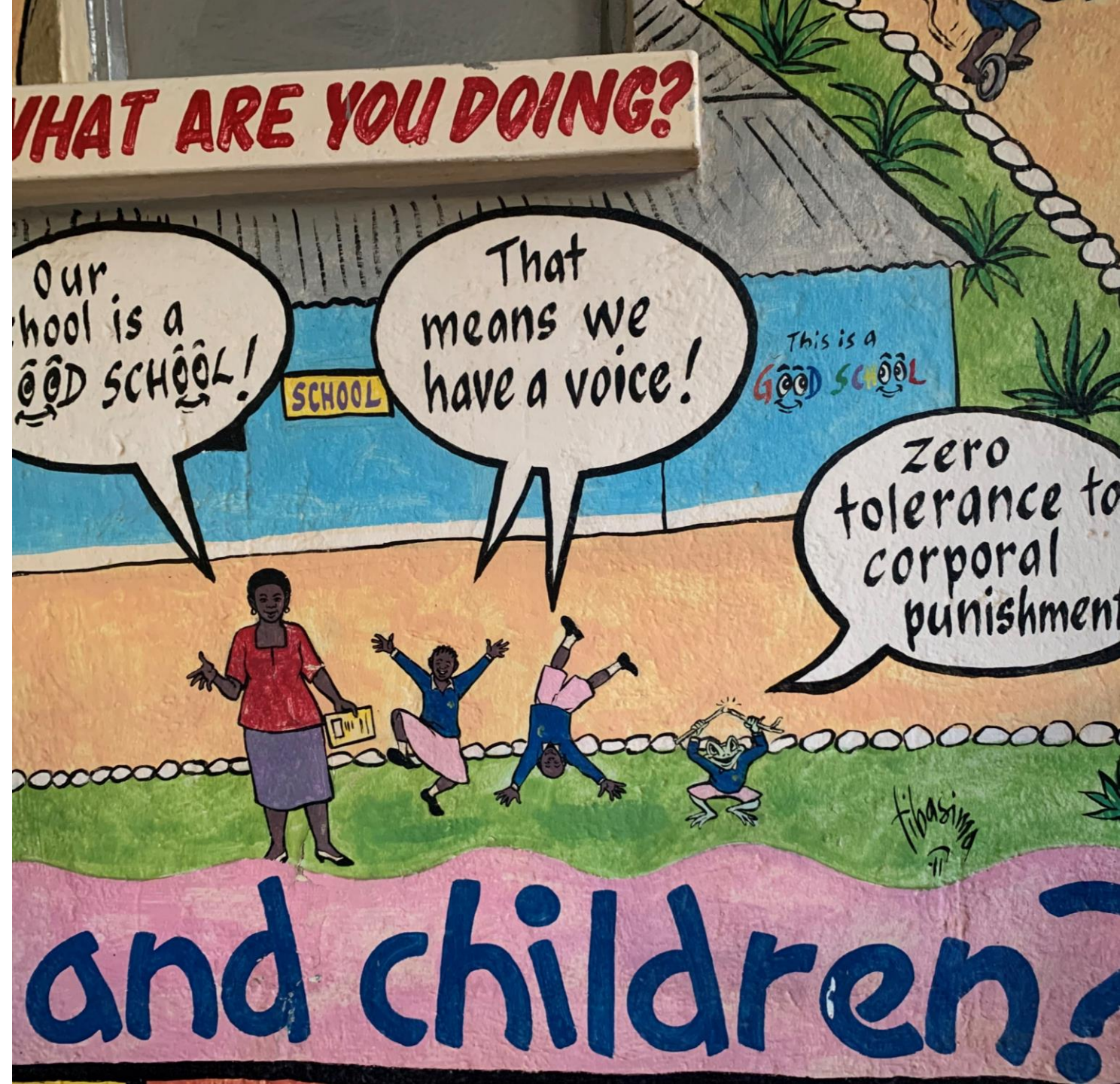
- Multi-site hybrid phone and in-person survey
- Researchers at home, in office and in Luwero



Our safeguarding approach had to meet the needs of participants, researchers, and the context of the study

Safeguarding procedures

developed for CoVAC



Approach to safeguarding

- Rights-based and participant centered
- All participants offered counselling
- Study engaged two full-time counsellors
- Referral thresholds were set to guide responses to disclosures of violence and harm
- Based on long term relationships with participants

| Referral Level Thresholds | Questions Routing to Thresholds | Response Timeframe from Counsellors |
|---------------------------|---|-------------------------------------|
| Level 1 | Immediate threat to life, untreated injuries, suicidality and recent experiences of violence | 24 hours |
| Level 2 | Disclosure of violence (victimisation or perpetration), any health (mental or physical) concern, or addiction (alcohol, gambling) | 72 hours |
| Level 3 | All participants were offered counselling if they didn't meet the threshold for level 1 or 2 | 1-4 weeks |
| Level 4 | Referral from researchers based on concern for a participant if they didn't meet the threshold for level 1 or 2 | |

Governance, roles and responsibilities

Coordination Committee

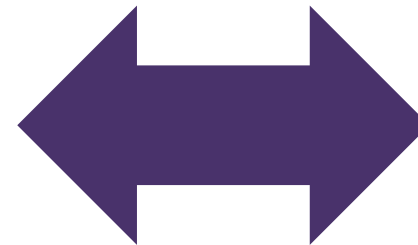
- Oversee researcher referral management & counsellor case management
 - Support Study Coordinator

Researcher

- Complete surveys with participant following instrument; no further probing on disclosure
- Complete counselling referral forms & hand off to counsellors as appropriate

Study counsellors

- Provide counselling support to participants
- Assess for risk and complete referrals as needed



Study Coordinator

- Train, support and monitor researchers & counsellors
- Monitor referral management by researchers
- Monitor case management of counsellors

Safeguarding process



Referrals
received,
actions taken



Sept 2021 and August 2022 (11 months)

2,539

Participants were
contacted



Three contacts

852

Unique participants were
referred to counselling

1,337

Total referrals made



Referred once: 64%

Referred twice: 35%

Referred three times: 1%

Approximately 1 in 3 participants we contacted were referred to the study
counsellors

Who was referred?

Sex

| | |
|-----|-------------|
| 46% | Young men |
| 54% | Young women |

Age

| | |
|-----|-------------|
| 11% | 16-18 years |
| 36% | 19-20 years |
| 53% | 21+ years |

Had already spoken to someone about what happened

| | |
|-----|-----|
| 84% | No |
| 16% | Yes |



Cases by referral level

| Referral Level Thresholds | Questions Routing to Thresholds | Cases |
|---------------------------|---|------------------------------------|
| Level 1 | Immediate threat to life, untreated injuries, suicidality and recent experiences of violence | Total: 29 (19 women, 10 men) |
| Level 2 | Disclosure of violence (victimisation or perpetration), any health (mental or physical) concern, or addiction (alcohol, gambling) | Total: 516 (319 women, 197 men) |
| Level 3 | All participants were offered counselling if they didn't meet the threshold for level 1 or 2 | Total: 767 (362 women, 405 men) |
| Level 4 | Referral from researchers based on concern for a participant if they didn't meet the threshold for level 1 or 2 | Total: 42 (20 women, 22 men) |

Themes by referral level

| Referral Level Thresholds | Questions Routing to Thresholds | Themes |
|---------------------------|---|---|
| Level 1 | Immediate threat to life, untreated injuries, suicidality and recent experiences of violence | Support for moderate to severe mental or physical health issues Critical response to violence at work, home or relationship Support in continuing education |
| Level 2 | Disclosure of violence (victimisation or perpetration), any health (mental or physical) concern, or addiction (alcohol, gambling) | Urgent response to violence at work, home, relationship or in community Support for mild to moderate mental or physical health issues Support to access healthcare services |
| Level 3 | All participants were offered counselling if they didn't meet the threshold for level 1 or 2 | Job training referrals Managing death and grief Managing interpersonal conflict Access to health services Financial support for childcare, employment, housing, food |
| Level 4 | Referral from researchers based on concern for a participant if they didn't meet the threshold for level 1 or 2 | Job training referrals Returning to education or work Financial support for school, employment, housing, food |

Challenges, lessons learned and recommendations for referral & safeguarding

for young people who disclose
violence in research



Challenges

- Context of COVID-19: isolation, financial stress, inequality
- Few referral organisations
- Limited access to mental health and violence response services for young people
- Schools closed or with limited resources
- Long term needs challenging to support and fund
- High expectations for financial support from participants
- Challenging to maintain contact (phone access, signal)

Lessons: Designing safeguarding

- Create of a directory of reliable referral organizations
- Formalise relations with referral organizations through MOUs
- Set up a sufficient urgent action fund for referrals
- Set up referral thresholds and protocols to guide contact attempts for both phone and in-person outreach
- Engage study counsellors or a referral coordinator
- Train counsellors and interviewers on referrals, safeguarding, and how to manage participant expectations
- Set up a case management system

Lessons: Implementing safeguarding

- Regular meetings and oversight
- Seek feedback from participants and the study team
- Adapt protocols based on feedback
- Ensure documentation processes are working
- Engage a counsellor for researchers and study staff
- Build in time for rest and ways to support counsellors

Thank you

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