"We Feel Powerless": A Social-Ecological Perspective on Challenges Experienced by Social Workers in Addressing GBV in Ethiopian Refugee Settings

Gashaye Melaku Tefera

Abstract: *Gender-based violence (GBV), especially sexual violence with a 90% prevalence rate, is a top concern in humanitarian settings. This qualitative study explored the challenges and experiences of social workers in addressing Gender-based Violence (GBV) in Ethiopian refugee settings. In-depth interviews were conducted with eight social workers between the ages of 26-37 years who have had five to twelve years of experience in GBV prevention among refugees. Data were analyzed thematically using a codebook and Nvivo12 software. Three major themes emerged: power and political interest, institutional barriers, and strategic barriers. The Social-Ecological Model (SEM) was used to guide the discussion of the findings. Most of the challenges experienced by social workers were structural barriers emanating from the unbalanced power relationship and political interest between and within institutions, strategic/policy gaps, and organizational resource limitations. It is imperative that social workers are trained to function in a politically-sensitive practice setting and are prepared to embrace political activism to overcome structural challenges. Adopting anti-oppressive and integrated developmental approaches is recommended to resolve the complex socio-economic and political factors behind the widespread GBV acts in Ethiopian refugee settings.*

Keywords: *Gender-based violence, challenges, social workers, refugee settings, Ethiopia*

Ethiopia hosts nearly one million refugees, the second-largest refugee population in Africa, most coming from neighboring South Sudan (48%), Somalia (27%), Eritrea (19%), and Sudan (6%; Adugna, 2019). In addition to the large refugee population, currently, there are more than one million internally displaced people in Ethiopia (United Nations High Commissioner for Refugees [UNHCR], 2019). The highly volatile situation in the Horn of Africa, coupled with internal conflict and rapid urbanization, has led Ethiopia to one of the worst humanitarian crises in the country's history. Refugees in Ethiopia are faced with numerous challenges including lack of education, healthcare, access to clean water, and employment opportunities (Tefera, 2022). Refugees in Ethiopia also experience several socio-cultural and economic hardships that include Gender-Based Violence (GBV), harmful traditional practices, child marriage, food insecurity, and lack of legal protection services (UNHCR, 2019).

Several studies reported high levels of gender-based violence (GBV) in humanitarian settings and conflict-affected populations around the world (Hossain et al., 2018; Marshall & Barrett, 2017; Wirtz et al., 2013). A systematic review of studies on GBV conducted from 1990-2017, which included reports from Ethiopia, reported that sexual violence is the most reported type of GBV with a prevalence rate reaching up to 90% with women as the main victims accounting for 89% of the studies analyzed (Araujo et al., 2019). The review

Gashaye M. Tefera, MSW, MA, PhD. Candidate, School of Social Work, University of Missouri, Columbia, MO.

also stated that intimate partners and agents of supposed protection are the top perpetrators of violence against women refugees (Araujo et al., 2019). Refugees in Ethiopia, mainly women, suffer from an increased risk of poor sexual, reproductive, and mental health outcomes due to GBV. Victims of GBV suffer from extended negative impacts in their lifetime including stigmatization, poor educational attainment, deterioration of social relationships and community participation, and increased risk of living in poverty (Stark et al., 2017).

Due to its complex socio-cultural roots and sensitiveness, addressing GBV in humanitarian and refugee settings has been a challenging public health matter (Vu et al., 2017). Responding to GBV involves surmounting several barriers including stigma by the community and family members, uncertainty and fear of further violence, denial of service by legal and security forces, and feelings of hopelessness experienced by victims (Muuo et al., 2020). Despite the high prevalence of GBV in Ethiopian refugee settings, there is no adequate research that reports on the efforts to address the problem at both macro and micro levels. The highly securitized and remote environment of refugee camps makes it difficult for researchers to collect data and engage with participants (McAlpine et al., 2020; Tefera, 2022). Hence, little is known about the barriers to addressing GBV in Ethiopian refugee settings. Most importantly, the challenges and experiences of social workers who are the primary responders to GBV cases are not adequately studied and reported. As Nisanci et al. (2020) stated, listening to the voices of social workers is vital to understanding facts on the ground and devising attainable solutions in responding to the needs of refugees. Accordingly, this study explored the challenges experienced by social workers in addressing GBV in Ethiopian refugee settings using the Socio-Ecological Model (SEM) as a framework.

First introduced by Bronfenbrenner in the 1970s, the SEM has been used as a conceptual model for understanding human behavior and development. Later, the use of the SEM was expanded to study various psychosocial and health issues (Salihu et al., 2015). The SEM is illustrated by nesting circles that start with the individual (knowledge, attitude, behavior) and expand to interpersonal (families, friends, social networks), community (partnerships between organizations), organizational (social institutions), and policy (national and local laws) levels/systems (Kilanowski, 2017). The model assumes that interaction between individuals and their surrounding systems or environment is reciprocal, continuously influencing each other (Salihu et al., 2015). Due to its comprehensive nature, the SEM provides a useful framework to understand barriers and facilitators in social and health service delivery that involve multiple systems. The model helps to study the dynamic interplay between service providing/service receiving individuals and their surrounding environment/systems as determinants of the nature, quality, or outcomes of services (Sword, 1999). In this study, the SEM was used as a framework to analyze and discuss the barriers and challenges social workers experience at each level of their surrounding work environment and interactions in addressing GBV.

Method

Research Design

A qualitative research design was used to explore the challenges and barriers experienced by social workers in addressing GBV in Ethiopian refugee settings. A qualitative design helps to understand the experiences and worldviews of study participants on the selected subject matter (Creswell & Poth, 2017). The use of a qualitative approach also helped to have a detailed and deeper understanding of how social workers experience, interpret, and respond to challenges when addressing GBV issues.

Participant Recruitment

Non-probability purposive sampling was used to recruit seven female and one male social worker, aged 26-37, who work in the Community Wellbeing Initiative (CWI). The participant selection criteria included working in the CWI as a social worker for at least two years and speaking Amharic or English. The selected participants included one MBA, two BSW, and five MSW graduates. Inclusive of their time of service in the CWI program, the participants had five to twelve years of experience working in refugee settings.

The Community Wellbeing Initiative (CWI)

The CWI is a national-level collaborative intervention program designed to tackle GBV and ensure quality health services for victims of violence in Ethiopia. The CWI is led and implemented by the International Rescue Committee (IRC) through the support of the United Nations High Commission for Refugees and other international partners. The program provides a wide range of services including socioemotional, clinical, and legal support in partnership with local and international partners (International Rescue Committee, 2021). The CWI is implemented in collaboration with the Administration of Refugee and Returnee Affairs (ARRA), a government body that controls and coordinates refugee assistance interventions in Ethiopia. ARRA is responsible for providing legal and transportation support, supervision, and evaluation of the CWI on behalf of the government.

Data Collection

Qualitative in-depth interviews were conducted in Amharic with the recruited social workers focusing on their challenges and experience in addressing GBV in Ethiopian refugee settings. The researcher, a bilingual native speaker, conducted the interviews. The interviews took place in 2018 during the growing political turmoil and internal conflict in Ethiopia. A semi-structured interview guide was used to explore the barriers faced by the participants, their responses, and perspectives on the way forward. The interviews lasted from 45-60 minutes at places chosen by participants and were audio-recorded. Participants were oriented about the purpose of the study, confidentiality and handling of data, and the overall process of the research. Informed consent was gained from each participant before

the interviews took place. The researcher collected demographic information using close-ended questions right before each in-depth interview session. The proposal of the study was reviewed and approved by the ADVANCES program and Research Ethics Committee of Aalborg University.

Analysis

A thematic analysis was employed to review the narrative data in search of themes and patterns (Frost, 2011). After transferring the interview recordings to a computer, the researcher transcribed each recording and translated it to English, cleaned, and organized the transcripts. The researcher read each transcript repeatedly and carefully to develop familiarity with the data. Initial codes were developed and examined based on the aim of the study and the content of the participant narratives. The initial codes were refined and clustered into main categories and sub-categories to develop the final codebook. The codebook and transcripts were imported into Nvivo12 software to carry out the coding. The Nvivo12 generated code reports were used to conduct the analysis and interpretation of data. To develop a full understanding of the data and avoid the risk of misinterpretation and overgeneralization, the researcher used immersion and thick description techniques during the analysis process (Creswell & Poth, 2017).

Findings

Eight social workers working in the Community Wellbeing Initiative (CWI) participated in the study. Participants were predominantly female (n=7) and aged 26-37 years. Most of the participants held MSW (n=5), and the rest held MBA (n=1) and BSW degrees (n=2). The participants had 5–12 years of professional experience.

The study explored the challenges and experiences of social workers in addressing GBV in Ethiopian refugee settings. Three major themes and eight sub-themes were identified and labelled: “power and political interest” (with ARRA officials, within the GBV program), “institutional barriers” (lack of qualified staff, attitudinal and moral challenges, lack of legal services), and “strategic barriers” (lack of men-inclusion, inattention to poverty, and time-insensitive approaches).

Power and Political Interest

With ARRA Officials

Participants stated that power inequality is a significant force in shaping Gender-based Violence (GBV) service delivery in Ethiopian refugee settings. GBV programs involve various actors including the GBV program officers, implementing partners, and Administration of Refugee and Returnee Affairs (ARRA) officials. These parties collaborate in different areas and their interactions involve power imbalances and hinder program activities. As one study participant shared:

> *Well, the power imbalance mainly happens between ARRA and the CWI program staff. As a government body in charge of controlling GBV and other programs in Ethiopian refugee settings, ARRA exercises power by allowing or denying the execution of program activities. As we discussed earlier, the law* [the 2009 proclamation] *doesn't allow us to engage in human rights issues although what we are doing is a human rights issue. So, we do not have the confidence to say no to ARRA officials whenever a conflict of interest happens.* (Social Worker 5, Female, MSW)

According to the participants, the main driving force behind ARRA´s exercise of power is the political interest of the government in making sure that things are under their control. The government wants to ensure that foreign and local NGOs do not influence the local political atmosphere. The government's stance in this regard is stronger in refugee settings that are located near the borders of the country. This is partly because of the highly fragile political state of the Horn of Africa and the instability in the surrounding countries like Somalia, South Sudan, and Eritrea. As the participants reported, the Ethiopian government is always sceptical about every activity in the area. The soft border which is accessible to different militant groups is also part of the concern for the government. According to the participants, the scepticism has no limits and stretches up to putting social work and aid programs under pressure, making the practice ground difficult to operate. One of the social workers noted:

> *ARRA officials are politically sensitive, and we are expected to be selective of our words while interacting with them. Sometimes, they use their state-affiliated power to execute their personal subjective judgments, and this affects our practice. I remember a time when a social worker had to arrange transportation for a survivor to go to the court located far by her own. It was ARRA officials who were supposed to do so but they rejected her and even accused the social worker of sending the woman to the court without their will. It is complicated.* (Social Worker 2, Female, MSW)

Participants stated that the power imbalance and tension push the service users out of their central position in the service delivery process. As one of the social workers stated, "in order not to lose the game, we compromise our priorities and act according to their (ARRA officials') interest which usually is stressful" (Social Worker 6, Female, MSW). The social workers also mentioned that the disruptive power relations usually happen with ARRA officials in the refugee settings, not with officials based in the headquarters. There are times where the social workers do not report to higher officials to avoid potential conflict between higher officials and those who operate at the field level. The social workers agreed that they are taking on extra responsibilities beyond their scope. In stating the extent of the power exercised by ARRA officials, one of the social workers stated,

> *Although ARRA takes the role of protection services, what matters for them is not GBV or survivors´ safety. They are politically driven, and their internal agenda is security. When you take a raped woman to them, they may say "Are you kidding? There are thousands of people craving for the monthly ration and here you are bringing GBV issue" or they may simply say "we are handling a security threat*

> *from opposition groups, sorry." Then we feel powerless.* (Social Worker 1, Female, BSW)

The testimonies of the participants demonstrate that instead of victims' needs, social work practice is shaped by the political interests of government officials (ARRA). In the politically-driven refugee settings, the knowledge and expertise of the social workers are not valued and the ARRA officials have the upper hand in decision-making.

Within the GBV program

The social workers stated that the power imbalance is also an issue within the GBV intervention program (the CWI) itself. According to the participants, because of the politically sensitive nature of the implementation, there is a lot of pressure on them to strictly follow what is set in the guidelines of the program. The CWI leaders do not challenge unjust decisions made by government officials. Instead, they simply accept what is set by local government officials and pressure the social workers to follow the rules. According to the participants, they do not have options but to listen to the upper hierarchy of their organization and compromise their decisions in GBV service delivery. They often feel they have no authority to implement the program with a full sense of professional independence. As implementers, participants said they are treated as the "yes-man" in the program and have little say in strategic decision-making processes. As one participant shared:

> *I believe that we don't have room for bringing our actual field experiences and informing the approaches or standards of the program. It is nearly impossible to do so as it is considered the existing standards are the best and we should accept them without question.* (Social Worker 8, Female, MSW)

Another participant added,

> *Although we are trained social workers, most of us with MSW, I believe that we don't have full professional autonomy because we are trapped between the political pressure coming from the government and the sensitivity of the GBV program's leadership. We are just mere implementers, not decision-makers.* (Social Worker 2, Female, MSW)

The top-down approach followed by the GBV program not only limits the decision-making capacity of the social workers but also hinders creativity in implementing the program. In such a situation where social workers' voices are oppressed by both the government and employing agencies, it is difficult to address GBV issues in a contextually relevant and sustainable manner.

Institutional Barriers

Lack of Qualified Staff

Participants stated that the GBV response program is understaffed and lacks the needed quality in terms of human and material resources. The remoteness of the refugee camps

from the central part of the country make it difficult to hire and retain skilled professionals. As stated by the social workers, the poor infrastructure and unfavorable weather in areas where the refugee camps exist have aggravated the challenge. For example, one of the participants said:

> *In the Bambasi camp which hosts 16,000 refugees, there is only one GBV response officer. Imagine, the work burden that GBV officer has. The magnitude of GBV, reported and unreported, is very high in the refugee camps. Unfortunately, the professionals we have wouldn't even be enough "even if they are smoked like incense"* [an Amharic proverb to express inadequacy]. *Not possible.* (Social Worker 5, Female, MSW)

The participants stated that the shortage of well-qualified professionals negatively affects both the coverage and quality of services. According to one participant, "because of the shortage of qualified staff, we are forced to hire people from the refugee community with just basic linguistic ability without professional certification" (Social Worker 3, Female, MBA). The social workers reported experiencing frustration and burnout emanating from the lack of human and material resources.

Attitudinal and Moral Challenges

The GBV intervention program requires social workers to work with multiple partners and service providers. According to the participants, service providers/professionals mostly depend on their own subjective judgments rather than the needs of the victim. One participant said:

> *I remember the day when the doctor refused to prescribe post-exposure prophylaxis for a rape survivor referring that HIV/AIDS prevalence is at zero levels in the camp. I was shocked by the situation but couldn't do anything. How can I explain this to him* [the doctor]*? That was an obvious ignorance*. (Social Worker 4, Male, BSW)

Another participant said, "When an abused woman comes to apply for divorce, the legal officers may tell her to go back home, reconcile and continue living with the abusive husband" (Social Worker 1, Female, BSW). Participants agreed that such attitudinal challenges are deep-rooted in the socio-cultural orientation of the officers/professionals. Efforts to address GBV in the refugee settings should also target changing social norms that provide a supportive shield for perpetrators and accomplices.

The social workers also share that they encounter ethical dilemmas or moral challenges in working with some members of the refugee community. For example, when recruiting and engaging volunteers, they may not find the right person who fulfils both the technical and moral expectations. One participant shared:

> *We don't have proper media or information outlets to disseminate GBV educational materials. Because we lack the means, we often try to rely on people within the refugee community to transfer our messages. Although engaging members of the refugee community is important, we may not get perfect candidates*

> *to partner with. For example, the person I am working with to reach out to the refugee community has three wives. Although it might be acceptable religiously, it has always been a mental and ethical dilemma for me to have him stand with me and campaign about GBV against women or women's gender rights.* (Social Worker 6, Female, MSW)

The lack of properly trained professionals is a concern in both the CWI program and among the collaborating partners. The pressure hinders social workers' ability to provide timely and ethically sound service for GBV victims and their families.

Lack of Legal Services

Participants revealed that the lack of legal services in the refugee settings is a crucial challenge in addressing GBV. First, there is no specific law in place to handle GBV cases in refugee settings. According to the social workers, the refugee camps are not treated based on the rules of the other parts of the country. There are no clear standards and laws set to address GBV cases. Second, the understanding and motivation of legal officers towards ensuring social justice for GBV victims is very low. Third, when GBV cases are reported, evidence is required, and the bureaucratic procedures to do so are very complex and frustrating to social workers. Participants stated that, sometimes, seeking justice for a GBV victim can be like inviting another perpetration. GBV in the refugee camps has been given little or no attention with no legal infrastructure to help protect victims or mitigate potential GBV acts. One participant shared:

> *When we report cases to the police, we are often told that there are no clear laws or regulations to handle GBV cases in refugee settings. The refugee settings, which are located near the borders of the country, are not given adequate attention as the other parts of the country. There are no clear legal procedures and services to help GBV victims or to ensure justice.* (Social Worker 1, Female, BSW)

The problem is further galvanized by the lack of financial capacity and inadequate transportation services to transport victims to the remotely located courts. One participant said "getting justice and protection for GBV victims is simply unthinkable. It leaves me so powerless" (Social Worker 3, Female, MBA). The lack of legal services and justice not only leaves victims with a physical and psychological scar but sends a wrong message to the rest of the refugee community. It will discourage victims from seeking support, encourage perpetrators to commit further GBV acts, and normalize violence against women.

Strategic Barriers

Lack of Male-Inclusion

Another factor limiting the effectiveness of the program is its exclusion of men. As the participants reported, given the patriarchal nature of the community, women are the primary victims of GBV among refugees in Ethiopia and are the primary target of the program. However, this does not necessarily mean men, especially boys, are not subjected

to GBV. A participant said, "We almost exclusively focus on women and girls. This makes men and boys feel ignored. This is our limitation and is against the basic notion of community mobilization and participation of all members" (Social Worker 7, Female, MSW).

Participants stated that men and boys are culturally constrained from stepping forward and reporting sexual abuse. First, nobody would think that it is possible for male members of the community to be sexually abused. Second, if they ever come out and report, they will be automatically labelled as 'sodomists' even though they are the victims of sexual abuse. One said:

> *Throughout my time in this program, I came across only one male case. This is not because of its inexistence; rather it is because of the lack of awareness and the almost zero level of reporting compared to women. People, including some service providers, think that the program is only meant for women and girls. For example, we have no safe spaces for men or boys. This says it all.* (Social Worker 5, Female, MSW)

According to the participants, in addition to the inattention to men and boys as targets of GBV, they also are side-lined from participating in the implementation of the GBV program. The practitioners believe this lack of male-inclusion hindered the effectiveness of the GBV program. The following quote from one of the social workers shows the concern:

> *Men´s engagement is the crucial segment we are missing in the program. Imagine a woman reporting a case or getting GBV service and going back home. Do you think she will live peacefully with her partner? No. Whatever we do with the women, at the end of the day, decisions are made by men at home. So, engaging men in our intervention and developing their awareness is not an option but a necessity.* (Social Worker 8, Female, MSW)

In a setting where there is no adequate legal and institutional protection for victims, excluding men from the intervention program can exacerbate the problem. Strategic decisions to train and collaborate with men can help in mitigating GBV acts and protecting victims.

Inattention to Poverty

Participants reflected that the lack of adequate attention to poverty impacted the success of the GBV program and their work with GBV victims. According to study participants, poverty is one of the root causes of GBV among refugee communities in Ethiopia. Women, girls, and boys are economically dependent on men and this economic dependence increases the risk of vulnerability to GBV. As the participants stated, when GBV happens to them, victims will refrain from reporting it because they are dependent on the abusers and have nowhere to go. A participant said:

> *Men are the financial sources for their families. That gives them the upper hand in making any decision in the household. The economic power they have backed up*

> *by cultural expectations helps them to silence any GBV victim in the family, and outside. That is how the system works for the whole community*. (Social Worker 6, Female, MSW)

The social workers also reported that practices like child marriage (early marriage) have a strong link with the economic conditions of families. Poor families are most likely to give their children away for underage and non-consensual marriage to gain economic benefits. As one of the social workers stated, "For families living under the yoke of poverty, giving their child to get married to an economically independent man is one of the economic survival strategies" (Social Worker 4, Male, BSW). Participants agreed that addressing GBV should go hand-in-hand with addressing poverty. The responses of the participants implied that soft services such as awareness creation and education are not adequate to bring sustainable solutions to the problem. Economic empowerment of women should be part of the strategic direction followed by the GBV intervention program.

Time-Insensitive Approaches

Participants stated that the highly mobile nature of refugees makes it difficult to achieve the set program goals and objectives within the planned time frame. One of the social workers said,

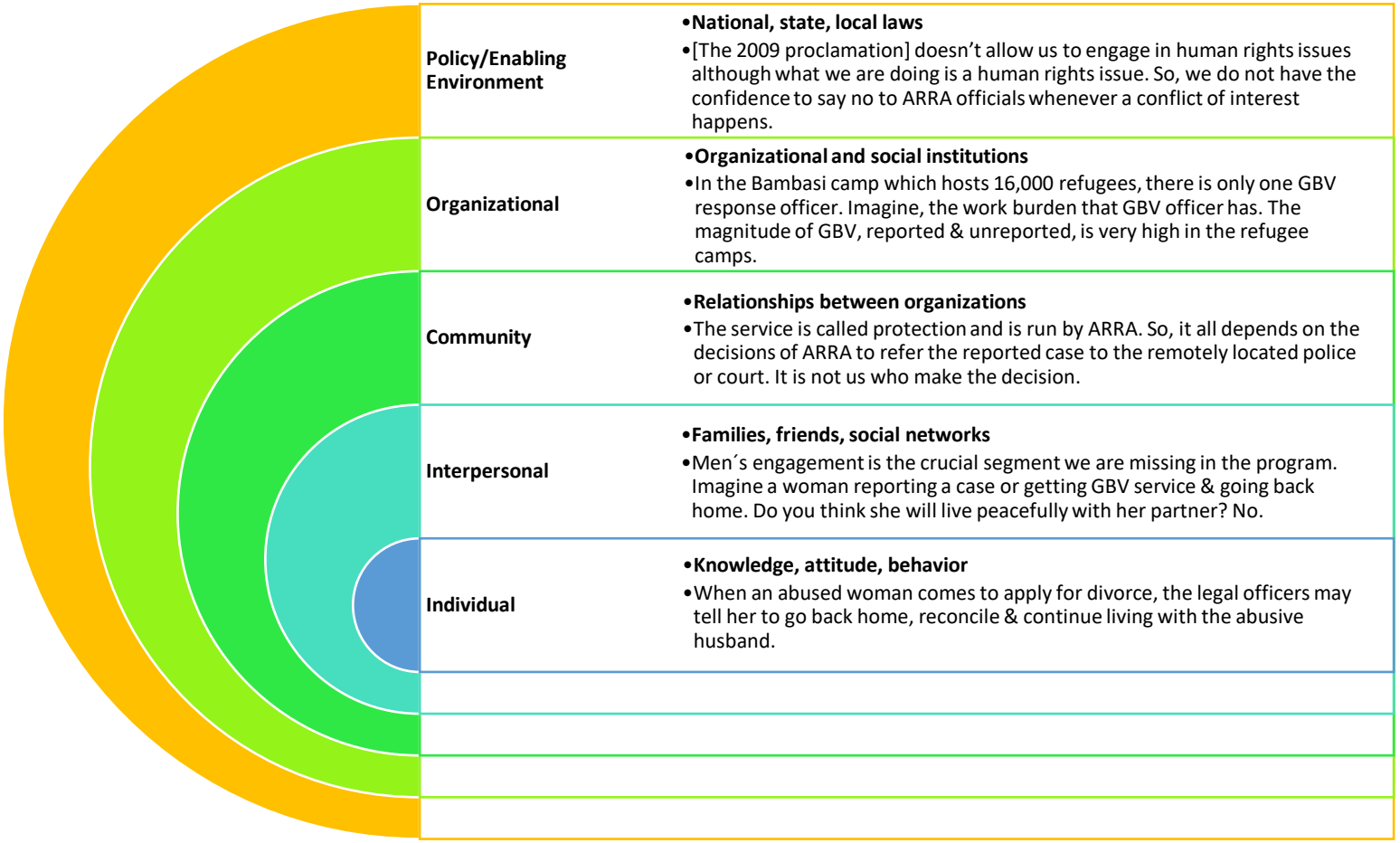
> *The refugees are highly mobile and reside here temporarily. It is difficult to implement a program that has more long-term strategies because the service users are not stable. Implementing a phase-based long-term program in highly mobile target groups is very difficult. After getting trained, the voluntary activists may leave the refugee settings before starting to serve the refugee community*. (Social Worker 2, Female, MSW)

Participants reflected that the guidelines require mandatory involvement of various parties from state and non-state actors in delivering GBV services. As the social workers stated, although working with multiple partners is important, it also delays service delivery for victims of GBV. A participant stated:

> *Especially, engaging with government offices is tough. You have to go through multiple layers of bureaucracy to report a case, get the necessary protection for the victim, and decisions about the future of the victim. Services are located far apart, and we cannot serve people on time. They may leave with all the physical and mental trauma without getting proper treatment.* (Social Worker 7, Female, MSW)

The above testimonies indicate that the strategies of the GBV program are detached from the reality on the ground. In fast-changing refugee settings, lengthy procedures and bureaucratic collaborations cannot yield the needed results. Curbing down unnecessary procedures and delegating social workers to make timely decisions can be helpful.

Figure 1. *Integrating Findings with the SEM*



Note: Adapted from "The social-ecological model: A framework for prevention violence prevention" (Centers for Disease Control [CDC], 2019).

Discussion

The following section presents the discussion of the findings using the Social Ecological Model (SEM) as a framework (See Figure 1). Social workers can play a significant role in addressing GBV in refugee and humanitarian settings. However, social workers, particularly those in the Global South, experience a variety of challenges in their efforts to prevent and respond to GBV issues. They often face barriers from an individual level to the larger governmental and societal level that hinder their efforts to provide services to victims of GBV. Besides the challenges social workers experience, their voices are ignored due to inattention from researchers and policymakers. Social work researchers are in a better position to study and understand fellow social workers' challenges and develop recommendations informed by the profession's core values. This qualitative study explored the barriers in social work practice in the remote refugee settings of Ethiopia and elevates unheard voices from the Global South. The findings echo the understanding that addressing GBV is influenced by complex and interconnected factors.

At the individual and interpersonal levels, participants experienced challenges that emanate from the attitude of professionals in addressing GBV. For example, the denial of medications, such as post-exposure prophylaxis for victims of rape, or the decision of legal officers to send victims back to live with the abuser, reflect the individual-level challenges, which also reflect the institutional culture and policies. Previous studies from Rwanda and Tanzania also reported that limited knowledge and negative attitudes of professionals towards GBV, especially intimate partner violence (IPV), have been the top challenges in tackling the problem (Ambikile et al., 2020; Titilope, 2017). The attitudinal challenges faced by social workers were strongly connected with the cultural orientation of the individuals working as implementing partners. The barriers experienced by the social workers are not limited to a certain level but span all levels of the Ecological Systems Theory (Das, 2015). The findings further support research that has brought the role of culture to the fore in shaping professionals' knowledge and attitude in addressing GBV acts through the traditions, religion, and norms of the community (Fry et al., 2019; le Mat et al., 2019).

The individual and interpersonal level barriers contribute to as well as are reinforced by the community and organizational level barriers (CDC, 2019). As participants reflected, the highly politicized work environment and the relationship between the governmental body ARRA and the non-governmental organizations are characterized by distrust and skepticism. Although the findings showed that the barriers experienced by social work exists at all levels, the community and organization levels contribute the most challenges in addressing GBV. Unlike previous research (Heijden et al., 2020; Sloand et al., 2015) that mostly focused on cultural barriers, the findings of this study uncovered that organizational/institutional challenges and power imbalance are the biggest barriers faced by social workers. Participants indicated that they often found themselves trapped in the power relationship between the politically-driven ARRA officials and the interest of their organization and implementing partners. The situation left the social workers powerless and compromised their professional autonomy, thus hindering their ability to make decisions in the best interests of GBV victims. The institutional barriers social workers

experienced resonates with Bourdieu's theorizing of symbolic violence that is manifested through the treatment of individual professionals or service users as inferior or having clients' expectations be limited by systematic rules and guidelines (Webb et al., 2002). As participants reported, their effort to help GBV victims are constrained by denial of legal and medical services and a lack of cooperation to provide protection services (Morgan & Björkert, 2006; Schubert, 2012).

In addition to the SEM, the Anti-Oppressive Practice (AOP) framework is helpful for critically looking into the multiple forms of oppression that occur simultaneously throughout the micro, mezzo, and macro levels. As a social justice-oriented approach, the AOP focuses on the structural origins of oppression and challenging power structures through collective institutional and societal changes (Matthews et al., 2020). As discussed above, most of the barriers emanate from the power imbalance and oppressive nature of relationships between the social workers, the CWI leadership, and ARRA officials. The structure and procedures of the GBV service delivery in the CWI do not allow the social workers to engage in deep reflection and critical consciousness that will help challenge the oppression and promote justice for GBV victims (Baines, 2011; Sakamoto & Pitner, 2005).

Participants also reported that they are faced with strategic barriers that belong to the policy/enabling environment section of the SEM. From the federal to the local state level, there are no proper policies directed toward GBV among refugees. Cases go unaddressed simply because of the absence of a specific legal framework. As participants indicated, the policy gap is further manifested in the limited human, financial, and material resource allocation. The findings confirm previous research that reported unclear legal and policy provisions as the main barrier in addressing GBV and reproductive health rights of refugees (Chynoweth et al., 2020). Such legal framework issues are not unique to social workers in developing nations like Ethiopia. Previous studies also reported that practitioners in both the developing and developed world are challenged by laws and procedures that disallow or complicate medical and protective services for survivors of GBV (Asgary et al., 2013; Keygnaert et al., 2014).

At a program level, participants stated three major strategic issues hindering their effort in addressing GBV in refugee settings. First, the GBV intervention program lacks the inclusion of men due to resistance from the highly religious and patriarchal refugee community. Activities and support that are exclusively aimed at helping women often fail to produce results because of the disapproval of their spouses or male community leaders. Although previous research underlined the importance of the inclusion of men in addressing GBV, there are still gaps in interpreting and applying gender-inclusive approaches (Müller & Shahrokh, 2016; Tolman et al., 2019; Touquet & Gorris, 2016). Second, a singular focus on GBV without adequate attention to addressing poverty and economic issues has limited social workers' ability to deal with the root causes of GBV in the refugee community. Poverty and poor-quality living conditions have been reported as predisposing factors for GBV. Interventions that follow an integrated developmental model have produced better results in tackling GBV (McIlwaine, 2013; Serrano-Argüeso et al., 2021). Third, the highly mobile nature of refugees challenges the time-intensive and process-heavy approaches of the GBV intervention program. With poor infrastructure and an uncollaborative work environment, social workers are thwarted in responding to the

time-sensitive needs of GBV victims in refugee settings. The findings substantiate previous studies that highlighted difficulties in referral services, sustainable case management, and solutions due to the fast-changing refugee situations (Hossain et al., 2018; Lilleston et al., 2018).

From the findings, it is clear the challenges experienced by social workers in addressing GBV in the Ethiopian refugee settings span every level of the SEM. However, the challenges are interrelated and sometimes transcend every level of the SEM. For example, the community and organizational pressure that stripped the participants' of professional autonomy limited their capacity to influence the policy and strategies of the GBV program. In the same manner, the lack of a clear legal framework results in service denial at the organizational level and attitudinal bias at individual and interpersonal levels.

Implications for Social Work

One of the key issues, evident at all levels of the SEM, is the importance of social workers' power and autonomy in their practice. From a personal level to policy/strategic issues, social workers' practice was affected by the politicized environment and power relations. Hence, social work practice in Ethiopian refugee settings should not only focus on empowering service users but also the social workers themselves. To function and deliver services in a highly politicized practice environment, social workers need to be trained with the necessary political knowledge and skills. Social work education and practice should embrace political activism as one of the primary strategies in an environment that hinders GBV services through unnecessary bureaucracies, political motives, and legal complications. Experiences from other African countries such as Liberia also demonstrated the importance of having an open political environment to expand legal services for victims of GBV and ensure the autonomy of practitioners (Medie, 2013). Social workers should maintain their professional autonomy to best serve the needs of service users and exercise reflective and innovative practice.

To become effective agents of change in GBV survivors' and victims' lives, it is imperative that social workers engage in anti-oppressive social work and promotion of social justice (Mmatli, 2008; Sakamoto & Pitner, 2005). To engage in the anti-oppressive practice (AOP), social workers should critically reflect and work on their relationship with institutional power structures (including CWI leadership and ARRA officials), as well as their relationship with service users. Establishing social work associations to advance their concerns, participating in local politics, lobbying, and social activism to collectively challenge structural oppression are all important strategies (Matthews et al., 2020). Social workers should also critically reflect on their own position in practice and its impact on their relationship with GBV victims. Understanding the intersecting oppressive forces including gender, refugee status, poverty, culture, and politics on GBV victims' lives is important. Social workers should empower service users by treating them as partners and incorporating their views into assessments and solutions (Braines, 2011; Skamoto & Pitner, 2005).

Given the complex socioeconomic factors, social work practice in Ethiopian refugee settings and in the country at large should follow an integrated developmental approach

that advocates poverty reduction and economic empowerment of vulnerable groups, mainly women. As indicated in the findings and discussion, the remedial and clinical social work efforts that focus only on individual victims of GBV have not been effective because the issue is much bigger than the individuals involved. GBV is rooted in the cultural, social, and economic bases of the refugee community. Addressing GBV in Ethiopian refugee settings needs engagement in anti-poverty work to bring a more sustainable solution. Advocating for equal access to resources, income-generating opportunities and fighting structural discrimination are equally important to bring sustainable solutions in addressing GBV. Integrated developmental social work practice paves the way to address structural issues and press on social justice matters and poverty alleviation (Muchacha & Matsika, 2017). The GBV program in Ethiopian refugee settings should expand services that respond to the economic needs of GBV victims and survivors in addition to the legal and medical referral services.

Ensuring the professional autonomy of social workers and adopting an integrated developmental approach paves the way to making strategic/policy changes that are needed in GBV interventions. Social work practice in the refugee settings should engage in advocating for adequate human and material resource allocation to address GBV. Besides resource allocation, advocating for expedited legal services and the protection of GBV survivors should be a critical part of the intervention. To respond to time-sensitive needs, social workers need more autonomy and decisional independence in delivering services. Collaborative work with other partners need to be revisited to reduce unnecessary delays in the referral process.

The findings of the study also showed that the unidirectional women-focused approach could not bring about the needed results as all the efforts aimed to support women were reversed by their male counterparts at the end of the day. Hence, GBV interventions in Ethiopian refugee settings should follow an inclusive path and create dialogue while engaging men from the beginning to the end of the program. Expanding social work training and research that emphasizes the importance of working with men and highlights best practices can be vital in achieving inclusive practice (Hansen et al., 2021). This inclusive effort should also target boys, who are often overlooked despite the underreported GBV they are experiencing in the refugee settings. As suggested by Jewkes et al. (2014), including men as allies in GBV interventions paves the way for sustainable change in social norms and gender relations that reinforce violence and perpetration. The program needs to shape itself in a way that all vulnerable groups despite their age, religion, sexual orientation, and cultural affiliation are included without any discrimination.

As demonstrated above and through the SEM, the challenges in addressing GBV in Ethiopian refugee settings are complex and intertwined at multiple levels. There is no single solution to resolve the barriers experienced by social workers in responding to GBV issues. Hence, efforts to solve GBV problems should target every level from individual to higher-level policy systems in a coordinated manner.

Strengths and Limitations of the Study

By bringing the unheard voices of social workers from remote Ethiopian refugee settings, this study contributes to the social work literature about GBV. The in-depth interviews conducted with practitioners helped to uncover the structural and institutional challenges experienced by social workers in addressing GBV. Unlike most research that tie GBV response issues to mainly cultural matters, this study was able to bring the structural, power, and political dimension of dealing with GBV into focus. Based on the findings, the study proposes a more integrated and developmental approach to social work practice that is more meaningful to the local context of the refugee settings in Ethiopia. However, the study has limitations in terms of generalizability due to its qualitative nature and small sample size. The findings can only be attributed to the participants involved in this study. Further quantitative research is needed to include more participants and expand the findings. Although the primary aim of this study was to understand the challenges experienced by social workers, it is equally important that the perspectives of other professionals and partners are investigated.

Conclusion

Social workers in Ethiopian refugee settings experience various challenges in addressing GBV. Although these challenges span all levels of the SEM, most are structural and institutional in nature and are embedded in the unbalanced power relations within and between implementing partners. Addressing these structural and strategic barriers requires adopting an integrated developmental approach and anti-oppressive social work practice that ensure the professional autonomy of social workers in dealing with GBV matters.

References

Adugna, G. (2019). Migration patterns and emigrants' transnational activities: Comparative findings from two migrant origin areas in Ethiopia. *Comparative Migration Studies*, *7*(1), 1-28. https://doi.org/10.1186/S40878-018-0107-1

Ambikile, J. S., Leshabari, S., & Ohnishi, M. (2020). Knowledge, attitude, and preparedness toward IPV care provision among nurses and midwives in Tanzania. *Human Resources for Health*, *18*(1), 1-7. https://doi.org/10.1186/S12960-020-00499-3/TABLES/4

Araujo, J. de O., Souza, F. M. de, Proença, R., Bastos, M. L., Trajman, A., & Faerstein, E. (2019). Prevalence of sexual violence among refugees: A systematic review. *Revista de Saúde Pública*, *53*(78), 1-15. https://doi.org/10.11606/S1518-8787.2019053001081

Asgary, R., Emery, E., & Wong, M. (2013). Systematic review of prevention and management strategies for the consequences of gender-based violence in refugee settings. *International Health*, *5*(2), 85-91. https://doi.org/10.1093/INTHEALTH/IHT009

Baines, D. (2011). *Doing anti-oppressive practice: Social justice social work.* Fernwood Publishers.

Centers for Disease Control. (2019). *The social-ecological model: A framework for prevention violence prevention*. https://www.cdc.gov/violenceprevention/about/social-ecologicalmodel.html

Chynoweth, S. K., Buscher, D., Martin, S., & Zwi, A. B. (2020). A social-ecological approach to understanding service utilization barriers among male survivors of sexual violence in three refugee settings: A qualitative exploratory study. *Conflict and Health*, *14*(1), 1-13. https://doi.org/10.1186/S13031-020-00288-8/TABLES/3

Creswell, J. W., & Poth, C. N. (2017). *Qualitative inquiry and research design: Choosing among five approaches*. Sage.

Das, M. (2015). *A critical exploration of forces impacting mental health and psychosocial wellbeing of conflict-induced displaced persons in Hong Kong* [Doctoral Dissertation, University of Hong Kong]. https://www.researchgate.net/publication/283727027_A_Critical_Exploration_of_Forces_Impacting_Mental_Health_and_Psychosocial_Wellbeing_of_Conflict-Induced_Displaced_Persons_in_Hong_Kong

Frost, Nollaig. (2011). *Qualitative research methods in psychology: Combining core approaches*. Open University Press.

Fry, M. W., Skinner, A. C., & Wheeler, S. B. (2019). Understanding the relationship between male gender socialization and gender-based violence among refugees in Sub-Saharan Africa. *Trauma, Violence, and Abuse*, *20*(5), 638-652. https://doi.org/10.1177/1524838017727009

Hansen, B., Wells, L., & Claussen, C. (2021). Engaging men across the violence prevention continuum. *Advances in Social Work*, *21*(1), 199-216. https://doi.org/10.18060/24458

Heijden, I., Harries, J., & Abrahams, N. (2020). Barriers to gender-based violence services and support for women with disabilities in Cape Town, South Africa. *Disability & Society*, *35*(9), 1398-1418. https://doi.org/10.1080/09687599.2019.1690429

Hossain, M., McAlpine, A., Muthuri, S., Bacchus, L., Muuo, S., Kohli, A., Egesa, C., Franchi, G., & MacRae, M. (2018). *Violence, uncertainty, and resilience among refugee women and community workers: An evaluation of gender-based violence case management services in the Dadaab refugee camps.* International Rescue Committee. https://www.rescue-uk.org/report/violence-uncertainty-and-resilience-among-refugee-women-and-community-workers-evaluation

Hossain, M., Sultana, A., & Das, A. (2018). Gender-based violence among Rohingya refugees in Bangladesh: A public health challenge. *Indian Journal of Medical Ethics*, *III*(3), 1-2. https://doi.org/10.20529/IJME.2018.045

International Rescue Committee. (2021). *Ethiopia*. https://www.rescue.org/country/ethiopia

Jewkes, R., Flood, M., & Lang, J. (2015). From work with men and boys to changes of social norms and reduction of inequities in gender relations: A conceptual shift in prevention of violence against women and girls. *Lancet*, *385*(9977), 1580-1589. https://doi.org/10.1016/S0140-6736(14)61683-4

Keygnaert, I., Guieu, A., Ooms, G., Vettenburg, N., Temmerman, M., & Roelens, K. (2014). Sexual and reproductive health of migrants: Does the EU care? *Health Policy*, *114*(2), 215-225. https://doi.org/10.1016/J.HEALTHPOL.2013.10.007

Kilanowski, J. F. (2017). Breadth of the Socio-Ecological Model. *Journal of Agromedicine*, *22*(4), 295-297. https://doi.org/10.1080/1059924X.2017.1358971

le Mat, M. L. J., Kosar-Altinyelken, H., Bos, H. M. W., & Volman, M. L. L. (2019). Discussing culture and gender-based violence in comprehensive sexuality education in Ethiopia. *International Journal of Educational Development*, *65*, 207-215. https://doi.org/10.1016/J.IJEDUDEV.2018.08.004

Lilleston, P., Winograd, L., Ahmed, S., Salamé, D., al Alam, D., Stoebenau, K., Michelis, I., & Joergensen, S. P. (2018). Evaluation of a mobile approach to gender-based violence service delivery among Syrian refugees in Lebanon. *Health Policy and Planning*, *33*(7), 767-776. https://doi.org/10.1093/HEAPOL/CZY050

Marshall, J., & Barrett, H. (2017). Human rights of refugee-survivors of sexual and gender-based violence with communication disability. *International Journal of Speech-Language Pathology*, *20*(1), 44-49. https://doi.org/10.1080/17549507.2017.1392608

Matthews, H., Sibbald, S., Szoke, T., & Varela, T. (2020). *Anti-oppressive practice (AOP)*. Critically Infused Social Work. https://www.criticallyinfusedsw.com/antioppressive-practice

McAlpine, A., Bacchus, L. J., Muuo, S. W., Muthuri, S. K., Bangha, M., Izugbara, C., Franchi, G., Hess, T., Spangaro, J., Pearson, R., & Hossain, M. (2020). Research challenges in evaluating gender-based violence response services in a refugee camp. *Global Health Action*, *13*(1), 1-12. https://doi.org/10.1080/16549716.2020.1820713

McIlwaine, C. (2013). Urbanization and gender-based violence: Exploring the paradoxes in the global south. *Environment and Urbanization*, *25*(1), 65-79. https://doi.org/10.1177/0956247813477359

Medie, P. A. (2013). Fighting gender-based violence: The women's movement and the enforcement of rape law in Liberia. *African Affairs*, *112*(448), 377-397. https://doi.org/10.1093/AFRAF/ADT040

Mmatli, T. (2008). Political activism as a social work strategy in Africa. *International Social Work*, *51*(3), 297-310. https://doi.org/10.1177/0020872807083913

Morgan, K., & Björkert, S. T. (2006). "I'd rather you'd lay me on the floor and start kicking me": Understanding symbolic violence in everyday life. *Women's Studies International Forum*, *29*(5), 441-452. https://doi.org/10.1016/J.WSIF.2006.07.002

Muchacha, M., & Matsika, A. B. (2017). Developmental social work: A promising practice to address child marriage in Zimbabwe. *Journal of Human Rights and Social Work 2017 3:1*, *3*(1), 3-10. https://doi.org/10.1007/S41134-017-0042-3

Müller, C., & Shahrokh, T. (2016). *Engaging men for effective activism against sexual and gender-based violence* (No. 108). Institute of Development Studies. https://opendocs.ids.ac.uk/opendocs/handle/20.500.12413/7979

Muuo, S., Muthuri, S. K., Mutua, M. K., McAlpine, A., Bacchus, L. J., Ogego, H., Bangha, M., Hossain, M., & Izugbara, C. (2020). Barriers and facilitators to care-seeking among survivors of gender-based violence in the Dadaab refugee complex. *Sexual and Reproductive Health Matters*, *28*(1), 245-260. https://doi.org/10.1080/26410397.2020.1722404

Nisanci, A., Kahraman, R., Alcelik, Y., & Kiris, U. (2020). Working with refugees during COVID-19: Social worker voices from Turkey. *International Social Work*, *63*(5), 685-690. https://doi.org/10.1177/0020872820940032

Sakamoto, I., & Pitner, R. O. (2005). Use of critical consciousness in anti-oppressive social work practice: Disentangling power dynamics at personal and structural levels. *The British Journal of Social Work*, *35*(4), 435-452. https://doi.org/10.1093/BJSW/BCH190

Salihu, H. M., Wilson, R. E., King, L. M., Marty, P. J., & Whiteman, V. E. (2015). Socio-ecological model as a framework for overcoming barriers and challenges in randomized control trials in minority and underserved communities. *International Journal of MCH and AIDS*, *3*(1), 85. https://doi.org/10.21106/ijma.42

Schubert, J. D. (2012). Suffering/symbolic violence. In M. Grenfell (Ed.), *Pierre Bourdieu: Key concepts* (2nd ed., pp. 179-194). Routledge.

Serrano-Argüeso, M., Ereñaga-De Jesús, N., & Vidu, A. (2021). Overcoming poverty and social risk: A comprehensive action model for female victims of gender-based violence. *Frontiers: A Journal of Women Studies*, *42*(2), 26-48. https://doi.org/10.1353/fro.2021.0015

Sloand, E., Killion, C., Gary, F., Dennis, B., Glass, N., Hassan, M., Campbell, D., & Callwood, G. (2015). Barriers and facilitators to engaging communities in gender-based violence prevention following a natural disaster. *Journal of Healthcare for the Poor and Underserved*, *26*(4), 1-16. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4824059/

Stark, L., Sommer, M., Davis, K., Asghar, K., Baysa, A. A., Abdela, G., Tanner, S., & Falb, K. (2017). Disclosure bias for group versus individual reporting of violence amongst conflict-affected adolescent girls in DRC and Ethiopia. *PLOS ONE*, *12*(4), 1-15. https://doi.org/10.1371/JOURNAL.PONE.0174741

Sword, W. (1999). A socio-ecological approach to understanding barriers to prenatal care for women of low income. *Journal of Advanced Nursing*, *29*(5), 1170-1177. https://doi.org/10.1046/J.1365-2648.1999.00986.X

Tefera, G. M. (2022). Toward culturally relevant practice: Combating gender-based violence among refugees in Ethiopia. *Journal of Ethnic and Cultural Diversity in Social Work*, *Latest articles,* 1-12. https://doi.org/10.1080/15313204.2022.2027311

Titilope, A. O. (2017). *Healthcare workers' knowledge on gender-based violence and utilization of services in Kacyiru sector, Rwanda* [Doctoral Dissertation, Mount Kenya University]. http://repository.mkurwanda.ac.rw/handle/123456789/5606

Tolman, R. M., Casey, E. A., Carlson, J., Allen, C., & Leek, C. (2019). Global efforts to engage men and boys in gender-based violence prevention. *Global Social Welfare*, *6*(4), 215-218. https://doi.org/10.1007/S40609-019-00165-0

Touquet, H., & Gorris, E. (2016). Out of the shadows? The inclusion of men and boys in conceptualisations of wartime sexual violence. *Reproductive Health Matters*, *24*(47), 36-46. https://doi.org/10.1016/J.RHM.2016.04.007

United Nations High Commissioner for Refugees [UNHCR]. (2019). *Ethiopia refugee crisis explained*. https://www.unrefugees.org/news/ethiopia-refugee-crisis-explained/

Vu, A., Wirtz, A. L., Bundgaard, S., Nair, A., Luttah, G., Ngugi, S., & Glass, N. (2017). Feasibility and acceptability of a universal screening and referral protocol for gender-based violence with women seeking care in health clinics in Dadaab refugee camps in Kenya. *Global Mental Health*, *4*(21), 1-11. https://doi.org/10.1017/GMH.2017.18

Webb, J., Schirato, T., & Danaher, G. (2002). *Understanding Bourdieu*. Sage.

Wirtz, A. L., Glass, N., Pham, K., Aberra, A., Rubenstein, L. S., Singh, S., & Vu, A. (2013). Development of a screening tool to identify female survivors of gender-based violence in a humanitarian setting: Qualitative evidence from research among refugees in Ethiopia. *Conflict and Health*, *7*(1), 1-14. https://doi.org/10.1186/1752-1505-7-13/TABLES/2

Author note: Address correspondence to Gashaye M. Tefera, School of Social Work, University of Missouri, Clark Hall, 732, Columbia, MO, 65211. Email: yenenardos@gmail.com