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# TUSHINDE UJEURI, COUNTER GENDER-BASED VIOLENCE (CGBV) PROGRAM

## PROGRAM BRIEF: PSYCHOSOCIAL SUPPORT (PSS) SERVICES FOR GBV/SGBV SURVIVORS

Traditional cultural norms, coupled with exposure to and fallout from conflict-related traumatic events, contribute to high rates of gender-based violence (GBV) in eastern DRC. As a result, GBV and SGBV survivors experience high prevalence of depression/anxiety (27%), post-traumatic stress disorder (PTSD), (23%) and suicidal ideation (27%).<sup>1</sup> GBV/SGBV survivors in eastern DRC require greater mental health support at the community level. Unfortunately, there is limited mental health infrastructure and trained personnel available to meet survivors' treatment needs, with just four psychiatrists and one psychologist per 10 million people. The mental health resources that do exist may be located a great distance away or be too expensive to access for most of the population.

### KEY PROGRAM ELEMENTS

The CGBV Program provides high quality and contextually-appropriate mental health support for SGBV survivors, helping them heal, regain daily function, and re-integrate within their communities. This is part of a broader package of survivor medical, legal, and socio-economic services. The project draws on the globally-recognized leadership of University of Washington (UW) and Johns Hopkins University (JHU) in this area to guide CGBV's mental health work. Core components of the project's PSS package includes:

**CLIENT SCREENING AND LAY COUNSELING:** All GBV survivors are offered at least one week of counseling from project-trained Agents Psychosocial (known as APS, a lay counselor) upon initial enrollment. Trained in active listening and relaxation exercises, the APS also screen survivors for signs of PTSD that require specialist intervention. Survivors who do not improve through lay counseling and who may be experiencing PTSD are referred for higher-level Cognitive Processing Therapy (CPT) counseling (see below). The APS also serves as de facto case managers for survivors, helping them navigate and access the full range of voluntary survivor services provided through CGBV (in addition to psychosocial

1 NORC. Countering GBV in Eastern DRC. Baseline Report. May 2019.



support). Trained psychologists supervise field-based APS to ensure they adhere to treatment guidelines and provide quality and respectful care.

**CPT:** While a majority of survivors report improvement after visits with community-based APS, an estimated 20-30% manifest severe symptoms following counseling and require further psychological support. CGBV uses CPT — an evidence-based group psychotherapy approach conducted over 12 weekly sessions — to meet these needs. Originally developed to treat PTSD and depression among sexual assault survivors in the U.S., CGBV has adapted the approach for use in the eastern DRC. Subsequent research within the project has demonstrated CPT's effectiveness in reducing reported PTSD, depression, and anxiety symptoms among female GBV survivors.<sup>2</sup>

University of Washington and Johns Hopkins University have worked with IMA to develop an apprenticeship training model for CPT implementation that enables local replication and scale-up, while maintaining counseling quality and reducing costs. US consultant psychologists provide initial on-site training. For the next six months, the U.S. expert trainers also conduct regular weekly Skype meetings with supervisors to address high risk cases and monitor CPT group progress and supervisor skills. These are supplemented by supervisory visits, group therapy observation and coaching, and more in-depth review of cases. Throughout, CGBV closely monitors care practices. Quality control elements include: pre-treatment assessment and case screening (by APS lay counselors), clinical monitoring of symptoms during CPT (collected by therapists and reviewed weekly by supervisors),

monthly skills measurement of CPT therapist skills (conducted by supervisors and expert trainers), and post-CPT symptom improvement assessments of clients.

**COMMUNITY-BASED TRAUMA HEALING (CBTH):** CGBV is piloting CBTH as a new strategy to improve individual and community resilience to trauma, including SGBV and GBV. It is premised on research that shows communities may require mental health and psychological support as a whole to rebuild social cohesion during and after humanitarian crises. The project has adapted CBTH activities to the local context, including social reintegration for survivors of conflict-related trauma and SGBV. Working with community health committees, CGBV identified and trained 80 Community-Based Trauma Healing Companions to work in some of the community's most affected by post-conflict trauma. The Companions facilitate interactive, de-traumatizing community sessions. These sessions — which include potential victims, known instigators or promoters of violence, traditional leaders, and faith-based leaders — focus on the causes and effects of trauma, and how to constructively deal with anger and expressions of trauma. The project is conducting a randomized controlled trial to determine the impact of CBTH on improving positive social norms around SGBV, decreasing SGBV incidence, and increasing uptake of response services.

2 Bass, J., Annan, J. Murray, S., Kaysen, D., Griffiths, S., Cetinoglu, T., Wachter, K., Murray, L., and Bolton P. (2013). Controlled Trial of Psychotherapy for Congolese Survivors of Sexual Violence. New England Journal of Medicine.



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## INNOVATION: MOBILE CPT

Recognizing that reaching all clients in need wouldn't be feasible with limited facility-based CPT services, IMA began piloting mobile CPT services as a strategy to bring specialty care to SGBV survivors. This approach addresses the barrier of distance to services, reducing client travel time and making CPT more accessible and flexible based upon changing clinical needs. In mobile CPT, CGBV adopted a hub-and-spoke model where CPT therapists were anchored at regional Centers of Excellence (CGBV partner Panzi and HEAL Hospitals). From there, the project used motorbikes to transport CPT therapists to provide group therapy treatment in remote villages. The providers are deployed to new communities based upon changing local needs. Initial study results from the mobile CPT pilots demonstrated that moving CPT groups closer to survivors increased access, enrollment, and decreased attrition as compared to standard facility-based services while maintaining positive clinical outcomes.<sup>3</sup>

## RESULTS (THROUGH YEAR 2/FY19)

- **7,966 SGBV and GBV survivors (95%)** received psychosocial support through the program, including trauma-related counseling, screening for severe symptoms, and/or CPT.
- **90% of clients** who underwent counseling reported feeling optimistic about rebuilding their lives following counseling during the second year of the project.
- Participants who completed CPT therapy reported a **large and significant reduction** in their mental health symptoms and strong improvement in their daily functioning at two months out.<sup>4</sup>



The USAID CGBV Program supports local communities and government in eastern DRC to prevent and respond to SGBV and other forms of GBV. The project aims to help reintegrate survivors successfully within their communities through holistic medical, psychosocial, legal, and socio-economic support, while disrupting the broader cycle of inter-generational SGBV. IMA World Health leads CGBV, working in partnership with a consortium of local and international partners: HEAL Africa, Panzi Foundation, the American Bar Association-Rule of Law Initiative, Search for Common Ground, UW, and JHU.

<sup>3</sup> Kaysen, D. et al. Expanding Availability of CPT Psychotherapy Services in Eastern DRC. Presentation to Sexual Violence Research Initiative Forum, Cape Town. Nov. 2019.

<sup>4</sup> Kaysen, D. et al. Implementation of Cognitive Processing Therapy in the Democratic Republic of Congo: Leveraging Centers of Excellence and Mobile Services. Presentation to National Institute of Mental Health. 2019.



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