Sexual Violence & Mental Health: Measuring the effect of service delivery on the psychosocial well-being of clients

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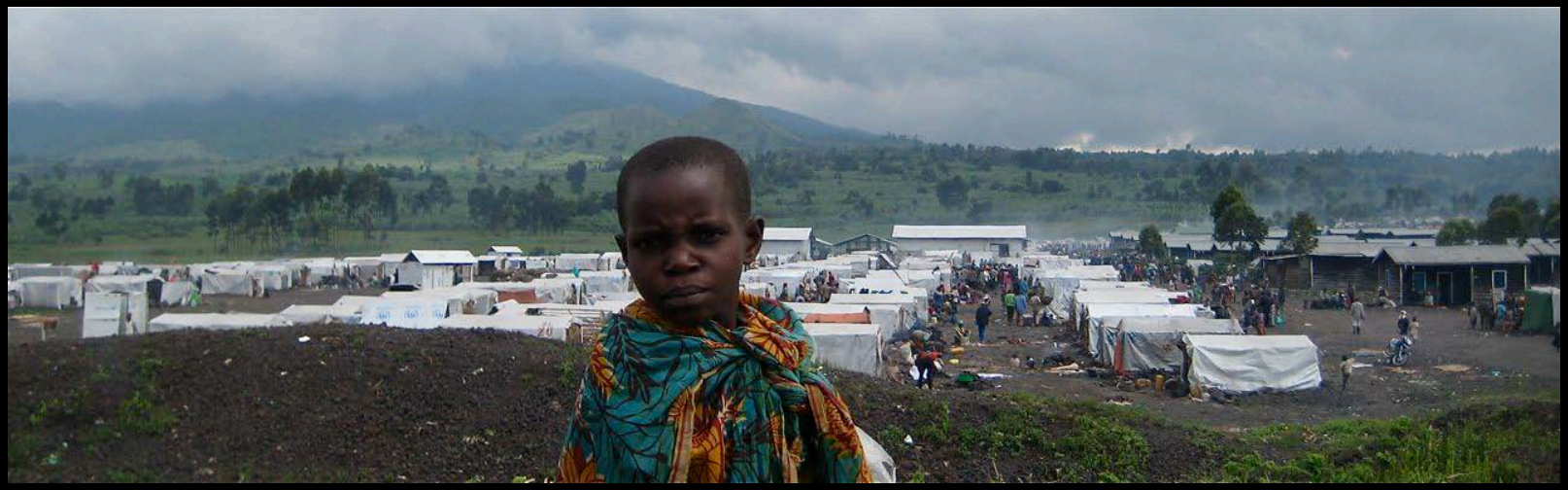
Conflict in eastern DRC

- 1998-2002: Conflict involved eight African nations and more than 20 armed groups
- Fighting has continued since the formal cessation of hostilities in 2002
- 5.4 million conflict-related deaths between 1998 and 2007
- Renewed hostilities between the Congolese army and CNDP led to a spike in violence in 2007/2008
- Violence spilled over into South Kivu in early 2009, jeopardizing the province's stability

Sexual Violence in DRC

- Tens of thousands of women and girls raped, sexually assaulted, attacked and abducted
- “Sexualized torture of unprecedented savagery on both the physical and psychological levels”
- Aim of armed groups seems to be “the complete physical, psychological destruction of women with their implications for the entire society.”



IRC's Program

Seeks to promote the well-being of women and girls and mitigate the immediate and long-term effects of sexual violence against women and girls in North and South Kivu

IRC's Program

IRC facilitates survivors' access to quality health, psychosocial, and legal services through:

- Direct health and psychosocial service provision
- Partnerships and ongoing capacity building with state and private health facilities, local NGO service providers and community-based structures

Standard Services

To meet the immediate and long-term needs of survivors:

Health services	PEP, STI prophylaxis and treatment, ECP, tetanus toxoid, Hepatitis B, other PHC/RH
Psychological / Emotional care	Basic individual-level emotional support, social activities, family support
Legal aid	Information and referrals, court accompaniments
Economic support	Village-level credit and savings schemes

IRC's Program

Since 2002, IRC has provided critical assistance to more than 40,000 survivors of sexual violence and their families in eastern Congo

Research Questions

- What are the major psychosocial and mental health problems of populations in Eastern DRC?
- How do people understand psychosocial problems and normal functioning?
- What is the impact of psychosocial programs on survivors of sexual violence?

Step 1: Qualitative Methods

1. Free listing (n=34)
   - What are the problems of women/men in the community?”

2. Key informant interviews (n=17)
   - Questioning and probing about main problems
     - Thoughts, feelings, and behavior
     - Perceived causes and consequences of problems
     - What people do to help themselves

3. Free listing and focus groups about functionality
   - Tell me about the tasks and activities that men/women do to take care of themselves, their families, their communities

Qualitative Findings

- Most commonly stated psychosocial issue: Fear
- Most commonly stated problems with violence: 1) Sexual violence, and 2) killings and beatings
- Sexual violence and stigma
- Sexual violence and HIV/STI

Step 2: Measurement Development

- **Mood**:
  - insomnia, suicidal ideation, loss of appetite
- **Anxiety/Fear**:
  - Feeling afraid, thinking too much about what happened, afraid of being infected by diseases
- **Shame and Stigma**:
  - Feeling badly treated by husband, feeling shame
- **Functioning**:
  - farming, cooking, looking after children, giving advice

Assessed using Response Cards

Hata kamwe,
pas du tout,
not at all

Kidogo,
un peu,
a little bit

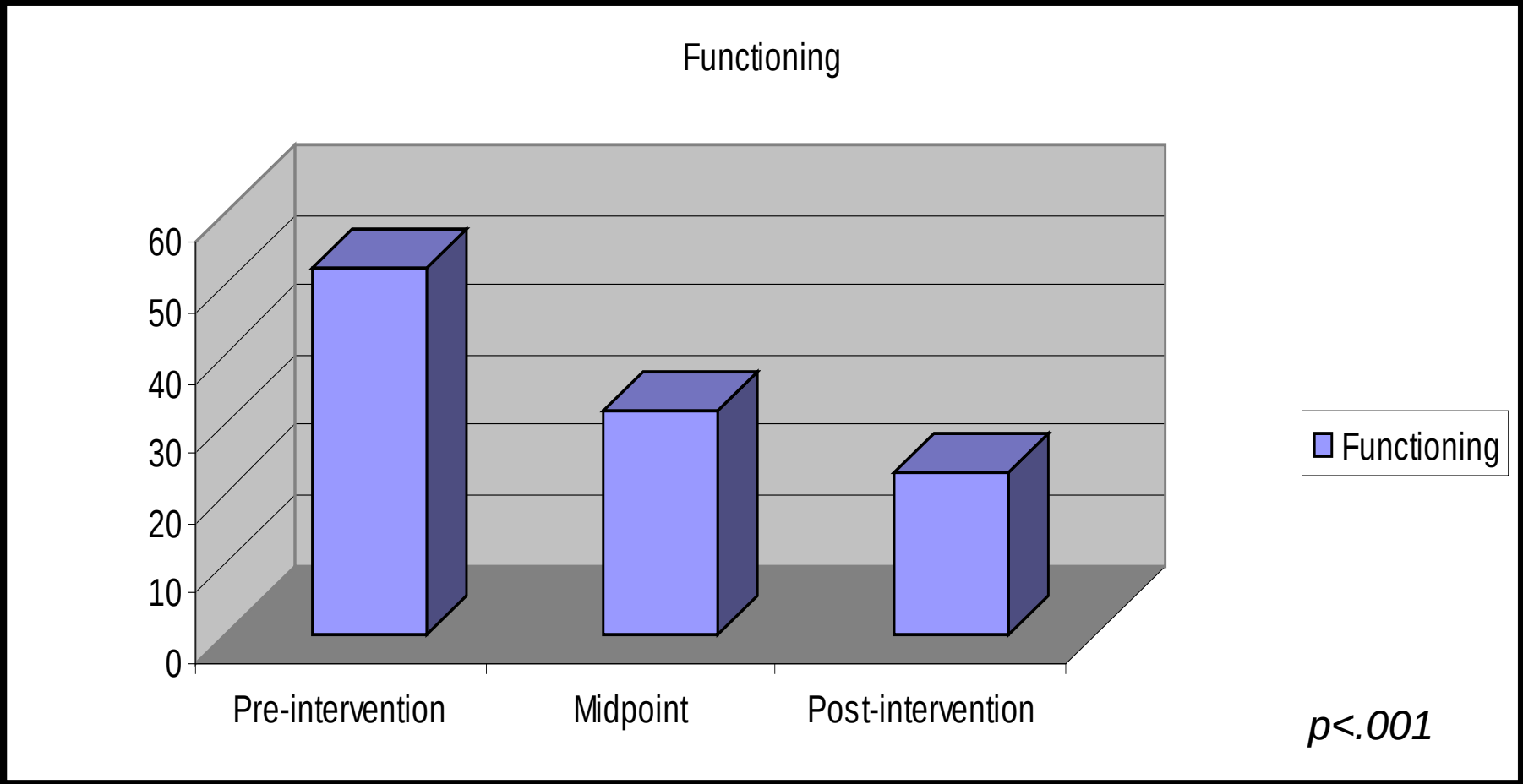
kiasi ya kadiri,
un niveau moyen,
a moderate
amount of
difficulty.

Mingi,
beaucoup,
a lot

Step 3: Piloting and Use of Measurement

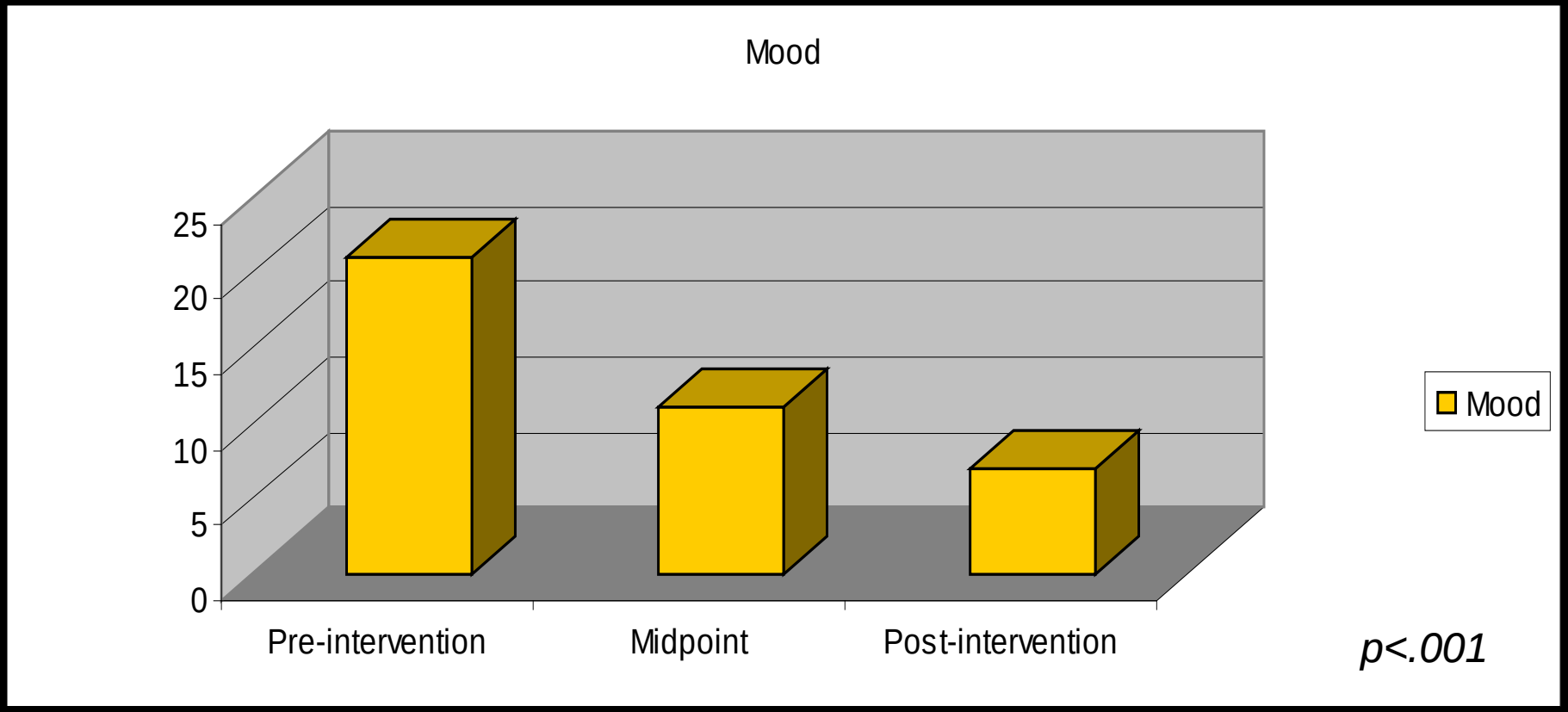
- Counselors reviewed the tool
- Pilot tested with 45 clients
- Integrated into program
  - Counselors use assessments at three points
    - Pre-intervention
    - After 2-4 months
    - Post-intervention

Preliminary Results: Functioning



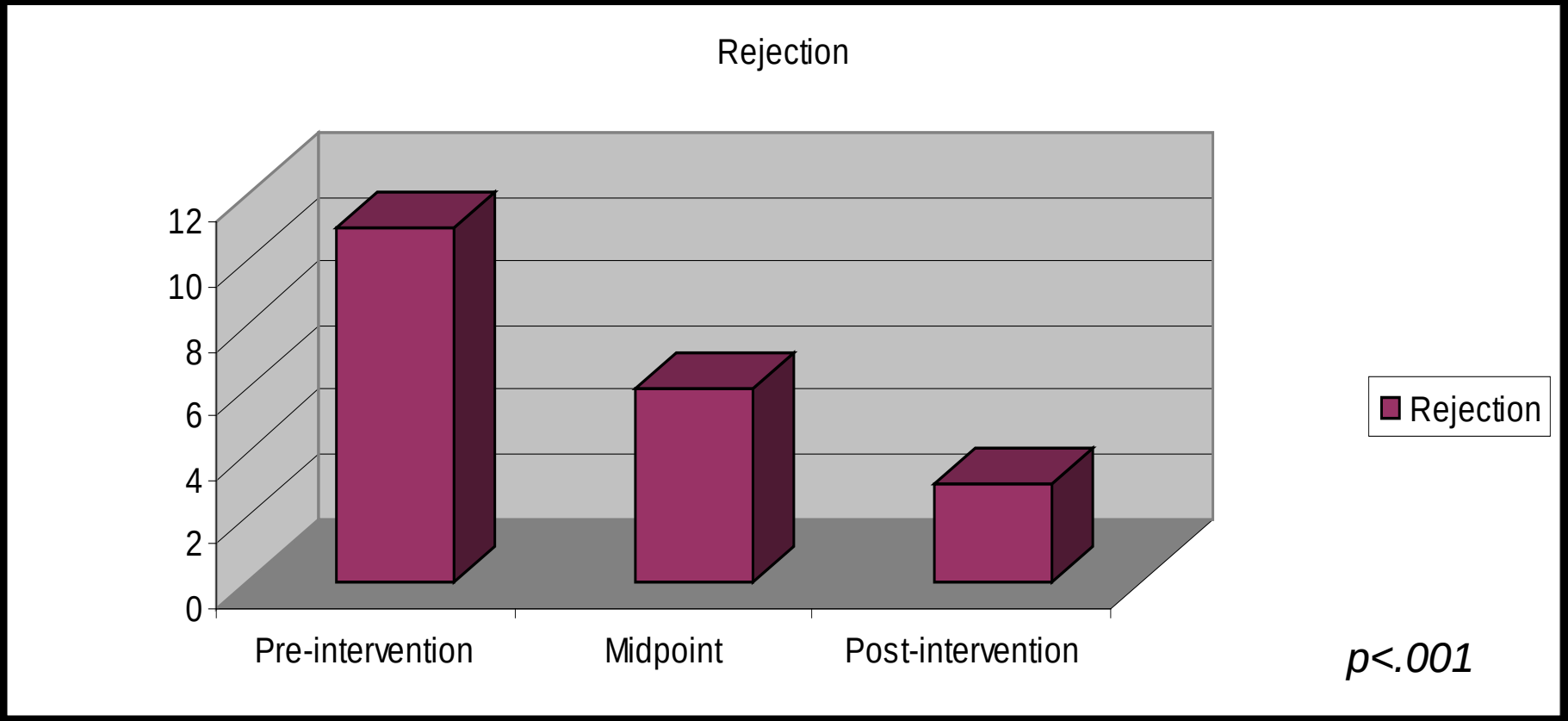
Higher scores mean more difficulty with tasks: farming, cooking, exchanging ideas

Preliminary Results: Mood and Anxiety



Higher scores mean more bothered by symptoms: insomnia, suicidal ideation, loss of appetite

Preliminary Results: Shame and Stigma



Higher scores mean more bothered by problems: feeling badly treated, feeling shame

Conclusions

- Significant decrease in symptoms and increase in functioning for clients in counseling
- It is possible to set up systematic data collection for evaluations in complex regions and programs such as DRC
- Challenges/limitations:
  - missing data,
  - inconsistent times (midpoint and post),
  - counselors administering assessment,
  - no comparison group,

Future Research

- Assess impact of psychosocial program using more rigorous design
  - Clinically validate instrument
  - Interviews independent from counselor
  - Comparison group
    - Compare two interventions