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

Sarah Spencer, International Rescue Committee, Democratic Republic of Congo
Jeannie Annan, Ph.D., International Rescue Committee, New York, USA
Sarah Mosely, International Rescue Committee, Democratic Republic of Congo
Karin Wachter, International Rescue Committee, New York, USA
Dr. Paul Bolton, Johns Hopkins University, Maryland, USA
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:

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