COMMON THREADS

A psychotherapeutic intervention for the long-term psychological consequences of sexual violence

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Rationale for the model

• Importance of group support for survivors

• Neurobiological evidence points to non-verbal approaches with trauma

• Wisdom of ancient practices

https://vimeo.com/84129707
Narrative textile traditions: Chile
Hmong
Amazwi Abesifazane (Voices of Women) South Africa
Northern Ireland
Why narrative textiles for trauma?

• Connection with others
• Self-regulation
• Emotional safety
• Self-expression
• Safe and gradual processing of trauma
• Mastery
• Cultural continuity
CT Pilot projects

Ecuador 2012
36 refugee women
6 local facilitators

Nepal 2014
75 refugee women
13 local facilitators

Bosnia 2015-16
100 female survivors
16 local facilitators
### Stepped intervention

<table>
<thead>
<tr>
<th>Phase I</th>
<th>stabilization, self-regulation, textile-making, art therapy, group cohesion, psycho-education</th>
<th>3 months</th>
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<tbody>
<tr>
<td>Phase II</td>
<td>consolidating skills, processing trauma, reclaiming sense of agency</td>
<td>6 months</td>
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<tr>
<td>Phase III</td>
<td>self-directed autonomous group, possibilities for advocacy and community engagement</td>
<td>thereafter...</td>
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Stabilization work
Psycho-education about consequences of trauma
Rebuilding trust
Self-regulation
Insight and understanding
Designing and creating textiles
This is a moment I will never forget:
This is what I cannot say:
This is what I need you to know:
This is what the cloth is trying to say:
This is what I hope for the future:
Outcomes

Clients: improvements in functioning, well-being, outlook, self-confidence, coping, connection with others, agency, sense of purpose, self-assertion

Staff: high level of engagement, personal growth, skill development, self-care, competence to lead CT intervention
Preliminary quantitative results (Nepal)

Mental Health Symptoms (HSCL/PTSD CL)

- Baseline
- Post Phase 1
- Post Phase 2

<table>
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<tr>
<th>% of total participants</th>
<th>Depression</th>
<th>Anxiety</th>
<th>Trauma-related stress</th>
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Bar chart showing the percentage of total participants for depression, anxiety, and trauma-related stress at baseline, post Phase 1, and post Phase 2.
Themes expressed in qualitative data

• Symptom reduction  “I was feeling terrible, heavy, desperate, disoriented. I didn’t have strength for anything, in my home and at my work. What I used to do was to cry. I feel like a new person. I feel lighter, with more strength to work and to have my own business. “
“I used to drink alcohol. I couldn’t sleep and I used to drink but after coming here I have stopped drinking”

• Connection with others  “They listened to us, they understood us. I know they cannot do anything but even if someone listens to you that is a great thing.”

• Solidarity  “It’s only after we came to the program that we knew that it’s not just us who are having such problems. Everyone had it.”

• Personal empowerment  “We used to be scared. But now we don’t feel scared, we can speak and are confident of doing something.”
“We should not tolerate if anyone abuses us”
“I thought that I can't do anything but now I feel I can do something.”
• Self expression  “It’s here that we can share what we keep hidden.”
“I used to be disturbed while recalling my past incidents. I always thought about it. But this made us express our stories into one textile and now I don’t feel very disturbed when I express those things. We expressed it in a piece of cloth. That's it.”
“This was a unique thing that the story that we cannot speak about we could express it in pictures.”

• Self-regulation
“I used to get angry at the smallest things and would beat my daughters in frustration. Even though I used to feel guilty about it, I could not control myself… my anger’s in check now, I don’t fight with my husband and don’t beat my daughters”

• Acquiring skills  “we are motivated when we learn new things, it was great sewing.”
“we learned exercises we could do when we are in tension. That was important.”
Limitations of study

• Small sample size
• Self-report instruments
• No control group
• Poor quality data collection (missing data)
• Attrition (in Phase II groups)
• Measures used do not capture many changes
Future directions

Common Threads Bosnia-Herzegovina (Sept 2015)
• Control group
• Additional measures go beyond medical model of trauma: to assess Subjective Wellbeing (SW), agency, sense of community (SoC) sense of coherence, attitudes toward GBV and acceptance of violence in relationships

Common Threads Rwanda proposed for 2016-17
• Two year project with 300 subjects, 6 local agencies
• Comprehensive research

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