



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

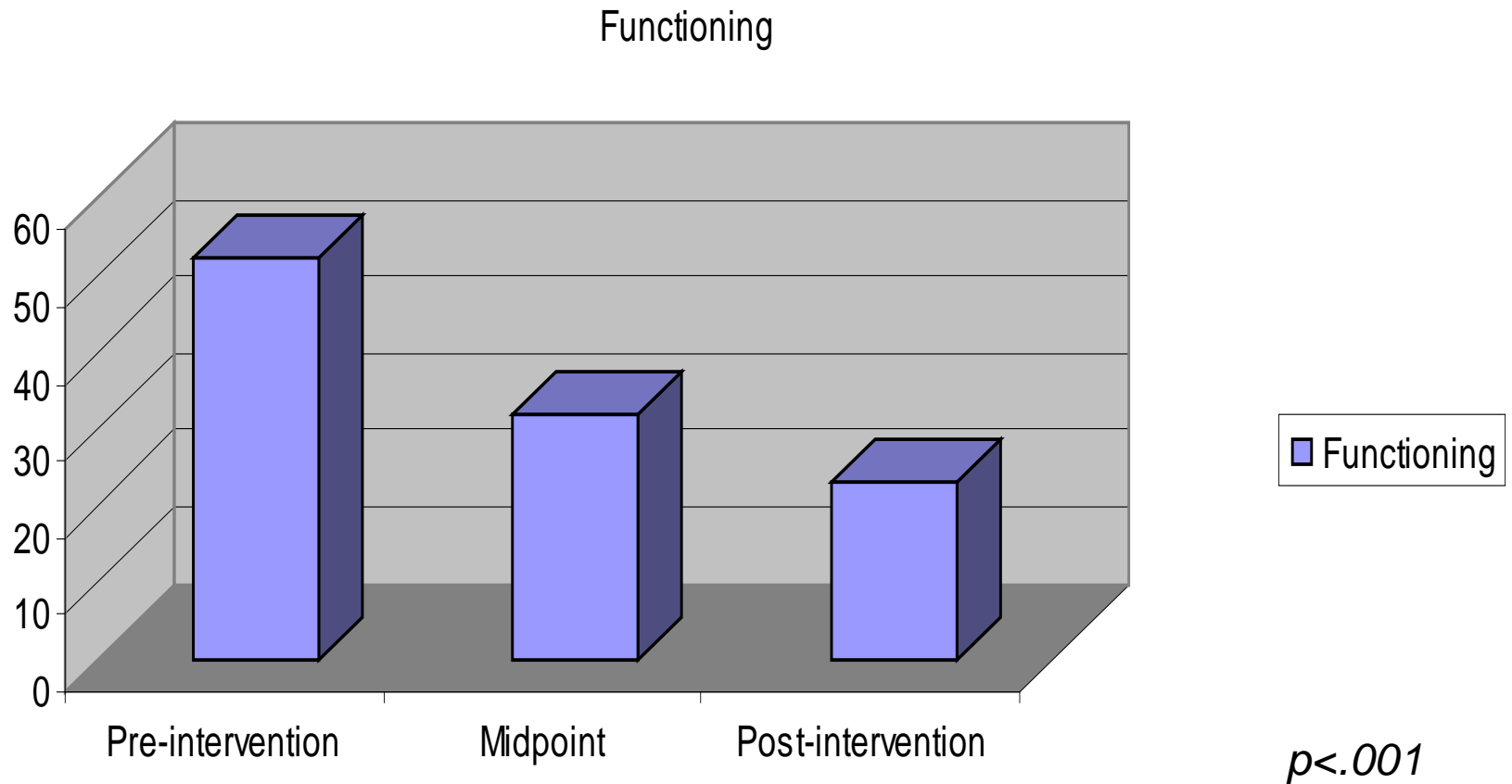


Step 3: Piloting and Use of Measurement

- 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



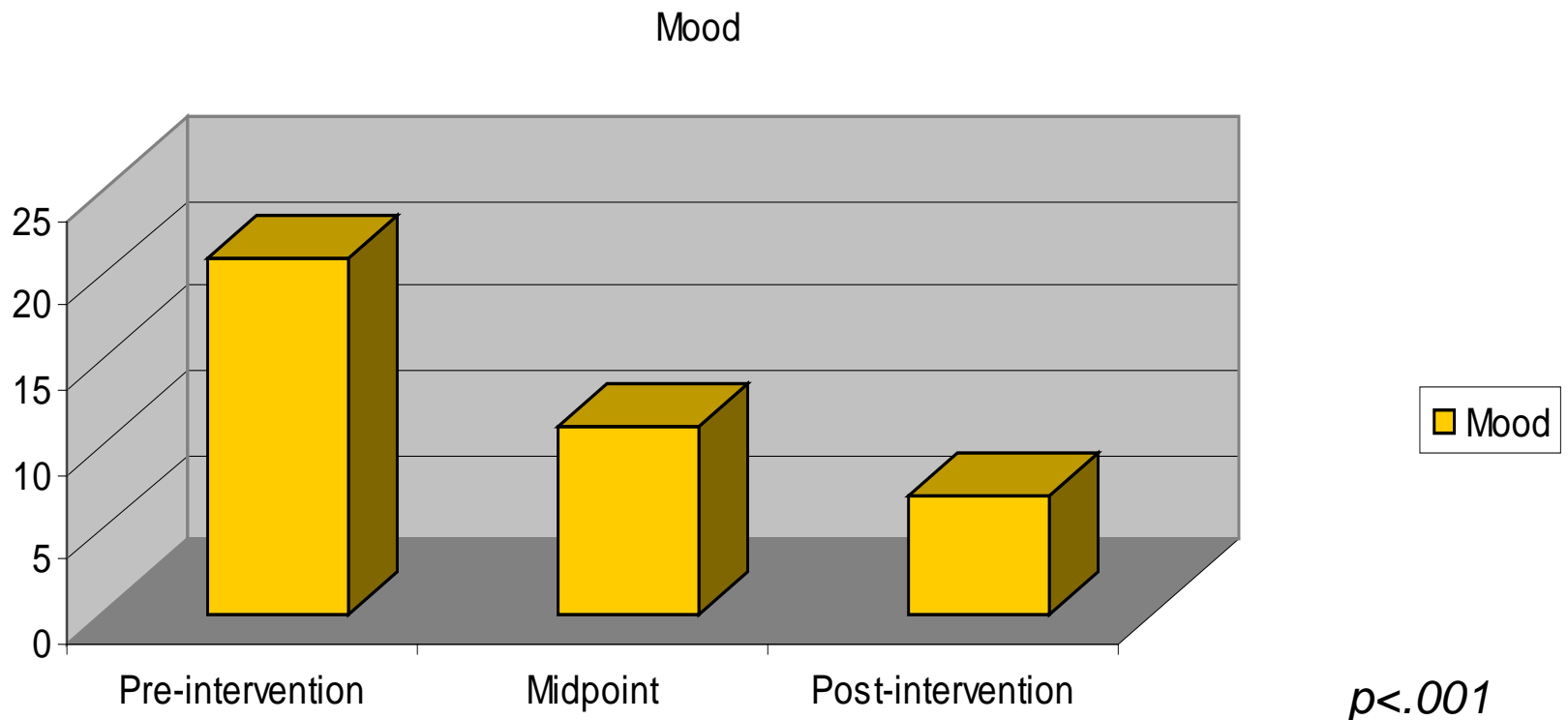
Preliminary Results: Functioning



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



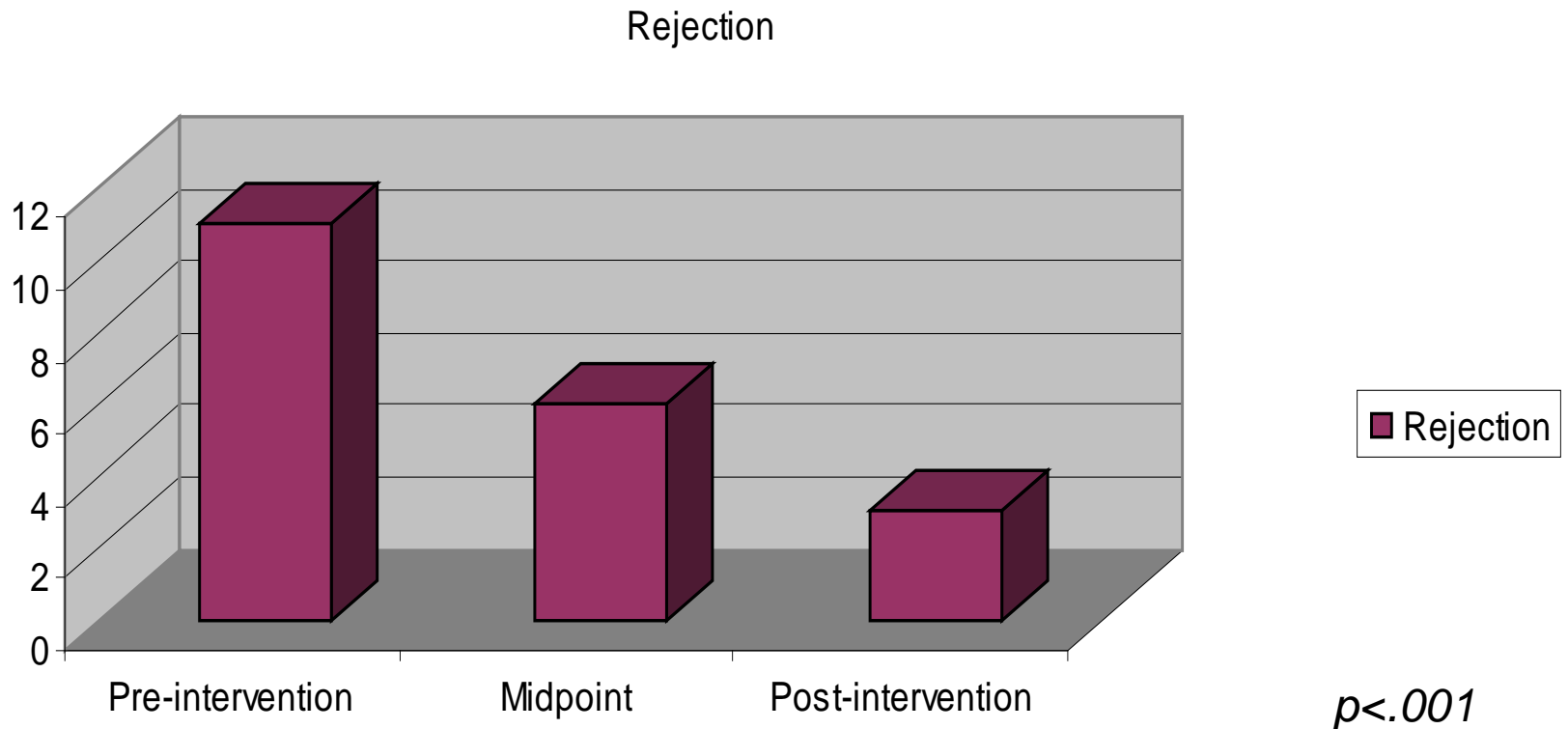
Preliminary Results: Mood and Anxiety



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