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IMA WORLD HEALTH

REDUCING STIGMA TO HELP COMMUNITIES RESPOND TO GBV

the Community-Based Trauma Healing Approach

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A HOLISTIC APPROACH TO HEALING TRAUMA

Historically, gender-based violence (GBV) programming has focused on individual-centered active listening counseling and in some cases, advanced therapy to help survivors heal. The Counter Gender-Based Violence (C-GBV) project, known locally as Tushinde Ujeuri, introduced a new approach to healing trauma that focused on group-centered healing and equipped communities with the skills they need to process trauma together.

Community-Based Trauma Healing (CBTH) is based on the idea that communities as a whole may need psychosocial support and cohesion-building to process traumatic events such as during humanitarian crises or sexual assault. CBTH aims to build community capacity to cope with trauma, strengthen connections and reduce isolation. This involves explicitly addressing trauma resulting from systematic rape, tribal conflicts, internal displacement, inheritance-related conflicts, and sexual assault through facilitated discussion led by trained trauma healing companions within the community.

THE PATH TO HEALING TRAUMA

At the start of the Tushinde project, IMA worked with technical partner Search for Common Ground (SFCG) to conduct a Conflict and Gender Analysis study to assess the root causes of conflict, drivers of GBV, and stigmatization surrounding survivors of GBV. The aim was to inform a locally adapted behavior change communication approach that promotes positive gender norms and decreases the rate of GBV prevalence among women, men, and children within the project's target health areas.

Findings from the Conflict and Gender Analysis revealed that most people in the project's targeted health zones have been living amidst armed conflict for more than two decades. Thousands of Congolese people have directly witnessed the murders and kidnappings of their loved ones and neighbors in North Kivu and South Kivu.

Many had lost loved ones and experienced traumas that

greatly reduced their mental and physical health, and their socioeconomic status. In addition, the study noted that negative socio-cultural norms and the persistent lack of national laws that punish GBV perpetrators fuel the culture of tolerance for GBV against the most at-risk populations.

To help communities heal from conflict-related violence and GBV, the Tushinde project introduced group-centered trauma healing therapy in addition to the holistic package of services (medical, individual psychosocial, legal). To pilot this approach, SFCG teamed up with Healing and Rebuilding Our Communities (HROC), an organization based in Musanze, Rwanda, who focuses on community mental health workshops, to train recruited trauma healing companions to facilitate the successful implementation of CBTH in North and South Kivu.

The aim was to reduce stigma surrounding survivors of GBV, which in turn would improve the ability of survivors to reintegrate and communities to heal from trauma together.

PILOTING CBTH IN THE VILLAGE

SFCG developed and adapted the CBTH training curriculum that was used to introduce CBTH as a form of psychological support in selected villages in North and South Kivu. Over the course of the Tushinde project, six psychologists were trained in addition to one locally-based trauma healing companion per health zone for all 80 selected health zones (36 in Katana, 20 in Nyangezi, and 24 in Walikale). These psychologists and trauma healing companions were equipped with tailored knowledge and skills to facilitate trauma healing discussions. Each session included men and women, spanned across three days, and lasted for approximately 2-3 hours each. The sessions focused on understanding the signs of trauma, thinking about healing and solutions, and understanding available services and support existing in the community.

RESULTS AND IMPACT

During the Tushinde project, 1,083 CBTH sessions were organized across the 80 pilot health zone. These sessions were attended by 23,350 participants, exceeding the original target for participation of 22,400 by 104 percent. The facilitated discussion groups were so well received that an additional eight trauma healing activities were organized and attended by 1,081 participants to continue the discussion process.

Key Findings from the Impact Evaluation

In an impact evaluation commissioned by USAID and led by the University of Chicago's National Opinion Research Center states, "improved outcomes were found in both intervention and control villages, likely reflecting broader social trends and positive impacts from the holistic Tushinde program. Between the baseline and endline surveys, NORC found a drop in IPV, non-Partner GBV, as well as improvements in mental health indicators including depression, anxiety and PTSD. Non-partner sexual violence was 50% lower in villages assigned to CBTH programming compared to those assigned to control villages. There was a 14-percentage point decrease of women who reported having experienced IPV and a 9-percentage point decrease in non-partner GBV. These findings show some promise and indicate that CBTH has helped improve the outcomes it aimed to target—feelings of agency and ability to improve one's own life and a greater sense of connectedness with, and trust in, one's community as a whole."

Jocelyn Kelly (Harvard Humanitarian Initiative) and Maarten Voors (Wageningen University and Research)

NON-PARTNER SEXUAL VIOLENCE WAS 50% LOWER IN VILLAGES ASSIGNED TO CBTH PROGRAMMING COMPARED TO THOSE ASSIGNED TO CONTROL VILLAGES.

1083 SESSIONS

of CBTH were facilitated.

23,350 PEOPLE

participated in CBTH sessions and testified being optimistic with stable mental health.

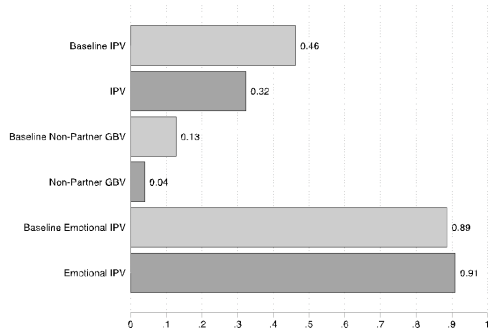
1,081 PEOPLE

participated in one of eight trauma healing solidarity activities organized by Tushinde.

14% DECREASE

of women reported having experienced IPV and a 9-percentage point decrease in non-partner GBV.

Figure 1: Changes in the proportion of ever-partnered women having experienced IPV, Non-Partner GBV and Emotional IPV during the year.



Notes: Reported IPV and Non-Partner GBV and Emotional IPV victimization at endline and baseline. Values are in proportions, a value between 0 and 1. For example in the figure 0.32 implies 32% of women in our sample report intimate partner violence victimization in the past year.

LOCAL PARTNERSHIPS

Trauma healing companions and psychologists trained by SFCG continued serving their communities under the supervision of two local implementing partners, HEAL Africa and Panzi Foundation. Both longstanding partners of IMA World Health in Eastern DRC, HEAL and Panzi seamlessly supported community-based psychosocial care options as the Tushinde project phased out in 2023.

LESSONS LEARNED

Although Tushinde project has documented great success with the CBTH pilot program, the following lessons learned will inform future programming:

- The length of CBTH pilot activities under the Tushinde project were very short, limited to two years of operational research activity, despite the huge number of people in need of trauma healing.
- Six hours of CBTH sessions was not sufficient time to effect significant behavior change among community members. Adding more sessions is recommended to equip community members more fully with the skills needed to avoid conflict and manage future incidents.
- Fatigue was commonly reported by trauma healing companions who were asked to facilitate trauma healing discussion groups beyond target villages. Training more trauma healing companions to meet an increased demand for CBTH is recommended for future programming.
- Cultural obligations and the rainy season both affected the ability of community members to participate in the discussion groups, in some cases, causing them to miss important lessons and practices. The timing of CBTH sessions must be locally-tailored to meet the availability of each community.

"WE NEED YOUR HELP. A LOT OF WOMEN ARE SUFFERING. WE HOPE THE PROJECT WILL CONTINUE. IF I'M STILL ALIVE, IT'S BECAUSE OF THE TUSHINDE PROJECT. DON'T ABANDON US."

Feza was abondoned by her husband, then her and her seven children were evicted by her landlord. After two suicide attempts, she found Tushinde.

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