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PSYCHOSOCIAL CARE FOR SURVIVORS OF GENDER-BASED VIOLENCE: RESPONSE, RECOVERY, AND REINTEGRATION

The Tushinde Approach

PHOTO COURTESY OF PAUL JEFFREY

MENTAL HEALTH CARE IN DRC

Conflict and violence have been endemic to eastern DRC for decades. This insecurity has led to a rise in psychological trauma among people who have survived violence and who have witnessed friends and family members suffer violence. Beyond individuals, systemic insecurity can impact entire communities. Traditionally, care for survivors of gender-based violence, or GBV, in the DRC has been managed by elder women in the community and has been typically kept private. Though not equipped with formal education or training, they serve as resources for survivors and often consider survivors "recovered" when they no longer exhibited observable symptoms.

The Tushinde project aimed to help people and communities who have experienced traumatic events such as GBV recover and rebuild their lives by improving access to trained providers and establishing safe houses where survivors could be connected to specialized care. The project also supported 2,453 community groups such as Community Health Development Committees (known locally as CODESA), Parent-Teacher Associations, Youth Groups, and Men's Engage Discussion Groups to become resources for referral to psychosocial care for survivors, increasing awareness of the benefits of mental healthcare in communities.

Survivors who accessed Tushinde project services often presented with post-traumatic stress disorder (PTSD), depression, insomnia, fear, anxiety, shame, substance use (alcohol and drugs), feelings of rebellion and revenge, or suicidal ideology. Each survivor's experience is unique and trained counselors and psychologists are best suited to ensure appropriate care is rendered.

PSYCHOSOCIAL CARE IS A CRITICAL ELEMENT IN RECOVERY FOR SURVIVORS OF GENDER-BASED VIOLENCE.

BUILDING LOCAL CAPACITY TO PROVIDE PSYCHOSOCIAL CARE

The Tushinde project ensured that each of the 86 supported health areas were equipped with Community Lay Counselors known locally as APS. These counselors offered basic psychosocial care and worked closely with trained psychologists, referring cases to higher levels of care as needed and screening survivors for specialized care. The Tushinde project initially trained 86 APS and 11 psychologists on Cognitive Processing Therapy (CPT) screening protocol and psychosocial care approaches tailored for GBV survivors. IMA organized periodic refresher courses to ensure that service delivery continued to be high quality with the support and collaboration of the Provincial Health Division (DPS) and the Health Zone Authorities (BCZS). An additional 118 APS (93 women and 25 men) were later trained in basic psychosocial support for survivors, including case management and monitoring throughout the life of the project, to expand access to care and leave a wider pool of trained resources in targeted health areas.

As part of the Tushinde Ujeuri project, two main approaches were implemented to support the psychosocial recovery of GBV survivors: Basic Psychosocial Care and the more specialized care given through CPT.

Basic Psychosocial Care

Basic Psycosocial Care was offered as confidential one-on-one counseling with community-based APS, who served as the first line of mental healthcare offered by the project. Active listening, counseling, and relaxation exercises were strategies utilized for re-building the confidence and trust of survivors. Psychologists posted at the Tushinde Social Centers served as resources for the APS to continue to provide thoughtful, compassionate care. The psychologists remained available for difficult cases requiring more specific approaches.

Cognitive Processing Therapy

CPT is a specialized care technique offered to survivors who are screened and deemed eligible to receive this advanced therapy. All survivors, including those screened for CPT and found ineligible for advanced care, received Basic Psychosocial Care rendered by the APS, but for those not improving with basic care, CPT offered a more strategic intervention to address PTSD. This approach was piloted under the supervision of Tushinde consortium technical partners the University of Washington and Johns Hopkins University in three health zones and later expanded to all five health zones by the third year of the project. The approach focused on survivors struggling with thoughts of suicide, homicide, psychosis, or substance abuse. CPT was offered in individual or group settings and followed a highly structured 12-week course of treatment.

Supporting Marginalized Groups to Access Care

The Tushinde project had a special focus on the inclusion of traditionally marginalized groups for whom accessing psychosocial care may have historically been denied or not taken seriously. The LGBTQI+ community and disabled individuals are among these groups who suffer from intense stigma and often receive poor, if any, care following incidents of GBV. In total, 625 GBV survivors from the LGBTQI+ community and 40 disabled (mental or physical disability) accessed psychosocial care from Tushinde project-trained APS and psychologists.

Community-Based Trauma Healing

Community-Based Trauma Healing (CBTH) was also introduced by the Tushinde project as an option for communal mental health care. CBTH is a form of communal therapy based on the idea that communities as a whole may need psychosocial support and cohesion-building exercises to process traumatic events such as humanitarian crises or sexual assault. CBTH aims to build community capacity to cope with trauma, strengthen connections, and reduce isolation and stigma. This involves explicitly addressing trauma resulting from rape, tribal conflicts, internal displacement, and inheritance-related conflicts through facilitated discussions led by locally recruited and trained trauma healing companions within the community. A total of 1,083 trauma healing sessions were carried out through the course of the Tushinde project.

RESULTS

23,959 GBV survivors accessed psychosocial care.

20,185 (84%) survivors were reported to have recovered from their trauma to the point of no longer receiving consistent psychosocial counseling.

89% of cases that reported recovery (17,988 survivors) benefitted from basic psychosocial support with APS and 11% (2,197 survivors) completed the 12-week cycle of CPT with trained psychologists.

LESSONS LEARNED TO IMPROVE PSYCHOSOCIAL SUPPORT FOR SURVIVORS

Self-esteem, mental health and empowerment are closely tied together, and providing support in these areas can greatly improve a survivors experience with reintegration into their families and communities.

Appropriate care is unique to each survivor, and providers must be trained to recognize the best course of treatment.

Healthcare providers that build trust with survivors are best suited to provide high quality support and facilitate recovery.

ONE COMMUNITY LAY COUNSELOR HAS HUGE IMPACT ON HER COMMUNITY

Justine Nsimire is a Community Lay Counselor, known locally as an ABS, in Katana Health Zone. She helps women who have survived rape and other incidents of GBV find the help they need, accompanying them to health centers, guiding them to seek psychological care, and working with communities to process traumatic events as a whole.

In her village in Katana, as in much of the eastern part of DRC, women suffer multiple forms of violence. The Tushinde Ujeuri program helps survivors access medical and psychological care and gain income-generating skills so they do not have to depend on others.

"We learned techniques to support the survivors," says Justine. "Girls who are raped, they think they can't get married, that they're no longer a girl like other girls. They drop out of school, thinking, 'Everyone knows I was raped. If I go to school, everyone will make fun of me.' Survivors are totally isolated. After receiving support, they start reengaging with normal activities again, like attending school or going to church. They often join the local savings and loan association."

"I knew a girl who was searching for wood in the forest. She was trapped by two men, rebels. She was raped by them one after the other. I took her to the health center where she received a PEP kit. It was hard for her to walk, but we made a plan to get her help.

"For the survivor to feel she is heard, that's what's important," says Justine.

Justine also helps women who have been rejected by their families. "I received a case, a young woman age 26 who was kicked out by her family. She'd had two babies by men who abandoned her. I brought her into the Tushinde center. There's a bedroom here for survivors abandoned by their families.

"We listened to her. We used the techniques learned through Tushinde to support survivors. After counseling, we went to her family to advocate for her. After a long discussion with the family, they accepted her."

"Another case I received had a serious problem. She was [non-legally] married at age 18 and had two children. Then her husband abandoned them. She thought about suicide. I listened to her and counseled her. It was difficult. I asked a psychologist to intervene and now she's back with her family and she runs a small business."

"WHEN I SEE A SURVIVOR I HAVE HELPED WHO HAS RE-INTEGRATED INTO HER FAMILY AND SOCIETY, I FEEL HAPPY."

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