Controlled Trial of Psychotherapy for Congolese Survivors of Sexual Violence

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Democratic Republic of Congo

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Gender Based Violence, Voice and Agency

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Completed

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Psychological Treatment

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Social Development

**Abstract**

**BACKGROUND**
Survivors of sexual violence have high rates of depression, anxiety, and post-traumatic stress disorder (PTSD). Although treatment for symptoms related to sexual violence has been shown to be effective in high-income countries, evidence is lacking in low-income, conflict-affected countries.

**METHODS**
In this trial in the Democratic Republic of Congo, we randomly assigned 16 villages to provide cognitive processing therapy (1 individual session and 11 group sessions) or individual support to female sexual-violence survivors with high levels of PTSD symptoms and combined depression and anxiety symptoms. One village was excluded owing to concern about the competency of the psychosocial assistant, resulting in 7 villages that provided therapy (157 women) and 8 villages that provided individual support (248 women).

Assessments of combined depression and anxiety symptoms (average score on the Hopkins Symptom Checklist [range, 0 to 3, with higher scores indicating worse symptoms]), PTSD symptoms (average score on the PTSD Checklist [range, 0 to 3, with higher scores indicating worse symptoms]), and functional impairment (average score across 20 tasks [range, 0 to 4, with higher scores indicating greater impairment]) were performed at baseline, at the end of treatment, and 6 months after treatment ended.

**RESULTS**
A total of 65% of participants in the therapy group and 52% of participants in the individual-support group completed all three assessments. Mean scores for combined depression and anxiety improved in the individual-support group (2.2 at baseline, 1.7 at the end of treatment, and 1.5 at 6 months after treatment), but improvements were significantly greater in the therapy group (2.0 at baseline, 0.8 at the end of treatment, and 0.7 at 6 months after treatment) (P<0.001 for all comparisons). Similar patterns were observed for PTSD and functional impairment. At 6 months after treatment, 9% of participants in the therapy group and 42% of participants in the individual-support group met criteria for probable depression or anxiety (P<0.001), with similar results for PTSD.

**CONCLUSIONS**
In this study of sexual-violence survivors in a low-income, conflict-affected country, group psychotherapy reduced PTSD symptoms and combined depression and anxiety symptoms and improved functioning. (Funded by the U.S. Agency for International Development Victims of Torture Fund and the World Bank; ClinicalTrials.gov number, NCT01385163.)

Gender Connection: Gender Focused Intervention

Gender Outcomes: Mental or physical consequences of GBV, psychological agency

IE Design: Clustered Randomized Control Trial (Clustered at village level)

16 study villages were each assigned psychosocial assistants (One study was dropped due to incompetence of the assistant). Villages were randomly assigned to receive cognitive processing therapy or individual support. The assistants reviewed their files to identify women with clinically significant psychological problems. For the individual support treatment arm, psychosocial assistants were available throughout the treatment period for women who sought their services. For the therapy treatment arm, Cognitive Processing Therapy was administered. The treatment included 1 individual 1 hour session and 11 2-hour group sessions.

Intervention Period: April to July 2011

Sample population: 494 women were screened for eligibility and 434 met the inclusion criteria. 231 women completed all three assessments. 141 therapy participants completed at least 9 sessions and 182 individual-support participants attended at least 1 session with the psycho-social assistant.

Comparison conditions: Individuals receiving cognitive process therapy are compared to individuals receiving Individual psycho-social support

Unit of analysis: Individual Level

Evaluation Period: Follow up data was collected 1 month after treatment and then 6 months after the first follow-up

Results: Both the individual-support and therapy groups had significant improvements during treatment, with effects maintained at 6 months For PTSD symptoms and combined depression and anxiety symptoms, participants in the therapy group had significantly greater improvements than those in the individual-support group both follow-up assessments, with all treatment-effect sizes greater than 1.0. Approximately 70% of participants in the therapy group met our criteria for probable depression or anxiety at baseline, with 10% or less meeting the criteria at either follow-up assessment. In the individual-support group, the proportions of participants who met the criteria were as follows: 83% at baseline, 53% at the end of treatment, and 42% at 6 months after treatment. The relative risks of meeting the criteria for depression or anxiety and PTSD were significantly greater with individual support than with therapy at the end of treatment and 6 months after treatment.

Primary study limitations:

Funding Source: USAID Victims of Torture Fund and the World Bank
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