# Psychological and social impact of promoting positive masculinity in reducing gender-based violence

Submission date	Recruitment status No longer recruiting	<ul><li>Prospectively registered</li></ul>		
18/07/2019		[X] Protocol		
Registration date	Overall study status	Statistical analysis plan		
06/01/2020	Completed  Condition category	☐ Results		
Last Edited		Individual participant data		
14/10/2022	Other	<ul><li>Record updated in last year</li></ul>		

#### Plain English summary of protocol

Background and study aims

During the last two decades, the Democratic Republic of Congo (DRC) has been plagued by wars and violent conflicts whereby Sexual Gender-Based Violence (SGBV) constituted a major problem, particularly in the eastern part of the country. In the North and South Kivu, rape and sexual violence were used as a weapon of war. This study aims to provide empirical evidence about the psychological and social impact of the improved public health intervention in the reduction of SGBV, particularly the intervention that promotes positive masculinity. The study is restricted to the psychological and social impact on the Living Peace Intervention (LPint), which is a group therapeutic method implemented by Living Peace Institute aimed to promote positive masculinity by working with men perceived as violent by their communities in the North and South Kivu of the Democratic Republic of Congo (DRC). To this end, the primary aim is to measure the psychological and social impact of LPint by looking at GBV reduction and its consequences for the targeted men, their wives/partners, their children and their communities. The secondary aim assesses whether this change in behavior (i.e. reduced GBV) is mediated or moderated by a reduction in symptoms of Post-Traumatic Stress Disorder (PTSD) or other psychopathological conditions.

#### Who can participate?

Participants in the study include adult male and female (above 18 years of age) who will have expressed their ability to understand the study purpose and consent to take part in the study. They include male beneficiaries of Living Peace intervention (LPint), as well as male and female who have not benefited from Lpint. Approximately 800 male and 800 female will participate.

#### What does the study involve?

The Living Peace intervention in Eastern DRC, through a group therapeutic method, works with men who are perceived as violent by their communities. Through a 16--session, 16-week group therapeutic intervention. Selected participants sit together in groups of 15 men, the men work around the concept of Positive Masculinity to reduce Gender-Based Violence (GBV). Through promoting positive masculinity, men are assisted to develop alternative coping strategies to violence that are gender transformative and constructive in dealing with problems. Men are

guided to internalize new norms on masculinities and gender relations that highlight men's capacity and responsibility in promoting security and peace.

What are the possible benefits and risks of participating?

This study will help to understand the relationship between conflict and SGBV from the perpetrator perspective in relation to mental health, as well as how an intervention can reduce this problem. The study will enable to understand whether a change in men's SGBV due to Living Peace intervention (LPint) is moderated or mediated by a reduction in symptoms of mental health conditions (i.e., PTSD, Depression, Alcohol abuse). Therefore, the study's results are expected to be exploited (used) in the longer term to improve health results through more cost-effective public health interventions in humanitarian crises. Anticipated risks of participating include private or sensitive information that may damage the social standing or reputation of participants.

#### Where is the study run from?

The study will be carried out in 30 villages affected by the conflict in the North and South Kivu of the DRC where Living Peace Institute (LPI) is operating. Stakeholders include various research institutions and operational humanitarian organizations, as well as individual research experts, locally and internationally. Four key partner institutions include (1) the Center for Mental Health (CMH) of the University of Rwanda, College of Medicine and Health Sciences; (2) the Center for Gender Studies (CGS), University of Rwanda; (3) the Living Peace Institute (LPI) located in Goma; (4) the Institut Supérieur du Lac (ISL) that gives university-level training in mental health, clinical psychology and counselling based in Goma, DRC; as well as (5) trauma individual specialists.

When is the study starting and how long is it expected to run for? The study started in 2018 and is expected to run for 2 years

#### Who is funding the study?

The study is funded by a registered charity in England and Wales that finds solutions to complex humanitarian problems through research and innovation (ELRHA) which means Enhancing Learning & Research for Humanitarian Assistance.

Who is the main contact? Stefan Jansen (sjansen.ur@gmail.com).

#### Contact information

#### Type(s)

Scientific

#### Contact name

Dr Stefan Jansen

#### ORCID ID

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#### Contact details

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#### Additional identifiers

Clinical Trials Information System (CTIS)

Nil known

ClinicalTrials.gov (NCT)

Nil known

Protocol serial number

R2HC

# Study information

#### Scientific Title

Evaluating the psychological and social impact by promoting positive masculinity through the 'Living Peace' intervention (LPiNT) in DRC

#### Acronym

**LPINT** 

#### Study objectives

- 1. Success of LPiNT implies GBV reduction
- 2. Success of LPiNT in GBV reduction is mediated by reduction of PSTD or other social pathological conditions

#### Ethics approval required

Old ethics approval format

#### Ethics approval(s)

- 1. Approved 15/04/2019, University of Rwanda (UR), Research Ethical Review Board (PO Box 4285, Kigali, Rwanda; +252574302; jbgahutu@yahoo.com), no ref
- 2. Approved 18/06/2018, Institut Superieur du Lac Research Ethical Commission (PO Box 20, Goma, Democratic Republic of Congo; no tel; islsantementale@gmail.com), no ref
- 3. Approval extended 12/08/2020, University of Rwanda Research Ethical Board (PO Box 4285, Kigali, Rwanda; +252574302/+250786872933; sundayfrax@gmail.com), no ref

#### Study design

Randomized controlled trial

#### Primary study design

Interventional

#### Study type(s)

Prevention

#### Health condition(s) or problem(s) studied

Sexual and gender-based violence

#### **Interventions**

This study will use a Cluster Randomized Controlled Trial (CRCT) with persons-level and clusterlevel outcomes. The counterfactual is villages that are listed as being eligible for LPint, but where no group therapy sessions are happening. The unit of randomization is an LPint locality (LPint-L), mostly a village, where on average two or three LPint groups of 15 men can be formed. This design allows us to make comparisons between LPint-Ls so we can measure the impact of LPint on the level of communities. From a selected list of eligible LPint-Ls, we will randomly allocate half of the LPint-Ls to the treatment group and half to the control group. All eligible men in a LPint-L, for both treatment and control groups, are recruited in the study. Concerning the primary aim of measuring the psychological and social impact of LPint, this study will look at GBV reduction and its consequences for the targeted men, their wives/partners, their children and their communities. With regard to the secondary aim assessing whether change in behavior (i.e. reduced GBV) is mediated or moderated by a reduction in symptoms of post-traumatic stress disorder (PTSD) or other psychopathological conditions, the study will use standardized scales of PTSD and other psychopathological conditions to test whether they mediate or moderate the reduction of GBV. Finally, to contextualize empirical findings, we will use qualitative research, with individual and focus group interviews as methods, to understand cultural idioms of distress and cultural explanation models.

A rotary method using papers was used for randomisation of villages.

Through a 16--session, 16-week group therapeutic intervention. Selected participants sit together in groups of 15 men, the men work around the concept of Positive Masculinity to reduce Gender-Based Violence (GBV). Through promoting positive masculinity, men are assisted to develop alternative coping strategies to violence that are gender transformative and constructive in dealing with problems. Men are guided to internalize new norms on masculinities and gender relations that highlight men's capacity and responsibility in promoting security and peace. The group therapy sessions are led by the facilitators of the case/experimental group. This means that they are selected based on merit. They are trained to facilitate group therapy sessions by the LP Master trainers (who are mostly psychologists) based on the LP Intervention. These master trainers do a monthly clinical supervision to make sure the group therapy is going as planned.

Data will be collected in three rounds: baseline (before the group therapy session start), endline1 (immediately after the end of the group therapy sessions), and endline2 (1 full year after the end of the group therapy sessions). This will allow for a quantitative measure of the impact of LPint immediately after and 1 year after. In addition, at baseline, some participants will be randomly selected to participate in qualitative focus group discussions or individual in-depth interviews.

#### **Intervention Type**

Behavioural

#### Primary outcome(s)

Collected at baseline, immediately post-therapy (16 weeks), and 1 year post-therapy:

- 1. The impact on men is measured using a standardised questionnaire (IMAGES survey), interviews (individual and focus group) and fieldwork notes
- 2. The impact on families is measured using a standardised questionnaire (IMAGES survey),

interviews (individual and focus group) and fieldwork notes

3. The impact on communities is measured using a standardised questionnaire (IMAGES survey), interviews (individual and focus group) and fieldwork notes

#### Key secondary outcome(s))

Collected at baseline, immediately post-therapy (16-weeks), and one-year post-therapy:

- 1. Symptoms of PTSD are measured using a standardised questionnaire (IMAGES survey), interviews (individual and focus group) and fieldwork notes
- 2. Symptoms of depression are measured using a standardised questionnaire (IMAGES survey), interviews (individual and focus group) and fieldwork notes
- 3. Symptoms of alcohol abuse are measured using a standardised questionnaire (IMAGES survey), interviews (individual and focus group) and fieldwork notes

#### Completion date

30/11/2021

# **Eligibility**

#### Key inclusion criteria

Able to understand and give informed consent

#### Participant type(s)

Mixed

#### Healthy volunteers allowed

No

#### Age group

Adult

#### Sex

All

#### Key exclusion criteria

Minors

#### Date of first enrolment

01/07/2018

#### Date of final enrolment

31/07/2018

#### Locations

#### Countries of recruitment

Congo, Democratic Republic

#### Bandare

South Kivu Congo, Democratic Republic N/A

#### Study participating centre Bwegera

South Kivu Congo, Democratic Republic N/A

#### Study participating centre Katogota

South Kivu Congo, Democratic Republic N/A

#### Study participating centre Lubarika

South Kivu Congo, Democratic Republic N/A

## Study participating centre

Luvungi 1

South Kivu Congo, Democratic Republic N/A

# Study participating centre

Luvungi 2

South Kivu Congo, Democratic Republic N/A

#### Mirungu

South Kivu Congo, Democratic Republic N/A

#### Study participating centre Ndolera

South Kivu Congo, Democratic Republic N/A

# Study participating centre

Nyamutiri

South Kivu Congo, Democratic Republic N/A

#### Study participating centre Quartier Kasha

South Kivu Congo, Democratic Republic N/A

#### Study participating centre Quartier Mukukwe

South Kivu Congo, Democratic Republic N/A

#### Study participating centre Ouartier Panzi

South Kivu Congo, Democratic Republic N/A

#### **Quartier Karhale**

South Kivu Congo, Democratic Republic N/A

# Study participating centre Quartier Lumumba

South Kivu Congo, Democratic Republic N/A

## Study participating centre Quartier Nyakavogo

South Kivu Congo, Democratic Republic N/A

#### Study participating centre Bethel

North Kivu Congo, Democratic Republic N/A

#### Study participating centre Bihambwe

North Kivu Congo, Democratic Republic N/A

# Study participating centre

Bihito

North Kivu Congo, Democratic Republic N/A

#### Bikenge

North Kivu Congo, Democratic Republic N/A

# Study participating centre Bishange

North Kivu Congo, Democratic Republic N/A

#### Study participating centre Busumba

North Kivu Congo, Democratic Republic N/A

#### Study participating centre Bweremana

North Kivu Congo, Democratic Republic N/A

## Study participating centre

Himbi

North Kivu Congo, Democratic Republic N/A

#### Study participating centre

Kaduki

North Kivu Congo, Democratic Republic N/A

#### Kahe

North Kivu Congo, Democratic Republic N/A

#### Study participating centre Kalinga

North Kivu Congo, Democratic Republic N/A

# Study participating centre

Kanzenze

North Kivu Congo, Democratic Republic N/A

#### Study participating centre Kasake

North Kivu Congo, Democratic Republic N/A

# Study participating centre

Kasumo

North Kivu Congo, Democratic Republic N/A

#### Study participating centre

Kasura

North Kivu Congo, Democratic Republic N/A

#### Katale

North Kivu Congo, Democratic Republic N/A

#### Study participating centre Katindo

North Kivu Congo, Democratic Republic N/A

#### Study participating centre Katoyi/Munzenze

North Kivu Congo, Democratic Republic N/A

# Study participating centre

Kausa

North Kivu Congo, Democratic Republic N/A

# Study participating centre

Kibabi

North Kivu Congo, Democratic Republic N/A

#### Study participating centre

Kihimba

North Kivu Congo, Democratic Republic N/A

#### Kirorilwe

North Kivu Congo, Democratic Republic N/A

#### Study participating centre Kitshanga

North Kivu Congo, Democratic Republic N/A

#### Study participating centre Kitshanga A

North Kivu Congo, Democratic Republic N/A

# Study participating centre

Kitsule

North Kivu Congo, Democratic Republic N/A

#### Study participating centre Luhonga

North Kivu Congo, Democratic Republic N/A

#### Study participating centre Lushangi

North Kivu Congo, Democratic Republic N/A

#### Lushebere

North Kivu Congo, Democratic Republic N/A

# Study participating centre Lushebere 2

North Kivu Congo, Democratic Republic N/A

#### Study participating centre Matanda

North Kivu Congo, Democratic Republic N/A

#### Study participating centre Matheusi

North Kivu Congo, Democratic Republic N/A

# Study participating centre

Mishavu

North Kivu Congo, Democratic Republic N/A

#### Study participating centre

Mugunga

North Kivu Congo, Democratic Republic N/A

#### Muheto

North Kivu Congo, Democratic Republic N/A

#### Study participating centre Muhongozi

North Kivu Congo, Democratic Republic N/A

#### Study participating centre Mumba

North Kivu Congo, Democratic Republic N/A

#### Study participating centre Murambi

North Kivu Congo, Democratic Republic N/A

#### Study participating centre Ngungu

North Kivu Congo, Democratic Republic N/A

#### Study participating centre

Nyakariba

North Kivu Congo, Democratic Republic N/A

#### Rubangabanga

North Kivu Congo, Democratic Republic N/A

#### Study participating centre Ruzirantaka

North Kivu Congo, Democratic Republic N/A

# Study participating centre Sake

North Kivu Congo, Democratic Republic N/A

#### Study participating centre Shasha

North Kivu Congo, Democratic Republic N/A

# Study participating centre St Benoit

North Kivu Congo, Democratic Republic N/A

# Study participating centre

**Nyamitaba**North Kivu
Congo, Democratic Republic
N/A

# Sponsor information

#### **Organisation** ELRHA

# Funder(s)

Funder type

Charity

**Funder Name** 

**ELRHA** 

#### **Results and Publications**

#### Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study are/will be available upon request from Stefan Jansen (sjansen.ur@gmail.com). Quantitative data in spss format (i.e., from standardized and self-designed scales) and qualitative data (i.e., individual interview and focus group discussion data) will be available from Sept 2021 onward (1-year post finalization of the project). Stated research goals to be accepted by University of Rwanda ethical committee and data will be shared with Research institutions and NGOs. Datasets are permitted for secondary data analysis for research purposes. Consent from participants was obtained through the University of Rwanda and North Kivu and South Kivu regulatory bodies. The anonymisation code will be kept by the Principal Investigator and Main Statistician.

#### IPD sharing plan summary

Available on request

#### **Study outputs**

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Protocol article		08/08/2022	14/10/2022	Yes	No
Participant information sheet		20/08/2019	10/01/2020	No	Yes
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes