ISRCTN49881357 https://doi.org/10.1186/ISRCTN49881357

Cluster randomized trial of community based trauma healing on sexual and physical violence victimization of women and perpetration by men in the Democratic Republic of Congo

Submission date
02/09/2021

Recruitment status
No longer recruiting

Registration date
15/09/2021

Overall study status
Completed

Last Edited
11/11/2024

Condition category
Other

[_] Prospectively registered
[_] Protocol
[_] Statistical analysis plan
[X] Results
[_] Individual participant data

Plain English summary of protocol

Background and study aims
We evaluate the impact of a Community Based Trauma Healing (CBTH) implemented in Eastern the Democratic Republic of the Congo (DRC) by Search for Common Ground (SFGC) as part of a wider program, that aims to reduce Gender-Based Violence.

The program recruited local Community Trauma Healers that were trained and supported by SFGC to organize community sessions and celebrations. During the session, the program aims to help community members heal from post-conflict trauma resulting from, among other things, death, injury, (systematic) rape, indigenous conflict, internal displacement, and inheritance conflicts. These community “detraumatisme” sessions bring together (potential) victims, perpetrators, traditional leaders, and faith-based leaders. CBTH teaches community members strategies to control emotions, and reduce risks of GBV.

We use a cluster-randomized trial to evaluate the impact of CBTH in 80 randomly selected communities in Eastern DRC using detailed baseline and follow-up surveys involving 20 respondents per community. Our core outcome of interest is reported incidence of sexual or physical Intimate Partner Violence (IPV) and sexual or physical non-partner victimization experienced by women and perpetration by men.

A primary mechanism is respondent mental health, comprising validated scales relating to depression and anxiety as well as trauma. As secondary outcomes also report impacts on individual coping and attitudes and social cohesion.

Why can participate?
All residents of selected villages

What does the study involve?
Villages are randomly allocated to either the CBTH intervention or the control group. As part of

the CBTH intervention, in each village a Trauma Healing Champions (THC) was recruited and trained which then helped organise trauma healing sessions bringing together 20-25 interested people from the village, each session span across three days, meeting for about 2-3 hours each day. Separate sessions were organized for men and women. Using the facilitation guide THCs facilitate each session to enable participants to identify incidents that affect their personality and cause them trauma. In addition, people were invited to participate in village celebrations to share experiences.

What are the possible benefits and risks of participating
Potential benefits include reduction in risk of IPV or non-partner sexual or physical victimization, a reduction of stress and anxiety, PTSD, increased take up of services, increased self efficacy, individual and community resilience, gender equitable attitudes.
This intervention does not pose a threat to participant physical or emotional wellbeing. However, but it is possible that participants suffer loss of privacy or be stigmatized in some way due to participation. Trauma Healing Champions are trained and supervised to help mitigate distress arising from participating.

Where is the study run from?
Villages in the Democratic Republic of Congo

When is the study starting and how long is it expected to run for?
September 2018 to July 2021

Who is funding the study
United States Agency for International Development

Who is the main contact
Maarten Voors, maarten.voors@wur.nl

Contact information

Type(s)
Scientific

Contact name
Dr Maarten Voors

ORCID ID
https://orcid.org/0000-0001-5907-3253

Contact details
Development Economics Group
Hollandseweg 1
Wageningen
6706 KN
Netherlands
-
+31 317 484879
maarten.voors@wur.nl

Additional identifiers

Protocol serial number
18.08.13

Study information

Scientific Title
Impact evaluation of Community Based Trauma Healing in the Democratic Republic of Congo

Acronym
CBTH

Study objectives
Hypothesis 1A: Community Based Trauma Healing decreases past-year reported physical and sexual IPV victimization for women
Hypothesis 1B: Community Based Trauma Healing decreases reported past-year non partner physical and sexual violence victimization for women
Hypothesis 1C: Community Based Trauma Healing decreases reported past-year physical and sexual IPV perpetration by men
Hypothesis 1D: Community Based Trauma Healing decreases reported past-year non partner physical and sexual violence perpetration by men

While CBTH is expected to decrease the incidence GBV, the program may also change propensity of people to speak out about GBV. An observed shift in reported CBV may reflect both changes in incidence as well as changes in reporting about incidence. These forces may work in opposite directions. While it is impossible to fully determine what is causing the observed changes in our measures of GBV, to help interpretation, we also look at if CBTH changes respondent: reported incidence on other traumas not related to GBV, reported willingness to intervene, changes in GBV attitudes, changes in tolerance for violence.

Hypothesis 2A: Community Based Trauma Healing decreases depression and anxiety (Hopkins Symptom Depression and Anxiety Checklist)
Hypothesis 2B: Community Based Trauma Healing decreases PTSD (Harvard Trauma Scale)
Hypothesis 3: Community Based Trauma Healing increases Self Help Actions

Our secondary hypotheses are:
Hypothesis 4: Community Based Trauma Healing decreases past-year reported emotional IPV victimization for women
Hypothesis 5A: Community Based Trauma Healing increases Self Efficacy
Hypothesis 5B: Community Based Trauma Healing increases Individual Resilience
Hypothesis 6: Community Based Trauma Healing increases Gender Equitable Attitudes
Hypothesis 7: Community Based Trauma Healing increases Community Resilience

Ethics approval required
Old ethics approval format

Ethics approval(s)

Approved 09/10/2018, NORC Institutional Review Board (55 East Monroe Street, Chicago, IL, USA; +1 773-256-6000; no email provided), ref: IRB00000967, Project Number 7554.059.01, IRB Protocol Number 18.08.13

Primary study design
Interventional

Study design
Cluster randomized trial

Study type(s)
Other

Health condition(s) or problem(s) studied
Reduction of sexual and physical IPV and non partner victimization

Interventions
Intervention: Community Based Trauma Healing in DRC
We evaluate the impact of Community Based Trauma Healing (CBTH), a program implemented in Eastern DRC, as a core strategy to help strengthen community capacity to support the trauma healing process and increase individual mental health, and reduce GBV in a (post)-conflict context. CBTH was part of a wider Tushinde Ujeuri programme activities that where targeting communities in Nyangezi, Katana and Walikale Health Zones in Eastern DRC. These other activities included legal support (such as a legal clinic, legal aid, working with a paralegal), medical support (such as visiting a health center, training of service providers, care and services for GBV survivors, family planning services), psychological support (such as speaking to a service provider or counselor) and economic support (village savings and loan programs or microcredit) and were available to all communities in the Health Zones.
During January 2019 - December 2020, in 80 randomly selected villages, Search for Common Ground (SFCG) implemented the CBTH program. At its core CBTH includes several steps:
1. Recruiting Trauma Healing Champions. In each community, SFGC recruited and trained local mobilizers, so called Trauma Healing Champions (THCs). Identification and training of THC occurred between January and March 2019. As eligibility criteria these should be a member of the community; are trusted by community members; have meeting facilitation skills, should be sensitive of issues related to equitable representation of the local population (for instance, ensuring that multiple tribes and religions are represented); know the conflict issues and GBV issues that affect the community welfare; be a leader for the community; should be inclusive and exert effort to include victims of: past rape, indigenous conflict, internal displacement and inheritance conflicts, traditional leaders and faith-based leaders, taking into account all sensitivities; and be able to read and write. To select candidates SFCG convened a public forum where the selection criteria were explained, and the community selected of their THC. Prior to this selection forum, SFCG field assistants sensitized different people in the community to explain the approach and the purpose of the public forum so that everyone was prepared and all had a chance to participate.
2. Training local mobilizers. The local THC were then trained on trauma healing, GBV, conflict resolution and community participatory facilitation techniques, by SFCG staff using a CBTH manual. To train THCs, SFCG conducted several training workshops gathering together several THC from nearby communities. Each training lasted several days and included extensive practice and assessment. Over the course of the project, several refresher training was organized to refreshing the skills of the THC, share experiences and update the facilitation materials if

required.
3. CBTH facilitated sessions. Over the project period, THC then held trauma healing (TH) sessions about each month for a total of 12 sessions. The COVID-19 pandemic caused disruption in implementation, especially during April – August 2020. Each TH session brought together 20-25 interested persons from the community, each session span across three days, meeting for about 2-3 hours each day. Separate sessions were organized for men and women. Using the facilitation guide THCs facilitate each session to enable participants to identify incidents that affect their personality and cause them trauma. They also aimed to help participants understand the signs of trauma, think about healing and solutions, and understand psychosocial services and other forms of support that exist in the community or near the community. Discussions included gender and conflict-related issues as well as other trauma-related factors. The facilitator aimed to foster open dialogues to allow participants to feel comfortable sharing their experiences. These discussions are as engaging as possible, for example using stories telling, where facilitators drew from local myths, legends or the Bible / Quran to inspire and provide hope and relief. Participants requiring additional support were referred to medical, judicial and mediation as relevant. THC also served as local and community references and resource persons to help support other community members being confronted with trauma issues.
4. Community Celebrations. During the programming period, SFCG organized eight cultural public events for CBTH participants from several communities, organized in a central location in each Health Zone. These events take the form of a festival, traditional celebration of dances, drum, music, meal-hut, etc. SFCG engaged with the community to make sure the content reflects community preferences and is implemented as a community-led initiative. GBV and conflicts issues are integrated in an edutainment program, were the emphasis is on enjoyment and building community cohesion and engagement to surpass trauma healing issues and open safe space to survivors. During the celebrations, voluntary testimonies of former victims are encouraged.

We use the Stata Package "randomize" (Kennedy and Mann, 2017) to block assign 160 villages to either receive the CBTH intervention (treatment) or no CBTH intervention (control). We block the randomization on health area, implying we randomly assign 50% of villages in each of the 40 health areas across 3 health zones (Katana, Nyangezi, Walikale) to receive the CBTH intervention.

Intervention Type
Behavioural

Primary outcome(s)
All outcomes measured at baseline and post-intervention (1.5 years since programming started):
1. Past-year IPV physical and sexual victimization (women) measured by bespoke questionnaire
2. Past-year non-partner physical and sexual violence victimization (women) measured by bespoke questionnaire
3. Past-year physical and sexual IPV perpetration (men) measured by bespoke questionnaire
4. Past-year non-partner physical and sexual violence perpetration (men) measured by bespoke questionnaire

Key secondary outcome(s)
All outcomes measured at baseline and post-intervention (1.5 years since programming started):
1. Depression and anxiety measured using the Depression and Anxiety Scale
2. PTSD measured using the 16-item Harvard Trauma Questionnaire (HTQ-16)
3. Service uptake measured using a bespoke questionnaire
4. Emotional IPV measured using a bespoke questionnaire
5. Individual Resilience (relational) measured using a bespoke questionnaire

6. Gender equitable attitudes measured using a bespoke questionnaire
7. Community Resilience (relational) measured using a bespoke questionnaire

Completion date
01/07/2021

Eligibility

Key inclusion criteria
All residents from selected villages are eligible to participate

Participant type(s)
Healthy volunteer

Healthy volunteers allowed
No

Age group
Adult

Sex
All

Total final enrolment
2400

Key exclusion criteria
Residents outside randomly selected 80 villages

Date of first enrolment
01/01/2019

Date of final enrolment
31/12/2020

Locations

Countries of recruitment
Congo, Democratic Republic

Study participating centre
Selected villages in Eastern DRC
Nyangezi, Katana and Walikale Health Zones in Eastern DRC
NA
Congo, Democratic Republic
NA

Sponsor information

Organisation
University of Chicago

ROR
https://ror.org/024mw5h28

Funder(s)

Funder type
Government

Funder Name
United States Agency for International Development

Alternative Name(s)
U.S. Agency for International Development, Agency for International Development, USAID

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
United States of America

Results and Publications

Individual participant data (IPD) sharing plan
All data generated or analysed during this study will be included in the subsequent results publication

IPD sharing plan summary
Other

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Funder report results		01/08/2022	11/11/2024	No	No
Study website	Study website	11/11/2025	11/11/2025	No	Yes