

Short-term therapy given by paraprofessionals reduces symptoms among rape survivors in DRC

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This shows University of Washington researcher Debra Kaysen (second row from back in orange) with group of psychosocial workers in DRC. Credit: Debra Kaysen, PhD.

Survivors of sexual violence have long gone without treatment and suffered debilitating symptoms of depression, anxiety and post-traumatic stress disorder.

But a randomized controlled study of 405 rape survivors in eastern Democratic Republic of Congo proves that short-term [therapy](#) delivered by para-professionals is effective at reducing mental health symptoms, according to a study released in the *New England Journal of Medicine*.

The study, "Controlled Trial of Psychotherapy for Congolese Survivors of Sexual Violence," provided 154 women cognitive processing therapy or CPT (1 individual session and 11 group sessions) and 248 women individual supportive counseling. The therapy was conducted between April 2011-July 2011 by researchers at Johns Hopkins University and University of Washington working with the International Rescue Committee and local psychosocial workers.

Six months after treatment, just 9 percent of women in the therapy group met criteria for probable depression and anxiety and 42 percent of women in the individual-support group, according to the study.

"We saw women, who once felt too stigmatized to be part of their community, re-engage after receiving CPT," said Judith K. Bass, lead author of the study and assistant professor with the Johns Hopkins Bloomberg School's Department of Mental Health

The great success of group therapy shows that a "manualized" approach to treatment—a step-by-step guide for therapists—helped both the therapists and the survivors, said Debra Kaysen, an associate professor of psychiatry and behavioral sciences at the University of Washington, and an author on the study.

Kaysen said cognitive processing therapy was developed in the mid-1980s by Patricia Resick, director of the Women's Health Sciences Division of the National Centers for PTSD in Boston, which is part of the U.S. Department of Veterans Affairs.

Kaysen said the therapy has been used in six randomized trials – three among veterans suffering PTSD and three among community women who have experienced sexual or physical victimization—and is now being used widely throughout the Veterans Administration and the Department of Defense to treat PTSD among active-duty military.

Kaysen said while there has been a great push for this therapy to be available to veterans, there are not the same mechanisms to get the therapy to survivors of sexual violence in community settings.

"I hope this study will make this therapy more available to survivors of sexual violence globally," Kaysen said. "There is such a huge need out there."

While most rapes are not reported and estimates vary widely, the U.S. Department of Justice in 2006 estimated that in the United States alone, one in six women and one in 33 men have experienced a rape or attempted rape. Eastern [Democratic Republic of Congo](#), where the trial was conducted, has experienced conflict for more than 20 years and rape and sexual violence rates are described as among the worst in the world with. A recent study showed that 40 percent of women – 2 out of every 5 women – had experienced rape.

Kaysen said researchers now have data five-10 years out from people receiving this therapy and their symptoms of PTSD, anxiety and depression have remained low. She said cognitive processing therapy (CPT) goes after the root of symptoms. In the case of survivors of sexual violence, CPT deals with areas affected by the trauma (e.g. safety, trust, power, control, esteem and intimacy).

In the study in the DRC, women were chosen among villages being served by three Congolese nongovernmental organizations. Qualitative studies in different languages were used to identify locally-important

psychosocial issues among [sexual violence](#) survivors. Abandonment and rejection by friends, concerns about providing for self and family, fear and stigma were major issues.

The women were then evaluated for depression and anxiety using the Hopkins Symptoms Checklist and for PTSD using the PTSD Checklist-Civilian Version, both of which were locally-adapted. [Women](#) were also scored on their ability to perform important tasks of daily living. Based on scores, participants were chosen for the study.

More information: "Controlled Trial of Psychotherapy for Congolese Survivors of Sexual Violence" *New England Journal of Medicine*, 2013.

Provided by University of Washington

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