THE COMMON ELEMENTS TREATMENT APPROACH

A proven way to treat violence against women and alcohol abuse

EVIDENCE BRIEF from a Randomized Clinical Trial in Lusaka, Zambia

AUGUST 2019

In the study CETA was shown to reduce physical and sexual violence against women and alcohol abuse among men and women:

- There was a 53% reduction in physical IPV and a 56% reduction in sexual IPV.
- CETA also reduced alcohol abuse among men and women: there was a 62% reduction in hazardous alcohol use among men and a 52% reduction in hazardous alcohol use among women.

Overall, CETA's proven effectiveness in addressing multiple public health problems concurrently suggests its potential scalability for reducing violence against women globally.

BACKGROUND

Violence against women is a highly prevalent global health and human rights concern. Globally, one in three women have experienced lifetime physical and/or sexual violence. In Zambia, 43% of women report experiencing intimate partner violence (IPV). Given the adverse health, economic, and social effects of IPV on individuals, families, and communities, preventing IPV is a critical priority for sustainable development in Zambia.

Prior research has found a strong connection between alcohol abuse and IPV. In particular, male partner alcohol abuse can significantly increase the risk for and severity of women experiencing IPV. There is limited evidence, however, for the effectiveness of IPV interventions in low-resource contexts that: 1) address the health and treatment needs of the entire family system; and 2) target IPV by addressing its underlying causes, including alcohol abuse.

Johns Hopkins University (JHU) worked with the Serenity Harm Reduction Programme Zambia (SHARPZ) as part of the UKAID-funded What Works to Prevent Violence Programme to evaluate an integrated treatment model – the Common Elements Treatment Approach (CETA) – addressing mental health, alcohol abuse, and violence among families in Lusaka. Baseline research confirmed extremely high rates of violence against women, with over 80% of women reporting at least one experience of past-year physical and/or sexual IPV. As part of study inclusion criteria, all of the women's male partners also had hazardous alcohol use.

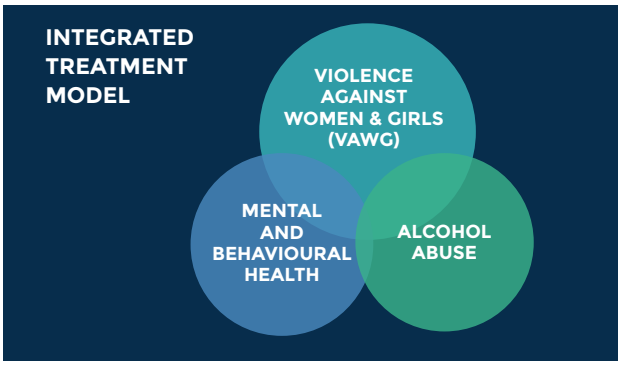

Figure1: Integrated Treatment Model

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WhatWorks TO PREVENT VIOLENCE A Global Programme To Prevent Violence Against Women and Girls

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THE COMMON ELEMENTS TREATMENT APPROACH

CETA is a "transdiagnostic" intervention, that includes elements from evidence-based cognitive behavioral treatments (see Figure 2). Providers learn to put the elements together in various ways to effectively address a wide range of common mental and behavioral health issues (including trauma, depression, anxiety, alcohol use, and violence against women). CETA's modular, community-based approach addresses multiple mental health challenges in concert, enabling more efficient scale-up and sustainability in low- and middle-income settings. Two rigorous clinical trials have already found strong effect sizes across a range of symptoms.

CETA is delivered in about 6-12 sessions by non-professional providers (i.e., lay counselors). Non-professionals are trained using the Apprenticeship Model (Figure 3), which includes a live training with active practice, practice groups run locally with guidance from experts, and ongoing weekly supervision to allow for on-the-job learning. Each session runs for 60-120 minutes. What elements are used, the order of included elements, and number of sessions spent on each element, is driven by the client's needs. Because all the women were reporting violence, they all received initial safety planning around violence, and then each element of CETA focused on violence prevention. Sessions covered supporting more helpful thoughts that can reduce hopelessness, talking about trauma of violence to reduce fear and anxiety, and problem solving around how to stay safe if there is violence and how to identify warning signs and keep kids safe. In the What Works trial, CETA was first delivered to single-sex groups of 5-7 people, but this was later changed to individual delivery due to feasibility issues raised by participants.

To evaluate whether CETA can reduce women's experience of IPV and male partner's hazardous alcohol use, we undertook a randomized controlled trial (RCT) across three high-density, low-resource neighborhoods ("compounds") in Lusaka between 2015 and 2018. Two hundred and forty eight "family units" participated, consisting of an adult woman, her adult male partner, and one child if applicable (male or female, aged 8-17). Families were eligible if the adult woman reported recent moderate-to-severe male-perpetrated IPV and the adult male partner was identified as drinking alcohol at hazardous levels.

Affected families were randomly assigned to the CETA intervention group or an enhanced control condition which included weekly safety checks by the study team. All participants completed study questionnaires at baseline, post-treatment (around 3-4 months post-baseline), 12-months post-baseline, and 24 months post-baseline.

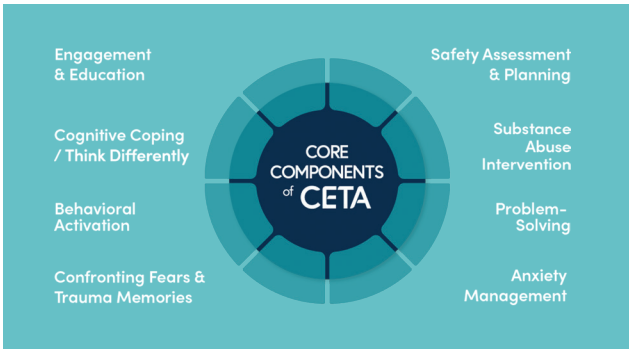

Figure 2: The Common Elements Treatment Approach

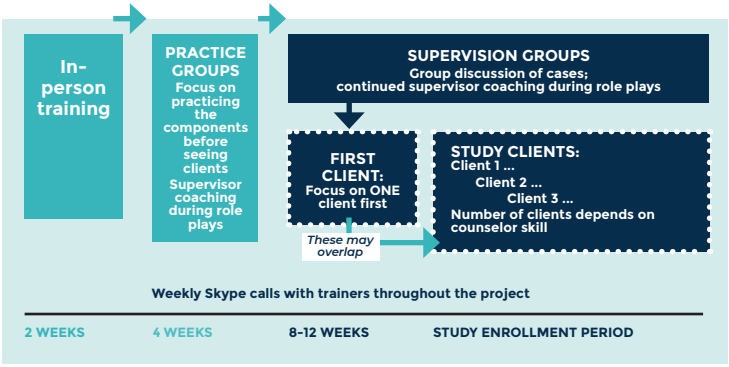

Figure 3: The Apprenticeship Model

1. Physical/sexual IPV

CETA was successful in reducing both physical and sexual violence against women. According to the women's report, physical IPV reduced by 53% and sexual IPV reduced by 56% among those who received CETA. Further, there were statistically significant differences between the CETA and control groups in physical IPV and sexual IPV reductions (Risk ratio=0.75 and 0.65, respectively, both $p<0.05$). This treatment effect was large enough that the Data Safety Monitoring Board made the recommendation to stop the trial 12 months early and offer CETA to control participants.

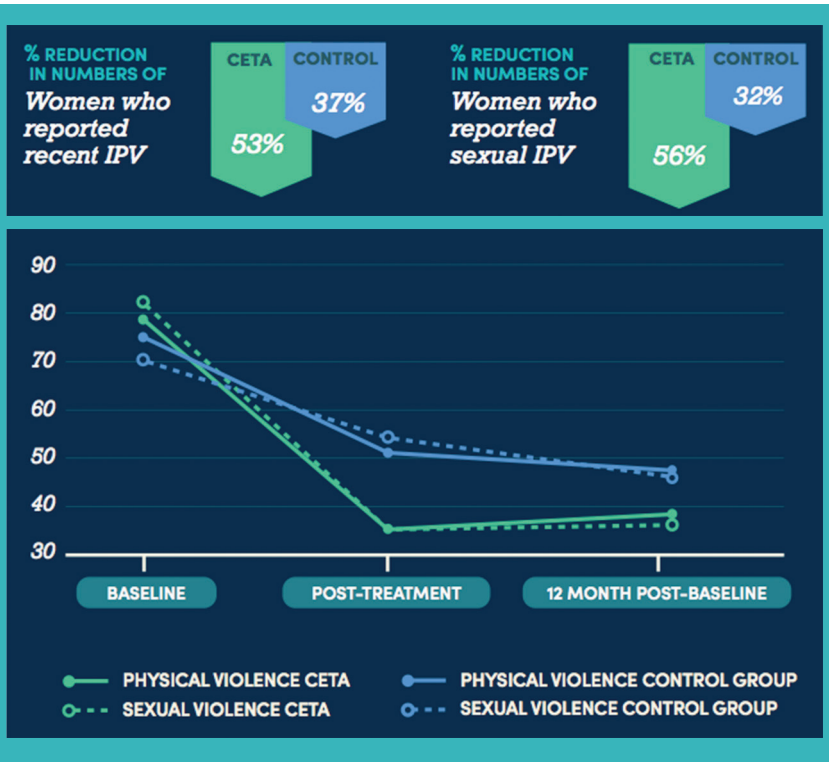

Figure 4 (left): Reduction in physical and sexual violence among women: baseline, post-treatment and 12 months post-baseline

2. Hazardous alcohol use

CETA was successful in reducing hazardous alcohol use among both men and women. Men's alcohol use reduced by 62% and women's alcohol use reduced by 52% among those who received CETA. Further, there were statistically significant differences between the CETA and control groups in alcohol use reductions for men's drinking (effect size=0.43, $p<0.05$) and women's drinking (effect size=0.28, $p<.05$)

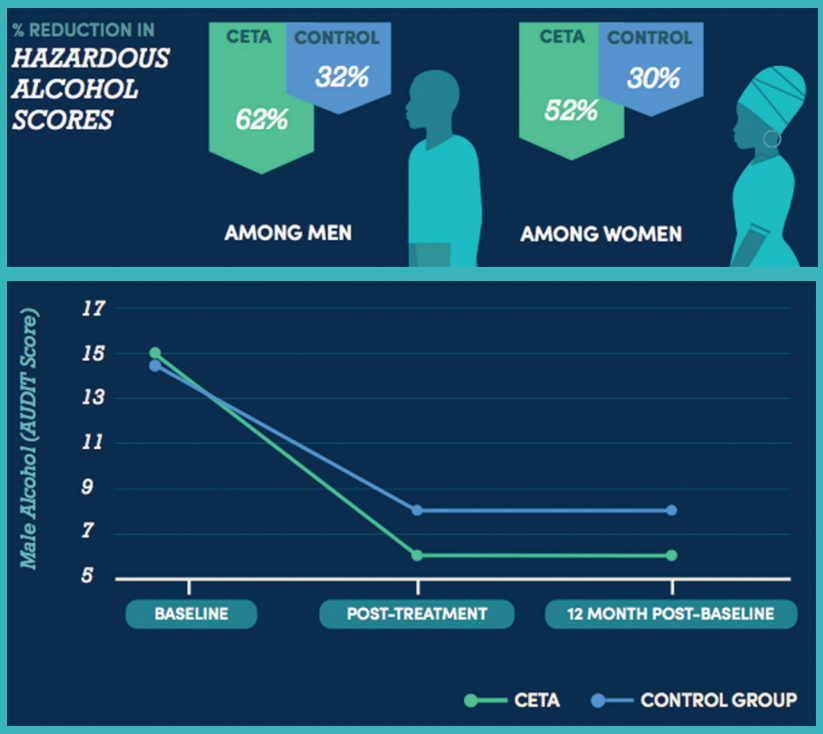

Figure 5: Hazardous alcohol use among men: baseline, post-treatment and 12 months post-baseline

3. Secondary outcomes

Adult participants who received CETA also had reductions in depression, trauma, and substance use. CETA had limited impacts, however, on shifting gender norms and attitudes among both men and women. Data showed some problems with the validity of the Gender Equitable Men's (GEMS) scale used to measure gender norms and attitudes, suggesting that an instrument validity study would be important. CETA was effective in reducing mental health problems among children with the greatest severity (top 10%) of symptoms. However, the small sample size from the study precludes the ability to formally test the overall comparative effectiveness between CETA and control for children. A future study with sufficient sample size is warranted. There were high retention rates (>85%) among all CETA participants, including women, men, and children.

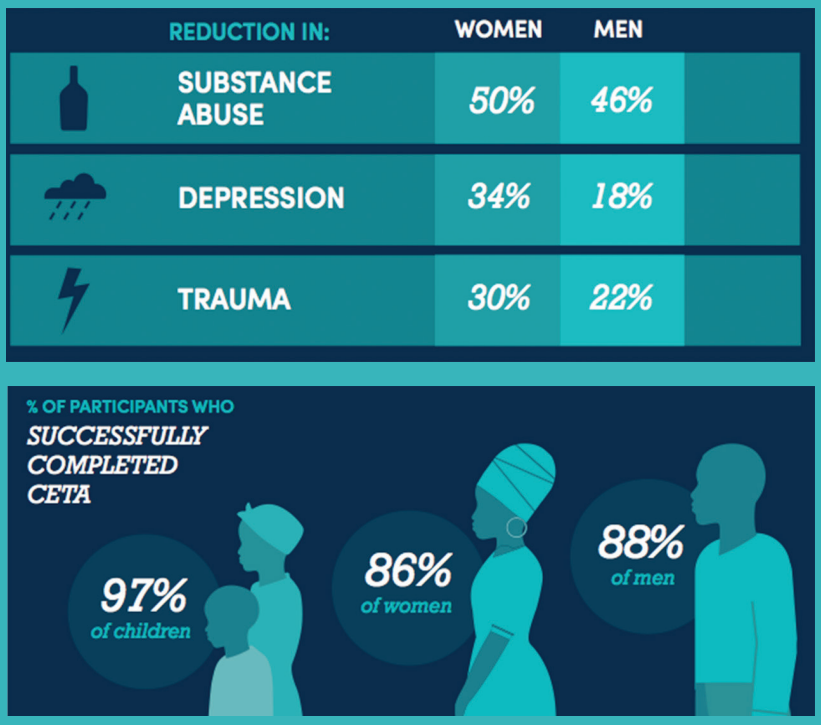

Figure 6: Secondary outcomes among men and women: baseline, post-treatment and 12 months post-baseline

IMPLICATIONS

Violence against women is a complex global epidemic with multiple interrelated risk factors. This study has demonstrated that CETA is an effective and feasible strategy to reduce violence against women, alcohol abuse, and related mental health problems in families. Additionally the study extends prior findings around CETA's effectiveness in low- and middle-income settings. There are several important implications of this study:

1. Integrated treatment models can be effective with families impacted by violence, alcohol abuse, and mental health problems, which are common co-occurring issues in low- and middle-income settings.
2. It is feasible to train local community members to deliver CETA in a sustainable way, allowing broad adoption and scalability.
3. Addressing violence against women and alcohol abuse together is likely to have a positive ripple effect on social and economic factors throughout the community, including the potential to reduce deaths, suicides, and vehicular accidents as well as improving overall public health.

> *"[CETA] encourages and strengthens a person and helps in terms of if you are having problems as a couple, they help you with how you can resolve your problems."*
>
> **– Male CETA participant**

> *"Before the program, we were both drinking beer so much and it was so much worse with my husband, but from the time we started to come for the program things began to change."*
>
> **– Female CETA participant**

PROJECT TEAM

The Applied Mental Health Research Group (AHMR) of JHU is a multi-disciplinary team working on mental and behavioral health topics in low- and middle-income settings around the world. The AMHR has been investigating mental health in Zambia since 2004. The CETA What Works trial is a collaborative project of the AMHR alongside SHARPZ, with further support from the Zambia Ministry of Health.

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IT'S TIME TO SCALE UP

CETA has proven to be a unique and effective treatment model for addressing multiple public health problems concurrently. Given extreme rates of violence against women and children in low-to-middle income countries, there is now rigorous scientific and feasibility evidence to support scaling-up CETA globally.

ACKNOWLEDGEMENTS

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