Violence Against Children: Response and Support

The Common Elements Approach (CETA)

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Programs/Interventions for Child-related Violence

• Community Focused
  • Prevention, Gender Norms, Education
• Economic Empowerment
• MHPSS Approaches
## Community Focused Approaches to Addressing Violence

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Description</th>
<th>Length</th>
<th>Outcomes</th>
</tr>
</thead>
</table>
| **SASA!**  
Abramsky et al. (2014)  
Kyegombe et al. (2014)  
• Community activists trained on violence prevention, power inequalities and gender norms.  
• Education and advocacy to try to address social norms.  
2.4 years of intervention | ✓ Decrease in social acceptance of IPV among women.  
✓ Greater acceptance that a woman can decline to have sex among women and men.  
✓ No MH outcomes |
| **Stepping Stones**  
Jewkes et al. (2008)  
Build knowledge, risk awareness, communication skills, and critical reflection.  
Education, GBV, STDs and HIV, and communication skills.  
13-3 hour sessions and a community meeting | ✓ No reported immediate treatment effects  
✓ Reduction in male reported perpetration of sexual and physical IPV at 2-year follow-up. |
| **Male Discussion Group (MDG) + GBV programming**  
Hossain et al. (2014)  
Education on gender equitable beliefs; violence; household roles; and hostility and conflict management.  
16 weeks for 3 hours per week | ✓ Increase in men using hostility/conflict management techniques. |
### Economic Approaches to Addressing Violence

<table>
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<th>Intervention</th>
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<th>Length</th>
<th>Outcomes</th>
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<tbody>
<tr>
<td>VSLA + Gender Discussion Group</td>
<td>Groups of 15–30 women contribute to a fund. Members borrow from it and pay back at a small interest rate. On a payout date, each member receives their savings plus return.</td>
<td>8 group sessions for 1-2.5 hrs</td>
<td>✓ Reduced economic abuse</td>
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<tr>
<td></td>
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<td></td>
<td>✓ Reduced physical IPV in high adherent group</td>
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<td></td>
<td>✓ Reduced sexual violence in the non child bride group</td>
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<td></td>
<td></td>
<td></td>
<td>✓ Reduced justification for wife beating</td>
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<tr>
<td>Pigs for Peace; Rabbits for Resilience</td>
<td>Microfinance approach uses pigs as a loan as an important source of economic security and status, similar to a savings account, in rural villages.</td>
<td>B-weekly home visits while pig has first 2 litters</td>
<td>✓ Increased productive assets (animal wealth)</td>
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<td></td>
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<td></td>
<td>✓ Reduced loans/credit</td>
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<tr>
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<td></td>
<td>✓ Improved general health</td>
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<tr>
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<td></td>
<td></td>
<td>✓ Reduced symptoms of anxiety</td>
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<td>✓ Reduced symptoms of PTSD</td>
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<tr>
<td></td>
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<td></td>
<td>✓ Reduced controlling behaviors and psychological IPV</td>
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</table>
MHPSS Response to Violence: Trauma Treatment

**Cohen’s d effect sizes:**
- .8 is a large effect
- .5 is a medium effect
- .2 is a small effect
- <.2 is non-significant.

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Focus</th>
<th>Population</th>
<th>Length</th>
<th>Effect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Narrative Exposure Therapy (NET)</td>
<td>Clinical Levels of Traumatic Stress</td>
<td>Adults and Youth (7-16)</td>
<td>4-12, 90-120 minute sessions</td>
<td>Traumatic Stress: $d = .66^<em>$ Depression: $d = .40^</em>$ Suicidal Ideation: $d = .42^*$</td>
</tr>
<tr>
<td>Trauma Focused Cognitive Behavioral Therapy (TF-CBT)</td>
<td>Clinical Levels of Traumatic Stress</td>
<td>Youth (3-17)</td>
<td>8-25, 60 min sessions</td>
<td>Individual Traumatic Stress: $d = -.12-.239, .09-.99^<em>$ Prolonged Grief: $d = -.07-.84, .12-.75^</em>$ Internalizing (depression/anxiety): $d = 0-.75, .11-.61^<em>$ Externalizing (behavior problems): $d = -.11-.27, -.01-.84^</em>$</td>
</tr>
<tr>
<td>Cognitive Processing Therapy (CPT)</td>
<td>Clinical Levels of Traumatic Stress</td>
<td>Adults</td>
<td>12, 60 min sessions</td>
<td>Traumatic Stress: $d = .41-1.4, 1.3^*$ Traumatic Grief: $d = .82$ Depression: $d = .40-.70$ Anxiety: $d = .27-.66$</td>
</tr>
</tbody>
</table>
WHY Common Elements?
Depression
Trauma/violence
Anxiety
Substance Use
Violence
Risky behaviors
Low adherence

Mental Health Impact

Comorbidity!
Current Approach – Siloed

 Violence  Trauma  Substance misuse  Child/ Adolescent
CETA and Violence

To reduce Violence

Work on prevention (causes of violence)  Need to treat “trauma” of violence
What is the Evidence for CETA?
<table>
<thead>
<tr>
<th>Citation</th>
<th>Site</th>
<th>Population</th>
<th>N</th>
<th>Impact (Effect sizes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bolton et al. (2014)</td>
<td>Mae Sot, Thailand</td>
<td>Adult; Burmese Refugees</td>
<td>CETA: 182 Wait-list: 165</td>
<td>CETA vs. Wait-list RCT</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Depression: 1.16 PTS: 1.19 Impaired Function: 0.63 Anxiety: 0.79 Aggression: -0.58</td>
</tr>
<tr>
<td>Weiss, Murray et al. (2015)</td>
<td>Southern Iraq</td>
<td>Adult; Survivors of systematic violence</td>
<td>CPT: 99 Wait-list: 50</td>
<td>CETA vs. Wait-list RCT</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PTS: 2.40 Depression: 1.82 Dysfunction: 0.88</td>
</tr>
<tr>
<td>Murray et al., (2018)</td>
<td>Jijigga, Ethiopia</td>
<td>Somali refugees in camps; Youth</td>
<td>CETA: 37</td>
<td>Open trial</td>
</tr>
<tr>
<td>Murray et al., (2019)</td>
<td>Lusaka, Zambia</td>
<td>Women, Men, Children (Family units)</td>
<td>CETA: 123 couples TAU Plus Safety: 125 couples</td>
<td>CETA vs. TAU + safety RCT</td>
</tr>
<tr>
<td>Under review</td>
<td>Ukraine; 3 locations</td>
<td>Adult, Veterans, IDPs, male and female</td>
<td>Short-CETA n=117, Standard CETA n=129, Control=56</td>
<td>CETA vs. waitlist</td>
</tr>
</tbody>
</table>
Economic benefits

Well, I have seen the changes in myself. Previously when I have free time, I would go and drink but these days I use my free time to do other jobs and now I have seen that I am able to buy cement and sand so that I can make blocks. This has made me see change in that I just don’t play around the compound.

Male CETA Participant

Sharing money and decision making

It’s different because you can say before I started the program; I used to think I’m the only head of the house. Everything—just dictate—this and this, this and this but this time, we do sit together, plan/consult one another. See the way forward together—not just one party thing.

Male CETA participant

He stopped beating me and he gives me sensible support. He never supported the children to go to school but now he gives me money... He never gave me money before.

Female CETA Participant

I stopped drinking beer and my husband no longer hides his money. Whenever he comes back and find me normal, he usually gives me money to go and buy food but when he finds me drunk then he would rather go and buy for himself. So I saw that I would never see any money from my husband if I continue with my way of life...these days my husband doesn’t hide money from me, those days when I used to drink he used to hide

Female CETA Participant

The change I saw in myself is that it strengthened me....... What we would do is that if we both found money, we would both go drinking without buying food for home. But now we have changed. We buy cooking oil, lotion and the like

Male CETA Participant
Costing

CETA addresses:
- Many different problems
- Across the life span
- Across all levels of severity (prevention – treatment)

You would need 5-8 different evidence-based programs trained, implemented and scaled to get the same results
What is the flexibility with the CETA APPROACH
CETA Integration Flexibility

1. Social considerations in basic services and security in a way that is participatory, safe and socially appropriate to ensure the dignity and wellbeing of all children and community members.

2. Family and community supports for recovery, strengthening resilience and maintenance of mental health and psychosocial wellbeing of children and families.

3. Focused, non-specialized support by trained and supervised workers to children and families, including general (non-specialized) social and primary health services.

4. Specialized services by mental health clinicians and social service professionals for children and families beyond the scope of general (non-specialized) social and primary health services.

Figure 1. MHPSS Intervention Pyramid (Snider & Hijazi, 2020).
CETA APPROACH Session Options:

- Number of sessions:
  - Prevention: 1 session
  - Mild problems: ~3-5 sessions
  - Moderate to severe problems: ~8-12 sessions
  - Sessions can be longer than 1 hour; or shorter
CETA Safety

THE CETA SAFETY ELEMENT ENABLES THE ABILITY TO:

- Identify local resources or partners
- Determine how to refer clients for higher levels of care
- Assess safety risks with just a few standard questions
- Develop individualized safety plans to:
  - Identify warning signs
  - Recommend coping practices
  - Reduce means to hurt self/others
  - Develop a safety watch

SAFETY TRAINING FOR YOUR ORGANIZATION

CETA partners with organizations of all sizes and areas-of-focus to offer support to integrate safety capacity into public health programs and interventions around the world.

We offer **ONE-DAY TRAININGS** with options for ongoing support for:

- Non-professionals
- NGO/research staff
- Front-line field workers
- Global development professionals
- Country directors
- Organizational staff
CETA Training and Implementation
Training to Competency: Apprenticeship model

In Person Training

Practice Groups: Focus on practicing the components before seeing clients
Supervisor coaching during role plays

Supervision Groups: Group discussion of cases; continued supervisor coaching during role plays

Study Clients
Client 1 . . .
Client 2 . . .
Client 3 . .
Number of clients depends on the counselor skill

First Client
Focus on ONE client first

Weekly skype calls w trainers throughout the project

These can overlap some

TIME . . . .

Two weeks . . . . Four weeks . . . . Varies: 8-12 weeks . . . . Study enrollment period
Who can provide CETA?

• LAY PROVIDERS – up to professionals
• No advanced education needed (e.g., 4th grade)
• Speaks local language(s)
• **Passion** to help community
• Good with people
• Understand their communities
• **Those with TIME**
• Those that have organization skills
• Responsible
• Basic knowledge of how to use a phone or computer
• Private space to conduct sessions
Implementation is Flexible!

- CETA CSS sessions are once off for about 20 min -2hrs
- CETA Standard client sessions are 30min – 90 min
  - Clients receive between 5-12 sessions depending on severity of symptoms
- Counselors can work as little as 1-2 days a week or full time
- About 2 hours supervision per week – until competency is reached.
Thank you!

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