

# A Proven Way to Treat Violence Against Women & Alcohol Abuse

The Applied Mental Health Research group (AMHR) began investigating mental health in the Southern African country of Zambia in 2004. Community-based needs assessments provided insight into the prevalence of mental health issues in local communities, identifying trauma and grief as major problems with few local services available. Among children, our own qualitative data demonstrated that child sexual abuse and poly-victimization are both common in Zambia. These seemingly interrelated factors led to an adapted treatment approach, designed to address mental health, alcohol abuse, and violence together, affecting women and families in low/middle resource countries around the world.

IN ZAMBIA

**48% of women reported experiencing Intimate Partner Violence (IPV)**

*with substantially increased risk when a spouse/partner drank alcohol heavily*

## COMMON ELEMENTS TREATMENT APPROACH

CETA is a scientifically-proven transdiagnostic intervention, combining treatments for a range of mental health issues (trauma, depression, anxiety, alcohol abuse) into a single model.

CETA's modular, community-based approach addresses several mental health challenges in concert, enabling scale-up and sustainability in low-to-middle-income environments.

Engagement & Education

Cognitive Coping / Think Differently

Behavioral Activation

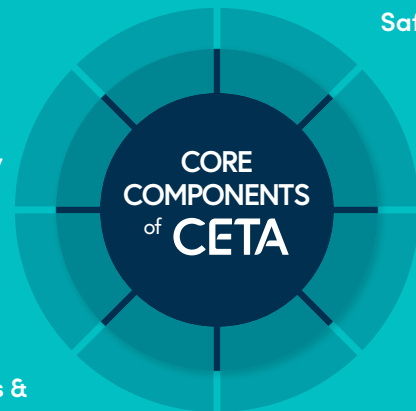
Confronting Fears & Trauma Memories

Safety Assessment & Planning

Alcohol Abuse Intervention

Problem-Solving

Anxiety Management & Relaxation



## CETA STUDY

Zambia 2015-2018

A randomized controlled trial was conducted to explore implementing CETA as a strategy to reduce and prevent violence against women. In the past, there have been few rigorous trials on interventions for IPV with clinical inclusion criteria.

\*Previous research indicates a strong correlation between alcohol abuse and partner violence.

### INTEGRATED TREATMENT MODEL



## HOW THE TRIAL WORKED

- CETA trial was implemented across 3 sites in Lusaka, the capital of Zambia
- 248 'family units' participated: an adult woman, her adult male partner, and one identified youth (male or female, age 8-17)
- Families were eligible if:
  - the adult female indicated moderate-to-severe amount of violence
  - the adult male partner was identified as drinking alcohol at hazardous levels

AFFECTED FAMILIES WERE RANDOMLY ASSIGNED TO:

CETA INTERVENTION GROUP

OR

CONTROL GROUP  
(+ WEEKLY SAFETY CHECKS)

Upon review by the study's Data & Safety Monitoring Board the **trial was halted 12 months early** - due to its strong effectiveness results and ethical need to make CETA accessible to the control group not receiving CETA.

## UNDERSTANDING THE POPULATION

- Confirmed extremely high rates of violence against women



over **80%** of women reported

at least one experience of recent physical IPV

recent sexual violence



The frequency, severity, and breadth of violence types experienced were higher than expected

- Rates of hazardous alcohol use, other substance use, and mental health problems were high among both men and women



**65%** of women self-reported hazardous drinking levels



**77% & 86%** of men & of women

MET SYMPTOM CRITERIA FOR DEPRESSION



**38% & 47%** of men & of women

MET CRITERIA FOR PTSD



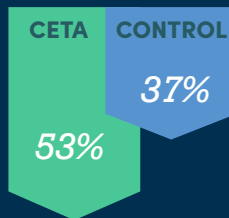
**41% & 23%** of men & of women

USED A NON-ALCOHOL SUBSTANCE TYPE

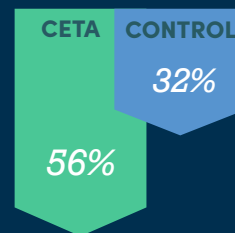
## WHAT THIS RESEARCH REVEALED

- Proven effective in reducing physical and sexual violence against women

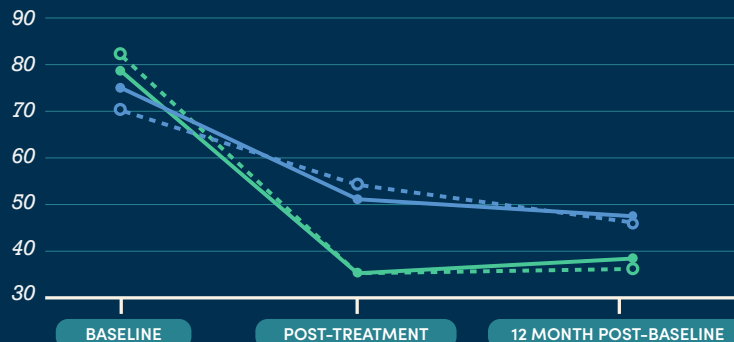
% REDUCTION IN NUMBERS OF Women who reported recent IPV



% REDUCTION IN NUMBERS OF Women who reported sexual IPV



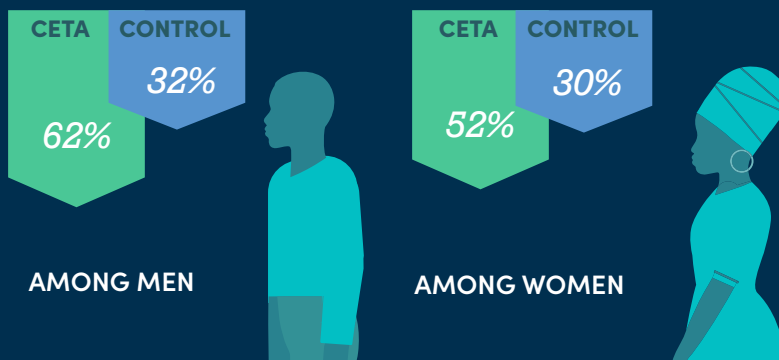
SUSTAINED REDUCTIONS OVER TIME



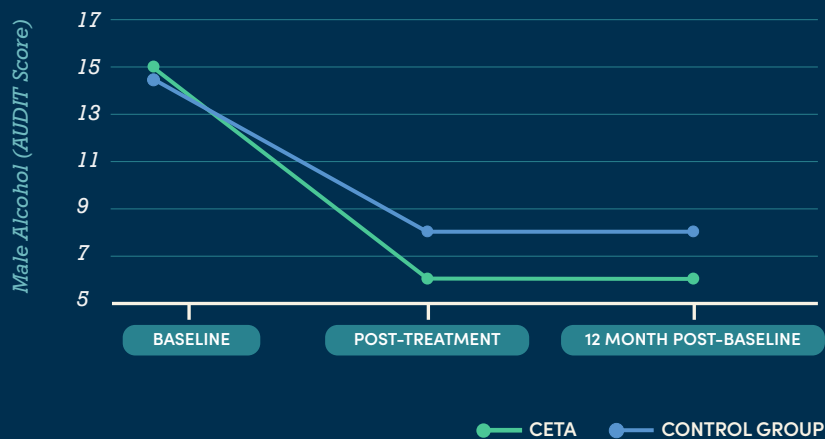
● PHYSICAL VIOLENCE CETA     ● PHYSICAL VIOLENCE CONTROL GROUP  
○ SEXUAL VIOLENCE CETA     ○ SEXUAL VIOLENCE CONTROL GROUP

- *Reduced hazardous alcohol use by both men and women*




## % REDUCTION IN HAZARDOUS ALCOHOL SCORES



## SUSTAINED REDUCTIONS OVER TIME

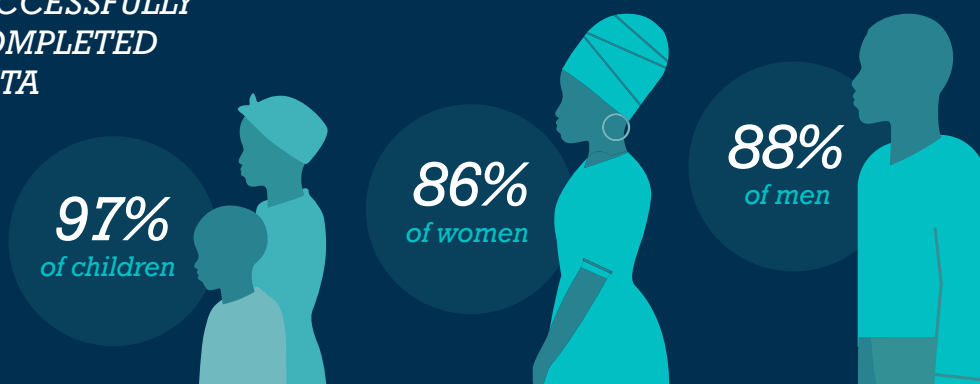


- *CETA successfully addressed other mental health issues concurrently*

	REDUCTION IN:	WOMEN	MEN
	SUBSTANCE ABUSE	50%	46%
	DEPRESSION	34%	18%
	TRAUMA	30%	22%

- *High retention of men, women, and children*

## % OF PARTICIPANTS WHO SUCCESSFULLY COMPLETED CETA



*Implications & Opportunities***WHY THESE FINDINGS ARE SIGNIFICANT**

- Violence is a complex global epidemic with multiple, often related risk factors. **CETA has proven that integrated treatment models can be effective** with families impacted by violence, alcohol abuse, and mental health problems common in low-resourced countries
- **Addressing violence and alcohol abuse together** is likely to have a positive ripple effect on social and economic impacts throughout the community, related to reducing deaths, suicide, vehicular accidents, and improving overall public health
- It is feasible to **train local community members** to deliver CETA in a sustainable way, allowing broad adoption and scalability

**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.

The Applied Mental Health Research Group (AMHR) is a multi-disciplinary team working on mental and behavioral health topics in low- and middle-income countries around the world.

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