

EFFECTIVENESS OF THE COMMON ELEMENTS TREATMENT APPROACH (CETA) FOR REDUCING INTIMATE PARTNER VIOLENCE AND UNHEALTHY ALCOHOL USE

RESULTS FROM THE VATU TRIAL IN ZAMBIA

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Zambia

- 15+ years
- 15+ studies
- Primarily in Lusaka
- IPV & unhealthy alcohol use major inter-related problems



ZAMBIA STUDIES BY TYPE AND DATE						
Study type	Primary outcome	Date	Funder	Population	Partner	Status
Qualitative	Local perceptions of MH problems	2004	NIMH	Women and children	CSAC, UNZA, MoH	Completed Murray et al., 2006
Instrumentation	Validated 3 MH measures	2008	NIMH	Children	CSAC, UNZA, MoH	Completed Murray et al., 2011
Feasibility study	Feasibility of implementing MH treatments	2008	NIMH	Children	CSAC, UNZA, MoH	Completed Murray et al., 2012
Pilot study	Integration of MH treatments into current programming	2009	USAID	Children	CRS, MoH	Completed Murray et al., 2013
Instrumentation	Validated a battery of MH and HIV measures	2013	NIMH	Adolescent	SHARPZ, MoH	Completed Kane et al., 2017
Implementation	Feasibility of mental health treatments in Zambia	2013	NIMH	Adults	UNZA, MoH	Completed Murray et al., 2014
RCT	Effectiveness of TF-CBT in reducing MH symptoms	2012-2013	USAID/DCOF	Children	SHARPZ, MoH, EGPAF, ADL, UNZA	Completed Murray et al., 2015
RCT	Effectiveness of TF-CBT in reducing HIV risk behaviors	2011-2018	NICHD	Adolescent	SHARPZ/CIDRZ, MoH, EGPAF, ADL, UNZA	Completed Murray et al., under review
RCT	Effectiveness of CETA in reducing IPV and alcohol use	2015-2019	DFID/SAMRC/WW	Women and male partners	SHARPZ/MoH, UNZA	Completed Kane et al., 2017
RCT	Effectiveness of CETA in reducing alcohol use in HIV care	2018-2021	NIAAA	Adults living with HIV	CIDRZ/MoH/UNZA	Ongoing
Hybrid RCT	Implementing and testing train the trainer approaches for CETA	2018-2023	NIMH	Adolescent	CIDRZ/MOH/UNZA	Ongoing
Instrumentation/Implementation	Implementing CETA SBIRT in HIV care using biomarkers	2019-2024	NIAAA	Adolescent	CIDRZ/MOH/UNZA	Ongoing

VIOLENCE & ALCOHOL USE IN LMIC & ZAMBIA

90% of violence-related deaths occur in LMIC

48% of ever-married women in Zambia reported experiencing IPV

Male partner unhealthy alcohol use associated with increased risk for experiencing IPV in LMIC

Recent epidemiological studies suggest prevalence of unhealthy alcohol use increasing in LMIC

Fewer studies have tested tertiary prevention, clinical interventions

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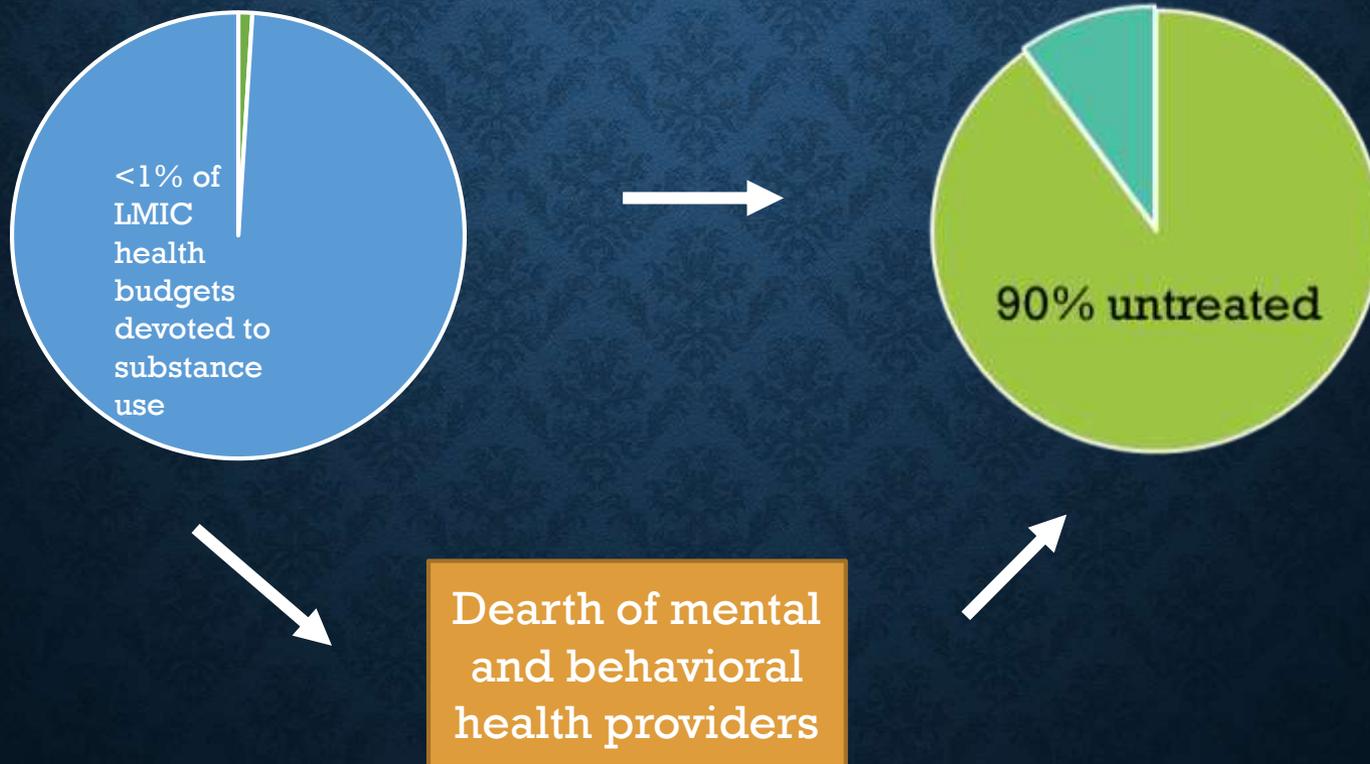
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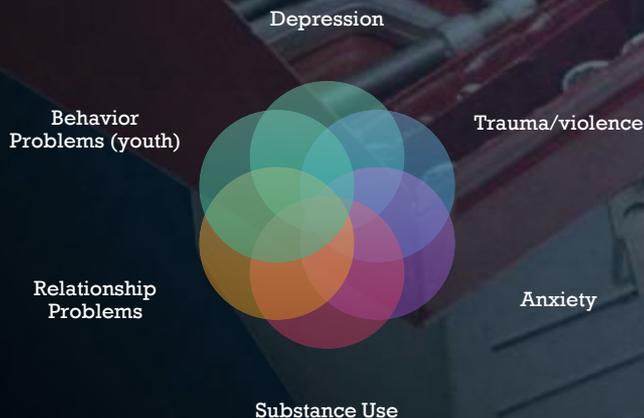
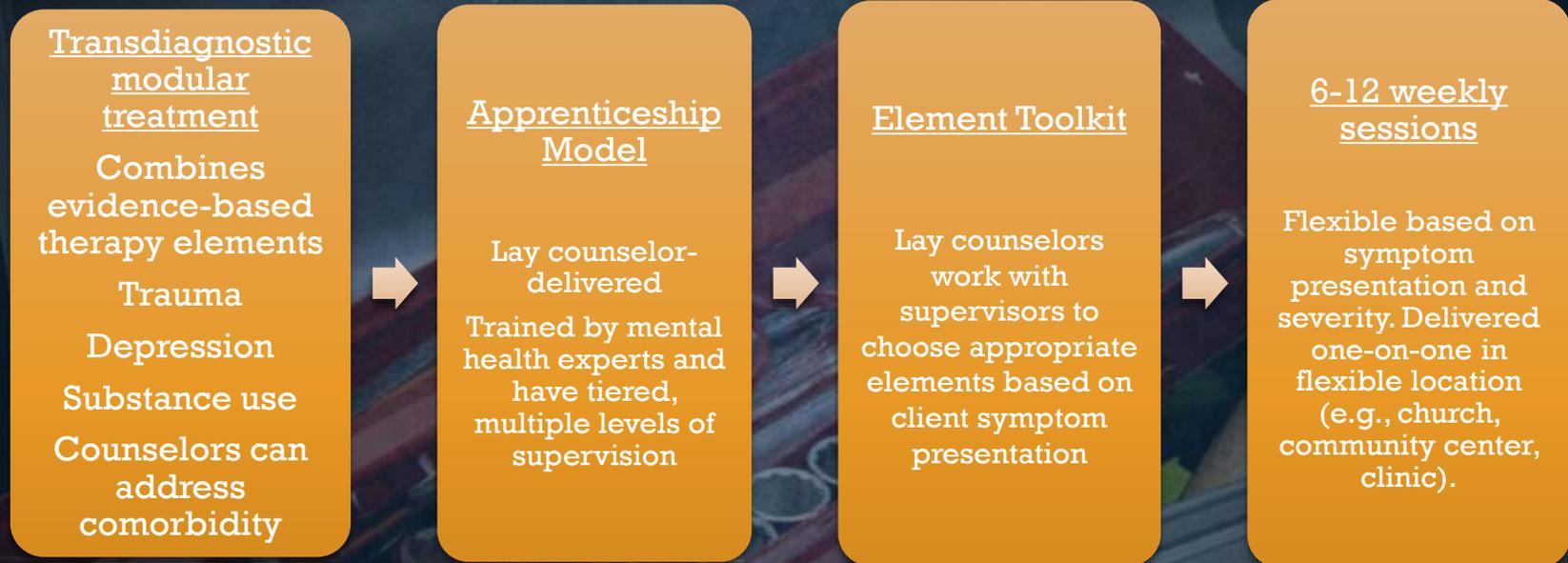
Fewer studies have tested tertiary prevention, clinical interventions

ALCOHOL & OTHER SUBSTANCE USE TREATMENT IN LMIC

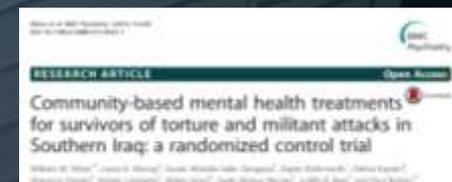
- Limited funding, lack of providers, and treatment gaps



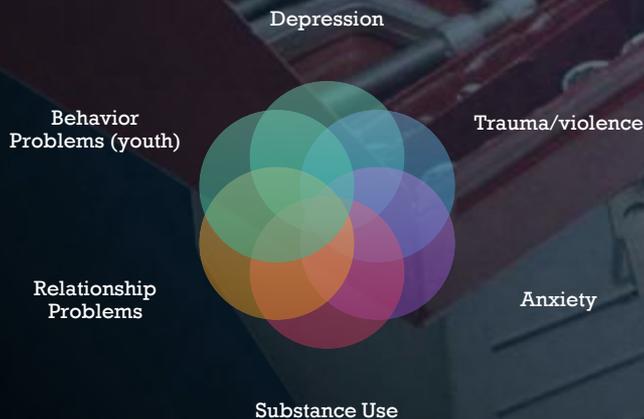
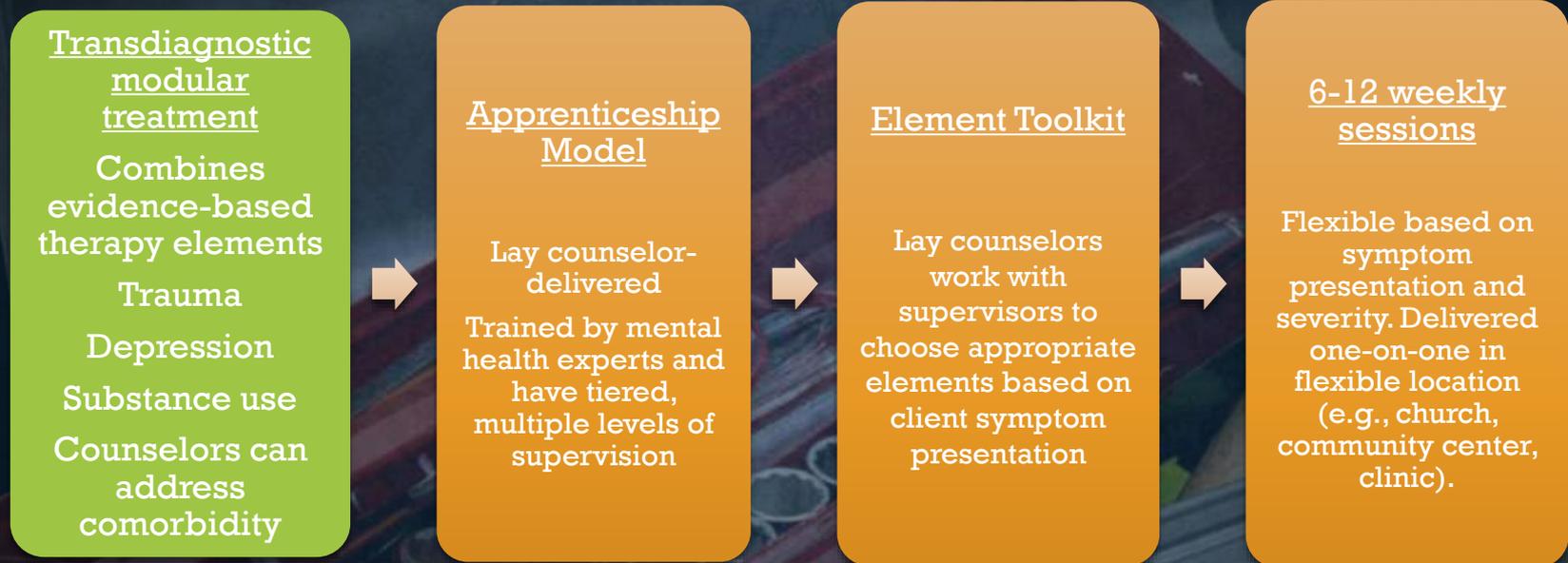
COMMON ELEMENTS TREATMENT APPROACH (CETA)



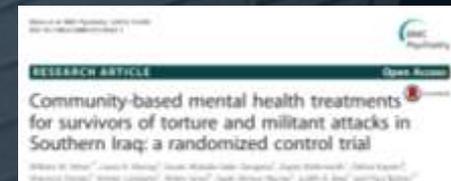
RCTs in Iraq (among torture-survivors) and in Thailand (among Burmese refugees) found significant treatment effects for depression, anxiety, PTSD, functional impairment.



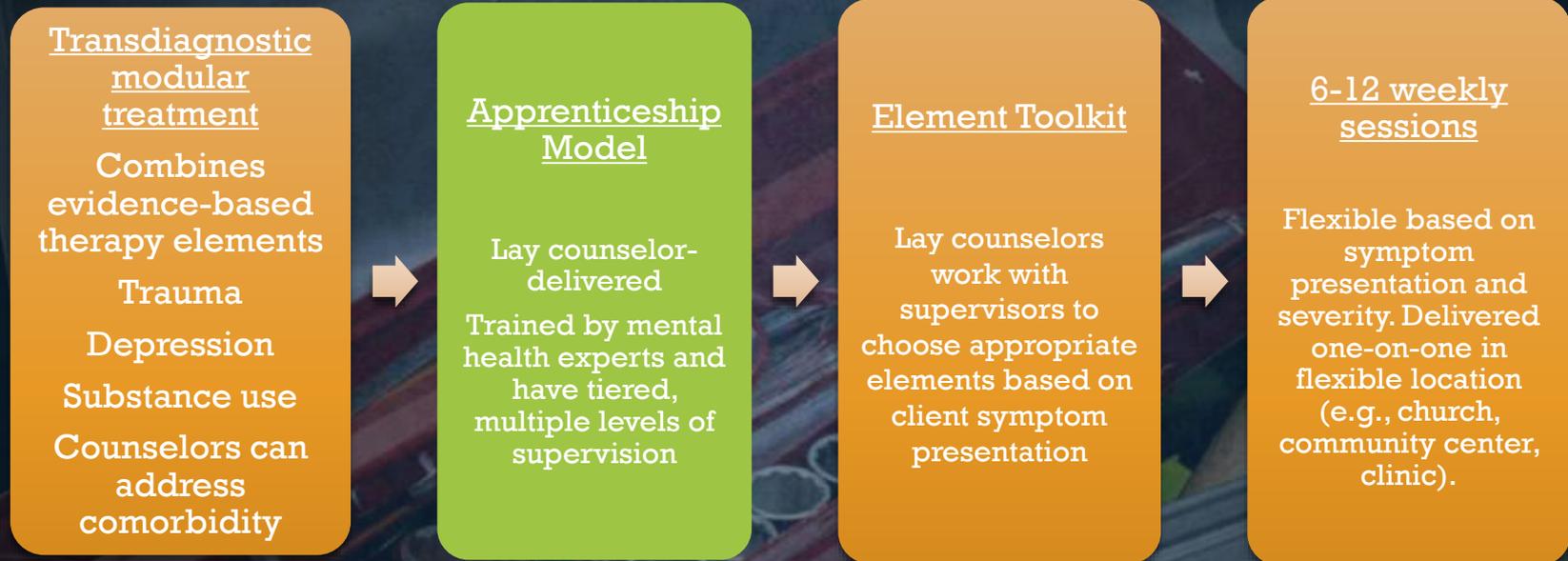
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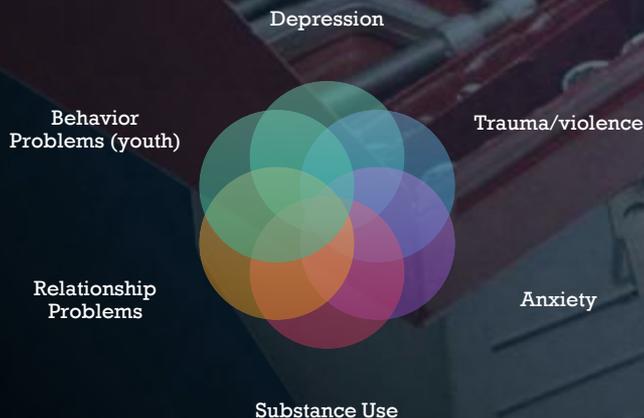
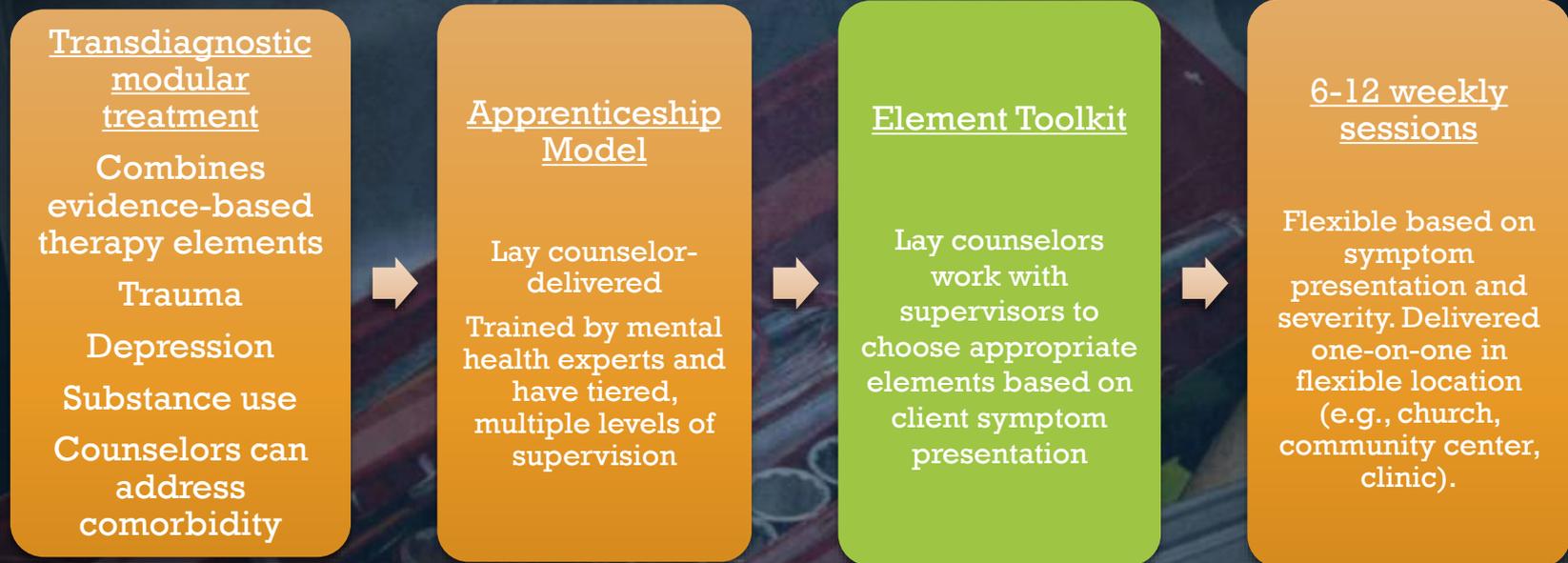
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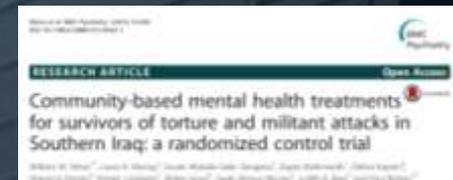
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ELEMENTS OF CETA

Psychoeducation and engagement

Anxiety management strategies

Behavioral activation

Cognitive coping/restructuring

Imaginal gradual exposure

In vivo exposure

Safety planning

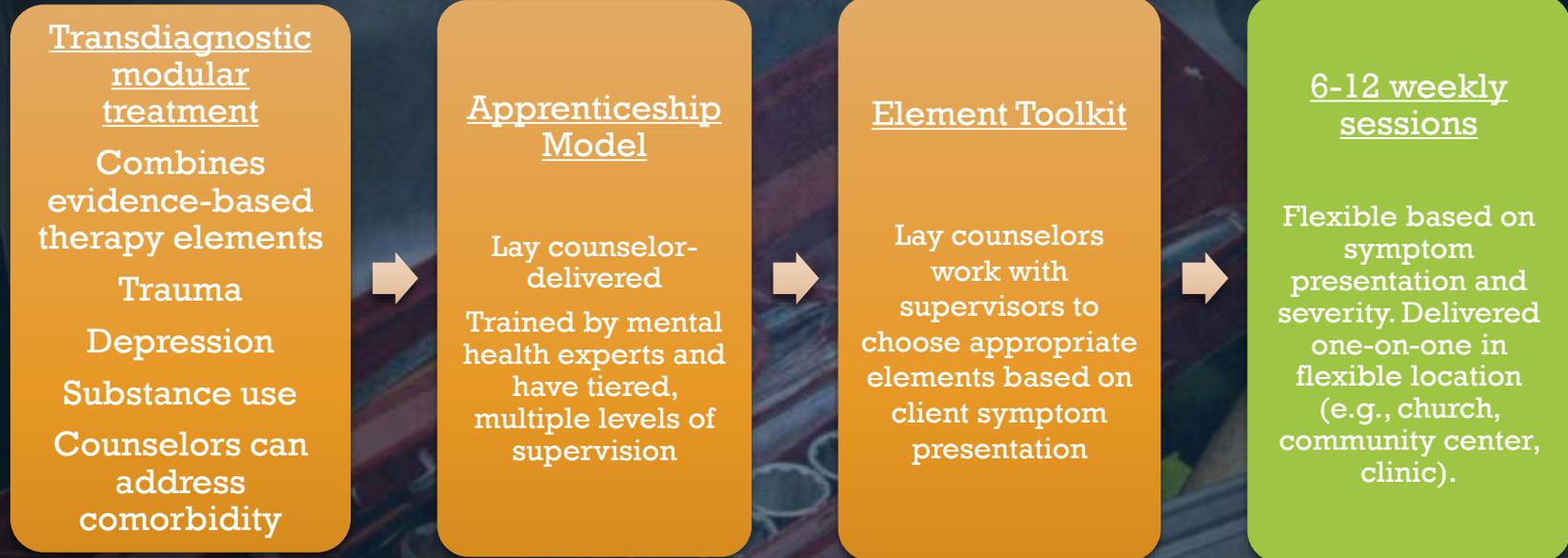
CBT for substance use and relapse prevention

Substance use support

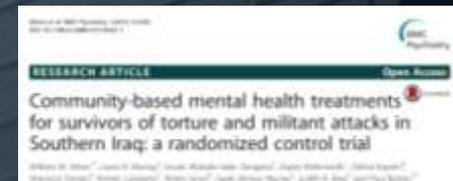
Violence prevention

Parenting skills (if applicable)

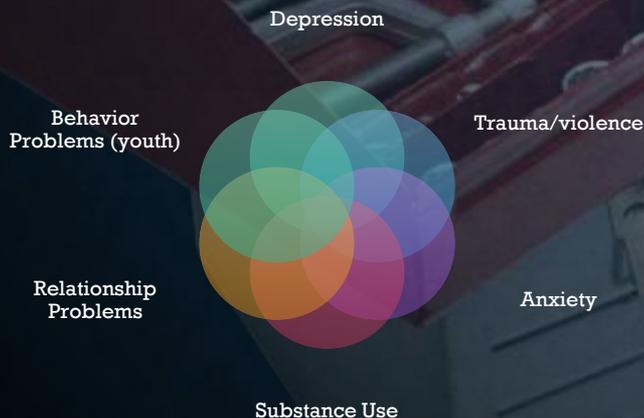
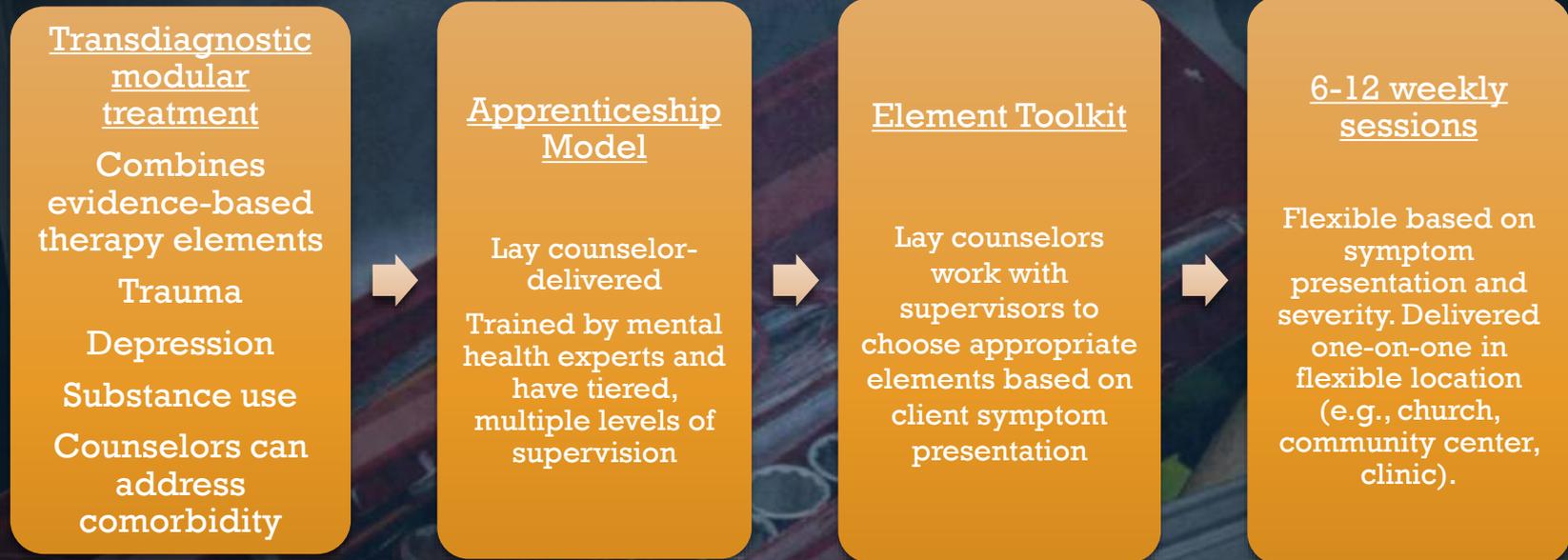
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ZAMBIA VIOLENCE & ALCOHOL TREATMENT (VATU) TRIAL

Randomized controlled trial

- To address highly prevalent, interrelated problems of IPV and unhealthy alcohol use, we designed a community-based effectiveness trial testing CETA for IPV and alcohol reduction

Enrolled a high risk/highly affected population

- Women with high levels of recent/ongoing IPV perpetrated by her current male partner
- Male partner also recruited and had recent unhealthy alcohol use (self or partner report)

248 couples enrolled

- Randomized 248 couples 1:1 to:
 - CETA (women and men separately)
 - Treatment as usual (No formal intervention but weekly safety checks)

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VATU OUTCOMES

Primary outcomes:

- IPV
 - Severity of Violence Against Women Scale (SVAWS)
- Male alcohol use (AUDIT)
 - Self-reported
 - Partner-reported by females

Timepoints

- Baseline
- Post-treatment (appx 3-4 months post-baseline)
- 12 months post-baseline
- 24 months post-baseline (planned)

Kuleka kuyanka mafunso 9 Sizindikuzi ai Siziziba yanko Sinifuna kuyanka

Kupita kusukulu
 Kodi nivuto lamutundu otani lomwe munakhala nayo pochita zimenezi mumasabata anai yapita?

0 **Kulibe**

1 **Pang'ono chabe**

2 **Mwapang'ono chabe**

3 **Kwambiri**

4 **Nthawi zambiri ndi malephera**

Version: ADPLM_2015-08-13

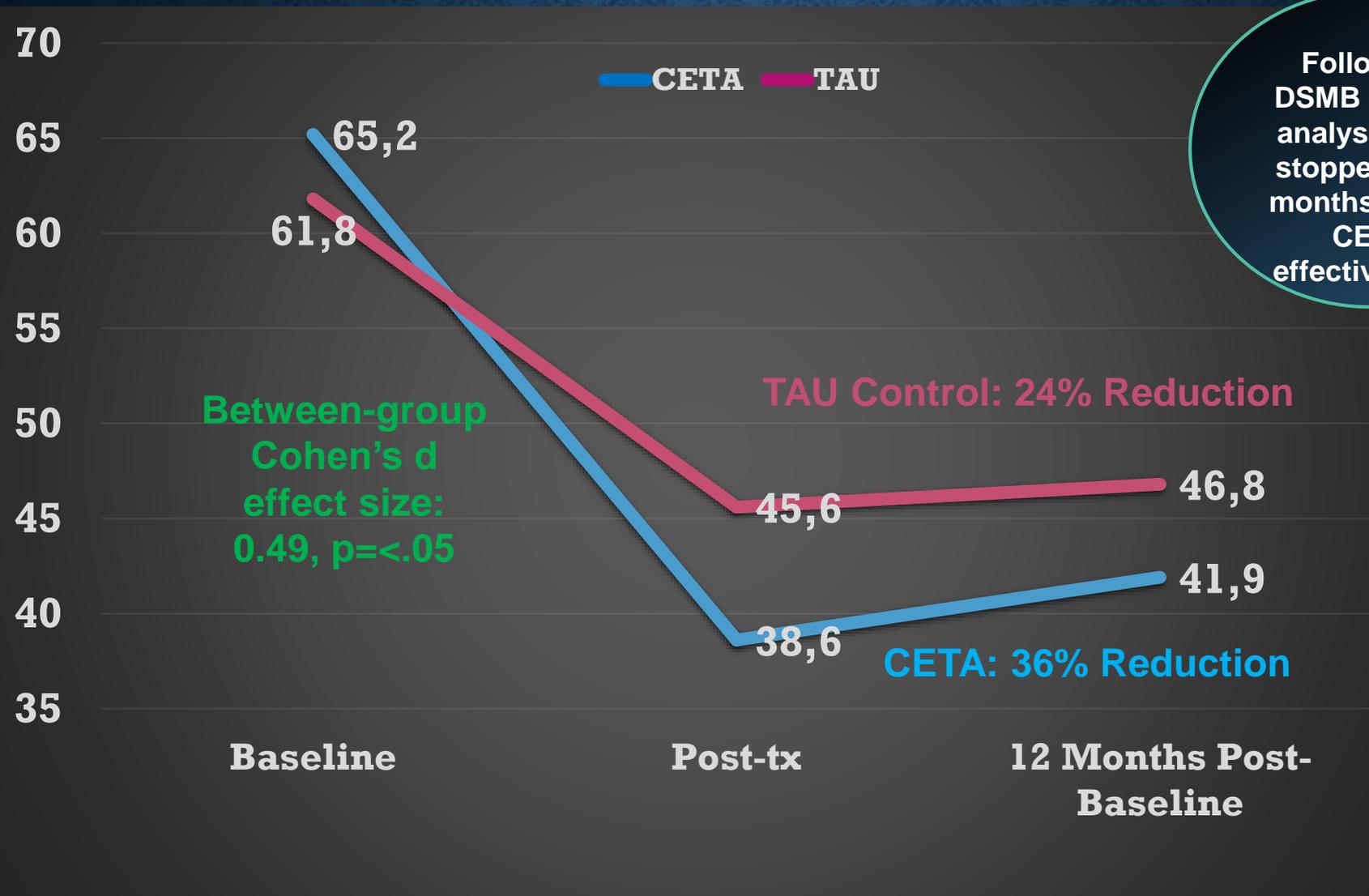


Adolescent Summary Page: **ELIGIBLE YES** **Q.18** **Q.91**

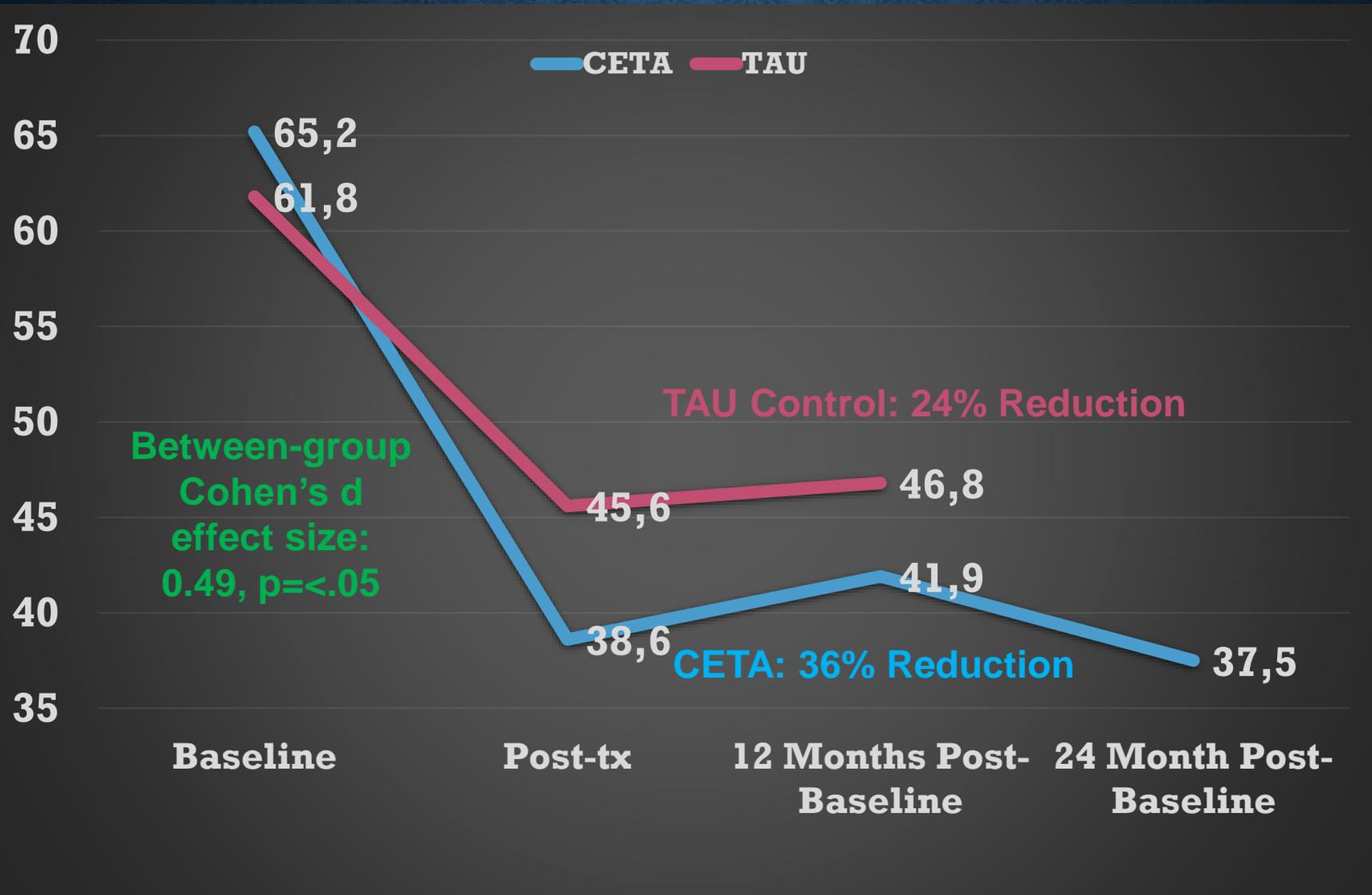
Scores: **SCREENER 26** **CPSS 0: *INC** **FUNCTION 0: *INC**

*INC: Score based on Incomplete section.

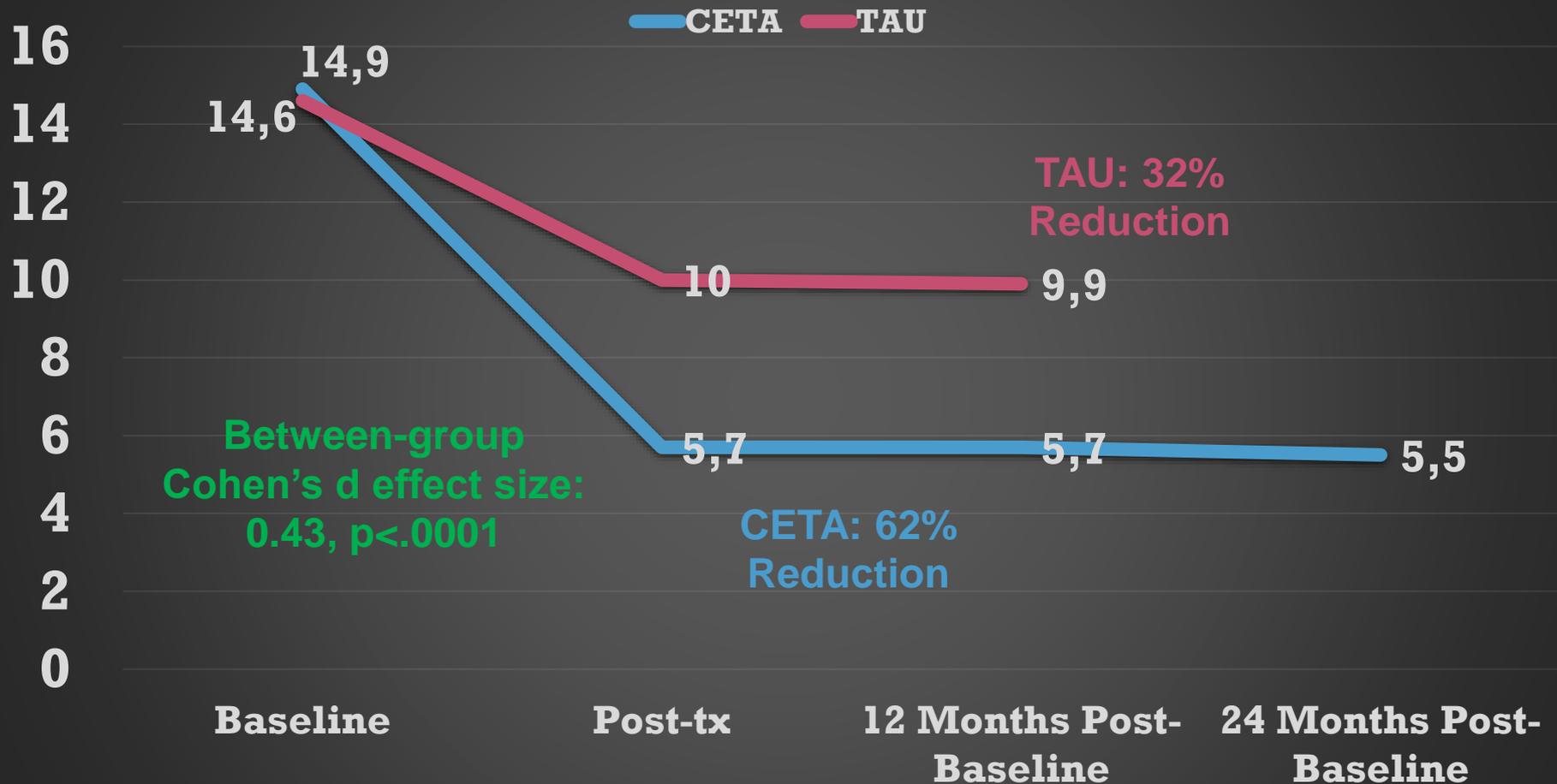
SWAWS SCALE COMPRISES PHYSICAL & SEXUAL IPV



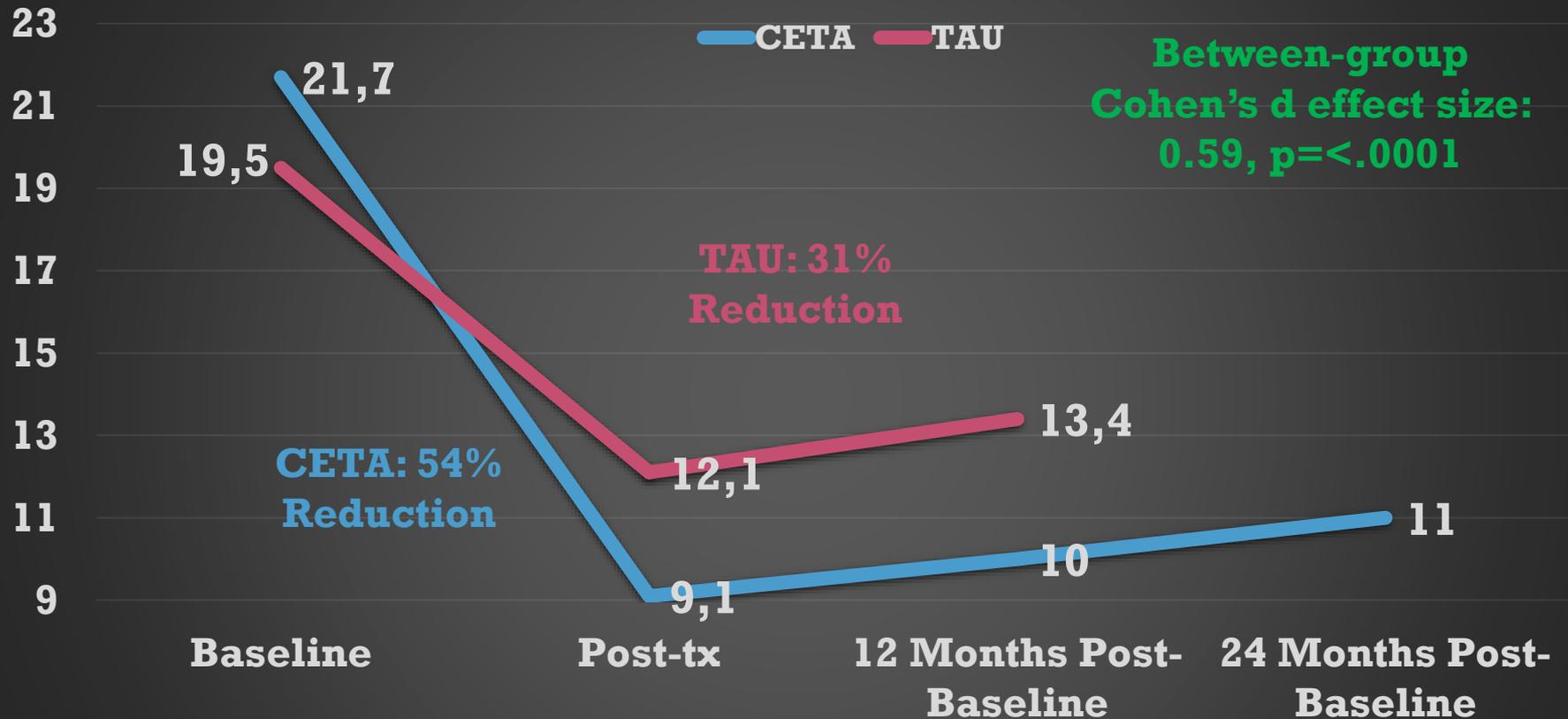
SVAWS SCALE COMPRISES PHYSICAL & SEXUAL IPV



MALE ALCOHOL USE (SELF-REPORT)



MALE ALCOHOL USE (FEMALE PARTNER REPORT)



CONCLUDING THOUGHTS

- CETA effective in reducing IPV and unhealthy alcohol use
 - Sustained impacts for at least 2 years post treatment initiation
 - Alcohol reduction key driver but exploring others
- Men engaged in treatment and completed at high rates (>80%)
- Future directions:
 - Expand and integrate CETA into existing healthcare systems (e.g., HIV)
 - Getting to Zero: Pair CETA with primary and secondary IPV prevention approaches
 - Interventions aimed at economic empowerment, gender norms, etc.

THANK YOU!!

- Acknowledgments

- What Works to Prevent Violence Against Women & Girls
 - Department for International Development (UK)
 - South Africa Medical Research Council
- Serenity Harm Reduction Programme Zambia (SHARPZ)

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