

# Examining Evidence-Based Assessment and Treatment for child survivors of sexual exploitation

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**USAID**  
FROM THE AMERICAN PEOPLE

VICTIMS OF TORTURE PROGRAM



**NIMH**  
National Institute  
of Mental Health



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## Assessment

## Why Use an Assessment Measure?

- Helps triage children and families to the appropriate services
- Initial connection with families; Setting up “teamwork” (us listening to them)
- Helps inform treatment
  - Use to develop individualized treatment
    - Examine symptom clusters
  - Finding Strengths
  - Understanding Environment
  - Use to measure progress
    - For Clinicians
    - For families – visual aids

## What Areas Would we want to Assess?

- Trauma History
  - Presenting trauma and its characteristics
    - Frequency (single, series, chronic)
    - Chronicity (first, last incident)
    - Perpetrator (identity, relationship, age)
    - Where abuse occurred
    - Disclosure
    - Response to disclosure
    - Legal Status of case
  - All other traumas
- Mental health symptoms and behavior problems
  - Current symptoms
  - History of symptoms
- Environment
  - Safety
  - Support
  - Response to disclosure
  - History of parent/child relationship/attachment
  - System involvement with family since abuse

## Types of Assessments

- Paper and pencil
  - Completed independently
  - Interview Style
- Semi-structured Interview
- Full Diagnostic Interview

## Developing and Adapting Culturally Appropriate Assessments

## Qualitative Methods

- *Information from the local perspective*
- Learn local mental health concepts and local priority issues
- Use this information to develop the quantitative tools
- Use this information to identify appropriate interventions

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## Example: Zambia

- Interviewed HIV affected women and children
- Free Listing and Key Informant techniques
- Results showed:
  - Traumatic experiences such as CSA, PA, DV
  - Child sexual abuse (defilement) was one of the most frequently mentioned traumas and closely linked to HIV/AIDS
- Discussions with Zambians indicated that:
  - No evidence-based mental health assessment tools existed
  - Basic counseling was highly varied
  - Lack of services for more symptomatic youth

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## ORIGINAL ARTICLES

## Violence and Abuse Among HIV-Infected Women and Their Children in Zambia

### A Qualitative Study

Laura K. Murray, PhD,\* Alan Haworth, MD,† Katherine Semrau, MPH,\* Mini Singh, MA,\* Grace M. Aldrovandi, MD,‡ Moses Sinkala, MBChB, MPH,§ Donald M. Thea, MD,\* and Paul A. Bolton, MBBS, MPH, MSc\*

**Abstract:** HIV and violence are two major public health problems increasingly shown to be connected and relevant to international mental health issues and HIV-related services. Qualitative research is important due to the dearth of literature on this association in developing countries, cultural influences on mental health syndromes and presentations, and the sensitive nature of the topic. The study presented in this paper sought to investigate the mental health issues of an HIV-affected population of women and children in Lusaka, Zambia, through a systematic qualitative study. Two qualitative methods resulted in the identification of three major problems for women: domestic violence (DV), depression-like syndrome, and alcohol abuse; and children: delinquency, DV, and behavior problems. DV and sexual abuse were found to be closely linked to HIV and alcohol abuse. This study shows the local perspective of the overlap between violence and HIV. Results are discussed in relation to the need for violence and abuse to be addressed as HIV services are implemented in sub-Saharan Africa.

**Key Words:** Violence/abuse, HIV/AIDS, qualitative, women, children.

*J Nerv Ment Dis* 2006;194: 610-615

HIV-infected women (Cohen et al., 2000; Vlahov et al., 1998; Zierler et al., 1996). Researchers have proposed several hypotheses around this association. Some studies from the US and

## SPECIAL REPORT

## Using Ethnographic Methods in the Selection of Post-Disaster, Mental-Health Interventions

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**Abstract**

This paper describes a short, ethnographic study approach for understanding how people from non-Western cultures think about mental-health and mental health problems, and the rationale for using such an approach in designing and implementing mental-health interventions during and after disasters. It describes how the resulting data can contribute to interventions that are more acceptable to local people, and therefore, more effective and sustainable through improved community support.

Bolton P, Tang AM: Using ethnographic methods in the selection of post-disaster mental-health interventions. *Prebusp Disast Med* 2004;19(1):97-101.

## Examples: Piloting and Testing

1. Validation of 4 measures in Zambia
  - Trauma, Shame and SDQ for youth
  - CBCL for caregivers
  - Showed strong validity, including the local items
2. Validation of the ACASI assessment instrument with children in Zambia

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# Choosing/Modifying an Intervention

## Mental Health or Psychosocial?

- **Mental & Behavioral health**
  - Changing how you interact with the environment
  - Changing how people think/feel/behave
- **Psychosocial**
- Changing the environment
  - Giving income
  - Re-unite families
  - Address social problems
  - Provision of child-friendly spaces
  - Social supports
  - Non-specific counseling



## Why Use Evidence-based treatments?

- Growing evidence that non-specific interventions are not effective for individuals who have been through trauma
  - Tol et al 2014; school-based
  - Betancourt et al., 2014; Youth Intervention
  - Bass, et al, 2001; Problem solving counseling
  - Bolton, et al, 2014; Psychosocial counseling
- Evidence that EBT's :
  - Can be delivered effectively by lay providers with supervision
  - Effectively decreases symptoms and improves well-being
  - Feasible in a variety of settings
  - Acceptable by providers and consumers (youth, families, adults)