

## **Final Progress Report** **The Center for Victims of Torture**

**Program Title:** “Mental Health Counseling for Women and Girls in Uganda”

**Grant Amount:** \$50,000

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**Reporting Period:** August 2024 (Year 2: April 2023-March 2024)

### ***1. Recap briefly what outcomes the project was designed to achieve***

The goal of the CVT Uganda program is two-fold, providing mental health services to torture and trauma survivors, as well as developing the capacity of mental health practitioners, particularly women and the broader community. CVT aims to improve the quality of life for women and help them pursue their own goals and create lasting change in their lives. The two objectives of this program are: 1) For direct services, to improve the mental health of torture and war trauma survivors through individual and group mental health counseling. 2) For training, to strengthen the capacity of Ugandan mental health care providers to understand, identify, support, and treat survivors of torture and trauma.

The outcomes and success of CVT programming are best described through the stories of our clients. One of our clients, Pamela,<sup>1</sup> is a 28-year old woman who lives in a village in northern Uganda. When she arrived at CVT, she appeared unkempt and sad. As she began to speak, Pamela’s voice was loud, she seemed tense, anxious, and unsettled. She reported being angry with life which has been unfair to her and her children. She presented with problems of flashbacks, seeing visions and shadows, nightmares, getting startled easily, constant headache, pain all over her body, an inability to fend enough for her family and suicidal thoughts.

*“Life is very unfair. I’m so fed up of this life I’m living with my children. We feed from hand to mouth. Sometimes I feel like I should just take my life. Sometimes I wanted to swallow some tablets to take my life, if not for the second thought I had on the Bible’s preaching against killing, I would be dead.”*

At about 6 years of age, Pamela witnessed the ruthless killing of her father and other people killed in their community. *“I keep seeing and having these images (of them being killed). Sometimes I feel as if everything is happening all over again”*. In group therapy sessions, Pamela was a bit reserved, moody, and sad and would barely smile or laugh when others are laughing. However, she was committed, kept time and attended all sessions. With time, she started to participate actively, related more freely with other group members, spoke in a calmer tone and looked happy. Pamela shared how engaging in the river of life session<sup>2</sup> made her realize that she

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<sup>1</sup> The name and some details have been changed for the protection of our client.

<sup>2</sup> The river of life session is in week 4 of 10, and the session asks participants to create a river that represents their life. Like a river, their life is unique and has certain rough areas and smooth areas. Clients are asked to reflect on major life events, and when they look at the whole picture (and their whole story), they see traumatic events are only part of their story.

is not alone and that even if she has been through a lot of difficult times, there were happy moments in her life too, and this makes her have hope for brighter future.

*After group therapy concluded, Pamela shared “I didn’t know that one can actually love themselves, or that it’s important to love yourself. Now that I know, I’m giving myself all the love I need, and this has helped me to love my children and talk to my children in a calm way unlike before. I learnt about positive self-talk; it is boosting my self-esteem and helps me talk positively to my children and family members. Whenever I’m overwhelmed with worries, I talk to myself and do deep breathing exercises with all my three children and this calms me down and makes me feel better. The bad dreams, headache and general body pains are much less now. I have now joined a savings group here in my village and I am looking forward to starting a business that deals in cereals, so I am able to raise money and buy land for me and children and take care of my children better”.*

The story of Pamela is not an isolated or a unique case at CVT; it reflects a common trend we observe across our clients. Many clients, like Pamela, report noticeable improvements in psychological symptoms (anxiety, depression, post-traumatic stress, and somatic) and behavioral functioning. These consistent outcomes across a diverse age group of clients indicate a likely positive impact of CVT’s counseling services and the effectiveness of the approach in supporting these individuals’ mental health and well-being. Please refer to the answer to question 11 regarding the symptom improvement outcomes for CVT’s women and girl clients.

## ***2. What was accomplished in connection with this project?***

Throughout this first grant year, the funding for this project has changed in a very positive way. In early 2022, CVT anticipated that the project was going to scale-down because a longstanding institutional donor, with short notice, dramatically reduced its financial commitment (several organizations were similarly impacted, not just CVT). However, shortly thereafter other grants were approved and the project has been able to continue and in-fact scale-up some of its community work. CVT is planning to continue working in northern Uganda for the next several years, and we have optimism of continuing beyond that time.

Today, CVT Uganda has a larger focus on women who had been abducted, tortured, and had children as a result of being captured and raped by the Lord’s Resistance Army (LRA) soldiers. While women with these experiences always participated in programming, CVT is analyzing its clinical work and making changes to better fit the needs of women and girls throughout the community. We recently conducted interviews with women survivors to understand their priorities related to healing and peacebuilding; and the CVT is strategizing how it can include justice and peacebuilding activities as a complement to ongoing mental health and clinical services.

## ***3. Have the number of beneficiaries changed?***

CVT proposed to provide services to 160 new clients (survivors of torture) each year; and in year 2 (between April 2023 and March 2024), CVT provided individual or group counselling to exactly 238 clients, including 147 women and young girls. The ages of our clients range widely with 4% under 18 years old, 76% between 18-55 years old, and 20% over 56 years old.

During this second year, the women and girls impacted by the program previously experienced different types of violence including gender-based violence, rape and sexual abuse, and/or torture. During the LRA war in northern Uganda, women were often captured, raped, and gave birth to children. The children born while their mothers were captured (Children Born in Captivity, CBC) are often underserved by organizations in northern Uganda. Therefore, CVT made a large effort to design counseling activities for CBC and survivors of gender-based violence (GBV). Out of the 147 women and girls served during year 2, 52% identified as survivors of GBV, 14% identified as children born in captivity (CBC), and 14% identified as the mothers of children born in captivity (MCBC).

***4. What challenges are you facing as you moved forward with this project?***

External and internal challenges impact all programs, and thus far, CVT Uganda's existing challenges are manageable and anticipated. The most notable example centered around our emerging work with young women, mainly children born in captivity or born of war generally. CVT started young women groups for the first time, and it was not a very familiar ground for the team. We managed through this by having regular supervision with the expert psychotherapists as well as the Clinical Advisor, who have expertise working with this population. This work was ultimately successful, but it came with a set of unexpected challenges simply because this work was new. The facilitators found themselves adapting in the moment, especially at the beginning when the young women were shy and trust was still being developed. The group dynamics with young women is very different from working with adults, and the counselors are still learning and refining their skillset for adolescents. To overcome this challenge, the team spent a number of hours debriefing sessions, seeking guidance from clinical leadership, and refreshing their skills with ongoing training and mentorship.

***5. Is your organization or project situation different than presented in the approved proposal?***

Yes, the CVT Gulu project moved into a different program – growing and transforming to better meet the needs of Gulu community. As noted earlier, the program received a new large-scale donor, right at the time a different donor withdrew their support. The new donor brought added flexibility and innovation to the program. CVT Gulu expanded our clinical services to work with young women, and this remarkable shift was a mindful response to the evolving priorities of the communities in and around Gulu.

***6. What were the most important lessons learned?***

The launch of young women counseling groups brought the most important lessons learned to the program in terms of how to adapt and apply new skills to work with these young women and their caregivers (mothers). Prior to launching the group, CVT conducted in-depth assessments with each of the young women to understand their priorities and ensure their needs were addressed throughout the group. They faced challenges like the weight of stigma, cruel labels as “rebel child”, a pervasive lack of identity and belonging, verbal abuse from caregivers, lack of attachment and/or fear of caregivers, financial hardship, interrupted education due to stigma and insufficient school fees, and giving birth at a young age. Some even grappled with aggression, distrust from their community, and the painful journey to reconnect with their fathers rumored to be rebels. Many had little or no land for farming or to sustain their livelihoods. Despite their age, they present as much younger given how unresolved trauma impacts their behavior.

The first counseling/therapy group comprised of 11 girls, mostly children born in captivity, and together, they participated in a 14-session therapy group, as well as individual and family therapy sessions to provide tailored support and address their unique needs. The young women's (now onwards referred to as the 'girls') group therapy journey began with shyness and fear, but their eagerness to attend therapy was undeniable. At first, a number of girls declined to speak, but a select bold individuals began modeling for others how to share their thoughts or perspectives. Our therapist guided the girls through the therapeutic process and described the joint girl-caregiver sessions prior to inviting the caregivers to attend. We explained the joint sessions were an opportunity to strengthen their relationships and offer additional support.

Initially, the girls were afraid of facilitators and afraid of each other, except for those who were friends before the therapy. The group incorporated play, games, and songs familiar to the girls to create a comforting environment where they could bond with one another. The combination of fun and therapy made girls very interested in attending sessions.

Generally speaking, as sessions went by, the girls started interacting more freely during group session talking with their heads up, asking questions and speaking voluntarily, showing concern for one another (even visiting each other), speaking up in the group, supporting one another, and enjoying the company of the group members. One remarked *"when I missed the session last week, I felt sad because I missed the laughter, the play, the exercises in the group and two girls visited me because I was not feeling well."* After the counseling session, two girls reported speaking to their caregivers more effectively.

**7. *What has changed within your organization as a result of this project?***

CVT operates a number of counseling programs throughout the world including in Ethiopia, Jordan, and Kenya. The challenges and lessons learned through the young women's therapy group were shared with the other programs, and it helps set the foundation for this work to expand in other countries.

**8. *Describe the unexpected events and outcomes, including unexpected benefits.***

The talent of our counseling staff at CVT Gulu is truly remarkable, and several staff were invited to participate in local and regional workshops where they shared learnings of their work with other professionals in the field. One example from the grant year included, CVT's Psychotherapist/Trainer Martha Amulen attended a 3-day workshop in Kampala on Emotional Focused Therapy for Couples and Families" facilitated by Dr. Paul T. Guillory from Berkeley University USA and Dr. Elmien Lesh from Stellenbosch University, South Africa as part of her own professional development. The training covered many topics, such as attachment, trauma and circular patterns which are paramount in the current work of CVT with all clients especially the adolescents and their families/caregiver. Additionally, CVT conducted internal capacity building training for PSCs on the topics of *"The Impact of Transgenerational Trauma on Attachment"*, and the clinical team also received a training on *"Emotional Focused Therapy"* which was facilitated by CVT's Psychotherapist/Trainer from Southwest and Clinical Advisor for Mental Health.

**9. Did you change your strategy as a result of obstacles you encountered? How will you address these in the future?**

CVT Gulu's strategy did not change as result of the challenges or obstacles encountered. However, there was a lot of program learnings over the last year, as previously noted, and those learnings were incorporated into programming.

**10. Approximately how many lives have been touched, both directly and indirectly, by the project?**

The CVT Gulu project directly impacted 238 clients, including 147 women and girls. Through our decades of work, CVT understands when one person's mental health improves, this is felt throughout the family, household, or other people close to the direct client. Therefore, CVT estimates the number of indirect beneficiaries as the immediate household members of our clients. During year 2, CVT indirectly impacted 1,390 Ugandans, including 805 household members of women and girl clients.

**11. What are the measurements used to monitor success and how was this information measured?**

After completing counseling groups, CVT conducts follow-up assessments to measure changes in intrusive symptoms (nightmares, flashbacks), the capacity to concentrate, energy to work, capacity to relate to others and self-worth. During year 2, CVT conducted 321 follow-up assessments (note clients receive follow-ups at 3-months and 6-months); 188 (122 of these were women and girls) of these were three months after intake, and 133 (94 women and girls) were at the six-month time point. Follow-up assessments are administered in a one-time counseling session where the counselor has an opportunity to reconnect with and support the client, in addition to re-administering measures of symptom and functioning outcomes.

Among clients with a 6-month follow-up, 100% of clients decreased in at least two symptom areas between intake (before groups) and at six-months after intake. Five symptom areas are assessed including: depression, post-traumatic stress (PTS), somatic, anxiety, and behavioral health difficulties. Out of the 94 women and girls who completed a six-month assessment, 63% showed improvement in all five areas, with the highest improvement in anxiety (99%), depression (96%), and PTS (99%). Among women and girls who are survivors of GBV, 71% showed improvement in all five areas at the six-month follow-up. Notably, 100% of these survivors of GBV showed improvement in depression and PTS symptoms, 96% improvement in anxiety symptoms, 89% in behavioral health difficulties, and 79% in physical health issues.

Furthermore, among women and girls (children) born in captivity (CBC), 67% showed improvement in all five areas at the six-month follow-up, with 100% showing improvement in PTS and depression. Similarly, 80% of the Mothers of Children Born in Captivity's showed improvement in all five areas, with 100% showing improvement in PTS, depression, and anxiety.

**12. If the project is ongoing, provide plans and expected results, including projected timeframe.**

The project is ongoing, and it is expected to continue for at least another 2-years based on the contract with our large-scale donor from the U.S. government. CVT plans to continue providing therapy services for vulnerable communities, including women and girls, impacted by conflict

between the Lord's Resistance Army and the Government of Uganda, as well as the subsequent conflicts and aftermath. CVT anticipates similar results in the subsequent years of the project as shown during the last year.

**13. Provide a detailed list of all expenses incurred during the grant cycle which have been paid for by the Together Women Rise grant.**

The financial report for the grant is attached.

**14. Did this grant and relationship with Together Women Rise assist your organization in obtaining other funding, partnerships with other organizations, or public recognition in some capacity?**

Together Women Rise was invaluable to providing program support at a time when the project's future was uncertain. As noted earlier, CVT Gulu was in between sustainable funding sources, and it is with your support CVT Gulu was able to continue operating. Today, CVT Gulu continues to have a positive impact on women and girls. Over the last two years, CVT was able to promote multiple women counsellors into clinical leadership positions, and this leadership was instrumental to advancing work with children born in captivity and their mothers.

Additionally, counselling and mental health support has a ripple effect in a person's family and community. For instance, CVT anecdotally knows after clients receive counselling, they feel more comfortable testifying at hearings or court cases (when survivors press charges on their abusers). Families also report improving relationships when mothers and children who were held captive begin to heal fractured relationships (see quotes below).

**Message from Clients:** After completing the trauma rehabilitation counselling group intervention, survivors shared feedback about their experiences:

1. *"I used to have terrible headache as a result of too much thoughts little did I know that breathing in and out and doing physical exercise can help to release headache. "I have got free pain killer"*
2. *"I used to fear sharing my own challenges with my aunty but the counselling session gave me the courage to freely share and talk to her." (From an adolescent girl)*
3. *"I used not socialize with people even my age mates but after the counseling session I am able to freely socialize with others with minimal challenge."*
4. *"Before counselling, I used to cry a lot when people insult me about my past and this would make me very angry but counselling helped me to learn to move away and take a break in order to manage my anger."*
5. *"My aunty used to overload me with garden work and I used to fear to share with her how it affects me but being in the sessions, I learnt to be assertive to speak out my mind."*
6. *"I used to have a lot of thoughts when people abuse me and tell me to go and look for my father. After joining the counselling sessions, I learnt how to push away the discourager (my negative self-talk) and speak positively to myself like it was not my fault thereby changing my thoughts from negative to positive."*
7. *"My daughter used not to listen to me and could refuse to do house chores but when she started counselling session with CVT, she now listens and when told to do something, she does it whole heartedly."*