

NGUVU: EMPOWERING SURVIVORS OF INTIMATE PARTNER VIOLENCE

Evaluating an integrated approach to intimate partner violence and psychosocial health in refugees

Nguvu, the Swahili term for strength, is the foundation for our project, which aims to improve psychosocial health and empower refugee women who experienced intimate partner violence (IPV). Spanning two decades, the first and second Congo wars were characterized by widespread human rights violations, including sexual and gender-based violence. As a result of these conflicts, thousands of Congolese were displaced, particularly those residing in the volatile regions in the eastern Democratic Republic of the Congo (DRC).

Nyarugusu refugee camp, the setting of the Nguvu project, has been in operation for approximately 20 years and continues to be home to almost 60,000 refugees, most of whom are from the eastern DRC. Nyarugusu camp is located in Kigoma, a region in western Tanzania bordering Lake Tanganyika, which serves as a border between the DRC and Tanzania. Sexual and gender-based violence in the form of IPV has persisted as a prevalent problem among refugees in Nyarugusu. Unlike commonly held beliefs, IPV is more common in conflict-affected populations than sexual violence by strangers, and IPV is a critical risk factor for mental health and wellbeing of women.

The Nguvu project is a partnership between Johns Hopkins Bloomberg School of Public Health (JHSPH), Muhimbili University of Health and Allied Sciences (MUHAS), United Nations High Commissioner for Refugees (UNHCR) and the International Rescue Committee (IRC). In preparation for the development of an integrated violence prevention and mental health treatment intervention, we have conducted formative, qualitative research to identify the priority problems affecting women with a history of IPV in Nyarugusu and how these problems are currently being addressed. The qualitative research process consisted of 40 free listing interviews and 15 key informant interviews conducted with persons that have experience working with IPV survivors or are experts on the topic in Nyarugusu.

The free listing interviews revealed that the top three problems affecting women who have experienced IPV are stress, sadness and fear. In Swahili, these priority problems translate to msongo wa mawazo, huzuni and hofu. According to participants, stress (msongo wa mawazo) was characterized by silence, unhappiness, preferring to be alone and avoiding social activities. Common symptoms of sadness (huzuni) included crying, silence and aggressiveness. Lastly, fear (hofu) often manifested through symptoms of preferring to be alone, avoiding social activities, worry, and feeling shocked, trembling and becoming increasingly worried when a woman sees her husband. Women affected by IPV, married women, widows, infertile

women, single mothers and women that live with their husband/partner were the groups identified by participants as being most burdened by these mental health problems. In addition to IPV, abandonment, isolation, divorce, infertility and husbands not fulfilling their responsibilities were also reported as causes of these priority mental health problems. Counseling was the most commonly reported treatment for these problems. Other strategies included introducing women to different groups (e.g. social, religious, skills), providing comfort, assisting them with responsibilities, providing material support, referring them to legal organizations to address the IPV and developing a friendship with them.

In the coming week we plan to present these findings to our community advisory board in Nyarugusu to elicit feedback and opinions about how these results may impact the selection and development of an intervention. The qualitative data will continue to serve as our reference guide for ensuring that the Nguvu intervention is culturally and contextually appropriate for women in Nyarugusu and that it addresses the problems that the community identifies as a priority.