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.

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.

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.

48% of women reported experiencing Intimate Partner Violence (IPV) with substantially increased risk when a spouse/partner drank alcohol heavily.

**CETA STudy: Zambia 2015-2018**

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- 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.

**HOW THE TRIAL WORKED**

- CETA intervention group
- Control group (+ weekly safety checks)

**IN ZAMBIA**

- **48% of women reported experiencing Intimate Partner Violence (IPV)**
- with substantially increased risk when a spouse/partner drank alcohol heavily.
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 and 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% of men and 86% of women met symptom criteria for depression
  - 38% of men and 47% of women met criteria for PTSD
  - 41% of men and 23% 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
    - CETA: 53% reduction
    - Control: 37% reduction
  - % Reduction in numbers of women who reported sexual IPV
    - CETA: 56% reduction
    - Control: 32% reduction

SUSTAINED REDUCTIONS OVER TIME

- Sustained reductions in physical and sexual violence over time
  - Graph showing sustained reductions in physical and sexual violence for both CETA and control groups
  - 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

AMONG MEN
- CETA: 62%
- CONTROL: 32%

AMONG WOMEN
- CETA: 52%
- CONTROL: 30%

SUSTAINED REDUCTIONS OVER TIME

- CETA successfully addressed other mental health issues concurrently

- High retention of men, women, and children

% OF PARTICIPANTS WHO SUCCESSFULLY COMPLETED CETA

- 97% of children
- 86% of women
- 88% of men

- CETA CONTROL CETA CONTROL

Male Alcohol (AUDIT Score)

BASELINE POST-TREATMENT 12 MONTH POST-BASELINE

DEPRESSION
- CETA: 50%
- CONTROL: 46%

TRAUMA
- CETA: 34%
- CONTROL: 18%

SUBSTANCE ABUSE
- CETA: 30%
- CONTROL: 22%
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.