



Effectiveness of the Brief Grief Intervention (BGI): Evidence from Northern Ethiopia

Program Description & Context

Background. In November 2020, longstanding ethnic and political tensions escalated into armed conflict in northern Ethiopia. Until the signed Cessation of Hostilities Agreement in November 2022, the conflict was characterized by widespread, systematic violence including reports of war crimes, ethnic cleansing, and human rights abuses (Human Rights Watch, 2022; International Commission of Human Rights Experts on Ethiopia, 2023; New Lines Institute, 2024). Mortality estimates vary widely, from 100,000 to 800,000 deaths reported as a consequence of the conflict, and included massacres of large numbers of civilians, like the one that occurred in Axum in November 2020 (Amnesty International, 2021). While this is one of the more widely published accounts of atrocities, the region experienced widespread loss across families and communities. Following the conflict, the regional government provided mass death notifications to families whose loved ones died in the armed conflict. For many, the conflict interfered with traditional grieving rituals, including conducting proper burial ceremonies and participating in the cultural and religious mourning practices that are central to the grieving process.

Intervention. To address the resulting need, the Center for Victims of Torture (CVT) introduced a new initiative in Northern Ethiopia for clients with unresolved grief, intended to follow the standard 10-week group counseling sessions offered in the region since 2013. The Brief Grief Intervention (BGI), is a 6-hour, 3-session (2-hours/week) group intervention for adults designed to address the psychological, physical, and social effects of grief in the context of organized violence and armed conflict. BGI objectives include, to facilitate after loss: acceptance; expression and management of feelings; practical resolution of problems; saying goodbye; and finding meaning and satisfaction. The BGI is intended to provide support for communities that have experienced mass killings resulting in large numbers of people grieving. The BGI was piloted in Axum and Shire in late 2024, with those experiencing the loss of a close loved one from the armed conflict eligible to participate.

Evidence Collected

Pre- and post surveys (one month after group completion) were completed by 19 BGI group clients (N = 25; 76% response rate; 100% women; mean age 46; 100% of Ethiopian nationality residing in Tigray, Ethiopia (56% in Shire, 44% in Axum)). Intervention outcomes (pre-post) were measured using an adapted version of the Traumatic Grief Inventory-Self Report Plus (TGI-SR+), an abbreviated Somatic Symptom Scale-8 (SSS-8) and a CVT created item asking participants to identify three practical problems they have experienced as a result of the loss (e.g., financial strain, lack of emotional support) and their impact on daily life. Sample questions: TGI-SR+: How often in past month have you been bothered by the following ...intrusive thoughts or images related to the person who died (1 = never to 5 = always); SSS-8: How often have you been bothered by specific problems in the past 7 days ...headaches ...trouble sleeping (1 = not at all to 5 = extremely); CVT created: For each problem you identified, please rate the frequency with which this problem has impacted your daily life in the past month (1 = never to 5 = always)?

Data was collected between November 2024 - January 2025. Following the BGI sessions, a focus group discussion was held with participants in each location (n=20) to understand additional client perspectives on the intervention.

Key Findings

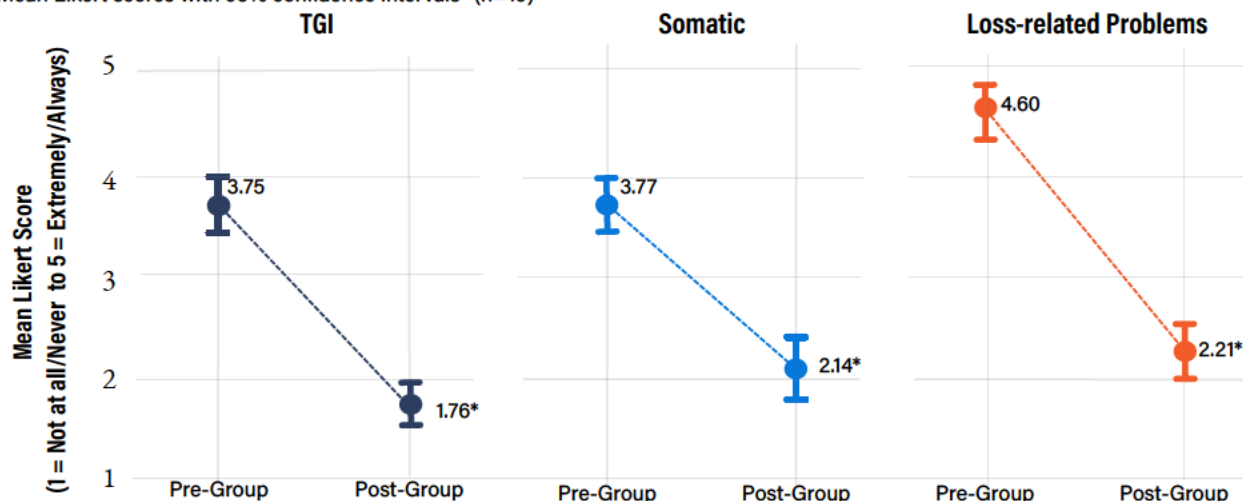
Based on paired sample t-tests, participants reported significant improvements at the conclusion of the BGI for the following outcomes: traumatic grief symptoms, somatic symptoms, and impact on daily life of problems resulting from the loss. Qualitative data from focus groups complimented these findings.

Evidence and Interpretation

Compared to baseline, participants just after the BGI demonstrated statistically significant improvement across all key domains (reductions in - traumatic grief symptoms, somatic symptoms and impact of practical problems related to the loss of a loved one), with the greatest improvements in impact of practical problems with a mean decrease of 2.39 ($p < .001$), suggesting meaningful improvements in client's self-identified problems resulting from the loss. Traumatic grief and somatic symptoms both also significantly improved with a mean decrease of 1.99 and 1.63, respectively ($p < .001$).

Changes Before and After the Brief Grief Intervention Intervention

Mean Likert scores with 95% confidence intervals* (n=19)



Note: *p< .001 . For loss related problems, this refers to frequency of impact on daily life in the past month.

Impact In Clients' Own Words

Quantitative findings were reinforced by qualitative feedback from post-intervention focus group discussions (FGDs). Participants highlighted their appreciation for the safe, respectful, and welcoming environment and facilitators' skilled and supportive approaches. They indicated these factors increased their trust and ability to share their grief experiences in the group, and fostered a sense of validation and belonging. The candlelight vigil, memorialization and saying goodbye activities were identified as especially meaningful components of the intervention intended to help participants honor loved ones, process grief, and experience emotional release. After the intervention many FGD participants reported less anxiety, fewer grief-related intrusive thoughts, greater emotional strength, improved ability to manage distress, improved social relationships, and increased hope for the future.

“It helped me feel emotionally stronger and less overwhelmed by worry. Group discussions provided me with a sense of belonging, and the lessons taught made a difference in how I manage my emotions and work through my grief.”

“The support renewed me in every sense. I started taking better care of myself, like washing my clothes and exercising with my son. I feel like I've been born again; my heart and mind are renewed.”

Conclusion

CVT's 6-hour, 3-session BGI intervention appeared to offer meaningful benefits to clients in Northern Ethiopia experiencing loss of loved ones as a result of the armed conflict and organized violence in the region. These findings provide preliminary evidence that a brief, structured grief intervention can be integrated into humanitarian mental health programming to address traumatic grief following widespread conflict related loss.

Statement about Interpreting Evidence

Findings indicate that CVT's BGI group services likely contribute to resolution of self-identified problems related to loss and a reduction in traumatic grief and physical (somatic) symptoms among clients in Northern Ethiopia. However, since the analysis is based on a small sample size and no control comparison group, results should be interpreted cautiously. Without a control comparison group, it is not possible to attribute symptom improvement solely to the BGI.

References

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