

A SYSTEMATIC REVIEW OF MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT INTERVENTIONS FOR INDIVIDUALS AFFECTED BY GENDER-BASED VIOLENCE IN FRAGILE CONTEXTS

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Introduction

Gender-based violence (GBV) is a global human rights and public health challenge (Heidari & Moreno, 2016) affecting individuals across age groups and demographics. In fragile contexts, GBV interacts with context-specific factors, (Merry, 2011), leading to greater inequalities and marginalisation amongst women and girls. GBV has a range of adverse psychological, physical, sexual, and reproductive health consequences for survivors, pointing to the need for mental health and psychosocial support (MHPSS) interventions to address GBV in fragile settings.

Objectives

To this end, we conducted a systematic review with the objectives of answering the following questions: What outcomes are MHPSS interventions aiming to address among those who have experienced GBV in fragile contexts? What is the efficacy of MHPSS interventions delivered to those who are experiencing or have experienced GBV in fragile settings?

Methodology

We conducted a black literature search and a grey literature search to identify studies to include in this review. Titles and abstracts of 2268 articles were screened, 157 articles were selected for full-text screening and, ultimately, 47 papers were included.

Results

MHPSS interventions for GBV in fragile settings primarily targeted mental health, GBV rates, social/community outcomes, and women's economic empowerment. Mental health programmes, often based in cognitive behavioural therapy, alternative therapies, and empowerment strategies, reduced symptoms of depression, Post-Traumatic Stress Disorder (PTSD), and anxiety.

GBV-focused interventions decreased GBV rates, male partner alcohol use, and child marriage, while enhancing conflict resolution.

MHPSS interventions addressing social beliefs on gender, power, and violence reduced the acceptability of violence and helped alleviate stigma and shame for survivors.

Economic empowerment programmes boosted women's financial autonomy, decision-making, skills, and social agency.

Recommendations

MHPSS interventions should prioritize mental health concerns, as symptoms of depression/PTSD/anxiety are highly prevalent in fragile settings.

MHPSS interventions can effectively reduce rates of GBV, particularly intimate partner violence and sexual violence, through approaches like self-defence training for adolescents, couples' cognitive behavioural therapy, women's group counselling, women's empowerment programmes, and family interventions. Addressing underlying factors, such as male partner alcohol use, women's financial autonomy, and societal norms, is a key mechanism of change.

In terms of MHPSS intervention types, transdiagnostic and trauma-focused interventions grounded in cognitive behavioural therapy are effective for those impacted by GBV. **Group-based interventions can reduce stigma and increase perceived support among GBV survivors.** Alternative therapies can also improve psychological wellbeing. Group-based formats of these therapies can provide a sense of community and emotional resilience, enhancing the overall impact of MHPSS interventions.

For men with a history of GBV perpetration, group discussions can foster self-reflection, stress management, and community support, which are particularly helpful in settings where men have taken on new roles as breadwinners and protectors.

Community programmes targeting social stigma and norms around gender, power, and violence are recommended, particularly for children, adolescents, and women. Workshops, poster campaigns, group discussions, life skills training, and empowerment interventions can contribute towards reduced child marriage and increased disclosure of abuse.

Community-based economic empowerment programmes for women, including community-managed loan associations, effectively boost financial autonomy, self-sufficiency, and self-efficacy.

Engaging local community members in forming and managing loan associations can promote self-sufficiency and self-efficacy.

Stakeholder engagement can yield positive outcomes in fragile settings. This may be in the form of partnering with local organizations, conducting focus groups and key informant interviews with the intervention target group, healthcare workers, other service providers in the region, and community members, or adaptation of pilot interventions, and seeking formal or informal feedback. This approach is especially important in conflict-affected areas, where the context demands a nuanced understanding of the population's needs.

Finally, involving local community members in the implementation of interventions is recommended. Lay members who are familiar with the community can effectively communicate and understand local needs. However, it is crucial to ensure that these community members receive adequate training in service delivery and regular professional supervision.