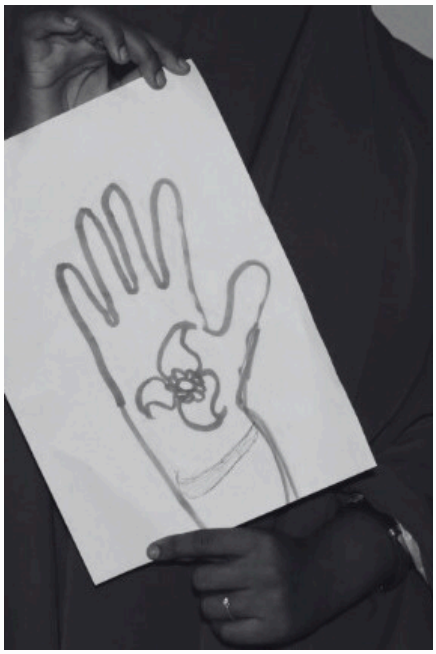
MENTAL HEALTH & PSYCHOSOCIAL SUPPORT

in contexts of conflict-related sexual violence



Survivors of conflict-related sexual violence (CRSV), globally, continue to call for robust and sustainable mental health and psychosocial support (MHPSS) as they share testimonies of the severe mental health challenges they face not only from the traumatic physical experience of an act of CRSV but also from the experience of stigma and discrimination, post-traumatic stress disorders, and continued harm faced due to lack of adequate support. Acts of CRSV, which include rape, forced prostitution, forced pregnancy, and sexual slavery, are inherently also acts of mental torture. With this recognition, **MHPSS has been widely acknowledges as an essential component to holistic, comprehensive care offered to survivors of CRSV.**

"The years following the war were incredibly difficult and the stigma I felt was unbearable. Even though what happened was against my will, I still felt guilty. The stigma and the memories made it impossible for me to continue living [in my hometown]." Survivor of Sexual Violence from the War in Kosovo

The services provided to survivors of CRSV must be trauma-informed and survivor-centred *as well as* **non-discriminating, adequately resourced, and accessible.** Meeting these criteria are often challenges in contexts of active violence, but the international community has seen some successes where both human and financial resources are available. **Robust MHPSS** is required not only for survivors of CRSV, but also for the communities that were directly or indirectly impacted by CRSV as well as the people responding to the violent, whether frontline service providers or political advocates via secondary trauma.

In Colombia, UN Women provided traditional clinical therapy alongside **psycho-spiritual therapy founded on indigenous beliefs on healing and recovery** to survivors of CRSV**.**

In Somalia, a UN Action project used **clay pot-breaking** as an activity held in a safe space for survivors of CRSV to speak out about their experiences and seek support.

The GBV AoR and Breathe International developed a programme that targeted humanitarian practitioners, including in conflict contexts, to develop **mental resilience.**

The Psychotrauma Timeline

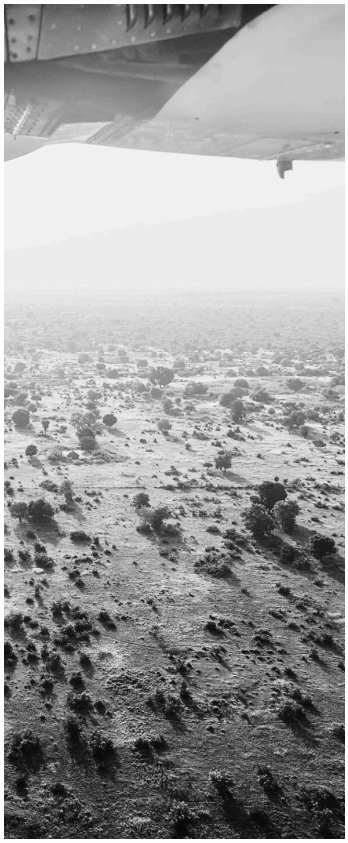
- Traumatic Event
- **3 Days** Acute State of Stress; Early Symptoms
- **1 Month** Presistent Symptoms can indicate Acute Stress Disorders
- **3 Months** Cut-Off Point for Services before Symptoms can become Chronic
- **6 Months** Severe Impact on Social Life & Physical Health

The initial three months following the experience of violence, such as CRSV, typically provides a window of opportunity for targeted, holistic support to yield the best results.. This period can determine a survivor of CRSV's increased risk to further harm, including repeated risk to CRSV, or a potential for heightened resilience. **Unfortunately, survivors of CRSV who often live in extremely insecure contexts often are not able to seek adequate services within this period.**

Event Centrality & CRSV

An individual's trauma can also be measured through the **centrality** of a traumatic event to a person's identity or overall well-being. Developed by academics Bernsten and Rubin, the Centrality Event Scale (CES) can be applied to any traumatic event; a high score demonstrates a strong correlation, whereby the traumatic event in question had a heavy impact on the person's life, and a low score demonstrates a weaker impact of the traumatic event to the person's identity and livelihood.

The experience of any form of CRSV typically measures highly on this scale, suggesting a direct and forceful impact of the CRSV event on the well-being of a survivor, which indicates changes to biological well-being (brain chemistry) and socio-ecological factors like societal status, physical capacity, and economic resilience. The centrality score is also influenced by contextual factors, such as the support a survivor may or may not have from their community, service providers, or family, and the timing by which a survivor is able to access services. Event centrality also has **implications on how we prevent and respond to CRSV and support survivors of CRSV,** including through comprehensive services, targeted programming, and policy development; it is further evidence that a targeted, survivor-centred approach is critical to any response because each survivor would place differently on the CES.



A study that interviewed and analysed the CES scores of 449 survivors of CRSV from Bosnia-Herzegovina, Uganda, and Colombia found that over 75% of participants scored beyond the threshold of post-traumatic stress disorder. The study also found that there were significant differences in the survivors' responses across the three contexts, such as: survivors in Bosnia-Herzegovina experienced more body image issues; survivors in Uganda experienced altered sexual desire; survivors in Colombia reported damaged relationships. Studies such as this one raise the importance of reflecting upon socio-ecological elements, such as identity, social status, and political environments, in a survivor's life, as well as 'experientially entangled' traumas. For example, survivors in Uganda, unlike the survivors in Colombia and Bosnia-Herzegovina, had lower scores for their experience of CRSV because there were other traumatic war-related experiences that may have had a larger impact on their identities, such as the experience of forced recruitment as a child soldier. That is not to say that CRSV was not traumatic, but instead to illustrate the compound of extreme traumas that people may face in contexts of violent war.

Enhancing a survivor of CRSV's resilience in order to lower CES thus requires supporting them as soon as possible after the traumatic event, through **survivor-centred** interventions.

UN Action's Project in Somalia

From 2019-2020, UN Action implemented a project through UNSOM and IOM to support the rehabilitation of women formerly associated with violent extremist groups, including Al-Shabaab. The goal was to help them recover from their traumatic expereiences and provide opportunities to build their capacity to contribute to peacebuilding processes in their communitites as part of prevention efforts.

Through transitional rehabilitation centres and women-led civil society organizations, IOM provided holistic and gender-sensitive services to vulnerable women, including basic education and case management to improve their mental health and wellbeing, as well as business development and livelihood skills training to support with rebuilding their lives. The programme contributed to reconciliation efforts within communities by promoting economic and personal resiliency, social integration, and community engagement.

"Here I am not judged. I finally feel as if a burden has been lifted from my shoulders."
- Survivor Participating in the Project

Knowledge Development & Dissemination

PEER-TO-PEER LEARNING

In August 2024, UN Action hosted a closed peer-to-peer learning webinar on providing mental health support to survivors of CRSV. We learned about how colleagues in CRSV contexts adapted and applied WHO's existing evidence-based guidance and tools on mental health support. Colleagues from Ethiopia shared how they coordinate among UN and civil society organisations to facilitate access to mental health services for survivors of CRSV amidst multiple complex humanitarian emergencies. In Syria, colleagues shared their successes with cross-integrating MHPSS and GBV trainings to bolster learning at the community-level. Colleagues in Iraq rolled out trainings on a survivor-centred approach to mental health support, allowing service providers to better understand and respond to the unique, individual needs of each survivor.

Our next webinar will be on adapting WHO's upcoming toolkit on the response to gender-based violence and mental health in humanitarian settings to CRSV settings, to be launched at the end of 2024.

GAPS ASSESSMENT

Throughout 2023, UN Action collected promising practices and lessons learned on how our member entities have provided mental health support to survivors of CRSV. Drawing from these experiences across the Network, we were able to determine the need for more targeted guidance on mental health services in conflict-related sexual violence contexts.