



Title: Feminist Approaches to Specialized Mental Health Care for Survivors of Gender-based Violence

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Overview

This learning brief provides a preliminary overview of basic principles and approaches to feminist-informed mental health treatment for survivors of gender-based violence (GBV), particularly survivors of sexual violence who are experiencing symptoms of post-traumatic stress or other mental health conditions that cannot be resolved through more generalized GBV case management and/or psychosocial support. It is meant to benefit those working with GBV survivors in humanitarian settings.

Given the absence of evidence and information about feminist-informed specialized mental health interventions from humanitarian settings, the learning for this brief is drawn from high-income countries (HICs). It is important to note, however, that lack of evidence does not mean that feminist principles and approaches are not already being applied—at least to some extent—in humanitarian settings. While not the focus of this learning brief, it is likely that many approaches GBV specialists currently use when engaging with survivors reflect feminist methodologies. For example, the survivor-centered approach—where those who provide GBV-related services prioritize the rights, needs and wishes of the survivor—reflects and reinforces some of the foundational principles of a feminist-informed approach.

And yet, there is a gap in guidance from humanitarian settings on what it means to apply an explicitly feminist approach to mental health and psychosocial support interventions, and why it matters in working with survivors of GBV. **This learning brief begins with a brief overview of GBV and mental health impacts, and then summarizes the three-tiered approach to psychosocial and mental health response in emergencies. It moves on to briefly define feminist-informed therapeutic treatment, and reviews principles and approaches to feminist-informed mental health care for GBV survivors.**¹ It provides an example of the utility of

¹ It is important to note that although the primary focus of this learning brief is on specialized group and individual psycho-therapeutic mental health treatment, feminist-informed principles and approaches can—and

feminist-informed group work with survivors, and concludes with a recommendation for more targeted awareness and training on the importance of feminist-informed approaches in work with survivors in humanitarian settings. **The absence of data in humanitarian settings about whether and how feminist-informed approaches are being applied to mental health interventions with survivors represents an exciting opportunity for research and innovation.**

Links to additional research, guidelines, tools and other resources follow at the end. For ease of access, the resources reviewed are selected from those that are available online, and that describe general learning on the topic in accessible and non-technical language.

GBV and Mental Health

GBV is linked to a wide array of negative health effects for survivors. Among these are outcomes that have short- and long-term effects on mental health and well-being. Some examples include high levels of distress (e.g. fear, sadness, anger, self-blame, sadness, etc.) and anxiety (up to and including post-traumatic stress disorder, PTSD²); problems with controlling mood, including depression, self-harm and suicidality; substance abuse; unresolved or unexplained somatic complaints; and phobias. According to the World Health Organization (WHO), these psychological issues can be accompanied by altered health behaviours, including changed patterns of health care utilization alongside increased physical health problems.³ Notably, women with pre-existing mental health conditions are also at greater risk of GBV, further reinforcing the link between mental health issues and GBV.⁴

Data indicates that the severity and duration of exposure to violence are predictive of the likelihood and severity of current and future mental health outcomes. For example, rates of depression in adult life are 3 to 4 times higher for women exposed to childhood sexual abuse or physical partner violence compared to non-victims. Evidence also indicates that the higher rates of depression and other mental health conditions that women experience compared to men reflect women's higher level of exposure to a variety of mental health risks. Given the high incidence of sexual violence against girls and women, some researchers contend that female survivors make up the single largest cohort of PTSD sufferers globally, with an estimated 1 in 3 survivors of rape experiencing PTSD.⁵ Although data from humanitarian

should—also be applied to more generalized case management and psychosocial support for GBV survivors and those at risk of GBV.

² Post-traumatic stress disorder (PTSD) is a mental health condition that is triggered by a terrifying event — either experiencing it or witnessing it. Symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event. Most people who go through traumatic events may have temporary difficulty adjusting and coping, but with time and good self-care, they usually get better. If the symptoms get worse, last for months or even years, and interfere with day-to-day functioning, they may constitute PTSD.

³ WHO, n.d. Gender Disparities in Mental Health, https://www.who.int/mental_health/media/en/242.pdf?ua=1 pg 16-17

⁴ Van Der Heijden I. What works to prevent violence against women with disabilities. London: Department for International Development, 2014.

⁵ For a review of the data presented in this section, see WHO, n.d. Gender Disparities in Mental Health, https://www.who.int/mental_health/media/en/242.pdf?ua=1 pg 16-17

settings is inconclusive, there is some indication that depression, PTSD and anxiety may be higher among women than men in these settings.⁶

Mental Health Care in Humanitarian Emergencies

The humanitarian community has widely endorsed the importance of mental health and psychosocial support (MHPSS) programming in humanitarian emergencies. GBV experts have developed inter-agency guidelines on case management for survivors.⁷ The importance of attending to the MHPSS needs of survivors of sexual violence has been further underscored in the *Inter-agency Minimum Standards for Gender-based Violence in Emergencies Programming* (GBViE Minimum Standards), as well as IASC guidance⁸ (also see additional guidance at the end of this learning brief).

The GBViE Minimum Standards have adopted the IASC's tiered approach to care and support outlined in the IASC MHPSS guidance and adapted it to providing support to GBV survivors (see Figure 1). In this adapted model, the majority of interventions are concentrated in building community-based supports, and in providing focused, non-specialized care through, for example, psychological first aid and psychosocial support in women-friendly spaces, and linked to relevant guidance within the standards themselves.

Although these are the dominant approaches, the tiered model recognizes that specialized services for the provision of mental health care to affected individuals must also be available. According to WHO, these specialized, 'person-focused' approaches, may variously involve culturally-appropriate adaptations of:

- cognitive-behavioural approaches for PTSD and depression and alcohol dependence;
- interpersonal therapy for moderate–severe depression (i.e. depression affecting daily functioning);
- brief intervention for harmful or hazardous substance use;
- research into interventions without an evidence base, such as: supportive counselling as a stand-alone form of support, and traditional, spiritual and religious healing practices.⁹

⁶ Charlson, F., van Ommeren, M., Flaxman, A., Cornett, J., Whiteford, H., and Saxena, S (2019) New WHO prevalence estimates of mental disorders in conflict settings: a systematic review and meta-analysis, *Lancet* 2019; 394: pp. 240–48, <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2819%2930934-1>

⁷ GBVIMS Steering Committee et al, 2017. Inter-Agency Gender-Based Violence Case Management Guidelines: Providing care and case management services to gender-based violence survivors in humanitarian settings. https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/interagency-gbv-case-management-guidelines_final_2017_low-res.pdf. Also see

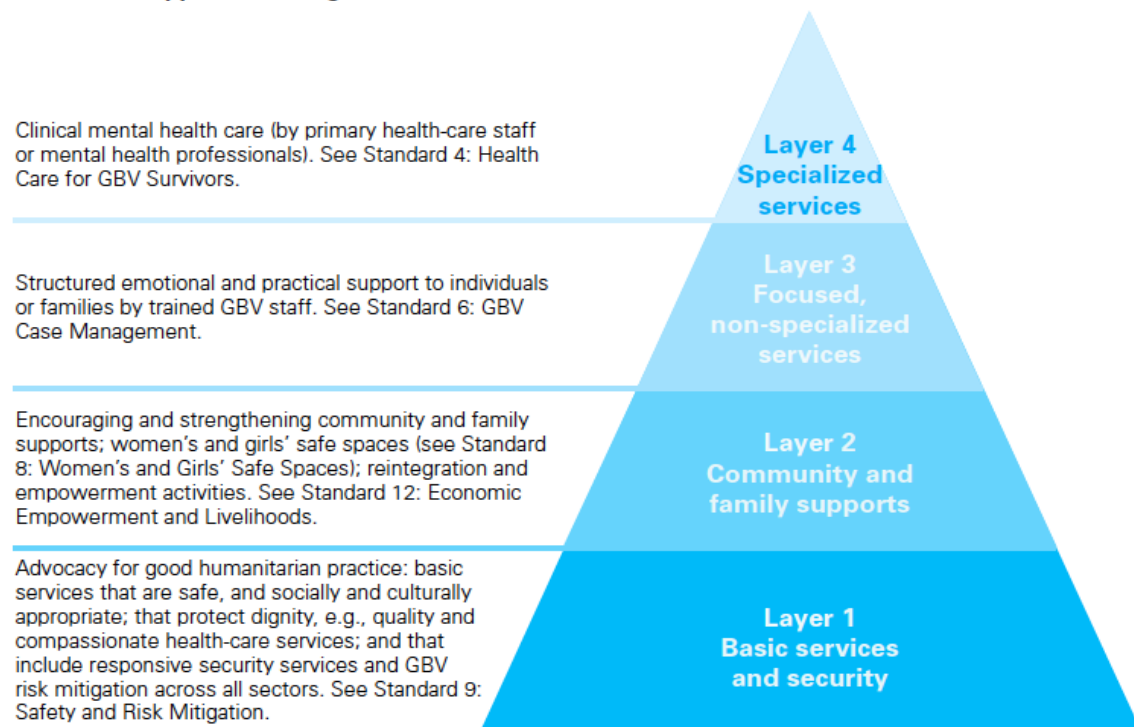
⁸ GBV AoR, 2019. Inter-agency Minimum Standards for Gender-based Violence in Emergencies Programming, Standards 4, 5 and 6: https://www.unfpa.org/sites/default/files/pub-pdf/19-200_Minimum_Standards_Report_ENGLISH-Nov.FINAL_.pdf Also see IASC, 2007. *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*, Geneva: IASC.

https://interagencystandingcommittee.org/system/files/legacy_files/guidelines_iasc_mental_health_psychosocial_june_2007.pdf

⁹ World Health Organization, UNFPA, UNICEF, and UN Action. 2012. Mental health and psychosocial support for conflict-related sexual violence: principles and interventions, p 6.

Despite this recognized need, specialized mental health interventions for sexual violence and other forms of interpersonal GBV are few in humanitarian settings—and evidence of good practice is even more limited.¹⁰ Of the existing guidance, it is particularly notable that none explicitly mention the value of feminist-informed approaches to treating mental health problems arising from GBV victimization. As is described further below, feminism has made important contributions to the treatment of interpersonal violence against women.

FIGURE 2. The IASC Intervention Pyramid for Mental Health and Psychosocial Support in Emergencies



Source: IASC 2007.

Figure 1: GBV AoR, 2019, adapted from IASC, 2007. *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*.

Introduction to a Feminist-Informed Approach to Mental Health Care

Feminist therapies were informed by and grew out of the feminist movement in the Global North in the 1960s. Feminists were critical of traditional approaches to mental health that applied a ‘medical model’ of treatment—one that emphasized ‘dysfunction’ of the person with the mental health condition, and often treated mental health issues as a physical disease that could be resolved with medication. Feminist therapies sought to develop a theory and practice that recognize social and cultural causes in understanding and treating psychological distress.

¹⁰ Tol, W. A., Stavrou, V., Greene, M. C., Mergenthaler, C., Garcia-Moreno, C., & van Ommeren, M., 2013. Mental health and psychosocial support interventions for survivors of sexual and gender-based violence during armed conflict: a systematic review. *World psychiatry : official journal of the World Psychiatric Association (WPA)*, 12(2):179–180.

In this way, “feminist therapy ... provides a model of empowerment for women who are treated as an oppressed minority in society.”¹¹

Feminist therapy reinforces the idea that women’s mental health cannot be fully understood outside the social context of patriarchy, because patriarchal norms, values and attitudes are fundamental to the many problems that women may bring into mental health treatment. Feminist therapy can help survivors to recognize that their mental health issues are not only related to internal mental health problems, or even to exposure to a specific incident of violence, but rather to a pervasive culture of violence against women that patriarchy reflects and reinforces. One goal of feminist therapy is to support improved awareness of these external influences, so as to improve understanding of the social factors influencing the personal experience of the woman receiving mental health care.¹²

Evidence suggests that feminist-informed approaches are useful in mental health interventions with all women--not only those who are survivors of sexual violence and other forms of interpersonal GBV. Moreover, feminist approaches can be utilized alongside other mental health interventions to generate better treatment outcomes. For example, recognizing and integrating the feminist value of equal rights for women into any treatment processes, including those treatments that focus more traditionally on change in the internal cognitions of the client (i.e. the way the person’s own thoughts, beliefs and attitudes inform their mental distress), has been shown to have positive effect. Taking this a step further, and recognizing explicitly during the therapy process of the need for change on external ‘systemic’ targets (i.e. social relationships, institutional systems, and structures of patriarchy), can result in even greater mental health benefit for women in treatment.¹³

Turning specifically to the treatment of females who have been sexually assaulted, evidence suggests that contextualizing distress--by situating it within the larger patriarchal social context of violence against women--is critical to relieving survivors’ sense of guilt and disempowerment associated with the violence, which can persist even after the post-traumatic stress symptoms have subsided through other types of treatment.¹⁴ In this way, feminist-informed approaches can provide healing that other interventions may not.

Principles of Feminist-Informed Mental Health Interventions for Survivors

In their book, **Feminist perspectives in therapy: Empowering diverse women**¹⁵, authors Worell and Remer synthesize diverse strands of feminist theory to create what they refer to as *Empowerment Feminist Therapy* (EFT). This model integrates both feminist and multicultural

¹¹ Israeli A and Santor D, 2000. Reviewing Effective Components of Feminist Therapy, *Counselling Psychology Quarterly*, Vol. 13, No. 3, 2000, p 234.

¹² Moor, A. (2009). From victim to empowered survivor: Feminist therapy with survivors of rape and sexual assault. *Feminism and Women's Rights Worldwide*. 1: 139-155.

¹³ Gorey, K., Daly, C., Richter, N., Gleason, D. & McCallum, M. (2003), The Effectiveness of Feminist Social Work Methods. *Journal of Social Service Research*, 29(1): 37-55.

¹⁴ Moor, A. (2009), p 141.

¹⁵ Worell, J., Remer, P. (2003, updated in 2010). *Feminist perspectives in therapy: Empowering diverse women* (2nd ed.). Hoboken, NJ: John Wiley & Sons. This book was specifically selected as a reference because is available for free online. Two chapters in the book address work with female survivors of violence: one with survivors of rape, and the other with survivors of intimate partner violence.

perspectives. The book includes a review of the foundations of feminist therapy, while also emphasizing the importance of multicultural therapy approaches in order to avoid feminism that is white- and western-centric.

The authors detail *Eight Tenets of Feminist Psychology*, which underpin all approaches outlined in their book, and which they suggest form the foundational principles of feminist-informed therapy. Their use of the first person (“we”) reflects the principal of personal accountability of the mental health professional that is central to feminist-informed work:

- **We advocate inclusiveness.** We acknowledge that the social impact of gender is experienced unequally and unfairly for women with diverse personal and social identities, including ethnicity and culture, sexual and affectional orientation, socioeconomic status, nationality, age, and physical characteristics.
- **We advocate equality.** We recognize that the politics of gender are reflected in lower social status and unequal access to valued resources for a majority of women in most societies.
- **We seek new knowledge.** We value and advocate increased understanding about the diversity of women’s experience as it is framed by multiple personal and social identities.
- **We attend to context.** Women’s lives are embedded in the social, economic, and political contexts of their lives and should not be studied in isolation.
- **We acknowledge values.** Personal and social values enter into all human enterprises; education, science, practice, and social advocacy are never value-free.
- **We advocate change.** We are committed to action to accomplish social, economic, and political change toward establishing equal justice for all persons.
- **We attend to process.** Decision-making processes that affect personal and group outcomes should be consensual and consistent with feminist principles of mutual respect and honoring all voices.
- **We expand psychological practice.** We recognize that feminist principles can be applied to all professional activities in which we engage: theory building, prevention, counseling and therapy, assessment, pedagogy, curriculum development, research, supervision, leadership, and professional training.¹⁶

Key Approaches to Feminist-Informed Mental Health Interventions

In the words of one expert, feminist mental health care is “a philosophy of psychotherapy rather than a distinct orientation.”¹⁷ As noted previously, a feminist-informed approach promotes the understanding that mental distress cannot be understood without an awareness of the context in which a person lives; it engenders the concept that the ‘personal is political.’ Some of the essential approaches to feminist therapy include¹⁸:

1. **Attending to the diversity of women’s personal and social identities.** This involves promoting an examination of a woman’s multiple identities, whether consciously

¹⁶ Worell, J., Remer, P. 2010, p 18.

¹⁷ Moor, A. (2009), p 3.

¹⁸ These approaches are excerpted and adapted from Worell, J., Remer, P. 2010; Gorey, K., Daly, C., Richter, N., Gleason, D. & McCallum, M. (2003), Israeli A and Santor D, 2000. Moor, A. (2009).

experienced or not, to improve understanding of how social identity informs women's expectations and behaviors, and their experiences of privilege or oppression. These identities include, for example, gender, race, ethnicity, ableness, social class, religion, and sexual orientation. When working with a survivor, applying this principle means understanding how social and cultural contexts, identity and development impact the exposure to sexual violence the survivor's responses to the violence, and the healing process. As is highlighted by learning from the African Institute for Integrated Responses to Violence Against Women and HIV/AIDS (AIR), recognition of context—by the provider and the survivor—must involve an understanding of multiple forms of structural violence that women in the AIR network experience:

A pillar of transformative African feminist approaches is the acknowledgement and response to the structural power relations underpinning and perpetuating individual and collective distress. Understandings of trauma in Western psychology tend to be predicated on a privileged idea that the world is fair and just in the first place, and that the work of therapy is the work of 'returning' an individual to a place of peace or happiness – possible if it is worked on consistently enough and with the appropriate professional therapeutic guidance. For people born into war, economic marginalisation, and the discriminatory norms of racism, sexism, homophobia, and xenophobia, the world *itself* is the stressor. This means, in turn, that activism is necessary to change the structural roots of distress, while individual or group therapies are engaged to build the capacity to manage or engage the effects of these structural stressors in everyday life.¹⁹

2. **Explicitly recognizing gender and oppression in the therapeutic work with the survivor, and applying a consciousness-raising approach.** Consciousness-raising involves helping women in mental health treatment to understand societal structures of oppression in order to shift from a position of self-blame for mental health issues to an understanding of problematic social norms and institutionalized sexism, racism, ableism or homophobia that contribute to ill-health. Consciousness-raising helps women realize that they are not the sole cause of their distress and that others share their problems. The goal is not to change perceptions of the client (as is often the case in cognitive-behavioural interventions), but rather to support problem reflection and examination of how to manage, challenge and/or overcome oppressive social and gender roles.

When applying consciousness raising in work with a survivor, the societal context of sexual violence is explored. The perpetrator is held fully responsible for his actions and the survivor is never blamed. The survivor is helped to see that the sexual violence was not her fault and to challenge others' negative reactions to her. Sexual violence against women is considered to be an integral part of the social oppression of women; it is understood as one of the primary means by which patriarchy aims to oppress women. This perspective can empower survivors by helping them to realize that their victimization was not due to any contribution of their own, but was rather part of the larger systematic victimization of women in patriarchy.

¹⁹ Horn J, 2020. Decolonising emotional well-being and mental health in development: African feminist innovations, *Gender & Development*, 28:1, 85-98, DOI: [10.1080/13552074.2020.1717177](https://doi.org/10.1080/13552074.2020.1717177)

Feminist therapy understands that social contexts are laden with myths that protect perpetrators and blame survivors. These myths are often implicitly—and even explicitly—endorsed by legal, judicial and medical practitioners, which can lead to re-victimization of a survivor who seeks help. Being in some way held responsible for a sexual assault may manifest most often for minority women, including women of color. Even mental health experts risk endorsing rape myths, such as when individualizing a person’s experience of the trauma of sexual assault reinforces a sense of victim responsibility for the violence and its aftermath. Addressing these myths—even to the point of examining how survivors themselves internalize these myths—is an important part of feminist therapy for sexual violence survivors.

3. **Encouraging an egalitarian relationship between the survivor and the mental health provider.** In this approach, power differentials between the mental health provider and the woman in treatment are minimized, in order to shift away from a model of the provider as expert. The therapist uses her expertise to share with the client about the trauma recovery process, and helps her to see how her reactions are normal given the trauma she has survived. By viewing the survivor as an equal, the therapist reinforces (verbally and in terms of the relationship) that the therapist and the survivor are jointly working towards the survivor’s recovery.

This approach within feminist therapy is informed by nonjudgmental respect and genuine belief in every woman's innate value and strength. It offers the opportunity to restore survivors’ sense of dignity and self-worth that the sexual assault has often taken away. This treatment approach can counter the humiliation and profound loss of control that a sexual assault can cause. The survivor is encouraged to set personal goals and trust her own experience and judgment, including her perceptions of what happened during the violence, even if they do not align with societal perceptions that reinforce victim-blaming.

4. **Reconceptualizing ideas of social and personal power away from traditional patriarchal norms that validate male authority, privilege and control, and instead, ensuring a woman-valuing and self-validating process.** This principal focuses on the strengths-based approach, in which the woman receiving treatment is encouraged to identify her own strengths, and to develop or enhance her ability to value and nurture herself. Often, survivors' self-loathing and sense of helplessness are rooted in shame linked to internalized societal victim-blaming myths. Realizing this, the feminist mental health provider must be skilled in suggesting new ways of perceiving to bring about meaningful changes in self-perception for the survivor that are based in real understanding of the patriarchal social context.

Patriarchal norms, myths and conventions that devalue attributes often ascribed to women (e.g. over-emotional) are reframed away from the negative to the positive (e.g. caring and concerned). The survivor’s coping strategies are redefined as positive and as survival-oriented, as opposed to a ‘pathologizing’ perspective that understands the survivor’s mental health response in terms of a psychological abnormality or mental illness. Survivors can be encouraged to take on non-traditional roles and self-views as well as develop new

coping strategies. Survivors can build a positive self-image that is broader in scope than that prescribed by patriarchal norms and values.

While these approaches are framed around specialized mental health treatment, elements of these approaches can be deployed to improve all forms of therapeutic interventions with survivors. However, it is important that all providers working directly with survivors receive sufficient training and supervision in order to ensure they do no harm. And, while not explicit above, it is also important that survivors have access to trained, specialized, female mental health care providers.

Practice-based Principles in Feminist Group Work

While the above information focuses on interventions with individual survivors, it is important to note that group therapy can also be an effective intervention for sexual assault survivors. However, as with all interventions with survivors, it is critical that group approaches align with survivor-centered principles, and prioritize the rights, needs, safety and confidentiality of survivors. Without appropriate safeguards, including ensuring that interventions are led by GBV specialists, group interventions have the potential to create further harm. As is emphasized by learning from women African mental health experts, harm can also result from trying to transfer western patriarchal modalities of mental health (e.g. the ‘medical model’ noted above) to non-western settings.

On the other hand, group interventions that attend to the safety and well-being of survivors, and promote their collective resilience through feminist-oriented and culturally appropriate methods can produce positive outcomes. In one example of a feminist model of group therapy for an racially and ethnically diverse group of adult women survivors of rape that was offered at a hospital-based rape crisis program in the United States, strategies were developed to incorporate feminist content into the group, attend to feminist process, support mutual aid amongst groups members, and build respect for group diversity.²⁰

A particular value of group work identified through this intervention was the process of ‘mutual aid.’ This process takes place when members draw upon their own experiences and needs to help their fellow members. They, in turn, can learn and be empowered by providing assistance to others. Mutual aid incorporates several aspects that can be important in work with sexual assault survivors:

1. The opportunity to discuss taboo areas, where group members explore topics, such as authority or sex, that they perceive as forbidden in the outside world;
2. The “all in the same boat” phenomenon, experienced when group members sense that they are not alone in their feelings;
3. Developing a universal perspective, especially relevant with oppressed populations, is likened to consciousness raising and involves replacing self blame with a broader understanding of societal forces contributing one’s problems;
4. Mutual support, where members are encouraged to openly express their feelings and demonstrate genuine empathy for each other;

²⁰ Clemans, S. 2005. “A Feminist Group for Women Rape Survivors,” *Social Work with Groups*, Vol. 28(2) 2005.

5. Mutual demand, where members pay attention to and are invested in the growth and accomplishments of individual members and the groups as a whole.

The intervention also defined other beneficial attributes of feminist-informed group work with sexual assault survivors, including ending women's isolation; emphasizing learning about social and political factors of women's victimization; ensuring no male participants as a constructive group strategy; and supporting women's empowerment and skills development. The intervention allowed group members to work through individual problems at the same time as they were developing a sharper awareness of patriarchy and its consequences. Some of the themes addressed during the group work included:

- Feminist Context/Building Unity as Women
- Shame & Blame
- Difficulty Trusting
- Secrecy and Isolation
- Discussing Taboo Areas
- Respecting Differences
- Building Skills

The results of a qualitative review of the intervention concluded that applying feminist approaches to group work with survivors is not only beneficial for participants, it is a valuable instrument for social change and social justice.

Case Study: Women's Story-telling as Group Therapy in Afghanistan

In one example of how feminist techniques can be applied in group work for women, mental health providers in a safe house in Afghanistan designed an intervention that sought to be empowering as well as culturally appropriate. The psychological support provided by safe house staff typically involved offering women a consultation with a psychologist. However, this requires the women to disclose intimate details of the violence they have suffered in a context where disclosure as therapy does not resonate with cultural understandings of gender relations, and being identified as a victim of sexual violence is extremely risky for the woman. As a result, an urgent need was identified for alternative approaches to therapy that fit with the local context and effectively addressed women's psychosocial needs. A traditional story-telling intervention was created as a way for women to speak about their suffering in a society that silences women's voices. Although women were banned from reciting poetry under the Taliban, story-telling has a significant symbolic role in Afghan culture, with a rich oral tradition of women story-tellers. Talking about violence as a story about one's life provides a means of understanding GBV experiences as part of broader structures of inequality, rather than as an individual responsibility or issue. Similarly, group story-telling provides a potential means for these highly vulnerable women to tell their stories through an act that represents freedom from extreme religious ideology. The therapeutic nature of the storytelling was related to the interaction with other people who shared similar experiences, and the relief the women felt from being believed. Traditional story-telling creates the opportunity for therapeutic benefits through enabling participants to challenge their prescribed narratives. In the words of a local researcher linked to the project, 'poems are our guns too.'

Adapted from: Ahmad, A and Ahmad, L and Mannell J 2018. *Responding to trauma during conflict: A case study of gender-based violence and Traditional Story-Telling in Afghanistan*. Humanitarian Exchange, no 72, July 2018

As is noted in the case study above, thoughtfully developed feminist-informed group work can generate benefits in humanitarian settings. While this case study emphasizes the importance of telling one's story in order to promote individual healing, GBV specialists working in different parts of Africa conclude that taking the next step—towards activism that challenges structural inequality—can also be an important aspect of survivor recovery, and can reinforce survivor resilience.²¹

Conclusions

To date, there is limited guidance on mental health interventions for survivors of GBV in humanitarian settings. Much of the MHPSS guidance does not detail intervention for GBV. MHPSS guidance that is specific to GBV survivors focuses more on case management and other community-based interventions. While many of these interventions may reflect and reinforce principles and approaches of feminist-informed care, none explicitly detail interventions according to a feminist framework.

However, a large body of evidence from the Global North, as well as some guidance from other parts of the world, indicates the importance of applying feminist-informed approaches to mental health interventions with survivors of GBV. As is highlighted above, these approaches can be adapted to multiple types of mental health interventions, including specialized mental health interventions such as cognitive-behavioral therapy—as long as practitioners ground interventions in principles of safe and ethical practice for responding to GBV.

In addition, while the interventions in this learning brief have focused on specialized mental health treatment for survivors of sexual violence, many of the principles of feminist-informed mental health care should also be applied to work with all types of survivors, as well as in less specialized interventions, including psychological first aid and psychosocial support. It is likely, in fact, that many GBV specialists already apply many of these principles, even if not articulating them as feminist-informed. There is value, however, to bringing learning about feminist-informed approaches more explicitly to the fore in GBV work with survivors in humanitarian settings.

There is also value in understanding what the risks are in terms of causing potential harm to survivors when mental health interventions are not undertaken in a principled, survivor-centered and feminist-informed way. Finally, it would be useful to understand what the challenges might be in applying an explicitly feminist approach to mental health and psychosocial work with survivors of GBV in humanitarian settings. The lack of information from emergency settings on feminist-informed mental health interventions for GBV survivors indicates a significant need to 1) review current mental health and psychosocial practices in emergencies to better understand the extent to which they reflect and reinforce feminist-informed approaches; and 2) test and scale-up feminist-informed mental health and psychosocial interventions in emergencies.

²¹ See: [Conceptualising Trauma in Africa: Transformative Feminist Approaches](#)

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Additional Research

Additional Research on Feminist-Informed Approaches

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The GBV AoR Help Desk

The GBV AoR Helpdesk is a technical research, analysis, and advice service for humanitarian practitioners working on GBV prevention and response in emergencies at the global, regional and country level. GBV AoR Helpdesk services are provided by a roster of GBViE experts, with oversight from Social Development Direct. Efforts are made to ensure that Helpdesk queries are matched to individuals and networks with considerable experience in the query topic. However, views or opinions expressed in GBV AoR Helpdesk products do not necessarily reflect those of all members of the GBV AoR, nor all of the experts of SDDirect's Helpdesk Roster.

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The GBViE Helpdesk is available 09.30- 17.30 GMT, Monday to Friday.