

Final Report by WHO for UNA 015

Technical meeting on responding to the psychosocial and mental health needs of sexual violence survivors

Increasing attention to sexual violence and awareness of the multiple needs of sexual violence victims/survivors over the last decade has led to an increase in psychosocial programming (which encompasses a range of approaches) for survivors of sexual violence in conflict settings. Mental health care provision as part of the health sector response in these settings, however, is still rare in spite of the recognition that the psychological impact of sexual violence can be severe and long-lasting. When used as a weapon of war this impact can extend to families and communities.

Common psychological problems for survivors include fear, self-blame, avoidance, flashbacks, anxiety, intense feelings of anger, hopelessness, alienation and/or 'feeling unclean'. Survivors of sexual violence have particularly high levels of clinical mental health problems such as depression and anxiety disorders, including Post Traumatic Stress Disorder. In addition they may experience isolation, stigmatization and inability to access services or continue to provide for themselves and their family. Survivors also often avoid speaking to their family members and friends about what happened for fear of their reaction. Relationship and family problems are common – family members may blame the victim or feel ashamed, children of victims may be stigmatized, families may become destitute or be forced to leave their community. The long term mental health effects of sexual violence can be especially harmful: sexual abuse during childhood has been associated with high risk sexual behaviours including early sex and multiple partners, alcohol and other substance abuse, and also with perpetration of violence later in life.

A few innovative programmes to address the mental health needs of sexual violence survivors have been developed, mainly by non-governmental organizations, in places like DRC and Liberia. These include building capacity of lay people or health professionals in strengthening social support, counseling, cognitive behaviour therapy or other approaches. The Department of Health in South Africa has included a module on mental health, based on cognitive behaviour therapy, in its recently developed curriculum on Caring for Survivors of Sexual Violence.

These experiences provide a useful starting point, however they are still limited. The impact of these programmes and their effects on the mental health and social wellbeing of survivors in the short and longer term have typically not been evaluated. It is necessary to explore new potential entry points for addressing the psychosocial and mental health problems of the population affected by conflict, including the DDR programmes. It is necessary to build a knowledge basis on what works to address the psychosocial and clinical mental health needs of survivors of sexual violence in conflict affected settings in order to develop and implement programmes that will more easily facilitate people's reintegration into their families and societies. Identification of these effective approaches will also help ensure that limited human and financial resources are channelled in the best way.

For this reason it was proposed to hold a technical meeting on responding to the psychosocial and mental health needs of rape/sexual violence survivors in conflict affected settings. This meeting begins to address the evidence gap by reviewing existing evidence and experiences. It will build on the IASC MHPSS guidelines and of the MHPSS reference group.

The meeting aimed to develop recommendations on interventions to address the psychosocial and mental health needs of victims/survivors of sexual violence in conflicted affected settings. Specifically, the meeting will:

- review the current body of literature and level of evidence supporting different approaches to the mental health and psychosocial needs of survivors of rape/sexual violence;
- share experiences of and lessons learned from innovative approaches being tried out in the field in conflict affected settings, particularly any that have been evaluated;
- make policy and programmatic recommendations to inform donors and programmes; and
- develop an agenda for future programme development, evaluation and research efforts.

The meeting brought together practitioners from the field representatives of key UN agencies and INGOs working on sexual violence in conflict and academic experts to review existing evidence and experience. Since efforts to address psychosocial and mental health needs of sexual violence survivors in resource poor settings are few and recent, the meeting was informed also by a review of experiences from non-conflict settings. The meeting was three days long and included one day where groups met in two parallel sessions - one focused on psychosocial responses and the other on mental health responses-, with both groups coming together on the first day and the third day. Efforts were made to ensure representation of a range of conflict-affected settings.

The meeting took place as planned from 28-30 November and all of the outcomes were successfully achieved. The following products are available:

- a) A meeting report summarizing the evidence and experiences shared and policy and programmatic recommendations (attached)
- b) A systematic review of existing evidence of effective interventions for psychosocial support
- c) A systematic review of existing evidence of effective interventions for mental health care.
- d) A systematic review on approaches to understanding and addressing stigma.
- e) An article published in which summarizes the two systematic reviews b) and c) above (attached).
- f) Three policy briefs in English and in French on:
 - a. Mental health and psychosocial support for conflict-related sexual violence: principles and interventions
 - b. Do's and don't's in community-based psychosocial support for sexual violence survivors in conflict-affected settings
 - c. Mental health and psychosocial support for conflict-related sexual violence: 10 myths.