10 myths

Mental health and psychosocial support for conflict-related sexual violence: 10 myths

1. MYTH: Sexual violence is just another stressor in populations exposed to extreme stress: there is no need to do anything special to address sexual violence

Sexual assault is among the most severe stressors that survivors may experience in their lifetimes. Preventing sexual violence and addressing its consequences requires substantial attention and resources. Conflict-related sexual violence is part of a continuum of violence, particularly against women and girls.

2. MYTH: The most important consequence of sexual violence is post-traumatic stress disorder (PTSD)

Sexual violence has numerous social and psychological consequences. Social consequences can include: stigma, discrimination, and abandonment. Psychological/mental health consequences range from distress, self-blame and feelings of isolation to a range of mental disorders, including depression, PTSD and other anxiety disorders, suicidal ideation and other forms of self-harm. Responses must support and not blame survivors for their distress.

3. MYTH. Concepts of mental disorders – such as depression and PTSD – and treatment for mental health problems have no relevance outside western cultures

Universal concepts of mental disorders, such as depression and PTSD, are part of the International Classification of Diseases and have been shown to have clinical utility in a range of populations. There is an increasing body of evidence that modern, evidence-based mental health treatments (adapted to the specific cultural context) can help reduce symptoms and improve functioning also in low- and middle-income countries.

4. MYTH: All sexual violence survivors need help for mental health problems

Not all survivors want or need assistance; many survivors of sexual violence will recover with no or limited support. In contrast, there are numerous survivors for whom social supports, psychological first aid and clinical mental health interventions will be of benefit. Confidential, survivor-centred services and supports need to be made accessible to all those who may need and want them.

5. MYTH: Mental health and psychosocial supports should specifically target sexual violence survivors

A range of supports for improved mental health and wellbeing should be inclusive of – and not exclusively target – survivors of sexual violence. Services must be accessible to women and girls, who are usually most affected by sexual violence. Providers must have a good understanding of sexual violence issues and be sensitive to gender and sexuality concerns. Male survivors' needs must also be addressed. Explicit targeting of survivors (i.e. creating highly visible, stand-alone sexual assault centres that limit the confidentiality of the survivor seeking services), risks a range of further problems such as stigma, discrimination, and violence.

UNFPA
unicef
UNHCR The UN Refugee Agency
STOP RAPE NOW UN ACTION AGAINST SEXUAL VIOLENCE IN CONFLICT
World Health Organization
Department of Mental Health and Substance Abuse
Department of Reproductive Health and Research
including
hrp
UNDP · UNFPA · WHO · World Bank
Special Programme of Research, Development and Research Training in Human Reproduction

6. MYTH: Vertical (stand-alone) specialized services are a priority to meet the needs of sexual violence survivors

Mental health and psychosocial support is often best organized as part of an integrated, holistic, community-based multi-disciplinary approach, coordinated across all sectors. Mental health and psychosocial support programming for survivors of conflict-related sexual violence should be incorporated into general health services, women's health services, nutrition, education, and social protection programming, as well as a range of other services and community supports, such as livelihood initiatives. Clinical mental health care should be integrated into all levels of health care service delivery. Specialized services can be integrated into the service delivery system where indicated.

7. MYTH: The most important support is specialized mental health care

A wide range of interventions are indicated: there is a need for both community-focused interventions and person-focused interventions. Community-focused interventions promote self-help and improve the recovery environment. Person-focused interventions include coordination of care (e.g. case management), psychological first aid, linking individuals with livelihood opportunities, and clinical mental health care interventions. Prevention initiatives addressing the broader protection environment for survivors and those at risk should include addressing social norms that reinforce violent masculinities.

8. Only psychologists and psychiatrists can deliver services for sexual violence survivors

Actors of all sectors should be involved in community-focused interventions, such as building on existing community support mechanisms. Most people can learn psychological first aid after a brief orientation. The capacity of health workers can be built to provide basic mental health care, through participatory structured training and ongoing supervision by skilled mental health workers.

9. MYTH: Any intervention is better than nothing

Programmes can have unintended social, political and psychological consequences. They can also put people at risk. Programme planners should ensure that programmes do no harm. Avoidable causes of harmful outcomes include excessive targeting, the use of overly pathologizing or stigmatizing labelling, undermining of existing supports, too much or too little attention to severe problems, fragmented service delivery systems, poor quality counselling with little training and supervision, and failure to recognize the social context of violence against women.

10. MYTH: Only the victim/survivor suffers as a result of sexual violence

Sexual violence can have multiple social consequences for survivors, their children, their families, social networks and communities. Sexual violence is more likely to occur in a community when there are underlying gender and other social and economic inequalities. Reducing these inequalities not only likely helps prevent sexual violence and its negative consequences, it also improves the wellbeing of the community as a whole.

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