

Mental Health and Violence against Women and Girls Distinctions

Key Messages

- Reiterate oppression is something felt daily by women and girls in every aspect of life.
- We all have different capacities to deal with this at different moments in life depending on support and types of oppression.
- It is critical that it is understood that VAWG is a societal problem.

The world we live in today is ordered, structured and characterized by current and historic **unequal power** relations between women and men whereby **women and girls are systematically disadvantaged, discriminated against and oppressed, because they are female, by men.** Women in minority groups face multiple oppressions in society, as race, class and sexuality intersect with sexism for example. This takes place across almost every sphere of life. **Male violence against women and girls is a key feature of patriarchy.** Oppression, in various forms, is felt every day by women and girls. Oppression of and violence against women and girls is a societal issue with very real effects. GBV case management helps provide support by working with a woman or girl in response to a specific incident(s) of violence against her.

The consequences of violence affect all aspects of a woman's life, mental health and well-being; sexual health and physical health; and brings with them stigma, isolation and shame. The social and psychological consequences can be as life threatening as the physical consequences of violence.

Survivors often live in constant fear for their lives and the lives of their children, which contributes to the great level of stress they manage. Research demonstrates that consistent elevated levels of stress have negative effects on the body in terms of physical and mental health. Additionally, survivors are likely to be in survival mode and always ready for fight, flight or freeze (the three reactions to life-threatening situations). Living with abuse has significant emotional impacts on the survivor and can lead to feelings of sadness and isolation, which are often exacerbated by self-blame and feelings of worthlessness.

This framework is critical for understanding women and girls' reactions to experiencing and feeling systematic and structural oppression. It is critical for understanding the GBV case management is not provided in isolation; rather, it is provided alongside women's networking and PSS activities to foster a community of women and girls to address their needs and combat oppression through being together and healing. Women and girls are allowed to be angry and upset and should be allowed to express emotion during GBV case management. As a GBV case worker, it is imperative we do not minimize someone's feelings towards the daily oppression and understand when to elevate and refer a case to a mental health practitioner.

Service providers need to understand the potential impacts of the social consequences like stigma, isolation, discrimination, rejection by families and community, isolation as well as the psychological reactions. These may include fear, anger, anxiety, shame, self-hate, depression, insomnia, self-blame and withdrawal. For many women and girls, many of these are temporary and will pass as the situation improves and survivors recover; this also highlights the critical need for women and girls' spaces to offer wrap-around services such as psychosocial support and networking to support recovery and connectedness. Everyone has different strengths and resilience at different times that impacts our ability to cope and recover. At times, extra support is needed from mental health practitioners to assist with more serious mental health needs such as depression, suicidal feelings and self-harm, and post-traumatic stress disorder (PTSD). These may need to be elevated to a mental health practitioner depending on the health system capacity and GBV case worker capacity. It is imperative that the GBV case workers speak with their supervisors.

Technical Supervisors: Prior to programming, technical supervisors should ensure mental health practitioners in the area are trained on responding to violence against women and girls and understanding the root causes. GBV practitioners can cause harm if they are referring survivors to a partner who may blame or stigmatize women and girls for male violence against them. The organization should have an understanding of when and how to elevate mental health needs to a mental health practitioner (i.e. a psychologist or psychiatrist).

Case Studies

The below case studies are not exhaustive. GBV case workers need to be trained on providing mental health options in a safe and appropriate, non-judgmental manner. Also, the limitations of mental health practitioners also needs to be understood. Before referring, technical supervisors need to assess if female psychologists and psychiatrists trained in and understanding of the root causes of violence against women and girl are available.

1. Potential minimizing effects of referring when a referral has not been indicated as a need:

A woman goes to the Women's Center. She is angry because of men harassing her as she walks, and then being blamed by friends after her male friend tried to touch her. They told her she is too flirtatious. After listening, the case worker sees she is angry. The woman is immediately referred to a mental health practitioner because she is angry. This left her feeling like she made the problem and that something is wrong her. Why can't she control her anger? Next time, she will swallow her feelings. After all, nothing happened more than her friend trying to assault her.

2. When to refer:

A woman goes to the Women's Center to seek GBV case management. During her second session, she expresses to the GBV case worker that she hasn't left bed for four weeks. Her friend got her out of bed to come to the Women's Center. Since the incident, she has stopped eating and the GBV case worker can also see she has lost significant weight since their first meeting. She expresses that she does not want to bother waking up anymore. The GBV case worker explains there is a psychologist who can come to the Women's Center who may be able to further help her with the symptoms of sadness, if she chooses.

