

## **Mental Health & Psychosocial support on Feelings of trust and Acceptance of diversity**

Trauma-focused interventions, including NETfacts and FORNET, show **no overall effect** on shame or social disapproval, though they improved social reintegration and reduced stigma for sexual violence survivors

Effect: No effect (g = -0.001)

Geographical region: Sub Saharan Africa

Confidence in study findings: Low (2 studies with 8 Effect size)

### **Short summary**

Mental health and psychosocial support interventions, such as the NETfacts health system in Eastern DRC and trauma therapies like FORNET, show **no overall effect** on shame or social disapproval. While NETfacts reduced stigmatization of sexual violence survivors and FORNET decreased attachment to (para)military life, improvements on broader social attitudes were limited and some effects diminished over time. Overall, the interventions contributed to social reintegration but did not significantly alter trust or social acceptance.

### **Long summary**

#### *The Intervention*

The NETfacts Health System integrates Narrative Exposure Therapy (NET) with community-based interventions for trauma treatment and FORNET for offender rehabilitation. Training is delivered in two stages: clinical experts first train local counselors, who then mentor a new cohort. Workshops cover theoretical concepts and practical skills, including narrative exposure for trauma reprocessing. Interventions combine individual therapy with community activities to support reintegration and social cohesion.

#### *How the intervention is expected to work*

These interventions aim to address individual psychological needs and community-level challenges to foster reintegration. At the individual level, therapeutic techniques such as lifelines and narrative exposure help participants process trauma, regulate emotions, and reduce aggressive behaviors. At the community level, group exercises and facilitated discussions challenge harmful social norms, reduce stigma, and promote understanding of shared trauma, creating supportive environments that encourage solidarity and social reintegration.

#### *The evidence base*

The cell includes a total of seven studies, consisting of two systematic reviews and two impact evaluations and three ongoing studies. Among the systematic reviews, one is categorized as high-medium confidence, whereas the other is rated as low confidence.

The two impact evaluations were conducted in Eastern DRC, focusing on adult male combatants from the region. These studies primarily examined individuals who had experienced trauma symptoms and exhibited high levels of aggression, providing insights into the psychological and behavioral outcomes of conflict exposure.

In addition to the completed studies, the cell includes three ongoing studies: Luttenberger Katharina (2023), Jansen Stefan, and Aber J. (2018). These studies are being conducted in Lebanon and Rwanda, broadening the geographical and contextual scope of the research in conflict-affected settings.

### *Evidence findings*

Overall, trauma-focused interventions show no effect on shame or social disapproval. While NETfacts reduced stigmatization of sexual violence survivors and FORNET decreased military attachment, improvements in broader social attitudes were limited, and some effects diminished over time, indicating modest and context-dependent impacts on trust and social acceptance.

### *The review evidence*

This cell includes a systematic and narrative review of media and communication interventions in conflict and post-conflict settings, mainly in low- and middle-income countries including the Democratic Republic of Congo. Findings revealed improved family communication and greater gender awareness, despite cultural barriers. The narrative review highlighted that while some school-based interventions promoted trust and social inclusion, others were less effective or increased distress, indicating gaps in addressing broader social exclusion.

### *Included studies:*

There are two IEs under this cell & the detailed summary is thus provided below;

**Robjant (2022)** assessed the effectiveness of the NETfacts health system, an integrated model of evidence-based individual trauma treatment (Narrative Exposure Therapy [NET]), and a trauma-informed community-based intervention (NETfacts) in Eastern DRC using randomized controlled trials. The study involved 1,066 participants from six communities, randomly assigned to either intervention, with follow-up interviews conducted at post-test, 3 months, and 6 months. Study documented that NETfacts was more effective than NET-only in improving social attitudes. While shame and social disapproval showed no significant differences between the two interventions, stigmatization of sexual violence survivors decreased more in the NETfacts group, reflecting greater social support. The study is rated as high-medium confidence.

**Kobach (2021)** evaluates the impact of “Narrative Exposure Therapy adapted for Forensic Offender Rehabilitation” (FORNET). The intervention was implemented in two successive dissemination stages (DS). In DS1, local counselors were trained by clinical experts, while in DS2, these trained counselors supervised and mentored a second group of local counselors. The training process involved a 3-week workshop focusing on both theoretical concepts and practical therapeutic skills. The study focused on adult male combatants from the eastern Democratic Republic of Congo (DRC) who experienced trauma symptoms and high levels of aggression (defined as  $\geq 7$  PTSD symptoms and  $\geq 7$  items confirmed on the aggression questionnaire). Individuals with serious physical injuries, acute suicidal thoughts, or psychosis were excluded. Across DS1 and DS2, a total of 98 demobilized combatants participated in the intervention, with treatment-as-usual serving as the control condition. The study documented that the FORNET intervention significantly reduced solidarity with (para)military life, particularly in DS2, where participants had lower scores than the TAU group at 6 months post-demobilization. However, at 12 months, differences were not statistically significant, suggesting a potential attenuation of effects over time. Perceived social acknowledgement (SAQ) improved in the FORNET group, indicating better community reintegration. These findings highlight FORNET’s effectiveness in reducing military attachment and enhancing social integration, with stronger effects observed at 6 months post-intervention. The study is rated as High & medium confidence quantitative study.

### *Confidence assessment*

Overall confidence is low, due to the limited number of studies

### *Link to review summaries*

Persson T (2009) and Spangaro Jo.

Both the reviews can be accessed via EGM.

**Other outcomes in this study**

Human security/Health Security

Violence & atrocity prevention/Nature & scale of violence & atrocity

Violence & atrocity prevention/social norms regarding violence or atrocity