

## **Mental health and psychosocial support on Nature and scale of violence or atrocities**

Mental health and psychosocial support interventions show a small effect on reducing violent behavior, though outcomes are context-dependent and evidence is limited.

**Geographical Region:** Sub-Saharan Africa

**Effect size:** Small effect ( $g = 0.028$ )

**Confidence in study findings:** Low (2 studies with 8 effect sizes)

### **Short Summary**

Trauma-focused and psychosocial interventions aim to reduce violent behavior and support social reintegration by improving emotional regulation, reducing PTSD symptoms, and challenging harmful social norms. Evidence from studies conducted mainly as randomized controlled trials in conflict-affected settings such as Eastern DRC and Liberia indicates a small effect on reductions in violent behaviors, particularly when therapy is combined with economic support. While effects are modest, these interventions highlight the potential of psychological and behavioral programs to foster nonviolent identities, support reintegration of former combatants, and promote healthier social behaviors in fragile contexts.

### **Long summary**

#### *The intervention*

The interventions assessed are trauma-focused and psychosocial programs designed to reduce violence and improve psychosocial well-being. Activities include individual and group counseling, structured therapeutic techniques for emotional regulation and self-control, trauma processing with trained counselors, goal-setting exercises, and community engagement. Interventions also address harmful social norms, such as stigma and rape myths, to foster positive behavioral change and support the reintegration of conflict-affected individuals into their communities.

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

These interventions are expected to reduce violence and improve social stability by strengthening individual coping strategies, fostering self-control, and encouraging nonviolent behaviors. At the individual level, therapy helps participants process trauma, manage impulses, and regulate emotions. At the community level, interventions challenge harmful norms, promote prosocial behaviors, and support reintegration of former combatants. By combining individual psychological support with community engagement, programs aim to reduce both antisocial behaviors and broader social violence.

#### *The evidence base*

The cell includes two primary studies (IEs) and one systematic review. The primary studies were conducted in Liberia, the Democratic Republic of Congo (DRC), and Eastern DRC. The systematic review includes studies from multiple low- and middle-income countries, with the highest concentration in the DRC, as well as Côte d'Ivoire, Afghanistan, Somalia, Uganda, Kenya, Ethiopia, South Sudan, Rwanda, Thailand, Liberia, and Lebanon.

#### *Evidence Findings*

Mental health and psychosocial support interventions show small effects on violent behavior, with reductions in antisocial conduct and victimization partly influenced by psychological changes.

### *The review evidence*

A systematic review of interventions—including personnel training, community mobilization, social norms change, economic empowerment, and survivor support—found some reductions in intimate partner violence (IPV) and sexual violence (SV), but none of the results were statistically significant.

### *Included studies*

The evidence base consists of two impact evaluation studies, with a high & medium level of consistency in their findings. The participants in these studies are predominantly male combatants or individuals affected by conflict. The included three studies summaries are thus provided here:

**Blattman 2017** evaluates the impact of two interventions that overlook at reducing violence and promoting psychosocial well-being in Liberia: Cognitive Behavioral Therapy (CBT) and the STYL Program (Socio-Behavioral Transformation). CBT is a short-term therapy designed to foster self-regulation, patience, and a non-criminal identity, helping individuals identify and shift self-destructive beliefs, regulate emotions, manage anger, reduce impulsivity, and set practical goals through therapist-guided exercises and homework. The STYL program combines group therapy with one-on-one counseling, led by former program participants who act as relatable role models. It employs techniques such as role-playing, community engagement, exposure therapy, and goal-oriented tasks, progressing from basic tasks like improving hygiene to more advanced emotional regulation and goal-setting exercises.

The study used a 2 × 2 factorial design, randomly assigning 1,000 men to four treatment groups: therapy only, cash only, both interventions, or neither. Randomization was done individually to ensure transparency and safety. Recruitment occurred in three phases, starting with a pilot phase of 100 men, followed by two larger phases involving 900 participants. Treatment groups were balanced, with 25% assigned to cash only, 28% to therapy only, 25% to both, and 22% to neither. Compliance was high, with 98% of participants receiving the cash grant, and two-thirds attending at least 80% of therapy sessions, though 10% dropped out early. Participants who dropped out had lower schooling, less self-control, and were less likely to exhibit antisocial behaviors.

Regarding the nature and scale of violence, participants reported with 17% of the control group initially selling drugs and committing 2.6 thefts in the past two weeks, which dropped to 13.5% selling drugs and 1.9 thefts after a year, about one dispute (Fight) in the past two weeks, with no statistically significant effects from therapy or cash. Intimate partner abuse showed minimal reduction in the short term but a positive correlation with violence after one year. The study also noted a slight reduction in arrests, with a one-third decline in arrests per year for those receiving therapy plus cash. Due to a politically stable period in Liberia, no political violence occurred during the study period, making it impossible to measure this outcome directly.

The outcomes assessed under the nature and scale of violence include victimization and perpetration of violence, Antisocial Behaviors (theft, drug use, and criminal activities), additional outcomes of interest evaluated in this study include Non-Criminal Identity Formation (shift toward adopting nonviolent, goal-oriented identities), Emotional Regulation and Long-Term Behavioral Stability (Sustained reductions in violence and antisocial behaviors when therapy was paired with cash grants). Overall the study is rated as a high & medium confidence.

**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. In relation to the nature and scale of violence or atrocity outcomes, the

intervention did not show direct effects on victimization and perpetration. However, mediation analysis revealed that at the 6-month follow-up, reduced rape myth acceptance mediated decreases in social victimization ( $z = -2.56$ ,  $P = 0.010$ ), physical victimization ( $z = -2.2$ ,  $P = 0.027$ ), and perpetration ( $z = -6$ ,  $P < 0.001$ ). Additionally, lower rape myth acceptance at follow-up strongly predicted reductions in social ( $z = 4.45$ ,  $P < 0.001$ ) and physical victimization ( $z = 4.74$ ,  $P < 0.001$ ), and perpetration ( $z = 2.18$ ,  $P = 0.029$ ). These results highlight the intervention's effectiveness in indirectly mitigating violence by challenging harmful social norms.

The outcomes assessed under the nature and scale of violence include victimization and perpetration of violence, rape myth acceptance, stigmatizing attitudes, and skepticism about reintegration. Additional outcomes of interest evaluated in this study include PTSD symptoms, depression, shame and guilt, and social cohesion. The study is rated as high-medium confidence.

#### *Confidence assessment*

Overall confidence is low, due to the limited number of studies and heterogeneity in effect sizes.

#### *Link to review summaries*

Spangaro Jo – 2021.

Study may be accessed via the EGM.

#### **Other outcomes in this study**

Violence and atrocity prevention/Social norms regarding violence and atrocities

Human health/Economic security/Health security

Social cohesion/Feelings of trust & acceptance of diversity