

Effects of mental health and psychological support on social norms regarding violence and atrocities

Trauma-focused interventions, including therapy with or without cash incentives, show no effect on social norms regarding violence, although combined approaches may have modest benefits in specific contexts.

Geographical region - Sub Saharan Africa

Effect: No effect (g = -0.003)

Confidence in study findings: Medium (4 studies with 11 effect size)

Short Summary

Trauma-focused interventions in post-conflict settings aim to influence social norms by addressing trauma, emotional regulation, and aggression among combatants and conflict-affected individuals. Programs such as CBT, STYL, FORNET, and NETfacts in Liberia and the DRC target psychological recovery and behavioral change. While interventions that combine therapy with cash incentives show some reductions in aggression and criminal activities, standalone programs produce mixed outcomes, with one study reporting a modest effect and another indicating an adverse effect. Overall, the pooled evidence shows no effect, highlighting the importance of integrated, community-centered approaches tailored to local contexts for sustainable violence reduction and psychosocial well-being.

Long summary

The intervention

Trauma-focused programs include CBT, STYL, FORNET, and NETfacts, which support individual recovery and community reintegration. Activities typically involve lifeline mapping to process traumatic and positive experiences, narrative exposure therapy to reprocess distressing memories, role-playing to enhance emotional regulation and reduce aggression, and facilitated discussions to address harmful social norms. Programs often conclude with final ceremonies and action planning to foster solidarity and collective healing. These interventions seek to address both psychological recovery at the individual level and social reintegration at the community level.

How the intervention is expected to work

These interventions aim to reduce violence and promote psychosocial well-being by addressing individual and community-level drivers of aggression. At the individual level, therapeutic techniques help participants process trauma, regulate emotions, and adopt non-aggressive behaviors. Role-playing and goal-setting encourage self-control and positive behavioral change. At the community level, collective exercises and facilitated discussions challenge harmful social norms, reduce stigma, and promote understanding of shared trauma. By creating supportive environments, these programs seek to foster reintegration, solidarity, and sustainable reductions in aggression.

The evidence base

The cell contains total five studies; one is protocol study authored by Keleher Niall (2019) and four IEs that were completed and conducted in post-conflict settings: Liberia with 1,000 male participants using CBT and STYL, DRC with 98 demobilized combatants using FORNET, and

Eastern DRC with 1,066 participants using the NETfacts system. These settings focused on trauma, aggression, and reintegration in communities affected by prolonged violence.

Evidence findings

Overall, trauma-focused interventions show no effect on social norms regarding violence. Combined strategies, such as therapy paired with cash incentives, appear more effective at reducing aggression and engagement in criminal activities, whereas standalone interventions yield mixed or negligible outcomes. These findings suggest that psychological support alone may not be sufficient to shift social norms and that integrated approaches addressing both individual and community-level factors may be necessary.

Included studies

There are four total impact evaluations; all four studies' summaries are provided here:

Blattman 2017 Blattman (2017) evaluates the impact of two interventions aimed 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.

Study documented weapon carrying attitude fell by about half after both therapy alone and therapy plus cash. A standardized index of 19 questions on aggression showed a reduction of 0.34 standard deviations with both therapy and cash (significant at the 5% level) The study is rated as High- medium confidence.

Kobach (2017) 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 ≥ 7 PTSD symptoms and ≥ 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 no significant effects were found regarding the level of appetitive aggression. The interaction between time and treatment did not show a meaningful difference ($F(1, 92) = 1.13$,

$p = 0.291$). Additionally, the main effect of time was not significant ($F(1, 92) = 0.04, p = 0.947$). Comparing between groups also did not show a significant result ($t(96) = 1.27, p = 0.104$, Cohen's $d = 0.26$). There was no significant reduction in drug dependence symptoms and no major difference between the groups six months after demobilization. However, the FORNET group showed a higher remission rate, with a 24% improvement. The study found that participants in the FORNET condition showed significantly better reintegration compared to those in the Treatment-as-Usual (TAU) group ($t(96) = 2.77, p = 0.004$). However, the connection to paramilitary life was not significantly different between groups ($t(96) = 0.60, p = 0.276$). Additionally, the covariate setting (DDR vs. local reintegration camp) had no significant impact on primary or secondary outcomes such as , appetitive aggression, depression, or drug dependence. The study is rated as 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.

The study found that Rape myth acceptance decreased more in the NETfacts (29.1 (SD = 7.8) at baseline to 26.0 (SD = 7.4) at 6 months) group compared to NET only (29.6 (SD = 7.2) to 27.8 (SD = 6.5), suggesting a potential improvement in attitudes towards sexual violence. Stigmatizing attitudes showed some improvements in both groups, with NETfacts showing a higher percentage of individuals strongly disagreeing with stigmatizing statements. Skepticism about reintegration of former combatants decreased in both groups, with the NETfacts group showing a slightly greater from 32.1 (SD = 10.9) to 26.2 (SD = 10.4) reduction. The study is rated as High- medium confidence.

Hermenau (2013) assesses the effectiveness of Narrative Exposure Therapy for Forensic Offender Rehabilitation (FORNET), a short-term intervention for ex-combatants, using a randomized controlled trial (RCT) in the Democratic Republic of Congo. Male ex-combatants and former child soldiers (ages 16–25) enrolled in vocational training programs were randomly assigned to either FORNET or a control group receiving treatment as usual. The study initially recruited 58 former child soldiers and ex-combatants from a reintegration center in Goma, DRC. Of these, 20 participants were excluded at enrollment and 4 participants dropped out during the study. This resulted in a final sample of 15 matched pairs (30 participants) included in the analysis.

Overall, Appetitive Aggression Scale (AAS) scores reduced from 32.20 (SD = 12.77) at baseline to 11.93 (SD = 8.62) at follow-up. The control group exhibited a similar reduction, from 32.73 (SD = 13.93) to 10.93 (SD = 9.67) with no significance observed between the groups. Participants in the treatment group showed a notable decrease in closeness to combatants, with scores declining from 3.53 (SD = 1.77) pre-treatment to 2.13 (SD = 1.89) at follow-up. In the control group, this reduction was minimal, with scores decreasing from 3.07 (SD = 1.79) to 2.80 (SD = 1.82). The study is rated as High- medium confidence.

Confidence assessment:

Overall confidence is medium, given the limited number of studies and mixed effect sizes across interventions.

Other outcomes in this study

Violence & atrocity prevention/Nature & scale of violence or atrocities
Human security/Economic security
Huma security/Health security