Youth Mental Health and Psychosocial Support: Considerations for Gender and Gender-based Violence

Mental health and psychosocial support (MHPSS) services protect and/or promote psychosocial well-being and respond to health difficulties. As such, these services can be a crucial aspect of women's empowerment, gender equality, and gender-based violence (GBV)[1] programming. In the context of gender and GBV-related programming, these services can include providing safe spaces for women and girls, supporting social and cultural activities, and creating opportunities for women and girls to build social networks and solidarity.

MHPSS can also be a key component of GBV prevention and response. A pervasive public health and human rights issue, GBV occurs in every context and affects the mental health and wellbeing of survivors. Although physical and/or sexual violence impacts women and girls disproportionately, it affects whole families and communities across gender identities, including men and boys. Survivor-centered MHPSS strategies ensure that GBV survivors, as well as their families and communities, receive support to improve their well-being and relationships. According to the Inter-Agency Standing Committee (IASC), a "survivor-centered approach aims to create a supportive environment in which a survivor's rights are respected and in which s/he is treated with dignity and respect. The approach helps to promote a survivor's recovery and his/her ability to identify and express needs and wishes, as well as to reinforce his/her capacity to make decisions about possible interventions."[2] Likewise, any program providing MHPSS services will at some point encounter survivors of GBV. As such, it is important to incorporate a do-no-harm (DNH) approach. Additional guidance specific to gender and GBV programming can be found in the GBV Guidelines.

Design Resources

The Inter-Agency Standing Committee (IASC) Intervention Pyramid (Figure 1) below helps program planners effectively layer MHPSS services in gender and GBV programming. The case studies presented in this sector pull-out provide an overview of the MHPSS components. Each case study maps the program interventions to each layer of the IASC Intervention Pyramid:

Layer 4 – specialized services

Layer 3 – focused, non-specialized supports

Layer 2 – community and family supports

Layer 1 – social considerations in basic security and services.

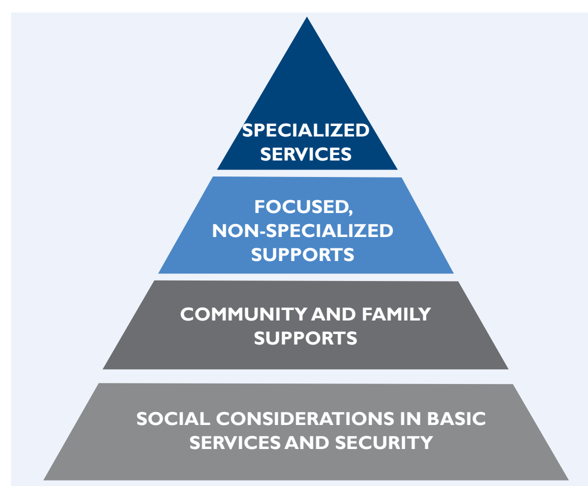


Figure 1: IASC Intervention Pyramid (2007)

[1] According to the U.S. State Department's Bureau of Population, Refugees, and Migration, "gender-based violence" is an umbrella term for any harmful threat or act directed at an individual or group based on actual or perceived biological sex; gender identity and/or expression; sexual orientation; and/or lack of adherence to varying socially constructed norms around masculinity and femininity. For more information, please see https://www.state.gov/other-policy-issues/gender-and-gender-based-violence/#ftn1ref

[2] Inter-Agency Standing Committee, Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience, and aiding recovery, 2015, https://gbvguidelines.org/en/implementation-strategy-for-the-revised-guidelines-for-integrating-gender-based-violence-interventions-in-humanitarian-action/

USAID
FROM THE AMERICAN PEOPLE

YOUTHPOWER2
LEARNING AND EVALUATION

Table 1 below provides illustrative activities and how they relate to UNICEF's dimensions of well-being (individual well-being, interpersonal well-being, and skills and knowledge) and the four domains of USAID's Positive Youth Development (PYD) Framework (assets, agency, contribution, enabling environment).[3]

Table 1: Illustrative Activities and How They Relate to the Dimensions of Well-being and the PYD Domains

Dimensions of Well-Being	PYD Domain	Illustrative Activities
Skills and Knowledge	Assets	Life-skills sessions for adolescent girls ages 10-19 to increase their assets, social networks, and safety.[4]
Interpersonal Well-being	Assets, Enabling Environment	Access to safe spaces where girls can increase their protective factors and build positive peer relationships.[5]
Interpersonal Well-being	Enabling Environment	Parent and caregiver group discussions that provide space to talk about the experiences of caring for girls with a focus on fostering supportive attitudes towards adolescent girls.[6]
Individual and Interpersonal Well-being	Assets, Agency, Enabling Environment	Access to GBV services that are responsive to the needs of adolescent girls, including GBV case management.[7]
Interpersonal Well-being	Assets, Agency, Enabling Environment	Individual and group-mentoring sessions for fathers to build parenting and interpersonal-relationship skills, thereby contributing towards a reduction in harsh parenting and a reduction in intimate-partner violence (IPV).[8]
Individual Well-being	Enabling Environment	Case-management services for survivors of gender-based and sexual violence that respond to their psychosocial needs.[9]

Gender + MHPSS Case Studies

The following case studies illustrate how MHPSS can be integrated into gender and GBV programming.

[4] Lindsay Stark, et al., "Preventing violence against refugee adolescent girls: findings from a cluster randomized controlled trial in Ethiopia," *BMJ Global Health*, vol. 3, no. 5 (2018).

[5] UNFPA, *Woman & Girls Safe Spaces: A guidance note based on lessons learned from the Syrian crisis*, https://www.unfpa.org/resources/women-girls-safe-spaces-guidance-note-based-lessons-learned-syrian-crisis

[6] Stark et al., "Preventing Violence against Refugee Adolescent Girls."

[7] "UNFPA MHPSS-CountryCasesAndOverview.Pdf."

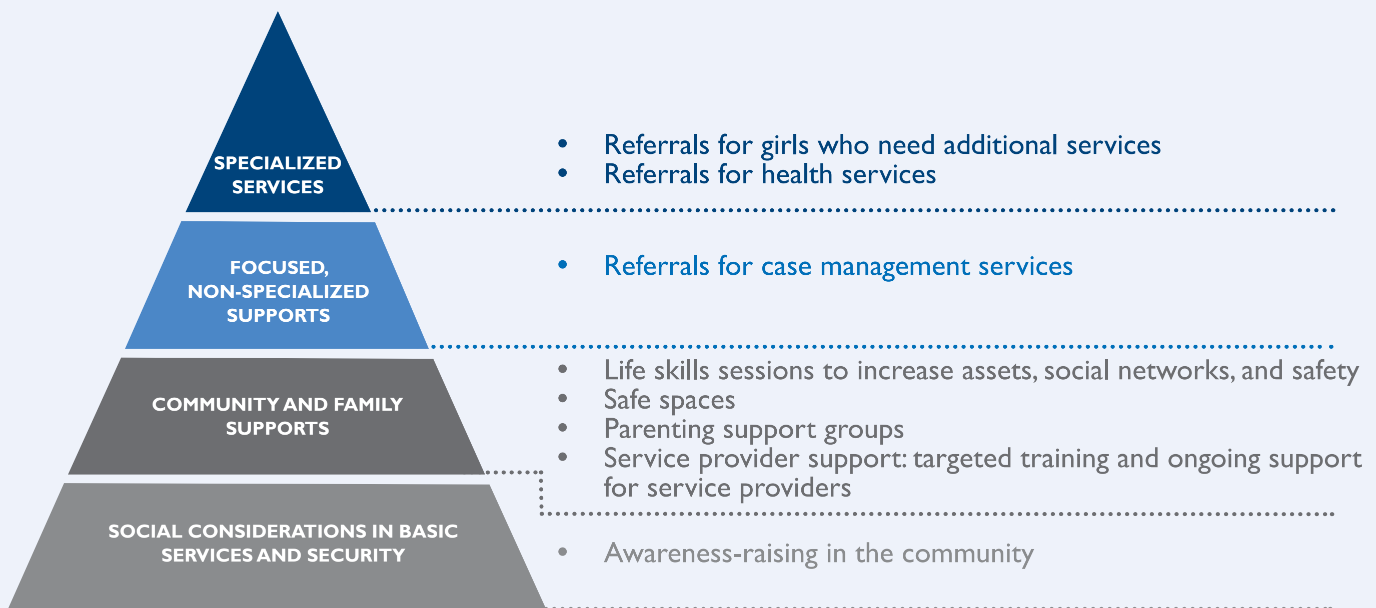
[8] Kim Ashburn, et al., "Evaluation of the Responsible, Engaged, and Loving (REAL) Fathers Initiative on Physical Child Punishment and Intimate Partner Violence in Northern Uganda," Prev Sci., vol. 18, no. 7 (October 2018): 854-864.

[9] IASC, *Interagency Gender-Based Violence Case Management Guidelines: Providing CARE and Case Management Services to Gender-Based Violence Survivors in Humanitarian Settings*, 2017, http://www.gbvims.com/wp/wp-content/uploads/Interagency-GBV-Case-Management-Guidelines_Final_2017.pdf

Girl Shine

The Research and Intervention: The International Rescue Committee (IRC), in partnership with Columbia University, conducted a multi-country study of their Creating Opportunities through Mentoring, Parental Involvement, and Safe Spaces (COMPASS) intervention, which targeted adolescent girls ages 10–19 living in the Democratic Republic of the Congo (DRC), Ethiopia, and Pakistan. The research resulted in the development of IRC's Girl Shine (summarized in the A Safe Place to Shine report). Girl Shine aimed to improve the well-being and protective environment of adolescent girls through individual and family-level interventions. The program uses a community-based approach in which mentors close in age and location (i.e., living in the area and/or neighborhood) to the program participants develop strong relationships with the girls and deliver key messages to them. The program directly implemented activities or provided referrals across all four layers of the intervention pyramid (see Figure 2).

Figure 2: Girl Shine Intervention Pyramid



Impact: Adolescent girls who participated in Girl Shine shared an increase in their hopes for their future and their sense of social connectedness. After the program, girls reported they had more female friends outside of their families and could identify at least one female adult in their communities (who was not a relative) that they could trust. They also reported feeling safe in dedicated safe spaces in their communities and knowing what and where professional GBV services were available. The intervention did not change cultural norms. Most girls in DRC and Ethiopia maintained the opinion that avoiding pregnancy is the responsibility of girls and women and that men have the final say on key decisions made in the home. Researchers noted that changing cultural norms requires long-term interventions.

Supervision/Coaching: Mentors received supervision, coaching, and ongoing capacity building from a focal point during the program's implementation; additional assistance and support were available as needed. In addition, the Girl Shine mentor and facilitator training manual highlights DNH considerations, equipping mentors with the knowledge, approaches, and techniques to avoid doing harm.

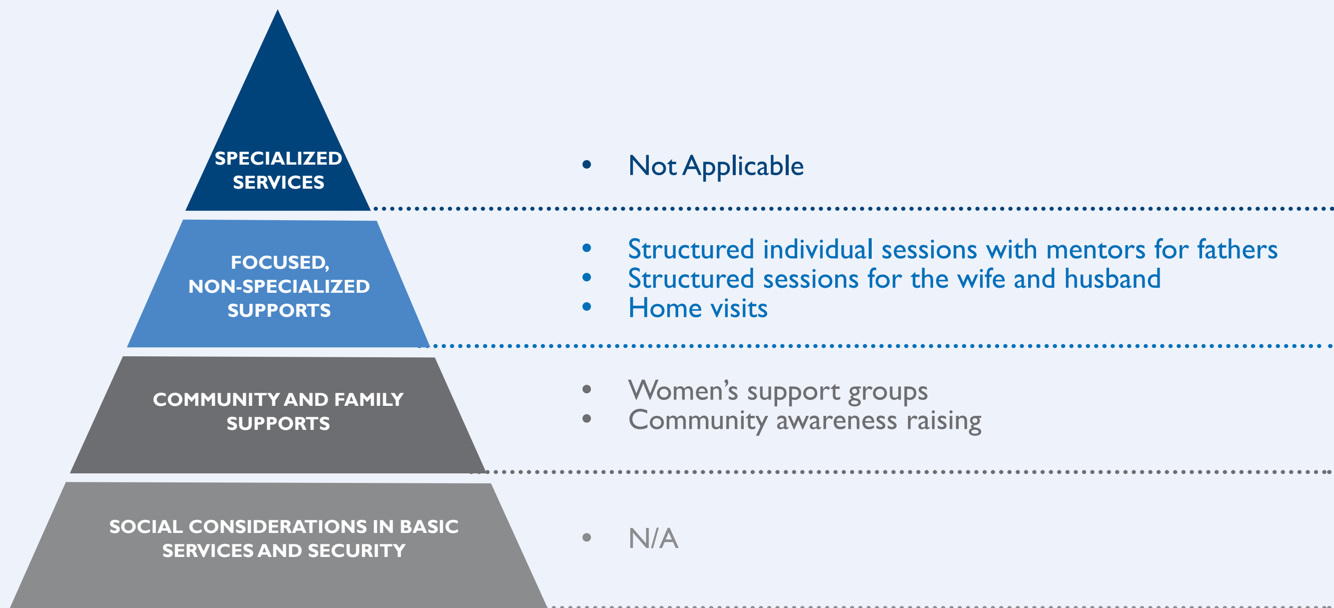
Girl Shine Resource Package: The package has four parts: (1) an intervention design guide, (2) a life skills curriculum, (3) a caregiver curriculum, and (4) a mentor and facilitator training manual. The intervention package is available at resourcecentre.savethechildren.net/library/girl-shine.

REAL Fathers

The Research and Intervention: The REAL Fathers Initiative and research project were developed by Save the Children and Georgetown University's Institute for Reproductive Health. The approach was tested in Save the Children's Early Childhood Care and Development program in Karamoja, Uganda, and the Youth Initiative for Employment and Sustainable Livelihood and Development programs in northern Uganda. The program uses individual and group mentoring sessions to "(1) prevent IPV and harsh (physical and/or verbal abuse such as shaking or screaming at the child) discipline of young children; (2) improve fathers' use of positive parenting, their confidence in using nonviolent discipline and couple communication; (3) foster acceptance of non-traditional gender roles in parenting by fathers and the wider community; and (4) increase the acceptability and use of voluntary family planning by REAL Fathers couples."[10] While the intervention does not explicitly involve MHPSS, the project applied an MHPSS approach by changing behavior through focused individual and group interventions by a trained mentor (i.e., a lay professional).

The intervention worked with fathers ages 16–25 years through seven individual mentoring sessions, two of which included their partners, and seven monthly group sessions with other fathers and mentors in the program. In one example, the young father is at the center of the social ecology, with his family (i.e., the wife and child) and the community of other fathers in the program as his support base. The mentors are respected members of the community and recognized as loving fathers. See Figure 3 for more details on how these interventions map to the IASC Intervention Pyramid.

Figure 3: REAL Fathers Intervention Pyramid



Impact: The end-line evaluation of the REAL Fathers Initiative found that fathers who participated in the program had positive results across the domains assessed, including significantly reduced IPV, increased positive parenting techniques, and decreased use of violent or other harsh parenting techniques.

Supervision: Implementing agencies supervised and supported the mentors, including discussing any challenges, helping them with the curriculum, and reminding them of core implementation aspects.

[10] Institute for Reproductive Health, Georgetown University, Brief: Findings from Scale-up Evaluation of the REAL Fathers Program in Uganda, 2020, https://irh.org/resource-library/real-scale-up-eval-uganda/

Engaging Women: The intervention added a component to engage the wives and/or female partners of participants, thereby reinforcing the family support base and further developing the partnership dynamics between parents.

REAL Fathers Resource Package: The package had five components: (1) implementation guidelines, (2) a mentor training curriculum, (3) a mentor discussion guide, (4) mentor resource sheets, and (5) women's group sessions. The REAL Fathers resource package is available for download at irh.org/resource-library/real-fathers-implementation-guidelines/.

Illustrative PYD or Youth-focused Indicators for MHPSS

Table 2 provides illustrative indicators for measuring the impact of MHPSS interventions integrated into gender and GBV programming. The indicators are grouped by the measurement area and sector. The reference key identifies the source for each indicator. Indicators without a source were developed specifically for this toolkit.

Reference Key

* USAID
** UNICEF – Operational Guidelines
*** Inter-Agency Standing Committee (IASC)

Table 2: Illustrative Indicators for Integrating MHPSS into Gender and GBV Programming

Measurement Area	Sector	Indicators
Safety	Gender and GBV*	Learners' and teachers' perceptions of gender safety while at learning space/school
Program Implementation and Access	Gender and GBV*	Number of people reached by a U.S. Government (USG)-funded intervention providing GBV services (e.g., health, legal, psycho-social counseling, shelters, hotlines, etc.) (USAID F-indicator GNDR-6)
	Gender and GBV*	Percentage of trained teachers and administrators who are aware of how to prevent, report, and respond to sexual and gender-based violence
	Gender and GBV*	Number of schools with gender-sensitive referral pathways established as per referral pathway guidelines
Uptake and Compliance	Gender and GBV*	Percentage of target population that views GBV as less acceptable after participating in or being exposed to USG programming (adapted[11] USAID F-indicator GNDR-7)
Function	MHPSS	Ability of caregivers to cope with problems (through, for example, stress management skills, conflict management skills, problem-solving skills, parenting skills, and knowledge of where to seek help or information and resources needed to access care)
Mental Health and Well-being	Gender and GBV*	Percentage of females who report increased self-efficacy at the conclusion of USG-supported training/programming (USAID F-indicator GNDR-3)
	MHPSS***	Number of people with mental health and psychosocial problems who report receiving adequate support from family members

[11] Adaptation is use of "target population" instead of "participants."