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Gender-based violence and Mental Health (Intimate Partner Violence, Conflict affected setting, Violence and harassment at work, Cyber-violence against women as examples)

With increased Gender-based violence GBV, such as: domestic violence, intimate partner violence, sexual violence, forced and early marriage, 'honor' crimes, FGM and human trafficking. Many studies show that Violence and power imbalances adversely affect the mental health of women and men victims. Therefore, Violence is, an important contributor to gender differences in poor mental health. Accordingly, this paper has adopted the Intimate Partner Violence, Conflict affected setting, Violence and harassment at work, Cyber-violence against women as examples. The different forms of GBV consistently lead to a range of mental illnesses globally, including anxiety, depression, suicide, post-traumatic stress. The researches on victims of Intimate Partner Violence IPV in all shapes: physical, psychological and sexual – showed the impact of abuse on the development of mental health problems. Victims of IPV have a increased risk of a depressive disorder and a developing an anxiety disorder. However, post-traumatic stress disorder (PTSD) is the most common mental health problem among women victims of IPV. This paper indicates GBV in conflict-affected settings women and girls are particularly vulnerable to GBV. GBV is not only linked to adverse health and sexual reproductive health outcomes, but also affects women's ability to secure employment and their participation in recovery efforts.Programs that prevent and respond to GBV against women in populations affected by conflict are, therefore, critical for reducing gender inequity and improving population health and economic growth in these settings. As emphasized the paper that cyber-violence actually might be more damaging than in-person abuse because it has a wide audience, can be anonymous, and is insufficiently regulated. Cyber-violence can leave a permanent trauma for a woman (or girl), ranging from self- harm as an option to cope with trauma, to suicide as the only remedy to end such trauma. Mental health services, therefore, need to be aware of interpersonal violence experienced and perpetrated by women and men, and to provide gender-sensitive and cross-cutting services to address it.

Keywords: Gender-based violence, Mental Health, Cyber-violence against women, Psychology

Biography:

Miss. Insherah Yousef Issa Musa Jordanian licensedclinical psychologist. Insherah worked as MHPSS Specialist for UNFPA for 3 years working in integration of MHPSS in GBV, Youth and SRH services. Before that she worked as a Country Director for JRS Jesuit Refugee Service/Jordan for 3 years where she oversees JRS/Jordan's projects and operation with a focus on: access to higher education in emergencies, social protection through home visit project and mental health psychosocial support to refugees and host community.

Prior to joining JRS in 2016, Insherah worked for the Center for victims of Torture CVT/Jordan, as psychosocial team leader for 9 years. She has intensive experience in trauma healing and MHPSS programs. Insherah started Sokoon training and consultation center to provide technical support as well as staff-care for workers in humanitarian field, in addition she was a co-founder of the Jordanian Clinical Psychologist Association. She has a bachelor's degree in general psychology, masters in clinical psychology and finalizing her PHD in clinical Psychology

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