



## Review Article

# Wounds that don't bleed: The overlooked mental health toll of gender-based violence in Southeast Asia and India: A narrative review

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## Abstract

This narrative review explores the multifaceted impact of gender-based violence (GBV) on mental health across Southeast Asia and India, with a dual focus on survivors and perpetrators. A search of PubMed, Scopus, Web of Science, and Google Scholar identified English-language studies published between 2010 and 2025 that used keywords related to GBV, mental health, and regional terms. Reports from WHO, UN Women, and UNDP were also reviewed to summarise key psychological outcomes, sociocultural factors, and intervention strategies. The review highlights how GBV contributes to depression, anxiety, PTSD, and suicidal behaviour among survivors, while perpetrators often experience psychological distress linked to trauma, substance abuse, and antisocial traits. It also examines the role of emerging interventions, including trauma-informed and AI-driven approaches, in addressing GBV-related mental health challenges. The findings underscore the need for culturally contextualised, survivor-centred, and ethically grounded mental health responses in the region.

**Keywords:** Gender-based violence, Mental health, Psychosocial interventions, Cognitive behavioural therapy, Public health, Psychological trauma, Domestic violence, Post-traumatic stress disorders, Depression, Anxiety disorders

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## 1. Introduction

Gender-based violence (GBV) is a widespread issue affecting millions of women, men, and children worldwide. GBV includes a range of abusive behaviors such as physical, sexual, psychological, and economic violence. The World Health Organization (WHO) defines GBV as any act of violence that results in or is likely to result in, physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or in private life.<sup>1</sup> While GBV can affect anyone, it disproportionately impacts women and girls, with significant consequences for their physical and mental health. Although gender-based violence (GBV) disproportionately affects women and girls, it is not confined to them. Men, transgender persons, and gender-diverse individuals also experience

various forms of GBV, though their experiences are often underreported and understudied in low- and middle-income settings. Recognizing these intersecting vulnerabilities is crucial to framing GBV as a public health and human rights issue that affects all genders. However, given the limited availability of gender-disaggregated data from Southeast Asia and India, this review primarily focuses on women while acknowledging the broader gender spectrum impacted by violence.

In Southeast Asia and India, GBV is rooted in deep-seated cultural norms and social structures that perpetuate gender inequality. These regions witness a wide array of GBV forms, from domestic violence to sexual harassment and honor-based violence, with women and girls being the

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most frequent targets. The pervasive nature of GBV in these societies not only leads to immediate physical harm but also causes profound and enduring psychological distress, including depression, anxiety, post-traumatic stress disorder (PTSD), and suicidal ideation respect.<sup>2-4</sup>

The mental health impact of GBV is often exacerbated by societal stigma, which discourages victims from seeking help and leads to further isolation and psychological harm. This stigma, coupled with a lack of adequate mental health services, particularly in rural and underserved areas, results in many survivors receiving little to no support, further entrenching the cycle of violence and trauma.<sup>5</sup>

Perpetrators of GBV are also affected, as engaging in violence can be associated with certain psychological issues, such as substance abuse, personality disorders, and a history of experiencing or witnessing violence. The normalization of violence within these cultural contexts not only perpetuates cycles of abuse but also impacts the mental health of both perpetrators and victims, contributing to a broader public health crisis.<sup>1</sup>

Addressing the mental health consequences of GBV requires a multifaceted approach that includes prevention, early intervention, and access to mental health care. Effective strategies must involve community-based interventions that challenge harmful gender norms and promote gender equality. In recent years, there has been growing interest in the potential role of artificial intelligence (AI) in addressing GBV. AI-driven tools, such as predictive analytics and enhanced reporting mechanisms, can help identify at-risk individuals and streamline access to support services. However, the use of AI in this context also raises significant ethical concerns, including privacy, bias, and the potential for technology to be misused.<sup>6</sup>

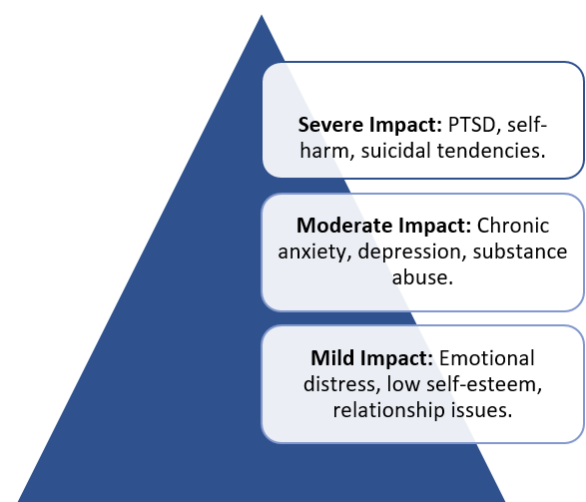
Considering the interdisciplinary and evolving nature of research linking gender-based violence (GBV) and mental health, this paper adopts a narrative review approach to critically synthesize diverse evidence, including quantitative studies, qualitative inquiries, and policy reports. Literature published between 2010 and 2025 was retrieved from PubMed, Scopus, Web of Science, Research Gate, and Google Scholar using key terms such as “gender-based violence,” “intimate partner violence,” “mental health,” “PTSD,” “depression,” and regional identifiers like “Southeast Asia” and “India.” Additional sources from WHO, UN Women, and UNDP were reviewed. The objective was to explore how GBV affects the mental health of both survivors and perpetrators in these regions, while identifying key sociocultural determinants and intervention strategies that shape these outcomes.

## 2. Understanding the Mental Health Impact of Gender-Based Violence (GBV)

GBV is a critical public health issue that has devastating impacts on the mental health of survivors. Considering the interdisciplinary and evolving nature of research linking gender-based violence (GBV) and mental health, the present work adopts a narrative review approach. This method enables a critical synthesis of diverse sources—quantitative studies, qualitative inquiries, and policy analyses—offering an integrative understanding rather than a systematic mapping of evidence. The primary objective of this review is to examine how GBV impacts the mental health of both survivors and perpetrators in Southeast Asia and India, while also highlighting the sociocultural determinants and intervention strategies influencing these outcomes. a range of abusive behaviors, including physical, sexual, psychological, and economic violence, primarily targeting women and girls, though men and boys are also affected. The mental health consequences of GBV are profound, contributing to long-term psychological disorders that can severely impair the quality of life for survivors.

## 3. Mental Health Disorders

Survivors of GBV often endure significant mental health challenges, many of which are chronic and complex. The psychological trauma caused by GBV can lead to various mental health conditions, which may persist for years after the violence has ended. The psychological effects of GBV can be conceptualized as existing on a continuum, with varying degrees of severity ranging from emotional distress and relationship difficulties to chronic anxiety, depression, and, in extreme cases, PTSD and suicidal ideation, as illustrated in the mental health impact pyramid (**Figure 1**).



**Figure 1:** The mental health impact pyramid of gender-based violence (GBV)

### 3.1. Depression and Anxiety

Depression and anxiety are among the most prevalent mental health disorders associated with GBV. The persistent

experience of violence, particularly intimate partner violence (IPV), often results in feelings of powerlessness, worthlessness, and ongoing stress, contributing to the development of these conditions. Devries et al. in 2013 a comprehensive meta-analysis<sup>7</sup> revealed that women who had experienced IPV were nearly twice as likely to suffer from depression compared to those who had not experienced such violence. This relationship between GBV and anxiety is equally significant, with survivors frequently developing disorders such as generalized anxiety disorder (GAD), panic disorder, and social anxiety as a result of their trauma. The chronic stress that accompanies GBV further exacerbates these mental health issues, making them particularly difficult to manage without targeted interventions.

### 3.2. Post-traumatic stress disorder (PTSD)

Post-traumatic stress disorder (PTSD) is a common and severe consequence of GBV, particularly for survivors of sexual violence. PTSD is characterized by intrusive thoughts, flashbacks, nightmares, severe anxiety, and hypervigilance. Survivors often relive their traumatic experiences, which disrupts their daily lives and contributes to ongoing psychological distress. Chandra, Satyanarayana, and Carey (2018) reported high rates of PTSD among survivors of sexual and domestic violence in India, with prevalence estimates ranging from 20% to 40%.<sup>8</sup> In Southeast Asia, cultural stigma and societal attitudes towards sexual violence further aggravate the psychological burden on survivors, leading to underreporting and delayed treatment, which in turn prolongs the impact of PTSD.<sup>9</sup>

### 3.3. Substance use disorders

Substance use disorders are a significant concern among GBV survivors. The psychological trauma resulting from violence often leads individuals to misuse substances such as alcohol, drugs, or prescription medications as a coping mechanism. While these substances might offer temporary relief, they frequently result in dependency, exacerbating mental health issues. A study in Vietnam showed that women who had experienced GBV were more likely to engage in harmful drinking behaviors and use illicit substances in an attempt to cope with their trauma. This maladaptive coping strategy not only deteriorates mental health but also increases the risk of further violence and social isolation.<sup>10</sup>

### 3.4. Suicidal behavior

The link between GBV and suicidal behavior is well-established in the literature. The overwhelming sense of despair, isolation, and hopelessness that often accompanies GBV can drive survivors to contemplate or attempt suicide. In regions like Southeast Asia and India, where mental health remains stigmatized and cultural taboos persist, GBV survivors often feel trapped with limited avenues for seeking help. Studies conducted in Bangladesh and India demonstrate that women who experience IPV are at a significantly higher risk of suicidal ideation and attempts than those who have not

experienced such violence.<sup>11,12</sup> The absence of adequate social support and limited access to mental health services further exacerbates this risk, underscoring the need for targeted interventions to address suicidal tendencies among GBV survivors.

### 3.5. Psychosomatic symptoms

Psychosomatic symptoms are frequently reported by GBV survivors and represent the physical manifestations of psychological distress. These symptoms may include chronic pain (headaches and back pain), gastrointestinal disorders, and unexplained fatigue. The connection between the mind and body plays a crucial role in how trauma manifests physically, with survivors often presenting with these symptoms as a way of coping with the overwhelming stress and trauma resulting from GBV. Golding (1999) identified that women in India who had experienced GBV reported significantly higher rates of chronic pain and other somatic complaints than those who had not been abused.<sup>13</sup> These psychosomatic symptoms often lead to increased healthcare utilization, yet without addressing the underlying trauma, the symptoms persist and may worsen over time.

## 4. Impact on Reproductive Health

GBV also has profound implications for reproductive health, including unwanted pregnancies, pregnancy-related complications, and sexually transmitted infections (STIs), including HIV. The fear of violence can inhibit women from negotiating safe sex practices or accessing reproductive health services, leading to adverse health outcomes. In Southeast Asia and India, the intersection of GBV and reproductive health is particularly concerning, as cultural norms and limited healthcare access exacerbate these issues. Silverman et al. found in a study conducted in rural India that women who experienced IPV were more likely to suffer from pregnancy-related complications and poor maternal health outcomes.<sup>14</sup> The trauma from GBV not only affects mental health but also contributes to a cycle of poor reproductive outcomes, which can have lasting effects on the overall well-being of survivors.<sup>15,16</sup>

## 5. Selective Abortions, GBV, and Mental Health

The practice of selective abortions, particularly sex-selective abortions, places immense emotional and psychological stress on women. In cultures where there is a strong preference for male children, women who are pressured or coerced into undergoing sex-selective abortions face severe mental health consequences. These include depression, anxiety, and feelings of guilt and shame for not fulfilling societal expectations. Women often experience internal conflict, being torn between societal pressure and their emotional well-being, which can lead to long-term psychological trauma. Furthermore, repeated pregnancies and abortions due to gender preferences increase the risk of post-

traumatic stress disorder (PTSD) and can exacerbate feelings of worthlessness or hopelessness.<sup>15,16</sup>

The lack of social support further compounds the mental health impact of selective abortions, as women may face isolation, stigma, or even violence from family members for not producing male offspring. This isolation reinforces feelings of helplessness and fuels a cycle of emotional abuse and reproductive coercion. These factors combine to have a profound effect on women's overall mental well-being, trapping them in a cycle of both physical and psychological violence, which is often underreported or neglected in public health responses.<sup>17</sup>

These multidimensional impacts of GBV on mental and reproductive health are illustrated in **Figure 2**, which depicts the multifaceted consequences of GBV, showing intersections between psychological trauma, psychosomatic symptoms, and reproductive health outcomes.

## 6. Mental Health of Perpetrators

Although the mental health of GBV perpetrators is less commonly studied, understanding their psychological profiles is essential for developing effective interventions to prevent violence. The psychological dimensions influencing violent behaviour among GBV perpetrators are summarised in **Figure 4**, highlighting key psychological and behavioural factors—antisocial traits, substance abuse, attachment disorders, and emotional distress—identified in studies of perpetrators from India and Southeast Asia.<sup>19–21</sup>

### 5.1. Antisocial personality disorder (ASPD)

Many GBV perpetrators exhibit traits associated with antisocial personality disorder (ASPD), characterized by a disregard for the rights of others, impulsivity, and a lack of empathy. ASPD is often linked to a history of childhood

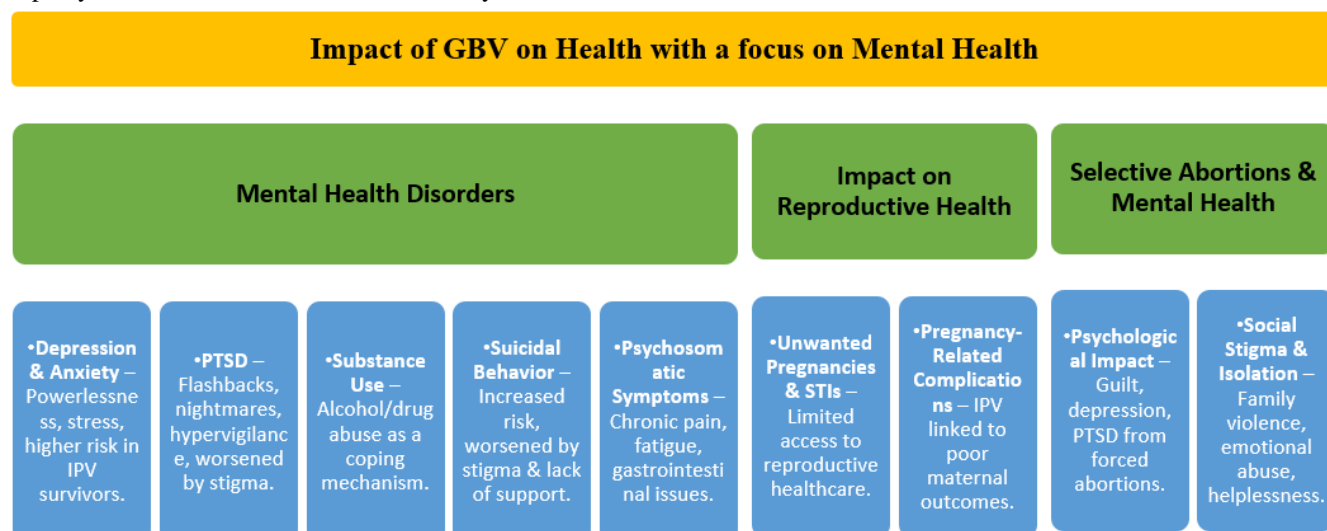
trauma, neglect, or exposure to violence, which can shape an individual's behavior in adulthood. Huss and Langhinrichsen-Rohling conducted research in India, finding that men who perpetrated IPV were more likely to exhibit antisocial traits and had a history of childhood adversity. Addressing these underlying psychological factors through targeted interventions could be instrumental in preventing the continuation of violent behavior.<sup>3,9</sup>

### 5.2. Substance abuse and aggression

Substance abuse is prevalent among GBV perpetrators and is often linked with increased aggression and violent behavior. The consumption of alcohol and drugs can lower inhibitions and impair judgment, making it more likely for individuals to commit acts of violence. In Southeast Asia and India, where alcohol consumption is culturally accepted among men, the relationship between substance abuse and GBV is particularly concerning. Foran and O'Leary highlighted in their meta-analytic review that alcohol use was a significant predictor of IPV, with men who engaged in heavy drinking being more likely to perpetrate violence against their partners. Reducing substance abuse among potential perpetrators is a crucial step in preventing GBV.<sup>20</sup>

### 5.3. Attachment disorders

Perpetrators of GBV often have histories of insecure attachment, which may stem from dysfunctional family environments or childhood trauma. Insecure attachment can lead to difficulties in forming healthy relationships and may contribute to the use of violence as a means of exerting control. Dutton and White found that men in Southeast Asia who had experienced childhood neglect or witnessed domestic violence were more likely to perpetrate IPV as adults. Addressing attachment issues through therapeutic interventions could be an effective strategy for preventing GBV and promoting healthier relationships.<sup>21</sup>



**Figure 2:** Impact of GBV on physical and mental health

5.6. Psychological distress

While the mental health of perpetrators may not manifest in the same way as it does for victims, they may still experience psychological distress, including feelings of guilt, shame, and low self-esteem. These emotions can perpetuate a cycle of violence, as perpetrators might use further violence to cope with their internal turmoil. Addressing the mental health needs of perpetrators is crucial for breaking the cycle of violence and fostering healthier relationships.<sup>22-24</sup>

5.7. Guilt, shame, and emotional distress

While the focus of GBV is often on the victim, it is important to acknowledge that perpetrators may also experience significant emotional distress. Perpetrators, especially when confronted with the consequences of their violent actions, can develop feelings of guilt and shame. These emotions may arise when their behavior leads to severe harm to the victim, estrangement from family, or legal ramifications. Such emotional turmoil can contribute to mental health issues like depression, anxiety, and even suicidal ideation in some cases. Although these psychological effects do not excuse violent behavior, understanding them can be crucial in addressing the full spectrum of mental health implications related to GBV. Rehabilitation and therapeutic interventions for perpetrators may, in turn, contribute to preventing future violence.<sup>23</sup>

5.8. Recidivism and reinforcement of violent behavior

For certain perpetrators, the mental health impact of engaging in violence can reinforce and perpetuate future violent

actions. The initial act of violence may desensitize them to the harm they inflict, creating a cycle of repeated offenses. This recidivism is often tied to underlying mental health issues, including a lack of empathy, poor impulse control, and unresolved trauma from the perpetrator's own experiences of violence. Such factors contribute to the reinforcement of violent behaviour, making it difficult for perpetrators to break free from the cycle of abuse. Addressing these mental health issues through interventions targeting empathy development, trauma recovery, and impulse management is critical in reducing the likelihood of future violent behaviour.<sup>24</sup>

7. The Interplay of Victim and Perpetrator on Mental Health

The mental health consequences for both victims and perpetrators of GBV are complex and deeply intertwined. The interaction between the mental states of both parties often exacerbates the severity of the violence and the subsequent psychological impact. Perpetrators usually experience untreated mental health issues such as substance abuse, personality disorders, depression, or impulse control problems. These underlying conditions can aggravate their violent tendencies, leading to more frequent and severe episodes of violence. For example, individuals with a lack of empathy or those who struggle with anger management are more likely to engage in violence as a way to assert control, further intensifying their harmful behaviour.<sup>20-24</sup>

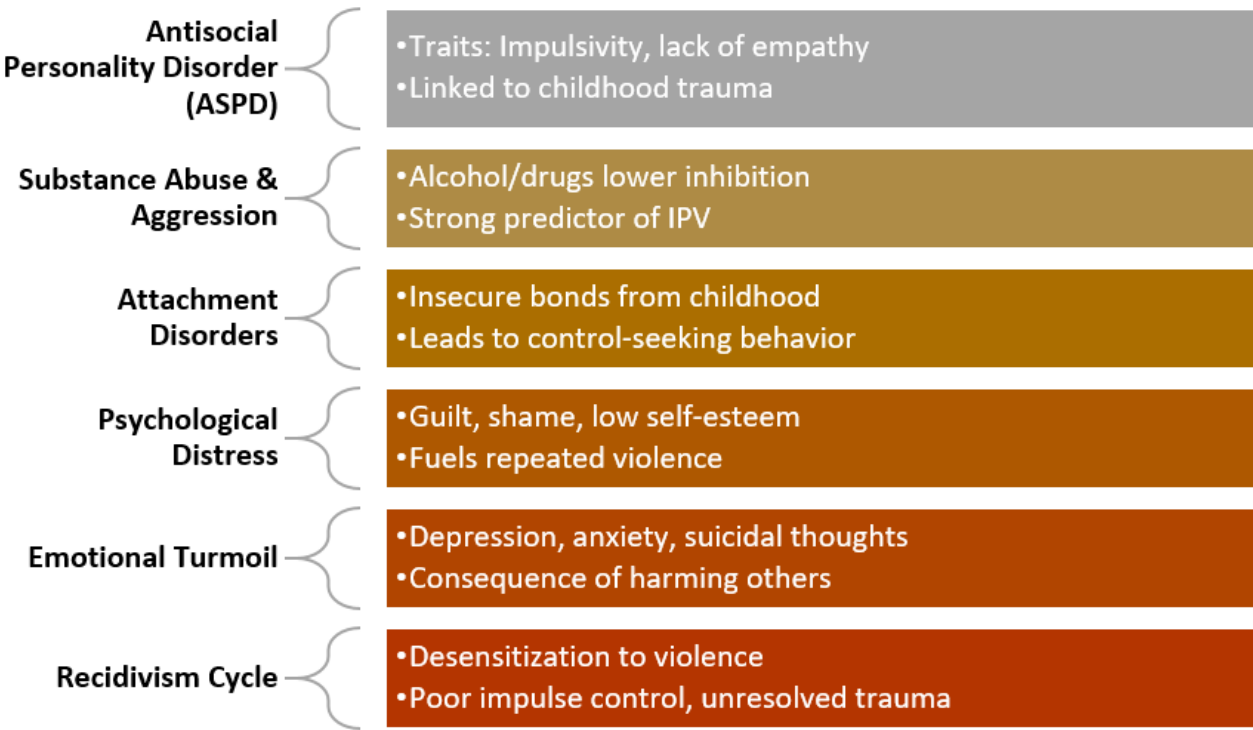


Figure 3: Mental health dimensions among GBV perpetrators



In parallel, the victim's mental health progressively deteriorates due to the ongoing abuse. GBV can lead to severe mental health conditions such as post-traumatic stress disorder (PTSD), depression, and anxiety, which can render victims more vulnerable to further violence. This is because their psychological resilience is weakened, making it more difficult to seek help, leave the abusive situation, or even recognize that the violence is abnormal. The impact on their self-esteem and mental well-being can trap them in a cycle of abuse, where their deteriorating mental health serves as a barrier to escaping the violent environment.

The cyclical nature of GBV and mental health becomes even more problematic when the perpetrator's untreated mental health issues and the victim's worsening condition reinforce each other. For instance, the perpetrator's violent behavior may escalate in response to the victim's emotional vulnerability, leading to an intensification of control and abuse. This interaction creates a downward spiral that makes it increasingly difficult to break free from the abuse cycle.

In such situations, victims often face significant psychological barriers, including fear, shame, and learned helplessness, that prevent them from seeking support or intervention. On the other hand, the perpetrator, whose violent behavior is often reinforced by untreated mental health issues, may also experience emotional distress, though this may manifest differently. Guilt, shame, or denial of their actions can lead to mental health challenges such as depression or anxiety, which may either lead to remorse or, in some cases, a doubling down on their behaviour.<sup>20-24</sup>

Therefore, effective interventions must address the mental health needs of both victims and perpetrators to break the cycle of violence. Treating the psychological impact on victims is crucial, but without also addressing the mental health issues of perpetrators, the cycle of violence is likely to continue. Comprehensive approaches to GBV must include mental health services for both parties, recognizing the interconnectedness of their experiences and the need to break the patterns of abuse. The cyclical interplay between gender-

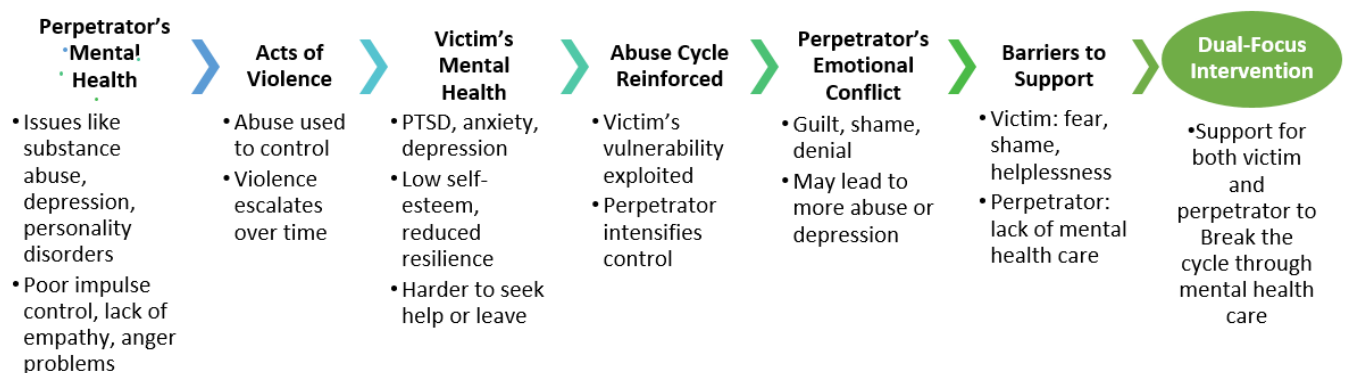
based violence and mental health outcomes is illustrated in **Figure 4**, which outlines the GBV-Mental Health Feedback Loop—from immediate psychological responses to systemic barriers and the reinforcement of the violence cycle both from the survivor angle. The authors developed this Conceptual model to demonstrate how mental health conditions of survivors and perpetrators reinforce cycles of violence and trauma. Arrows indicate bidirectional influences and feedback mechanisms based on thematic synthesis of included literature.

## 8. The Influence of Cultural, Social, and Economic Factors on Mental Health within the Context of Gender-Based Violence (GBV)

The cultural, social, and economic factors prevalent in Southeast Asia and India considerably influence the mental health impact of GBV. Patriarchal structures, harmful cultural practices, social stigma, lack of support, and economic dependence all contribute to perpetuating violence and intensifying the psychological trauma faced by survivors. Tackling these factors is essential for breaking the cycle of violence and enhancing mental health outcomes for those affected by GBV. The complex influence of cultural, social, and economic determinants on survivors' psychological well-being is outlined in **Table 1**, which summarises key macro- and micro-level factors such as patriarchal norms, harmful cultural practices, stigma, and economic dependence—factors that worsen mental health issues among GBV survivors in Southeast Asia and India. This compilation by the authors is based on a thematic synthesis of relevant literature.

### 8.1. Socio-cultural factors

Cultural factors deeply influence the mental health of individuals experiencing GBV. In Southeast Asia and India, traditional gender roles, patriarchal norms, and harmful practices like dowry and bride price contribute to the normalization of violence, leading to severe psychological consequences for victims.<sup>25-27</sup>



**Figure 4:** Interplay between survivors and perpetrators in the GBV-Mental health feedback loop

### 8.1.1. Patriarchal structures and mental health

Patriarchal structures that prioritize male dominance and female submission create environments where violence against women is often justified and perpetuated. Women living under such systems may internalize feelings of powerlessness, low self-worth, and fear, all of which contribute to chronic mental health conditions such as depression and anxiety. The constant exposure to violence and the societal pressure to remain silent can lead to feelings of isolation and helplessness, further exacerbating mental health issues.<sup>28</sup>

For instance, in communities where violence is considered a private matter, women are often discouraged from seeking help, leading to prolonged exposure to trauma without access to psychological support. This lack of intervention can result in more severe mental health outcomes, including post-traumatic stress disorder (PTSD) and suicidal ideation.

### 8.1.2. Harmful cultural practices and mental health

Practices like dowry in India and bride prices in parts of Southeast Asia commodify women, reducing their autonomy and increasing their vulnerability to violence. The pressure to conform to these practices can lead to immense stress, anxiety, and depression among women, particularly when dowry demands are unmet, resulting in abuse or harassment. Women subjected to such violence may experience chronic stress, which can manifest in physical symptoms like headaches, gastrointestinal disorders, and other psychosomatic conditions.<sup>29,30</sup>

Moreover, the fear of dishonoring the family through practices like honor-based violence can trap women in abusive situations, where the psychological toll is immense. The constant threat of violence for not adhering to traditional gender norms can lead to long-term mental health problems, including PTSD, severe anxiety, and depressive disorders.<sup>29,30</sup>

### 8.1.3. Honour-based violence

Honour-based violence (HBV) is a severe and culturally rooted form of violence that significantly impacts the mental health of survivors. HBV arises from the perception that an individual, usually a woman, has brought shame or dishonour upon her family or community through actions that deviate from traditional norms, such as choosing her partner, pursuing education, or rejecting an arranged marriage. The psychological impact of HBV is profound, as survivors often endure extreme forms of control, fear, and isolation. The constant threat or experience of violence, coupled with the betrayal by close family members, can lead to severe mental health issues, including anxiety, depression, post-traumatic stress disorder (PTSD), and suicidal ideation. The cultural stigma associated with dishonouring one's family exacerbates these mental health challenges, as survivors may feel trapped,

isolated, and unable to seek help due to fear of further violence or social ostracisation. This environment of control and fear not only perpetuates the cycle of violence but also deepens the psychological trauma, making recovery and reintegration into society difficult for survivors.<sup>30,31</sup> The normalization of violence through media and cultural narratives can desensitize communities to aggression and reinforce tolerance toward gender-based violence.

### 8.1.4. Stigma and mental health

In many parts of Southeast Asia and India, mental health issues are stigmatized, and GBV survivors often face social ostracism. This stigma can prevent survivors from seeking the help they need, exacerbating their mental health conditions. Cultural beliefs that associate mental illness with weakness or moral failure can lead to survivors being blamed for their psychological distress, further deepening their trauma.<sup>30,31</sup>

Survivors may also face rejection from their communities, leading to feelings of loneliness and isolation. This social exclusion can contribute to severe mental health issues such as depression, anxiety, and suicidal behavior. Without a supportive social network, survivors often have little recourse to cope with their trauma, resulting in long-term psychological damage.

### 8.1.5. Lack of social support and mental health

The lack of strong social support networks in many communities worsens the mental health effects of GBV. Survivors without family or community backing are more prone to enduring chronic stress and emotional distress. This absence of support can also discourage them from seeking help or leaving abusive relationships, sustaining the cycle of violence and intensifying their psychological scars.<sup>32</sup>

The normalization of violence within cultural and media representations also contributes to societal desensitization toward gender-based violence. As highlighted by Wiest,<sup>31</sup> the portrayal of violent behavior in cultural narratives can subtly reinforce tolerance for aggression and dominance, influencing how communities perceive and respond to GBV. Such exposure shapes public consciousness and may perpetuate cycles of violence, thereby compounding the psychological burden on survivors and reinforcing harmful gender norms.

## 8.2. Economic factors

Economic dependence and poverty are significant drivers of GBV and have profound effects on the mental health of survivors.

### 8.2.1. Economic dependence and mental health

Economic dependence on abusive partners is a significant factor that traps women in violent relationships. In many parts of Southeast Asia and India, women have limited access

to education and employment, making them financially reliant on their partners. This dependence can lead to feelings of helplessness and entrapment, where the fear of financial ruin prevents women from leaving abusive situations. The chronic stress associated with financial insecurity can result in anxiety, depression, and other mental health disorders.<sup>32</sup>

For instance, women who are economically dependent on their abusers may experience a loss of self-esteem and autonomy, contributing to mental health issues such as depression and anxiety. The inability to escape violent situations due to economic constraints often leads to prolonged exposure to trauma, exacerbating the psychological impact.

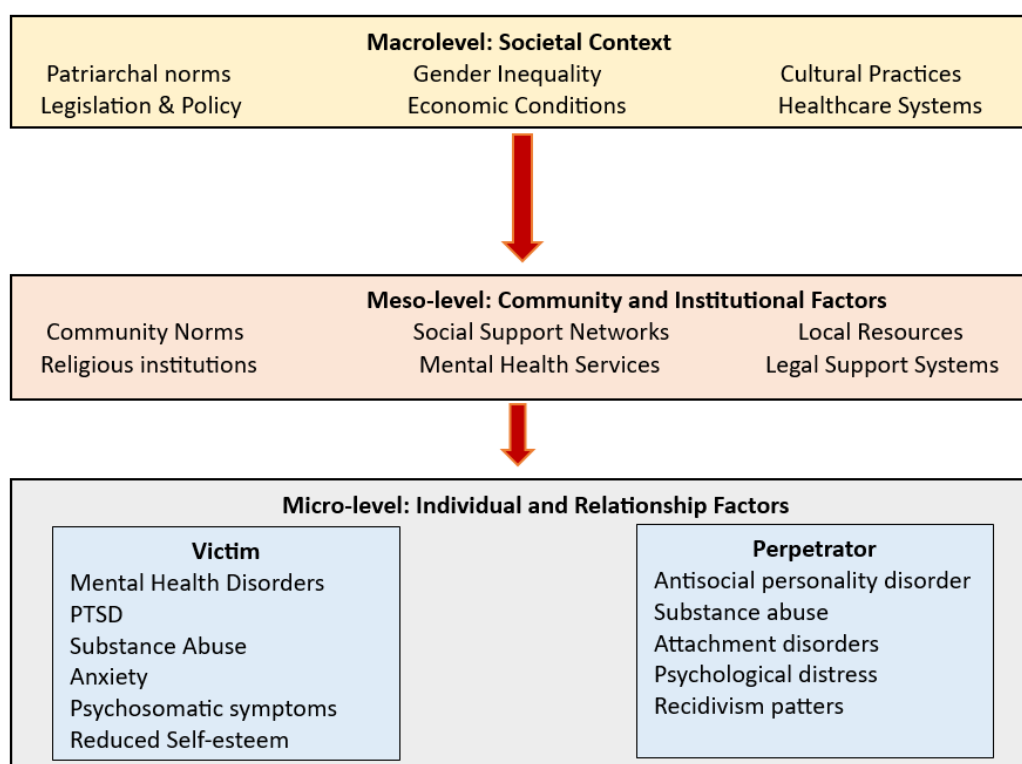
### 8.2.2. Poverty and mental health

Poverty is both a cause and a consequence of GBV. Women from low-income households are more likely to experience violence and have fewer resources to seek help or escape abusive situations. The stress of living in poverty, combined with the trauma of GBV, can lead to severe mental health issues, including depression, anxiety, and substance use disorders.

Furthermore, poverty can restrict access to mental health services, worsening the effects of GBV. Women in poor communities may not have the resources to seek professional support, resulting in untreated mental health issues and a cycle of violence that sustains both economic and psychological damage.<sup>32-34</sup>

**Table 1:** Sociocultural and economic determinants influencing the mental health impact of gender-based violence (GBV)

Factor	Specific Aspect	Mental Health Impact
<b>Socio-Cultural</b>	Patriarchal Structures	Low self-esteem, chronic stress, depression, anxiety, PTSD
	Harmful Cultural Practices (Dowry, Bride Price, Honor-Based Violence)	Severe anxiety, depression, PTSD, psychosomatic disorders
	Stigma Surrounding Mental Health	Social isolation, untreated mental health issues, deepened trauma
	Stigma and Lack of Support	Depression, anxiety, suicidal behavior, chronic emotional turmoil
	Limited Access to Healthcare	Untreated mental health conditions, exacerbation of psychological trauma
<b>Economic</b>	Economic Dependence	Feelings of helplessness, prolonged exposure to trauma, anxiety, depression
	Poverty	Increased vulnerability to GBV, severe stress, untreated mental health conditions



**Figure 5:** Ecosystem of gender-based violence and mental health



## 9. Barriers to Mental Health Care and Intervention Strategies

Both victims and perpetrators face significant barriers to accessing mental health care, particularly in regions with limited resources. Cultural stigma, lack of awareness, and inadequate mental health services are common obstacles that prevent both parties from receiving the help they need.<sup>35</sup> For victims, these barriers can lead to untreated mental health conditions and ongoing victimisation. For perpetrators, the lack of mental health intervention increases the risk of continued violence.

The interconnected layers influencing gender-based violence and its mental health repercussions are mapped out in **Figure 5**. It illustrates the macro-, meso-, and micro-level determinants influencing GBV and mental health outcomes, including sociocultural, economic, and institutional factors. Adapted and expanded from Fulu & Miedema<sup>4</sup> and Banda<sup>25</sup> with contextual modifications by authors.

## 10. Discussion

The preceding sections highlight the profound and multifaceted mental health consequences of gender-based violence across individual, social, and systemic levels. Building upon these findings, it becomes essential to identify practical, context-sensitive, and evidence-based approaches to address the intersection of GBV and mental health among women.

### 10.1. Intervention strategies for addressing the intersection of gender-based violence and mental health in women

GBV is a critical public health issue that exerts significant psychological and emotional tolls on women, often leading to conditions such as depression, anxiety, post-traumatic stress disorder (PTSD), and suicidal ideation. To reduce these impacts, a holistic approach that includes trauma-informed care integrated with mental health services, legal and social support, community-based initiatives, policy frameworks, and technological innovations is essential. A comprehensive overview of strategies addressing the intersection of gender-based violence and mental health is presented in Table 2, highlighting major intervention categories—trauma-informed care, integrated mental health services, community-based programmes, policy frameworks, and technology-based solutions—along with their components and observed impacts. The journey from experiencing gender-based violence to eventual recovery involves multiple stages—beginning with internalised trauma, progressing through disclosure and help-seeking, and culminating in psychosocial support and empowerment. This continuum, which underscores the vital role of mental health interventions at each stage, is depicted in Figure 6. The funnel diagram illustrates the progressive stages a survivor of gender-based violence (GBV) typically navigates—from the initial experience of trauma to eventual recovery and

empowerment. It shows how only a small proportion of survivors move from experiencing violence to successfully accessing support systems. Many remain trapped at the upper levels due to stigma, fear, or lack of access to resources. As survivors descend the funnel—through disclosure, help-seeking, and receiving psychosocial support—their chances of mental health recovery and social reintegration increase significantly. This is based on trauma-informed care frameworks.<sup>37,38</sup> This emphasises the need for robust, accessible, and trauma-informed systems at each stage to support survivors effectively and promote long-term healing.

#### 10.1.1. Trauma-informed care

Trauma-informed care emphasises the importance of understanding how trauma affects individuals and shaping healthcare environments that empower survivors rather than retraumatize them.<sup>37,38</sup>

1. Safe and trustworthy environments: Healthcare settings should prioritize confidentiality and respect for survivors' autonomy. This approach involves creating a non-judgmental, supportive atmosphere where survivors feel safe to disclose their experiences and make informed choices about their care. Establishing private spaces for consultations and ensuring that survivors are engaged in decisions regarding their treatment can help foster a sense of safety.
2. Empowerment through choice: One of the key principles of trauma-informed care is empowering survivors by giving them control over their recovery process. This may involve allowing survivors to choose the type of therapy they are comfortable with or even selecting the gender of their healthcare provider. Such strategies help restore the control often lost in abusive relationships, promoting healing and resilience.

#### 10.1.2. Integrated mental health services

Providing accessible mental health services within primary care settings is crucial to addressing the psychological impacts of GBV.

1. Routine screening for GBV: Integrating routine GBV screening into healthcare services ensures early identification of survivors and timely referrals to mental health resources. Simple, validated tools such as the HITS (Hurt, Insult, Threaten, Scream) screening tool enable healthcare providers to detect instances of violence and direct survivors to appropriate care.<sup>39–41</sup>
2. Evidence-based therapies: Psychotherapeutic interventions like Cognitive Behavioral Therapy (CBT) and Eye Movement desensitization and reprocessing (EMDR) have proven effective in treating trauma-related disorders. CBT helps survivors challenge and modify harmful thoughts related to their trauma, while EMDR facilitates the processing of

traumatic memories to alleviate distress. These therapies can significantly improve survivors' mental health outcomes.<sup>3</sup>

### 10.1.3. Legal and social support services

Legal advocacy and social support services are critical components of comprehensive care for GBV survivors.

1. **Legal advocacy:** Many survivors require assistance navigating the legal system to ensure their protection and justice. Legal advocacy includes helping survivors obtain restraining orders, pursuing criminal charges against abusers, and accessing other legal remedies. This support empowers survivors by helping them assert their rights and break free from cycles of violence.
2. **Social services:** Beyond legal assistance, survivors often need access to essential resources like safe housing, financial support, and employment opportunities. Economic dependence on abusers can trap survivors in abusive relationships. By addressing these needs, social services play a vital role in helping survivors regain independence and stability.

### 10.1.4. Community-based interventions

Community-driven approaches can shift the social norms that perpetuate GBV and provide a supportive environment for survivors.

1. **Public Awareness Campaigns:** Public awareness campaigns are instrumental in changing societal attitudes toward GBV. Campaigns like India's "Bell Bajao"<sup>42</sup> encourage bystanders to intervene in domestic violence situations, raising awareness while promoting community accountability. These initiatives also reduce stigma around mental health and GBV, encouraging survivors to seek help.
2. **Support Groups and Peer Networks:** Peer support groups offer survivors a safe space to share their experiences, build connections, and gain emotional support. These networks help reduce feelings of isolation and can foster resilience, enabling survivors to rebuild their lives within a supportive community.

### 10.1.5. Policy and system-level interventions

Sustainable progress in addressing GBV requires the backing of strong policy frameworks and system-level interventions.

1. **National and International Frameworks:** Policies such as the World Health Organization's global plan of action on violence against women provide a roadmap for integrating GBV services into national healthcare systems. This framework encourages countries to strengthen their response to GBV by ensuring that healthcare, legal, and social services work in tandem.<sup>1</sup>

2. **Training and Capacity Building:** Healthcare providers, law enforcement officers, and social workers must be equipped with the knowledge and skills to recognise and respond effectively to GBV. Training programs that focus on the intersection of GBV and mental health ensure that professionals are prepared to offer trauma-sensitive, survivor-centred care.<sup>44</sup>

### 10.1.6. Technological innovations

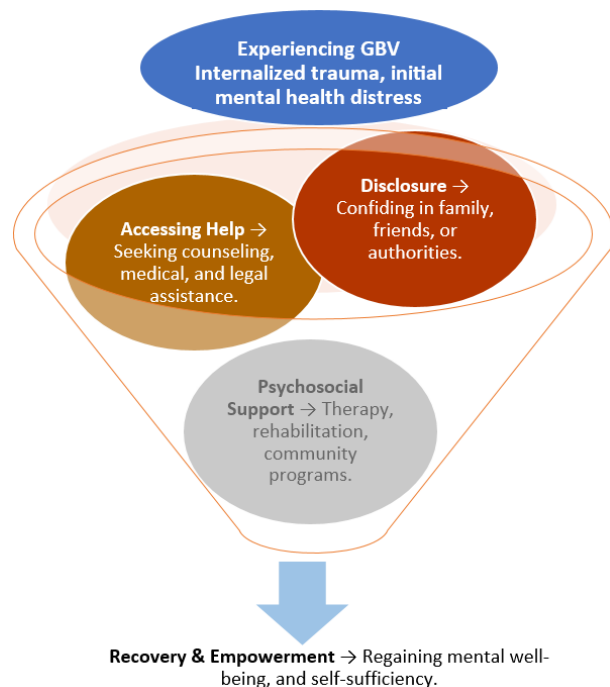
Technology, especially artificial intelligence (AI), is emerging as a promising tool in the fight against GBV. Emerging evidence highlights the growing potential of artificial intelligence (AI) in detecting and addressing GBV-related mental health concerns. Projects such as the UNDP's SARAH and SafeNet utilise AI for real-time monitoring of online harassment, predictive risk analysis, and automated survivor support.<sup>45,46</sup> However, persistent challenges—including algorithmic bias, data privacy concerns, cultural adaptability, and ethical governance—limit widespread application. Evidence from Southeast Asia remains scarce, underscoring the need for pilot-tested, contextually tailored AI interventions rather than the direct replication of global models.

### 10.1.7. Successful programs

Programs like the One Stop Centres (OSCs) or the Sakhi Initiative under Mission Shakti<sup>47</sup> in India exemplify the integration of community-based interventions with legal and mental health support. The initiative provides a holistic model of care, combining legal aid, psychological counseling, and social services for survivors. This comprehensive approach has improved access to justice and recovery services, making it a model for GBV interventions worldwide.

The findings of this review reaffirm that gender-based violence (GBV) significantly affects mental health across Southeast Asia and India, in line with earlier reviews reporting high levels of depression, anxiety, and post-traumatic stress disorder (PTSD) among survivors exposed to violence. Compared with evidence from high-income regions, studies from South and Southeast Asia highlight sociocultural determinants such as patriarchal norms, economic dependence, and stigma as key mediators of psychological outcomes.<sup>25,26</sup> Limited research investigates the mental health of perpetrators or evaluates integrated interventions, underscoring ongoing gaps identified in previous regional analyses. Although emerging AI-driven initiatives, like SARAH and SafeNet, show innovation in GBV response, current evidence remains largely descriptive and lacks rigorous assessment of ethical and contextual factors.<sup>45,46</sup> As a narrative synthesis, this review is limited by potential selection bias, restriction to English-language studies, and heterogeneity in study design, which may affect the applicability of findings. Future research should adopt

longitudinal and mixed-method approaches to explore causal pathways, evaluate intervention effectiveness, and develop survivor-centred models that incorporate mental health care into GBV prevention and response strategies. Also, this review primarily focuses on women due to data availability, it recognises that GBV affects all genders, including men and gender-diverse populations, highlighting a gap for future regional research.



**Figure 6:** Continuum of GBV experience and recovery

## 11. Conclusion

The intersection of GBV and mental health remains a critical public health concern, necessitating a multidisciplinary approach to intervention and support. The findings highlight the profound psychological impact of GBV, including anxiety, depression, and post-traumatic stress disorder, underscoring the urgent need for integrated mental health services within GBV response frameworks. Strengthening healthcare systems, enhancing awareness, and fostering community support mechanisms are essential for mitigating the adverse effects of GBV. Moving forward, a holistic approach that combines policy reforms, capacity-building initiatives, and survivor-centred care will be pivotal in addressing the long-term mental health repercussions and fostering resilience among affected individuals. Also, although this review primarily focuses on women due to data availability, it recognizes that GBV affects all genders, including men and gender-diverse populations, highlighting a gap for future regional research.

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## 13. Authors Contribution

Dr Namratha Kulkarni conceptualised the review, conducted the literature search, and prepared the initial draft of the manuscript. Dr Pavan P. Havaladar contributed to data interpretation, thematic organisation, and provided critical inputs during the review and editing process.

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## 15. Conflict of Interest

The authors declare that there are no conflicts of interest related to this study.

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