GENDER, MENTAL HEALTH AND RECONCILIATION IN THE CENTRAL AFRICAN REPUBLIC: IMPLICATIONS FOR POLICY AND PRACTICE

Report
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JULY 2023

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The report builds on a series of community gender analysis workshops carried out in collaboration with Bangui-based gender consultants Dr. Julie Betabelet, Hughes Junior Houl-Gonra, Mathilde Kiko and Delphin Kpata in 2022. It also builds on a longer research paper written for Conciliation Resources by psychologist Dr. Emilie Medeiros: ‘Peace of Mind: Exploring Mental Health in Relation to Peacebuilding and Conflict in CAR’. To access the full paper, please contact Conciliation Resources’ Programme Director, East and Central Africa, Kennedy Tumutegyereize [ktumutegyereize@c-r.org].

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INTRODUCTION

Gender can shape people’s motivation to engage in violence, their experiences when reintegrating into society, the types of traumas they confront and their ability to process these. If left unaddressed, the gendered causes and legacies of conflict eventually resurface over time, so are a critical part of Mental Health and Psychosocial Support (MHPSS) and peacebuilding interventions.

Between April 2022 and January 2023, Conciliation Resources carried out research in Kaga-Bandoro (Nana-Gribizi prefecture) and Sibut (Kémo prefecture) in the Central African Republic (CAR) to gain insights into how gender norms, roles, relations and hierarchies influence the expectations placed on young men and women, their participation in and experiences of violence, the types of coping mechanisms they adopt and how they and their wider communities manage trauma and distress.

It had the dual purpose of identifying gendered barriers which may prevent young people from expressing their MHPSS needs and accessing specialised support, and ensuring post-conflict MHPSS and peacebuilding interventions are more responsive to local gender dynamics and can work towards transforming some of the underlying issues impeding healing and reconciliation.

The research’s focus on gendered barriers, and in particular the role of masculinities, in shaping young people’s access to support addresses a gap in MHPSS evidence, which has primarily focused on the perspectives of sexual and gender-based violence survivors in conflict-affected contexts. The research also responds to recommendations made in a previous Conciliation Resources report for further analysis of appropriate psychosocial support, counselling and community-based reconciliation, as requested by young ex-combatants.

This report builds on those findings, highlighting the role that gender plays in shaping young people’s definitions of wellbeing, how mental health conditions are interpreted and the mechanisms used to manage and respond to them. It also outlines how CAR’s evolving conflict has influenced young men and women’s perception of and roles in violence, and the collective impact this has had on community healing and reconciliation.

Gender-responsive and transformative interventions must be incremental, respectful of local context and designed with and owned by communities. Enhancing meaningful participation of women, alleviating

1. The Inter-Agency Standing Committee (IASC) Guidelines define MHPSS as “any type of local or outside support that aims to protect or promote psychosocial wellbeing and/or prevent or treat mental disorder”. MHPSS can take many forms, including provision of basic services, community and family support, non-specialised support (psychological first aid or counselling) and specialised services (psychological and psychiatric support). See IASC (2007). Guideline – Mental Health and Psychosocial Support in Emergency Settings. https://interagencystandingcommittee.org/iasc-task-force-mental-health-and-psychosocial-support-emergency-settings/iasc-guidelines-mental-health-and-psychosocial-support-emergency-settings-2007
emotional burdens on men and facilitating healing and reconciliation requires attention to norms and practices which are considered by communities to be fundamental in reproducing and maintaining social harmony. The research identified examples of influential community members who have found ways to champion positive change without undermining the spiritual framework which governs people’s lives.

The report makes five recommendations for MHPSS and peacebuilding policy and practice:

1. MHPSS services should be tailored to the specific gender barriers faced by men and women, and give greater ownership to young people.
2. MHPSS services need to complement existing community values and healing practices, which are intimately linked to gender identity.
3. Peacebuilding interventions need to create safe spaces for young men and women to vocalise their trauma while envisaging new, alternative futures away from violence.
4. Peacebuilders should design and facilitate convening processes to challenge prevailing power dynamics.
5. Communities, MHPSS and peacebuilding practitioners should work together to reclaim gender norms which are more conducive to mental wellbeing and non-violence.
RESEARCH FINDINGS

1. Young people’s mental wellbeing is closely linked to their fulfilment of gender expectations instilled in initiation rituals.

For communities in Kaga-Bandoro and Sibut, clan initiation rituals are a crucial marker of maturity and gender identity which guide boys and girls in their transition to adulthood. They solidify gendered values around social duty and bravery, and teach young men and women the importance of enduring high levels of physical and emotional pain. In addition, young men learn skills in responsibility and authority, while young women learn qualities such as empathy, loyalty and harmony alongside more practical skills, such as being good listeners, advising their families and maintaining households.

These expectations shape how young people engage in society and how they judge mental wellbeing. For example, young men learn from an early age to endure, and in some cases actively participate in, community violence without displaying emotions, while young women enter marriages knowing they should be accommodating and avoid making complaints. During the research, young men tended to associate mental wellbeing with masculine traits learnt through these rituals, including optimal physical capacity and being able to farm and provide financially for extended families. Young women explained that when feeling mentally well, they are able to perform their gendered duties more effectively. Both felt that they would not be taken seriously by their communities if they did not deliver on these expectations, and that they are more hopeful about the conflict and lasting peace when they do.

2. These same expectations are also deeply connected to clan survival, with strictly defined gender and generational roles in place to manage conflict and protect communities.

Community protection is intrinsic to Kaga-Bandoro and Sibut, reflecting a history shaped by inter-clan conflict and acquisition. If a clan and its land is perceived to be under threat, elders can sanction violence under the auspices of ancestral spirits. This is understood by communities as a form of legitimate violence that will not carry negative consequences as long as appropriate conditions are met.

Fulfilment of gender and generational roles is inextricably linked to this system for organising and managing local conflict. For example, in initiation rituals, young people learn about their gender responsibilities and the importance of respecting elders alongside clan affiliation, belonging and survival skills. Young men explained that when communities are perceived as being under threat, norms around physical strength and bravery become heightened and they are expected to carry weapons. They face additional pressure knowing their male ancestors were able to protect their land and ensure the survival of strong, cohesive communities. Young men who do not fight when called upon can face emasculation, being rejected from community affairs, considered unworthy of marriage and having their social standing become “less favourable than that of a woman”. Divides also occur between young men, further heightening these pressures; for example, those who have not been granted supernatural forces such as gri-gri by elders are sometimes considered weaker during times of threat.

The research found that young women’s role within clan conflict is generally supportive of the role played by young men. For example, young men explained that if they carry out legitimate violence they can expect to be treated as warriors, celebrated on their return and sometimes receive offers of marriage to women from other communities.

“NOT PARTICIPATING IN FIGHTING IN THE FACE OF THREATS IS CONSIDERED YOGBO (WEAK), AS A WOMAN, WHO EXPECTS EVERYTHING FROM OTHERS.”

Male leader in Sibut

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4. An amulet which is worn to provide protection from evil spirits and bring luck.
BOX 1: THE ROLE OF THE SPIRITUAL UNDERWORLD IN MANAGING CONFLICT AND MENTAL HEALTH

In Kaga-Bandoro and Sibut, several models co-exist for managing conflict and interpreting mental health conditions, incorporating cultural, religious and human-centred perspectives. A dimension central to all models is spirituality, with gender providing an additional layer of complexity to this.

The spiritual underworld consists of ancestor spirits and Mami Wata (a half-human, half-fish siren that is a common belief across both Christian and Muslim communities in CAR). The relationship with ancestor spirits is mediated by community elders, and founded in reciprocal, clan-based agreements with totemic animal guardians who embody ancestors, accessed in kala kongba (the spiritual forest). Mami Wata holds significant power and can grant requests put forward by community members (for example, related to prosperity) but with strict conditions which are often difficult to fulfil. Young people explained that Mami Wata can seduce them to make and honour requests, taking on a feminine form for men and a masculine form for women. Mami Wata can also become jealous and angry if a woman gives attention to other men, reinforcing within the spiritual underworld the importance of norms such as loyalty and the authority of the opposite sex in protecting and determining a woman’s fortune.

The spiritual underworld guides how conflict is managed and the causes attributed to mental health conditions. For example, violence can be sanctioned by elders under the guidance of ancestor spirits to protect clans and land deemed at threat. A person who experiences distress and trauma as a result of violence (such as through being involved in combat or encountering blood) can be understood to be spiritually contaminated and required to carry out a cleansing ritual, practiced across ethnic groups in Kaga-Bandoro and Sibut, or to engage with ngangas (traditional healers able to master evil spirits). Women who fail to carry out cleansing rituals appropriately face particularly severe consequences. Breaking a pact with totemic animals or failing to repay Mami Wata can be seen as causes of the most severe mental condition, gbogbolinda (‘madness’), among men.

3. Although young men and women have experienced similar trauma and distress as a result of ongoing conflict, community responses to these differ and are predicated on maintaining specific gender roles.

Young people in Kaga-Bandoro and Sibut have lived in the shadow of three decades of conflict, ranging from smaller-scale inter-clan violence sanctioned by elders to the mobilisation of the Séléka and Anti-balaka.

They experience many overlapping traumas and signs of emotional distress which can be felt in their head, heart and whole body (see Box 2). Both men and women described experiencing depression, sleeplessness, nightmares and an overwhelming wish to avenge the loss of family and property. Many referred to a ‘moral pain’, having become physical protectors and financial providers for their families yet often lacking the emotional or cognitive tools required to fulfil these newfound responsibilities.

Community explanations for young people’s trauma and distress are largely expressed through a prism of ‘madness’ determined by spirits (see Box 2). These explanatory models are significant for two reasons.

Firstly, they allow the roots of mental health conditions to be unpacked and disaggregated by gender. This in turn opens up options for assisting young men and women who may otherwise be dismissed as beyond help, as reflected by a CAR gender practitioner: “It’s straight to ‘madness’ and treatment becomes difficult”.

Secondly, they bring to light the gendered differences in understanding mental health conditions and the ways in which community responses to this can reinforce gender roles and relations.

5. For example, previous Conciliation Resources research highlighted that many young former Anti-balaka members could not return to their family home until they had completed a ritual commonly known as ‘boro’. This involves men and women spending several days in the bush and taking part in ritual washing, shaving their hair and consuming particular foods designed to minimise ongoing health risks caused by spiritual impurity.

6. A coalition of armed groups predominantly comprised of Muslim fighters.

7. The Anti-balaka are often perceived as Christian identified. Previous research undertaken by Conciliation Resources found that they should more accurately be characterised as a syncretic combination of spontaneous community defence militia, hierarchical armed group and animist spiritual movement. See Conciliation Resources [2020]. Young People and Armed Groups in the Central African Republic: Voices from Bossangoa. https://www.c-r.org/learning-hub/young-people-and-armed-groups-central-african-republic-voices-bossangoa
Notably, these responses discipline and control the ways in which women can heal from violence, helping to maintain a system of power which affords them less social capital and restricts their agency in community affairs. For example, although the research found that it is more acceptable for women to acknowledge the impact that violence has had on them, express both positive and negative emotions publicly and access MHPSS, those who do can face backlash. Communities explained that women can quickly be dismissed as ‘mad’ or, in extreme instances, ‘contagious’ to other women, being perceived to have engaged in immoral behaviour resulting in subsequent mental health conditions.

Women are also held to closer account in complying with healing rituals. Young people explained that while men and women are in principle required to follow similar rituals on mourning, the standards differ: if a man does not fully respect the conditions laid out, he is still more likely to be accepted by his community and can quickly re-marry and maintain his social capital; whereas a woman who does not mourn for a full year or carry out nguete mon han (cleansing oneself following the loss of a husband) can be driven away to a new community where she lacks a support network. These power dynamics also extend to the spiritual underworld, with ghosts of husbands able to pursue female widows who do not comply with these rules and bring shame to her family.

“A WOMAN WHO IS IN DISTRESS... HER PARENTS SAY: ‘THIS ONE IS MAD. WE CAN’T DO ANYTHING FOR HER, SHE IS NOT USEFUL FOR SOCIETY.’”

Parents of a young woman in Sibut

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**BOX 2: GENDERED EXPERIENCES, EXPLANATIONS AND RESPONSES TO MENTAL HEALTH CONDITIONS**

Communities in Kaga-Bandoro and Sibut explained that the mind can be experienced in three locations depending on the emotion felt: the head, the centre of the chest (heart) and the overall body.

**Young people experience many overlapping emotions as a result of conflict,** regardless of their gender. These can broadly be categorised according to where they are felt. Life disruptions such as the loss of a loved one or property are commonly felt in the head, with effects including insomnia, anger, memory loss and regret. Troubles in relationships are typically seen as issues of the heart, with effects including heart palpitations and a feeling of mbéto (stress or lack of peace in one’s heart). Unhappiness tends to be felt across the whole body, which aches from a person’s head down to their feet.

The *causal explanations* for these emotions are gendered, and often expressed through a prism of ‘madness’ determined by spirits. For example, communities explained that a person might be classed as experiencing folie douce if they exhibit anger, paranoia, hallucinations and erratic behaviour. This is commonly understood as a form of temporary madness, whereby ghosts from the forest or water momentarily take them away. For a man, this could be because he has strayed from legitimate community violence sanctioned by elders, whereas for a woman, this may be because she has not carried out cleansing rituals associated with violence appropriately. A person can also experience gbogbolinda, the most severe form of psychological distress whereby someone loses themselves in the forest or water and is unlikely to return. Among other explanations, this can be attributed to a woman engaging in perceived immoral behaviour (such as using charms to control her husband or husband’s co-wives) or a man breaking a pact with totemic animals or stealing.

**Expected responses** depend on the severity of the condition. Folie douce might be treated with purification or by traditional healers and religious practices. The research found that women experiencing gbogbolinda, gera, ngongoa and other forms of distress are more likely than men to acknowledge the impact that violence has had on them, express positive and negative emotions and access MHPSS, but often face intense exclusion when they do. While men are held to less accountability in carrying out cleansing rituals appropriately, they face greater stigmatisation in accessing MHPSS, which can be seen as disrespectful to the principles of endurance, protection and bravery instilled in initiation rituals.
4. Expectations around masculinity clash with the practice of emotional disclosure underpinning MHPSS, contributing to potentially harmful coping mechanisms among young men.

Although women face higher expectations around the fulfilment of particular ritual steps in the face of trauma, men are subject to a countervailing pressure to minimise the impact of trauma. Because young men are expected to act as figures of strength and reassurance throughout conflict, they are required to demonstrate a posture of *debrouillard* (high levels of mental control and resilience in the face of hardship). As with physical strength, *debrouillard* is closely tied to community survival and as such men learn to internalise their emotions from a young age. Strict emotional management codes are in place to manage this, reinforced across gender, ethnic and generational lines. For example, among the Fulbé ethnic group there is a belief that if boys cry excessively, someone in their family may die. Young men also referred to cases where elders instructed them not to cry in public because they may suffer for the rest of their lives, or where women deterred them from expressing their emotions because it was disrespectful to the principle of endurance.

“**A REAL MAN CAN NEVER CRY. IF HE DOES, THEN HE IS NOT GOOD ENOUGH. IF A BOY CRIES IN PUBLIC, AS A PARENT, YOU KNOW THAT YOU HAVE LEFT SHAME TO YOUR FAMILY. YOU CAN NEVER BE PROUD OF SUCH A BOY!**”

Female elder in Sibut

Many young men experience inner turmoil in trying to reconcile community-level gender expectations with their increasing openness towards accessing MHPSS. For example, while the research found that some young men in Sibut are starting to access psychological first aid, many still feel conflicted because it contradicts norms around emotional secrecy and braving pain. Other barriers include a fear of discrimination and the ‘gaze’ of the family and wider community. Young men also felt that MHPSS has become ‘feminised’ in CAR due to its close association with gender-based violence (often because communities see MHPSS centres handing out so-called ‘dignity kits’). They explained that some young men prefer to brave trauma or distress rather than risk being perceived as a male survivor of sexual violence, which is highly stigmatised and commonly equated to being a gender and/or sexual minority. Some young men who have

8. ‘Dignity kits’ typically contain hygiene and sanitary products, and can also include items designed to protect people when they feel unsafe and to reduce the risk of sexual assault or abuse.

9. People whose gender identity and sexual orientation does not fit within conventional societal norms. These identities are understood differently in different contexts.
accessed MHPSS reported facing socio-economic challenges in their everyday lives as a result, such as community members no longer wanting to pay for their goods or services. Others have managed this tension through harmful coping mechanisms, including isolating, looting or self-medicating, commonly interpreted by communities as *di mo do ko zou wa* (something has happened to his head).

5. As the conflict in CAR has become more protracted, young people have struggled to relate to its purpose. This has led to a shift in gender behaviours, prolonging trauma and impeding reconciliation.

A central insight emerging from the research is a perceived deterioration in clan gender values and practices as a result of ongoing conflict and displacement of villages in Kaga-Bandoro and Sibut. Elders tended to attribute this to a reduction in initiation rituals, which have become less feasible as they require young people to spend months at a time in forests now controlled by armed groups. Some felt that young men and women have become less respectful to figures of authority as a result, embodying fewer traditional values.

However, the research found that this change can also be understood in relation to the trajectory of the wider conflict in CAR. For example, while violence sanctioned by elders was predominantly intended to be quick (for example, to tackle perpetrators of the Séléka violence), the armed groups which coalesced out of the community-sanctioned fighters did not fully demobilise once short-term threats had passed. Instead, some of these groups assumed wider social, political and economic agendas and engaged in larger-scale violence which could no longer be fully justified through a clan system that had evolved to respond to and contain immediate threats between communities. As young people struggled to relate to the spiritual purpose for the ongoing violence, they experienced high rates of depression, substance use and breakdowns in relationships, alongside increasing resentment towards elders who sanctioned fighting in the first place.

"WE ARE FIGHTING IN WARS WE DO NOT UNDERSTAND. WE ARE NOT RESPONSIBLE FOR DECISION-MAKING BUT WE ARE RESPONSIBLE FOR FIGHTING. WHEN WE ARE PSYCHOLOGICALLY AFFECTED, THE ELDERS WHO LED US INTO WAR ARE NOWHERE TO BE SEEN."

Young man in Kaga-Bandoro

This disaffection has in turn contributed to a shift in traditional gender roles and behaviours. For example, some young men started to take greater control over their futures, using the supernatural resources initially granted to them by elders to rise high in the ranks of the Anti-balaka for personal economic gain. As this violence was not sanctioned by elders and ancestral spirits, and therefore not considered legitimate by community standards, these men are often classed by communities as being under the control of an evil spirit or having developed *gbogbolinda*, which requires cleansing before reintegrating into communities. The research found that many have struggled with a perceived loss of manhood on their return, feeling they have failed to protect their communities, struggling to break cycles of resentment, anger and guilt associated with killing people, and remaining vulnerable to reprisal killings, banditry and recruitment by armed groups.

Likewise, whereas before 2012-13 it was rare to see women in Kaga-Bandoro and Sibut engage in violence, young women too began to join the Anti-balaka and Séléka, taking on responsibilities which challenged traditional gender roles such as buying ammunition, training members in combat tactics and managing money. The reasons for young women joining armed groups varied, ranging from cases where men felt they could no longer mentally engage with violence, to protecting and providing for exposed families or pursuing revenge for male relatives killed by other armed groups. Some young women experienced particularly severe challenges on their return. This included stigmatisation and troubles in their relationships with men and wider community members who saw their behaviour, mannerisms and way of dressing as combative and a digression from traditional qualities associated with femininity.

6. Approaches to gender work which are seen to undermine established patterns of social harmony risk causing harm, but influential community members have found ways to champion positive change.

Despite playing a significant role in impeding access to MHPSS and preventing healing and reconciliation, gender norms, roles, relations and hierarchies of social power are considered by communities to be fundamental in reproducing and maintaining social harmony in Kaga-Bandoro and Sibut, and are central to the spiritual framework governing peoples’ lives.

Importantly, communities’ understandings of gender differ from those in Bangui, necessitating an approach to facilitating gender work that is nuanced and tailored to the local context. For example, the research found that some women and men in Kaga-Bandoro and Sibut view certain values and practices considered unfavourable in Bangui as a central way of life, such as polygamy. While young people and communities appreciated engaging in dialogue on gender, power and mental health (even requesting further activities on these topics), discussions can quickly become polarising if they are perceived to be disrupting established roles or ‘Westernising’ local systems.

The research also found that communities often equate the term ‘gender’ with parity: efforts to increase the quota of women in public life and women sharing ranks and titles with men. This means activities focused on gender can sometimes be viewed as efforts to encourage women to rebel against their husbands and to dispossess men of their status and respect in communities. These dynamics were also mirrored in workshops organised by research teams, where women were either not allowed to speak, voluntarily excluded themselves due to being “stifled by the weight of men and traditions”, or were deemed not educated or ‘enlightened’ enough to meaningfully contribute.

However, the research also uncovered examples of individuals in positions of authority who championed positive change in gendered expectations among young people. These included a community-based mental health counsellor who was also responsible for carrying out clan initiation rituals using his position to socialise the idea that men can and do cry, and that they can engage in MHPSS while still honouring cultural commitments. In another case, discussions on gender norms and ‘myth busting’ common misconceptions about women’s participation in male-only spaces led to a Chief of the Peulhs bringing young women along to peacebuilding activities and actively encouraging them to shape discussions. This was a particularly significant shift in Mboro Muslim culture where men and women do not always occupy the same spaces. These ‘socio-cultural guardians’ – male and female elders and community leaders with significant influence over how gender norms are interpreted and applied – represent vital entry points and allies for peacebuilding and MHPSS practitioners.
This was a limited study and cannot hope to capture the full richness of community perspectives in Kaga-Bandoro and Sibut, let alone wider CAR. It nonetheless demonstrates the influence of gender norms, roles, relations and hierarchies in shaping how young men and women engage in violence, how ensuing mental health experiences are managed, and the collective impact this has had on community healing and reconciliation. This section offers recommendations on what this means for designing gender-responsive and transformative MHPSS and peacebuilding interventions.

1. MHPSS services should be tailored to the specific gender barriers faced by men and women, and give greater ownership to young people.

Gender analysis is essential to informing how any MHPSS services and counselling centres are promoted. Messaging around MHPSS should be carefully framed, with different elements emphasised for different groups. For example, centres targeting women could emphasise alignment of services with gender norms related to listening, providing advice and empathy, while centres targeting men should make it clear that services address issues beyond gender-based violence. Dedicated safe spaces for young people to access and administer MHPSS services should also be named by young people themselves. Centre names associated with mental health and outward displays of emotion may deter young men from using them, whereas calling them ‘peace’ or ‘trust’ centres, and combining them with more holistic care packages (including socio-economic and recreational activities) can help to dispel gendered stereotypes and counteract community stigmatisation by presenting services in a more positive light.

The messenger also matters: young men in particular noted that they are able to both honour their initiation values and accept MHPSS help as long as mental health counselling is carried out by someone they can trust. Men who understand how MHPSS can be balanced with fulfilling spiritual and gender norms can serve as powerful champions and promote uptake among wider groups.

Given many young men and women experience similar conflict-related distress, and many are part of close-knit social groups, MHPSS interventions could also set up group counselling sessions or peer-to-peer networks for young people to learn foundational counselling skills and coach others who have similar lived experiences and challenges. Guaranteeing confidentiality and dignity throughout is critical, as several young people noted their only current option is to speak with counsellors on street corners, which puts them at increased risk of being ostracised. Risk assessments should be carried out to understand and mitigate the gender-specific risks young men and women commonly face in accessing MHPSS, including community rejection and socio-economic repercussions.

2. MHPSS services need to complement existing community values and healing practices, which are intimately linked to gender identity.

The meaning of MHPSS is not widely known in CAR, and services can be perceived as external when framed in overly clinical and formal ways. To take root, MHPSS services need to align with existing community understandings of mental health and staff need to consult with traditional healers, ethnic, religious and community leaders to identify the most urgent gaps in service provision. This can in turn contribute to the call in CAR’s National Policy on Psychosocial Services (2022) for greater collaboration and reciprocity between clinical mental health provision and traditional approaches to responding to mental health trauma and distress.

In sensitising services, MHPSS practitioners could train influential community members who people already seek out for advice and guidance – such as male and female elders and ngangas – in psychosocial support, helping to build a cadre of community-level counsellors who can help to socialise MHPSS and more practically demonstrate how young people can engage with it while still honouring cultural commitments. Services could also be positioned as viable pathways for supporting young men and women dismissed by communities as ‘mad’ and no longer treatable through traditional community healing mechanisms. Practitioners should seek to dispel common perceptions associated with MHPSS by communities (for example, that crying is seen as a key sign of healing by psychologists despite being considered a sign of weakness among men), and instead co-create more positive, shared definitions of MHPSS based on local standards.
In facilitating treatment, MHPSS practitioners need to identify the spiritual and gendered explanations given by communities to different forms of distress in order to understand the unique experiences a person might be encountering and the types of coping mechanisms they have adopted. This can help to inform more tailored, survivor-oriented treatment pathways aligned to common understandings of folie douce and gbogbolinda, as well as provision of practical support (for example, to women who may be relocating due to carrying out healing rituals incorrectly, or men who have carried out illegitimate violence and are struggling to be accepted back into their communities). Practitioners should also integrate local conceptions of the mind (as experienced in the head, chest and body) into therapies and care strategies with young people, and develop criteria which can help to measure the psychological impact of services in line with gendered and spiritual determinants of wellness.

3. Peacebuilding interventions need to create safe spaces for young men and women to vocalise their trauma while envisaging new, alternative futures away from violence.

Peacebuilders can address trauma and distress in a way that is complementary to MHPSS services. Peacebuilding activities can enable young people to vocalise their experiences – often for the first time – and build confidence in expressing their needs and concerns, offering an entry point for more professionalised mental health support.

Peacebuilding interventions should create safe spaces for young people to express their individual experiences and perceptions of violence without fear of discrimination or retaliation and – importantly – for them to be heard by others in this process. This could be done through facilitating storytelling sessions, allowing young people to build their confidence in communicating to others, hear that they are not alone and begin to free themselves of the burdens of deeply-held anger, resentment and guilt. Sessions should take a strengths-based approach, centring young people as experts in their own lives and revealing their courage rather than focusing too much on the challenges they have faced. Storytelling should also take an intersectional approach; for example, organised initially as gender and age-separate spaces while gradually introducing new listeners (such as elders, ethnic and religious leaders) under conditions of mutual respect. Peacebuilders could draw on gender norms related to empathy and bravery to engage young men, women and wider communities in these activities, highlighting the power in them reclaiming their own stories. Storytelling should be documented sensitively, drawing out gender-specific narratives that can then be used to tailor and enhance MHPSS packages.

Peacebuilders should seek to balance more ‘backward’ focused storytelling with ‘forward’ oriented exercises such as scenario-planning. This can provide an opportunity to take individual and collective experiences of violence and work with young people to develop hopes for the future, with a specific focus on what they want to change. These exercises can in turn provide an entry point for wider, more transformative discussions on shifting gender norms and power dynamics required to accommodate this change.

4. Peacebuilders should design and facilitate convening processes to challenge prevailing power dynamics.

While gender norms and social hierarchies are intimately valued in relation to local wellbeing, peace and stability, the research found that they limit spaces for women’s agency and participation and can contribute to resentment between young people and elders. There is also a clear tension between how gender is conceived in Bangui and in more rural areas such as Kaga-Bandoro and Sibut, and these local differences need to be addressed at an early stage of programme design.

In the process of bringing different groups together, peacebuilders have a unique opportunity to implicitly challenge some of the power dynamics that exist between men and women as well as young people and those in positions of authority. Practically, this can involve facilitating joint gender and power-informed conflict analyses to support men and leaders to tangibly see how exclusion and disempowerment contributes to violence and trauma and to identify potential pathways for addressing this. Other activities could focus on bringing men of different power levels together (such as young male ex-combatants, male elders and community leaders) to reflect on power differentials between themselves before applying this lens to women and girls, helping them to step back and see how certain expectations or narratives, such as those premised on women’s immoral behaviour, can have an impact on mental health and wellbeing.
In facilitating these discussions, it is critical that peacebuilders align their approaches and terminology to the local context. CAR gender practitioners, for example, reshaped concepts that were perceived in Kaga-Bandoro and Sibut as external and related them to everyday examples. Rather than using terms such as ‘intersectionality’, it was more effective to begin with broader questions like “what creates differences between human beings?” to initiate discussions on power more indirectly. Peacebuilders should also emphasise early on that thinking about gender does not mean the pursuit of crude metrics of ‘Western’ gender parity. To overcome initial defensiveness, they could frame discussion of gender in terms of wider family members (such as brothers, sisters, uncles and aunts) rather than oppositional categories of husband and wife, or men and women, and ‘bust’ common myths, for example, by consistently emphasising that no formal education is required for women to participate in peacebuilding spaces.

5. Communities, MHPSS and peacebuilding practitioners should work together to reclaim gender norms which are more conducive to mental wellbeing and non-violence.

Given that elders themselves observed a decline in traditional norms and values as a result of fewer initiation rituals, there is potential to open discussions on which gender norms and practices are considered helpful for different people (and for whom they might cause challenges), which are conducive to mental wellbeing and non-violence, and which may be more limiting or no longer hold true as the conflict has evolved and taken on new forms. This approach must be mindful of power dynamics, recognising norms, relations and practices will be valued differently by different groups at different times. The ‘margins of movement’ and scope for any such exercise should be closely defined with communities; where they identify shifts that could add value, peacebuilders and MHPSS practitioners have a key role to play in mapping out steps for change and embedding this within processes of healing and reconciliation.

Peacebuilders should bring together a diversity of stakeholders (including young people, elders, community leaders, civil society and gender practitioners) to reflect on how gendered responsibilities are interpreted, how this might fuel conflict behaviours at different times and how this can negatively impact wider community values [for example, related to harmony, clan belonging, respect and peace]. This can provide an entry point to jointly identify gender norms and duties contributing positively to mental wellbeing and peace which can be reinforced, and to critically explore alternative options for fulfilling wider gender norms [for example, women enhancing their advisory skills through greater agency and leadership roles in communities].

Community-level counsellors can provide vital insights and observations as part of this process, while also demonstrating how MHPSS services can help young people to fulfil certain gender norms within existing spiritual frameworks. For example, norms around protection and responsibility for young men are generally interpreted through a lens of physical strength and violence. Counsellors and MHPSS practitioners could emphasise how expressing and managing emotions can help men to build inner strength critical for honouring norms around bravery, and demonstrate how more equal gender roles and responsibilities do not take away men’s privileges but can instead free them of constrictive expectations which are harmful to their mental wellbeing.

Finally, there is an important role for peacebuilders to play in accompanying those in positions of power to engage with and endorse gender transformative approaches, including ‘socio-cultural guardians’ who can help to break down gender, generational and religious barriers and model more supportive behaviours.
CONCLUSION

Gender roles and relations shape the responsibilities assigned to different young people in conflict, such as who is expected to mobilise to fight and when. Digressing from these can prevent young men and women from reintegrating into their communities, prolonging cycles of trauma and proliferating revenge-seeking behaviours. Gender norms around bravery and endurance present barriers to the uptake of MHPSS services and encourage the adoption of harmful coping mechanisms among men. Power hierarchies discipline how women are expected to heal and limit their agency in this process. Combined, these factors prevent healing and reconciliation at multiple levels: individually, between men and women, and between young people and their families, elders and wider communities.

Failing to integrate a gender lens can undermine the effectiveness of MHPSS and peacebuilding efforts. At the same time, seeking to change gender roles and power dynamics which are central to spiritual frameworks for organising and maintaining social harmony can risk inadvertently causing harm, escalating conflict and damaging the social fabric of communities. Work on gender, MHPSS and peacebuilding therefore needs to strike a delicate balance between respecting spiritual approaches while opening up safe spaces to reflect on and incrementally shift certain norms and practices which may impede reconciliation and healing, and thus perpetuate the conditions for further violence. These efforts must be designed with and owned by Central African communities, civil society, peacebuilders and gender and mental health practitioners, drawing on local perspectives and methods.

This presents several implications for policymakers and MHPSS and peacebuilding practitioners. For international organisations, this approach means questioning preconceived notions of gender roles, being open to new definitions of what gender responsive and transformative change looks like for different contexts in practice, and facilitating and accompanying community reflection processes. For donors and policymakers, it requires funding and co-designing gender responsive and transformative interventions with local communities, being open to moving away from predefined measures of success, and investing sufficient time and flexible resources for fully participatory and adaptive approaches.
Conciliation Resources is an international organisation committed to stopping violent conflict and creating more peaceful societies. We work with people impacted by war and violence, bringing diverse voices together to make change that lasts.

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