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Integrating Cultural Contexts in Trauma Therapy for Survivors of Gender-Based Violence in Kenya: An Integrative Review and Clinical Recommendations

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***Abstract*: Gender-based violence (GBV) is an issue of both public and mental health concern not only in Kenya but also in Africa and globally. While men and boys are affected, GBV tends to affect mostly women and girls especially in low resource settings. GBV leads to negative psychological consequences such as anxiety, depression, and posttraumatic stress disorder. Unfortunately, the survivors often face barriers like stigma, poverty, limited access to mental health services, and limited culturally adapted trauma based care interventions. Current mental health practices often fail to integrate culture, family, and community factors in the interventions. This review is grounded in Bronfenbrenner's ecological systems theory and contextualizes the problem through socio-cultural and structural lens. The review integrates Kenya and regional evidence regarding culturally adapted trauma interventions and offers clinical recommendations regarding assessment, case formulation, and intervention strategies. The review also includes ethical considerations and an equity analysis that evaluates the benefits of culturally adapted and responsive trauma-based care, potential harms, and how to mitigate such harms. It offers guidance for clinicians in mental health field and policy makers regarding ways to cater for the mental wellbeing of GBV survivors in the Kenyan context.**

***Keywords*: Africa, Cultural adaptation, Cultural context, Gender-based violence, Kenya, Mental health, Trauma therapy.**

1. Introduction

Gender-based violence (GBV) is now considered a public health emergency that is recognized by international law and requires elimination (Kumari et al., 2025). It comes in different forms including physical, emotional, cultural and economic abuse. Kumari et al. (2025) go on further to note that about one in three women experience intimate partner or sexual violence. However, it is not only women who face gender-based violence (GBV). Men and especially boys and people in the LGBTQI+ also face GBV.

According to Ochani et al. (2024), GBV refers to harmful acts that are targeted at a person or at a group solely because of their gender. These harmful acts are usually rooted in detrimental socio-cultural norms, gender inequalities, power imbalance due to socio-economic disparities, poverty and illiteracy, and the misuse of power. Some risk factors for GBV include emotional insecurities, history of family violence, alcohol abuse, low education level, mental health challenges, and personality disorders like borderline personality.

Studies show that about 27% of women and girls globally will at one time experience either intimate partner violence (IPV) or non-intimate or non-partner physical and sexual abuse at some point in their life (Owusu-Antwi et al., 2024). In the Sub-Saharan Africa, the prevalence is higher with about 33% of women expected to experience a form GBV at some point in their life. Sub-Saharan Africa is considered to have one of the highest rates of intimate partner violence (IPV).

In Kenya, the statistics are also high. According to United Nations Education, Scientific, and Cultural Organization [UNESCO] (2025), in Kenya 40% of women experience physical, emotional and psychological IPV, 19% of men and 30% of women believe there is justification for a husband beating their wife in some circumstances, and 34% of women between the ages of 15 to 49 have been victims of physical abuse. Additionally, there is a crisis of femicide with one in five women being killed daily. Such statistics point to underlying social and cultural norms that normalize GBV.

Despite such high prevalence of GBV, there is still limited access to mental health services especially in low to middle income countries in Kenya. The World Health Organization (WHO) notes that about 75% of those with mental illnesses in low income countries are not able to access the treatment they need, while a study done in Nandi County in Kenya showed that out of the 45% of participants who had been diagnosed with mental health disorders, only 1.7% were on management for these disorders (Kwobah et al., 2023).

Additionally, trauma therapies are usually developed in Western countries and therefore require being adapted to local contexts. Delgado et al. (2025) states that psychotherapy needs to be culturally considerate and treatment should be adapted to consider things like culture, language, values, and cultural meanings. This review synthesizes trauma-based interventions

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for victims of GBV with consideration of Kenya and Sub-Saharan Africa context with emphasis on the provision of culturally responsive treatment in trauma therapy. It helps to provide actionable recommendations that can be used by mental health practitioners in clinical formulation, interventions, and promoting equity.

2. Problem Statement

GBV, which includes aspects like intimate partner violence (IPV), stalking, and sexual violence is linked to negative consequences such as physical and reproductive health problems, psychological distress, and adverse social and economic outcomes (Owusu-Antwi et al., 2024). Examples of physical health problems include chronic pain and cardiovascular diseases, reproductive problems include miscarriages and sexually transmitted diseases, and psychological problems include anxiety and depressive disorders. Some also develop posttraumatic stress disorder (PTSD).

In Kenya, GBV mainly affects women especially those with low economic control and in patriarchal cultures like in the Western region where women are least likely to indicate having a say in household decision making and the land title deeds are usually in their husband's name (Bannister & Moyi, 2019). Things like poverty and the desire to keep marriages together are contributing factors.

Additionally, girls and boys in Kenya are also affected by GBV. A study done in 2019 by Kenya Violence Against Children Survey (VACS) found that 49% of girls and 48% of boys between 13 and 17 years have experienced physical violence while 11% of girls and 4% of boys have experienced sexual abuse (Otieno, 2020). While GBV is considered as an issue that affects mainly women, men are also affected though cultural norms of masculinity tend to be barriers to such men (Okeyo et al., 2025).

People living in rural areas and informal settlements are especially vulnerable. Living in informal settlements has been found to heighten the risk of experiencing violence and such settlements like those found in Nairobi are linked to high crime and violence, poverty, poor health care access and poor health outcomes (Orindi et al., 2020). Additionally, living in rural areas poses a risk to GBV and Bannister and Moyi (2019) states that women living in rural areas usually experience higher rates of GBV compared to women in urban settings.

There is also stigma associated with being victims of GBV and with mental health challenges. Male victims of GBV for example are rarely counted in statistics and face pressure to conform to cultural traditional ideas of masculinity which leads to them internalizing their experiences as they are usually ignored and do not receive adequate help (Okeyo et al., 2025). Girls, such as those who experience sexual violence, face shame, criticism, intimidation, stigma, and fear of loss of future marriage prospects, and this can become an obstacle to reporting the violence (Munala et al., 2025).

Unfortunately, the western psychiatry and psychology models tend to have limitations regarding their relevance and effectiveness in the African culture. Osborne (2026) notes that there is a cultural mismatch between western psychiatry models and the lived experiences of people living outside the global north, which has direct implications on diagnosis and treatment such as the risk of misunderstandings and misdiagnosis. Therefore, despite the burden of GBV in Kenya and the Sub-Saharan Africa, there are still gaps such as cultural incongruence in therapy, structural barriers like poverty and limited access to mental health care services, and stigma. All these highlight the need for culturally sensitive and structurally informed therapeutic interventions for victims of GBV in Kenya.

3. Theoretical Framework

This review is grounded in the ecological systems theory by Bronfenbrenner. Bronfenbrenner posited that a person's development is influenced by interconnected systems namely the microsystem, the mesosystem, the exosystem, the macrosystem, and the chronosystem (Guy-Evans, 2024). The microsystem includes factors like family, friends, and work, the mesosystem refers to how the different microsystems interact in a person's life, the exosystem includes factors like local government and mass media, the macrosystem includes factors like cultural ideologies and social conditions, while the chronosystem includes the environmental changes and transformations over a person's lifetime.

When it comes to trauma associated with GBV, using the ecological systems theory can help to situate it within the family and individual context and how a person interacts with the community, government and structural factors like poor health infrastructure and lack of necessary mental health personnel, within a person's culture and cultural factors like gender inequalities, and how the trends of gender interactions change over time. According to Kipchirchir et al. (2025), who did a study in Uasin Gishu county in Kenya, Bronfenbrenner's ecological systems theory can help to provide a framework to help in understanding and addressing the complexity of various factors that interplay and affect recovery from violence such as sexual violence.

4. Conceptual Framework

GBV in Kenya is rooted in gender inequality and traditional gender roles, harmful practices, beliefs, and attitudes, social norms regarding violence and gender, societal stigma directed to the survivors of violence, societal expectations regarding masculinity, and religious beliefs (Rono et al., 2023). Other contributing factors include economic factors like poverty, unemployment, and stress, social factors like drug and substance abuse, victim blaming, and insecurity found in informal settlements, institutional and legal factors like corruption, delays in the resolution of GBV cases, and limited implementation of policies and laws related to GBV, political factors like sexual GBV cases when there is election violence, and psychological factors like adverse childhood experiences.

The assessment and formulation of GBV cases needs to be guided by the Cultural Formulation Interview (CFI), there is need for identification of the risk and protective factors, and the

planning needs to be centered on the survivor. According to Brand et al. (2024), the Cultural Formulation Interview (CFI) is a semi-structured interview that incorporates a patient's cultural and social contexts and addresses their customs, beliefs, and identity in diagnosis and treatment. This interview helps to increase rapport and understanding between the patient and the practitioner by improving the cultural understanding of the patient and therefore preventing cultural misunderstanding. In the context of GBV in Kenya, CFI would help to explore the cultural identity of the survivors, relevant explanatory models, and the preferences of the survivors regarding help-seeking in order to develop interventions that are culturally informed.

Identification of risks and protective factors of GBV victims is important. Risk factors include things like living in conflict zones or areas affected by natural disasters, displacement, economic stress and poverty, violence exposure, changing gender roles in cultures where there is usually gender norms that are inequitable, and the lack of social support (Murphy et al., 2023). Protective factors on the other hand include things like education, having an income, and economic empowerment (Small et al., 2024). The presence of social support, educational campaigns to reduce stigma associated with GBV and mental health, efforts to strengthen family structures, and enforcement of policies and laws that hinder GBV would also serve as protective factors. It is important for clinicians to assess the risks and protective factors when they encounter GBV victims as such inform treatment and help in understanding the resources available to the patient.

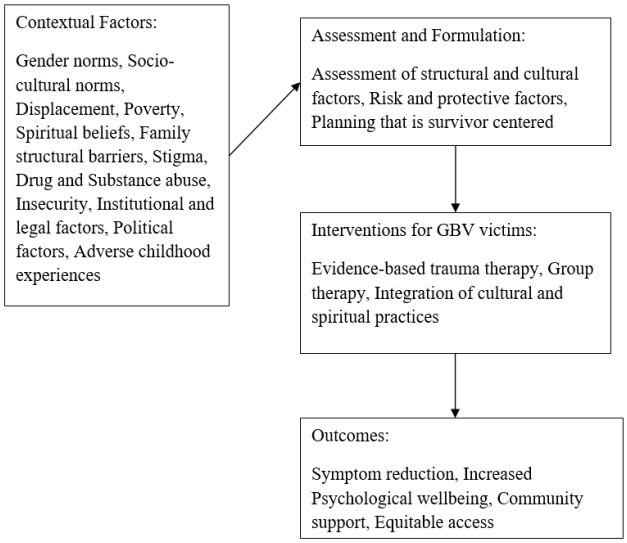

Fig. 1. Conceptual framework for culturally responsive therapy for GBV victims in Kenya

When it comes to intervention, it is important to adapt evidence based trauma therapy to the culture of the patient and integrate relevant cultural and spiritual practices into the treatment. Interventions like cognitive processing therapy (CPT), cognitive behavioral therapy (CBT), narrative exposure therapy (NET), and eye movement desensitization and reprocessing (EMDR) can be used for treating victims of intimate partner violence especially in humanitarian settings (Lakin et al., 2022). Such interventions would help to reduce symptoms, improve psychological wellbeing, and increase support offered to the victims. However, it is important to consider and uphold ethics and equity by ensuring there is confidentiality, mitigation of any potential harm, and ensuring that the treatment is culturally responsive.

5. Literature Review

According to Nyamu and Wanjama (2021), the cost of GBV globally is 1.5 trillion United States dollars while its cost burden in Kenya is estimated to be 1.1 billion Kenya shillings, but these are just estimates because the real expenses are difficult to quantify. GBV comes at a huge cost which is not only monetary but also in terms of reduced productivity, loss of lives, disability, and psychological trauma. The constitution of Kenya stipulates that the violation of the rights of girls, boys, women, and men is a violation of human rights, yet even with the legal provisions, the cases of GBV continue to rise. This shows the need for clinicians like psychologists to implement culturally responsive therapy for GBV victims.

GBV has many negative psychosocial and physical health impacts. It has been linked to anxiety, depression, posttraumatic stress disorder (PTSD), suicidal ideations, social isolation, sexually transmitted infections, disordered alcohol use, feelings of inferiority, incompetency, and worthlessness (Rikhotso et al., 2023). All these show the need for increased awareness of GBV, community support, and culturally appropriate and effective psychological and psychiatric interventions. Incorporating cultural context in therapy and treatment would help to improve effectiveness and increase patient engagement.

Trauma-focused cognitive behavioral therapy (TF-CBT), cognitive processing therapy (CPT), narrative exposure therapy (NET), and eye movement desensitization and reprocessing (EMDR) are evidence based trauma-focused therapies that can be used in treating GBV victims. According to Lakin et al. (2022), CPT is useful for trauma affected populations like rape victims, can treat PTSD as well as comorbid depression and anxiety, and has a special focus on esteem, power, intimacy, control, and safety. EMDR on the other hand is effective for treating PTSD symptoms by facilitating information processing and is useful for trauma survivors such as women exposed to GBV.

Díaz-Sosa et al. (2025) state that about 20.1% of female victims of sexual violence develop PTSD and TF-CBT shows promising results in reducing PTSD symptoms among female sexual violence victims. However, the intervention should be tailored to the specific characteristics and needs of the population being treated. Evidence also shows that TF-CBT is efficacious in reducing PTSD, depression, and anxiety among children and adolescent victims of trauma such as sexual violence, domestic violence, grief, and war.

Narrative exposure therapy (NET) on the other hand is a short-term and trauma specific intervention and helps the patients to construct a single and coherent trauma narrative, and while it was not specifically developed for GBV victims, the treatment guidelines use GBV and sexual violence as motivating examples (Lakin et al., 2022). NET can be used for

both individual and group therapy in addressing even deeply personal trauma. While using the various trauma-focused interventions however, it is important to adapt them to the African and Kenya context. Cultural adaptations such as using local proverbs, metaphors, storytelling, incorporating spiritual practices where appropriate, and being flexible with the timings of the therapy sessions can help to increase their effectiveness.

The community also has a role to play in addressing the issue of GBV. Churches and religious leaders for example can serve as a safe haven for the victims. Nkaabu (2019) states that church leaders play an important role in the disclosure of abuse by victims because of the element of trust, and the church also helps to provide spiritual and emotional support, resources, and prayers for the victims. The church should also teach people how to co-exist harmoniously, hold couples seminars, and raise awareness about GBV. Other community based interventions include peer support groups and involvement of community health and social workers.

It is also important to address barriers to trauma-focused interventions in Kenya. Kenyans lack access to comprehensive medical treatment, timely and quality care, mental health services, financial assistance, and the proper prosecution of cases (Munala et al., 2025). Such system barriers require systemic interventions from the policy level. There are also cultural and social barriers like stigma, intimidation, fear of abandonment by family, and fear of loss of dignity. It is therefore important for mental health practitioners and government bodies to consider such factors and come up with programs to reduce the barriers and improve the outcomes of the victims of GBV.

6. Clinical Recommendations

During the assessment process of victims of GBV, it is important to use culturally sensitive screening tools using cultural idioms of distress, incorporate the cultural formulation interview (CFI), screen for comorbid mental and physical health problems, explore structural factors like poverty, and prioritize the safety of the patient. According to Bovey et al. (2025), people's culture shapes how they understand, experience, and express distress related to trauma and such cultural concepts of distress are usually dynamic and change over time. Understanding these cultural concepts of distress therefore helps a clinician to widen their perspective regarding a patient's psychological struggles and frame such struggles within a wider context like structural inequality.

It is important to explore structural stressors when assessing GBV victims. Structural stressors like discrimination, poverty, and community violence usually worsen symptoms like those of PTSD and reduce how people like adolescents benefit from trauma-based interventions (Chodzen et al., 2025). Additionally, it is important to prioritize the safety of the patients. Safety planning refers to strategies that increase safety through increasing safety awareness and empowerment with skills that are needed to enhance safety (Sabri et al., 2022). This helps to minimize harm and promote the safety of the victim or survivor.

When doing case formulation for victims of GBV in the Kenyan context, the clinician should use a holistic perspective and integrate psychological, structural, and cultural factors, address barriers such as gender inequality, identify protective factors, and take precaution so as not to pathologize normal trauma responses. Dahie et al. (2023) note that immediate actions of GBV survivors tend to be things like crying, negotiating, defending themselves, or trying to escape. Some also choose to be silent due to factors like poverty, lack of access to institutions of justice, and fear of more violence. Such responses should not be pathologized.

When it comes to interventions, trauma-focused treatment approaches like TF-CBT, CPT, NET, and EMDR should be culturally adapted to the Kenyan context, and there should be integration of peer community support, indigenous or traditional support systems, and traditional or spiritual practices where appropriate. Ngcobo et al. (2025) posit that the use of indigenous knowledge systems including affirmative cultural behaviors can help to foster equality and unity that is rooted in Ubuntu principles, with the Ubuntu principles helping to foster community interconnectedness.

7. Equity Impact

This review will benefit the survivors of GBV and healthcare practitioners like psychologists in Kenya and other low to middle income countries with regard to culturally informed trauma-based care. Cultural competence, including the use of culturally appropriate therapy frameworks, understanding the cross-cultural meaning of trauma, and cultural humility, is important as it has an impact on therapeutic outcomes (Mutegi & Ngure, 2025). When therapy is poorly adapted to the patient's culture, it has the potential to cause harm. Other potential causes of harm include poor training in cultural competence and breeches in confidentiality. To mitigate such, it is important for clinicians to undergo continuous training, consultation, and supervision, and uphold ethics including the confidentiality of their patients.

8. Conclusion

It is important to use culturally adapted intervention practices when dealing with GBV survivors in Kenya. In order to improve patient engagement and clinical outcomes, the clinician should integrate the interventions with the patient's culture, spiritual and traditional practices where appropriate, and community support. Trauma therapy for GBV survivors also needs to consider structural and systemic factors and be responsible ethically.

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