

Country: Afghanistan

Author: Stacey Schamber,
LICSW

Acknowledgements:

ICAN gratefully acknowledges our partner organizations—Afghanistan Capacity Development and Educational Organization (ACDEO), Afghans for Progressive Thinking (APT), Wellness, Prosperity, Socio-Empowerment Organization (WPSO), and Women for Peace and Participation (WPP)—for sharing their important work and collaborating to develop this case study.

We are grateful for support from the Foreign, Commonwealth, and Development Office (FCDO) for this project, which is funded by UK aid from the UK government; however, the views expressed do not necessarily reflect the UK government's official policies.

Contributors:

Melinda Holmes, Isabela Karibjianian, and Sanam Naraghi Anderlini - Editing

Abdelazim Saafan - Layout and Design

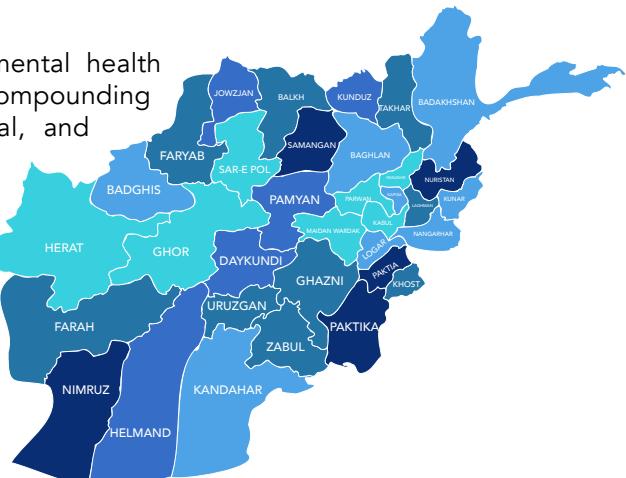
© International Civil Society Action Network 2025

www.icanpeacework.org



SUMMARY

Afghanistan is facing a complex mental health crisis inextricably linked with and compounding the dire state of physical, political, and economic insecurity in the country. Afghan women-led peacebuilding organizations are uniquely positioned to address community members' health and wellness in gender-responsive, culturally-sensitive, and trauma-informed ways. These organizations provide basic services, build skills, and shape cultural and gender norms.



This case study describes the drivers of the mental health crisis in Afghanistan, its gendered and cultural dimensions, and the strategies used by Afghan women-led peacebuilding organizations to provide solutions. The authors conducted interviews with representatives of Afghan women-led peacebuilding organizations and thematic experts, which were complemented by a desk review of project documentation and reports.¹

This case study is part of a series documenting the work of women peacebuilders in Afghanistan to ensure their creativity, tenacity, and impact are not lost to history, and inform present practice.

¹ Contributing partners reviewed and consented to the publication of all content.

KEY TAKEAWAYS

- **Problem:** The mental health crisis in Afghanistan affects 70% of the population, driven by the Taliban's political restrictions, economic crisis, and underlying cultural norms.
- **Effect:** The crisis has led to distinct gendered impacts, including a suicide epidemic where 75% of suicide deaths and affected survivors are women and girls.
- **Solution:** Afghan women-led peacebuilding organizations fill a critical gap in responding to community mental health needs through creative, locally rooted, culturally-relevant mechanisms.
- **Impact:** When women access individual or group support, they increase their knowledge of MHPSS, develop practical coping skills, and feel more connected to others.
- **Impact:** When men call helplines, they access information on violence prevention and can discuss their concerns in safety.
- **Impact:** When mediators integrate MHPSS into peacebuilding, they help people heal from trauma, engage in conflict resolution processes, and rebuild trust and social cohesion.
- **Impact:** Women-led peacebuilding organizations are a lifeline for Afghan women and girls helping them survive and reclaim their agency to work for peace, rights, and security.

CONTEXT ANALYSIS: A SILENT CRISIS

After four decades of war, the Taliban claim that Afghanistan is now at peace. International troops have withdrawn, and with them the threat of regular bombings and drone strikes. Yet, while signs of active armed conflict have receded, violence is an increasingly pervasive part of daily life under the Taliban regime.² As the de facto authorities (DfA), the Taliban arbitrarily arrest civilians, assault people on the streets, and raid homes and offices, instilling fear and perpetuating a sense of insecurity in the population.³ Afghans face enforced disappearance, unlawful detention, torture, and other grave violations of human rights—with no justice in sight.⁴ As a result, most Afghan women and men feel less safe when with female family members in public.⁵ As one Afghan peacebuilder remarked, "Nothing is secure here, not your honor, not your social participation."⁶



Nothing is secure here, not your honor, not your social participation.



A woman accesses a psychosocial support session organized by ACDEO.

○

² Report of the Secretary-General, The situation in Afghanistan and its implications for international peace and security, United Nations (June 13, 2024), <https://digitallibrary.un.org/record/4052193?v=pdf>; Interviews with WPSO (August 27, 2024) and APT (September 10, 2024).

^{3,4} The State of the World's Human Rights, Amnesty International (April 2024), <https://www.amnesty.org/en/documents/pol10/7200/2024/en/>; Interview with APT (September 10, 2024).

⁵ 64% of 888 women surveyed, see Summary Report of Country-wide Women's Consultations, IOM, UNAMA, and UN Women (April 2024), <https://reliefweb.int/report/afghanistan/situation-afghan-women-summary-report-country-wide-womens-consultations-april-2024-endings>.

⁶ Interview with WPSO (August 27, 2024).

Amid this context, a devastating mental health crisis has taken hold: more than 70% of the population is experiencing anxiety and depression in contrast to the global average of one in ten people in conflict affected areas.⁷ The severity of the situation is reflected in high rates of family violence, suicide, and drug addiction. Women, men, girls, and boys are all affected, though differently, by the mental health crisis—but it has a disproportionate impact on women and girls. Their loss of access to education and employment, and increasing rates of gender-based violence and repression, have led to severe depression, anxiety, and trauma.⁸ 68% of Afghan women report their mental health as "bad" or "very bad."⁹ The current mental health crisis, though exacerbated by the Taliban's power, has been fueled by years of war and unresolved trauma. In the words of one Afghan peacebuilder:

"The traumas, the wounds, the scars of the people are not healed. Even if we have security, [people] still cannot feel safe, they cannot go outside where they want to because of the threat they feel mentally."¹⁰



[People] still cannot feel safe, they cannot go outside where they want to because of the threat they feel mentally.

This history of war has entrenched conflict, power inequalities, and deep divisions along ethnic and sectarian lines. The resulting lack of inclusive governance, discrimination, and escalating ostracization intensifies the mental health crisis for minority groups in Afghanistan. For example, the Taliban arrested and imprisoned Hazara girls, a marginalized community, in Ghazni and Kabul. After their release, some died by suicide while others faced dishonor in their communities.¹¹

In stark contrast to global averages, 75% of suicide deaths and treated survivors are women and girls in Afghanistan now.¹² High levels of discrimination and violence, combined with social norms that discourage emotional expression, foments this epidemic of self-harm among Afghan women and girls.¹³ The situation feels existential for many women, because it is.

As one woman shared, "Sometimes I wonder why I should continue this life. For what hope? Why was I born if it was meant to be like this? What meaning should I find in enduring this pain?"¹⁴ Some have the psychological tools and emotional support they need to navigate it.



Women work together during a psychosocial support session organized by WPSO.

Many do not. Without any independence or mobility, Afghan women cannot change their circumstances. In this environment, one could argue that suicide is not only an escape for them but a final act of defiance.

Gendered Dimensions of Mental Health in Afghanistan

The Taliban regime has issued over 100 decrees that violate the human rights of women and girls, erasing them from public and political life.¹⁵ In addition to restricting access to education, employment, and healthcare, one decree declares women's voices as awrah, a forbidden element which should not be heard publicly. Women's very rights to exist, to speak, to learn and work, have been systematically dismantled resulting in widespread and profound despair. "Every day, a new law casts a shadow over our lives, dealing another blow to our spirits and mental wellbeing. It felt as though our only right was to breathe, and even that wasn't enough for them," shared one Afghan woman.¹⁶ The absence of options takes a serious mental toll.

7,8 Ahmad Neyazi et al., "Health survey on anxiety, depression, and stress in Afghanistan: A large-scale, cross-sectional survey study," (Preprint, April 29, 2024), <https://www.researchsquare.com/article/rs-4149818/v1>.

9 Summary Report of Country-wide Women's Consultations, IOM, UNAMA, and UN Women (April 2024), <https://reliefweb.int/report/afghanistan/situation-afghan-women-summary-report-country-wide-womens-consultations-april-2024-endarips>.

10 Interview with APT (September 10, 2024).

11 Email exchange with WPSO (January 14, 2025).

12 Zahra Nader and Zan Times reporters, "'Despair is settling in': female suicides on rise in Taliban's Afghanistan," The Guardian (August 28, 2023), <https://www.theguardian.com/world/2023/aug/28/despair-is-settling-in-female-suicides-on-rise-in-talibans-afghanistan>.

13 Qais Alemi et al., "Afghan Mental Health and Psychosocial Wellbeing: Thematic Review of Four Decades of Research and Interventions," *BJPsych Open* 9, no. 4 (2023): e125.

14,16 Reported by WPSO.

15 Belquis Ahmadi et al., "Where is Afghanistan Three Years into Taliban Rule?", USIP (September 20, 2024), <https://www.usip.org/publications/2024/09/where-afghanistan-three-years-taliban-rule/>; See also: "The Taliban say they will close all NGOs employing Afghan women," Associated Press (December 30, 2024), <https://apnews.com/article/afghanistan-taliban-ngo-women-closure-1fde989369785f8df0e83c81d48626f1>.



Women work in small groups during a psychosocial support session organized by WPSO.

There are also an increasing number of gendered barriers to accessing medical and mental healthcare. The Taliban have decreased the number of health clinics across the country as well as the number of female doctors who work in them. A December 2024 ban prohibits women from receiving medical training, reinforcing this trend.¹⁷ Afghan women cannot access health clinics alone, without a mahram or male relative accompanying her. In some cases, women may accompany their sons to a health clinic only to confess to the doctor that she is the one suffering and in need of treatment.¹⁸

Men do not escape the intensely gendered repression and violence of the Taliban. Recent decrees dictate men's dress, appearance, and the length of their beards, and prohibit them from looking at women other than their wives or relatives.¹⁹ In Jalalabad, the Taliban reportedly beat local shopkeepers if they do not go to the mosque for every prayer.²⁰ Men cannot meet in even small groups for fear that the Taliban may suspect them as protesters or political opposition.²¹



It felt as though our only right was to breathe, and even that wasn't enough for them.

With high poverty rates,²² pervasive food insecurity,²³ and 31% unemployment,²⁴ Afghanistan's desperate economic situation contributes to depression and shame among men and male youth, who are unable to provide for their families.²⁵ The Wellness, Prosperity, and Socio-Empowerment Organization (WPSO) observes the increase in domestic violence in 60% of their conflict-related cases involving economic hardship and unresolved family problems.²⁶ When their provider and protector roles are compromised during conflict, men often face an identity crisis and loss of dignity that can manifest as violence.²⁷ In a typical example, an Afghan woman sold her jewelry so her husband, a former high-ranking army officer,

^{17,18} "Taliban Bans Women from Receiving Medical Training." U.S. Department of State (December 11, 2024), <https://www.state.gov/taliban-bans-women-from-receiving-medical-training/>.

¹⁹ Rick Nocak, "As Taliban Starts Restricting Men, Some Regret Not Speaking Up Sooner," Washington Post (September 23, 2024), https://www.washingtonpost.com/world/2024/09/22/afghanistan-taliban-restrictions-men-beards/?utm_medium=email&utm_source=newsletter&wpiscn_todaysworld&utm_campaign=wp_todays_worldview&carta_url=https%3A%2F%2Fs2.washingtonpost.com%2Fcar-in-tr%2F3f120fa%2F66f0e9065859ec10cba7f442%2F59770f519bbc0f6826bf5df%2F43%2F61%2F66f0e9065859ec10cba7f442.

^{20,25} Interview with ACDEO (September 9, 2024).

²¹ Interviews with APT (September 10, 2024) and WPP (September 17, 2024).

^{22,26} Interview with WPSO (August 27, 2024).

²³ Report of the Secretary-General, The situation in Afghanistan and its implications for international peace and security, United Nations (June 13, 2024), <https://digitallibrary.un.org/record/4052193?v=pdf>.

²⁴ "Afghanistan," World Bank Group (2023), <https://data.worldbank.org/country/afghanistan?view=chart>; Interview with WPSO (August 27, 2024); The situation in Afghanistan and its implications for international peace and security, United Nations (June 13, 2024), <https://digitallibrary.un.org/record/4052193?v=pdf>.

²⁷ See Sanam Naraghi Anderlini, "Idle Minds, Empty Pockets, Thwarted Futures; Men as perpetrators and victims of violence," UNDP (2011, unpublished).

could open a shop. But he became violent, frustrated by "protecting a shop" and anxious about the future.²⁸

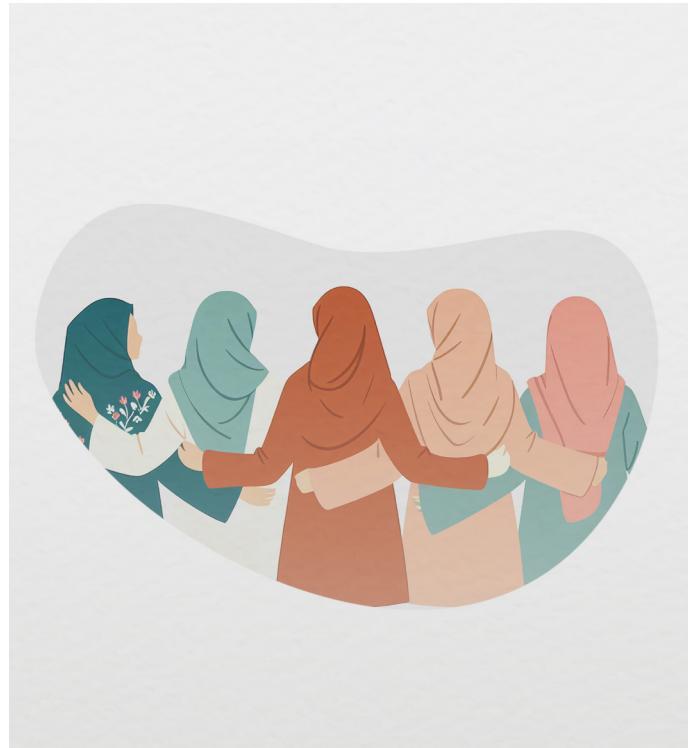
In the past, people could cope with family stress or conflict by leaving the house to go for a picnic or traveling. Now, they have no freedom of movement. Confined to the home, tensions can easily escalate. Anxiety and hopelessness lead to increased social isolation and reduced participation in community life, compounding the issue. This context, combined with the lack of mental health support services, has resulted in increased reports of self-harm and familial violence. WPSO, through its network of local peacebuilders, documented 136 family related deaths and 218 suicides in 2024, including devastating cases such as a man who resorted to killing his own family because he could not feed his children.²⁹

Cultural Barriers to Mental Health Care

Due to the prevailing cultural stigma around mental health, Afghans are reluctant to discuss their experiences or ask about treatment options, even within their families.³⁰ They lack safe spaces and authorities they can approach with their problems.³¹ Many Afghans are not familiar with the language used to describe trauma, or emotions like anxiety or depression, and may understand them as signs of illness rather than part of the natural human experience or stress responses. They lack access to information about these topics which could normalize their experiences and provide examples of evidence-based interventions. Mental health resources and support are also not as available in Pashto-speaking regions.

While both men and women feel concerned about how they would be perceived if they acknowledge any suffering, it is particularly shameful for men.³² The Dari term *ghairat* refers to man's honor or zeal, reflective of his dignity, pride, and social standing.³³ Any personal struggle, or need to seek help, challenges the notion of a man's *ghairat* and often inhibits access to treatment. Unlike women, men do not have a culturally acceptable option of supporting one another in social groups.

For Afghan women, the Taliban decrees, such as one on child marriage requiring families to marry their daughters before age 18, have enforced traditional and cultural norms around marriage and childrearing.³⁴ The expectation to bear many children, specifically sons, puts enormous pressure on women and can negatively affect their wellbeing and capacity to care for their children.³⁵ Traumatic motherhood experiences and lack of access to basic services can contribute to women choosing abortions, engaging in acts of self-harm, or even inflicting harm on their children—compounding their trauma.³⁶



Poster designed by APT to raise mental health awareness on social media.

PEACE STARTS WITHIN: WOMEN PEACEBUILDERS' APPROACHES TO MHPSS

Afghan women-led peacebuilding organizations address the mental health crisis for many reasons. First, they see a direct connection between one's own wellbeing and the ability to work, to maintain relationships, and to build peace in society. Individuals must address the impact of trauma and stress on their own health before helping others. Given the immense pressure that peacebuilders face, they strive to "be mentally calm, have built in resilience to keep them active and hopeful."³⁷ This requires that they identify the signs of depression, anxiety, and stress, and also be mindful of the impact of vicarious trauma so that they can protect their own wellbeing.

Second, Afghan women-led peacebuilding organizations use mental health and psychosocial support (MHPSS) as a tool for reducing conflict in their homes and communities.³⁸ MHPSS can help rebuild social bonds by providing safe spaces for people to share their experiences and connect with each other in a caring context. When they learn coping skills, they are less likely to resort to violence and can strengthen their sense of belonging and social cohesion.³⁹ Wida Yalaqi, founder and director of the Afghanistan Capacity Development

^{28,33} Email with ACDEO (October 4, 2024).

^{29,35,37} Interview with WPSO (August 27, 2024).

^{30, 32} Interview with APT (September 10, 2024).

^{31,36} Interview with WPP (September 17, 2024).

³⁴ Email with WPSO (January 14, 2025).

^{38,39} Interview with WPSO (August 27, 2024).

and Educational Organization (ACDEO), sees a direct line between MHPSS and peacebuilding. "I always thought there was a straight correlation between talk therapy, understanding each other, and not picking up a gun. People want relief. They think that by killing or using violence they will feel better."⁴⁰ They do not.

These organizations succeed by harnessing their extensive networks of women peacebuilders throughout local communities. These women have the access and trust necessary to understand and, where possible, challenge existing cultural norms. The trust within existing family, tribal, and communal structures increases the acceptance of MHPSS work and enables strategic partnerships. ACDEO, for example, identifies a champion within the family or a local religious scholar who can exert influence over family members.⁴¹ Employing both Sunni and Shia religious scholars to counter the incorrect narratives of imposters, ACDEO has prevented harm from religious teachings and gained the respect from local imams and the community.⁴² Women for Peace and Participation (WPP) aims to identify influencers within the same tribe, including the Taliban, to accomplish their objectives.⁴³ Elders and youth are particularly effective in culturally conservative provinces to resolve conflicts. Women gather critical information and share it with male youth who then alert other families to problems like domestic violence, which are then addressed.



Poster designed by APT to raise mental health awareness on social media.



Women learn during a mediation and conflict resolution training organized by WPP.

40,41,42 Interview with ACDEO (September 9, 2024).
43 Interview with WPP (September 17, 2024).

Table: Women Peacebuilders' MHPSS Strategies

Organization	Group Healing Sessions	Family Helpline	Livelihoods & Self-Reliance	Education & Awareness	Trauma-Informed Mediation
ACDEO	X	X		X	
APT	X			X	
WPP			X		X
WPSO	X		X		



Women meet during a psychosocial support session organized by WPSO.

1. Group Healing Sessions Combat Isolation and Dissolve Stigma

The severe restrictions on women and isolation they experience interferes with access to MHPSS and compounds the interventions. Despite these challenges, Afghan organizations WPSO, Afghans for Progressive Thinking (APT), and ACDEO facilitate group support sessions. Group support is more culturally acceptable for women in Afghanistan, as it draws upon the social support that they lend one another in communal settings. In these sessions, mutual vulnerability and sharing often creates a safe space and sense of belonging. Hearing others' experiences, one woman wrote, "I realized I wasn't alone. Many faced similar struggles."⁴⁴

Women who may be hesitant to discuss their experience often do so after witnessing others' vulnerability and support within the group. Women can also access support for themselves by presenting problems "on behalf of a family member or friend." This approach allows them to explore sensitive topics indirectly, while still receiving

support and practical strategies. Examples of discussion topics include the effects of family violence and trauma, how to improve family relationships, and practical strategies for self-protection and resilience. Group support has been a lifeline for Afghan women to learn vital coping mechanisms, without which they might have fallen into thoughts of self-harm and suicide.

The organizations have found creative ways of navigating access to provide group support, which can take place in people's homes, online, or in government-operated clinics. WPSO asks participants to identify a family member who will provide consent and support for their participation by signing a form, and in some cases, also serve as a mahram to accompany them to the sessions. APT offers both virtual and in-person sessions and uses WhatsApp groups to encourage mutual support. It also conducts online simulation sessions based on real-world scenarios to strengthen participants' skills. ACDEO offers group sessions in three government-run clinics in different parts of Kabul, which enables women to avoid stigma by telling their families that they are going to see a doctor.



Women meet during a psychosocial support session organized by WPSO.

Spotlight: WPSO Focal Points & Group Healing

- 200 locally rooted peacebuilding focal points (women and men) received training to conduct in-person group healing sessions, reaching over 1,372 women across 20 provinces.
- "My husband fell from a building and suffered severe injuries. This incident had severe psychological, emotional, and economic consequences for me and our children. I felt isolated, unable to rely on anyone for support, and the stress and anxiety overwhelmed me."
- A friend told me about this program, which teaches mental health improvement. Interacting with others was beneficial and comforting. I learned about mental health concepts and the suggestions from instructors and fellow participants were invaluable. It helped me find solace, support, and practical strategies for coping with trauma."⁴⁵

2. Helplines Help Overcome Barriers with Anonymity and Confidentiality

Coping with the stigma associated with MHPSS remains a significant barrier for traditional cultures like Afghanistan. While it is more acceptable for women to gather in groups, men do not have this practice, and cultural norms often prohibit them from acknowledging and seeking any kind of support. Anonymous and confidential telephone helplines, like ACDEO's family support helpline, offer a form of protection for men (and women) to discuss their emotions and sensitive topics they would not be able to raise elsewhere. For women who cannot leave home, it is a safe and accessible form of support. Many men who have used the helpline said, "it's the best way to receive confidential mental health support."⁴⁶

Staffed by counselors, ACDEO's confidential helpline provides a discreet space for men to reflect on the increased burden and shame they feel around not being able to provide for their families in the current economic context. Such feelings are prevalent in conflict settings when men lose their provider role and are expected to fight. Not providing or protecting one's family threatens traditional gender norms and notions of masculinity.

⁴⁵ Participant from WPSO group

⁴⁶ Reported by ACDEO.

Spotlight: ACDEO's Family Support Helpline

- Since 2013 ACDEO's Family Support Helpline has delivered MHPSS to more than 100,000 people.
- Case example:** There was a woman from Jalalabad who was referred to us by her husband. She suffered from social anxiety which worsened after she got married. Her anxiety became so extreme that she stopped leaving her room and was unable to perform her daily chores. Her in-laws wanted their son to divorce her, but her husband, who loved her, wanted to help her and called us as a last resort.
- She became a regular caller to the helpline, and after a couple of months, started to feel better. She became a mother and also a supporter of others suffering from mental stress in her community. She would gather her friends and family to pray for us together whenever there was a risk of funding cessation and shutting down the helpline.

Counselors listen to men discuss their anger, frustration, and ensuing domestic violence, which is reported by 70% of their female callers. Contributing directly to violence prevention, the helpline's interventions educate callers about the negative impact of family violence and have contradicted extremist disinformation. For example, ACDEO's helpline, with the aid of a religious scholar, helped a 16-year-old realize that becoming a suicide bomber and exploding a school would not lead to God providing food for his family. The young man dismissed his plan and relocated away from the Taliban for his own security.

3. Livelihoods Promote Self-Reliance and Self-Worth

Deep economic insecurity, high unemployment, and vanishing opportunities for both men and women create feelings of despair and shrinking self-worth. Men, in particular, experience strong feelings of shame, given that they are now the sole providers for their families and may be unable to contribute as they feel they must.⁴⁷ Afghan peacebuilding organizations WPSO and WPP thus integrate both livelihood and MHPSS interventions through their self-help groups. While mainly targeting women, there is an indirect benefit for men as well. When women contribute to family income, men recognize them as equal partners, and rates of domestic violence decrease.⁴⁸

This dual approach reinforces the interconnection between these two sectors. People need to be healthy and well in order to work, which strengthens their ability to gain knowledge and capacity. Simultaneously, with the skills and opportunity to pursue a livelihood, Afghans can



Poster designed by APT to raise mental health awareness on social media.

Spotlight: WPSO's Self-Help Groups

- WPSO adapted a model of women self-help groups from rural India to identify common concerns and local solutions. It may be the only safe space for socialization for Afghan women.
- The self-help sessions and learning skills enable women to better manage family expenses and, in some cases, bring additional income into the family.
- Read more – *"Self-Help Groups, Skills Learning and Psychosocial Support: WPSO Provides a Lifeline to Afghan Women"*⁴⁹

meet their basic needs, which also has a positive impact on their mental health. WPSO and WPP incorporate MHPSS alongside income generation training for Afghan women. When WPP observed that some participants in their craftmaking trainings struggled with mental health issues, it used the group as a support mechanism to address their trauma.

⁴⁷ Interview with ACDEO (September 9, 2024).

⁴⁸ Interview with WPP (September 17, 2024).

⁴⁹ Lauren Mellow, "Self-Help Groups, Skills Learning and Psychosocial Support: WPSO Provides a Lifeline to Afghan Women," ICAN (May 18, 2023), <https://icanpeacework.org/2023/05/wpsos-a-lifeline-to-women-in-afghanistan>.

4. Changing Norms Through Education

Throughout all of their interventions, as they combat isolation and stigma, and promote self-reliance and self-worth, Afghan women-led peacebuilding organizations raise awareness about MHPSS. This increased knowledge normalizes our emotional experiences and creates a more open culture. For example, APT has contextualized its pre-existing leadership training materials for female university students to provide additional content on psychological wellbeing. Available to these women online, these sessions enable participants to develop and practice coping mechanisms, while working together to raise awareness about mental health and wellbeing throughout their provinces.

Building the knowledge, skill, and emotional capacity of young women is critical. As Sofia Ramyar, founder of APT states, "We can't lose this younger generation; without education there is no security."⁵⁰ In order to provide these online sessions, APT has also built the capacity of mental health professionals in Afghanistan. One trainer said, "I am confident that the skills and knowledge acquired will have a lasting impact on my ability to support and guide others towards better mental health and wellbeing of young women in Afghanistan."⁵¹



The skills and knowledge acquired will have a lasting impact on my ability to support and guide others towards better mental health and wellbeing of young women in Afghanistan.

APT also increases awareness about mental health through reflection stories shared in a social media campaign, which highlight the Taliban bans' impact on women and girls' mental health. This campaign enables a wider reach of engaging Afghan women and girls to share their stories. Translated into Dari, Pashto, and English, the narratives also include recommendations of how to support them. These approaches not only elevate the needs of Afghan women, but also promote a culture which understands and values the mental health and wellbeing of all Afghans.

ACDEO works with the formal education sector, developing a curriculum to be shared with 100 teachers, including some employed by the Ministry of Education. This curriculum includes information on talk therapy, conflict resolution through dialogue, economic empowerment of women, and peaceful masculinities. The teachers will provide MHPSS services in schools, while also receiving training to take care of their own wellbeing. Promoting mental health, wellbeing, and nonviolence through training and education curricula fosters understanding of key concepts, strengthens the capacity of teachers, and influences the thinking and emotional health of



People gather during a psychosocial support session organized by ACDEO.

children and youth. As a result, teachers and trainers can emphasize the importance of people talking with each other and practicing reconciliation rather than resorting to violence. One teacher shares her experience:

"The knowledge I gained from the seminar helps me manage my emotions such as anxiety, stress, and excitement, both in my personal life and in my role as a teacher. If students experience psychological issues, I



Women engage in a mental health and psychosocial support training in order to train teachers organized by ACDEO.

⁵⁰ Interview with APT (September 10, 2024).
⁵¹ APT project report (July 29, 2024).



Women participate in a mediation and conflict resolution training organized by WPP.

can now identify them, understand them empathetically, and provide the necessary professional advice. The seminar has been so beneficial to me that it has improved various aspects of my life—personal, familial, social, and professional.”⁵²

By working in this space, women-led peacebuilding organizations pre-empt further extremism from taking root and promote values of peace, resilience, equality, and pluralism.

5. Trauma-Informed Approaches to Mediation

- APT's online gatherings increased mental health knowledge and skills for how to manage emotions and cope with daily life. Participants know they can reach out and receive continuous support from the APT network.
- Students are empowered to anonymously raise awareness about mental health and wellbeing throughout their provinces.
- “Now when I feel anxious or depressed, I practice breathing exercises, write my feelings on paper, and meditate. These practices help me relax and refocus on my tasks.”⁵²

Instilling these values in the culture is critical to prevent violent extremist groups from co-opting educational spaces to propagate their ideology. There are reports of the Taliban establishing 4,000 new madrassas with an increasing number of girls attending them in order to have some freedom of movement outside their home.⁵³

Afghan women-led peacebuilding organizations have lived and learned about the impact of trauma. Recognizing its multifaceted, collective, and intergenerational aspects, they address it in their livelihood and education work. Violence and unaddressed trauma are also contributing drivers for conflict between family members or within a community. Therefore, understanding, recognizing, and responding to trauma must inform peacebuilding efforts. WPP integrates MHPSS into conflict resolution trainings and dialogue sessions.

Mediators can play a critical role by creating safe spaces and providing psychosocial support, addressing underlying trauma before initiating conflict resolution processes, and applying techniques of active listening and reframing. These techniques acknowledge the emotional impact of trauma while responding to the root causes of conflict. WPP has trained 50 local mediators (70% of whom are women) in trauma-informed approaches and offer them psychosocial support. As a result, they have increased knowledge, skills, and confidence to resolve community disputes peacefully. One mediator, Ghatol, explains,

⁵² Taskeen Case Study, ACDEO

⁵³ Email exchanges with ACDEO (October 4, 2024) and WPP (October 9, 2024).

"The trauma training provided by WPP was especially impactful, helping me better understand how to manage these emotions. Not only have I been able to apply these insights in my own life, but I've also helped alleviate the stress of friends and colleagues, creating a positive ripple effect."⁵⁴

solutions to be more durable and sustainable. Trauma-informed approaches are therefore integral to interrupt conflict cycles and offer a more holistic approach to care for oneself, others, and an entire community.

CONCLUSION

Afghan women-led peacebuilding organizations are uniquely positioned to address the root causes of, and respond to, the mental health crisis in Afghanistan. Understanding its multidimensional and gendered effects, they have developed culturally-relevant and locally-rooted interventions, including in-person group support and helpline sessions which combat the isolation and stigma which Afghans experience. They also integrate mental health awareness raising and training into livelihood projects and education. This shifts the culture by shaping perceptions of traditional and gender norms, building skills, and promoting trauma healing and wellness. MHPSS training and services are also essential for women peacebuilders and providers to protect them from the impact of vicarious trauma and enhance their security.

Through fostering connection and providing access to MHPSS resources and services where very few exist, Afghan women-led peacebuilding organizations fill a critical gap in recreating a sense of safety. For their work to be sustained, and for Afghans to reclaim the health and wellbeing of their families and communities, they must take a trauma-informed approach to peacebuilding and address the systemic sources of insecurity which perpetuate harm. They rebuild peace from within and from the bottom-up, and collaborate with other influencers to construct inclusive, robust political and economic systems. Only then, a more secure Afghanistan will be safe and peaceful for all Afghans.

By addressing MHPSS needs up front, mediators acknowledge that conflicts cannot be solved by reason alone, but also through understanding the psychological and emotional experiences of those affected. When mediators recognize and address signs of trauma and distress, they better prepare individuals to engage in conflict resolution processes. This also enables their



Women participate in a mediation and conflict resolution training organized by WPP.