

EFFECTIVENESS OF PSYCHOTHERAPY IN ENHANCING SELF EFFICACY AMONG GENDER BASED VIOLENCE SURVIVORS IN MERU COUNTY, KENYA

Sophia Wangui Ndungu, Grace Gatune Murithi, Monicah Buyatsi Oundo
Department of Social Sciences, Chuka University, P. O. Box 109-40600, Chuka, Kenya
Corresponding Author's Email: sophiewes1972@gmail.com, gmurithi@chuka.ac.ke,
boundo@chuka.ac.ke

ABSTRACT

Gender Based Violence (GBV) survivors experience negative psychological and physical outcomes associated with various types of abuse, depriving the GBV survivors of self-efficacy, which is an indicator of mental well-being. Meru County has a rising prevalence of GBV; therefore, if the mental well-being of GBV survivors is not addressed, it can prolong the mental health crisis. Psychotherapy is one of the interventions that results in social adjustment and psychological well-being, whose main aspects the study sought to explore. Meru County, through the Ministry of Health, offers a Brief Psychotherapy to the GBV survivors in an attempt to enhance mental well-being. This study sought to bridge this gap by empirically examining the effectiveness of psychotherapy in enhancing self-efficacy among GBV survivors in Meru County, Kenya. The target population was 1468 respondents comprising GBV survivors and 9 counsellors in Meru County. The study was carried out in selected sub counties, which have the highest number of GBV survivors in Meru County, Kenya. Meru County was selected because the number of GBV survivors has risen from 520 reported cases in 2022 to 1468 cases in 2023. This study employed quasi-experimental research design where a total of 304 participants were selected via simple random sampling and equally distributed into experimental ($n = 152$) and control ($n = 152$) groups. A standardized self-efficacy assessment scale was administered at baseline and following the intervention. The experimental group received a Brief psycho-therapeutic intervention, whereas the control group was not exposed to any treatment. To analyze the differences between the experimental and control groups, the independent samples t-test statistic was used to determine if there were any significant differences in mean scores of the experimental group and control group before and after the psychotherapy intervention. The findings indicated that survivors of GBV who received brief behavioral intervention showed statistically significant improvement in self-efficacy compared to the control group hence demonstrating that psychotherapy led to significant improvements in the mental wellbeing. These findings demonstrate the importance of psychotherapy in enhancing self-efficacy among GBV survivors. There is need for appropriate training for counselors or the GBV focal persons on skills of psychotherapy to enhance the therapy provided to the GBV survivors in Meru County.

Key words: GBV survivors, mental wellbeing, psychotherapy, self-efficacy.

Introduction

Gender-based violence (GBV) has devastating effects on survivors' psychological well-being, often eroding their sense of self-efficacy, the belief in one's capacity to navigate challenges and exert control over life circumstances (Bandura, 1997). Recent evidence from Kenyan informal settlements shows that survivors who experienced sexual violence had significantly detrimental mental health outcomes, and lower self-efficacy was associated with greater severity of PTSD,

depression, and anxiety (Friedberg et al., 2023). Individuals who have experienced gender-based violence also frequently prefer avoidance as a coping strategy to circumvent discomfort rather than confront it (Simmons, Lindsey, Delaney & Beck, 2015). These individuals may recover from failure more rapidly and are more likely to attribute failure to inadequate effort. They face dangerous situations with the belief that they can control them.

Lower self-efficacy is linked to higher levels of stress and depression. A person's self-efficacy has a big effect on how they go about their goals, projects, and problems. Self-efficacy, influenced by external experiences and self-perception, profoundly affects event outcomes, rendering it an essential element of social cognitive theory. Lakin, (2022) states that negative outcome of low self-efficacy is the possible development of learned helplessness. Low self-efficacy may lead to the belief that no amount of effort will affect the success of the task. Challenges often inspire those with high self-efficacy to intensify their efforts, while those with low self-efficacy tend to experience discouragement and surrender.

Psychotherapy offers a crucial pathway for rebuilding confidence, autonomy, and emotional stability among survivors. Evidence suggests that psychotherapy promotes empowerment, enhances emotional regulation, and facilitates cognitive transformation, thereby helping survivors reclaim control and personal agency (Murengera et al., 2025; Sinko et al., 2024). Self-efficacy theory asserts that persons encountering challenges may be deprived of opportunities for mastery experiences or modeling crucial for the enhancement of self-efficacy (Dale, 2021). This suggests that survivors of gender-based abuse can attain success despite their traumatic experiences provided they obtain appropriate care. Meta-analyses and field studies consistently demonstrate the effectiveness of psychotherapy in restoring self-efficacy among GBV survivors. A randomized controlled trial by Johnson et al. (2019) found that CBT increased self-efficacy scores by 45% over a 12-week intervention period. Similarly, group-based narrative therapy interventions in sub-Saharan Africa showed significant improvements in survivors' self-perceived control and community reintegration (Tol et al., 2014). Evidence from ACT-based interventions indicates enhanced resilience and reduced avoidance behaviors, leading to sustainable gains in self-efficacy (Levin et al., 2017).

According to a research by Korr (2015), self-efficacy profoundly influences a person's perceived power to manage situations,

so altering both their actual ability to effectively tackle obstacles and the choices they are predisposed to make. Cognitive Processing Therapy (CPT) can help people change harmful and unproductive thoughts they have about PTSD and trauma. Resolving these impasses can mitigate symptoms and facilitate the development of healthy coping skills (Ost, 2014). Individuals who have experienced Gender-Based Violence are likely to feel less capable of doing things after the traumatic event. A strong sense of self-efficacy promotes human accomplishment and personal welfare. A person with high self-efficacy sees obstacles as chances to learn and grow, not as things to avoid. Mahoney, Cestodio, Porter, and Marchant (2022) observed that among female sexual assault survivors, higher coping self-efficacy significantly buffered the effects of trauma, reducing the severity of post-traumatic stress and maladaptive coping behaviors.

Empirical research underscores psychotherapy's capacity to restore self-efficacy among GBV survivors. Studies demonstrate that interventions such as CBT, Narrative Therapy, and ACT lead to measurable improvements in survivors' confidence, emotional regulation, and resilience (Hien et al., 2010; Tol et al., 2014; Johnson et al., 2019). CBT interventions, for instance, have been shown to significantly reduce trauma-related symptoms and increase coping efficacy (Johnson et al., 2016). Similarly, ACT-based interventions promote psychological flexibility and self-efficacy, enhancing post-traumatic growth (Luoma et al., 2012). Narrative Therapy, through re-authoring processes, has been found to enhance empowerment and meaning-making among survivors of abuse (Denborough, 2008). Psychotherapeutic Approaches for enhancing Self-Efficacy Cognitive Behavioral Therapy (CBT) helps survivors identify and modify distorted beliefs resulting from GBV, such as guilt, shame, or perceived helplessness. Narrative Therapy allows survivors to re-author their stories from victimhood to empowerment. Solution-Focused Brief Therapy (SFBT) promotes self-efficacy by emphasizing survivors' strengths and resources.

Acceptance and Commitment Therapy (ACT) enhances psychological flexibility and encourages survivors to pursue value-based actions despite distressing emotions. Psychotherapy enhances self-efficacy through cognitive restructuring, emotional regulation, behavioral activation, empowerment and agency, and social connectedness. These mechanisms help survivors manage trauma symptoms, build confidence, and reclaim autonomy.

Empirical Evidence Research demonstrates the effectiveness of psychotherapy in restoring self-efficacy among GBV survivors. CBT, narrative therapy, and ACT interventions have shown measurable improvements in confidence, emotional stability, and resilience (Hien et al., 2010; Johnson et al., 2019; Tol et al., 2014). Meru County has made efforts in providing counseling, medical and legal services. However, the provision of structured, evidence-based mental health interventions remains limited. Survivors often face barriers such as stigma, inadequate staffing, and lack of integration of mental health into primary care settings. (KDHS 2019). Daily reports on the media are clear indicators of this fact as well. Psychotherapy and other forms of treatment have been used by professionals in trying to reduce the psychological distress even though the issue is on the increase, affecting many lives. This study therefore sought to determine the effectiveness of Brief Psychotherapy in enhancing self-efficacy among GBV survivors in Meru County in Kenya. The objective of this study was examine the effectiveness of brief psychotherapy in enhancing self-

efficacy among gender-based violence survivors in Meru County in Kenya.

Methodology

The study employed the Pretest/Posttest Quasi Experimental design. The population of the study was 1,468 respondents comprising of GBV survivors and nine counselors. Purposive and simple random sampling techniques were employed to select a sample size of 304 GBV survivors and nine counsellors from Hospitals in Meru County in Kenya. The GBV survivors assigned to the control were 152 and those for the experimental group were 152. A self-efficacy scale, a questionnaire and an interview guide were used to collect the desired data. Ethical clearance was sought, a permit acquired and necessary permissions granted before actual data collection. Participation was voluntary and respondents were assured of confidentiality which was maintained throughout the research process. The data were analyzed by use of independent samples t-test, descriptive statistics and thematic analysis with the aid of SPSS version 26. The analyzed data were presented on tables as well as through prose narration of qualitative responses.

Results and Discussions

Demographic Characteristics of the GBV Survivors

Table 1 presents the analyzed demographic characteristics of the GBV survivors, including age, gender, religious affiliation, marital status, highest level of education, and employment status.

Table 1: Demographic Characteristics of the GBV Survivors

Demographic Characteristics of the Counsellors

Table 2 presents the analyzed demographic characteristics of the counsellors, including age, gender, religious affiliation, marital status, highest level of education, and work experience.

Table 2: Demographic characteristics of the counsellors

Demographic Variable	Category	Percentage (%)
Gender	Male	33
	Female	67
Age Group	18–35 years	67
	36–45 years	33
Marital Status	Single	18
	Married	82
Religion	Christian	87
	Muslim	10
	Others	3
Work Experience	Less than 10 years	83
	11–20 years	17
Highest Level of Education	Diploma	83
	Master's Degree	17

Effectiveness of Brief Psychotherapy in Enhancing Self-Efficacy

The study sought was to examine whether the effectiveness of brief psychotherapy offered in Meru County in Kenya in enhancing self-efficacy among gender-based violence survivors. The following null hypothesis was tested using independent samples t-test statistics: H_01 : There is no statistically significant difference in the effectiveness of Brief psychotherapy in enhancing self-efficacy between GBV survivors who received treatment and those who did not in Meru County in Kenya. Self-efficacy among the GBV survivors was as-

sessed before and after Brief psychotherapy intervention using pre-test and post-test scores between and within the control and experimental groups.

An independent samples t-test was used to determine whether there was a statistically significant difference between the control and the experimental groups before the treatment. Table 3 represents the information on the independent sample tests data analysis results for the experimental and control groups for the self-efficacy scale pretest scores.

Table 3: Control/ Experimental Groups Pre-test Independent Samples t-test Statistics

	Group Type	N	Mean	Std. Deviation	T	df	Sig
Self-Efficacy	Control Group	135	2.2363	0.45031	-0.367	268	0.714
	Experimental Group	135	2.2593	0.56980			

As shown in Table 3, there was disparity between the General Self-Efficacy scale pre-test mean for control group with 2.2363 and experimental mean with 2.2593. The t-test value was -0.367. The P-value for the control group and the experimental group 0.714 and since it was above the set Alpha value of 0.05 then the results show that there was no statistically significant difference between the control and experimental groups before intervention. This suggests that the control and experimental groups' self-efficacy were similar at the onset of the study therefore, the difference in the pretest was statistically insignificant. A control group pre-test/post-test independent samples t-test statistics was conducted to deter-

mine whether other factors other than the brief psychotherapy intervention contributed to enhancement of resilience among the GBV survivors in Meru county in Kenya. It was necessary to determine whether there was a difference between the pre-test and post-test scores for the control group.

A control group pre-test/post-test independent samples t-test statistics was conducted to determine whether other factors other than the brief psychotherapy intervention contributed to enhancement of self-efficacy among the GBV survivors in Meru county in Kenya. Information in Table 4 represents the data analysis for the independent sample t-test statistics data analysis results.

Table 4: Control Group Pre-test/Post-test Independent Samples t-test Statistics

	Tests	N	Mean	Std. Deviation	t	Df	Sig
Control Group	Pre-test	135	2.2363	0.45031	-0.367	268	0.472
	Post-test	135	3.0904	0.96745			

Data analysis from Table 4 shows that there is difference between the pre-test and post-test means for the Control group. The mean score was 2.2385 and 3.2092 for the pre-test and post-test respectively. The t-test value was -0.721 meaning that the mean for the post-test was higher than for the pretest. This suggests an improvement in self-efficacy for the control group overtime. The P-value was 0.472, and since it was greater than the Alpha Value of 0.05, then the mean differences between the pretest and the posttest were statistically insignificant. This suggests that the GBV survivors in the control group still had low self-efficacy demon-

strating that most survivors could not believe in their ability to complete a task or achieve a goal. There was need to determine whether there was a difference between the pre-test and post-test scores for the experimental group.

To determine whether the brief psychotherapy intervention contributed to enhancement of self-efficacy among the GBV survivors in Meru County in Kenya a pre-test and post-test independent samples t-test statistic was carried out. Information in Table 5 gives the data analysis for the independent sample t-test statistics data analysis results.

Table 5: Experimental Group Pre-test/Post-test Independent Samples t-test Statistics

	Tests	N	Mean	Std. Deviation	T	Df	Sig
Experimental Group	Pre-test	135	2.2881	0.61232	-0.731	254	<0.001
	Post-test	135	3.5504	1.10263			

Data analysis from Table 5 shows that there is difference between the pre-test and post-test means for the Experimental group. The mean scores were 2.2881 and 3.6881 for the pre-test and post-test respectively. The t-test value was -0.731 meaning that the mean for the post-test was higher than for the pretest. The P-value was 0.000 which was less than the Alpha Value of 0.05, meaning that differences between the pre-test and the posttest were statistically significant. This means that there was a statistically significant difference between the self-efficacy of the experimental GBV survivors' group members before provision of the Brief psychotherapy treatment and after treatment. This implied that psychotherapy was effective in improvement of the GBV survivors' general self-efficacy in Meru County in Kenya. This finding is consistent with Taverna, Kline, Kumar, & Iverson (2024) who found out that interventions targeting self-efficacy among women experiencing IPV led to significant positive

changes in psychological health and valued living, highlighting the effectiveness of Brief psychotherapy intervention in improving self-efficacy. Furthermore, the self-efficacy mechanism has received considerable empirical validation in clarifying the relationship between individuals' beliefs of their abilities and their actual management of phobic complaints, both prior to and after to therapy. It was essential to conduct a control/experimental groups post-test independent samples t-test to determine whether the brief psychotherapy offered to GBV survivors in Meru County in Kenya is effective in enhancing self-efficacy.

An independent samples t-test statistic was done to determine whether there was a statistically significant difference between the control and the experimental groups after the treatment. The Control/ Experimental Groups post-test data analysis results are presented in Table 6.

Table 6: Self-efficacy Control/Experimental Groups Post-test Independent Samples t-test Statistics

	Group Type	N	Mean	Std. Deviation	T	Df	Sig
Self-Efficacy	Control Group	135	3.0904	0.96745	-4.142	268	<0.001
	Experimental Group	135	3.5504	0.85378			

Analysis from Table 6 shows a variation between the mean scores for the control and experimental groups. The GBV survivors' self-efficacy post-test mean score for the experimental group was 3.5504 and that of the control group was 3.0904. This is evidence that the experimental group experienced more self-efficacy than the control group after the psychotherapy treatment. The t statistic value is -4.142 and a P-value of <0.001 which was less than the set Alpha value of 0.05 indicating that the mean difference was statistically significant. Thus the null Hypothesis was rejected showing that there was a statistically significant difference in the means of self-efficacy between the control and experimental groups among GBV survivors. This means that psychotherapy was effective in combating psychological distress to enhance the mental well-being of the GBV survivors. This shows that the

GBV survivors in the control group had challenges since they did not receive intervention to help them handle mental distress overtime. This observation aligns with the findings of Bani-Fatemi *et al.* (2020) who noted that their longitudinal study found out that interventions significantly improved self-confidence, coping skills and empowerment among female GBV survivors, demonstrating enhance self-efficacy and mental well-being post-intervention.

An item in the questionnaire required respondents to rate the extent to which they agreed or disagreed with each statement using a five-point scale for which SD (Strongly Disagree), D (Disagree), N (Neutral), A (Agree) and SA (Strongly Agree). The data analysis results are presented in Table 7.

Table 7: GBV Survivors Perception on Brief Psychotherapy and Self-Efficacy

Self Efficacy	SD (%)	D (%)	N (%)	A (%)	SA (%)
Psychotherapy has helped me to be in control of situations in my life regardless of the GBV	3.0	3.0	14.1	50.4	29.6
Psychotherapy has helped me to recognize and believe in my abilities to recover regardless of the GBV	3.0	1.5	8.9	58.5	28.1
Psychotherapy has made me confident about my decisions despite the GBV	0.7	15	15.6	53.3	28.9
Psychotherapy has helped me know how to deal with difficult emotions and make decisions due to the despite the GBV	0.7	3.0	14.8	47.4	34.1
Psychotherapy has helped me to know how to deal with negative self- talk despite the GBV	2.2	3.0	17.8	42.2	34.8
Psychotherapy has made me confident I could deal efficiently with unexpected events regardless of the GBV.	15	0.7	15.6	42.2	40

SD-Strongly Disagree 2. D-Disagree 3. N-Neutral 4. A-Agree 5. SA- Strongly Agree

Information in Table 7 indicates that among the GBV survivors, 80% agreed or strongly agreed that Psychotherapy has helped them to be in control of situations in their life regardless of the GBV. Additionally, 86.6% of the respondents believed that psychotherapy has helped them to recognize and believe in their abilities to recover regardless of the GBV. This is consistent with previous research showing that psychotherapy plays a crucial role in helping trauma survivors rebuild confidence, develop effective coping strategies, and experience personal growth after adversity. Herman (2015) highlights that through guided emotional processing and empowerment, psychotherapy enables survivors to regain a sense of control and independence in their lives. In a similar vein, Campbell et al. (2019) observed that trauma-focused therapy supports survivors in becoming more self-aware, resilient, and better equipped to handle everyday challenges following experiences of GBV. Likewise, Briere and Scott (2015) point out that psychotherapy not only alleviates psychological distress but also reinforces survivors' belief in their own strength and ability to heal and move forward.

Furthermore, 82.2% of the GBV survivors agreed or strongly agreed that psychotherapy has made them confident about their decisions despite the GBV. Similarly, 81.5% agreed or strongly agreed that psychotherapy has helped them to know how to deal with difficult emotions and make decisions despite the GBV. These findings align with previous research underscoring how psychotherapy supports trauma survivors in strengthening emotional regulation, mental clarity, and self-confidence. Resick et al. (2017) explain that trauma-focused therapy enables individuals to work through painful experiences, helping them regain a sense of autonomy and make more confident decisions. In a similar way, Najavits (2015) notes that psychotherapy cultivates emotional awareness and equips survivors with practical coping strategies to handle stress in healthier, more constructive ways. Moreover, Courtois and Ford (2020) emphasize that by addressing the lingering emotional effects of trauma, psychotherapy fosters psychological stability and empowers survivors to make decisions that reflect their

personal values and life goals. GBV survivors (77%) agreed or strongly agreed that psychotherapy has helped them to know how to deal with negative self-talk despite the GBV. Lastly, 82.2% of the respondents agreed or strongly agreed that Psychotherapy has made me confident I could deal efficiently with unexpected events regardless of the GBV.

These findings point to the importance of psychotherapy in moderating the general self-efficacy of the GBV survivors. Karakurt, Koç, Katta, Jones & Bolen (2022) concluded that when these studies were pooled together, the PTSD symptoms were not significantly reduced for the participants in the intervention groups compared to control groups (SMD = 0.23, CI -0.12–0.58). Trauma-focused (SMD = -3.37, CI -7.10–0.35) and expressive writing approaches (SMD = -2.84 CI -6.47–0.79) were not significantly reduced PTSD for the female victims of IPV in the intervention groups compared to control groups though there was a trend in improvement for some participants. Hence, improving confidence in achieving the goals of the victim that is required for the healing process might need more time and more targeted approaches within a safe and supportive environment.”

The counsellors who offered brief psychotherapy in Meru County in Kenya were interviewed with the aim of triangulating the findings from the GBV survivors. In depth information about the effectiveness of brief psychotherapy in enhancing resilience among GBV survivors was obtained and presented in prose narration. The counsellors were asked how effective brief psychotherapy was in enhancing resilience among GBV survivors in Meru County in Kenya. *Counselor A: Psychotherapy had helped some survivors regain their self-efficacy in that they believe in themselves and their ability to heal. Psychotherapy has helped some survivors to relate to relate well with other people without necessarily suspecting everyone else' motive. Psychotherapy had improved the emotional aspect of the survivors hence reducing the traumatic distress of gender based violence. In a related study, Papas et al. (2021) conducted a randomized*

controlled trial in Kenya to explore how interpersonal psychotherapy (IPT) could support HIV-positive women who had endured gender-based violence. The results showed a marked decrease in symptoms of major depression and post-traumatic stress after participants completed twelve sessions of therapy facilitated by trained community practitioners. Beyond the reduction in psychological distress, the women also reported experiencing less subsequent partner violence and noted improvements in their social interactions and daily functioning. These outcomes suggest that psychotherapy not only eases emotional suffering but also nurtures survivors' capacity to build and maintain healthier, more trusting relationships reflecting a gradual restoration of confidence and openness toward others.

Counselor B: Counselling has helped some survivors to attain self-efficacy. Most survivors felt they have an inborn ability to recover from the abuse. Psychotherapy has helped to lessen the emotional effects of trauma leading to self-esteem. Majority were able to relate well with others. One survivor said "since I started coming for therapy, I realized I am able to realize that all is not lost. I have the ability to bounce back. Counselor C: Some survivors are not able to embrace interpersonal relationships because of shame and stigmatization. This occurs especially with the teenagers and young adults who are at stage of discovering their identity and seeking intimacy. This finding resonates with Crann & Barata, (2016) who states that Survivors who developed self-efficacy demonstrated an enhanced ability to establish or rekindle connections, reflecting theories of relational resilience Counseling procedures that incorporate relational frameworks, such as attachment-based therapy or narrative techniques, may be especially advantageous in achieving these results.

Counselor D: Some survivors say 'I know I have what it takes to bounce back again given time' while others said 'I hardly believe that I am worth after being abused in such a manner.' Most survivors were able to relate with others although a few could not trust people even after therapy.

Regaining self-efficacy requires quite some time. This is because some survivors feel that something precious was robbed from them and can only heal overtime. The survivors often experienced emotional effects of trauma. In line with this finding, a qualitative meta-synthesis by de Viña et al. (2021), which analyzed 26 studies on survivors' experiences, found that healing rarely follows a straight path. Rather, it evolves through cycles of processing trauma, confronting painful emotions, rediscovering one's sense of self, rebuilding identity, reconnecting with others, and gradually reclaiming hope and personal power. This process reflects the emotional complexity of recovery, where progress often alternates with moments of vulnerability and self-doubt.

Counselor E: It has not been easy for survivors to attain their self-efficacy regardless of the therapy and support given. Relating with others especially of the other gender proofed to be hard after the ordeal because of mistrust. Additionally, GBV is not easily shrugged off. It takes some time for the survivor to believe in themselves once again and regain their self-efficacy. For younger survivors, some have reported experiencing emotional outburst especially when they remember the ordeal. Therapeutic relationships also became a bridge through which survivors could learn to trust again and reconnect with others. In a qualitative study, Chen et al. (2021) explored how forgiveness unfolded among women who had lived through intimate partner violence. Their findings revealed that forgiveness was not a single act, but a process that evolved through three interwoven phases: empowerment, transformation, and integration.

Counselor G: Majority of the survivors still believed in themselves and their ability to recover especially after therapy. One survivor said 'if I didn't believe in myself and the ability to heal, I would not have come back for counseling.' Survivors were helped to relate with others during counseling by acquiring coping skills of forgiving the perpetrator hard as it were. Two survivors went back to their homes. In their study, Rizo, Brown, and Moya (2024) observed that women who participated in empowerment-based interventions developed a renewed sense of self-efficacy, an internal belief in their ability to take action and bring about change in their lives. Partici-

pants spoke of realizing that they "had what it takes" to move forward and make deliberate, hopeful choices for their future. In a similar context, a Kenyan study by Kimani and Kogi (2022) found a strong link between self-belief and emotional well-being. Survivors who felt more capable of coping reported fewer symptoms of depression, suggesting that confidence in one's ability to heal plays a vital role in psychological recovery.

Counselor H: Coping skills in therapy helped the survivors to regulate their emotions after therapy. Some survivors still had the ability to believe in their inborn abilities and relate normally with others. Similarly, Tasca et al. (2024) reported that psychotherapy remains a powerful tool in easing the emotional aftermath of violence. Their review showed consistent reductions in post-traumatic stress and depressive symptoms among women who engaged in therapeutic interventions, underscoring the value of therapy in relieving emotional distress. Moreover, this research highlights the constraints of time-limited therapy frameworks and validates the importance of prolonged, trauma-informed care trajectories.

Nevertheless, barriers remain whereby survivors dependent on perpetrators for financial survival often experience constrained self-efficacy. Counselors emphasized that while psychotherapy builds internal belief, structural empowerment programs are necessary to enable action. Additionally, self-efficacy predicts coping success but is strongly influenced by environmental resources (Luszczynska et al. 2005). Counselors' views affirm that psychotherapy is a powerful tool in enhancing self-acceptance, self-esteem, resilience, and self-efficacy among GBV survivors. While challenges persist, particularly in contexts marked by ongoing abuse and systemic inequities, the findings underscore psychotherapy's potential to facilitate profound psychological recovery and empowerment. However, its effectiveness is maximized when integrated with community support and structural interventions that address the root causes of gender-based violence.

RECOMMENDATIONS

It is recommended that training programs for counselors emphasize trauma-informed, empowerment-based, and culturally responsive approaches to enhance the effectiveness of psychotherapy for GBV survivors. Service delivery models should also prioritize accessibility and continuity of care to

ensure that survivors receive consistent and sustained support throughout their recovery journey. Furthermore, fostering interdisciplinary collaboration among mental health practitioners, social workers, and legal advocates is essential in providing comprehensive and holistic support systems for survivors.

REFERENCES

- Bandura & Albert. (2010). Self-Efficacy. *The Corsini Encyclopedia of Psychology, American Cancer Society*. pp. 1–3.
- Bandura, A. (1977). Self-efficacy: Toward a Unifying Theory of Behavioral Change. *Psychological Review*. 84 (2): 191–215.
- Bani-Fatemi A, Malta M, Noble A, Wang W, Rajakulendran T, Kahan D, Stergiopoulos V. (2020). Supporting Female Survivors of Gender-Based Violence Experiencing Homelessness: Outcomes of a Health Promotion Psychoeducation Group Intervention. *Front Psychiatry*.
- Chen, S., Liu, X., & Zhang, T. (2021). *Exploring the process of forgiveness among Chinese women survivors of intimate partner violence*. *Violence against Women*, 27(12), 2221–2240.
- Courtois, C. A., & Ford, J. D. (2020). *Treatment of Complex Trauma: A Sequenced, Relationship-Based Approach* (2nd Ed.). The Guilford Press.
- Crann, S., & Barata, P. (2016). The experience of resilience for adult female survivors of intimate partner violence: A phenomenological inquiry. *Violence against Women*, 22(7), 853–875
- Dale, S. K., Nelson, C. M., Wright, I. A., Etienne, K., Lazarus, K., Gardner, N., Bolden, R., (2021). Structural Equation Model of Intersectional Microaggressions, Discrimination, Resilience, and Mental Health among Black Women with HIV. *Health Psychology: Official Journal of the Division of Health Psychology, American Psychological Association*.
- de Viña, I., Pérez, S., & Gancedo, Y. (2021). Healing after gender-based violence: A qualitative metasynthesis using meta-ethnography. *Trauma, Violence, & Abuse*, 22(5), 1183–1201.
- Flasch, P., Murray, C., & Crowe, A. (2017). Overcoming abuse: A phenomenological investigation of the journey to recovery from past intimate partner violence. *Journal of Interpersonal Violence*, 32(22), 3373–3401
- Friedberg, R., Baiocchi, M., Rosenman, E., Amuyunzu-Nyamongo, M., Nyairo, G., & Sarnquist, C. (2023). *Mental health and gender-based violence: An exploration of depression, PTSD, and anxiety among adolescents in Kenyan informal settlements participating in an empowerment intervention*.
- Hien, D. A., et al. (2010). Cognitive-behavioral therapy for trauma and substance abuse in women. *Journal of Consulting and Clinical Psychology*, 78(6), 898–908.
- Kim, J. S. (2008). Examining the effectiveness of solution-focused brief therapy. *Research on Social Work Practice*, 18(2), 107–116.
- Johnson, D. M., et al. (2018). Cognitive-behavioral treatment for PTSD in women with intimate partner violence histories. *Clinical Psychology Review*.
- John, D. M., Zlotnick, C., & Perez, S. (2019). “Cognitive behavioral treatment of PTSD in female survivors of intimate partner violence.” *American Journal of Psychiatry*, 176(12), 1141–1150
- Kenya National Bureau of Statistics. (2019). *Kenya Demographic and Health Survey 2008–09*. Nairobi: Kenya National Bureau of Statistics.
- Kimani, M. N., & Kogi, R. (2022). *Coping self-efficacy and depression among survivors of intimate partner violence in Kenya*. United States International University–Africa Repository.

- Korr, D. (2015). Competitive memory training (COMET) for treating low self-esteem in patients with depressive disorder randomized clinical trial. *Depression and Anxiety* 29 (2), 102–110.
- Lakin, D., Garcia-Moreno, C., & Roesch, E. (2022). Psychological interventions for survivors of intimate partner violence in humanitarian settings: An overview of the evidence and implementation considerations. *International Journal of Environmental Research and Public Health*, 19(5), 1-19.
- Levin, M. E., et al. (2017). “Acceptance and commitment therapy for trauma.” *Journal of Contextual Behavioral Science*, 6(4), 375–382
- Luszczynska, A., Scholz, U., & Schwarzer, R. (2005). The General Self-Efficacy Scale: multicultural validation studies. *J Psychol.*;1 39(5):439–57.
- Mahoney, C. T., Cestodio, V., Porter, K. J., & Marchant, K. M. (2022). *The moderating roles of emotion regulation and coping self-efficacy on the association between PTSD symptom severity and drug use among female sexual assault survivors. Psychological Trauma: Theory, Research, Practice, and Policy.*
- Murengera, E. M., et al. (2025). *Contribution of narrative therapy in reduction of anxiety, depression and PTSD among survivors of the genocide against the Tutsi in 1994 in Rwanda. PLOS Mental Health*, 2(4), e0000287.
- Najavits, L. M. (2015). *Seeking Safety: A Treatment Manual for PTSD and Substance Abuse*. Guilford Publications.
- Noble, C., Smith, J., & Adeyemi, L. (2024). *Enabling factors in recovery from gender-based violence: A qualitative study of women survivors. Violence against Women*, 30(2), 205 -224.
- Ost, L. (2014). The efficacy of acceptance and commitment therapy: An updated systematic review and meta-analysis. *Behaviour Research and Therapy*, 61, 105-121.
- Resick, P. A., Monson, C. M., & Chard, K. M. (2017). *Cognitive Processing Therapy for PTSD: A Comprehensive Manual*. The Guilford Press.
- Rizo, C. F., Brown, C. M., & Moya, E. (2024). *Enhancing self-efficacy among survivors of intimate partner violence: Pathways to empowerment and resilience. Behavioral Sciences*, 15(6), 739. <https://doi.org/10.3390/bs15060739>
- Sinko, L., Kita, S., & Saint Arnault, D. (2024). *Establishing a cutoff score for the Healing after Gender-Based Violence Scale (GBV-Heal). Journal of Family Violence.*
- Sinko, L., & Saint Arnault, D. (2019). Finding the strength to heal: Understanding recovery after gender-based violence. *Violence against Women*, 26(12–13), 1616–1635.
- Simmons, L. A., Wu, Q., Yang, N. Y., Bush, H. M., & Crofford, L. J. (2015). *Sources of health information among rural women in Western Kentucky. Public Health Nursing*, 32(1), 3–14.
- Tasca, G. A., et al. (2024). *Psychotherapeutic interventions for women exposed to violence: A systematic review and meta-analysis. Current Psychology*, 43, 12144–06285.
- Tol W.A., et al. (2014). “Psychosocial support for survivors of gender-based violence in humanitarian settings.” *The Lancet*, 385(9963), 181–192.