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- Participants will be automatically muted for the first part of the webinar
- Use the Q&A feature to ask questions
- Slides and recording from this webinar will be made available after the presentation.



Massachusetts General Hospital & Luziibangi International Health School

WELCOME TO THE GBV WEBINAR SERIES

A Vision for Mitigating GBV in Uganda

Overview of Gender-Based Violence as a Health Issue

Presenters:

Dr. AnneKathryn Goodman, MD, MS, MPH

Dr. Jesca Nsungwa, PhD

Moderator

Dr. Nalwadda Gorrete, PhD



Massachusetts General Hospital
Founding Member, Mass General Brigham



AGENDA

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Case-Based Reflection Scenario

2

Global Health Lens & African Realities

3

GBV as a Public Health Crisis

4

GBV Implications

5

Panel Discussion



Case Study

Grace is a 24-year-old university student in Kampala who has been receiving threatening messages and having her intimate photos shared without consent by her ex-boyfriend through WhatsApp and social media. Simultaneously, her younger sister Mercy, a 19-year-old in a rural village, is experiencing physical violence from her husband and has developed chronic pelvic pain, but the local health center lacks trained staff to recognize or address her condition. Both sisters represent different faces of the same global health challenge.

Reflections

1. How do these two scenarios represent different manifestations of the same health issue?
2. What systems-level factors contribute to both Grace's and Mercy's situations?
3. How might global health frameworks help address both technology-facilitated and traditional forms of gender-based violence (GBV)?

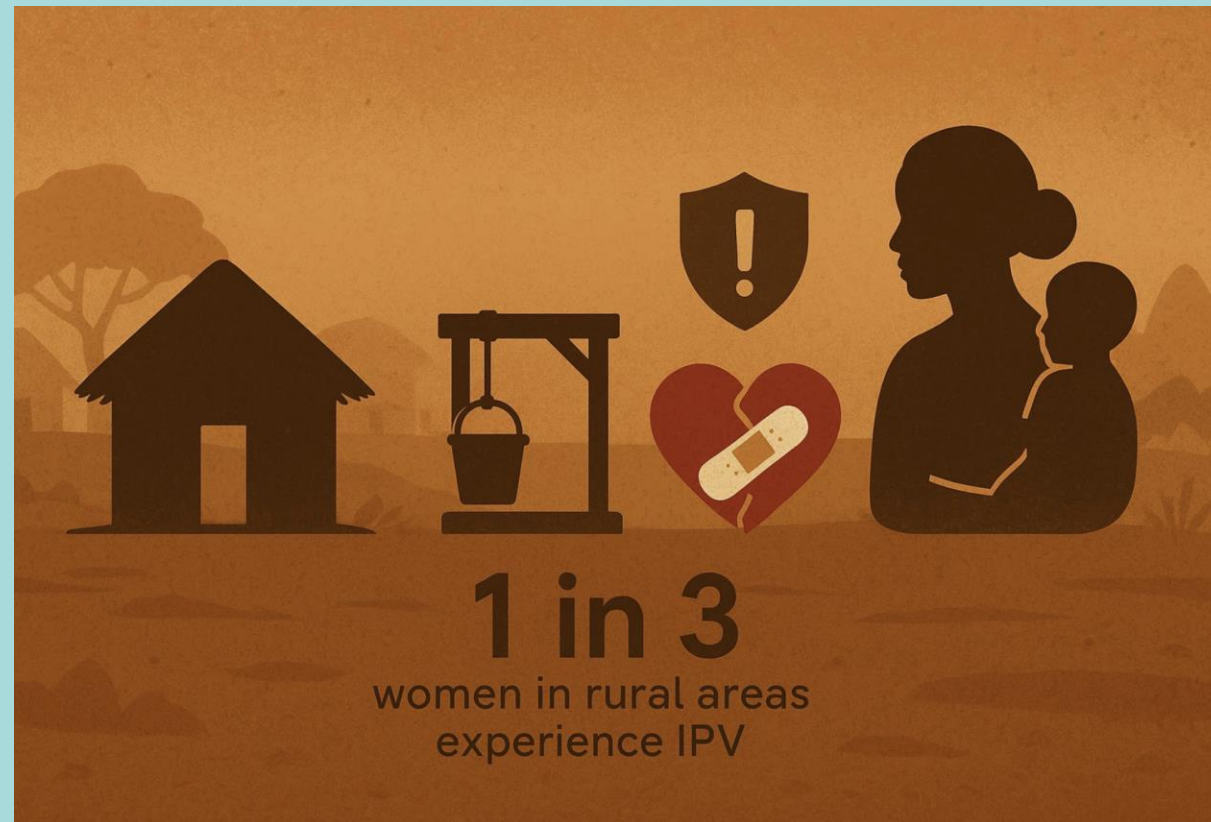
Scenarios represent different manifestations health issue-GBV

Grace

- Technology-facilitated GBV (TF-GBV)
- Harm is psychological, emotional, and social
- Health effects- stress, anxiety caused by the threatening messages, social stigma, fear from non-consensual sharing of her intimate photos
- TF-GBV can lead to severe mental health issues like depression, anxiety, and in some cases, suicide



Scenarios represent different manifestations health issue-GBV



Mercy

- Intimate Partner Violence (IPV)
- Harm is both physical and psychological
- Chronic pelvic pain is a direct physical manifestation of the violence, repeated trauma, lack of access to trained health professionals
- This form of violence is linked to health problems-injuries, chronic pain, and reproductive health issues

Both scenarios demonstrate that violence against women is not a singular event but a pervasive public health problem with a wide range of short- and long-term impacts

Definition-GBV

- Gender-based violence- Any act that results in a bodily, psychological, sexual or economic harm to somebody just because they are female or male. Such an act results in the deprivation of freedom and negative consequences
 - Physical violence – beating, hitting
 - Sexual violence – unwanted sex, coerced sex, forced sex (rape)
 - Psychological violence – controlling behavior, intimidation, restricting access to SRH including FP
 - Economic violence- when someone else exercises complete control over a person's money and other economic resources

Systems-level factors

1. Weak legal and justice systems:

- Grace -lack of specific cybercrime and TF-GBV laws or enforcement
- Mercy-, existing laws e.g Domestic Violence Act, the local justice system may be slow, corrupt, or biased against women

2. Inadequate health system response:

- Grace -mental health response often lacking or underfunded
- Mercy - healthcare system's capacity gaps in rural areas, lack of training to identify and address IPV, health-related consequences of violence (chronic pelvic pain) are not properly diagnosed or treated

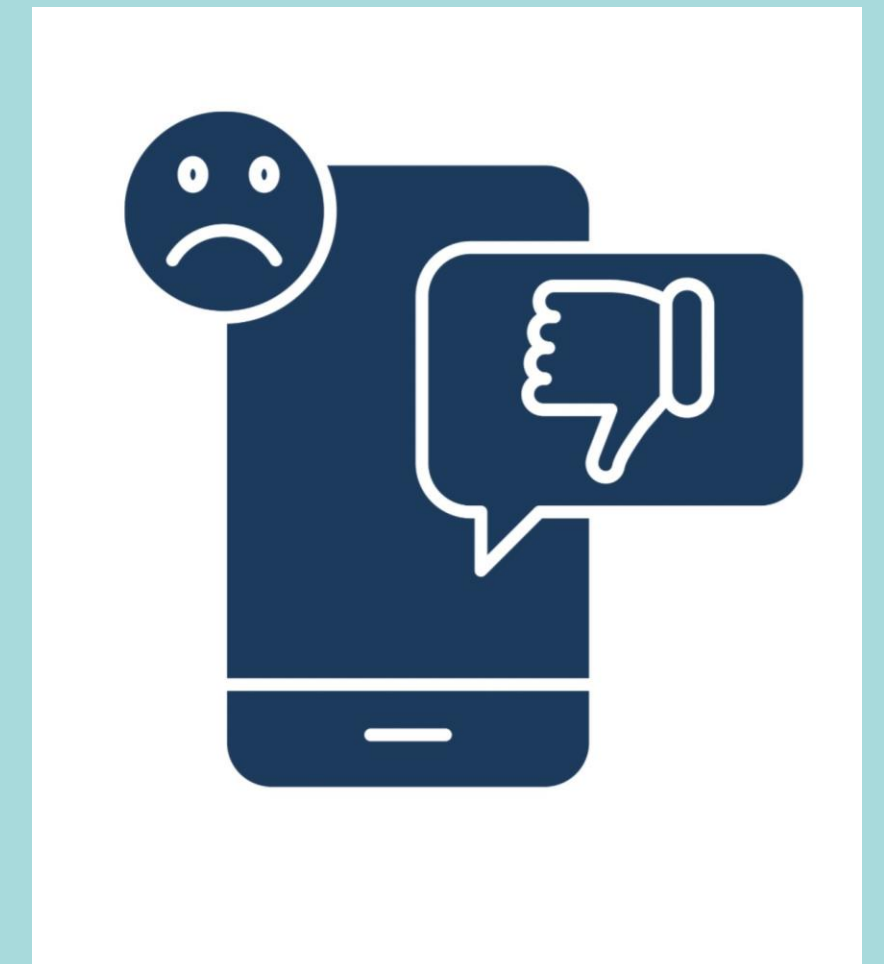
3. Socio-cultural norms

How might global health frameworks help address both technology-facilitated and traditional forms of GBV?

1. Integration and Multi-Sectoral Response:

- Health Sector: Train healthcare workers at all levels—from urban hospitals to rural health centers to use screening tools to identify GBV victims, provide first-line support, and make referrals
- Technology and justice sectors
- Education and community sectors

2. Systems strengthening and capacity building



Uganda

- **High prevalence:** About 56% of ever-married women aged 15–49 report experiencing physical, sexual, or emotional violence by a partner (UDHS 2022)
- **Sexual violence:** Nearly 1 in 5 Ugandan women (18%) report having experienced sexual violence in their lifetime
- **Persistent Child marriage:** Around 34% of Ugandan girls are married before age 18, despite legal prohibitions
- **Female genital mutilation (FGM):** Practiced in specific districts (e.g., Sebei, Karamoja), with national prevalence low (~1%)

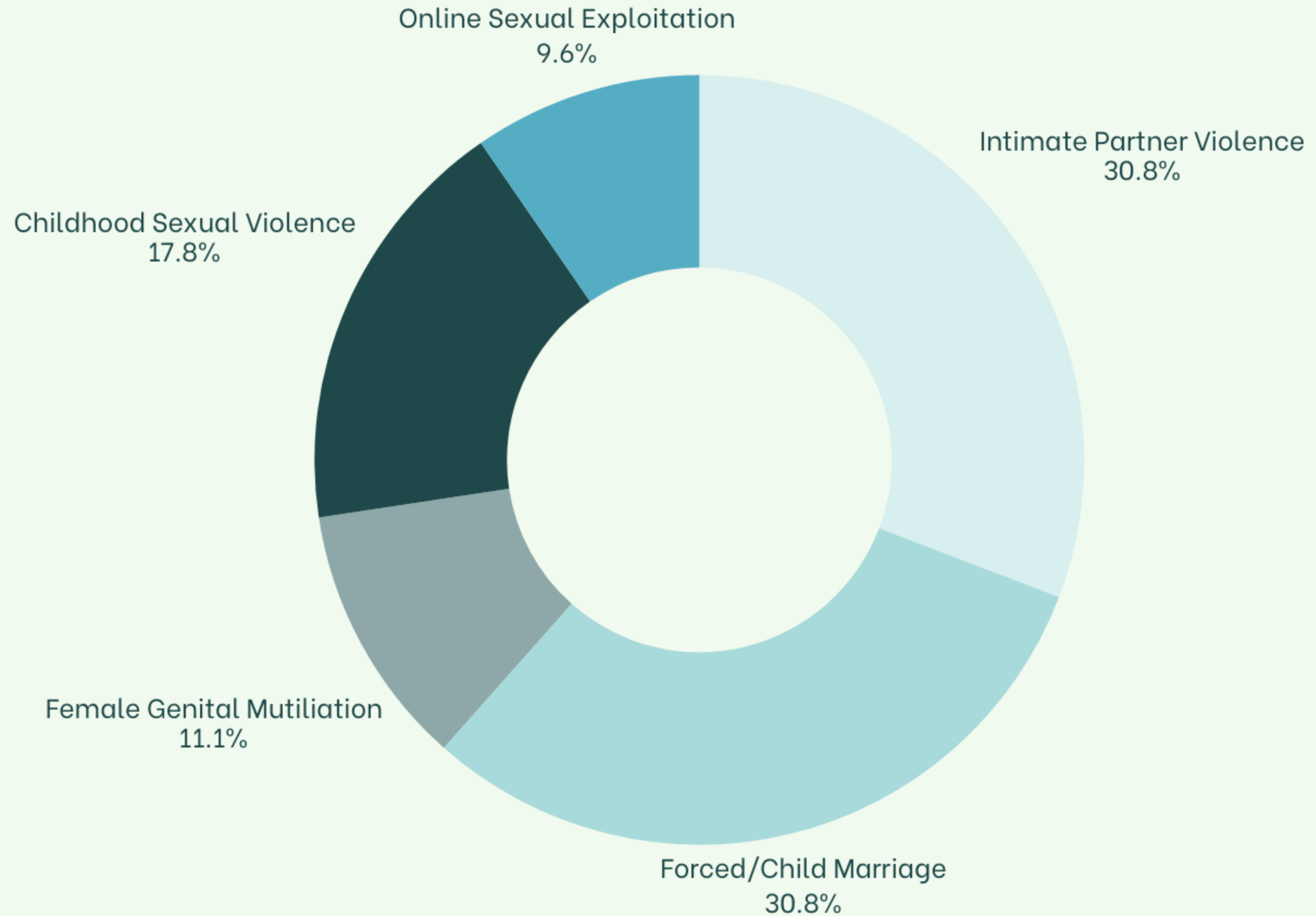
Uganda

- **Conflict & displacement:** Refugee settlements in northern Uganda show higher GBV risks, with sexual exploitation and intimate partner violence prevalent
- **Technology-facilitated GBV:** Rising cyber-harassment, online blackmail targeting young women, often linked to sextortion and non-consensual image sharing
- **Misconceptions about** -narrow understanding of what constitutes GBV
- GBV remains widespread, 40 cases reported daily (2023 police report)

Both progress and persistent challenges requiring new approaches alongside continued efforts to address traditional forms of violence

Current Crisis of Gender- Based Violence

Gender-based violence (GBV)
affects hundreds of millions of
women and girls worldwide



GBV In Africa: An Ongoing Crisis

- 1 in 3 African women have experienced IPV
- Sub-Saharan Africa has the world's highest rates of child marriage
- Female genital mutilation concentrated in East, West, and Horn of Africa – still affecting millions
- Conflict zones amplify GBV risks, with survivors facing stigma and limited services
- GBV in Africa is both a health crisis and a development barrier

GBV = Critical Determinant of Health

- GBV is a critical determinant of health, not only a social or legal issue
- Global health framing emphasizes equity, systems thinking, and cross-sector solutions
- Positions GBV alongside other global health priorities like HIV, maternal mortality, and noncommunicable diseases

Technology-Facilitated GBV



- Expansion of GBV into digital and online spaces.
- Examples: cyber harassment, non-consensual image sharing, online stalking.
- Heightened risks for adolescent girls and young women in low- and middle-income countries.
- Urgent need for digital safety, regulation, and online survivor support.

Key Drivers of Gender Based Violence

Gender Inequality

- Root structural cause of GBV: unequal power relations between men and women.
- Reinforced through limited access to education, employment, political participation, and health services.
- Creates conditions where violence is tolerated or normalized as part of gender hierarchy.

Harmful Social Norms & Cultural Practices

- Norms that condone male dominance, control of women's bodies, or silence around violence perpetuate GBV.
- Examples include acceptance of wife-beating, dowry/bride price systems, female genital mutilation, and child marriage.
- Social stigma prevents survivors from speaking out or seeking help.

Key Drivers of Gender Based Violence

Poverty & Economic Dependence

- Economic stress increases household conflict and risk of violence.
- Financial dependence reduces women's ability to leave abusive relationships.
- Trafficking, sexual exploitation, and transactional sex often linked to economic vulnerability.

Conflict, Displacement, and Fragility

- Wars, humanitarian crises, and forced migration heighten risks of sexual violence, exploitation, and abuse.
- GBV is often used as a weapon of war, undermining community cohesion.

Key Drivers of Gender Based Violence

Weak Legal Protections & Enforcement

- Gaps in national legislation or failure to enforce existing laws allow perpetrators to act with impunity
- Survivors may face barriers to justice due to corruption, stigma, or costs of legal action
- Lack of survivor-centered policies in police, judiciary, and health systems reduces trust and reporting



REFLECTION

What are the impacts of GBV on victims?

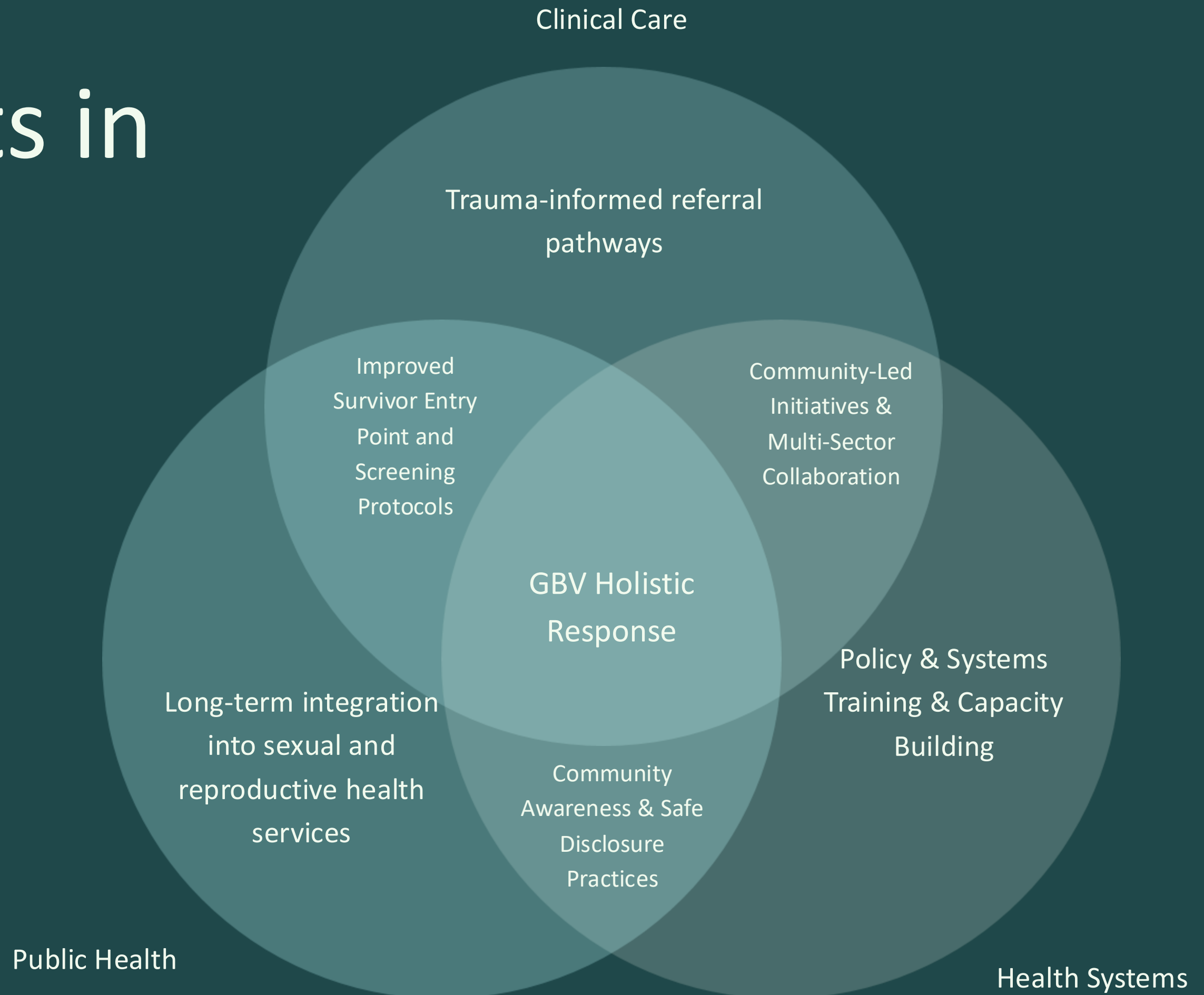


Short-term & Long-term Impacts of GBV

- Physical: injuries, disability, chronic pain, and increased risk of HIV/STIs.
- Psychosocial: depression, anxiety, PTSD, substance abuse, and suicide risk.
- Spiritual: disruption of identity, dignity, and community belonging.
- Reproductive: unintended pregnancies, unsafe abortions, infertility, pregnancy complications, and poor maternal outcomes.

Key Components in GBV Response

Now, what is required of us? How do we ensure that survivors are getting the care they deserve?



Strengthen Health Systems = Major Response to Threat of GBV

- Strengthening Health Systems as Response
- Health workers are often first point of contact for survivors.
- Importance of trauma-informed care and safe disclosure environments.
- Integrating GBV screening into SRH, HIV, and maternal health services.
- Referral pathways: linking healthcare with police, legal, and psychosocial support.
- Capacity building: training, policy, and resource allocation.

Panel Discussion

Exploring how GBV intersects with maternal health, mental health, and technology

- How does GBV shows up in your profession?
- How does framing GBV as a global health issue (not just social/legal) change the way we respond?
- What can be done?



Wrap up and key takeaways

- Gender-based violence is a global issue with complex drivers and far-reaching impacts for victims and society in general

Watch for more resources and survey to be emailed!

Webinar series

October 13th, November 17th, December 6th 2025

Purpose: Webinar series are aimed to enhance and support the health service providers to effectively address, manage, and offer GBV services

Topic 2

Beyond awareness: contextualizing GBV response in SRH

Topic 3

**Navigating critical moments: from first signs to first steps in
GBV response**

Topic 4

**Breaking the silence, communication and action in
preventing GBV**

THANK YOU FOR JOINING US

Together, we can work toward a safer, healthier future.

For any further questions;



Email: luziibangi@gmail.com



Website: www.luziibangi.org



Website: www.massgeneral.org



Massachusetts General Hospital
Founding Member, Mass General Brigham