

GBV WEBINAR SERIES | WEBINAR 5

HEALING BEYOND THE CRISIS

The Hidden Wounds:

Understanding Psychological Trauma & Psychosocial Recovery in GBV Survivors

Sept 21, 2026 | 5:00 – 6:15 PM EAT



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LEARNING OBJECTIVES

01 Describe the psychological and psychosocial sequelae of GBV-with reference to the Ugandan context.

02 Differentiate post-traumatic stress disorder (PTSD) from Moral Injury.

03 Explore evidence-based psychosocial support (PSS) models appropriate for non-specialist health workers in Uganda.

04 Identify community-based, peer-supported, and faith-sensitive pathways for psychosocial recovery available to GBV survivors in Uganda.

05 Analyze how Uganda-specific cultural, social, and structural factors shape the mental health experience of GBV survivors.

SESSION AGENDA

75 minutes | Zoom

0:00–0:10

Welcome, housekeeping, context setting, & pre-test

0:10–0:27

MODULE 1 — Psychological Sequelae of GBV: PTSD, Moral Injury & Beyond

0:27–0:30

Reflection prompt (Zoom chat)

0:30–0:45

MODULE 2 — Evidence-Based PSS Models, and group-based approaches

0:45–0:47

Zoom poll check-in

0:47–1:00

Breakout group discussions (3 Uganda case scenarios)

1:00–1:12

Plenary debrief & Q&A

1:12–1:15

Closing, CPD certificate, instructions, & post-test

MODULE 1

Pre-test

[QR code]

MODULE 1

The Hidden Wounds

Psychological & Psychosocial Sequelae of GBV

PTSD · Complex PTSD · Moral Injury · Depression · Anxiety

THE BURDEN OF GBV ON MENTAL HEALTH IN UGANDA

56%

of Ugandan women aged 15–49 have experienced IPV

UDHS 2022

35%+

of GBV survivors in sub-Saharan Africa develop depression or anxiety

WHO Est.

48%+

PTSD rates among conflict-affected and refugee women in Uganda

UNHCR 2023

1 : 1.5M

Psychiatrist-to-population ratio in Uganda

WHO Atlas 2020

***The triple burden:
physical injury + reproductive harm + psychological trauma***

In Uganda, the mental health gap is filled — imperfectly — by nurses, midwives, VHTs, and community health workers.

POST-TRAUMATIC STRESS DISORDER (PTSD)

Definition

A mental health condition that can develop after exposure to a traumatic event — such as sexual assault, intimate partner violence, conflict, or disaster.

DSM-5-TR Diagnostic Criteria

- Traumatic exposure (direct, witnessed, learned, or vicarious)
- Symptoms from ALL FOUR clusters
- Duration of symptoms greater than one month
- Significant impairment in work, relationships, or daily life
- Not attributable to substances or another medical condition



Uganda Clinical Context



PTSD: FOUR SYMPTOM CLUSTERS

INTRUSION

AVOIDANCE

NEGATIVE COGNITION & MOOD

AROUSAL & REACTIVITY

All four clusters must be present for a PTSD diagnosis

TRIGGER



any sensory cue — sight, sound, smell, place, date — that reignites trauma symptoms, even when the survivor was feeling better. They occur unexpectedly and can be intense.

In Ugandan clinical settings:

Examination rooms

Environment

Male healthcare providers

Male doctor

Certain dates or seasons

Anniversary dates of assault, harvest times linked to attacks

Specific sounds or smells

Ambulance sirens, certain songs, clinic odors

COMPLEX PTSD

C-PTSD develops from chronic, repeated trauma, not a single event.

INTRUSION

AVOIDANCE

**NEGATIVE
COGNITION &
MOOD**

**AROUSAL &
REACTIVITY**



- Severe emotional dysregulation
- Persistent negative self-concept: 'I am worthless / broken / to blame'
- Profound difficulties in relationships
- Dissociation
- Spiritual and existential loss of meaning in life

ALL standard PTSD symptoms

COMPLEX PTSD

In Uganda

Women at highest risk of C-PTSD

- long-term abusive relationships
- Trafficked
- experienced conflict-related violence over years

Women's presentations are often labelled as

- 'personality problems' or
- 'non-compliance'

Key clinical takeaway:

An exact diagnosis is often not possible in primary care, and that is acceptable.

MORAL INJURY

"Trust dies but mistrust blossoms."

— Sophocles, circa 410 BCE

Persistent distress arising from experience that disrupts or threatens one's sense of the goodness of oneself, of others, of institutions, or of higher powers — and one's deeply held beliefs about right and wrong.

(Carey & Hodgson, 2018; VanderWeele et al., 2025)

Core symptoms

- Shame, guilt, loss of trust in self, others, or God
- Broken-heartedness & spiritual/existential loss of meaning
- Social alienation — community withdrawal or shunning
- Depression, rage, and potential self-harm / suicidal ideation

The social wound compounds the psychological one.

MORAL INJURY vs PTSD

FEATURE	PTSD	MORAL INJURY
Core emotion	Fear and helplessness	Shame, guilt, betrayal, broken trust
Primary trigger	Threat to physical safety	Transgression of deeply held moral beliefs
Re-experiencing	Flashbacks of the fearful event	Haunted by the moral content — 'what I did / what was done to me'
Self-concept	Distorted — 'I am in danger'	Destroyed — 'I am bad / worthless / unforgivable'
Response to exposure therapy	Often effective	May worsen — must address guilt and shame directly (Griffin et al., 2019)
Faith/spiritual dimension	Less central	Central — spiritual and existential loss of meaning



REFLECTION PROMPT

TYPE YOUR RESPONSE IN THE ZOOM CHAT

"Think of a GBV survivor you have encountered in your work. What symptom or behaviour did you observe — or miss — that, in hindsight, may have signalled PTSD or Moral Injury rather than 'difficult behaviour' or 'non-compliance'?"

2 minutes | Type in chat

MODULE 2

Pathways to Healing

Evidence-Based Psychosocial Support (PSS) Models

IASC Intervention Pyramid · WHO PM+ · Self-Compassion · Group & Community Approaches

WHAT IS PSYCHOSOCIAL SUPPORT (PSS)?

Actions that address both the psychological AND social needs of individuals, families, and communities following trauma or crisis.

Specialist clinical services

(Psychiatry, clinical psychology)

Focused non-specialist PSS

(Trained nurses, CHWs using PM+, self-compassion tools)

Community & family support

(Peer groups, faith communities, social networks)

Basic safety & support

(VHTs, all health workers — trauma-informed care)

In Uganda: over 80% of GBV survivors will access PSS — if at all — through non-specialist channels. This session focuses on equipping THAT level.

IASC Intervention Pyramid

WHO PROBLEM MANAGEMENT PLUS (PM+)



A brief, evidence-based psychological intervention for adults impaired by distress — delivered by trained lay helpers.

5 core techniques, 5 individual sessions (~90 min each):

- ✓ Problem-solving for practical life challenges
- ✓ Stress management — slow-paced breathing
- ✓ Behavioural activation — doing meaningful activities
- ✓ Strengthening social support networks
- ✓ Accessing natural community supports

Evidence Base

Demonstrated effectiveness in Uganda, Kenya, and refugee settings across sub-Saharan Africa. WHO recommends PM+ as a scalable lay-helper delivered intervention (Rahman et al., 2016; WHO, 2016).

Uganda Implementation

- Delivered by VHTs and lay counsellors
- Group format available for communities
- Refugee settings: UNHCR Uganda-supported
- Refer to MoH/UNHCR for localised materials

SELF-COMPASSION



"Treating oneself with the same kindness one would offer a dear friend in distress — mindfulness, common humanity, and self-kindness." — Neff (2003)

Mindfulness

Common Humanity

Self-Kindness

Evidence (Au et al., 2017; Bhuptani & Messman, 2019; Winders et al., 2025):

9 of 10 trauma survivors

showed reliable PTSD symptom reduction after a 6-week compassion-based intervention (Au et al., 2017)

Higher self-compassion

associated with lower rape-related shame — fully mediating the link between self-compassion and PTSD severity (Bhuptani & Messman, 2019)

Mechanisms:

Reduces shame (an internal threat maintaining PTSD) · Promotes adaptive coping · Improves emotional regulation · Strengthens social connection

SELF-COMPASSION IN CLINICAL PRACTICE

How to introduce self-compassion in a consultation:

Step 1

"I can hear how much pain you are carrying. I want to try something with you — it takes about two minutes and has helped many women in your situation. May I?"

Invite — always with consent

Step 2

"Close your eyes if you are comfortable, or simply soften your gaze. Place a hand on your heart if that feels right."

Mindfulness — settle & centre

Step 3

"Think of someone you love deeply — your child, your sister, your closest friend. Now, say to yourself the same words of kindness you would say to her in this moment."

Common humanity — self-kindness

Step 4

"What you experienced was not your fault. You deserve kindness — from me, from others, and from yourself. Healing is possible."

Validation + self-compassion

COMMUNITY, GROUP & FAITH-BASED PSS APPROACHES



Group Therapy & Peer Support

- Reduces isolation and shame
- Survivor-volunteers provide empathy & practical guidance
- Evidence: self-compassion ↑ interpersonal connection (Winders et al., 2025)
- Uganda examples: Women's Support Groups (PEPFAR), survivor circles in Nakivale & Bidibidi



Faith-Based Healing

- >85% of Ugandans identify as Christian or Muslim
- Pastoral counselling, prayer, community forgiveness rituals
- Can complement PSS — when survivor-led and spiritually appropriate
- CAUTION: Always ask first. Never impose spiritual framing.



Uganda-Specific Examples

- SASA! community mobilisation model
- PEPFAR Women's Savings & Support Groups (WSGs)
- Refugee women's circles — Nakivale, Bidibidi, Rhino Camp
- VHT-supervised peer support in Mityana & beyond

Z O O M P O L L

Which PSS tool do you feel most equipped to use in your work RIGHT NOW?

A — Active listening and emotional validation

B — Problem Management Plus (PM+) structured sessions

C — Self-compassion guided exercise

D — Peer support group facilitation

E — I need more training before feeling confident

Results will be shared and discussed in plenary

BREAKOUT GROUP DISCUSSIONS — 15 MINUTES

Select your group based on your work context. Discuss the case scenario and four tasks. Report back in plenary.

GROUP A

Clinical Settings

Amina, 26, attends ANC in Hoima. She is withdrawn, avoids eye contact, and reports recurring nightmares since a sexual assault six months ago. She blames herself; her mother-in-law has said she 'invited trouble'.

GROUP B

Refugee / Humanitarian

Grace, 34, is a South Sudanese refugee in Bidibidi. She witnessed her neighbour's assault, stopped attending the women's group, and has become reclusive. Her VHT reports she has rejected help from the community health post.

GROUP C

Policy & Advocacy

A district review in Mityana finds fewer than 10% of GBV survivors attending health facilities receive any psychosocial support. Budget and trained staff are cited as barriers. Active VHT networks and faith institutions exist.

Tasks for all groups: (1) Diagnose — PTSD, Moral Injury, or both? (2) Apply PSS model (3) Identify Uganda-specific cultural factors (4) Name one referral resource in your area

KEY TAKEAWAYS

Webinar 5 — Healing Beyond the Crisis

01

PTSD and Moral Injury are distinct — shame, guilt, and betrayal require different therapeutic responses from fear-based PTSD.

02

Complex PTSD is common in chronic GBV survivors. What looks like 'difficult behaviour' or 'non-compliance' is often a trauma response.

03

WHO Problem Management Plus (PM+) can be delivered by VHTs and lay helpers — it is Uganda's most scalable evidence-based PSS tool.

04

Self-compassion directly addresses shame — the core driver of both PTSD maintenance and Moral Injury. No specialist training is required.

05

Community, peer, and faith-based approaches multiply your reach. Your role is clinical oversight — not to do everything yourself.

Thank You

for attending Webinar 5 of the LIHS–MGH GBV Series

CPD Certificate

Complete the post-webinar survey to receive your UNMC-aligned CPD certificate within 48 hours.

Survey Link

Survey link posted in Zoom chat and WhatsApp group now.
Your feedback shapes Webinar 6!

Webinar 6

'Caring for the Carers' — Trauma-informed practice & provider wellbeing.
Date TBC — watch WhatsApp.

"Addressing the psycho-social-spiritual needs of women who have endured assault — healing is possible with compassionate support."

Acknowledgments



Luziibangi International Health School (LIHS), Uganda

www.luziibangi.org



Harvard Medical School - Division of Gynecological Oncology
Massachusetts General Hospital Strength and Serenity Global
Initiative to End GBV
www.massgeneral.org

Special thanks to:

- All sector facilitators and participants
- Refugee communities for sharing their experiences
- MoH, Supporting organizations and funding partners

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