





CAtalyzing Strengthened policy aCtion for heAlthy Diets and resiliencE (CASCADE)

GENDER BASED VIOLENCE AND WOMEN'S NUTRITION



Gender-based violence (GBV) is any form of violence against an individual based on that person's biological sex, gender identity or expression, or perceived adherence to socially defined expectations of what it means to be a man or woman, boy or girl. It is a pervasive and systemic human rights violation which disproportionately affects women and girls. GBV can take various forms, including intimate partner violence, sexual violence, child marriage, and honor crimes, with devastating consequences and potential death.

The UN Declaration on the Elimination of Violence against Women defines violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life".

Global GBV impression



1 in 3 women in the world experience sexual or physical violence - usually by her intimate partner - in her lifetime.^A



45% of women across 13 countries reported they or a woman they kno has experienced some form of violence since COVID-19°



38% of murders of women in the world are committed by their intimate partners.^A



The effect of COVID-19 could potentially lead to 10 million additional child marriages in the next decade that could have been averted.



GBV causes some countries to lose up to 4% of their GDP because violence pushes women out of the workforce & girls out of school.



GBV often leads to more violence, with men being 2.7 times more likely to use physical violence against an intimate partner if they had witnessed their mothers being beaten. E

E American Journal of Public Health: African men's having witnessed abuse of their mothers during childhood on their levels of violence in adulthood (Abrahams, N. and R. Jewkes, American Journal of Public Health, 2005. 95(10): p. 1-6)







A WHO: Violence against women Prevalence Estimates (2018).

^B World Bank: Voice and Agency: Empowering Women and Girls for Shared Prosperity (2015.

C UNSDG: The Sustainable Development Goals Report 2022

DUNICEF: COVID-19: A threat to progress against child marriage (2021)

Uganda: Facts and figures on Gender Based Violence (GBV)



Facts and figures about Violence Against Women (VAW)

- One in 5 Women of Reproductive Age (WRA) have experienced sexual violence at some point in their lives¹.
- Over half of married women in Uganda (56%) aged 15-49 have suffered physical and/or sexual violence by a husband².
- More than one in three women (36%) have experienced sexual violence, most often from a partner and about women (28%) report victimization by one in three sexual violence.
- The lifetime prevalence of intimate partner physical violence among ever partnered women is 45%, while intimate partner sexual violence stands at 36% with the Acholi Sub-region exhibiting alarming rates, with 78% experiencing intimate partner violence³.
- Uganda Police Force (2016-2021) crime reports document 272,737 GBV cases between 2016 and 2021, including 2,278 homicides attributed to intimate partners.
- Domestic violence cases account for 33% of the female homicide caseload4.
- ♠ ∱ GBV is rooted in unjust and unequal power relations. structures, and rigid social and cultural norms. Gender inequality reinforces unequal power relations between women and men, gender roles, and social norms that lead to the acceptance of violence.



Implications of GBV on women's **Nutrition and health**

- GBV risks & gender inequality makes women and girls less likely to access food. Correspondingly, Food insecurity & gender inequality increases GBV risks for women and girls⁵.
- Gender-based violence worsens women's nutritional vulnerability, leading to increased dietary demands and a reliance on lower-quality foods, hindering their ability to meet diverse diet requirements. In some instances, men employ food denial as a punitive measure and a means of exerting control, a tactic frequently coupled with forms of violence⁶ which hampers adequate food intake.
- Domestic violence leads to either a complete halt in food production or delays in essential productive activities. "... if a woman is wounded, the kitchen will have nothing which means the family will not have what to eat. If you beat her she will go back to her parents' home and leave you with your children to suffer. If there is gender-based violence in a family there will be no production in that family. Your children will also grow to become violent." - Male FGD Participant, Moroto-CASCADE Gender Analysis, 2023.

- Resource Diversion: Financial burden from injuries and fines for female GBV survivors and village elders diverts resources for nutritious food, affecting families' ability to buy necessary items.
- Child marriage Exacerbations: When families are unable to meet their basic needs, the risk of child marriage increases significantly for girls⁷. Girls are married early in exchange for money, food or other assets, or simply to reduce the number of mouths to feed, as a coping strategy.
- Harmful gender norms: Unequal power dynamics can result in hunger itself becoming an expression of GBV in some instances. Women in violent partnerships may be food insecure because their partners control access to food8.
- Intimate partner and household violence can include control over household resources and women's mobility, affecting the ability of women and girls to purchase food or access markets.



Mitigation, Prevention & Response

- The true extent of GBV is unknown because many attacks on girls and women are never reported. Reasons include fear of the attacker, fear of a negative response by others, or the belief that the authorities will not take the case seriously9.
- One common form of GBV is domestic violence. More than 6 in 10 Ugandans (62%) believe domestic violence is a private matter that should be resolved within the family¹⁰ .Ugandans perceive domestic violence as a private affair, with 43% of women identifying it as a criminal matter, and 29% deeming it a criminal offense.
- Over three quarter of participants surveyed in a gender analysis in 18 Districts of Uganda (78%) were aware of designated reporting channels for GBV cases, with Acholi region showing the highest awareness at 86.2%11.
- Political leaders and Uganda Police are key reporting channels for reporting GBV cases, with 74.9% and 54.1% of respondents acknowledging their importance, emphasizing the need for continued collaboration¹².

Uganda's commitment to ending GBV and VAW

Uganda has committed to ending gender-based violence (GBV) as part of the UN's Sustainable Development Goal No. 5 and integrated its targets into its National Development Plan, alongside legal frameworks targeting GBV. Uganda has committed to ending gender-based violence (GBV) through - Domestic Violence Act 2010, GBV policy, Kampala Declaration 2011, National Action Plan on UN1325, teen pregnancy strategy 2022 and the Uganda Health policy.







¹ (UDHS, 2022) ² Uganda Bureau of Statistics, 2021-2020 national survey on

⁵ CARE briefing paper; GBV and Food insecurity. ⁶ FAO, 2017)

violence ³ CASCADE Gender Analysis, 2023. ⁴ Uganda Police force report (2016-2021).

UNDP: Why climate change fuels violence against women (Jan 2020) Fraser: Food Security, WAWG and Nutrition (Jul 2020) Palermo, Bleck, & Peterman, 2014). Ssewume, Faiaz, Rao, & Raj, 2023)

GBV Referral Pathway in Uganda

Local Council 1 (LC1)

- Ensure immediate safety for the survivor
- Preserve evidence for support options and concerns must be addressed immediately to avoid evidence loss.
- Refer to appropriate security actors such as the police probation office
- Where a child is involved, she is referred

Traditional/religion/ community leaders

- Do not handle capital and sexual offences. They have to be referred to the police.
- In case of defilement/rape, the survivor/victim must be taken for medical examination within 72 hours to prevent HIVinfection and within three daysto avoid unwanted pregnancies

Psychosocial service provider (CSOS. CBOs and Legal Aid clinics)

- Help survivors/victims overcome trauma and social stigma.
- Psychosocial support should be confidential.
- Help the survivor/victim understand the legal options and necessary steps to pursue justice.

Police

- Ensure immediate safety for the survivor
- Preserve evidence for success of court action.
- Defilement/rape victims must be taken for medical examination within 72 hours to prevent HIV infection, and to avoid unwanted pregnancies within three days.
- May refer a victim to a shelter or for psychosocial counseling

Medical/Health Practitioner

- Offer requisite medical assistance to victim/ survivor
- Ensure treatment for prevention of HIV/AIDS/ STIs (PEP) within 72 hours where appropriate.
- Ensure treatment for prevention of pregnancy within three days.
- If you suspect domestic violence, accurately document the visit of the victim/survivor.
- Inform the victim/survivor of options available within the Judicial system.

Source: MGLSD National Guidelines for the Provision of Psyshosocial Support for GBV survivors

CASCADE GBV prevention efforts:

- Community awareness raising on Gender Based Violence (GBV) laws, prevention and response targeting law enforcement agencies; community leaders; men, women and youth.
- Commemoration of global and national events including International Women's Day and 16 Days of Activism against Gender Based Violence.
- Household and community trainings on gender and all-round women's empowerment.
- Prioritisation of gender transformative approaches in overall project implementation e.g Engaging Men and Boys.
- Information sharing and dissemination of the GBV referral pathways and coordination structure.
- Convening multistakeholder dialogues at all levels on GBV and women's Nutrition.

GBV impacts individuals' physical, emotional, and mental well-being, necessitating comprehensive actions for immediate safety and overall health and stability at household level and in communities.









About the CASCADE project

CASCADE, short for 'CAtalyzing Strengthened policy aCtion for heAlthy Diets and resiliencE,' is a program implemented by a consortium led by CARE GAIN, organisations long-standing experience in addressing malnutrition at the community and household level and advocating for greater government engagement for sustainable food systems. In Uganda, the project is implemented with partners Food Rights Alliance, Africa Innovations Institute and Kyambogo University.

CASCADE leverages on CARE's and GAIN's experience and expertise in system's strengthening as a pathway to achieving envisaged Project objectives.



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