

Stop Violence Against Refugee Women and Girls in Uganda

Reproductive Justice for All



Violence against women and girls (VAWG) constitutes one of the most pervasive and enduring violations of human rights, rooted in deeply embedded gender inequalities and unequal power relations [1,2].

Across Africa, policies and interventions designed to address VAWG remain chronically under-resourced and frequently fail to centre women’s lived experiences, agency, and voices [3].

Within contexts of forced displacement, dominant responses to VAWG often treat violence as incidental rather than structural, overlooking how displacement intensifies pre-existing gendered vulnerabilities and creates new forms of harm [4]. For many women and girls seeking refuge from conflict and violence, displacement does not mark an end to violence but rather a continuation of it, as they encounter new abuses and are compelled to relive past trauma in host countries [5].

Uganda currently hosts approximately 1.8 million refugees, the majority of whom are women and children [6]. Women and children comprise approximately 79 per cent of the refugee population, underscoring the feminised nature of forced displacement in the country [7]. While many refugees reside in designated settlements, an increasing number—estimated at around 10 per cent—live in urban areas in and around Kampala [8]. Refugee women experience systematic violations of their human, sexual, and reproductive rights throughout the displacement cycle [9], including heightened exposure to gender-based violence such as intimate partner violence, sexual exploitation and abuse, forced marriage, and coercion [10].

These experiences are compounded by disproportionately high rates of maternal mortality and morbidity, sexually transmitted infections (STIs), including HIV/AIDS, unsafe abortions, and unwanted pregnancies among refugee women and girls [11]. Evidence from refugee settlements in Uganda demonstrates that sexual violence and limited access to comprehensive sexual and reproductive health information and services remain persistent challenges, particularly for adolescent girls and young women [11]. Systematic reviews further indicate that nearly half of displaced women in Africa have experienced some form of gender-based violence, highlighting the scale and severity of the problem [12].

These outcomes are not inevitable but are produced by structural barriers associated with displacement, including poverty, restrictive legal and policy frameworks, and inadequate access to gender-responsive healthcare [13]. The failure of state and humanitarian systems to ensure timely, accessible, and survivor-centred sexual and reproductive health services—particularly following rape and other forms of violence—constitutes a profound breach of refugee women’s rights to bodily autonomy, health, dignity, and justice [9,14]. This policy brief research with refugee women in Uganda highlights the types of gender-based violence and ongoing reproductive injustices they face.

As indicated by the World Bank and the Development Response to Displacement Impacts Project (DRDIP) (2020), approximately 81% of Uganda’s refugees are women and children, a demographic profile that places them at heightened risk of sexual and gender-based violence (SGBV), including sexual exploitation and abuse, rape and defilement, forced and child marriage, and intimate partner violence (IPV) [10].

Research Approach

The PhotoVoice research adopted a decolonial participatory action research approach; the women were included through all stages of the research, shaping design and direction. This included three separate phases of photo-taking, discussing and analysing the images collectively to ensure the photos were a deep, critical and real depiction of the VAWG problem and access to reproductive healthcare in Kampala. The research was approved by the Uganda National Council for Science and Technology (UNCST). PADEAP Uganda conducted the photovoice research with members of a refugee women-led community-based organisation, SOS Umoja Ni Nguvu. SOS is a refugee women-led organisation working to empower and support refugee women and girls affected by exploitation and gender-based violence. They are based in Nansana, a suburb of Wakiso District, Uganda. 10 refugee women were selected. The research team provided the women with cameras and asked them to take photos illustrating the violence and the barriers to accessing reproductive healthcare they face in Uganda.

The women took 40 photos in the first phase of the project. The women selected photos and brief captions to describe their chosen photographs during a focus group session. The second phase incorporated 'Digital Storytelling' with Cultural Avenue, a non-profit organisation in Uganda that uses participatory art and digital storytelling to bridge the gap between refugee and host communities. This phase of the research discussed the narrative-based explanations of the initial photographs and incorporated digital story narratives. This enabled the women to follow up with more detailed stories behind the photographs.

Following the three phases of the PhotoVoice research, follow-up interviews were conducted to discuss the photos and captions. The selected themes became the focus of the 'PhotoVoice Exhibition' held on April 2025 at 32° East, in April 25. 32° East is a home for creation, experimentation and critical thinking through contemporary art (www.32east.org), located in Kabalagala, Kampala, Uganda.

Seven Steps to Stop Violence Against Refugee Women

1. **Listen** – Refugee populations living in Uganda are diverse. Solutions come from listening to these changing needs.
2. **Provide reproductive healthcare and support** after rape/ sexual assault and for girls forced into child marriage
3. **Stop the stigma** attached to reporting violence.
4. **Provide holistic support**, including language and mental health support
5. **Provide VAWG responsive training** on sexual reproductive health services, and refugee women's rights to refugee-led organisations
6. Support specialist refugee women-led services and shelters
7. **Provide income-generating opportunities** for refugee women

Key Findings

1. Structural Inequalities

Refugee women face stigma, victim-blaming, xenophobia, language barriers, and a lack of legal support. Police doctors are often unavailable, and rape kits are inaccessible, forcing survivors to travel long distances.

Women highlighted the growing structural inequalities that impede access to justice and reproductive healthcare services. While cases of rape are underreported across all populations, refugee women face additional barriers, including stigma, victim-

blaming, fear of navigating an unfamiliar justice system, xenophobia, language barriers, and a lack of legal support.

Under the existing legal framework, survivors of sexual violence are expected to report the incident at the nearest police station, after which they should be referred to a police doctor to complete a Police Form and undergo a medical examination. However, organisations such as SOS have reported that in many local areas, police doctors are often unavailable and rape test kits are inaccessible. As a result, survivors who can report are sometimes forced to travel long distances to other police stations, creating additional logistical, financial, and psychological barriers.

The costs associated with reporting and completing required medical tests further discourage survivors from seeking justice. Although testing for sexually transmitted infections (STIs) such as syphilis and chlamydia is technically available, these services are often unaffordable for refugees, while testing for gonorrhoea and trichomoniasis is inconsistent. Survivors also require access to HIV and pregnancy testing, post-exposure prophylaxis (PEP), and emergency contraception, yet these services are often limited or inaccessible.



"...I took this picture to demonstrate the importance of the police in the fight against ending violence, since they act as reference points for women facing violence when they need help and justice."



'Organisations are supporting us, but we need more rape test kits, contraception and nurses to listen and assist us.'

2. Safety and Health Consequences

Violence affects women's physical, sexual, and reproductive health. Injuries, unwanted pregnancies, and STIs are common. Trauma leads to depression, anxiety, and PTSD.

The photos highlighted how violence had impacted the health of women and girls, especially their sexual and reproductive health (SRH). Physical injuries, unwanted pregnancies and sexually transmitted infections continue to affect the women. Violence-related trauma caused women to experience depression, anxiety and post-traumatic stress disorder. Women need to feel safer, and their healthcare needs must be met.

SOS reported cases in which women were unable to access contraception without their partners' permission, forcing them into unwanted pregnancies and increasing their vulnerability to health complications. These experiences underscore the urgent need to uphold refugee women's rights to bodily autonomy, sexual and reproductive health, and informed consent.



This photo was captioned: "It is male dominance that is the major problem causing violence in refugee communities"

3. Barriers to Sexual and Reproductive Health

Fear, stigma, language barriers, and discrimination prevent survivors from seeking care.

Women reported that following episodes of violence, fear, language barriers and stigma often prevented survivors from going to health facilities and reporting incidents to the police. Some survivors experienced victim-blaming, xenophobia and discrimination from healthcare providers, which created additional barriers to accessing essential services. Many women described feeling discriminated against when attempting to access reproductive and sexual health services, feeling isolated due to language barriers.



This photo was captioned, "I want to show that all services seem so difficult to access"

4. Harmful Practices

Child marriage remains a significant concern, carrying severe health risks and disrupting girls' education and economic opportunities.

A significant concern for refugee women and girls is exposure to harmful practices, among which child marriage is particularly prevalent. Child marriage carries profound health risks, including complications from early pregnancy and childbirth, obstetric fistula and is strongly associated with maternal morbidity and mortality. It also severely disrupts girls' education, limiting their opportunities for personal development, economic empowerment, and social participation.



This photo, taken by the women, was captioned: "Our girls are carrying a heavy burden"

5. Mental Health

Many survivors experience depression, anxiety, and PTSD. Access to trauma-informed mental health services is limited.

Access to mental health services is a critical concern for refugee women. Many survivors of violence experience mental health conditions such as depression, anxiety, and post-traumatic stress disorder (PTSD). These challenges not only affect their psychological well-being but also undermine their ability to care for their families, maintain healthy relationships, and attend to their physical health. Limited access to trauma-informed mental health services compounds these difficulties.



This photo, taken by the women, was captioned: "I took this picture to demonstrate the importance of psychosocial support to victims of GBV to help cope with their trauma since most of the victims require psychosocial support to be able to deal with their mental stress."

6. The Value of Refugee-Led Organisations (RLOs) Services in Uganda

Refugee-led organisations provide safe spaces, counselling, legal aid, vocational training, and language classes. Participation reduces isolation and strengthens social networks.

Women emphasised the importance of refugee-led specialist services designed and delivered by and for the communities they support. These services were described as vital spaces where the majority of refugees feel safe, seen, and heard. Organisations such as SOS play a crucial role and require ongoing support to strengthen and expand their work. Their services include counselling, legal aid, vocational skills training, and foreign language classes for women affected by violence.

The women's photographs and narratives highlighted how sexual violence intersects with xenophobia, refugee status, and poverty, increasing both trauma and community-level needs. Many women expressed uncertainty about their legal status in Uganda, alongside high levels of unemployment, poor health, and inadequate housing.



"I took this picture to show that sometimes it's better for a victim of violence to tell her story to other survivors. This is a session at SOS. These sessions help to empower refugees to overcome the trauma that they are going through."



'I took this picture to illustrate that by opening up more refugee-led shelters in the community and making it known to survivors, this can help survivors feel safer in Uganda.'

Call to Action: Seven Steps to Stop Violence

Step 1 - Listen to Refugee Women

Listen to refugee women in Kampala, recognising them not merely as beneficiaries of protection but as rights-holders whose lived experiences are essential to identifying and dismantling the barriers limiting their access to justice, sexual and reproductive health, and mental health services.

Step 2 - Guarantee the Right to Sexual and Reproductive Health

Article 14 of the Maputo Protocol explicitly recognises women's right to control their fertility and to access adequate, affordable, and accessible reproductive health services. CEDAW Article 12 further requires States to eliminate discrimination in healthcare access and to comply with these binding obligations:

1. Guarantee free and confidential medical examinations and forensic documentation (rape kits) for survivors of sexual violence
2. Ensure timely access to comprehensive, survivor-centred sexual and reproductive health services for survivors of rape and sexual assault, and for girls subjected to forced and child marriage.
3. Provide emergency contraception, HIV post-exposure prophylaxis (PEP), STI treatment, safe abortion care where legally permitted, and trauma-informed psychosocial support.
4. Remove financial, documentation, and language barriers that impede refugee women's access to services, consistent with the Refugees Act (2006), which

guarantees access to public services on par with nationals.

5. Ensure services are confidential and non-discriminatory.

Step 3 - Implement Community-Based Awareness and Protection Mechanisms

Implement community-based awareness and protection mechanisms to reduce stigma and create safe, confidential pathways for reporting violence against women and girls.

Step 4 - Establish Survivor-Centred Integrated Support Systems

Establish survivor-centred, integrated support systems that combine trauma-informed mental health care, psychosocial support, legal aid, healthcare, and social protection services.

Step 5 - Provide VAWG-Responsive, Rights-Based Training to Refugee-Led Organisations

Provide targeted VAWG-responsive and rights-based training to refugee-led organisations on sexual and reproductive health (SRH), refugee women's legal rights, and survivor-centred approaches.

Step 6 - Provide Sustained Support to Refugee Women-Led Organisations

Provide sustained financial, technical, and operational support to refugee women-led organisations delivering services to survivors of sexual and gender-based violence (SGBV)

Step 7 - Partner with Refugee-Led Organisations, Local Businesses, and Government Agencies

Partner with refugee-led organisations, local businesses, and government agencies to ensure the sustainability and scalability of economic empowerment initiatives.

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Contact Information

For more information:

Christine Tominke Olaniyan, Director PADEAP - tominke@padeap.net / tominke@icloud.com

Nturubika Indi Annie, Director SOS Umoja Ni Nguvu - nturubikaindi@gmail.com

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