

**Center For Domestic Violence
Prevention**

Responding to Violence
against Women:

**A TRAINING MANUAL FOR UGANDA
POLICE FORCE**

Developed by Center for Domestic Violence Prevention in
collaboration with UNFPA

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Acronyms

| | |
|---------|--|
| ACFODE | Action for Development |
| CEDOVIP | Center for Domestic Violence Prevention |
| CEDAW | Convention on the Elimination of All forms of Discrimination Against Women |
| CFPU | Child and Family Protection Units |
| GBV | Gender Based Violence |
| DEVAW | Declaration on the Elimination of Violence Against Women |
| LC | Local Council |
| MGLSD | Ministry of Gender Labour and Social Development |
| NGO | Non Governmental Organization |
| OC | Officer in Charge |
| SGBV | Sexual and Gender Based Violence |
| UDHR | Universal Declaration of Human Rights |
| UN | United Nations |
| UPF | Uganda Police Force |
| UWONET | Uganda Women's Network |
| VAW | Violence against Women |

Introduction

GENDER BASED VIOLENCE (GBV) MODULE FOR POLICE TRAINING CURRICULUM

In view of the institutional mandate of the Ministry of Gender Labour and Social Development (MGLSD) to set standards, issue policy and guidelines, there was a need to harmonize and streamline GBV training. GBV has been identified as one of those areas that efforts must be harmonized to ensure effective prevention and response. It is against this background that UNFPA came in to support MGLSD and the Uganda Police Force (UPF) to harmonize and streamline GBV training.

Gender Based Violence is a complex problem that needs specialized skills to effectively handle. Yet it is clear that the current police training curriculum doesn't adequately provide for such specialized skill building leading to officers limited capacity to handle GBV cases at the police stations.

GBV is an injustice and abuse of rights. It is within the UPF's mandate to ensure protection for all Ugandan citizens at all times including in the privacy of their homes.

The module covers 26 hours or 4 days (6 hours per day) and the topics are tailored to increase officers' knowledge, address negative attitudes and the officers belief systems regarding GBV to enable officers develop necessary skills to effectively respond to violence cases. The module is divided into two parts to address these highlighted areas.

Part A: Increasing knowledge

1. What is Gender Based Violence?
2. Overview of GBV
3. Myths and Stereotypes about GBV
4. GBV as a Human Rights issue
5. Overview of domestic violence
6. Cause and consequences of domestic violence
7. Cycle of domestic violence
8. Characteristics of offenders
9. Understanding HIV PEP for survivors of sexual assault
10. Understanding sexual assault
11. Victim blame

Part B: Skills building topics

12. Procedures of handling survivors of GBV
13. Understanding the Domestic Violence Act and the Police's role to enforce it
14. Guiding principles of handling cases of GBV
15. Interviewing cases of GBV
16. Risk assessment and safety planning
17. Determining the predominant aggressor
18. Giving options to survivors of GBV

In order for the police officers to effectively build the much needed skills to handle cases of violence, the facilitator(s) ought to encourage reflective thinking to enable trainees increase knowledge, address their own attitudes and beliefs about GBV. The topics are easy to facilitate, any one can use them.

This module recognizes that gender based violence is common in Uganda. It is manifested in several forms. Different skills are needed to address the different forms of GBV. For purposes of staying focused, this module shall focus on domestic and sexual violence because these are the most common forms of GBV in Uganda and call for officers of UPF to have specific skills. This does not mean that other forms of GBV are not serious. They are just as serious as domestic and sexual violence and they should be treated as serious offences whenever they are reported to police.



1

Part A

INCREASING KNOWLEDGE

TOPIC 1: WHAT IS GENDER BASED VIOLENCE (GBV)? (1 HOUR 30 MINUTES)

Objectives

1. Strengthen participants' understanding of GBV and terminology around violence
2. Strengthen trainees understanding of different categories of GBV
3. To enable trainees understand how GBV manifest throughout one's life cycle.
4. Highlight the most common forms of GBV in the Ugandan context

Preparations

1. Flip charts
2. Markers
3. Manilla cards or small papers of different colors
4. Marker pens

Part A: Definition of GBV (15 minutes)

1. Welcome trainees to the training. Inform them that this module covers Gender Based Violence which is a critical issue that is often top of the list of cases reported at the police stations. The module calls for active participation of everyone.
2. Explain that Gender Based Violence (GBV) or Sexual and Gender Based Violence (SGBV) are interchangeably used for purpose of avoiding confusion, we shall refer to it GBV. Write the phrase GBV on a flip chart and ask trainees to take 2 minutes to think about what GBV is. Ask them to brainstorm on what they understand by the phrase.
3. Write all their contributions and have a quick debrief.
4. Hang up or write up the UN definition of GBV as stated below and ask some one to read it loudly to the participants.
Gender Based Violence (GBV) is violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats such as acts, coercion or arbitrary deprivations of liberty, whether occurring in public or in private life¹.
It is violence that people experience on the basis of their gender.
5. Explain that there is usually a tendency to confuse the term GBV to mean domestic violence but they are slightly different terms. Domestic violence is one of the forms of GBV though GBV encompasses several other forms as we shall see later.
6. Explain to the trainees that:
It is important to note that the UN highlights VAW as GBV and the need to understand violence against women within the context of women's and girls' subordinate status in society. While both men and women experience violence, evidence suggests that the risk factors, pattern and consequences of violence against women are different from violence that men experience. As argued by Heise et al., "many cultures have beliefs, norms and social institutions that perpetrate violence against women."

¹ United Nations. 1993. 48/104: Declaration on the Elimination of Violence against Women (A/RES/48/104); and United Nations. 1996.

7. Highlight the following words (or words with similar meanings) from their contributions and explain them in relation to GBV
- **Gender:** Explain to trainees that there is usually a tendency to use the term gender to interpret GBV as the way men and women hurt each other. But the word gender here is used to refer to the socially ascribed differences between men and women in regards to differences in roles, expectations, limitations etc. GBV occurs because society created differences between men and women and considers women to be of a low status and men to be of a higher status.
 - **Causes harm:** When GBV occurs it inflicts harm to the victim and hurts other people around the victim as well.
 - Power:** GBV is about socially determined power relations and power imbalances between men and women. GBV occurs because society gives one gender more power than the other. It is about how one gender uses their power over others to control another.
 - **Control:** All acts of GBV are intended to control the victim.
 - **Rights:** GBV is an abuse of human rights. It violates the rights of the victim. Gender-based violence is a pervasive public health and human rights problem throughout the world, but the patterns and prevalence of violence vary from place to place. GBV violates several international and national human rights instruments and laws. For example
 - Article 3 of the Universal Declaration of Human Rights (UDHR) which states that "Every one has the right to life, liberty and security of person".
 - Section 123 of the Penal Code which states that whoever rapes someone else commits an offence.
 - Article 24 of the Constitution of Uganda which states that "No one shall be subjected to cruel inhuman or degrading treatment or punishment".
 - **Sexual and Gender Based Violence:**

The term sexual and gender-based violence encompasses a wide variety of abuses that includes sexual threats, exploitation, humiliation, assaults, molestation, domestic violence, incest, involuntary prostitution (sexual battering), torture, insertion of objects into genital openings and attempted rape. Female genital mutilation and other harmful traditional practices (including early marriage, which substantially increases maternal morbidity and mortality) are forms of sexual and gender-based violence against women which cannot be overlooked nor justified on the grounds of tradition, culture or social conformity.
 - **Violence against women (VAW)**

The term VAW is used to define GBV from the perspective of women's subordinate position in society. It is used to define women's experiences of violence

Part B: Categories of GBV. (35 minutes)

1. According to the United Nations Declaration of Elimination of all forms of Violence against Women (DEVAW), GBV can be categorized as
 - a) Physical and psychological violence occurring within the family.
 - b) Physical, sexual and psychological violence occurring within the community.
 - c) Physical, sexual and psychological violence perpetrated or condoned by the state wherever it occurs.
2. Write these three broad categories on a flip chart.
3. Divide the trainees into three groups and assign each group one of the categories of GBV.
4. Give each group 5 minutes to discuss and give example of the violence that falls in their categories.
5. After 5 minutes have elapsed, ask the groups to stop!
6. Allow at least 3 minutes of each group to present their work to the plenary and allow other trainees to make contributions to each group's work. At the end of each group's presentation, add more contributions from the list below. Emphasize that this list is not exhaustive and mention that there are very many other examples of GBV.
 - a) Physical and psychological violence occurring in the family including but not limited to battery, sexual abuse of female children in the household, dowry related violence, marital rape, female genital mutilation, traditional harmful practices to women, non spousal violence and violence related to exploitation.
 - b) Physical, sexual and psychological violence occurring within the community including but not limited to rape, sexual abuse, sexual harassment, intimidation at work, in education institutions and elsewhere, trafficking in women and forced prostitution.

- c) Physical, sexual and psychological violence perpetrated or condoned by the state wherever it occurs. Many state organs tend to perpetrate violence especially in conflict areas. Also, the state condones violence when it does not use its power to condemn or stop it.

Part C: Violence against women throughout their life cycle.

There is a tendency to think that violence only happens to married women or women of reproductive age. In this part of the session, the facilitator should emphasize that violence against women happens to women of all ages and can happen to a woman throughout her life cycle.

1. Write out the following stages of a woman's lifecycle on a flip chart.
 - Pre natal
 - Infancy
 - Childhood
 - Adolescence
 - Reproductive age
 - Old age
2. Designate 6 areas of the room to each of the stages of a woman's lifecycle e.g. one part of the room for pre natal, infancy etc.
3. Distribute marker pens and manilla cards to the participants. Ensure that everyone has received 6 cards of different colors.
4. Tell trainees to use one card to write an example of violence that can happen to a woman at the six key stages of her lifecycle. Each card should contain one example.
5. After 3 minutes have elapsed ask the trainees to stop writing.
6. Ask trainees to display their responses under the designated areas.
7. some of their responses may include
 - a) Prenatal: sex selected abortions e.g. in China, India and Korea, battering during pregnancy, coerced pregnancy. All these have serious consequences to the unborn child and the woman etc
 - b) Infancy: female infanticide, emotional and physical abuse of girls, differential access to food and medical care for girl infants etc
 - c) Childhood: Child marriages, genital mutilation, sexual abuse by family members and strangers, differential access to food and medical care, prostitution etc.
 - c) Adolescence: dating and courtship violence e.g. date rape, economically-coerced sex e.g. girls having sex with "sugar daddies" for books, school fees etc, sexual abuse in the work place, sexual harassment, rape, forced prostitution, trafficking in women etc.
 - d) Reproductive: abuse of women by intimate partners, marital rape, dowry related abuse and murders, partner homicide, psychosocial abuse, sexual abuse in the work place, sexual harassment, rape, abuse of women with disabilities etc
 - e) Old age: abuse of widows, discrimination by grabbing property such as land, preventing old women from choosing a partner, eviction from the home, etc

Part D: Most common manifestations of GBV in our communities (5 minutes)

1. Ask the trainees to reflect on the list of examples of GBV discussed in the previous part of this session.
2. Which of those examples do they consider to be the most common manifestation of GBV in our communities?
3. Hopefully, most of them will mention domestic violence and sexual violence. Even if they don't mention these two forms, guide them to understand that domestic violence and sexual violence are the commonest forms of GBV in many communities in Uganda. According to national statistics indicate high incidences of domestic and sexual violence.
4. Give statistics from the Uganda Law Reform Study of 2006 where 66 percent of the respondents reported that domestic violence occurs in their communities. The Uganda Demographic and Health Survey report of 2006 indicated that 68% of women experience domestic violence. These figures are alarming.
5. GBV is a crime according to the laws of Uganda as we shall see in subsequent sessions. Police officers have a role to respond to GBV.

6. Explain that sexual violence will be the focus of this module because these are the most common forms of GBV in Uganda. However, this does not mean that other forms of GBV are not as important. They need to be taken seriously

Conclusion

Summarize the session by emphasizing the following

- GBV in all its forms is a crime as stated in the UDHR, Constitution of the Republic of Uganda, the Penal Code Amendment Act etc
- Gender-based violence is a pervasive public health. It is an abuse of human rights i.e. it is a form of discrimination, torture, and degrading treatment that is prohibited in all international legal frameworks
- While both men and women experience violence, evidence indicates that women experience it in far greater patterns than men.
- VAW is GBV which should be understood from the context of women's and girls' subordinate status in society.
- GBV happens throughout a woman's lifecycle.
- The most common form of GBV in our communities is domestic violence and sexual violence.

TOPIC 2: OVERVIEW OF GBV (1 HOUR)

(Adapted from SASA: An Activists' kit for Preventing VAW and HIV)

Objectives:

1. Guide trainees in understanding the types of GBV
2. Demonstrate relationship between GBV and power and control

Preparations

1. Write the following definition on a flip chart and hang it on the wall
Violence against women is any threat or act (physical, emotional, sexual, and economic) directed at a girl or woman that causes harm and is meant to keep a girl/woman under the control of others
2. Hang one blank flip chart on the wall
3. Prepare four flip charts, each with the following titles, and set them aside:
 - Physical violence
 - Emotional violence
 - Sexual violence
 - Economic violence

Part A. Types of GBV

1. Welcome the trainees and inform them that this session is designed to help trainees understand GBV. The four types of GBV and the effect it has on all members of the communities
2. Ask one participant to read the statement on the flip chart: 'Violence against women/girls is any act (physical, sexual, emotional, economic) directed at a girl or woman that causes harm and is meant to keep a girl/woman under the control of others'
3. Explain that there are many forms of GBV. They are usually categorized into four types i.e. economic, physical, sexual and emotional violence.
4. Hang the four prepared flip charts on the wall, not too close to each other
5. Tell them that you are going to give them an exercise. Explain the exercise as follows:
 - a) Each group will be given a flip chart with one of the types of GBV
 - b) Each group will work on the type of violence named on their flip chart.
 - c) Each group has five minutes to come up with as many examples of that type of violence as soon as possible.
6. Ask trainees to divide into four groups of about 7 to 8 people, by choosing a flip chart and standing in front of it until the groups are fairly even.
7. Ensure that there are no questions and then ask trainees to begin.
8. Alert trainees when only one minute left and call trainees to stop when five minutes have passed.
9. Ask trainees to come back to the larger group.
10. Ask for a volunteer from each group to present their work. After each group has presented ask
 - a) What are some other examples you could put under this type of violence?
 - b) Does anyone have a question or something to share?
11. Go back to the definition of VAW and read the last phrase: '*Is meant to keep a girl or woman under the control of others*'.
12. Ask trainees to turn to their neighbor and discuss what this means. Give trainees 5 minutes
13. When 5 minutes have passed, facilitate a group discussion about relationship between violence and control by asking the following questions:
 - a) Why do you think GBV is linked to control?
 - Because as society we expect men to demonstrate that they are in control over and superior to their partners or daughters.
 - With the communities, it is seen by many as normal for men to control women. It is thought that without external control, women are unable to manage themselves

- b) Isn't GBV an abuse of power for controlling a girl or a woman?
- All violence is abuse of power
 - Violence is used to control another person through fear.
- c) Even if men experience some of the same acts as women, how is the violence men experience different than that experienced by women?
- Men may experience acts of violence but generally, violence is not used as a way of controlling men as it is for women. For example if a man experiences violence from his partner, it is usually an event. It happens and it is over. Violence or the threat of violence is not used as a way of controlling him through fear
 - Men as a group do not live in fear of violence from women as a group. The majority of women live in fear of violence from men (partners or strangers). Women have this fear because society accepts men's power over them and violence against them.
 - In most cases, men are physically stronger than women. Therefore the harm or threat of harm from violence for men is not as great.
 - Most often, when a man experiences violence from his partner, the woman is defending herself from the violence he has used against her.

TOPIC 3: MYTHS ABOUT DOMESTIC VIOLENCE AND SEXUAL ASSAULT (1 HOUR 30 MINUTES)

Objective

1. To demystify myths and stereotypes about domestic violence and sexual assault.

Preparation

- This session requires the facilitator to have adequate knowledge about GBV. Do prior reading before facilitating this session.

Part A: Myths and Stereotypes.

1. Welcome the trainees to the session.
2. Explain that police officers are required to have a positive attitude towards the victims of gender based violence to ensure that police officers keep law and order as obliged by the Constitution and the Police Act. It is important that the police officers demystify myths and stereotypes they hold about domestic violence.
3. Inform participants that in this session, we shall look at how we and many other people from our communities perceive domestic violence and sexual assault.
4. Display three flip charts in three separate corners of the training room.
5. Write **Agree** on one flip chart, **Disagree** on the second and **Not sure** on the third flip chart.
6. Introduce the game to the trainees.
 - You will read out one myth and the participants will be required to move to the corners where they belong. For example, if someone agrees with the statement, they should move to the corner where you displayed the flip chart "Agree". Those who are not sure about the statement should go to the corner of "Not Sure"
 - All contributions should be respected.
 - This process shall take five minutes
7. Read out the statement found at the end of these instructions, one at a time.
8. Ensure that no one remains seated.
9. Ask trainees to give reasons why they chose to move to the selected corners using the following questions.
 - Why do you agree with the statement?
 - Why do you disagree with the statement?
10. Clarify each myth/stereotype by giving the reality/ facts about it.
11. Move on to the next myth and repeat the process until all the myths have been covered.
12. Thank trainees for participating in this game.

Conclusion

Explain that attitude is a long term process but as officers who will be handling issues that is very sensitive, it is important that we avoid reactions based on our emotions. All our responses should be based on facts to promote human rights and deliver on the obligations of UPF at all times. This is one way of building survivor confidence in our work and ensuring that survivors receive justice for the offences committed against them.

Myths and stereotypes about domestic violence and sexual assault.

a) Domestic violence

Myth: If women are treated as equal to men in a relationship, it causes more domestic violence.

Fact: Equality in relationships promotes harmony and respect. Domestic violence is very prevalent in relationships where one partner dominates over the other or feels superior to the other. The Constitution of Uganda clarifies that all men and women are treated as equal in all spheres of life.

Myth: When women have an income generating job, they disrespect their husbands. They should therefore, not be allowed to work.

Fact: Women's income is crucial to the social and economic well-being of a family. It is not a privilege or a favor to allow women to work; it is their right as defined in the Constitution of Uganda. Everyone has a right to work. When women work, they can be able to contribute to the upkeep of the children and the entire home.

Myth: Women have taken the issue of equal rights with men wrongly; they disrespect the men and think it is an opportunity to misbehave.

Fact: Some men and women have misunderstood the issues of equal rights. Equal rights means that women and men as human beings have equal value and worth, equal opportunities, fairness and justice before and under the law as clearly stated in the Constitution. All rights come with responsibilities.

Myth: Reporting a violent husband only causes embarrassment to a man and a woman, so it is better to endure the violence than to face embarrassment from the community.

Fact: Reporting violence is a way of seeking a solution to a problem. It is important that people who use violence take up responsibility of their behaviors. Keeping quiet when injustice is being done to someone does not solve the problem. The Domestic Violence Act also mandates that occurrence of domestic violence should be reported to people of authority. This way domestic violence will be checked and prevented.

Myth: Government has given too much freedom to the children and women and that is why they are very stubborn.

Fact: All human beings whether men, women, and children have equal human rights. The government has a role of providing equal protection to all its citizens whether they are men, women and children. Government is only creating policies and taking up the responsibilities that reflect these natural entitlements and international principles.

Myth: The Domestic Violence Act will break up families

Fact: The Act comes in to protect those who are abused and to ensure safety and harmony at home for every Ugandan as defined in the Constitution. Relationships break up due to the abuses that happen and when one party or both parties feel that there is nothing more meaningful in that relationship. If a relationship turns into a source of stress and pain then people break up. It is the role of the police officers to protect all those who have been abused within the domestic setting

b) Sexual violence

Myth: Women are not sure of what they want, they say no to sex, yet mean yes.

Fact: Women have been brought up to believe that sex is not an issue to be discussed; but this is an issue that concerns both men and women. Men should always respect a woman's 'NO'. Many men use this myth to justify rape of women. Note that forms of sexual assault are prohibited in the Penal Code Act and it is the role of police officers to enforce the law by apprehending those who have sexually assaulted any one.

Myth: A man cannot rape his own wife.

Fact: Rape is any sexual intercourse without consent. Some husbands do rape their wives when they have sex without their wives consent. Women too have the right to make decisions about their own bodies and their sexuality, and a right to mutual satisfaction in sex. It is the role of the police to apprehend those who rape others whether they are partners or parents to the victim

Myth: Women are to blame for the rape. They dress provocatively.

Fact: Someone can be raped even if they are not dressed in an indecent manner. Rape is clearly defined as a crime in the penal code, it does not matter whether the victim was naked at the time of rape or was in a dark corner, rape is a capital offence and prohibited by law in Uganda. The role of the police is to ensure that the victim is protected and the suspect apprehended

Myth: Rapists are mentally ill

Fact: Research shows that most of the perpetrators of rape are normal and police officers have a role to apprehend the suspects.

Myth: Only women with loose morals get raped.

Fact: Rape says a lot about the morals of the perpetrator and not the survivor. Forcing someone to have sex is a violation of their rights and is against our morals and it is a crime according to the Laws of Uganda.

Myth: Men can not be victims of rape

Fact: Men are at risk of rape by other men; in some cases such as in conflict areas, detention centers, schools. Victims of rape

whether men or women should be attended to by police officers with all due respect as defined in the law.

TOPIC 4: HUMAN RIGHTS AND GBV

(1 HOUR 30 MINUTES)

Objective

1. Build trainees understanding of human rights
2. Identify violence against women as a human rights issue.

Preparations

- Cut about 60 pieces of paper (20cm x 10cm approx.) from flip chart or manila paper.
- Avail masking tape and markers for each participant to be able to write their cards.

Part A: What are Human Rights? (30 minutes)

1. Ask participants: "What does the phrase Human Rights mean to you?"
2. Write their responses on a flip chart.
3. Introduce the concept of human rights by discussing the following.
 - Human rights are "entitlements" that every human being has, just because they are human beings. All human beings have rights.
 - All human rights protect the dignity of human beings and are meant to protect human beings from abuse.
 - Human rights are universal. They are also inherent meaning that they are inborn and can not be given by anyone.
 - They are inalienable. This means that they cannot be taken away by government or anyone else.
 - All persons enjoy rights regardless of their religion, age, sex, nationality or any other factor.
 - Human rights are different from moral rights in that they are legal rights, which are recognized and enforceable at law. Moral rights, while good are not enforceable by the law.

Part B: Identifying human rights (30 minutes)

1. Give each participant three pieces of paper and a marker pen.
2. Ask trainees to think about human rights that they know of in their community. In their community, what rights do people have or should have that as a group you want to promote?
3. Ask each participant to choose three of their ideas and write one on each piece of paper. Ask them to use no more than four words to describe each idea.
4. When all the trainees have finished writing, ask each participant to read out their ideas to the main group in order of priority (most urgent first) and stick them on a bare wall.
5. As each participant shares their idea, cluster (group) similar rights and stick them next to each other on the wall. When everyone has read their ideas, you should have several clusters of paper on the wall. E.g. education, health, physical, make decisions etc.

Part 2: Discussing Human Rights and GBV (30 minutes)

1. Ask the trainees to spend a few minutes looking at the clusters of rights on the wall. As they think about the ideas, invite them to add additional rights to the appropriate clusters if they feel an important right is missing.
2. Ask: "How does GBV violate the rights mentioned above?"
3. Discuss the clauses of the following instruments to guide trainees to understand how GBV violates several International Human Rights instruments to which Uganda is signatory.
4. Emphasize that role officers of the Uganda Police Force is to enforce these laws. Some of these include
 - a) **The Universal Declaration of Human Rights**
 - Article 3 that states that "Everyone has the right to life, liberty and security of the person"
 - Article 7 that states that "All are equal before the law and are entitled without any discrimination

to equal protection of the law”

b) The UN Convention on the Elimination of All forms of Discrimination against Women (CEDAW)

- Article 1 prohibits distinction, exclusion or restriction on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on the basis of equality with men and women.
- General recommendation 19 which states that “Gender based violence is a form of discrimination that seriously inhibits women’s ability to enjoy rights and freedom on the basis of equality with men”.

c) The Beijing Platform for Action of the 1995 World Conference on Women

“This conference represents international consensus in endorsing many of the commitments made in the International Conference on Population and Development program of Action and specifies actions to be taken by the States, International bodies donors, NGOs and others” (Baer 2002: 12)

5. Discuss the national legal and policy framework

a) The Constitution on the Republic of Uganda 1995

Article 33 (6) prohibits “Laws, customs and traditions which are against the dignity, welfare and interest of women”

b) The Penal Code Amendment Act (2007) provides strict punishments for acts such as defilement and rape. (section 123, 124, 125, 128 and 129 as amended etc)

c) The Domestic Violence Act 2009 states that all acts of domestic violence whether of a physical, sexual, emotional or economic in nature are offences that are prohibited by law.

d) The Prevention of Trafficking in Persons Act, 2009 criminalizes all acts of trafficking in persons (clause 3)

e) The Anti Female Genital Mutilation Act, 2009 criminalizes acts of female genital mutilation.

TOPIC 5: AN OVERVIEW OF DOMESTIC VIOLENCE (2 HOURS)

Objectives

1. Examine different forms of domestic violence
2. Facilitate personal reflection on feelings provoked by domestic violence
3. Strengthen participants' understanding of domestic violence
4. Highlight domestic violence as a crime

Part A: Group Discussion (30 min)

1. Ask trainees to think about the term "domestic violence". What does it mean to them?
2. After two or three minutes, ask trainees to share their ideas. Record their ideas on a flipchart. From participants' contributions, highlight the key words and formulate a working definition. For instance, domestic violence is a pattern of, controlling, intimidating and humiliating conduct towards a victim that:
 - Causes pain that can be emotional as well as physical
 - Happens between married people, people who share the same residence, it could be between people with a past or current intimate relationship.
 - Is an abuse of human rights
 - Is about power and control
 - Can be economic
 - Can also be sexual
3. Since trainees of this workshop are police officers it is better that they get familiar with the standard definition of domestic violence. Appreciate all their contributions and conclude by giving the standard definition, as follows:

According to the Domestic Violence Act (2009) domestic violence constitutes any act or omission of a perpetrator which harms, injures, or endangers the health, safety, life, limb or wellbeing whether mental or physical, of the victim or tends to do so and includes causing physical abuse, sexual abuse, emotional, verbal and psychological abuse and economic abuse. Any member of the household can be a victim of domestic violence and not just women and children. The Act provides protection for men, women, children, dependants and domestic workers

Part B: Types of Domestic Violence (1 hour)

1. Introduce the idea that acts of domestic violence by stating that the Domestic Violence Act 2009 breaks it down into four categories. These are:
 - Economic abuse
 - Emotional abuse
 - Sexual abuse
 - Physical abuse
2. Ensure that the trainees understand the four categories by elaborating and giving examples. For each category, brainstorm with trainees some of the acts of violence and record them on a flipchart. For instance, they may include but not limited to:

Economic violence which is about deprivation of economic or financial resources to which the victim is entitled and includes:

 - Controlling access to money
 - Deprivation of resources that the victim requires out of necessity for his/herself and his/her children
 - Deprivation of property jointly or separately owned by the victim
 - Refusing to pay rent related to the shared household and maintenance
 - Selling household property
 - Denying victim access to assets such as shares, securities or bonds or property in which the victim has an interest or is entitled to use by virtue of the domestic relationship
 - Grabbing partner/spouse earnings
 - Refusing a partner/spouse to participate in financial decision-making.
 - Prohibition from seeking employment

Emotional violence which is a pattern of degrading and humiliating actions towards a victim (hurts feelings) and includes:

- Repeated insults, ridicule and name- calling
- Repeated threats to cause emotional pain
- Repeated possessiveness or jealousy aimed at invading the victim's privacy, liberty, integrity or security
- If acts are committed in the presence of children and which is likely to cause him or her injury

Sexual violence which harms or compromises a person's control over their sexuality , any conduct of a sexual nature that abuses, humiliates, degrades or otherwise violates the dignity of another person and includes :

- Forced sex
- Marital rape
- Refusal to practice safe sex
- Infidelity/unfaithfulness
- Forcing a person to do sexual acts against their will
- Coercion
- Inserting foreign objects into partner/spouse private parts

Physical abuse which is any act or conduct that causes bodily pain, harm or danger of life, limb or health or which impairs the health or development of the victim and includes

- Assault
- Criminal intimidation
- Criminal force
- Hitting
- Slapping
- Burning
- Strangling

3. Together with participants, analyze the ideas for each category. Ask trainees who the primary perpetrators of domestic violence and who the primary victims are. Emphasize that it is undeniable that some men experience domestic violence at the hands of their spouses, but the majority of victims are women.

Conclusion

Summarize the session by emphasizing the following:

- Domestic violence exists and happens in our homes and communities
- It causes emotional, physical, sexual and economic suffering to victims
- It is an abuse of human rights
- According to Article 32(2) of the Constitution of Uganda states that there is no justification for violence. Police officers should never allow anyone to go unpunished just because they have justified the use of violence.
- Its not a mere misunderstanding between people in a domestic setting but a pattern of controlling, intimidating and humiliating conduct towards a victim
- Domestic violence is prohibited by the Domestic Violence Act (2009)

TOPIC 6: CAUSES AND CONSEQUENCES OF DOMESTIC VIOLENCE (2 HOURS)

Objectives

1. To identify the root causes of domestic violence
2. To identify other factors that contribute to domestic violence.
3. To enhance understanding of the consequences of domestic violence on:
 - Victims
 - Perpetrators
 - Children
 - Communities

Part A: Causes of domestic violence (1 hour)

1. Explain to trainees that domestic violence negatively affects all aspects of our lives. People have varying beliefs about the factors that cause domestic violence. Today's session is aimed at understanding the causes of domestic violence and the various consequences on all of us, most especially the victims and their children.
2. Let the trainees brainstorm on what they think, know or feel are the causes of domestic violence.
3. Record all their contributions on the flipchart/blackboard. Possible contributions may include poverty, alcohol, unfaithfulness, etc.
4. After the brainstorming exercise, analyze the responses one by one to qualify or disqualify them. For example poverty is not a root cause of domestic violence because not all poor people use violence against their partners.
5. Emphasize that most of the responses above are contributing factors to domestic violence. This means that their presence increases the chances of someone using violence.
6. Allow trainees to give their opinions before making any conclusion.
7. Emphasize the following causes of domestic violence:
 - Rigid traditional gender roles
 - Cultural practices and expectations of men and women
 - Structural unequal power relations between men and women in society
 - Women's low status
 - Historical gender inequality (power imbalance); men's dominance over women's lives (patriarchy); the "superman myth" which perpetrates male superiority
 - Tolerance of violence in a society as a means of conflict resolution
 - Lack of respect for human rights

Part B: Consequences of domestic violence. (50 minutes)

1. Introduce the session by reminding trainees that domestic violence is a serious problem; it has diverse effects on all aspects of our lives and all sections of our society. Many of these cases are reported to the police station. Several of them are also highlighted in daily news papers like New Vision, Monitor and Bukedde.
2. Ask participants, "What are the consequences of domestic violence?" Record their responses on a flip chart/blackboard. Ask open ended questions like:
 - How does domestic violence affect different aspects of the victim's lives (socio-economic, physical and mental health)?
 - What are the consequences of domestic violence for the perpetrator?
 - What are the consequences of domestic violence to women?
 - What are the consequences of domestic violence to men?
 - What are the consequences of domestic violence for the whole family?
 - What impact does domestic violence have on children, both short term and long term?
 - What is the impact of domestic violence on the general community?

The above questions are to emphasize the fact that domestic violence negatively affects everyone.

Conclusion (10 minutes)

- Domestic violence is rooted in the structural unequal power relations between the victim and perpetrator.
- Violence is the most direct form in which perpetrator use their power over the victims.
- When violence is tolerated in a society as a means of conflict resolution, the levels of domestic violence continue to increase.
- Unequal power relations between men and women are at the basis of women's subordinate position in society and their lack of opportunities to benefit from development, because men have more power to control and influence economic, political and social life. This situation can also increases women's vulnerability to trafficking.

TOPIC 7: THE CYCLE OF DOMESTIC VIOLENCE (1 HOUR 30 MINUTES)

Objective

- To understand the pattern of abusive relationships.
- To understand the role of the police officer in breaking the cycle of violence

Preparations

Draw the cycle of violence diagram on the flipchart.

Part A: Reflecting on Patterns of Violence (15 min)

1. Start the activity by asking trainees to think of someone that they know or have heard of who is experiencing domestic violence. Ask the trainees to think about the pattern of that relationship. Has it changed over a period of time? Does it go through identifiable stages?
2. Divide the trainees into small groups depending on the total number of participants. Ask each group to discuss common patterns they observe in abusive relationships. Do the same things happen again and again over a period of time? Ask trainees to think about why the victim may continue to remain in an abusive relationship and to try and answer the following questions as they discuss the pattern:
 - Has the violence been happening for a long time?
 - Does it happen every day or in episodes (i.e. once in a while)?
 - If you know the victim, how does he/she describe his/her relationship?
 - If you know the abuser, how does he describe his behavior?
3. Ask each group to present a summary of their discussion to the main group.

Part B: Introducing the Cycle of Violence (45min)

1. Identify common themes in all the presentations. These may include:
 - Victims may remain a long time in an abusive relationship
 - The physical violence often happens in episodes (i.e. crisis, a period of calm, and then the violence flares up again)
 - This pattern is circular and keeps repeating itself
 - Sometimes victims want to escape, but when it is calmer they may change their mind
 - Both or one of the partners in the abusive relationship may claim that it is not a serious problem or is only due to temporary stress in the relationship
2. Display the flipchart of the cycle of violence

Cycle of violence

3. Explain that most abusive relationships settle into this circular pattern. Give an initial overview of the cycle and include the following points
The pattern begins with a violent episode, which could be one event or sustained violence over some time.
 - After the violence, there is a calm stage during which both or one of the partners may genuinely believe that things are going to change.
 - During the calm stage, the abuser may apologize, buy gifts, or make special efforts to create an atmosphere of love and peace in the family.
 - Over a period of time, tension begins to build again and the woman and others in the family feel anxious and fearful that violence will again occur. During this time, the woman usually tries hard to please the man and maintain normalcy in the family.
 - Eventually, the tension is broken with a violent episode. This pattern keeps repeating itself unless it is broken.
 - These are aspects of a well-defined and well-researched cycle of violence.
 - In a long term abusive relationship, the timeframe of the cycle may become shorter so that the couple may go through the entire cycle within a day.
4. Ask trainees to name some of the behaviors of the victim and the abuser during each of the stages in the cycle of violence
5. Explain the significance of each of the stages. Understanding this cycle will enable police officers to become more effective, and to help women and men break the pattern of violence.

- During the 'violence' stage, many women may seek assistance.
- During the 'calm' stage, women 'forgive' the abuser and may return to the relationship. This is the stage when women may hope that the abuser loves them and will change. They may believe the promises that the abuser makes, and the abuser may be sincere about his promises.
- During the 'tension' stage, the woman may think about how to stay safe and may consider taking action. However, unless the cycle is broken, the pattern will keep repeating itself.
- In the first phase of this cycle, there is a gradual increase in tension and conflicts between the couple. The woman tries to appease her partner, generating a false sense of being able to control his aggression.
- The second phase is one of open, 'explosive' aggression, characterized by physical, sexual and psychological abuse. This phase ends when the aggressor stops the abuse temporarily. A period of reconciliation, or the 'honeymoon' phase, follows. The abuser shows remorse and promises to rectify his behavior. He may be especially loving and kind, which assures the woman that there is a 'good' side to her partner, which she can retain by adopting appropriate behavior. This third phase makes her feel that it is not necessary to leave the relationship.
- The 'cycle of violence' explains why many women stay in abusive relationships. Over time, they begin to adjust to their partner's violent behavior by modifying their own. They develop a strategy for survival that may include extreme passivity, even defending the aggressor. Violence in the relationship becomes entrenched and the affected women appear to make no moves to change the situation. Over time, the 'aggression' phase may become more frequent and intense, and could even end in death unless the cycle is broken through sustained external interventions to help the woman. It must still be stressed that domestic violence is not justified by the consent of the victim. Women in abusive relationships may appear to "consent" or put up with the violence but this is a coping mechanism that victims use to try to reduce the violence and stay safe.
- The cycle of violence is often reinforced by culture, religion, state policies and laws, an inequitable justice system, educational institutions, the media, family, and patriarchal attitudes that prevail in all segments of society.

Part C: Role of the police officer in breaking the silence (30 minutes)

1. Stress that the cycle of domestic violence keeps repeating itself unless it is broken
2. The role of police officers is to help break the cycle of violence by
 - Apprehending the perpetrator
 - Releasing the perpetrator under certain conditions e.g. police bond. This will ensure that the perpetrator does not inflict further harm on the victim since they will know that police is monitoring them.
3. The cycle of violence leads to repeated reporting of violence by the same victim and each report should be taken seriously and each incident should be treated on its own merit
4. Officers need to support the victim to weigh the apologies of the perpetrator to enable the victim make an informed decision about dropping the charges. For example, some apologies may not be genuine and if such apologies are accepted, the survivor may experience further violence when they return home.
5. The police officer should refrain from coercing the survivors to reconcile with the perpetrator or to leave him/her. Only the survivors can decide whether to reconcile or leave the perpetrator.

TOPIC 8: CHARACTERISTICS OF BATTERERS/OFFENDERS (2 HOURS)

Objective

- To help Police officers understand the nature of the offenders to enable them effectively respond to cases of domestic violence.

Preparation

- Make copies of excuses that are likely to be used by offenders

Part A: Brainstorm: characteristic of batterers (40 min)

1. Explain to the trainees that domestic violence is a very complex issue because it is about power and control and it happens between two intimate partners or people from the same domestic setting. To deal with it, calls for a proper understanding of characteristics of those involved.
2. Make a brainstorming exercise about possible characteristics of abusers. Note contributions on a flip chart. Possible contributions may include:
 - Seem to look very innocent
 - Some are drunkards
 - They often think that they are right
 - They can become very caring after the act
 - Some of them are very aggressive & short tempered
 - Others think that violence is justified by their culture
 - They can be very calm and apologetic
 - They can be two faced; some of them are known to people in high offices and 'seem' to be above the law
 - They can be very argumentative
 - They can be dangerous and intimidating
 - Sometimes they engage in stalking and jealousy
 - They may be seen as very respectable and generous people within their communities

Explain to the trainees the following issues about working with abusers:

Those who use domestic violence are a highly chronic group of offenders. They could have been arrested and charged on several occasions. With such a chronic problem, officers should not anticipate quick solutions or changes; it takes years to change deeply-rooted behavior. Although many men can stop being violent, lasting change takes time. It is important for officers to examine closely the history of violence in the relationship and to be sensitive to threats, and other behavior that suggest heightened dangerousness (see risk assessment piece from "Responding to Domestic Violence, a handbook for the Uganda Police Force)

Offenders are likely to have continued access to victims even after separation. Putting aside the victim's conflicted feelings, the offender knows where she works, where she and her parents live and he may have access to the victim through child visitation, etc. There are multiple opportunities for intimidation, threats and psychological pressure. For instance, there is the case of a woman who ran away and took refuge at her sister's home in Bwaise - the man followed her and set the house ablaze, killing everyone inside. Where possible, it is important to monitor the offender very closely and limit access to the spouse or girlfriend.

A large number of offenders are alcohol and/or drug abusers. Although intoxication due to alcohol or drug use does not cause violence, offenders are prone to become more severely and more frequently violent under the influence. It is important to establish sobriety immediately. The Police officer can order for the arrest of the suspect till he sobers up and then explain to him the gravity of the offence when he is sober.

Some men who batter are convinced they are victims. Although most convicted perpetrators of crime feel they are victims, batterers are particularly insistent about their victimization. Historically, men who batter were protected by traditions of privacy and the sanctity of marriage and the family; to prosecute a wife beater constituted an invasion of privacy and an assault on the family. Social values have changed, and we are

now in the process of creating and enforcing a new taboo about behaviors in marital/intimate relationships. Nevertheless, abusive men express a sense of intrusion and injustice, and feel that they have had something taken away or that their rights have been abridged.

Many men who batter are persuasive and logical. People expect offenders to be inarticulate and clearly unreasonable. Instead, the abuser often is a very reasonable, speaks in a persuasive manner and wants someone to understand him. It is always important to go back to police reports, to read court documents such as medical reports and to talk to the victims separately.

Some offer bribes to police officers. Some perpetrators are powerful and wealthy. Whenever they commit crimes, they tend to offer money in exchange for their freedom. The police officer needs to explain that bribery is a crime and that the offender will be prosecuted for attempting to stand in the way of justice. Explain to the offender that our role as a police officer is to gather evidence for prosecution and not to grant him freedom. Only courts of law can declare him guilty or innocent.

Part B: Excuses and tactics of offenders (1 hour 10 minutes)

In this section the facilitator helps the trainees to identify some of the tactics used by offenders. This is very important because it enables the police officer to respond effectively to domestic violence cases.

1. Write the following tactics on a card. There should be 6 cards.
 - Denial
 - Focusing on intentions
 - Victim blaming
 - Loss of control
 - Provocation
 - Lack of money and time, distortion and miscommunication
2. Divide the trainees into 6 groups. Give each group a card with an excuse written on it.
3. Remind participants that offenders will only take them seriously if they use a tough tone.
4. Each group will be required to use 7 minutes to come up with what their response as police officers would be.
5. The groups can then present their role plays before the plenary.
6. After each presentation, you can debrief with the groups on
 - What went well? Focusing on the officer's role
 - What didn't go well? Focusing on the officer's role
7. Emphasize to the trainees that as police officers, it is important to have the special skills of handling offenders who come with such excuses. Their responses are likely to be diverse, you can guide them with the following suggestions

a) Denial.

Refusing to admit violent behavior. "I didn't do anything." "She just bruises easily." "I had my fist out and she ran into it." **Minimization.** Admitting less than what actually happened; making the assault sound trivial. "I just gave her a little push." "It was only a love tap."

Police response:

Tell the offender that there is enough evidence to show that they are responsible for causing the injuries on the victim, and if the offender is willing to resolve the conflict amicably go ahead, and ensure that the safety of the victim is prime. The offender must take responsibility of their actions and refer the offender to other places for further help to enable them change behavior e.g. to LCs and community volunteers (if you have them in your community). If the offender is still not satisfied, inform them of the right to defend themselves in the courts of law. Get a detailed account of the scope of the violence by conducting partner contact interview and by using police reports and hospital records.

The officer should:

- Avoid arguing
- Assure the victim that the case will be handled and that they can return
- Stay in control, do not allow the offender to take control
- Decide to get proof about the injury by issuing a PF3 form
- Do not allow past stories, stay focused

b) Focusing on intentions.

Defending one's behavior by pointing to good intention. "I was trying to keep her from hurting herself." "She was hysterical and yelling non-stop so I slapped her to calm her down." "I was only disciplining her."

Police response:

Tell the offender that even if the intentions appear good, violence is not justified and it is illegal as defined in the Domestic Violence Act 2009. Good intentions do not justify violence. The officer should:

- Be direct with the offender
- Clearly state that violence is wrong
- Remain supportive of the victim
- Not side with the offender

c) Victim-blaming.

The offender makes the case that the victim is such a bad person that deserved whatever they got. The offender hopes you will focus on *the victim's* behavior rather than *the offender's* misconduct. If you begin to criticize the victim, you will become the offender's ally. "I found her with another man." "She's a drunkard (alcoholic, drug addict, bad mother, thief, etc.)." "She assaulted me."

Police response:

A survivor doesn't have to be a perfect mother or housewife in order to deserve not to be beaten.

People do not have to earn the right to be free from violence and fear. Any act of violence is illegal. The officer should emphasize the following:

- The use of violence against others is a crime
- Violence is a violation of rights
- There is no justification for violence
- Two wrongs do not make a right; therefore the offender should use other alternatives to resolve a wrong

d) Loss of control.

"I'm not really responsible for what happened; I exploded, but it wasn't really me."

"I lost it and the next thing I know she was down bleeding and screaming." "I saw a white (blue, red, yellow, etc.) light and I blacked out." "When I came to her, she was lying on the ground." If you accept this idea, the offender may not be held responsible for their behavior

Police response:

If you're convinced you have no control, then we will arrest you and claim that you cannot control your behavior. Do you get violent the same way whenever someone gets you really upset e.g. your boss? Violence is not an automatic reaction to whenever someone upsets you. We choose who we treat with violence. The officer should do the following;

- Emphasize that the woman has rights e.g. to safety regardless of whether you lost control of your actions or not.
- Not allow any excuses by condemning the act
- Focus on consequences of the violent behavior
- Violence is a crime and defined in the Domestic Violence Act

e) Provocation.

The offender claims that the other person drove him over the edge. He's not responsible for what happened. "She made me do it." "She knew it was coming; she pushed me into it."

Police response:

No one can make you use violence; people can hurt you, frustrate you, anger you, etc., but there are many alternative ways of responding that don't involve violence. Therefore the use of violence is a choice of the offender. The officer should:

- Emphasize that violence is never a solution
- Remain neutral

- Maintain focus
- Avoid siding with the offender
- Explain the events of the case to the woman
- Violence is prohibited in the laws of Uganda

f) Lack of money and time.

Offender can claim that they are unable to respond to police summons because they lack time and money for transport.

Police response:

The offender must make time for police summons. It is also critical to communicate frequently with the LCs and the spouse to avoid enormous confusion and manipulation. The officer should:

- Bring him to the attention of the case reported
- Assure him that if he does not have time to come to the police station, officers will go and pick him from his home or work place.
- Give him suggestions on how to handle the problems
- Talk strongly about his responsibilities to the family
- Remain very composed
- Keep the discussion focused
- Use a win- win approach

Conclusion

Police officers should know the tactics that most batterers use to evade justice. They need to understand the characteristics of offenders so that they redirect blame and hold the offenders accountable to their actions.



TOPIC 9: UNDERSTANDING HIV POST-EXPOSURE PROPHYLAXIS (PEP) (30 MINUTES)

(Adapted from SASAI An Activists' kit for Preventing Violence against Women and HIV)

Objective

- Support trainees in learning how to appropriately assess a client's need for PEP.

Preparations

1. Make enough copies of the Sexual Violence Interview Guide for all participants.
2. Read the information about PEP found in Annex A prior to the session.
3. Write the following text on a sheet of flipchart and set aside:
Score
Team1
Team2
Team3
Team4
4. Photocopy and cut out the questions found at the end of these instructions, and put them in a paper bag, hat or basket.

Part A. Discussion HIV PEP for survivors of sexual assault. (15 minutes)

1. Explain to participants: "This exercise specifically addresses HIV post-exposure prophylaxis, also known as PEP. Although the days following a sexual assault are a difficult time for a survivor, PEP referrals must be made within appropriate timelines for the safety of the client."
2. Discuss HIV PEP with trainees using Annex A. Respond to their questions appropriately.
3. Emphasize the following: "Different clinics have different guidelines about when to administer PEP. However, the PEP guidelines in this exercise are based on the World Health Organization (WHO) guidelines for best practice of PEP administration."
4. Inform trainees that we are going to play a simple game about HIV PEP.
5. Explain the game:
 - a. "Trainees will be divided into four teams."
 - b. "Each team will take a turn drawing a question from the bag about PEP, then reading the question aloud for all trainees to hear."
 - c. "All teams have **1 minute** to discuss possible answers"
 - d. "After **1 minute**, the team who drew the question from the bag must state and explain their answer. If this team cannot answer, the team to their right has an opportunity to answer—and so on until a correct answer is given."
 - e. "Once a correct answer is given, the next team chooses a question from the bag. Continue for two rounds, that is, until every team has had two turns pulling a question from the bag."
 - f. "Every time a team answers a question correctly they receive **one point**. Whichever team has the most points at the end of the two rounds wins."
6. Ask trainees to divide into four teams, by counting off from one to four, and then grouping themselves by number.
7. Hang on the wall the prepared flipchart for scoring the game.
8. Conduct the game and tally each team's score on the flipchart.
9. When the second round is over, congratulate the winning team and thank everyone for participating.
10. Summarize the game according to the following:
 - a. "By understanding the rules for when PEP should be administered, we can know when to refer survivors of sexual assault."
 - b. "WHO best practice states that PEP should be administered immediately if a survivor comes in less than 72 hours after the sexual assault."
 - c. "Police officers do not administer PEP. Your role is to refer the survivors to a health worker as soon as possible."
 - d. "The Police officer needs to know the health facilities in his/her community that offer PEP so that he/she can know where exactly to refer survivors"

Understanding PEP

Questions

No. 1:

A woman comes to the police station six days after a sexual assault. She was afraid to come earlier but decided that she needed medical attention. Do you refer her for PEP? Why or why not?

.....

No. 2:

A man comes to the police station 70 hours after a sexual assault. He is upset, but willing to take an HIV test. Do you refer him for PEP? Why or why not?

.....

No. 3:

A woman comes to the police station three hours after a sexual assault. She is confused and doesn't want to hear anything to do with a clinic because she fears taking an HIV test. Do you refer her for PEP? Why or why not?

.....

No. 4:

An 18 year old boy comes to the police station a day after he was forced into an act of homosexuality. He has the results of his last HIV test with him (he was tested three weeks ago and was HIV negative). Do you refer him for PEP? Why or Why not?

.....

No. 5:

A man comes to the police station after sexual assault. He is HIV positive. Do you refer him for PEP?

.....

No. 6:

A young couple comes to you for advice. They intend to have unprotected sex and have heard that there is a treatment called PEP that they can take before sexual intercourse which will prevent them from getting HIV. What kind of advice do you give to them?

.....

No. 7: Your HIV positive colleague comes to you. They heard that you refer people to the health facility for PEP. They wonder if PEP can be taken as a substitute for ARV treatment. What do you tell them?

.....

No. 8:

You referred a woman for PEP 5 days ago. It was confirmed that she was HIV negative but her suspected rapist is HIV positive. She was given PEP but she does not remember the duration of time in which she is supposed to take the drugs. She has come to you to remind her about the length of the time in which she has to take the drugs. What do you tell her?

Understanding PEP

Answers

- No. 1: You don't refer for PEP, because the sexual assault happened longer than 72 hours or 3 days.
- No. 2: You refer for PEP IMMEDIATELY, because the sexual assault happened less than 72 hours ago.
- No. 3: You refer her for PEP immediately and then she will be given 72 hours to decide whether she wants to take the HIV test. If she refuses after 72 hours, you must take her off PEP.
- No. 4: You refer PEP immediately, because she was HIV negative three weeks before the sexual assault.
- No. 5: You don't refer for PEP, because he is HIV positive so PEP can't help prevent him from contracting HIV.
- No. 6: You tell them that PEP is only to be taken as an emergency preventive treatment. It is only taken AFTER a sexual assault. You encourage them to use a condom if they are to protect themselves from HIV.
- No. 7: You tell your colleague that PEP is NOT a substitute for ARVs. PEP does not work the same way ordinary ARVs work. While ordinary ARVs reduce multiplication of the HIV virus in someone's body, PEP prevents that person from getting infected. ARVs are taken by people who are HIV positive and PEP is taken by people who are HIV negative.
- No. 8: A complete dose of PEP should be taken for 28 days. Failure to complete the dose may reduce effectiveness of the treatment.

TOPIC 10: UNDERSTANDING SEXUAL ASSAULT: (1 HOUR)

Topic objectives

- To guide trainees to understand sexual violence.
- Build trainees skills on handling cases of sexual assault.

Preparations

- Prepare masking tape and flip charts
- Write Sexual assault on a flip chart in bold letters

Part A: Defining sexual violence (15 minutes)

1. Ask trainees to brain storm on the meaning of sexual violence. after trainees have shared their views, write the World Health Organization (WHO) definition on the flip chart **sexual violence as** “any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic women’s sexuality, using coercion, threats of harm or physical force, by any person regardless of relationship to the survivor, in any setting, including but not limited to home and work”. The scope of the definition is here expanded to include the forced sex, sexual coercion and rape of adult and adolescent men and women, and child sexual abuse.

The facilitator guides the trainees in further discussions to enable them understand that the definition also includes:

- The use of physical violence or psychological pressure to compel a person to participate in a sexual act against their will, whether or not the sexual act is consummated.
- A sexual act (whether attempted or consummated) involving a person who is incapable of understanding the nature or significance of the act, or of refusing, or of indicating his or her refusal to participate in the act, e.g. because of disability, or because of the effect of alcohol or other substances, or because of intimidation or pressure.
- Abusive sexual contact (WHO, 2003b; Saltzman et. al., 1999).

Part 2: What is sexual assault? (20 minutes)

1. Remind the trainees that the topic of sexual assault sparks a lot of discussion and it is important that police officers take the issue seriously because this is highlighted in the penal code as an offence.
 2. Hang up flip chart. Write “Sexual Assault” on it.
 3. Ask officers to mention what they understand by sexual assault and write their responses on a flip chart.
 4. Give definitions of the different forms of sexual assault as stated in the Penal Code (Amendment) Act 2007 In Uganda, sexual assault refers to rape and defilement.
 - Rape is defined as “when any person has unlawful carnal knowledge of a woman or girl, without her consent, if the consent is obtained by force or by any means of threats or intimidation of any kind or by fear of bodily harm, or by means of false representation as to the nature of the act, or in the case of a married woman, by personating her husband” section 123.
NB: (Much as this is the Penal Code definition of rape, it is important to note that boys and men experience rape from men)
 - Defilement refers to when “any person performs a sexual act with another person who is below the age of eighteen years”. This can be either aggravated or simple defilement. Aggravated defilement happens when
 - i. Where the person against whom the act is committed is below the age of 14.
 - ii. Where the offender is infected with HIV.
 - iii. Where the offender is a parent or guardian of or a person of authority over the person against whom the offence is committed.
 - iv. Where the victim of the offence is a person with a disability.
 - v. Where the offender is a serial offender.
 - Simple defilement occurs where the victim is below 18 but all the circumstances above are absent.
- Note to the facilitator** (it is very important that you emphasize the following issues to the participants).

- Sexual assault has serious health consequences for the survivor. Some of these include the risk of infections such as STIs such as HIV, unwanted pregnancies, mental disorders, physical injury etc.
- All acts of sexual assault are an abuse of the survivor's rights and are condemned by international and national laws such as the UDHR, the Children's Statute, the 1995 Constitution of Uganda, and the Penal Code Act etc.
- All survivors of sexual assault are to be offered free HIV Post Exposure Prophylaxis. It is the role of the police officer to refer the survivor to the nearest health facility where the survivor can be given PEP. This should be done as soon as possible since PEP can only be provided within 72 hours after the rape/defilement has occurred. Where possible, the survivor should be referred for PEP before his/her statement is taken and before he/she is referred to the Police surgeon.
- While at the health facility, the survivor will be given emergency contraception if they are female, of reproductive age and not pregnant. This prevents them from getting an unwanted pregnancy from the sexual assault. This can be given within 5 days after the sexual assault but the police officer needs to refer survivors as soon as possible.

Conclusion

Sexual violence in all its forms is an abuse of the integrity of a person and is a crime as defined in the Constitution and Penal Code. Further more rape for women or men is a health risk as it increases health problems for the survivor. It is the obligation of the police to see that the victim is protected and the perpetrator is apprehended

TOPIC 11: VICTIM BLAME: THE CROCODILE AND RIVER STORY² (1 HOUR)

Objective

1. Avoid victim blame and hold the offender accountable.

Preparations

Prepare enough copies of the crocodile story for all participants.

Part A: Alligator River Story/Blame Game

1. Introduce trainees to the game.
2. This game is meant to help trainees redirect the blame to the offender of violence and not the victim.
3. Ask one trainee to read out the story aloud.

Story

Sarah has a boyfriend called James. He lives across the river. Sarah wants to see James, so she goes to Robert the boat owner. She does not trust him so she asks her friend Hanifa for help. Hanifa sends her away and she feels she has only two options; either to stay at home or to take the boat. She chooses to take the boat. . Robert tells Sarah that he has to have sex with her and threatens to throw her into the river which has many crocodiles if she refuses, so she complies. Sarah tells James about Robert but he throws her out. Sarah is so sad and goes to Peter her friend who coaches people in Karate. Peter is angry with James and beats him up. At the end of that day people hear Sarah laughing.

4. Write the following names and descriptions on a flip chart and tell the participants to refer to it during their discussions.
Sarah- takes a boat to see her boyfriend James
James - boy friend to Sarah
Robert - boat owner
Hanifa - Sarah's friend who does not want to be involved
Peter - a friend who beat up James
5. Divide the trainees into 3 groups. Ask each group to rank the characters in the order of the blame apportioned to each of the characters and to give reasons they give for their ranking.
6. Let each group present their rankings. After this, go into deeper analysis of their presentations.
 - To whom have the groups apportioned most and least blame? You may find that some groups have apportioned most blame to the victim.
7. Ensure that all the groups are in agreement that the person who should be ranked highest is Robert the boat owner and the one to be at the bottom of the ranking is the victim.
8. Explain that often times, victims of GBV are blamed for the violence they experience. Victim blame perpetrates violence because it gives a justification for the use of violence. But it is important to remember that there is never a justification for violence.
9. Explain to the trainees that most times there is a tendency to blame the victim which only puts them in further danger. Instead of blaming, we need to believe and help the victim. When we blame the victim we are letting the offender off the hook and we are giving the offender enormous chances to continue using violence because the victim is denied justice.

Key things to note:

- Nothing or no action justifies the use of violence. It is never the fault of the victim
- An offence has been committed against the victim, it is our responsibility to hold offenders accountable to their action
- Majority of offenders are not mentally ill, they lead normal lives. They choose with whom, when, where and how they can be violent or abusive.

² Adapted from: revised version by Rape Victim Advocacy Program Crisis Line Training Manual. (2001). RVAP. Iowa City, Iowa. Originally from Values. Clarification: A Handbook of Practical Strategies for Teacher and Students, Hart Publishing Company, New York: 1972.

- It is not in our duty to judge the morals of the victim. All forms of VAW are unacceptable and many of them are considered offences/crimes by our Constitution and the Penal Code.
- We all have a role to ensure that people do not use violence and to protect those who are experiencing violence.

Conclusion

Summarize the session by helping the trainees understand that most times people have failed to hold the perpetrator accountable because unfortunately many victims are blamed for the violence against them. As officers it is important to pay attention to the act of violence committed because it is an abuse of rights, rather than focusing on why it was done. This exercise is aimed at helping trainees realize that offenders should always be responsible for their actions because they choose to do it, and all forms of GBV are prohibited by the 1995 Constitution of Uganda and corresponding laws such as the Domestic Violence Act 2009, Anti Trafficking in persons Act 2009, Anti Female Genital Mutilation Act 2009, and the Penal Code 2007.

2

Part B

BUILDING SKILLS TO RESPOND TO GBV CASES

TOPIC 12: PROCEDURES OF HANDLING SURVIVORS OF SEXUAL ASSAULT.

(Adapted from "The Survivors of Sexual Violence Management Toolkit")

Objectives

- To guide participants to understand the steps of handling survivors of sexual assault.
- To build participants' skills of how they can use the procedures.

Preparations

1. Flip charts
2. Masking tape
3. Write on small pieces of paper the letter used to number the steps of the procedures. There should be 17 pieces of paper written on a to p. Write one letter on each piece of paper. Put them in a small box or hat and shuffle them.
4. Make copies of the procedures enough for all trainees.

Part A: Introduction (5 minutes)

1. Introduce the session to participants and explain that in our police work, there are always procedures laid down on how we should conduct our work. Today's session is about procedures that every police officer needs to follow while handling cases of sexual assault.
2. Explain that due to the sensitive nature of cases of sexual assault, it is important that all police officer follow these procedures at all times. Failure to do so may lead to further danger for the survivor.
3. Ask volunteers to read aloud the procedures. Each person should read one step of the procedures. Ensure that all the steps have been read.
 - a) The survivor reports to the police station and is guided to the reception where he/she will be guided to the CFPU office. In case the survivor is not able to report, the complainant can report on their behalf such as the cases where the survivor is a child or mentally disabled or otherwise inhibited from reporting.
 - b) First information is entered and a case reference (SD) number given to the complainant.
 - c) Visit the crime scene expeditiously. This will ensure that the necessary evidence is not lost as there is a likelihood that it could be tampered with. Where possible, pictures should be taken by the scene of crime officer (SOCO)
 - d) Due to sensitivity of the matter, the officer at the reception should refer the survivor to the CFPU. This will offer privacy. In the absence of the CFPU office, the survivor should be escorted to a room where he/she can talk in private with the officer and may only be allowed to bring in the person who may have escorted the survivor to the police station if he/she is free to talk in their presence. At this point, a statement should be recorded, if the survivor's health status is not at risk of deteriorating or if the survivor is ready to do so. Where possible, the victim's should be video recorded as they make their statement. The survivor should sign only when they are satisfied with what the police officer has written.
 - e) The statement of the person accompanying the survivor or witnesses should be recorded at this point and their particulars including relevant contacts noted.
 - f) If the survivor is a child and brought in by a complainant, the police should take charge of the child.

- The complainant will record a statement and any other particulars as soon as possible. The police should then take the child to hospital. Where possible, the child should be accompanied by a police officer that has had prior training in gender issues. The parents of the child should be traced by police.
- g) If the survivor was abused by a family member, she/he should not be allowed to go back home. In case it is inevitable that the survivor goes back home, she should be guided to make a safety plan.
 - h) Exhibits should be handed over to the police. These may include clothes that the survivor was wearing at the time of the assault.
 - i) Issue PF3 if the survivor was sexually or physically assaulted.
 - j) Refer the survivor to a health facility that offers HIV Post Exposure Prophylaxis (PEP). In order for the survivors to benefit from PEP services, this should be done within 3 days after the sexual assault. The survivor will be given PEP if they were HIV negative at the time of the sexual encounter.
 - k) If circumstances allow, the officer escorting the survivor to the police surgeon or health facility should be of the same sex as the survivor.
 - l) The survivors should then be escorted to see the Police surgeon. During the examination, the police surgeon and a police officer must be present. The Police surgeon will also fill the PF3 and its appendix.
 - m) When the PF3 is returned to the police station, information emerging from the findings should be used to update the file. If possible and appropriate, further statements are recorded by the investigating officer.
 - n) Arrest the suspect. Inform him/her about the nature of the crime committed and options available to him.
 - o) Refer the suspect to the Police surgeon for a medical examination to ascertain his/her HIV status
 - p) Forward the file to the Resident State Attorney (RSA) or other responsible offices for advice. Follow advice of the RSA.
 - q) Produce the suspect in court as advised by the RSA. This should be done within 48 hours of arrest.

Part B: Role play (45 minutes)

1. Ask one person to volunteer to be the victim. The volunteer should imagine that they are survivors of sexual assault and have come to the police station. They do not know the procedures to be followed.
2. Pass around the bag with the small pieces of paper on which you wrote steps of the procedures.
3. Choose at random people to pick the pieces of paper. One person shall pick only paper. Do this until all the pieces of paper have been picked from the small box or hat.
4. Ask the volunteer to move to the front part of the training room.
5. Invite the trainee who picked the piece of paper with "a" to come to the front. He/ she will be required to read aloud "step a" and to act out how he/she as a police officer would guide the victim through this step.
6. If other trainees think that he/she is not doing it the right way as stated on the piece of paper, they should say "Stop?". They will then tell the class why they said "stop" and what they think should have been the right way to guide the victim.
7. Go through all the steps by allowing trainees to practice their steps. Do this until they have been exhausted.

Conclusion

- Summarize the session by saying that procedures are usually laid down to guide people on how to approach a certain issue.
- It is important that all police officers adhere to these procedures of handling cases of sexual assault. This is how to ensure that the victim receives justice for the offence committed against them.

TOPIC 13: UNDERSTANDING THE DOMESTIC VIOLENCE ACT AND THE POLICE'S ROLE TO ENFORCE IT (2 HOURS)

Objective:

1. Increase participants understanding of the Domestic Violence Act 2009.
2. Highlight the role of police officers in enforcing the law in responding to domestic violence cases.

Preparations.

- The facilitator needs to read the domestic violence Act 2009 prior to the session
- Flip charts
- Markers
- Make enough copies of the Domestic Violence Act to share with the participants

Part A: Understanding the Domestic Violence Act (1 hour)

1. Welcome participants to the session.
2. Ask them to brain storm on the following
 - Why they think domestic violence is an abuse of rights
 - Is domestic violence a crime, if yes why?
 - Cite any legal frameworks that prohibit acts of domestic violenceThe Domestic Violence Act criminalizes acts of domestic violence and simplifies the work of police officers.
3. Ask the questions "What is the Domestic Violence Act?"
4. Clarify that the Act seeks to protect the victims of domestic violence and to hold perpetrators accountable to their actions
5. Break up participants into 6 groups and assign each group to use the Domestic Violence Act to discuss the following questions:

Group 1: The Act's definition of domestic violence; and a domestic relationship

Group 2: Prohibition of domestic violence and proceedings in local council courts

Group 3: Proceedings at the Magistrate's courts and defining interim protection order

Group 4: Contents of protection orders and application for variation, revocation or discharge of orders


Group 5: Jurisdiction of family and Children Court in relation to domestic violence

Group 6: Guiding principles for determining compensation (discuss all the schedules)

6. The facilitator should clarify that
 - The Domestic Violence Act gives the legal definition of domestic violence as "any act or omission of a perpetrator which harms, injures, or endangers the health, safety, life, limb or wellbeing of another person with whom the perpetrator shares or once shared the residence.
 - Recognizes that domestic violence can be physical, emotional, sexual or psychological.
 - Any one in a household can experience domestic violence. The Act recognizes that men, women, or children, relatives or domestic workers can experience domestic violence and therefore protects all in a domestic setting
 - Cases of domestic violence can be of a civil or criminal nature.
 - Cases of a criminal nature, must be handled by the Police, Magistrate's court, or the family and Children's Court and not the local councils.

Part B: Duties of the Police officer in the Domestic Violence Act. (1 hour)

1. Remind participants that their duty as police officers is to enforce already existing laws.
2. Clarify that according to the Domestic Violence Act, the duties of the police officer are to
 - a) Assist the victim, including giving assistance or advice in obtaining shelter.
 - b) Where signs of physical or sexual abuse are evident, ensure that the victim undergoes medical examination and receives medical attention
 - c) Advise the victim on the right to apply for relief and a right to lodge a criminal complaint

- 
- d) Offer procedural guidance and any assistance as may be necessary to ensure the wellbeing of the victim, the victim's representative on the nature of domestic violence.
 3. Write these four duties on a flip chart.
 4. Divide participants into 4 groups and give each group one of the scenarios found at the end of these instructions.
 5. Using the given scenario the role of each group will be to act out what the appropriate response of the police shall be. Each group shall look at one role.
 6. Allow 5 minutes for each group to come up with the role play and to act out to the plenary.
 7. After each presentation, debrief with the participants on the role of the police and not the client
 - What went well?
 - Did the group's role play bring out the specific role of the police officer?
 - What should have the police officer done differently?

Summarize the session by stressing the following points

- The Domestic Violence Act prohibits all forms of domestic violence and that the police officers are obliged to ensure that the police station is a place that a victim should receive redress.
- Domestic violence is a crime according to the Domestic Violence Act 2009
- The Police officer is required to enforce existing laws. Therefore officers must ensure that the victim receives justice by apprehending perpetrators of domestic violence.
- The police officer is obliged to enforce the interim protection order issued by court in case the suspect breaks the order

Scenario one

A woman comes to the police station with her 2 young children. Her husband has thrown her out of the house. The husband has also threatened to kill her if she does not leave "his" house. She has no where else to go but heard that the police helps desperate people like her. However, at the police station where you are the OC CFPU, there is no room for such people. You were recently informed in a workshop that a shelter had newly been opened in your neighborhood. Using information from the Domestic Violence Act, how do you respond to such a case?

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Scenario two

Josephine lived with her uncle for three years until he threw her out of his house last night. He brought her from the village and promised to pay her school fees. Last night he sneaked into her room while his wife was away and tried to rape her. She resisted and a fight ensued. He beat her severely and raped her. She sustained serious injuries on her chest, back and thighs. A neighbor has accompanied her to the police station. How do you use the Domestic Violence Act to ensure that she is protected?

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Scenario three

One of your male colleagues has come to report a case of domestic violence. You hear his wife quarrelling on top of her voice and calling him useless because he does not provide for the family. Last night your colleague came back home and found his wife packing her property. She said that she was tired of leaving with a poor man and was going back to her parents. When he tried to stop her, she beat him and he sustained several injuries. He wants to take the legal option. What advice do you give him about legal proceedings?

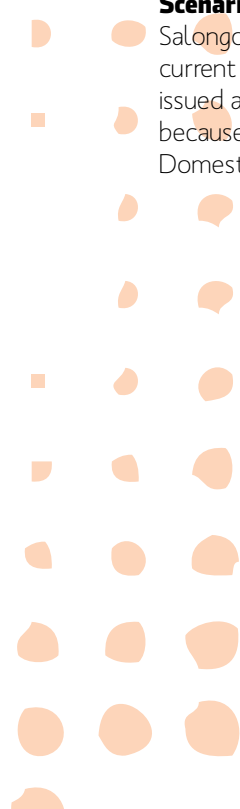
.....

Scenario four

Two children have been brought to the police station. Three years ago when their parents died of HIV, their uncle offered to adopt them. He said that he needed to live with them in the house that their parents had left that so he can be close to them. Two weeks ago he threw them out of their home when another man came claiming that the children's uncle had sold the plot of land and house to him. A concerned neighbor picked the children from the street and brought them to the police station. How do you use the Domestic Violence Act to protect the children?

Scenario five

Salongo has had two failed marriages due to excessive use of violence. In this new case, he has broken his current wife's hand, beaten his two children and he is threatening to kill the wife. A magistrate court has issued an interim protection order to protect Nalongo and the children from Salongo. Salongo is very furious because he thinks that he has been unfairly restricted from going back to his house. How would you use the Domestic Violence Act to ensure that Nalongo and the children are protected?



TOPIC 14: GUIDING PRINCIPLES FOR HANDLING CASES OF GBV (1 HOUR)

Objectives:

Enable trainees understand the guiding principles for handling cases of gender based violence

1. Explain to trainees that all cases of violence are very sensitive and therefore officers need special skills to handle such cases. Survivors of violence have several needs and police officers are required to know what to do, how to do it and when and where to refer or accompany the survivor to have her/his needs met.
2. Explain that all cases of GBV should be based on three major principles.
 - Safety
 - Confidentiality
 - Respect
3. Write these guiding principles on a flip chart.
4. Discuss the principles using the following questions and ideas

a) Safety and Security

- What is safety and why is this important?
- One very easy way to protect the survivor is to maintain confidentiality.
- How can you make sure that the survivor is safe and secure?
- Risk assessment and safety planning as tools- Review police handbook for next time so we can practice these.
- How can violating confidentiality compromise the safety of a survivor and your safety?
- How can you keep yourself safe and secure?
 - o Keep all information confidential
 - o Report all threats to senior management
 - o Remain aware and informed

b) Confidentiality

- What is confidentiality and why should this be done?
- If confidentiality is breached it could bring grave consequences for the survivor, including
 - i) Being killed or physically hurt, particularly if there isn't enough protection.
 - ii) Feeling re-traumatized or socially stigmatized
 - iii) It may discourage survivors from coming forward to report
 - iv) Breaking of confidentiality ruins the reputation of the officer and the police institution because the survivors and other people will consider the police force unethical.

Is this Breaking Confidentiality?

- v) A journalist wants to speak with a survivor so she can explain her side of the story since he already spoke with the perpetrator
 - vi) You want to get more advice about a case, so you announce it at an all staff meeting
 - vii) You want your supervisor to be involved in figuring out what to do about a case
- In certain cases, it may be necessary to involve other people while handling a particular case. The most important thing to do when encountered with such situations is to get the consent of the survivor. Where necessary, explain why it is important for others to be involved.

c) Respect

- What is respect?
- Respect means appreciating and valuing the person and his or her experiences, ideas, decisions and actions
- The actions and resources of all actors must be guided by a fundamental respect for the wishes, the rights and the dignity of the survivor.
- What are some of the ways you will respect survivors in your work? (Solicit list. Include below ideas)
- You can respect the survivor by:
 - o Conducting interviews in private settings
 - o Conducting interviews and examinations by staff of the same sex as the survivor

- o Be a good listener
- o Maintaining a non-judgemental manner concerning the survivor and her or his behaviour.
- o Be patient
- o If and when possible, not asking the survivor for more information if s/he not ready to speak about the incident
- o Asking only relevant questions
- o Not discussing the survivor's previous sexual history
- o Avoiding asking the survivor to repeat his/her story in multiple interviews
- o Not laughing or showing any disrespect for the survivor and his/her culture, family or situation
- o Being confidential (don't shout across the room to him/her—ask questions quietly and politely—age, etc)

Conclude by saying that

- Safety, confidentiality and respect are the three guiding principles that every police officer should adhere to while responding to cases of gender based violence.
- Failure to adhere to these principles can spell danger for the survivor and her children.
- The three principles ensure that the rights of the survivors are upheld.
- Explain the role of the police officer in the process
- These principles MUST be adhered to all times.



TOPIC 15: INTERVIEWING CASES OF GBV (2 HOUR)

Objective

- Build participants' skills of interviewing cases of GBV

Preparations

1. Write the general principles of handling GBV cases on a flip chart (see Annex C)
2. Make copies of imaginary scenarios at the end of these instructions
 - How to interview a victim of domestic violence (Scenario 1)
 - How to interview a suspect of domestic violence (Scenario 2)
 - How to interview a child witness of domestic violence (Scenario 3)
 - How to interview a child who is a victim of violence (Scenario 4)
 - How to interview a female survivor of rape (Scenario 5)
 - How to interview a male survivor of rape (Scenario 6)
3. Make 4 copies of guiding principles of working with and interviewing victims, suspects and child witnesses (Annex D, E, F and G)

Part 1: Introduction. (5 minutes)

1. Explain to trainees that cases of domestic violence and sexual violence are very sensitive and usually involve people known to each other and oftentimes share the same residence. The way a police officer handles these cases can ensure survivor's safety and dignity or can put the survivor at a greater risk of violence. This calls for a lot of caution on the part of the officer.
2. Explain that all cases of violence GBV are serious in nature and no complaint should be handled lightly. No one should be turned away no matter how minor we may think the case is.
3. Tell trainees that in this session, we shall focus on how to interview survivors, suspects and child witnesses' of GBV.

Part 2: Interviewing cases of GBV. (1 hr 50 minutes)

1. Put up the flip chart with general key principles of dealing with domestic violence.
2. Make a quick review of the principles and clarify on what trainees may have not understood.
3. Divide the trainees into 6 groups and give each group one of the scenarios of interviewing cases found at the end of these instructions.
4. Distribute copies of guiding principles and interview questions for survivors, suspects, child and child victims of violence (refer to annexes D, E, F and G). The groups that handle scenarios 5 and 6 should also receive principles of working with and interviewing survivors.
5. Each group should be given the interview questions that correspond with the specific role play.
6. Ask each group to role play interviewing cases using the scenarios. There should be a total of 6 role plays. Encourage trainees to keep in mind the key principles when planning for the role plays. Each group shall identify characters (i.e. police officer and the client). They shall use 5 minutes to act out the role plays
7. In the plenary, debrief about the role plays and encourage every one to share about the officer's role:
 - a) What went well?
 - b) What didn't go well?
 - c) How did the interview guide help the officer to effectively handle the cases?
8. Ensure that every role play brings out the key principles of handling GBV cases. If these principles are not well brought out by the role plays, the facilitator needs to guide the trainees to understand them.
9. Thank the trainees for their contributions and inform them that the subsequent sessions will cover more skills of responding to survivors e.g.
 - a. To conduct a risk assessment
 - b. To help survivors create safety plans

Part 3 Concluding Remarks by the Facilitator (5 min)

When winding up the session, the facilitator needs to emphasize that the guidelines discussed in this session were developed by Uganda Police to enable police officers to effectively respond to cases of violence. It is important that the officers make the victim know that what happened was not their fault and the use of violence is never acceptable. The officers should remember to talk to the victim and suspect separately.

NB: Use of these interview guides will ensure that the police focus their interviews with the victims, offenders and witnesses, and as such save time and avoid blaming the victims for the violence they experience, if the officer blames the victim, then that means they are conspiring with the offender to commit more crimes against the victim and this is prohibited by the Constitution, the Penal Code and the Police Act. Most importantly it will enable officers meet their obligation of protecting law and order as defined by the laws of Uganda.

Scenarios 1

1. Sarah was going to fetch water at 7pm; her neighbor's husband who is a local leader in the village also picked jerricans and followed her. When they were far from the neighborhood, he forced her to have sex. He threatened to kill her and harm her children if she reported the matter to any one. Sarah is terrified but she comes to talk to the OC Child and Family Protection Unit.

Scenario 2

2. Yusuf is a truck driver who is always away on safari. He has relationships with many women in different towns and recently, his wife got to know about his extra marital affairs. She fears that he has infected her with HIV. When she tried to talk to Yusuf about his behavior, he beat her, and calls her a good-for-nothing woman who can not sexually satisfy him. Neighbors and the LCs arrest Yusuf and bring him to the Police station.

Scenario 3

3. Musoke is a father of two children and a very respectable business man who is known for his generosity. But when he makes a loss in business, he comes back home very upset and often beats his wife in the presence of his children. He blames her for bringing bad luck to the business. His wife is tired of the abuse and reports the case to Police. His daughter Namusoke is requested to give a statement as a witness to what happened. How would you interview her?

Scenario 4

4. Two children see their parents fighting and are injured in the process. One of them has a deep cut in his left cheek and the other has a scratch on his back. The kids have come to report the incident to the police station.

Scenario 5

5. Musa is a married man and a father of two. He is a respectable man in his community. He was recently assaulted by group of 5 young men who sexually assaulted him when he was returning home from a safari. Musa has come to report the matter to the police station.

Scenario 6

6. Esther has just ended her relationship with her longtime fiancé Ernesto. Her fiancé is so furious because he thinks that he had invested so much time and money in this relationship. He has been stalking her at her work place, home and keeps sending threatening messages on her phone and making anonymous threatening calls. Ernesto has vowed that he will not let Esther relate with any other man. If he can't have her, then no one else should. Ester has come to the police station to report the case

TOPIC 16: RISK ASSESSMENTS AND SAFETY PLANNING (1 HOUR)

Objectives

- Discuss risk assessments
- Discuss how to create safety plans with clients.

Preparations

- Photocopy enough "Risk Assessment" and "Safety Planning: Guiding Questions" handouts so each participant has one.

Part 1: Risk Assessments (15 minutes)

1. Explain that a risk assessment is intended to help the officer establish the level of risk the survivor might be in so that s/he can be helped to plan for safety and the safety of the children, if any.
"A risk assessment should be done with each survivor who may be in immediate danger of further violence from the perpetrator."
2. Distribute risk assessment questions. Allow a couple of minutes for trainees to look over the questions.
3. Ask trainees "When in the process of reporting should we do a risk assessment?"
4. Ask for 2 volunteers to come up and do a brief, 5-minute role play ONLY on the risk assessment (assuming the survivor has already told her story somewhat and you are in the part where a risk assessment is useful.
5. Ask the volunteer playing the survivor to be a bit brief, for the sake of the role play.
6. After 5 minutes, stop the role play and say each of them will have further chance to practice the risk assessment along with the safety planning practice.
7. Ask for any questions or concerns about the role play they just did/ saw. Focusing on the role of the officer: What was done well? What could be improved?
8. Summarize by saying that
 - A risk assessment helps us to see what options we might want to give survivors, and be sure we are making a safety plan and taking options that acknowledge the survivor's level of risk.
 - Once we have established the level of risk the survivor is, we can help the survivor to make a safety plan.

Part 2: Safety Planning (45 minutes)

1. Explain that in this next exercise you will learn how to create and discuss safety plans with clients who are either experiencing violence from a perpetrator or afraid of potential violence from a perpetrator." This is a very temporary measure and should not be thought of as a sustainable way of protecting the survivor. This means that the officer should continue to follow up with the case to make sure that the survivor is safe.
2. Explain that when a survivor develops a safety plan the survivor identifies what to do or where to go if violence happens. The survivor takes time to think ahead about how to protect themselves and if appropriate, their children."
3. Explain to trainees that they will now go through the process of creating safety plans.
4. Give trainees the handout titled: "Safety Planning with Clients." Read through the handout with participants. Explain that these are questions providers can use to help clients plan for their safety.
5. Ask participants to turn to their neighbors. One of them will play the role of the client and the other the police officer, They shall create a safety plan using the questions on the handout. Allow 15 minutes for this exercise.
6. After 15 minutes have passed call "stop".
7. Ask participants:
 - a. "What did you learn while creating a safety plan?"
 - b. "How best can you support a client in creating a safety plan?"
8. Have a discussion using the following issues:
 - Support your client in creating a plan, but do not create it for the survivor. Ask questions and provide a few examples to guide the survivor in identifying their own unique needs and circumstances. Remind the survivor that they have the knowledge and power to decide what's best for their plan.

- Have the survivor memorize their safety plan rather than writing it down. If an abusive partner finds a written safety plan, it could lead to violence.
9. Summarize the exercise with the following:
 - a. Safety plans are helpful for those survivors most especially women who are experiencing violence but are unable to leave the situation due to several factors. They are also helpful for survivors fearful of potential violence.
 - b. By discussing safety plans with their clients, providers can provide better services and ensure the continuing health of women at risk for violence and for HIV infection as a result of violence.
 - c. Talking about safety plans with survivors builds survivors' skills and sense of power for keeping themselves safe.
 - d. The police officer can support a survivor to conduct a safety plan at any stage of the cycle of violence. This should not only be done at the stage where the violence episode occurs.
 - e. Police officers should also step in their role to ensure that the survivors are protected, this officers can do by following through their role as required by law



Please ask the survivor the following questions. Any questions answered 'yes' increases the risk for that survivor.

1. Serious Injury: Have you ever been seriously injured? Please describe what happened and when it happened. (Strangulation, life threatening injuries, or ones that require hospitalization or extended medical care, etc are the highest risk.)
 2. Abuse to children: Do you have children? If yes, do they also experience violence from the perpetrator?
 3. Weapons: Does the suspect have any weapons e.g. a gun, big stick, knife, spear, bow and arrow? If yes, can you tell me what type of weapon the suspect have? Has the suspect ever used or threatened to use the weapon as part of the abuse?
 4. Threats of killing or serious harm: Has the suspect ever threatened to kill or hurt you? If yes, when did the suspect threaten you last? How did the suspect threaten you?
 5. History of Violence: Does the suspect have a history of violence with others? If yes, can you give some examples of the suspect's violence?
 6. Frequency of Violence: How frequent is the violence? (The more violence, the more severe)
 7. Isolation: Has the suspect prevented or stopped you from going out or associating with other people? Does the suspect get very upset if you talk with other men or accuse you of having affairs—even when it makes no sense for him to suspect you?
 8. Sexual Assault: Has the suspect ever forced you to have sex when you did not want to?
 9. Substance Abuse: Does the suspect drink alcohol or use any other drugs? If yes, does the suspect become violent when they are drunk (or on drugs)?
 10. Abuse of animals: Has the suspect ever abused pets or livestock?
- Follow up with the following questions, again taking into consideration the level of risk involved.
- How do you believe the suspect will react if/when he finds out you have come to the police? Is there danger from the suspect or from his family/ others? It is good that you came for help, and we also want to help if you think you might be in increased danger after reporting the violence.
 - Is there any other information you would like the police to know about the danger you may be in? (An event, a specific threat, a feeling you may have?)

Note to police officer: Let the survivor know the level of risk you think she is under, and compare it with what she thinks. Do whatever is necessary such as referring her to other services for abused women, apprehend the suspect, find alternative housing, etc.

³Adapted from Mederos, F., Gamache, D. & Pence, E. Domestic Violence and Probation. Minnesota Center Against Violence and Abuse. Accessible at: <http://www.mincava.umn.edu/>

1. Are there certain signs you can see in your partner's behavior that alert you to the possibility of violence? Can you get out of the house before the violence starts or send a message to someone for help?
2. Are there neighbors who you could talk to about the violence and they could help you in emergency situations?
3. Is there a signal you could create to alert neighbors that you need help?
4. If the violence begins, can you move into a room where you could escape or others could hear you? Or that might be safer (e.g., not kitchens to avoid kerosene, knives, etc)?
5. Are there weapons in the house? Where? Can you remove or hide them?
6. Are there places where you could go in an emergency (relative, neighbor, local leader, etc)?
7. Can you keep a bag hidden (either at home or at a friend's/family member's home) for emergencies filled with a change of clothes, some money, set of keys and copies of any telephone numbers or important documents in case you need to leave quickly. What items could you pack that are important and useful to you?

⁴ Michau, L. (2009). SASAI An Activist Kit for Preventing Violence against Women and HIV. Kampala: Raising Voices.

TOPIC 17: WHO IS THE SUSPECT? DETERMINING THE PREDOMINANT AGGRESSOR OF DOMESTIC VIOLENCE⁵

(2 HOURS)

Objective:

- To enable officers determine the predominant aggressor in cases of domestic violence.

Preparations:

- Pre write questions in #10 on flip chart (see page 2 below)
- Photocopy Handout: Checklist of Reflections and Questions to Determine the Predominant Aggressor
- Photocopy Handout of scenarios for each participant, and cut apart so they are in 2 separate piles
- Pre-arrange actors for scenario 2 and put make up or washable marker injuries (or sling, makeshift bandages, etc) on each to match the survivor's story

Part A: Introductions:

1. Ask trainees how do we identify the survivor and the suspect in a domestic violence case?
2. Solicit their responses, e.g.
 - Who has injuries
 - The content of the stories they tell
 - Etc.
3. Explain that:
 - Sometimes it is easy to tell who the survivor in a domestic violence case is. Other times, it may appear that both people in the couple hurt each other.
 - This can give the actual perpetrators a chance to divert your attention to think that the perpetrators are the survivors of the violence.
 - This session is dedicated to answering the question of how to tell who is the survivor and who is the suspect in situations of domestic violence.
4. Explain that
 - An "aggressor" for the purposes of this training simply means the perpetrator of the violence, recognizing the pattern of violence—not just a single incident of violence.
 - The predominant aggressor is the person determined to be the most significant, (the one who caused most damage, and/or the one who perpetrates the pattern of violence, using power and control) rather than the one who hit first or sustained injuries in this particular incident of violence.
 - Determining the predominant aggressor calls for thorough investigation.
5. Ask trainees "What might happen if we do not determine the predominant aggressor?"
6. Brainstorm with the group, helping them to think through as needed, based on what they know about domestic violence. Write responses on flip chart, e.g. Not holding perpetrator accountable, not protecting survivor, it wont stop the violence because the perpetrator is free to continue doing it, puts the survivors and witnesses life at risk of further harm from the perpetrator, people learn to mistrust police—including the children in the house.
7. Explain that this session is aimed at enabling the participants gain skills to determine the predominant perpetrator to enable officer know how best to address the problem without putting the survivor in more danger And to ensure that justice is done in such cases
8. Distribute handout of Checklist of Reflections and Questions to Determine the Predominant Aggressor.
9. Invite participants to read one each, until they are all read:
 - Who poses most danger to the other?
 - Is it clear that one party is fearful of the other?
 - Is it clear that one party is controlling of the other?
 - Who used the most force? For example did one party react to a slap by beating the other?
 - How severe are the injuries inflicted on each other? Who has more severe injuries?
 - Did any injuries appear to be the result of self defense?
 - Is one party physically stronger than the other?
 - Is there a history of violence by one person against the other?

⁵Some of the content in this session adapted from Strack, G.B. (n.d.) "She hit me, too": Identifying the Primary Aggressor: A Prosecutor's Perspective. Available on 25 August 2009 at: <http://www.peaceathomeshelter.org/DV/readings/aggressor/Shehitme.pdf>

- Does he/she have a history of violence against other people besides his/her family members?
 - Is one party usually the aggressor?
 - Who is most at risk for future harm or injury?
 - Can anyone else confirm the facts of the stories (e.g. a child, friends, neighbors) including whether there is a history of violence and what exactly they heard, saw, and know as facts?
10. To determine these things, use your observation skills. Additionally, here are a few questions you can ask (prepare these on flip chart)
 - What was the argument about? / What happened?
 - What will your partner tell me about what happened?
 - Has there ever been violence in your relationship before? What happened?
 - Has anyone ever reported violence to the police before?
 11. Explain that just because both partners sustained injuries, this does not mean you need to arrest both parties. After using the checklist, the officer will be in position to determine who needs to be held accountable for their actions
 12. Explain that just because someone reported first does not mean that they are the survivor. The police officer needs to determine who the predominant aggressor is by using the checklist.

Determining offensive and defensive injuries:

1. Explain that
 - One way to help determine the predominant aggressor is to compare the stories with the evidence of physical injuries on all complainants.
 - This involves being able to distinguish an "offensive" injury (one that was inflicted by someone who attacked the survivor), and a "defensive" injury (one that was inflicted while the survivor was trying to defend her/himself).
 - For example, imagine a woman tells you a story and says her husband was on top of her, beating her, and she was trying to defend herself. If there happen to be scratches on the arms of the man or on his face or neck that could have reasonable been done while being held down, this corroborates the story. If they are not present, it does not mean the story is false. If there are injuries on her body that indicate beating, this can also corroborate the story. In other words, the scratches on the man's body could have been done by the survivor in self-defense.
2. In separate discussions with each party, asking about what happened, you can have each re-enact what happened, e.g. ... "And I was standing like this and then he hit me here, and I moved here and picked up a stone ..." etc. Brief, separate re-enactments with each party can help to determine whether any injuries could have happened in the way being described.

Note: The re-enactments should only be detailed enough to compare injuries with stories. It is important to pay attention that neither party is feeling re-traumatized by the re-enactments. If so, it is important to stop and offer referrals to any community or organizational support services available.
3. Distribute handout "Strangulation". Go over the hand-out briefly. Ask participants for any questions/clarifications about the section.

Brainstorm Scenario- George and Mary:

1. Distribute Handout "Scenario of George and Mary". Invite one participant to read the scenario aloud.
2. Invite pre-arranged volunteers to act out the scenario, then ask:
 - What should the officers look for? (e.g. injuries, threatening or threatened mannerisms, who is afraid of whom, etc—as described in Handout checklist)
 - Do the injuries match the stories?
 - Who should they interview?
 - o Both parties
 - o Neighbors or family members, who can confirm facts and any history of violence
 - How should they interview them? (Separately interview each party, looking for facts to enforce the law. Also interview neighbors or others, looking to confirm stories based on facts, what they heard, saw, or know has happened before in the pattern of violence.)⁶
 - Who is the predominant aggressor?
3. Discuss responses of the group.
4. Give feedback as needed, being sure that the safety, wishes and rights of the survivor are respected, and that the predominant aggressor is accurately identified.

Group Work and Large-Group Role Play:

1. Explain:
 - In a few minutes, we are going to use another scenario to practice determining the predominant aggressor.
 - One challenge in responding to domestic violence cases is that some community members, neighbors, people you will interview and even officers have attitudes that blame survivors who are suffering from domestic violence.
 - It is very important in all of this to pay attention that we must implement the law and look for facts, not responding out of our own attitudes—whatever they may be.
2. Distribute Handout: "Scenario of Elizabeth and Charles". Invite one participant to read the scenario aloud.
3. Explain that now we would like to put our learning into practice. Let us act out this scenario.
4. Invite participants to volunteer in the roles of Elizabeth and Charles, and the officer(s).
5. Explain:
 - Elizabeth and Charles will remain the same, but every few minutes I will hold up a sign that says "switch!" and a new officer will come in (pretending to continue on with the same scenario, just for the sake of practice).
 - Remind listeners to pay attention to whether the officer is enforcing the law and looking for facts, rather than enforcing their own attitudes or being swayed by the attitudes of the neighbors or other community members they interview in regard to domestic violence.
6. Ensure the group determines the predominant aggressor within about 10-15 minutes, speeding the role play along as needed.
7. Thank volunteers participating.
8. Invite the group to point out positive and negative feedback to fellow participants, and to identify the predominant aggressor and how they know.
9. Take notes during the role play. Look for behavioral clues that the officers are:
 - Getting the concept of the predominant aggressor, and picking up on cues of fear, lying, etc.
 - Able to analyze whether the stories make sense
 - Able to distinguish offensive vs. defensive injuries and whether injuries match the stories
 - Interviewing the two main parties separately, and respecting the right of both parties to nonviolence. (Specifically, not putting the survivor in danger by questioning her in front of the perpetrator, etc.)
 - Focusing on enforcing the law and looking for facts, rather than falling back on their own or neighbors' attitudes about domestic violence.
10. Clear up any misconceptions among the group, and provide feedback.

⁶ Note: This module is not intended to replace basic police investigatory skills training. Much information about how to interview suspects, witnesses, and victims of crime is assumed as background in this module.

11. Explain:

- Determining the predominant aggressor of domestic violence can be very tricky and calls for skills.
- However, it is very important because if the aggressor is not identified appropriately, then the violence will not stop and we will be punishing survivors, not the person who actually committed the crime.
- If we do identify appropriately the survivor and the suspect, we can help to keep the survivor safe and hold the perpetrator accountable for crimes as defined in the laws of Uganda .
- Thank participants again for their participation.





Appropriate to move on when participants are able to:

- Explain the concept of a predominant aggressor in domestic violence and relate it to the pattern of domestic violence
- List at least 2 of the things you can ask to determine who is the predominant aggressor in a relationship
- Demonstrate 1 technique to determine the predominant aggressor

Do NOT move on if:

- Participants are unable to correctly identify the primary aggressor

Instead, discern what the difficulty may be and find or create additional training processes and materials. Some suggestions for further training may include:

- Providing additional scenarios and role plays to determine the predominant aggressor.
- Providing additional training on interviewing skills, assessing offensive and defensive injuries, or other related skills.
- Providing additional training on the dynamics of domestic violence along with guided reflections about the implications on predominant aggressor.

Validation Options:

See www.raisingvoices.org/staffskills for a description of how to use these options.

- Game show, card game, or Pick and Play, or Answers Bingo validation methods.
- Role plays within training and/or individual exit role plays.
- Short written or dramatized scenarios with realistic situations given. Participants answer the question for each scenario: Who was the predominant aggressor in this scenario?

Validation Questions

(Double points—1 point for knowing what a predominant aggressor is and another to relate it to the pattern of domestic violence!!) What do we mean by the “predominant aggressor” within a pattern of domestic violence?

-(Double points—1 per question!!) What are 2 of the questions you can ask to determine who the predominant aggressor in a relationship is? Who would you ask those questions of?

Handout: Checklist of Reflections and Questions to Determine the Predominant Aggressor

To determine who the predominant aggressor is, the officer should use observation skills and a few questions/basic re-enactments (to assess how stories match injuries), separately with the couple to figure out some of the following items. Please note that not all of these items are needed—any one or two may be enough to determine the predominant aggressor, if others are not available.

- Who poses most danger to the other?
- Is it clear that one party is fearful of the other?
- Is it clear that one party is controlling of the other?
- Who used the most force? For example did one party react to a slap by beating the other?
- How severe are the injuries inflicted on each other? Who has more severe injuries?
- Did any injuries appear to be the result of self defense?
- Is one party physically stronger than the other?
- Is there a history of violence by one person against the other?
- Does he/she have a history of violence against other people besides his/her family members?
- Is one party usually the aggressor?
- Who is most at risk for future harm or injury?
- Can anyone else confirm the facts of the stories (e.g. a child, friends, neighbors) including whether there is a history of violence and what exactly they heard, saw, and know as facts?

Ask each person in the couple, separately, the below questions, as applicable. Remember: Listen for the above information, even though you are not always asking it directly.

- What was the argument about? What happened?
- What will your partner tell me about what happened?
- Has there ever been violence in your relationship before? What happened?
- Has anyone ever reported violence to the police before?

Strangulation has only been identified in recent years as one of the most lethal forms of domestic violence: unconsciousness may occur within seconds and death within minutes. Today, we know that survivors may have no visible injuries whatsoever yet because of underlying brain damage by lack of oxygen during the strangling survivors may have serious internal injuries or die days or several weeks later.

A survivor who is strangled may first feel severe pain, followed by unconsciousness and even death. The survivor will lose consciousness by any one or all of the following methods: blocking of the carotid arteries (depriving the brain of oxygen), blocking of the jugular veins (preventing deoxygenated blood from exiting the brain), and closing off the airway, causing the survivor to be unable to breathe.

Slightly less than 5 kg of pressure placed on both carotid arteries for ten seconds is necessary to cause unconsciousness. However, if pressure is released immediately, consciousness will be regained within ten seconds. To completely close off the trachea, three times as much pressure (slightly less than 15 kg) is required. Brain death will occur in 4 to 5 minutes, if strangulation persists.

In a study conducted of 300 domestic violence cases, visible injuries such as bloody red eyes, marks on the skin, scratches and bruising on the neck, was only visible 16% of the time. When visible injuries were present, often times those injuries were subtle and hard to find. Consequently, it is important for officers to take special care in looking for injuries around the eyes, under the eyelids, nose, behind the ears, inside the mouth, neck, shoulders, and upper chest area. Even more critical in the investigation of a strangulation case, is the documentation of symptoms such as:

- Hoarse or raspy voice
- Loss of voice
- Pain and/or difficulty swallowing
- Coughing
- Nausea and/or vomiting
- Internal neck injury
- Difficulty or inability to breathe
- Mental changes
- Light headedness
- Involuntary urination or defecation

Because visible injuries are uncommon on a survivor of an attempted strangulation, police officers need to be particularly diligent in determining the predominant aggressor. It is quite possible they may find the male assailant with visible injuries and the female survivor with no visible injuries.

⁷Adapted from Strack, Gael B., "She Hit Me, Too." Identifying the Primary Aggressor: A Prosecutor's Perspective at <http://www.peaceathome-shelter.org/DV/readings/aggressor/SheHitMe.pdf>

Scenario 1: George and Mary

George is a very successful businessman. He and Mary are married and have three children. Sometimes George asks his wife Mary to attend to his shop while he is away on business trips. Mary is a very friendly woman and smiles with all customers to attract them including the male ones. One day while Mary was attending to the shop, George made an impromptu visit to the shop after a tip off from one of his friends that Mary had been chatting for 30 minutes with a male regular customer. As soon as George saw Mary, he started to call her a slut and she threw a slipper at him. He was so furious and said that he was going to teach her a lesson. "It is unacceptable for a woman to throw objects at her husband!" he shouted at the top of his voice. Then he rushed towards her and beat her severely that she sustained serious injuries on her face and back. When she managed to escape from his grip, she grabbed a stone from their veranda and threw it at him as she ran away. One of the neighbors called the Police who came in time to control the situation. George was arrested. But some of the neighbors were glad about George's arrest and said that he deserved it since he usually beats his wife Mary.

Scenario 2: Elizabeth and Charles

A neighbor has called a police officer to the house because she reports being concerned the couple "is going to kill each other". The officer is approached by a smiling Charles, who greets him and says he is sorry for the disturbance—it is just that his wife had gotten out of hand. Elizabeth is sitting on a chair near the doorway, holding the side of her face. She is crying and looking down, until Charles greets the officer. She looks up and glares in their direction. Charles rushes to explain that his wife is very problematic recently, and that he came home a bit late today, to find that his wife had not prepared food and was cursing him for many things and throwing heavy pots and pans at him. He does not tolerate being spoken harshly to, or such violence in his home, and told her so, when she attacked him. He shows a scratch on his chest near his neck that proves this. At this, Elizabeth rises from her chair and angrily says, "You lie" to her husband. She refuses to say more in front of the husband, so the officer questions her separately.

She is very angry and it is a bit hard to get the story straight, but she says he did not leave enough money for food, and has refused to pay school fees for their daughter. He comes home late every day, having been out with another woman and spent all his money with her. When he came home today, she was very angry and threw a towel at him and a tin cup, and said harsh words to him. He slapped her and hit her in the face and demanded sex. When she said no, he threw himself on her started choking her and she scratched him to try to defend herself. He hit her in the face again, hard this time, and punched her in the stomach and abdomen.

TOPIC 18: GIVING OPTIONS TO SURVIVORS OF GBV (2 HOURS)

Objective:

- Practice skills in giving appropriate options to survivors of VAW
- Identify agencies within their communities where trainees can make appropriate referral

Preparations:

- Photocopy 1 handout per participant: How do I know if I am giving advice instead of options?
- Information on PEP, EC, or other options for group work—including any brochures, etc with information about local services. See annexes A and B

Part 1: Option Giving vs. Advice

1. Explain that one of the most important components of working with a survivor is to give the right options to that person so they can decide what to do.
2. Ask trainees “What is the difference between giving options and giving advice?” E.g.
 - Giving advice means telling someone what you think they should do and how you think they should do it or giving your personal opinion. This oftentimes does not address the needs of the survivor
 - Giving options means giving someone all the information they need to make an informed choice for themselves.
3. Ask the trainees “Why is it important to give information instead of advice?”
4. Write their responses on a flip chart. Add the following reasons to the list generated from the participants.
 - You cannot know if you are giving the “right” advice.
 - You might give the ‘wrong’ advice and it can have a bad outcome for the survivor. This can lead to a survivor’s problems getting worse or even death.
 - Telling someone what to do does not help a person to understand his/her choices. It is up to the survivor to decide the best way to solve their problems, or s/he will come back to you every time s/he has a problem.
 - Giving advice is based on your values and beliefs.
 - Giving information empowers a survivor to have control over their choices and shows that you respect a survivor’s opinions and judgments.
 - The survivor is the one who will have to live with the consequences of her or his decision, not the officer
5. Invite 4 volunteers to role play the following scenarios in two groups.
 - a) In one scenario, a woman comes to the police station to report a case of domestic violence. The police officer advises her to go back home, forgive her husband and learn to live with his behavior if she is to avoid further violence.
 - b) In the second scenario, a man who has come to the police station to report a case of sexual assault is given information about PEP.
6. The first 2 volunteers will do the role play for 5-7 minutes only. Interrupt if necessary and thank them and ask them to stop.
7. Facilitate a discussion to analyze what they just saw i.e. What did everyone see in this role play? How might the survivor have felt? What could have happened?
8. Summarize: After hearing advice, survivors may feel frustrated or controlled. They may feel you are less of an option to them. At other times, they will be quite satisfied with the advice and take it.
9. Ask the trainees “What if the survivor took the advice and it didn’t work?” “What if the officer did not know the whole story and the option he/she took ended up getting him/her killed by the husband? Or, what if he/she did take the advice and it DID work, but then the next time there was another problem he/she trusts the officer, not herself, and has to come back every time?”
10. Allow the trainees to reflect for a moment.
11. Invite the remaining 2 volunteers to do a 3-minute role play of scenario 2, where the officer gives options and information rather than advice.
12. Thank the volunteers for their assistance
13. What did everyone see in this role play?—How was it different?

14. Solicit responses
15. Summarize: Sometimes the survivor is surprised and not even as happy in the short term, because of the nature of domestic violence—survivors are told constantly that they should not trust themselves. It is hard even for survivors to accept that they know what is best for their lives, but over time it is an irreplaceable form of assistance to help them see that.
16. Distribute Handout: How do I know if I am giving advice instead of options?
17. Invite a volunteer to read the “Advice” piece aloud, and another to read the “Options” piece aloud

Part 2: What we need to know to give options and information?

1. Ask trainees about what some of the needs and assets they could identify?
2. Write responses on flip chart
3. What are some other common needs that may not have come up in that role play, but might come up in your work?
4. Add responses to flip chart, and divide the responses into 5 categories on a flip chart:
 - Health
 - Economic
 - Emotional
 - Legal/ Justice
 - Safety
5. Explain the following:
 - Survivors need to understand enough information about their options to decide what is best for them.
 - For the rest of the areas of needs/ assets we mentioned, we will split up into groups, each taking one of these 5 areas.
 - Each group will answer the following questions about their area:
 - What are the available options?
 - How are the options useful/ challenging?
 - Where can they be accessed? (If you do not know, say how you will find out)
 - Ask survivor’s thoughts/ opinions
6. Split trainees into 5 groups.
7. Explain that they will consider their questions and be prepared to
 - Answer the questions in a short presentation
 - Practice giving the relevant options related to their category to the survivor in the role play we began at the beginning of this session. They will have only 10 minutes to prepare, and 5 minutes to present.
8. Distribute any information or fact sheets available to appropriate groups, including information about Post-Exposure Prophylaxis and Emergency Contraception to health group, etc.
9. After 10-15 minutes, call “stop!”
10. Invite each group to present, assuring information is accurate and the plans to find missing gaps in information are complete.
11. Groups should cover:
 - Health
 - Medical care for injuries
 - Post-exposure prophylaxis (PEP)
 - Emergency Contraception (EC)
 - Medication for sexually transmitted infections
 - Forensic examination/filing in Police Form 3
 - Economic
 - Micro credit organizations
 - Savings clubs
 - Other income generation organizations available
 - Emotional
 - Counselors
 - Social Welfare services
 - Children’s organizations
 - Women’s NGOs

- Legal/ Justice
 - Formal legal system
 - LC system
 - Safety
 - Safer housing (in many places there are no available domestic violence safe houses, so this may mean discussion of staying with relatives, friends, or a local leader like a religious leader whose authority may keep the survivor safer)
 - Safety planning
12. Explain that before you refer to any of these options, it is very important to get the survivor's consent to talk with the organization or person about their needs. Clarify with them what to say.
 13. Solicit responses of what the survivor can do to find out if they want you to call any of these people or organizations for them, and if so, what they want you to say?
 14. Solicit responses, e.g.
 15. It sounds like you want to go to "Organization X" to talk with them. Do you want me to call them and let them know you are coming?
 16. If yes, "I would like to just tell them briefly about why you came to me—that you have recently been through [domestic violence/ sexual violence] and need this rather urgently, and that I hope that they can help you. Is that ok?"

Part 3: Options Giving Practice

1. Explain that now we are going to practice giving options, not advice to a survivor.
 - Several people will get a chance to practice, since we will start with one survivor and one officer, but after a few minutes I will hold up a sign that says "change!" and another officer will come in and take up the conversation from the same point.
 - Of course, this is not how you would do it with a real survivor, but it gives more than one person a chance to practice.
 - Everyone who is not in the role play should be looking at your handout about advice vs. options and thinking about what needs and assets the survivor might have and what options might be available to her.
2. Invite 2 volunteers to begin the role play, seating them in the middle of a circle.
3. After a few minutes, hold up the "change!" sign and get another officer to take the place of the first.
4. After several options have been given, and a few officers have practiced, stop the role play and explain that we could go on, but will stop for sake of time.
5. Solicit feedback about the role play, assuring the person that played the survivor also has a chance to contribute.
6. Thank trainees for their participation and feedback
7. Summarize:
 - Giving options is much different from giving advice, and needs continuous practice
 - It is important, in order to give good options and do our jobs well, to stay educated about what is going on in our areas and what options are available

Signs you are giving advice:

- You hear yourself saying “you should”
- You hear yourself suggesting the best solution to be taken, or hinting it is a good option
- You find yourself feeling frustrated that s/he is not choosing “your” or “the right” option
- You are giving only one option—so s/he has no choice but to choose it or go away
- You are saying what other people decide to do as a way of trying to convince the survivor what to do also

Signs you are giving options:

- You focus on facts about each option, not your opinions
- You give as many options as are available, even if to you only one seems like a “good” option
- You explain the positives and negatives of every option
- You keep similar tones of voice and facial expressions when explaining different options
- You are careful with words to select to explain the pros and cons and other details
- If you share what most others choose, it is by way of information not to convince the person it is also right for them

3

Annexes

Annex A

What is PEP?

HIV Post Exposure Prophylaxis (PEP) is an emergency medical response consisting of a short-term combination of antiretroviral medicines given to reduce the risk of exposure to HIV infection through sex.

- PEP is a set of pills taken for a period of 28 days, and intensive follow up by a health provider is required. If the full course of treatment is not completed, the treatment will most likely not be effective.
- In order for HIV PEP to be effective, it has to be taken within 2- 72 hours after exposure through rape or defilement. The earlier the better.
- All survivors of rape/defilement are at a risk of HIV infection, whether they know the HIV status of their perpetrator or not, and are to be offered HIV PEP.
- Before administering PEP, a health care provider is required to carry out an HIV test on the survivor of sexual assault. PEP is then administered if the test is negative. If the test is positive, it means that the survivor was HIV positive prior to the sexual assault, and there is no potential to prevent the infection now, as it had already occurred.
- PEP may have side effects and should only be prescribed by a health care provider.
- Exposed persons should be counseled to avoid transmission of HIV during the period of PEP provision or surveillance.

Who is PEP meant for?

PEP is given to survivors of defilement and rape as a medical emergency to reduce the survivors' risk of HIV infection.

Pregnant women who are survivors of rape can also receive PEP after a health worker has weighed the risk of PEP to the unborn child against the benefits to the mother.

Provision of PEP takes priority over any other action. Survivors of rape or parents/ guardians of child survivors of defilement reserve the right to decide whether to report to police.

Where to find PEP

Since PEP is a combination of antiretroviral medicine, the Uganda Ministry of Health has committed to providing PEP in all government run hospitals, health center IVs and some health center IIIs. In case PEP is not available at any of the facilities mentioned above, the health care provider should be able to refer the survivor to another hospital or health centre where the drug is currently available.

PEP is to be provided free of charge in public health facilities.

Why offer PEP?

Offering free access to PEP for survivors of sexual violence is considered a good practice globally. Additionally, sexual violence and HIV both disproportionately impact women. PEP reduces the risk of exposure to HIV through sexual violence.

Important Facts:

- PEP does not cure AIDS
- PEP reduces the risk/likelihood of getting infected with HIV by more than 80%.
- PEP is free in public health facilities to survivors of rape or defilement. It is not meant for people who have had sex with each other's consent.
- PEP cannot be used as prophylaxis in unprotected sex. It is not a replacement for condom use in consensual sex.

Annex B

Emergency contraceptives⁸ Eme

What?!

An emergency contraceptive is a set of pills that can be taken by a woman to prevent a woman after having unwanted sex.

Why?

Girls and women experience emergency contraceptives sexual violence from strangers as well as people known to them. In fact, this is much more common and sometimes even more difficult to talk about. Emergency contraception allows women to choose whether they want to become pregnant, even if birth control was not used during sex. This is especially helpful for women who cannot negotiate protected sex with their partners, or who are forced into sex by their partner or a stranger. Emergency contraception is a series of pills that can be taken by a woman to prevent pregnancy after having unprotected sex. Women and girls who have been forced or coerced into sex are at risk for HIV infection as well as unwanted pregnancy.

We can all give support to women and girls experiencing violence, particularly sexual violence not only has emotional consequences for women but also physical consequences.

Learning about contraceptives can help us to be informed support providers-and to help women get to health clinics for these critical services.

How?

- If a woman is worried about getting pregnant after unprotected or forced sex, she should go to a health clinic as soon as possible.
- Emergency contraception can be used for up to five days (120 hours) after intercourse. It is more effective the earlier it is used.
- Emergency contraception must be obtained from a healthcare provider.
- Emergency contraceptives contain the same hormones that are used in contraceptive pills. Emergency contraceptives do not cause abortion because they act before the pregnancy begins by:
 - o Preventing ovulation,
 - o Preventing fertilization, or
 - o Preventing implantation of the egg in the uterus.
- It's important to remember that emergency contraception is not as effective as the forms of contraception that are used during sex (e.g., condoms, birth control pills, etc). Emergency contraception is not appropriate for regular use. It should only be used in special circumstances.
- Emergency contraception will not prevent STI's or HIV infection.

Annex C⁹

General principles when dealing with gender based violence

- Talk to the suspect and the survivor separately.
- Inform the victim about confidentiality and disclosure if need be
- Do not tell the suspect the source of information
- Listen calmly to the victim as she tells her story
- Avoid making judgmental comments or conclusions
- Give her a chance to express her opinion
- Avoid telling your own story of violence
- Help her think through and consider the options for safety for herself and her children.
- Help her assess her risk.
- Give her information about the available resources for abused women/men.
- Refer the survivor for further support

cases

⁸ Michau, L. (2009). SASAI An Activist Kit for Preventing Violence against Women and HIV. Kampala: Raising Voices.

⁹ Adapted from Responding to Domestic Violence. A handbook for Uganda Police Force

ANNEX D¹⁰

a) Principles of working with survivors of violence

- Let the victim know that they are not to blame for the violence.
- Tell the victim that there is no acceptable justification for violence.
- Remember that a victim has tried out other options and has finally come to police
- I'm sorry you have to deal with this/experience
- Assure the victim of your support.
- Maintain the rules of confidentiality and disclosure which you agreed on with him/her.
- Do not make promises if you are not able to follow through.
- Interview the victim in private; do not allow other people to comment on the case.

b) Interview guide for victims of violence

- Welcome the client. Tell client your name; explain that you will ask a few questions about their case.
- Can you please tell me what happened?
- Has violence ever happened before in your relationship?
- Has the suspect ever threatened to kill or hurt you?
- Do you feel you are in immediate danger? (If yes, conduct a risk assessment)
- Was anyone present when it happened? e.g. your children, relative or neighbor
- Did you tell anyone when this happened? e.g. relatives, in-laws, LCs
- Do you feel safe returning home?
- If there is a chance that your partner / the person known to you could be violent again, how could you plan for your safety in case this happens?
- Is there any other information you would like the Police to know about the danger you may be in?
- Describe options to the client e.g. Written warning to the suspect, arresting the suspect, proceeding to court, etc). Explain requirements and implications of each.
- Would you like to see a counselor or health care provider? (Give client the referral list, help her understand her options).
- How would you like the police to help you?
- Let the client read the statement you wrote, if s/he cannot read, read it back to him/her and ask her/him whether it correctly represents her/his case and intentions.
- Explain the next steps that will be taken, ask if s/he is comfortable with this.

ANNEX E¹¹

a) Principles of working with suspects of domestic violence

- Calm down the suspect in case he is very angry, anxious or violent
- Use non-judgmental language when interviewing the suspect
- Get suspect's side of the story
- Avoid the question 'why did you use violence?' because it justifies the violent behavior
- Make sure the suspect is under your guidance and control
- Avoid telling the suspect what you discussed with his/her partner
- Avoid revealing the person who called police in case the police carried out any arrest
- Do not allow the suspect to dictate over you.
- Tell the suspect that his arrest is a police decision not the victim's decision
- Tell the suspect the kind of offense committed
- Avoid being dragged into issues that are not related to the offense reported

b) Interview guide for Suspects of domestic violence

- Welcome remarks

¹¹Adapted from Responding to Domestic Violence. A handbook for Uganda Police Force

¹¹Adapted from Responding to Domestic Violence. A handbook for Uganda Police Force

- Can you tell me what happened between you and your partner?
- Has it ever happened before?
- Are you aware of the crime that you committed? (Explain to suspect what s/he is being charged with)
- Are you aware of the consequences of this crime? (Explain to the suspect what will happen next)
- If case will not be prosecuted, explain to the suspect what other action will be taken (e.g. signed written statement, reporting to LC, etc).
- Tell the suspect that domestic violence is a crime and will not be tolerated
- Would you like to talk to a counselor or other leader? If so, give referral list.

ANNEX F¹²

a) Principles of working with child witnesses of domestic violence

- Address the child at eye level.
- Be friendly and kind to the child.
- Use simple, direct and user-friendly language.
- Explain the role of the Police to the child in simple language.
- Do not interview a child in the presence of a parent who is the perpetrator
- Assure the child that he/she is not in trouble.
- Tell the child that police officers talk with many children about domestic violence.
- Assure the child that he/she is not alone, violence happens to other children in other homes. But its not o.k.
- Ask for the child's permission in case you want to use the information.

b) Interview guide for Child witnesses of domestic violence

- Begin the interview by asking open-ended questions, such as "what would you like to talk about today? or Do you have any worries or trouble that you would like to talk about today? Tell me about your family- what is it like in your home? What were you told about coming here? Why are you here today? (*Use any one question depending on the situation*)
- Did you see anything happening between your parents?
- Can you tell me what happened?
- Did either of your parents try to hurt you? How?
- Was anyone else with you or around when this happened?
- Did you call for help? If yes, whom did you call?
- Were you helped?
- Are you scared to go home? If so, is there any where you could stay (relative, neighbor?)
- Explain to the child the next steps, what will happen after here.
- Would you like to talk with a counselor or probation officer about what is happening at home? If so, explain who they can go to see and arrange for the child if possible

ANNEX G¹³

Interview guide Children experiencing violence

- Introduce yourself to the child
- Please tell me what happened, how were you hurt?
- Has it ever happened to you before?
- How does that make you feel?
- Have you ever reported to anyone like an LC, an Uncle or an Aunt
- Is there anybody else who knows that you experiencing violence?
- Do you have any injuries on your body now (cuts, bruises, burns, etc)? If so are they hurting you now? (refer to health center if appropriate)
- Do you feel safe going back home?
- Is there anywhere else you can go?
- Explain to the child the next steps, what will happen from here
- Would you like to talk with a counselor or probation officer about what is happening at home? If so, explain who they can go to see and arrange for the child if possible.

¹² Adapted from Responding to Domestic Violence. A handbook for Uganda Police Force

¹³ Adapted from Responding to Domestic Violence. A handbook for Uganda Police Force

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Bibliography

Action Aid International Uganda. *Training Manual on Women's Access to Justice for Law Enforcement Officers*. Unpublished

CEDOVIP and UPF., (2007). *Responding to Domestic Violence. A Handbook for Uganda Police Force*. Kampala

Baer C., (2002). *Gender Based Violence Facilitator's Guide*. Unpublished

Common Wealth Secretariat. *Guidelines for Police Training on Violence against Women and Child Abuse*. Gender and Youth Division. London

Consultancy on GBV Training Materials/ Standards for MGLSD and UNFPA . Report on Training Standards recommendations including results of materials review . DSW Uganda, 2008

Mederos F, Gamache D, and Pence A., (2004). *Domestic Violence and Probation. Battered Women's Justice Project*. Minneapolis.

Accessed at www.mincava.umn.edu/documents/bwjp/probation/probationv.html

Michau L., (2008). *The SASAI Activists Kit for Preventing Violence against Women and HIV*. Raising Voices. Kampala

Ministry of Health.,(2007). *Management of Sexual and Gender Based Violence Survivors*.

Naker D and Michau L., (2005) "*Rethinking Domestic Violence. A Training Process for Community Activists*" Kampala.

Osse A., (2007) *Understanding Policing. A Resource for Human Rights Activists*. IPA Groningen and Regiopolitie Groningen. Amsterdam.

Penal Code Act CAP. 120 (with amendment Act 2007)

Rwanda National Police Criminal Investigation Department., (2008). *Child, Domestic, Sexual and Gender Violence Training Manual*

Sexual and Gender Based Violence in Africa. (2008)Literature review Population council

The Domestic Violence Bill 2009, Bills Supplement, Uganda Gazette. Printed by UPPC, Entebbe

Standard Operating Procedures for Prevention and Response to Children, Domestic Gender- Based Violence and Abuse for Rwanda National Police

The Constitution on the Republic of Uganda, 1995

The National Policy Guidelines on Post Exposure Prophylaxis for HIV, Hepatitis B and Hepatitis C, 2007

Uganda Demographic and Health Survey Report 2006.

Uganda Police Force and UNICEF., *The Role of the Uganda Police in the Protection of Women and Children's Legal Rights.*

United Nations., (2007). *Universal Declaration of Human Rights. Dignity and Justice for all of us. 60th Anniversary Special Edition.* United Nations Department of Public Information.

UNFPA Reproductive Health in Refugee Settings. An inter-agency Field Manual.

UNFPA and LAW-Uganda (2007)., *Sexual and Gender Based Violence Training Manual.*

Women in Law and Development Africa- Kenya., (2009). *The Survivors of Sexual Violence Management Toolkit.* WILDAF-K. Nairobi.