

# A Report on Police Training at Central Police Station, Kampala

18<sup>th</sup> – 20<sup>th</sup> Feb 2014



**Gender & Sexuality Program**

**Refugee Law Project, School of Law, Makerere University**

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## **About Refugee Law Project (RLP)**

The Refugee Law Project (RLP) is an outreach project for the School of Law – Makerere University. It was established in 1999 in response to research, which indicated that refugees and asylum seekers do not enjoy their rights in Uganda. Its initial focus on the provision of Legal Aid and psychosocial support to forced migrants has since expanded, and now organized under four thematic programme areas: Access to Justice; Mental Health & Psychosocial Wellbeing; Gender & Sexuality; and Conflict, Transitional Justice and Governance with five offices across the country (Kampala, Gulu, Kitgum, Hoima and Mbarara), supported by Operations and Programme Support (OPS).

RLP's primary goal is to provide legal aid to refugees, asylum seekers, internally displaced persons and deportees. Over the years, RLP has grown to become the leading Centre for Justice and Forced Migrants, conducting cutting edge research, evidence based advocacy and providing pro-bono legal aid services for forced migrants.

## **Vision**

Refugee Law Project envisions a country where all people enjoy their human rights, irrespective of their legal status. This vision is informed by relevant international laws as well as the Constitution of the Republic of Uganda.

## **Mission**

To empower asylum seekers, refugees, deportees, IDPs and host communities to enjoy their human rights and lead dignified lives.

## **Mandate**

- i. To promote the protection, well-being and dignity of forced migrants and their hosts
- ii. To empower forced migrants, communities and all associated actors to challenge and combat injustices in policy, law and practice
- iii. To influence national and international debate on matters of forced migration, justice and peace
- iv. To be a resource for forced migrants and relevant actors.

## **Core Values**

- i. Independence
- ii. Innovation
- iii. Non-discrimination
- iv. Respect
- v. Professionalism
- vi. Accountability

### **About the Gender and Sexuality Programme**

Gender and Sexuality Programme's main aim is to facilitate gender sensitivity and inclusivity, awareness and to provide inclusive Sexual Gender Based Violence prevention and response interventions. The programme actively engages individuals, families, communities and institutions, whether as victims, perpetrators or stakeholders, at local, national and international levels to transform practice, policy and discourse on gender and sexuality towards greater inclusivity for all. Gender and Sexuality's work is geared towards ensuring ensure best practices, documentation and dissemination of information about SGBV among forced migrants, conducting evidence based advocacy and lobbying and research on Sexual and Gender related issues among forced migrants.

### **Vision**

Conducive environments in which all people understand, attain, recover and enjoy their sexual and gendered being and rights regardless of legal status.

### **Mission Statement**

To actively engage individuals, families, communities and institutions, whether as victims, perpetrators or stakeholders, at local, national and international levels to transform practice, policy and discourse on gender and sexuality towards greater inclusivity and access for all.

### **Goal**

To be a leading programme nationally and internationally in providing, documenting and disseminating inclusive SGBV prevention and response interventions and services as well as conducting research, training and advocacy in the areas of Gender, Sexuality and Forced Migration.

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## **Introduction**

The Refugee Law Project is an outreach project of the School of Law, Makerere University. Established in 1999, RLP has been working towards fulfilling its Mission *“To empower asylum seekers, refugees, deportees, IDPs and host communities to enjoy their human rights and lead dignified lives.”* This mission is fulfilled through a combination of activities carried out under four thematic programmes: Access to Justice, Mental Health and Psychosocial Wellbeing, Gender and Sexuality, and Conflict, Transitional Justice and Governance. RLP has been at the forefront in providing training to various stakeholders and duty bearers including Police and Prison officers as well as community leaders and strategic government line ministries in helping forced migrants lead dignified lives.

## **Background to the Police training**

Police officers are usually the first point of contact for refugees and asylum seekers in Kampala, at border entry points and in local communities. Despite the considerable responsibilities and power they have, some police officers have limited understanding on how Sexual and Gender Based Violence (SGBV) affects forced migrants. Some do not know domestic, regional and international legislation governing forced migrants; that often leads to arbitrary arrests and detention while some refugees are forced to repatriate back to the conflict ridden countries where they have fled the same violence. Subsequently, cases of violations of rights of forced migrants in police custody are reported. Police officers are unable to inform civil society organizations of the presence of asylum seekers in detention and are not sensitive to the complex nature of asylum interviews.

Refugee Law Project through the Gender & Sexuality Programme has been working with various stakeholders and government line ministries since 1999 on Sexual and Gender Based Violence. The experience from the working relationship demonstrates the lack of comprehensive understanding of the physical and psychological effects of SGBV on women and girls and how to best respond. The experience of men and boys survivors and sexual minorities suggests an even greater lack of information and understanding. This is part of a more general lack of understanding of gender and sexuality and the plight of forced migrants. Furthermore, police officers are inadequately prepared to deal with refugee survivors of sexual and gender based violence. All these challenges are compounded with the fact that existing service providers only accommodate certain categories of victims/survivors of sexual and gender based violence.

Weak enforcement of the law by police coupled with limited training has reduced refugees' confidence in the justice system; police being the first contact. In practice there has been weak investigation and prosecution of SGBV cases among refugees because police are unaware of the necessary steps to take. In many instances, evidence is distorted or lost; hence doing more “harm” to the refugees who happen to be SGBV survivors. Police,

especially those newly recruited, lack empowerment on refugee SGBV best practices especially during Refugee Status Determination.

### **Objectives of the training**

The training reported here was attended by 30 Police officers from Central Police Station (CPS) in Kampala. It was guided by the following objectives;

- i. To enable police officials become knowledgeable on Sexual Gender Based Violence (SGBV) and be able to provide quality, compassionate, non-discriminatory and timely SGBV prevention and response services to all survivors within urban refugee communities.
- ii. To enhance police officer's knowledge on SGBV among the urban refugee population and equip police officers with information and knowledge on relevant laws and policies on SGBV and context relevant policy instruments
- iii. To improve the capacity and skills of police officers in the prevention of and response to SGBV cases of refugees and asylum seekers in accordance with international human rights standards and standards set by the 1995 Constitution of Uganda and the Refugee Act.
- iv. To create awareness about the rights and duties of refugees and asylum seekers and the roles of the Government of Uganda and the United Nations High Commissioner for Refugees (UNHCR) towards the promotion and protection of refugees both during displacement; be they males, females or gender and sexual minorities.
- v. To impart skills so that the trained police officers can transfer the knowledge, ideas, rules, and standards learnt during the course into credible investigations and court practices in the response to and prevention of sexual and gender based related crimes.
- vi. To reinforce attitudes and behavioural change among the police so that they can maximise and effectively improve the protection of refugees and asylum seekers. Specific example of this shall be male survivors of sexual violence. Many victims of sexual violence do not disclose to service providers unless asked the right questions in a supportive environment.

All these are to help ensure that Police officers accord fair treatment to all refugees and asylum seekers with the same standards of individual respect and social justice that apply to the rest of Ugandans.

### **Subjects covered during the training**

The facilitators of the training administered a pre-training test where participants were given papers to define key concepts such as sex, gender, GBV, SGBV, gender identity. The results of the pretest demonstrated lack of understanding on those key concepts by majority of the participants. The statements below demonstrated the lack of understanding;

## Conceptualizing Gender

### The concept “Gender”

Majority of the participants could not define “Gender” properly, to others, gender meant;

- i. *‘Having balanced laws with your family’*
- ii. *‘Gender is a balance between male and female and how to relate to each other’*
- iii. *‘Equal in dignity and rights’*
- iv. *‘How people are categorized’*
- v. *‘Sexual nature and human being’*
- vi. *‘A balance of both sex’*
- vii. *‘The creation of one by God either as a man or a woman’*
- viii. *‘The health or rights of the girls and boys, men and women’*
- ix. *‘Gender is a global health, human rights and development of men, boys, girls and women’*

### The concept “Sex”

The understanding of the concept “Sex” was viewed by many participants only related to actual sexual intercourse. Below are some of the responses from the officers on their understanding of the concept “Sex”;

- i. *‘The carnal knowledge of a person above 18years’*
- ii. *‘Conjugal’*
- iii. *‘Sex is having sexual intercourse with a man’*
- iv. *‘Having carnal knowledge with a female’*
- v. *‘Sex is carnal knowledge’*
- vi. *‘When people meet with the opposite sex’*
- vii. *‘Sexual intercourse between a male and a female with consent’*
- viii. *‘It means having a carnal knowledge with a female/male partner in the order of nature’*

## Key discussion and recommendation

Participants in this session recognized that women, girls, boys and men play different roles within their family and community, and have different levels of access to resources. It was clear that forced migrants face additional challenges of coping with emergency situations in exile. Participants called on government agencies, humanitarian actors, Non Governmental Organizations and Community Based Organizations to design programmes to address the diverse challenges of young and old, women, girls, men and boys.



*Participants laughing at a definition by a colleague*

Participants noted that the different categories of vulnerable persons needs to be consulted and actively participate in needs assessments and decision-making processes.

### **Screening of documentary “They Slept With Me”**

The second day of the training began with screening the video documentary titled “*They Slept with Men*”. This documentary challenges participants to re-assess who are the perpetrators and victims/survivors of sexual violence during conflict as well as in times of peace and stability. After the documentary, participants were give opportunity to share their thoughts on the video clip. Some of the comments, feedbacks and opinion on the video are given below;

The feedback from the video portrayed personal feelings, some participants noted that sexual violence against men and boys is a huge violation and therefore humiliates the men who are raised to be powerful.

The need for compensation to survivors/victims came out clearly from the feedback. Some participants noted that forgiveness cannot be forced and even still, people need to forget and move on with their lives; but this cannot happen if survivors live in grief and anger against the perpetrators whom they can recognize. One of the participants note that *‘Government is aware of these atrocities but has not done anything to intervene.’*

Participants called for professional handling of survivors/victims. Some participants were concerned that discussion about sexual violence against men and boys need to happen in private and confidential spaces. Participants however rejected the proposal that victims share their experience with siblings.

Participants supported the idea of inclusive prevention and response to Sexual Gender Based Violence, and urged that duty bearers to include men and boys in their programming and not only restrict SGBV discussion to women and girls because many men are suffering in silence as demonstrated in the documentary.

There was a mixed reaction on possible reasons for the occurrence of sexual violence; be it to men, boys, girls and women. Others attributed it to sexual starvation while others noted that sexual violence is synonymous to war.

### **Legal framework governing working with SGBV and forced migration**

#### **Knowledge on existing domestic and international legislations on SGBV**

It was clear that some of the participants had little understanding on the existing domestic and international legislations related to SGBV. When asked to list the available domestic laws, participants mentioned only three pieces of legislations; Penal Code Act, the Constitution of the Republic of Uganda and the Children’s Act. However, none of the participants could mention any chapter in the legislation mentioned. It was also clear that

participants had only a very approximate idea of some of the laws. A typical example of this was when a participant referred to the Domestic Violence Act as “Domestic Act”. None of the participants mentioned the Female Genital Mutilation Act, The Prevention and Prohibition of Torture Act, The Anti-pornography Act or even the Anti-Homosexuality Act. Further still, none of the participant had any knowledge of international legislations including Universal Declaration on Human Rights.

The training demonstrated the lack of understanding of existing legislation and inadequate knowledge of key legal concepts and best practices. When asked what aggravated defilement was, most participants did not understand what it meant. Some of participants attributed it to *‘Rupturing someone’s hymen’, ‘Being HIV positive’, ‘When a child is below 17’ and ‘Sex with an imbecile’*. Much as some participants had a degree of understanding, the majority did not have adequate understanding on key legal concepts and best practices.

The presenter informed participants on key legislations and their provisions. She cited the Penal Code CAP 120 in Chap. 14, which categorizes SGBV as offences against morality. She re-echoed on the Domestic Violence Act and its provision. She informed members of the Domestic Violent Act Fact Sheet that RLP produced and disseminated in Karamoja region in 2011 and 2012. She noted that from the legal regime has done a lot in the fight against SGBV among communities living in Uganda. However, she was concerned about the enforcement of the laws and urged participants to join hands in raising public awareness.

#### **When laws are at cross roads with culture**

Discussion during this session demonstrated how participants had strong attachments to their cultures and therefore not willing to compromise it with even the existing legislations. It was clear that culture supersedes legislation – even for police tasked to enforce the law. Participants gave examples that in some cultures, incest is allowed and that is ‘lawful’ to them yet they are against the law of the nation. Participants cited examples of some court cases where judges referred the matters to be handled by local and cultural leaders.

There was mixed reaction and understanding on Female Genital Mutilation (FGM). While others agreed that FGM is against the law and violates women’s rights, others directly associated FGM to strong cultural sentiments and therefore cannot be ‘tampered with’ because they existed way before the laws. This was the same to women kneeling before men, a common practice in many Ugandan cultures. Much as some participants agreed that the constitution supersedes culture and that there are cultural practice that violates the rights of women and girls, many of them did not see any problem with women and girls kneeling before men, because it’s part of culture and therefore binds everybody. Some participants suggested that cultures and the law should compromise and co-exist.

#### **Frustration with the formal justice system**

It was clear that even the law enforcers, police for this matter are as well frustrated with the justice system. Participants noted that the implementation of the existing legislation is not satisfactory as some laws are not taken seriously such as those that regulate the sale and



*Access to Justice's Programme Manager, Susan Alupo presenting on Legal Framework on handling SGBV survivors*

consumption of alcohol. It was also noted that politics and governance issues has made it hard to enact laws because even when the majority of the people accept, politicians jeopardize the processes and sometimes use them to fulfill their own objectives and goals.

Participants urged government to revisit payment of bride price. Many of the participants attributed occurrence of domestic violence to payment of many cows as bride price.

Participants also urged government to introduce laws that address sexual and gender based violence concerns of men and boys.

### **Prevention and Response mechanisms to SGBV in forced migration**

The objective of this session was to enable participants to understand and apply professional techniques in preventing and responding to SGBV related cases among forced migrants and host communities. The presenter noted that as institutions dealing with issues of forced migrants, there is need to understand that a great proportion, be they males or females, have survived one or several experiences of SGBV. Forced migrants face extremely violent situations especially in areas where militia groups use sex as a war technique. He informed participants that RLP works to enhance healing and restore hope to survivors through provision of physical, legal and psychosocial services.

This session demonstrated little understanding from participants on the different categories of SGBV. The majority of the participants could only recognize SGBV as physical violence, and the majority of the participants associated SGBV to only rape, defilement and physical beating. The presenter thereafter informed participants of other psychological and emotional forms of violence. He informed members that female genital mutilation, forced marriage, indecent assault and insults, denial of resources, intimidation, widow inheritance and sexual exploitation are other forms of SGBV that forced migrants as well as nationals face.

## **Response Mechanisms**

It was clear from the discussion that the participants had fair knowledge on response strategies to reported cases of SGBV. However, the response mechanisms mentioned were those aimed at arrest, detention and investigation. None of the participants acknowledged that Police officers have a role in providing basic counseling to SGBV survivors who reach their duty stations. The Presenter therefore informed members that as Police officers, they have a duty to provide basic psychosocial first aid to survivors, ensuring that they access the police surgeons and seek appropriate medical treatment. He re-echoed that the police need to carry on quick arrests of suspects to enhance the process of justice. The Presenter added that the police have a role in providing evidence before court and that can only be fulfilled through proper record keeping such as Police Form III and safe storage of exhibits such as stained clothes of the complainant in case of rape. He called on the Police to conduct faster investigations to enhance justice process.

The presenter urged participants to employ 'humane' approaches to both victims/survivors and alleged perpetrators while responding to reported cases of SGBV. He added that besides ensuring access to professional medical services, Police officers have to show empathy to survivors/victims. This helps in preparing survivors/victims psychologically and might enable them to open up in a way that allows the Police to record high quality statements. The presenter urged the police to enable space for survivors/victims to have a gender preference of the officer to talk to. He gave the example of RLP where some survivors/victims show a strong gender preference; some want only to talk to females while others seek audience from males only. He noted that if this were well catered for, survivors would feel free and open to narrate their ordeals to Police officers.

## **Prevention Mechanisms**

It was clear that the only SGBV prevention mechanism the participants saw as available to them was community policing. The presenter informed participants that the police should compliment the lobby and advocacy on SGBV prevention and response. He added that the prevention mechanisms needs to be strengthened through community policing, mediation sessions, use of Information Education and Communication materials as well as streamlining and integrating SGBV into the Police Force programming, monitoring and evaluation.

It was clear from the discussion that participants had some understanding of the dangers of SGBV to individuals, families and communities. Participants were able to recognize that SGBV can lead to infection and transmission of Sexually Transmitted Infections/Diseases including but not limited to HIV/AIDS, suicide, divorce, depression & low self esteem as well as medical and reproductive health complications.

The presenter concluded his session by highlighting the '5Ps' as consequences of SGBV. He elaborated on the '5Ps' as Physical, Psychological, Psychosocial, Psychosexual and Political effects/consequences of SGBV. He urged members to be alert to and aware of these as they could signal experiences of SGBV.

### Observation from the session

It was clear that some participants had limited understanding on Post Exposure Prophylaxis; what it is and where it can be acquired. Participants expressed their willingness to further push the discussion to their colleagues who did not get the opportunity to attend the training. However, they conveyed their concerns about the resources and time to do so.

### The role of Police officers in dealing with SGBV inmates in Uganda



*Participant submitting on the roles of Police in dealing with SGBV inmates in detention*

The presenter started with a recap of key concepts learnt and recapped the previous day's discussion. He lamented on the harmful traditional practices including rape, FGM, early marriages, forced marriages, honor killing and maiming, infanticide among others.

The presenter also demystified some of the issues surrounding rape and noted that rape has no respect for gender. He cited example of the rape of men which has not been properly addressed due to few male

survivors/victims being willing and able to speak about it and the fact that it involves sexual activity between two men and society therefore considers any such contact as indicative of homosexuality regardless of evidence of coercion. He urged participants to be keen in distinguishing consensual and non-consensual sexual acts. He also noted that there is need to address the traditional culture of silence that looks at anything sexual as a private matter. There is also need to broaden the definitions of acts of sexual violence accompanied by change in attitudes and perceptions on gender identity in order to address root causes of sexual violence.

When discussing the roles of police officers in SGBV, the presenter noted that police stations/posts are usually first avenues where victims report besides community officials. There is need to create safe environments to enhance reporting of SGBV cases. There is also a need to develop positive attitudes and to demystify the myths and stereotypes held about gender, domestic and sexual violence. The Police needs to ensure victim's protection and to ensure that perpetrators are immediately apprehended.

The presenter noted that mediations and reconciliation interventions should always be for the best interest of the victim but not to coerce victims/survivors. He added that the cycle of violence leads to repeated reporting and the police should take each report seriously, and handle it on its own merits. He added that release of the perpetrator should always be under confines of the law. He urged the participants to promote access to justice for the survivor by investigating cases and forwarding them for prosecution within the shortest possible time as time is of essence in SGBV handling SGBV cases.

While concluding this session, the presenter re-echoed the guiding principles on working on SGBV related cases. He called on participants to often remember the principle of **safety, confidentiality** and **respect**. Survivors/victims of SGBV when professionally helped could heal and recover from the trauma. He noted that this could be done only if the responsible persons are knowledgeable & empathetic to survivors/victims. He added that as Police officers, there is need to map available services and make referrals of survivors for other services that may not be available or out of the Police Force's mandates.

#### **The role of different actors in dealing with SGBV**

The presenter elaborated the roles of different actors in dealing with SGBV. The presenter informed participants that there are many actors currently working on SGBV be in it forced migration or with nationals. He expressed his concern that as Police officers, it may not be easy to know those new partners and that this could limit referrals and partnerships. The objective of the session was to inform participants on other available organizations and services they offer to SGBV survivors.

#### **United Nations High Commissioner for Refugees (UNHCR)**

The UNHCR has rightly noted that Sexual and gender-based violence (SGBV) is a particularly disturbing phenomenon, which exists in all regions of the world. To assist operations in addressing this core protection concern, UNHCR has presented the action against SGBV and has also recently introduced the Gender Based Violence Information Management System (GBV-IMS). It has also enhanced its action against SGBV by reaffirming that sexual and gender based violence is an urgent core protection issue, and by emphasizing gender equality as the cornerstone principle in addressing SGBV. Though mandated to protect refugees all over the world, addressing SGBV has become a key component of the UNHCR. It carries out documentation and verification of all refugees so as to ensure gender sensitive programming and budgeting. He informed participants that UNHCR works through its implementing partners (IPs) in provision of direct services to SGBV survivors in urban and refugee settlements. Through Community Services and Protection offices, refugees have access to alternative protection to prevent or manage SGBV. The UNHCR also may resort to resettlement as a protection avenue for individuals experiencing SGBV.

#### **Office of the Prime Minister (OPM)**

The OPM has duties among others, to co-ordinate and implement policies directed to respond to disaster preparedness management and refugees. The directorate of refugees

falls under the Ministry for Relief, Disaster Preparedness and Refugees. The Government of Uganda (GoU) through OPM manage cases of Refugee Status Determination (RSD) for all asylum seekers who owing to a well founded fear of persecution, have fled their own country and are now seeking protection in Uganda. The GoU provides physical security to all refugees and asylum seekers from external aggression and during their stay in Uganda. All national laws that apply to its citizens also apply to forced migrants. This means that matters of issues of domestic violence and SGBV will be handled on report by the relevant authorities including the Police and the Justice system.

### **African Centre for Treatment and Rehabilitation of Torture Victims (ACTV)**

The ACTV was established in 1993 as a non partisan NGO for the general support survivors of torture. Since its inception, it is affiliated to the International Rehabilitation Council for Torture Victims (IRCT Denmark). The ACTV has a core mandate to addressing medical and psychosocial needs of torture victims and from this, SGBV cases arising from a sexualised torture benefits from their services. Their services include medical treatment, Psychosocial counselling, legal advice and quality services to the survivors of torture through specialised training and care for care givers. They also make external referrals especially where the case requires further management or if the the survivor/victims requires support that fall outside its mandate.

### **Refugee Law Project (RLP), School of Law, Makerere University**

The RLP under its four thematic programs of Gender and Sexuality, Access to Justice, Mental Health & Psychosocial Wellbeing (MHPW) and Conflict, Transitional Justice and Governance provide pro-bono legal advice, counselling and psychosocial services to SGBV survivors. The project also carries out a number of sensitisation and capacity building workshops for survivors, refugee led groups and key partners to equip them with knowledge on SGBV in forced migration. The *MHPW* program provides counselling and psychosocial services to SGBV survivors and also makes external referrals to other stakeholders on non legal matters that can best be managed by other agencies.

The *Gender and Sexuality* program specifically focuses on SGBV prevention and response and also offers access to medical care through specialised internal and external referrals to both private and government owned medical facilities. Gender and Sexuality also works to address the sexual and reproductive health challenges that forced migrants presents. However, direct medical intervention for clients in cases of complicated GBV matters is also managed through financing their treatment. To this date, many female and male survivors of sexual violence have benefited from this services including but not limited to specialised medical and surgical operations.

The Access to Justice program offers pro-bono legal assistance including actual court representation. On prevention mechanisms, RLP conducts information sessions and community policing sessions in concentrated refugee communities in and around Kampala

as well as information sessions in refugee settlements. RLP continues to conduct advocacy and lobbying work on SGBV and forced migration. These works are strengthened by trainings, sensitisation and dissemination of information relating to SGBV to urban and refugee settlement refugees and service providers.

### **Ministry of Health (MoH), Uganda.**

The MoH provides medical services to SGBV survivors. These include but not limited to Post Exposure Prophylaxis (PEP), Prevention of Mother to Child Transmission (PMTCT), Elimination of Mother to Child Transmission (EMTCT), Voluntary Counselling and Testing (VCT) and Information, Education and Communication materials (IEC). The GoU is mandated through MoH and other institutions to devise means to prevent morbidity and mortality. The MoH plays an important role through its development and allocation of resources for prevention and response to SGBV.

The presenter in his summary remarks noted that different actors play different roles in the prevention and response to the SGBV. However, they all act symbiotically and enjoy a synergistic relationship to address this global problem. Thus, to deal with SGBV meaningfully, all actors must adopt a discourse that questions the fundamental roots of such violence, and devise mechanisms of addressing them in a non-discriminative and professional manner. It is also important that victims of SGBV are given safe spaces and platform to report cases and are protected during the process.

### **Mental Health Issues Affecting Forced Migrants**

At the beginning of the training, the presenter inquired from participants what they understood from the word “Mental Health”. Most of the participants linked mental health issues to psychosis and insanity. The presenter urged participants to distinguish between mental health issues and madness. According to the presenter, these are completely different yet often seen as meaning the same. The presenter defined mental health as *overall psychological wellbeing or the presence of a balance between negative and positive emotions*. The presenter noted that mental health is about the quality of personal and interpersonal relationships, ability to manage feelings and deal with difficulties.

Mental health problems can affect thoughts, feelings and behavior. Mental health problem feels just as bad or worse than any other illness. He noted that many times people do not recognize mental health challenges earlier while many people do not admit that it's a problem that needs specialized attention until when people start walking while nude. Francis in his presentation called on participants not to stigmatize or discriminated people with reported or diagnosed mental health problems. He challenged participants to understand that they have a role to play in fighting stigma, discrimination and myths associated with mental health problems.

Participants had fair understanding on the causes of mental health problems. Participants associated stress, poverty, frustration, loss of dear ones, trauma, drug abuse and depression as triggers for mental health problems. The presenter added that mental health problems can also be triggered by trauma as an adult due to military combat, being involved in a serious accident, or being the victim of a violent crime, being a victim/survivor of child abuse, head injury, social isolation, loneliness or discrimination, homelessness or poor housing, social disadvantage, poverty or debt, unemployment, genetic factors as triggers for mental health problems among forced migrants. The presenter also listed and explained the different kinds of mental health problems that include; depression, anxiety, obsessive-compulsive disorder, phobias, bipolar disorder, eating problems, schizophrenia, personality disorders, panic attacks, self harm, and suicidal feelings.

The presenter added that people who are emotionally healthy are in control of their emotions and behaviors, and are often able to handle life challenges, build strong relationships, and recover from setbacks. He noted that humans are social creatures with an emotional need for relationships and positive connections to others. Therefore, just as physical health requires everyone's effort, so does maintaining a healthy mind.

The presenter in his concluding remarks urged participants to have vigilance, to detect and manage mental health concerns of people they work with, including those in detention. He urged participants to refer cases to service providers, be they government or civil society organizations working on mental health related issues.

### **Pre-training evaluation**

Pre-training results show that a general consensus among training participants is that SGBV is physical, emotional and psychosocial abuse. Around three participants noted however that it is a private matter and it should not be discussed in public. Sexual and physical violence ranked high among forms of SGBV that participants were aware of. None mentioned emotional violence. Almost none of the participants saw socio-economic violence, including cultural norms, as a form of SGBV. Half of the participants recognized that the most common causes of SGBV included gender inequality, alcohol and drug abuse, poverty and the lack of education as well as knowledge of existing laws on SGBV.

Regarding the effects of SGBV, participants cited injuries, diseases and infections, disabilities, and unwanted pregnancies as the most common effects. Others listed include unwanted pregnancies and a few participants cited infertility as well. Only one participant listed men solely as victims of SGBV. Regarding response to male survivors of SGBV that occurs in detention, participants majorly noted that they need counseling while only few mentioned the need for medical treatment. A few participants however noted that prisoner male survivors of SGBV should be beaten and isolated or even have their sentences prolonged.

## Post-training evaluation

The post training evaluation revealed a shift in understanding of many of the participants. While the discussion on SGBV is not a completely new topic to many, there was a distinct set of knowledge that was acquired especially on survivors and perpetrators of sexual violence. Some of the comments revealed that some officers were hearing and attending training on SGBV for the first time since they joined the Police Force. The general consensus however was that the program was very good, timely and very relevant. A common complaint among participants was that the training program was short and tight, and urged Refugee Law Project to extend the training to other Police stations and posts in Kampala as well as in other parts of the country. Some participants expressed their willingness to mobilize for further trainings and share experiences with new recruits into the Police Force. Below are some of the comments

- i. *'Short and tight program, interesting cannot allow one to sleep while in class. Sleeping in class is common with adults.'*
- ii. *'The program was wonderful but lasted shortly, hope there is room to sometime later have it again.'*
- iii. *'The program was educative and interesting, more sensitization to the community grassroots'*
- iv. *'Well organized, informative and worthwhile to be extended and taught to many organizations'*
- v. *'Was so compacted, needed some length of time for better and deeper understanding'*
- vi. *'Very good but needed enough time and days.'*

The training facilitators were well evaluated by participants. They were considered to be very knowledgeable and well prepared for the training. They were also evaluated as good listeners and patient people. Below are a few responses about facilitators

- i. *'Facilitators are okay, i.e. organized, well informed and allowed an open and free discussion i.e. questions, submission and appreciations were allowed.'*
- ii. *'The facilitators had knowledge about SGBV and were in the exact topic of SGBV'*
- iii. *'Well versed with SGBV issues.'*
- iv. *'Caring and well trained'*

Training logistics were generally evaluated to be good. However, participants called for improvement in the training room layout, snacks given plus a longer time for training. The participants appreciated all the stationery given to them stating that it will help them in their day-to-day activities. Below are some of responses on logistics

- i. *'Materials were provided during the presentation and transport was refunded.'*
- ii. *'A well arranged place/room should be prepared. The venue should have enough space to cater for the members.'*

- iii. *'More facilities required, more time needed for a detailed discussion and more in different ways of motivating participants'*

Finally, all participants agreed that the training helped them gain insight into the issue of SGBV in forced migration. It was worthwhile and that they will take action on what they have learned about SGBV issues. They also acknowledged that they have created networks with people they expect to hear from in the future. One officer noted that; *'My enforcement has been strengthened by this training, I will consider men in rape cases since rape can be done in any opening. Men are also victims of rape.'*

## **Recommendations based on the evaluation of training/education**

### **Allocation of more time for the training**

Basing on the training evaluation, it was clear that the three days were not enough to grasp all the topics on SGBV in forced migration. Participants recommended extension of training duration to 5 full days, but not three half days given the enriching content of the training.

### **Consideration of wider training space**

Another key recommendation was that there is need for a wider space for learners to effectively utilize the breakout as well as group sessions. Indeed, participants were closely packed in a tiny room in the three hot afternoons of the training. They were visibly uncomfortable although they were really enjoying and interested in substance they were learning.

## **Conclusion**

The pre training and post training results demonstrated the relevance of the training, something worth investing more into, to widen the coverage and participant, not only within the Police Force but outside to include private security agents and the military. Being key actors in prevention and response to SGBV, the capacity building for Police officers is crucial for effective case follow-ups, investigation and holding alleged perpetrators accountable before domestic and international courts of jurisprudence. The trainings leaves a lot to be done via follow-up and consultation with the trained officials to ensure transfer of learning as well as amelioration in the Police Force in handling SGBV related cases. Further training is therefore required given the fact that police officers are often transferred to other locations. Much as they carry such knowledge along with them, their replacements have to be trained to substitute such programming realities within the force.

## Annex I: Training Programme

Time	Topic	Resource Persons
<b>Mon 17<sup>th</sup> Mar 2014</b>		
2.00 – 2.10	Registration	Ms. Winifred Agabo, Education and Training Coordinator RLP
2.10 – 2.20pm	Documentary Video Show: “Gender Against Men”	Mr. Otim Patrick – Video Advocacy Manager - RLP
2.20 – 4.00pm	Conceptualising Gender	Mr. Onen David Ongwech – Programme Manager, Gender and Sexuality - RLP
4.00 – 4.15pm	<b>Health Break</b>	
4.15 - 5.00pm	Sexuality and Gender	Mr. Gerald Siranda Blacks, Social Workers – RLP
<b>Tue 18<sup>th</sup> Mar 2014</b>		
2.00 – 2.15pm	Documentary Video Show: “They Slept With Me”	Mr. Otim Patrick – Video Advocacy Manager - RLP
2.15 – 3.00 pm	Gender Based Violence: Sexual Gender Based Violence	Ms. Winifred Agabo, Education and Training Coordinator RLP
3.00 – 4.00pm	Legal Framework for protection of SGBV survivors	Ms. Susan Alupo - Legal Officer-RLP
4.00 – 4.15pm	<b>Health Break</b>	
4.15 – 5.15pm	SGBV/P in forced migration prevention and Response Mechanisms	Mr. Kim Mukasa, Legal Officer - RLP
<b>Wed 19<sup>th</sup> Mar 2014</b>		
2.00 – 3.30pm	The role of the prisons officers in dealing with SGBV inmates in Uganda	Mr. Arnold Kwesiga, Intake and Assessment Officer - RLP
3.30 – 4.30pm	The role of different actors in dealing with SGBV: UNHCR, OPM, ICTV, RLP and MoH	
4.30 – 4.15pm	<b>Health Break</b>	
4.15 – 5.15pm	Mental Health Issues Affecting forced migrants	Okot Francis Oyat, Mental Health and Psychosocial Wellbeing

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