



NATIONAL SURVEY ON VIOLENCE IN UGANDA

QUALITATIVE REPORT



Department
for International
Development



2020 National Survey on Violence in Uganda | 1



2020 UGANDA NATIONAL QUALITATIVE
SURVEY ON VIOLENCE AGAINST WOMEN
AND GIRLS (VAWG)

QUALITATIVE REPORT

Acknowledgements

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Acronyms

CBSD	Community Based Services Department
CEDOVIP	Center for Domestic Violence Prevention
CEDAW	Convention on the Elimination of all Forms of Discrimination against Women
CFS	Child Friendly Spaces
CPC	Child Protection Committee
CRC	Convention on the Rights of the Child
CSO	Civil Society Organizations
DCDO	District Community Development Officer
DPP	Director of Public Prosecution
FGD	Focus Group Discussion
GBV	Gender Based Violence
IDI	In-Depth Interview
IPV	Intimate partner violence
JLOS	Justice Law and Order Sector
LCs	Local Councils
MGLSD	Ministry of Gender Labour and Social Development
MHPSS	Mental Health and Psycho-Social Support
NGO	Non-Governmental Organization
PEP	Post-Exposure Prophylaxis
PNFP	Private Not for Profit
PSW	Para-Social Worker
SOP	Standard Operating Procedure
STIs	Sexually Transmitted Infections
UBOS	Uganda Bureau of Statistics
UDHS	Uganda Demographic Health Survey
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNHCR	United Nations High Commission for Refugees
VAW/G	Violence Against Women and Girls
VAW	Violence Against Women
VAC	Violence Against Children
WEE	Women's Economic Empowerment
WFS	Women Friendly Spaces
WHO	World Health Organization

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Executive Summary

The qualitative component of the Women's Health and Life Experiences study was designed to complement the larger survey on prevalence which seeks to generate reliable estimates of the prevalence of different forms of Violence Against Women and girls (VAWG), provide detailed information on the impacts of VAWG, and examine women's attitudes to violence, how women cope with violence, and the risk factors associated with VAWG. It provides contextual information on women and community perspectives and experiences of Violence against women and girls (VAWG).

Methods

Qualitative data were collected to understand the nature, consequences, and patterns of violent situations and to explore and understand the contexts in which VAWG occurs. Data was collected through interviews with female survivors of IPV and non-partner violence, focus group discussions with community members, as well as interviews with key informants, such as representatives from the government, local leaders, and Civil Society Organisations (CSOs) working on this issue.

Results

- The study shows that women and girls are at the greatest risk of violence from both their intimate partners and non-partners. VAWG involves a range of physical, sexual and psychological harms, as well as several controlling and coercive practices in a context that is sustained, produced and reproduced within unequal gender relations. Survivors did not experience different forms of violence in silos; rather, many women described experiencing multiple forms simultaneously.
- All types of VAW/G stem from unequal power relations between women and men. VAW/G is used as a means of controlling and curbing women's autonomy and sexual behaviour and is perpetuated by gender norms that mediate expectations regarding the roles women and men are supposed to play in the family, community and society at large.
- Regarding IPV, women's experiences reflect a highly complex intersection of systemic and community factors that create barriers and facilitators to women in their decision-making when determining the future for their family and their intimate relationships. Survivors, irrespective of class, live in a constant state of fear, often choosing to remain in violent relationships to ensure their economic security – even when this security is sub-par. Gendered expectations of work, family, care, and fidelity, among others, were drawn on to rationalize men's violence against their female partners.

- The study also identified several intersections between VAW and VAC, consistent with other studies. For example, IPV was also found to be closely linked with both physical and psychological violence against children. Findings indicate that children in households where women experience IPV were perceived to be at a higher risk of VAC.
- The study also highlights several key trends in electoral violence against women that must be urgently addressed. For example, social media is effectively and increasingly used to amplify and disseminate attacks against women and their families. This includes spreading false allegations about the promiscuity of women candidates.
- Women's experiences of violence have serious negative impacts on their children's well-being and on their productivity and ability to participate fully in society. However, VAWG case management continues to be undermined by the lack of accessible, integrated services and reporting mechanisms; weak institutional capacity across sectors (justice, health, education, and social welfare); and the absence of effective coordination of services. For example, the medical services and the justice system, including police and the courts, are profoundly ill-equipped to support and assist survivors. Consequently, most survivors are unable to access an essential package of multisectoral services— health care, mental health care, psychosocial support, and justice/legal services.
- While some prevention programs exist across the districts, participants identify several gaps. For example, existing prevention efforts are limited and fragmented, and not are not widely embedded in existing services and institutions.

Recommendations

The study underscores the need to: a) strengthen and enhance multisectoral services at all levels, and b) scale-up evidence-based family and community-based violence prevention mechanisms

1.

INTRODUCTION

1.1. Context

Addressing all forms of discrimination and violence against women and girls (VAWG) remains a priority globally. For instance, the recently adopted Sustainable Development Goals (SDG) include a specific target on the elimination of all forms of violence against women and girls (i.e., targets 5.2 and 5.3) on which member states will have to report. The UN's Declaration on the Elimination of Violence Against Women defines VAWG as, "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life" (United Nations 1993).

In Uganda, VAWG remains particularly widespread. According to the 2016 Uganda Demographic Health Survey (UDHS), 51 per cent of women aged 15-19 years have ever experienced physical violence. More than one in five (22 per cent) women have ever experienced sexual violence in their lifetimes (UBOS & ICF, 2018). Further, nearly 10 per cent of girls age 15-19 and close to 20 per cent of women age 20-24 reported ever experiencing sexual assault, with more than half of these women experiencing it in the year preceding the survey (Uganda Bureau of Statistics (UBOS) and ICF 2018).

Besides, harmful practices such as child/early marriage and female genital mutilation (FGM) is still prevalent in some parts of Uganda. According to the 2016 Uganda Demographic and Health Survey, 34 per cent of women 20-24 years were married or in union before age 18, and 7 per cent were married before the

age of 15 (Uganda Bureau of Statistics (UBOS) and ICF 2018). FGM also remains widespread in some districts in Uganda. For example, according to the 2017 FGM survey report, the average prevalence rate among women aged 15-49 across six districts in eastern Uganda (Kween, Bukwo, Kapchorwa, Moroto, Nakapiripirit, and Amudat) was 26.6 per cent; ranging from 13 per cent in Kapchorwa to 52 per cent in Moroto (United Nations Children's Fund and Uganda Bureau of Statistics (UBOS) 2017).

VAC is also pervasive in many settings including homes, schools, and communities. According to the National Violence Against Children Survey, one in four girls (25 per cent) and one in ten boys (11 per cent) reported sexual violence in the 12 months preceding the survey. Four in ten girls (44 per cent) and six in ten boys (59 per cent) age 13-17 had experienced physical violence. And more than one in five children age 13-17 reported experiencing emotional abuse (Ministry of Gender Labour and Social Development 2018).

VAW deprives women of their ability to enjoy fundamental freedoms and represents a substantial obstacle to equality between women and men. The prevalence and serious impacts of VAW/G, therefore, make it one of the most significant issues to be addressed in our time.

1.2. The National Survey on Women's Health and Life Experiences

In September 2015 the United Nations Summit adopted the 2030 Agenda for Sustainable Development in New York which includes a set

of 17 Sustainable Development Goals (SDGs) and 169 targets. The SDGs cover a very broad range of critical gender issues, including anti-discrimination, violence, unpaid care, and domestic work, voice and participation, assets, income, labour, social protection, etc. The agenda highlights women's rights and gender equality significantly by including the stand-alone fifth goal on gender equality in addition to gender-sensitive targets across other goals. It is imperative to recognize the pathway to achieving the SDGs by calling for gender-responsive and human rights-based approaches.

To monitor gender responsiveness of SDG indicators, UN Women launched 3-year Global Flagship Program on gender statistics, entitled 'Making Every Women and Girls Count (MEGWC). The overall objective of this program is to make enabling environments for the quality production of gender statistics, denting the gender data gaps, and ensure accessibility and use of gender statistics. Uganda was selected as one of the 12 Pathfinder countries of MEWGC.

UN Women in partnership with the Uganda Bureau of Statistics (UBOS) through financial support from the British Department for International Development (DFID) is conducting a National Survey on Women's Health and Life Experiences. The objectives of the survey are

- 1) To obtain reliable estimates of the prevalence of different forms of Violence Against Women and Girls (VAWG) including in elections at the national and regional levels in Uganda.
- 2) To disaggregate and analyze women's experiences of violence according to selected variables such as geographic location/region, age, income, ethnicity, and others as agreed by stakeholders in VAWG and based on relevant SDG indicators
- 3) To assess the extent to which Violence Against Women and Girls is associated with

a range of health and other outcomes.

- 4) To identify factors that may either protect or put women and girls at risk of violence.
- 5) To assess the extent to which women are aware of and use services for victims and survivors of violence.
- 6) To examine men's and women's awareness of and attitudes towards issues of Violence Against Women and Girls, including its causes, consequences, and how it can best be prevented.
- 7) To establish a research methodology, based on existing best practices, methodologies, and ethical considerations for the production of reliable data on Violence Against Women and Girls, which can be replicated and to build the capacities of the National Statistics Office (NSO) and other relevant stakeholders to sustainably produce and use such data regularly.
- 8) To update and broaden the knowledge base on the prevalence of and attitudes to VAWG at the national and regional levels in Uganda.
- 9) To use the results from the study to inform policy and legislative formulation/revision, preventative interventions as well as to develop existing and/or new services for survivors of violence.

The National Survey on Women's Health and Life Experiences (WHLEs) has two major components:

- a) a quantitative component consisting of a population-based household survey using an adaptation of the methods developed for the WHO multi-country study on Women's health and Domestic Violence, and
- b) a qualitative component involving focus groups, key informant interviews, and in-depth interviews.

2.

METHODS

2.1. Overview

This qualitative component builds on and complements the National Women's Health and Life Experiences Survey, administered to a nationally representative sample. Data were mainly collected through:

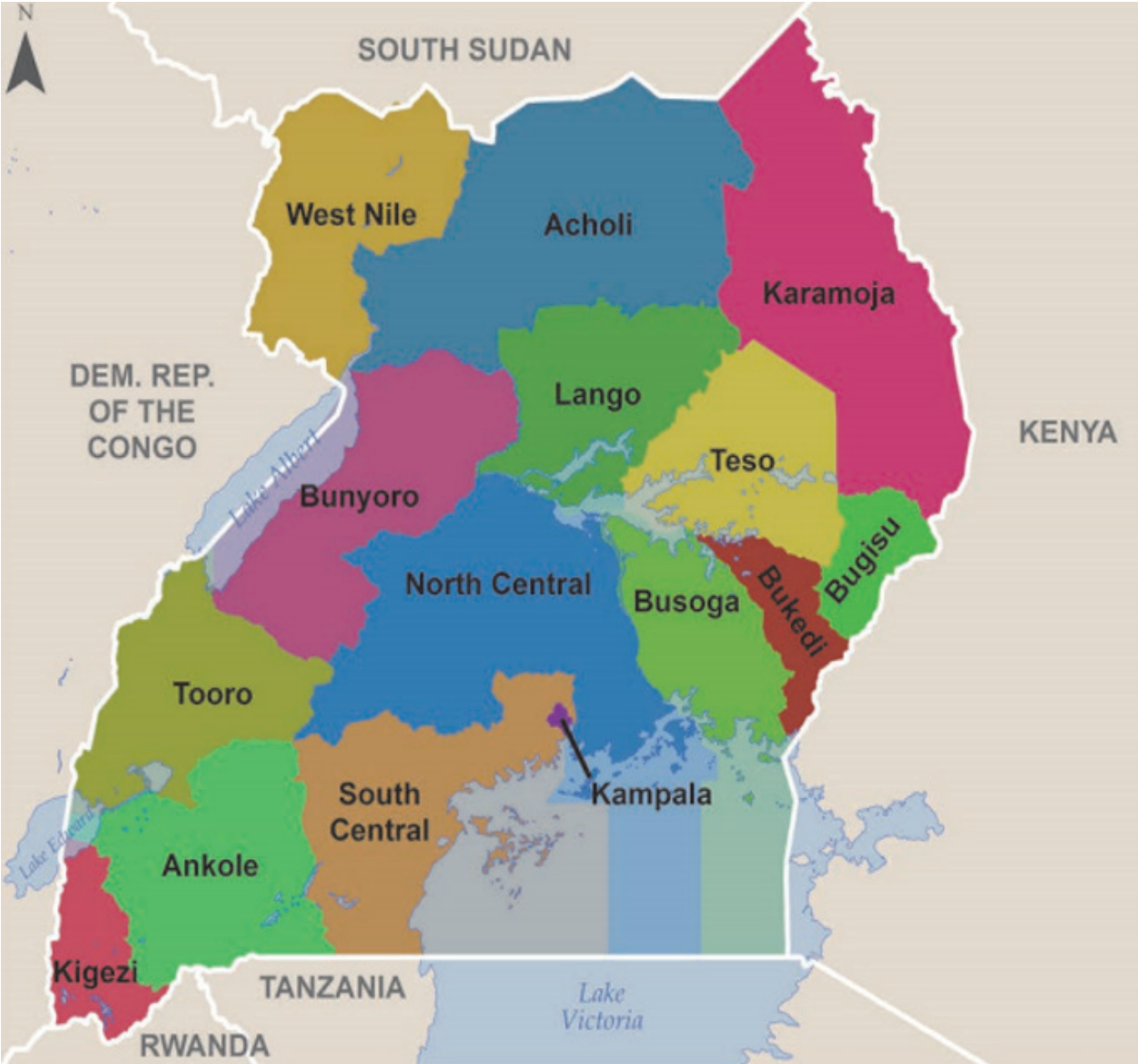
- a) In-depth interviews (IDIs) with female survivors of violence, aged 15-49 years.
- b) Focus group discussions (FGDs) community members, and members of community-based protection structures.
- c) One-on-one interviews with key informants (KIs) involved in VAWG response and prevention at the national and district level

To ensure the qualitative component aligned with the quantitative questionnaire, the interview and focus group discussion (FGD) guides were developed using the most recent version of the quantitative component of the WHLES.

2.2. Study Sites

Qualitative data were collected from 15 districts across the 15 UDHS statistical sub-regions. These include Amudat, Amuru, Buikwe, Bulambuli, Bundibugyo, Butaleja, Kabale, Kampala, Kiryandongo, Kumi, Lwengo, Mayuge, Oyam, Sheema, Yumbe.

Figure 1: Mapping showing the different sub-regions



2.3. Sampling and recruitment

Community members, professionals, and survivors of VAWG were the target populations for this study, and comprised individuals who were 18 years of age or older.

- a) Professionals included men and women across key sectors such as social services, health, justice (e.g., police officers, magistrates, lawyers), and representatives of non-governmental organizations (NGOs).
- b) Community members included both young and older men and women from a diversity of perspectives and backgrounds (e.g., business owners, home-makers, family members of survivors, taxi drivers, etc.)
- c) Members of community-based protection structures and community leaders (e.g., religious leaders, elders, etc.).
- d) Survivors were limited to women who had experienced violence in a heterosexual relationship.

The sampling approach was purposive, to access people who could provide specific insights to address the main research objectives and questions. Access to participants in qualitative research is greatly reliant on gatekeepers and key informants – and this is certainly also true of qualitative studies on VAWG. Survivors were recruited through personal contacts as well as trusted individuals in the community who either knew about or were participating in the study

2.4. Data collection methods

Desk review

Field data collection was preceded by a review of relevant literature including protocols and standards on violence against women and girls. The desk review helped provide contextual information on VAWG and VAC, and existing legal and policy framework, practice standards, and guidelines. This

informed the development of the data collection tools and provided an analytical frame of reference.

Focus Group Discussions

A total of 45 Focus Group Discussions (FGDs) were conducted with different categories of participants across the 15 districts, including community members (i.e., young and older men and women), and members of community structures involved in VAW and VAW prevention and response at the community level. The focus group discussions were conducted in the local language, with detailed notes written in English. Each focus group discussion, comprising 8–10 people, elicited collective views attitudes, and perceptions regarding VAW/G. Questions surrounding the reasons for men being violent, views on whether men can change, and their role in combating violence were also asked during the FGDs. To mitigate the potential for participants to feel inhibited, focus group discussions of women were moderated by women, and those for men were moderated by men. Research assistants were trained in data collection techniques, such as probing, which contributed to the effectiveness of the discussions.

FGDs ranged from 1.5 to 2 hours. All FGDs included a moderator and an observer who took notes throughout. After each FGD, the research team debriefed to discuss what worked well and potential changes to improve the flow of the conversation

In-depth interviews (IDIs)

In-depth interviews were conducted with 15 female survivors (aged 15-49 years) from different parts of the country to understand the risk and protective factors, support strategies they used, and gathered suggestions to reduce partner violence. Careful attention was given to the ethical and safety issues associated with the study. The research team obtained informed consent from participants by providing the consent form to individuals

to read before the interview. For those who requested it, the consent form was read verbatim, and clarification was provided where needed. All interviews were audio-recorded; no participant refused recording.

Key Informant Interviews (KIs)

Twenty-nine (29) interviews were conducted with selected key informants at the national and sub-national level, using tailored semi-structured interview guides; to provide an insight into existing protection systems for women and girls, knowledge, and awareness of the possible causes of VAW/G. At the national level, KIs were conducted with representatives from:

- a) Government Ministries, Departments, and Agencies (MDAs), including the Ministry of Gender Labour and Social Development (MGLSD), Ministry of Health, Directorate of Public Prosecutions, and Uganda Police Force (Child and Family Protection Unit)
- b) UN agencies, including UNICEF, UNFPA, UNHCR, UN Women, and UNDP
- c) Civil society organizations involved in VAWG programming.

At the district, interviews were conducted with district local government (DLG) staff across key sectors, such as social services, health, justice, safety, and security. This includes representatives from the different departments at the district and community level: Community-Based Services, Education, Health, Uganda Police Force (e.g., police officers in charge of criminal investigation, Child and Family Protection Unit) and Judiciary (e.g., judicial officers such as magistrates and State Attorneys).

Table 1: Number of Interviews and FGDs per district

	FGDs	KIs	IDIs	Total
Amudat	3	2	1	6
Amuru	3	2	1	6
Buikwe	3	2	1	6

	FGDs	KIs	IDIs	Total
Bulambuli	3	2	1	6
Bundibujjo	3	2	1	6
Butaleja	3	2	1	6
Kabaale	3	1	1	5
Kampala	3	2	1	6
Kiryandongo	3	2	1	6
Kuumi	3	2	1	6
Lwengo	3	2	1	6
Mayuge	3	2	1	6
Oyam	3	2	1	6
Sheema	3	2	1	6
Yumbe	3	2	1	5
Total	45	29	15	88

2.5. Interviewer selection and training

International research indicates that women's willingness to disclose violence is influenced by a variety of interviewer characteristics, including sex, age, marital status, attitudes, and interpersonal skills (Ellsberg, 2001; Jansen et al., 2004). Therefore, paramount importance was given to the selection and training of interviewers. Drawing from the guidelines of the WHO study, we used only female interviewers and supervisors. Interviewers were selected based on the following criteria: ability to engage with people of different backgrounds in an empathetic and non-judgmental manner; emotional maturity; skills at building rapport; and ability to deal with sensitive issues.

All interviewers completed a four-day training that involved orientation on the study objectives, participant recruitment, interview techniques, and ethical considerations, and safety recommendations for research on VAWG. The training adopted a participatory approach including role-plays and pretesting the study tools to enable interviewers to get familiar with the tools. Officials from UBOS, MGLSD, and UN Women were invited to participate in the training and provided any useful inputs and advice to the research teams.

2.6. Data Management and Analysis

For the data analysis, interviews and FGDs were transcribed verbatim and coded based on a coding system devised by the lead researcher from a preliminary analysis of a sample of the interviews. Coding was completed using the software package ATLAS.ti 9.0. The team coded the interview transcripts, using the constant comparison method to ensure that themes were consistently classified while allowing expansion of existing codes, and refinement of codes based on the study objectives.

An interpretive approach to the analysis of the data, based on the application of critical multi-level gender analysis, outlined earlier, was deployed in keeping with the central focus and the research questions. Since the main objective of the qualitative study is an in-depth assessment of the nature, meanings, and consequences of and responses to VAWG, a combination of narrative and discourse-analytical approaches was applied.

2.7. Ethical aspects

The study was conducted in accordance with the guidelines for safe and ethical research on VAW (Watts et al., 1999) and VAC (Graham

et al., 2013). Ethics approval for this project was jointly sought for the quantitative and qualitative components from the UBOS ethics committee.

All researchers were trained on research ethics and passed the Collaborative Institutional Training Initiative Human Research curriculum. They were also trained on how to safely refer women and children requesting assistance to available local services and sources of support. All participation was voluntary and women gave verbal informed consent. The informed consent process, conducted at the beginning of each interview, involved sharing the information sheet about the study with participants, reading the informed consent document, and seeking an oral statement of consent. Written consent was avoided, given the subject matter and the increased requirement for anonymity. Particular attention was paid to ensuring that participants understood that their involvement was voluntary and that, even if they consented to the interview initially, they were free to stop at any time.

All interviews and FGDs were conducted in private and interviewers were trained regarding how to handle interruptions.

3.

First, data was obtained through qualitative research methods mainly KIs and FGDs, and therefore may not be representative for the entire study population. Second, the focus on survivors in heterosexual relationships meant that the perspectives of violence in LGBTQ2+ intimate relationships are not represented, and last, this study did not interview children in the age group 10-14 years to get their experiences about VAC. RESULTS

3.1. Violence at the Family level

Violence at the family level encompasses a wide range of abusive behaviours perpetrated by a range of family members. Violence can happen between anyone in a family or a close intimate relationship (e.g., boyfriend, girlfriend or fiancée), including children, parents, grandparents, siblings, intimate partners and extended family—like uncles or step-parents. Examples of family violence include intimate partner violence (IPV), child abuse, including neglect and exposure to IPV, elder abuse and neglect, sibling bullying, early and forced marriage among others. Family violence is characterized by a pattern of control and intent to coerce or harm, and takes many forms.

This report focuses and its recommendations focus primarily on violent acts primarily or exclusively committed against women or girls within the family (e.g. IPV) and outside the family (from an unknown person, acquaintances, a colleague, a family friend etc.). In the context of this study, we define a family as a group of people who are related through legal or blood bonds; they are together through birth, marriage, and/or adoption.

3.2. Definitions of Violence against Women and Girls

Survivors and community members defined Violence against Women and Girls (VAWG) to include physical abuse, forced intercourse and other forms of sexual coercion, depriving

women of economic necessities, emotional or psycho-social abuse and various controlling behaviours such as isolating a person from their family and friends, monitoring their movements, and restricting their access to information or assistance. Participants often used the term “domestic violence” and considered this to include violence from parents to children in the forms of neglect, verbal and physical abuse. Interestingly, in every interview (other than those with survivors) and FGD, participants perceived that the sole focus on women as victims of violence was an inaccurate portrayal of the current state of intimate partner violence occurring in Uganda.

Every discussion resulted in questions about the apparent omission of men’s experiences as victims of violence due to the focus on women as survivors and men as perpetrators. These questions were raised by both men and women and were addressed by the research team reiterating the focus and goals of this study. This illustrates a need for further consideration as to why discussions of victimization, which in Uganda mainly affects women, are countered with stories of men as victims. It is unclear whether shifting the focus to men as victims is a way to delegitimize the stories of women or to simply state that men also experience violence in relationships. For example, some participants rejected claims violence is gender symmetrical, arguing that focus on violence against men stems from a political agenda to minimize the severity of the problem of men’s violence against women and children. Regardless, the literature on

reactionary violence by women illustrates that women often respond to violence with violence, and this had also been the case for many survivors in this study.

3.3. Forms of VAW/G

3.3.1. Intimate partner violence (IPV)

Across all study districts, the most common type of violence that women experience is intimate partner violence (IPV). Social circumstances surrounding intimate relationships were important in shaping the relationship dynamics themselves, and the occurrence of violence within them. IPV can vary in how often it happens and how severe it is. It can range from one episode of violence that could have a lasting impact to chronic and severe episodes over multiple years.

Although women can be violent in relationships with men, often in self-defence, and violence sometimes occurs in same-sex partnerships, the most common perpetrators of violence against women are male intimate partners or ex-partners. The most commonly reported forms of IPV include physical abuse psychological or emotional abuse and controlling behaviour, sexual coercion and socio-economic violence.

Physical Violence

General references to beating were the most common descriptions of physical IPV, with others including punching, slapping, pushing, throwing objects, burning, and throwing a woman out of the house with force. Our analysis revealed that unmet expectations of their partners were most commonly the triggers of fights or beating. For example, a major reason why violence was said to occur was when the female partner contravened the gender role expectations her male partner had for her, which were universally classified as “mistakes”.

“The violence we women face includes: being beaten because you a wife you have not yet cooked food when

he did not even buy, denied to go for meetings may be a women's group meeting, mob-justice especially women who have committed adultery, and many others.”— Focus group discussion (Female), Amudat district

“It was mostly kicking and using a belt and sticks and if I told you my whole story it will not finish even tomorrow. I know it was not my fault because I never went out, I never had affairs.”—In-Depth Interview (Female Survivor), Oyam district

Interviews with survivors reveal that some episodes of physical violence had resulted in near-death experiences; others described repeated attacks based on frivolous accusations and unprovoked responses. For example, survivors were often accused of infidelity when they completed daily tasks outside of the home, such as shopping or work.

“The challenge is even right now am sick, I feel chest pain I think because of the way he used to kick me, I feel pain in the ribs even this breast (participant touched the breast on the right hand), by the time I left his home this breast had swollen because kicked me. There was a time when he kicked me in the ribs and my mother picked me from his home that was after the death of my child that's the injury I got, my whole right side was injured. There was a time by breast got swollen I think because of his kicks.” — In-Depth Interview (Female Survivor), Buikwe

Psychological or emotional abuse

IPV also manifests in the form of psychological violence. Survivors and community members spoke about psychological abuse, emotional abuse, and verbal abuse interchangeably when referring to similar experiences. Participants described a wide range of behaviours they considered to be psychological abuse, including a husband scolding his wife, using bad or humiliating language, shouting and screaming,

threatening to take away the children, marrying another woman, or sending the wife to her family or place of origin. Survivors also indicated that they considered psychological abuse to include instances when they were spoken to in a language that was considered patronizing and/ or disrespectful.

Participants described how verbal and emotional abuse could occur in the absence of physical abuse or combination. They also described how some men controlled their wives in other ways, particularly with regard to their movement and social interactions.

Sexual Violence

Participants spoke about sexual violence occurring within marriage or in the context of intimate relationships. For example, some participants reported men forcing their female partners to have sex, with some describing particularly violent force. Refusal of sex could also trigger other types of physical violence.

“There are men who use force on their wives. Some cases have been reported here of men who have forced women into sex. Women go to the farm, they go look for money and also take care of the home, and when the man returns in the night from drinking, they are so tired and the man wants to force her yet she is weak.”— Focus group discussion (Female), Yumbe District

Sometimes when a woman has a medical condition that does not permit her to have sex say for three to six months, it may result in quarrels and fighting with the man in the house because he may not be patient enough with the woman. People may not understand why the man always quarrels with his wife but it may be because of that.”— Focus group discussion (Female), Kumi

“Yes, he used to force me into sex, because most of the times this happened after a fight or quarrel with him, and that's when am not in the mood because am hurt and angry, he would then force himself on me since he is the owner of the house,

the times when I completely refused and pushed him or caused another fight would lead to throwing me out of the house and that meant spending a night outside the house may be in the kitchen or on the veranda.”— In-Depth Interview (Female Survivor), Buikwe

Sexual violence experienced in established relationships points towards deeply ingrained ideas of traditional gendered roles where women are considered the property of men and therefore consent is not deemed a requirement for sexual encounters. Community members indicated that sexual violence was more covert than other forms of violence and was most likely the least reported type of violence.

Across districts, sexual violence was identified as being highly stigmatized, which prevented women from disclosing experiences of violence unless trust was established with the person being confided in.

“Sexual violence, they never talk about. Rape in marriage, sexual violence whether in marriage or before marriage or – nobody talks about it.”— Focus group discussion (Female), Amudat

In domestic violence there also women who are raped. This is something I heard from a friend I had not heard it before but she told me that her husband had raped her and she even showed me the scratches on the neck and the back that were bad. But such women do not report at all because how can you report that your husband raped you yet it's your obligation to satisfy him.”— In-depth Interview (Female Survivor), Mayuge

Both men and women were ambivalent about who was at fault when a man forced sex or beat a woman who refused sex. Participants seemed to believe that both parties had acted wrongly, even if they acknowledged that violence by the husband was not an acceptable response.

Economic violence

Economic violence is prevalent across study sites and reportedly reinforces physical, sexual, and emotional violence. Women experienced economic violence irrespective of whether they lived in an urban or a rural setting, were the primary caretaker of the home, were in a dual income relationship.

To participants, economic violence was represented by instances of money being withheld, overmanaged, or considered more valuable than household work typically managed by women. For example, some women described situations in which their partners refused to give them money for household expenses, even when they had the money for other things. Participants also reported that, regardless of a woman's contribution to the household's income, it tends to be monopolized by her husband, who is likely to use the money for personal interests, including alcohol consumption.

"I was breastfeeding about 5 years ago, my husband sold off the dry coffee without my notice and it so happened that I needed to sell one bucket of coffee to get sugar. He found me picking them from the field...he severely beat me and I was admitted as though I had just given birth... The coffee plantation I picked from was at my very home and I used to cultivate it."— Focus group discussion (Female), Lwengo district

'We had burnt bricks together with my husband and he sold them. We also bought some cows using our savings because we were part of some savings scheme but he also sold them and got a girlfriend. Later when I asked him where all those things went, he told me that why am I asking a lot about those things. As a result, I became very offended and decided to leave this place on the Am up to my village near the lake.' — In-Depth Interview (Female Survivor), Kumi

"My husband said he wanted to leave me and my son. When I asked him why he said his mother did not like me. It was as simple as that. Now I realized why he started abusing me. He would not pay

attention to whatever I said. He stayed away from home for a long time. He stopped supporting me and my son financially. He never explained what wrong I did and, in the end, it was just because his mother did not like me." — In-Depth Interview (Female Survivor), Buikwe

Overall, experiences of economic violence relate to traditional ideas of masculinity, where men are considered the head of the household and the financial provider for the family. Women's experiences revealed that some men used economic violence to assert their dominance in the household by denying or limiting basic necessities, such as food.

Overlap of different forms of partner violence

Our findings also show that women rarely experience only one form of violence. Rather, women and girls may experience a combination of physical, economic, sexual, and emotional violence. Participants' narratives indicate that, if not occurring simultaneously, different forms of violence occur in successions. For example, some survivors reported that when partners chose to stop being physically abuse, they were still emotionally abusive.

Unfortunately, many of the survivors rarely report incidents of IPV. It is only when they can't bear it anymore.... they open up. The reluctance to discuss intimate partner sexual violence seems to stem from the cultural expectations of wifely loyalty and obedience to their husbands.

"I did not go to the chairman it's just his sister who used to come home and I could explain to her the situation and the sister used to talk to him but he could get annoyed and slaps all of us because of being blamed he could even chase his sister away claiming that his sister is the one making me stay with him and that I had misfortunes." — In-Depth Interview (Female Survivor), Buikwe

Our study also indicates IPV is not restricted to married partners. For example, physical violence and sexual coercion within a premarital relationship are reportedly widespread. It is common for a boyfriend to sexually harass his girlfriend, including verbal harassment, unwanted touching, forced kissing, and forced sex.

Intersections between IPV and Violence Against Children (VAC)

Study results point to intersections between VAW and VAC, consistent with previous studies. First, this study reveals several shared risk factors between VAW and VAC. These include alcohol and substance use, family conflict, poverty and social norms regarding gender roles, and norms that deem violence acceptable. In addition, the experience of household violence reflects inequitable gender and age-related power dynamic, for example, women and children are more likely to experience household conflict or violence than men.

VAW and VAC were repeatedly found in connection to the division of and expectations associated with household responsibilities. With regards to VAW, violence stemmed from men perceiving women not to perform expected gendered responsibilities, such as meal preparation. Similarly, a perceived lack of contribution to household responsibilities also resulted in VAC. In these instances, a range of adult caregivers, including mothers, fathers, and extended family members, perpetrated violence against children.

In addition, IPV was found to be closely linked with both physical and psychological violence against children (see the previous section). Focus groups and interviews revealed that IPV and VAC commonly overlap within the same household. Notably, children in households where women were abused were perceived to be more likely than other children to experience harsh physical discipline. This is consistent with findings from other studies in Uganda, which show that IPV and VAC

co-occur and can become profoundly intertwined, creating cycles of abuse in the family (Devries, 2016, Namy et al., 2017)

Given these intersections, building close collaboration between VAW interventions and child protection systems is essential. This evidence implies that policies and programs need to be more integrated, and coordinated strategies are needed for addressing violence against women and children. For example, service providers who assist abused women should also assess the safety and well-being of children and take steps to provide them with appropriate care. Conversely, those who provide services providing care to children who are victims of abuse should consider the possibility that IPV may co-occur in the home and develop appropriate responses.

Protecting the perpetrator

In this study, protecting the perpetrator was a central part of women's experiences of violence across study districts. Women's decision to follow through with holding perpetrators accountable is complicated by their dependence on men for financial security. For example, many survivors felt they had to choose between fighting back against the abuse and securing a home and food for themselves and their family.

Service providers and community leaders also stated they were aware of the difficulty women faced in having to protect the person who was causing them harm. Survivors go to great lengths to prevent their abusers from being prosecuted. Survivors' perspectives indicate that, for many women and their families, perpetrator protection is grounded in the awareness that immediate survival is dependent on the abuser.

"And the women would say: I like him... he's the source of income. If I let him go to prison, I am not going to get any money. The children have got to go to school. So, she wants the case to be dropped... that causes the police

sometimes... not want to get involved.”— Focus group discussion (Male), Lwengo district Amudat district

Remaining or leaving: Motivations for decision-making

Community members believed that many survivors' lives were constantly overrun with the fear of increased violence, of being killed, of financial struggles, of what people would say, and of the unknown.

One dilemma faced by many women in a violent relationship is whether they will leave or stay with their partner. This dilemma is often considered in a state of fear. Participants said fear was a daily and debilitating force for many women.

Survivors and community members outlined reasons women chose to remain in a relationship or leave. Notably, the reasons to stay were somewhat similar to those provided for leaving. In this sense, the decision-making of survivors could be thought of as a balancing act, whereby the combination of motivations tips the scale either one way or the other. The topics most discussed were the care of children, women's economic situation, love and hope the partner will change, and socio-cultural considerations such as social prescriptions that discourage divorce/separation

“Because of the children”

Participants believed that many women remained in violent relationships because of concerns for their children's futures and the impact staying or leaving an abusive relationship would have on their children's lives. This may not give consideration to the effect of staying in a violent relationship on the psychosocial wellbeing of children. Yet, some studies have demonstrated that children in violent relationships experience emotional distress (Namy, Carlson, O'Hara et al. 2017). For example, for most survivors, the only form of income came from their abuser,

and therefore financial security was a major concern. For many women, they felt staying in the relationship was better than contending with the uncertainty they would meet by living without any consistent form of income to meet their children's basic needs.

“Most women have children and they worry that if they leave their husbands, they may suffer raising those children alone so they stay”— Focus group discussion (female), Yumbe District

“He used to beat me in front of the children and, when he beat me, they used to start to bawl and he used to start to beat them too, so we went through a lot of hard times. Although I was working, I had no freedom, but I decided to take it because of my children. I stay and sacrifice because of my children. I study those things and my heart does really hurt me to know the pressure my children go through and we still going through it because he causes my big son today to be drinking, so my children go through real torment and real torture” — In-Depth Interview (Female Survivor), Amudat District.

Economic security

As indicated above, financial security is a major concern for many survivors. Community members also felt that finances affected women's decisions to remain in relationships. Several survivors depended on their partner and, therefore, when they thought about leaving, there were several considerations to take into account. Some women felt incapacitated by their limited employability owing to their low education level; this then affected their self-esteem and confidence in relation to living independently.

Love for partner

Love and the hope that the partner will change also emerged as key to women's decision to remain with or leave a violent partner. For example, some participants reported that the 'love for partners' and associated emotional

bonds were strong restraining factors. For example, one key informant noted:

“They may know of certain patterns of behaviour and all of that but as a woman, you figure you could change him, you can work with him – there is something – that we have a magical touch – that if we love.” — In-Depth Interview (Female Survivor), Amuru District.

“Even during the domestic violence and stuff, you know, they kind of thing that I need to stay because I love him. We are told to, you know, just submit. Don't make it an issue. If he is the sole provider in the home, make it even worse. We don't find the strength to leave” — In-Depth Interview (Female Survivor), Kiryandongo district

Support networks

Support networks play a major role in either supporting or deterring women from leaving their relationships. Participants indicated that some women were told by family members to return to their partners even though they had experienced extreme forms of violence.

Some participants also reported that many families refuse to house women after warning them against their partners, exacerbating their limited options. For example, one survivor recalled her mother saying: “I told you that and you didn't listen, so now you have to stand it”

What will people say?

Upholding a particular image of a respectable woman or “perfect” family within Uganda society also played role in some women's decision to stay in a violent relationship and their disclosure of violence. For several women, the threat of destroying their social position and exposing themselves to community judgment and shame deters women from leaving violent relationships or speaking out about the abuse, they have experienced.

Leaving a violent Relationship

For most women, the turning point in leaving a violent relationship often centres on a need to protect their children, financial independence, and finding alternative livelihood options. For instance, having a source of income that could support independent living outside the marriage enabled some women to leave abusive relationships and re-establish themselves.

“I had kept money on my account and after three months, managed to look for a room which wasn't expensive. I went to the bank, picked the money, and paid for the house. I stealthily moved my things and three children, then we entered our new room. He thought that I had gone back to my parents, so he did not follow us.” — In-Depth Interview (Female Survivor), Kiryandongo district

Also, having a secure place—where they felt safe, loved, or at least provided for—to return to was critical in our respondents' decisions to leave violent marriages.

“Many like me stay in their violent marriages because there is nowhere else to go, but for me I had somewhere to run to which is home.”— In-Depth Interview (Female Survivor), Lwengo

In addition, some women endured the IPV for a while before reaching a breaking point—when the violence escalated, they got fed up, or realized that it would only escalate more. Several of the participants reported seeking the intervention of local authorities and relatives to stop the abuse but gave up when they realized that their partners would not change.

3.3.2. Non-Partner Violence

Participants also described VAW/G perpetrated by people other than their intimate partners. For example, participants discussed experiences of sexual violence

perpetrated by family members, neighbours, friends, and strangers, either male or female. The types of non-partner violence against women and girls reported include physical violence, sexual violence, and child sexual abuse. Some of the sexual abuse manifests itself in terms of gang rape. That is a group of men or boys raping a woman or girl.

"There is an incident where a native girl was raped by a refugee man. It happened on the road to Twajji."— Focus Group Discussion (Female), Yumbe District

"That problem is there. Even last week there are girls of around 18yrs, 19yrs that were raped in kanyampunu' there is a village called Kanyampnu. Men buy them alcohol and get them drunk. Then they rape them."— Focus Group Discussion (Community Leaders), Bundibugyo district

Some participants also reported that violence against women and girls may also be perpetrated by community and clan leaders:

"Ata [even] mob justices, especially to those who have committed an offence in the community, are always being beaten by community leaders or clan members as a sign of discipline. But for those who are married and found cheating with another person especially women is taboo and therefore, you a woman you have to be beaten with the clan members as a sign of disciplining the two who have been got in the act. If the husband is too annoyed he might even decide to send the wife away from his home or he asks the clan leader to ask the man, who was found in the act to pay back the dowry he paid for the wife, pays the fine, and takes the wife as his wife." — Focus Group Discussion (Female), Amudat

"In most cases madam local leaders and clan leaders are the major perpetrators of violence in our community. In Pokot culture, clan leaders have a right to discipline an individual especially when he or she misbehaves. For example: when a man is found sleeping with somebody

women, failing to attend community or clan meetings, marrying somebody's daughter before asking the parents. Above all, clan leaders have a right to discipline you."— Focus Group Discussion (Female), Yumbe District

3.3.3. Harmful Practices

Child, early and forced marriage

Early/child marriage, a formal or informal union before the age of 18, is widespread in communities, fueled in part by poverty. Participant narratives indicate that poverty creates powerful and rational incentives for child marriage, especially where the dowry or bride price is involved. For example, some parents see their daughter as a source of wealth as they can fetch bridewealth from the husband's family while relieving the financial burden on the family. Some girls seek early marriages to escape from poverty within their own families.

Early marriage was also linked to early sexual initiation, perceptions that education does not necessarily lead to a bright future, fear of teen pregnancy and associated negative perceptions, and social norms and social expectations around marriage and childbearing, including gendered social norms that place a high value on girls' reproductive capabilities.

Some participants, especially those living in the West Nile region, blamed the high incidence of child marriage on the lack of support given to teenage mothers to stay in or return to school. Due to the stigma attached to teenage pregnancy, some young girls opt for marriage over returning to school.

Female Genital Mutilation/Cutting (FGM)

FGM is also common, especially in the Karamoja and Bugisu sub-regions. The persistence of the practice was linked to social norms, values, and beliefs: the quest for cultural identity, a rite of passage, the need to suppress women's sexual desire and enforce

fidelity, promote hygiene, preparing girls for marriage, instilling pride and value among young girls.

“For example, it’s a must for a woman to go for female genital mutilation but for men, they don’t circumcise. In our community here we believe that women who have undergone FGM/C are now initiated from childhood to adulthood. So, women who are not initiated in that process in the community are not recognized at all and they have no right to say anything when there is a meeting.”— Focus Group Discussion (Female), Amudat District

FGM is also often considered a pre-requisite to marriage in some communities and can determine whether or not a girl can secure a good marriage. Notably, some mothers often believe that it is essential for girls to be cut if they are to be married due to the perception that uncut girls are considered impure, incomplete, or improper. This is consistent with previous studies on the subject

“Female genital mutilation is another form of violence that girls commonly have to go through before marriage. It’s believed that all girls who have gone through FGM are mature and ready for marriage.”— Focus Group Discussion (Female), Amudat District

3.3.4. Violence Against Women in Elections (VAWE)

Participants described several ways in which women participate in the electoral process in Uganda: as candidates, voters, election administrators, and active citizens holding the process accountable. There was also an acknowledgement that women’s participation in elections has grown over the years.

Nonetheless, women’s participation remains fraught with challenges, the most alarming of which is VAWE. Specific forms of VAWE

range from harassment, intimidation, sexual and physical violence, and gender-biased scrutiny by the public and the media, to being discouraged from participating in the electoral process and/or forced to withdrawal from running for elective office.

“The problem I see in these elections in our communities, us women suffer a lot. Men are not followed up. But for us women, we are followed up even when elections are over. That this woman voted for this candidate, why? Even your children are followed up that is if they old enough to have voted. They talk bad words about you in front of your children. They even attack us with abuses to almost wanting to beat us”— Focus Group Discussion (Female community leaders), Bundibugyo district.

In addition, some participants reported that implicit and explicit threats of social exclusion, divorce, and rejection are also widespread, and deter women from voting in general or voting against their spouse’s preferred candidate.

“I have experienced a lot, especially during the election period. Most women and girls face violence when it comes to final elections; this is because that is the time the husband is already aware that the wife is supporting a certain candidate. In this period men dictate whom women should support and to some extent if a woman is found supporting the candidate whom the husband is not supporting that is already an issue in the home and violence starts from there. It’s again worse when the husband finds the wife standing in the line of the candidate which the man is not in the good team or not supporting, the women will end up being beaten and sometimes being chased away/ send away from home.”— Focus Group Discussion (Female community leaders), Amudat

“During the previous elections of LCV, there was a woman who supported a different candidate from the husband.

Now the husband threatened the wife that she had to vote for his candidate. He told her that their votes were for one candidate and they must both vote from the same polling station. He also said that if they don't vote together, he will throw her out of the house. Now this woman approached me and asked me what to do. I told her if the situation worsens; let her not go for voting. Because it is not good to be forced to vote for someone you don't support. You would rather not vote. And that is exactly what she did."— Focus Group Discussion (Female community leaders), Bundibugyo District.

In addition, some participants also reported a lack of support for women leaders in political parties. As one woman said, "I was a member of a political party and ran for office but the party decided and announced that party members should vote for a male candidate of the party and not for me, though I was more qualified than the male candidate."

Our findings also indicate that women who chose to stand for elective positions are exposed to multifarious forms of psychological violence including overt threats of physical harm.

"In most cases, women face violence during campaigning time especially women candidates whom the community or your husband don't support. They will either use insults or a song to threaten the candidate until the candidate decides to withdraw from the seat. Such abuse like "kukui" means a dog, "sarwajan" means stupid which is the most common abuses our community here uses."— Focus Group Discussion (Community leaders), Amudat

Social media is also effectively and increasingly used to amplify and disseminate attacks against women and their families to national audiences: IDIs and FGDs revealed that character assassinations through social platforms are widely used by political opponents to discredit, humiliate

or otherwise harm women candidates, and in so doing, destroy a woman's candidacy for political office. Some of the tactics used to include. One specific tactic mainly used include spreading false allegations about the promiscuity of women candidates. As one young woman said: "We are afraid of being defamed, this is why we don't dare to run for office. When I was younger, I always wanted to be a politician but not anymore."

The study also reveals women candidates face pervasive sexual harassment, which, as acknowledged by many of the respondents, is one of the driving factors discouraging women from contesting for office. Notably, women's lack of financial resources, in particular, exposes them to sexual abuse by other electoral stakeholders. Women candidates repeatedly cited examples of police, elected officials, party leaders, and election administrators demanding sexual favours in exchange for financial or political support. Within this context, becoming a female politician is synonymous with being "guilty" of sexual relations, a fact that further shames survivors of violence and discourages women from exercising their right to political participation.

"...Yesterday I was counselling a young girl who was contesting for youth counsellor and she was forced to befriend and have sex with three different men upon their request because they promised to support her financially in the elections. She later saw the same men in a love affair with her opponents. When she went back home and her mother heard of what she had done, the mother went ahead to beat her up. Because of this trauma, the girl was planning to withdraw from the elections."— Focus Group Discussion (Female Community leaders), Kumi district.

Sexual harassment against women in politics perpetuates the negative perception that women politicians are immoral. Discussions revealed that harassment of women candidates contributes to families' reticence

to support women family members contesting for office. Participants expressed that due to cultural beliefs, women cannot participate in politics without the active support of their families. As a result, one of the first hurdles women must overcome is to persuade their immediate families to support them in filing as candidates. Unfortunately, due in part to concerns that women will be harmed if they engage in politics, family members often discourage women from political engagement. In extreme cases, some family members use intimidation, harassment, or other tactics to inhibit women's rights to engage in all aspects of the electoral process.

Violence against women in elections, its causes and consequences

Interviews and FGD revealed that VAWG prevents women from exercising and realizing their political rights, both in public or private spaces. It is driven by gender-specific motivations and discrimination, especially as women challenge traditional roles and engage in politics. The most obvious motivation behind the violence is to discourage women from pursuing a political career or prevent their independent political participation. Election violence is also driven by perceptions and beliefs that women cannot handle leadership positions.

“Actually, during the election is always a tough moment that we women go through a lot. Some of us are warned that we should not be found going for the campaign, standing for any position because it's believed that Pokot women are meant to stay home and keep the family and do the domestic work but not involved in the campaign. It's also believed that women are not fit to be leaders because they are weak naturally, they cannot handle a leadership position; it's only men who are capable to stand in any position of their choice. I witness this; one of my friends who stood for councillor position in her parish was badly being beaten by the husband just because she was owned before never to stand for any position because the man

had heard the rumours that the wife wants to stand for a councillor. Later on, the wife had to withdraw from standing just because she wanted to protect her marriage and the family.”— Focus Group Discussion (Female Community leaders), Kumi district.

In some communities, cultural and social norms dictate that a woman should not participate in the electoral process without the consent of the spouse. Women who go against their spouse's decisions often face violent reactions, including physical violence.

“Culturally in Pokot women are not allowed to decide for themselves to stand for any position of their wish without consulting their husband or the community elders/ clan leaders, so that they can decide whether she is fit for that position or no. Besides that, women are not allowed to lead men and they are not allowed to stand for the seat which is meant for men apart from the women's seat/ position which includes women MP, etc. For example, in a recent election, one of the women by the names of Anna Nabudale stood for LC III for Karita sub-county but the community members including the fellow women head up abusing the women candidate. Such abuse/Insults include look at her first finish her family problem before asking for our votes, your campaigning for him so that he becomes your next husband because he always fuck you and even others end up refusing to support the women candidate and saying that how can a woman lead us when strong men are there, why can she go for the position that is mean for women.”— Focus Group Discussion (Female Community leaders), Amudat district.

“In most cases, VAWG commonly starts at the family level when the husband and the wife have failed to agree on something either one member fail to agree to support a specific candidate, maybe the women want to stand for a specific position but the husband is not allowing for the woman to stand for any position and they end up starting fighting at the family level before it reaches

community hence causing separation.”
— Focus Group Discussion (Female Community leaders), Amudat district.

Findings show that VAWE has implications for women's participation in politics. For example, violence or the threat of violence may prevent women from standing as candidates or force some women to withdraw their candidature. For example, some participants described cases where female candidates dropped out of the races for elective positions, ostensibly to protect their marriage.

“Later on, the wife had to withdraw from standing just because she wanted to protect her marriage and the family.”
— Focus Group Discussion (Female Community leaders), Amudat district.

Responses to VAWE

A policy and legal framework that protects women and stipulates punitive action for those who violate women's rights exists. Participants acknowledged that this can be drawn on to protect and promote women's rights to safety and security throughout the electoral process. For instance, the National Policy and Action Plan on Elimination of Gender-Based Violence include commitments to addressing women's safety and security. The Government of Uganda (GoU) also has structures and services that can be drawn on for VAWE related complaints.

In addition to government efforts, Uganda's civil society networks have also implemented some measures to counter rampant violence against women. Acknowledging these resources, FGD respondents repeatedly highlighted that due to a combination of factors, women rarely report instances of electoral violence. Lack of trust in institutional responses was one of the most prevalent concerns. As one respondent noted, “sometimes if our rights are violated in different ways, we keep silent as first there is no place, we can register a complaint and trust that it

will be heard.” Another participant observed:

“The question is clear madam. Here in our community is only police who always help us to handle our cases although most of the time they demand “kitu kidogo” and they are far away from Morinyang here.”
— Focus Group Discussion (Community leaders), Amudat district.

A second challenge is that the severity of the punishments for crimes related to violence against women, which could include VAWE, discourages women from bringing cases. While the criminalization of violence against women is critical to ensuring that survivors have legal recourse, our findings indicate that the law's reliance on incarceration for the punishment of perpetrators becomes a deterrent to survivors' reporting instances of violence. This is particularly the case for domestic situations, in which the perpetrating male family member is relied on for income.

FGD respondents also repeatedly highlighted concerns that if the abuse is reported, there will be “retaliation by male members of the family,” putting male family members at risk. Within this context, women may calculate that bringing complaints around VAWE and other forms of violence against women will be prohibitively costly.

3.4. Causes for and Risk Factors VAW/G

This analysis of risk factors is guided by the socio-ecological model (Heise 1998, 2012). Recognizing that multiple factors cause VAW, the ecological model “proposes that violence is a result of factors operating at four levels: individual, relationship, community and societal.”¹ Being exposed to multiple risk factors increases the likelihood of experiencing violence or perpetrating VAWG. Exposure to protective factors, on the other hand, safeguards men and women from committing and experiencing violence, respectively.

¹ http://apps.who.int/iris/bitstream/10665/77432/1/WHO_RHR_12.36_eng.pdf?ua=1

Risks factors of VAWG

LEVEL	RISK FACTORS FOR VAWG
Individual-level	<ul style="list-style-type: none"> Sex, age, and disability Low levels of education, Health status, including trauma Harmful alcohol use/illicit drug/substance use
Interpersonal level	<ul style="list-style-type: none"> Alcohol and substance use Marital discord/dissatisfaction Economic/Financial stress Educational disparity Multiple partners Unequal power relations
Community-level	<ul style="list-style-type: none"> Acceptance of violence Weak sanctions against violence Weak social connectedness Traditional gender norms and gender inequality The high proportion in the community of poverty, unemployment, and easy access to alcohol
Societal level	<ul style="list-style-type: none"> Gender norms that perpetuate inequality Social norms supportive of violence Discriminatory laws and policies towards women (property, inheritance, family laws) Weak legal sanctions against violence/VAW Weak social support systems Weak institutional capacity to respond to violence

Individual-level

Participants discussed several factors, at the individual level, that make women and girls susceptible to violence. These include age, education level, whether she earns her income, no of children she has, etc. For example, adolescent girls and young women were also perceived to be at the most risk of exposure to violence.

On the other hand, a women's education was described as an important protective factor against experiences of IPV.

"I think we also have to realize that in families where people have gone to school, there is reduced violence. But for illiterate people, there are high cases/incidences of violence in their homes"—Key Informant Interview (Health Official), Kiryandongo District

Some of the most consistent factors associated with men's increased likelihood of committing IPV are young age, low levels of education, witnessing or experiencing violence as a child, harmful use of drugs and alcohol, and acceptance of violence as a strategy for control.

Family and Interpersonal level

Economic/Financial stress

During in-depth interviews and focus group discussions, economic/financial stress was linked to both the perpetration of violence and the risk of experiencing it. For example, some participants indicated

that, when men were not earning enough for their children and wife's needs, violence sometimes arose

out of stressful living conditions and frustration.

"To me, in my home, we always start our fight with my Mr. especially when am asking for money to buy the food for the household but he becomes so arch to me and even time abuses me slap me."—Focus group discussion (Female), Lwengo

"In most cases, violence is caused by poverty. For example; Last week I had a misunderstanding with "papo" (means daddy) just because I had nothing at that time so I had to ask him for money to buy food staff since it was Friday and it is a market day things are sold at a cheaper price. But because money was not there "papo" said which kind of women cannot look after the family, which is not the case with other women outside there who look after their family. But because the worlds were and hurting

me I had to reply to him harshly. Please bring me an assistant so that she can also provide for you and I will struggle to provide for the kids only. So he becomes annoyed and started exchanging words like “sarwajana” But I played it cool. Till he went ahead and got a stick and hit me on the back and I fall down uses.”— Focus group discussion (Female community leaders), Kiryandongo.

Conflict and dissatisfaction in relationships

Relationship conflict or dissatisfaction was also described by participants as a risk factor for IPV. Participant narratives highlight the intersection of several relationship dissatisfaction issues, including accusations of infidelity, women’s unequal responsibility for child care, and physical violence when men’s autonomy, decisions, and lack of accountability are challenged by women.

In interviews and focus groups, men cite relationship conflicts as reasons for violence. Relationship conflicts include nagging, quarrelling, cussing, mashing up things in the house, public embarrassment, and both women and men’s other partnerships. Some participants also identified provocation or disobedience of the wife as a key reason underlying marital violence, suggesting that women invited violence by not behaving appropriately.

“I think what annoys a man the most is women always bring up stuff from the past. And that guy, although it was a year or three years ago, he immediately goes back into that emotional state at that point in time. And that could trigger aggression because you took him back right to the time when he was pissed off. You bring that up again? So, it’s like the woman is constantly dragging her partner through this emotional state where he is angry. And if she forgives him, she would not be bringing these things up, which would cause future aggression.” — Focus Group Discussion (female), Oyam district

Infidelity or presumed infidelity was also reported as a major driver of VAWG. For example, a woman engaging in sexual relationships outside of the marriage could lead to violence, threats, “returning” a wife to her parents, abandonment, or formal dissolution of the marriage. Rumours of a woman’s infidelity could trigger a male spouse to use violence against his wife.

Men’s multiple partnerships are also often a source of conflict in relationships and can be a potential trigger for violence, particularly when it creates the possibility for women to demand accountability from their partners. For example, survivors cited violence occurring because they pressured men to stay home with them and the children, accused them of infidelity or got angry about their partners’ openness about having other sexual relationships.

There appears to be a double standard of sexual morality/freedom in which presumption of women’s infidelity and women challenging men’s sexual freedom are both used as justifications for men’s violence against women. For example, some participants described how community members often encourage and endorse IPV against women in situations of presumed infidelity.

Alcohol and substance abuse

Alcohol and substance use was discussed as both an underlying factor and a proximal trigger to IPV. Notably, men’s alcohol use was cited as a source of tension and trigger for men’s violence against their female partners, often through multi-step pathways. Most often, alcohol use contributed to financial problems affecting the household, with tension revolving around men using income or rations to buy alcohol or drugs. Often overlaid on the tension overuse of resources was the wife’s overall disapproval of her husband’s alcohol or drug use. In some cases, the arguments ignited by this tension became proximal triggers for physical or verbal abuse

“my home, I always face violence especially when my husband comes home when is drunk and remembers he left home without living anything like money for food. He will start by provoking you to have my children eaten “like he bought food”, what did you cook, but today you are looking bad, are you? As I keep quiet, I will use one word which will disorganize him and he starts beating me.” — Focus Group Discussion (female), Oyam district

“Generally, in our community here we experience violence in most cases because of the drunkenness of people. When an individual is a drunkard he finds her or himself doing something harmful either to the community or to the family. For example, a man gets back home when he's drunk and asks for food in a very rude way and the wife responds in ash way hence provoking a man and a man decides to beat her. On the other hand, a woman living in the home without cooking food for the children not even alerting the man where she is going and coming back when she is drunk and quarrel/ beating the children without a strong reason which will later provoke the man and start fighting the woman.”— Focus Group Discussion (female), Yumbe district

Alcohol in particular was also said to contribute to IPV through its disinhibiting effects. Women who experienced IPV explained how simple discussions could quickly turn violent when their partners had been drinking and also described completely unprovoked beatings from their drunken husbands. Multiple participants also stated IPV only occurred when their partner was drunk.

Unequal power relations

Participants discussed the link between unequal power relations and IPV. In the context of intimate relationships, these gendered power relationships impact a woman's ability to access and control resources, as well as her involvement in decision-making processes. Participants reported that, due to unequal power relations, men usually have

control over money from sales of household agricultural produce as well as other financial compensation gained from paid labour.

Community and Societal Factors

Gender inequitable norms

Participants discussed how societal values and norms that uphold unequal gender roles, reinforce the sexual division of labour and lead to gendered poverty, place women at risk of violence. For example, across study communities, participants comments pointed to clear and defined roles in the division of labour and also alluded to expected masculine and feminine characteristics, where men are expected to be leaders, in control, and the breadwinners/financial provider for the family, whereas women should be subservient and follow direction. The expectation that men be dominant and powerful and that women are passive and subservient in relationships can lead to the acceptance of IPV.

Participants also discussed how different gender inequitable norms increase the risk of VAWG, particularly those that inform the beliefs that connect manhood to dominance and aggression support or tolerate aggression and violence, accept male violence to resolve family conflicts, stigmatize or blame victims, accept or expect that violence and abuse in a domestic context be treated as a private concern.

“Cultural practices/ norms put women in the position of no voice and in case one is a victim of FGM/C she may fear to report the case for assistance just because the culture does not allow the case to be reported but it must be handle by either the community members or the clan leaders.”— Focus Group Discussion (female), Kumi District

Participants also discussed the link between IPV and social and gender norms that value family continuity at all costs, normalize IPV against women, put the responsibility of family

preservation on women, and present marriage as a source of status and respect for women. For example, in many communities, the responsibility for maintaining the relationship is considered to be linked to women's actions, which has created a basis for victim-blaming when violence is experienced.

In addition, participants generally agreed that equality between men and women was ideal; however, if one partner attempted to play a dominant role in the relationship, conflict might ensue. According to one police officer:

"You see when you empower women, some of them believe that they are too empowered and the term that we use, partner right, and equality, those words, those terms can play with some of them minds. Believe what I am saying, and that cause serious problems at home, yes I agree that you should be equal in terms of certain things but when a woman feel that in certain cases that look, we're equal and everything, but I never see, for example, one horse with two heads, somebody got to be in charge, somebody got to lead, and even though we're equal." — Focus Group Discussion (Male), Kampala District

Community acceptance and normalization of violence

Our study also revealed widespread acceptance and normalization of violence, especially violence that occurs in the context of an intimate relationship. For example, some participants reported that a man beating his wife was socially acceptable in some circumstances, although there were different opinions as to the situations in which this was believed to be warranted. Opinions ranged from condoning beating if a wife is unfaithful to her husband to disobedience and/or if women went out without their partner's permission, did not take care of the children, burned the food, or argued with their partner.

In domestic violence there also women who are raped. This is something I heard

from a friend I had not heard it before but she told me that her husband had raped her and she even showed me the scratches on the neck and the back that were bad. But such women do not report at all because how can you report that your husband raped you yet it's your obligation to satisfy him."— In-depth Interview (Female Survivor), Mayuge.

"In our community here men have a right to discipline their wife especially when they have done something wrong. For example: when a woman goes drinking and has not cooked for the children when a woman goes outside the family and has sex; in this case, a man has the right to report to the clan and the clan leaders come to Cain the woman. In that case, a woman has no right/ she is not supposed to report the case to the concerned people but as to keep the secret within herself." — Focus Group Discussion (Female), Amudat District

Apart from the gendered ways in which men's violence against their partner is presented, several widely used rationalizations circulate to explain, justify, and sometimes excuse IPV. For example, the acceptability of violence was reinforced by the belief that beating is a tool necessary to teach or correct women (and children). The concept of beating to teach was closely linked with the concept of beating a wife to promote respect and to maintain male control and dominance in the household.

Further, in most focus group discussions, male and female participants agreed that a man does not have the authority to perpetrate violence against his wife, but at the same time, in nearly all of them, women and men qualified this assertion by suggesting that it was acceptable for a man to perpetrate violence against his wife if he was provoked, if the violence was "mild," or only occasional rather than occurring regularly. This acceptance of violence by community members informs actions and reactions to violence.

Cultural beliefs and norms

Our findings also indicate that some forms of VAWG such as FGM and child marriage are underpinned by or rooted in cultural beliefs and norms. For example, FGM/C remains a deep-rooted practice because it is believed to be the way girls are initiated into womanhood just like the way men are initiated into manhood. It is perceived to accord to girls respect and social identity which allows them to engage in both family and community activities

Culture, to some extent madam culture, has also contributed for us women to go through violence. Here in our community if you're a woman who has not yet gone for female genital mutilation you are not a true woman. So even culture is a cause of violence in our community here."
— Focus Group Discussion (Female), Amudat District

Weak social support systems and enforcement of laws

Participants observed that weak law enforcement and lack of adequate social support systems for survivors of violence contribute to a culture of impunity, which increases the risk of VAWG. Participants reported that survivors face numerous barriers and challenges to disclosing and reporting abuse, accessing support and services, and navigating intersecting legal processes and social support systems, including the social stigma associated with disclosure of domestic violence, lack of accessible shelters, and cultural beliefs that support keeping the family together and not disclosing "private" matters.

3.5. Consequences of VAW/G

Individual Level

VAW/G has Implications for survivor's physical and mental health, even after the violence has ended. The short-term physical effects of violence can include minor injuries or serious conditions. They can include bruises, cuts, broken bones, or injuries to organs and other

parts inside of the survivor's body.

"Sometimes violence in the family can lead to fighting which might cause injury or death of either both couples or one. It's also believed that family that goes through violence all the time there is no peace and unity in the family but someone just decides to be there because they have paid her much dowry like 50 cows and above." — Focus Group Discussion (Female), Amudat District

Sexual violence was also linked to vaginal bleeding or pelvic pain, unwanted pregnancy, and Sexually transmitted infections (STIs), including HIV. Violence was also reported to impact women's reproductive health outcomes. For example, participants reported that women and girls who experience IPV, particularly during pregnancy, are more likely to experience pregnancy-related complications, including miscarriages and stillbirths.

Regarding mental health, participants reported that women and girls exposed to violence are more likely to have emotional distress and suicidal thoughts, and impaired social functioning. For example, the desperation of women's situations had resulted at times in them momentarily contemplating taking their and their children's lives.

"In most cases, violence as also lead to the psychological problem to an individual and that is why we have an increase in the number of mad people in the street just because they have gone through continuous toucher." — Focus Group Discussion (Female), Amudat District

In some cases, violence in relationships left women unable to complete the activities involved in daily living. Violence can also impact women's work and productivity, and financial autonomy. For example, experiencing violence may interfere with someone's ability to work.

Besides, violence can limit the educational opportunities and achievements of girls. For example, school-related violence may force girls to drop out of school. Children who witness or suffer any of these kinds of violence show higher levels of aggressive behaviour and suffer it to a greater extent.

Interpersonal and Family Level

Overall, participants cited violence as the main reason for marriage and relationship breakdown. For example, domestic violence was frequently reported as a reason for divorce by women, and implicated in the increase in the number of single-parent families.

“To me personally, the Violence that I went through sometimes back affected our marriage we have both developed no trust in each other. We even sometimes don’t talk to each other as it used to be. Even food in the house nowadays it’s not there because both of us are looking at one another to provide food for the family. Madam as for now I have developed a fear that we are likely to separate any time from now.” — Focus Group Discussion (Female), Amudat District

“I believe that violence has caused much effect on us women. When we look critically, we have many single mothers why? Just because no one was able to address their conflict in the family while she was still there in her home. Others maybe did not help to solve issues that were reported to the concerned structure.” — Focus Group Discussion (Female), Lwengo

Participants also described several ways in which exposure to and experiences with violence, especially at the family level, may negatively affect children. For example, some participants described cases where violent relationships had led to children being separated from their mothers. At times, women had left their children with their abuser to escape violence and would return to see

their children when they knew the perpetrator was not around.

“Of course, when you fight and the woman divorces, of course, that woman leaves with the children. Finally, they suffer because with men we don’t have time at home caring for these children you find now children suffering for themselves looking for food, looking for what to eat, yeah so you find that in the long run, those children failing to get school fees, failing to go back to school and finally they get married at a tender age. That what I see as a problem.” — Focus Group Discussion (male), Bundibugyo

In addition, some spoke of children being seriously injured, disfigured by perpetrators. In other cases, children were abused by their mother who had experienced domestic violence in her own relationship.

[VOICE]

Marital conflict and violence within intimate relationships were also linked to cases of child neglect and abandonment.

“Madam Violence in the family also leads to child desertion by most parents because they have nothing that they can provide to the child. Child desertion is the state whereby parents decided to neglect their children by not providing them with basic needs.” — Focus Group Discussion (female), Yumbe

Community members also spoke of children being told to keep abuse they had witnessed a secret. In this regard, children were provided with conflicting messages about violence. For example, encouraging children to keep secrets of abuse creates an unhealthy framework for relationships and normalizes abuse. Children acting out what they have seen in their parental home in their future relationships may continue a cycle of acceptance or perpetration of abuse.

Community and societal level

Participants also discussed the impact of VAWG at the community and societal level. Notably, violence within the community was reported to impede women's participation in economic, political and social life, with far-reaching implications for community development.

"I also believe that madam violence in a community at large can lead to the underdevelopment of the community. Individuals will decide to do things for their benefit but not for the community's purpose. For example, women who have gone through violence have lost hope of leadership since women are looked at as weaker sex and they are not supposed to be leaders culturally. Others can even decide to do away with their life by committing suicide, due to violence that they always go through but no assistance is being given to them." — Focus Group Discussion (Female), Amudat

3.6. Survivor and community perspectives on informal and formal support services

3.6.1. Social support in situations of violence

Survivor's access to formal and informal mechanisms of social support for IPV varies significantly. During FGD and IDIs, participants discussed several strategies survivors employ to deal with the violence. In many cases, survivors tend to deal with the violence on their own or prefer to address violence through social networks as opposed to formal services. For example, some women chose to handle violence by fighting back. Several survivors had physically fought or threatened their partner.

Most survivors also described instances where they had relied on their family or friends for help when they encountered violence. For example, some survivors stated that at times family members had denounced abuse and encouraged women to hold their partner accountable by accessing formal support and provided women with financial assistance

and childcare, as well as basic necessities such as housing and food for short timeframes.

Survivors indicated that informal support came not only from family members but also from friends, neighbours, the partner's family, religious leaders, and at times even strangers. Participants discussed that these informal networks provide a haven for women and their families who experience violence but may not result in women leaving their relationships.

However, social networks are not always supportive. For example, some survivors interviewed described feeling wary of soliciting the support of family or expressed concern that family and friends might exacerbate the situation in which IPV occurs.

"I find I rather go to higher authority... to deal with my problems because I find that family and friends are like making matters worse because at the end of the day when you finished with them, they will change up the whole thing and what you say and all that to make more conflict in your life. So I don't find they could help me in any good way." — Focus Group Discussion (Female), Lwengo

Survivors may also be reluctant to seek help from family and friends due to a lack of confidentiality and care. For instance, in a few community member focus group discussions, participants spoke extensively about informal support being unhelpful, with women ending up internalizing their experiences of abuse when those they turned to violated their trust.

"We find when you tell persons your problem you become the talk of the village... they would talk you know." — Focus Group Discussion (Female), Buikwe

Findings also indicate that some women who disclosed incidents of abuse are often chastised for not yielding to the advice of family and friends when they turn to these individuals seeking support. For example, one participant observed:

“Do you think you're going to get support when the time comes? That is what we're having in the family settings because you are supposed to have your sister or your mother – who're supposed to be able to shield you when you come with a complaint but they say to you go and meet your partner because when I spoke to you in the first instance you never paid attention to us, where are you going now?”— In-depth Interview (Female Survivor), Mayuge

Other survivors believed that the one fool-proof approach to violence in their relationship was prayers. Praying to God and the belief that God was in their life allowed survivors to believe they could overcome anything.

“No other place the only thing I can do is only to go to church and pray so that I can reduce on my anger.”— In-depth Interview (Female Survivor), Kabale District

Further, some survivors cited the threat of being ‘discouraged from seeking formal help’ as a barrier for seeking support from family members or friends.

“Family members usually discourage the women from going to report and even her people and family people normally convince her to finish up issues from here, so discourages come from the families, individual level, people always fear to open up their problems especially to girls; for example, if they were raped, they fear”— Key Informant Interview (District), Butalejja District.

During FGDs, while some community members indicated a desire to assist women who were experiencing violence but were worried about the response from both the survivor and community members, given that violence is perceived to be a private issue. Involvement may be perceived as meddling

in private affairs. Those participants who had tried to intervene had been confronted with a range of responses from survivors.

For instance, some women may refuse help for undisclosed reasons. For example, one participant reported that elders attempting to intervene in one community were cursed at and told to mind their own business. One female police officer also recalled a situation where a survivor refused help and became angry:

“Why people don't want to get involved? Those same victims turn back and say: ‘Who called you? Do I look like my husband ah beat me?’ — Focus Group Discussion (Female), Mayuge

In another situation, a survivor stated that her friend had stopped offering help to others because of a negative experience.

“Once she went in to talk, the woman told her it was not her business and then [my friend] decided that she's not going to get involved anymore.”— In-depth Interview (Female Survivor), Kabale District

Other participants expressed reluctance to help, believing their efforts would be wasted, given the frequency of violence and subsequent reconciliation between couples, irrespective of whether complaints go before the court. Participants expressed concern that, once couples had reconciled, they would be viewed negatively or treated differently by the couple for “meddling”, even if they had been trying to assist or mediate the situation. Community perceptions are important to social positioning, thus protecting personal and family reputation and well-being is a priority for most and may override any desire to intervene in VAWG situations

3.6.2.State and Non-State Responses to VAW/G

Healthcare/Medical response

Our findings indicate that some survivors, depending on the nature and extent of violence, seek medical services; mainly from public health facilities. Health care providers are mandated to assess and treat injuries, provide emotional support and liaise with policy and social service providers to ensure counselling and other possible support is provided. However, findings indicate that the majority of survivors rarely seek medical assistance. Even amongst those who do seek health care, misconceptions of the nature of risk faced and the necessary preventative treatment results in late reporting. For example, while treatment within 72 hours is required, particularly to administer post-exposure prophylaxis (PEP) for HIV, survivors may present themselves much later. Decisions to not seek care and delays in care-seeking often mean that evidence is lost and that cases requiring PEP can go untreated. This implies that survivors may be exposed to sexually transmitted infections including HIV, unwanted pregnancy, trauma and lack of evidence may affect their access to justice.

Participants discussed several challenges related to health-seeking. Notably, most survivors are unaware of the benefits of seeking prompt medical attention and, as a result, report weeks or months after the event. Besides, the lack of financial means to access services, limited community awareness of available services, and the fear of stigmatization by community members also actively deter survivors from seeking help.

The study findings indicate that the range and quality of medical services available to survivors vary greatly across the study sites and facility levels. Notably, the health infrastructure is well developed in higher-level facilities (e.g., hospitals, and Health Center IVs) but poorly developed in lower-level health facilities (HCIII and IIs) where the bulk of VAWG cases are recorded. Findings indicate that most of

the lower lower-level facilities across the study districts lack the necessary medical supplies to treat survivors of violence, particularly sexual violence. This includes a shortage of sexual assault forensic evidence (SAFE) kits, PEP, emergency contraception, pregnancy test kits, and medications for treatment for Sexually Transmitted Infections. Due to this lack of capacity, case management is still very poor in the lower-level health facilities.

In many cases, survivors who seek services at these lower-level health facilities are often referred to higher-level facilities (HC IV and Referral Hospitals) to meet their needs, especially for medical examinations and the collection of forensic evidence. The cost associated with accessing services from higher-level facilities (e.g., transport costs) was deemed prohibitive for many survivors.

Findings also indicate that most survivors never receive follow-up care by health workers after their initial contact with health care facilities. Health workers either do not have time to conduct follow-up visits due to limited staffing and heavy workloads or they do not see this as their mandate or duty. This restricts the providers' ability to track survivors and provide post-GBV care services, including family planning counselling on short or long-term contraceptives.

Mental health and psychosocial support

Psychosocial support interventions are essential components of the comprehensive package of care that aims to protect or promote psychosocial well-being and to prevent or treat trauma among survivors of violence. According to the National Guidelines for the Provision of Psychosocial Support for Gender-based Violence Victims/ Survivors, quality psychosocial services should be survivor-centred; build individual and community resilience; support positive coping mechanisms; and draw on family, friends, and community members (MGLSD 2017b). The guidelines emphasize that such services be provided by specialized trained

personnel, such as counsellors, police officers, nurses, social workers, psychologists, and psychiatrists—preferably of the same sex as the survivor—and that they should be provided soon after the incident.

Clinical management of GBV-related trauma

Overall, the capacity to diagnose and treat trauma associated with VAWG remains low in most health facilities across the study districts. Most facilities lack key personnel who can handle such issues, such as medical social workers, psychiatrists, psychotherapists, and clinical psychologists. In such clinical settings, the mental health and psychosocial needs of the survivors of sexual violence are overlooked. For example, most health facilities usually focus on the physical effects of sexual violence, such as pregnancy and HIV, and pay less attention to mental health and psychosocial effects. Some facilities, whatever counselling is offered does not involve the deeper therapeutic engagement needed to facilitate mental health and psychosocial recovery. Notably, some of the health facilities visited was applying structured therapeutic interventions, such as cognitive-behavioural treatment therapy for trauma (Government of Uganda and World Bank 2020).

Study findings also indicate that most survivors do not receive clinical counselling beyond their first contact with health care providers, partly due to poor or nonexistent follow-up efforts by health and mental health professionals, distance to health care facilities, and associated costs. It is therefore not surprising that when questioned about programming gaps, participants across the board said that psychosocial services to address trauma was the largest.

Psychosocial care and counselling

VAWG can have a range of consequences for survivors, their families, and communities, including psychosocial consequences. The

latter may include distress conditions such as fear, anger, shame, sadness and guilt; anxiety-related disorders; depression and suicidal tendencies; and substance use disorders. The MGLSD guidelines on psychosocial support require that interventions adopt a family- and community-centred approach to strengthen the networks around survivors, minimize their risk of further harm. Community structures such as religious groups, leaders, clan and political leaders are critical to supporting the psychosocial recovery of survivors (Ministry of Gender Labour and Social Development 2021).

Study findings indicate that survivors receive varying degrees of counselling services from statutory duty bearers with whom they come into contact at the district, sub-county, and village level, including police—especially from officers in the child and family protection unit, probation and social welfare officers, district- and sub-county-level community development officers, and local council authorities. Violence-related counselling requires a deep knowledge of the underlying causes of violence and forms of violence as well as the use of trauma counselling techniques to establish safety and control trauma symptoms. However, the majority of the statutory duty bearers across the study districts have neither received training nor adequate induction of how to provide survivors with immediate and longer-term psychosocial counselling as part of a mental health and psychosocial services package (Government of Uganda and World Bank 2020).

NGOs such as Trans-Cultural Psychosocial Organisation (TPO) and Lutheran World Federation are providing psychosocial services to survivors in selected districts. These use a variety of approaches focused on providing psychosocial support to survivors, including individual and group counselling. Discussions, however, revealed that psychosocial care services have a limited scope of coverage and resources to meet all of the needs of survivors.

Informal (community-based) counselling is available and easily accessible to survivors in all the study districts. For example, most survivors go to their family or friends for supportive counselling and emotional support regarding their experiences. In addition, community-based structures, such as child protection committees, para-social workers, community activists, para-legals and village health teams, play a key role in providing psychosocial support services to survivors, including offering counselling, advising them to seek support, and linking them to NGOs for further help. However, some of these structures, especially in communities, lack sufficient training and knowledge in handling the various psychosocial effects associated with exposure to violence.

Protection—safety/security services

Safety and security measures are therefore an essential component of any comprehensive package of care for survivors. Failure to properly ensure the safety and protection of survivors and those at risk of violence negates any subsequent actions.

In Uganda, ensuring the safety and protection of survivors is primarily the responsibility of the police. The police are charged with protection-related responsibilities that begin with the early identification of crime and continue throughout the justice continuum. For example, any decision on arrest, detention, or release of the perpetrator must consider the safety of the survivor and her family. In addition, as the receivers and investigators of reports of violence, police play an important role in providing information, safety, and protection to survivors and witnesses. Further, the police play a key role in directing or linking survivors to service providers who can assist them in obtaining protection orders, restraining orders, and barring orders through criminal and civil court processes. Police are also generally responsible for enforcing any violations of such orders.

Overall, findings indicate that the capacity and number of police officers remain inadequate to effectively respond to the physical security of survivors in refugee and host communities (see detailed discussion in the next section). For example, across districts, facilities and infrastructure to effectively investigate the cases and protect the survivors are woefully inadequate. Ineffective investigations and a failure to prosecute VAWG cases contribute to an environment of impunity that marginalizes survivors and discourages reporting and help-seeking behaviour.

Safe spaces for women

Ensuring access to temporary housing or shelter is important for the safety of survivors. The MGLSD developed National Guidelines for The Provision of Psychosocial Support for Gender-Based Violence Victims/Survivors (Ministry of Gender Labour and Social Development and United Nations Population Fund 2017). Through Public-Private partnerships, a total of thirteen (16) GBV Shelters have been established in Uganda. Protection services are safe areas where women can access resources, support, basic services, social networks, and referrals to additional services. Women—and sometimes girls—can socialize and rebuild their social networks, acquire relevant skills, and receive information on a wide array of issues, including women's rights, health, and services. However, these are concentrated in just a few districts.

In most of the study districts, participants identified the lack of shelters as a major barrier in ensuring the safety of survivors. For example, several police officers stated that a shelter would be useful, as women currently had to spend excessive time with police because there was nowhere safe to take them

"There are no rehabilitation centres. When violence happens to a woman or girl, we need to rehabilitate and counsel them, but we do not have that at the moment."— Key Informant Interview (District), Yumbe

“Two, we do not have GBV centres where survivors of violence would be taken there for treatment. We do not have such. Three, we lack a referral van for taking these people to the medical centre, police, and so on when in critical condition. Then the other issue is that we do not have funds to build the capacity of stakeholders who are fighting violence. We need to organize workshops for police, for community activists and then we need to organize community outreach to sensitize communities. But we do not have the funds.”— Key Informant Interview (District), Butalejja District.

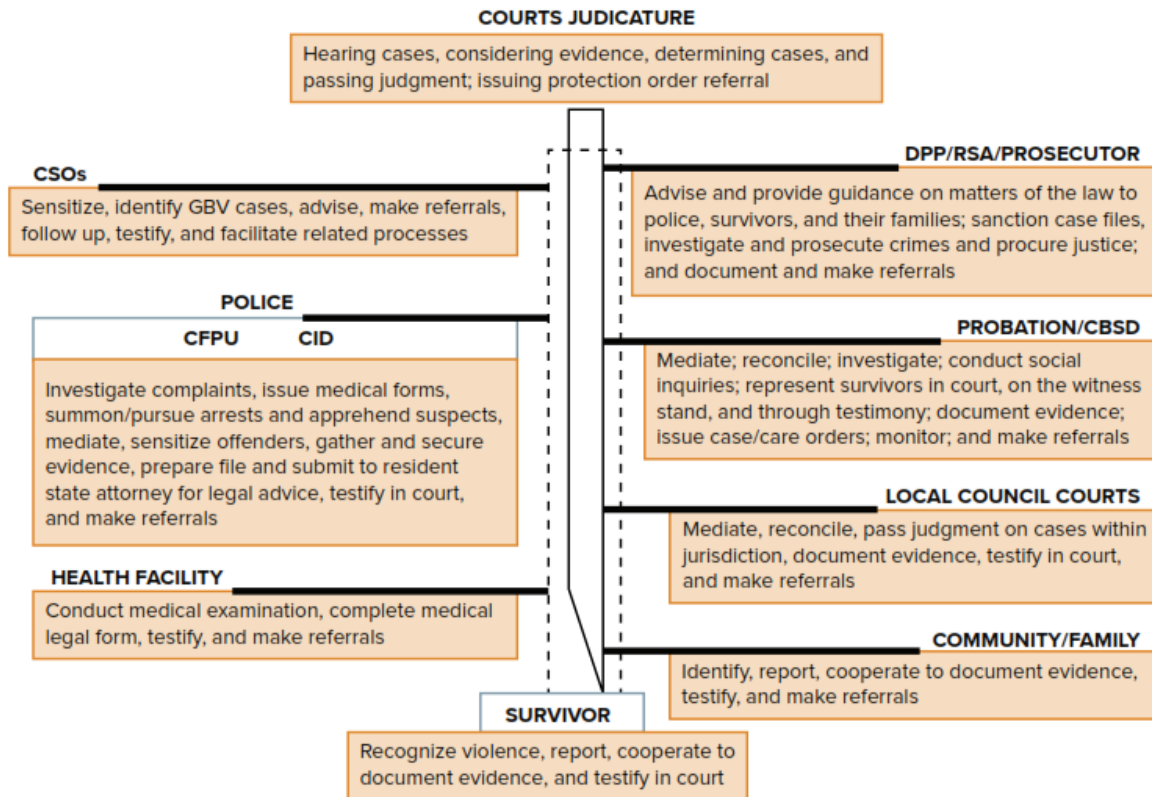
safety and protection for survivors and their families who are at risk of further violence and who wish to be protected at the community level are severely limited.

Justice and Legal Aid services

Access to justice can be an empowering and essential part of a survivor’s healing process. Several statutory structures and institutions are involved in ensuring justice for survivors at the district level, including the police, health care providers (who collect scientific evidence in cases of assault and sexual violence), the community-based services department, the directorate of public prosecution, and courts of judicature, and local council courts (see Figure 1). The roles of these actors are articulated in several legal and statutory instruments, and policies.

In situations where formal protection systems are weak or non-existent, informal community-based protection mechanisms can also play an important role in ensuring women and girls’ safety and security. However, options for

Figure 1: Legal and Justice Structures and their roles in addressing GBV and VAWG



Source: Government of Uganda and World Bank (2020)

Across the interviews and FGDs, participants discussed several challenges and gaps in relation to justice and legal aid services in the study communities. These are discussed in detail below:

Poor Case reporting

Generally, cases of VAWG are often unreported or reported late. Several barriers were reported, including fear of reprisal, especially pressure from family members and safety concerns when the abuser is a husband or family member; low confidence in the legal system and lack of accountability of perpetrators; and the stigma and social isolation associated with being a survivor. Participants also spoke extensively about choosing to report to authorities out of fear that they might not be taken seriously and they might be blamed for the violence they had experienced or even mocked and laughed at.

"In most cases, VAWG that are reported to the police are not always taken seriously and follow up the issues or sometimes they even don't arrest the perpetrators. Which is discouraging many women in reporting cases that affect them."— Focus Group Discussion (Female), Yumbe

Women's decision to follow through with holding perpetrators accountable is complicated by their dependence on men for financial security.

"Another barrier could be there is a way people think that when I report am going to lose money. They cited that when you go to the police, they want money they want you to provide fuel and all those kind of things. So they think when I report this case I may even lose more than if I just go to the hospital and treat myself or if I just keep quiet as a person. So such kind of things are some of the barriers."— Key Informant Interview (District level), Bundibugyo District.

Finally, the costs associated with reporting were reported to deter survivors from seeking help.

"Those are the very barriers like Lack of money. For example, when you take a case to report to the police, they ask you for money for fuel for going to pick the suspect and also for processing Form 3 as required by police. There is also a challenge of ignorance of the law, there are those that don't know that you can go somewhere once beaten." — Focus Group Discussion (community leaders), Lwengo

Concerns about confidentiality also emerged as a barrier to reporting. Women who fear for their own and the children's lives are less likely to report their experience of harm out of concern that their reports will be disclosed, exposing them to further harm.

Settlement of cases outside the formal justice process

The settlement of cases outside the formal justice mechanism was reported to be rampant across districts.

"Culturally, when a woman goes to report a man to the police or local leaders, they charge her a sheep. They call for her relatives and the case is resolved."— Focus Group Discussion (Female), Yumbe

"..., people fear to have long term disputes; I cannot report my neighbour.. let's negotiate. People don't know their rights, there is ignorance completely."— Key Informant Interview (District level), Bundibugyo District.

Investigation and follow-up of cases of VAWG

Successful prosecution of VAW offences heavily depends on the effective investigation with a holistic approach to the gathering of evidence. The legal framework in Uganda mandates the Uganda Police Force (UPF) to conduct effective investigations and evidence collection for cases of VAWG.

Study findings show that the capacity of the police to fulfil this mandate across the study sites continues to be riddled with deficiencies; ranging from human resource gaps to lack of logistical resources to carry out their role effectively (Government of Uganda 2000; 2010; McLean and Bukuluki 2016).

For example, across all the study sites the police do not have enough human resources and do not meet the international ratio of the police officer to population.

“Another challenge is the lack of manpower because here only two policemen are serving a population of 30000 people.”— Key Informant Interview (District level), Oyam District.

“like I have said, there is a lack of manpower, for example, both in police and health facility. At CFPU here, we are only two staff, we have so many cases, were are not enough, we get overworked and at times we don't deliver to expectation because of overload. We don't have the community liaison officer, the one we had was transferred, we didn't get another one, so we handle all the cases, it is very hectic.” — Key Informant Interview (District level), Butaleja District.

In addition, several police stations and posts lack basic equipment, such as vehicles, medical examination forms, and paper, which are necessary for conducting an effective investigation. For instance, the lack of transport was cited as a barrier to successful investigation and follow-up of cases.

“Another issue is lack of transport, we have two outposts here, one at the sub-county and another at Iceme parish, so for the whole of the sub-county there are two outposts and Iceme doesn't have a means of transport.. At times I even give them my bike when they are going for arrests for cases of child neglect and domestic violence, I give them my bike.”— Key Informant Interview (District level), Oyam District.

Facilitation like fuel is always a big challenge that most commonly affects the officers like police especially during the time of arresting the victim/

perpetrators or forwarding the victim to the court.” — Focus Group Discussion (Female), Amudat

In addition, several police stations lack the capacity for collection, analysis, storage, and presentation of forensic data, further compromising their ability to put together convincing evidence for sustaining VAWG cases. For example, specialized equipment, including Scene of Crime Officer kits is in short supply, which constrains the ability of investigative officers to collect evidence at scenes of crime affecting among others the investigation of VAW cases.

Our findings also indicate that several police stations and posts lack counselling or interview rooms that guarantee privacy. When survivors go to a police station, information is first taken at the main desk, which is often surrounded by people waiting to see a detainee or to lodge a complaint.

Police response to complaints of VAWG was reported to be inconsistent. While some women said that officers responded immediately, others reported unsatisfactory responses by law enforcement to reports of violence. For example, some participants described examples of police officers not following policies and procedures, by either discouraging survivors from pressing charges and/or not actively investigating reported cases of violence.

“The police is a waste of time... They're of no help. You make your report and then it's like they don't want to – you have to be pushing, pushing to get something done.” — Focus Group Discussion (Female), Yumbe

Participants also accused some police of charging bribes for services, being indifferent to the plight of survivors, and not addressing VAW from a victim-centred rights-based approach. Participants also accused the police of corruption, including taking bribes from perpetrators to frustrate survivors from pursuing justice.

“Like the police, I can't waste my time reporting my case to the police because they always want money which they call “kitu kidongo” if you have no money to pay them they don't attend to you.”
— Focus Group Discussion (Female), Amudat

Prosecution of cases of VAWG

In cases of VAWG, especially rape, participants reported that the burden of proof is normally with the prosecution. However, due to a lack of effective referral and coordination mechanisms between the police force (investigators), the Directorate of Public Prosecution (prosecutors), and other criminal justice service providers, many cases are not successfully prosecuted in a court of law.

The Directorate of Public Prosecution is mandated to direct police to investigate cases, including cases of sexual violence; provide advice and guidance to the criminal investigation department on the conduct of investigations, decisions to prosecute, and what charges to register; provide legal assistance and support to survivors, and ensure effective and expeditious prosecution of perpetrators. The directorate is represented at the district levels by resident state attorneys and resident state prosecutors. However, the performance of the Office of the Director of Public Prosecutions is affected by human resource deficiencies. While the staff in the resident district state attorney's office must deal with several cases other than GBV, some district offices only have two or three staff. For example, Isingiro has one state attorney and one prosecutor. These officers are overstretched. In some cases, they are required to appear in different courts at the same time which is not feasible (McLean and Bukuluki 2016; Government of Uganda and World Bank 2020).

Besides, Resident State Attorneys (RSAs) often lack the resources to complete their work expeditiously. For example, due to transport constraints, most prosecutors are not able to meet with witnesses to prepare them for court hearings. Sometimes, survivors have to testify in

court without receiving any pretrial guidance from prosecutors. Further, prosecutors and RSAs do not conduct their investigations—they rely on police investigations, which are often ineffective due to multiple challenges, as previously noted.

Another highlighted challenge is the absence of witness protection programs. State capacity to protect survivors and witnesses from retaliation during criminal trials is virtually nonexistent across study communities. The silencing of survivors by family and community members further weakens the chances of a perpetrator being prosecuted and convicted. Survivors often experience societal pressure to resolve the cases through community leaders, particularly when the perpetrator is a family member.

Legal Aid Services

Legal services are an essential part of the survivor-centred approach and should be part of a safe, non-stigmatizing multi-sector response to VAWG. Overall, participants did not discuss legal aid services in detail. Participants equated this service with requiring money, which many of them did not have access to. Access to state-funded legal aid mechanisms (for example, the State Brief Scheme, Law Development Centre Clinics, and pilot programs such as Justice Centers Uganda) remains limited across all districts.

Some Legal Aid Service Providers—such as FIDA and Uganda Law Society (ULS)—actively promote access to justice for survivors, especially by assisting in the litigation of cases by watching briefs, offering free legal representation, and rendering advice to the police on the presentation of cases and the profiling of evidence. Some have trained paralegals to provide legal aid support to survivors. These organizations are however overstretched, and they have resource challenges. There are also questions regarding the sustainability of these services which are largely project-based and rely on donor funding.

Court Services

The magistrate courts have jurisdiction to hear and determine cases of domestic violence, but many sexual offences are heard at the High Court. The High Court, Court of Appeal, and the Supreme Court of Uganda may also hear and determine VAWG cases on appeal or if the offence is particularly grave. However, the effectiveness of the courts of judicature across the study sites is affected by the limited financial and human resources at their disposal. For example, the limited number of judicial officers was contributing to case-backlogs, which affects the speed of dispensing justice. The paucity of judicial officers means that survivors are forced to appear in court multiple times, and such delays also mean additional expenses for survivors (McLean and Bukuluki 2016; Government of Uganda and World Bank 2020).

Findings also show that only a small proportion of reported VAWG cases go to court and many of those do fail to reach a conclusion. While the court may want to try the VAW cases as required by the law, such efforts are thwarted by the conduct of the prosecution, expert witnesses (police and medical), or the survivor. This study found that some survivors reportedly decided to withdraw their cases for a variety of reasons, but especially societal pressure and financial remuneration.

Participants claimed that some court processes and rules are not centred on the needs of VAW survivors. For example, a survivor of sexual violence may testify and/or give evidence openly and recounting her experience. This subjects the victim to intimidation—especially by the defence attorney—and further stigmatization. In some cases, a survivor must deliver her statement multiple times, often under extreme duress and in response to discriminatory and biased comments and questioning.

Further, some trial practices, such as the confrontation of the victims with the alleged perpetrator, and lengthy trials may have a particularly negative impact on victims,

including by enhancing the risk of retaliation, intimidation, and more generally result in the victim's loss of trust in the justice system. Participants also reported that under the adversarial system of litigation, a survivor is not shielded from the public or her attacker. There is no requirement for such trials to be heard in private ("in camera"), with such a decision dependent on the judge or the persuasiveness of the prosecutor. Compounding the problem, rape and survivors are often represented by inexperienced state attorneys.

Court-issued sentences and penalties were reported to be "too lenient" for some VAWG-related cases, rarely deterring perpetrators from committing additional VAWG-related crimes. In some instances, a perpetrator is merely "cautioned" or asked to apologize to the survivor. No specific legislative provisions exist for the mandatory counselling or rehabilitation of perpetrators.

Finally, a lengthy litigation process was cited by study participants as another barrier to accessing justice. Two key informants reported that the average timeframe for the completion of a VAW case in court is three years. Most complainants give up before the process is concluded due to time and cost constraints, which results in the collapse of their cases.

Physical access to the courts also remains a challenge, especially in remote communities. To bring the justice services closer to beneficiaries in these locations, some organizations are working closely with the judiciary to pilot mobile courts, where the judicial officer moves to remote communities or districts and conducts court proceedings from there. It has been reported that these courts do not only bring justice services closer to the people but also educate communities on legal procedures and the law. For example, mobile courts have been introduced in all zones of the Bidi-Bidi Settlement to overcome the logistical challenges faced by refugees. They bring in the local magistrate from Yumbe and create a makeshift temporary courtroom at a selected site in the settlement. However,

some informants observed that mobile courts are only cost-effective if properly planned and preparatory work is finalized to ensure proceedings are under schedule.

Non-Government Organizations

Participants across the study sites identified several NGOs that involved VAWG prevention, mitigation and response. For example, several Non-governmental organizations (NGOs) were viewed as supporting the system of most accessed services (i.e., police, courts, hospitals) in several ways that improve survivors' experiences and hold social services accountable, especially through training of key actors and logistical support. Other key GBV prevention and response activities are undertaken by NGOs include:

- Identifying and addressing risk factors for women and girls
- Coordinating with multiple sectors to integrate protection strategies into all services
- Providing care and support for survivors, including case management, psychosocial support, healthcare and reintegration services
- Organizing safe spaces for women and adolescent girls to access information, seek help and establish support networks
- Mobilizing communities to address causes and contributing factors of GBV
- Working with communities to foster resilience and support survivors
- Empowering vulnerable women and girls to increase personal, social and economic opportunities

Results show that the interventions by NGOs vary in scope and geographic reach depending on funding. GBV prevention and response services remain unevenly distributed, with rural areas largely disadvantaged. Besides, some of the interventions are not evidence-

informed or theoretically-grounded.

Referral System and coordination mechanisms

SUMMARY OF KEY ISSUES

- There is a lack of standardized referral protocols, with clear accountability and feedback mechanisms for stakeholders from health, social welfare, legal, and law enforcement sectors, as well as members of local councils, community leaders, and psychosocial support providers.
- Referral mechanisms for VAWG are not functioning adequately and were perceived to be ineffective in ensuring a continuum of support for survivors of violence.
- Survivors are reluctant to seek services, and services are poor or nonexistent at certain referral points.

The Essential Services Package for Women and Girls Subject to Violence highlights the importance of a coordinated response as a fundamental component of a women-centred approach to experiences of violence (UN Women, 2015). Besides, programming experiences show that survivors must be linked to health, mental health and psychosocial, legal/justice and security, through case management. This necessitates inter-and intra-sector coordination, including creation and monitoring of referral pathways, information sharing, and participation in regular meetings with representatives from the various sectors.

The National Referral Pathway for Prevention and Response to Gender-based Violence Cases in Uganda outlines the roles and responsibilities of the key duty bearers and actors and what services are available at different referral points. At the district level, key actors in the referral process include the Community Based Service Department, District Health Department, clinical providers, police, local councillors (locally elected officials), courts, NGOs, religious and cultural leaders, and donors. All duty bearers along the referral pathway are obliged to ensure timely access to services by the survivors/victims.

Stakeholders across study districts noted that some mechanisms exist to refer and link GBV and VAC survivors to services. For example, bidirectional referrals occur between the health facilities and the police. Besides, health and legal service providers and duty bearers sometimes refer the survivors to other providers (mainly NGOs) for psychosocial and livelihood support and other social services.

Nevertheless, referral mechanisms in most districts were not functioning adequately and were perceived to be ineffective in ensuring a continuum of support for survivors of violence. Some of the gaps identified include the lack of standardized referral protocols; poor case tracking; and limited follow-up of survivors to ensure they receive the services needed promptly. In most cases, referral arrangements are “informal” and primarily based on networks between individuals across organizations and institutions rather than formalized institution-to-institution protocols. Consequently, most survivors are often unable to access an essential package of multisectoral services—that is; health care, mental health care, psychosocial support, and justice/legal services.

Study findings also indicate challenges related to the reluctance of survivors to seek services and concerns regarding the quality of services at different referral points, especially in the government system. Therefore, some participants raised referral as a problem, not in terms of the lack of a system, but the lack of ability to ensure good quality services being delivered

3.6.3. Preventing violence

Across all districts, participants identified several VAWG prevention interventions, mainly implemented by civil society organizations (CSOs). For example, some NGOs are implementing interventions focused on socio-economic empowerment for women and girls, transforming norms that underpin VAWG,

and building capacity among community volunteers to address emerging issues.

The most common approach is community mobilization. This approach relies on building up networks of people and leaders within communities who will work together to create an environment in which violence is no longer seen as socially acceptable. Other organizations target men and boys as agents of change and/or promote gender-equitable relationships between men and women by engaging men in discussions to explore rigid and harmful ideas of masculinity and enable critical reflection about gender roles and norms and challenge the unequal distribution of resources and redress power imbalances.

Overall, participants identified the following gaps and challenges regarding current preventions efforts:

- Existing prevention efforts are limited and fragmented, and are not widely embedded in existing services and institutions.
- Economic empowerment programs are not always coupled with gender/social norm change components to reduce potential negative consequences.
- Most behavioural and social norm change activities are not embedded in a comprehensive approach toward addressing core drivers and risk factors of VAW and VAC and are not adapted to national systems and structures
- There is limited adherence/fidelity to implementing and scaling up models of GBV prevention that have been rigorously evaluated through national systems and local structures
- Despite the recognition of overlapping risks and intervention opportunities, GBV and child protection programming continues to occur separately or in silos in both refugee and host communities.

4.

CONCLUSIONS AND RECOMMENDATIONS

4.1. Conclusions

The study shows that women and girls are at the greatest risk of violence from both their intimate partners and non-partners. Survivors did not experience different forms of violence in silos; rather, many women described experiencing multiple forms simultaneously. Regarding IPV, experiences of VAWG depict a highly complex intersection of systemic and community factors that create barriers and facilitators to women in their decision-making when determining the future for their family and their intimate relationships. Economic forms of violence and the threat of financial insecurity are at the forefront for many survivors. Survivors, irrespective of class, live in a constant state of fear, often choosing to remain in violent relationships to ensure their economic security – even when this security is sub-par. Gendered expectations of work, family, care, and fidelity, among others, were drawn on to rationalize men's violence against their female partners.

The study also highlights several key trends in electoral violence against women that must be urgently addressed. For example, social media is effectively and increasingly used to amplify and disseminate attacks against women and their families. This includes spreading false allegations about the promiscuity of women candidates.

Women's experiences of violence have serious negative impacts on their children's well-being and on their productivity and ability to participate fully in society. However, VAWG case management continues to be undermined by the lack of accessible, integrated services and reporting mechanisms; weak institutional capacity across sectors (justice, health, education, and social welfare); and the absence of effective coordination of services. For example, the medical services and the

justice system, including police and the courts, are profoundly ill-equipped to support and assist survivors. Consequently, most survivors are unable to access quality essential multi-sectoral packages and services—health care, mental health care, psychosocial support, and justice/legal services.

While some prevention programs exist across the districts, participants identify several gaps. For example, only a few interventions focus on addressing VAWG drivers at various levels through an integrated and multipronged approach. Besides, existing prevention efforts are limited and fragmented, and not integrated and institutionalized in existing services and institutions or agencies.

Whereas government, civil society and development partners have made deliberate efforts to provide preventive and response services to address VAWG, uptake remains low. This undermines government's efforts for effective delivery of health, social support, mental health and psychosocial support, justice and legal services. As a result, women and girls suffer from violence in silence.

4.2. Suggestions for future programming

1. Scale-up evidence-based family and community-based violence prevention mechanisms in both refugee and host communities. The range of drivers and risk factors for VAWG and GBV at the various levels of the socioecological framework needs to be addressed through a multipronged approach, reflecting recent evidence of what works. Such intervention could focus on:

- a) Change social norms that deem violence against women or violence against children to be acceptable

through community-based violence prevention programs. Evidence-based community mobilization and social norm change approaches such as Start Awareness Support Action (SASA!) (Abramsky, Devries, Michau et al. 2016; Namy, Ghebrebrhan, Lwambi et al. 2019) methodology should be adapted or contextualized and implemented by district or local government structures for scale and sustainability. This may require, over the short and long-term, building the capacity of government structures and duty bearers, such as probation social welfare officers and community development officers, through training and mentorship, provision of infrastructure to ensure effective implementation and institutionalization.

- b) Develop and implement parenting programs to prevent VAWG, VAC and GBV and use positive discipline.
- c) Support economic and social empowerment for women and adolescent girls. Findings from the study revealed a strong linkage between VAWG and economic insecurity. Promoting women's protection through strategic interventions including economic opportunities is critical to reducing vulnerability to violence. While such efforts can contribute to increased violence against women in the short term due to gender ideals linking masculinity to the provider role, increasing women's economic empowerment (WEE) is still crucial for the longer-term prevention of GBV. In addition, women's economic empowerment interventions that address gender norms can reduce risks of VAWG. Specifically, there is a need to:
 - Develop life skills and livelihood opportunities such as income generation programs that enhance WEE access to and control over productive and non-productive resources, including increasing decision-making power and economic

independence. Evidence suggests that economic empowerment programs when combined with gender transformative training can be effective in reducing rates of violence

- Integrate women's empowerment programming into different sectors, including microfinance, agriculture, water and sanitation, and other development programming for women.
- Adolescent girls experience specific vulnerabilities. There is need to adopt and scale up existing evidence-based interventions focused on building livelihoods and life skills of adolescent girls such as the Empowerment and Livelihoods for Adolescents model used by BRAC (Bandiera, Buehren, Burgess et al. 2012).
- d) Scale-up school-based violence prevention programs because school environments remain hot spots for VAC. They also provide ideal environments to challenge some of the harmful social and cultural norms (standards or patterns that are typical or expected) that tolerate violence.. School-based violence prevention programs should focus on developing children's life skills, building knowledge around safe behaviors, challenging social and cultural norms, promoting equitable relationships, and developing the skills of teachers to promote positive interactions with children. Some nongovernmental organizations (NGOs) and UN agencies have piloted successful school-based violence prevention programs, such as the UNICEF's child-friendly-schools model and Raising Voices' "Good School" toolkit, which could be easily replicated and scaled up in refugee and host communities. These programs should also support the roll-out of the Ministry of Education and Sports' "Reporting, Tracking, Referral and Response Guidelines on Violence

Against Children in Schools" (2014).²

- e) Undertake specialized behavioural interventions for households experiencing domestic violence as part of secondary violence prevention. This could include (i) counselling and treatment programs for perpetrators (including anger management, drug/ alcohol rehabilitation programs, or treatment for sexual deviant behaviours); (ii) family-based programs e.g., at their homes to improve family communication, parenting skills, and conflict management; and (iii) counselling and psycho-social support to help victims and non-abusive carers process the trauma.
 - f) Further studies are needed particularly on unpaid care work as a form of VAWG and its socio-economic and political consequences on women and girls.
 - g) There is need to strengthen efforts aimed at working with cultural institutions to harness their potential to engage in social/ gender norms change in relation to VAWG. These should draw lessons from ongoing work with cultural institutions in Karamoja and sub-regions.
 - h) Given the challenges in accessing justice for women and girls that were identified by the study, there is need to advocate for expediting the passing of the Legal Aid Act that is currently being considered by cabinet of the government of Uganda.
2. Strengthening and enhancing multi-sectorial services at all levels. Effective VAWG case management continues to be undermined by weak institutional capacity across key sectors of justice, health, education, and social welfare. Specific activities could focus on strengthening the
- a) Provide technical training and mentorship to build the capacity of duty bearers and actors to manage, coordinate and refer survivors to relevant services; improve confidentiality and cultural sensitivity in the delivery of services; and adhere to existing national and international standards, guidelines, and protocols. At a minimum, relevant staff involved in the provision of services to GBV and VAC survivors in the areas of health, psychosocial support, legal advice, and security should be trained in survivor-centred and trauma-informed approaches.
 - b) Ensure that the various actors and institutions have the facilities and logistical capabilities they need to effectively execute their mandates.
 - c) Strengthen coordination and referral mechanisms that are necessary to support effective case management and to ensure that survivors are identified, that their needs are correctly assessed, and that they receive cross-sectoral support. Protocols should be developed and implemented to establish clear referral and accountability mechanisms within and across sectors so that survivors know where to go to receive assistance and that they receive it promptly
 - d) Coordination mechanism among and between multisectoral and interagency GBV and child protection actors should be strengthened at the local level.
 - e) Build community capacity where possible, especially among local leaders and refugee welfare committees, to handle cases of VAWG that they appropriately and to refer cases on to formal services as required by the referral pathways.

² The ministry's guidelines complement the child-friendly-schools (CFS) model and are designed to improve reporting by children and school officials of incidents of violence against children/girls and to be integrated with the broader district referral and response systems.

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