

# **Bridging Structural Gaps; Police and Health Officials Dialogue on Investigation and Prosecution of SGBV Crimes**



**REFUGEE LAW PROJECT**  
“A Centre for Justice and Forced Migrants”  
School of Law, Makerere University  
P.O Box 33903 Kampala  
Plot 7 & 9 Perryman Gardens,  
Old Kampala  
(Opposite Old Kampala Primary School)



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

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

### **Vision**

All people enjoy their human rights, irrespective of their legal status.

### **Mission**

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

### **Mandate**

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

### **Core Values**

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

## **About the Gender & Sexuality Programme**

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

### **Vision**

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

### **Mission Statement**

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

### **Goal**

To be a leading programme nationally and internationally in providing, documenting and disseminating inclusive SGBVP prevention and response interventions and services as well as conducting research, training and advocacy in the areas of gender, sexuality and forced migration.

## **Acknowledgements**

In a special way, Refugee Law Project extends its heartfelt appreciation to the United States Government – BPRM (Bureau of Population, Refugees, and Migration) for the financial support to RLP and the work on Sexual Gender Based Violence (SGBV), without which this roundtable would not have been possible.

Refugee Law Project acknowledges the support of the Inspector General of Police (IGP), Gen. Kale Kayihura for supporting Police trainings on SGBV, that provided headway for this roundtable, and the support of the management of Old Kampala, Kiira Road, Jinja Road, Katwe, Wandegaya and Central Police Stations for the support exhibited during the trainings and for participating in the roundtable discussion.

Gender & Sexuality programme acknowledges the contribution of the management of Refugee Law Project and the support of the School of Law, Makerere University. Special thanks to the Director, Dr. Chris Dolan and Walter Richard Alier, Head of Operations and Programme Support for the technical guidance and practical support. Gender and Sexuality is also indebted for the financial and logistical support.

Gender & Sexuality programme further appreciates the contribution of the Programme Manager, Onen David Ongwech for compiling this report and for supporting all the programme activities. We are indebted by the contribution of Susan Alupo (Programme Manager Access to Justice), Arnold Kwesiga (Assessment and Intake), Winifred Agabo (Training Coordinator), and Members of the Gender & Sexuality Team (Adikini Susan, Kim Mukasa, Peninah Kansiime, Mogi Wokorach, Siranda Gerald and Thierry Inongi) for their invaluable support.

## Introduction

The Refugee Law Project is an outreach project of the School of Law, Makerere University. Established in 1999, RLP's mission is ***"To empower asylum seekers, refugees, deportees, IDPs and host communities to enjoy their human rights and lead dignified lives."*** This mission is fulfilled through a combination of activities carried out under Access to Justice, Mental Health & Psychosocial Wellbeing, Gender & Sexuality, and Conflict, Transitional Justice & Governance as thematic programmes.

Since 1999, RLP has been at the forefront in providing training to various stakeholders including Police officers and strategic government line ministries in helping refugees lead dignified lives. Since January 2013, RLP has facilitated training to 364 Police officers in and around Kampala including the National Police Training School, Kabalye.

Refugee Law Project organized a roundtable discussion with Police officers and Police Surgeons that took place on Wednesday 19<sup>th</sup> April 2013. The roundtable was a result of key issues emerging from the various trainings, which suggested a need to conduct several follow-ups, including the roundtable, to maximize effective response to and prevention of Sexual Gender Based Violence and Persecution.

One of the trainings of Police Officers in a Kampala Police Station, for example, highlighted problems of mutual mistrust, misunderstanding and tension between Police Officers and Police Surgeons in responding to reported cases of sexual violence against women and girls as well as men and boys.

Police officers recognized that they are usually the first point of contact for survivors of sexual violence, be it forced migrants or nationals, women and girls or men and boys. Despite the vast responsibilities and power that the Police have at hand, some reported cases of sexual violence end up thrown out of court due to shoddy investigations and lack of sufficient evidence to support the prosecution of alleged perpetrators.

Furthermore, it was noted that Police Surgeons at times demand for money, tips or other forms of payment to conduct medical tests and produce medical reports. Many forced migrants succumb to the bribery or are unable to afford such fees. The latter scenario effectively means that that the alleged perpetrators are set free. This is a very painful and shocking issue to victims/survivors given the fact that the Police surgeons are paid by government (through the Justice Law and Order Sector) for the services they offer to victims/survivors.

These challenges further are compounded by financial challenges within the Police Force, as a result of which survivors are frequently required to photocopy Police forms (including Police Forms III) on which the details of their victimization are recorded. Although these forms cost less than 500UGX (approximately US \$0.20), many survivors who cannot afford this are left stranded and at the mercy of well-wishers.

The victims of SGBV do not distinguish between the Police Officers to whom they first report, and the Police Surgeons who are responsible for key aspects of evidence collection: their confidence in the justice system, and in police as the first point of contact, is compromised.

The objectives of the roundtable were to;

- i. Highlight the practical challenges and service implementation gaps as well as programming gaps that Police officers face while working with Police Surgeons in responding to reported cases of sexual violence; specifically rape, sexual harassment and defilement.
- ii. Re-affirm the roles of the Police and Police Surgeons in prevention and response to sexual violence; with specific consideration to the “Do no harm” principle and victims’ protection, timely and professional service provision to victims and survivors of sexual violence.
- iii. Explore possibilities of bridging the investigation gaps and inconsistencies in the work of Police Officers and Police Surgeons.

### **Methodology of the roundtable**

The roundtable was a half-day non-residential meeting with guided participatory interaction among the Police officers and Police Surgeons. Onen David (Programme Manager for Gender & Sexuality) presented a summary of the training report for the Police Officers in Wandegeya as well as an excerpt of a male survivor anniversary, in which some of the service implementation gaps were highlighted.

### **Opening remarks**

On behalf of the Director of RLP, Onen David (Programme Manager, Gender & Sexuality) thanked all participants for turning up on time for the roundtable and for sacrificing their valuable time and work to participate in the roundtable. He reiterated that Refugee Law Project through the Gender & Sexuality Programme has been working with various stakeholders and government line ministries since 1999 on Sexual Gender Based Violence (SGBV). He noted that the experience from the working relationship has demonstrated the need to continue engaging various duty bearers in combating sexual and gender related crimes.

He was however concerned that comprehensive prevention and response to SGBV is only possible if more partners and stakeholder join hands in the struggle. He added that SGBV in forced migration is a terrifying subject that calls for close collaboration and partnership.

In his concluding remarks, Onen re-echoed the rationale for the roundtable and informed members of key issues emerging from the Police trainings. He further informed participants that RLP has taken initiatives to supply the Police Forms III to Police stations such as Wandegeya and Old Kampala Police stations after realising that some SGBV survivors, be they refugees or nationals, cannot afford to photocopy those forms as required in some police stations.

### **Group presentation on key challenges in investigating and prosecuting cases of sexual violence**

In this discussion, participants were divided into two affinity groups, each comprising of medical practitioners, Police officers, and representatives from RLP and other civil society organizations. Feedback given to the plenary was fascinating and highlighted key gaps in prevention and response to SGVP including; best practices, financial, logistics, human resources and psycho-judicial gaps elucidated below;

#### **BEST PRACTICE GAPS**

##### **Knowledge and Skills gap**

The feedback from the plenary sessions confirmed that some police officers have inadequate knowledge and skills for handling SGBV cases. It was clear that Police officers and Police surgeons lack understanding of:

- how SGBV issues manifest in forced migration (this lack of understanding is further exacerbated by poor coordination service of services among police, police surgeons and other stakeholders, as well as lack of cooperation by the victims, their parents and guardians (in case of children) as well the communities
- existing domestic, regional and international legislations governing work on SGBV (some officers know the laws exist but do not have substantive knowledge on the provisions of those laws)
- basic counseling and social support skills

These major gaps have contributed to survivors'/victims' frustration and have discouraged them from approaching police officers and police surgeons.

A typical example of the lack of counseling and social support skills was reported in HIV/AIDS related services. It was reported that some health officials do not provide



pre- and post-test counseling, and that test results are presented to victims without any form of psychological preparation.

### **Professional/Institutional best practices gaps**

It was noted that there are significant delays in scientific analysis by the forensic directorate and this contributes to delays in the justice process. It was also noted that some of the examination reports from the police surgeons vary from one surgeon to the other, with some testing victims positive while others negative. The biggest challenge therefore is how to decide on which results to use.

It was reported that there is gender insensitivity in investigation and prosecution of SGBV crimes in some police stations. Male police officers and surgeons sometimes examine female survivors even when they are not willing to open up to male officials. This affects interaction between the officer in charge and the victim, which hinders effective investigation of crimes.

Participants urged the police stations management to provide alternative choices for victims to determine who they want to talk to; given the fact that some survivors do not feel comfortable narrating their ordeals to officers of the same sex or gender to that of the alleged perpetrator.

### **Delayed or no reporting**

The group discussion confirmed that stigma and discrimination associated with reporting and prosecution of sexual and gender crimes, compounded by cruel cultural practices and beliefs, scares away victims/survivors from approaching law enforcers. It was also noted that some victims receive threats to their lives from the alleged perpetrators and/or perpetrators' families.

It was also noted that bias by community members and other stakeholders against some victims frustrates reporting and prosecution of SGBV. Survivors/victims who are engaged in survival sex or prostitution, for example, are often not regarded as victims of sexual violence despite reporting severe cases of violation.

Some victims and their families do not report cases of SGBV due to conflicts of interest. Some parents/guardians of victims prefer to settle cases out of court. Demand for monetary gains as well as frustration in the judicial system compound these challenges as push factors to Alternative Dispute Resolution.

### **Language barrier**

It was clear from the roundtable that very few police officers understand refugee languages given the fact that majority of refugees in Kampala come from

Francophone countries. This affects reporting, statement taking and investigation of reported cases. Attempts to get interpretation result in breaches of confidentiality, which is key in comprehensive management of SGBV cases. Similarly, the deaf and blind present with specific vulnerabilities that require specialized support from persons with the expertise.

## **FINANCIAL, HUMAN RESOURCE AND LOGISTICAL CHALLENGES**

### **Financial**

The roundtable confirmed that SGBV survivors, refugees or nationals, are sometimes required to pay money to be examined by Police surgeons; to obtain medical forms and to photocopy forms required for investigating reported cases.

Police officers were concerned that investigation of criminal offences sometimes requires financial resources, which are inadequate in the force.

### **Logistics gaps**

The roundtable participants noted that the Police as an institution does not have enough logistics to effectively respond to reported cases, including those of SGBV. Investigation requires transport facilities to enable the survivor/victim access medical, legal and psychological support as well as to apprehend suspects or alleged perpetrators. Examples were cited of victims not accessing essential services like Post Exposure Prophylaxis (PeP) for which time is a very essential factor.

These challenges are compounded by the fact that SGBV services are scattered in and around Kampala including government and private service providers; as a result, a victim may have to move two or more places for comprehensive care and support. Although police officers are supposed to move with victims to the Police surgeons, these challenges often compel Police officers to issue Police forms and documents directly to the victims/survivors who in many instances do not go to the necessary officials including Police surgeons.

It was also noted that confidentiality, which is key in reporting and investigation of reported cases of SGBV is continuously being breached because of limited space at police stations and surrounding police posts.

### **Human Resources gaps**

Besides the knowledge and skills gaps within Police force, it was noted that there is a huge human resource gap. There are 74 Police Surgeons in Uganda at the moment and this scarcity of medical personnel compared to reported cases to be handled, including SGBV cases, poses a huge challenge in comprehensive care and support.

It was noted that Police surgeons are qualified and registered doctors who are requested to do work on behalf of the state. Therefore, the Police are just one actor and there are other cases that also require attention of the Surgeons including courts of law, Human Rights Commission and other legally constituted commissions (or any international commission to which the state is a signatory).

### **SOCIO-POLITICAL INTERFERENCE**

It was also noted was that in some cases high profile government officials get involved in the investigations of some SGBV case. This sometimes jeopardizes investigations as investigating officers are compelled to rush the investigations or to shy away. Similarly, some faith-based agencies sometimes also interfere with investigations and prosecution, more so if the alleged perpetrator holds a key leadership position in the community.

#### **Corruption**

It was noted that corruption is one of the key factors that affects investigation, prosecution and prevention of SGBV crimes. It was clear that corruption is a double-edge sword and is perpetuated both by the victims and the alleged perpetrators. Some officers ask for money while some families, either of the victim or alleged perpetrators initiate offers to investigating officers in order to make them do what they want; either to provide false evidence, drop charges, or to push for negotiations as an alternative dispute resolution.

#### **False communication by the media**

Participants recognized that the media plays an important role in highlighting key SGBV issues among the population. However, the media sometimes frustrates investigations because reports disseminated are sometimes not the real reflection. Examples were cited where the media displays details of victims including actual faces hence breaching confidentiality. It was also reported that sometimes details of the alleged perpetrators are revealed and some get the chance to go into hiding.

#### **Psycho-judicial challenges**

The loss of trust in the judicial system also came out clearly from the roundtable discussion. It was clear that there are both legal and procedural gaps in prosecuting sexual violence. It was re-echoed that the domestic legislations are not gender inclusive especially in defining rape as only affecting women and girls.

Further still, the bureaucracy in the justice systems and legal procedure further disturbs and discourages victims. The court adjournments coupled with the case backlogs in courts cause delays in delivering justice to victims.

## **THE ROLES OF DOCTORS AND STAKEHOLDERS IN RESPONDING TO SGBV CRIMES**

Dr. Moses Byaruhanga, Ag. Director Police Health Services Directorate, presented a paper on the roles of Police Surgeons in responding to SGBV crimes. He clarified the myths on who a police surgeon is, noting that a Police Surgeons is “A qualified and registered doctor who is requested to do work on behalf of the police, courts of law, Human Rights Commission, any other legally constituted commission or any international commission to which the state is a signatory”

In his presentation, he recognized that sexual violence affects men and women, boys and girls, and that all victims/survivors require equal treatment before the law.

He noted that the experience of sexual violence has gross damaging effects on individual health, family harmony and community wellbeing, and that all cases therefore require urgent and professional attention. He was concerned that some community members down play the magnitude of experiences of SGBV.

He re-emphasized that SGBVP causes gynecological problems and many times leads to unintended pregnancies, increased risk of maternal mortality, STI's including HIV/AIDS and psychological challenges such as depression, social phobias, anxiety and suicide.

He recognized that different doctors might present different examination results depending on the time taken and the nature of the alleged crime committed. He informed participants that negative results may not mean that the person was not violated sexually because there could be no physical evidence to anchor on. He also added that test results may be affected by several factors.

He advised medical officers to remain professional and carry on state duties not only to enable justice but also the restoration of physical health. He called upon investigating officers to value timely reporting, medical examination and prosecution.

Dr. Byaruhanga reminded medical officers that besides their roles of searching for physical signs, collection and preservation of all trace evidence and treatment of the victim/effects of SGBVP, they also have a role in providing psychosocial support and counseling. He added that working with survivors of SGBV requires compassion and empathy.

He called on the service providers to build the capacity of medical personnel to conduct basic counseling and psychosocial support to enable them not only to

address medical needs but also to backstop emotional and psychological issues that might arise. He noted that effective medical recovery sometimes depends on the mental and psychological state of mind of the victims as well as their immediate support system.

Dr. Byaruhanga confirmed that there is limited funding to support medical intervention on reported cases of SGBV. He noted that the Police were allocated Ushs150 million to support medical examination and reports on SGBV cases in one year, yet the actual amount required was Ushs500 million.

He informed the participants that each SGBV examination requires Ushs25,000, while post mortem examination is conducted at Ushs60,000. He added that in 2013 the money for post mortem examination was released in time while that for SGBV was released in the last quarter. He was concerned that the gaps in funding are one of the reasons why hard to reach areas of the country end up with either shoddy investigations or no investigations at all.

Dr. Byaruhanga concluded by pledging the support of his office in supporting investigation and prosecution of gender and sexual crimes. He added that his office was working hard to expand the clinics in Uganda from 74 to 124 by the end of 2014.

## **PROPOSED RECOMMENDATIONS AND ACTION PLAN**

### **Expand medical services to rural and grassroots areas**

It was clear that the available services in urban centers are fairly equipped and operational while those in the rural and hard to reach areas continue to lack basic materials. Participants called on government and relevant stakeholders to expand services and where possible add personnel in refugee settlements and other rural areas of Uganda.

Besides the lack of personnel, participants were concerned that some health facilities in hard to reach areas of rural Uganda sometimes run without supplies for several days and months.

### **Do more than 'Training'**

Participants were concerned that some organizations and stakeholders terminate their capacity building after post training evaluation. Participants noted a need for post-training follow up to validate whether the training(s) had any impact on the lives of participants and other members of the community. Participants acknowledged that capacity building activities and programmes are important but need to be reinforced through post training follow-ups.

### **Establish the proposed 53 clinics to complement the existing 74 clinics**

Participants called upon government to effect the establishment of the proposed 53 clinics to complement the existing clinics in the country. The addition of the clinics according to participants would help reduce numbers of survivors who often go without appropriate medical examination and timely response.

### **Allocate more resources to support SGBV work**

It was clear that resources allocated for prevention and response to sexual gender based violence are insufficient compared to number of reported cases. Participants called upon government to scale-up the budget for Ministry of Gender, Labour and Social Development.

It was also noted that there is need to support and facilitate the Police force - especially the police patrol unit - with lifesaving equipment such as gloves, condoms and other necessary materials given that they interface with many people and respond to various cases including those related to sexual gender based violence

### **Strengthen collaboration with medical personnel**

Participants appreciated RLP for organizing the roundtable discussion and called upon other actors to continue engaging medical personnel and law enforcement agencies on prevention and response to SGBV related issues.

Participants added that capacity building and awareness raising for medical personnel is important for effective response and prevention of SGBV as well as increasing knowledge about available service providers and services on SGBV.

Participants were concerned that there is a need for close coordination on reported cases right from reception at police to court proceedings. The surgeons were concerned that they hardly get feedback on clients they examine. However, it was noted that some of the surgeons are reluctant to accompany survivors of SGBV to courts of law because it requires time and financial resources.

### **Re-engage communities and support established community initiatives**

Participants noted that a lot still has to be done at community level to raise awareness and sensitize community members on available SGBV services and where to access them. Participants called upon SGBV agencies to support community structures like the GBV taskforces of the Local Councils, which in many instances handle domestic violence cases and sometimes sexual violence cases. Participants noted that community outreaches on prevention and response to SGBV need to be extended to rural areas of Uganda.

Participants called upon refugee and SGBV serving agencies to utilize the various arms of government including the community leaders structures to sensitize the grassroots people on rights and responsibilities as well as pass information on available services and their access. It was clear that members of community ride on well-established structures such as SGBV taskforce and local council structures where information is passed and relevant decision-making and dispute resolution takes place. However, it was noted that some leaders in the community go against the law and attempt to handle SGBV and other capital offenses. This was attributed to ignorance and disbelief in the formal court processes, which are seen as both expensive and time consuming.

### **Strengthen linkages**

Participants recommended strengthening linkages among SGBV actors. Building a strong working relationship among United Nation bodies, civil society organisations, state actors, faith based organization and community based organisations is key to effective response and prevention of SGBV.

Some participants were shocked to learn that survivors of SGBV are sometimes required to pay money for medical examination or to access Police Forms that should be provided and accessed for free. Participants argued that those anomalies would be minimized if there were regular meetings such as the roundtable to bring other actors on development around prevention and response to SGBV up to speed.

Participants called upon duty bearers and other actors to disseminate information, education and communication materials widely to bridge the knowledge gap.

### **Monitor the work of the police surgeons**

Participants urged government and the police advisory committee to monitor closely the operation of the Police Surgeons so as to provide checks and balance on their work. It was notably indicated that some police surgeons continue to ask for money from survivors of SGBV while others allegedly do not provide professional service to survivors of sexual violence.

With funding support from



## APPENDICES

### Appendix I: Programme of the roundtable

The programme below guided the roundtable discussion

Time	Agenda	Persons Responsible	Rapporteur
9:00 – 9:30hrs	Arrival & Registration	Susan Adikini (RLP)	N/A
9:30 – 9:45hrs	Welcome Remarks	Walter Richard Alier. Ag. Director, Refugee Law Project	Susan Adikini
9:45 – 10:00hrs	Overview of the Police Officers Training	Winnie Agabo (RLP)	
10:00 – 11:00hrs	Presentation and discussion of the Wandegeya Police Training Report and the objectives of the roundtable	Onen David – Programme Manager Gender & Sexuality (RLP)	
<b>Break Tea</b>			
11:30 – 12:30hrs	Challenges in investigating reported cases of SGBVP	Representative of a Police Officer from Wandegeya	Peninah Kansiime
12:30 – 13:00hrs	Open session	Susan Alupo (RLP)	
13:00 – 13:30hrs	The role of Police Surgeons in responding to reported cases of SGBVP crimes	Dr. Moses Byaruhanga – Commissioner of Police/Director Police Medical Services	
13:00 – 14:00hrs	Open session	Yusrah Nagujja (RLP)	
<b>Lunch</b>			
15:00 – 16:00hrs	Action plan	Siranda Gerald (RLP)	Mogi Wokorach
16:00 – 16:15hrs	Closing remarks	Director Human Rights & Administration - (AIGP Balimwoyo M.M)	
<b>Logistics and Departure</b>			