girls must...

FEMINIST SEXUAL GENDER BASED VIOLENCE TRAINING GUIDE

FEMINIST SEXUAL GENDER BASED VIOLENCE (SGBV) TRAINING GUIDE

GIRLS MUST UGANDA (GMU)

IN PARTNERSHIP WITH

URGENT ACTION FUND- AFRICA (UAF)

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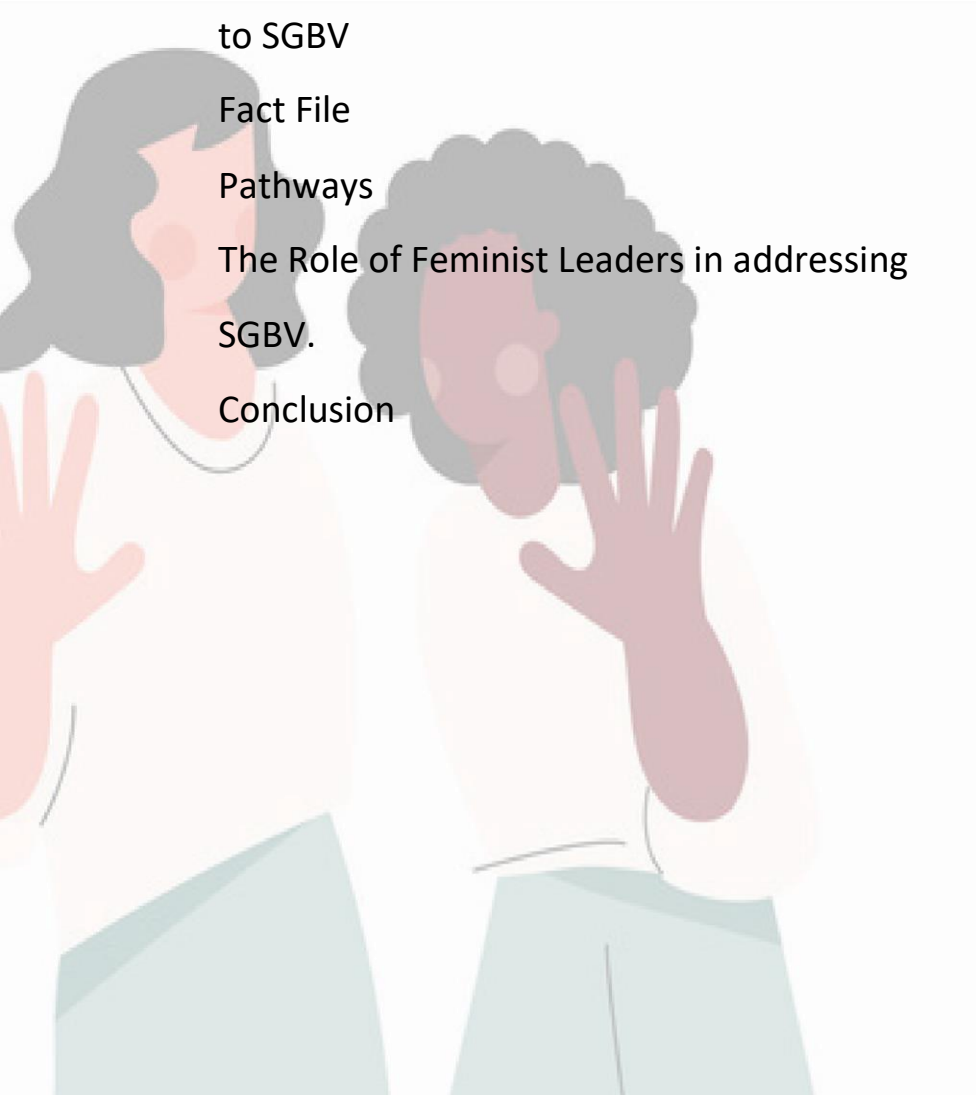


Acronyms

GMU	Girls Must Uganda
SGBV	Sexual Gender Based Violence
SRHR	Sexual Reproductive Health and Rights
STI/D	Sexually Transmitted Infections/Diseases
VCT	Voluntary Counselling and Testing
GE	Gender Equality
WHO	World Health Organization
UAF	Urgent Action Fund
IEC	Information Communication and Education

1 . Introduction

What is Sexual Gender Based Violence (SGBV)?

Sexual violence is any act which violates the autonomy and bodily integrity of women and children under the international criminal law including but not limited to; rape, sexual assault, grievous bodily harm, mutilation of female reproductive organs among others. It can also be seen as a form of violence against women (and men, who can also be sexually harassed) and as discriminatory treatment.

Adolescent: A person in a stage of growth in which they are transitioning from childhood to adulthood. It is a phase in which an individual is no longer a child and not yet an adult. During this stage (between 10-19 years), a person undergoes rapid physical and psychological development from puberty to adulthood.

Puberty is the period of life when a child transforms into sexual maturity and becomes capable of reproducing. Girls begin puberty between 10-11 years, while boys begin between 11-12 years. The main sign of onset of puberty in girls is the first menstruation, while in boys it is the first ejaculation. Sexual health is a state of physical, mental and social wellbeing in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. Reproductive health is a state of complete physical, mental and social well-being in all matters relating to the reproductive system. It means that people are able to have a responsible, satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so.

Reproductive age: The average woman's reproductive years is considered to be between 15-49 years. Adolescent friendly services are services that give adolescents respect and confidentiality.2 Service providers should be non-judgmental, competent and appealing; health facilities should be equipped to deliver the services adolescents need; adolescents should be aware of where they can obtain the health services they need.

Minor: A minor is a person under the legally established age of adulthood. Most countries, including Uganda, as well as the UN have set the age of adulthood at 18 years.

Informed consent: Informed consent is the permission that a patient gives a doctor to perform a test or procedure after the doctor has fully explained the purpose, benefits and risks. For consent to be valid, it must be voluntary and informed, and the person consenting must have the capacity to make the decision – a person who can clearly appreciate and understand the facts, implications and future consequences of their decision.

Assent: The agreement to treatment of someone without capacity to give legal consent (such as a child). Working with children or adults not capable of giving consent requires the consent of the parent or legal guardian and the assent of the subject.

Counselling: The act of giving someone information about their potentialities, interests and abilities to help them overcome personal problems or difficulties and thereby achieve an optimal level of personal happiness and social usefulness. In the consent process, a subject is counselled to facilitate them to make an informed decision about a medical treatment or procedure.

Emancipated minor is a child who is no longer under the control parents or guardians, by circumstances dictated by reality, e.g., if the child is married, pregnant or already a parent, institutionalized (military service, rehabilitation), or is self-sustaining.

Community perspectives & understanding of SGBV- A case study of Kigezi sub-region

- Violence against females for example a case where a deaf young woman was raped and impregnated. She was unable to breastfeed. This has forced the mother of the victim to leave her job in order to take care of both the baby and the mother while the perpetrator was left to roam freely.
- Denial of women and girls of their sexual rights.

2. Understanding the statistics

A Glimpse in the statistics of SGBV around the country.

- There are incidences of forced sex, marriage, discrimination in child education as a boy child is favoured
- It means violence among families or even partners

What is the status of Gender -Based violence in Uganda

Gender based violence is a major problem in Uganda, it affects women and girls more than men and boys

- 6 in every 10 women experience physical violence
- 3 in every 10 women experience physical violence
- 5 in every 10 women suffer sexual partner abuse.
- Only 2 in 10 women ages 15-49 (22 percent) report violence against them.
- 2 in every 10 women report that they have experienced violence.
- Most Young women aged 14-19 don't report violence against them
- Uganda ranks 18th among countries with the highest rate of early marriages in the world. 4 in every 10 girls marry before the ages of 18.
- Over 18,000 children are involved in commercial sexual exploitation 11% are younger than 15 years.
- Over 2 million children experience school related gender-based violence.

3. Understanding the Legal environment around Sexual Gender Based Violence in Uganda

Legal definition of some types of sexual violence

Gender Based Violence is perceived as a global burden, the most widespread & socially tolerated of human rights violations, cutting across borders, race, class, ethnicity and religion. Gender Based Violence is seen as a human rights issue with numerous international and regional instruments spelling out commitments and obligations to SGBV prevention. In Uganda, SGBV is perceived as a critical national problem with severe, long term negative impacts on the physical, sexual, and mental wellbeing of the survivors, family, and community.

The Government of Uganda is committed to addressing Sexual Gender Based Violence (SGBV) which is a serious human rights, public health and a socio-economic concern. This commitment is reflected in the existence of a policy on the Elimination of Sexual Gender Based Violence in Uganda 2016 and the Domestic Violence Act 2010 and its regulations 2011 which focus on the protection of rights holders and offering strategic guidance to duty bearers. The National Policy on Elimination of SGBV calls for specific promotion of male involvement as a strategy to enhance community participation in prevention and response to SGBV.

The Government of Uganda has registered considerable effort in policy and programme development and implementation with regard to prevention and response to Sexual Gender Based Violence (SGBV). This progress is reflected in the national policies and laws

which underscore Sexual Gender Based Violence as a national concern that impedes development.

These include the Penal Code Act (2007),

Children's Act Amendment (2016), The

Domestic Violence Act, 2010 and its Regulations

2011, The Prohibition of Female Genital Mutilation Act, 2009 and its regulations 2013, Trafficking in Persons Act, (2009) The Employment Act 2006 and policies such as the Uganda Gender Policy (2007). Despite these efforts, Gender Based Violence remains persistent. This however calls for a multi-sectoral approach to effectively prevent and respond to SGBV/VAC in our communities.

According to the Uganda Demographic Health Survey (UDHS) 2011 and 2016, GBV is perceived as one of the complex social phenomenon especially given the social structures and processes that reinforce its occurrence. In its complexity, GBV not only occurs amongst intimate relationships, but it can occur in families, communities and workplaces. It further indicates that GBV is still socially acceptable amongst women and men. The UDHS 2011 specifically survey indicates that 58% women and 43.7% men aged 15-49, accept that a husband is justified to hit or beat his wife for any one of the reasons such as burning food, arguing with him, going out of home without telling him, neglecting children or refusing him sexual intercourse.

The Uganda Police Annual Crime report 2020 raises a concern over the increase of Defilement and Domestic Violence cases among others. For example, the report indicates that 17,664 cases of Domestic Violence were reported to Police compared to 13,693 reported in 2019, giving a 29% increase. Furthermore, a total of 14,134 cases of Defilement were reported to Police in 2020 compared to 13,613 cases reported in 2019, giving an increase of 3.8%.

Institutional mechanisms in place addressing SGBV/VAC In order to meet its international and national obligations of addressing Gender Based Violence, the Uganda Police Force has taken specific steps in addressing gender issues in policing in Uganda.
These interventions include;

a. The development of the Gender Policy, 2018 accompanied by the Gender Strategy and the Action Plan. Through this, UPF aims at addressing its internal policies, procedures and structures to ensure that they are gender responsive, non-discriminative aand promote a culture that is respectful of the rights and
b. dignity of women, men, boys and girls.
c. The establishment of the Departments of Child and Family Protection, Sexual Offences and Children related offences under CID and Women Affairs.
d. Inclusion of modules on Gender, Human Rights and Child Protection in the curriculum for the initial training of police officers, Station Commanders Courses, Operational Commanders Courses, Intermediate Command and Staff Courses, Senior Command and Staff Courses, Induction Courses for Specialized Units
e. and capacity building/workshops.
f. Development of training manuals on Gender, Human Rights and Child Protection
g. Capacity building of police officers on Gender and Human Rights to be able to
h. prevent and respond to Gender Based Violence
i. Practice of affirmative action in recruitment and promotion of female officers
j. Establishment of the Gender based Violence toll free helpline to respond to GBV
k. cases.
l. Development of the Standard Operating Procedures (SOPs) on management of GBV/VAC cases. These SOPs provide minimum standards to ensure effective and efficient management of VAW/C cases by the Uganda Police Force and other key stakeholders in a gender-responsive, victim-centred and trauma- informed manner.
m. Coordination and working with other Ministries, Departments and Agencies to respond better to Gender based Violence.

Despite various interventions put in place by the UPF, Gender Based Violence and Violence Against Children continue to be a challenge as indicated in various Annual Crime Reports. Cases of Defilement, Rape, Indecent Assault, Domestic Violence and incest continue to manifest in our society. This situation is attributed to by various factors that increase the risk of VAW/C in Uganda not limited to the following;

a. Unequal power relations between men and women in the society.
b.) Traditional, cultural, and religious practices that encourage violence against women and children and subordinate them to the coercion of men. The practices promote social acceptance of the use of violence as a means of solving domestic misunderstandings or problems
c. Traditional attitudes that stigmatize men and boys who experience violence, and
d. hence, deter them from reporting incidents;
e. The economic dependence of women and children on men, which forces them to
f. stay in abusive families or relationships and deters them from reporting abusive
g. behavior for fear of losing an income provider;4
h. Lack of knowledge among the general population as to what constitutes VAW/C,
i. where and how to report violations, and lack of knowledge about the availability of specialized services such as legal, psychosocial counselling, medical support, and protective shelters.
j. Specific vulnerabilities and inter-sectionality such as disability, being an orphaned child, elderly person, or refugee.
k. Limited capacity of the officers to investigate cases
l. Inadequate manpower to investigate cases
m. Limited number of female officers in some stations to escort female victims for
n. medical examination and recording their statements
o. Non/delayed reporting of cases by victims or the community members except
p. only in circumstances when compensation negotiations have failed
q. k) Non-follow up of cases by the complainants to their logical conclusion
r. Refusal to testify in court by victims/complaints/witnesses for fear of reprisal from the perpetrators
s. m) Poverty which affects follow up of cases due to transport associated costs, medical examination of victims, etc.
t. Limited resources to investigate and follow up of cases to their logical conclusion
u. Lack of confidentiality at police station due to lack of office space and interview v. rooms

In conclusion, Violence against women and children (VAW/C) is a widespread and unacceptable social ill requiring immediate and well-coordinated law enforcement action together with other stakeholders. Prevention and response to GBV is beyond Police alone but it requires a multisectoral approach. There can never be economic development of any country where a section of its people i.e. women and children are treated in a way where their rights are constantly being violated. There must be co-existence of both sexes and partnership if economic development is to take place in Uganda. Therefore, we must do anything possible within our means to make sure that favorable conditions are created for victims/survivors of Gender Based Violence to access justice.

Under the law a person charged with aggravated defilement is obliged to undergo a medical examination as to determine their HIV status.

The law on defilement further provides for payment of compensation to victims of defilement in addition to any sentence imposed on the offender. It provides for the offense of child-to-child sex, where the offender is a child under 12 years; and when committed by a male child and a female child upon each other when each is not below 12 years, each of the offenders shall be dealt with as required by the Children Act.

Why the increase in sexual offenses in Uganda?

Clearly it is not the absence of the Law that has caused failure to eliminate sexual violence in our society because the different actors under the referral pathway like police, Ministry of Health, Parliament, religious sector, the media, Health and Human rights organizations like CEHURD are the leading institutions in fighting this vice. But it is still an uphill climb,

Some of the possible reasons include;

- The increased drug abuse among the young population
- The delay in the Justice system for rape victims to get justice
- Victims of rape, especially the corporate type, rarely report cases of rape to police due to stigma
- Unemployment, leading to criminal minds
- Media's constant display of explicit content leading to moral decay

Who is mostly at the risk of sexual violence?

Women and girls experience sexual violence at high rates while men/boys experience it at a low rate. Attacks can happen from anywhere, by anyone at any time. Places like refugee camps, homes, schools, offices, isolated spaces are some of the breeding grounds for rape.

What next after rape?

It is true that there is a gap or little knowledge on what the victims of rape are supposed to do immediately after the unfortunate incident. The public needs to know that comprehensive sexual assault services are available at all levels of the public health care system, from local health centres and clinics to national referral hospitals. The first step is to report the assault/ incident at the nearest police station. After the complaint has been lodged at the Police Station and a statement recorded, the victim is subjected to a medical examination to ascertain the authenticity of the rape, assault and gravity of the incident to inform the nature of the case and evidence to support the case. Before a victim lodge a complaint at a Police Station and undergoes a medical examination, they are advised to avoid activities that could potentially damage evidence such as bathing, showering, using the restroom, changing clothes, combing hair, and cleaning up the area. Rape survivors are most often in a compromised and highly vulnerable position when they seek for help. Attendants ought to recognize the vulnerability of these clients and ensure that treatment does not cause further trauma or secondary victimization. The treatment should be sensitively given, with confidentiality and informed consent.

Rape / sexual assault victims are advised undergo Medical Examination. DNA evidence from the crime scene should be collected from the crime scene, but it can also be collected from the body of the victim, clothes, and other personal belongings. In most cases, DNA evidence needs to be collected within 72 hours from the occurrence of the incident.

Effects of The Rape Trauma

Rape and Sexual Assault cases may come and go, but they leave grave, life-long effects on victims., Their psychological health and physical well-being are usually adversely affected; some of these effects include; sexually transmitted infections (diseases), depression, low self-esteem, mental illness, suicidal thoughts, insecurity, poor performance, isolation, pregnancy, post traumatic disorder etc.

What should be done in the rape aftermath?

- Having more relevant and updated policies will ensure safety for all. As seen in Section 123 of the Penal code Act of 1954, only girls and women are considered to be victims, but time has shown that men and boys are also at risk.
- Justice delayed is Justice denied, assailants should be brought to book as soon as possible and uncalled for delays in the Justice system should be eliminated.
- Rehabilitation centres for Rape and Sexual Assault victims should be publicized more to support survivors emotionally and mentally
- Men should be involved at ground level because they are extremely important in breaking the rape culture.
- Government should step up mobilization, sensitization and education. Follow up referral pathways, investigate every single case reported quickly and effectively.

4 . Understanding the SGBV and it forms

Sex vs. Gender

SEX	GENDER

Physical/ biological difference between females and males	Social **difference between females and males**
Doesn't change (without surgical inversion)	Determined by social factors, history, tradition. societal norms, religion
	Can change over time.

What are the gender traits of women and me in your culture and how does this differ from the other cultures?

Brain Teaser

What are the gender traits of women and me in your culture and how does this differ from the other cultures?

1. SGBV is about rape and sexual harrasment.
2. SGBV can be perpetrated agaisnst boys and ment too.
3. Cuktures need to always be respected even if it is harmful to girls and women
4. Ddomestic violence is a result of poverty and lack of education,
   If a young woman weras an innapropriate dresss that provokes men sexually,its her fault if she gets reaped
5. Consequences of SGBV are always the same for survivors

Fact File

Please change the statement as needed

1. SGBV is about rape and sexual violence (False): Answer: There are different types of SGBV and we will look at different types.
2. SGBV can be perpetrated against boys and men too (true): Answer: SGBV can be perpetrated against boys and men. But vast majority of survivors are women and girls due to gender-inequality and power imbalance between male and female.

3. Culture needs to be always respected even if it is harmful for girls and women (false): Answer: Harmful traditional practice such as child marriage causes negative impact to the survivor, family and community. These harmful traditional practices need to be addressed even if it is a part of the culture of the society.
4. SGBV includes domestic violence(true): Answer: Most common forms of violence is domestic violence perpetrated by an intimate partner.
5. Domestic violence is the result of poverty and lack of education (false): Answer: not all family who are poor and have little education background commit domestic violence. Domestic violence happens because of the gender inequality and power imbalance between male and female.
6. If a young woman wear an inappropriate dress that provoke men sexually, it's her fault to be raped (false): It is ALWAYS fault of perpetrators and never survivor's fault under any circumstances. It is very common to blame survivors. It is important to emphasize that survivor has not fault. Alternative question could be "It is always husband's fault if he beats her wife". (true)
7. Consequences of SGBV are always same for all survivors. (false) Answer: the consequences of SGBV is different depending of the type of violence perpetrated, the age, capacity and protection mechanism of the survivor. The individual support a survivor's needs could also be different. Is the survivor is an adult they know the best what services they will need once they know all the available services.

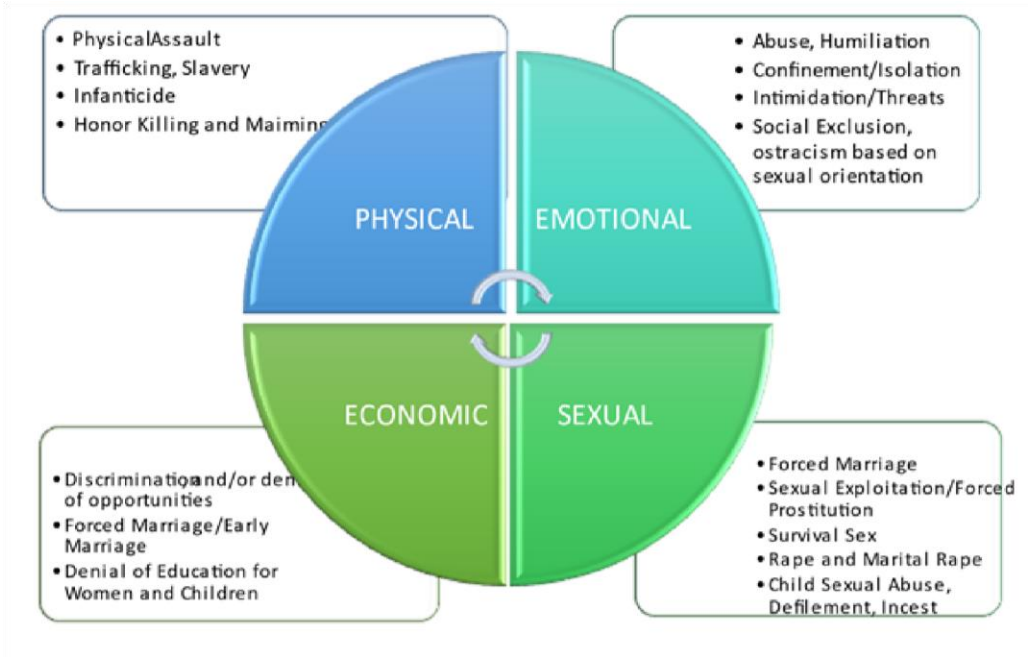
NOTE:

Gender-based Violence (SGBV) is an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e. gender) differences between males and females.

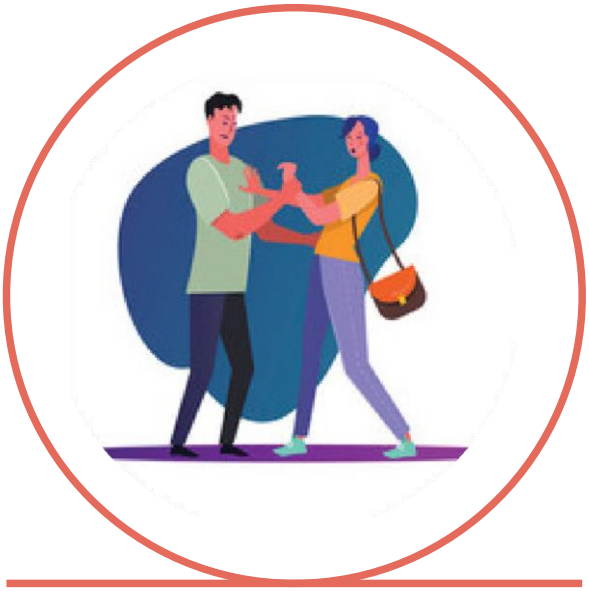
It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private.

A Glimpse in the types of SGBV

Types of Gender Based Violence



Sexual Violence



Physical Violence

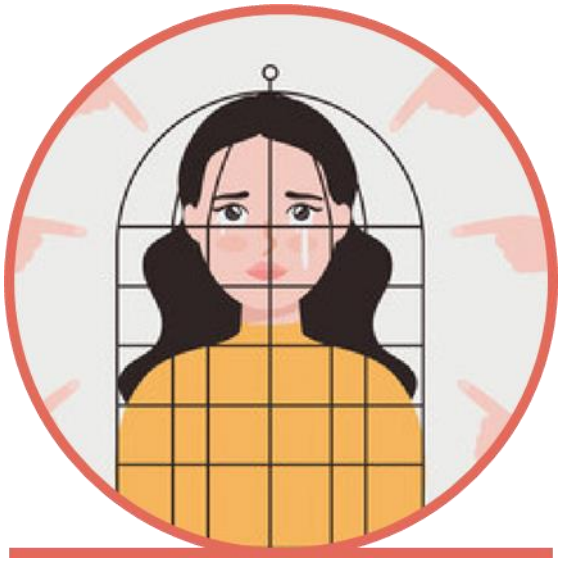
Assignment: In groups of 5

In groups of 5 people, identify:

QN1. Root causes for gender-based violence and risk factors that may increase the likelihood of GBV in your context?

QN2. Consequences of different forms of SGBV?
The following were unanimously raised as the common SGBV **cascommon in Kigezi sub region.**

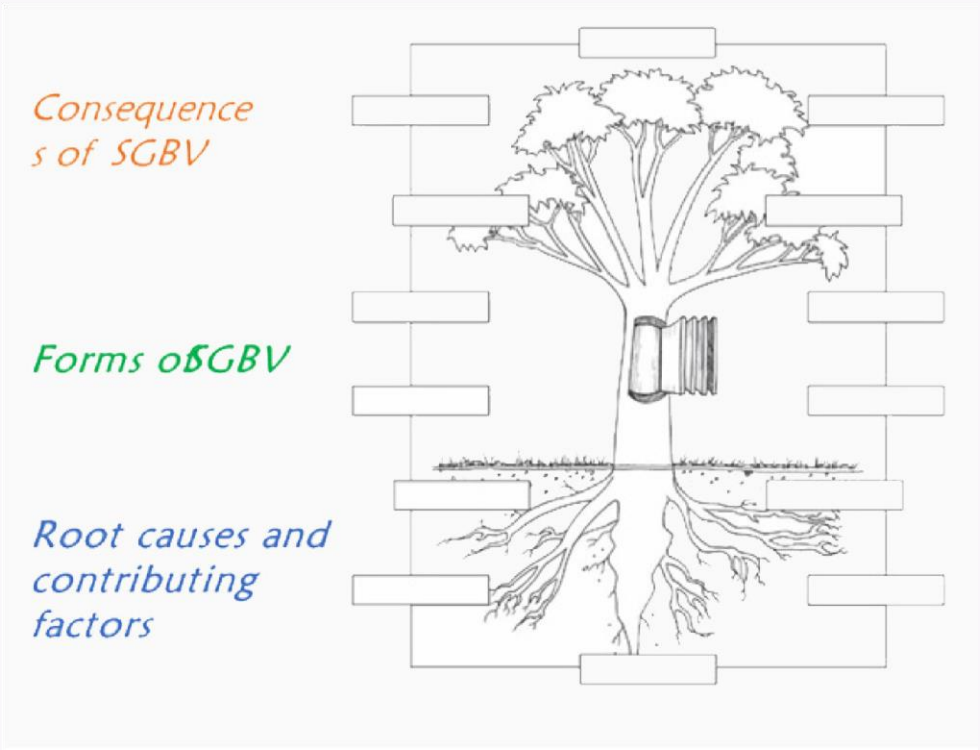
- Sexual Harassment
- Defilement
- Incest cases
- Rape
- land wrangles
- Girl child directed violence e.g., denial of girls to inherit property
- Alcoholism, Fighting and poverty
- Land grabbing
- Early or teenage marriages
- Physical violence.
- Drugs and social media misuse.



Emotional Violence

Economic Violence

Assignment:


Consequences of SGBV
Forms of SGBV
Root causes and contributing factors

Root causes and contributing factors for SGBV

ROOT CAUSES	CONTRIBUTING FACTORS / RISK FACTORS
Power Imbalance	Behavioral; alcohol, drugs, boredom, retaliation.
Gender Inequality	Structural; access to services
Disregard for Human Rights	system; impunity, representation, participation

Consequences of SGBV

Physical Health Consequences

Some of the possible outcomes

- Physical Injury
- HIV
- STDs/ STIs
- Unwanted pregnancies
- Unsafe abortions
- Fistula
- Death

Psychological Health Consequences

Some of the possible outcomes

- Depression
- Fear
- Mental Illness
- Self-Blame
- Anxiety
- Suicidal thoughts

Social Economic Consequences

Some of the possible outcomes

- Victim blaming
- Stigmatization
- Rejection
- Isolation
- Decreased earning capacity
- Increased poverty
- Risk re-victimization

- SGBV is rooted in gender and power inequalities that exist outside of conflict or disaster but that can be exacerbated by it.
- Always assume that SGBV is occurring.
- Obtaining data about incidents cannot be used as “evidence”, and is NOT advisable and NOT our role in an emergency.
- GBV takes place at the family level where social life and gender labels begin, in most families, violence is often seen as a private issue
- Community level where sharing of common socials, cultural, religious identity may promote power inequalities. Similarly, societal norms may justify and support harmful traditional practices such as beating and corporal punishment.
- At the national level, weak formulation and implementation of laws and policies may promote gender-based violence.
- Gender Based violence is not a private issue but one that involves society as a whole and therefore, calls for a holistic approach promoting preventive solutions.

How is SGBV exacerbated in **emergencies?**

- New threats/forms of EBV related to conflict
- Lack of privacy; overcrowding; lack of safe access to basic needs.
- Design of humanitarian aid heightens or introduces new GBV risks
- Separation from family members; lack of documentation; registration discrimination
- Breakdown of protective social mechanisms and norms regulating behavior
- Increased vulnerability and dependence; exploitation
- Introduction of new power dynamics, as with humanitarian actors

Fact File

5. Understanding the key drivers of SGBV.

Sexual Gender-based violence disproportionately affects girls and women, particularly through certain forms of violence such as child marriage, intimate partner violence, female genital mutilation, 'honor' killings or trafficking. For this reason, Plan International focuses on ending violence against girls and young women – to meet their increased needs and to advocate for their rights

Where does gender-based violence happen?

Girls and young women often experience violence at home, from physical punishment to sexual, emotional o psychological violence. Acceptance of violence as a 'private affair' often prevents others

from intervening and prohibits girls and young women from reporting.

School and the journey to it can also be a place where girls experience violence, from sexual harassment, bullying and intimidation. This violation of girls' rights, especially when committed by those in positions of care or authority, can impact on girls' ability to continue and complete their education.

In both cities and rural areas, violence against women and girls in public spaces and on public transport is sadly not uncommon. Fear and threats of violence and harassment limit girls' capacity to lead a free and full life.

During emergency situations, girls are also at heightened risk of violence, abuse, exploitation and abuse. Gender-based violence is also a rising issue in online spaces, with girls and young women reporting harassment and abuse. For many girls, there is pressure to leave online platforms, or self-censor to avoid abuse. This puts the onus on girls to change their behaviors, rather than the perpetrators and must be challenged

Why does Sexual gender-based violence happen?

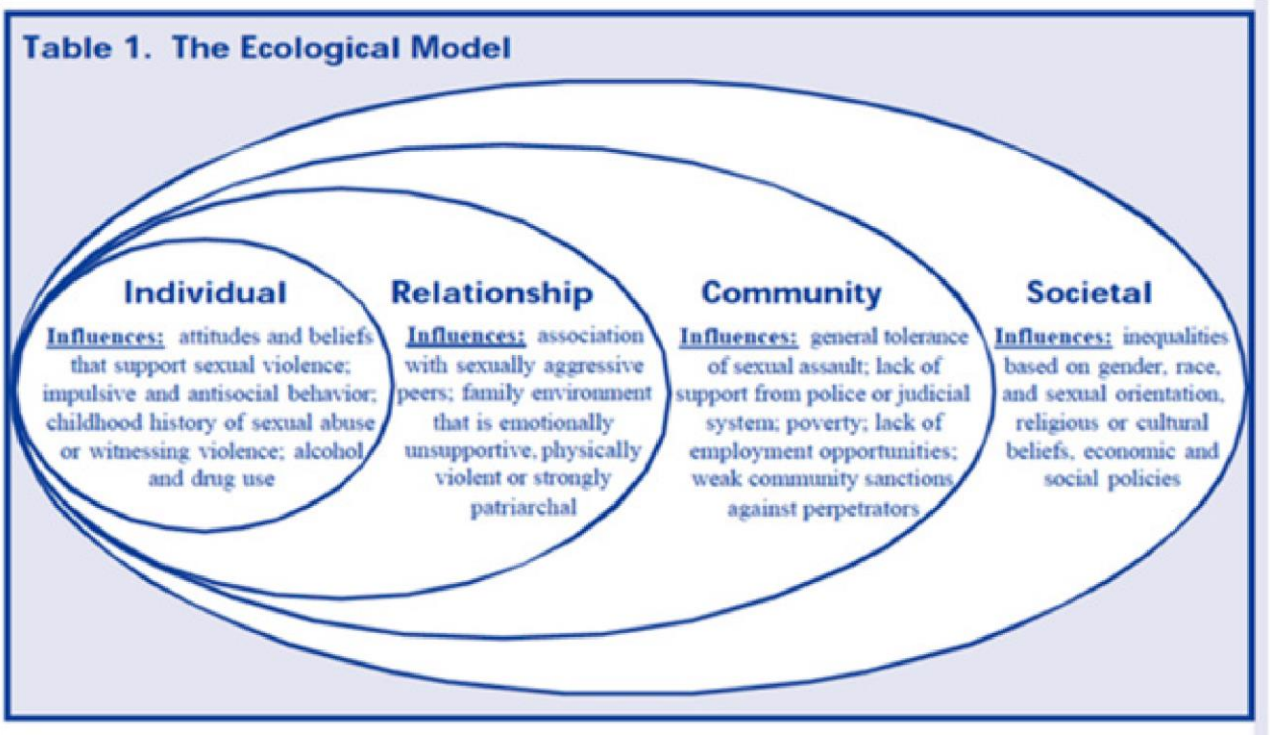
Sexual Gender-based violence occurs in all parts of the world, but the risk is higher where violence is normalized and where rigid concepts of gender exist.

In many cultures, violence towards girls and young women is accepted as a social norm. This must be challenged as a matter of urgency, and the blame, shame and stigma faced by victims must be eliminated.

Girls must never be held responsible for the violence that happens to them. Violence is the sole responsibility of the perpetrator, who must be held accountable according to national or international legislation. Fear or threat of violence must not restrict girls from living free and full lives, or from realizing their full potential.

Certain groups are more vulnerable to violence, including girls and young women from poor, rural or indigenous communities, those who are or are perceived to be LGBTIQ+, those living with disabilities, and girls and women who speak out about political, social and cultural issues and gender inequality.

Community ecological Model



Understanding community redress system of SGBV

Key points to Note:

Anyone can become a survivor of SGBV: women, men, girls, boys, of every age and background. Initiate SGBV prevention and response programming from the start of an emergency, whether or not cases have been reported.

Do not forget to include men and boys when you work with communities on SGBV prevention. Involve staff having a variety of functions in SGBV prevention:

It is a GMU protection priority and a responsibility of all staff.

6. Pathways

Help-seeking and referral pathway for [Individual]

Use the following template to fill in details of the referral pathway for your setting. These referral pathways

Put aside your cultural and other biases and assumptions with regard to SGBV (including assumptions must be specific to one site (location). If the scope of these SOPS includes more than one site, there must be a separate page for each site, with specific pathways for each.

TELLING SOMEONE AND SEEKING HELP (REPORTING)

Survivor tells family, friend, community member (Local counsel Zero(Cultural leaders); that person accompanies survivor to the health or psychosocial "entry point:	Survivor self-reports to any service provider

IMMEDIATE RESPONSE

The service provider must provide a safe, caring environment and respect the confidentiality and wishes of the survivor; learn the immediate needs; give honest and **clear information about services available. If agreed and requested by survivor, obtain** informed consent and make referrals; accompany the survivor to assist her in accessing **services**

Medical/health care entry point. **All Women/s Health Centre**	Psychosocial support entry point All Women's Health Centre

IF THE SURVIVOR WANTS TO PURSUE POLICE/LEGAL ACTION - OR - IF THERE ARE IMMEDIATE SAFETY AND SECURITY RISKS TO OTHERS

Refer and accompany survivor to police/security - or - to legal assistance/protection officers for information and assistance with referral to police

Police/Security **Women and Child Protection Unit,**	Legal Assistance Counsellors or Protection Officers Probation office/CDOs

AFTER IMMEDIATE RESPONSE, FOLLOW-UP AND OTHER SERVICES

Over time and based on survivor's choices can include any of the following (details in Section 6):

Health care	Psychosocial services	Protection, security, and justice actors	Basic needs, such as shelter, ration card, children's services, safe shelter, or other

HELP-SEEKING AND REFERRAL PATHWAY FOR [community]

Use the following template to fill in details of the referral pathway for your setting. These referral pathways must be specific to one site (camp, town, or other location). If the scope of these SOPS includes more than one site, there must be a separate page for each site, with specific pathways for each.

TELLING SOMEONE AND SEEKING HELP (REPORTING)	
Survivor tells Local council Zero (LC0)Inclusive of cultural leaders, family, friend, community member; that person accompanies survivor to the health or psychosocial "entry point:	Survivor self-reports to any service provider
AFTER IMMEDIATE RESPONSE, FOLLOW-UP AND OTHER SERVICES The service provider must provide a safe, caring environment and respect the confidentiality and wishes of the survivor; learn the immediate needs; give honest and **clear information about services available. If agreed and requested by survivor, obtain** informed consent and make referrals; accompany the survivor to assist her in accessing **services**	
Medical/health care entry point	Psychosocial support entry point

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Refer and accompany survivor to police/security - or - to legal assistance/protection officers for information and assistance with referral to police

Police/Security • **Women and Child Protection Unit**	Legal Assistance Counsellors or Protection Officers ICRC

AFTER IMMEDIATE RESPONSE, FOLLOW-UP AND OTHER SERVICES

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The Role of feminist leaders in addressing SGBV.

16 WAYS TO END VIOLENCE TOWARDS GIRLS

1. Raise awareness of the dangers of harmful traditions
2. Tackle violence against girls in school. It is estimated that 246 million girls and boys are harassed and abused on their way to, and at school every year, with girls being particularly vulnerable.
3. Challenge and speak out about violence in the home
4. Transform attitudes towards harmful practices at multiple levels In Kigezi, sub-region, Cultural leaders, religious leaders, medical professionals and ex-practitioners are all coming together to bring an end to SGBV BUT also Girls Must Uganda (GMU) Now is empowering the girls in the community to become empowered to fight back against this damaging tradition.

5. Listen to girls' experiences of violence and their solutions: "We can only tackle gender-based violence if we listen to girls' experiences and respond to their needs". For example, reports from Uganda, identified the opportunity to use social networks and media to promote gender equality and girls' rights to tackle the accepted behaviors that allow gender-based violence to flourish.
6. Help make girls' journeys to school safer
7. Connect specialists and at-risk communities
8. Engage respected community elders in the fight against violence
9. Mobilize youth to fight harmful practices such as child marriage
10. Engage boys and young men to become agents of change
11. Protect girls who face additional risks during emergencies
12. Because of their gender and age, disasters and conflict increase girls' vulnerability. This puts them at increased risk of rape, abuse and harmful practices such as child marriage as parents try to cope with the circumstances. Child-protection interventions during emergencies must take into account the additional risks faced by girls and provide support that will help them avoid abuse and violence.12. Embolden girls to speak out
13. Share vital information with the community
14. Challenge rape culture
15. Reach out to marginalized and rural girls
16. Take a stand against regressive forces

In conclusion, we must take a stand now, or risk further loss of rights. And when I say loss of rights this often equates to loss of life

Girls Get Equal, Protection from violence, Sexual and reproductive health and rights, Youth empowerment, child marriage, Child protection in emergencies, Gender-based violence, Safeguarding, Safer Cities

girls must...

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