



THE REPUBLIC OF UGANDA  
MINISTRY OF GENDER, LABOUR  
AND SOCIAL DEVELOPMENT



**NATIONAL GUIDELINES FOR THE PROVISION OF  
PSYCHOSOCIAL SUPPORT FOR GENDER BASED  
VIOLENCE VICTIMS/SURVIVORS**



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## FOREWORD

Psychosocial support is a very important component in Gender Based Violence response that provide appropriate care, protection and social integration.

Psychological aspects affect thoughts, emotions, behavior, memory, learning ability, perceptions and understanding. While the social aspects have effects on relationships, often shaped by traditions, culture ,values, family and community, but also include one's status in the community and economic wellbeing. These have different effects on the women, men, boys and girls as victims /survivors and perpetrators.

The National Guidelines for the provision of Psychosocial Support for GBV Survivors/Victims are in synch with the legal and policy framework that aims at eliminating all forms of GBV as well as ensuring that survivors not only get justice but their lives are restored to dignity.

Psychosocial support has been a major gap in the National GBV Framework specifically to address trauma, isolation and stigmatization. There have also been challenges in accessing appropriate psychosocial support services offered by different duty bearers and service providers.

These guidelines therefore, provide minimum standards and procedures for duty bearers and service providers, to provide appropriate psychosocial support to victims/survivors of GBV in Uganda.

These guidelines should be used alongside other GBV guidelines and regulations which include; the Referral Pathway for Response to Gender Based Violence cases in Uganda (2013), Guidelines for establishment and Management of GBV Shelters in Uganda (2013) as well as Guidelines for Prevention and Response to Female Genital Mutilation (2012).

All actors are urged to read, adopt and operationalize these guidelines to ensure the psychosocial wellbeing of GBV survivors in Uganda.

The Ministry of Gender, Labour and Social Development wishes to sincerely acknowledge the contributions of individual experts, institutions and UN agencies towards the development of these guidelines. Appreciation is particularly extended to UNFPA for the financial support of developing and printing the guidelines

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## LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
CBO	Community Based Organization
CSO	Civil Society Organisation
CEDAW	Convention on Elimination of All forms of Discrimination Against Women
CIID	Criminal Investigations and Intelligence Directorate
FGM	Female Genital Mutilation
GBV	Gender Based Violence
IDP	Internally Displaced Persons
HLG	Higher Local Governments
HIV	Human Immuno-deficiency Virus
HRBA	Human Rights Based Approach
LCs	Local Councils
LLG	Lower Local Governments
MHP	Mental Health and Psychosocial Support
MoES	Ministry of Education, science, Technology and Sports
MGLSD	Ministry of Gender, Labor, and Social Development
MoH	Ministry of Health
NGO	Non-Governmental Organization
PEP	Post Exposure Prophylaxis
PSS	Psychosocial Support
TPO	Trans-cultural Psychosocial Organization
STDs	Sexually Transmitted Diseases
UN	United Nations
UNHCR	United Nations High Commission for Refugees
UNICEF	United Nations Children Fund
UNFPA	United Nations Population Fund
VAW	Violence against Women
WHO	World Health Organization

# 1. INTRODUCTION

## 1.1 BACKGROUND

Gender Based Violence (GBV) is a serious human rights, health, psychological and socio-economic concern in Uganda. It refers to any harm inflicted upon an individual or to a group (women or men) because of their socially perceived roles, responsibilities and status.

Anyone can suffer from GBV but worldwide women and girls are more affected than men and boys, largely because of the unequal power relations existing between the two sexes in families, communities and society at large.

The term Gender Based Violence evolved from Violence against Women (VAW). The UN Declaration on Elimination of Violence against Women (1993) defines violence against women as “any act of gender based violence which 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 private life.”

Gender Based Violence affects mostly women and girls and therefore it is often used interchangeably with the term Violence against Women. However, men can also be victims of GBV. Gender Based Violence has over time become an umbrella term for any harm that is perpetuated against a person’s will as a result of power inequalities that are based on gender roles and perceptions.

GBV occurs in the form of physical, emotional, sexual, and economic violence. GBV includes acts such as battering, rape, sexual exploitation, sexual harassment, defilement, Female Genital Mutilation (FGM), forced and child marriages, widow inheritance, denial of economic autonomy in terms of employment and benefit from agricultural produce, maintenance, denial of association, child neglect and verbal abuse among others.

The consequences of GBV can be social, physical, emotional and psychological, and persons are vulnerable to GBV regardless of age, culture, religion, ethnicity/tribe, economic status, area of residence among other factors. GBV often results into social problems such as social exclusion, psychological distress, mental disorders, anxiety disorders (such as post-traumatic stress disorder), mood disorders, and substance abuse. In addition GBV has been associated with reduced productivity leading to economic hardships, some lasting for a life time and affecting generations.

## **1.2 MAGNITUDE OF GBV IN UGANDA**

GBV is wide spread in Uganda and affects all people irrespective of their social, economic and political status. It occurs in families, communities, workplaces, and institutions.

The Uganda Demographic and Health Survey (UDHS) 2011 revealed that 56% of women aged between 15 and 49 years in Uganda have experienced physical violence at some point in their life, and that 28% of women in the same age group have experienced sexual violence, compared to 9% of men. Perpetrators are often parents/guardians, current or former spouses, employers, domestic workers and close relatives.

The Government of Uganda has enacted laws and developed policies, guidelines, regulations, plans and programs that address GBV. These include among others: The Constitution of the Republic of Uganda; The Penal Code Act (Cap 120); the Uganda Gender Policy (2007); The Domestic Violence Act (2010) and the Domestic Violence Regulations (2011); The Prevention of Trafficking in Persons Act (2009); The Prohibition of Female Genital Mutilation Act (2010); the National Action Plan on Women (2008); the National Action Plan on the United Nations Security Council Resolution 1325, 1820 and Goma Declaration (2008); and the National Development Plan II (NDP) 2015/16 – 2019/20.



As part of a Multi-sectoral approach towards addressing GBV, a number of sectors have put in place processes, structures and mechanisms for management of GBV cases. These sectors include;

1. MGLSD has developed a National Referral Pathway, Guidelines for establishment and management of GBV shelters, Established GBV Coordination Forum and FGM Coalition alliances and put in place a National Gender Based Violence Database (NGBVD)
2. The Health Sector has developed the Training Manual to guide health workers in the management of GBV survivors/victims and trained health workers up to health centre IV in forensic medicine.
3. The Ministry of Education and Sports has developed and issued a set of guidelines on dealing with violence against children in schools
4. The Uganda Police Force has established a GBV Directorate at the Uganda Police Headquarters, developed guidelines to respond to GBV cases and established SGBV desks at Police stations.

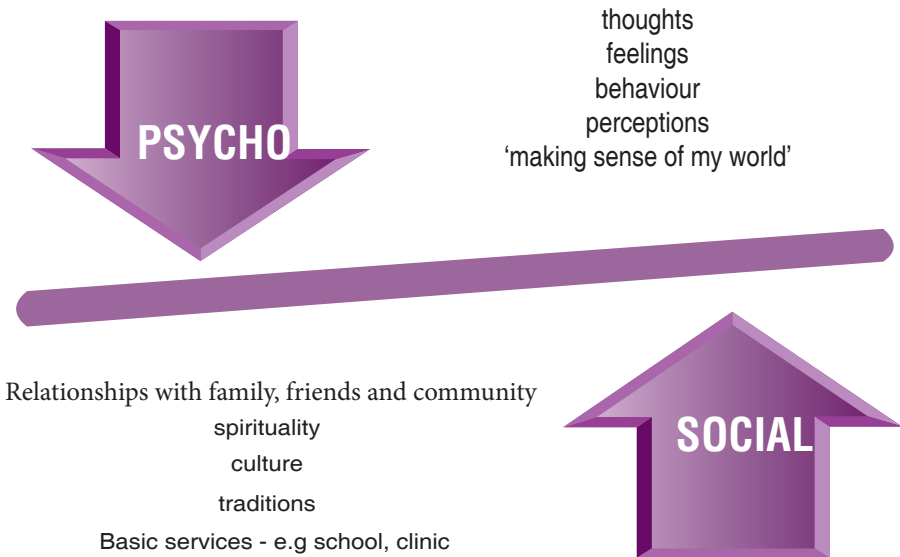
Despite the prevailing supportive legal and policy framework to GBV prevention, management and response, the gap to coordinate psychosocial support for GBV survivors is still eminent. The psychosocial support guidelines will guide actors responding to medical, legal and psychosocial needs of GBV survivors/victims.

## 1.3 WHAT IS PSYCHOSOCIAL SUPPORT?

### 1.3.1 What is Psychosocial?

Psychosocial is a term that depicts the close and dynamic connection between the emotional and the social aspects of people's lives. Psychosocial support involves providing emotional and psychological care to an individual who is a survivor/ victim of any form of GBV.

The diagram below shows that the psychological and emotional factors affect our social relationships:



Source: Introduction to Psychosocial Care and Support Training Manual, MGLSD and UNICEF (2015)

A change in the social world or environment produces an emotional and behavioral response in us. This influences our experience and how we are perceived by others and how we relate to the environment and those in it.

Psychological aspects affect our thoughts, emotions, behavior, memory, learning ability, perceptions and understanding.

Social aspects have effects on relationships, often shaped by traditions, culture, values, family and community, but also include one's status in the community and economic wellbeing.

In regards to GBV, these have different effects on the women, men, boys and girls as victims/survivors and perpetrators.

Psychosocial wellbeing is dependent not only on what goes on 'inside' of individual persons (for example, feelings and thoughts) but just as much on the social interactions and support from others. The two aspects depend on one another: If we help people psychologically, we improve their social relationships. And if we help people function socially (cooperate, communicate and interact well with others) we improve their psychological health.

### 1.3.2 What is psychosocial wellbeing?

**Psychosocial wellbeing** is holistic which means that the mental, emotional, social, spiritual, and physical aspects of our lives all affect one another. Generally, when we speak of wellbeing we think of these five different aspects:

- 1) **Physical wellbeing:** This is the most obvious one. It involves meeting physical and material needs
- 2) **Mental wellbeing:** This involves being stimulated, learning new things, being involved in interesting activities and developing cognitive abilities.
- 3) **Social wellbeing:** This involves having friends and neighbors, being part of a community, belonging to a religion and having a cultural identity.
- 4) **Emotional wellbeing:** This involves having a sense of trust and belonging, being guided and having a good self-esteem and self-confidence. Victims/survivors can be emotionally well when they are loved and cared for, encouraged, and feel understood.

**5) Spiritual wellbeing:** This involves feeling spiritually connected to a higher being, being part of a community of believers, and having hope for the future.

Important things that help us with our psychosocial well-being include:

- Healthy family and community relationships,
- Engagement in meaningful roles and religious or spiritual practices
- Having basic needs met,
- Physical security,
- A sense of identity, dignity, and positive self-esteem and
- Physical wellbeing (good health)

The psychosocial wellbeing of GBV victims/ survivors entails maintaining or restoring the aspect in order to develop in ways that are appropriate for the physical, social and mental stages they are in. Ideally victims/survivors should be able to recover in relation to their physical, emotional, cognitive and social needs.

### **1.3.3 What is Psychosocial Care and Support**

Psychosocial care & support is provided through interactions that occur in caring relationships in everyday life, at home and in the community. This includes:

- The love and protection that victims/survivors experience in family environments
- Support provided by the community that assists victims/survivors and families in coping

Care and support helps victims/survivors to have a sense of self-worth and belonging to learn and develop life skills, to participate in society and to have faith for the future. It also helps to strengthen victims/survivors and their caregivers in dealing with the challenges they face and ensures their active participation in coping with the difficulties.

Psychosocial interventions include;

- Counseling,
- Support groups,
- Different types of therapy

Psychological interventions and programs are activities by individuals and groups outside of the victim/survivor's normal everyday life or social circles. These are different from psychosocial care and support in that they are provided in addition to or in order to strengthen the everyday care and support provided by caregivers.

## PSYCHOSOCIAL SUPPORT TO VICTIMS OF GENDER BASED VIOLENCE (GBV)



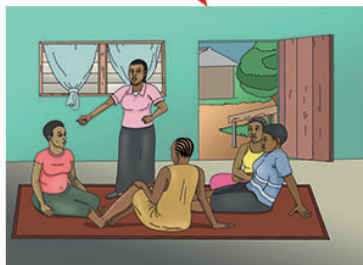
Structured interactive activities



Individual counseling



Media (print) therapy



Group Psychosocial support

## 1.4 RATIONALE

Psychosocial support is a very important component in GBV response aimed at providing appropriate care, protection and social integration. A mechanism to streamline this component has been missing in the National GBV Framework. Despite other ongoing interventions in GBV prevention and response, psychosocial support for GBV victims / survivors to address trauma, isolation and stigmatization has been a major gap. There have also been challenges in accessing appropriate psychosocial support services offered by different duty bearers and service providers. Thus, it is important to have this guideline that will address these gaps as well as reduce ad hoc and haphazard service provision by various stakeholders. Although there are many actors providing psychosocial support to GBV survivors, there are no standard guidelines for provision of these services. Psychosocial support services for survivors of GBV include among others; emotional support to assist in psychological recovery and healing from trauma; case management support, and advocacy to assist survivors in accessing services

## 1.5 PURPOSE OF THE GUIDELINES

The purpose of these guidelines is to provide minimum standards and procedures for duty bearers and service providers, both public and private, to provide appropriate psychosocial support to victims/survivors of GBV in Uganda.

These guidelines will enable service providers to plan and deliver psychosocial services in a coordinated manner. They are to operate alongside other guidelines and regulations by both state and non-state actors in GBV prevention and response. These include among others;

- i) Referral Pathway for Response to Gender Based Violence cases in Uganda (2013),
- ii) Guidelines for establishment and Management of GBV
- ii) Shelters in Uganda (2013) and iii) Guidelines for Prevention and Response to Female Genital Mutilation (2012).

## 1.6 TARGET USERS

These guidelines will be used by the Ministry of Gender, Labour and Social Development in its oversight and coordination role. At operational level, the guidelines will be used by other actors including both state and non-state actors involved in the delivery of psychosocial support interventions in GBV prevention and response. Duty bearers shall use these guidelines to streamline their operations and methodologies of service delivery as well as integration of psychosocial support services within GBV programs.

### 1.6.1 Users include:

#### **i. The Family and the immediate Community**

This includes the nuclear and extended family members. The immediate community includes neighbours, friends, teachers and other people that the victim/survivor may first come into contact with after the incident. They provide comfort, advice and refer the victim/survivor to other service providers.

#### **ii. Education Institutions**

These are the custodians of pupils and students for the most part of the year. They are expected to offer guidance and protection to pupils and students and play an important role in ensuring that morals and values are adhered to through rules and regulations.

#### **iii. Community Development Officers**

These are officials designated to handle issues of gender inequalities including GBV and are expected to provide Psychosocial support to GBV survivors.

#### **iv. District Probation and Social Welfare Officers**

These are officials designated to handle probation and welfare issues at the district and sub county level respectively. They play an important role in ensuring that children and women are protected from abuse, neglect and exploitation. They are accountable to their Local Councils about service provision and also advocate and lobby for more support towards psychosocial interventions.



**v. Labour Officers:**

These are officers in Districts with the responsibility of administering the Employment Act (2006) as stipulated under their jurisdiction. They have power to investigate complaints of sexual harassment at the work place.

**vi. Health workers:**

These assess the extent of injuries and provide medical treatment including administration of PEP to prevent HIV infection and give emergency contraceptives. They professionally identify and address possible psychological and mental clinical manifestations.

**vii. Local Council Officials**

These are leaders who provide the first social and legal contact in the community. They reside in the community and are often the first duty bearers to whom victims/survivors report, seek redress or protection as provided for in the Children’s (Amendment) Act 2016 (Cap 59) and the Local Government Act, The Local Council Act, The FGM regulation 2011, The Domestic Violence Act

**viii. The Uganda Police Force**

These are law enforcers that handle all types of offences and also provide security and access to legal intervention. These include among others Criminal Investigation Department, Child and Family Protection Unit, GBV Unit and Anti-trafficking in Persons Unit.

**ix. The Judiciary and Directorate of Public Prosecution**

These are officers of court who hear and rule on GBV cases and prosecute the cases respectively.

**x. Traditional healers**

These provide traditional medicine treatment in inform cleansing and counselling especially in case of incest, widow inheritance, FGM.

**xi. Faith-Based leaders**

These provide spiritual counseling and guidance. They are highly respected and provide both medicine and counselling services to both

survivors and perpetrators.

### **xii. Clan and Cultural leaders**

These uphold cultural values and norms related to GBV cases, they are often the first people to get to know of GBV violations especially of domestic nature.

### **xiii. Civil Society Organizations (CSOs) and Community Based Organizations (CBOs)**

These work as intermediaries to identify, handle and refer cases to different service providers. They often have components of Psycho support as well as social support to survivors.

## **1.7 GUIDING PRINCIPLES**

Specific tenets that shall be taken into consideration when designing Psychosocial programs and supporting victims/survivors of GBV include: Participation, Accountability, Non-discrimination, Empowerment and respect for rule of law.

Application of these tenets will ensure that victims access services in a manner that upholds their dignity irrespective of age, sex, religious or cultural belief. Duty bearers and their implementing partners must be familiar with the relevant local laws and regulations that are in place to protect victims/survivors.

The following principles shall guide service provision in psychosocial support for GBV victims/survivors.

### **1.7.1 Victim/survivor centered approach:**

This means that all those who are engaged in GBV programming or counselling prioritize the rights, needs, interests and wishes of the victim/survivor. In providing psychosocial support, duty bearers should endeavor to create a supportive environment in which the victim's / survivor's rights are respected and treated with dignity.

This helps to promote the victim/survivor's recovery and his/her ability to identify and express their needs and wishes, as well as to reinforce their capacity to make decisions about possible services. It is also important to consider specific skills to handle victims/survivors with special needs (e.g. persons and children with disabilities).

### **1.7.2 Human Rights Based Approach (HRBA):**

This approach is about empowering people to know and claim their rights and increasing the ability and accountability of individuals and institutions that are responsible for promoting, protecting and fulfilling rights. Duty bearers should be able to clearly identify Rights-holders and their entitlements and corresponding duty-bearers and their obligations. They should work towards strengthening the capacities of rights-holders to make their claims, and of duty-bearers to meet their obligations.

Under HRBA, duty bearers should take critical consideration of the following:

- Assess the capacity of rights-holders to claim their rights and identify the immediate, underlying, and structural causes for non-realization of their rights.
- Identify and address barriers to accessing services by victims/survivors.
- Assess the capacities and limitations of the duty-bearers (health care personnel, police, Social workers and prosecutors) to fulfill their obligations according to national and international standards, laws and agreements.
- Develop strategies to build capacities and overcome limitations of duty bearers through staff training, mentoring and supervision.
- Monitor and evaluate both outcomes and processes guided by human rights standards and principles

### **1.7.3 Do No Harm:**

This mainly focuses on maximizing possible benefits and minimizing the negative effects of any intervention to GBV victims/survivors.

### **Duty bearers shall:**

- Act in a manner that does not place the lives of victims or those of their immediate families at any risk of harm
- Ensure that services rendered are in the best interest of the victim/survivor.
- Endeavor to see that victims/survivors are protected from harmful and unethical conduct on the part of duty bearers.

#### **1.7.4 Safety and confidentiality:**

Information collected in the course of providing psychosocial support will be treated with utmost confidentiality. Victims/survivors shall not be forced to give information they do not want to. To the greatest extent possible duty bearers will endeavor to mitigate any cultural or traditional practices that may pose further danger or harm to the victims/survivors.

#### **1.7.5 Family and Community centered approach:**

Psychosocial interventions that focus on family and community engagement and participation will strengthen the safety networks around the victims/survivors and minimize risk of further harm. Duty bearers will endeavor to strengthen the circles of support around the victim/survivor by adopting a family and community centered approach.

Strategic community structures such as religious groups and leaders, clan and political leadership will be involved in supporting the psychosocial recovery of victims/survivors.

#### **1.7.6 Age sensitive and best interest of the child:**

Recognizing that children are a significant proportion of victims/survivors of GBV, and that different age groups require different consideration, assistance should be tailored in accordance to the age and development of the victim/survivor. The best interest of the child victim/survivor must be taken into consideration at all the time. Children shall be treated with respect, care and love, they shall be listened to and their views shall be valued.

### **1.7.7 Collaboration with other service providers:**

Psychosocial support can involve a component of making referral for additional care and support of the victims/survivors of GBV. Therefore, duty bearers shall liaise with other service providers to ensure that the victims/survivors receive all the care and support they need.

### **1.7.8 Empathy**

GBV victims/survivors should be treated with empathy, and given encouragement and support.

### **1.7.9 Cultural Sensitivity:**

Providing effective psychosocial support entails the mobilization of cultural resources. All psychosocial support activities should be culturally relevant and promote positive cultural practices. It is important to ensure that cultural practices do not inadvertently impart further harm to victims. Using locally appropriate language is also an important part of organizing culturally grounded psychosocial response to GBV.

## **2.0 The Guidelines**

The following guidelines shall be applied by duty bearers in order to protect survivors and help victims of GBV regarding reporting and seeking redress for GBV offences as well as coping with post trauma.

The target users of these guidelines include; Primary users, duty bearers include community Development Officers, Probation and Social welfare Officers, Health Workers, Parish Chiefs, LC Officials, Community Activists, GBV Advisory Centres, GBV shelter staff, Community elders, Clan leaders and Police among others.

The secondary users (duty bearers) facilitate action between the GBV survivors and the primary duty bearers. If any duty bearer believes that any person (Woman, Man, boy and girl child) is a victim/survivor of GBV, he/she should report to the L.C officials, Local Police Station or Parish Chief promptly. This is the first step in the provision of psychosocial support.

## 2.1 Guidelines for Primary Duty Bearers

The following guidelines shall apply for Primary Duty Bearers (those persons that the victim or survivor is likely to approach first for assistance) when assisting survivors and victims of GBV

ACTION	By who	When
1. Provide the victim /survivor with a friendly environment	Probation & Social Welfare Officer Community Development Officer Health worker, Parish Chief, LC Official, Community Activist (CA), GBV Advisory Centre or Shelter Staff and Police.	Immediately
2. Protect the victim from further abuse and exploitation	Probation & Social Welfare Officer Community Development Officer Health worker, Parish Chief, LC Official, Community Activist (CA), GBV Advisory Centre or Shelter Staff and Police.	Immediately
3. Prepare the victim to cope with stressful and traumatic situations	Probation & Social Welfare Officer Community Development Officer Health worker, Parish Chief, LC Official, Community Activist (CA), GBV Advisory Centre or Shelter Staff and Police.	Immediately
4. Nurture emotional wellbeing of victim/ survivor	Probation & Social Welfare Officer Community Development Officer Health worker, Parish Chief, LC Official, Community Activist (CA), GBV Advisory Centre or Shelter Staff and Police.	Immediately
5. Assess the need for support services such as counseling and medical help as appropriate	Probation & Social Welfare Officer Community Development Officer Health worker, Parish Chief, LC Official, Community Activist (CA), GBV Advisory Centre or Shelter Staff and Police.	Immediately
6. Provide appropriate care and services to a victim/survivor with special needs	Probation & Social Welfare Officer Community Development Officer Health worker, Parish Chief, LC Official, Community Activist (CA), GBV Advisory Centre or Shelter Staff and Police.	Immediately

ACTION	By who	When
1. Provide the victim /survivor with a friendly environment	Probation & Social Welfare Officer Community Development Officer Health worker, Parish Chief, LC Official, Community Activist (CA), GBV Advisory Centre or Shelter Staff and Police.	Immediately
2. Protect the victim from further abuse and exploitation	Probation & Social Welfare Officer Community Development Officer Health worker, Parish Chief, LC Official, Community Activist (CA), GBV Advisory Centre or Shelter Staff and Police.	Immediately
3. Prepare the victim to cope with stressful and traumatic situations	Probation & Social Welfare Officer Community Development Officer Health worker, Parish Chief, LC Official, Community Activist (CA), GBV Advisory Centre or Shelter Staff and Police.	Immediately
4. Nurture emotional wellbeing of victim/ survivor	Probation & Social Welfare Officer Community Development Officer Health worker, Parish Chief, LC Official, Community Activist (CA), GBV Advisory Centre or Shelter Staff and Police.	Immediately
5. Assess the need for support services such as counseling and medical help as appropriate	Probation & Social Welfare Officer Community Development Officer Health worker, Parish Chief, LC Official, Community Activist (CA), GBV Advisory Centre or Shelter Staff and Police.	Immediately
6. Provide appropriate care and services to a victim/survivor with special needs	Probation & Social Welfare Officer Community Development Officer Health worker, Parish Chief, LC Official, Community Activist (CA), GBV Advisory Centre or Shelter Staff and Police.	Immediately

7. Offer counseling and medical help as appropriate to the victim/survivor	Probation & Social Welfare Officer Community Development Officer Health worker, Parish Chief, LC Official, Community Activist (CA), GBV Advisory Centre or Shelter Staff and Police.	Immediately
8. Take the Victim to the nearest Health facility for medical attention	Probation & Social Welfare Officer Community Development Officer Health worker, Parish Chief, LC Official, Community Activist (CA), GBV Advisory Centre or Shelter Staff and Police.	Immediately
9. Ensure that criminal investigations are initiated and reports made	Law enforcement agencies and health workers	Immediately
10. Interview the victims under the relevant procedures to obtain and record the best possible evidence for use by other investigators	Probation & Social Welfare Officer Community Development Officer Health worker, Parish Chief, LC Official, Community Activist (CA), GBV Advisory Centre or Shelter Staff and Police.	Immediately
11. Refer the victim / survivor who refuses to be interviewed or undergo medical examination, assistance to a counselor	Probation & Social Welfare Officer Community Development Officer Health worker, Parish Chief, LC Official, Community Activist (CA), GBV Advisory Centre or Shelter Staff and Police.	Immediately
12. Psycho-Social support interventions are delivered in a customized manner that reflects the unique and individual needs of each victim/survivor	Probation & Social Welfare Officer Community Development Officer Health worker, Parish Chief, LC Official, Community Activist (CA), GBV Advisory Centre or Shelter Staff and Police	Immediately
13. Share information as often as possible to enable each one play their role effectively	All Primary Duty bearers	Immediately



<p>14. It is important to involve the victim / survivor and their households in determining the suitable response for a specific situation</p>	<p>Probation &amp; Social Welfare Officer Community Development Officer Health worker, Parish Chief, LC Official, Community Activist (CA), GBV Advisory Centre or Shelter Staff and Police.</p>	<p>Immediately</p>
<p>15. Psycho-Social Support services must be anchored on empathetic and committed relationships that allow for victims/ survivors to feel safe and appreciated, with a sense of belonging that allows that allows them to interact freely</p>	<p>Probation &amp; Social Welfare Officer Community Development Officer Health worker, Parish Chief, LC Official, Community Activist (CA), GBV Advisory Centre or Shelter Staff and Police.</p>	<p>Immediately</p>

## 2.2 Guidelines for Secondary Duty Bearers

The following guidelines shall apply for Secondary duty bearers who are persons who facilitate smooth action between the survivors/victims of GBV and the Primary duty bearers

4. Establish and strengthen effective PSS referral systems and linkages among service providers to enhance the level of care provided to victims/survivors and their households	All duty bearers	Continuously
5. Provide Support supervision to Primary duty bearers	Stake holder Ministries and Local Governments	Continuously
6. Allocate adequate resources for fighting GBV	Sector Ministries, Local Governments, DPP & CSOs	Continuously
7. Fast track the prosecution of cases	Law enforcement agencies, Judiciary	Continuously
8. Utilize data gathered for advocacy	All Stakeholders	Continuously
9. Psycho-Social support should be integrated with other services in a sustained, timely and need-responsive manner	All duty bearers	Continuously
10. All persons should condemn and report all instances of physical, emotional and sexual abuse, if observed	All duty bearers	Continuously

## 2.3 Minimum Package For Psychological Support Provision

Victims and Survivors of GBV especially sexual violence commonly experience fear, guilt, shame and anger. They may adopt strong defense mechanisms that include forgetting, denial and depression of the events. Reactions vary from minor depression, grief, anxiety and phobia to serious and chronic mental conditions. Extreme reactions to sexual violence may result in suicide or, in the case of pregnancy, physical abandonment or elimination of the child/foetus. Duty bearers should therefore devote special attention to psychosocial needs of victims/survivors.

In most cultural settings, the support of family and friends is likely to be the most important factor in overcoming trauma of violence. Providing psychosocial services should therefore involve identification and training

of community-based workers as well as setting up support groups specifically designed for victims/survivors of GBV and their families.

Psychosocial support should be provided by specialized trainers trained in use of the guidelines, such as counselors, police officers, nurses, social workers, psychologists or psychiatrists - preferably of the same sex as the victim/survivor and should also be provided soon after the incident. In this case a victim/survivor should be given a choice of their preference for services where available.



Reassurance, kindness and total confidentiality are vital elements of counseling. Counselors should offer support if the survivor experiences any post-traumatic disturbances; has difficulty dealing with family and community reactions; and goes through any legal procedures.

Psychosocial support should help survivors to:

- Understand what they have experienced,
- Overcome guilt,
- Express their anger,
- Realize that they are not responsible for the violent incident,
- Know that they are not alone and,
- Access support networks and services.

## 2.4 INDIVIDUAL AND FAMILY ORIENTED PSYCHOSOCIAL SUPPORT

### 2.4.1 Individual and family counseling.

Different members and structures of the family have a significant role to play in handling the victim/survivor. Such roles include comfort and consolation, assistance to access services and linkages for the necessary support.

### 2.4.2 Family mediation.

Customary law is still the most commonly practiced law in Uganda with regards to issues of marriage, land ownership and inheritance. Religious and Cultural leaders play a big role in handling GBV incidences and broker reconciliation in family matters that are deemed harmful such as widow inheritance, child and forced marriages.

However, some of the cultural norms that perpetrate GBV cases violate the basic principles of human rights.

Mediation of religious and cultural leaders should only be sought in minor cases. Major cases should be referred to the relevant Duty Bearers.



### **2.4.3 Referrals.**

Duty bearers in their respective capacities shall refer the victim/survivor to access other psychological and social services. They also make follow up and monitor the functionality of the referral pathway.

Victim/survivor shall benefit from therapeutic treatments such as Cognitive Behavioral Therapy and Narrative therapy to help deal with negative and dysfunctional behaviors that may characterize the victim/survivor's daily life and restore hope and dignified living.

## **2.5 COMMUNITY PSYCHOSOCIAL SUPPORT**

### **2.5.1 Structured interactive activities for young people (victim / survivor).**

Activities such as Music, Dance and Drama help to bring young people together at either designated times and places or informal spaces where they feel secure and accepted. These should be designed in such a way to make young people receive peer support. Trained staff or volunteers should implement these activities.

### 2.5.2 Group psychosocial support.

This brings people with common problems together to talk about the problems affecting them, and helps to build resilience of individual members of the group.

### 2.5.3 Focused community dialogues on risk factors and prevention measures.

This can be done through community gatherings and meetings. The gatherings shall be facilitated by trained personnel. Relevant community mobilization activities include women's support groups, dialogue groups and community education and advocacy. These should be socially inclusive and engaging local leadership.



### 2.5.4 Media.

This includes print, electronic and social media where community members, victims/survivors interact on issues of GBV and share information on available psychosocial support services and interventions. Radio talk shows for example provide community members opportunities to call in, discuss and give their views.

Psycho-education may be provided directly to the victims/survivors through local radios that reach a wide community.



### 2.5.5 Home Visits.

Different family/community members trained to understand the psychological and social factors affecting victims/survivors shall provide individual and family psychosocial support to ensure physical and emotional healing. They shall also support reintegration of the victim/survivor in the family and community through regular home visits.





### 3.0 REFERRAL MECHANISMS

The continuum of psychosocial care /services necessary for full recovery of survivors/victims following an incident is quite broad and may not be provided by a single service provider.

Duty bearers are therefore encouraged to develop Standard Operating Procedures (SOPs) that include referral pathways that facilitate access to essential services by survivors/victims.

These must be concrete service points with clear responsibilities and where possible documented commitment to being a referral source and referral point.

3.1 Duty bearers are encouraged to map existing psychosocial services that form a referral network.

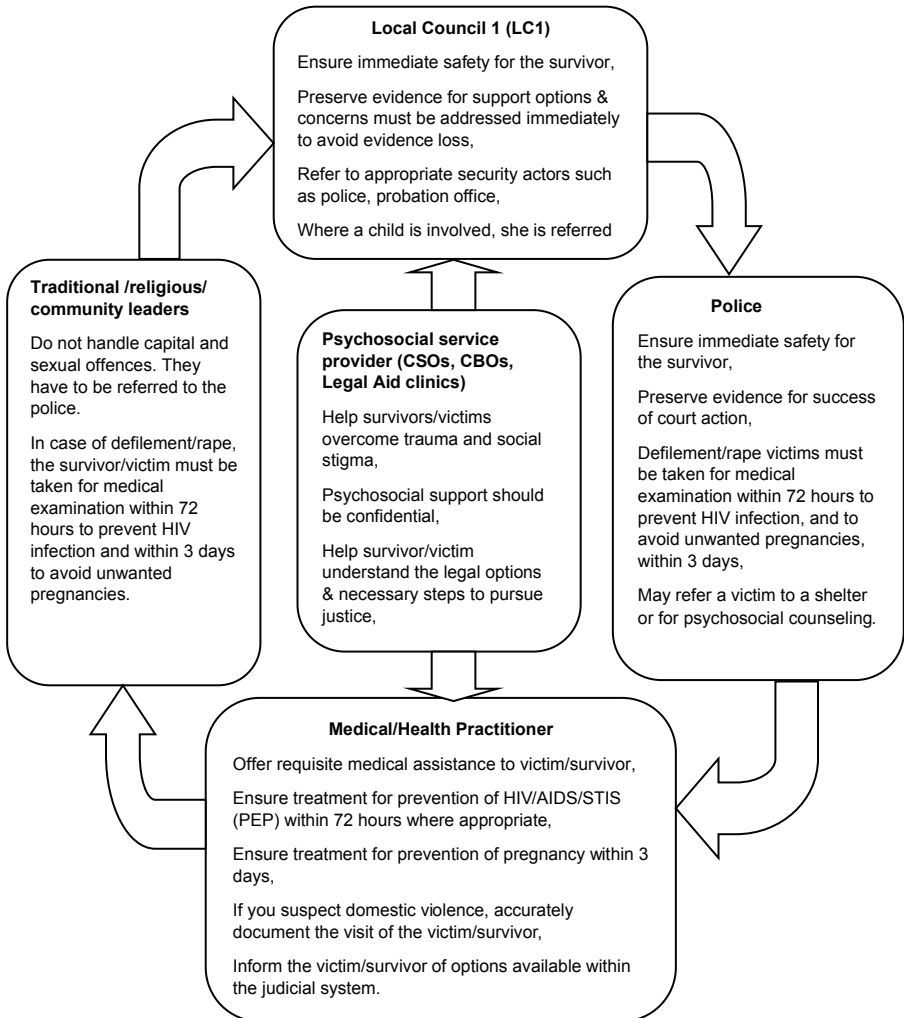
3.2 An inventory of duty bearers and services shall be kept and updated at community level.

3.3 Duty bearers at community level shall use the Referral Pathway for GBV cases to assist victims/survivors to access psychosocial services in a timely manner and in an atmosphere, that guarantees safety, security and confidentiality.

3.4 The victim/survivor shall be made to understand the reason for referral and consent to the referral arrangement.

3.5 The duty bearers highlighted in the GBV Referral Pathway shall ensure that victims/Survivors receive appropriate Psychological and social support.

# GBV REFERRAL PATHWAY



## 4.0 KEY ACTIONS FOR INTERGRATING PSYCHOSOCIAL SUPPORT IN GBV PROGRAMMES

### 4.1 Mainstreaming Psychosocial support

Mainstreaming psychosocial support in GBV prevention and response interventions involves all aspects of policy development, organizational development and programming considering the psychological and emotional state of the victim/survivor. This requires deliberate:

- Strengthening of institutional capacities to offer psychosocial support services
- Equipping Duty Bearers with psychosocial skills

### 4.2 Coordination

Psychosocial Support duty bearers shall work in coordination with different sectors at national, district, sub county and parish levels to:

- Ensure GBV policy development and implementation takes into account psychosocial support provision
- Ensure quality standards in delivery of psychosocial support services to victims/survivors as provided in the guidelines
- Ensure adherence to functional referral mechanisms and define links between service providers at community, district and national levels
- Share, document and disseminate lessons learnt and good practices with other service providers

### 4.3 Advocacy

Advocacy is carried out to:

- Obtain buy-in for utilization of psychosocial support services among duty bearers
- Integrate advocacy for and mainstreaming of psychosocial support services in all sectors
- Lobby for resources for provision of psychosocial support services.
- Create awareness on the importance of psychosocial support services
- Build partnerships with state and non-state actors to provide psychosocial support services.

#### **4.4 Monitoring and Evaluation**

Government departments and civil society organizations should ensure that sufficient guidance, support supervision, mentoring and coaching is provided to community caregiver support groups and schools to identify victims/survivors to access all the necessary services.

Government and other service providers shall be obliged to adequately supervise and monitor agencies and individuals providing psychosocial support services by:

- Ensuring adherence to agreed quality standards.
- Using standardized curricula for training psychosocial support providers at different levels.
- Professional supervision.
- Setting up systems of peer support at all levels of supervision
- Integrating monitoring systems into all levels of service delivery

#### **4.5 Psychosocial Well-being and Support indicators**

The following are suggested indicators to use when monitoring and evaluating the comprehensive delivery of psychosocial support services to victims /survivors of GBV.

#### 4.5 Psychosocial Well-being and Support indicators

The following are suggested indicators to use when monitoring and evaluating the comprehensive delivery of psychosocial support services to victims /survivors of GBV.

<b>Sample Indicators</b>	
<b>National Indicator</b>	<b>Programme Indicator</b>
<ul style="list-style-type: none"> <li>• Proportion of GBV victims / survivors and their care givers who report access to psychosocial support services</li> <li>• Proportion of GBV victims / survivors who report a sense of security, self -confidence and hope for the future.</li> </ul>	<ul style="list-style-type: none"> <li>• Number of family members, community member and professional staff that have received psychosocial support services training</li> <li>• No. of Survivors that have received Psychosocial services</li> <li>• Proportion of service sectors or providers that extend psychosocial support services to GBV survivors.</li> </ul>
<ul style="list-style-type: none"> <li>• Proportion of GBV victims/survivors who report maintaining positive relationships with caregivers, peers and community members around them after receiving psychosocial support services.</li> <li>• Proportion of GBV victims / survivors who report willingness to take up social responsibility and a defined leadership role with the family or community (coping)</li> </ul>	<ul style="list-style-type: none"> <li>• Proportion (Numbers) of GBV victims successfully referred for psychosocial support services and other basic services.</li> <li>• Institutional capacity index for providing psychosocial support services. (Number of victims / survivors taking up social responsibility family/community)</li> </ul>

### Sample Indicators at Service Point and Programme Level

<b>Spiritual Well-being Indicator</b>	<b>Emotional Wellbeing</b>
<ul style="list-style-type: none"> <li>• No of cases identified and registered</li> <li>• No of cases assessed and documented</li> <li>• No of cases linked to spiritual support institutions</li> <li>• No of survivors reporting restored spiritual well being</li> </ul>	<ul style="list-style-type: none"> <li>• No of survivors linked to available services</li> <li>• No of survivors able to open up and share their situations</li> <li>• No of survivors coping up with their situations</li> <li>• No of survivors supported by community structures</li> </ul>
<b>Social Well-being Indicators</b>	<b>Mental Well-being Indicators</b>
<ul style="list-style-type: none"> <li>• No of survivors/victims handled to support their social wellbeing to logical conclusion</li> <li>• No of community mediation meetings held</li> <li>• No of referrals done</li> <li>• No of coordination meetings held with stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>• No of community members sensitized on community mental health</li> <li>• No of caregivers trained on skills on mental care</li> <li>• Number of GBV survivors who accessed mental health services</li> </ul>
<ul style="list-style-type: none"> <li>• No of cases or survivors followed –up and supported by CSOs</li> <li>• Level of stability at family and community levels</li> <li>• Training of duty bearers on skills of social wellbeing.</li> </ul>	<ul style="list-style-type: none"> <li>• Number of survivors of mental cases provided with protection services</li> </ul>

<b>Physical Well-being Indicators</b>	
<ul style="list-style-type: none"><li>• No of survivors receiving services (Psychosocial support)</li><li>• Reduction in cases of physical violence</li><li>• No of community structures supporting GBV survivors</li><li>• No of male champions identified and supporting GBV programs</li><li>• No of GBV survivors linked to NGOs/CBOs</li></ul>	

## GLOSSARY OF TERMS

**Duty Bearer:** A person or institution that has a duty to respect, protect and fulfill the rights of victims/survivors of Gender Based Violence.

**Economic Violence:** Denial of economic and social benefits and opportunities limiting access to employment opportunities, access to and control over land and productive resources.

**Gender Based Violence:** Any act that results or is likely to result in physical, sexual or psychological harm or suffering, including threats of such acts or coercion or arbitrary deprivation of liberty in public and private. The root cause of such acts are the gender inequalities between men and women and boys girls in terms of norms, identities, expectations, responsibilities roles and access to and control over resources.

**Perpetrator:** A person who commits an act of Gender Based Violence.

**Physical abuse:** Any act or conduct which is of such a nature as to cause bodily pain, harm or danger in life, limb or health or which impairs the health or development of a victim.

**Psychosocial:** The term ‘Psychosocial’ means that the mental, emotional, social, spiritual, and physical aspects of our lives all affect one another.

**Psychosocial Services:** These are activities undertaken by people or institutions to help survivors within their community to cope with adverse psychological and social effects of GBV in order to rebuild their lives. These activities may be formal or informal.

**Psychosocial Support:** This is a continuum of care and support that influences both the individual and the environment in which they live. It addresses the social, emotional and psychological wellbeing of a person.

It strengthens people’s capacities to deal with stressful events or crises. Psychosocial support aims at resumption of normal life after a critical event, supported by the family; services provided in the community, the Government or by Civil Society Organizations in a multi layered approach.



**Burn-out:** Is an emotional exhaustion that results from repeatedly seeing and hearing distressing events and stories

**Psychosocial wellbeing:** This refers to the state of being in which an individual has the ability to make sense of and have a degree of control of their world, with hope for the future and to be a responsible, productive and caring member or leader of a community. It includes material, cognitive, emotional, spiritual and cultural aspects of the individual and their interpersonal relationships.

**Psychosocial well-being:** Is characterized by the right to make appropriate own decisions that benefit the individual and society, develop and maintain healthy relationships and behaviors and maintain a condition of mental capability.

**Referral Pathway:** Is system by which transfer of care is done from one service provider to another on a timely basis

**Referral:** Recommendation given to a victim/survivor for further care to other service providers

**Secondary trauma:** Refers to an emotional stress experienced by those who are repeatedly exposed to descriptions of severe psychological and physical abuse.

**Service Provider:** Private or public company or institution that provides essential services to the victim/survivor of GBV and whose objectives include protection of the rights of the victim/survivor

**Shelter:** Privately or publicly operated residential facility providing victims/survivors of Gender Based Violence with temporary refuge, lodging, food and other services including referral to legal, psychological and medical assistance

**Victim/survivor:** A person who has directly or indirectly suffered from Gender Based Violence. Victims is usually used in legal and medical sectors. Survivor preferred in psychological and social support sectors because it implies resilience.

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