

Title Page

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Community-based safety partnerships to reduce gender-based violence (GBV) in Uganda: The Anti-Domestic Violence and Abuse Center (ADOVIC) Approach.

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Abstract

In this chapter, we report on a community-based safety partnership to reduce gender-based violence (GBV) in Uganda. The 'Anti-Domestic Violence and Abuse Center' (ADOVIC) is based in the city of Jinja in the east of the country. Since 2012, it has performed an important role in identifying and responding to GBV. The aim of the organisation is to reduce GBV against women and girls. In 2019, academic collaborators from the United Kingdom (UK) undertook small-scale research engagement with ADOVIC. We wanted to learn about the ADOVIC approach, and to investigate how ADOVIC worked to protect women and children from violence and abuse. Using the principles of participatory action research, we undertook nine semi-structured interviews and a focus group with eighteen stakeholders – identifying ADOVIC's strategies and processes to reduce GBV.

We found a number of social and political factors influenced ADOVIC's capacity to develop partnerships for reducing GBV: (1) Legal, religious and civic pluralism; (2) Multi-agency advocacy; and (3) Volunteer training and education. Recruiting volunteer activists is a dynamic aspect of the ADOVIC approach. Outreach community engagement takes place in religious and civic contexts. Although service gaps remain, particularly in responding to children affected by domestic violence and abuse, there is value in recognising the intersecting elements of women's lives as girls, mothers and wives in their communities. Gendered socio-cultural and economic factors greatly influence ADOVIC's capacity to rise to the challenge of GBV. ADOVIC mediates these challenges through community-based partnership working. We describe the ADOVIC approach, including the engagement processes that resulted in this co-publication.

Introduction

Reducing the incidence and prevalence of gender-based violence (GBV) in low and middle-income countries is a United Nations (UN) sustainable development goal (SDG 5; Signorelli et al., 2018). The UN Women's annual report (UN Women, 2017) showed that in the East and Southern African Regions it is a particularly serious problem. In these regions, violence against girls is one of the major contributing factors for high school dropout rates for girls. Physical and sexual violence affects one in three women and bears a significant threat to life. However, it is also normalised. United Nations Women (2017) reported that 51% of African women suggested that beatings by their husbands are justified in certain circumstances. As such:

Accurate statistics on the higher prevalence of physical and sexual violence against women and girls in African countries is difficult to determine due to stigma and under-reporting (WHO, 2013).

The Ugandan Demographic Health Survey (USAID, 2012) reported that 56% of women aged between 15 and 49 years have experienced physical violence at some point in life, while 22% have experienced sexual violence. More than one million Ugandan women suffer sexual abuse every year. The USAID Evaluation of Africa's health report (USAID, 2010) suggested that among all married women who had experienced physical violence, 70–80% reported their husband as the perpetrator. In the eastern region of Uganda, 75% of women were abused before the age of 45 (UBOS, 2019). A review of gender-based violence research in humanitarian settings highlighted that intimate partner violence (IPV) is the most common form of violence (Hossain & McAlpine, 2017). The authors concluded that the gendered impacts of violence in African countries needs to be better researched, by

adopting a wider range of methodologies and involving local participants in research. We use the broader term GBV here to encompass women and girls' experience of all types of abuse in *all* settings, across the life-course. Here, we report on a small-scale research collaboration between the Anti-Domestic Violence and Abuse Center (ADOVIC) in Jinja, Uganda and the Institute of Global Innovation at the University of Birmingham (UK).

The Anti-Domestic Violence and Abuse Center (ADOVIC)

ADOVIC describes itself as a community-based organisation (CBO; ADOVIC, 2019). It is a local non-governmental organisation (NGO) that aims to 'prevent domestic abuse and reduce the impact of violence on individuals and families living in the region' (ADOVIC, 2020).

Based in the Amber Court District of Jinja, the wooden office is accessible by foot, bicycle, taxi scooter (*boda boda*) or car. Jinja is located in the East of Uganda, on the northern shore of Lake Victoria. Historically, the town was a small fishing village and trading post, with a developing industrial infrastructure, mainly the growth and supply of cotton, coffee, subsistence agriculture and crafts, involving open-air markets. The current estimated population is 93,061 (UBOS, 2019). The capital of Uganda, Kampala, is 82 kilometers (54 miles) by road. The nearest airport is Entebbe, approximately 116 kilometers (72 miles) from Jinja. A major engineering development of a main highway aims to better link Jinja to Kampala and Entebbe.

A popular tourist destination because of its abundant natural environment, river trips and water sports across the Nile are commonplace in season. Emergent stories suggest that Jinja is a colonial name for "stone" or "rock", attributed to the governor Hesketh Bell in 1906; representing the place from where small boats launched, to cross the river from the Busoga to

Buganda regions. Jinja is a developing, complex and diverse urban society, living through a postcolonial legacy of urbanisation, displacement and political unrest (Byerley, 2013).

From the outset, ADOVIC campaigned for the eradication of domestic violence 'in order to create a conducive environment in families where women and girls would live health lives free from fear of violence, able to exploit their full potential to the benefit of their families'.

Co-founded by Ben Kulaba and Bugonzi Margaret Kyemba it aimed to provide shelter for victims of domestic violence while negotiating cases with families and other authorities.

When the demand for the shelter far exceeded capacity to respond, the shelter closed.

ADOVIC re-strategized to concentrate on training and advocacy; sensitising communities to the causes and effects of domestic violence. ADOVIC also trained local council courts to handle cases under the Ugandan Domestic Violence Act (2010), including by training police within child and family protection departments, as well as health workers on how to handle domestic violence victims referred to their care. The services included direct mediation and counselling, legal advice, and some health and social support delivered in a range of settings.

The long-term organisational vision is to have families free from all forms of GBV, by 'promoting positive social norms that prevent GBV and challenging norms that support violence and a culture of impunity' (ADOVIC, 2020). Three work-based approaches involve:

1: Rights-based approach: to analyse and address the root causes of discrimination and inequality to ensure that everyone, regardless of their gender, age, ethnicity or religion, has the right to live with freedom and dignity, safe from violence, exploitation and abuse, in accordance with principles of human rights law.

2: Community-based approach: that ensures that affected populations are actively engaged as partners in developing strategies related to their protection and the provision of

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humanitarian assistance. This approach involves direct consultation with women, girls and other at-risk groups at all stages in the humanitarian response, to identify protection risks and solutions and build on existing community-based protection mechanisms.

3: ‘Do no harm’ approach: to take all measures necessary to avoid exposing victim to further harm because of our actions. The ADOVIC programme aims:

- To increase human rights awareness among populations to improve response and prevention of domestic violence
- Women Empowerment to improve response and prevention of domestic violence
- Gender engagement for dismantling patriarchy to improve response and prevention of domestic violence
- Institutional development to facilitate response and prevention of domestic violence.

The Ugandan Domestic Abuse Law (2010) was an important legal lever for ADOVIC service development; criminalising domestic violence and abuse (DVA) is a practical forward step, although it is not always clear how the law operates in local contexts. The strategic aim of the organisation is “*to mobilize women and men in Uganda to review all customs, norms, cultures, policies and practices which perpetuate inequality and violence against women*” (ADOVIC, 2019:13). ADOVIC has well established international development partnerships; these include Irish Aid, UNICEF, UN Women, UN Trust Fund and others, financing GBV activities including the drive to end early child marriages and female genital mutilation.

Locally, however, ADOVIC staffing is not stable and retention is a problem. During our visits, ADOVIC relied upon continued donations and funding to sustain their work within communities.

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To build capacity for raising awareness of the scale and impact of GBV, ADOVIC trains women and men volunteers to identify and respond to the issue. ADOVIC describes the people they train as ‘key workers’ and ‘duty bearers’ who may be asked to undertake visits (with the ADOVIC workers) in people’s homes, communities, places of worship, civic organisations and schools. On a weekly basis, ADOVIC receives three to five survivors who seek counselling, psychosocial support and guidance on various legal issues. Complex legal issues range from reporting life-threatening or disabling critical events, involving violence and abuse against women and sexual abuse of children. Victims often need immediate access to essential medical and psychological care, as well as safe housing in a context that does not always recognise a woman’s rights to independent ownership of land and property.

The UK team connected with ADOVIC during two field visits to Jinja in 2018/9 (Clark, 2018). The first was partly serendipitous – we were there on another project – but ADOVIC welcomed our visit and in discussion, we agreed joint priorities to take forward as a precursor to a fuller outcomes evaluation. Public involvement and engagement work before and during a research application (as well as throughout the research) is expected in many countries now. As follows, we present the descriptive findings from our small-scale research engagement, which aimed to explore the social and political factors that influenced community engagement with ADOVIC services. We particularly wanted to find out more about the ADOVIC approach to partnership working with other organisations and agencies to protect women and children from GBV.

Methods

We used the principles of ‘participatory action research’ (PAR) to guide our academic engagement with ADOVIC. Participatory action research (PAR) is a social research method, usually involving a co-learning process (Schulz, Krieger, & Galea, 2002; Sullivan, Bhuyan,

Senturia, Shiu-Thornton, & Ciske, 2005; Tighe, Peters, & Skirton, 2013). Continuous cycles of planning, acting, observing, and reflecting inform the data collection and analysis, which includes action plans to enable social transformation (Benjamin-Thomas, Corrado, McGrath, Rudman, & Hand, 2018). In this case, the first visit to ADOVIC prepared the groundwork through face-to-face sharing about our respective experiences of GBV prevention. During this visit we agreed shared research priorities for a follow up visit (Clark, 2018).

The second visit involved advance planning for structured research activities, within the context of co-learning about ADOVIC's approach to community engagement to reduce GBV in the region. We undertook interim email and phone call conversations to help prepare for our arrival. ADOVIC shared their reports and strategies to enable us to undertake exploratory data collection and analysis. The five days of community engagement activities included (1) documentary analysis, (2) community worker interviews and (3) a stakeholder focus group. Other studies in Africa (Bradbury-Jones, 2018 ; Lund, Standing Voice, & Advantage Africa, 2017) found that when people are very enthusiastic and engaged in the topic, interviews and focus groups can be arranged very rapidly, in the field, and often beyond expectations. Here too, a series of semi-structured individual face-to-face interviews with nine ADOVIC linked stakeholders included a survivor, police officer, community social worker in a local health clinic, and six volunteer workers. This was supplemented by an hour-long focus group with eighteen wider stakeholders, including representatives from religious, civic and community groups. The interviews took place securely in ADOVIC mediated settings, with the assistance of ADOVIC facilitating recruitment and translation. In 2019, the University of Birmingham (UK) research ethics committee gave ethical approval for the study. ADOVIC secured all local permissions, helped construct the broad questions for the interviews, and arranged the practical, logistic elements of hosting the participants and obtaining consent.

Descriptive thematic analysis of the interviews identified plural, intersecting factors that helped build local community-based partnerships to steer women and children towards personal safety. Below, we present these descriptive findings.

Findings

1: Legal, religious and civic pluralism

Uganda is a diverse society, with various legal, religious and civil responses to GBV, including domestic abuse. Local participants spoke about ADOVIC's capacity to respond to overwhelming needs in the context of extreme poverty. Working within this impoverished context involves sensitivity to the gross inequities in women's legal recourse to paid employment and independent land or property ownership [See Table 1 for an overview of plural legal influences]. Whitehead and Tsikata (2003) note that most Ugandan women have limited understanding of the legal code and also lack access to legal advocacy, especially those women living in remote rural areas. Where legal structures do exist, local leaders might unfairly favour customary laws. Women's education and pathways to paid work in Uganda are very limited. Relatively few women are included in 'land boards' despite the Land Act of 2010 which encouraged greater diversity.

Extreme poverty, exploitation and homelessness affect how ADOVIC addresses GBV locally. ADOVIC workers showed their local knowledge of women's experience of adversity by harnessing wide-ranging legal, religious and civic supports from various community leaders, organisations and agencies, sensitising individuals and communities to the need for GBV reduction. In this way, ADOVIC provided examples of the 'contextual safeguarding' approach advocated by Firmin (2017) and others as a means to critical place based reporting of localised problems and practices. Here, participants spoke about how ADOVIC workers 'knowing' of the intra and extra familial context is integral to place-based responses to

survivors of DVA, using well-situated volunteer supports and multi-agency resources to help prevent its re-occurrence in local families and communities. Unusually, working together with victims and perpetrators in and outside of the familial home environment is an element of ADOVIC's approach:

“So when this person reports to ADOVIC the other people write a letter to the community support office explaining the issue that is happening between this victim and the perpetrator and then sets a date that you meet these two people. First, they listen to the victim and then they listen to the perpetrator. After they have listened to the both sides ADOVIC and the chairperson now bring out ideas they speak themselves. When they agree on something these two people write down something they have agreed on. Therefore, if they follow what they have written down, they end there. But just in case one of them decides to not do what was written down by the both of them they then take the issue to a different place, maybe the police or somewhere else”.

[Participant 2 – Social Worker]

“I know that ADOVIC works and is supportive, consisting of counselling and home visits. I have a cousin who home visits. ADOVIC tried to find out the victims and then they listened to them. That's how ADOVIC works. After finding the victims ADOVIC sits with the victim and listens to her, then after listening to her they consult the victim and implements.....When I receive someone who has issues I have to find a police office and then the office [ADOVIC] has to connect back to the courtSo it's the office here [ADOVIC] that connects everything”. [Participant 1 - Health Worker]

Extending place-based supports is a challenge. The personal safety of ADOVIC staff was a concern raised by two participants, including the police:

“Sometimes the workers needs protection. I want you to note that. Where you go to the house and the husband is very hostile. She needs to travel with the security people but in plain clothing. That is how I have been working with this office”

[Participant 3 – Police Worker]

A complex case, discussed by a number of participants, involved working with health services (medical), police and social work, alongside the mother of a child victim of serious sexual assault:

“I arrest this man. I take him to the council and there is not enough evidence... So they came ADOVIC they saw, they asked me what happened and then they went to the police. So at the police station, they said whatever evidence you have it is not enough... So with ADOVIC...we looked for the doctor who wrote in the book and then in the hospital. ... Because of their help, the person was arrested and finally taken to prison. I felt I had failed my daughter and I was not going to make it through, but ADOVIC helped me [Participant 5 – Mother of Child Victim of Sexual Assault].

The following case study shows the ways in which gender, poverty and land ownership intersect with GBV against women in this region. Women’s rights to property and land assets in Uganda are a continued struggle. First, there is a distinction (and often a conflict) between state and customary laws in Uganda. Here, we show how ADOVIC identifies and responds to this conflict through its community engagement approach, particularly when women victims find their rights to state protection intersect with plural customary religious and local laws.

[Insert Figure 1 here]

Alara's case shows how ADOVIC is often involved in supporting women's rights to property. Many women have fled their communities due to violence and abuse, and they are sexually and financially vulnerable to exploitation on the streets. When a woman is assaulted or rendered homeless, legal levers can help secure criminal justice and a place of safety. To ensure a woman can remain in or return to the family home, the Ugandan Constitution of 1995, the Employment Act 2006, the Occupational Safety and Health Act of 2006 might help her argue her case (Nabwiiso, 2018). Bajpai(2014) suggested that even relatively able and successful African women (such as those who work as entrepreneurs) are likely to receive only a fraction of the available profit. The plural factors that influenced ADOVIC's community-based approach to GBV reduction are shown in Table 1 (below). While discrete, these factors also intersect with each other. This is analysed in the remaining text.

[Insert table 1 here]

The law offers a starting point or lever to address the problem of violent behaviours, wife abandonment and polygamy within intimate relationships.

“There is of course violence through marriage in the community... most of their homes are full of violence” [ADOVIC linked social worker].

Seeley (2012) discussed the ways in which women's relationships necessarily intersect with other women who subsequently marry their husbands. Conjugal arrangements are complex. Co-wives and 'outside' wives may live alongside and these relationships change over time.

Supportive relationships may develop as women age, but the level of conflict and tension between wives and children is also high. Illness is a feature – rape, HIV, AIDS and pregnancy profoundly affects women’s capacity to care for themselves and others, especially in rural Uganda. ADOVIC partner with advocates who are male and engaging local leaders was a core element of the work. The role of male ‘duty bearers’ trained by ADOVIC is to raise awareness about the legal issues and negotiate with victims in local communities through ADOVIC link making. A male community leader from a rural village described how he referred an abused woman to ADOVIC; to support behavioural change towards women who have been beaten, raped and abandoned by their husbands. He noted how the ADOVIC workers needed his support to meet with the woman and men in his village.

“When I saw the address [for ADOVIC] I went and asked them if the ADOVIC project would come in my village. So when ADOVIC came I gathered some of the residents to have the ADOVIC project in this area” [ADOVIC Duty Bearer 7].

“The weakness also is because you know in Uganda a woman cannot do well without a man” so she needs to be in a combinationwhen they are together... they can work better than a female alone... I devised the project to have some males in the group so they come together they can fight together ... [against the abuse]” [ADOVIC Duty Bearer 7].

Relatedly, the Customary Marriage (Registration) Act (1978) of Uganda allows for polygamy and privileges male dominance by customarily destabilising women’s ownership of land through kinship and marriage. Ugandan wedding celebrations are notably extravagant, exorbitant and popular (BBC, 2018), involving patrilineal exchange of land for a traditional

'bride-price' and/or dowry exchange. Constitutionally allowed, this has, in some cases, been legally challenged (Goitom, 2015). The customary 'rule of law' system is traditionally gender biased against women (Ik Dahl, Hellum, Kaarhus, Benjaminsen, & Kameri-Mbote, 2005), paradoxically attributed to the transient nature of women's relationships.

Uganda's land laws are additionally complex. Both the 1995 Constitution and 1998 Land Act recognise customary laws that allow women's rights to land. The statutory land tenure laws legalise women's property rights by embedding customary laws, in a plural fashion, within marriage (Whitehead & Tsikata, 2003). Joireman (2008) asserts that discrimination against women remains rife in Uganda, due to corruption and weak legal structures for implementing change. Critical perspectives on women's access to land ownership in Uganda suggests that women's land rights have weakened due to land commercialisation.

Tripp (2015) demonstrated that modern and traditional matrimonial practices in postcolonial Africa contribute to gendered inequities, by dispossessing women of jointly acquired land in the event of abandonment, violent hounding out, or displacement by another woman. Even when a man dies, if a Ugandan woman has no land, she will have no source of subsistence (Tripp, 2004). The intergenerational impacts of GBV on women and children exposed to violence is recognised but weakly addressed in its own right. Next, we show how the problems prompted multi-agency advocacy – by mobilising ADOVIC responses in a range of settings.

2: Multi-Agency Advocacy

Legal frameworks such as the Ugandan Domestic Abuse Act (2010) have helped deliver criminal justice for some victims. An ADOVIC worker explains how the legal reforms helped them to work proactively with the police:

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“When the police has a case and they think it is too much for them to handle they will call in ADOVIC. We have a plan for police to come and help us so we can intervene, we work closely with this family or that couple and advise them accordingly, so we have a good relationship with different police stations” [ADOVIC Worker – 1].

ADOVIC workers identified different forms of local policing partnerships;

“We work with the central police, we have a good relationship with them, thus we work with them, also ‘mama police’ she sits in the office of Family and Child Protection Unit and in most cases she handles violence cases for children and women” [ADOVIC Worker – 1].

The police reported that this is a good partnership;

“the law helps ADOVIC... If they the victim has gone to ADOVIC for safety the law helps ADOVIC in prosecuting the offender” [Mama Police 1].

The police headquarters is located at some distance from the ADOVIC office. Working closely with them required good relationship building over time. Utilising the Domestic

Abuse Act (2010) was important because the law provided a structural framework for confidently informing the police about their new responsibilities. Evolving relationships suggested that ADOVIC workers were developing and influencing policing responses.

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“We work closely with the police and also the local leaders because we derive our mandates to work with these people from our law, that is the Domestic Violence Act. So our work together with them is we empower them because most of the time the local community the local council does not know the law. Unfortunately our government brings out the law but does not invest into sensitising people. All the duty bearers do is about the law so that they can use it to do their work. So ADOVIC will tell them it is a duty” [ADOVIC Worker 4].

ADOVIC workers and participants from various agencies realised their role as advocates and ‘duty bearers’. Ellen [pseudonym] worked as an ADOVIC social worker in a busy health clinic, situated in a rural community outside Jinja. Attendant women and children appeared malnourished and emaciated. Chronic and acute disease was evident in the way they lay passively on walkways, some feverish and with oozing wounds.

“There are many ways to explain the way ADOVIC works”, Ellen said. The point she emphasised, often, is “working together”:

“ADOVIC works directly with the people in the exercise of home visits. Then there is the outreach and the meeting when they come for family planning ... they can see the women complaining... They complain about ... ‘my husband, I was beaten by my husband because I done the family planning’, ‘my husband doesn’t want to buy

anything at home because I did the family planning', 'he is abusing me so that I don't want to produce children or deliver any children to him'... so something along those lines" [ADOVIC social worker].

Ellen called for more community workers visiting at home, while noting ADOVIC capacity is limited and transport to rural clinics and services is difficult. *"you cannot base those issues on what someone tells you so, you have to go and see the situation and anyway when you do home visiting it makes sense with ADOVIC because you can see which home you can support and which home you cannot support".*

Other volunteer(s) suggested the importance of outreach home visiting.

"The times I've travelled in the field, even though my work has been so much online, I think, because there is a problem the community, as time goes on, we start to welcome member of ADOVIC because of oppressing challenges".

"I remember one time when we met men without women and realised the actual oppression and violence as well in their families. At the end of the session they were more than happy to welcome back ADOVIC. That means the community has a problem or there is a problem in the community and when they see someone actually tackling the problem they are more willing to collaborate".

"Some may not understand what they are going through. ...There are the local leaders, like CDO (community development officers), local chairmen, they help in mobilising people, telling them about the cause and the opportunity to interact with things... like

church ...So social gatherings around the community is a good way to tell people we are here to help and this is what we do” [ADOVIC volunteer 5].

Engaging communities is integral to the ADOVIC approach. Community participation with the interviews and the focus group showed wider community engagement with ADOVIC.

Much of the ADOVIC service response is enabled through direct self-referral to the office and in follow-up visits that involve voluntary face to face meeting with victims, families and communities. Those affected are increasingly coming out of their villages to seek help that was previously not available to them. Volunteer workers aim to enable victims, mainly women and children, to safely leave abusive relationships. Monthly, at Jinja Central police station, approximately 39 cases of violence against women are registered. The biggest percentage of women and girls that report to authorities are victims of physical violence. Increasingly, women come to seek services after the police recommend them to ADOVIC for assistance. As follows, many participants in this study were volunteer activists who had used the ADOVIC service at some point, and/or helped others within their communities to address the problem of GBV. This reflects the contextual safeguarding approach advocated by Firmin (2017), which suggests a more place-based means of including those affected in determining the response. Also recognising the opportunity for researchers and community members to learn from each other, through research, in order to advance or transform a shared social aim.

3: Volunteer Training and Education

Volunteer training and education is part of the ADOVIC community-based partnership approach, drawing from youth communities where GBV was recognised. Jeremiah [pseudonym] is a young volunteer who talked about his experience of ADOVIC training and education, particularly awareness raising in local communities. He was keen to express how he understood the role of the Domestic Abuse law in enforcing protection, and the ways in which ADOVIC had developed a localised outreach strategy to tackle the issue.

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“From what I understand from the local community since I joined is that some people are ignorant about the law and they don’t know how it’s actually protecting them. I’ve met men, fathers who actually are going through domestic violence but they didn’t have a platform where they could share…… so if I could talk about the strategy, the approach ADOVIC is taking in going to communities… I think it makes sense because that’s where the victims are and that’s where you meet and you understand what’s actually happening” [ADOVIC volunteer 5].

Volunteers are an essential element of service provision. The organisation has scaled up to a number of core community activities that include: Capacity Building; Mentorship; Mediation and Counselling; Income Generation; Youth Empowerment; Resettlement. These core areas involve diverse fundraising activities, including creative craft and jewellery making to enable women’s recovery, socialisation, and employment. Furthermore, through community outreach, at the end of face-to-face meetings, ADOVIC workers call upon individuals that have an interest in working against GBV and abuse in their distinct communities. Thus ADOVIC intervention also serves as a recruitment exercise in civic participation, to garner support from young men in particular.

“We start engaging the interested individuals by availing them with all the necessary materials and information preparing them as activists against domestic violence. Those individuals that show full commitment to learn and become fully equipped throughout the training period graduate into our community activists. Since we are still operating on a small scale and do not have branches in various communities, the activists become our eyes and ears in their different locations. Through this approach as we engage the community activists and the different stakeholders we partner with, we engage communities in supporting, developing and implementing prevention strategies that target reducing domestic violence and abuse in individuals, communities, and society”

[Participant 4 – Social Worker].

Volunteer activism enabled ADOVIC to operationalise its community-based safety partnership approach through engaging social workers, police, health workers, community activists, local and religious leaders along with other NGOs to reduce GBV. Their community mobilisation approach bears some resemblance to another regional initiative to reduce violence against women and HIV prevention in the region. Starman et al(2017) reported on the SASA! (domestic abuse prevention) intervention in neighbouring Kampala, which showed that volunteer and community engagement with SASA! led to positive changes in some couples’ relationships, reducing conflict over time. Multi-level prevention included the fostering of more reflective couple relationships - linking to the wider social communities where women lived with their partners. Figure 1 illustrates ADOVIC’s processes for reaching out to diverse communities. Subsequent strategic action plans have been developed by ADOVIC to extend their localised approach (ADOVIC, 2019).

[Insert Figure 2 here]

ADOVIC leads a co-ordinated volunteer strategy for community engagement to reduce GBV in the region. The interviews and focus groups helped identify the community engagement elements of the ADOVIC approach, demonstrating active stakeholder participation in how the service operates and responds to GBV. Women and men contribute to volunteer service development and become multi-agency advocates for GBV reduction in their local communities. This is an important example of local activism to address the problem, involving rural outreach home visiting.

Conclusion

This chapter elucidates the social and political factors that influenced ADOVIC's capacity to address GBV reduction in Uganda, through developing local community-based safety partnerships. The findings are small scale; necessarily bound to time and place, and limited as such. Reynolds and Sariola (2018) remind us that critical perspectives on community engagement show not just 'who' is involved in participatory research, but how. This chapter offers a descriptive qualitative introduction to the ADOVIC approach, introducing the different stakeholders within the reach of the study. The global researcher privilege cannot be underestimated (Sullivan et al., 2005). ADOVIC's engagement with research activities is the means through which we can report its place in GBV reduction. Sullivan et al (2005) discussed how the participatory research process helps further relationships in communities, including those affected by domestic violence. These researcher relationships shaped our findings, negotiated as it was by academic interest in ADOVIC's approach to GBV reduction in this Ugandan setting. ADOVIC's approach highlighted the gendered economic nature of the challenges they face. The legal frameworks (Table 1) enabled them to structure their multi-agency response. Legal, religious and civic pluralism is significant here, allowing a

breadth of community responses to the structural, relational problems associated with GBV. Sustaining these responses over the longer term is challenging. There is hope, however, with ADOVIC extending their strategic reach and vision (ADOVIC, 2019). This is an important outcome of their participatory relational process, showing how community-based safety partnerships can advance stakeholder roles in GBV reduction. The ADOVIC approach offers a model of micro and macro community engagement, mobilising some women's emancipation from GBV. Gaps remain, particularly in identifying and responding to the children affected by DVA. Differentiating the plural, intersecting elements of abused women's lives as Ugandan girls, mothers and wives in a complex, rapidly developing society. Women and men identify as ADOVIC service users, volunteers, duty bearers, workers, victims and survivors. There is a continuing need to evaluate the short and longer-term actions arising from the ADOVIC approach. Future GBV reduction strategies could aim towards this, extending co-researcher capacity in this local context.

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