

# Protractedness? A Driver to Sexual and Gender-Based Violence (SGBV) among Refugees in Nakivale Refugee Settlement, Southwestern Uganda<sup>1</sup>

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## Abstract

This qualitative study investigates the linkage between protractedness and Sexual and Gender-Based Violence (SGBV) in Nakivale Refugee settlement. Uganda's refugee settlements are characterized by protracted refugees due to prolonged conflicts among its neighbors and the inability to find a lasting solution for the refugees. In these settlements, SGBV is widespread yet remains a silent affliction, among women and girls, as well as men and boys, who are at an increased risk of multiple forms of SGBV as a result of protractedness. The paper argues that protractedness has aggravated the challenge of SGBV, as it has created new forms of violence and exacerbated existing ones. The findings indicate that protractedness has become a big driver to SGBV, as it increases the vulnerability of women and men to the challenge of SGBV. Men as well as women perpetrate SGBV. Some refugees are reluctant to report for fear of social exclusion and some survivors and their families still conceal their SGBV experiences. While, several interventions including health, legal, psycho-social counselling, safety and security, and

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economic empowerment were reported to have reduced a challenge of SGBV, SGBV still exists due to frustration from long stay.

**Keywords:** Sexual and Gender-Based Violence (SGBV), Protracted Refugees, Protractedness, Nakivale Refugee Settlement

## Introduction

The study investigates the impact of protractedness on the experiences of refugees with Sexual and Gender-Based Violence (SGBV) in Uganda. Globally, there is an estimated 103 million forcibly displaced persons globally, because of persecution, conflict, violence, human rights violations, or events seriously disturbing public order<sup>1</sup>. With only a gross domestic product, GDP per capita income of \$858.<sup>2</sup> Uganda is the third world's largest refugee hosting country with 1.4 million refugees, after Turkey and Pakistan<sup>3</sup> Uganda is also known for having one of the most progressive and generous refugee laws and policy regimes in the world as indicated in the 2006 Refugee Act and 2010 Refugee Regulations, which give refugees the same rights as for the nationals (Ahimbisibwe 2019 <sup>4</sup>). Despite the uncommonly generous policy landscape, conditions for many refugees remain grim, marked by inadequate resources, poor water, and sanitation conditions, SGBV, inadequate social services and a shortage of food amid cuts to humanitarian nutrition programs and shortfalls in international donor support. To make matters worse, the situation of many refugees living in Uganda is protracted. This is due to prolonged conflicts and human rights violations in the surrounding countries of South Sudan, Burundi, the Democratic Republic of Congo, Somalia, and Rwanda which have continued to generate new refugee arrivals to Uganda (Mogga 2017; Opono and Ahimbisibwe 2023).

Over the years, scholars like (Krause 2015) have studied SGBV during conflicts and refugee situations without special attention to SGBV among the protracted refugees. Most refugees in Nakivale have been in the settlement for five and above years, and some like Rwandan refugees are close to three decades. Due to inability to find a lasting solution for refugees, protracted refugee situation has become a big driver to SGBV, in addition to other problems like individual insecurity, breakdown of family and community ties, shifting gender roles, inadequate housing facilities, limited access to resources and lack of protection. This study discusses the impact of a situation of protractedness on the experiences of refugees with SGBV. And it unravels how protractedness has aggravated the challenge of SGBV, as it has created new forms of violence and exacerbated existing ones.

In Uganda's refugee settlements, SGBV is widespread yet remains a silent affliction. By the end of 2019, 4297 SGBV incidents were documented, and 87 per cent of the survivors were female, 13 per cent were males and child survivors accounted for 14 per cent of the reported cases<sup>5</sup> As indicated by the World Bank and DRDIP (2020).<sup>6</sup>

81 per cent of Uganda's refugees are women and children, who are at a high risk of SGBV, including Sexual Exploitation and Abuse (SEA), rape and defilement, forced and child marriage, and Intimate Partner Violence (IPV). In this study, SGBV is any act that is perpetrated against a person's will and is based on socially ascribed (gender) differences between males and females, gender norms and unequal power relationships. It includes physical, emotional, or psychological and sexual violence,<sup>7</sup> threats of violence and coercion, other deprivations of liberty and denial of resources or access to services (Lugova, Samad, and Haque 2020; Liebling, Barrett, and Artz 2020; Andrew and McSherry 2019)<sup>8</sup> In addition, IOM (2019) findings indicate that gender-based violence (GBV) causes long-lasting and detrimental impacts on the physical, psychological, and social and economic well-being, safety and sovereignty of the individual, family, and everyone it affects.<sup>9</sup> Effects of such violence is further compounded by inadequacy, and lack of access to quality and appropriate healthcare and psychological support, as well as lack of appropriate security, redress, and access to justice (Odwe, Undie, and Obare 2018).<sup>10</sup>

In Uganda, UNHCR designed a five-year interagency SGBV strategy framework which encourages a comprehensive and coordinated approach that is survivor-centered, and multisectoral with regard to prevention and response. This framework focused on collaborative and community-based protection approach aimed at a community free of SGBV.<sup>11</sup> In addition, UNHCR clearly spells out a set of guiding principles to prevent and respond to SGBV which encourage co-operation among and concerted efforts by multiple sectors, organizations, and disciplines to tackle the complex problem of SGBV.<sup>12</sup> In Uganda's refugee settlements, several interventions – safe house/shelter, health/medical services, legal assistance services, psychosocial services, safety and security services, livelihood services, awareness, and sensitization programs – have been put in place to prevent and respond to SGBV in refugee settlement.<sup>13</sup>

Despite the measures in place to prevent and respond to SGBV among the refugees including those in the protracted situations, considerable number of refugees still face SGBV e.g., globally, approximately one third of women face SGBV (Odwe, Undie, and Obare 2018) and 81 per cent of Uganda's women refugees and children, are at high risk of SGBV.<sup>14</sup> This situation raises several questions: what is the impact of protractedness on the experiences of refugees with SGBV? Why is SGBV persistent despite the measures in place to prevent and respond to it? Do refugees have knowledge about reporting procedures? Are refugees involved/empowered in fighting SGBV? This study therefore attempts to answer these questions and other related ones, to contribute to the existing knowledge in refugee studies.

### The Protractedness of the Refugee Situation and SGBV

Protracted Refugee Situations (PRS) are situations where refugees continue to be in exile for five or more years after their initial displacement, without immediate prospects

for (the) implementation of durable solutions. Their lives may not be at risk, but their basic rights and essential economic, social, and psychological needs remain unfulfilled after years in exile. In this case refugees in protracted situations find themselves trapped in a state of limbo: they cannot go back to their homeland, in most cases because it is not safe for them to do so; they are unable to settle permanently in their country of first asylum, because the host state does not want them to remain indefinitely on its territory; and they do not have the option of resettlement, as no third country has agreed to admit them and to provide them with permanent residence rights. A refugee in this situation is often unable to break free from enforced reliance on external assistance (Loescher and Milner 2004; 2011; 2013; Milner 2014; Tulibaleka, Keneth and Kuluthum 2022).

In protracted refugee situations, additional factors contribute to gender-based violence. Refugees are often frustrated by their long-term refugee status and unemployment. Rates of alcoholism as well as anxiety and depression may be high. Competing international crises and seemingly intractable refugee situations may result in "donor fatigue". In some cases, as funding and international attention has decreased, the combination of scarce resources and male-dominated camp leadership and distribution structures has exposed refugee women and girls to exploitative situations where they exchange sexual favours for aid supplies. The longer a refugee situation persists, the more entrenched refugee-run management structures may become, and the presence of international NGOs and UNHCR often diminishes (Milner 2014). Therefore, due to the inability to find a lasting solution, protracted refugee situation has exposed refugees to SGBV among refugees in Nakivale refugee settlement.

## Methodology

This study is based on empirical research, which was conducted in Nakivale refugee settlement, Isingiro District, Southwestern Uganda between October 2018, and June 2019 among the protracted refugees. Nakivale is made up of three zones: Basecamp, Juru and Rubondo where research was conducted. Qualitative methods: in-depth interviews, focus group discussions, observation and documentary reviews were used. A case study design was used to gather intensive and an in-depth understanding of the issues pertaining SGBV (Holliday 2007; Lynch 2014; Aspers and Corte 2019). Nakivale refugee settlement was selected because it is one of the oldest and biggest settlements in Uganda with multi-nationalities: Rwandans, Burundians, Congolese, Eritreans, Ethiopians, Kenyans, Somalis, Tanzanians, Sudanese, and South Sudanese and with a population of over 107,275 refugees (as of end of 2020). Most of these refugees have been in the settlement for five years and above, some of whom like the post-genocide Rwandan refugees have been there for over twenty years providing a perfect environment for analysing protracted refugees.<sup>15</sup> This research selected only four nationalities - Rwandans, Burundians, Congolese, and Somalis, to comparatively

understand SGBV in the settlement. The study participants were 110 in total, out of these, 57 were males (forty for FGDs and 17 for interviews) while 53 were females (forty for FGDs and 13 for interviews). Eight focus group discussions were conducted (two group discussions per nationality, men alone and women alone, these were composed of refugees and refugee leaders). This helped to understand SGBV from different nationality setting and gender. Each group was composed of the average number of ten people. However, the final number of respondents for interviews was reached by saturation point - a point at which no new data was being added to the research by the respondents. Refugee interpreters (who could speak both English and the local languages) were selected and involved to assist in the data collection process. Given the sensitivity of the study, we also had a counsellor on the team to counsel respondents/survivors who would breakdown as they narrated their stories. Respondents were selected using purposive and snowball sampling and the respondents included: refugees, settlement administrators from the Office of the Prime Minister (OPM), the security personnel-police, health workers-Medical Teams International (MTI), SGBV focal persons, counsellors, legal officers-Refugee Law Project (RLP) and Protection officers, UNHCR and its partners responsible for SGBV like American Refugee Committee (ARC) later alone Alight, TUTAPONA, Humanitarian Initiative Just Relief Aid (HIJRA) and Nsamizi. Some survivors of SGBV both men and women were reached through the organizations offering SGBV response services in the settlement and one led us to another by snowballing. Data was analysed qualitatively using thematic and content analysis to derive meaningful information about the research problem. Interviews were audio recorded which were later transcribed and analysed accordingly. Verbatim notes were also taken to back up the audio recorder. Ethically, all the participants took part in the research voluntarily after having been informed about the details of the research and their rights, as was stated in the informed consent form. Being a sensitive topic, rapport was first created to build trust with the respondents, and they were assured of confidentiality. The researchers would introduce themselves first and then inform the respondents of the purpose of research. The research was majorly to unravel how protracted refugee situation exacerbates SGBV in the settlement and this contributes to the existing body of literature on SGBV in forced migration. This information was disseminated to relevant audiences through local radio talk shows, policy briefs, brochures, policy dialogue and conferences. The research was cleared by Mbarara University of Science and Technology Research Ethical Committee (REC) and permission to enter the settlement was sought from the Refugee Desk Officer, OPM and this letter was delivered to the camp commandant who is the administrative head of the settlement representing OPM. The next section brings out the key empirical findings from the field.

## The Findings of the Study

### *Introduction*

This empirical section intends to unravel how protractedness increases the vulnerability of women and men to the challenge of SGBV in Nakivale refugee settlement. It answers questions from the conceptualization of SGBV by the respondents, nature/forms of SGBV, consequences of SGBV, reporting procedures, interventions and how protractedness of refugees in the settlement is an SGBV risk factor. When asked how long the refugees have spent in the settlement, the majority mentioned between 5 to 25 years. Asked why they have taken long in the settlement, the refugees mentioned: prolonged conflicts, insecurity, and human rights violations back home, lack of home or where to return, destroyed property, fear to start from scratch and continued discrimination back home, seeing other refugees still fleeing from their respective countries, and lack of durable solutions and prospects for resettlement in the third country.<sup>16</sup> Conditions in exile such as relative security were also mentioned. As Karooma put it, experiences of exile and the extent to which conditions in the country of origin have changed contribute to long term refugees (Karooma 2014; 2017a; 2017b).

The protracted refugees in Nakivale were found to be characterised by vulnerability to SGBV and insecure and inhospitable environment.<sup>17</sup> The findings indicate that protractedness and its related problems have become a big driver to SGBV among refugees in Nakivale refugee settlement. The findings are in line with Milner (2014) who states that protracted refugees find themselves trapped in a state of limbo and are prone to a myriad of risks and vulnerabilities.

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### *The Conceptualization of SGBV by Protracted Refugees in Nakivale Refugee Settlement*

The understanding of SGBV differed across nationalities and gender. There were varying views on how they understand SGBV, some of which were gender-specific, and others nationality based due to the social cultural systems of the different nationalities in the settlement. SGBV was perceived as a wide concept that encompasses a multiplex of things especially related to human rights. The respondents' views ranged from forcible act inflicted on someone against their will to weaknesses in social services in the settlement as seen below: "To have sex with a woman using force and without her consent or a bad act done to the partner or someone in the community without their consent";<sup>18</sup> "If a woman is raped several times, it is SGBV. We have been raped from home, during flight and we face the same here in the settlement...";<sup>19</sup> "When a woman has no voice in the family because she is not empowered and cannot make decisions. We can't even shake hands because we are Muslim women. Some women and girls have run away from Somalia because their husbands were abusing them and forcing them into polygamy. Sometimes a man of sixty years marries a girl of 14 years, and we have no say as women...";<sup>20</sup> "Conflicts in a home between a man and a woman. This

leads to quarrels and misunderstandings which result into a wife running away to his parents. Most conflicts are due to financial inability in the settlement...";<sup>21</sup> "Sometimes, if a woman has a plot of land or domestic animals, and a man takes them by force. Some men sell the food and non-food items leaving the family without anything to eat";<sup>22</sup> "If a man cannot provide basic needs for the family due to lack of jobs; we are neither respected by our wives nor children. Some of our wives involve in extra marital relationships with men with money which leaves us emotionally derailed";<sup>23</sup> "Sometimes, our wives deny us sex because we cannot meet all the family demands due to poverty and sometimes our wives threaten to delete us from the attestation cards, which keeps us on tension";<sup>24</sup> "Not being listened too in different offices because we have taken long in the settlement. When we seek help in offices here, they do not pay attention to us, 'I think that's violence because when you are a Burundian refugee who has been here for a long time, no one listens to you, but other refugees who have just come are listened to and even resettled."'<sup>25</sup>

The general understanding of SGBV in the refugee community was that SGBV is any forcible act inflicted on someone against their will. SGBV was perceived as a wide concept that encompasses issues especially related to human rights including defilement, rape, wife battery, domestic violence, early/forced marriages, sexual assault, early sexual engagement among girls, cross-generational sex and transactional sex, female genital mutilation (FGM), abandonment of families by men, denial of sex by a partner, marital rape, and lack of decision-making powers in the family. Inability to access medical services and educational opportunities due to weaknesses in the provision of social services to refugees in the settlement was also viewed as SGBV. And not being paid attention to when seeking help from humanitarian actors was also perceived as SGBV. It was also noted that with changing roles and provision of family basic needs by UNHCR and its partners, social relations are gradually being restructured to such an extent that men's patriarchal power is at stake in the refugee families. Failure to provide the basic needs of the household has resulted into loss of men's privileged status in the family, which they also perceive as SGBV. This was alluded too by women in a group discussion who narrated how "UNHCR is a better husband"<sup>26</sup>, because it has taken over the provisioning role for their families.

Therefore, in relation to the UNHCR's definition of SGBV adopted in this study, the refugees' understanding of the same goes beyond physical and sexual forms, intimate partner violence, harmful traditional practices like early/forced marriages, FGM, and denial of education to girls to emotional and psychological forms such as humiliation, exclusion, and denial of resources and services. Protractedness in the refugee setting was found to have created new forms of violence and exacerbated existing ones. For example, girls are forced to get married at an early age or to a man not of their choice because their parents are interested in the bride price for economic survival. As a respondent noted that "the desire for bride price is a major cause of early marriages

and what brings this up is poverty."<sup>27</sup> Also, it was established that due to low household incomes, refugees have resorted to negative survival mechanisms like transactional sex, theft, and gambling. Other refugees negotiate rape and defilement cases with the perpetrators to get money. In addition, refugees see staying in the camp for a long time i.e., over five years without a solution in sight as a form of violence, some talked about denial of resettlement opportunities to the third country when they feel they are eligible.<sup>28</sup>

Refugees feel that the more they stay in the settlement, the more SGBV related problems they face. SGBV and its related challenges were understood to be perpetuated by: lack of durable solutions, need for resettlement, lack of means of livelihoods, poverty, substance abuse, frustration, discriminatory gender roles, lack of awareness, male dominance, gender inequalities and abuse of power, women's economic dependence, infidelity, inadequate camp facilities, social isolation, lack of support, weak law enforcement, culture, religion and marriage practices and widespread acceptance of violence, which are reinforced by social norms.<sup>29</sup> These causes are in line with other studies about SGBV among the refugees (Krause 2015; Lugova, Samad, and Haque 2020; Kaziridou 2018; Torres 2018) and these incidences are made worse by the prolonged refugee situations.<sup>30</sup> In general, the refugees in Nakivale had a relatively good understanding of SGBV.

### ***SGBV and Protractedness: Experiences of Survivors in Nakivale Refugee Settlement***

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*Protractedness further exacerbates refugees' vulnerability to different forms of violence...*<sup>31</sup>

During interviews, protractedness and the past SGBV flight experiences were linked together by the respondents. Some respondents shared their experiences of how they have faced SGBV from their countries of origin and in the country of asylum, Uganda. They believe that prolonged stay due to lack of durable solutions has exacerbated SGBV and its related problems. A survivor narrated her SGBV experiences: "We started experiencing SGBV in 2007 right from DRC during the war where most of us were raped, our children defiled, and our husbands abducted or killed. We were equally not spared during flight and on arrival at Bunagana border with Uganda where we were received. Since our arrival at the reception centre in Nakivale where we spent over three months, and after over ten years of stay in the settlement, SGBV has not stopped. Personally, I have been raped several times both at home, during flight and in the settlement - I even lost the count..."<sup>32</sup>

Sexual and gender-based violence is faced at different stages of displacement as put by refugees.<sup>33</sup> This is in line with UNHCR guidelines (2003) and Krause (2015) that elaborate SGBV during the refugee cycle: during conflict - prior to flight, during flight,



in the country of asylum, during repatriation and during re-integration. In her research conducted in Kyaka II refugee settlement in Uganda, Krause (2015) stresses the possible connectedness of violence during the sequent periods from conflict to displacement. She also found out that especially female but also male refugees were not only confronted with violence during conflict but also during their flight and encampment, which suggests a continuum of violence.

In a related case, another survivor aged 22 reported having been defiled in DRC, North Kivu in 2011 and in the settlement: "At the age of 14, I was gang raped several times by soldiers during the war and I became sick and pregnant. Later alone, my family and I fled to Uganda. On arrival in Nakivale, I was diagnosed and treated for sexually transmitted diseases including HIV which had led to abdominal pains. In February 2017 - here in the settlement - I was raped by a Somali man, when I had gone to his home to wash his clothes for a living. 'I felt so bad in my stomach because I still had pain from the other rapes in DRC! When I reported, the medical personnel carried out tests and I was found to be pregnant. I reported to police, but the perpetrator was never arrested because he disappeared from the settlement. I was counselled at the health centre... and I am being supported by TUTAPONA, but when I remember such incidents, I suffer from headaches. As a result of rape, I got a disease in the lower abdomen, I bleed and feel pain all the time. I always seek medical attention, but I still bleed. I have also developed fibroids which I have been operated on twice, but I have not yet healed. I applied for resettlement, but I was not considered."<sup>34</sup>

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The above statements show that the end of conflict does not constitute the end of sexual and gender-based violence. Despite the time spent in the settlement, the above respondents cite that SGBV is still experienced. During conflict and displacement, women and children face additional risks to SGBV due to disruption in social structures. Rape is rampant in DRC, as it is used as a weapon of war, as Meger (2010), Pratt and Werchick (2004), Lugova et al, (2021) indicate that hundreds of thousands of women and girls in the DRC have been raped.<sup>35</sup> For these survivors, SGBV has led to serious consequences and has been made worse by the time spent in the settlement as conditions do not get better (Loescher and Milner 2004).

Most refugees reported to have sought resettlement as a durable solution in vain, as one refugee said: "If my family had been granted resettlement, I would not have been raped, but for us Rwandans, nobody listens to us when we apply for resettlement - they force us repatriation and yet the causes of our flight have not abated."<sup>36</sup>

Most respondents pointed to resettlement as their preferred durable solution for their refugee problem, but there are limited slots for it. Men also revealed having escaped being killed and abducted to be conscripted in the militia groups, but they have been unable to escape SGBV.<sup>37</sup> A Congolese man reiterated how he and other men were raped during war by combatants in Congo: "People and researchers like you think that it's only women who are raped. Men are also punished through rape, inserting sticks

in our anus and other SGBV forms during war. Most men are killed or abducted, so like women, men also have their share during the war. I was raped several times during the war, and I could not hold or control faeces, until I came to Uganda and got treatment. Even here in the settlement, we are not spared from other forms of SGBV which is worsened by prolonged stay without a solution."<sup>38</sup>

This is in line with Sivakumaran (2007:253) who states that "Sexual violence is committed against men more frequently than is often thought. It is perpetrated at home, in the community [...] by men and by women during conflict, [displacement] and in time of peace." Men face particular forms of male sexual violence during conflicts: rape, enforced sterilization and other forms of sexual violence, including enforced nudity, enforced masturbation and genital violence. The lack of hard numbers is due to the under-reporting of the practice. It is generally accepted that there is an under-reporting of rape and sexual violence in general, and male rape and male sexual violence in particular (Phillimore, Pertek, and Alidu 2018).

In general, the findings show that sexual violence i.e., rape, defilement and survival sex are very common in the Nakivale; this is in line with the study by Anani (2013), that sexual violence was identified as the most extensive form of violence faced by women and girls while in refugee camps in Syria. Sexual violence has even been made worse by the prolonged stay in the settlement due to lack of durable solutions, the camp environment, lack of morals, desperacy, idleness, drug abuse, and for survival. The police and health centre records, alluded to the same, for example, of over 200 cases reported, more than half was rape and defilement. According to GBVIMS report, by 31 December 2018, 259 SGBV cases were reported in Nakivale (240 female and 19 male), and rape and defilement stood at 83 per cent of the cases reported. Furthermore, early engagement in sex by young girls was cited through early and forced marriages.<sup>39</sup>

Some rape survivors said that they have been raped in search of employment, firewood, food, water, and other means of livelihoods both in the settlement and in the host community. One woman interviewed revealed: "I went to collect firewood and as I was in the bush, two men appeared, I don't know where they came from; they got hold of me with force and raped me. One covered my mouth not to make noise as another one raped me. They kept raping me in turns, it was a bad experience for me."<sup>40</sup>

Several women echoed having been raped in search of food and employment in the host communities. Another woman narrated how she was raped, as she was returning from a water point. And another one reported having been raped by a man who broke into her house as she was sleeping and afterwards, he stole her property.<sup>41</sup>

Data from interviews and focus group discussions with women frequently brought out the issues of rape, defilement, and sexual exploitation. Women were not shy to openly share their experiences of rape in group discussions, which implies that most women have been affected in the same manner. Sexual violence continues to exist even in the areas where they have sought asylum moreover by the fellow refugees, and the host

community. It has led to several consequences on the survivors' lives including poor health and diseases, trauma which affect their livelihoods and survival strategies. This is in line with Lugova et al, (2021), who indicates that women face sexual assault while searching for essential needs or domestic purposes; survival sex or forced prostitution; and sexual exploitation in return for securing legal status or access to resources in asylum country.

The findings point to a unique case where men hire out their wives for sex to earn a living, this is the extent protractedness has worsened the existing conditions in the settlement. For instance, a woman (survivor) revealed: "One evening, I was with my husband in our house, then my husband went out of the house, no sooner had he left than his friend came and raped me. When I alarmed, he intimidated me with a knife. Afterwards, my husband appeared, and the friend gave him thirty thousand Uganda shillings (about nine dollars) and my husband escorted him (my perpetrator) as they laughed out loud. This seemed to me as if it was a planned move between my husband and the friend. I reported to police and went to the health centre for check-up.... It was termed as a complicated and unique case at police because my husband defended the friend saying, 'the incidence did not happen.'<sup>42</sup>

An interview with the police SGBV focal person confirmed that husbands hire out their wives for sex at a fee, all this is related to negative survival strategies as a result of prolonged stay in the settlement. Other existing cases in the settlement include:

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### ***Fabricated Sexual Violence Cases for Resettlement***

The search for durable solutions like resettlement in the third country has led to desperate circumstances among the protracted refugees. Although defilement and rape cases were said to be common, it was reported during interviews with the police officers, SGBV focal persons, refugees, refugee leaders, UNHCR officials and the health workers in charge of SGBV that sometimes SGBV is fabricated by some families to get a reason for resettlement in the third country. The refugee leaders added that some parents insert toothpaste, fresh meat, sticks and other objects in their girl children's private parts and claim defilement by the unknown persons to be resettled.<sup>43</sup>

In an interview with a UNHCR official in charge of resettlement, he said "Many refugees fake defilement and rape cases to authenticate resettlement and this is done in many ways with some parents using objects in their children's private parts. Some refugees argue that they do not know who raped their children claiming that it could be people who had raped them in their country of origin and are now following them here in Uganda. Considering resettlement principles, most refugees tend to claim insecurity more as a reason for them to be resettled, while a few claim poor health."<sup>44</sup>

The above quotation shows how desperate refugees are for durable solutions, they feel if they get any solution to their refugee problem, the challenge of SGBV and other related problems is likely to end.

### ***Harmful Traditional Practices***

Respondents pointed to FGM, early marriages, forced marriages, widow inheritance, polygamy, witchcraft, and son preference as some of the existing traditional practices in the settlement. Some of these practices like FGM and early marriages are prohibited as per Uganda's Constitution. However, FGM is believed to be practiced illegally in the Somali community, but it has never been brought to the attention of the camp officials or police. "It is not reported since it is part of their tradition. We know that it exists, but we have no evidence since nobody has been caught doing it."<sup>45</sup> Different organizations have endeavoured to sensitize the refugee communities about FGM, and the refugees are aware, therefore, for fear of the law, the Somali community is silent about it. The follow up interviews at Nakivale Health Centre alluded to the existence of the practice. Interview with a health-worker confirmed that the young women - born in the camp - who go to the health centre for antenatal and to give birth, all of them are mutilated, which is evidence that it is practiced. When asked about whether FGM is practiced in their community, the Somali women in the FGD looked at each other sarcastically and finally their leader, answered no, implying it is not practiced. However, from observation of non-verbal cues in the group, the FGM seems to be practiced. Another traditional practice pointed out was son preference, as one respondent mentioned - "in our culture, boys are preferred more than girls. Thus, giving birth to /bringing up girls is like watering the neighbours garden."<sup>46</sup> Witchcraft among the Congolese was also pointed out and some women mentioned that they are tortured psychologically when accused of witchcraft which they term as GBV. From the police records, only five cases of harmful traditional practices were reported in 2017/2018.

SGBV was said to be perpetrated by intimate partners and intimate kins. Men were pointed out as the most perpetrators of the violence. This is in line with Atuhaire and Ndirangu (2018), who point out that, women in refugee camps and settlements are also often abused by their husbands or other male family members or providers. These men often control the family resources and are the sole decision makers in their families. However, women were equally mentioned to be also perpetrating violence. One interviewee said that women have a lot of rights in the settlement, so they use their power to bully their husbands.<sup>47</sup> This was confirmed by the OPM officer who added that they also get complaints by men threatened by their wives to remove them from the family attestation cards.<sup>48</sup> Other perpetrators were nationals/host community members, camp/NGO officials, foster parents, parents, teachers at schools, refugees, unknown people, sugar mummies and daddies, neighbours, refugee leaders among others.

The research indicated that the common places where sexual violence takes place are water collection points, on the roads at night, homes, neighbours' homes, schools, on the way to health centres, churches, bars and video halls, reception centres, relatives' homes, foster homes, in search of food and work in the refugee settlement and in the

host community, food distribution centres, work places, leaders' homes, walking long distances and at night, market places, and offices. There were alleged services for sex and food for sex, but the camp official refuted and said that the refugees sometimes try to seek attention from researchers by mentioning issues which require empathy to get help.<sup>49</sup> All these forms of SGBV do not only affect protracted refugees, but overstaying was said to have increased their vulnerability to SGBV.

### ***Consequences of SGBV in Nakivale Refugee Settlement***

Understanding consequences of SGBV in Nakivale refugee settlement will help different stakeholders to develop appropriate strategies and packages to prevent and respond to the existing crisis. Data from the interviews shows that SGBV consequences affect different people at different levels from the individual, to family, to the community and at the institutional level (refer to ecological perspective). The affected people are survivors/individuals, relationships/families, community/culture/society, perpetrators, and the institution/camp officials.

The findings revealed that the survivors and their families are at a high risk of severe health and psychosocial problems. The victims and their families face emotional and physical trauma. Some SGBV consequences are life threatening and these include death, despair, suicide, homicide, maternal mortality, infant mortality, and Sexually Transmitted Diseases (STDs) like HIV/AIDS. Other consequences are family breakdowns, poverty, and failure to send their children to school, unwanted children because of rape and defilement, early marriages, psychosocial problems, stigma and isolation, some victims end up perpetrators because of anger and some survivors suffer fistula. The consequences on the perpetrators are shame and relocation from the settlement for fear of vengeance, arrest, imprisonment and prosecution by police and courts of law, insecurity, and regrets. However, some perpetrators were reported to sometimes change and become change agents.<sup>50</sup>

At the institutional level, refugees reported corruption cases, failure to be listened to most especially when they want resettlement, heavy punishments like imprisonment for perpetrators and high costs in SGBV cases.

Consequences to the camp officials: the camp officials reported having faced different challenges in trying to solve SGBV cases among the protracted refugees. "When they demand for quick services and durable solutions in vain, they blame us for their long stay, however, they have been availed the option of returning home and they are reluctant to return, majority prefer resettlement, which is not readily available."<sup>51</sup> Some refugee officials reported having been abused, jeered at, spat at, and insulted by the hostile refugees as they handle their SGBV cases. A police officer reported bribery allegations in handling cases and sometimes they are held responsible for the cases' outcome. "Sometimes when we assist women in domestic violence cases, we face claims by their husbands for having an affair with them" said a police officer. It was further revealed

that their colleague was assaulted and killed by refugees. He added "we risk living with very trained and yet desperate people in the settlement, some refugees are combatants right from their countries of origin."<sup>52</sup>

At Nakivale health centre, health workers also reported fabricated cases and corruption allegations by the refugees. "When refugees want to involve us in their false SGBV claims for resettlement and we decline, they concoct cases against us. For instance, in 2014, a man brought a daughter alleged to have been defiled, and after thorough examination, the girl had no penetration signs by a male organ. The father offered me money to the tune of two million Uganda shillings (about 700 dollars), to write a health report in deception and I refused. He banged my table loud and abused me that I will die poor; but deception is against my ethics as a trained health worker."<sup>53</sup> Some desperate refugees were also said to attack officials and vandalize or cause damage to existing property. One official revealed that a refugee approached her for a love affair and when she rejected the proposal, the refugee decided to compose a song using her name, which affected her psychologically.<sup>54</sup> "Here in the settlement, we have to be careful, otherwise we can be raped by the desperate refugees"<sup>55</sup> another official added. More consequences on officials: they are burdened with taking care of abandoned children, false allegations and defamation by the refugees, empathy and sympathy, and handling SGBV cases daily which affects them psychologically.<sup>56</sup>

### ***SGBV Reporting Process in Nakivale Refugee Settlement***

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*We keep it (pain) in our hearts...<sup>57</sup>  
...Not all wounds are visible...<sup>58</sup>*

Reporting for the protracted refugees is the same as for other refugees. Although there was an illustrated referral pathway in the settlement, reporting was found not to be homogeneous. Refugees report differently while others do not report, as some mentioned that they deal with their pain in their hearts. However, refugees and camp officials said that whereas there is a referral pathway, cases are reported to different referral points depending on the gravity and nature. For instance, for criminal cases like aggravated assault, murder, defilement, and rape, they go directly to police, prison and to courts of law. And some cases are reported to the community elders, and local leaders (Refugee Welfare Committees: RWCI, RWCII, RWCIII) and if they cannot be addressed, they are sent to higher offices like police and protection. On the other hand, a referral pathway is provided with different points starting from the survivor of SGBV telling the closest person/family or the community member/leader, the survivor is then escorted to referral point one, for medical care; then to point two for safety and security, to point three for psychosocial support and to point four for legal action by different agencies like Medical Teams International (MTI), the police, OPM, ARC/ALIGHT/UNHCR

among others. In all these, respect, confidentiality, safety, and security of survivors are key. It was reported that survivor-centred approach where rights, needs and wishes of survivors are prioritised follow the do-no-harm principle.

However, the research findings show that despite the clear referral pathway and the reporting processes in the refugee settlement, some families and some refugee communities prefer to handle their cases at their level including criminal cases like rape and defilement. Some refugees said that they prefer to handle their cases amicably at the family or community level to be able to be compensated by the perpetrators. Refugees revealed that most times, they don't report to police because of the bureaucracy in the reporting process, costs and time taken to complete the case as some survivors reported to have lost interest in long-term cases. They also reported being charged at the health centre, a claim which was refuted by the health workers and police SGBV focal person respectively. One police officer said that some people do not report because the parents are compromised in case of defilement for example, parents are paid or compensated by the perpetrators. Others fear shame and social exclusion such as men beaten by their wives, as one man said, "we suffer and bleed, but not all wounds are visible."<sup>59</sup> Culture and religion were found to be a pertinent issue in influencing reporting, for instance the Somali Moslem community reports least because of their strong culture and religious background. And the Rwandan refugees said that they are not interested in reporting SGBV because they are not entitled to resettlement.<sup>60</sup>

### ***Empowering Protracted Refugee Communities to Prevent and Respond to SGBV***

Different actors in the settlement reiterated different activities carried out in the settlement to empower refugees to prevent (at the causes level e.g., scaling up activities that promote gender equality; working with communities, involving refugees especially men and boys in SGBV prevention programmes, SGBV sensitization campaigns, to address harmful traditional practices etc.) and respond (at the consequences level e.g. psycho-social programmes to attend to survivors, health services, legal services, economic and livelihoods programmes, etc.) to SGBV. The findings show that there is collaborative involvement of different actors and refugees in fighting SGBV. "We intend to collaboratively fight SGBV right from the grassroots where it takes place, so that the whole society becomes a change agent. By involving refugees, it helps to address gaps in SGBV knowledge and responses."<sup>61</sup>

Despite all these actions undertaken to empower refugees and the community to prevent and respond to SGBV, gaps still exist. This is because, SGBV still remains a problem that is difficult to tackle because of its complexity and structural inequalities that sustain it. Protractedness of refugees in the settlement has continuously contributed to increased SGBV cases because refugees are desperately in need of durable solutions which are not in sight. Prolonged stay results into negative survival strategies as a result of barriers to access essential services - health, psychosocial support, justice,

and safety - inadequate sensitization, gaps in the existing referral systems, poor case tracking, and weak coordination among duty bearers and failure or late reporting by survivors, corruption, poor law enforcement and slow court systems, economic barriers, cultural and religious norms.

## Conclusions

In conclusion, inability to find a lasting solution for the refugees has given rise to the phenomenon of protracted refugee situation in Nakivale, where majority refugees have been in the settlement for more than five years. In turn, this exposes refugee communities to increasing risk to SGBV. The commonest forms of SGBV were sexual violence, intimate partner violence and harmful traditional practices like forced/early marriages. The study found out some unique SGBV cases like men hiring out their wives for sex for survival. And some refugees fabricate SGBV cases to meet the resettlement criteria for instance, they insert objects in their girl- children's private parts to claim sexual violence and insecurity in the settlement as a reason for resettlement. Failure by men to provide for their families in protracted situations has consequently resulted into diminished status of men in the household which has increased intimate partner violence. The study revealed that women too are perpetrators of SGBV including battering men, deleting husbands from the attestation cards, and sexual exploitation of men in fragile situations. Camp officials also face SGBV as they try to tackle SGBV among refugees. The SGBV redress framework in Nakivale is comprehensive and promotes a multi-sectoral approach. Different awareness approaches to prevent and respond to SGBV have been put in place by different humanitarian organisations and some refugees have been involved to tackle the SGBV problem from the grassroots which has reduced SGBV cases. Refugees were found to be aware of the reporting procedures such as the referral pathway and different reporting ladders, however, some are still reluctant to report because SGBV remains a silent epidemic with some survivors especially men concealing their experiences of abuse. There is need to empower the protracted refugees with alternative means of livelihoods through skilling, supporting them with capital to carry out businesses and income generating activities to support their families. SGBV was commonly said to happen at distant water points and in search of firewood, thus the camp management should establish functional water points in the settlement to reduce risks of women and girls being raped in search of water. And more creative ways of getting fuel for cooking should be enhanced like use of briquettes, availability of alternative fuels to firewood like gas and electricity. Ensuring sufficient lighting and security patrols at night to prevent SGBV in the settlement. And durable solutions should be availed to the refugees to reduce the challenges associated with protractedness.



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