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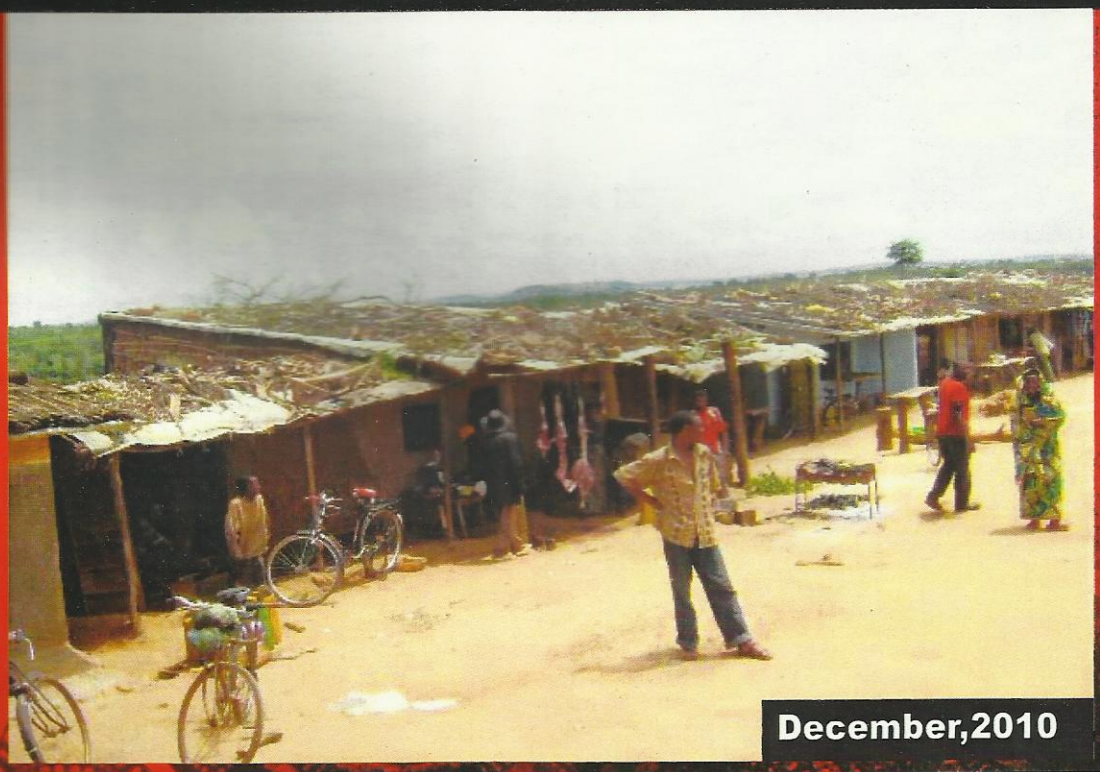
Magnitude of Gender Based Violence among refugee Populations Living in Uganda

Pan African Development Education and Advocacy Programme (PADEAP)



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REPORT SUMMARY

The following study presents a situational analysis of the magnitude of gender and sexual based violence against refugee women and girls in the refugee host areas of Kampala, Western Uganda and West Nile regions.

The study highlighted a correlation between forced displacement and the magnitude of GSBV in refugee hosts areas of Uganda a result of their predicament refugee women and girls are prone to GSBV.

Some of the common forms of GSBV the study uncovered includes; battering and physical assault, domestic violence, early marriages, marital rape, rape and sexual molestation among others.

The study highlights the need of concerted and collective efforts by government officials, law enforcement agencies, relief and humanitarian organization, refugee communities, service providers and other stakeholders in mitigating and combating this vice.

The report is based on field study conducted in refugee host regions of Kampala, Western Uganda and West Nile between March and April 2010.

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List of Acronyms

GBV	Gender Based Violence
CHWs	Community Health Workers
TPO	Transcultural and Psychosocial Organisation
UNDP	United Nations Development Programme

Introduction

1.0 Terms of reference for the study

This report is about an assessment carried out among refugee communities living in Uganda to ascertain the magnitude of Gender Based Violence (GBV). The overall objectives of the study were to: assess the community knowledge, attitudes and practices as well as response mechanisms towards GBV; assess existing interventions taking into account availability of services and knowledge, attitudes and practices of various stakeholders on GBV; ascertain the legal and security interventions towards the problem. Specifically the preliminary assessment was:

1. To assess communities' knowledge, attitudes, perceptions and practices related to GBV.
2. To identify the nature, extent and causes of GBV existing in the areas.
3. To assess the existing services and gaps for prevention and response to GBV (health, psychosocial support, legal aid, and security/police/protection).

1.1 Background to the study

Violence against women persists in every country of the world, as a pervasive violation of human rights and a major impediment to achieving gender equality. Gender Based Violence is perpetrated in the public and private spheres by state agents, family members and community members. According to the United Nations Declaration on the Elimination of Violence against Women, adopted by the General Assembly on 13 December 1993, Violence against women encompasses:

a. Physical violence and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry related violence, marital rape, female genital mutilation, and other traditional and harmful practices to women, non spousal violence and violence related to exploitation.
b. Physical sexual and psychological violence occurring within the community, including rape, sexual abuse, sexual harassment, and intimidation at work, in education institutions, and elsewhere, trafficking in women and forced prostitution.

c. Physical, sexual and psychological violence perpetrated or condoned by the state wherever it occurs.

Recognition of violence as a health and rights issue was underscored and strengthened by agreements and declarations at key international conferences during the 1990s, including the World Conference on Human Rights (Vienna, 1993)[1], the International Conference on Population and Development (Cairo, 1994)[2] and the Fourth World Conference on Women (Beijing, 1995)[3]. Through these international agreements, governments have increasingly recognized the need to develop broad multi-sectoral approaches for the prevention of and response to violence against women, and have committed them to implement the institutional and legislative reforms necessary to achieve this goal. Despite this progress, measures for prevention and response to the problem have been limited.

Refugees in Uganda

Uganda is both a host and source of refugees in the great lakes region of Africa. Recent statistics (2010) show that the country hosts 127,345 refugees and 11,551 asylum seekers[4] from Sudan, Kenya, Rwanda, Burundi, DR Congo, Ethiopia and Somalia among other countries. The general approach of hosting refugees is to place them in rural settlements where they subsist on humanitarian assistance as well as grow their own food for survival. A limited number of refugees live in the urban centres with little or no assistance, apart from the few recognised under the 'urban refugee caseload.' The time of flight, status determination procedures as well as placement in rural settlements is strenuous for both refugee women and men. Gender roles in particular are stretched as females and males either refuse or fail to meet obligations once assumed as normal before being forcibly uprooted. Several scholars such as Colson (1999) have observed that displacement is a direct attack on gender relations since it represents defeat for the men-who fail to protect their families and wives and removes women from familiar environments from which they drew local

1 Vienna Declaration and Programme of Action. Adopted by the World Conference on Human Rights, Vienna, 14–25 June 1993. New York, NY, United Nations, 1993 (document A/CONF.157/23).

2 International Conference on Population and Development (ICPD), Cairo, Egypt, 5–13 September 1994. New York, NY, United Nations, 1994 (document A/CONF.171/13).

3 The Fourth World Conference on Women, Beijing, China 4-15 September 1995. New York United Nations 1995 (document A/CONF.177/20).

4 http://www.unhcr.org/cgi-bin/texis/vtx/page?page=49e483c06

support and help. Refugee women in Uganda are drawn from different countries that are faced with various forms of armed conflict. They face a particular predicament since they are required to learn new agricultural skills to survive; cope with changes in gender roles as women have to build huts to house their families; have to endure various forms of Gender based Violence as well as cope with high morbidity rates associated with a conflict (Colson, 1999; Mooney 2007). Current information on Gender based Violence in the country, however, only highlights the fact that there is problem but does not go further to reveal the magnitude of this problem nor efficacy of measures aimed at prevention and response.

1.2 Rationale for the study

Sexual and Gender Based Violence persists in every country in the world and is a serious violation of fundamental human rights and a major impediment to achieving gender equality. There has been very little information collected on the nature and magnitude of Gender Based Violence among refugee communities in Uganda. Generally, without data and information on the nature and extent of gender based violence and existing services to prevent and respond to GBV, prevention and response activities become difficult to implement. Against this background, the assessment on gender based violence was conducted to ascertain the magnitude of GBV among refugee populations living in Uganda. Specifically, the study set out to:

1. Establish strategies to prevent and respond to GBV through a multi-faceted program of increased awareness and sensitization on GBV issues;
2. Ascertain existing gaps in the capacity of stakeholders working among refugee communities in prevention and response to gender based violence; identification, recording management and psychosocial support for GBV survivors.

1.3 Methodology

Research methodology was both quantitative and adopted from the WHO research guide on Violence against Women.

1.3.1 Research design

The study employed a cross sectional survey design employing both qualitative and quantitative methods of data collection.

1.3.2 Scope of the study and data collection

The study covered five refugee hosting districts, that is, Arua, Masindi, Kyegejwa, Isingiro and Kampala. Interviews were carried out with women and men; health workers, NGOs, CBOs providing services to respond to GBV, police and government officers and other key stakeholders. Selection of respondents was based on random sampling methods[5] for the communities and purposive sampling for the key stakeholders. Data collection methods employed included:

a) Primary data:

Primary data was collected through household surveys, Focus Group Discussion, Key informant interviews and document review. Household surveys were with a sample of 264 women and 108 men. The sampling strategy used was based on the 30 cluster sample survey proposed by the WHO. Face to face interviews were undertaken with each selected respondent in the sample using a pre designed semi-structured questionnaire.

1.4 Data Analysis

Data was analysed using SPSS and Atlas programmes. Data was edited and entered into the computer and SPSS was used to summarize it into frequencies and percentages. Relationships between variables were tested.

1.5 Ethical Considerations

a. Permission was sought at all levels of the research.
b. Confidentiality was and is still being maintained and information obtained will not be used for our personal advantage and/or divulged to third parties. Information will be used for the purposes of the study only.
c. Research procedures and goals were described and presented to the respondents. Respondents participated at their free will and were not forced or coerced to do so.

[5] Where this is not possible, the cluster sampling suggested by the WHO will be utilized to collect data.

d. Paramount importance was given to the safety of the respondents including both mental and physical security. All incidences that would have endangered respondents were avoided such as those that could lead to further violence and trauma.
e. Respondents right to privacy and anonymity was respected when asking questions and when recording (respondents are not related to names or other forms of identification unless it is deemed necessary and with their permission.) The report uses synonyms that do not refer to particular individuals.

A brief review of literature

2.0 Introduction

Gender Based Violence has been looked at as a violation of the rights of women. This view can largely be recommended for raising the profile of violence against women and to call nation states to respond effectively to the problem. According to the Secretary General's report on violence against women, upholding violence against women as a human rights issue: clarifies the state obligation to prevent, eradicate and punish such violence; and empowers women to address the problem. Besides human rights, violence against women is also looked at as a development and a public health issue that pervades all levels of society.

Overall, violence against women is rooted in power imbalances and structural inequality between women and men.[6] The declaration on the elimination of violence against women reaffirms that violence against women is a manifestation of historically unequal power relations between women and men, which have led to the domination over and discrimination against women by men and the prevention of the full advancement of women.[7] Violence against women is manifested in domestic violence, sexual violence, denial of access to key social services and institutions, psychological violence and economic violence.

2.1 Causes of violence against women

Generally Sexual and Gender Based Violence is perceived as a result of unequal power relations between women and men. Gender power is seen to shape the dynamics of every site of human interaction, from the household to the international arena (Cockburn, 2001). Further to that, Cockburn analyses power in conflict situations along a continuum from individual through economic status to community and national levels. She notes that in conflict situations, power has expression in physique-how women and men's bodies are nourished, trained and deployed; how vulnerable they are to attack; what mobility they have. In economics- how much money, property and resources are distributed between the sexes; and in the public sphere it structures the social sphere - who has initiative in the community and authority in the family and who is dependent among others. It has been widely argued

[6] Secretary General's study on Violence against women, A/61/122/Add.1 2006
[7] Ibid.

that violence against women is the ultimate weapon available to men wishing to assert their masculinity or to ensure continuing *control over resources* and decision making at all levels of society (Pickup Francine 2000).

Further to that, according to several scholars and international agencies, there are several explanations for the causes of Gender Based Violence. These include: psychological factors where Gender Based Violence is seen as a consequence of an impaired masculinity, where men abuse their wives (Pickup Francine, 2000); explanations stressing external factors such as men's experience of external factors such as poverty, conflict, or rapid economic and political change (Cynthia Cockburn 2001). On the other hand, several international agencies such as the United nations High Commissioner for Refugees; World Health organization; International Alert; International Rescue Committee, look at Gender Based Violence as a result of attitudes towards and practices of gender discrimination, which place women in a subordinate position in relation to men (UNHCR, 2004; Pickup Francine, 2000). The lack of social and economic value for women, their work and accepted gender roles perpetuate and reinforce the assumption that men have decision-making power and control over women.

Box 1 Security Council Resolution 1325…

10. *Calls on* all parties to armed conflict to take special measures to protect women and girls from gender-based violence, particularly rape and other forms of sexual abuse, and all other forms of violence in situations of armed conflict;

11. *Emphasizes* the responsibility of all States to put an end to impunity and to prosecute those responsible for genocide, crimes against humanity, and war crimes including those relating to sexual and other violence against women and girls, and in this regard *stresses* the need to exclude these crimes, where feasible from amnesty provisions;

2.2 Gender Based Violence as a development issue

Today there is recognition that violence against women is a development issue. Violence and fear of violence limit women's choices in all areas of their lives; threatens women in their work place, at home, in school, in community spaces and state institutions. According to the UNDP Human Development report (1990) *"human development is defined as widening the range of choices available to people, according to principles of equality of opportunity, sustainability and empowerment."* It is a process of enlarging people's opportunities for development the most critical of these being: leading a long and healthy life; education; and enjoyment of a decent standard of living. Gender

Based Violence therefore threatens the extent to which individuals can lead a long and healthy life and enjoy fundamental rights and freedom enshrined in international and regional instruments. Moreover, there is an established link between violence against women, poverty and human security (UNDP, 1990; Pickup Francine, 2000; Jacobs et al, 2000). Moreover, Gender Based Violence threatens women's security in various ways such as in: rape-especially when used as a weapon of war; trafficking in women for the purposes of prostitution; domestic violence; Female Genital Mutilation (FGM); honour killings; and sexual abuse of girls[8]. Violence against women affects women's ability to gain an education, earn a livelihood; develop personal relationships and full enjoyment of human rights.

There have been several initiatives to address Gender Based Violence internationally focusing on prevention and response to the problem. Available literature on GBV covers the broad themes of: GBV as a human rights issue, the causes and consequences of SGBV, the types of SGBV, the clinical responses to people affected; multi-sectoral approach to the problem and the roles of various actors and also training material for various stake holders in preventing and responding to the problem. However, taking a special focus on the training manuals such as: UNHCR, 2003; International Alert, 2003; they address SGBV in general terms. As Jackson (1996) noted, development organizations have tended not to favour the feminist goal of promoting equality between women and men in favour of the goal of poverty alleviation. Development interventions do not challenge gender power relations or shift in unequal workloads from women to men; rather, they aim to encourage women in production. Issues relating to women empowerment and male disenfranchisement are usually given lip service in their interventions. This raises questions such as: how are development organizations addressing issues of changes in power relations within the households? Do their activities promote gender cooperation or they increase the risk of violence?

2.3 GBV as a public health issue

Generally violence against women provides several risk factors for women such as: physical injury, emotional distress; death; it can also limit a woman's ability to negotiate the use of condoms or other contraception; unintended pregnancies and

[8] Francine Pickup, Williams Suzanne, Sweetman Caroline (2001) Ending violence against women: A challenge for development work and Humanitarian work, Oxfam publication, United Kingdom

sexually transmitted infections (STIs), including HIV. Sexual and Gender Based Violence has also been linked to gynaecological disorders, unsafe abortions, pregnancy complications miscarriages, low birth weight and pelvic inflammatory disease (IPF, 2004, Van Berth, 2001; WHO, 2005). Moreover, many conditions associate with SGBV can be difficult to diagnose or treat with no knowledge of survivors' history of violence. Whereas health services and health workers are strategically placed to respond to violence against women, at times they are unable to do so for various reasons. These include limited training on responding to SGBV; lack of facilities and equipment; survivor's refusal to disclose violence. According to the WHO (2005)and IFP (2004), health care workers need to be trained and enabled to ask women about violence and to respond appropriately to disclosure. According to the International Parenthood Federation violence against women should be of interest to health workers (see box 3).

Further to that, Sexual and Gender Based Violence has been recognised as a public health issue. Violence against women has several consequences that make women vulnerable to various risk factors. These arise out of social and economic status, individual histories of exposure to violence, and individual types of behaviour. Women in conflict situations are at risk of violence at various levels in their lives that is:

(a) At the individual level: use of violence especially rape as a weapon of war; the frequent use of alcohol by intimate partners; low educational or economic status that hinders engagement in viable livelihood activities.

(b) At the family level: male control of wealth and decision -making authority within the family; gendered activities that make them vulnerable to violence such as collecting water, firewood and food; a history of marital conflict; and significant interpersonal disparities in economic, educational or employment status.

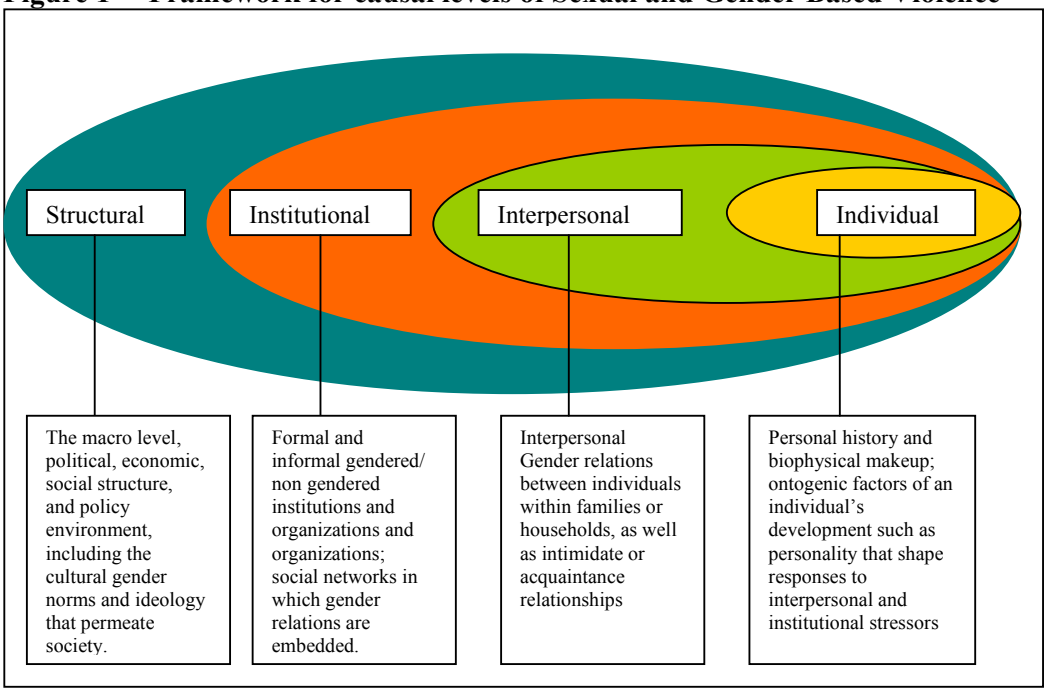
(c) At the community level: women's isolation and lack of social support; community attitudes that tolerate and legitimize male violence; and high levels of social and economic disempowerment, including poverty; gender roles that entrench male dominance and female subordination; break down of the social cultural values; victimisation of women and tolerance of violence against women.

(d) At the level of the State: inadequate laws and policies for the prevention and punishment of violence; limited service delivery for those affected by violence such as those in the war affected areas; and limited awareness and sensitivity on the part of law enforcement officials, courts and social service providers especially health; and policies and programs that are not coordinated.

2.4 Conceptual Framework

Our understanding of the causes, consequences of violence in the community was guided by Moser's framework of a gendered continuum of violence (Moser, 2001). The framework combines three approaches to identify causal factors of violence at four different levels: structural, institutional, interpersonal and Individual each of which cross cut gender. The findings of this study reveal that the causes and experiences of Sexual and Gender Based Violence in the war affected communities are multifaceted.

Figure 1 Framework for causal levels of Sexual and Gender Based Violence[9]



[9] Adapted from Moser Caroline (2001) "The gendered continuum of violence and conflict: an operational framework" in Moser Caroline and Clark Fiona (2001); Victims, perpetrators, or actors? Gender armed conflict and political violence, London Zed Books.

(a) At an *individual level*, natural and biological differences between women and men are recognized as the major cause of male violence against female passivity. Male desire for power and low self esteem are cited as causes of violence. Risk factors associated with this level include; a history of abuse as a child; witnessing marital violence in the home; the frequent use of alcohol; low educational or economic status; and membership in marginalized and excluded communities. These factors are associated with both the perpetrators and victims/survivors of violence.

(b) At an *Interpersonal level*, changes in gender relations in war affected communities between individuals within families or households lead to gender based violence. It was established that besides intimate partner violence, majority of women experienced violence from relatives, in-laws or others closely associated to the household. Risk factors here are associated with: male control of wealth and decision -making authority within the family; a history of marital conflict; and significant interpersonal disparities in economic, educational or employment status.

(c) At *institutional and community levels***,** women's isolation and lack of social support; community attitudes that tolerate and legitimize male violence; and high levels of social and economic disempowerment, including poverty. The findings of the study reveal that there are limited employment opportunities for people living in the IDP camps either as salaried workers or as individuals on their farms. The situation is compounded by the security situation in the camps that limits women and men's access to livelihood resources. Dependency on World Food program for food and also on the military for protection has changed the power structures within the households and the communities laying a framework for escalation of violence.

(d) At a *structural level*, dominant gender ideology that legitimizes violence as a way of solving conflicts and development strategies and humanitarian regimes that challenge the social status quo; gender roles that entrench male dominance and female subordination; and tolerance of violence as a means of conflict resolution.

(e) At the *level of the State*: inadequate laws and policies for the prevention and punishment of violence; and limited awareness and sensitivity on the part of law enforcement officials, courts and social service providers all perpetuate violence against women.

Presentation of findings

2.0 Demographic characteristics of the population

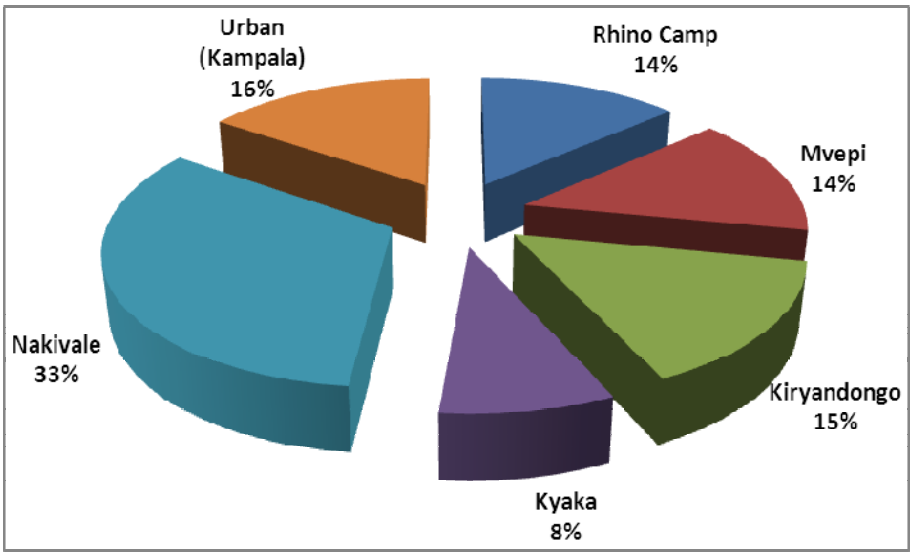
The assessment was carried out in five refugee hosting districts, that is, Arua, Masindi, Kyegejwa, Isingiro and Kampala. A total of 264 women were interviewed from the refugee hosting districts (see table 1 below).

Table 1 Study population

District	Male	Female
Arua	34	74
Masindi	18	40
Kyegejwa	17	22
Isingiro	39	87
Kampala	0	41
Total	108	264

Respondents were randomly selected from refugee settlements located as well as various locations in Kampala for the urban refugees.

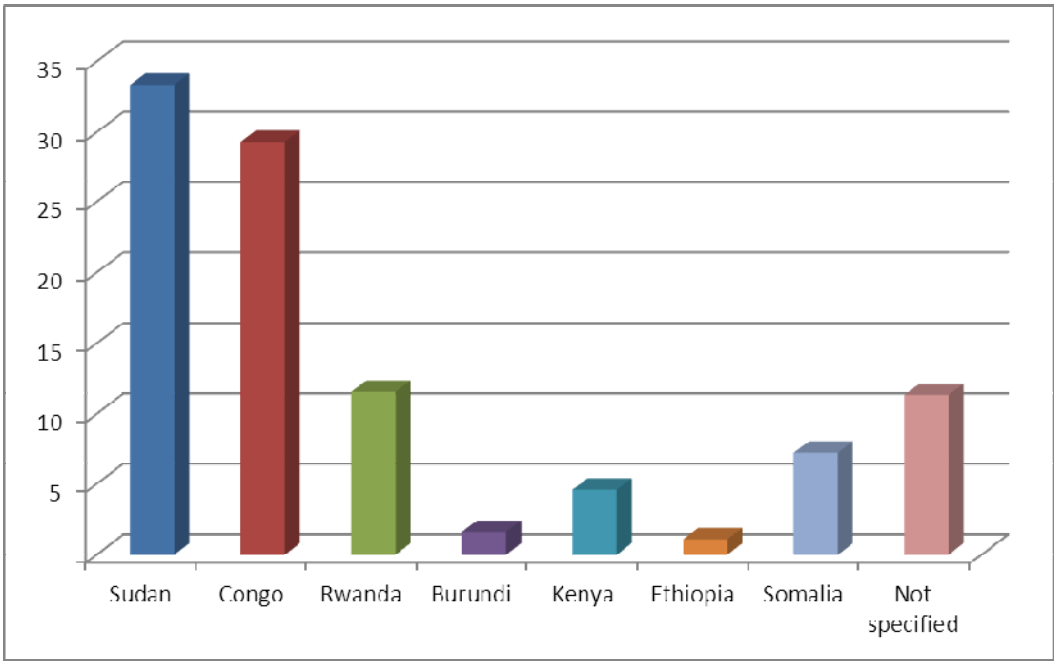
Figure 2Percentage of respondents by refugee settlement



Respondents fled from different countries, that is, Sudan, Democratic Republic of Congo, Rwanda, Burundi, Kenya, Ethiopia and Somalia (see figure 2). A few respondents in the urban centres did not specify their country of origin, partly because of security concerns. In particular, we found it difficult to include men in the urban

study because of such fears; their insistence that 'gender issues' concerned women not men; and a complaint of not having 'time' to participate in the study. This remains a paradox since some men were readily available for interview within the settlements.

Figure 3: Percentage of Refugee population interviewed by country of origin



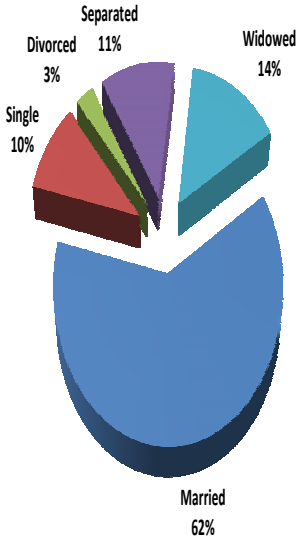
a) Average age of respondents

The average age of respondents was 30 for the women and 34 for the men.

b) Marital status of respondents

Majority of the respondents interviewed were married or lived with an intimate partner. This makes the study vital for the understanding of intimate partner violence with marriage relationships. According to figure 3, 62% of respondents were married; 14% were widows; 11% were separated; 10% were single and 3% were divorced.

Figure 4: Marital status of respondents



c) Levels of education

The findings revealed that women have a lower level of education as compared to their male counterparts. For instance, 48% of male responded attended primary school as compared to 40% of the females. In addition, females had the highest percentage of those that never went to school (36%) as compared to 6% for the males.

Table 2 Percentage level of education by Gender

Education	Male %	Female %
Primary	48	40
Secondary	38	20
Tertiary	6	3
University	1	1
Never went to school	6	36
Other	1	1
Total	100	100

At a settlement level, findings show that Nakivale has the highest number of respondents who had a primary level education as well as never went to school followed by Kiryandongo, Rhino camp and Mvepi settlements (See table 3 below).

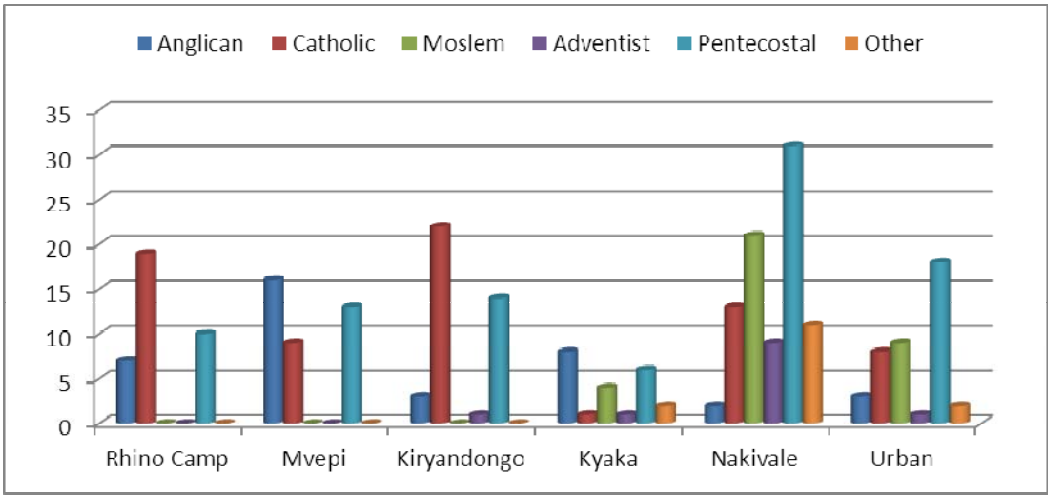
Table 3 Level of education for women and men by settlement

Education level	Rhino Camp	Mvepi	Kiryandongo	Kyaka	Nakivale	Kampala	Total
Primary	23	12	21	15	71	14	156
Secondary	14	19	10	12	18	19	92
Tertiary	2	1	5	0	4	1	13
University	0	0	2	1	0	0	3
Never went to school	13	19	18	11	32	7	100
Other	1	2	0	0	1	0	4
Total	53	53	56	39	126	41	368

d) Religious affiliation

Refugees in Uganda subscribe to various religious affiliations something that was found to have a correlation on their attitudes towards violence against women.

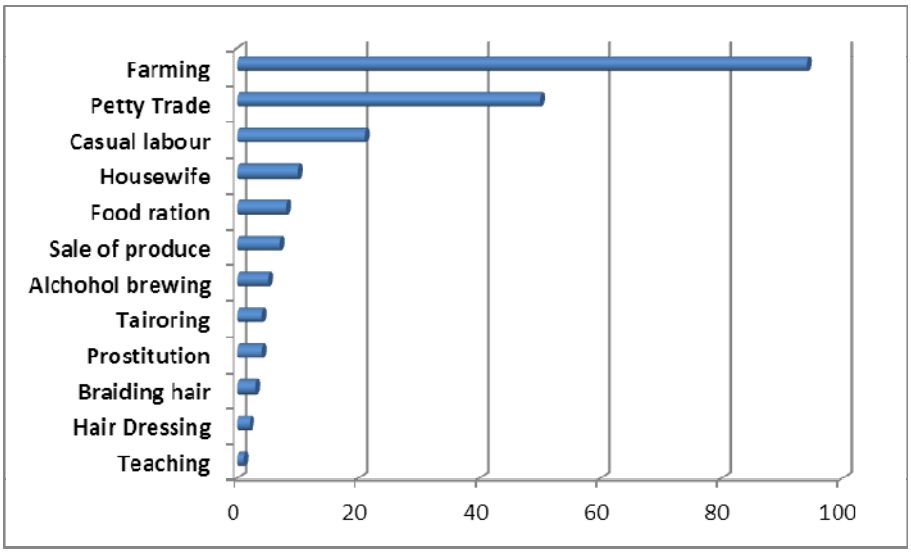
Figure 5: Religious affiliation of respondents



2.1 Livelihood bases for refugee women

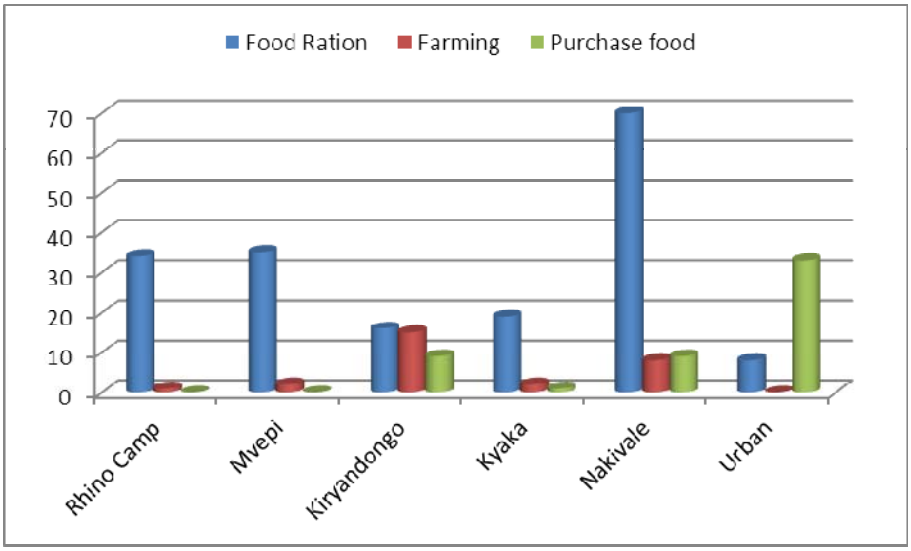
Refugee women acquire their basic livelihood from a variety of sources such as farming; petty trade; casual labour; as well as prostitution (see figure6). Sources of livelihood were used to ascertain the level of vulnerability of refugee women in relation to access to and control over resources.

Figure 6: Livelihood sources for refugee women



It was found out that women carry out various livelihood activities, though on a small scale. Majority earn a living from low income activities such as farming, petty trade, casual labour, hair dressing and sale of produce. Only a limited number reported to be teaching. The type and limited number of livelihood activities meant that majority of refugee women have low levels of income.

Figure 7 Major sources of food by settlement



Overall, the findings show that refugees in rural settlements still depend on food rations for basic survival. On the other hand, refugees in urban areas such as Kampala, depend on purchase of food for daily survival. Kiryandong is among the few that site farming as a major source of food.

The context and causes of violence against women among refugee populations in Uganda

3.1. Patriarchy: the systematic domination of women by men

Violence among refugee communities is deeply rooted in the systematic domination of women by men. Male domination over women is manifested through exploitation of women's productive and reproductive work, control over women's sexuality, and reproductive capacity; cultural norms and practices that entrench women's unequal status. It was observed that although refugees are subject to prevailing national laws, they have a strict adherence to their cultural norms that promote women subordination. For instance in Nakivale among the Somalis' even where one is a widow, women are expected to adhere to Somali culture as they attempt to earn a living. A Somali woman narrating her ordeal said that

> *'…the men had come to rape me but unfortunately found my daughter whom they raped accusing me of continually doing business with a Christian man. I have no other means of survival and yet the Somali men here are not willing to support neither me nor my daughter! This makes life very difficult for me indeed…'*

Among refugee communities like elsewhere, patriarchy is embedded in the socialisation processes where men are socialised to be controllers of resources and wealth and women as those in charge of the reproductive roles within a family. The socialisation is reinforced by payment of bride-wealth for women. On a question of how men obtain dowry for their wives in a refugee situation, Akol, a Sudanese elder in Rhino camp said that, *'where men have no dowry, they marry a girl and agree to pay dowry when they return to Sudan.'* This was found to be a general practice among all refugees especially where they have limited resources to pay bride wealth. Once married, a woman is seen as a man's property to do with her whatever he pleases. As a result, women are forced to endure various forms of domestic abuse widely considered a norm and a 'usual' experience for women. Society and societal expectations limit women's access to and control over family resources.

Among refugee communities, women subordination was manifest in restriction on freedom of movement. Women cannot travel or even go to a health unit without their husband's permission. In Rhino Camp for instance, during a women's focus group discussion, it was ascertained that restrictions on freedom of movement have constrained their aspiration to work outside their family home even where they have

skills to do so. Examples abound of women such as a female teacher who was refused to go and work because her husband feared she would get other men and abandon him.

It was also established that on many occasions, violence is used as a mechanism of controlling women and reasserting male authority within households. The findings show that violence on many occasions is used to resolve household misunderstandings. For instance, 9% of the women interviewed said that their partners beat them regularly whenever any form of misunderstanding arose in the home. Whereas majority of the female respondents attributed violence to drinking of alcohol, men argued that drinking was used as an excuse and a method of gaining courage to beat/ discipline their wives whenever they had misunderstandings. Women said they had little to do about this problem since men controlled most of the productive resources in the household. Standing up against violence therefore was seen as one way of losing their claim to productive resources. Therefore, in order to maintain their access to resources, women are forced to submit and never to complain about humiliation and the violence they experience.

Further to that, it was found out that women experience violence when they deny their husbands sex. Women reported that they deny husbands sex when they are pregnant or on the advice of their doctors to abstain. However, men take this as an insult over their manhood and a failure for the women to fulfil their core gender roles within the household. This problem is made worse by lack of communication between spouses which in turn affects their attitudes towards sex during pregnancy. Moreover, majority of the men are socialised into resolving any misunderstandings through violence and not dialogue. According to the WHO study on intimate partner violence, men use violence against women as a way of disciplining them for transgressing traditional female roles or when they perceive a challenge to their masculinity.

Another major cause of violence against women especially among the Sudanese refugees is the culture that limits women's rights in a marriage and prefers early marriages. It was ascertained that marriage is one of the main centres for women's subordination. Women are treated as men's property with no rights whatsoever. Submissiveness is not only encouraged in intimate partner relations but also

reinforced through family structures. This leaves women in intimate partner relationships with little or no choice but to succumb to whims of their husbands and relatives. Women are left with no place to run or seek for help since majority of the community members consider violence a norm and acceptable practice. Bride price paid for women by men was cited as one of the main causes of women's predicament. Among the Sudanese refugees for instance, on average, men pay one to five million Uganda shillings in the form of bride wealth and cattle depending on the height and level of education. Once married, the woman becomes a possession of the husband and is expected to be subordinate to him and do as he wishes.

Another cultural practice that was identified was that of kidnapping of women and young girls. It was found out that among the Kakwa, for instance, when a girl spends a night outside the family home she is considered a wife to the person where they spent one night. As a result, some men who do not wish to pay bride wealth, or who desire to have particular girls, kidnap them and take them to their homes. They later formalise their relationship by sending emissaries to the girl's family to let them know about the whereabouts of their daughter.

Further to that, there is a problem of *early marriages among refugee communities especially Rwandese and Congolese.* Majority of the young girls are forced into early marriages as soon as they reach puberty. In Nakivale and Kyaka refugee settlements, it was ascertained that early marriages are used as a mechanism out of poverty. Parents that marry off their girls immediately after puberty are interested in dowry and reduction in number of mouths to feed in a home[10]. That is one of the reasons why many girls do not attend school and or drop out before completing primary seven[11]. In addition, it was ascertained that women interviewed had had their first sexual experience below the age of 18.

Further to that, refugee women have limited control or access to family resources. It was found out that women have limited control over household income and utilisation of household assets. For instance, disagreements over resources and finances in a

[10] Interview Community leaders Nakivale and Kyaka, April 2010.
[11] Ibid.

family are characterised by violence. During the women focus group discussions, women complained that,

> *'We cannot make use of family incomes to meet household needs such as buying soap, salt, nor take children to school. The men closely control the family incomes which they use for what they consider important such as drinking alcohol!!'*

When male authority on allocation is questioned or negotiated violence follows as a method of silencing the women's voice. Control over resources reaches to income gained through sale of female labour and produce from gardens. With limited alternatives for survival outside ascribed social relations, women are forced to endure the various forms of domestic abuse.

This state of affairs is made worse by cultural and community structures that consider violence acceptable within daily relations and encourage submissiveness in marriage. Women are left with no recourse which forces them into silence about various forms of abuse. Violence is accepted as a norm and often women get surprised at its absence in intimate partner relationships.

> '*When my husband beats me, it is a sign that he still loves me. If he does not beat me even when I provoke him, I start suspecting that maybe he found another woman*[12]*.'*

Even where women would have loved to report abuse, they are hindered by weak national and camp administrative systems. For instance it was found out that the police in the camps were not adequately equipped to respond to gender based violence in the camps. Police in the settlements, for instance, are under staffed and resource constrained to effectively respond to cases of Gender Based Violence. A person reporting a case of violence is required to facilitate arrest (by providing transport) and feeding of the perpetrator while in police custody. This is not helped by the distance to be travelled, nor the required constant movement required following up a case.

3.2 Forms of violence among refugee communities

Women are at risk of violence in various areas of their lives perpetrated by intimate partners, close relatives and friends, strangers, camp administration and security as

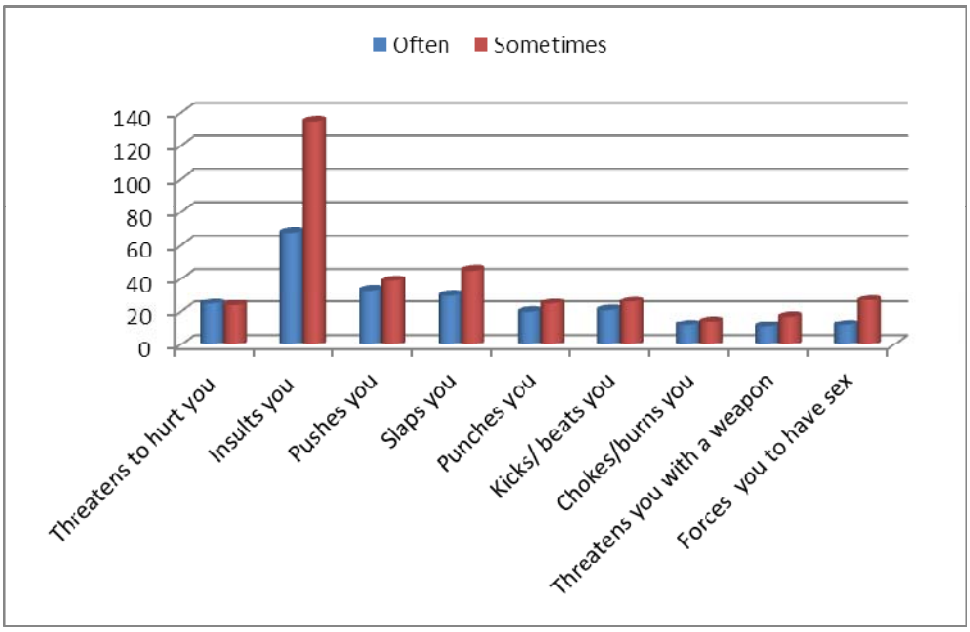
[12] Woman's comment during a Focus Group Discussion Mvepi refugee settlement April 2010

well as persons in positions of authority. Refugee women endure various forms of violence such as physical, sexual, emotional as well as economic violence.

3.2.1 Physical Violence

Women face both severe and mild forms of physical violence within intimate partner relationships. Violence within intimate partner relationship arises from male desire to control slapping, kicking, hitting with a stick, shooting and threats of violence among others. For instance, women who reported to have been slapped by their intimate partners were 40%, kicked and pushed were 33%; and those forced to have sex against their will were 24%.

Figure 8: Forms of physical violence



One interesting finding was that Domestic violence is rife in periods of food scarcity within the households. During a focus group discussion in Mvepi refugee settlement, women said that

'Domestic violence is a serious problem when there is no food in the house[13]*'*

On why this was case, it was revealed that since women are the primary producers of food, as a result they are expected to have food for their families and children. Once this is not possible such as in case of a drought or a delayed food distribution, the

[13] Focus Group Discussion Mvepi refugee settlement (April 2010).

women are blamed for not ensuring that there is no food on the table. The most common form of violence reported is insulting as compared to other forms of physical violence.

3.2.2 Sexual violence

Refugee women in Uganda have to endure various forms of sexual violence. Most common forms include marital rape, incest and defilement. Women revealed that quite often they are forced into sex by their husbands even when they did not want too. Such forced sex is not reported because women are conditioned never to deny sexual advances of their husbands anytime. It was found out that ***'marital rape'*** usually occurs when women are raped by their husbands. This usually occurs when the men are drunk or when women refuse to have sex with them. A closer look at the reasons given, it shows that men consider it a right to have sex with their wives as and when they need it. Women on the other hand are conditioned not to object to their husbands advances. Narrating her ordeal, one woman in her early thirties in Kiryandongo refugee settlement said that

> *'He likes sex. When he comes and I do not feel like it he forces me. Whenever I refuse he accuses me of seeing someone else and that I no longer want to sleep with him*[14]*'.*

It was further ascertained that when women refuse their husbands, they risk battering and other forms of emotional violence. Women explained that at times they deny their husbands sex when pregnant, sick or are too tired and not in the mood. A few said that they would deny their husbands sex if they suspected that they were sleeping with other women. This, however during one of the Focus Groups Discussions in Nakivale drew a heated debate with some arguing that it is a known fact that men sleep around with other men, '…. *so the one who thinks that she owns the man alone has learnt nothing!*[15]*'*. On a question whether they did not fear contracting HIV AIDs, the women revealed that they had little they could do since culturally a woman cannot deny their husband sex, even when they know they have been sleeping around. Paradoxically, men in Rhino camp said that they cannot stand a woman who denies them sex when they want it.

[14] Interview Kiryandongo refugee settlement April 2010
[15]Women Focus Group Discussion Nakivale refugee settltment April, 2010

In addition, ***defilement*** was found to be one of the major forms of sexual violence against young girls below the age of 18 years. The main cause of defilement and early marriages was attributed to poverty within the refugee communities. Lack of money and resources for a basic means of living is forcing many girls into risky coping mechanisms such as Transactional Sex. Moreover it was found out that some men take advantage of the girl's need for money to lure them into sex with them before they can give them the support they need. Defilement results into early pregnancies; emotional and mental damage to the young girls; mistrust of elders and may result into risk taking behaviour in adult hood.

Defilement and incest by close relatives or neighbours is another form of violence widely experienced by young girls in refugee settings. In Nakivale for instance, it was found out that young girls are married off at an early age because parents need dowry, seen as a means of overcoming poverty, getting rid of an extra mouth to feed. In Nakivale refugee settlement, a school teacher was concerned that many young girls, leave school at an early age just go and get married.

> *One problem I have seen with this category of girls is that they have no role models. As soon as they start their menses, they assume they are old enough to get married…this is not helped by parents and guardians who force them to marry at an early age…*

Figure 9 Major Perpetrators of violence against refugee women

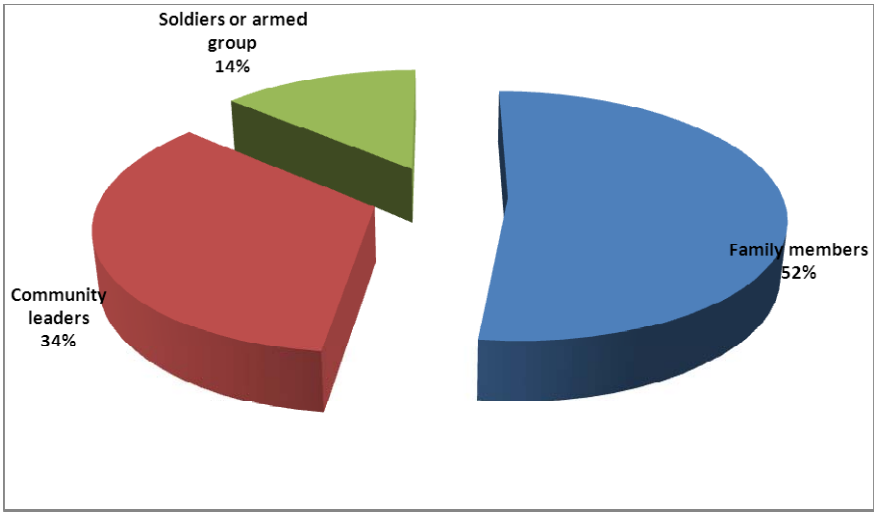
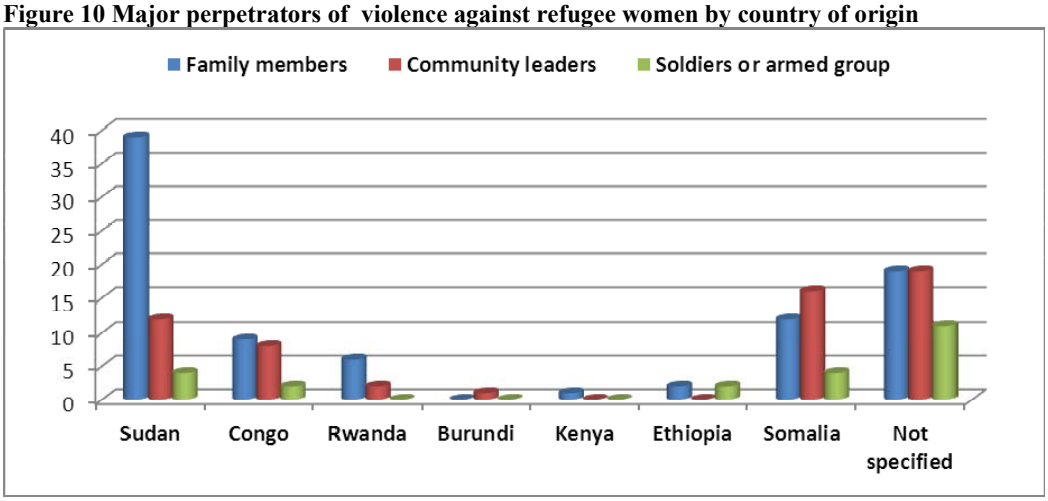


Figure 10 Major perpetrators of violence against refugee women by country of origin

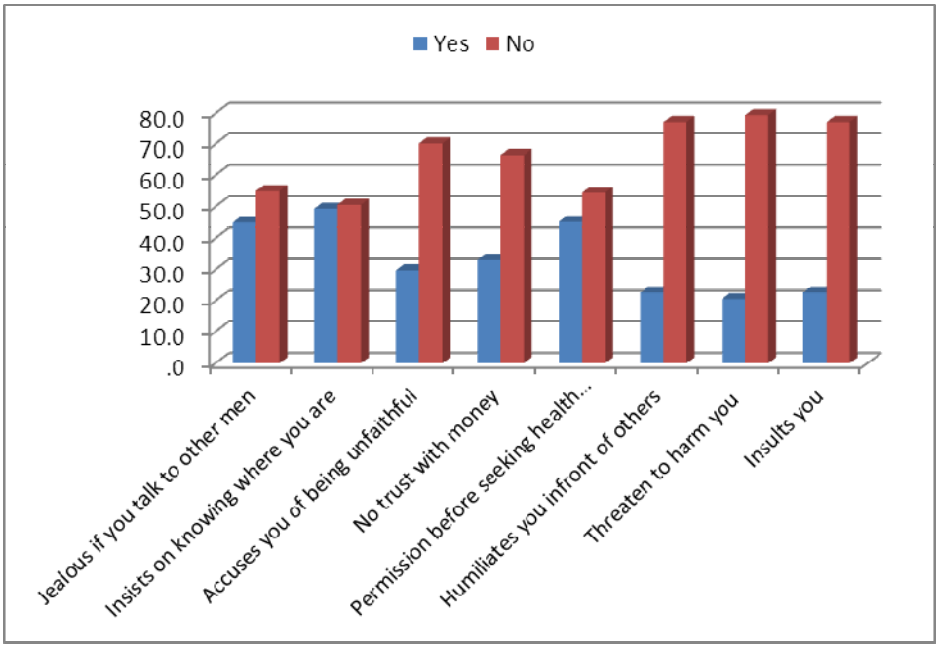


Generally, the findings showed that family members and relatives were the main perpetrators of violence among the Sudanese, Congolese and the urban refugees. In addition, community leaders and armed groups were also cited as perpetrators of violence. The findings re affirms that violence experienced by refugee women was mainly perpetrated within family or intimate partner relationships as opposed to armed groups among refugee communities living in Uganda. Soldiers and armed groups here represent perpetrators of violence during flight and displacement.

3.2.3 Psychological or emotional violence

Psychosocial violence is manifest in a number of ways among the refugee populations. This form of violence takes is characterised by verbal abuse, insults, as well as threats of violence. In part this violence is driven by insecurities men have about their wives especially if they are seen talking to other men; limit their freedom of movement by insisting on knowing and monitoring a spouse's movements

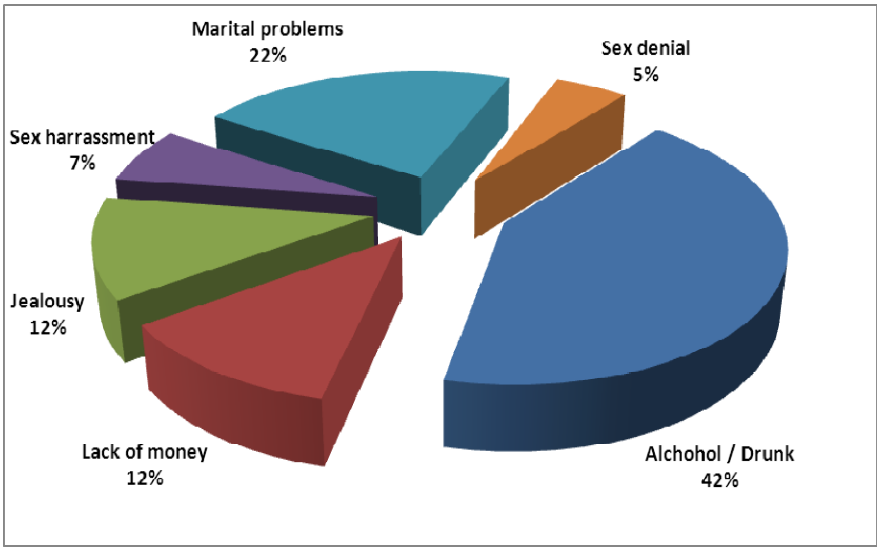
Figure 11 Psychosocial / emotional abuse



3.3 Circumstances under which violence occurs

According to respondents, violence occurs at different times and for a variety of reasons. On a whole, violence usually occurs when men are drunk 42%; when there are marital problems 22%; 12 % reported lack of money, jealousy, sex harassment and 5% reported sex denial (see figure 12 below). It is important to point out that marital problems also include financial constraints within households as households fail to agree on how to spend meagre resources within the households. During the focus group discussions it was ascertained that women and men have different priorities on how to spend family incomes. For instance, women revealed that whereas they wish to spend resources food, education of children, and household necessities such as soap and salt, men preferred to spend resources by going out to drink, womanising and or paying previous debts in the community. These disagreements strain household relations and often end up in insults, battering and or denial of access to key household resources.

Figure 12 Circumstances under which violence occurs



Generally refugees have limited sources of income. As a result they find it difficult to meet basic needs in their homes and to satisfy women's demands for resources. Some women resort to finding support from elsewhere such as other men in the community. When their husbands learn of this, they are terribly beaten[16].

3.4 Prevalence of violence among refugee communities

To ascertain prevalence of sexual violence[17], respondents were asked whether the first time they had sex it was voluntary or forced. In all, 28% of the women reported that they had their first sexual experience below the age of 18. Some them had had sex as early as 10 years of age (See figure 13 below). In addition it was ascertained that 18 percent never wanted to as compared to 47 percent who wanted to (see figure 14). From the focus group discussions it was found out that many girls and women are forced into sexual relations at an early age just as a way of accessing basic livelihood needs such as food, shelter or even support. Though forced by circumstances, this category of people may not recognize sex as forced. Moreover, it was found out that many times, men expect sex in exchange for favors.

[16] Interview community leader Kyaka II settlement April 2010
[17] Prevalence rates reflect the number of individuals that have experienced violence at any one time in their lives.

Figure 13 Age at first sexual experience for women

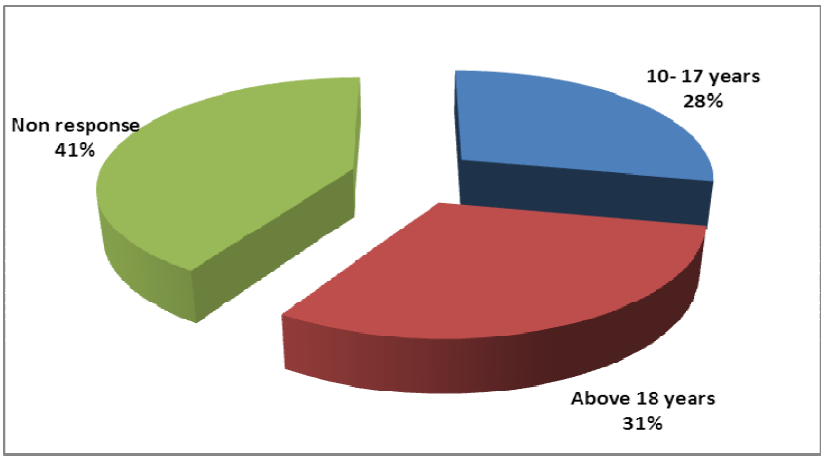
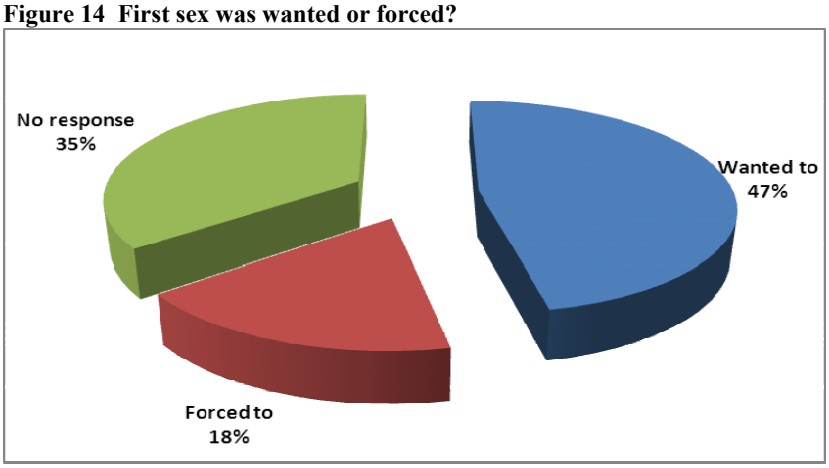
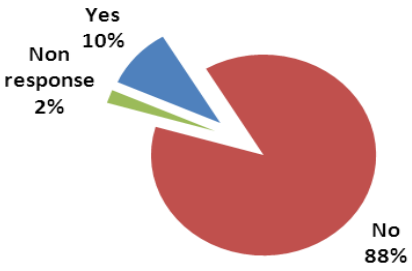


Figure 14 First sex was wanted or forced?



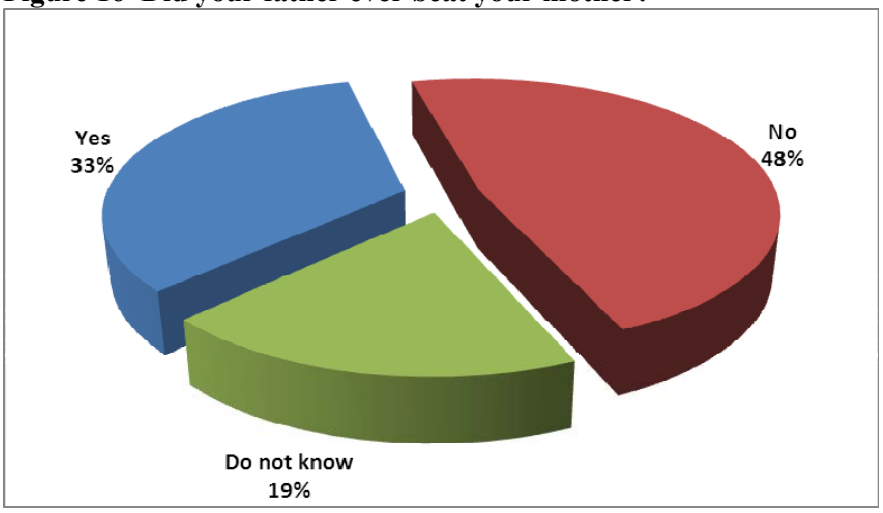
In addition, to ascertain cases of rape and or fidelity, respondents were asked whether in the past 12 months, they had sex with a person other than their spouse. Only 10% of the respondents said yes; 88% said no; and 2 % refused to answer.

Figure 15 Sex with a person other than a spouse



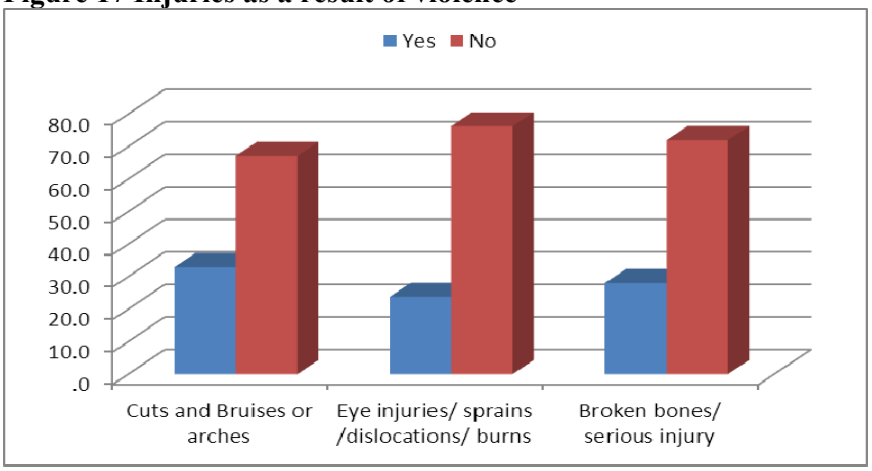
Further to that, on the prevalence of Violence and a measure of current perception of violence respondents were asked whether their mothers were ever beaten by their fathers. 33% said their mothers were beaten by their fathers, 48% said no and 19 % could not remember.

Figure 16 Did your father ever beat your mother?



Gender based violence for majority of respondents resulted into physical and psychological consequences. According to figure 17 below, violence resulted into cuts and bruises for 30% of the respondents; injuries and sprains for 20% and serious injuries such as broken bones for 25 per cent.

Figure 17 Injuries as a result of violence



Community and institutional responses to Gender Based Violence: towards a semblance of a multisectoral framework

4.0 Introduction

Survivors of violence in refugee settlements depend immensely on existing structures from community to national level for the prevention and management of gender based violence. From the previous section we learn that refugee women experience various forms of violence ranging from physical, emotional to sexual. Another important lesson was that they do not just sit there doing nothing about the violence but many seek help by reporting to persons and institutions from which they expect a remedy. The reporting and response are influenced by the interconnection of different structures and institutions in a loose semblance of a multisectoral framework. This section explores how survivors of violence respond in a multi-level network of community and national structures. This section also explores these interactions and intricacies involved in responding to incidences of gender based violence among refugee communities.

4.1 Reporting of gender based violence

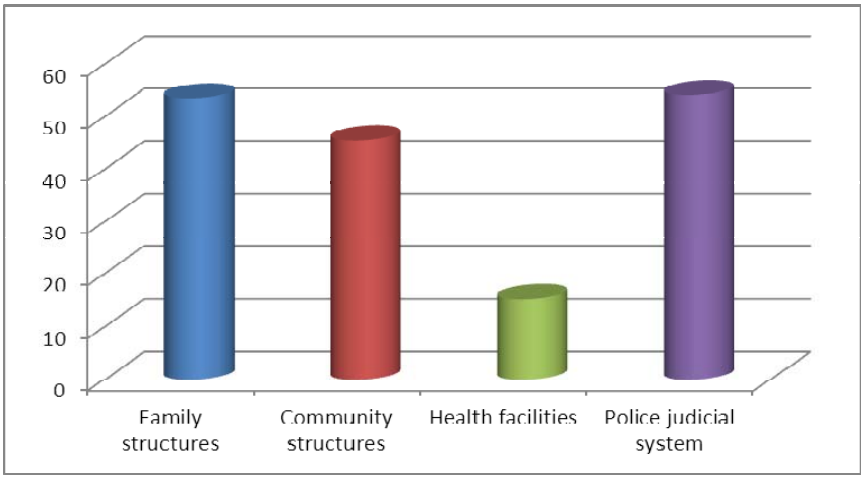
The findings show that survivors of Gender Based Violence often seek help. For instance, over 69 per cent reported that they sought help or reported violence. One of the main reasons given for reporting was to ensure that the violence does not continue punishment of perpetrators and or as a recommendation from others to report. Whereas there is evidence that gender based violence is widely reported, a closer examination of reporting brought to the front differences in *who was reporting whom and where.* Analysis of reporting of violence was done at three levels, that is Family and clan structures within the settlements; community structures; and formal administrative systems including the police and legal justice systems.

4.2 Family and clan structures among refugee communities

Violence within intimate partner relationships and or from family of clansmen was more likely to be reported and resolved within family structures (see figure 18 below) as compared to that committed by strangers or persons in authority . Violence reported within the family structures such as rape and or defilement was only forwarded to the police after a failure of perpetrators to pay prescribed fines. Underlying the preference to report violence within the family structures was the need

to maintain close family/ clan relations that refugee women depend on for daily survival and subsistence.

Figure 18 Reporting of violence among refugee communities



Although preferred by refugee women, family structures maintain cultural norms and values especially the gender roles-socially constructed roles of women and men that are ordered hierarchically with men exercising power and control over women. Such structures as seen mainly among the Somali and Sudanese refugees restrict women's choices and render them largely voiceless on issues pertaining to violence in intimate partner relationships. Though important, the structures are known to condone various forms of violence within refugee communities.

To a greater extent, the structure and composition of family / clan structures have acted as a hindrance not only to the prevention and management of gender based violence, but also to the realisation of women's rights as a whole. According to the key informants, most women who experience violence within their homes would rather keep quiet about it than report it to the family structures for fear of retribution. The problem here is that often violence is not reported at all. By country of origin, the findings revealed that there is a strong family influence among the Sudanese and Congolese in adjudication of GBV cases (see figure 19 below). Among other refugee communities, the community leaders as well as the police within the settlements played a major role in resolving cases related to Gender Based Violence.

Limited reporting of Gender Based Violence was noted among refugees from Rwanda, Burundi, Kenya, Somalia, Ethiopia and those under the general category of

urban refugees. Several factors were put forward as hindrances to reporting. These included but not limited to:

Stigma

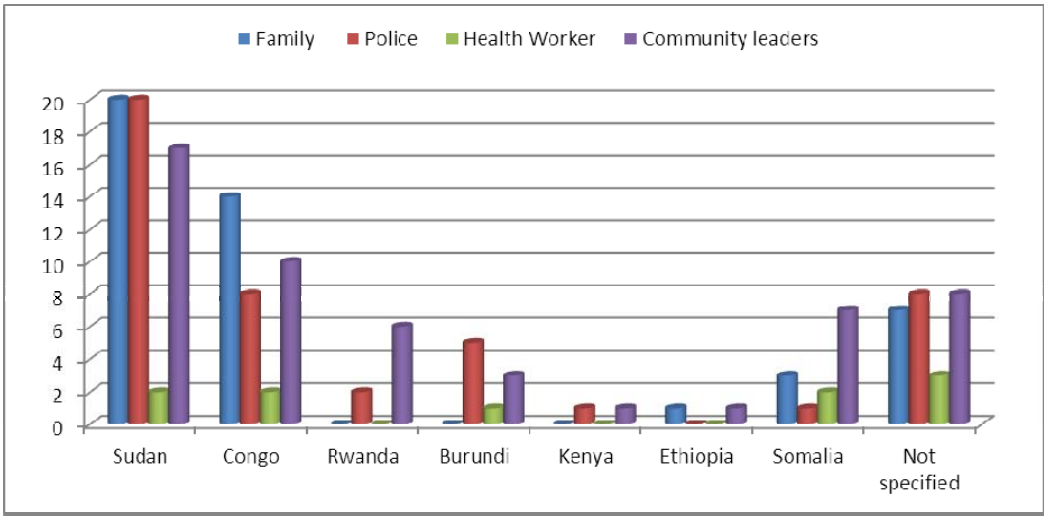
Women who report their spouses or intimate partners are socially stigmatised by both the community and fellow women. This arises out of the fact that violence is widely considered a norm within the community.

Fear of retribution by an offender especially if the perpetrator is known to the victim, lives in the same community or the survivor is dependent on him / her.

> *A wife will fear to report a husband when she has been battered because it is the husband that meets the household daily needs. We have had several cases at this police post where women withdraw cases against their husbands arguing that there is no one to support them and their children when the husband is locked up. Others are pressurised by the man's relatives to withdraw a case*[18]

On why the report in the first case, the officer revealed that sometimes women report their spouses *'just to teach them a lesson'* and on the other, withdraw cases because of pressure from the community members.

Figure 19 Reporting of violence in the refugee communities by country of origin



Social stigma to be identified as a victim of rape and defilement- women are reluctant to report sexual abuse because for fear of social stigma resulting from knowledge of

[18] Interview Police Officer Nakivale refugee settlement April 2010

one as a victim. This, according to the community leaders was made worse by lack of confidentiality within the institutions where violence was reported.

> *'A woman reporting sexual violence especially defilement of the daughter risked the whole community knowing about her ordeal…not wanting to have their ordeal on their foreheads whenever they moved around in the community, many women were forced into silence.'*[19]

Closely associated with social stigma was the problem a history of *negative outcomes* following previous disclosure in the community. There was consensus among respondents that whenever perpetrators are not held accountable, are left to go free or women are forced to produce hard evidence about various forms of violence, there is usually recourse to silence. This was also closely linked to lack of protective structures within the communities for those reporting violence.

Other hindrances included resource and time constraints associated with reporting; patriarchal structures which trivialise violence against women; failure to identify a form of violence as an abuse; lack of information about consequences of abuse and benefits of reporting abuse.

In all, among the refugee communities, traditional system or community system, elders and community leaders play a major role in resolving cases of GBV especially those that occur within the family. Violence is reported to elders or family members who mete out sentences such as fines and cautions against perpetrators. There remains a gap in justice for women as survivors of violence especially given the fact that majority of the cases of GBV are perpetrated by close family members. The modes of sentences passed against the perpetrators include fines of goats or cows in cases of rape or defilement and at times they require a perpetrator to marry the survivor. It was established that communities prefer this mechanism because violence is largely a family affair; confidentiality and family honour are maintained; it takes a shorter time to adjudicate cases as compared to the national legal system; and most importantly, justice is seen to be done by the community.

4.3 The role of Community leaders

Besides the family and elders, Refugee Welfare Committees and Local Councils play a major role in the adjudication of cases. Under the national laws, local councils are given leeway to arbitrate civil cases at a local level and not criminal ones. The

[19] Interview women's leader Rhino camp refugee settlement, April 2010

primacy of RWCs in adjudication of cases in part arises from police constraints to investigate and arrest perpetrators of violence; the need to adhere to the culture and traditions of the refugees and ways in which they deal with cases of violence. One drawback of the Refugee Welfare Committees is that they are dominated by men and tend to favour men's interests when deciding cases. Women's experiences of violence are trivialised despite wide spread sensitisation on violence against women carried out by various agencies in the refugee settlements.

> *We have witnessed cases of defilement in this camp; but sometimes they are easily settled by the Refugee Welfare Committees. Few cases ever go to the police. Perpetrators are required to pay a fine of a cow or goat or marry the girl in case of rape and defilement*[20].

In addition, it was found out that the survivors of violence are not beneficiaries of the fines that perpetrators of violence pay out to the community leaders. Fines and all payments are retained by the elders and or the aggrieved families.

4.4 Police response to Gender Based Violence

The police plays an important role in the maintaining of law and order within the settlements and also as part of the broader framework for safety and security within the refugee settlements. Generally, each refugee settlement has a police post with an officer in charge of family protection issues. The family protection unit, it was found out, regularly receives cases of domestic violence, rape and defilement. According to the police officers interviewed, the standard procedure when a case of violence is reported is to issue a police form three (PF3) for the victim or survivor to be examined by a health officer before the perpetrator is prosecuted.

In addition, it was found out that under the family protection unit, survivors and perpetrators of violence are counselled and reconciled so as to achieve family continuity. The police officer said that counselling and reconciliation are a far better response to family quarrels as compared to imprisoning and prosecuting a husband and a wife.

[20] Women Focus Group Discussion Rhino Camp April 2010

'Women usually report their husbands just to teach them a lesson but are not interested in seeing them in prison or going to court. We have had several cases where one reports, a husband is arrested and after one day, the woman comes complaining that she has no food at home and needs her husband back. Therefore, for some cases, we have resorted to counselling and reconciliation of the perpetrator's[21].

Table 4 Medical Documentation required for a Police Report

Standard Form	PF3 for assault and PF3 Apendex form for defilement
Medical Exam Findings	Provide medical report
Forensic Evidence	Provide evidence
Signature or Authorization of Doctor	Medical officer In charge sign
Additional Signatures or Authorizations	No other signatories
Other documentation	NA

2010	- Defilement - Assault - Domestic violence	1 2 3	RWC I, LCs	Most of the cases were charged and some were transferred back to RWE's

**Refugee Welfare Committee (RWC I), Local Council (LC)

4.4.1 Investigation and Arrest

The standard procedure is that the type of offense reported determines police's response. Suspects who commit minor offenses such as simple assault can be released on a police bond while others would be locked up in the police cells and later transferred to the district police and prison. The officer in charge takes down a statement from a suspect and complainant. The officer in charge forwards the case file and calls the witnesses and questions them. He writes statements and forwards the suspect with the file to the District police station from where the suspect is taken to court. One problem observed in this process was the requirement that up keep for detained persons is mainly a responsibility of the complainant. Moreover, there are no measures in place to ensure the safety of a complainant when they return to the

[21] Key informant interview police officer Rhino Camp refugee settlement April 2010

settlements. In Kyaka refugee settlement, a police officer complained that women, under pressure with threats from relatives quite often are forced to withdraw violence cases.

4.4.2 Referrals and networking

In executing its duties, the police collaborate closely with other organisations in the management and prevention of Gender Based Violence among refugee communities. For instance the police reported to have a close collaboration with the Refugee Welfare Committees, health workers; social service organisations, community leaders; the office of the Prime Minister and the Directorate of Refugees as regards cases of maintain law and order within the refugee settlements. Among these, the police are dependent on health workers to adduce evidence, in for example assault and sexual violence cases, using Police Form three. Challenges faced in this interdependence include health workers' reluctance to fill out police form three; absence of qualified medical doctors in the settlements; lack of treatment kits for GBV such as PEP; and fees charged to survivors of violence at the health units.

> *One of the challenges we face with health workers is that whenever we send victims for examination they are asked to pay some money. Besides this, the medical examination takes too long!*[22]

Whereas payment may be a problem peculiar to Mvepi, the challenges with health workers persist in all settlements.

Further to that, another challenge faced by the police is dealing with the delays in investigation and prosecution of cases.

> *Sometimes a suspect can take over six months while on remand before his case ever comes up for mention in the court. Because of such delays, some complainants loose interest in a case and others are unable to follow up the case because of transport and other associated costs.*

In order to avoid delays in the justice system, the police can resort to referring some cases including, defilement and rape to Refugee Welfare Committees and Local Council

[22] Key Informant Interview police officer Imvepi refugee settlements

Chairmen for arbitration. This practice is defended by the fact that over time, refugees are known to use violence against women as a strategy to access particular benefits such as humanitarian aid and resettlement. For instance, in Nakivale refugee settlement, the police officer revealed that some refugees use domestic violence as an excuse to be resettled in other countries

> *'One of the problems we face today is that some rape cases in the settlement are stage managed for resettlement. Refugees will do anything that can enable them pass the resettlement interview and go to Europe or America![23]'*

In Rhino Camp, on the other hand, the community services officer interviewed revealed that at times Gender Based Violence is used as a way of attaining preferential treatment. Non-Governmental Organisations have failed to disguise interventions for survivors of violence. Whereas the argument is to avoid community stigma for survivors of violence, many refugees have identified violence as one of the tickets for access. As a result, many women claim that they have been battered and or raped as an excuse to access given services especially resettlement to third countries.

> *'We know that there is Gender Based Violence that needs to be fought and communities sensitised on how to prevent the vice. However, using violence as an avenue of accessing preferential treatment becomes problematic[24].*

The police officers further revealed that they have been tremendously helped in their work of fighting Gender Based Violence by organisations such as the International Medical Corps (IMC); GTZ and DED. These organisations have not only trained the police officers on how to handle cases of Gender Based Violence but also provide a useful referral network for counselling and family reconciliations. According to the camp commandants, however, one of the problems associated with this has been the constant transfer of police officers. Officers trained are soon replaced leaving huge gaps requiring a new programme for training[25]. Moreover, the NGO interventions are shot lived. For instance in Nakivale, most of the International Medical Corps' activities related to Gender based Violence ceased due to lack of funds. These

[23] Key Informant Interview Police officer Nakivale refugee settlement, April 2010
[24] Key Informant Interview Community Services Officer Rhino camp April 2010
[25] Interview camp commandant, Rhino Camp refugee settlement April 2010

uncertainties leave a management gap for the effective management and response to gender based Violence.

The police face a similar challenge, in regard to lack of medical doctors to handle cases of rape in the settlement. The police complained that there are very few doctors in the settlement with majority of health facilities running with nurses and other medical workers. To a great extent, low levels of recruitment of medical doctors in the settlements have hindered the assessment and prosecution of rape and defilement cases in the settlements. Whereas organisations such as International medical Corps and GTZ had done well to sensitise health workers and police on the need to work together to address cases of gender based violence in the refugee communities, the success of interventions is hindered by the limited number medical doctors.

> *Three years ago, health workers gave us hard time when filling out police form three. Their argument was that they were not qualified to go to the courts to give evidence and others never knew how to fill it out. Today, we see a great improvement in their response except that there are few medical doctors willing to work in the settlement.* [26]

Another challenge faced by the police is poor facilitation for investigations of cases, arresting of perpetrators and prosecuting cases. In Nakivale for instance, it was found out that quite often the one who reports a case is also requested to facilitate the police to carry out the arrest as well as feed the accused while in the police cells. This not only hinders the police response but also reduces community trust in the ability of the police to successfully handle cases of Gender Based Violence. No wonder, few cases of Gender Based Violence are reported to the police (see figure 15 above).

> *For the police to successfully handle cases of Gender Based Violence the government should increase the money allocated to the force for investigations by providing us with a vehicle and 3 motorcycles to help us arrest suspects*[27].

[26] Key Informant Interview Police officer Nakivale Refugee Settlement April 2010
[27] Key Informant Interview police officer Nakivale April 2010

4.5 Health Sector response to Gender Based Violence among refugee communities

Assessment of existing health services centred on the ability of health facilities to provide a package of health care comprising treatment of trauma related to GBV, emergency contraception, post-exposure prophylaxis against HIV, and psychosocial care related to GBV. Gender Based Violence places women at risk of physical injury, emotional distress; death; unintended pregnancies and sexually transmitted infections (STIs), including HIV and limits their ability to negotiate the use of condoms or other contraception. SGBV has also been linked to gynaecological disorders, unsafe abortions, pregnancy complications miscarriages, low birth weight and pelvic inflammatory disease (IPF, 2004, Van Berth, 2001; WHO, 2005). The study also took into account availability and accessibility to health facilities; and knowledge and attitudes of health workers towards SGBV. Generally, findings show that effective health care responses to GBV are constrained by limitations in the health care system such as limited number of health care facilities, limited number of health workers trained in GBV management; limited number of health workers generally; poor remuneration and delayed salaries; late reporting of GBV by survivors. It was also found out that there is ignorance of health consequences of GBV among stakeholders and a weak referral system.

The health sector response to violence against women varied from one refugee community to another. Health workers define GBV as violence targeted on women and children because of their biological makeup such as rape and defilement. Majority of cases of violence received in the health units relate to defilement and wife battering. Violence in health units is identified through history taking when health workers are taking history. Some of the health workers said that they were not adequately trained to ask about violence nor fill out the police form three.

> *"We identify GBV cases through history taking. If a patient does not disclose violence, a health worker may never know…majority are however identified when they request us to fill police form 3*[28].

Whenever violence is identified, health workers offer the appropriate treatment including PEP services. The effectiveness of PEP as a health response to rape was

[28] Key Informant Interview health Worker Kiryandongo Refugee Settlement April 2010

however questionable given the fact that majority of women report violence after the required 72 hours for PEP to be effective. The consequences of violence were listed as death, physical injury, pregnancies and abortions.

Working with refugee communities has been a major challenge for health workers in that they face a problem of dealing with teenage pregnancies. The main cause of these pregnancies is transactional sex where sex is exchanged as a mechanism of gaining access to basic needs such as food, shelter and or school fees. Health workers find it a problem to deal with these cases since when they seek to know the men responsible for the pregnancies; they are usually met with silence and or a hesitant answer of 'I do not now'. According to a health worker in Kyaka II refugee settlement,

> *'It is common in the settlement to receive girls as young as 16 who are pregnant, When you ask for the man responsible, some pretend that they do not know who made them pregnant while others refuse to disclose*

Further to that, another challenge faced by health workers is lack of basic facilities such as transport for patients; delayed reporting of survivors of violence especially in cases of defilement and rape.

> *By the time defilement and rape victims report to the health units, we cannot collect any forensic evidence, nor can we administer PEP services to prevent HIV AIDs.* [29]

Another health worker in Nakivale concurred revealing that they have Emergency Contraception drugs such as Posner which at times expire in the store with few women making use of the services.

Among the main hindrances to managing cases of sexual violence is the fact that many women and girls rarely report sexual violence to the health workers. According to a community leader in Kiryandongo refugee settlement,

> *'... when a girl or woman is raped, the family of the girl will seek compensation first from the man through the family structures. When this fails, the case is forwarded to the police as defilement sometimes even months after the incidence occurred'.*

[29]Key Informant Interview Health Worker Kyaka II refugee settlement April 2010

We have a problem of survivors of violence who report defilement when they are pregnant. This usually happens when they have disagreed on payment of compensation with the perpetrators and want to find ways and means of opening up a police case.[30]

According to the health workers the reluctance to report was only linked to girls being shy and fearful to report.

Women and girls are shy to disclose that they are survivors of violence. Some of them are reluctant to reveal violence for fear of further violence when they return to their homes or they are frustrated and angry at the perpetrators[31]

Health Centres face challenges of late reporting of Gender Based Violence by survivors; language barriers which at times call for interpreters and hinders health worker - patient communication; strong cultures that control women reported among Somalis in Nakivale refugee settlement and Kampala; and poor follow up of cases of violence.

4.5.1 Referral and follow up services

It was established that health workers refer cases of gender based violence to other organisations and centres where more specialised services such as counselling and or skill training for livelihood survival are better provided. In particular, health workers closely network their service delivery with organisations such as the United Nations High Commissioner for Refugees (UNHCR); International Medical Corps (before the organisation phased out of Nakivale); DED; GTZ among others. Health conditions that cannot be handled within the health units in the settlements are referred to district hospitals which are better equipped. The referral process is relatively equipped with ambulances, staff and necessary medical drugs. The health workers revealed that a person is referred if s/he needs surgery in cases of fistula and or in need of specialised counselling and psychosocial support.

4.6 The national legal system

Ideally refugees are subject to the national legal system based on the Judicial system provided for under the 1995 Uganda Constitution. Whereas the Constitutional provisions reaffirm the rights of women and provides a basis for the management of

[30] Key Informant Interview Health Worker Nakivale refugee settlement April 2010
[31] Key Informant Interview Health Worker Imvepi refugee settlement April 2010

Gender Based Violence refugee cases tend to be handled in the framework of their cultural background. For instance chapter four of the Constitution protects the fundamental and other human rights and freedoms including the right to life; the right to liberty; and the right to freedom from torture and other forms of cruel, inhuman and degrading treatment. Under article 33, it clearly spells out the rights of women, that is, a right to be accorded equal dignity of the person, provision of facilities and opportunities necessary to enhance the welfare of women; a right to be protected by the state due to their unique status and maternal and a right to equal access to political, economic and social activities. Unfortunately, in most refugee communities, enforcement and implementation of these provisions is almost non existent. What is missing is the link between paper and the community[32].

Further to that it was found out that laws relating to GBV are spread through;

- The Penal Code Act (as amended in 2007).
- The Trial on Indictments Act.
- Criminal Procedure Code.
- The Evidence Act.
- The Magistrates Court Act.

Not all the forms of SGBV are reflected in the penal provisions of our laws as constituting criminal offences. Under the Penal Code Act, criminal offenses related to Gender based Violence include:

Assaults -common assault Section 235 which attract a one year imprisonment term; assault occasioning actual bodily harm section 236 which attracts 5 years imprisonment; assault causing grievous harm section 219 (up to 7 years imprisonment);

Rape –unlawful carnal knowledge of a woman or girl without her consent, or with her consent if it is obtained by force, threats, intimidation, fear of bodily harm or by personating her husband is regarded as a capital offense; attempted rape-one is liable to life imprisonment;

[32] Human Rights Report (2003:52)

Defilement "any person who performs a sexual act with another person below the age of 18 years." (liable for life imprisonment). Attempted defilement "any person who attempts to perform a sexual act with another person who is below 18 years (up to 18 years imprisonment). A Sexual act is a) penetration of the vagina , mouth or anus, however slight, of any person by a sexual organ)

b) The unlawful use of any object or organ by a person on another's sexual organ.

- Aggravated defilement : applies where a person performs a sexual act with another below 18 in either of the following circumstances
- ✓ where the victim is below 14 yrs.
- ✓ where the offender if infected with HIV.
- ✓ where offender is a parent or guardian of or a person in authority over the victim.
- ✓ where the victim is a person with disability (functional limitation of daily life activities owing to physical, mental or sensory impairment).
- ✓ where the offender is a serial offender.
- Indecent assaults- convict liable to up to 18 years in prison. Involves the use of words and gestures or objects exhibited with the intention of insulting the modesty of a woman. Also refers to unwelcome or offensive touching.
- Detention with sexual intent- applies where a person detains another for the purpose of sexual intercourse. Fetches a sentence of up to 7 years.

(a death penalty is prescribed for those who ,having authority to detain a person in custody, procures, participates in , compels, facilitates or has unlawful sexual intercourse with the detainee.

- The death penalty is prescribed for those who, having authority to detain a person in custody, procures, participates in, compels, facilitates or has unlawful sexual intercourse with the detainee. It also applies to other inmates who facilitate or participate in having unlawful sexual intercourse with the detainee. S 134(5).
- **Threatening violence**. S 81.
- **Incest**. S 149. having sexual intercourse with another person who falls within the relationship described in the section.
- **Unnatural offences**. S 145.It covers having carnal knowledge of any one against the order of nature or of an animal.

- **Abduction**. S 126. a person who with intent to marry or have sexual intercourse takes that person away and detains him or her against his or her will.

4.6.1 Jurisdiction of courts

The law amended in 2007 allows the Chief magistrates to try cases of simple defilement. They also try all cases of attempted rape, indecent assaults and other offences where the suspect is not liable to suffer death upon conviction. The High Court, on the other hand, tries cases of rape, aggravated defilement and other capital offences such as murder. Courts in South Western Uganda sit in Mbarara and Arua for the West Nile region. Effectiveness of courts is however hindered by low capacity among the police to investigate cases of gender based violence; infrequent court sittings that lead to long delays in deciding cases. As a result, there is a delay in justice as suspects spend a long time in prison. One unfortunate result of this is the loss of interest in GBV cases by survivors and a discouragement in reporting of cases to the formal legal systems.

4.6.2 Medical Evidence

Medical evidence is considered vital in proving essential elements of sexual offenses and other cases involving violence such as: proving penetration; S.T.I.'s; in case of assaults (abrasions, injuries, bruises); age; mental capacity and D.N.A. links. Overall, the evidence Act.-S43 provides for admission of medical evidence from experts.

> *when the court has to form an opinion on ….a point of science, the opinions upon that point of persons specially skilled in that science are relevant facts. Such persons are called experts*[33].

It was further ascertained that a prosecutor has to lead evidence of the professional qualifications, experience and expertise of the medical personnel before court, in order to convince the court to admit and rely on his or her evidence. However, opinions of the expert are not binding on the court. Court may consider or disregard the evidence for any justified reasons. Moreover, the court may convict, in the absence of medical evidence, if there is sufficient evidence to prove the ingredients of a case. Under the law, collection of vital medical evidence and examination of the

[33] Key Informant Interview Legal Officer Arua April 2010

victims is carried out by the police surgeons or medical officers and entered into Police Form three (PF3). One of the challenges that the legal officers face in prosecuting is the late reporting of cases; poor storage of collected exhibits and adhering to the right of privacy for accused persons.

Challenges faced by the legal justice system in refugee communities

- Poor reporting due to fear of victimisation or blame or consequences on family welfare.
- Poor handling by police or prosecutors or courts.(non-victim friendly services).
- Poor facilitation of police and inadequacy of police posts translates into extra expenses being borne by the survivor.
- Lack of awareness by the public on the legal or medical services available.
- Out of court settlements of criminal cases.
- Poor mechanisms for post – conviction monitoring of repeat offenders.
- General levels of poverty.

Other challenges of the legal approach include a lack of clarity on who can fill police form 3 and adduce evidence in court. The requirement is that a police surgeon or qualified medical worker (doctor) fills out the form. However, as was observed in the refugee settings, there are few doctors in the settlements which makes leaves a gap on who can fill out police form three. In addition, how to deal with cases of child to child sexual abuse, that is, where both perpetrator and survivor are below the age of 18 years; rape cases do not cover woman to woman rape not recognize use of other objects such as sticks in executing a rape.

Further to that, legal officers face a challenge of poor linkage between the medical and legal fields especially with regard to access to emergency healthcare for victims.

> *Doctors, because of time it takes to give evidence in court are reluctant to fill out the Police Form 3. They would rather treat the victim but not waste their valuable time going to court to give evidence, which is crucial*[34].

[34] Key Informant Interview Legal Officer Mbarara April 2010

Conclusion and recommendations

Whereas women are aware of Gender Based Violence and how to prevent it, they are not empowered to translate their knowledge into tangible results. One of the problems is that they have accepted violence as a norm in their communities and endured it as something that happens to all women. To transform women from this thinking will require varrious forms of empowerment financially and participation in key decision making processes that will in a way improve the women's lot. Moreover, it is vital for any intervention to include men, as key players or partners in the ending of violence against women. Men need to be educated on the advantages of a violence free household and how women, once empowered, can contribute to the welfare of their households. The findings show that to achieve this requires a long term plan and not just a one off project. For PADEAP, the idea will be to enhance education of the girl child, skills training for the refugees as well as advocacy to ensure a conducive environment in the settlement for women. In addition, advocacy needs to be taken to a higher level of decision making such as the national and regional levels to ensure that Gender based Violence is addressed and managed within the framework of refugee protection and assistance. Once this is institutionalised, it will be easier to hold host governments accountable for the protection and management against violence in refugee settlements as well provide a framework for the improvement of services to the refugee women.

Findings and recommendations

Finding

Training and advocacy of all stakeholders in refugee communities is needed to create awareness of the problem of gender based violence. The findings indicate that some NGOs trained various stakeholders in the refugee communities, majority have since been transferred to new areas. This has left a knowledge gap within the communities that needs to be addressed.

Recommendation

There is need for consistent and formatted training for community leaders on the question of Gender Based Violence among refugee communities especially on SGBV prevention methods at community level. For continuity, training trainers (TOT) for these groups should be prioritized; adapting and development of new training materials that can be used that are culturally sensitive and easy to use when existing human resources have

been redeployed is an important note since most of the materials observed are too foreign to the cultures and traditions of the people.

Finding

Dependency of women and girls on men for daily survival is one of the main drivers of Gender based Violence.

Recommendation

More emphasis on economic empowerment of refugee women and girls should be one of the leading programmatic areas adequately addressed and funded. It is envisaged that economic empowerment of women will increase women's incomes; improve their quality of life; strengthen their status as individuals; improve bargaining power at household levels and in family settings; and in their role within their families and communities. Economic empowerment of women therefore is critical for achieving gender equality. This can be achieved for instance through skills trainings; income generating activities; micro credit; education of children as well as adults through adult literacy classes and many others as per the prevailing situation.

Finding

A gap persists in the training of community health workers within the refugee settlements on how to identify; respond and refer cases of gender based violence among refugee communities.

Recommendation

Training of community medical workers on gender and gender based violence issues and how these affect the health status of refugee communities.

Regular training programs should be implemented that will pay special attention to how community health workers can network with other stakeholders in ways that promote a multi-sectoral response to gender based violence.

Attitudinal Change programs for health workers should be focused on to change the attitudes of these health workers towards survivors that affect their health seeking habits.

Medical management of SGBV survivors should be taken into consideration since there is a high turnover of staff from implementing partners thus limited knowledge of health staff on SGBV medical management.

Finding

There is a weak multi-sectoral response to gender based violence among refugee communities in Uganda.

Recommendation

Advocacy for a strong multi- sectoral framework that draws in different stakeholders to prevent, mitigate and manage gender based violence within refugee communities. Ideally, this will include training and sensitization of all stakeholders on their responsibilities as well as the unique contribution in addressing GBV among refugee communities. This will foster collaboration among key stakeholders and also strengthen community involvement in GBV prevention and mitigation mechanisms.

In addition, there is need to develop more training programmes; fact sheets; policy papers and synthesis reports on how to prevent, mitigate and respond to the problem of GBV among refugee communities. Training programmes here need to take into consideration the cultural diversity of the refugee population in Uganda.

Advocacy for implementation of national regional and international policies aimed at addressing the problem of Gender based Violence among refugees both at country and regional levels should be developed and strengthened to enable collective responsibility of all stakeholders.

Police posts in the refugee settlement should be facilitated with enough human resources and logistics such as transport means to access victims and survivors of SGBV and other forms of abuses easily. It's advisable that all police posts within refugee settlements should have a qualified SGBV desk office, preferably manned by a woman officer. The police should also accelerate their community policing by interacting with refugee women and girls so as to educate them on the menace of SGBV and other rights abuses.

There is a need for a concerted human rights training especially on the rights of women and the girl child. These trainings should encompass issues such as reproductive and sexual health rights, property ownership rights, rights of marriage and divorce among others. This will empower refugee communities, service providers, law enforcement

agencies and other stakeholders on the rights of rights and recourses of addressing rights violations.

There is a need to empower refugee women and girls with economic and income generating activities. This will ensure they have some sources of income, not leaving them merely relying on service providers, husbands and families as their only source of survival, which at times leave them susceptible to abuse and violence. Life skills training opportunities should also be availed to refugee women and girls.

PADEAP Uganda is a local NGO that has been carrying out its programmes, projects and activities since 1997.Since then the organization has been working with marginalized and forced displaced people of the Great Lakes Region. Its aims include; empowering the African people to chart their own destiny through education, training, advocacy and lobbying, research and information dissemination, capacity building, powering grassroots communities, providing access to information communication technology and human security.

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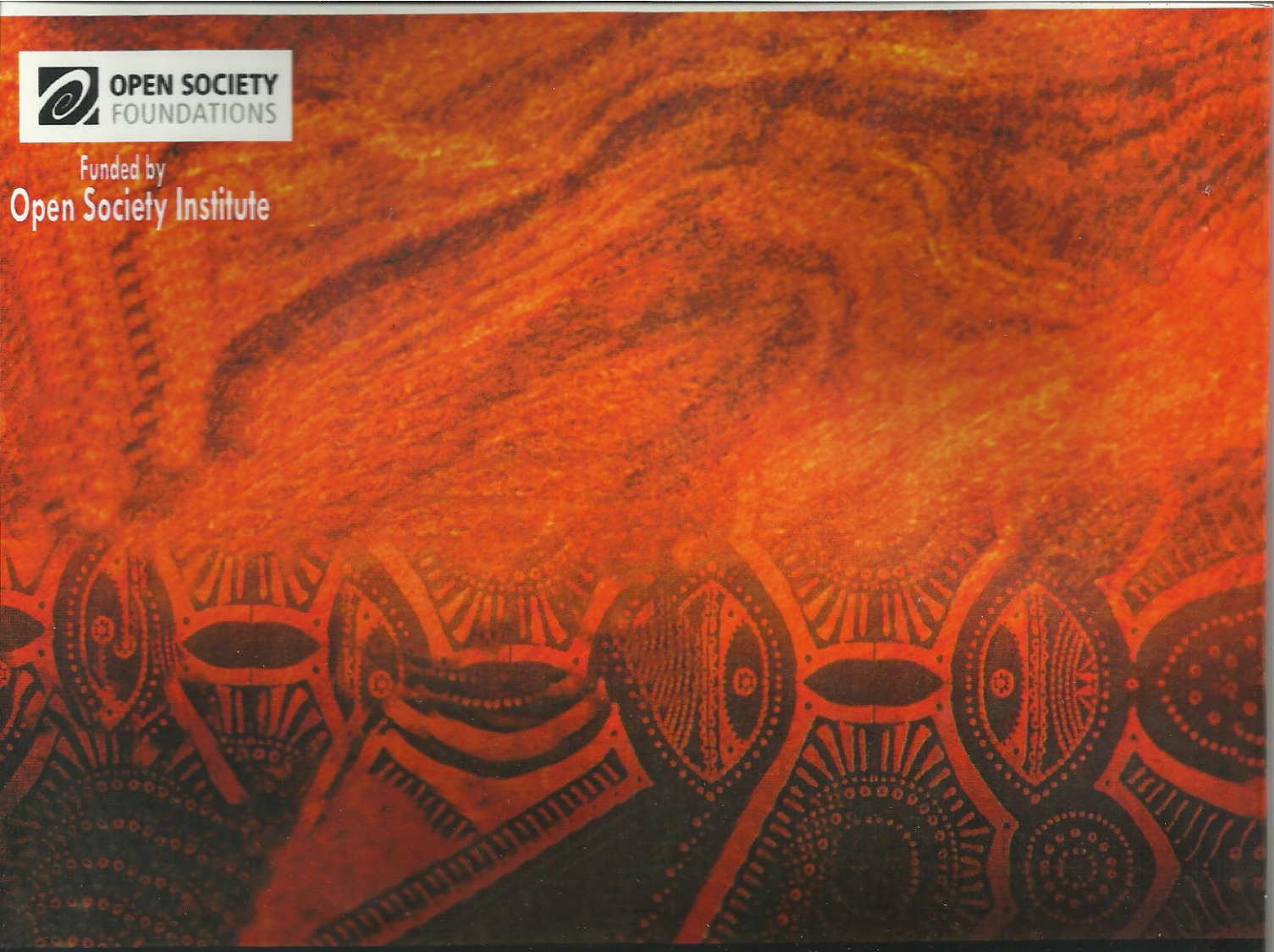

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