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Sexual and gender-based violence (SGBV) among protracted refugees in Nakivale refugee settlement, Uganda

Addressing gaps in knowledge and responses

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Acronyms

AIDS	acquired immune deficiency syndrome
ARC	American Refugee Committee
DRC	Democratic Republic of Congo
DRDIPD	Development Response to Displacement Impact Project
FGD	focus group discussion
FGM	female genital mutilation
GBV	gender-based violence
GBVIMS	Gender-based Violence Information Management System
GDP	gross domestic product
HIJRA	Humanitarian Initiative Just Relief Aid
HIV	human immunodeficiency virus
INGOs	international non-governmental organisations
IPV	intimate partner violence
LGBTI	lesbian, gay, bisexual, transgender, and intersex
MTI	Medical Teams International
MUST	Mbarara University of Science and Technology
NGOs	non-governmental organizations
NRC	American Refugee Committee
OPM	Office of the Prime Minister
PF3	Police Form 3
PRM	Population and Refugee Migration
PRS	protracted refugee situations
REC	Research Ethical Committee
RLP	Refugee Law Project
RWC	Refugee Welfare Committee
SASA	Start Awareness Support an Action
SEA	sexual exploitation and abuse
SGBV	sexual and gender-based violence
STI	sexually transmitted infections
UNDP	United Nations Development Programme
UNHCR	United Nations High Commissioner for Refugees
UWESO	Uganda Women's Effort to Save Orphans

Abstract

Uganda's refugee settlements are characterized by protracted refugees due to prolonged conflicts in neighbouring countries and the inability to find a lasting solution for the refugees. In these settlements, sexual and gender-based violence (SGBV) is widespread yet remains a silent affliction among women and girls, as well as men and boys, who are at an increased risk of multiple forms of SGBV as a result of protractedness. This empirical qualitative study carried out in Nakivale refugee settlement shows that prolonged stay has increased the vulnerability of the refugees to SGBV as it has created new forms of violence and exacerbated existing ones. The study findings further indicate that lack of durable solutions, especially the currently preferred resettlement, has contributed to protractedness and its related challenges. Sexual violence, intimate partner violence (IPV), and traditional harmful practices are the commonest forms of SGBV, and these have affected refugees' health – physically, psychologically, and socially. Several interventions, including health, legal, psycho-social, safety and security, and economic empowerment, are reported to be in place to prevent and respond to the problem, but SGBV still exists, and many survivors and their families still conceal their SGBV experiences. The findings suggest that interventions aimed at creating awareness have helped in reducing SGBV cases. However, there are still gaps as some refugees are reluctant to report SGBV, and some still fabricate SGBV cases to meet the resettlement criteria. Protracted refugees should continuously be involved in measures for both prevention and response to SGBV for sustainability.

Key words: sexual and gender-based violence (SGBV), protracted refugees, protractedness, Nakivale refugee settlement

1 Introduction

By mid-2022, there were an estimated 103 million forcibly displaced persons globally, due to persecution, conflict, violence, human rights violations, or events seriously disturbing public order (UNHCR, 2022). Uganda has the third largest refugee population in the world with 1.4 million refugees, after Turkey and Pakistan (UNHCR, 2021; UNHCR, 2022), despite having a gross domestic product (GDP) per capita income of only $858 (Macrotrends, 2022). Uganda is also known for having one of the most progressive and generous refugee laws and policy regimes in the world, as indicated in the 2006 Refugee Act and 2010 Refugee Regulations, which give refugees the same rights as nationals (UNDP, 2017; Coggio, 2018; Ahimbisibwe, 2020a). Despite the uncommonly generous policy landscape, conditions for many refugees remain grim, marked by inadequate resources, poor water and sanitation conditions, sexual and gender-based violence (SGBV), inadequate social services, and a shortage of food amid cuts to humanitarian nutrition programmes and shortfalls in international donor support. To make matters worse, the situation of many refugees living in Uganda is protracted. This is due to prolonged conflicts and human rights violations in the surrounding countries of South Sudan, Burundi, the Democratic Republic of Congo (DRC), Somalia, and Rwanda, which have continued to generate new refugee arrivals to Uganda (Mogga, 2017; Ahimbisibwe, 2020b).

In Uganda's refugee settlements, SGBV is widespread yet remains a silent affliction. Between January and November 2019, 4297 SGBV incidents were documented; 87% of the survivors were females, 13% were males, and child survivors accounted for 14% of the reported cases

(UNHCR, 2019). As indicated by the World Bank and DRDIP (2020), 81% of Uganda's refugees are women and children, who are at high risk of SGBV, including sexual exploitation and abuse, rape, and defilement, forced and child marriage, and intimate partner violence (IPV). In this study, we adopted UNHCR's definition of SGBV as any act that is perpetrated against a person's will and is based on socially ascribed (gender) differences between males and females, gender norms, and unequal power relationships. It includes physical, psychological and sexual violence, threats of violence and coercion, other deprivations of liberty, and denial of resources or access to services (UNHCR, 2003; UNHCR, 2011a; Simon-Butler and McSherry, 2018; Liebling et al, 2019; Lugova, 2020). IOM (2019) findings indicate that gender-based violence (GBV) causes long-lasting and detrimental impacts on the physical, psychological, social and economic well-being, safety and sovereignty of the individual, family, and everyone it affects. The effects of such violence are further compounded by lack of access to quality and appropriate healthcare and psychological support, as well as lack of appropriate security, redress, and access to justice (Odwe et al, 2018; Akumu et al, 2005).

SGBV is both a cause of forced displacement and a terrible consequence of the breakdown of family and community structures that accompany displacement. It can also be perpetrated by anyone, including individuals from host communities, from refugee communities, and humanitarian actors who have been entrusted with the task of protecting refugees (Freedman, 2016). Persons in positions of authority (police, security officials, community leaders, teachers, employers, landlords, humanitarian workers) may abuse their power and commit SGBV against refugees. Changed social and gender roles or responsibilities, as well as the stresses of displacement, can cause or exacerbate tensions within the home, sometimes resulting in domestic violence. SGBV is made worse with the prolonged stay of refugees, characterized by the lack of means of livelihoods and durable solutions (Krause, 2015). Although these challenges broadly relate to the presence of refugees, they are made worse by prolonged stay in the settlement (see Milner, 2014).

In Uganda, UNHCR designed a 5-year interagency SGBV strategy framework, which encourages a comprehensive and coordinated approach that is survivor-centered with multisectoral prevention and response. This framework focuses on a collaborative and community-based protection approach aimed at a community free of SGBV (UNHCR, 2016). In addition, UNHCR clearly spells out a set of guiding principles to prevent and respond to SGBV, which encourage co-operation among and concerted efforts by multiple sectors, organizations, and disciplines to tackle the complex problem of SGBV (see UNHCR guidelines on SGBV, 2003). In Uganda's refugee settlements, several interventions – safe house/shelter, health/medical services, legal assistance services, psychosocial services, safety and security services, livelihood services, awareness, and sensitization programmes – have been put in place to prevent and respond to SGBV in the settlements (UNHCR, 2019).

Despite the measures in place to prevent and respond to SGBV among refugees, including those in protracted situations, considerable numbers of refugees still face SGBV. As stated above, 81% of Uganda's 1.4 million refugees are women and children, who are at high risk of SGBV (World Bank and DRDIP, 2020). This situation raises several questions for this study: What are the forms/nature of SGBV in Nakivale refugee settlement? How does protractedness exacerbate SGBV? Why is SGBV persistent despite the measures in place to prevent and respond to it? Do refugees have knowledge about reporting procedures? Are refugees involved/empowered in fighting SGBV? This study attempts to answer these and other related questions, to contribute to the existing knowledge in refugee studies.

The protractedness of the refugee situation and SGBV

Protracted refugee situations (PRS) occur where refugees are living in exile for five or more years after their initial displacement, without any immediate prospects for accessing durable solutions. Their lives may not be at risk, but their basic rights and essential economic, social, and psychological needs remain unfulfilled after years in exile. Refugees in protracted situations find themselves trapped in a state of limbo: they cannot go back to their homeland, in most cases because it is not safe for them to do so; they are unable to settle permanently in their country of first asylum, because the host state does not want them to remain indefinitely on its territory; and they do not have the option of resettlement, as no third country has agreed to admit them and to provide them with permanent residence rights. A refugee in this situation is often unable to break free from enforced reliance on external assistance (Jacobsen, 2001; Crisp, 2002; UNHCR, 2004; Milner and Loescher, 2011; Milner, 2014).

Protracted refugee situations stem from political impasses. They are not inevitable but are rather a result of political action or inaction, both in the country of origin (the persecution and violence that led to flight) and in the country of asylum. They endure because of the ongoing problems in the country of origin and stagnate and become protracted as a result of responses to refugee inflows, typically involving restrictions on refugee movement and employment possibilities, and confinements to camps (Collins, 1996). In addition, prolonged refugee situations can generate several adversities for both the host community and the refugees, such as competition over resources like water and land, pressure on the available services, local tension between the two groups, insecurity, and the silent problem of sexual and gender-based violence.

In protracted refugee situations, specific factors contribute to gender-based violence. Refugees are often frustrated by their long-term refugee status and unemployment. Rates of alcoholism as well as anxiety and depression may be high. Competing international crises and seemingly intractable refugee situations may result in 'donor fatigue'. In some cases, as funding and international attention has decreased, the combination of scarce resources and male-dominated camp leadership and distribution structures exposes refugee women and girls to exploitative situations where they exchange sexual favours for aid supplies. The longer a refugee situation persists, the more entrenched refugee-run management structures may become, and the presence of international NGOs and UNHCR often diminishes (Human Rights Watch, 2003; Milner, 2014). Therefore, in Nakivale refugee settlement, the protracted refugee situation caused by the inability to find durable solutions has exposed refugees to SGBV.

2 Methodology

This study is based on empirical research conducted in Nakivale refugee settlement, Isingiro District, Southwestern Uganda, between October 2018 and March 2019, among the protracted refugees. Nakivale is made up of three zones – Basecamp, Juru and Rubondo – where research was conducted. Qualitative methods were used including in-depth interviews, focus group discussions, observation, and document review. A case study design was used to gain an intensive and in-depth understanding of the issues pertaining to SGBV (Holliday, 2007; Swanborn, 2010).

Nakivale refugee settlement is located close to the border with Rwanda and Tanzania. It was selected because it is one of the oldest and largest settlements in Uganda with multiple nationalities, including Rwandans, Burundians, Congolese, Eritreans, Ethiopians, Kenyans, Somalis, Tanzanians, Sudanese, and South Sudanese, and with a population of over 107,275 refugees (as of end of 2020). Most of the refugees have been living in the settlement for five years or more – some of whom, like the post-genocide Rwandan refugees, have been there for over 20 years – providing a perfect environment for analysing protracted refugees (UNHCR-Uganda fact sheet, 2018). This research selected only four nationalities – Rwandans, Burundians, Congolese, and Somalis – to comparatively understand SGBV in the settlement.

The study participants numbered 110 in total, of which 57 were males (40 for FGDs and 17 for interviews) and 53 were females (40 for FGDs and 13 for interviews). Participants included refugees and refugee leaders. Eight focus group discussions were conducted: two group discussions per nationality, with men alone and women alone. This distribution helped in understanding SGBV from different nationality and gender perspectives. Each focus group was composed of an average of 10 people. However, the final number of respondents for interviews was reached by saturation point – a point at which no new data was being added to the research by the respondents.

Refugee Interpreters (who could speak both English and the local languages) were selected, who then assisted in the data collection process. Given the sensitivity of the study, we had a counsellor on the team to counsel respondents/survivors who would often break down as they narrated their stories.

Respondents were selected using purposive and snowball sampling. The respondents included: refugees, settlement administrators (Office of the Prime Minister), security personnel/police, health workers/Medical Teams International (MTI), SGBV focal persons, counsellors, legal officers/Refugee Law Project (RLP) and protection officers, UNHCR and its partners responsible for SGBV like the American Refugee Committee (ARC), Tutapona[1], Humanitarian Initiative Just Relief Aid (HIJRA) and Nsamizi[2]. Some survivors of SGBV, both men and women, were reached through the organizations offering SGBV response services in the settlement and one led us to another by snowballing.

Data was analysed qualitatively using thematic and content analysis to derive meaningful information about the research problem. Interviews were audio recorded, and were later transcribed and analysed accordingly. Verbatim notes were also taken to back up the audio recorder. Ethically, all the participants took part in the research voluntarily after having been informed about the details of the research and their rights, as was stated in the informed consent form. Being a sensitive topic, rapport was first created to build trust with the respondents, and they were assured of confidentiality. The researchers would introduce themselves first and then inform the respondents of the purpose of research.

The research was principally to unravel how the protracted refugee situation exacerbates SGBV in the settlement, which will contribute to the existing body of literature on SGBV in forced migration. The research was a VLIR-South Initiative project, between Mbarara

[1] Tutapona is a Swahili word and the name of an organization supporting SGBV survivors. Tutapona, means 'we will be healed.'
[2] Nsamizi is the Training Institute for Social Development in Uganda which partners with UNHCR on different projects.

University of Science and Technology, Makerere University, and Vrije Universiteit Brussels, sponsored by VLIR-OUS, Flemish Inter-University Council. The research was cleared by Mbarara University of Science and Technology Research Ethical Committee (REC) and permission to enter the settlement was sought from the Refugee Desk Officer, Office of the Prime Minister (OPM). This letter was delivered to the camp commandant who is the administrative head of the settlement representing OPM.

The next section brings out the key empirical findings from the field.

3 Study findings

Introduction

This empirical section intends to unravel how protractedness increases the vulnerability of women and men to SGBV in Nakivale refugee settlement. It answers questions around the conceptualization of SGBV by the respondents, the nature/forms of SGBV, consequences of SGBV, reporting procedures, interventions, and how protractedness of refugees in the settlement is an SGBV risk factor. When asked how long the refugees have spent in the settlement, the majority mentioned between 5–25 years. Asked why they have spent so long in the settlement, the refugees mentioned: prolonged conflicts, insecurity and human rights violations back home, lack of home or where to return, destroyed property, fear to start from scratch and continued discrimination back home, seeing other refugees still fleeing from their respective countries (hence refugees believe that if they return, they will not be safe), and lack of durable solutions and prospects for resettlement in a third country (Interview, refugees, Nakivale, 2019). Conditions in exile such as relative security were also mentioned. As Karooma (2017) put it, experiences of exile and the extent to which conditions in the country of origin have changed contribute to long-term refugees.

Overall, according to the refugees themselves, the protracted refugee situation in Nakivale was found to be characterized by: vulnerability to SGBV, inhospitable environment, insecure and undeveloped border areas where refugees still face attacks from their countries of origin (such as Rwanda, Burundi and DRC), food insecurity including halved food rations, limited education services, limited health services, poor sanitation, insufficient land due to increased number of new arrivals, majority born and grown up in exile (which limits their ability to return home), psycho-social problems, gender related issues, despair, depression, dependency, low self-worth, aggression, stress, boredom, lost masculinity where men feel they have lost their traditional roles, strange rules and regulations, negative coping mechanisms (e.g. prostitution and theft), social tension and violence, declining political attention, and restricted rights – legal, movement and political (Interviews, refugees, Nakivale, 2019). The findings indicate that protractedness and its related problems have become a major driver of SGBV among refugees in Nakivale refugee settlement. The findings are in line with Milner (2014) who states that protracted refugees find themselves trapped in a state of limbo and are prone to a myriad of risks and vulnerabilities.

The conceptualization of SGBV by protracted refugees in Nakivale refugee settlement

There were varying views on how people in Nakivale understand SGBV, some of which were gender-specific and others nationality-based due to the socio-cultural systems of the different nationalities in the settlement. The respondents' views ranged from a forcible act inflicted on someone against their will to weaknesses in social services in the settlement, as seen below:

> To have sex with a woman using force and without her consent or a bad act done to the partner or someone in the community without their consent (FGD, Congolese men, 2019).

> If a woman is raped several times, it is SGBV. We have been raped from home, during flight and we face the same here in the settlement... (FGD, Congolese women, 2019).

> When a woman has no voice in the family because she is not empowered and cannot make decisions. We can't even shake hands because we are Muslim women. Some women and girls have run away from Somalia because their husbands were abusing them and forcing them into polygamy. Sometimes a man of 60 years marries a girl of 14 years, and we have no say as women... (FGD, Somali women, 2019).

> Conflicts in a home between a man and a woman. This leads to quarrels and misunderstandings which result into a wife running away to his parents. Most conflicts are due to financial inability in the settlement... (FGD, Somali men, 2019).

> Sometimes, if a woman has a plot of land or domestic animals, and a man takes them by force. Some men sell the food and non-food items leaving the family without anything to eat (FGD, Rwandan women, 2019).

> If a man cannot provide basic needs for the family due to lack of jobs; we are neither respected by our wives nor children. Some of our wives involve in extra marital relationships with men with money which leaves us emotionally derailed (FGD, Rwandan men, 2019).

> Sometimes our wives deny us sex because we cannot meet all the family demands due to poverty and sometimes our wives threaten to delete us from the attestation cards, which keeps us on tension (FGD, Burundian men, 2019).

> Not being listened to in different offices because we have taken long in the settlement. When we seek help in offices here, they do not pay attention to us. I think that's violence because when you are a Burundian refugee who has been here for a long time, no one listens to you, but other refugees who have just come are listened to and even resettled (FGD, Burundian women, 2019).

The general understanding in the refugee community was that SGBV is any forcible act inflicted on someone against their will. SGBV was perceived as a wide concept that encompasses issues especially related to human rights including defilement, rape, wife battery, domestic violence, early/forced marriages, sexual assault, early sexual engagement among girls, cross-

generational sex, transactional sex, female genital mutilation (FGM), abandonment of families by men, denial of sex by a partner, marital rape, and lack of decision-making powers in the family. Inability to access medical services and educational opportunities due to weaknesses in the provision of social services to refugees in the settlement was also viewed as SGBV. And not being paid attention to when seeking help from humanitarian actors was also perceived as SGBV.

It was also noted that with changing roles and the provision of family basic needs by UNHCR and its partners, social relations are gradually being restructured to such an extent that men's patriarchal power is at stake in the refugee families. Failure to provide the basic needs of the household has resulted in the loss of men's privileged status in the family, which they also perceive as SGBV. This was alluded to by women in a group discussion who narrated how 'UNHCR is a better husband', because it has taken over the provisioning role for their families.

Therefore, in relation to UNHCR's definition of SGBV adopted in this study (UNHCR, 2003), the refugees' understanding of the same goes beyond physical and sexual forms, intimate partner violence, harmful traditional practices like early/forced marriages, FGM, and denial of education to girls, to include emotional and psychological forms such as humiliation, exclusion, and denial of resources and services.

Protractedness in the refugee setting was found to have created new forms of violence and exacerbated existing ones. For example, girls are forced to get married at an early age or to a man not of their choice because their parents are interested in the bride price for economic survival. As a respondent noted, 'the desire for bride price is a major cause of early marriages and what brings this up is poverty.' Also, it was established that due to low household incomes, refugees have resorted to negative survival mechanisms like transactional sex, theft, and gambling. Other refugees negotiate rape and defilement cases with the perpetrators to get money. In addition, refugees see staying in the camp for a long time, i.e. over 5 years, without a solution in sight as a form of violence. Some talked about denial of resettlement opportunities to the third country when they feel they are eligible.

Refugees feel that the longer they stay in the settlement, the more SGBV related problems they face. SGBV and its related challenges were understood to be perpetuated by: lack of durable solutions, need for resettlement, lack of means of livelihoods, poverty, substance abuse, frustration, discriminatory gender roles, lack of awareness, male dominance, gender inequalities and abuse of power, women's economic dependence, infidelity, inadequate camp facilities, social isolation, lack of support, weak law enforcement, culture, religion and marriage practices. There is also a widespread acceptance of violence, which is reinforced by social norms (Interview, refugees, Nakivale 2019). These causes are in line with other studies about SGBV among refugees (Okot et al, 2005; Krause, 2015; Atuhaire and Ndirangu, 2018; Kaziridou 2018; Odwe, 2018; Briddick, 2019; Lugova et al, 2021) and the incidence rates are made worse by the prolonged refugee situation.

Thus although the refugee community in Nakivale had a relatively good understanding of SGBV, they were not able to differentiate acts of gender-based violence from general human rights violations in the community that may not be necessarily gender-based.

SGBV and protractedness: experiences of survivors in Nakivale refugee settlement

> Protractedness further exacerbates refugees' vulnerability to different forms of violence… (OPM official, Nakivale refugee settlement, 2019)

During interviews, protractedness and the past flight experiences were linked together by respondents. Some shared their experiences of how they have faced SGBV in their countries of origin, during flight, and in the country of asylum, Uganda. They believed that prolonged stay due to a lack of durable solutions has exacerbated SGBV and its related problems. A survivor narrated her SGBV experiences:

> We started experiencing SGBV in 2007 right from DRC during the war where most of us were raped, our children defiled, and our husbands abducted or killed. We were equally not spared during flight and on arrival at Bunagana border with Uganda where we were received. Since our arrival at the reception centre in Nakivale where we spent over three months, and after ten years of stay in the settlement, SGBV has not stopped. Personally, I have been raped several times both at home, during flight and in the settlement—I even lost the count… (Interview, Congolese woman, 46 years, Nakivale, March 2019)

UNHCR (2003) and Krause (2015) point out that SGBV is faced at different stages of displacement: during conflict prior to flight, during flight, in the country of asylum, during repatriation, and during re-integration. In her research conducted in Kyaka II refugee settlement in Uganda, Krause (2015) stresses the possible connectedness of violence during the sequent periods from conflict to displacement. She found that especially female but also male refugees were not only confronted with violence during conflict but also during their flight and encampment, which suggests a continuum of violence.

In a related case, another survivor aged 22 reported having been defiled in North Kivu, DRC in 2011 and in the settlement:

> At the age of 14, I was gang raped several times by soldiers during the war and I became sick and pregnant. Later alone, my family and I fled to Uganda. On arrival in Nakivale, I was diagnosed and treated for sexually transmitted diseases including HIV which had led to abdominal pains. In February 2017—here in the settlement— I was raped by a Somali man, when I had gone to his home to wash his clothes for a living. 'I felt so bad in my stomach because I still had pain from the other rapes in DRC.' When I reported, the medical personnel carried out tests and I was found to be pregnant. I reported to police, but the perpetrator was never arrested because he disappeared from the settlement. I was counselled at the health centre… and I am being supported by Tutapona, but when I remember such incidents, I suffer from headaches. As a result of rape, I got a disease in the lower abdomen, I bleed and feel pain all the time. I always seek medical attention, but I still bleed. I have also developed fibroids which I have been operated on twice, but I have not yet healed. I applied for resettlement, but I was not considered. (Interview, female, 22 years, Nakivale, 2019)

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

Most refugees reported seeking durable solutions to end their stay in the settlement, with most respondents pointing to resettlement as their preferred durable solution. But with available places very limited, this was in vain, as one refugee said:

> If my family had been granted resettlement, I would not have been raped, but for us Rwandans, nobody listens to us when we apply for resettlement—they force us repatriation and yet the causes of our flight have not abated (Interview, Rwandan refugee, female, 2019).

Men also revealed having escaped being killed and abducted to be conscripted in the militia groups, but they were unable to escape SGBV (Interviews, men, Nakivale 2019). A Congolese man reiterated how he and other men were raped during war by combatants in Congo:

> People and researchers like you think that it's only women who are raped. Men are also punished through rape, inserting sticks in our anus and other SGBV forms during war. Most men are killed or abducted, so like women, men also have their share during the war. I was raped several times during the war, and I could not hold or control faeces, until I came to Uganda and got treatment. Even here in the settlement, we are not spared from other forms of SGBV regardless of the time we have spent (Interview, male, Congolese, March 2019).

This is in line with findings by Sivakumaran (2007), who states that, 'Sexual violence is committed against men more frequently than is often thought. It is perpetrated at home, in the community … by men and by women during conflict and displacement …' Men face particular forms of male sexual violence during conflicts: rape, enforced sterilization and other forms of sexual violence, including enforced nudity, enforced masturbation and genital violence. The lack of hard numbers is due to the under-reporting of the practice. It is generally accepted that there is an under-reporting of rape and sexual violence in general, and male rape and male sexual violence in particular (Clarfelt, 2014; Jenny et al, 2018).

In general, the findings indicate that sexual violence, i.e. rape, defilement and survival sex, are very common in Nakivale. This is in line with findings by Mwenyango (2023), who examined SGBV faced by refugee women in Nakivale. Our findings indicate that sexual violence has been made worse by the prolonged stay, the camp environment, desperacy, idleness, drug abuse, and for survival. The police and health centre records allude to the same, for example, of over 200 cases reported, more than half were sexual violence: rape and defilement. According to a GBVIMS report, by 31 December 2018, 259 SGBV cases were reported in Nakivale (240 female and 19 male) and rape and defilement counted for 83% of the cases reported (GBVIMS 2018). Furthermore, early engagement in sex by young girls was cited through early and forced marriages (Interview, SGBV focal person, 2019).

Data from interviews and focus group discussions with women frequently brought out the issues of rape, defilement, and sexual exploitation in the host country. Women were not shy to openly share their experiences of rape in group discussions, which implies that most women have been affected in the same manner.

Some rape survivors said that they have been raped in search of firewood, food, water, employment, and other means of livelihoods both in the settlement and in the host community. One woman interviewed revealed:

> I went to collect firewood and as I was in the bush, two men appeared, I don't know where they came from; they got hold of me with force and raped me. One covered my mouth not to make noise as another one raped me. They kept raping me in turns, it was a bad experience for me…' (Interview, Rwandan woman, 34 years, March 2019)

Several women echoed having been raped in search of food or employment in the host communities. Another woman narrated how she was raped as she was returning from a water point. Our findings are in line with Lugova et al (2021), who indicate that women face sexual assault while searching for essential needs or domestic purposes.

The findings also reveal a unique case where men hire out their wives for sex to earn a living; this is the extent to which protractedness has worsened the existing conditions in the settlement. For instance, a woman (survivor) revealed:

> One evening, I was with my husband in our house, then my husband went out of the house, no sooner had he left than his friend came and raped me. When I alarmed, he intimidated me with a knife. Afterwards, my husband appeared, and the friend gave him thirty thousand Uganda shillings (about 9 dollars) and my husband escorted him (my perpetrator) as they laughed out loud. This seemed a planned arrangement between my husband and the friend. I reported to police and went to the health centre for check-up… It was termed as a complicated and unique case at police because my husband defended the friend saying, the incidence did not happen. (Interview, survivor, female, 32 years, Nakivale, February 2019)

An interview with the police SGBV focal person confirmed that husbands hire out their wives for sex at a fee. This is related to negative survival strategies arising from the prolonged stay in the settlement.

Another case in the settlement is fabricated sexual violence cases for resettlement. Although defilement and rape cases were said to be common, it was reported during interviews with the police officers, SGBV focal persons, refugee leaders, UNHCR officials, and the health workers in charge of SGBV that sometimes SGBV is fabricated by some families to get a reason for resettlement in a third country. The refugee leaders added that some parents insert toothpaste, fresh meat, sticks and other objects in their daughter's private parts and claim defilement by unknown persons in order to be resettled (Interviews, refugee leaders, 2019).

A UNHCR official in charge of resettlement stated:

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

While resettlement is used to provide a durable solution for refugees in protracted situations, especially those with acute protection problems i.e SGBV (see UNHCR, 2011b), only a few slots are available for refugees in Nakivale.

Refugees also argued that if they were given resettlement opportunities, harmful traditional practices would be reduced. Respondents pointed to female genital mutilation (FGM), early marriages, forced marriages, widow inheritance, polygamy, witchcraft, and son preference as some of the existing traditional practices in the settlement. Some of these practices, like FGM and early marriages (below 18 years), are prohibited as per Uganda's constitution. However, FGM is believed to be practiced illegally in the Somali community, as noted by camp officials, police and health workers, but it has never been brought to the attention of the camp authorities since it is part of their tradition. Different organizations have endeavoured to sensitize the refugee communities about FGM, and the refugees are aware of repercusions when caught. In a group discussion with Somali women, when asked whether FGM is practiced, the women (who had to speak through the leader) looked at each other, and the leader, answered no, that it is not practiced. From observation of non-verbal cues in the group, we surmised that FGM is practiced in the settlement among the Somali community.

Another traditional practice pointed out was son preference, with one respondent mentioning that in their culture, boys are preferred more than girls: 'Giving birth to/bringing up girls is like watering the neighbours garden' (Interview, Burundian man, 2019). Witchcraft among the Congolese was also pointed out and some women mentioned that they are tortured psychologically when accused of witchcraft which they term as GBV. From the police records, only 5 cases of harmful traditional practices were reported in 2017/2018.

In Nakivale, SGBV was said to be perpetrated by intimate partners and intimate kins, with men pointed out as the usual perpetrators. This is in line with Atuhaire and Ndirangu (2018), who found that women in refugee camps and settlements are often abused by their husbands or other male family members or providers. These men often control the family resources and are the sole decision makers in their families. However, women were also mentioned to be perpetrating violence in Nakivale. One interviewee said that women have a lot of rights in the settlement, so they use their power to bully their husbands. This was confirmed by the OPM officer who added that they also get complaints from men whose wives have threatened to remove them from the attestation cards (Interview, OPM Official, Nakivale 2019). Other perpetrators mentioned include nationals/host community members, camp/NGO officials, foster parents, parents, teachers at schools, refugees, unknown people, sugar mummies and daddies, neighbours, and refugee leaders.

The findings indicate that common places where sexual violence takes place are water collection points, roads, homes, neighbours' homes, schools, on the way to health centres, churches, bars and video halls, reception centres, relatives' homes, foster homes, in search of

food and work in the refugee settlement and in the host community, food distribution centres, work places, leaders' homes, market places, and when walking long distances and at night. There were cases of alleged services for sex and food for sex, but the camp official refuted this and said that the refugees sometimes try to seek attention from researchers by mentioning issues which require empathy in order to get help (Interview, OPM Official, March 2019). All these forms of SGBV do not only affect protracted refugees, but overstaying was said by refugees to have increased their vulnerability to SGBV.

Consequences of SGBV in Nakivale refugee settlement

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

The findings reveal that the survivors, their families, and their community are at a high risk of severe health and psychosocial problems. The victims and their families face emotional and physical trauma. The most serious SGBV consequences include death, suicide, homicide, maternal mortality, infant mortality, despair, and sexually transmitted diseases (STDs) like HIV/AIDS. One family had been traumatized by the death of their daughter through aggravated defilement, and the perpetrator disappeared from the settlement and has never been found. Some women victims narrated stories of trauma from uncountable rapes faced from home to the settlement. One woman revealed having lost her marriage as a result of rape. 'The problem, us the victims are always blamed for the unexpected incidences of sexual assault,' said a survivor. And men reiterated having lost masculinity as a result of prolonged displacement and being unable to protect their families from SGBV (FGDs with men, 2019).

Other consequences are family breakdowns, poverty, failure to send children to school, unwanted children because of rape and defilement, early marriages, psychosocial problems, stigma and isolation, and health consequences such as fistula (FGD, refugee leaders, February 2019). Some victims also end up as perpetrators of SGBV because of their anger. The consequences on the perpetrators of SGBV are shame and relocation from the settlement for fear of vengeance; arrest, imprisonment and prosecution by police and courts of law; insecurity, and regrets (ibid 2019). However, some perpetrators were reported to sometimes change and become change agents (Interviews, SGBV focal person, Nakivale, March 2019).

At the institutional level, the camp officials reported having faced different challenges in trying to solve SGBV cases among the protracted refugees. 'When they demand for quick services, i.e on SGBV cases and durable solutions in vain, they blame us for their long stay. However, they have been availed the option of returning home and they are reluctant to return; majority prefer resettlement, which is not readily available' (Interview, OPM Official 2019). Some refugee officials reported having been abused, jeered at, spat at, and insulted by hostile refugees as they handle their SGBV cases. A police officer reported bribery allegations in handling cases, and sometimes they are held responsible for the cases' outcomes. 'Sometimes when we assist women in domestic violence cases, we face claims by their husbands of having an affair with them,' said a police officer. It was further revealed that their colleague was assaulted and killed by refugees. He added, 'we risk living with very trained and yet desperate people in the

settlement; some refugees are combatants right from their countries of origin' (Interview, police officer, March, 2019).

At Nakivale health centre, health workers also reported fabricated cases and corruption allegations by the refugees. 'When refugees want to involve us in their false SGBV claims for resettlement and we decline, they concoct cases against us,' said a health worker. 'For instance, in 2014, a man brought a daughter alleged to have been defiled, and after thorough examination, the girl had no penetration signs by a male organ. The father offered me money to the tune of 2 million Uganda Shillings (about 700 dollars) to write a health report in deception and I refused. He banged my table loud and abused me that I will die poor; but deception is against my ethics as a trained health worker' (Interview, SGBV focal person, Nakivale Health Centre, March 2019). Some desperate refugees were also said to have attacked officials and vandalized or caused damage to existing property. One official revealed that a refugee approached her for a love affair and when she rejected the proposal, the refugee decided to compose a song using her name, which affected her psychologically. Another official added, 'here in the settlement, we have to be careful, otherwise we can be raped by the desperate refugees'. Additional consequences for officials included being burdened with taking care of abandoned children, false allegations and defamation by the refugees, empathy and sympathy, and handling SGBV cases daily which affects them psychologically (Interview, OPM Official, March 2019).

SGBV reporting process in Nakivale refugee settlement

> We keep it (pain) in our hearts… (FGD participant, refugee man, December 2018)

Although an illustrated referral pathway was provided to us by the camp officials in the settlement, reporting was found not to be homogeneous, which leads to reporting gaps. Some refugees report differently to the recommended pathway, while others do not report at all – as some mentioned, they deal with their pain in their hearts. Refugees and camp officials said that whereas there is a referral pathway, cases are reported to different referral points depending on the gravity and nature. For instance, criminal cases like aggravated assault, murder, defilement, and rape go directly to the police, prison, and to courts of law.

However, the official referral pathway has four different referral points. These start with the survivor of SGBV telling the closest person/family or the community member/leader, and the survivor then being escorted to referral point 1, for medical care at health centres or from agencies like Medical Teams International (MTI). At this referral point 1, medical examination, HIV and pregnancy test, wound treatment, treatment for STI prophylaxis within 120 hours, counselling, and completion of Police Form 3 (PF3)[3] are done. Child survivors of SGBV are referred to Alight (formely ARC) or UNHCR in the best interest of the child. Safety and security are referral point 2. This includes police and agencies like OPM, ARC/ALIGHT and UNHCR. The services include arresting the perpetrator, issuing of PF3 free of charge, gathering evidence and compiling the case file, informing survivors and witnesses on court hearing dates, providing physical protection, escorting survivors to the relevant offices, transporting perpetrators, community policing, and referral of the case to the courts of law. At referral point

[3] PF3 is a police form given to the victim/survivor to take to the health centre to fill in health-related information regarding the SGBV or any other form of violence that has taken place after thorough check-up.

3, psychosocial support is provided by agencies like ALIGHT (ARC) /UNHCR (main partners), OPM, MTI, UWESO, Nsamizi, NRC, good neighbours, and senior male and female teachers within schools. At point 3, survivors receive the following services: case identification and management, counselling, material and livelihood support to survivors, accompanying survivors for medical care, follow up and referral, ensuring survivors' safety and security, transport and support through referral to other service providers, and education support. At referral point 4, legal action is taken. This is done by UNHCR in liaison with ALIGHT (ARC), the police, NRC, the Refugee Law Project, and OPM. These inform survivors of court hearings; provide legal counselling to survivors, family members, witnesses, and perpetrators; transport, accommodation, and meals for survivors/witnesses to attend court; follow up and referral of cases to relevant stakeholders; legal representation of survivors in court; and participation during the court sessions. In all these, respect for the confidentiality, safety and security of survivors is key. It was reported a survivor-centred approach is taken, where rights, needs and wishes of survivors are prioritized following the 'do no harm' principle.

Other cases of SGBV such as domestic violence are reported to the community elders and local leaders (Refugee Welfare Committees: RWCI, RWCII, RWCIII - referred to as president/presida), and if they cannot be addressed, they are sent to higher offices like police and protection offices. The referral pathway comprises health centres including Medical Teams International (MTI), SGBV agencies that deal with protection like International Rescue Committee (IRC), American Refugee Committee (ARC), TUTAPONA, Nsamizi, International Medical Corpse (IMC), OPM (Head of settlement and SGBV focal person), UNHCR and its implementing partners, Refugee Law Project, Population and Refugee Migration (PRM), churches, and child protection organisations like HIJRA.

However, the research findings show that despite the clear referral pathway and the reporting processes in the refugee settlement, some families and some refugee communities prefer to handle cases at their level, including criminal cases like rape and defilement. Some refugees said they prefer to handle their cases amicably at the family or community level to be able to be compensated by the perpetrators. Refugees revealed that in most instances, they do not report to police because they fear retribution from the perpetrators, shame, the bureaucracy in the reporting process, and the time taken to complete the case, with some survivors reporting losing interest in extended cases. They were also concerned with the way their cases are mishandled by the police, together with the traumatizing questions asked to the victims if they are taken to court, like: 'how did he penetrate?' 'Did you enjoy?' Other refugees said that the distance from their areas/zones, such as Juru and Rubondo, to the Base camp where most offices are, affects their reporting. The majority lack transport to travel to the Base camp, and hence resort to their own means of handling SGBV.

Refugees also reported being charged for Police Form 3 (PF3) and paying the police officers in charge of their cases. The high costs involved in pursuing cases through the police and the courts of law, i.e. reporting fees and facilitating the investigation process, are another hindrance. They also reported being charged at the health centre, a claim which was refuted by the health workers at the health centre (Interview, health worker, Nakivale Health Centre, March 2019). Therefore, refugees prefer to settle their cases at a community level due to the costs involved. However, the police reiterated that their services are free, and they added that such allegations are made by refugees who do not want to report. One police officer said that some people do not report in cases of defilement because the parents are compromised; for example, parents are paid or compensated by the perpetrators.

Culture and religion were found to be a pertinent issue influencing reporting, for instance the Somali Muslim community reports least because of their strong cultural and religious background. They handle most of their cases internally within their communities, through their community elders, unless the case involves a Somali and another refugee nationality (Interview, police officer, female, March 2019). During interviews and group discussions with the Somali community, they reiterated that from their cultural and religious background, they are not supposed to expose themselves. 'This is like washing our white linen in the society not of our origin, and besides, even if we report, there seems to be no solution from the camp officials' (FGD with Somali women, February 2019). This was observed during the focus group discussion with Somali women, where all the participants had to speak through their woman leader/elder who would tell the interpreter what to say.

Related findings indicated that the victims and their families sometimes do not report cases for fear of reprisals by the perpetrators. Other factors hindering reporting are: negative attitudes, socio-cultural factors, lack of sensitization and insufficient information, victims not being helped, perpetrators paying money to influence outcomes of the case, lack of understanding of what SGBV is, some women/girls being attracted by some benefits e.g. gifts, some women fearing that reporting may lead to divorce, while some Rwandan refugees said that they are not interested in reporting SGBV because they are not entitled to resettlement (interviews with refugees, 2019).

Findings indicate that reporting among the Congolese was not common, but since the inception of a resettlement program for Congolese, they now report their cases more than other nationalities. Some survivors said they report to get resettlement in a third country because they are threatened by their perpetrators (FGD, Congolese women 2019). A police officer noted that the SGBV prevention and awareness measures by different organisations have helped to increase reporting among the refugees (Interview, police officer, female, January 2019).

In a group discussion with Congolese, Burundian and Rwandan men, the participants said that men rarely report, especially when victimized by their wives, for fear of social exclusion and stigmatization, and that women perpetrators have taken this for granted. As a participant said, 'If a man reports and narrates having been beaten by the wife, he can be a laughing-stock and a reference point in the settlement. We, therefore, keep our pain in our hearts' (FGD participant, Rwandan, male, 2019). This is in line with a study by Chynoweth (2017) with Syrian men and boys, who reiterated that they also keep their pain in their hearts. Another man reported having been battered by his wife frequently and was finally chased away from home, but he has never reported for fear of exposing his marriage affairs, so he suffered silently, and he now lives with a friend's family. 'How do I report that I was battered and chased away from home by my wife?' (FGD participant, Burundian, male, 2019). Also, some survivors (both men and women) are afraid of being isolated and marginalized by the community, and hence do not report. These findings highlight that some cases go unreported and undocumented in the settlement.

Empowering protracted refugee communities to prevent and respond to SGBV

Different actors in the settlement reiterated different activities carried out in the settlement to empower refugees to prevent SGBV (at the causes level, e.g. scaling up activities that promote gender equality, working with communities, involving refugees especially men and boys in SGBV prevention programmes, SGBV sensitization campaigns, addressing harmful traditional practices, etc.) and to respond to SGBV (at the consequences level, e.g. psycho-social programmes to attend to survivors, health services, legal services, economic and livelihoods programmes, etc). The findings show that there is collaborative involvement of different actors and refugees in fighting SGBV. 'We intend to collaboratively fight SGBV right from the grassroots where it takes place, so that the whole society becomes a change agent. By involving refugees, it helps to address gaps in SGBV knowledge and responses' (Interview, SGBV focal person, Nakivale, March 2019).

Door-to-door approaches such as KUJA KUJA (which literally means 'come come') were said to be employed to increase SGBV reporting. A group of refugees has been empowered by different actors like Alight (ARC) and HIJRA to visit every household in the settlement to create awareness and to identify SGBV cases in the community which would have gone unreported. Some groups of refugees were said to be change makers – getting into the community, finding out their needs and acting on them (Interview, ARC official, Nakivale, 2019). All these actions aim at improving SGBV preventive and response measures in the settlement. The involvement of refugees helps organisations to get real time information from the community and then to act and provide support accordingly. This has addressed SGBV information gaps in the settlement.

SASA campaigns were said to be useful in creating awareness and empowering refugees against SGBV. SASA is a four-sided methodology, i.e. Start, Awareness, Support, Action. These campaigns encourage people to act now to prevent and respond to SGBV. They further mobilize the community to prevent and respond to violence against women and girls. They focus on people's strength to prevent and respond to SGBV, and empower people with enough knowledge to handle and to prevent SGBV. At the support level, people are encouraged to join and work together in fighting SGBV, while the action phase is the actual implementation stage. In general, SASA builds peoples' capacity to fight SGBV through creating awarenes.

Survivors' clubs were said to exist in the settlement, for instance, the men of peace support group. An official from the Refugee Law Project said that as men are also survivors of sexual violence, such as rape by their fellow men in their countries of origin which is sometimes extended to the settlements, 'they also need support in the camps' (Interview, RLP official, March 2019). Camp officials also noted that survivors have been supported; for example, male survivors have been assisted to start milling machine projects for income generation, while women and girls have been supported with tailoring training to improve their skills and help them earn a living.

It was noted by the camp officials that poverty is a major cause of SGBV in the settlement. Hence refugees and survivors have been helped to overcome poverty through different programmes. Some have been supported through greenhouses where they plant tomatoes, Sukuma wiki, onions, carrots, cabbages, and other vegetables. For sustainability, refugees with the greenhouses project are given seeds at the beginning, and when they sell their produce they buy the seeds for themselves.

Refugees and survivors have also been encouraged to start village saving groups for peer support. Refugees who belong to a saving group said that they have so far saved 16 million Uganda Shillings with Opportunity Bank. Officials reported that all these projects are meant to empower community members to empower others (Interview, camp official, March 2019). Data from refugees and camp officials shows that some refugee survivors have been given motorcycles (boda-bodas) through loans, which they pay back little by little per month to own them and support others to acquire boda-bodas. These boda-boda riders have formed an association to create awareness about SGBV. The motorcycles are coloured yellow and green and whenever the community members see them, they are reminded to report SGBV cases. These boda-boda riders act as ambassadors for different organisations to preach about SGBV prevention and response measures in the communities (Interviews, refugees and camp officials, Nakivale, 2019).

More awareness is created through religious leaders, refugee leaders, community and local activists via trumpets and megaphones (to communicate around the settlement about SGBV), media and advocacy, drama groups, games and sports, printed T-shirts with SGBV messages, leaflets, banners and signposts with a message like 'Nakivale says no to violence against women', home visits by TUTAPONA for trauma rehabilitation and psychosocial programs, radios, involvement of both men and women in SGBV dialogues, and volunteers in villages to sensitize people. Different actors reported that with these SGBV awareness campaigns, SGBV cases have reduced compared to the previous years.

Despite all the actions undertaken to empower refugees and the community to prevent and respond to SGBV, gaps still exist. This is because some people do not act on the awareness created and some are new arrivals, hence awareness raising must be continuous. Furthermore, the protractedness of refugees in the settlement has contributed continuously to increased SGBV cases because refugees are desperately in need of durable solutions, which are not in sight, and they resort to negative survival strategies like involvement in prostitution, drug and alcohol abuse, theft of food and property, selling of the family food rations and non-food items, and concocted insecurity cases to earn resettlement.

4 Conclusions

In conclusion, the study found that protractedness is one of the major drivers of SGBV in Nakivale refugee settlement. The failure to find desirable durable solutions has resulted in increasing numbers of protracted refugees in the settlement. The longer the refugees stay in the settlement, the greater their vulnerability to SGBV. The commonest forms of SGBV were found to be sexual violence (rape, defilement and survival sex), intimate partner violence, and harmful traditional practices like forced/early marriages. The study found some unique SGBV cases like men hiring out their wives for sex for survival. Also, some refugees fabricate SGBV cases in order to meet the resettlement criteria; for instance, they insert objects in their daughter's private parts to claim sexual violence and insecurity in the settlement as a reason for resettlement.

Different awareness approaches to prevent and respond to SGBV have been put in place by different humanitarian organisations, and some refugees have been involved to tackle the SGBV

problem from the grassroots, which was reported to have reduced SGBV cases. Refugees were found to be aware of the reporting procedures such as the referral pathway and different reporting steps, however, some are still reluctant to report because SGBV carries stigma, with some survivors, especially men, preferring to conceal their experiences of abuse.

The study further found that due to an increased number of new arrivals, e.g. from the DRC, resources such as land, services, food and non-food items have been reduced (to cater for the new arrivals), which has compromised the survival and the well-being of the protracted refugees. Several organisations, UNHCR and the Office of the Prime Minister have tried to bridge the gaps in knowledge of and responses to SGBV through different approaches, but SGBV still exists. This is because of overstay in the settlement, the search for durable solutions like resettlement, cultural and religious backgrounds, loss of patriarchy status, camp environment, and survival strategies. Therefore, protracted refugees need to be continuously involved in mechanisms for both prevention and response to SGBV for sustainability. There is a need to empower the protracted refugees with alternative means of livelihoods through improving skills and supporting them with capital to start businesses and income-generating activities to support their families.

SGBV was commonly said to happen at distant water points and when in search of firewood, thus the camp management should establish functional water points in the settlement to reduce risks of women and girls being raped in search of water. More creative ways of getting fuel for cooking should be developed like the use of briquettes, and availability of alternative fuels to firewood like gas and electricity. It is also important to ensure sufficient lighting and security patrols at night to prevent SGBV in the settlement. Furthermore, durable solutions should be availed to the refugees wherever possible to reduce the challenges associated with prolonged stay. Further research needs to be carried out on why refugees stay so long in the settlement without solutions in sight.

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