

Sexual and Gender-Based Violence and Torture Experiences of South Sudanese Refugees in Northern Uganda: Health and Justice Responses

Dr. Helen Liebling, Professor Hazel Barrett, Professor Lilly Artz, Dr Pascal Niyonkuru and Ms Faddy Gladys Canoguru

Coventry University, United Kingdom



Working Paper

This working paper presents a summary of the findings of a British Academy/Leverhulme funded research project that examined the lived experiences of South Sudanese refugees living in settlements in northern Uganda and the health and justice service responses. We have selected material for this brief report that may be helpful to policy makers and stakeholders. The research was carried out in May 2018 with the assistance of Kitgum Women's Peace Initiative, KIWEPI a non-government organisation located in Northern Uganda. Overall we interviewed 93 participants who were 18 years and over, in individual interviews and focus groups including; 20 men and 41 women refugee survivors of sexual and gender-based violence (SGBV) and/or torture and 32 key stakeholder providers of health, justice and support services for South Sudanese refugees. Focus groups and individual interviews were carried out in Adjumani and Bidi Bidi refugee settlements and Kampala. Three dissemination workshops were held in the refugee settlements with approximately 100 participants including refugees and local service providers.

1. Background and Methodology

The research used a Human Rights Approach to focus on the health and justice aspects of South Sudanese refugee experiences in South Sudan, during their journey to Uganda and after being resettled in settlements in Northern Uganda. The research particularly explored the impact of SGBV and/or torture on survivors living in Northern Ugandan Refugee Settlements, and investigated the provision of services. Refugees were asked to self-report their experiences of SGBV and/or torture, the impact on their lives and access to services. The report also includes the main themes arising from analysis of interviews with service providers including health and justice professionals, police, and Non-Government refugee support and government organisations. Specific objectives of the research were to: (1) examine the experiences of refugees and impact of SGBV and/or torture on their lives (2) analyse the reproductive and psychological health, and justice needs of refugees from their own and service providers' perspectives and (3) evaluate responses to refugees by state justice, health services and key stakeholders.

2. Findings with regards to experiences of refugee survivors

The majority of refugees interviewed fled from South Sudan in the summer of 2016 when there was re-escalation of conflict between government and opposition forces after Riek Machar was reinstated as Vice President. Refugees made the journey to the North Ugandan border by land, often taking weeks to make their way undetected through the 'bush'. They crossed the border and were processed at one of three 'gateways'. Due to the huge numbers arriving in a short space of time, the Government of Uganda gave them all sanctuary. However due to the large population numbers, UN processing was minimal, with few if any being asked about human rights abuses they experienced and this being recorded. For most participants this research was the first time they had told their stories about their experiences of migration and their settlement in Northern Uganda. For some, the opportunity to tell their stories was at the same time both upsetting but also deeply cathartic.

All refugee participants, of both genders, all ages (18 years and over) and marital status reported to have experienced or witnessed one of more of the following human rights abuses: violence (including beatings, being shot), Sexual and Gender-Based Violence (SGBV), physical and/or psychological torture and other human rights abuses such as being

unlawfully detained, being robbed or being denied healthcare. Both men and women refugees, had experienced violence, SGBV and/or torture. Men reported more cases of violence and physical and psychological torture and fewer cases of SGBV than women, whilst women were subjected high levels of violence, including SGBV, but less of torture. In some instances, women were also exposed to sexual violence after their settlement in Uganda. Seventy-five percent of the men interviewed reported being beaten and/or tortured, with 25% claiming they had been shot at or had been sexually assaulted/raped. The majority of women participants had experienced SGBV either from South Sudanese Government Soldiers and/or rebels as well as from their husbands and other family members, particularly after arriving in Uganda. Alcohol misuse by men was cited by the majority of women as a factor underlying domestic violence in refugee settlements. Men reported more cases of violence and torture and fewer cases of SGBV than women, whilst women were subjected high levels of violence, including SGBV, but less of torture. The main perpetrators of the atrocities in South Sudan were Government Soldiers as well as Rebels. Some refugees suffered at the hands of both. Incidents of violence, SGBV, torture and other human rights abuses declined significantly for men once they arrived in Uganda, however for women rates of SGBV and other human rights abuses remained high. This was mainly as a result of domestic violence and sexual assaults by husbands and family members as well as South Sudanese and Ugandan civilians.

3. Findings with regard to service provision for survivors

3.1. *Screening:* Service providers discussed the fact that refugees were frequently not screened on arrival in the refugee settlements, although a screening tool had been developed by Refugee Law Project (Dolan, 2017).

3.2. *Health services:* The main providers of health services cited by survivors were government health centres and services provided by Non-Government Organisations. When survivors reported having access to health services it was mainly for women who had experienced SGBV, pregnant women or those with minor ailments or injuries. Many refugees stated they were not “registered” and were therefore refused services by local agencies, such as healthcare providers. None of the male refugees had sought sexually transmitted infections testing or treatment for SGBV including sodomy. All the men interviewed stated they had not reported their injuries officially and when they went to the health centres the main treatment was Panadol medication. A number of men had bullets embedded in their limbs and claimed there were no services in the refugee settlements to remove them. Specialist treatment was available in Ugandan public government hospitals in Gulu (five hours from Bidi Bidi settlement). Service providers informed us that for Bidi Bidi Settlement, Medical Teams International supported referrals to Arua hospital, and Interaid made referrals to Lacor hospital and Mulago hospital, Kampala, for specialized treatment. Refugees we spoke to said that for specialist services they were referred to Kampala and some reported they had to pay their own transport costs to and from hospital and for services, including food. Refugees stated that they had received minimal treatment for their health problems and Panadol was the main medication received.

We were informed by service providers that SGBV counselling services were available for both men and women who identified or reported cases. However, there were limited counselling services available for those refugees who had experienced torture. Whilst the

majority of women refugees interviewed confirmed they had participated in more than one counselling session, sixty-five percent of men refugees had not received any counselling.

3.3. Justice and rights-related services: Access to justice was reported to be lacking, with refugees often having to settle criminal matters through informal community structures in Uganda. All survivors living in the refugee settlements in Uganda that participated in this research confirmed they knew and understood the reporting system of alleged crimes that took place. Those who spoke of sexual offences in the settlements said that there was a clear health pathway for the cases but these were rarely followed through effectively by the criminal justice system. Most men refugees opted not to report crimes committed against them often due to high levels of stigma and shame.

3.4. Access to education, basic needs and livelihoods. Service providers informed us that the quality of education in the refugee settlements was 'fair' but there were challenges of over-crowded classes resulting in high numbers of pupils per teacher and a lack of basic facilities. All the refugees stated that one of their greatest challenges was getting a good education for their children and their view was there was a lack of local secondary schools. Whilst there were government primary schools in the settlements, these were perceived by refugees as over-subscribed offering poor quality education. Those that were available were some distance from the settlements and required children to pay fees. According to service providers, there were six secondary schools in Bidi Bidi Refugee Settlement, one in Zones 1 to 4, whilst Zone 5 had two secondary schools which were free for refugees and Ugandan nationals. However, refugees told us that there were no vocational training facilities in the settlements or scholarships to assist them complete their tertiary or higher education.

Service providers informed us that water and food were free and available for refugees with support from UNHCR and other partners, including the World Food Programme. However, there was widespread food insecurity in the settlements and the district due to low food production as a result of long dry season, unpredictable rainfall weather, climate change and low soil fertility. Service providers stated that refugees pay the same cost as Ugandans if they attend facilities outside the settlement where cost sharing is practiced. However, survivors felt the provision of basic needs including shelter, water, food and clothing was a challenge for them, for instance some refugees said they were sleeping under tarpaulin and did not have secure housing. Refugees also related that they often sold their rations to pay for education and health costs. The population of the settlements was also very high (227,876 in Bidi Bidi as of 12/07/19 and 205,762 in Adjumani as of 31/08/19) with 68% of refugees being children below the age of 18 years old. Hence, there was a high dependency ratio and unemployment amongst the youth.

3.5. Training, sensitisation and use of media: Some community-based organisations carried out training on video skills for refugees and used media to promote social and attitudinal change through telling their stories. This was externally funded. Media was also used to promote understanding of conflicts. Faith-based organisations carried out training for adult and child refugees on healing approaches following trauma. Training was also carried out in the settlements on issues of protection of refugees, training therapists, peace engagement and living positively with HIV.

3.6. *Care of staff:* There was limited training and self-care for staff providing support for refugees. Staff care was sometimes provided through telephone support, retreats, hardship allowances, peer support, music and relaxation.

4. Impact of experiences

In terms of the impact of human rights abuses on women and men refugee survivors of SGBV and/or torture, analysis of the data demonstrates complex linkages between the physical, psychological, social/cultural and justice/human rights effects on women and men refugees, each compounding others and often interlinked. Service providers informed us that psychosocial support services were provided in the settlements after identification or upon reporting of SGBV cases. All reported cases were managed within or referred, outside the settlements but it was felt refugees were reluctant to access health services that were available for them. The table on the next page summarises the impact of experiences on men and women refugees interviewed including:

4.1. *Psychological/Emotional impact:* All the refugees interviewed, reported suffering both short and long-term psychological impact from their experiences. The short term impact cited included: flashbacks of the atrocities they had witnessed and SGBV/torture they experienced; fear; family separation and divorce; and feelings of helplessness and many reported ongoing health consequences from both the migration and injuries sustained during it. Survivors described feeling hurt and thinking a lot about their experiences. A number of participants reported feelings of suicide and could recount having attempted suicide. Service providers narrated that the psychological impact on refugees included trauma, severe emotional distress, fear, alcohol and drug use, anger, violence including domestic violence, nightmares, and feeling helpless. None of the refugees we spoke to had access to counselling, apart from limited counselling immediately following the report of an incident of SGBV, but instead most turned to relatives or the Church for help. Service providers said many refugees found it difficult to discuss their experiences and stigma and shame inhibited disclosure.

4.2. *Physical health impact:* Refugees described the main physical health impact which included injuries from violence and physical torture such as to the head, eyes, ribs, fingers, chest, hips and shoulders. Most were not treated and this has resulted in complications: such as coughing; headaches; kidney disease; high blood pressure; and heart disease; and disabilities such as: broken bones not healing correctly resulting in poor mobility; back pain; and paralysis. Other refugees were living with permanent physical scarring or had given birth to children who were the result of rape. The physical impact on women refugees included: pregnancies from rape, especially young unmarried women; being beaten up and injured by their husbands. In the worst situation women, men and children died from the impact of severe rape and torture including being hacked to death and thrown in the river. We were informed that women also lost their lives during delivery of babies and babies had also been damaged during delivery. Women had genital trauma including fistula resulting from rape and difficulties urinating and also reported contracting sexually transmitted diseases.

Men were sometimes castrated and those who were raped suffered rectal prolapse and injuries that were not diagnosed or treated. Survivors were often disabled. Many also experienced severe pain from torture injuries as well as being infected with HIV/AIDS and Hepatitis. Survivors often had bullet wounds in their bodies but feared coming forward for

treatment. Men survivors we spoke to described a fear of being accused of being rebels which, also inhibited disclosure. The extent of physical injuries had a severe impact on refugees' ability to undertake physical work.

Summary of the Experiences and Impact of SGBV and/or Torture on South Sudanese Refugee Participants Living in Refugee Settlements in Uganda

Gender	Physical	Psychological	Social/Cultural	Justice/Rights
Men	Physical injuries from torture and beatings Chronic pain Continuing health problems e.g. chest problems, kidney disease, embodied bullets. Disfigurement Disabilities e.g. unable to walk, lift arms.	Loss of loved ones Flashbacks Disturbing thoughts and memories. Dependency on wife and children. Fear for their safety and personal security. Depressed and suicidal. Loss of dignity. Loss of identity.	Loss of property. Marriage breakdown. Family separation. Challenges of education for children and themselves. Loss of future for children. Loss of tools and resources for livelihoods.	No longer head of household. Not registered. Fear of being attacked. Abuse and loss of freedom. Lack of access to adequate health and justice services. Lack of employment opportunities/credit. Challenges with access to food rations.
Women	Physical injuries from beatings including rape and miscarriage. Chronic pain. Gynaecological injuries and pain from rape. Continuing health problems e.g. kidney disease, back problems. Unwanted pregnancies	Flashbacks. Disturbing memories. Traumatised. Distress including pregnancy from rape. Fear for their safety and personal security. Depressed and suicidal. Feeling useless. Humiliated and ashamed. Loss of identity.	Loss of belongings. Challenges with education for children Loss of children's future. Loss of livelihoods. Loss of family members. Family shame, usually due to rape. Challenges accessing support	Unable to support family alone. Challenges accessing support. Challenges with access to adequate health and justice services. Lack of employment opportunities/credit. Challenges with access to food rations

4.3. Socio-cultural impact: Women refugees had taken on the responsibilities of heads of household. This occurred as many men sent their women relatives to safety in Uganda whilst they stayed at home to defend their property. On arrival in Uganda every refugee was meant to be registered at the reception centres and many men were not or did not want to be because they continued to move across the border to attend to farms/cattle and livelihoods in South Sudan. The ongoing movement across the border meant that men could be accused of insurgency or paramilitary activities by Ugandan authorities. Therefore, women were registered as heads of household and given ration cards for the family. When men joined them, they became dependents on their wives or female relatives. This left men feeling that

their rights as men had been denied. This was suggested to be a factor in creating domestic tensions and some suggested was a major reason for domestic violence in refugee settlements, including violence against children. Service providers informed us there were child-friendly spaces within the settlements that were regarded as safe spaces for children including early childhood development centres integrated with child friendly spaces, primary schools and secondary schools. They also stated that some partners were currently supporting the children's education.

4.4. Violence: Service providers informed us that most human rights abuses, including SGBV and torture, occurred in South Sudan. However, there was violence reported in the settlements including SGBV, and this was exacerbated by stress caused by a lack of food rations leading to arguments between husbands and wives. Some women and girls reported being raped, including when they had to walk long distances for instance when they were collecting firewood which often necessitated walking through the bush to Ugandan owned land. We were informed that personal security was lacking in settlements for women and that girls 14 years and older could be abducted, taken for instance by male relatives from the settlements to South Sudan for child/forced early marriage. It was recounted that a lot of violence and fighting was perpetuated by youth who drank alcohol and took drugs and were not working. All of this created a volatile situation where crowd violence could be easily ignited for instance due to the late arrival of food rations. Violence cited included fires been set and houses being burnt down.

4.5. Justice and rights impact: Access to justice was reported to be lacking, with refugees often having to settle criminal matters through informal community structures in Uganda. Survivors did not expect justice for the human rights abuses experienced in South Sudan but did want these to be documented. All survivors living in the refugee settlements that participated in this research confirmed they knew and understood the reporting system of alleged crimes that took place within Uganda. Those who spoke of sexual offences in the settlements said that there was a clear health pathway for the cases but these were rarely followed through effectively by the criminal justice system. Most men refugees opted not to report crimes committed against them often due to high levels of stigma and shame.

The majority of refugees told us they generally felt secure in Uganda. However, they remained concerned about violence and SGBV in the refugee settlements. Whilst they all knew of the reporting system for such incidents, they questioned the effectiveness of the process at times. For this reason, women said they would often opt for family reconciliation or interventions through informal community dispute mechanisms rather than reporting domestic violence or SGBV to the authorities.

4.6. Security: When South Sudanese refugees crossed the Ugandan border UNHCR made a policy decision to mix South Sudanese ethnic groups in the refugee settlements. This had made many refugees suspicious as they felt perpetrators of atrocities were living amongst them. This sense of insecurity was particularly evident amongst men in Adjumani Refugee Settlement, in particular Pagrinya Zone which was near the border with South Sudan. A number of men recounted incidents of threats and violence, including the burning of their huts, which meant they have left their family compound to hide and in order to protect their families. Whilst some had reported the incidents to the Settlement Commanders, they claimed a lack of protection. Male refugees we interviewed, especially in Pagrinya described

feeling insecure due to people from the South Sudanese Government visiting their families who had become refugees living in Northern Uganda.

Women survivors were concerned about their personal security, in particular SGBV and domestic violence, although service providers informed us that in Bidi Bidi Settlement there were no reported SGBV cases whilst girls and women were collecting firewood, and claimed that all crimes took place within the settlement perimeter.

However, one woman refugee said that her husband followed her from South Sudan to Uganda and started to hit her again. She told us that she reported the situation to the International Red Cross who assisted to provide her protection. Threats came not just from husbands, but also male refugees and the Ugandan community. There was a real concern by mothers that their daughters were being kidnapped and forced into marriage back in South Sudan by their husbands and other male heads of households. The Ugandan authorities were well aware of this and had implemented an awareness raising campaign on this issue in the settlements which stated that forced marriage was illegal and that marriage of girls under eighteen years old was also illegal. They also tried to protect girls when they become aware of a crime through moving them to safe locations sometimes in different settlements. Service providers informed us there was security in the settlements provided through neighbourhood watch and police posts in all zones with armed forces. However, some of the refugees we spoke to told us they had witnessed or experienced violence in the settlements but police intervention was limited due to a lack of resources.

5. Social justice and rights issues

Social justice services included assistance in taking cases to court, protection and child safeguarding, access to justice, education regarding rights, and limited support with access to health care. Ugandan police received training on providing justice for refugees and followed procedures for crime reporting, completed the necessary paperwork and also assessed the perpetrator's mental state. However, there were many logistical challenges to getting justice for refugees, including insufficient numbers of police officers, lack of transport, paper and pens to take a report and a lack of fuel for police vehicles and motor bikes. For example, in Pagrinya, Adjumani settlement, the police station only had access to one motor bike to provide policing for approximately 250,000 people.

Social justice support was said to be particularly lacking for women survivors of SGBV. The Courts were long distances away and it was reported that 10% of cases waited over one year to be heard. Service providers informed us that the recent use of mobile courts was attempting to assist with this. The conflicting laws between South Sudan and Uganda on child marriage were causing difficulties and the police in Uganda were trying their best to educate South Sudanese that in Uganda it was unlawful for a girl under the age of eighteen to marry.

Cultural traditions were considered important by refugees to resolve justice issues. We were informed by service providers that refugee registration details, including the name of household heads, could be changed on request by household members and that household separation was also done on request by specific cases by the Office of the Prime Minister. Mobile courts had been introduced in all zones in Bidi Bidi Settlement to reduce the challenges of logistics. Some women police officers have also been deployed in the

settlement. It was reported by service providers we spoke to that supervision structures were being put in place by stakeholders with the aim of tackling bribery.

6. Gender issues

It was generally felt that gender sensitivity, inequalities and more sensitive approaches towards gender differences were needed. Male survivors were often excluded from programmes and men found it difficult to discuss mistreatment by women. It was felt that men found it harder to disclose abuses and providing medical treatment assisted them to overcome stigma and shame. Service providers, including prisons, lacked knowledge to deal with men who had been raped and child trafficking needed to be tackled. There also needed to be more focus on tackling gynaecological health problems of women who found these issues stigmatising and therefore did not come forward for treatment.

7. Involvement of Faith-Based Organisations (FBOs) and Traditional Leaders

There were a few faith-based organisations supporting refugees and providing education, support, services and training for service providers and refugee survivors of SGBV and torture. It was felt by those we interviewed that the contribution of faith-based organisations was not well recognised and church organisations lacked funding to effectively carry out their role. However, it was cited that faith-based organisations provided an important role in instilling hope amongst refugees. Survivor groups were found to be very helpful and FBOs provided awareness raising regarding the dangers of SGBV and also trained the police on this subject. FBOs trained traditional leaders to act as refugee mobilisers within communities. They also provided psychological individual and group support for refugees and worked with all faiths regardless of their own denomination. Although the Government of Uganda gave each refugee household a plot of land, refugees said they could rent land from Ugandan land owners and traditional leaders also gave refugees plots.

8. Recommendations

The following recommendations are made for Ugandan and international partners to further develop and implement where feasible:

8.1. Comprehensive screening and treatment of human rights abuses: All refugees should be screened and treated regarding their human rights abuse experiences. Clinics need to be better resourced and require logistics to carry out their work effectively including regular supplies of medication and treatment, surgery facilities and vehicles. Post-exposure prophylaxis and emergency contraception is urgently needed in the local health clinics to prevent HIV infection and conception of a child following rape.

8.2. Adequate staffing for physical and psychological health care: We recommend where possible that the Ministry of Health together with NGOs including MSF and Doctors of the World, employ physical and psychological health care staff to bring the settlements up to at least the Ministry of Health minimum health care requirements.

8.3. Psychological support and counselling: We recommend provision of group and individual trauma counselling and psycho-social support for refugees and their children involving health care teams and community organisations. There needs to be clear referral pathways into these services that are adhered to. Training to increase the capacity of health professionals in settlement health centres to be able to assess the health needs of refugees

with trauma-related difficulties and provide person-centred counselling would be helpful. It is important that issues of shame and stigma are addressed sensitively by service providers as this assists disclosure. Specialist medical treatment for men and women survivors is essential. Services need to tackle drug and alcohol abuse particularly amongst the youth as well as domestic violence. The services should be informed by involvement of the Refugee Welfare Councils and include traditional approaches to promote recovery and integration. Training of community and peer refugee counsellors would also help improve access to services. We also recommend developing effective support systems for service providers to maintain positive emotional health and tackle burnout. Reflective groups for staff to support each other and recruitment of adequate staff numbers would assist reduce the burden on staff.

8.4. Improved education and livelihoods: We recommend the need for increasing the resourcing of Government primary schools including the number of classrooms, teachers and books. Credit and loans could be available to support the establishment of social enterprises, which would assist refugees with an income and to be able to provide emotional support within their groups, their family and to other survivors in the settlements. The provision of more secondary schools in the settlements and vocational training for the youth would be helpful.

8.5. Police improvements: The recruitment of police including more women police officers to Bidi Bidi and Adjumani refugee settlements would be a short term solution. The police also require logistical support including more private rooms for interviewing survivors, vehicles, and practical resources to carry out their role. This would enable them to provide more effective security and outreach services in the settlements.

8.6. Social justice: The culture of sexual and gender-based violence including domestic violence needs to be broken by continued awareness campaigns in the settlements (Isis-WICCE, 2015). We envisage local dialogue and debate that covers the dignity of women, men and children and respect due to them, and their value, equality and the tragic consequences on them and their communities when they are subjected to sexual violence. This debate should include men and boys so that they too are part of the solution. Provision of specialist treatment for SGBV and torture survivors should be extended to enable survivors, including men who find it particularly difficult, to come forward. The use of locally trained mentors through the Refugee Welfare Councils would assist with this.

8.7. Legal justice and policy. Extending the use of mobile courts as well as regular visits by organisations assisting refugees resolve social justice issues would help improve access to justice. Refugee policy should include provision and resources for treatment for survivors of human rights abuses and anti-discrimination provisions with penalties for those who abuse refugees including adverse consequences in the law for those who violate this.

In conclusion, we recommend that organisations supporting refugee survivors of SGBV and/or torture do their best to ensure there is routine screening and provision of gendered and culturally sensitive holistic services including; physical and psychological health and justice services, social enterprise groups, adequate education and livelihoods. Whilst many refugees recognise they would never get 'formal' justice for the human rights abuses committed against them, they did appreciate having the opportunity to narrate their experiences. The holistic approach recommended would ensure refugees and their families

feel validated and assist them to utilise their resilience and agency to continue the process of recovery (Liebling et al. 2014; Liebling & Baker, 2010).

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