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EXPERIENCES OF GENDER BASED VIOLENCE AMONG REFUGEE POPULATIONS IN UGANDA: EVIDENCE FROM FOUR REFUGEE CAMPS

Japheth Nkiriyehe Kwiringira, Marion Mugisha Mutabazi, Firminus Mugumya, Edward Kaweesi, Deogratias Munube, Joseph Rujumba

Abstract: In refugee generating situations, flight conditions and actual refugee circumstances, Gender Based Violence take different forms like rape, female genital mutilation, physical, psychological and emotional abuse, defilement and bride kidnapping in the name of 'early marriage' and sexual harassment among others. These forms are heightened by the adverse conditions of lack of basic needs, unequal power relations, breakdown of institutions of social control and order, exposure to the dangers of group violence and low capacity of protection agencies both local and international, and the host governments. This study intended to detail refugee experiences of Gender Based Violence among refugees in Uganda as well as the associated factors. We conducted a qualitative study and used content-thematic approach analysis. While there was high GBV awareness; this did not translate into reduced susceptibility. Detection, prevention and response to GBV were curtailed by an intersectionality of unequal power relations, poverty, and a multiplicity of cultures that concealed the nature, extent and reality of GBV. Effective GBV prevention requires an array of interventions and 'capacities' especially access to basic needs for individuals and households. Our findings aver that, gender based violence is endemic in *peripheral* hard to reach, conflict and post-conflict settings than in more stable communities due to under-reporting and concealment that are associated with numerous capacity challenges in access and utilisation of the available services. The extreme conditions that refugees go through during displacement, flight and resettlement tend to exacerbate and sustain GBV.

Keywords: Experiences, Gender Based Violence, Refugee Camps

1. INTRODUCTION

Gender Based Violence (GBV) is part of the hard realities of being a refugee. This obtains from loss of power and a lack of control over assets, social networks and process [1-3] which increases vulnerability [4]. This is even worse when the cause of flight is violent conflict. Loss of assertiveness [4] in times of adversity means that, refugees are limited in their actions and choices for their advantage. These circumstances require

adequate response from the protection agencies, yet these actors are sometimes limited in their operational capacity[1]. The limited capacity of protection agencies is sometimes aggravated by the varied prior refugee socialization acquired from the sending country. A combination of these factors determine value perceptions of right and wrong, duties and obligations and the meaning of protection as entitlement; which lead to high levels of GBV. However the failure of refugee protection agencies to address the vulnerabilities of refugees that sometimes lead to increase in GBV may not be attributed to internal operational capacity, but rather the environment in which they operate. This environment comprise the multiplicity of actors and their embedded interests translating into complex politics surrounding refugees like the question of the Hutu refugee warriors in the Great Lakes Region [[1]8, 9] and the conflict-continuous situation. Gender based violence can lead to severe physical, reproductive, emotional and mental health sequel [10]. While these GBV outcomes also occur in non-conflict settings, they are exacerbated in conflict settings [11, 12]. Studies have found that in most patriarchal societies [13], the force used by a man to control his wife is seen as legitimate [14, 15]. In African society, females have less power than males, and this is worse in emergency situations [16].

Therefore this particular study is about experiences of GBV among refugee populations, the processes that exacerbate the phenomenon, the available institutional capacity to address this problem in refugee camps in Uganda and the meaning of these to the general discourse about GBV and refugees.

A refugee is a person that has crossed an international frontier because of a well-founded fear of persecution or (a) life-threatening condition(s) [1]. The Inter-agency standing committee (IASC) defines GBV as; 'an umbrella term for any harmful act that is perpetrated against a person's will, and is based on socially ascribed (gender) differences between males and females'[5]. We understand GBV as 'violence directed against a person on the basis of gender or sex'. Conflicts and displacement create opportunities for GBV perpetration and challenges in access to justice for survivors [6, 7].

Globally, GBV is widespread [17]. Estimates show that, about 30% of ever-partnered females above 15 years have experienced physical or partner violence, with regional rates ranging from 16.3% in East Asia to 65.64% in Central and sub-Saharan Africa (SSA) [18, 19]. Effects of GBV include exposure to sexually transmitted diseases, gynaecological fistula, unwanted pregnancy, psychological chronic pain, physical disability, and substance abuse. There are also negative social and economic impacts of GBV on survivors and their families [18, 19]. The clear magnitude of GBV, in situations of conflict and contexts of poor health care, legal, and social infrastructure deficits, remains unknown [20]. Evidence on GBV prevalence and trends is often drawn from a subsample of individuals who disclose victimization. However, this is problematic because GBV is

typically underreported, and individuals who report or disclose GBV may differ from those who do not [21]. The latter group may remain unreached by services and support if programmes have been designed on the basis of characteristics of the former [22-24].

2. METHODS

2.1 Study Sites

The study was conducted in four refugee camps of Kyaka II (located in Kyegegwa district Midwestern Uganda), Kyangwali (located in Hoima district mid-western Uganda), Oruchinga and Nakivale located in Isingiro district, western Uganda. The study sites were selected purposively. The four camps host a multiplicity of refugee communities that are representative of different sets of refugee communities which are hosted by Uganda. Table 1 shows the current refugee populations as of November, 2015, however refugee statistics change rapidly.

Table 1. Refugee Populations and Country of origin in the Study sites

Refugee Country of Origin	DR Congo	South Sudan	Somalia	Rwanda	Burundi	Others	Total
Nakivale[18]	37,500	31	12,168	10,612	11,441	1,366	73,118
Kyangwali	38,377	2,909	7	295	18	36	41,642
Kyaka II[19]	20,840	3	2	1,594	538	32	23,009
Oruchinga[20]	2,154	-	-	1,623	1,515	1	5,293

Source: UNHCR, 2015

2.2 Study Design

The study used an exploratory, qualitative design [2]. Case-study data was based on the analysis of site-specific documentation and in-depth interviews [3]. The study drew upon intersectionality as an analytical framework. Intersectionality theory, strives to elucidate and interpret multiple and intersecting systems of oppression and privilege [4]. Data were collected purposively using in-depth interviews (16) and focus group discussions (with 16 female[21] FGDs and 4 male FGDs giving a total of 20 FGDs) with adult refugees both male and female (aged eighteen years and above). This related to the disparities in power between adults

[18] Size, 185 km² with 3 Zones and 79 villages. Established in 1958 and officially recognized in 1960. Majority (49.8%) refugees are Congolese. The estimated population of 35,000 nationals arround the Refugee Settlement.

[19] Size, 81.5 km² with 9 Zones and 26 villages. Established in 1984 to settle Rwandan Tutsi refugees. Majority (88%) refugees are Congolese. There is also an estimated population of 11,978 nationals arround the Refugee Settlement.

[20] Size, 8 km² with 15 villages. Established as a transit centre in 1959 to receive Rwandan asylum seekers of Tutsi origin.

[21] We interviewed more females them being mostly the victims of GBV.

and children. Community leaders particularly camp commandants assisted to mobilise focus group discussion participants and key informants. Key informants included GBV service agency actors such as Non-Governmental Organisations (NGO) staff, police, judicial officials; health and education officials. In some cases, In-depth interviewees were those people with some form of 'specialist' or unique knowledge and experience such as being a GBV survivor. We recruited four graduate research assistants (two male, two female) at each of the study sites who had a good command of English and other local languages (Kiswahili, Kinyarwanda, Lingala, Amharic, Arabic, Runyankole, Rutoro/Runyoro) spoken by the study participants. At each of the study sites, research assistants were recruited, trained and participated in data collection, research assistants worked in pairs; one as an interviewer and the other as a note taker. Focus group discussions and interviews were conducted in the local language, with detailed notes written in English afterwards. Each FGD was constituted of between eight to ten persons. Focus group discussions aimed at eliciting collective views about GBV vulnerability, experiences, case management and perceived benefits of reporting. To address the likelihood of inhibition, female FGDs were moderated by females and those for males moderated by males. In addition, training of research assistants on techniques of data collection such as probing helped to make FGDs an effective approach.

Once FGD participants had gathered, the moderator introduced the topic as a guide to the discussions [5, 6]. In-depth interviews aimed at obtaining a detailed narrative about personal experiences that would not be fully explored in a group setting of FGDs [7]. The primary author interviewed key informants who could speak English or Swahili. He also facilitated two focus group discussions (one in Kyangwali and the other in Kyaka II) through translators. Translators and community guides were refugees, while the four research assistants were not members of the refugee community. The findings of this process were comparable with those obtained by research assistants. Participants declined to have their voices recorded, as such, extensive notes were taken. Daily field review meetings with research assistants to capture emerging issues were held to enable follow up and guidance for further data collection. Responses and feedback from stakeholders formed part of the study rigor and validation of study findings.

2.3 Data Management and Analysis

Data were analysed manually using content thematic approach following a framework advanced by Graneheim and Lundman that identifies both manifest and latent content that brings out themes captured in field data [8-10]. The data coding process began during data collection and went on until after data collection. This enhanced continuous analysis while also serving as an analytic method for coding and analysis [11]. This data coding process served the purpose of compressing the analytical framework further based on patterns and filters [2]. The identified themes were then used in the coding process. This process also generated verbatim quotations which have been used in presentation of study findings.

2.4 Ethical Issues

Before data collection could commence, research clearance was obtained from district officials where each camp was located; further clearance was sought from camp management that was under the office of the Prime minister (OPM) and the United Nations High Commissioner for Refugees (UNHCR). Verbal consent was sought as it was not possible to obtain written consent because of the high illiteracy levels among the study sample. The importance of confidentiality was emphasized during training of research assistants and also during data collection. Respondent names were not taken. The research process and methods were consistent with the World Health Organization (WHO) guidance and other best practices on researching sexual violence in emergency settings [12, 13].

2.5 Study Limitations

Use of community leaders to recruit FGD participants could have potential for selection biases especially those that had not taken part in the just concluded GBV awareness campaigns. However, leaders were given clear instructions on the nature of participants to mobilise taking into consideration the population sub-groups within the refugee camps including male and female. The fact that most FGD findings corroborated those of key informants is reassuring that the potential for selection and response bias was minimal. Our findings concur with other studies showing that GBV is undetected and under reported [14-19]. The study did not interview minors (those under 18 years) this was due the ethical requirement of parental consent to participate in research and yet some of these children did not have a guardian to consent on their behalf [20, 21].

3. RESULTS

3.1 Awareness about GBV

Knowledge of GBV was varied by ethnicity, exposure and experience to violence. Refugees from DRC, South Sudan and Somalia were least literate, least exposed to GBV messages due to language barriers and most exposed to GBV in all its forms. Forms of GBV that were mentioned include wife beating, verbal abuse, rape, defilement, family neglect, forced marriage, early marriages, murder and being infected with HIV deliberately. Across the study sites, the physical and sexual dimensions of gender based violence were mentioned more than the social, emotional and economic dimensions of GBV. As a result of the GBV awareness efforts by Office of the Prime Minister (OPM), American Refugee Committee (ARC), Windle Trust Uganda (WTU), Medical Teams International (MTI), Finish Refugee Council (FRC), Uganda Red Cross Society (URCS), Tutapona Community Services/sport and Right to Play. There was some level of caution as narrated in one male FGD;

‘We have become cautious, once you mistreat your wife she reminds you of her ability to report …Although they rarely report …’

(Male FGD Kyangwali camp)

GBV survivors (mainly women) only threatened to take action, but rarely did. Findings show that more women than men were willing to share their challenges.

'Once we as women meet, we narrate our situations in our homes as regards GBV. Although our men are still rough; at least they know that they are not right when they beat us' (Woman community member Kyaka II)

Although awareness creation efforts were beginning to bear results, clearly more needed to be done beyond awareness creation.

3.2. GBV, Access to Community Resources and the Role of Unequal Power Relations

Challenges of resource access and utilisation were the context within which GBV festered. Ethnic, historical and religious hostilities were rife among the Hutu and Tutsi for most Rwandans; the Dinka, Madi, Murule and Nuer among South Sudanese were historical enemies even displacement could not ease these hostilities. For the case of Congolese it is the second most ethnically diverse nation in the world with several factors contributing to the negative sentiments between ethnic groups. This ethnic rivalry [22] was fuelled by many factors including early political decisions regarding eligibility for citizenship of specific regions, a mythology of ethnic difference created and perpetuated by colonizers, political powers, foreign interests in the great lakes region and beyond, rebel groups and the media. This had been made worse by the weakness of state government, foreign and rebel control of mining operations which exacerbated government inability[23, 24] to provide adequate social services such as transport infrastructture, education, employment, a functional legal structure and security.

Long standing antagonisms among native Congolese communities, such as the Hundes, the Nandes, Banyamulenge, Mai Mai and the Nyangas, with the fiercest disputes opposed to Congolese of Rwandan descent. Such historical grievances fuel battles at home between (and within) dozens of factions from different tribes, clans, and families-such as the Hemas and the Lendus in Ituri province, the Bembes, the Holoholos, and the Kalangas in northern Katanga. These conflicts live on during flight and were alive in refugee camps. This ethnic rivalry also impeded the peaceful return of refugees and displaced persons[25]. Among Somalis, there were mainly religious tensions between Muslims and Christians) among refugees and at times nationals who used common resources to settle historical and personal scores or to hit at their enemies afresh. Within the same Nationalities, hostile tribes and ethnicities, bad elements tapped into the tensions back home and usurped the rights and control over shared resources to the disadvantage of females especially girls from whom they would demand money or sex before allowing them access; this is typical

criminal behaviour of identifying soft targets. This was most pronounced among Rwandese and Sudanese. In some cases, nationals would out rightly intimidate refugees with statements like; *'...you are not a national. What will you do?'* Such statements were also invoked in the quest for fuel energy, in the search for grazing land as well as land for cultivation. This situation was ironical given that while refugees had to contend with maltreatment on account of not having the same resource rights and entitlements as nationals, most social services (especially water points) had ostensibly been put in place to largely serve refugee communities - alongside their hosts.

Those that controlled valued resources such as water points; pasture land and food among others usually had an upper hand even when they went against the law. In some cases, when a refugee was aggrieved, and raised a complaint against a national, fellow refugees would quickly remind the refugee victim that; '…we are not nationals; these people are in their own country. Let us leave them alone.' The 'displacement effect' of not being in one's own country had negative effects on ones self-esteem and risk perception which pushed GBV underground especially in form of under reporting. In some cases, elders and opinion leaders would rebuke fellow refugees not to 'rush' into seeking redress'...for the sake of peace.' Refugees were variously encouraged to be 'patient' while also making use of traditional justice systems as would be the case 'back-home'.

Traditional justice and alternative dispute resolution were encouraged because it was 'convenient'; it was also encouraged by 'significant others' such as relatives and cultural elders while also serving as a source of income and prestige for members of tribunals that were mostly men, more than in the interest of justice. This was another gendered perspective of power and justice that complicated the understanding and response to GBV. Tribunal members were mostly men who usually benefited from fines and penalties levied on the offender. The unequal power relations together with the constrained access to social services exposed refugee women, girls and boys to GBV more than men. Perpetrators were mostly fellow refugees. Nationals were also mentioned as perpetrators of GBV on refugees. This was a form of double tragedy for the most vulnerable categories.

3.3 The Poverty, Capacity –Justice Nexus

The main constraint in seeking justice was 'lack of means to do so'. This lack of means related to transport, meals, accommodation, building of evidence against the perpetrator especially costs of medical examination, reporting to police or appearing in court and the opportunity cost of 'being on call' from authorities. Seeking justice was a complex trade-off that was usually not fully understood by institutions fighting GBV as well as other justice agencies. Reporting a GBV incident involved a rational calculation of costs and benefits as well as other hidden costs and inconveniences associated with timing and seasons. For instance, if an incident happened during the planting (usually the rainy season which made means of

transport quite hard and more expensive), weeding or harvesting season, one had to seriously consider who would do the planting in their absence? Who would weed the garden, at what cost and how satisfactory would this delegation be? During harvesting the questions related to proper post-harvest handling such as drying and storage, but most especially, the fear of being cheated out. Those with animals equally had fears concerning the safety of their animals. School days were no better than the holidays. Sometimes parents worried about who would stay with the children in the house while they were away following up cases. In cases where children were adolescent, the parents and guardians were concerned about the likelihood of abuse and elopement or being forcefully married. In many ways, there was never a convenient time to report a case and to follow it up. This conundrum led to many cases going stale including the loss of evidence and suspects getting away.

3.4 Coping with a Lack of Capacity to 'Act': The Motivation to Live

A setting of few un-resourced or no relatives and confidants usually encouraged the acceptance of compensation as a better option to pursuing the rather elusive justice. One camp official narrated thus;

'People would want to report cases of abuse and violence.....but they also weigh the costs such as transport for the complainant and sometimes for a witness and the uncertainty of the outcome against the material gain offered by the perpetrator. This discourages many survivors from reporting given that they are poor. (Camp Official Nakivale)

Settling GBV cases out of court was usually preferred as a means of coping with the poverty-related challenges. To an extent, a poor person most likely wound up abusing their own right. Compensation was in various forms ranging from cash hand-outs to basic needs like clothes, livestock and a promise future compensation in kind when need arose or when the perpetrator was in position to make good on their promise. This compensation was never computed objectively. In most cases, it was determined by the local tribunal members and usually based on the wealth of the offender and indeed on the level of need by the victim. In all cases, it was never justice.

A factor that enabled the coping with such difficult experiences was a belief in God. Belief in God provided participants with a mechanism by which they hoped to regain control and meaning they had lost. Some refugees drew on their faith in God for emotional, psychological and spiritual support and were able to face the future. Largely, they left vengeance to God. The presence of places of prayer attested to this. Religious institutions had also helped some refugees to get some social contacts as they often became involved with churches which provided information and sometimes some material support. Religious aid agencies such as the Adventist Development and Relief Agency (ADRA) and the Lutheran World Federatioin (LWF) were mentioned.

Another strategy for coping involved a reflection on those that seemed worse off and thereby finding solace in knowing that some people were worse off than them which created a reason to hang on and hope for the better. This positionality allowed refugees to get a better perspective of their human agency amidst limited choices. This comparison was in a way, a source of hope especially in comparison to those that had not afforded to least survive by escaping the conflict. Despite their situation, most refugees felt they had atleast survived.

3.5. Low Institutional Capacity and Negative Perceptions towards GBV Service Agencies

Low institutional capacity manifested in lack of follow up and led to long periods of litigation that discouraged reporting of GBV cases as evidenced in the following voice;

‘We are supposed to educate the refugees and neighbouring communities to avoid GBV and to report cases when they occur; but we do little because of lack of resources. Even the little we do is not continuous but only when we have facilitation from partners. Sometimes we do not have transport to do community sensitization or even to follow-up the case. As a result, people lose interest and abandon the cases…’ (Police Official Nakivale)

Barriers related to reporting GBV cases related to corruption and non-functional community structures especially in the Police Force. Much as justice, law and order services were available, they were not accessible for those travelling long distances. It was indicated that, the length of time before one was served let alone before justice was delivered proved a disincentive in the quest for justice;

‘Even if you report, they ask for transport, you have to pay some money to open the file; you have to go to the police station many times…it is better if one did not report at all’ (Parent to Female GBV survivor Kyangwali).

3.6 The Role of Negative Cultural Norms

Men were supreme in allocating all resources including deciding what was to be done with the core relief items. Men were also reported to single-handedly decide that their underage girls get married; so long as the suitor met the man’s material demands. This was mostly the case among Congolese and Sudanese and it usually applied when the household was more deprived. When (in rare cases) women and girls challenged the man’s decision, men invoked the cultural practices back home especially by reminding their wives how young they were when they got married. In doing this, men also accused their wives of being ‘selfish’ and conspiring to deny the family the benefits from bride wealth which the woman’s family enjoyed. This blackmail usually silenced and stigmatised the female activist voices. Men were reported to be keen to find time and explain to their underage daughters how their marriage would be the ‘turning point’ for the

entire family. These girls were told how it is only women that grow breasts (largely seen as a sign of womanhood) and therefore it were time for them to get married.

Young girls felt they would have played their role if they could get married and their families get material benefits. Men still held strong cultural views partly because they were not attending the various awareness sessions, but also because they were the beneficiaries of the bride price. Women found it easier to negate the knowledge about their rights and GBV in favour of social acceptance. After all, they hoped to one day go back to their home countries where most of the GBV knowledge would not easily apply. A GBV activist was once denounced thus;

> "…you are here playing with us in Uganda…because of the money they pay you; you wait we shall one day go back home and we see whom you will be reporting us to. …this is how things are done back home. Have you now become a Ugandan?" (Community educator Kyaka II)

It emerged that some 'negative' sexual and marriage norms relating to permissible ways of male dominance such as 'marriage by capture' and 'engagement rape' were variously cherished (these notions are part of culture and have wide acceptance). What constituted GBV ultimately was a cultural and social construction that went beyond awareness creation and the legal meaning. The socio-cultural prisms through which GBV was perceived did not enable a unified action for effective detection, prevention and response. Even amidst clear national and international frameworks regarding GBV, refugees found more identity in their tribes and nationalities more than anything else. Patriarchy served the interests of men than the refugee society at large.

These widely held practices flourished in a population that was largely illiterate and poor and that viewed the girl child as a source of wealth in which the family would legitimately tap. Men were reported to confront GBV peer educators and activities for misinforming the refugee population that girls with breasts could not get married and these had become 'women'. In most cultures, whoever has breasts is and was a woman! Irrespective of the GBV awareness created among refugees, they usually made recourse to their culture as a point of departure. One community educator narrated thus;

'When we are moving in the communities we come across many cases of GBV especially against girls, but when you advise parents and victims to report some say, "leave my child or husband alone" and we get defeated. What more can we do?' (Community educator Nakivale)

The over-dependence of women on their spouses and male relatives contributed to the concealment of GBV. The unequal power relations between women and men in relation to access and control [4] over household and communal resources made the available channels of redress

unviable for most women. In a female FGD, it was argued that; '...you cannot prosecute someone that you depend on for most of your survival needs...' Even when men did not really do much, they had a 'special' position as 'husbands' and 'heads' of households', attributes that made them privileged and therefore supreme. In cases where female survivors sought redress from traditional courts and tribal systems, the jury was usually constituted by men and usually supported the actions of 'the man'. Rulings of the Jury were that women re-consider their actions by desisting from 'foreign' influence likely to break up their homes. Most women sided with such counsel and complied with such dictates. As such, women were reluctant to report male relatives especially their spouses largely for fear to lose care and support.

> 'As a woman I would prefer to preserve my marriage and family…that is why I declined to testify against my husband when he cut my hands and back with a machete. …he is the father of my children and my only relative in this foreign country' (GBV survivor Nakivale).

Women valued their marriages than getting justice over their violent spouses. In such a context, most elders and cultural systems were variedly hostile to GBV activities which they viewed as 'anti-culture' and aiming at making women 'rule' men. Emerging from the above narrative is the interrelatedness of poverty and lack of capacity among both service providers and the target community to enable effective detection, prevention, reporting, follow-up and prosecution of GBV. Nakivale and Oruchinga camps presented cross border GBV detection, prevention and response setbacks on account of being near the porous borders of Rwanda and Tanzania while being remotely located from major service agencies. GBV perpetrators usually escaped and evaded justice across the porous borders. Similar findings have been reported [26-28].

3.7 Traumatic Experiences and the Normalisation of Misery

Most refugees had escaped mass terror in the on-going or ended conflicts in their countries. They had witnessed the destruction of personal assets and community infrastructure and experienced torture, rape and defilement. The study showed that; GBV was both systematic and random but mainly the former. Where GBV was systematic, it served the purpose of destabilizing populations and destroying bonds within communities and families. In these instances, rape is often a public act, aimed to maximize humiliation and shame. Before flight, GBV especially rape and defilement was also used to quell resistance by instilling fear in local communities or in opposing armed groups. In such cases, women's bodies were used as an envelope to send messages to the enemy. By and large, such experiences had 'normalised' human misery. For refugees that had experienced such events, GBV especially the less severe aspects deemed not life threatening such as sexual harassment were viewed as lesser evils that could be tolerated. There were expressions that GBV was 'bearable' compared to what they had experienced back home and during flight.

When conflicts defined by racial, tribal, religious and other divisions raged, violence was used to advance the goal of ethnic cleansing. Public rapes were used to instigate the flight or expulsion of entire communities. Sexual violance and mutilations were techniques of ethnic cleansing. Women of rival ethnicities were reported to have been impregnated and sometimes held captive until late term to prevent them from aborting. In some cases, attacks on women's bodies particularly their reproductive capacity specifically target perceived rival progeny. Pregnant women were also targeted since they reportedly carried 'children of the enemy'. One refugee narrated;

'We have almost reached the limits of suffering; we saw our relatives and children raped and killed. For me to survive, I did not object getting married to their leader. After his group became my friends, it's when I managed to escape. The twins I have now remind me of that incident, if only I can feed them and they grow-up' (Young Female FGD (Congolese) Kyaka II)

Refugee experiences suggest that, GBV does not necessarily end with the cessation of armed conflict. In post-conflict settings, incidents of rape may decrease, but the risks of exposure to GBV may increase. Women and girls that experience GBV during conflict and flight were most likely to experience further exploitation in post-conflict settings. For some, histories of exploitation and trauma had dulled them to the dangers of the sex trade as well as underplaying the mild forms of GBV. Traumatic experiences sometime drove refugees to disown their identity and their past through forging new identities; more so if they had a criminal history or when they were not sure of the future in the host country. However, the attempt at disguising themselves was arduous in the short run. They lived and worked under pseudo names with the language barriers usually betraying them.

Refugee camps were highly heterogeneous over a relatively short period of time, and this did not allow the evolution of shared culture, norms and values which made such settings rather superficial. For instance, there was no functional socialisation processes to enable learned practices to guide interaction. This was aggravated by wide spread suffering, poverty, ignorance, anxiety and redundancy itself made worse by the displacement context where neither entire communities nor entire families moved together. The social up-rootedness among refugees related to the haphazard exodus without clear destination, without preparation and not as a unit; some children moved by themselves, while in some cases parents also moved without their children. For those subjected to discrimination by family and community, and those that din't receive support, the emotional effects of their violation was as debilitating as their physical injuries. Many rape survivors lived under a constant shadow of pain and discomfort which impaired their rationality and capacity to work. This disoriented the social fabric that keeps families and indeed society together. In this process,

refugees suffered social up rootedness and lost social cohesion. One young refugee narrated;

'I have been here all by myself. For the last eight years I have not heard from any of my relatives. Maybe they died. Had they to be somewhere else; I could have heard about it' (female FGD participant).

This was in addition to the destruction of assets and loss of livelihood as bases for meeting personal and family needs. As a result, some men resorted to alcohol abuse and illicit sex as source of consolation. In the process, this did not only increase instances of GBV, it also effectively worked against GBV prevention and response. A human settlement hurriedly constituted by individuals with emotional, psychological and physical aching cannot function properly as a community that supports GBV detection, prevention and response. While community attitudes and actions to GBV are central in shaping the understanding of responses to GBV in a given setting, the study found that the setting had equally shaped the attitudes to GBV practices and the lack of effective response.

4. DISCUSSION

4.1 Overview of the Evidence

Gender based violence among refugee settings was driven by an intersectionality of poverty, unequal[29] power relations, access and control of community resources, negative cultural norms related to ethnic rivalry and traumatic experiences that alienated the refugees[30]. The ensuing anomie, poverty, a culture of silence, attitudes and practices that condoned GBV did not only drive GBV underground, but also limited the effectiveness of the available response mechanisms [31]. Ethnic bigotry also fuelled violence. For instance, some ethnicities found it demeaning to be employed by other ethnicities especially those perceived as inferior [32, 33], to this extent some people were willing to violate their own rights. Within this setting, the attitudes and practices perceived as legitimate for survival were also varied and relative. This only serves to show the extent and role of ethnicity in perpetrating violence, GBV inclusive. The study shows that, 'community' is not the same as a neighbourhood or a collection of human beings [34].

4.2 The Need to Go Beyond Awareness Creation

Despite efforts by the actors, the overall access to health care for survivors continued to remain inadequate, mainly due to the lack of capacity in both service providers and victims of GBV. For instance, even where services existed, they were not always free. Another hindrance was the mode of service delivery. In open waiting places, one was somehow expected to disclose or atleast hint on why they sought care. This in the absence of confidentiality, led to GBV victims concealing their ordeal altogether or opting out of service seeking. A related challenge was where some health workers believed that it is their responsibility to prove or disprove sexual

offences especially rape. A GBV survivor was for instance required first to report to police for her to get medical referral, a requirement likely to expose victims to further GBV. Other encumbrances related to procedures that turned into obstacles especially filling the legal medical examination forms, testifying and pulling through the entire legal process. As such, GBV is a fundamental abuse of women's rights[35] and has serious consequences for women, their families, and their recovery to function as members of a community.

On the other hand, low reporting was a result of inadequate case management and fear of culturally structured retribution [30, 36]. The lack of community capacity was also linked to non-involvement of men as partners which presented GBV actors as 'anti-men' and 'pro-women' [37]. Men sometimes opposed activities that were linked to the welfare of women. Sometimes, men wondered if there was an activity meant for them to overcome the numerous challenges they faced [38, 39]. Such men resigned to alcoholism and drug abuse which in turn made them violent and aggressive. In distress, such actions were perceived as viable options, that paradoxically became GBV drivers [39].

4.3 Functional Communities for GBV Detection, Prevention and Response

Without functional communities, there cannot be effective reporting and participation of the community in addressing GBV. This means that there will be no, incident reports, and therefore no clients, no comprehensive response, and only limited prevention. This has been echoed by previous studies in different settings[40]. Comprehensive capacity to detect, prevent and respond to GBV requires that the health[41] sector collaborate with other sectors to prevent GBV by addressing the root causes and contributing factors, including welfare and safety concerns that make the population certain and assertive including effective legal redress and providing psychosocial support for survivors[42, 43].

Refugee settings sometimes offer limited protection from GBV [44-46]. There are many dangers when women who must venture to search for firewood or other supplies unavailable in the camp. Research among refugees living in camps in Dadaab, Kenya, found that more than 90 percent of reported rapes occurred under these circumstances [47]. Studies have also shown that Women were also at risk of rape in or near camps in Tanzania with majority of perpetrators being other refugees, followed by local soldiers and police. A risk assessment in Montserrado County in Liberia concluded that overcrowded conditions, insufficient lighting, close proximity of male and female latrines and bathhouses, and poor or unequal access to resources all conspired to increase the likelihood of GBV against women and girls[48].

While higher awareness levels seem to confer a protective effect against GBV [49], refugees in question were deprived and psycho-socially

vulnerable[50, 51]. As a result, some refugees opted not to report [52] on account of lacking proper records or preferring to maintain a pseudo identity which kept such people undercover than seeking justice. The uncertainty of stay; whether they would ever find their missing relatives, whether refugees would be forcefully repatriated (as had been in some cases in the past), and how they would cope on return to their home countries, to an extent distorted their claims on their personal liberties and freedoms [53]. For those that were home sick, this made them cautious in their conduct so that they do not interfere with achieving their dream of one day returning to their home countries [54]. For those that considered the host country hostile, one's rights were not the priority as long as they were still refugees and allowed to stay [55-57].

Once there is loss of equilibrium and failure to function, most protective factors for the individual and their families disappear [34, 58]. The prior lawless find prime time to prey on the weak in their midst [56, 59, 60]. Intra and inter-ethnic diversity and hostility, language barriers and illiteracy[61] variously sustained and limited responses to GBV [62]. The differing world views and orientations featured as justifications by offenders in explaining their GBV related actions or lack of action as it were [63]. Culture and symbols are transmitted through human interaction and are not biological attributes. As such, norms and values consist of learned ideas and behaviours based on human interaction and institutions.

4. CONCLUSION

Gender based violence can have almost inestimable short and long-term negative health consequences. Disregard for one's own wellbeing is only one of the many potential devastating effects including infertility among female survivors. The mere presence of gender sensitive legislation and awareness are not sufficient to address the GBV conundrum. There is bound to be unpredictable behaviour outcomes once there are varied meaning and motivation attached and expected from the same behaviours and actions [54]. This complexity ought to be well understood.

There is need to reform the justice, law and order sectors such as the police and the courts so that they are seen as allies. Cultural leaders should be engaged to campaign against GBV while promoting norms that disapprove of gender based violence. It is imperative to enable an environment in which community leaders and the public acknowledge and condemn GBV.

Addressing extreme conditions that refugees encounter before and during flight, how they are resettled, providing them with basic needs [60] especially basic social services and working with cultural leaders should be central in the design and implementation of GBV prevention, detection and response interventions. Once individuals are functional, community structures become effective and this goes a long way in the detection; prevention and response to GBV.

The notion 'community' is constitutive of people, tangible and intangible things that lead to manifested behaviours [64, 65]. All human settings do not necessarily represent a functional sociological community [66, 67]. Sociological and anthropological definitions of commonalities of culture, kinship, and religious affinity, social structure, and values had limited application in the study settings. Without an enabling functional social structure, resources and personal motivation, GBV is likely to remain undetected and concealed [68].

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