

**TITLE: SEXUAL AND GENDER-BASED VIOLENCE AND TORTURE  
EXPERIENCES OF SOUTH SUDANESE REFUGEES IN NORTHERN  
UGANDA: HEALTH AND JUSTICE RESPONSES**

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## **ABSTRACT**

This British Academy/Leverhulme-funded research (Grant: SG170394) investigated the impact of sexual and gender-based violence (SGBV) and/or torture on South Sudanese refugees' health and rights and the responses of health and justice services in Northern Uganda. It involved thematic analysis of the narratives of 20 men and 41 women refugees' survivors of SGBV and/or torture; their experiences in South Sudan, their journeys to Uganda and experiences in settlements. 37 key stakeholders including health and justice providers were also interviewed regarding their experiences of providing services. The research demonstrated close linkages between physical, psychological, social/cultural and rights/justice impact. There was limited screening, health and support services; and access to formal justice, with many relying on informal justice mechanisms. Refugees largely fled South Sudan to escape human rights abuses. Their experiences resulted in significant effects that received limited treatment or justice. The authors recommend holistic services for refugees which, incorporates health and justice elements including screening and documentation of human rights abuses, specialist medical treatment and the opportunity to access group counselling.

## **INTRODUCTION AND CONTEXT**

South Sudan gained independence from Sudan in 2011 and then fighting broke out in 2014. Since then, conflict has spread across the country and has led to immense loss of life and destruction of property. Almost 400,000 people have been killed and over four million people displaced (Braak, 2016). The South Sudan displacement crisis is now the largest in Africa and the third largest globally after Syria and Afghanistan (UNHCR, 2019a).

Uganda has experienced a rapid influx of refugees displaced by the violence in South Sudan, particularly in 2016 when over a million people crossed the border in a three-month period seeking sanctuary (UNHCR, 2016). As of August 2019, over 800,000 refugees had fled from South Sudan into Uganda. Eighty-two percent of these were women and children (Adaku et al. 2016; UNHCR, 2019b). About 92% of these exiles live in refugee settlements alongside local communities whilst urban centres, such as Kampala, are home to only eight percent of the refugee population (UNHCR, 2019b). Thus, the needs for health and education services are greatest in refugee settlements, which tend to be in isolated and remote areas of the country with poor infrastructure and communication.

Whilst the number of refugees per 1,000 inhabitants in Uganda has tripled to 35 since 2016, putting a huge pressure on local resources and services, external aid has been progressively dwindling, causing major gaps in the refugee response. The level of funding for the refugee

response in Uganda reached an all-time low in 2019, with only 42 percent of contributions received in October 2018. Implementing partners face enormous challenges in stabilising existing programmes and meeting the minimum standards of service provision, let alone investing in long-term and more sustainable interventions. Severe underfunding has particularly compromised the quality of child protection, education services with limited investments in prevention and responses to sexual and gender-based violence (SGBV), environmental protection, support for host communities, and infrastructure.

In comparison to many other countries across the globe, not least the economically richer parts of the world, Uganda's willingness to host such large numbers of refugees stands out as positive and exemplary, which is to be applauded (International Refugee Rights Initiative, 2018). However, it is vital that there is a clear understanding of both the gap between rhetoric and reality, and the pitfalls of the settlement policy. Whilst funding is important, it cannot replace rigorous policy making and implementation that is attuned to the needs of refugees (International Refugee Rights Initiative, 2018). According to UNHCR (2019a), with 34 percent of its population living below the poverty line (US \$1.9 per person per day), Uganda may be unable to fully realize a comprehensive refugee response and maintain its progressive refugee policy without adequate support from the international community

The conflict in South Sudan is characterized by human rights violations, including SGBV and torture (UNHCR, 2017a; 2017b). Reports cite high levels of sexual abuse and torture; particularly rape of refugees by both government soldiers and rebel fighters (Isis-WICCE, 2015). Most refugees have experienced a multitude of human rights abuses. However in-depth information and evaluation regarding the needs of these refugees is lacking (The

Guardian, 2018). Adaku et al. (2016) found diverse mental health and psychosocial support problems amongst South Sudanese refugees living in Northern Uganda, yet there are few services. This research argued for services addressing refugees' social concerns and mental health problems. It called for further research of an in-depth nature investigating the impact of experiences on South Sudanese refugees and to address the current health and justice service provision gaps.

## **METHODOLOGY**

The research design was qualitative, cross-sectional, descriptive and used a psychological/health and human rights approach to investigate the experiences of South Sudanese refugees living in Northern Uganda and assess the availability and use of services available to them. The research was distinctive as: (1) It collected and analysed in-depth qualitative data regarding the lived experiences of South Sudanese refugees (2) It examined state and non-state health and justice service provision (3) It investigated the quality of service responses and diversity, and (4) It provided evidence for informed policy formulation for future responses to such emergencies.

Following authorisation to carry out the research by Coventry University, the Uganda National Council for Science and Technology, Gulu University and the Office of the Prime Minister in Uganda, data collection took place in May and June 2018. Two refugee settlements were selected for the study: Adjumani and Bidi Bidi. In each settlement SGBV and torture survivors, as well as service providers, were invited to volunteer to participate in the research.

In total 61 refugee survivors of SGBV and torture participated in the research including 41 women (15 in Adjumani and 26 in Bidi Bidi) and 20 men (11 in Adjumani and 9 in Bidi Bidi) (see Table 1). All were adults over the age of 18 years who had fled from South Sudan and who self-reported having experienced SGBV and/or torture, either in South Sudan, on the journey to Uganda or whilst in Uganda.

**Table 1. Survivors participating in research by refugee settlement and by gender**

<b>Refugee Settlement</b>	<b>Males</b>	<b>Females</b>	<b>TOTALS</b>
Adjumani (Pagrinya & Mungula)	11	15	<b>26</b>
Bidi-Bidi	9	26	<b>35</b>
<b>TOTALS</b>	<b>20</b>	<b>41</b>	<b>61</b>

Refugees were recruited through contact with the Refugee Welfare Councils in the settlements. They were asked to narrate their experiences using a semi-structured interview schedule. A choice of focus group discussions and/or individual interviews was given to each participant and these were conducted in Adjumani and Bidi Bidi refugee settlements, in a location which ensured confidentiality. Each interview or focus group discussion lasted between 50 to 90 minutes. They were carried out with the assistance of an interpreter and were tape recorded and transcribed into English verbatim.

In addition, 37 key stakeholders were interviewed that provided health and justice services to South Sudanese refugees in Adjumani and Bidi-Bidi Refugee Settlements. These included UN (5) and Ugandan Government Officials (12), International NGOs (8) and National NGOs (5) as well as Refugee Welfare Council members (7) (see Table 2). Whilst most of

these interviews took place in the refugee settlements (24), others took place in Yumbe Town (6) and Kampala (7). Each interview lasted about 60 minutes and used a semi-structured thematic interview framework. All were conducted in English and then transcribed.

Following initial thematic analysis (Braun & Clarke, 2006) of the data collected in each refugee settlement, feedback meetings were held with refugees and stakeholders. In total over 130 people took part in these meetings, where initial findings were presented and then discussed. Notes of the meetings were taken in order to assist with triangulation of emerging themes. From analysis of the data the main themes were identified that related to refugee experiences as well as health and justice provision.

**Table 2. Key informants participating in the research**

<b>Geographical Location</b>	<b>United Nations Organisations</b>	<b>Ugandan Government</b>	<b>International Non-Governmental Organisations</b>	<b>National Non-Governmental Organisations</b>	<b>Refugee Welfare Councils</b>
Adjumani Refugee Settlement	4	7	4	0	3
Bidi-Bidi Refugee Settlement	0	2	1	0	3
Kampala	0	3	0	4	0
Yumbe	1	0	3	1	1
<b>TOTAL</b>	<b>5</b>	<b>12</b>	<b>8</b>	<b>5</b>	<b>7</b>

## RESULTS

Thematic analysis of the interviews carried out resulted in four main themes that were related to important aspects of men and women refugee survivors lived experiences and the stakeholders' challenges in providing support and services for refugees. These are detailed in Table 3 below and include; *experiences of refugee survivors, service provision for survivors, impact of experiences, and gender issues*. These are discussed in turn.

**Table 3: Themes from Analysis of Refugee and Key Stakeholder data**

Theme	Sub-themes
<b>Human Rights Abuse Experiences of Refugee Survivors</b>	Torture SGBV Child marriage Domestic Violence Abduction
<b>Service provision</b>	Screening Health services Justice and rights-related services Access to education, basic rights and livelihoods Training, sensitisation and use of media Involvement of Faith-Based Organisations Care of staff
<b>Impact of experiences</b>	Psychological/emotional impact Physical health impact Socio-cultural impact Violence Justice and rights impact Security
<b>Gender issues</b>	Lack of gendered understanding Stigma and shame Need for gender-informed specialist services Family conflict and domestic violence

## Human Rights Abuse Experiences of Refugee Survivors

The majority of the interviewed refugees fled from South Sudan in mid-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 south on the 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 the human rights abuses they experienced and getting 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. One woman talking during a focus group discussion in Pagirinya said:

*“I was raped by 3 people; another woman was raped by 2 people and one woman who was carrying her children on her back was raped by 1 person. I also experienced torture. When soldiers were shooting, we ran inside my sister’s house, and these people when they saw us running, started shooting. One of the bullets caught my sister.”*

(Woman talking during focus group in Pagirinya)

All refugee participants, of both genders, of 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), 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 homosexually 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 the 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 the 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.

### **Service provision**

- ***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). Refugees should be screened and treated regarding their human rights abuse experiences.

- ***Health services***

The main providers of health services cited by the 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 testing for sexually transmitted infections or treatment for SGBV including sodomy. All the interviewed men stated they had not reported their sexual or physical injuries officially and when they went to the health centres where 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 but this was a five hour drive from Bidi Bidi settlement on the border with South Sudan. Service providers informed us that for Bidi Bidi settlement, Medical Teams International supported referrals to Arua hospital, and Interaid made referrals to Lacor hospital in Gulu and Mulago hospital in Kampala, for specialized treatments. The 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 the services, including food. Refugees stated that they had received minimal treatment for their health problems and Panadol was the main medication received. There were many challenges providing even minimal health services for refugees as the Chair of the Refugee Welfare Council in Adjumani explained:

*“There is a Health Centre 2 and 3 in Adjumani but the Health Centre 2 here has no admission facilities. The Health Centre 3 cannot manage the health needs of refugees as they are over-stretched and for survivors of torture and SGBV we really need to go to Adjumani, Gulu or Kampala and UNHCR are supposed to pay. However, sometimes refugees are transferred for treatment and we are told the money has not been paid. There is no psychiatric clinical officer, no HIV+ medication. Language barriers are also a problem and sometimes health staff demand money”.* (Chair of the Refugee Welfare Council in Adjumani)

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

- ***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 reporting 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 associated with sodomy.

- ***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 that 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 long distances away 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 a long dry season, unpredictable rainfall weather, climate change and low soil fertility. The service providers stated that refugees paid the same cost as Ugandans if they attended facilities outside the settlement where cost sharing was practiced. These refugee survivors felt that 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 said that they often sold their rations to pay for education and health costs. The population of the settlements was 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 the refugees being children below the age of 18 years old. Hence, there was a high dependency ratio and unemployment amongst the youth.

- ***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.

- ***Involvement of Faith-Based Organisations***

There were a few faith-based organisations (FBOs) supporting refugees and providing education, support, services and training for service providers and refugee survivors of SGBV and torture. It was felt by those whom we interviewed that the contribution of faith-based organisations was not well organised and that 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. Traditional leaders also gave refugees land plots to grow food.

- ***Care of staff***

There was limited training and self-care for staff who provided support for the refugees. Staff care was sometimes provided through telephone support, retreats, hardship allowances, peer support, music and relaxation.

## **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 demonstrated 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 were referred outside the settlements. However, it was felt that refugees were reluctant to access health services that were available for them. Table summarises the impact of experiences on men and women refugees who were interviewed.

- ***Psychological/Emotional impact***

All the interviewed refugees reported suffering both short and long-term negative 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; as well as feelings of helplessness. Many refugees reported ongoing health consequences from both the migration and the injuries sustained during it. Survivors described feeling hurt and thinking a lot about their experiences. A number of participants reported feelings of suicide and many recounted having attempted suicide. Service providers narrated that the psychological impact on refugees included trauma, severe emotional distress, fear, alcohol/drug use, anger, violence including domestic violence, nightmares, and feeling helpless. None of the refugees whom we spoke to had access to counselling, apart from limited counselling immediately following the report of an incident of SGBV. Instead, most turned to relatives or to religion/Church for help. Service providers said many refugees found it difficult to discuss their experiences as stigma and shame inhibited disclosure. The Chair of the Refugee Welfare Councilin Adjumani said:

*“Leaders ignore the suffering of refugees. When we bring refugees together who have experienced SGBV and torture they reveal a lot of stigma and shame as well as continuing abuses at a family level. High levels of poverty make men feel helpless and domestic violence levels are high in the settlement.”*

(Chair of Refugee Welfare Council, Adjumani)

- ***Physical health impact***

Refugees described the main physical health impact which included injuries from violence and physical torture such as trauma to the head, eyes, ribs, fingers, chest, hips and shoulders. Most were not treated and this had resulted in complications/complaints such as “coughing; headaches; kidney disease; high blood pressure; and heart disease” as well as disabilities such as: “broken bones not healing correctly resulting in poor mobility; back pain; paralysis” etc. 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 and injured by their husbands. In the worst situation women, men and children died from the impact of severe traumatic 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 been reported being damaged during delivery. Women had genital trauma including fistula resulting from rape and birth injuries and had difficulties urinating (fistulae) and they also reported contracting sexually transmitted diseases including HIV/AIDS.

Men were sometimes castrated and those who were raped suffered rectal problems including prolapse and other injuries that were not diagnosed or treated. Survivors were often disabled. Men and women survivors 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 described a fear of being accused of

being rebels which, also inhibited disclosure. The extent of physical injuries had a severe negative impact on refugees' ability to undertake physical work.

Table 4 below summarises the experiences and impact of SGBV and/or Torture on the men and women South Sudanese Refugees in settlement in Uganda.

**Table 4: Summary of the Experiences and Impact of SGBV and/or Torture on South Sudanese Refugees**

<b>Gender</b>	<b>Physical</b>	<b>Psychological</b>	<b>Social/Cultural</b>	<b>Justice/Rights</b>
<b>Men</b>	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. Poor sleep. Nightmares. 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.
<b>Women</b>	Physical injuries from beatings, rape, miscarriages Chronic pain. Gynaecological injuries and pain from rape, genital mutilation, fistulae etc. Continuing health problems e.g. kidney disease, back problems. Unwanted pregnancies. STIs	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. STIs/HIV. 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

- ***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.

- ***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 or water 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 unemployed. 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 being set and houses being burnt down.

- ***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 of especially sodomised rape. Although the majority of refugees told us they generally felt secure in Uganda, they however 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.

- *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 that 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. The male refugees whom 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 . However refugee girls and women when collecting firewood or water claimed that all kinds of crimes took place within the settlement perimeter. Indeed, one refugee woman 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 that security in the settlements was provided through neighbourhood watch and police posts in all zones together with armed forces. However, some of the refugees we spoke to told us that they had witnessed or experienced violence in the settlements and that police intervention was limited due to a lack of resources.

### **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 make reports 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 motorcycle 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. However, in the case of South Sudan refugees, these often contradicted Ugandan law.. For example, we were informed by service providers that refugee registration details, including the name of household heads, could be changed on request by household members. Sometimes, household separation was done on request by specific cases by the Office of the Prime Minister based on unacceptable circumstances e.g. child marriage. Mobile courts had been introduced in all zones in Bidi Bidi Settlement to reduce on the challenges of logistics. Some women police officers have also been deployed in the settlement to settle family disputes along gender lines. It was reported by the service providers we spoke to that supervision structures were being put in place by stakeholders with the aim of tackling bribery.

### **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 e.g. of sodomy rape. Service providers, including prisons, lacked knowledge to deal with men who had been raped . Also, 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. Chris Dolan, Director of the Refugee Law Project stated thus:

*“Amongst the 30% that we screen who need to go to hospital we will find the woman who was gang raped 20 years ago and is still oozing god knows what because she never got the right treatment, so she has infections that have never cleared up literally. And then open wounds and somehow, it’s all*

*interconnected. All oozing to the point where she stinks, and her own family can't have her in the same but as them. Why is that happening? I mean it's just unbelievable. But it's true."*

## **CONCLUSION AND RECOMMENDATIONS**

Thematic analysis of interviews with South Sudanese men and women refugee survivors of SGBV and/or torture and stakeholders resulted in four themes: *experiences of refugee survivors, service provision for survivors, impact of experiences, and gender issues*. All the refugees whom we spoke to shared their experiences of SGBV and/or torture. Few had previously been asked about their human rights abuses. Despite the significant physical health, emotional, social-cultural and rights impact of their experiences, the health and justice service responses were minimal. Few refugees, particularly men, had access to counselling.

To conclude, our research argues that SGBV and/or torture are violations of refugees' rights; their bodies and health, and therefore their right to health care and social justice should go 'hand in hand' (Liebling & Baker, 2010). It is important that service providers remain sensitive to gender differences, cultural context, and approaches are informed by a considered understanding and normalisation of the impact of refugees' traumatic experiences (Liebling, 2018). Whilst many refugees recognise, they would struggle to get 'formal' justice for the human rights abuses committed against them in South Sudan, they did appreciate having the opportunity to narrate their experiences. Provision of the holistic model we recommend would ensure refugees and their families feel validated which in turn will assist them to utilise their resilience and agency to continue the process of recovery (Liebling et al. 2014; Liebling & Baker, 2010).

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

- ***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.
- ***Adequate staffing for physical and psychological health care:*** We recommend where possible that the Ministry of Health together with NGOs including Doctors of the World (Medecins Sans Frontiers) employ physical and psychological health care staff to bring the settlements up to at least the Ministry of Health minimum health care requirements.
- ***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. 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.

- ***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.
- ***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.

- ***Social justice:*** The “culture” of sexual and gender-based violence including domestic violence needs to be broken by continued awareness campaigns in the refugee 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.
- ***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.

## **Limitations**

This qualitative research included participants’ in-depth narratives. It is acknowledged that a relatively small sample size was used and therefore there are limitations regarding generalisability of the findings. The project recruited refugee survivors of SGBV and torture through the Refugee Welfare Councils in the settlements, therefore the participants had a

certain degree of expertise regarding the subject of inquiry. Service providers were recruited from a range of UN, Government, International and National Non-Government Organisations, who therefore had a range of expertise regarding the research.

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