

A Critical Overview of Gender –Based Violence in Uganda

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Sexual and Gender based violence against women including refugees in Uganda is a cause for serious concern. The Second World Conference on Human Rights in Vienna in 1993 and the Fourth World Conference on Women in 1994 gave priority to this issue, which jeopardizes women's lives, bodies, psychological integrity and freedom. This paper is a critical analysis of the forms, causes, effect and prevention strategies of sexual and gender- based violence against women in Uganda. The doctrinal research method was utilized. The findings were that certain aspects of Ugandan culture subject women to unequal treatment and make them prone to sexual abuse and gender violence. The research confirmed there is sexual violence among refugees which is contrary to the Standard Operating Manuals by the United Nations Humanitarian Commission on Refugees (UNHCR) for care givers. The government should work at removing negative cultural, social and traditional practices that encourage the perpetuation of sexual violence and makes victims suffer in silence rather than speak out. There should also be a review of police processes that are obstacles to victim confidence in law enforcement and successful prosecution of perpetrators.

Key Words: Sexual violence, gender violence, LGBTI refugee violence, refugee sex workers

Introduction

Gender refers to the differences between women and men, boys and girls within the same household and within and between cultures that are socially and culturally constructed and change over time. These differences are reflected in the roles, responsibilities, access to resources, constraints, opportunities, needs, perceptions, views, etc., conceptualized by both women and men and their interdependence relationships. (*Compendium of Concepts and Definitions on Gender Statistics, December 2013*).¹ Sexual & Gender-based violence (SGBV) is not a new phenomenon. SGBV is perpetrated against men, women, boys and girls, however, the vast majority of cases reported involve women and girls. Existence of SGBV violates one's rights and slows down progress in achieving sustainable inclusive human development (Gender Issues In Uganda, 2019).² Uganda has an exceptionally high rate of GBV with 56% of married women between the ages of 15-39 having experienced some form of GBV (DFID 2014-2016)³. Furthermore, in Uganda, social beliefs, systems, perceptions, attitudes about women and men, boys and girls and their roles in society exacerbate the already fragile categories (DFID, *ibid*).⁴ Aside from its citizens, Uganda also plays host to large refugee population from crisis and conflict ridden nations like DRC

Congo, Somalia, Ethiopia and South Sudan. Most are in refugee camps in the country and in urban cities. Both in the camps and towns, phenomenon of gender-based violence has emerged as a phenomenon also. This paper examines the causes, effects, prevention strategies and solutions to gender based violence among women in Uganda including refugees and Lesbians, Gay, bisexual, transgender and intersex (LGBTI).

Literature Review

Violence against women is a persistent and universal problem occurring in every culture and social group. Around the world, at least one in every three women has been beaten, coerced into sex, or otherwise abused in her lifetime – most often by someone she knows, including a member of her own family, an employer or a co-worker (Minnesota Advocates for Human Rights, 2003).⁵

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The major causes of violence in Uganda can be attributed to social inequality, the failure to develop legitimate conflict resolution mechanisms, and factors that have influenced the domain and patterns of conflict include lack of a common language, religious sectarianism, vigilante justice, and gender inequality (Kasozzi, 1964).⁶ Evidence shows that the leading causes of GBV are poverty, alcoholism for both women and men, cultural practices like early marriages, bride price, limited counseling, peer pressure, drug abuse, among others (UNDP, 2015; OXFAM, 2018).⁷ Girls are at risk for different types of abuse based on their age, therefore 'the focus of prevention must change based on the age of the females child. (Bolen, 2000).⁸ In terms of extra familial abuse, younger children may need information about the privacy of their bodies as well as stranger danger. Walking safely may be important for middle school children whilst adolescent girls may benefit from personal safety information and information related to dating. Bolen also suggests, however, that prevention programs may ultimately be minimally effective, as girls simply cannot be prepared for every situation in which abuse may occur. A focus, rather, on socialization and on appropriate male/females interaction may be most useful.

Tackling sexual and gender based abuse requires a multi- sectoral approach to its prevention and response (UNHCR, 2011).⁹ Early recognition of abuse when it occurs is important. This means that caregivers for children should be trained to identify developmentally appropriate behaviors so they can identify and question behavior that is inappropriate (Gallagher, 2000).¹⁰

Often, sexual violence is ignored, excused, condoned and even encouraged; Even though most people do not commit sexual- violence meaning it is not a normal behavior for most people these kinds of norms imply a level of acceptance and a mentality of complacency about sexual violence. They create a toxic environment in which sexual violence can take place, inhibiting appropriate action and condoning inappropriate inaction. Given this environment, it is not surprising that some people commit sexual violence and many bystanders do not speak up or intervene (National Sexual Violence Resource Centre, 2006).¹¹ Seventeenth century judge Sir Matthew Hale asserted that rape is an accusation easily to be made, hard to be proved and harder to be defended by the party accused (UNHCR, 2012).¹² In modern court proceedings, similar language can be heard. The language used by defense attorneys in cross-examining the victim serves to recast the act as consensual or to paint victims as liars. A 1993 report prepared by the Senate Judiciary Committee of the United States Congress found that less than one half

of rape cases are convicted, 21% of convicted rapists are never sentenced to prison time and 24% of convicted rapists receive time in local jails for less than 11 months (Edwards, 2011).¹³ This is true as most rape victims fear shame and most of the times double victimization as even the punishment accorded to the convicts is not deterrent in nature neither preventive. A study of the perspectives of rapists that included interviews with 114 convicted, incarcerated rapists reveals that the overwhelming majority of these rapists believed they never would go to prison for rape. Perpetrators justified rape by saying (1) Women are seductresses, (2) women mean yes when they say no, (3) most women relax and eventually enjoy the rape, (4) nice girls do not get raped (5) rape is a minor wrongdoing (Scully & Marola, 1994).¹⁴ Some said they knew that women frequently do not report rape and of those cases that are reported, conviction rates are low, therefore making rapists feel more secure. These men perceive rape as a rewarding, low risk-act. The Scully and Marolla study implies that the incarcerated, convicted rapists made premeditated, purposeful choices to rape. It is clear that supportive responses to disclosure of sexual assault help reaffirm self-worth while negative responses can increase feelings of shame and isolation (Jacques-Tiura et al, 2011).¹⁵

Rentschler discusses the inadequacies of various institutions (legal, judicial, family) in addressing sexual violence against women and advocates a system of prevention that 'responds to institutional 'neglect' by giving women day to day fighting skills for taking care of violence on a personal level' (Rentschler, 1995).¹⁶ In Uganda, studies shows that physical violence is on average more common in rural areas irrespective of gender (Gender Issues In Uganda, 2019).¹⁷ Intuitively, asset ownership for women is also linked to a reduction in Gender Based Violence they face (ibid).¹⁸ Out of the 56% who have experienced violence of any kind, only 5.5% report to the police (DFID, ibid).¹⁹

Perpetrators of self-reported SGBV are 53.5% men, 33.5% women, 10% boy, 2.6% girl and 0.4% humanitarian workers (UNHCR, 2016).²⁰ Based on the data compiled from both the Police Post and the Health Center in Pabbo, a study of SGBV in the IDP camp at Pabbo, Gulu district, Northern Uganda suggests that the most vulnerable groups were: the girls aged between 13 and 17 who are most frequently reported as survivors of SGBV, followed by women aged from 19 to 36, then younger children aged from 4 to 9. Girls are found to be most vulnerable to STIs, mental, emotional and health illnesses (Akumu, Amony et al, 2015).²¹ Very worrisome was the perception by the community within Pabbo camp, SGBV is a considered a "normal"/ common phenomenon. Cases of rape and

incest are however considered more serious than others, and solved using traditional purification rituals rather than through legal means (ibid).²²

Also among the Internally Displaced Persons (IDP's) camp, police officers, relief workers, camp administrators or other government officers who may themselves be involved in acts of abuse or exploitation, if there are no independent organizations, such as UNHCR or NGOs to monitor them (Women & Violence, 2008).²³ For example; in IDP camps men are responsible for distributing goods and necessities to women and this leads to sexual exploitation. The women that have been vulnerable are those without proper personal documentation for collecting food rations or shelter materials. Women may be required to travel to remote distribution points for food, water and their living quarters may be far from latrines, washing facilities and their sleeping quarters may lead to unlocked and unprotected sex (Sexual Violence Facts, WHO 2002).²⁴

3.1. Forms of Sexual & Gender- Based Violence

What constitutes violence against women has been stated as:

Physical, sexual and psychological violence occur in the family and community. It includes battering, sexual violence of females and children, dowry – related violence, marital rape, female genital mutilation, and other traditional practices harmful to women, non - spousal violence, violence related to exploitation, sexual harassment, intimidation at work, in educational institutions and elsewhere, trafficking in women, forced prostitution and violence perpetrated or condoned by a state. (Article 1 & 2, UN Declaration on Violence Against Women, 1993).²⁵

Basically, five types of violence against women are prevalent in Uganda. These are sexual violence, physical violence, emotional and psychological violence, harmful cultural practices and socio-economic violence (Akumu, ibid)²⁶ However, physical and sexual violence are the most common ((UDHS, 2016).²⁷ The working definitions for these various forms are quite instructive and were used in the research to identify forms of abuse taking place in Pabbo camp (Akumu, ibid)²⁸

Table 1: Working Definition of Forms of Sexual & Gender Based Violence

Type of act	Description/Examples	Perpetrated by
1. Sexual Violence: Rape and marital rape	The invasion of any part of the body of the victim or of the perpetrator with a sexual organ, or of the anal or genital opening of the victim with any object or any other part of the body by force, threat of force, coercion, taking advantage of a coercive environment, or against a person incapable of giving genuine consent (International Criminal Court)	Any person in a position of power, authority And control, including husband, intimate partner or caregiver.
Child sexual Abuse, defilement and Incest	Any act where a child is used for sexual gratification. Any sexual relations/ interaction with a child	Someone the child trusts, including parent, Sibling extended family member, friend or stranger, teacher, elder, leader or any other caregiver, anyone in a position of power, authority and control over a child
Forced sodomy/anal Rape	Forced/coerced anal intercourse, usually male-to-male or male-to-female.	Any person in a position of power, authority and control.
Attempted rape Or attempted Forced Sodomy/anal Rape	Attempted forced/coerced intercourse; no penetration	Any person in a position of power, authority and control.
Sexual abuse	Actual or threatened physical intrusion of a sexual nature, including inappropriate touching, by force or under unequal or coercive conditions.	Any person in a position of power, authority and control, family/community members, co-workers, including Supervisors, strangers.
Sexual Exploitation	Any abuse of a position of vulnerability, different power, or trust for sexual purposes; this includes profiting momentarily, socially or politically from the sexual exploitation of another (ASC); sexual	Anyone in a position of power, influence, control, including Humanitarian aid workers, soldiers/officials at checkpoints,
	exploitation is one of the purposes of trafficking in persons (performing in a sexual manner, forced undressing and/or nakedness, coerced marriage, forced childbearing, engagement in pornography or prostitution, sexual extortion for the granting of goods, services, assistance benefits, sexual slavery)	teachers, smugglers, trafficking networks.
Forced prostitution (also Referred to	Forced/coerced sex trade in exchange for material resources, services and assistance, usually targeting highly vulnerable women or girls unable to meet basic	Any person in a privileged position, in possession of money or control of material resources and services,

As sexual Exploitation)	human needs for themselves and/or their children.	perceived as powerful, human aid workers.
Sexual Harassment	Any unwelcome, usually repeated and unreciprocated sexual advance, unsolicited sexual attention, demand for sexual access or favours, sexual innuendo or other verbal or physical conduct of a sexual nature, display of pornographic material, when it interferes with work, is made a condition of employment or creates an intimidating, hostile or offensive work environment.	Employers, supervisors or any person in a position of power, authority, or control.
Sexual violence as a weapon of war and torture	Crimes against humanity of a sexual nature, including rape, sexual slavery, forced abortion or sterilisation or any other forms to prevent birth, forced pregnancy, forced delivery, and forced child rearing, among others. Sexual violence as a form of torture is defined as any act or threat of a sexual nature by which severe mental or physical pain or suffering is caused to obtain information, confession or punishment from the victim or third person, intimidate her or a third person or to destroy, in whole or in part, a national ethnic, racial or religious group.	Often committed, sanctioned or ordered by military, police, armed groups or other parties in conflict.
2. Physical Violence:		
Physical assault	Beating, punching, kicking, biting, burning, maiming or killing, with or without weapons, often used in combination with other forms of sexual and gender-based violence.	Spouse, intimate partner, family member, friend, acquaintance, superior, or anyone in position of power, member of parties to a conflict.
Trafficking Slavery	Selling and/or trading in human beings for forced sexual activities, forced labour or services, slavery or practices similar to slavery, servitude or removal of organs.	Any person in a position of power, authority or control.
3. Emotional and Psychological Violence:		
Abuse/Humiliation	Non-sexual verbal abuse that is insulting, degrading, demeaning; compelling the victim/survivor to engage in humiliating acts, whether in public or private; denying basic expenses for family survival.	Anyone in a position of power, authority or control; often perpetrated by superior, intimate partners or family members in a position of authority.
Confinement	Isolating a person from friends/family, restricting movements, deprivation of liberty or obstruction. restriction of the right to free movement.	Anyone in a position of power, authority or control; often perpetrated by superior, intimate partners or family members in a position of authority.

4. Harmful Traditional Practices

Female genital Mutilation (FGM)	Cutting of genital organs for non-medical reasons, usually done at a young age; ranges from partial to total cutting, removal of genitals, stitching whether for cultural or other non-therapeutic reasons; often undergone several times during life-time, i.e. after delivery or if a girl/woman has been victim of sexual assault.	Traditional practitioners, supported, condoned, and assisted by families, religious groups, entire communities and some States.
Early marriage	Arranged marriage under the age of legal consent (sexual intercourse in such relationships constitutes statutory rape, as the girls are not legally competent to agree to such unions)	Parents, community and State
Forced marriage	Arranged marriage against the victim's/survivor's wishes; often a dowry is paid to the family; when refused, there are violent and /or abusive consequences.	Parent, family members.
Honour killing And maiming	Maiming or murdering a woman or girl as punishment for acts considered inappropriate for her gender that are believed to bring shame on the family or community (e.g. pouring acid on a young woman's face as punishment for bringing shame to the family for attempting to marry someone not chosen by the family), or to preserve the honour of the family (i.e. as a redemption for an offence committed by a male member of the family).	Parents, husband, other family members or members of the community.
Infanticide and/or neglect	Killing, withholding food, and/or neglecting female children because they are considered to be of less value in a society than male children.	Parents, other family members.
Denial of Education for Girls or women	Removing girls from school, prohibiting or obstructing access of girls and women to basic, technical, professional or scientific knowledge.	Parents, Other family members, community, some state.
5. Social-Economic Violence:		
Discrimination and/or denial of Opportunities, services.	Exclusion, denial of access to education, health assistance or remunerated employment; denial or property rights.	Family members, society, institutions and organizations, government Actors.
Social exclusion/ Ostracism based on sexual Orientation	Denial of access to services, social benefits or exercise and enjoyment of civil, social, economic, cultural and political rights, imposition of criminal penalties, discriminatory practices or physical and psychological harm and tolerance of discriminatory practices, public or private hostility to homosexuals, transsexuals or transvestites.	Family members, society, institutions and organizations, government actors.
Obstructive Legislative Practice	Denial of access to exercise and enjoy civil, social, economic, cultural and political rights, mainly to women.	Family, community, institutions and State.

Akumu Christine Okot, Amony Isabella & Otim Gerald, (2005) *Suffering in Silence: A Study of Sexual and Gender Based Violence (SGBV) In Pabbo Camp, Gulu District, Northern Uganda*. Commissioned By Gulu District Sub Working Group On SGBV. Researched in September 2004, Published in January 2005.

3.1.1. Sexual Violence

As seen in the table above, Sexual violence takes many forms and takes place under different circumstances. A person can be sexually violated by one individual or several people for instance, gang rapes; the incident may be planned or a surprise attack. Although sexual violence occurs most commonly in the survivor's home (or in the perpetrator's home), it also takes place in many other settings, such as the workplace, at school, in prisons, cars, the streets or open spaces for instance; parks, farmland. The perpetrator of a sexual assault may be a date, an acquaintance, a friend, a family member, an intimate partner or former intimate partner, or a stranger, but often, is someone known to the survivor (UNICEF, 2011).²⁹ Sexual violence is common in situations of war and armed conflict. Specifically, rape and sexual torture are frequently used as weapons to demoralize the enemy; and women are sometimes forced into temporary marriages with enemy soldiers (UN Committee Report, 1993).³⁰

3.1.2 Physical violence

Physical violence occurs when any of the following is done: pushing, shaking or throwing objects at a person, slapping, twisting one's arm or pulling hair, punching with his or her fist or with something that can hurt a person. In addition, kicking, dragging or beating, trying to choke or burning on purpose, threatening or attacking a person with a knife, gun or any other weapon are also considered (UDHS, *ibid*).³¹ The physical assaults may or may not cause injuries (Angeles, 2012).³² In the case of *Tyler Vs UK* ECHR held that three strokes with a birch as corporal punishment in school was inhuman and degrading such that it violated article 3 having regard to the particular circumstances in which it was administered. (*Tyler v UK*, ECHR 1978).³³ Some of the most cited causes of physical violence in rural areas is linked to limited economic opportunities which has led to redundancy and alcoholism (WHO, 2004).³⁴ Physical violence among women, irrespective of year, is generally caused by a current husband/partner. Of all reported cases at 47.5 percent in 2011 and 45 percent in 2016 the perpetrator was a current husband or partner. Furthermore, teachers were the second reported perpetrators of violence among women at 19.8 percent in 2011, however, this trend reversed in 2016, where 23.2 percent reported that physical violence was perpetrated by their former husbands/partners (Gender Issues In Uganda, *ibid*)³⁵.

3.1.3 Emotional and Psychological Violence

Emotional and psychological violence include; abuse/humiliation, non-sexual verbal abuse that is insulting, degrading, demeaning; compelling the victim/survivor to engage in humiliating acts, whether in public or private, denying basic expenses for family survival. Confinement and isolating a person from friends/family, restricting movements, deprivation of liberty or obstruction/restriction of the right to free movement (Bandiera, Burbren et al, 2013).³⁶

3.1.4 Harmful Traditional Practices

Harmful Traditional Practices includes female genital mutilation (FGM) which is cutting of genital organs for non-medical reasons, usually done at a young age; it ranges from partial or total cutting, removal of genitals, stitching whether for cultural or non-therapeutic reasons often undergone several times during a life-time, i.e., after delivery or if a girl/woman has been a victim of sexual assault (WHO Guidelines, 2003).³⁷ Honor killing and maiming or murdering a woman or a girl as a punishment for acts considered inappropriate with regards to her gender, and which are believed to bring shame on the family or community (e.g. pouring acid on a young woman's face as punishment for bringing shame to the family for attempting to marry someone not chosen by the family), or to preserve the honor of the family (i.e. as a redemption for an offence committed by a male member of the family). infanticide and/or neglect killing, withholding food from, and/or neglecting female children because they are deemed of less value in a society than male children. Another instance is the denial of education for girls or women, removing girls from school, prohibiting or obstructing access of girls and women to basic technical, professional or scientific knowledge (UNHCR, 2011).³⁸ Child marriage is often used to legitimize a range of forms of sexual violence against women. The custom of marrying off young children, particularly girls, is found in many parts of the world. This practice which is illegal in many countries is a form of sexual violence, since the children involved are unable to give or withhold their consent. Most of them know little or nothing about sex before they are married. They therefore frequently fear it and their first sexual encounters are often forced (Blatman et al, 2013).³⁹

3.1.5. Socio-Economic Violence

This involves discrimination and/or denial of opportunities, services exclusion, denial of access to

education, health assistance or remunerated employment; denial of property rights, Social exclusion/ostracism based on sexual orientation, denial of access to services or social benefits, prevention of the exercise and enjoyment of civil, social, economic, cultural and political rights, and imposition of criminal penalties. Others are discriminatory practices, physical and psychological harm, tolerance of discriminatory practices and public or private hostility to homosexuals and obstructive legislative practice.

3.2. Gender-Based Violence on Refugees

The number of registered refugees and asylum seekers in Uganda as of 2015 stood at 509,447 (GoU, 2015)⁴⁰. These come majorly from South Sudan, Democratic Republic of Congo (DRC), Eritrea, Burundi, Rwanda and South Sudan. Women are exposed to different types of violence when forced to undertake perilous flight from homeland as shown in cycle below in Table 11 (UNHCR, 1995).⁴¹

Table 11: Sexual Violence During the Refugee Cycle

S/N	PHASE	TYPE OF VIOLENCE
1	During Conflict	- Abuse by Persons In Power - Sexual Battery of Women
2	Prior to Flight	Sexual Violence by 'Soldiers'
3	During Flight	- Sexual Attack by bandits, border guards, pirates - Capture for trafficking by Smugglers, Slave traders
4.	In the Country of Asylum	- Sexual attack, extortion by persons in authority - Sexual abuse of fostered girls - Domestic violence - Sexual attack when collecting wood, water, etc - Sex for survival
5	During Repatriation	- Sexual abuse of women and girls who have been separated from family - Sexual abuse by persons in power - Sexual attack by bandits, border guards
6	During Reintegration	- Returnees may suffer sexual abuse as retribution - Sexual extortion in order to obtain legal status

Table II developed by Susan J. Purdin, based on the life cycle of violence by Heise, L. Information Source: Sexual Violence Against Refugees: Guidelines on Prevention and Response, Geneva, UNHCR, 1995.

3.2.1 Urban Refugees

A research study undertaken by the Women Research Project (WRP) and Law Refugee Project (LRP) in December 2015 in Kampala showed that GBV is pervasive among refugees in Kampala (WRP & LRP, 2015).⁴² This situation appears to be undergirded by an interplay between discriminatory attitudes and practices toward refugees in general, and certain refugee subgroups in particular, and structural factors, such as lack of access to safe livelihoods (WRP & LRP, 2015).⁴³ Close to 80,000 refugees currently reside in Kampala, Uganda, the majority of whom fled conflict in the Democratic Republic of the Congo (ibid).⁴⁴ Contributing to this negative scenario, services and programs for refugees in Kampala appear inadequate,

underfunded, and very often staffed by personnel reflecting the same discriminatory attitudes as the general public. Women refugees reported that they face a range of GBV risks in their daily lives in Kampala, as well as a range of types of violence – including physical, sexual, emotional, and economic (ibid). These include:

1. Risks related to livelihoods. Women reported being raped and sexually assaulted when trying to earn money. Congolese women especially reported risks of violence when they go to collect cassava leaves to eat or to sell. Young women (ages 16 - 24) shared that many of them try to earn money by selling jewelry on the street and experience violence or threats of violence, including rape, while doing this. Their risk of violence is also heightened because they are pushed to sell their jewelry in relatively isolated areas in order

to avoid infringing upon Ugandan sellers' usual "territory" as well as fear of arrest by law enforcers of the Kampala City Council Authority (KCCA). Young and adult women also reported that the homes where they perform domestic work are frequent sites of violence, as employers often try to rape or coerce them into sex (ibid).

2. Risks in and around their homes. Women reported feeling at risk of violence in their homes, often by landlords who demand sex when they enter their homes in the guise of checking interior conditions. Women also recounted incidents of neighbors and strangers entering homes and raping or abusing women and children. They stated that they feel the risk of this happening to them is particularly high as refugees because, not only can they only afford to live in the most dangerous neighborhoods in Kampala, sometimes congested, unhygienic, and violent slums, but also because they are specifically targeted as refugees. They reported that common attitudes hold that, as refugees, they have less community protection, or are somehow more deserving of violence, or are unable or less likely to report incidents of violence (ibid).⁴⁵

3. Familial violence

Adult and young women reported that domestic violence is present in refugee households and is heightened by livelihood challenges and cultural perceptions. Regarding domestic violence, women said that among married couples, domestic violence happens more often in Kampala than it did in their countries of origin (mostly DRC) because of increased tension in the household due to economic pressures and the difficulties of being foreigners (ibid).⁴⁶ Service providers observed that where husbands are also survivors of sexual violence, they often experience psychological trauma that can translate into aggression toward family members. Women also stated that the incidence of child marriage increased in Kampala. Congolese women reported that whereas in the DRC a girl in their village might get married at 15 years of age, in Kampala, because of economic pressure, the age can lower to 12 to 13 years old. (ibid).⁴⁷

4. Refugee Women with Disabilities

Females with disabilities reported experiencing a differential lack of access to appropriate and sufficient medical care because of lack of financial assistance for transportation and medicines, and because of poor quality care from provider (Heise).⁴⁸ Persons with disabilities are, for example, nonchalantly told to "come back another time" when their appointments are cancelled at the last minute (We have a Right to

Love, 2014).⁴⁹ Women with disabilities expressed, as did men with disabilities, that many service providers exhibit a lack of understanding or care that it takes persons with disabilities additional effort and resources to visit their offices and/or those of referrals.

5. LGBTI Refugees

Although Ugandan anti-gay legislation criminalizing anyone identifying as lesbian, gay, bi-sexual, transgender, and intersex (LGBTI) was overturned in August 2014, refugees and service providers reported that LGBTI refugees remain at risk of being stopped, arrested, and detained by the police. They also experience physical and sexual violence at the hands of police, including while being held in jail. Transgender refugees, in particular alleged physical and sexual abuse while in police custody. One transwoman shared that she was raped in prison multiple times with no gels or lubricant, and contracted a sexually transmitted infection (STI) as a result (WRP & LRP, 2015).⁵⁰ Distinguishing between UNHCR's resettlement and protection teams' respective consideration of LGBTI refugees, one provider observed:

"When it comes to LGBTI there's a big problem. They [UNHCR] may be responsive for resettlement cases, but for integration [into the host community] there's a big gap. They should be more involved in legal and policy reform – the decriminalization process. Protection officers should be monitoring and seeking accountability from police officers that violate the rights of LGBTI and sex workers...but it's something that we are left to do" (Interview with Refugee Staff Provider, 2015).⁵¹

They stated that it is not uncommon for them to be forced to have sex in exchange for shelter in Kampala and/or to be evicted by landlords because of their nonconforming sexual orientation or gender identity. Moreover, since being LGBTI is still used as a basis for arrest or detention by police, and police themselves are often perpetrators of violence against LGBTI refugees, they cannot report this abuse to authorities. They also shared that they are more likely to be abused – physically, sexually, and psychologically – by fellow refugees and Ugandans in general (WRP & LRP, ibid).⁵²

There is need for support groups for LGBTI. An example is the Angel Support group. It provides services to LGBTI which includes: counseling; medical treatment, including HIV testing; emergency food; livelihood support (e.g. helping to organize a space for LGBTI refugees to operate a hair salon); and an in-house cyber café so that members can communicate with family or friends abroad in a safe space. Despite the critical role Angels play in LGBTI

refugees' protection, it struggles to survive in a context of lack of financial resources and of police raids. While the Refugee Law Project provides material and technical support to all its support groups, including Angels, for instance, by providing space for groups to meet or hold meetings and workshops (WRP & LRP, *ibid*).⁵³

6. Refugees Engaged in Sex Work

Refugees from nearly all subgroups reported engaging in sex work and/or knowing fellow refugees who do so; this included women, men, youth, LGBTI, and women with disabilities (WHO, 2013).⁵⁴ Refugees engaging in sex work reported doing so for a variety of reasons: because it pays more than other jobs, because they have no other options for employment, because they like it, and because it is the only way they can buy food to feed themselves and their children (Focus...Sex Workers, 2015).⁵⁵ Sex workers reported that they incur physical violence mainly from three types of actors: (i) Ugandan police, who steal their money and rape them with impunity; (ii) clients whose violence can range from not paying an agreed-upon fee to committing gang rape and acts of sexual torture, sometimes after rendering an individual unconscious using chloroform; and (iii) Ugandan sex workers who view refugee sex workers as business competition and attack them on the street, sometimes in groups (WRP & LRP, *ibid*).⁵⁶

4.1. Causes of Sexual and Gender Based Violence

There are many factors contributing to acts of sexual and gender-based violence in any setting. In general, the overriding causes are gender inequity, assertion of power, and lack of respect for human rights. In situations of armed conflict and displacement, women and children face additional risks and vulnerability. Women and girls constitute generally 45-55% of any refugee population (UNHCR Statistics, 2001).⁵⁷ In most refugee situations, children face an increased risk of sexual abuse and violence because of their age and social disruption surrounding them. Girls are usually the principal targets (Report of UNHCR, 2001).⁵⁸ In Uganda, poverty has been found to be the most prominent cause for physical and sexual GBV especially in the Acholi and Lango districts. Income poverty in Acholi was at 34.7 percent and 20 percent in Lango (UBoS, 2017).⁵⁹ Simply put, three out of ten persons living in Acholi sub region are poor (living below the poverty line). In Karamoja, poverty was at 60 percent (6 out of 10 persons in Karamoja were living below a dollar per day). In such regions, the psycho-social and economic effects of the 20-year conflict fuelled physical and sexual GBV (UNDP,

2015).⁶⁰ Women's changing roles and responsibilities, including their increasing economic independence from their husbands, is often seen to have resulted in growing tension at the household level making physical and sexual GBV chronic (*ibid*).⁶¹ Other reasons given for not reporting cases of SGBV in these areas are stigma, shame, fear of family, distance from services, cost of services and considering SGBV as a private matter. The study further found many attitudes among the community that endorse violence as a normal means of men establishing control over their wives and children (UNHCR, 2016).⁶² Other factors exist. These can be classified as individual level factors, relationship level factors, community level factors and societal factors.

Individual-Level Factors

These include biological and personal history factors that increase the risk of violence, for example, a low level of education, young age (early marriage) and low-economic status/income have been identified as risk factors for both experiencing and perpetrating intimate partner violence. Experiences of sexual violence show that the higher the education level, the lower the incidence especially for more educated men and women. Women with no education and primary education level report more experiences of sexual violence (Gender Issues In Uganda, 2019 *ibid*).⁶³ Past experiences of violence also play a role; exposure to sexual abuse and intra-parental violence during childhood as well as a history of experiencing (for women) or perpetrating (for men) violence in previous intimate relationships increases the likelihood of violence in future relationships. Pregnant women are also at high risk of experiencing violence by an intimate partner. Attitudes also play an important role; there is a strong correlation between women and men perceiving violence as acceptable behavior and their exposure to intimate partner and sexual violence (as both, survivors and perpetrators). Sexual and gender-based violence can occur during all phases of internally displaced persons' situation and even in homes: prior to flight, during flight, while in the place (camp) of asylum, during repatriation and reintegration. Prevention and response measures must be adapted to suit the different circumstances of each phase (Green, 1999).⁶⁴

Relationship-Level Factors

What contributes to the risk of SGBV at the level of relationships with peers, intimate partners and family members is that men having multiple partners are more likely to perpetrate intimate partner violence or sexual violence. Such men are also more likely to

engage in risky behaviors with multiple sexual partners by refusing condoms, exposing themselves and their intimate partners to a higher risk of HIV infection. Other factors, associated with an increased risk of intimate partner violence include partnerships with low marital satisfaction and continuous disagreements, as well as disparities in education status between the partners (Addressing Gender-Based Violence, 2006).⁶⁶ Furthermore, family responses to sexual violence that blame women and concentrate on restoring “lost” family honor, rather than punishing men, create an environment in which rape can occur with impunity. The psychological strains of internally displaced person’s life may aggravate aggressive behavior towards women. Male disrespect towards women may be reinforced in internally displaced person’s situations where unaccompanied women and girls may be regarded by camp guards and male internally displaced persons as common sexual property (ibid)⁶⁷

Community-Level Factors

Societies that have community sanctions in place against violence, including moral pressure for neighbors to intervene, and where women had access to shelter or family support had the lowest levels of intimate partner and sexual violence. While intimate partner and sexual violence do cut across all socio-economic groups, several studies found women living in poverty are disproportionately affected; however, it has not been clearly established whether it is poverty as such that increases the risk of violence or rather other factors accompanying poverty (Izumi, 2007).⁶⁸ Rather, poverty can be seen as a “marker” for a variety of social conditions that combine to increase the risk faced by women. For instance, rural women living in poverty who work in the fields or collect firewood alone may be at a higher risk of rape. Poverty may also put women under pressure to find or maintain jobs and in turn render them vulnerable to sexual coercion, or push them in to occupations that carry a high risk of sexual violence, such as sex work (ibid).⁶⁹

Society-Level Factors

Society levels include the cultural and social norms that shape gender roles and the unequal distribution of power between women and men. It appears that intimate partner violence occurs more often in societies where men have economic and decision-making powers in the household and where women do not have easy access to divorce and where adults routinely resort to violence to resolve their conflicts. Further, ideologies of male sexual entitlement that are common in many cultures exclude the possibility that a woman is entitled to make autonomous decisions

about participating in sex and to refuse a man’s sexual advances and are used to increase the risk of rape in conflict and post-conflict situations (Kaye, Mirembe et al, 2005).⁷⁰

5.1 Effect of Sexual and Gender Based Violence

While women are usually the immediate victims of gender violence, the consequences of gender violence extends beyond the victim to the society as a whole. Gender violence threatens family structures; children suffer emotional damage when they watch their mothers and sisters being battered; two-parent homes may break up, leaving the new female heads of household to struggle against increased poverty and negative social repercussions (Raising Voices, 2003).⁷¹ Psychological scars often impede the establishment of healthy and rewarding relationships in the future and victims of gender violence may vent their frustrations on their children and others, thereby transmitting and intensifying the negative experiences of those around them. Children, on the other hand, may come to accept violence as an alternative means of conflict resolution and communication. It is in these ways that violence is reproduced and perpetuated (Heise, 1994).⁷² The research on SGBV in Pabbo Camp, Northern Uganda revealed other side effects to include (Akumu et al, 2005)⁷³:

- a. **Emotional and Mental Health:** Abused women have significantly higher levels of anxiety, depression and psycho-somatic complaints than women who have not suffered such abuse do. Defilement, child molesting, wife beating retards the emotional development of the woman and child.
- b. **Exclusion from Education:** There is stigmatization of victims or persons who have experienced SGBV in the community, which results into the person’s loss of confidence and, leads to isolation from the community. This has led to girls dropping out of school due to the stigmatization. In Agole primary school in Pabbo, at the lower levels of primary, there are usually more girls than the boys, but the number and proportion of girls to boys drops due to verbal abuse by the boys, and parents. In 2004, there are only 20 girls to 76 boys in primary 7.
- c. **Physical Health:** Violence leads to physical injuries ranging from bruising to death as a result of assault, for instance wounds, damage to sexual organs which may eventually lead to death either as a result of injuries or disease contracted. Miscarriages and abortion especially among young girls are common: it was reported that there were 18 cases of abortion handled by the health center in Pabbo IDP camp, between the month of April and August 2004 amongst the youth (ibid)⁷⁴

Sexual and Gender - Based Violence seriously affects all aspects of women's health- physical, sexual and reproductive, mental and behavioral health. The health consequences can be both immediate and acute as well as long lasting and chronic. Indeed, negative health consequences may persist long after the violence has stopped. The more severe the level of violence, the greater the impact will be on women's health. Furthermore, exposure to more than one type of violence (e.g. physical and sexual) and /or multiple incidents of violence over time tends to lead to more severe health consequences (USAID,2002).⁷⁵ It can result in women's deaths. Fatal outcomes may be the immediate result of a woman being killed by the perpetrator, or in the long-term, as a consequence of other adverse health outcomes. For example, mental health problems resulting from trauma can lead to suicide, or to conditions such as alcohol abuse or cardiovascular diseases that can in turn result in death. HIV infection as a result of sexual violence can cause AIDS and ultimately lead to death(UNGA,2006).⁷⁶ The Human Right Report estimates that rape and domestic violence account for 5% of the healthy life years of life lost to women aged 15 to 44 in developing countries every year lost due to premature death is counted as one disability-adjusted life year and every year spent sick or incapacitated is counted as a fraction, depending on the severity of the disability. At the global level, the number of disability-adjusted life years lost by women in this age group is estimated at 9.5 million years, comparable to other risk factors and diseases such as tuberculosis, HIV, cardiovascular diseases or cancer (Human Rights Watch, 2003).⁷⁷

6.1 Prevention of Gender-Based Violence

- Massive Public Enlightenment:

Religious & Traditional Leaders

It is clear that sometimes, sexual violence is a result of negative traditional values and ethos that seek to perpetuate gender inferiority. Thus, there is need for public enlightenment to change this mindset. Uganda's like other Africans place great value of their traditional rulers and religious leaders. Their voices attract great veneration and these can be mechanisms for the battle against SGBV especially the menfolk.

Use of Media

Traditional media outlets like Television and radio are powerful outlets for dissemination of information to the public especially on issues of social concern. Government should partner with them. It can also utilize special film & television series to keep the message in public consciousness. It should be stated that effort should be made to reach the younger generation through social media so that they do not

perpetuate the negativity towards female gender by the older generation.

- Sexual and Gender- Based Violence

Gender based violence among women and girls in Uganda should not be seen only from the prism of local environment. Government should act within the spirit and intent of international treaties which have been domesticated.

Inter-agency Coordination

There are several governmental agencies and non-governmental bodies (national & international) working with refugees. A stronger network and rules of engagement covering various aspects of refugee needs & settlement in host communities will assist refugee women deal with matters of gender violence. Relationships between local organizations with expertise in supporting sex workers, including those who are refugees, and humanitarian actors should be strengthened. The Women Rights Commission in their study met with two such organizations: Reproductive Health Uganda, which has a health clinic specifically for sex workers and does peer education trainings for sex workers; and OGERA, a community-based organization run by and for refugee sex workers. There is need for greater collaboration and support for peer-led targeted refugee support groups, such as Angels (WRC& LRP).⁷⁸

7.1. Recommendations

Judiciary

It is important the Judiciary sends the right message to perpetrators, victims and society about the abhorrence of SGBV. One of the factors militating against the seriousness with which gender violence is viewed is the often lenient offences handed down to perpetrators after prosecution. Therefore, the Judiciary needs to be re-oriented towards appropriate sentencing of perpetrators of gender violence.

Re-orientation/Re-training of Uganda Police Service

Lack of police cooperation contributes to an increase in sexual violence. This manifests itself in ineffectual response by police officers when cases of abuse are reported. Another is unwillingness to prosecute diligently to the full extent of the law the perpetrators and lack of follow up of police investigations especially for domestic abuse cases. Institutions which receive complaints and reports of SGBV (community leaders and the law enforcement officers) must be properly, extensively and repeatedly trained covering wide range of issues on SGBV.

Cooperation of Educational Institutions

Schools should be empowered to refer suspected cases of gender violence especially sexual assault of minors promptly to hospitals for treatment; and promptly to the Police for investigation.

Counseling and Support Services

For proper reintegration of victims, counseling and support services is imperative. These should be accessible, affordable and non-discriminatory. It is critical that victims have access to counseling services. This is necessary because often victims require special help to develop the will power to abandon abusive relationships. It may assist to site these services at public places like hospitals and health centres such that victims would not feel “exposed” to walk into them.

Establishment of Safe houses

Often victims of gender violence remain trapped in abusive relationships simply because there is nowhere no turn to, so they stay on until they get battered to death. This is more compelling with unsupportive families & friends unwilling to provide care and sustenance for the victim especially if there are children who are seen as an added financial burden. This must be seen against the background of poor economic situation of the average Ugandan. Thus, “safe houses” which will provide safe and secure environment at least on a short term basis for victims is invaluable.

Refugee Camps

There should be continuous, close monitoring of SGBV in Internally Displaced Camps and refugee camps.

Stronger Links with Non-Governmental Agencies.

It is a truism that government alone may not have the resources to handle challenges in reducing scourges such as SGBV. Aside from this, the NGO's provide reinforcement which is much needed to put pressure on government to be committed to doing even the little it can. An example is the UNHCR work amongst victims of sexual and gender based assaults. Since UNHCR's initial *Policy on Refugee Women*, issued in 1990, the Office has strengthened its institutional response to SGBV through a succession of complementary initiatives: *Guidelines on the Protection of Refugee Women* (1991); UNHCR's *5 Commitments to Refugee Women* (2001); *Guidelines on Prevention and*

Response to SGBV (2003); *Standard Operating Procedures for Prevention of and Response to SGBV* (2006); and the *Handbook for the Protection of Women and Girls* (2008). As a result, the number of SGBV survivors receiving support in urban areas has increased by more than 28% in the past 3 years. Today, 80% of operations in urban settings use SGBV Standard Operating Procedures (SOPs).

Conclusion

Violence against women violates many fundamental rights protected by International human rights instruments, including the right to life, right not to be subjected to torture or cruel, inhuman or degrading treatment, protected by UDHR, ICCPR, ACHAP and other conventions such as DEVAW and CEDAW (Akumu, Amony et al, 2005).⁷⁹ Ending gender-based abuse cannot be a one step ends all cure because its roots spread over different factors. As has been noted, the relevant sectors include health care, protection (including safety, security and legal support) and psychosocial support, all of which are closely linked and entail specific activities (UNHCR, 2011).⁸⁰

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