

INTEGRATING MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT TO SGBV SURVIVORS IN REFUGEE SETTINGS

Sexual and Gender-based Violence (SGBV) is a global social, and public health concern that inflicts harm on women, girls, men, and boys and severely violates human rights. SGBV remains rampant in Uganda. Refugees have a heightened risk of experiencing SGBV due to the protracted nature of forced displacement.¹ Relatedly, SGBV incidents in refugee settlements and host communities are attributed to cultural beliefs and security lapses.² Other factors fueling SGBV include the lack of trust among couples, land wrangles, economic pressures, unaddressed trauma, substance abuse, and a general breakdown of society's core functions.

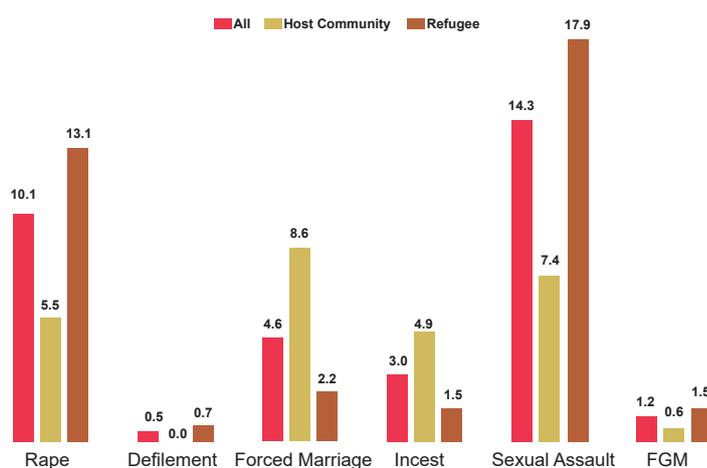
Majority of the SGBV incidents are not reported and as such, go unpunished. Partly this due to the limited awareness of how and where to report the perpetrators. Survivors prefer to use informal justice systems—such as cultural leaders; traditional leaders and the refugee welfare committees (RWCs) instead of formal justice systems including Police and courts of law. This is because the latter structures are perceived as challenged by the language barrier; corruption; lengthy procedural formalities. Ultimately, SGBV has a bearing on survivors and their families' emotional and mental well-being and social and economic aspects.

Against the above background, LASPNET, CORDAID and TPO conducted a study in refugee settlements in West Nile to examine how mental health and psychosocial support (MHPSS) interventions can be mainstreamed in existing services for (S)GBV survivors faced with a humanitarian environment in Uganda. The brief is based on the study report and following a quantitative and qualitative survey in 4 West Nile districts, i.e. Adjumani, Arua, Moyo and Yumbe.

Key findings

Most of the victims who experienced SGBV did so within six months of displacement. Sexual assault and rape (including gang rape and marital rape) are the most frequently cited forms of SGBV experienced (Figure 1). A few of the respondents reported ever experiencing sexual exploitation, including incest and harmful sexual practices, e.g. female genital mutilation. Such crimes affect the emotional well-being and mental health of survivors.

Figure 1: Types of SGBV faced (%)



¹ Ministry of Gender, Labour and Social Development (2008). National Situational Analysis of Sexual and Gender Based Violence and its Impact on Increased Vulnerability of Women to HIV /AIDs in Uganda. Kampala: MGLSD.

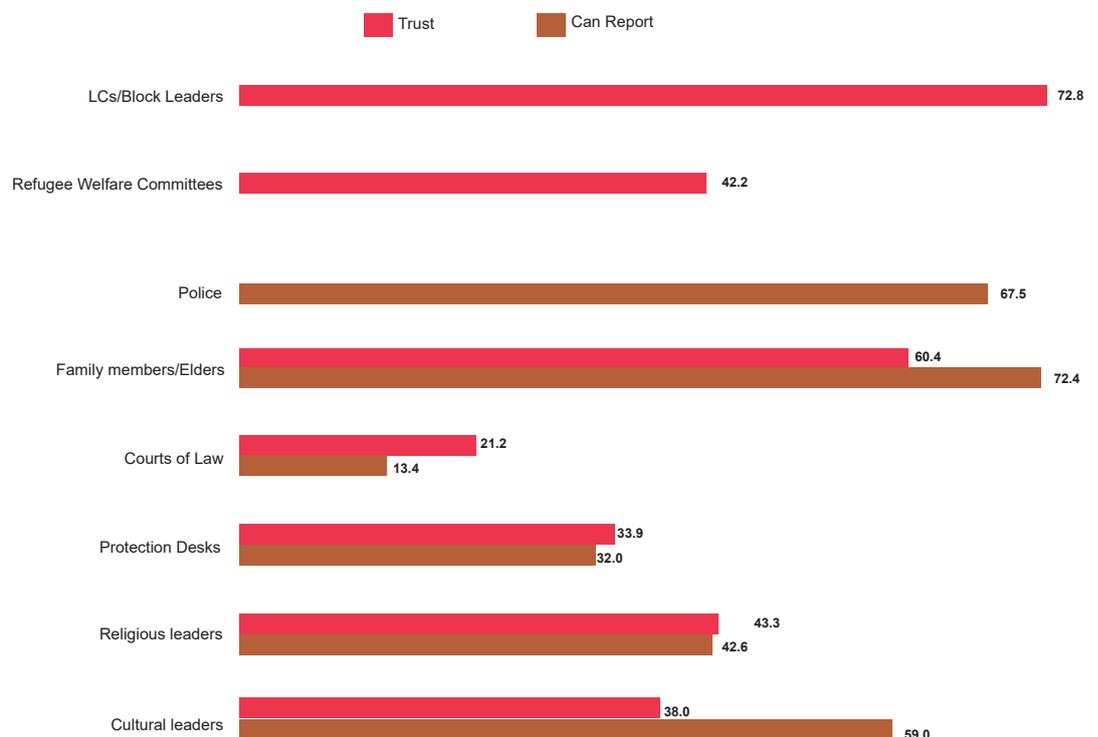
² Report on Rule of Law, Access to Justice and Security needs in Refugee settlements and host communities in Arua and Isingiro districts (February 2019).

The most frequently cited conditions that increase the threat of SGBV are the collection of firewood and visiting recreation centres. Specifically, late-night movement from recreation centres expose women to insecurity incidents. On the other hand, the most frequently cited reason behind SGBV incidents is the refugee environment's minimal economic opportunities. These are compounded by inadequate security during market days—especially during evening markets. Furthermore, refugee settlements are characterised by a limited presence of Police and other security personnel. Excessive consumption of alcohol is also a significant driver of SGBV incidents. Most of the alcohol and substance abuse—especially by youth of marijuana, mayirungi and cannabis—occurs at recreation centres. Inadequate food rations—compared to family sizes of refugee households was also listed as the driver of SGBV. The lack of food and money exposes girls to prostitution as hunger threats can trigger incidents of sexual exploitation. Some of the food rations may also be sold off by spouses, leading to family necessities' mismanagement and precipitating violence.

Reporting of SGBV incidents

There is a preference for informal channels to address SGBV incidents that breeds impunity among perpetrators. Most of the SGBV incidents are not reported to authorities but other informal institutions such as elders and cultural leaders (Figure 2). The limited reporting of SGBV incidents to authorities may be explained by the non-availability of institutions that can enforce sanctions and such institutions' trust. For example, institutions such as legal aid service providers are few and located mainly in urbanised centres. The limited proximity presents a limitation for survivors to use such formal institution. Informal institutions are also frequently cited as the main avenue preventing women from experiencing SGBV. Cultural and religious leaders are used extensively to prevent SGBV.

Figure 2: Institutions one report SGBV concerns in your community and trusted institutions (%)

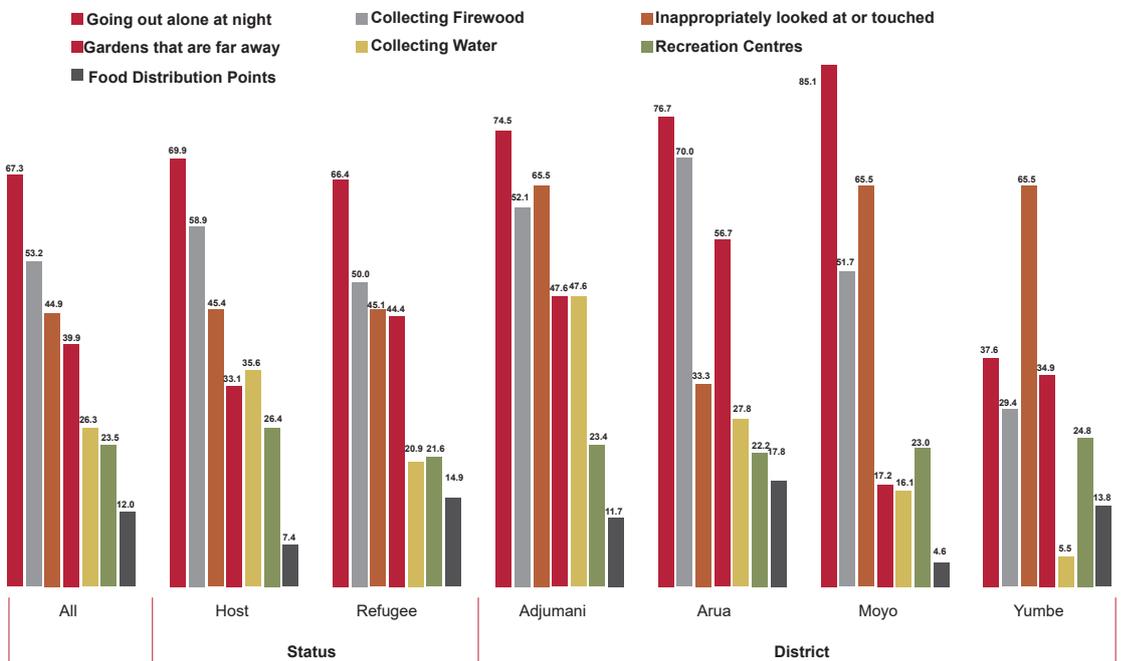


Safety and security concerns

Regarding safety and security within settlements, respondents indicated hardly any separate toilets for women and men. Also, most of the toilets have no locks. Furthermore, there is not enough security lighting in the settlement. Indeed, it is mostly in Yumbe district, where 15% of the respondents indicate enough lighting.

Refugees are significantly more likely to live in crowded conditions, i.e., living with individuals there do not know or single mothers living with an unknown person or mothers separated from their children. The leading security concern mentioned by the respondents was going out alone at night (Figure 3). Going out alone is closely followed by collecting firewood. Beyond SGBV hot spots, several respondents mentioned being looked-at inappropriately given the crowded conditions as a significant security threat.

Figure 3: Current security concerns



Recommendations for action

Government

1. There is a need to institute by-laws that restrict the operating times for bars and recreation centres to address the excessive consumption of alcohol.
2. There is a need to step-up the overall security within refugee settlements. Interventions can take the following forms: installing security lights to provide sufficient lighting at night and providing an adequate number of security personnel at the police posts.
3. There is a need to extend police services within the refugee settlements, i.e. nearer to the communities.
4. There is a need for increased use of community policing and mobile police patrols at night.

Development partners

1. Expand employment opportunities with refugee settlements. This can take different forms, including providing loans and grants, supporting the formation of socio groups for economic empowerment and savings.
2. Concerning economic sustenance, there is a need to address both the amount provided for food rations offered to refugees and rations' timeliness.

Civil society organisations (CSOs)

1. Provide mental health and counselling services to GBV survivors. The mental health and psychosocial services should be one of the first services offered prior to any referrals to justice institutions. Also, the provision of mental health and psychological support to SGBV survivors would address the fears of lodging formal SGBV complaints.
2. Encourage SGBV survivors to speak out beyond family and elders and eventually report to authorities to address the impunity related to SGBV issues. There is a need to sensitise women and young girls on where and how to report SGBV incidents and avoid managing all SGBV incidents at the family level.
3. Provide additional safe spaces to create awareness regarding available responses to SGBV incidents.
4. Operate toll-free lines that can be used to encourage more reporting and address with the associated stigma of reporting.
5. Expand opportunities for legal aid services and address the current poor quality of available legal aid services—especially concerning following up of reported cases.
6. To reduce idleness among the youth, there is a need to engage the youth through other activities, e.g. by introducing drama groups that can educate the youth.
7. CSOs should introduce interventions that provide counselling on alcohol and substance abuse as well as the provision of rehabilitation centres for alcohol addicts.
8. CSOs should provide witness protection and legal services. They should also consult survivors of SGBV and explore opportunities for setting up trauma support centres in refugee settlements.