

The Help-seeking Pathways and Barriers:
Case of South Sudanese Refugees in Uganda
Field Research Report
August 2019

APPENDICES

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APPENDICES

The research collected descriptive data and narratives from both the refugee participants and service providers. These substantiate and support all the discussions made in the study. The succeeding relevant graphs, figures and stories complement the main points raised throughout the report.

Part I covers the data collected from the FGDs and Interviews with the refugees including their demographic details, summaries of FGD results per district, and stories of GBV. **Part III** includes the background of the refugee leaders and service providers including selected stories of perceived barriers in help seeking for refugees and obstacles in service delivery.

List of Appendices

| | | |
|------------|---|----|
| I. | FGDs and Individual Interviews with Refugees | |
| A | FGDs: Outline of Questionnaires | 2 |
| B | FGDs: Profile of Participants | 3 |
| C | FGDs: Summary of FGD Results in all 6 districts | 4 |
| D | Individual Interviews: Outline of Questionnaires | 38 |
| E | Individual Interviews: Profile of Participants | 39 |
| F | Individual Interviews: Patterns in help seeking (Actual) | 42 |
| G | Individual Interviews: Patterns in help seeking (Hypothetical) | 43 |
| H | Individual Interviews: Stories of GBV by refugees | 44 |
| II. | Interviews with Refugee Leaders and Service Providers Interviews | |
| I | Structure of Interview with Service Providers | 50 |
| J | Overview of Service/Support Providers | 52 |
| K | Stories: Survivors' barriers to help seeking from Providers' view | 58 |
| L | Stories: Support/Service Providers' obstacles to GBV service delivery | 61 |

Part I: APPENDIX A
FGDs: Outline of Questionnaires

| Contents of Questionnaires for FGDs | | | | | |
|--|---|---------------|----------------|--|--|
| Activity 1 | <p>Brainstorming make a list of the various types of violence participants experience in their lives.</p> <p>Prioritizing/Discussion Which are the most common in the community or considered normal in an intimate relationship?</p> <p>Help-seeking options and behaviors: Case study 'Martha' (DV survivor) and 'Tabitha' (Rape survivor) *Participants are divided in two groups to discuss how and where Martha and Tabitha can seek help.</p> <table border="1"> <thead> <tr> <th>Martha's Case</th> <th>Tabitha's Case</th> </tr> </thead> <tbody> <tr> <td> <p>Option One: Martha decides to ask for help. - Where can Martha go to ask for help? - What do you expect they will say to her? Martha asks someone to talk to her husband. - Who would her husband listen to?</p> <p>Option Two: Martha decides to leave her husband. - What may the most difficult change for her? Martha decides to leave her husband but two weeks later returns to him. - What makes Martha return to her husband?</p> </td> <td> <p>Option One: Tabitha seeks external help - Where does she go to ask for help? - What do they may say to her? - What does she decide to do?</p> <p>Option Two: Tabitha decides not to seek help - Why Tabitha did not go for help? - How would it impact on her future? - How would it impact on her physical, mental health?</p> </td> </tr> </tbody> </table> | Martha's Case | Tabitha's Case | <p>Option One: Martha decides to ask for help. - Where can Martha go to ask for help? - What do you expect they will say to her? Martha asks someone to talk to her husband. - Who would her husband listen to?</p> <p>Option Two: Martha decides to leave her husband. - What may the most difficult change for her? Martha decides to leave her husband but two weeks later returns to him. - What makes Martha return to her husband?</p> | <p>Option One: Tabitha seeks external help - Where does she go to ask for help? - What do they may say to her? - What does she decide to do?</p> <p>Option Two: Tabitha decides not to seek help - Why Tabitha did not go for help? - How would it impact on her future? - How would it impact on her physical, mental health?</p> |
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| Activity 2 | <p>Barriers to accessing services How common in the community that a person like Martha and Tabitha would seek support? What will happen if they don't seek any services? Would it make any difference if they are aged 20 or 50? How easy or difficult for women like Martha and Tabitha to find out where they can go for help?</p> | | | | |
| Activity 3 | <p>How to improve service delivery Brainstorming: What do you think could be done to improve access for victims/survivors of GBV? Prioritizing: Which of these would you prioritize as the most important?</p> | | | | |
| Activity 4 | | | | | |

※This table is an abstract of questionnaires, not a set of whole questions prepared.

APPENDIX B

FGDs: Profile of Participants

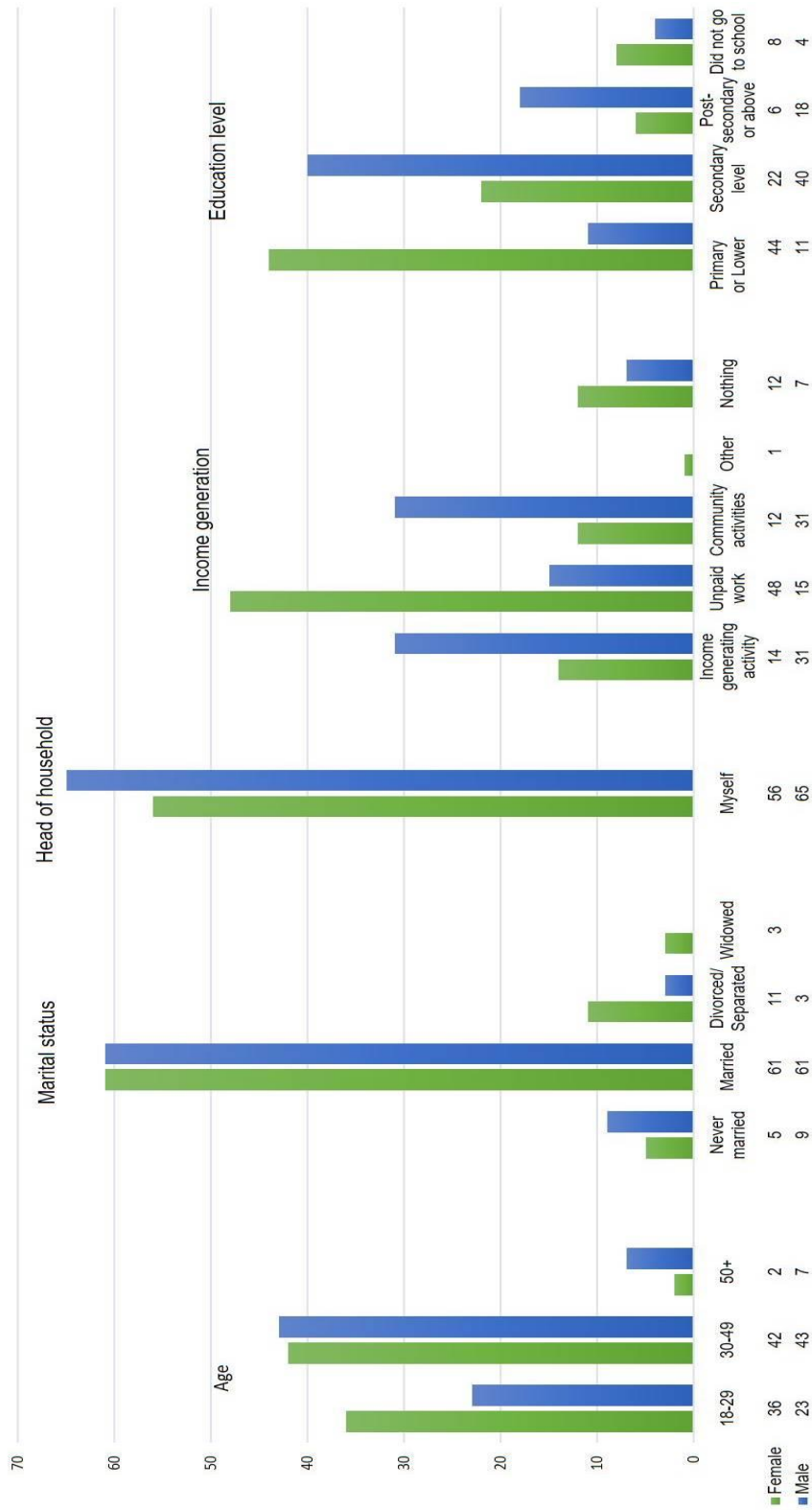


Figure B.1 FGD demographic details (Female-Male)

APPENDIX C

FGDs: Summary of Results in all 6 districts

3.1 Female in Adjumani

This is the result of an FGD conducted in Adjumani in February 2018 with 10 female participants from the Dinka and Madi tribes, carried out in Dinka and Madi languages.

A. Recognition and Experience: What is GBV for Refugees?

Recognition of GBV

GBV was explained and defined by giving examples of what usually happens in the settlement. During the discussion, they mentioned several types of GBV such as DV and forced marriages (particularly in the Dinka tribe). Marital rape, forced pregnancy, and the denial of family planning were considered sexual violence between husband and wife. Economic and emotional violence were



also discussed as examples of DV. Participants understand the categories and words surrounding GBV, and the responses affirmed a strongly masculine culture present in the community¹.

Experiences of GBV

Most of the FGD participants observed four common forms of GBV: forced marriages among the Dinkas, DV (including forced pregnancy, physical and economic violence), physical violence by youth (known as “team no sleep”, who violates women who go and fetch firewood), and defilement and rape (perpetuated by strangers commonly taking place in disco). In addition, physical violence including rape and assault between Nuer and Dinka is prevalent.

In the settlement, rape allegations are common, yet it is difficult to confirm the perpetrators, as information

Extra marital affairs and masculinity in the family. *Affairs outside marriage are common and normal for men, but women are prohibited from having extra marital affairs. When done it can lead to death or murder. When a woman has an affair outside marriage, her husband has a right to shoot and kill her. This is common but not normal.*

Fake Report. Some people make false accusations on another person and usually it is based on hatred/tribalism/selfish interest of getting protection benefits, which includes taking the victim to another country. These are common but it is usually difficult to know the whole story because of the lack of information about the strangers making it difficult for the victims to get help.



GBV during the refugee cycle. Among the GBV experienced by refugees in settlement include: rape by rebels/soldiers, abduction and forced marriage to rebels, Dinka women killed by Nuer and vice versa, forced pregnancy, slaughter of pregnant women and forcible removal of babies from wombs, boys that survive are groomed to become child soldiers, girls killed together with the mothers, domestic violence is in the country of asylum, and economic violence.

may be hard to validate. Though defilement, as a form of GBV, occurs in the settlement, it is not as common as booking and early marriages. Almost all forms of GBV had been experienced or witnessed by the participants in the refugee cycle.

B. Help-seeking behaviors and pathways



Help-seeking behavior

They said the GBV cases that require seeking of help are cases that involve bleeding or injuries both DV and rape/defilement. Most people know where to access services such as the police and health centers as the major referral points for SGBV survivors. However, help-seeking behavior remains primarily influenced by cultural beliefs even for rape cases.



Help-seeking pathways

Domestic Violence: Martha's Story

First, she reports to the cluster/block/square/opinion/church leader and elders of the clan to make Victor change his behavior. If this involves bleeding or injuries, Martha needs to go to the health center for treatment. Some women may decide not to report to the police when they received good medical treatment. In addition, some participants believe Martha should leave Victor because children will suffer, while others advocate she should not leave because children need parents, and that the advice from leader can make his behavior change.

Rape and defilement: Tabitha's Story

Participants said Tabitha could get help from God, from her mother, from friends, a counsellor at the health center, hospital. In the pathway diagram, they put the church first, then hospital and Police, OPM. They

even scaled the distance from home to OPM is very far.

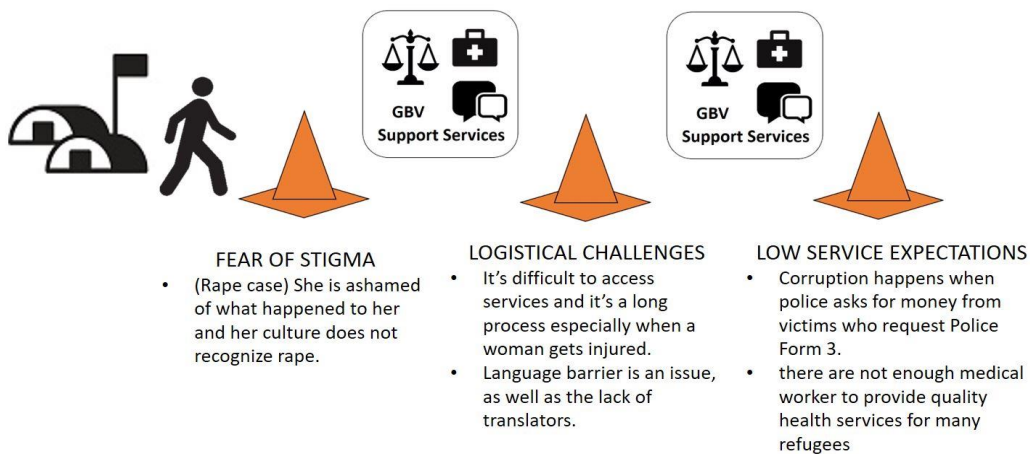
Even though they agree that this should be the pathway for help seeking; in reality, if a girl is raped or defiled, their parents will choose to keep it a secret. She would get advice to forget what happened since culturally rape is not recognized as a crime in South Sudan, even when many girls experienced this during transit and in South Sudan. If the incident gets public, she has to live in shame with insults, abuses, losing opportunities for education and marriage. Losing her virginity will minimize her opportunity to marry.

Revenge with blood. She is ashamed of what happened to her and that her culture does not recognize rape. Culturally it is believed that the blood of innocent girls can revenge from men who hurt them even if they do not go to the police.



C. Barriers for Help-seeking

Participants referred to language barriers and expressed low service expectations, especially due to the corruption among police officers as well as a lack of medical services.



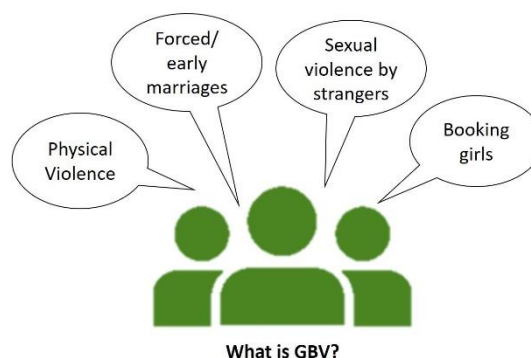
3.2 Male in Adjumani

This is the result of an FGD conducted in Adjumani in February 2018 with 10 male participants from the Dinka, and Madi tribes, carried out in Madi and English languages.

A. Recognition and Experience: What is GBV for Refugees?

Recognition of GBV

GBV was explained and defined by giving examples of what usually happens in the refugee settlements. During the discussion, they mentioned several types of GBV such as physical violence, forced/early marriages, and booking girls (particularly among Dinka) and sexual violence by strangers.



Experiences of GBV

Most of the FGD participants associate DV with quarrelling, controlling of resources and activities, marital rape, forced pregnancy, and denial of family planning as among the violence between husband and wife. It was explained *that in the Sudanese culture, marital rape is not recognized as an act of violence against women; thus, such violence does not exist.* In addition to this, economic and emotional violence were also discussed as examples of DV. An important topic that surfaced in the discussion is the *forced sex with a stranger by husband.* This could be categorized as a form of DV.

Forced sex with a stranger by husband. *A man forcefully sends his wife to sleep with other men in order to gain property/wealth (cattle). Once these men touch his wife they are forced to pay, and at times, they are beaten.*

According to the FGD participants, *power/economic imbalance between husband and wife* resulting from the settlement environment causes DV. The separation of some men from their wives and cases of depression are considered GBV issues.

These male participants related stories of forced marriages and booking girls as examples of GBV. *Sexual violence by strangers* was identified by the male participants as a form of GBV. Women and girls are attacked by strangers while going out to gather firewood, going to the market place and outside their homes late at night. In such cases, perpetrators are difficult to identify

B. Help-seeking behaviors and pathways

Help-seeking behavior

In the settlement, people do not know where to access psychosocial support and GBV general services. They admit to limited awareness on this matter.

Help-seeking pathways

Domestic Violence: Martha's Story

According to the participants, Martha should first go to the elderly brothers in-law, her grandfathers, perpetrating partners, in-laws and neighbors including refugee/opinion/religious leaders. After that, the survivor can go together with the in-laws or others to the police and implementing partners of SGBV to report the case.

They also said that as a normal person, his initial reaction is to calm down. They say that it is not good for the neighbors to find out such issues of the family. Also, they claim that leaving the husband is not the right thing to do. This will affect not only for their family but for woman's parents and her own reputation as well. As consequence, she might lose her children and wouldn't be able to marry.

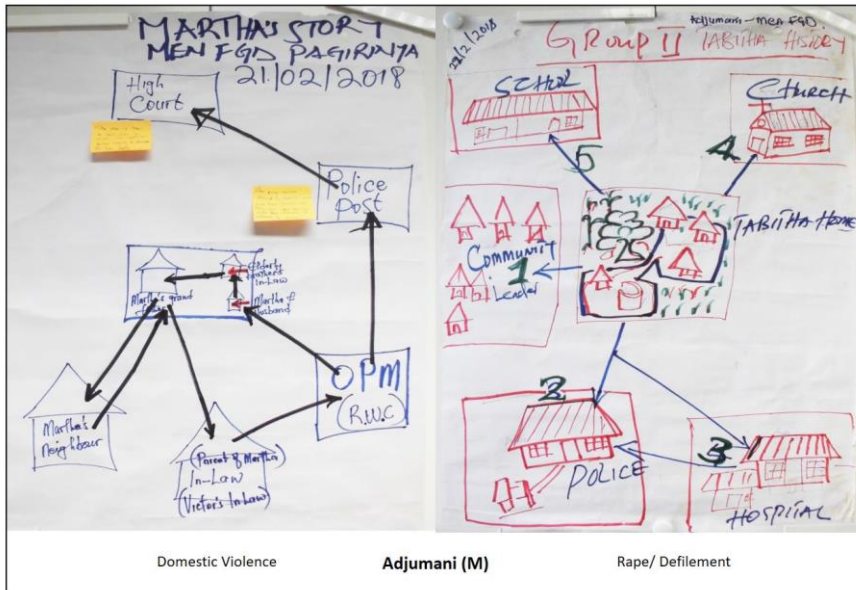
Rape and defilement: Tabitha's Story

The community leader such as local chairperson should be the first one reached, followed by the police who will investigate and find the perpetrators. Then, she contacts the health center for medical support. After that the elders and religious leaders at church and school will be sought for counseling and advice. Workshop participants identified names of NGOs for psychosocial support, livelihood support, education support, legal support, mediations, and counseling.

While survivors are encouraged by settlement leaders and institutions to go to the hospital for medical check-up, the police for report and investigation, and the religious leaders for counseling and advice. However, FGD participants assumed that Tabitha and her family would decide not to seek for help. Since rape is not recognized as a crime, Tabitha and her family would be afraid of getting embarrassed among other members of the settlement.

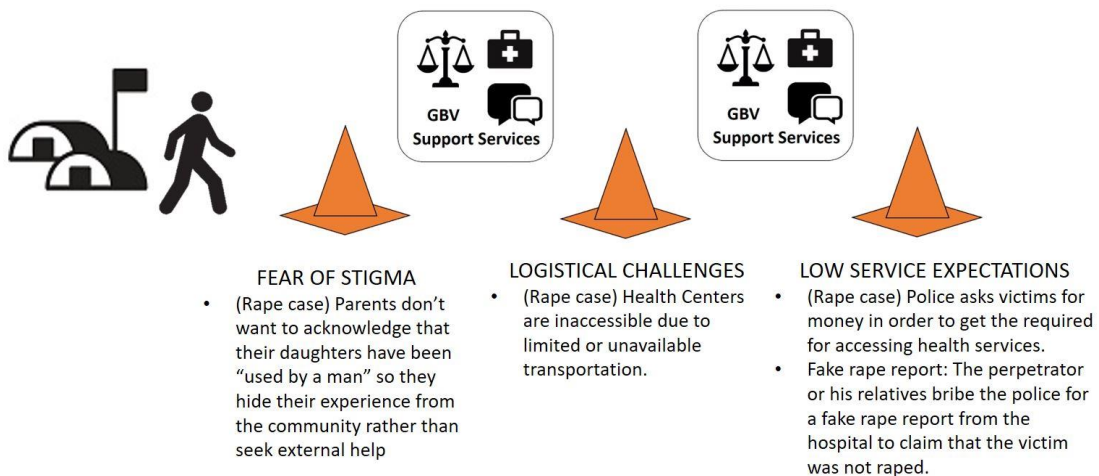
Parents do not want to acknowledge that their daughters have been "used by a man". Because of this, they hide their experience from the community rather than seek external help. Particularly, they hide that their daughter is no longer a virgin, which may compromise her chances of getting married and deny the parents a dowry.

Community perceptions of GBV. Culturally it is difficult to talk about sexual violence within the South Sudanese society, so the victims of rape find it difficult to discuss and talk about it even when accessing services or at times don't talk out it at all. Cultural practices and beliefs broadly hinders women from accessing services.



C. Barriers for Help-seeking

Participants explained parents would not acknowledge the damage of their daughter. In addition, they mentioned inaccessibility to health services and corruption of police asking money to handle the case.



3.3 Female in Arua

This is the result of an FGD conducted in Arua in March 2018 with 13 female participants from the Kakwa, Kuku and Pojulu tribes, carried out in Juba Arabic, Kakwa and English languages.

A. Recognition and Experience: What is GBV for Refugees?

Recognition of GBV

GBV was explained and defined by giving examples of what usually happens in the settlement. During the discussion, participants equate GBV to marital rape, economic violence and men forcing women to reproduce. All these are inclusive of DV. As explained by the participants, these conditions relate to the misunderstanding between the husband and wife



Experiences of GBV

According to the participants, GBV is commonly observed in the following forms: economic violence (denial of access to resources), physical violence (beating, fighting, threats and insults), sexual violence (rape), emotional violence, defilement, and marital rape. All of these factors are due to the misunderstanding between husband and wife. Drug abuse is consistently suggested as a cause of violence. Sexual violence (such as rape), and physical violence (beating) are forms of violence often committed by strangers.

B. Help-seeking behaviors and pathways

Help-seeking behavior

The workshop participants considered rape, fights between men and women, and emotional violence as cases requiring help seeking.

Help-seeking pathways

Domestic Violence: Martha’s Story

Participants identified two help-seeking pathways for domestic violence. The first one, Martha will consult with parents of her husband, the church leaders and NGO helpdesk. She might be referred to court if necessary. In the second one, Martha will go and consult with the community leaders and close friends, then she will go to the RWC leader, and then finally to the police.

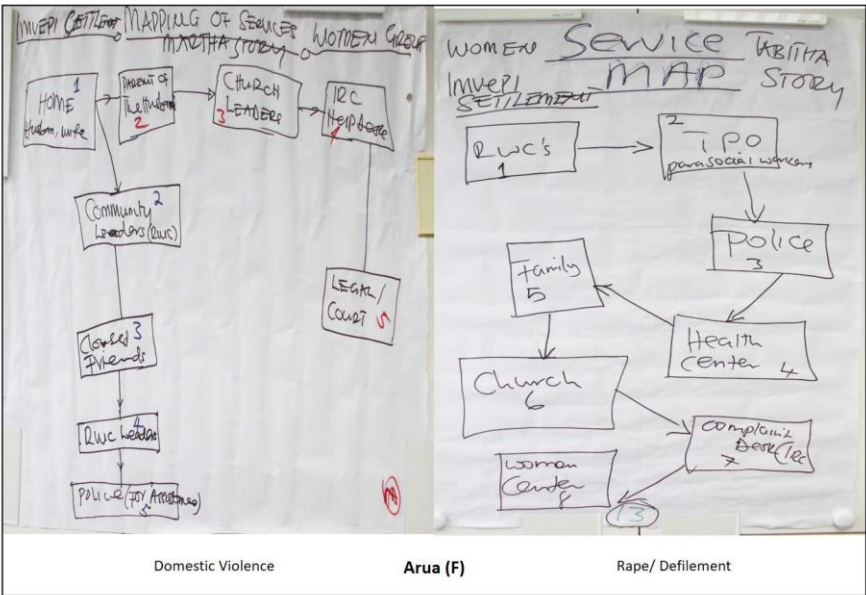
As a result of help-seeking, participants expected Martha to be treated as a patient. On the other hand there is low expectation with Victor changing his behavior. The workshop participants discussed that leaving the husband is not a good option. By doing such, it will result in either leaving the children behind or raising them all by herself. The latter is a bigger concern because it involves heavier financial obligations such as housing and latrine, school fee, money for food, and medical care. However, participants are also aware that tolerating the husband’s behavior can develop to mental problem and may lead to suicide.

Rape and defilement: Tabitha’s Story

Participants said Tabitha should consult with RWC, and then go to the NGO who can provide psychosocial care. Then, she should be taken to the police and health center. In order to be taken to the hospital, she needs to report to the women’s representative. In addition, the family takes her to the church.

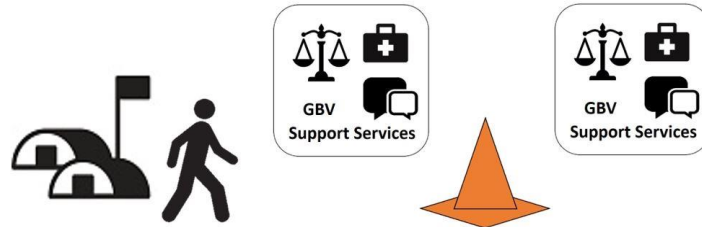
Such cases of rape and defilement brought about the fear of HIV/AIDS and the stigma attached to it. Thus, medical check-up for HIV/AIDS are advised. Nevertheless, this stigma still brings negative effect to one’s future. Participants assume that after such abuses, it is a normal tendency for victims to experience trauma, mental disorders, inability to reproduce, inability to get married, disability and social stigma, after such abuses.

Perhaps a positive thing that participants see that could come out of this is the potential for the victim to become a counselor for rape survivors. This is a good opportunity to support survivors/victims as they recover from the incident.



C. Barriers for Help-seeking

Participants discussed it is common for victims not to report for fear that their privacy would be released. They also mentioned people worry about HIV/AIDS infection.



FEAR OF STIGMA

- (Rape case) The stigma of HIV/AIDS brings fear to the community, wherein victim/survivor gets discriminated. There is also the feeling of shame. Because of these, it is common for victims not to report GBV, and some take their own lives.
- Victims of such cases become subject of rumor mongering from the community.

3.4 Male in Arua

This is the result of an FGD conducted in Arua in March 2018 with 12 male participants from the Dinka, Kakwa, Nuer and Nubi tribes, carried out in Juba Arabic and English languages.

A. Recognition and Experience: What is GBV for Refugees?

Recognition of GBV

GBV was explained and defined by giving examples of what usually happens in the refugee settlements. The participants recognized GBV as the misunderstanding between husband and wife. They said women's rights should not be equal to those of men. They believe that men should have 75% of the rights, while women can only have 25%. This is based on their "cultural" belief that women are weaker and more inferior than men.



During the discussion, they mainly mentioned DV as a form of GBV. Domestic violence included violence between wife and husband as well as the child abuse committed by guardians to their wards. Economic violence as GBV also exists; where residents experience violence near water points.

Experiences of GBV

The most common experiences of violence are economic and physical violence between man and woman. Intense arguments that result to beating, happens when the woman refuse to have sex with her husband. The male participants saw drug abuse, fights resulting to physical violence, and child abuse (i.e. maltreatment from stepmothers) as deviant actions. Violence perpetrated by strangers involved economic violence such as theft, breaking and entering houses, and loss of animals presumably taken by strangers. Despite being violent actions, these are not directly related to GBV.

B. Help-seeking behaviors and pathways



Help-seeking behavior

According to the participants, the following scenarios motivated seeking help and support: sexual violence (attempted rape), physical violence (including assault), and economic violence. They also claimed that people in the settlement do not know where to access psychosocial support and GBV general services; and all together have limited awareness on this matter.

Help-seeking pathways

Domestic Violence: Martha's Story

Male participants suggested that Martha goes to RWC 1 first, followed by a trip to the health center. After these, Martha should go to the police. The police will refer her to the DRC (Danish Refugee Council) for legal support. And finally she goes to the OPM.

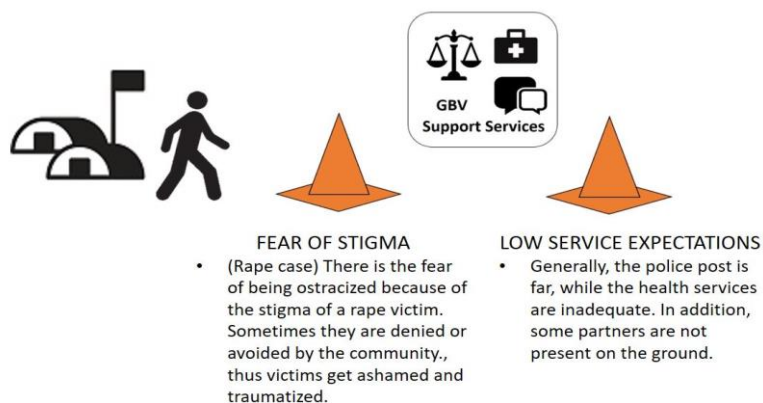
Rape and defilement: Tabitha's Story

Male participants suggested that Tabitha should consult first with the elder family member/s, and then she goes to RWC leader followed by the police. Once the police investigation is completed, she will be referred to the health center or NGO. Some cases reach the judicial court, if needed.



C. Barriers for Help-seeking

Participants expressed contradictory opinions about accessibility to certain services. While they manifested it is easily accessible to police office and help desk of NGOs and humanitarian organizations, they mentioned health service is inadequate and police office is far from their living area.



3.5 Female in Kampala

This is the result of an FGD conducted in Kampala in March 2018 with 12 female participants from the Dinka, Bari and Nuer tribes, carried out in Juba Arabic and Nuer languages.

A. Recognition and Experience: What is GBV for Refugees?

Recognition of GBV

GBV was explained and defined by giving examples of what usually happens in the settlements. The common cited form of GBV included domestic violence and economic violence. A participant argued that any action that harms an individual physically or emotionally is not normal, even if it happens in an intimate relationship.



What is GBV?

Experiences of GBV

GBV Violence perpetrated by strangers included rape. An example mentioned was a case in Buikwe district, where a woman witnessed many rape survivors. Another form of violence committed by strangers are kidnapping of males (boys), and cases of defilement.

B. Help-seeking behaviors and pathways

Help-seeking behavior

According to the workshop participants, rape and defilement cases can prompt an individual to go to the hospital to seek healthcare, and to the police to report the case for further investigations. The victims also need counseling. According to the participants, refugees need to help each other and find out where all these services can be found. They emphasized that there are women’s groups they can go to like in Kawempe and Katwe. One participant added that the South Sudanese Association is set to allocate counselors in all areas where urban refugees across Kampala live. They added that the organization like Refugee Law Project (RLP) also helps people with GBV issues.

Help-seeking pathways

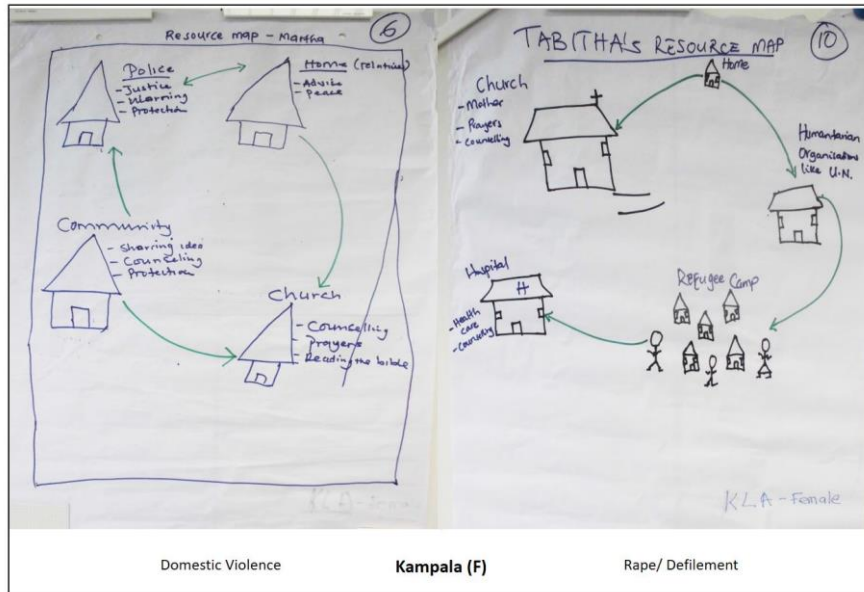
Domestic Violence: Martha’s Story

According to the participants, Martha first goes to the neighbors so they can give her some advice and counseling. Second, she goes to the community leaders. Third, she goes and report to the police; otherwise, she may end up having a problem. Fourth, Martha can also go to her relatives. Fifth, she can go to church

leaders; and lastly, go straight to court.

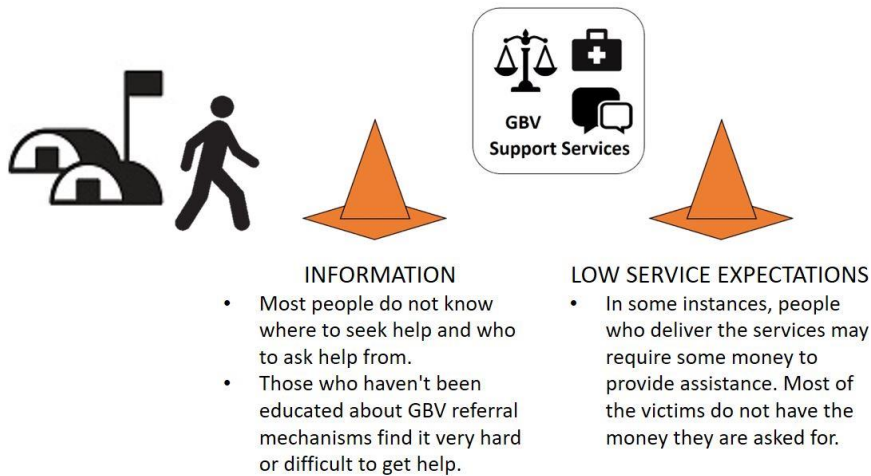
Rape and defilement: Tabitha’s Story

Firstly, Tabitha goes to the church. Second, she can go to human rights organizations like the UN. Third, Tabitha seek help in the Refugee Settlement where she can find many NGOs and other government facilities that can help her deal with her needs like education, food, shelter, water, and counselling. At the church, they will tell her to use prayer as a weapon to become stronger amidst the situation. When she goes to UN agencies, she can be assured that they will protect her and give her assistance like food and medication.



C. Barriers for Help-seeking

Participants indicated a lack of information as well as incapacity to pay money to receive services. Also, they considered DV survivor would have more difficulties to seek help than rape survivors.



3.6 Male in Kampala

This is the result of an FGD conducted in Kampala in March 2018 with 12 male participants from the Dinka, Bari and Nuer tribes, carried out in Juba Arabic and Nuer languages

A. Recognition and Experience: What is GBV for Refugees?

Recognition of GBV

GBV was explained and defined by giving examples of what usually happens in the settlements. Participants identified GBV as forms of gender inequality, early and forced marriages, and rape or defilement.



Experiences of GBV

Participants reported that physical violence such as slapping and beating between partners are normal but they do not let it happen daily. In addition, marital rape is perceived as a normal act of “men showing their love to their wives through sex”.



Violence from strangers. They told stories of torture during the war. Participants cited the experiences they underwent during that period -- how they saw their loved ones and neighbors being raped and killed. There is also emotional violence and discrimination concerning nationality. They complained that South Sudanese refugees living in Kampala are discriminated compared to other refugees from Congo, Eritrea, Ethiopia.

B. Help-seeking behaviors and pathways



Help-seeking behavior

When domestic partners failed to settle their dispute and physical violence is involved, the survivor can seek help from family members. If the family members and clan leaders fail to resolve this, they can bring the issue to the church. If this continues to escalate, then the police can get involved. For those who suffer emotional violence, support can be sought from police, church and family members.

For the case of rape, the victim should rush to the police and hospital, and should meet with a counselor. If all these fail, the survivor should receive rehabilitation. As for early and forced marriages, it is better for the survivor to discuss this matter first, with relatives and clan heads to express their dislike of the situation

to their parents. However, clan heads are often found in favor of the parents’ wishes. Hence, participants said that the best solution is to leave the home and stay with someone who supports her refusal of the marriage until matter between the woman and her parents has been resolved.

Help-seeking pathways

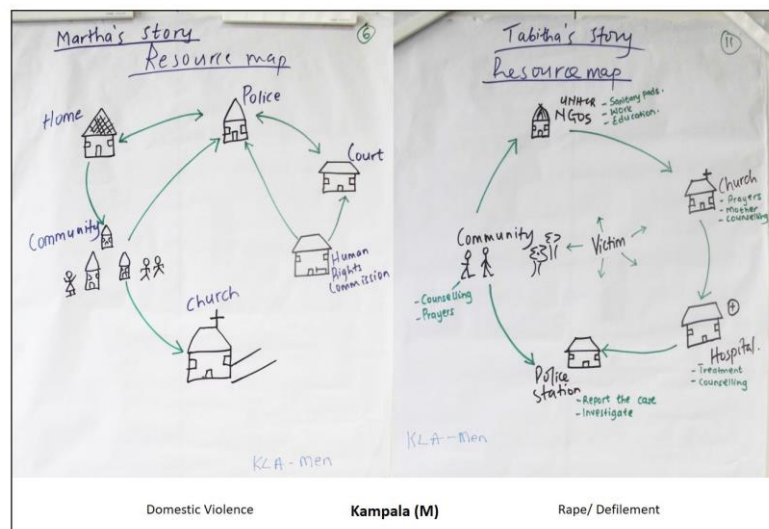
Domestic Violence: Martha’s Story

According to the participants, she can access help from community leaders, the police, Human Rights commission or NGOs in charge of GBV, the Court, family members, church leaders, and counselors. The community leader will try talk to her, and the police will open or file a case for her. The Human Rights commission may call Victor to talk with him and identify what can be done. The church leader can play the dual role of counselor and prayer leader – someone who believes in her and gives her hope. Finally, the family members can give counseling and advice.

Rape and defilement: Tabitha’s Story

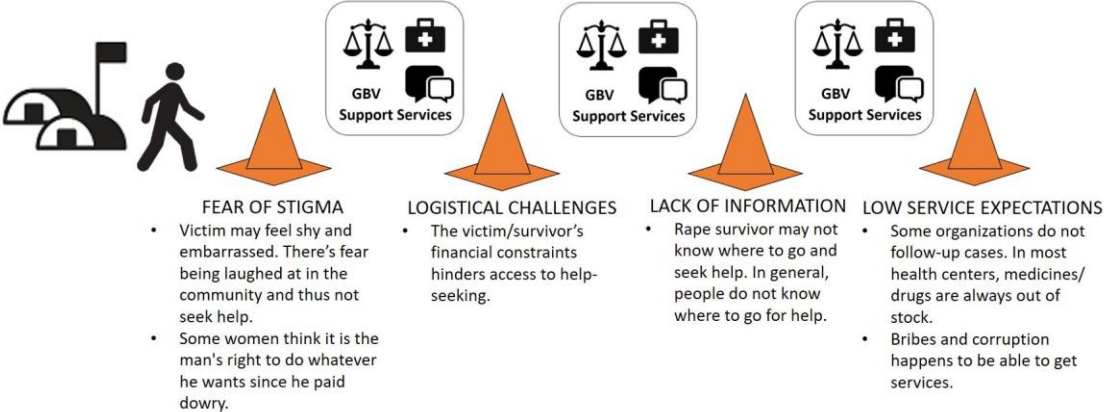
First, Tabitha can run to UN agency representatives. She can also seek help from humanitarian organizations that are still in the area of insurgencies. She can also seek help from the church where she left her mother. She can seek help from her mother and from the available community members; or take refuge in another country.

People around Tabitha can counsel her and support her basic needs. They should take her to the hospital, school, provide her with shelter and they can help her in seeking asylum. In order to avoid relapse, NGOs can give her a job that will keep her busy and forget what she went through. They can also provide her with sanitary supplies.



C. Barriers for Help-seeking

Participants affirmed that humanitarian organizations would have more difficulties to reach the survivors especially among urban refugees who are dispersively living. Moreover, they referred to various barriers from different perspectives.



3.7 Female in Kiryandongo

This is the result of an FGD conducted in Kiryandongo in February 2018 with 13 female participants from the Dinka, Bari and Acholi tribes, carried out in Juba Arabic and English languages.

A. Recognition and Experience: What is GBV for Refugees?

Recognition of GBV

GBV was explained and defined by giving examples of what usually happens in the settlements. During the discussion, participants mentioned several types of GBV such as DV, rape/defilement, early marriages, and incest. However, the most typical GBV is DV. Domestic Violence includes physical violence towards women resulting to early marriage, battering, marital rape, and emotional abuse.



Experiences of GBV

Most of the FGD participants identified GBV primarily as domestic affairs. The normal scenario starts from the early marriage, the experience of physical violence and assault, emotional abuse, marital rape and withholding women’s access to resources. Early marriages (especially among Dinkas and Nuers) are embedded in their ethnic group’s practices and daily lives. The parents of the girl would want a dowry (about 200 cows). The man who then pays the dowry means he can do anything; and that the wife must keep quiet even if her husband beats her.

Participants know that incest, sodomy and gang rape are not normal. Also, despite its occurrences, GBV cases by strangers are quite rare. However, violence in school, by NGO workers, and by a community member is likely to occur. The FGD participants claimed that insults from some officials or the non-settlement residents are considered normal due to their refugee status.

Forced sex and pregnancy. A participant recounted a story of a pregnant young girl who come to their household. After some month, the girl gave birth. Later two boys from the household continued to forcefully have sex with her. It reached the point that she got pregnant again and was unsure which one is the father. When the two boys found out about her pregnancy, they ran away and left invalid phone numbers. The case has since been reported to the police, and attempts to locate them are underway.

B. Help-seeking behaviors and pathways



Help-seeking behavior

The workshop participants identified cases of physical assault, rape/defilement and early marriages as GBV cases requiring help seeking. Physical assault from fights result to serious bodily harm that needs medical attention. Thus, the individual needs to go to the health center. This is a reason for seeking help. However, those they consider 'simple' fights can be mediated and resolved within the community by the clan heads.

As for rape/defilement, it requires the victim/survivor to go to the police and health center as forms of help seeking. Interestingly, for the case of GBV in early marriages, the people involved report to cluster leaders, NGOs, and the police.



Help-seeking pathways

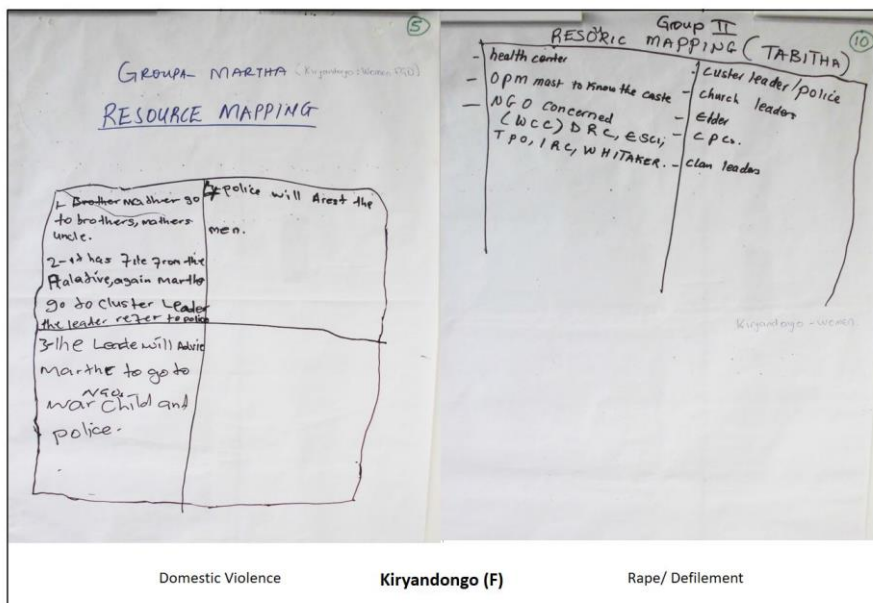
Domestic Violence: Martha's Story

Initially, she should go and consult with her brother, mother and uncle. If the husband's behavior did not change after their relatives' advice, she now goes to cluster leader; and the leader may then refers the case to the police. The survivor is also advised to go to an NGO. If necessary, the police will arrest the husband. While leaving the husband is seen an option (though the male workshop participants in Kiryandongo thinks otherwise); leaving the children behind is their concern.

Rape and defilement: Tabitha's Story

The participants said Tabitha would have to seek help from the Health center for a medical examination, report the matter to the cluster leader, and then go to the police. In addition, Tabitha needs to confide to her mother, to church leaders especially to where they were hiding, to the community; to the OPM - to ask help in investigating the case; and to the GBV-related NGOs. She might be placed in the protection house to keep her safe and has to be taken back to school by NGO.

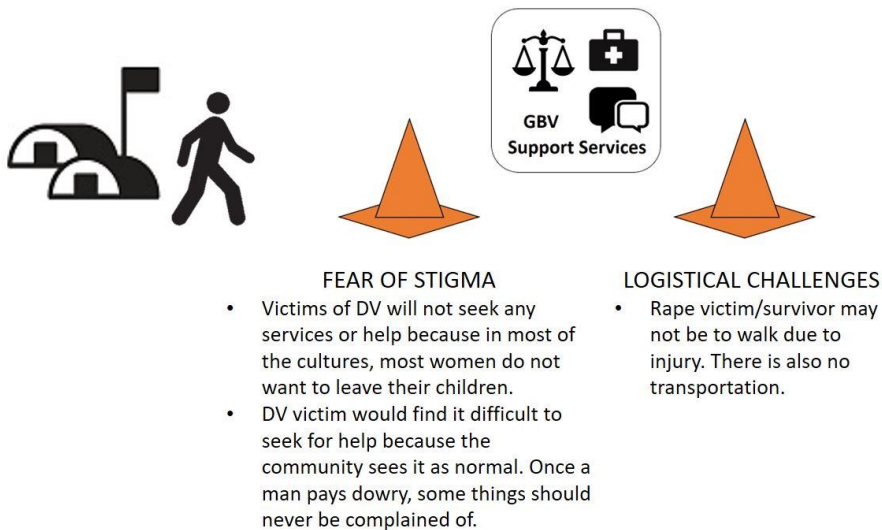
Do not let rape destroy her future. Participants say *'She shouldn't let rape destroy her future. She should 'start a new life,' and 'achieve her goals.'* They understand that the victims would have problems physically and mentally, and would not cooperate with family and the community easily. Sometimes, they end up dying. Because of these, they recommend that Tabitha be close with her family member, pray and join recreation activities, like football, net ball among others; and make new friends.



Domestic Violence Kiriyandongo (F) Rape/ Defilement

C. Barriers for Help-seeking

Participants discussed the survivors of gang rape would seek help and can receive all the necessary support because this kind of violence is rare in their community. By contrast, participants advocated DV is regarded as normal and survivors would not seek help. They also mentioned the difficulty of transports.



3.8 Male in Kiryandongo

This is the result of an FGD conducted in Kiryandongo in February 2018 with 13 male participants from the Dinka, Bari and Acholi tribes, carried out in Juba Arabic and English languages.

A. Recognition and Experience: What is GBV for Refugees?

Recognition of GBV

GBV was explained and defined by giving examples of what usually happens in their settlement. During the discussion, they mentioned several types of GBV including marital rape, early marriages, and rape.



GBV normally happens in the family, not just between partners but between parents and children as well. One of the participants defined GBV as the unfair treatment in families between men and women, parents and children.



Early marriages. In South Sudan, the law has not been passed yet about the rightful age for marriage. As a result, many girls are married off as early as 14-15 years, as soon as they experienced the menstrual period. Another participant added that it's due to war. This became very common especially in the settlement where most of the children have lost their parents. Without the parents to teach proper upbringing/ guidance, some of these young girls get married at a very early age.

Experiences of GBV

Most of the FGD participants observed DV (including marital rape, physical and emotional violence) and early marriages as forms of GBV. Defilement, adultery, and murder are not considered normal; yet they can potentially happen when the perpetrators are drunk, under the influence of drugs and/or unemployed.

Marital rape as normal. When a man needs sex from his wife, he expects to hear nothing but approval from her. The participant went on to argue that in Uganda it is considered as marital rape but not in South Sudan especially if it is done with Muslims.

Normally happens in families. It is normal for men to beat their children and wives when they are in the wrong. For example, once a man tells his wife to do something and she fails to do it, he will first warn her. The second time, he will beat her 'to put sense into her', but if it goes on for a third time, then the remaining option is divorce. This discipline is not battering, but grooming the children or the wife. However, the elites call this Gender Based Violence. For some, GBV means the disorganization in the family. In some families, the women beat their children over small or minor issues, just because they have misunderstandings with the husband.

B. Help-seeking behaviors and pathways

Help-seeking behavior

Male participants said survivors should seek help in instances of rape and defilement.

Help-seeking pathways

Domestic Violence: Martha's Story

The help-seeking pathway based from Martha's story starts within the family involving brothers, parents, in-laws and friends. From them, she should then go to tell the incident to refugee settlement members. After which, they report this to the NGOs and local community services such as the help-center and the police. Some workshop participants suggested Martha should remain home otherwise she would have a pitiful life without children and husband. On the other hand, some suggested that she goes back to her parent's home temporarily. They believe Victor (husband) can still change his behavior. For example, they suggested Victor will change after he gets educated about women's rights or once he gets advised from relatives and cluster leaders. Also, they assumed that his anger comes from the trauma during the war or from alcohol.

Rape and defilement: Tabitha's Story

Initially, Tabitha should go to the community and the church, then reports to the police. She then goes to the Health center and also to a human rights NGO. Participants said that church members/leaders may give Tabitha counseling so that she can move on with her life. They also said that if she (Tabitha) decides to go back to school or relocate to another place for her safety, she can do so provided she is diagnosed as HIV negative and not pregnant.

Participants also mentioned that when seeking help from the settlement, they are cautious about the issues. In some cases, perpetrators may be murdered by settlement residents in cases of defilement. On the other hand, they think that relatives of the survivor should provide mental rehabilitation support through

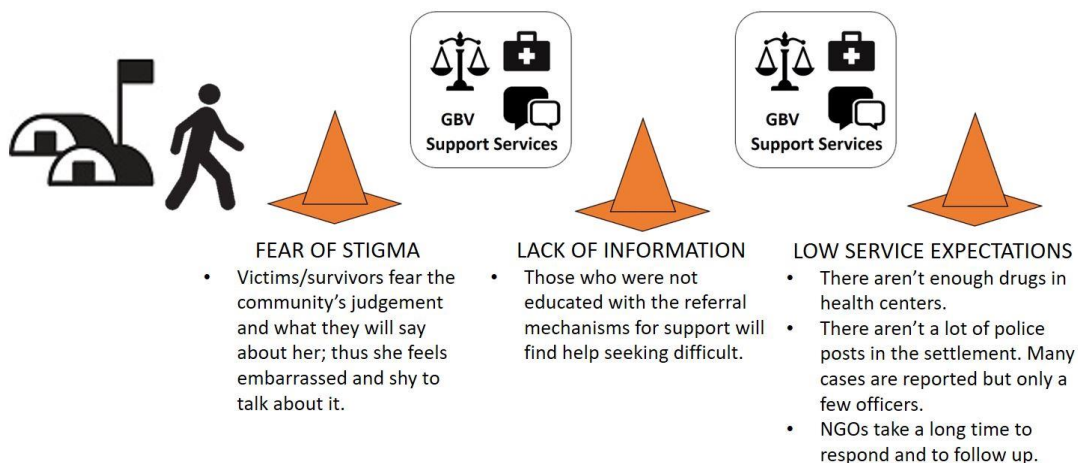
counseling.

She will not be the same girl. Male participants see Tabitha's future in the dark. They see Tabitha (victim) might experience physical damage (e.g. inflicted with HIV or STD, inability to reproduce) and mental breakdown (traumatized, changing mood all the time, feel isolated, without communication). As a result, she will lose her future -- no education, no marriage, no children, and ended up killing herself. They also mentioned the possibility to get revenge from the people who gang raped her.



C. Barriers to Help-seeking

Participants referred to a lack of drugs in the health center as well as incapacity of the police to handle all the case happened inside the refugee settlement. They also mentioned it take much time for NGOs to provide the supports even though the survivors reported the case.



3.9 Female in Moyo

This is the result of an FGD conducted in Moyo in March 2018 with 13 female participants from the Barri and Kuku tribes, carried out in Kuku, Pesulu and Kakwa languages.

A. Recognition and Experience: What is GBV for Refugees?

Recognition of GBV

GBV was explained and defined by giving examples of what usually happens in the settlements. During the discussion, they mentioned several types of GBV such as early marriages, defilement, DV (including marital rape, demanding money for alcohol, and beating for sex), and gang rape.



Experiences of GBV

Participants claim that forms of GBV in the settlements included the defilement of young girls, rejection and emotional torture by husbands, beating of women by their husbands, and indecent assaults.

Defilement of young girls resulted from rape committed by strangers to women and girls. These likely take place at drinking points, disco places, water points and round bushes where they go to collect firewood.

Husbands beating their wife for sex. *There is a woman in the community whose husband makes noise to announce his presence when he approaches their home. The wife has to immediately undress and be ready for the man to have sex.*

Indecent assault. *This accounts as the use of vulgar language by men. Abusing women’s private parts in public and controlling of their activities is a case identified by a participant. She said that the husband does not allow her to go anywhere, visit friends or visit anyone. The husband accuses her of going out to show that she is no longer having children. Moreover, because of this, he would beat her each time she goes out of the house.*

The emotional torture and rejection by the husband happens when the wife give births to a girl instead of a boy. This is observed by the Kukus, since they do not value girls as children. As for the South Sudanese culture, having only reproduced girls is a big concern. They associate this situation as the ending of a specific clan of a man.

B. Help-seeking behaviors and pathways

🚶 Help-seeking behavior

According to the participants, help seeking is sought in cases with women beaten that involves injuries, and the defilement of young girls.

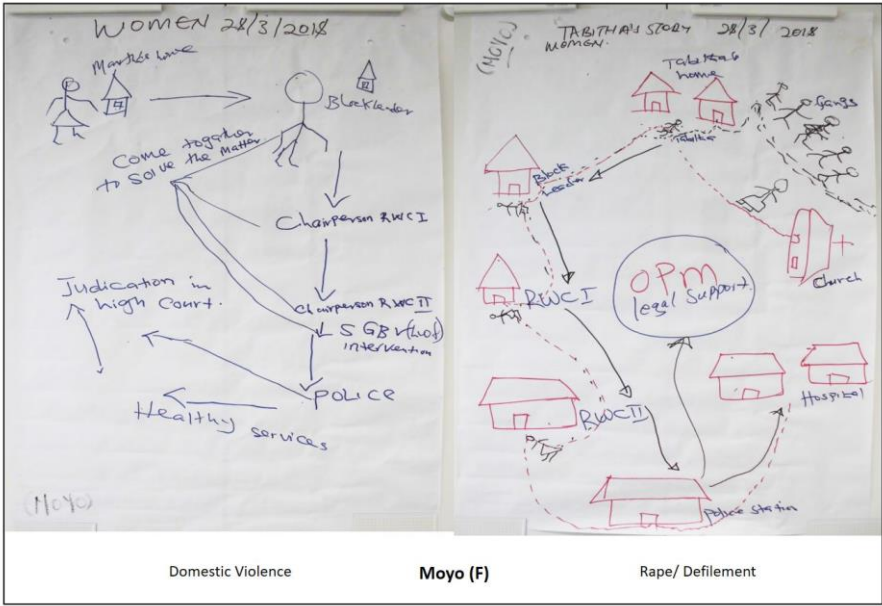
📍 Help-seeking pathways

Domestic Violence: Martha's Story

Based from the participants' diagram, Martha goes to consult with the Block leader first. Together with the Block leader, they will go and visit the Chairperson of RWC1 and 2. These people will help in solving the matter with the NGO's SGBV intervention. From there, they will go to the police and health service officers (if needed), and then finally to the judicial high court.

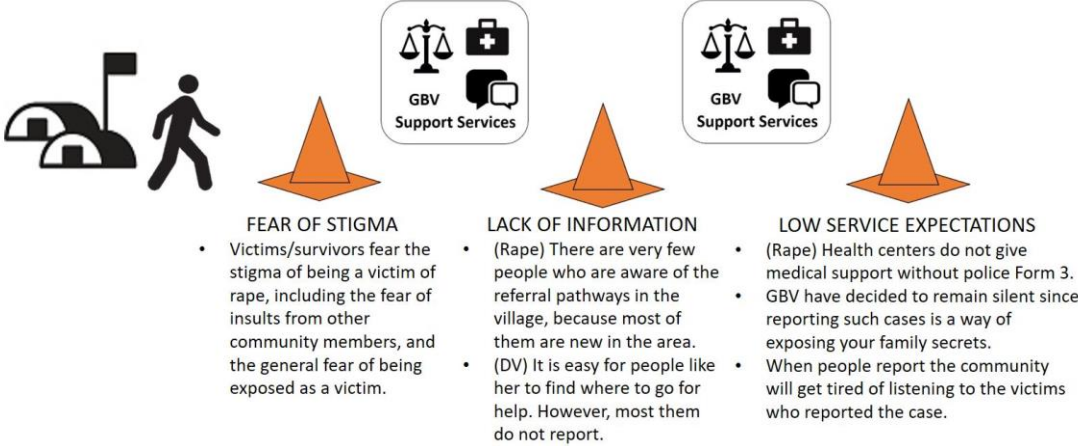
Rape and defilement: Tabitha's Story

Participants assumed that Tabitha goes to the Block Leader and the church. After which, she goes to RWC 1 & 2 as well as the youth leader. Their case will then be referred to the police, followed by the OPM for legal support. She will also be brought to the hospital.



C. Barriers for Help-seeking

Participants found it easy for DV survivors to find where to seek support although they supposed most of survivors usually don't go for help. As for rape survivors, participants stated they would not seek help because of fear to tell their parents. In addition, participants revealed survivors need to submit the police form in order to obtain the medical supports at health centers. This is one of factors people hesitate to go for help.



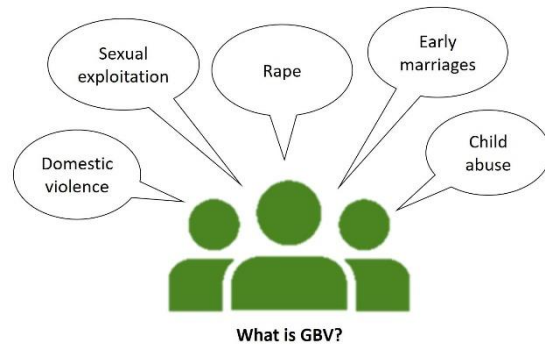
3.10 Male in Moyo

This is the result of an FGD conducted in Moyo in March 2018 with 10 male participants from the Kuku and Acholi tribes, carried out in Kuku and Acholi languages.

A. Recognition and Experience: What is GBV for Refugees?

Recognition of GBV

GBV was explained and defined by giving examples of what usually happens in the settlements. During the discussion, they mentioned several types of GBV such as DV, early marriages, rape (including marital and gang rape), sexual exploitation /commercial sex, and child abuse.



Experiences of GBV

According to the male participants from Kuku, beating women is normal in some ethnic groups. It is considered a form of discipline and a way of showing affection. Instances of rape happens in disco places and even when gathering firewood. On the other hand, gang rape takes place at drinking points. Forced marriage is considered another form of cultural GBV like those in the Dinka tribe. However, extra-marital affairs and defilement of girls are perceived normal in some culture like the Kukus.

Marital rape resulting from drinking is difficult to confirm, as it is not culturally accepted to say that the husband raped his wife. To assert their full presence in the family, men would humiliate, yell or beat their wives. Men economically controls their wives. Some participants shared that women registered in the settlements, as head of the family in their attestation cards is not normal. This resulted in the fear of a power imbalance between partners in the family. They also regarded the defilement of a girl under 12 years old as unusual.

Power imbalance between men & women. Women are disrespecting their husbands by saying “XXX IS OUR HUSBAND”. XXX is the camp commandant who allocated them land, provided tents, gave food, and protected them from violence from their husbands. It is a way for wives to insult their husbands’ inability to provide for the family. This has brought violence in the community; since most men in the settlement are unemployed and are not able to provide for their family. Women do not want to understand the situation on the ground. They are refusing to reunite with their husbands because they do not have attestation cards and they never participated during the construction of the hut. This has made many men to commit suicide, others to go back to South Sudan even though the place is not safe for them.

Lastly, GBV committed by strangers manifest in cases of rape of women while gathering firewood, the defilement of girls in disco places and attempts of rape.

B. Help-seeking behaviors and pathways

Help-seeking behavior

Participants considered the following cases that demands GBV help seeking: beating that resulted to injuries, and defilement of a child below the age of 12.

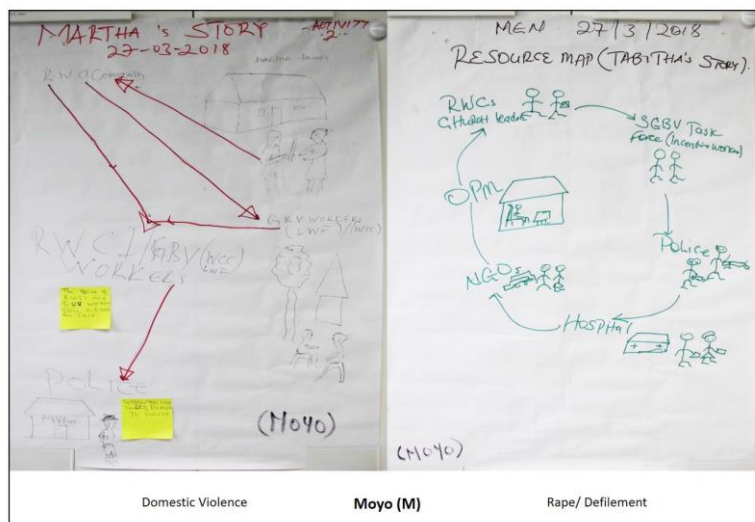
Help-seeking pathways

Domestic Violence: Martha’s Story

The male participants from this district assumed that Martha can go to a community leader like the area block leader. The block leader will ask Martha what transpired; and if there is a need for a referral, the block leader will send her to RWC 1. The RWC 1 in turn will refer the case to the RWC 2, where she can be further referred to GBV NGO case workers. The RWC and GBV workers are involved in solving the case.

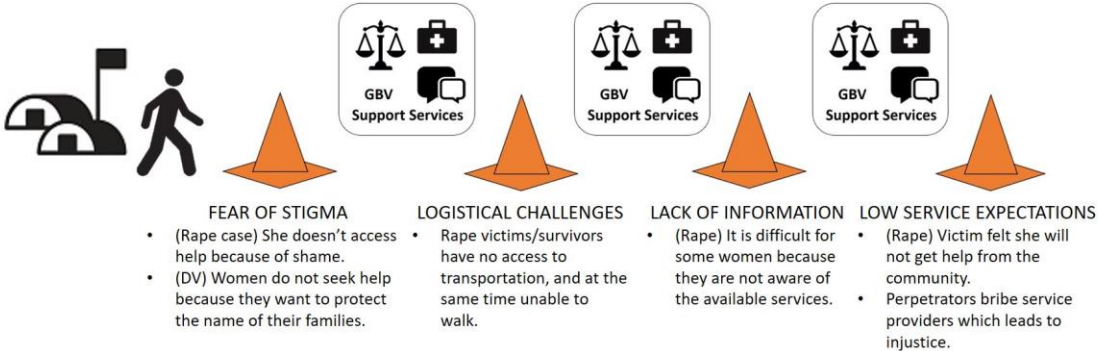
Rape and defilement: Tabitha’s Story

According to the participants, Tabitha should consult with settlement leaders like the block leaders, RWCs, and the church leader. GBV task force members (incentive workers) will deal with her case as well. Then, she should go to the Police and the hospital for STD testing. She should also contact relevant NGOs as well as the OPM. In such case, there is a possibility she will relocate.



C. Barriers for Help-seeking

Participants showed the opposite understandings about barriers for help-seeking behaviors. While they mentioned DV survivors would not seek any support, they also insisted it is easy for them to receive services because the RWCs are present in the settlement. They referred to the free service delivery in the refugees’ community and accessible service providers as well. Moreover, for rape survivors, participants explained it is common for them to seek support, though they also mentioned rape survivors have difficulties to seek support because of low self-esteem as well as long distance to service providers and lack of information .



3.11 Female in Yumbe

This is the result of an FGD conducted in Yumbe in February 2018 with 13 female participants from the Bari, Pojulu, Acholi, Kuku tribes, carried out in Juba Arabic and English languages.

A. Recognition and Experience: What is GBV for Refugees?

Recognition of GBV

GBV was explained and defined by giving examples of what usually happens in the settlements. During the discussion, they mentioned several types of GBV like sexual violence, physical violence, emotional violence, and ‘rumor mongering’/ gossip.



Experiences of GBV

Participants identified Intimate Partners Violence (IPV) as an example of GBV. This becomes a form of DV, when the husbands take many wives or during disagreement between partners leads to violence. Sexual violence transpires when the man forces himself to a woman to have sex. Reporting violence is not normal, and yet this happens a lot. Sexual weakness of a man in sexual activity performance brings violence in the home but it is normal. Despite the physical violence from partners, they treat this as normal in fear of separating from their children.

Violence are also committed by strangers through physical violence, and emotional violence in forms of abuse and insults. Threats of violence between the host community and the refugees occurs over issues of animal destruction of crops.

GBV Definition. *The participants interpret GBV as the misunderstanding between husband and wife. This can be caused by alcohol abuse, lack of money, denial of sex between marriage partners, and men leaving their responsibilities to the women.*

B. Help-seeking behaviors and pathways

Help-seeking behavior

Female participants in this district said that survivor of any forms of GBV should seek help. Despite this response, they said help seeking of survivor is not common. They confirm awareness of existing agencies as well as nearby complaint desk in their settlement. However, they said they do not know how these agencies can help the survivor.

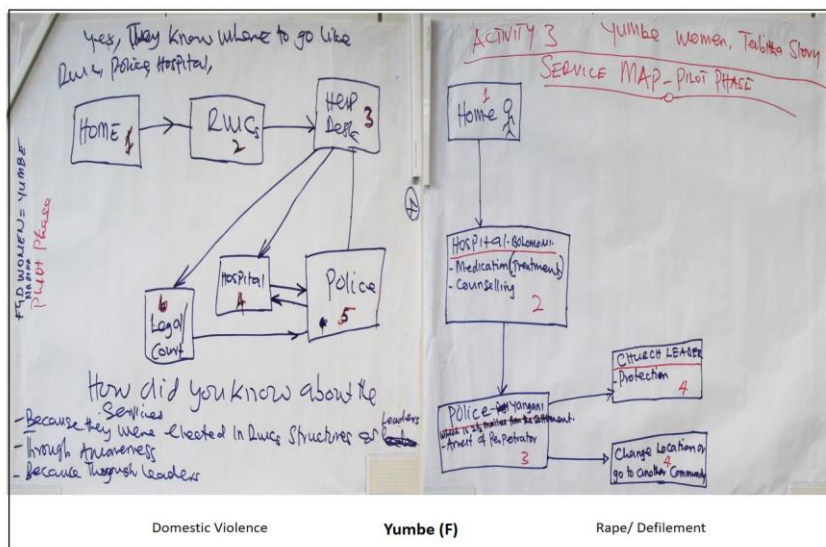
Help-seeking pathways

Domestic Violence: Martha's Story

The female participants started Martha's help-seeking map from home (family), then goes to to the RWC for consultation. After that, she goes to the helpdesk managed by the NGO (probably in their settlement zone). From there, Martha would be referred to go to hospital, police and legal help if needed. Participants said RWC leaders know where they can access help-seeking services because they have received awareness training.

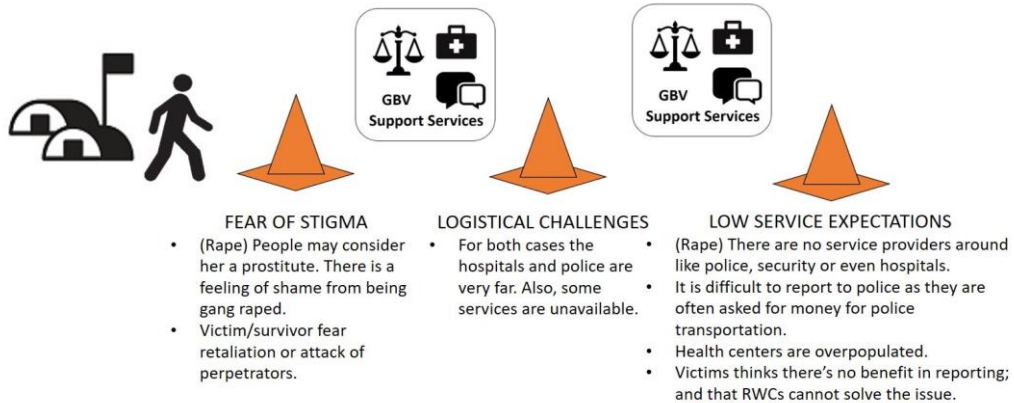
Rape and defilement: Tabitha's Story

Participants suggested that Tabitha goes to the Hospital in Bolomoni (1 km away from Bidi Bidi), to receive medical treatment and counselling. She should also go to the police in Yangawi (about 4 km away from the settlement) to demand arrest of the perpetrator. Then she can go to Church leader for protection or for a request to change location or go to another settlement.



C. Barriers for Help-seeking

Participants clarified the services are unavailable because they are far from the refugee settlement and the police would ask money for their transport. However, they revealed it is easy to report to the complaint dest which is not far from the settlement. In addition, participants explained survivors have a lot of concerns such as divorce, fear of being killed and commit suicide.



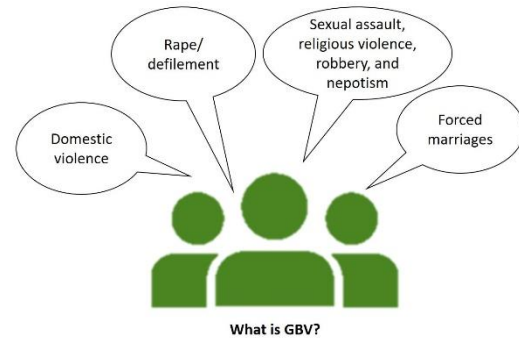
3.12 Male in Yumbe

This is the result of an FGD conducted in Yumbe in February 2018 with 14 male participants from the Bari Kakwa, Pojuu, Acholi, Kuku and Zande tribes, carried out in Juba Arabic and English languages.

A. Recognition and Experience: What is GBV for Refugees?

Recognition of GBV

GBV was explained and defined by giving examples of what usually happens in the settlements. During the discussion, they mentioned several types of GBV such as DV (including economic, psychosocial and nepotism), rape/defilement, and forced marriages. Other actions that may result in GBV are sexual assault, religious violence, robbery, and nepotism.



Experiences of GBV

According to the FGD participants, physical assault is the most common form of Intimate Partner Violence (IPV). Along with this are early marriages, denial of resources, economic violence, and psychological violence. The participants mentioned that DV and early marriage are considered “normal violence”, including men insulting their wives. GBV inflicted by strangers happened through physical assault, rape and early marriage. There are instances where the stranger comes out at night and attacks a family.

GBV Definition. Harmful act inflicted on someone according to age, sex, tribe; Any harmful act committed by a man or a woman causing psychological problem; act of doing something against somebody; harmful act whether being physical or sexual; an act applied to another party without someone consent.

B. Help-seeking behaviors and pathways

Help-seeking behavior

According to the workshop participants, rape is a case that requires help seeking. The survivor needs to report to the police and health center, for legal and medical reasons respectively. Depending on the seriousness of the case; defilement, domestic violence, denial of resources and physical assault are also encouraged to seek support. Families would prefer to marry off a victim to the perpetrator in case of sexual violence by strangers or IPV. This becomes a consequence of early marriages. Thus, cases were only reported when negotiations to marry off the victim fails. Participants know that the places to seek help for

cases of GBV are at the Protection Desk, RWCs, church leaders (provides mediation in domestic violence), the police and the hospital.

Male participants are aware of the existence of such pathways but they assume that GBV help seeking is not common. They think that survivors are shy and embarrassed; and that survivors are ill-equipped and unaware of these services. They also stated that not all members know all service available in the settlement.

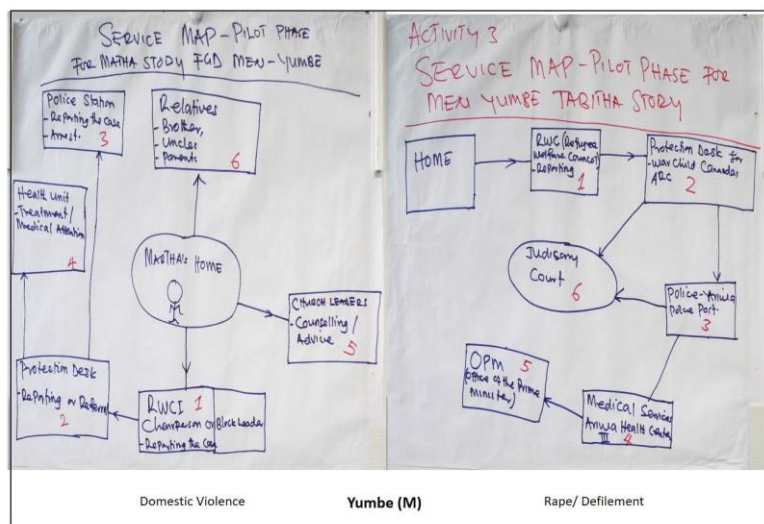
↑ Help-seeking pathways

Domestic Violence: Martha's Story

The participants assumed that, Martha would initially go to RWC I Chairperson or Block leader to report the case. Then, she goes to the Protection Desk (NGO) to report or seek referral. She then goes to the Police Station to prepare the case and arrest the husband (if needed). While they report this to the police, she also has to go to the Health Unit for medical attention and treatment. Participants also suggested that she goes to church leaders to receive counselling and advice, as well as to her relatives (brother, uncles and parents) for consultation on this issue.

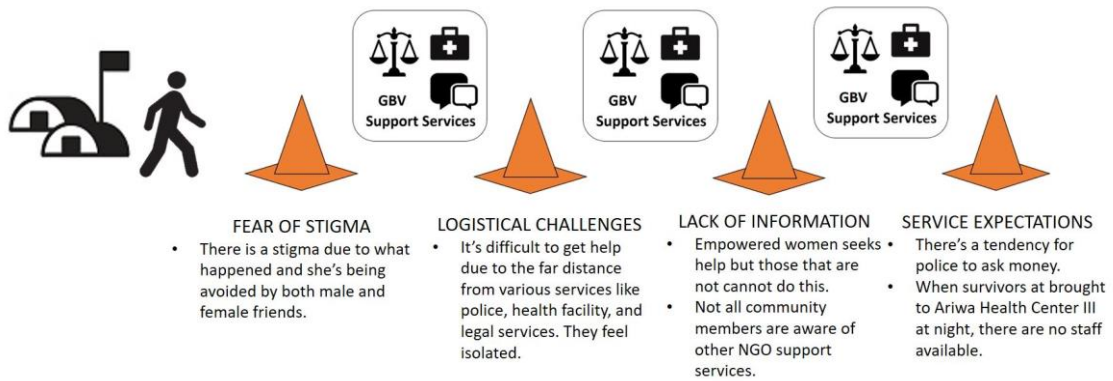
Rape and defilement: Tabitha's Story

The participants said that Tabitha should first go to RWC to report the case. Then, she has to go to the Protection Desk (NGO), and be referred to the police (Ariwa Police Post) and the Judicial Court. After the police hearing, she will be taken to Ariwa Health Center III and OPM.



C. Barriers for Help-seeking

Participants revealed “empowered” women can easily report and look for the support. though those who are not “empowered” cannot. They also advocated the police would request the money to fill in the form. While participants mentioned the organizations operate inside the settlement every day and it makes easier to seek help, they considered the long distance to the police, medical institution and legal office in addition to the isolation or the fear of stigma would make difficult to seek help.



Note

¹ However, we find it difficult to mention clearly the presence of “strong masculine culture” from these participants’ arguments then we need to examine this issue in the following research.

APPENDIX D

Individual Interviews: Outline of Questionnaires

| Contents of Questionnaires for Individual Interviews | | |
|---|---|--|
| A. Recognition of human rights and violence | | |
| 1. Individual beliefs about violence <div style="text-align: center; padding: 10px;">See Figure 3.1 (in Chapter 3, pp.14)</div> | 2. Beliefs about Violence and Rights to seek help <div style="text-align: center; padding: 10px;">See Figure 3.2 (in Chapter 3, pp.15)</div> | 3. Personal Experiences of Violence Participants were asked to answer Normal , Not Normal or Don't know to the list of different types of physical, emotional and economic violence based from their experience. |
| B. Availability of GBV Support Services | | |
| 1. Knowledge on the Availability of GBV support services (Five Questions) a. Are you aware that there are support services for victims of GBV/SGBV? (see Figure 3.3, pp.17) b. Do you know where to access/who provides support services for victims of GBV/SGBV? (see Figure 3.3, pp.17) c. Do you know if there is any local institution or organization that provides medical, legal or mental health services for victims/survivors of SGBV? (see Figure 3.4, pp.18) d. In your opinion, in this community do victims/survivors of GBV/SGBV seek external support? (see Figure 3.5, pp.18) e. In your opinion, in this community, do victims/survivors of SGBV receive support? | | |
| C. Help-seeking behavior and Recovery | | |
| Have you personally experienced GBV/SGBV in your life? : Yes → Self-story (Question 1) <div style="text-align: center;">No → Do you know anyone who has experienced GBV/SGBV? Yes → Other's story (Q. 2) / No → Hypothetical case (Q. 3)</div> | | |
| Actual Case • Self-story (see Appendix D) • Other's story (see Appendix D) | Have you ever accessed support for GBV/SGBV? Yes → Who, When, Why did you/he/she (survivor) ask for help? What did the person(s)/organization do for you/him/her? What was the result or helpful? In case you/he/she (survivor) did not seek help, what would be the reason that you/he/she would not seek help? etc. | |
| Hypothetical Case (see Appendix E) | If you were a victim/survivor of SGBV, do you think that you would seek support? Yes → Who, When, Why, What expectations etc. No → Why. Physical or Social cost, what kind of support preferred. | |

※This table is an abstract of questionnaires, not a set of whole questions prepared.

APPENDIX E

Individual Interviews: Profile of Participants

Below are the demographic details that describe the interviewees and their background. The participants in these interviews came from the same six districts selected for the FGDs for this study. However, it does not follow that the same individuals participated in both research activities.

Figure B.1 shows the basic demographic details of the participants by gender; including their age group, marital status, registered head of household role, source of income and their highest educational level. Majority of the interview participants are within the 30-49 years old age range, and are married. The female exceeds the male participants who registered themselves as head of household.

Based on income generation, the number of women engaged in income generating activities is slightly higher compared to the men. Such condition exists despite the fact that more male participants earned higher education than the female participants. This suggests that the educational level of the participants is not directly related to the access to employment and income generation.

The abovementioned trends may also be available to people in other areas or geographic location. Hence, to create more refugee-specific observations, additional details on the interviewees' refugee status are included in the study. Figure B.2 (A and B) summarizes the distribution of the year participants moved in the settlements, and the primary reasons identified for leaving their home country.

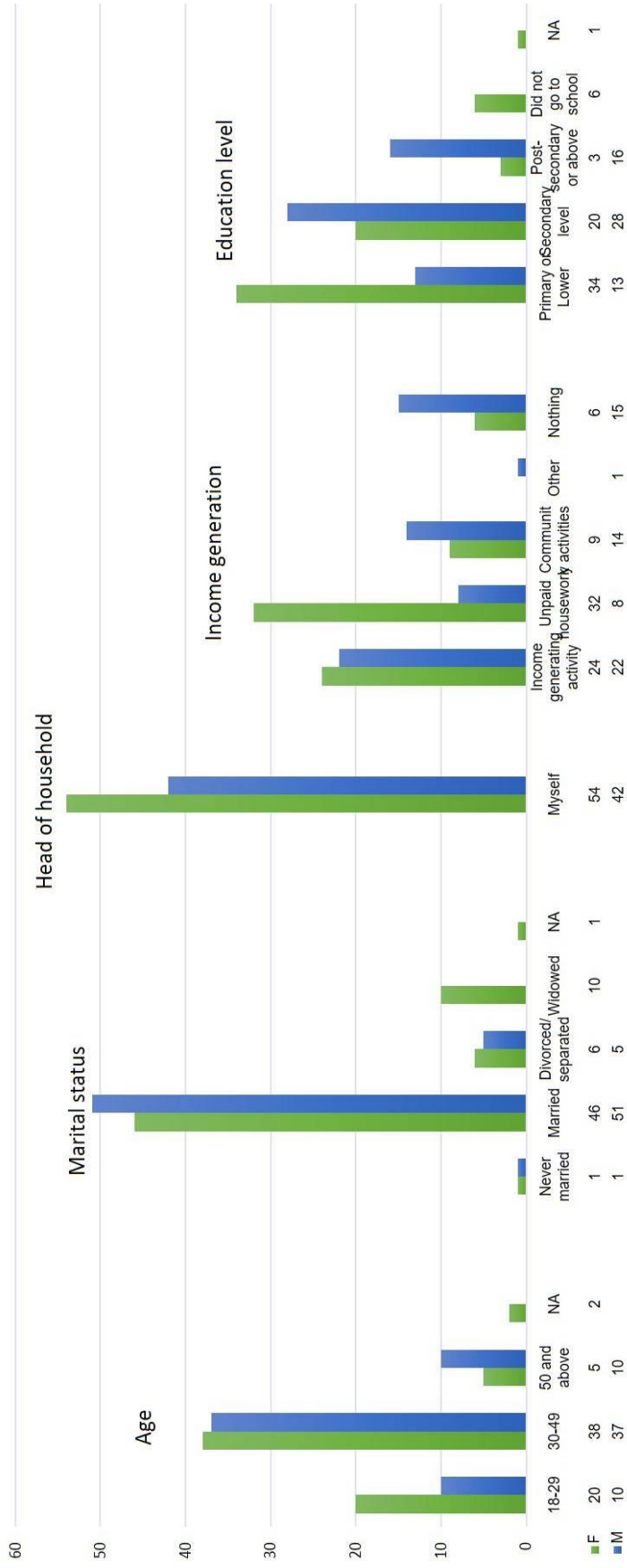


Figure E.1 Demographic details of Interviewees

Of the 122 participants interviewed, 92 of them arrived in the settlement from 2016. Thus, **most of them have lived in the settlement for about 2-3 years**. From among the listed reasons for leaving their home country, majority confirmed that the threat to their dignity, more specifically the absence of any clear future for themselves and their family lead them to leave their country. Not far behind are the other reasons related to their safety and needs.

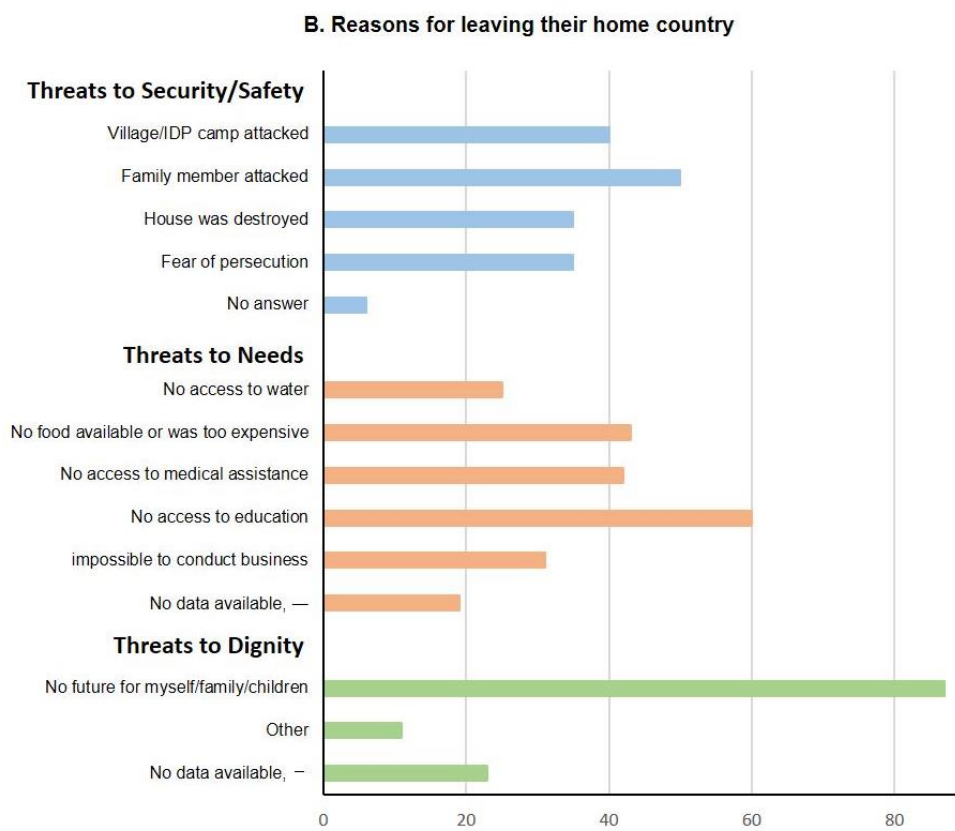
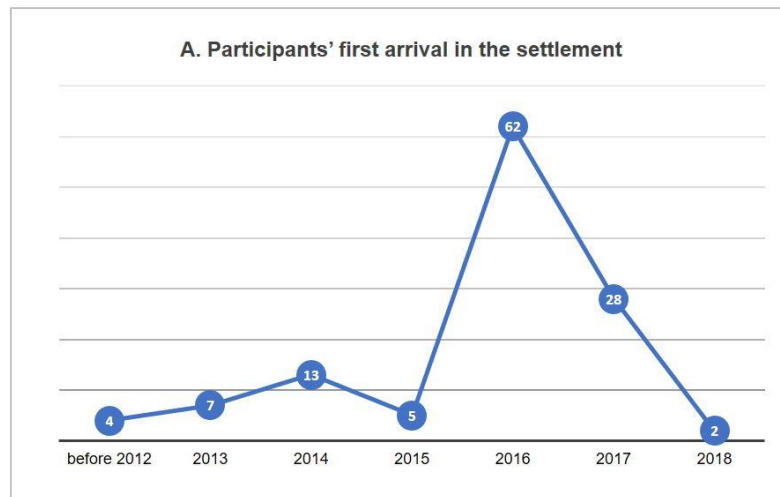
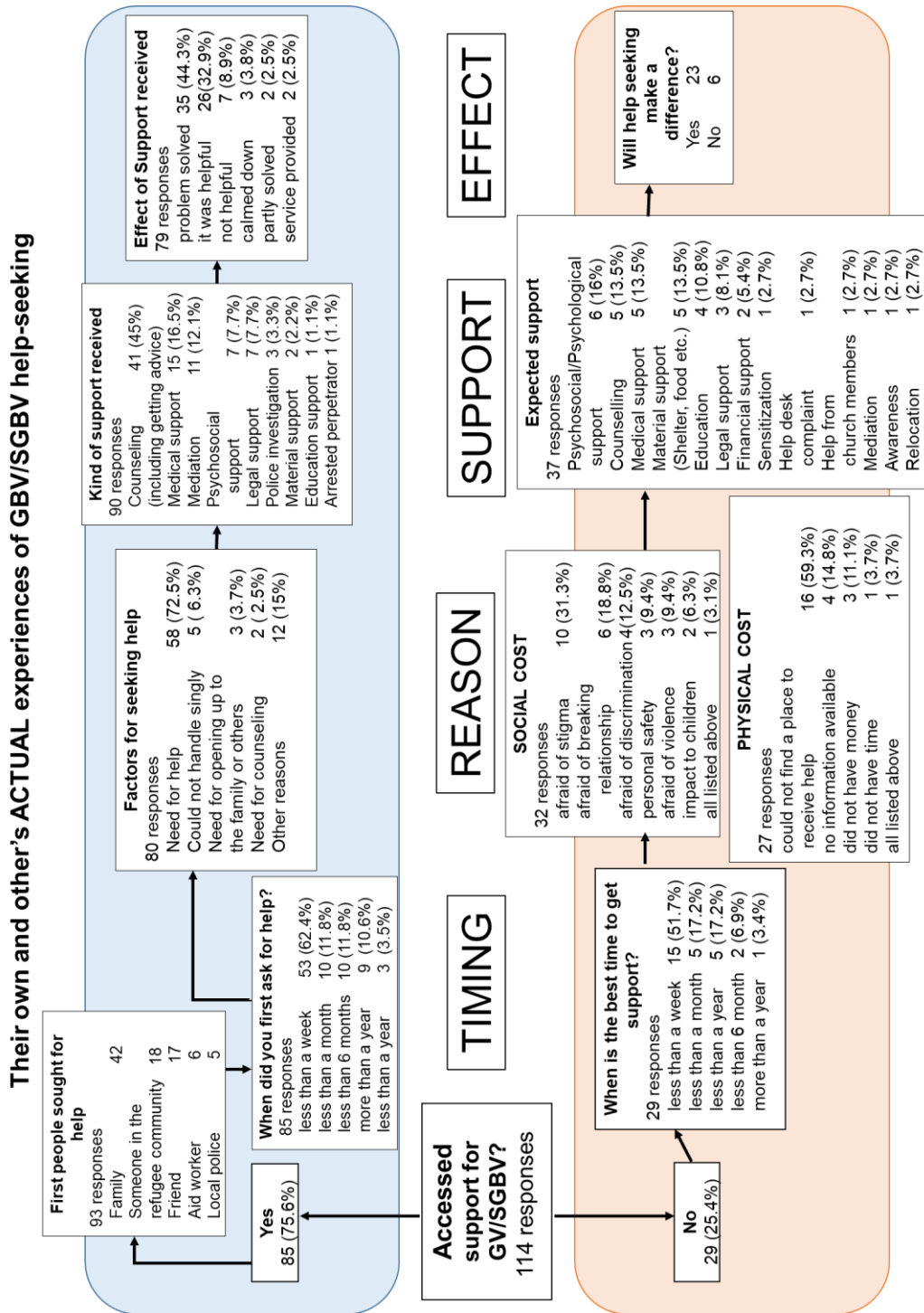


Figure B.2 Refugee status details

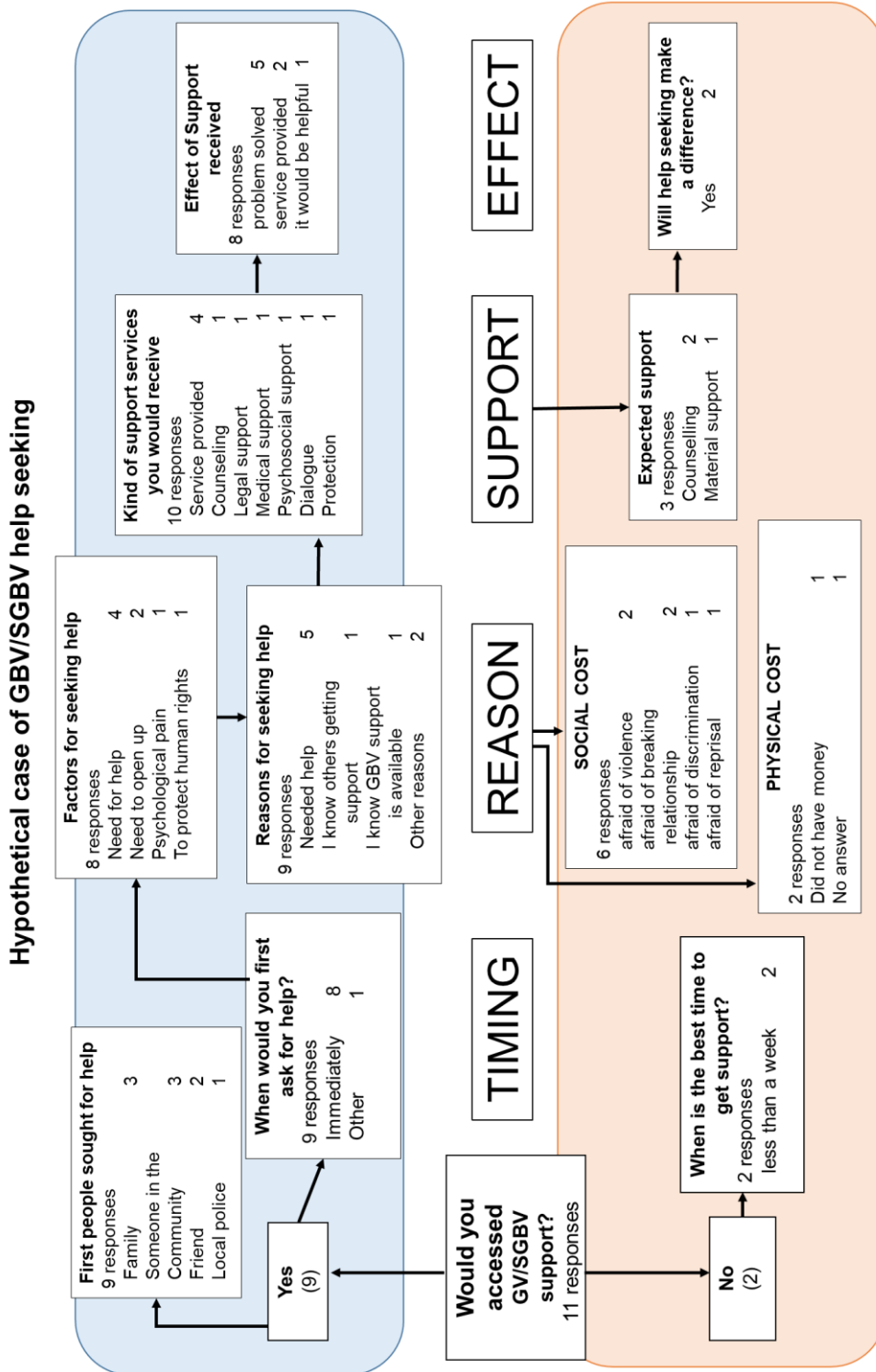
APPENDIX F

Individual Interviews: Patterns in help seeking (Actual)



APPENDIX G

Individual Interviews: Patterns in help-seeking (Hypothetical)



* The percentage of each response is not mentioned in this figure because total answers were quite few.

Figure D.1. Patterns in help seeking (Hypothetical) Case

APPENDIX H

Individual Interviews: Stories of GBV by refugees

H.1 Stories of GBV in Conflict-affected areas

The interviews encompass narratives of GBV experiences, attitudes towards help seeking (or lack thereof) from among the refugees. These narratives show that GBV exists in various circumstances; and there are certain cases that are enmeshed specifically unique to people in conflict-affected areas. The succeeding accounts include direct and indirect experiences of GBV by refugees **(A) During Conflict in South Sudan** and **(B) While at the Settlement in Uganda**.

These stories were selected to reflect the situation and impact of GBV to refugees, and provide a glimpse of their help-seeking behavior.

H.1.1 GBV during conflict in South Sudan

Male account of their family story and help seeking

In 2014, I was staying with my sister and her children who were girls, 17 and 19 years old respectively. During the war, they were targeting people in high-class ranks and this was done by the government forces. So, a friend told me that I should not sleep at home. I left Adjumani, and I only told my wife, who was also in the same house. Later, I was told that armed forces came and banged the door. But since no one opened it, they forced the gate open. They reached the house and threatened to shoot all those in the house if they do not open the door. My family need to hand me over to them [armed forces] because they wanted me in particular. My nieces were afraid. The armed forces opened the door and started shouting telling them to lie down. My wife, together with my children hidden under the bed, saw the brutal act from the other room. She saw four men gang raping my nieces but cannot do anything. After, the men left saying I am not in the house. My wife called me after they had left; and in the morning, I arrived home and found my nieces in a sorry state. Since my life was at risk, my friends in government told me I have to leave Sudan. So, I called my sister -- the mother and the girls, and told them what had happened. I left some money with my wife to access some medical help for them [my nieces] and told her to take them to our church for counselling. And that's when I was helped to leave the country and came to Uganda.

Male, 30-49 y/o from Kampala

The medical team was overwhelmed but since he had left some money, they were able to receive medical help. Also, the Church provided support because the man was an active member of the church. Though the support did help, his nieces would think of what had happened and breakdown.

Rape story during war and help seeking

This came about because of the war; where my family members and neighbors both men and women were raped because I ran away. Both rebels and the forces from the government were committing this crime, so we had no one to run too for help. This was in KojoKoji [sic].

Male, 50+ y/o from Kampala

They did asked for help from aid workers in the camp. They shared camp about the rape and defilement that had happened. They were able to obtain medication such as counselling and food items.

Male account of rape during war

They [armed men] came looking for me, but I was not there. They told my sisters that they would torture them, if they do not hand me over. I was working with the government, and they wanted me to do some (dubious) work in another state but I refused. So, they hunted for me, dead or alive. When they came to my home, I hid and my sisters denied I was in the house. They tortured and raped them, while I was watching from my hiding place. Also they tortured others in the neighborhood and burned others. This occurred in Yeyi Central Equatoria in 2017.

Male, 3-49 y/o from Kampala

A story of trauma from rape and defilement

I saw an incident in Yeyu when Sudan armed force entered Yeyu and killed, raped and defiled many women and girls including men. I was hiding somewhere so I was spared, but the cries and agony of those people as they asked for mercy were too much. This has affected me up to now. Sometimes I dreamed of it because some were my relatives that were pleading with these soldiers but would not listen. Talking about it helps; but [the nightmare] can still come especially when I am alone or stressed. It was during wartime, so everyone was running for his or her life. UN forces took [the victims] from the war zone and transfer them to a camp. They could not access any support services. Some relatives ran mad, isolated and were angry most of the time.

Male, 3-49 y/o from Kampala

H.1.2 GBV while at the Settlement in Uganda

DV story and an account of her help seeking

A man married a woman and had three children. They were living [economically] well because the wife was working too. The man brought home his father, who has lost his wife, to stay with them. The father then remarried and brought his new wife and her two elder daughters to stay at this man's compound. This man came and raped the 16 year-old girl. This was revealed when the girl got pregnant. When asked, she said she conceived the man's son. But this man had already ran away. The woman [new wife] told her relatives who then came with *pangas* [a kind of weapon]. But since the block leader was around, the relatives were calmed. The relatives of the mama [new wife] demanded for 7 cattle. She was also asked to leave that home since her daughter had contradicted everything by getting pregnant. Initially, both the mama and the girl refused to leave; but in the end, the mama left house. She was infected with HIV too.

Female, 30-49 y/o from Moyo

At first, the mother of the girl was directed to the block leader because it was a difficult situation. Then the block leader referred the case to the police since the girl was defiled and raped. The support was helpful in avoiding further physical violence at home.

DV story unique in the settlement

A woman came to the settlement with her 7 children from South Sudan. Her husband joined her after sometime, but he was not registered. He sells off his food ration and goes drinking after. When comes home, he abuses and beat this wife. At some point, he stole the ration card and got food twice, after which he went and kept the food at his sister's place. He then began accusing his wife of contracting HIV from the market where she goes to sell small things. Both the man and the sister come together to insult the woman and beat her up, until the GBV team by LWF would come to resolve the issue. This continued happening for almost two months. The man and his sister decided to take the children away from the woman, and continued calling her a prostitute.

Female, 50+ y/o from Moyo

When asked why she did ask for support, she said that it was because the block leader was not there.

DV story and help seeking in the settlement

A man was always violent towards his wife and would beat her up often. He sells off their [food products] so that he could get money to drink alcohol. The RWCs have tried to solve the issue, but he has refused to [cooperate and] report so the GBV community workers got involved. Then later, the case was taken to OPM after the man beat his wife badly and chopped off her hand with a *panga*. Then the OPM separated them. She was given the ration card so she can be the one to claim food ration. After getting the food, she takes the ration for one person to her husband. The woman currently stays with her parents and her children. OPM has a plan to allocate a plot for her in a different location.

Female, 18-29 y/o from Moyo

DV, physical and economic violence story in the settlement

I went to the market to buy cassava, to use for brewing alcohol. Then I took *bodaboda* to get home. My husband started accusing me of having extra marital affairs with the *bodaboda* guy. When we arrived, he started accusing me of sleeping with the *bodaboda* guy. I denied the case since I left at home at 2 p.m. and came back at 3 p.m. We exchanged words for some good minutes. He said that I became a big-headed because.... He got a big stick...and started hitting my head. I was injured on the head from severe bleeding. My husband ran away. The neighbors came to rescue me, tried stop my head from bleeding. I refused to take the case to the police and hospital because it means I am going to fill a police form. Also, the husband had escaped from the community. He has never returned home, and now is staying with another wife. I am not interested in my husband anymore because he mistreated me.

Female, 50+ y/o from Moyo

The woman did not access support because she thought the husband would come and kill her if she reported the case. She also thought seeking support would not make any difference; but would only worsen her situation at home.

DV story in the settlement and their help seeking

I have a neighbor who was registered [in the settlement] separately from the wife because the wife arrived first. When the husband came, the wife became angry and began asking him why he came here now yet he had refused to come earlier. Then the wife asked him to go and register, and get his own plot because he cannot stay with her since he has no ration card. So the man began the registration process for the family to reunite through the LWF and OPM. But because the procedure was slow, the man abandoned the process. When he went back to the wife, they began quarrelling and fighting, and the wife was beaten with bruises. Other neighbors intervened and advised them to stay together peacefully. These continued, and the case was reported to the block leader who then referred the case to the police. She got the police forms and went to the Health Center for treatment. There are many people having the same experience and this is causing a lot of domestic violence. Some men have even decided to go back to South Sudan because their wives were becoming the head of the family, and the men lack their attestation cards.

Female, 30-49 y/o from Moyo

Male and female victims and perpetrators of DV

I always fight with my wife because she drinks alcohol, and comes home when she is drunk. She sells food to get money for drinking; which would have helped our family and provide school fee for the children. For several times I have tried to talk to her to change her behavior; but she respond by quarrelling and throwing utensils in the compound. She took away the money we saved as a family and gave it to her mother. When she found out, I was with another woman; she got angry, and sold to the food. So when I got home, there was nothing to eat. I am a person with a short temper, and I cannot stand this behavior. I have to beat her as a way of disciplining her. When she was injured, I took her to the hospital for medical checkup. I cannot report my wife to the police even if she wanted to. I know beating my wife is bad but I cannot do anything about it.

Male, 50+ y/o from Moyo

The power imbalance between domestic partners

I did not ask for/seek help because I did not know where to go and get help. It all began when my wife decided to open up a business (bar) for brewing alcohol. She spent a whole week sleeping out of our home for the sake of the business, since the bar was too far from the house. When I went to Koboko, I came home and found out that my wife left my home and went to her parents. From her parents' home she left and went back to the bar. When these began happening, we began having quarrels and fights. One day she decided to collect everything in the house together with the children, and went to her parents' home. I then talked to my brother, who gave advice on the matter regarding the parents of the wife and for me to get my wife back.

Male, 50+ y/o from Moyo

These stories are just a few of what is uniquely happening in conflict-affected areas (both in their home country and in the settlement) in terms of GBV. Their circumstances during conflict led them to be susceptible to GBV, and worse are SGBV. While the settlement served as a refuge from the actual conflict, the changes in social dynamics and roles reinforced these risks to GBV even between domestic partners. While there were attempts at help seeking during conflict and while in the settlement, the process remains a matter of circumstances and community process.

Part II: APPENDIX I

Structure of Interview with Service Providers

To gather substantial information that compliments the data from the refugees' perspective, specific interview questions were prepared. Four sets of questionnaires to cover the two types of cases -- DV/IPV and SGBV by stranger; and the two types of interview respondents – service providers and refugee leaders were prepared.

DV/IPV and SGBV by stranger questionnaires are subdivided into two sections: (1) General GBV questions, and (2) GBV Survivor Support Questions. The former intends to probe service/support providers on the basic profile of survivors that reach out to them and seek help. The latter covered the details of (a) services/support offered, (b) Help-seeking procedure, (c) acknowledged barriers in help seeking, and (d) referral system.

Table I.1 Outline of Interview Questions

| Contents of Questionnaires for Refugee Leaders/Service Providers | | | | |
|--|--|---|---|---------|
| | RL/DV | RL/SGBV | SP/DV | SP/SGBV |
| Interview's Profile | <ul style="list-style-type: none"> - Role in the community - Years in service - Ethnicity - Experience of attending GBV training and its contents. | | <ul style="list-style-type: none"> - Job title, Affiliation - Years in service - Working condition and main tasks - Experience of attending GBV training - Information about the Organization. | |
| A. General Questions | General Questions about GBV survivors | | | |
| | <ul style="list-style-type: none"> - Frequency of visiting survivors - Typical profile of survivors who receive services - Ways of reporting: who and how the case would be reported. | | <ul style="list-style-type: none"> (- Frequency of male survivors) | |
| B. Questions about Survivors of DV/IPV or SGBV by Stranger | Questions about DV/IPV Survivors | | | |
| | 1. Services offered | | | |
| | <ul style="list-style-type: none"> - Kind of support provided. - Information which would be asked to provide support. - Story of DV/IPV survivor you helped. - Difficulty of seeking-help in the community. - Difference in the help-seeking behavior of male and female. - Kind of assistance which is highly demanded. | | <ul style="list-style-type: none"> Only for SP: - Difficulty of handling DV/IPV case. - Administrative procedures and financial cost for providing services. | |
| | Questions about SGBV by Stranger Survivors | | | |
| | 1. Services offered | | | |
| <ul style="list-style-type: none"> - Kind of support provided. - Information which would be asked to provide support. - Story of SGBV by stranger survivor you helped. - Difficulty of seeking-help in the community. - Difference in the help-seeking behavior of male and female. - Kind of assistance which is highly demanded. | | <ul style="list-style-type: none"> Only for SP: - Difficulty of handling SGBV by stranger case. | | |
| Common Questions: Help-seeking pathway, barriers, referral | | | | |
| <ul style="list-style-type: none"> - Drawing a help-seeking pathway of DV/IPV survivor. - Identifying barriers for RL/SP to provide support. - What kind of training or support do you need to help survivors? - Do you provide referrals to other sources of support? To which individual/organization? | | | | |

※ "RL" is an abbreviation of Refugee Leaders and "SP" for Service Providers.

The main difference between the questionnaire sets is the category of interview respondents. Service providers were interviewed based on a 66-question interview guide. Service providers were asked questions on institutional support provided to GBV survivors. The refugee leaders were asked with a 41-question interview based on refugee leaders' direct support to the GBV survivors that reach out to them. Below are the content outlines of the interview sets for Service Providers and Refugee Leaders (*Table H.1*). Both have similar subsections with equivalent topics. The difference in the number of questions is on some organizational strategies for help seeking by SPs, which are not available for RLs.

APPENDIX J

Overview of Service/Support Providers

Interviews were collected from eight (8) service providers in each district, representing distinct organizations and institutions involved in helping survivors. In addition to this, four (4) refugee leaders from each settlement were also invited to participate in the individual interviews.

In January 2019, WCC conducted the field interview with service providers and refugee leaders engaged in GBV support for refugees. Table H.1 summarizes, by district, the total number of interview participants that took part in this part of the study.

Table J.1 Summary of Service Provider and Refugee Leaders interviewed

| Districts | DV/IPV Cases | | SGBV by stranger Cases | |
|-------------|------------------|----------------|------------------------|----------------|
| | Service Provider | Refugee Leader | Service Provider | Refugee Leader |
| Adjumani | 8 | 4 | | |
| Arua | 8 | 4 | | |
| Kampala | 8 | 4 | | |
| Kiryandongo | | | 8 | 4 |
| Moyo | | | 8 | 4 |
| Yumbe | | | 8 | 4 |

These interview participants are not representative of all existing support/service providers in the refugee settlement areas, thus, it is important to provide a background on these interviewees' affiliations and functions. Tables H.2 and H.3 listed the basic details of SPs' job title and organization; and RLs' role in the community and their ethnicity, respectively. These can serve as cross-references to understand further the insights they provided throughout this chapter.

Table J.2 Basic details of 48 Service Providers Interviewed

| District | No. | Job title | Name of Agency/Office | Primary purpose of organization |
|----------|-----|-------------------------------|---|--|
| Adjumani | 1 | Officer- in-charge | Police (CFPU) | Legal support |
| Adjumani | 2 | Legal sector head | Lutheran World Federation | Legal support |
| Adjumani | 3 | Protection Assistant | Danish Refugee Council (DRC) | Legal support |
| Adjumani | 4 | Community Development Officer | Adjumani Local Government District (ALGD) | Others |
| Adjumani | 5 | Child Protection Specialist | Plan International | Awareness/Education/ Professional training |

| | | | | |
|-------------|---|---|---|---|
| Adjumani | 6 | Deputy Coordinator | Tutapona | Others |
| Adjumani | 7 | Community Service Officer | Office of the Prime Minister (OPM) | Others |
| Adjumani | 8 | Social worker | TPO | Counselling |
| Arua | 1 | Detective Inspector Assistant of Police | Uganda Police Force | Others |
| Arua | 2 | Inspector of police | Police Force (OC Yoro Police Station) | Others |
| Arua | 3 | Police Officer | Uganda Police Force | Counselling |
| Arua | 4 | Nurse counsellor | Medical Teams International (MTI) | Others |
| Arua | 5 | Resident State Attorney | Office of the Directors of Public Prosecution (ODPP) | Legal support |
| Arua | 6 | Officer-In-charge | Uganda Police Force | Others |
| Arua | 7 | Enroll-Midwife | Medical Teams International (MTI) Health Post Imvepi Zone 111 | Medical support |
| Arua | 8 | District Community Development Officer | District Community Development Office | Awareness/Education/Professional training |
| Kampala | 1 | Project Director | Jesuit Refugee Services | Awareness/Education/Professional training |
| Kampala | 2 | SGBV Senior Officer | InterAid Uganda, Urban Refugees | Awareness/Education/Professional training |
| Kampala | 3 | Social Worker | African Centre for the Treatment and Rehabilitation of Torture Victims (ACTV) | Medical support |
| Kampala | 4 | Senior SGBV Officer /Legal | Centre for Domestic Violence Prevention (CEDOVIP) | Awareness/Education/Professional training |
| Kampala | 5 | Assistant Superintendent | Uganda Police Force | Others |
| Kampala | 6 | SGBV Assistant | Refugee Law Project (RLP) | Awareness/Education/Professional training |
| Kampala | 7 | CPIE-specialist | UNICEF | Medical support |
| Kampala | 8 | Senior SGBV Officer | UNHCR | |
| Kiryandongo | 1 | SGBV Desk Officer | Police | Awareness/Education/Professional training |
| Kiryandongo | 2 | Hospital-in-charge | Kiryandongo Main Hospital | Mediation |
| Kiryandongo | 3 | Probation Officer | Probation Office | Counselling |
| Kiryandongo | 4 | Gender Officer | Kiryandongo Local Government (Gender Office) | Mediation |
| Kiryandongo | 5 | Senior Clinical Officer | Panyadoli Health Center 3 | Medical support |
| Kiryandongo | 6 | Resident State Attorney | Office of the Directors of Public Prosecution (ODPP) | Legal support |
| Kiryandongo | 7 | Executive Director | Rural Women Action to Participate and Decide | Awareness/Education/Professional training |
| Kiryandongo | 8 | Team Leader (Protection) | Danish Refugee Council (DRC) | Legal support |
| Moyo | 1 | Program Officer (Child Protection) | Save the Children | Counselling |
| Moyo | 2 | District Community Development Officer | Local Government | Awareness/Education/Professional training |

| | | | | |
|-------|---|--------------------------------------|---|---|
| Moyo | 3 | Senior Probation and Welfare Officer | Local Government | Legal support |
| Moyo | 4 | Officer-In-charge | Uganda Police Force (Criminal Investigation Department) | Legal support |
| Moyo | 5 | Reproductive Health and HIV Officer | Medical Teams International (MTI) | Medical support |
| Moyo | 6 | Community Service Officer | Office of the Prime Minister (OPM) | Legal support |
| Moyo | 7 | Project Officer | TPO | Counselling |
| Moyo | 8 | Education Officer | Fin Church Aid (FCA) | Awareness/Education/Professional training |
| Yumbe | 1 | Protection Assistant | Office of the Prime Minister (OPM) | Mediation |
| Yumbe | 2 | SCDO | Yumbe District Local Government (YDLG) | Others |
| Yumbe | 3 | Officer-In-charge | Uganda police force (Criminal Investigation Department) | Awareness/Education/Professional training |
| Yumbe | 4 | Officer-in-Charge | Uganda police force (CFPU) | Counselling |
| Yumbe | 5 | Senior Medical Officer | Yumbe Health Center IV | Awareness/Education/Professional training |
| Yumbe | 6 | Community Service Manager | ARC | Awareness/Education/Professional training |
| Yumbe | 7 | Social Worker | TPO | Counselling |
| Yumbe | 8 | Protection Assistant | World Vision | Others |

Table J.3 Basic details of 24 Refugee Leaders Interviewed

| District | No. | Prof/Org | Role in the community | Ethnicity |
|-------------|-----|---------------------------|---|-----------|
| Adjumani | 1 | Opinion Leader | Opinion leader | madi |
| Adjumani | 2 | Block leader (Pagirinya) | Block Leader | kuku |
| Adjumani | 3 | Woman Representative | Woman Representative (RWC2 - Ayilo) | Dinka |
| Adjumani | 4 | Church Leader | Church Leader | Dinka |
| Arua | 1 | Refugee Leader | Youth leader | Kakwa |
| Arua | 2 | Refugee Leader | Oversee projects /activities in the cluster | Kakwa |
| Arua | 3 | Refugee Leader | Conflict resolution | kaliko |
| Arua | 4 | Refugee Leader | Advice to the community | Kakwa |
| Kampala | 1 | Community Leader | Refugee leader | madi |
| Kampala | 2 | Community Leader | Refugee leader | moro |
| Kampala | 3 | Community Leader | Vice chairperson | moru |
| Kampala | 4 | Community Leader | Community leader | nuba |
| Kiryandongo | 1 | Community activist | Advising women, counselling, sensitizations, and meetings | kakwa |
| Kiryandongo | 2 | RWC | Handles DV and child-related cases | Acholi |
| Kiryandongo | 3 | RWC | Solving cases, counselling, and referral | Moro |
| Kiryandongo | 4 | RWC | Handles cases | Acholi |
| Moyo | 1 | Refugee Welfare Committee | Local leader | kuku |
| Moyo | 2 | Opinion Leader | Attends to conflict matters | pojulu |

| | | | | |
|-------|---|-------------------------------|----------------------------|--------|
| Moyo | 3 | Block leader | Conflict guidance | kuku |
| Moyo | 4 | Religious Leader/ Reverend | Spiritual guidance | kuku |
| Yumbe | 1 | Opinion Leader | Opinion Leader | Dinka |
| Yumbe | 2 | RWC II /Ariwa II | Refugee welfare council II | Pojulu |
| Yumbe | 3 | Block Leader | Village Chairperson | Pojulu |
| Yumbe | 4 | Evangelist | Evangelism | Pojulu |

The next figures (Fig. I.1 and I.2) summarize the basic profiles of the two categories of interview participants– the service providers and the refugee leaders. Figure I.1 shows the service providers’ gender (A), length of service (B), and nationality (C). Details that are related to their work included the GBV-related training they received (D) and the primary purpose of their organizations (E). Similarly, Figure I.2 presents some relevant information about the refugee leaders including their gender (A), their length of service (B); and information related to their skills and roles as GBV-support providers (C, D, E and F). This aforementioned information of both the service providers and refugee leaders give a picture of the interviewees’ skills and capacity to address and respond to GBV cases in the refugee settlement.

Basic Profile of GBV Service Providers Interviewed

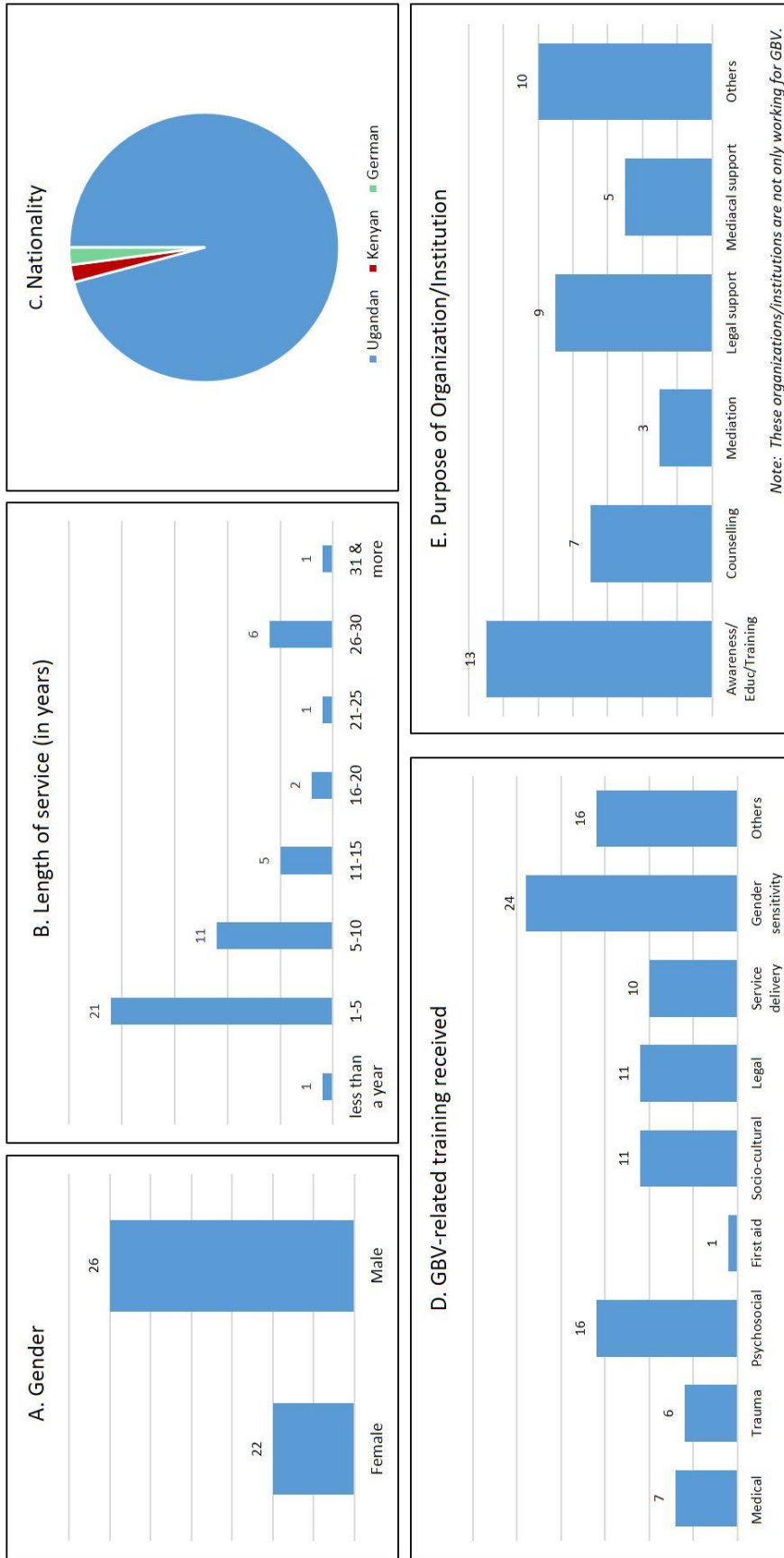


Figure J.1 Overview of 48 Service Provider Interviewed

Basic Profile of Refugee Leaders Interviewed

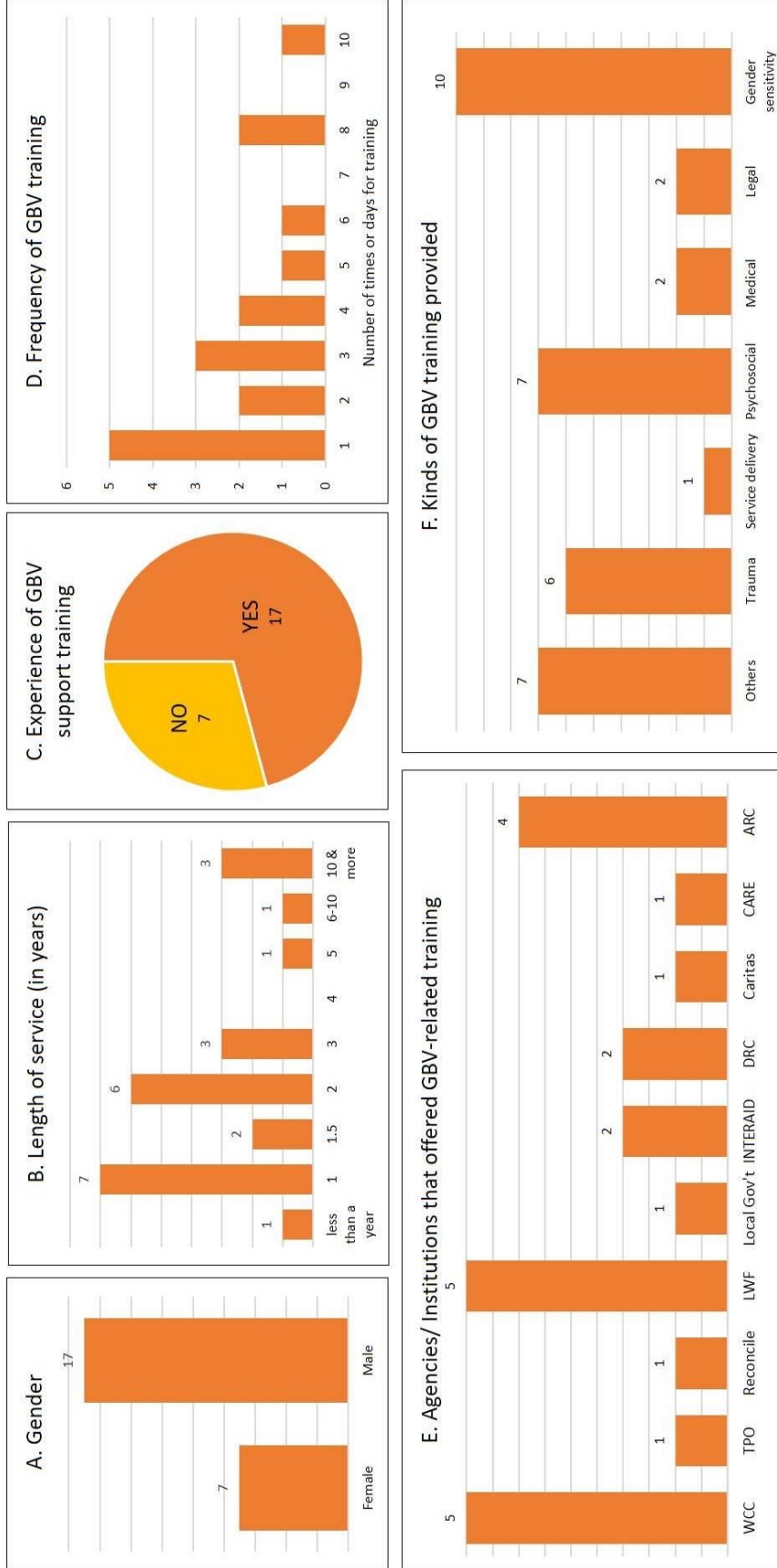


Figure J.2 Overview of 24 Refugee Leaders Interviewed

APPENDIX K

Stories: Survivor's barriers to help seeking from provider's view

A. Fear of social stigma

Majority of both RLs and SPs are aware that survivors fear reprisal and the stigma attached to victimhood. Retaliation from the perpetrator is a likely possibility especially in instances of DV. A youth leader observed:

[Violence from perpetrators] It has happened and [I] have seen that it has commonly happened, that why is that this is a family issue, and you went and reported the issue there? You want to spoil my dignity in the community? The perpetrator will retaliate again. (RL, Arua)

The fear of retaliation alone can make a survivor think twice about reporting. In addition, persons-in-authority are very much aware of this:

[Violence from perpetrators] Yes at the end of the day, even if this perpetrator is brought here and punished. At the end of it, this person will go back to with the same community if he come he may do something worse than this. (SP, Arua).

This is perhaps just secondary to a more deeply rooted fear of social isolation and discrimination. Regardless of the condition of peace or conflict, the fear of being ostracized for being a victim can be a living nightmare for any survivor.

[Do you think survivors in community can seek help easily?] No. They seem to be facing stigmatization and thus find difficulty in opening up when they approach us. (SP, Moyo).

B. Logistical challenges

Support/service providers fairly understand that financial concerns and distance are reasonable physical costs for help seeking. The cost of reporting an SGBV by stranger case can be summed up by this response from a social worker:

[Survivors did not have money] Because most of them provide that as an issue. Most refugees have financial challenges; even reaching out to our office is quiet a problem. And the transport system here in the country. [The services are far] Sometimes yes. First look at where our offices are located. Our office is far away from the clients. Sometimes we have to do outreaches to get them. (SP, Kampala).

Despite this, RLs and SPs disagree that refugees do not have enough time to seek help and report a case. The urgency of a case is enough reason to make time and report a case. However, not all would go and seek help even in the refugee settlement.

[Survivors did not have money] They have time [but] they make themselves busy so that they do not find solution, they want to hide their problem. (RL, Kampala)

C. Lack of information.

Support/service providers disagree that survivors would not know where to seek help. The conscious efforts to have several awareness programs in the settlement community are intended to make refugee know these things, unless they just arrived and started to settle in the country.

However, despite the availability of such awareness programs, this lack of information may be attribute to the existing language barrier and illiteracy. The inability to fully relay their story and comprehend the available support/services due to linguistic gaps makes support/service delivery challenging. These two responses from SPs explains this barrier well:

In most cases with this South Sudanese we have problem in language and this people come here when they speak their local language and Arabic problem of translator ,it become difficult to communicate one on one with the survivor ,so language become a problem (SP, Arua)

[On the difficulties of handling GBV survivors] YEAH. Because some, most times most of them do not want to speak so, you feel there is a big problem if the person is not speaking. Then we also have the issue of language barrier as the issue is supposed to be confidential but sometimes you just have to find ways of getting a translator that will help you.(SP, Moyo)

Another possible reason for not knowing about how to proceed with help seeking is illiteracy. People with limited capacity to read or write may find it challenging to seek help.

[On the lack of information] Agree. But a throwback the blame to them [refugees] because when awareness are organised to give them information they don't turn up, and others cannot read. (SP, Adjumani)

D. Low expectations of services

A higher number of support/service providers agree on statements related to the low expectations in their services. The prolonged time to receive service, insufficient staff and inadequate services constitute to this perception of sub-par GBV services for refugees. Both RLs and SPs confirm these dilemmas.

[RL on taking a long time to receive service] That one... that one I can agree with it because it depend on the degree of the case. We have some cases, which can be harmonized within a small time. We have some cases, which, when it is reported today it can even take a long time. It can take time. That is why some of the survivor analyses some of the cases, which were reported and they even attend to those cases. So when they see that those cases they will take time and has not even reach to its end. So when and incident happens to a certain person who was involve in a case now you look like if this one is reported look at whet ever has happen to so and so nothing has happen, that person can kept saying like that. (RL, Yumbe)

RLs are aware of the lengthy process of resolving a case and of the frustration that survivors feel because of this. Thus, some would resort to resolving such cases on their own. While such action speed up the processing, it does not necessarily follow that the survivor gets the appropriate support and justice for the violence that was committed.

Referral may also contribute to this low expectation among service providers. While survivors acknowledged that not all services could be available in one place, the constant referral to various offices further disheartens people who hope to get help.

[On having a long time to receive help] Because their certain areas where you go and receive help, it takes time because the person you are going to present your problems may not have access and may want to refer you to someone else so by that one it takes time.

[On insufficient staff] Depends offices are divided into different office like if you go a counsellor that person may have like two (2) to three (3) people so you may bounce and you may end up going without your problem being handled and no solution.

[On Inadequate services] Because you may go to a place where you may want to present your problem, those people are not handling those issues then may again send you somewhere else, so that one also is a wastage of time and you may get no help. (Community leader, Kampala)

APPENDIX L

Stories: Support/Service Providers' obstacles to GBV service delivery

A. Social stigma associated to GBV.

Some stories about social stigma:

Because we have different behaviours in our communities, like when someone hears you were raped eeeeeeeh...and you seek advice that am raped. The whole rape becomes a story in the village. People gossip about such situations [so] they easily keep quiet because they fear. (RL, Kampala)

[On fear of reprisal and stigma] Agree, because of the cultural attributes especially in our communities, for women, don't wash your linen outside whatever happened in the home, and keep it a secret. so for the stigma for example it's also related to the cultural attributes, so because of that some women, will prefer not to talk about it, they would prefer to keep quiet with it. So they will prefer to suffer and keep the honor of the family. (SP, Kampala)

B. Capacity to provide services.

For RLs, some of their challenges partly mirrors those faced by survivors when reaching out to SPs.

Similar logistical challenges arise particularly transportation and money.

It's difficult especially when I get a case of rape, it's hard for me because there no transport means and no money to take those people to police or health centres (RL, Adjumani)

Despite RLs awareness on the urgency of the matter, and the need to get in touch with SPs, such logistical challenge inhibits them to fully taking action.

As for the SPs, their institutional assignments limit the scope of the services they can provide. However, completely providing support to survivors is such a complex task, that it requires certain functions that are not presently available within the functions of their organizations. A medical officer raised this need for a counsellor, among other needs, to cover not just medical care but mental health too.

I think lack of facilities is one of the difficulties we face, especially when victims cannot afford the test ordered. Some of them are dropped here and they can't afford, so you are in a dilemma. Some of the investigations are free. Some of them, some of them are costly. The other challenge is transport how they arrive here at the hospital is a challenge. The other issue is how they stay is a here in the hospital challenge. The other challenge is the setting of the hospital. Government did not provide Counsellor. For us we have been advocating to government to bring in place counsellors. I think those are the major challenges. (SP,

Kiryandongo)

In most cases, SPs are not exclusively responding to GBV-related cases, and consequentially, some cases cannot be easily segregated as GBV or non-GBV cases, especially cases where children are involved.

We have extreme ends of the district, imagine, you have to have better transport to reach those extreme ends. The GBV cases are related to children so there is need to give the children support, like for example if the man has deserted the home, and the woman is left with like 7 children you have to look for food. So immediate support is needed. (SP, Kiryandongo)

SPs are expected with certain level of expertise to carry out their duties as GBV services providers. However, not all have sufficient capabilities to do so, and this can have damaging consequences in fully responding to the cases.

Among your colleagues, do you think you all have experience in handling SGBV by stranger cases?

That is what I was coming to... I think some of us also lack experience, hmmm. There are some magistrates for example, cases of defilement, the case is read and the perpetrator pleads guilty. And you find that the perpetrator is just cautioned. She is left like that, because you know a judicial official is final person. At times, some of the sentences given are not that deterrent. So, I think that tends to lack of experience or knowledge in handling such cases. (SP, Kiryandongo).

Other than the need for material supplies like medicines for health workers, and logistical tool like bicycles to the responders; the access to comprehensive training is deemed necessary. Consequentially, survivors are aware of these insufficiencies in resources leading to these low expectations in services.

C. Overlap in the support/services.

In some cases, SPs are confident of the RLs capability to resolve the issued from among themselves.

It was a case about a fight at the water point and the perpetrator assaulted a pregnant woman and tore her clothes. We handled the case and asked the perpetrator to pay for the damaged clothes of the survivor, and also went ahead to refer the matter to police, who in turn advised us to handle the matter at community/family level. So we intervened and right now, the survivor and the perpetrator are both living together in harmony. (RL, Moyo)

As described in the pathway, survivors reached out first to people from within their community such as the RLs, who provide counseling and mediation services. RLs would often have significant impact on the decision to seek outside help for the survivors. As consequence, it is possible that service delivery is prolonged.

[Do survivors seek help easily?] They do not seek help easily because they still have fear because most of the cases you first go and create awareness in the community. (SP, Adjumani)

Culturally, the survivors tend to find solutions at a family level for cases of SGBV. When this fails, that is when they seek help however late it may be. This hinders timely service delivery. (SP, Moyo)

[On difficulties handling survivors] Yes. Survivors fear to open up due to sensitivity of the cases. There is also double reporting of cases by other partners and mismanagement of information management system IMS by LWF, which brings in challenges when sharing cases of SGBV among the partners. (SP, Moyo)

D. Risks to SPs.

A women's group leader recounts how she receives threats for handling GBV survivor:

There are times when am attacked by perpetrators and local leaders and even some faith based leaders (laughter...) There are those who have promised to kill me. The difficulty of resources ... (SP, Kiryandongo)

Psychosocial trauma for SP:

...When survivors tell their story, it is painful. Like when someone tells you the pain the person goes through, it pains a lot.

[Should we say some of you experiences trauma when survivors come, they begin to tell their story, and then you lack... You talk of psychosocial that means others cannot stand in counsel...] Counselling sometime is hard because when you have pain and you start to counsel. (SP, Arua)

E. Absence of trust from survivors

The survivor's trust of RLs and SPs is fundamental to help seeking. People will seek help from those they trust; and without this trust, a case would not even exist. Their cooperation is bound by their faith that the RLs and SPs they reached out to will help them, without any fear of stigma:

[Survivors worry about fear of reprisal] I agree because some time they may think that the health workers or any other person may tell it to another person (SP, Arua)

Along with this absence of trust, the survivor's dependence on the perpetrator weakens the cooperation from the survivor. Survivors' dependence to the perpetrators, particularly in DV cases, hinders a completed help seeking process. Instead of getting justice or punishing the crime, some survivors find it better to settle/ forgive so as not to change existing status quo (including economic or household affairs).

[On number of cases that goes to court] It may not be a definite figure because it fluctuate. When I take example of domestic violence, a case needs careful handling. Even during my training, I was trained that when handling a case between a husband and wife, you have to be very careful avoid being more annoyed than the complainant. Because at one moment comes when he or she is very serious, but tomorrow he thinks around and find that he or she still needs the other partners and in most cases those issues don't go far. (SP, Arua)

There are some challenges we face, they are mainly around lack of cooperation. Some of those survivors do not want to cooperate with us throughout the process especially if they do not feel, if it is somebody else who reported the case. Or later if they feel like they want to forgive, like when there are spouses, somebody later on wants to make a U-turn [turn back], to forgive and let go and yet the process is already on, so we find it that is a challenge really. It frustrates the process. It frustrates the whole process and we cannot carry on very well. Then so some of these cases especially. The SGBV cases, it requires for legal representation. No lawyers on state briefed

Wide coverage. This people need psychosocial support like counselling but you find our work is to punish. (SP, Arua)

F. Need for sustainable support.

Help seeking and recovery is a process that transpires over time. Thus, the lack in continuity across the help-seeking process discourages both the survivors and providers.

Things of projects ending abruptly they should inform the people and the community when the project is coming its end such that the community is aware of not going abrupt and community finds they cannot access their services. (RL, Adjumani)

Issues of SGBV are real; so I expect partners that going on board to handle these case to the finish point. Because there are many cases that are left hanging, and when you evaluate at the end of the project, how many cases that have been handled successfully, it was never clear. These are some of the things that demoralise people from reporting because they are not seeing results after reporting. (SP, Adjumani)