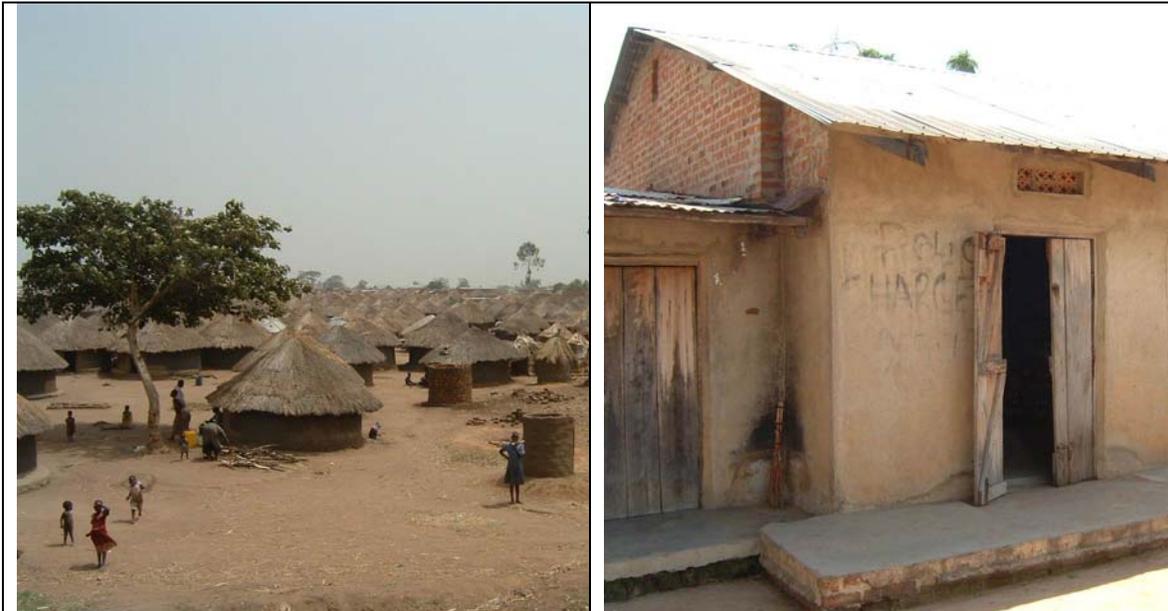


*Suffering in Silence:*  
**A Study of Sexual and Gender Based  
Violence (SGBV) In Pabbo Camp, Gulu District, Northern Uganda**



Commissioned By Gulu District Sub Working Group On SGBV  
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## **ACRONYMS.**

AIDS	Acquired Immune Deficiency Syndrome
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CPAR	Canadian Physicians for Aid and Relief.
DEVAW	Declaration on Elimination of Violence Against Women
FGD	Focus Group Discussion
FIDA	Federation of Women Lawyers
HIV	Human Immuno-deficiency Virus
ICCPR	International Convention on Civil and Political Rights
ICLA	Information, Counseling and Legal Assistance
IDP	Internally Displaced Persons
KII	Key Informant Interviews
LC	Local Councils
NGO	Non – Governmental Organization
NRC	Norwegian Refugee Council
SGBV	Sexual and Gender Based Violence
STIs	Sexually Transmitted Infections
UDHR	Universal Declaration of Human Rights
UNICEF	United Nations International Children’s Education Fund
UNDFW	United Nations Development Fund for Women
UWESO	Uganda Women’s Effort to Save Orphans
WFP	World Food Programme
UPDF	Uganda Peoples Defense Force

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## EXECUTIVE SUMMARY

The study looks at the nature, causes and effects as well as the current interventions related to SGBV in Pabbo IDP camp. The purpose of the study was to generate information to enable the Sub Committee on Sexual and Gender-Based Violence to identify needs of the people in Pabbo camp and inform future interventions. The Gulu District Sub-Committee on Sexual and Gender Based Violence (SGBV) Group chaired by the District Community Service Department and co-chaired by UNICEF<sup>2</sup>, commissioned the study. The research was conducted in Pabbo IDP camp between the 6<sup>th</sup> and 25<sup>th</sup> September 2004.

**1. Nature and forms of SGBV in Pabbo:** The three most common forms sexual and gender based violence identified in Pabbo camp, in order of reported frequency, are found to be the following:

- Rape and marital rape perpetrated by UPDF, husbands and strangers. Rape and marital rape are defined as forcing a woman into sex either by the husband or any other person. Research demonstrated that men in Pabbo do not regard marital rape as an offense.
- Child sexual abuse, defilement and incest, perpetrated by uncles, friends, teachers and soldiers. This form of violence is defined as any sexual relations / interaction with a child.
- Physical assault, perpetrated by intimate friends, soldiers, strangers and spouses. Female interviewees in the camp reported battering by their husbands, especially when drunk.

**2. Most Vulnerable Groups:** Based on the data compiled from both the Police Post and the Health Center in Pabbo, results suggests that the girls aged between 13 and 17 are most frequently reported as survivors of SGBV, followed by women aged from 19 to 36, then younger children aged from 4 to 9. Girls are found to be most vulnerable to STIs, mental, emotional and health illnesses.

- **3. The Magnitude and causes:** It is difficult to estimate the actual extent of SGBV incidences in the camp. Actual incidence of sexually inappropriate behavior in Pabbo camp is estimated to be much higher than the cases reported. The population remains silent about the occurrence of SGBV due to the resistance to recognizing the phenomenon among the population, lack of awareness or lack in confidence that cases will be handled sensitively. There is no one single cause for SGBV in the camp. Poor living conditions, expose women and girls to vulnerabilities, lack of civilian security creates a weak protective environment. These circumstances are compounded by a general lack of awareness of the issues. The research shows that triggers of SGBV in Pabbo include alcohol abuse, cultural practices like wife inheritance and poverty. Survivors of SGBV in Pabbo IDP camp have received very limited forms of socio – economic support. They lack income-generating activities and resort to transactional sex bartering as a means of income generation and survival.

**4. Constraints that impede reporting:** Survivors are perceived as being “losers”, deserving of abuse, fear stigmatization, lack of confidentiality in the handling of cases, distrust of authorities, community is ignorant of the procedures, low number of law enforcement personnel, high costs involved.

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<sup>2</sup> The views expressed remain those of the authors. They do not necessarily reflect those of the members of the Sub-Committee.

**5. Current Efforts to address the problem:** The findings also show that despite the awareness of SGBV, no specific government programmes have been put in place to address the problem, in a comprehensive fashion. Some NGO programmes have been handed over to the DDHS (eg CPAR interventions in reproductive health) or are still building DDHS capacity (eg MSF – CH).

- An awareness raising and sensitization activity has been and is being carried out in Gulu District through radio programs and information education communication (IEC). However Pabbo camp has only had limited access to the information.
- Pabbo health center is providing health services such as STI treatment, counseling and first aid to SGBV survivors. However the quality of services rendered has been affected by inadequacy of qualified personnel, lack of medical supplies as well as lack of prompt referral services.
- Although SGBV including other gender awareness activities are integrated into the district development work plans and programs, coordination on SGBV in the district is rather weak, and therefore needs to be strengthened.
- Policies towards SGBV and gender issues need strengthening within departments at district level.
- While efforts are being made to promote school attendance and education in the camp, these efforts should be increased.

**6. Community perceptions:** With regard to the community perceptions within Pabbo camp, SGBV is considered a “normal” / common phenomenon. Cases of rape and incest are however considered more serious than others, and solved using traditional purification rituals rather than through legal means. Of the 100 respondents interviewed separately, 70 people were unaware of the SGBV national legislation and procedures, while 28 people were aware of the legislation and 2 people were not sure.

**7. The effects of SGBV:** The effects of sexual and gender-based violence on survivors takes many forms. Principle effects found in Pabbo are the following:

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

between 12-17 years, due early marriages, forced marriages, and defilement. There is a high risk of transmission of HIV/AIDS and sexually transmitted infectious STIs due to forced and early marriages, extra-marital affairs and forced wife inheritance especially among the youth. There were 14 cases of STIs reported at Pabbo health center between the month of June and August amongst girls less than 18 years. Pabbo registered 49 births of girls below 18 years out of 80 births.

- **Cycle of violence** Results into suicide, for instance in one particularly alarming case of incest a young man had a sexual relations with a woman and committed suicide upon realizing that the lady in question was his mother. Hatred and attitudes of revenge arise, especially incase of rape. When a girl was raped her brother revenged upon the family by raping the boy's younger sister in return.

## I. INTRODUCTION AND BACKGROUND

Sexual and Gender Based Violence denies women (and at times men) security, the right to enjoy fundamental freedoms and forces them into subordinate positions compared to men. A district, sub county, and individuals affected in these cases cannot reach their full potential as long as women's potential to participate in their society is denied through acts of violence perpetrated against them and disrupt their lives.

Established in 1996 as one of the Government's "Protected villages" with about 30,000 individuals, Pabbo is now Gulu's most populated camps, hosting approximately 63,000 people. The Acholi tribe constitutes the majority of this population while a handful of Bantu, Langi, Congolese and Madi are also settled there due to population influx into the area. Pabbo covers a relatively flat land, only bordered by Para bongo hills. The people who camped here are mainly from the neighboring areas of Amuru, Lamogi, Patiko and Purongo. As the largest camp, Pabbo's needs are immeasurable. The relatively high number of organizations involved in Pabbo in a variety of sectors is a reflection of these needs. Pabbo was selected as a pilot camp with a view to potentially tapping into the resources of multisectoral actors. Prior to designing interventions, Gulu District Sexual and Gender based violence group found it necessary to conduct this survey to shed light on the nature of SGBV, possible causes, effects and the current interventions in place to avert the problem. This will enable the sexual and gender based violence group to develop informed interventions.

Violence against women violates many fundamental rights protected by International human rights instruments, including the right to life, right not to be subjected to torture or cruel, inhuman or degrading treatment, protected by UDHR, ICCPR, ACHAP and other conventions such as DEVAW and CEDAW.

In the Ugandan context incidences of SGBV are commonly in the press. The situation is particularly alarming in the war affected areas of Northern Uganda where rape, defilement, child molesting, forced widow inheritance and marital rape are said to be common. Uganda ratified the international bill of human rights which is codified in the 1995 constitution (chapter 4) to protect its citizens' rights. However acts of parliament have not been translated into practical laws to curb the incidents of SGBV. For example domestic violence and marital rape are reflected in the constitution as unacceptable violent acts but no practical laws are in place to prosecute offenders. Even where the laws are applicable, the survivors or communities are reluctant to seek legal redress, either because of ignorance about legal procedures to report cases or cultural norms and traditional practices that regard such practices as normal.

### **Recognised Forms of Sexual and Gender-Based Violence<sup>3</sup>**

SGBV, especially against women is increasingly documented in IDP camps, yet still remains a silent affliction. SGBV in this review will refer to violence, sexual or otherwise, that plays on gender norms and gender exclusions to break people down physically, emotionally, psychologically or financially. Although it is women who are often the victims of SGBV, both women and men may be victims and subject to rape, defilement, damage to physical, emotional and psychological health; disruption of lives, and loss of self confidence and esteem. such as punching, choking, threatening not to give finances, forced sex, unwanted advances, denial of financial assistance, repeated verbal abuse and insult can lead

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<sup>3</sup> Source: Sexual and Gender Based Violence against Refugees, Returnees and Internally Displaced Persons: Guidelines for Prevention and Response, UNHCR, May 2003.

to anything from bruising to killing, loss of confidence, STIs, unwanted pregnancies and early motherhood.

The following table describes some of the more common forms of sexual and gender based violence. The list is neither exhaustive nor exclusive. It is a practical tool developed primarily in refugee contexts that can be applied to any context to help identify the different forms of sexual and gender based violence that exist. Acts of sexual and gender-based violence have been grouped into five categories:

- Sexual violence
- Physical violence
- Emotional and psychological violence
- Harmful traditional practices
- Socio-economic violence

<b>Sexual Violence</b>		
<b>Type of act</b>	<b>Description/Examples</b>	<b>Perpetrated by</b>
<b>Rape and marital rape</b>	The invasion of any part of the body of the victim or of the perpetrator with a sexual organ, or of the anal or genital opening of the victim with any object or any other part of the body by force, threat of force, coercion, taking advantage of a coercive environment, or against a person incapable of giving genuine consent (International Criminal Court)	Any person in a position of power, authority and control, including husband, intimate partner or caregiver.
<b>Child sexual Abuse, defilement and Incest</b>	Any act where a child is used for sexual gratification. Any sexual relations/ interaction with a child	Someone the child trusts, including parent, sibling extended family member, friend or stranger, teacher, elder, leader or any other caregiver, anyone in a position of power, authority and control over a child
<b>Forced sodomy/anal rape</b>	Forced/coerced anal intercourse, usually male-to-male or male-to-female.	Any person in a position of power, authority and control.
<b>Attempted rape Or attempted Forced Sodomy/anal rape</b>	Attempted forced/coerced intercourse; no penetration	Any person in a position of power, authority and control.
<b>Sexual abuse</b>	Actual or threatened physical intrusion of a sexual nature, including inappropriate touching, by force or under unequal or coercive conditions.	Any person in a position of power, authority and control, family/community members, co-workers, including Supervisors, strangers.
<b>Sexual exploitation</b>	Any abuse of a position of vulnerability, different power, or trust for sexual purposes; this includes profiting momentarily, socially or politically from the sexual exploitation of another (ASC); sexual	Anyone in a position of power, influence, control, including humanitarian aid workers, soldiers/officials at checkpoints,

	exploitation is one of the purposes of trafficking in persons (performing in a sexual manner, forced undressing and/or nakedness, coerced marriage, forced childbearing, engagement in pornography or prostitution, sexual extortion for the granting of goods, services, assistance benefits, sexual slavery)	teachers, smugglers, trafficking networks.
<b>Forced prostitution (also Referred to As sexual Exploitation)</b>	Forced/coerced sex trade in exchange for material resources, services and assistance, usually targeting highly vulnerable women or girls unable to meet basic human needs for themselves and/or their children.	Any person in a privileged position, in possession of money or control of material resources and services, perceived as powerful, humanitarian aid workers.
<b>Sexual harassment</b>	Any unwelcome, usually repeated and unreciprocated sexual advance, unsolicited sexual attention, demand for sexual access or favours, sexual innuendo or other verbal or physical conduct of a sexual nature, display of pornographic material, when it interferes with work, is made a condition of employment or creates an intimidating, hostile or offensive work environment.	Employers, supervisors or colleagues, any person in a position of power, authority, or control.
<b>Sexual violence is a weapon of war and torture</b>	Crimes against humanity of a sexual nature, including rape, sexual slavery, forced abortion or sterilisation or any other forms to prevent birth, forced pregnancy, forced delivery, and forced child rearing, among others. Sexual violence as a form of torture is defined as any act or threat of a sexual nature by which severe mental or physical pain or suffering is caused to obtain information, confession or punishment from the victim or third person, intimidate her or a third person or to destroy, in which or in part, a national ethnic, racial or religious group.	Often committed, sanctioned and ordered by military, police, armed groups or other parties in conflict.
<b>Physical Violence:</b>		
<b>Physical assault</b>	Beating, punching, kicking, biting, burning, maiming or killing, with or without weapons, often used in combination with other forms of sexual and gender-based violence.	Spouse, intimate partner, family member, friend, acquaintance, stranger, anyone in position of power, members of parties to a conflict.
<b>Trafficking slavery</b>	Selling and/or trading in human beings for forced sexual activities, forced labour or services, slavery or practices similar to slavery, servitude or removal of organs.	Any person in a position of power or control.
<b>Emotional and Psychological Violence:</b>		
<b>Abuse/Humiliation</b>	Non-sexual verbal abuse that is insulting, degrading, demeaning; compelling the victim/survivor to engage in humiliating acts, whether in public or private; denying basic expenses for family survival.	Anyone in a position of power and control; often perpetrated by spouses, intimate partners or family members in a position of authority.
<b>Confinement</b>	Isolating a person from friends/family, restricting movements, deprivation of liberty or obstruction. restriction of the right to free movement.	Anyone in a position of power and control; often perpetrated by spouses, intimate partners or family members in a position of authority.

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

These same categories have been used in the research to identify forms of abuse taking place in Pabbo camp.

## **II OBJECTIVES AND METHODOLOGY**

### **2.1 Objectives**

The survey focuses particularly on women, children, adolescents, local leaders, legal authorities within the camp, schools and health centers. Objectives were the following:

- To assess the nature and extent of SGBV in Pabbo camp
- To determine the most vulnerable group of people to SGBV and how they are affected.
- To find out causes and major constraints that impede the reporting of SGBV cases and the current efforts to address the problems.
- To assess community perception of SGBV and identify possible intervention mechanisms to reduce or prevent SGBV.

The survey was conducted in Pabbo IDP camp over 10 days. In addition, at the district level, several questionnaires and interviews were conducted with many NGOs to determine whether they are aware of the existence of SGBV in Pabbo IDP camp and determine which, if any, projects or programmes are operating outside Pabbo to address SGBV in any part of the district not only Pabbo IDP camp.

### **2.2 Methodology**

The study was conducted in Pabbo camp, using both qualitative and quantitative methods of data collection. The population interviewed on Sexual and Gender based violence included women leaders, camps and zone leaders, adolescents, child mothers, local council administrators, primary and secondary schools students as well as the Police and medical personnel. Techniques used to collect data from the field included focused group discussions, one on one interviews.

A total of 100 respondents were interviewed selected from the 7 zones. Review and analysis of health services data, obtained from Pabbo health center and Pabbo mission health center, and records from Pabbo Police Post were undertaken. In-depth interviews were held with 10 Key Informants, comprising of 2 health personnel, 2 senior women teachers, 2 police constables, 4 zone leaders and forms were filled by some Non Governmental Organization personnel. A total of 8 focus group discussions [FGD] were conducted, comprised of 2 women groups [women leaders and child mothers], 1 teachers group [both male and female]. Four adolescent groups from primary and secondary schools with the different sexes, grouped separately and 1 group of local council leaders.

**Composition of Focus Group Discussions: Table 1**

<b>Group</b>	<b>Group size</b>
▪ Women leader	10
▪ Pabbo S.S. girls & Boys	20
▪ L.C.I 's	15
▪ Primary School Teachers	15
▪ Adolescent boys and girls	20
▪ Child mothers	20
Total	100

**Interviews: Table 2**

<b>Personnel</b>	<b>Designation</b>	<b>No</b>
▪ Police post at Pabbo	Constable	2
▪ CPS Gulu Facpu	Family & Child Protection Unit	1
▪ O. Crime	O.C Unit	1
▪ Zone Leaders	Pabbo	4
▪ Health record assistant	Pabbo health Unit	1
▪ Medical Assistant	Pabbo health Unit	1
<b>Total</b>		<b>10</b>

**Key informants**

- Health personnel 1
- Senior woman teacher Agole primary school
- Police records 2
- L.C.III and Sub county chief office 4

**III RESEARCH FINDINGS**

**3.1 Nature and Forms Of SGBV In Pabbo Camp**

While it can be stated that women are the usual victims of SGBV in Pabbo camp and the men are the usual perpetrators, it remains unclear which men and women are likely to be involved. Interviewees indicated that the most common forms of SGBV in Pabbo camp are abuses by male partners, yet it's often dismissed as a family affair rather than a criminal offence.

Current methods of estimating the number of women who are assaulted do not reflect the occurrence of violence. The statistics are based on reported incidents of abuse obtained, from police, hospital records, LCs, Camp leaders. These show that SGBV does exist in Pabbo camp, but they are known to under present the problem. Survivors are often reluctant to report that they have been violated because they feel ashamed; they may be afraid of the consequences or have a sense of "family loyalty". Research

carried out has shown that of the identified forms of sexual violence earlier identified, the following are found in Pabbo camp:

<b>A. SEXUAL VIOLENCE</b>			
<i>Type of act</i>	<i>Description/Examples</i>	<i>Perpetrated by</i>	<i>Most Prevalent</i>
Rape and marital rape	Forcing a woman into sex either by the husband or any other person. Men in Pabbo do not regard marital rape as a form of violence.	Soldiers (UPDF), husbands, strangers	1
Child sexual abuse, defilement and incest	Any sexual relations/interaction with a child. A Primary five girl was defiled by a soldier. The case was addressed to the witchdoctor instead of the police or LCs.	Uncles, friends, teachers, soldiers	3
Sexual abuse	According to the women, this occurs mainly in the camp by husbands and by soldiers when they go out of the camps for firewood or to the gardens.	Community members, strangers, leaders, soldiers, Spouses.	7
<b>B. PHYSICAL VIOLENCE</b>			
Physical assault	Some female interviewees in the camp complained of battering by their husbands, especially when drunk.	Intimate friends, soldiers, strangers, spouses	2
<b>C. EMOTIONAL AND PSYCHOLOGICAL VIOLENCE</b>			
Abuse/Humiliation	Verbal abuses, not necessarily sexual. That is degrading, demeaning and insulting. E.g., Public verbal abuse by the husband is common.	Leaders, Spouses, Family members, Elders	4
Emotional	Extra-marital affairs. E.g. when a husband visits concubines ( <i>malayas</i> ).	Spouses	10
<b>D. HARMFUL TRADITIONAL PRACTICES</b>			
Early marriages	Arranged marriage under the age of 18yrs. In Pabbo, girls constitute most victims. This means defilement is a common.	Parents, community members	5
Forced marriages	A parent forced the daughter to marry a trader in exchange for money.	Parents, Family members	6
Wife inheritance	Forcing a man to marry the wife of the deceased brother. To bear the fruits of the bride price that was paid for the woman. It is not a common practice within the camp.	Community and family members	11
<b>E. SOCIO-ECONOMIC VIOLENCE</b>			
Discrimination and/or	Exclusion, denial of access to	Spouse, other family	8

denial of opportunities, services	property, education, health assistance and cultural rights. Especially when the bride price has been paid.	members and the community	
Obstructive legislative practices	Receiving bribes by camp leaders, police and LCs. This is why others choose to direct their problems to traditional healers.	Community members, leaders	9

**Table 4; Gulu Central Police Station statistics on reported SGBV cases in 2004.**

Nature of offences	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Total
Rape	1	1	2	-	-	2	1	1	8
Defilement	12	8	13	8	10	19	19	6	95
Agg Assault	4	5	7	2	5	3	6	10	43
Assault	9	12	27	17	19	52	95	81	312
Drug offence	3	2	2	1	4	4	-	2	19
<b>Total.</b>									<b>469</b>

*Source: Gulu Central Police Station*

**Table 5: Pabbo Police Station and Pabbo Health Center records of SGBV cases.**

Nature of cases	Ages	May – July 2003	April—Aug 2004
Rape			5
Defilement	12 – 17 years	52	78
Assault		27	221
Trauma-domestic violence		81	78

*Source: Pabbo Police Post*

## BACKGROUND SOCIO DEMOGRAPHIC CHARACTERISTIC

*Table 6. Domestic assault Survivors*

Age group in years	No of Cases reported
0-19	25
19-35	140
36-60	54
<b>Total</b>	<b>219</b>

*Source: Pabbo Health Center*

### 3.2 Most Vulnerable Groups

Women and girls in Pabbo camp are at a greater risk of SGBV than men. This may come from members of the tribe or different tribes within the camp or from members of the local population. Perpetrators attack women particularly as they have to walk far from their homes in search of firewood or water or from the fields on the outskirts of the camp. Example, A woman from zone F was sexually assaulted when in the field by a man disguised as a rebel only to find out later that he was a member of the local community of Pabbo camp.

Attack also comes from soldiers whose task is to protect camp residents, as they demand for sex from women and girls in exchange for food, shelter, protection, etc. However certain groups in Pabbo camp are particularly more vulnerable to SGBV. A response of interviewee suggests that the following are the most vulnerable to SGBV:

- Women who are alone and lone female heads of households.
- Younger women and girls who may be specifically selected for rape or defilement, is seen as not infected with HIV.
- The elderly and infirm, the physically and mentally disabled;
- Unaccompanied children, boys, girls and children in foster care arrangements.
- Women and girls who are under authority of head of household willing to barter women or young girls for food, money and other benefits.
- To some extent adult males, adolescent and young boys. This most times occurs as an act of domination by a superior figure, e.g. Teacher, uncle, aunty, etc. Adolescent boys are more vulnerable to SGBV in these circumstances.

### 3.3 The Magnitude

Due to other factors the actual extent of SGBV in Pabbo camp may never be accurately known, but it is clear from the research that SGBV is part of the daily life and interactions in Pabbo IDP camp. The focused group discussions suggest that everyday at least one neighbor, family friend, or even a family member, is known to survive such violence daily. Every day in Pabbo, at least one case of SGBV is heard of in Local Council Court. This suggests that SGBV is a common occurrence in this camp, placing vulnerable groups at great risk.

The research revealed that 6 out of 10 women in Pabbo camp are physically and sexually assaulted, threatened and humiliated by men in whom they enjoy the greatest trust. (Refer to Table 4). Most men do this under the influence of alcohol.

An interviewee her in early 20s couldn't hide her feelings and lamented, '*Cwara goya nino ducu, tek ka en omato kongo*', meaning that 'my husband beats me daily when he is drunk'. Other women also expressed similar views.

According to an elderly woman, women and girls in Pabbo camp are sexually abused because they don't have enough security and protection. For instance, most of the women and girls move far distances outside the camp to work in their fields as well as collecting firewood and at times come back late. The women are at risk of rape and other sexual abuses from bandits, soldiers and the rebels who demand for sex in exchange for safety. Another young woman supported by saying, '*Mekaka goyo an ma I to, twoka wawinye awinya, kun bene enoni tye kwo majwi*'. It means that, 'instead of beating me to death its better to give in, after all its part of normal life'. Such expressions indicate that rape is common in Pabbo camp, almost expected..

It was generally agreed by the interviewees that socio cultural practices increase SGBV incidences in the camp. Some outstanding practices and beliefs cited included the following:

- Women don't have the right to refuse sex to their husbands.
- *'Kwero rudi'*. It literally means 'celebrating twins'. In this ceremony, the mother of the twins is forced to dance naked at night in front of the elders.
- *'Kwero dako ki cware'*. This is a traditional practice that entails the woman to have sex with her dead husband. It's a way of saying farewell to the man. A few traditional fanatics practice it however it's not common within the camp.
- *'Tweyo ceno'*. This refers to booking a young girl for marriage by putting a bangle on her hands. This is also not common but does exist in the camp.

Forcing a woman into sex immediately after giving birth. The LC 1 of one narrated a touching example from his neighborhood. According to him, the husband insisted on having sex two days after birth. The woman took refuge with her in-laws. When a reconciliation meeting was convened, an elder said, *'Hey anyaka, lim pud ki tero atera doo. Wek wodwa ocam dek'* meaning 'common young girl, the bride price has been delivered just recently, let our son eat food'. Such a statement alone denotes that a high magnitude of SGBV in Pabbo camp.

Like women, some men in the camp also experience humiliation and sense of confusion about their sexuality. In addition, they are discouraged from talking about their emotions. It should be noted that the reported cases of sexual violence against men in the camp are perhaps also underestimated.

### 3.4 Major causes of SGBV

There is no single, simple explanation for SGBV in Pabbo camp although a number of causes have been identified from the research findings. Changes to social and cultural norms over time as a result of displacement have created fertile ground for exploitation and violence. Idleness, redundancy and unemployment among the people especially the youth in Pabbo camp coupled with high level of frustration and boredom are believed to expose women and girls to vulnerable situations. With these changes, programs that promote women's development in Pabbo camp have been said to arouse suppressed or overt hostility from men. The main expression of this hostility is through increased violence against women. In Acholi culture, where men's identity and pride were based largely on their roles as warriors and protectors, young men no longer have outlets for their sexual aggressions, which were available to them during traditional times. These included warfare, long initiation rituals, formal preparations for manhood, arduous hunting trips, regular courting rituals. These are to be replaced by sexually stimulating and or violent material and to seek an out let through sexual violence, thus a cause of sexual and gender based violence. Additional specific threats have been identified. These include:

- Difficult living conditions in Pabbo camp. There's generally a low standard of living and high levels of poverty in the camp. As a result most people depend on relief food and can't afford to access other necessities like clothes, soap, and medical care. This results in young girls using sex to barter for these items. People can't carry out any serious farming activities, from which they could earn money to supplement their budgets; the high population makes the relief by WFP inadequate to meet all the needs of the people, which results into parents forcing their young girls into marriage so as to get men who can provide for them and their families.
- Ignorance and lack of understanding of the rights, roles and duties of women, children and men in Pabbo camp, plus ignorance on the concepts on gender, which results in their violation and thus SGBV in the Pabbo IDP camp.
- Camp leaders noted with significant concern that "provocative dressing" especially among the female youth's compounds the problem of SGBV in Pabbo camp.
- Lack of understanding between the husbands and wives as a result of lack of communication and coordination of ideas and plans plus the promotion of women's rights and equality, has left the men insecure and looking for other ways to reassert themselves. One main way is through sexual violence against their wives.
- The influence of mass media, for instance pornographic literature and magazines with illicit pictures, movies [blue movies] have had a great impact on the sexuality of the youth in Pabbo camp. In that because the youth are constantly idle and the movies are relatively cheap and easily accessible, they over indulge in this and the only outlet of this sexual stimulation is through sexual assault/violence
- Night discos and *Agumah* is acts, as a ground for the youth to indulge in illicit sexual acts likes fornication, defilement, while under the influence of alcohol and drugs like marijuana. Since they are not under the supervision of any elders.
- Over congestion in Pabbo camp. The camp boasts a population of over 63,000 individuals in a limited area of 35 Kms, this results into limited accommodation and lack of privacy, which brings about exposure of sexual activities to those who need not know about the practice as yet e.g.

Children, the adolescents who'll also want to go out and practice it and thus compounding the problem of SGBV further.

- Drunkenness and over indulgence in Alcohol.

Table below provides an analysis of the links to be made between the situation of displacement (the specific “drivers”) and the dynamics which lead to exposure to violence and exploitation.

<b>Drivers</b>	<b>Maintainers</b>	<b>Likely effect and research Question</b>
Insecurity	Displacement and encampment	<b>Congestion</b> :-incest, rape in HH; Children are witnesses to sexual practice, <b>Restricted livelihood</b> : and limited access to opportunities – use sex to get goods and support family. <b>Breakdown of family and social structure</b> : promiscuity of women and youth as well as wife inheritance is merely about sex.
	Presence of soldiers	<b>Camp followers</b> : women/girls have sex with soldiers as providers and relations with IDPs as well; soldier relations often short so multiple relations. Soldiers rape women when out of camp looking for food, water or firewood.
Restricted livelihood opportunities	Idleness	<b>High alcohol consumption</b> -promiscuity, infidelity, defilement, rape in and out of marriage. <i>Sex as entertainment</i> - nothing else to do to fill time.
	Inverted power relations.	<b>Women</b> chief providers and heads of families,
	Food insecurity.	<b>Forage</b> - danger of rape outside camp. <b>Bartering of sex</b> for food from IDPs or soldiers. <b>Encouragement</b> of young girls to get a man that can provide for them and their families; less mouths to feed.
	Lack of money	<b>Barter sex</b> – young girls barter sex for soap, Vaseline, some small money, food
Limited services (health care, SGBV information)	Limited and inaccessible use of health care (2 Health Units for over 60,000 people)	<b>Infrequent use of services.</b> Limited diagnosis and treatment of SGBV, Assault and STIs
Culture of silence	Culture of the Acholi – rape and defilement are not common normally and such not spoken about or reported	<b>Shame</b> Problem of rape and defilement is frequently hidden and solved traditionally.
	Fear of bringing shame and disharmony on HH and concerned families.	SGBV – marital rape continues in marriage

### 3.5 Constraints Within Pabbo Camp That Impede The Reporting Of Cases Of Sgbv

The research identified the following reasons provided to explain why survivors of sexual violence do not report the incidences:

- There is an overwhelming distrust of the authorities and the police by the local community who are conservative and prefer to settle the cases of SGBV themselves, like defilement, rape without the involvement of the police or local authorities. This distrust is as a result of the level of corruption and nepotism associated with the police and local authorities. For example, a woman whose daughter was raped chose to visit a traditional healer instead of reporting the case to the LCs. When asked, she answered, The LC *koni obi mito leb kalam, twoka ajwaka ma olo cangu two*. Meaning that the LC will want bribes, its better for the witchdoctor to finish it up.
- Fear of stigmatization impedes the report of SGBV cases. There is a strong tendency among the women of Pabbo to deny that one is ‘a survivor’ of SGBV, because the survivors are often perceived as being “losers”, are thought somehow to be deserving of the abuse or to have encourage it somehow or particularly in cases of defilement, wife inheritance, wife battery, polygamy, marital rape, are not seen as being really severe or damaging. Thus.
- Harsh investigations of SGBV cases cause further psychological and sometimes even social injuries to the victims. Court negotiations last a number of months during which the victims name and all of the details of her personal life is made public, causing her repeated social damage, so to avoid this lack of confidentiality, the victims don’t report the cases.
- The ‘blurred boundary’ between what is recognized and defined as SGBV and what used to be considered simply normal interaction between men and women tempers the reaction of many women and constraints the reporting of cases of SGBV in Pabbo camp: e.g. defilement, wife inheritance are not considered as SGBV cases, because they are culturally acceptable. Women hesitate to identify sexually harassing behavior as inappropriate. For example, women may consider pushes, slaps unwanted touches, and sexual remarks about body parts to be insignificant and fail to mention or report them.
- The community is unaware and ignorant of the SGBV policies and the procedure to follow when reporting the offences. Of the 100 respondents, 70 people were unaware of the SGBV policies and procedures of reporting cases in the camp, while 28 people were aware of the policies and 2 people were somewhat aware [local leaders were more significantly aware of SGBV policies and procedures than the local people]. All in all while about 75% were at least somewhat aware that their community had SGBV cases, many were insufficiently familiar with specific procedures to follow in handling or reporting the cases.
- The low number of police and law enforcement personnel in Pabbo camp. For instance, there’re only 6 policemen in Pabbo camp; which has a population of over 63,000 individuals.
- The victims or the community is discouraged from reporting to the police or LC court because of the costs involved. For instance due to lack of resources, the police demands a fee of 30,000Shs to transport the perpetrators from Pabbo to Gulu town [Central Police Station], and the LC court s demand anon refundable fee of 5,000 for ones case to be heard. But because of the levels of poverty in the camp the cases are thus not reported and are instead solved traditionally through some cleansing rituals.

- The police in Pabbo don't have a women's desk to help in specific gender roles; in that the issue of SGBV is very sensitive and thus victims or those who have been assaulted may feel more comfortable talking to a female officer than a male; but because there are only male officers, the victims are thus discouraged from reporting SGBV cases.
- Besides that the police are not trained and are thus unaware of how to handle SGBV issues and what roles they are supposed to play in such cases, which greatly impede the reporting of SGBV cases, as they are not competent and well equipped to deal with such issues.
- Even if the victim wins the trial and the offender is sent to jail, she will still fear that after his release he will attempt to revenge himself or his friends upon her for having him convicted; thus fear of revenge impedes the reporting of SGBV cases.
- The local leaders are ignorant of their roles and duties in the community and of laws and policies on SGBV.

There's significant relationship between awareness of SGBV policies and the tendency to report incidents. Those unaware of the policy are less likely to report incidents as might be expected. Thus while general awareness is quite high, suggesting little effect on the gap between incidents and the reporting, it appears that reporting rates could be increased through continued awareness campaigns

### **3.6 Current Efforts to Address The Problem**

Even though various provisions in the laws of Uganda protect women, girls and children while various groups are trying to liberate women from all forms of violence, SGBV has not yet changed in this particular community of Pabbo. In many parts of this camp where such violence occurs, the event is resolved as a trivial family affair. This report aims to highlight specific characteristics of the problem in order to better respond.

However the survey findings reveal that in Pabbo camp, despite the fact that the locals know about SGBV, no specific government programmes or NGO have come up to address the problem of SGBV.

**Security and health:** Though institutions like the police have been established, they basically concern themselves with maintaining law and order. Infact with reference to cases of defilement and rape, they're only referral services to the district police station in Gulu. Its significant here to note that Pabbo IDP camp has a total population of 63000 with only 6 policemen who cannot offer effective service to those in need. Pabbo has only 2 health centers. These health centers provide services of a general nature. Sometimes however, raped women and defiled children get medical treatment from these centers and the police also request for medical examination for purposes of evidence. CPAR under the department of reproductive health is implementing a programme in Pabbo training community reproductive health workers and Traditional Birth attendants trained by the DDHS. CPAR has also established an action committee in Pabbo (as well as in 10 other camps) with 9 trained committee members specifically mandated to handle SGBV cases. Other Camps covered include Koch goma, Koch ongako, Lakwana, Pagak, Para bongo, Awer, Bobbi, Unyama. In conjunction with Local Government, Gender department CPAR has carried out radio sensitization about SGBV at once every week. This radio talk show cited the nature and extends of the problem, vulnerable situation and groups, causes and effects and possible solutions or preventive measures.

In addition CPAR has organized workshops for Camp leaders like community health workers, Local Councilors and administrators as well as teachers to sensitize them on the major forms of SGBV, causes, effects and intervention mechanisms to empower the community to take action against sexual and gender based violence.

**Education:** Some education programmes have included teacher training on HIV awareness, including child rights and gender based violence.

**Referral information:** Currently Caritas, Legal Aid Project, Human rights Focus in conjunction with NRC/ICLA and Human rights focus have trained 120 paralegals trained in SGBV awareness. They provide referral information but are not mandated to carry out community awareness programmes that would suit large scale incidences of SGBV in Pabbo camp. Ten of these are posted in Pabbo. The Justice and Peace Commission also have 45 paralegals.

### 3.7 Community Perceptions Of SGBV

The survey findings reveal that the local community of Pabbo camp is ignorant on issues concerning Sexual and Gender Based Violence. They don't know the procedures to follow when reporting cases of SGBV. Thus SGBV has become a normal phenomenon in the camp.

- Pabbo perceives defilement to be of girls below 18 years and enrolled in school, but to girls below 18 and not in school it's very normal and not defilement. Basing on the fact that poverty is high in the camps, parents of these defilement victims prefer to solve the case traditionally from home and get some money, instead of reporting to the police for legal measures to be taken. Perceptions:
- The community regards rape as an abomination that needs traditional rituals to purify and cleanse the rape victim. The survivors can't report cases because it's regarded as a disgrace to the family and community. Other abominable cases include defilement, child molestation and marital rape. Few of these cases are reported to the police/local leaders especially if it involves soldiers because most of them are strangers and do not understand their traditional ways or where the parents fail to agree on the amount to be paid as compensation or as a fine.
- The community believes that men are the controllers/owners of resources that is culturally normal. In the family, the husband decides on how, when and where to use or not to use a particular resource regardless of the woman's consent. Equally, he does the same to determine when, where and how sex should be conducted. This means the case of marital rape is not recognised. Cases of marital rape and divorce are often dismissed as a 'family affair'. Women don't have any right to own/inherit property for they themselves are also a man's property.
- Generally, Acholi as a culture and especially Pabbo community cherish virginity at marriage and they deem early marriages for the girl child fit and normal.
- Forced marriages are a common phenomenon due to poverty and insecurity in the camps. This is mainly due to the perception that girls of adolescent age can marry and reduce 'the mouths to feed' in the household and other responsibilities. The girls are also a source of income due to dowry and other gifts in marriage.
- Due to the culture of patriarchy in Pabbo, the man has the right to marry any number of women he wants, and can practice extra marital affairs at will. Example, an indigenous of Pabbo noted that

he had 6 wives and 27 children. Even then he still has other concubines. And other men with 2-3 wives were common.

- Pressure from parents and the community at large especially on the girl child *e.g. why are you still in school yet you already have big breasts, you're useless and liability to the family*'. Due to such statements, girls are discouraged from continuing school and encouraged into entering early marriages and motherhood.
- The parents don't have the parental control over their children as it was in the past. Therefore it's difficult for them to help curb down the rate of fornication among adolescents. Fornication in Acholi culture was an abomination that was penalized by death, but due to congestion in the camp, lack of parental guidance and idleness among the youth, fornication is almost normal.
- The community /parents in Pabbo don't usually discuss/talk about sex with their children, primarily because sex is a secret according to culture. Thus the children find their own ways/sources of learning about sex. This increases the rate of fornication, as they are inquisitive and eventually learn to practice it.
- Forced widow inheritance according to culture is perceived as a normal practice and a woman has no stay over it.

### 3.8 The Effects Of SGBV

The effect of sexual and gender-based violence on survivors takes many forms:

#### **Emotional and mental health:**

- Abused women suffer from health and psychological problems. They have significantly higher levels of anxiety, depression and psycho-semantic complaints than women who have not suffered such abuse do. They may often be paralyzed by the terror and under stress from ever-present threats of attack., emotional trauma especially as a result of wife battery, rape, defilement, Extra-martial affairs, incest etc.
- Defilement, child molesting, mothers battery etc retards the emotional development of the woman and child:
- There is stigmatization of victims or persons who have experienced SGBV in the community, which results into the person's loss of confidences, isolation from the community plus lack of increased lack of reported incidents. This leads to the girl child dropping out of school due to the stigmatization and thus low level of education and low attendance of the girl child at Pabbo camp *e.g. in Agole primary school, at the lower levels of primary, there are usually more girls than the boys, but the number of girls goes on dropping due to verbal abuse by the boys, their parents etc, for this year there are only 20 girls to 76 boys in P.7. as seen below.*
- Loss of respect and poor image of the victim and her family as a result of SGBV like rape.

### **Physical health:**

- Violence leads to physical injuries ranging from bruising to death a result of assault, for instance wounds, damage to sexual organs etc it may eventually lead to death either as a result of injuries or disease contracted.
- Miscarriages and abortion especially among young girls; it was discovered that there were 18 cases of abortion handled by the health center in Pabbo IDP camp, between the month of April and August amongst the youth of between 12-17 years, due early marriages, forced marriages, defilement etc.
- High risks and transmission of HIV\AIDS and sexually transmitted infectious STIs due to forced and early marriages, extra-marital affairs and forced wife inheritance especially among the youth and girl child. There were 14 cases of STI reported at Pabbo health center between the month of June and August amongst girls less than 18 years. Pabbo registered 49 births of girls below 18 years out of 80 births.

Early and unwanted pregnancies among adolescents as a result of defilement, early and forced marriages, which puts girls' lives in danger as their bodies are not fully grown to cope with such development. The great number of child mothers in Pabbo camp evidences this.

### **Cycle of violence**

- Results into suicide, for instance in case of incest e.g. *in Pabbo camp, a young man had a sexual relationship with a lady and committed suicide upon realizing that the lady in question was his mother*
- Hatred and attitude of revenge especially in case of rape e.g. *when a girl was raped her brother revenged upon the family by raping the boy's younger sister in turn.*

### **Exclusion and Discrimination:**

- Beyond the enormous personal cost associated with SGBV, are the social and economic costs of the individual plus the family, social isolation and the temporary or chronic economic and psychological dependence of family members on welfare systems.
- Low literacy level also results into low female adult literacy rates and inequalities in the division of labour and women employment in work that reflects their traditional reproductive roles and thus prone to unemployment. Of the 20 child mothers interviewed separately, 5 had not attended primary school, 15 had attained at least primary level education.
- The adverse consequences of violence in the family are not confined to the victim of abuse only the abuser himself may suffer the consequence of his behavior, as he may be imprisoned, stigmatization in the community, though those associated with the armed forces are less likely to experience such a backlash.

**Table 3: SCHOOL ATTENDANCE IN AGOLE PRIMARY SCHOOL FOR YEAR 2004**

CLASS	SEX		TOTAL
	<i>male</i>	Female	
	178	146	324
P.1	102	101	203
P.2	99	98	197
P.3	106	94	200
P.4	126	115	241
P.5	150	66	216
P.6	76	21	97
P.7			
TOTAL	837	641	1478

*Source. Agole Primary school-Pabbo*

## **IV DISCUSSION AND RECOMMENDATIONS**

### **4.1 Discussion**

Literature cited in this study about SGBV in Pabbo IDP Camp indicate that despite a countrywide decline in the prevalence of SGBV, rates are rising at an alarming rate in northern Uganda, more especially in the IDP Camps. Though exact figures are not readily available there is evidence from the study that girls and women are at increased risk of SGBV relative to men.

The study findings demonstrate that armed conflict is a major factor that enhances contextual and behavioral risks exposing the women, men and children to SGBV. Closely related to the prolonged war is acute poverty manifested especially in context of food security and poor health: persistent insecurity of person and property: displacement and congestion in squalid disease ridden camps; moral decay and SGBV especially defilement, rape, forced marriages and prostitution, assault, early marriages.

The harrowing experience of SGBV and assault victims, the pathetic situation of people in Pabbo IDP Camp and the information from FGDs, Key Informants and other stake holders strongly indicates that vulnerability to SGBV is closely linked to gender whereby girls and women are most vulnerable, easily forced into marriage with men who are not of their choice, lured into sex for survival in the camp and above all lacking the power to negotiate for safe sex

The attempt by Government to concentrate civilians in IDP camps to protect and care for them easily has had a counterproductive effect. The over crowded, squalid, and disease infested do not only lack privacy and security but also hubs. Alcoholism and drug abuse are common occurrences among the youths. . Access to and control of basic necessities especially relief food items emerged as bait frequently used to entice young girls and women into survival sex.

The study findings also show that the prolonged war has severely disrupted the functionality of families especially as units of fostering the psychosocial and moral growth of children. This has led to parents sharing their sleeping accommodation with their children without any means of privacy, which exposes the children to early awareness of sexuality and thus to higher risks of SGBV.

The study also ascertained the deplorable situation of SGBV preventive services in Pabbo Camp. Organized community care services are not only missing but even sensitization and mobilization of people appear to be at rudimentary level.

Its further evident from the study that despite the knowledge among stake holders including government, international organizations and NGOs, of the problem of SGBV in the IDP camps that there is insufficient work on ground to counteract this situation.

### **4.2 Recommendations**

Interventions should be devised while paying attention to the reasons reported for not disclosing / reporting incidences.

**To service providers:**

- Institutions which receive complaints and reports of SGBV (community leaders and the law enforcement officers) must be properly, extensively and repeatedly trained covering wide range of issues on SGBV by the Gender Department in partnership with UNICEF
- Handling of complaints and offences effectively must become part of the evaluation process for Local Leaders. This can be done through facilitation and availing the local leaders with the necessary logistics to enhance and further motivate them execute their duties in their respective areas by relevant organisations. Facilitation can be through provision of bicycles to ease transport, stationary, pamphlets and brochures on SGBV should be provided to LCs, Women Leaders, police camp leaders, health personnel etc.
- A women's desk should be created at the Police, health center, and local councils and at the community level handle cases of SGBV
- Counseling services be strengthened to victims and their family members. Counseling services should be carried out at individual, family, and community level. Family and community counseling will improve acceptability and integration of victims within their respective families and societies.
- Health units play key roles in health emergency management, thus their operations should be strengthened by recruiting more qualified staff, and available personnel be trained in emergency care of SGBV cases.
- Girls are the most vulnerable group of SGBV, owing to their development needs as well as their health, educational, and socio-economic needs. Therefore they should be specifically targeted for assistance. Assistance should be channeled to their families towards their health, social needs and welfare. For example they should be assisted to attend school and scholastic materials for formal education; while those out of school be given vocational training.

**Coordination:**

- There should be periodic coordination between agencies working on SGBV to review, (assess, monitor, evaluate and follow up on the handling of reported cases of SGBV. . All agencies should be involved: e.g.: paralegals trained by the concerned and medical personnel, schools and appropriate community representatives. This should be done on a confidential basis.

**Community sensitization and participation:**

- A committee that's concerned with issues of sexual and gender based violence in each Ward and Sub-ward should be formed. This will make the process and procedures more understandable and help to ensure that all are trained and receive training updates. It also increases perceived credibility and makes reporting and follows up easier.
- Noting that SGBV is a major problem in the IDP camps, strategies for continued awareness campaigns should be developed. It's therefore recommended that SGBV awareness activities become integrated into the health, educational and community service programs in the affected Sub- Counties. The Sub-Counties and the district should therefore develop appropriate policies to mainstream SGBV related activities into the District plan of activities.

- Sensitization of community leaders and the community through awareness campaigns, brochures and leaflets in the local language, workshops and drama should be carried out.
- Girls should be facilitated and motivated by NGOs and the Gender Department for instance through sensitization campaigns on the importance of the girl child and her education, on gender issues, provision of sanitary towels etc. This will help the girl child realize her importance and thus stay longer in school and discourage early marriages and early motherhood.
- Strengthen awareness creation/sensitization activities in the Sub-County. This should begin right from the Sub-County officials down to the camp leaders, zonal and ward leaders. Sensitization workshops should be organized for all concerned stakeholders including NGOs; so as to create opportunities to develop strategies for SGBV related activities. This will help to improve the conceptualization of the current SGBV awareness and victims support project and strengthen coordination mechanism for SGBV activities in the camp.

Income generation:

- To improve the quality of lives of SGBV victims and their families, victims should be supported economically e.g. through seed money to start Gas in order to improve their meager level of income

## **APPENDIX**

### **A.1. QUESTIONNAIRE FOR THE POLICE/HEALTH CENTRES**

1. Are the police aware of Sexual and Gender Based Violence?
2. What forms of Sexual and Gender Based Violence have been reported?
3. How many cases of Violence have been reported this year
4. Are the community members aware of national laws and policies related to Sexual and Gender Based Violence?
5. Are the police familiar with human right instruments?
6. Is the community aware of the services available at the police?
7. Do they trust the service providers?
8. Does the community perceive these services as easily accessible and helpful?
9. Do victims come up to seek services willingly?
10. If not, why?
11. Does someone always accompany the victims when they report to the police?
12. How many times do the victims need to repeat their description of the incident?
13. Is there documentation of these reports?
14. Who is responsible for the documentation?
15. Does the documentation include health, psychosocial, security, legal, and community based action taken?
16. Where is this document stored?
17. Are the various human rights protection staff informed about such incidents?
18. What is the make up of the police?  
What is the ratio of male to female? How many women officers are there?  
How often do they patrol and carry out security checks?  
Does their presence enhance the community sense of security or does the population feel threatened by this?
19. Have they attended any training on Sexual and Gender Based Violence?
19. Are there community awareness raising campaigns addressing security?
20. Do they also address Sexual and Gender Based Violence?
21. Which people are involved? What is the procedure for reporting Sexual and Gender Based Violence?
22. Has the safety of vulnerable group been assessed?
23. What are the specific plans for the safety of each vulnerable group
24. What effect do the physical design and location of the camp have on the types and incidences of Sexual and Gender Based Violence?

### **A.2 QUESTIONNAIRE FOR THE COURTS**

1. Are there any sexual and Gender Based violence reported to this court? How many cases of Sexual and Gender Based Violence were submitted to the court this past year?
2. How many people were tried, and convicted? How many were found not guilty?  
How many cases were dismissed?  
What were the reasons for the dismissal?
3. What are the country laws and policies related to various forms of Sexual and Gender Based Violence?
4. Of the cases reported and submitted to court, how many were.  
Against children

- Against women
- Against girls below 18
- Against men
- 5. Do they believe the current law system is addressing the cases of D and GBV advocate
  - Yes
  - No
  - If yes, what are the strong points?
  - If no, what could be the cause?
- 6. Any other information?

**A.3 QUESTIONNAIRE GUIDE FOR ADOLESCENTS IN PABBO CAMP**

Name of group interviewed  
 Participants summary: No of girls                      No of boys    Total  
 Names of facilitators;

**Part A**

Introduce moderators, translators, and record keepers.  
 Introduce topic of research.

I am interested in learning about some of the concerns and needs of people in this camp. I would like to ask you all some questions about the men and women in your community. I hope that the answers to these questions will help my organization to improve health and other services for youth. I expect our discussion to last about one and half to two hours.

**Part B**

- Agree on the group norms and confidentiality.
- First I would like to ask you some general questions.
- What are your favorite ways to spend time?
- What are your least favorite ways to spend time?
- What kind of problems do girls have here?
- Do you know girls who do not attend school?
- What are some of the reasons why girls would not go to school?
- What kind of problems do girls have here?
- What kind of problems do girls who do not go to school have
- What kind of problems do boys have here?
- Do you know of boys who do not attend school
- What are some of the reasons boys would not go to school, or would stop going?
- What kind of problems do boys who do not go to school have?

**Part C**

- Now I would like to ask some questions about families.
- At what age do you think you will probably marry?
- How old will your husband/wife be?
- Will you have a traditional marriage?
- What will happen to you after you get married?
- Where will you live?
- Who will make decisions in your family?.....

Will your marriage be similar to the marriages your parents have or will it be different?  
Why  
How did you learn about sex?  
Do girls usually wait until after marriage to have sex?  
If a girl is having sex and doesn't want to get pregnant, what does she do?  
Sometimes girls become pregnant when they don't want to be. What do girls do when they are pregnant but don't want to be  
Do you know girls who are pregnant and not married?  
What do their families think of this?  
What do you think of this?  
What kinds of problems do young unmarried mothers have?  
Without mentioning names or indicating anyone specific, do you know boys or girls who have gotten sexually transmitted diseases?  
What kind of sexually transmitted diseases  
Do they see a health worker for treatment?  
If not, whom do they see  
Do girls use condoms?  
Do boys use condoms?  
Do they know how to put them on and how to use them?  
If you wanted to get a condom, where would you go  
What do your friends think of condoms?  
Without mentioning names or indicating anyone specific, do you know who have been forced to have sex against their will by their boy friend or anyone else?  
How about with soldiers or with other people  
How do you know who they are?  
What problems do these girls have?  
How does the community treat these girls?  
What do you think rape is  
If a girl were raped here, whom would she tell?  
Who would she go to for help?  
How do you think it would be best to help these girls  
What do you think would be the best ways to prevent girls experiencing violence?  
What other programs or other activities would you like to see in the community  
How would you like to be involved in organizing those activities

#### **Part D**

Close the interview.

Thanks for all your time and ideas. This has been extremely helpful. Please remember that you agreed to keep this discussion confidential. Please do not share with others what was said here. People will be curious and you may have to say something. I suggest that you tell them that I was asking questions about women and men and health issues. Please do not give details of what was said here, so that we can try to preserve confidentiality and the safety of people who are exposed to violence.

How does that sound for you?

Do you have questions for me?

If any one would like to speak with me in private, I will be here after we end.

Thank you for your help.

#### **A.4 QUESTIONNAIRE GUIDE FOR MEN/WOMEN IN PABBO CAMP**

Name of group interviewed

Participants' summary. No of women    No of men    Total  
Names of the facilitator.

#### Part A

Introduce moderators , translators, and record keepers.

Introduce topic of research.

I am interested in learning about some of concerns and needs of the people in this community .I am especially interested in trying to understand some of the issues that women and girls have to deal with here. I hope That your answers to my questions will help improve services for women, girls and families in this community. I expect our discussions to last for about one and half hours to two hours.

#### Part B

Agree on the group norms and confidentiality.

First I would like to ask some general questions.

1. How did men spend time in your community?
2. How do they spend time now?
3. How did women spend time in your community?
4. How do they spend time now?
5. What are their daily chores?
6. What are their social activities?
7. Do you think they are busier now or before. Why?
8. How do children spend time at home?
9. Do they play?
10. Where and what
11. Are they in school?
12. To what age
13. Who is responsible for making decisions for this community?
14. Who is responsible for making decisions in the family?
15. Who controls the resources in the community?
16. In the family
17. What people or groups in this community are involved in helping those most in need?
18. How do men get information about what is happening in the community?
19. Who do men go to for help when they have problems?
20. How do women get information about what is happening in the community?
21. Who do women go for help when they have problems?

#### Part C

**Now I would like to ask you some questions about the safety and security of women and girls:**

1. Are you aware of problems with the safety and security of women and girls in this community?
2. What are the circumstances that cause problems of safety and security of women and girls in the community?
3. What has been done here to improve safety of girls and women?
4. What about specific forms of violence against women and girls
5. What practices are considered sexually inappropriate, abusive, or violent in the community
6. Can you give examples of sexual abuse in your community? (Examples definition of forced sex/rape, sexual harassments, sexual manipulation, etc
7. When and were does sexual violence occur
8. Without mentioning names or indicating anyone specific, who are the perpetrators?

9. What happens to the perpetrators?
10. Without mentioning names or indicating anyone specific, which groups of women do you feel least safe, or feel at most risk of sexual violence
11. What particular types of sexual violence have gotten worse, better or stayed the same
12. If there has been change, what has caused it?
13. Without mentioning names or indicating anyone, do you know women in this community who are forced to have sex with soldiers or armed gangs against their will.
14. If yes, how do you know who they are?
15. What problems do they have?
16. What are the community attitudes towards them?
17. Without mentioning names or indicating anyone, do you know of women in this community who are forced to have sex when they do not want to?
18. When do these things happen?
19. What problem has these caused for them?
20. How does the community respond to these
21. Without mentioning names or indicating anyone, do you know if women in your community who work for people are forced into sex in exchange for money?
22. Is it possible that some women ask for sexual assault through their behavior or attitude?
23. Do women look for help when they experience sexual violence?
24. Do they tell anyone?
25. In your community, were would women get help if they had been raped
26. What would the community have done? What services were available for this kind of thing?
27. How do women cope up with violence against their family members or friends?
28. How do men cope up with violence against their daughters, sisters, mothers, wives and friends?
29. How do communities and families cope up with violence against the women and girls?
30. How have people not been able to cope up? What is community's response when violence occurs?
31. What is done to prevent violence? What is done to help survivors?
32. How could these efforts be improved?
33. Do women's support networks exist to help survivors? What social and legal services exist to help address problems associated with violence? (E.g. health, police, legal counseling, social counseling.)
34. Who provides these services. How could these efforts be improved?

**Questions about marriage and relationships.**

- In normal times in your community, how was a traditional marriage done
- Was there or is there a bride price or dowry. If so, what exactly was the practice related to this?
- Have marriage practices changed since you left your community. If so, how
- At what age do women usually marry?
- At what age do men usually marry?
- Do women usually wait until after marriage to have sex?
- Do men usually wait until after marriage to have sex?
- How many children do most couples want to have?
- If husbands and wives disagree about the number of children, who has authority.
- When women are pregnant in this camp, village, do they usually see a health worker? A doctor. A midwife or a traditional birth attendant. A traditional healer.

- What do women do when they are pregnant but they don't want to be? What are your views on education of women, women working and their ability to care for the family? Who makes decisions in the family about these things?
- Are there traditional practices that hurt the welfare of women and girls? Do some men have more than one wife?
- Are all of the wives treated the same way?
- What kind of conflicts occur in marriages and families and what are the reasons. How are they resolved?
- There are men who treat their wives well and men who do not.
- What are some of the things that husbands do if they are treating their wives well?
- What are some of the things that might be examples of husbands treating their wives badly?
- There are some women who treat their husbands well and women who don't. What are some of the things that wives do if they are treating their husbands well?
- What are some of the things that might be examples of wives treating their husbands badly?
- Do you believe that a wife should never question her husband?
- Does the husband have the right to physically punish his wife for any reason? Why would a husband hit his wife?
- Why would a wife hit her husband?
- What types of physical and emotional abuse of women by their husbands are you aware of?
- Why do you think this happens?
- What do you think are the causes of the abuse?
- When a husband insists on sex from his wife, does she have the right to refuse sex? If she refuses and he forces her to have sex, is that rape?
- Why do you think most women who are in violent marriages do not seek any assistance? (E.g. reasons such as break up of families, family honor being affected, etc)
- Who do you think will be the right persons to help women who are in abusive relationships? Without mentioning names or indicating anyone specific, do you know women who have helped?
- If so, what type of assistance.
- What can be done to prevent abuse and violent within families?
- How can and how should this community protect family members from abusing each other. What about NGOs and other community organizations. What about religious institution and the government

### **Closing Questions**

Before we finish, I would like to here what you think should be done to end violence against women and girls in this camp

What did you think about the subjects we have discussed?

Do you think that this group covered issues that are important to women and girls?

Do you think that this group covered issues that are important to men and boys?

### **Close the interview**

Thanks for your time. If anyone would like to speak with me in private, I will stay here after we end.

## A.5 QUESTIONNAIRE FOR THE CAMP LEADERS AND LCS

### Section A

Name of camp leader

Number of people and households in the camp

Number of people in the camp committee

Number of women in the camp committee

Which committees are there in the camp

Number of people in the camp

-Male

-Female

-Children (5-18yrs)

### Section B

1 a) When was the camp established

b) Why was it established?

c) Where do people who live in the camps come from?

1 a) Do people who sleep here at night return to their homes at daytime to work

b) What kind of work and by whom?

2 a) What problems are faced in this camp, who are most affected?

b) How are the problems addressed?

a) Which health facilities exist in the camp? Are they easily accessible? Yes or No. If no, How far must people walk to gain access?

3 A) What problems affect children particularly young boys and girls in this camp?

a. In what ways is the problem solved

b. Has there been any outside assistance to solve these problems

4 a) Does domestic violence exist in this camp?

a. How many cases have been reported

b. What are the main causes of domestic violence in this camp?

c. What has been done to try to resolve these cases

d. What has the community done to address these problems?

e. Are there any measures to protect women in this camp?

f. What effects has this domestic violence had on this society?

5 a) Are there health facilities available in the camp?

a. Do the health centers have facilities to handle the cases of women and men who are sexually abused?

b. What about people who are victims of violence?

c. If not, what alternative facilities are there and which measures are taken? 8. Are there any legal attempts to address sexual violence in the camps? 9. What child agencies are active in the camp?

10. Does the camp have a child welfare protection committee?

11. If yes, what activities are carried out?

12. What normally happens to a person who violates children and women rights