From the Frying Pan into the Fire:

Psychosocial Challenges Faced by Vulnerable Refugee Women and Girls in Kampala

A Qualitative In-Depth Study Report

APRIL 2014

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List of Acronyms

ACTV	African Centre for Treatment and Rehabilitation of Torture Victims
CAR	Central African Republic
CBT	Cognitive Behavioral Therapy
DRC	Democratic Republic Of Congo
EMDR	Eye Movement and Desensitization and reprocessing Therapy
EVLs	Extremely Vulnerable Individuals
FGM	Female Genital Mutilation
HIV/AIDS	Human Immune Virus/Acquired Immune Deficiency Syndrome.
IDPs	Internally Displaced Persons
IFPRI	Internal Food Policy Research Institute
JRS	Jesuit Refugee Services
KCCA	Kampala City Council Authority
MGLSD	Ministry of Gender Labor and Social Development
MHPWP	Mental Health and Psychosocial Wellbeing Program
OPM	Office of the Prime Minister
PTSD	Post Traumatic Disorder
RLP	Refugee Law Project
SGBV	Sexual and Gender Based Violence
STDs	Sexually Transmitted Diseases
UBOS	Uganda Bureau of Statistics
UNHCR	United Nations High Commission for Refugees
UNNPF	United Nation Population Fund
UPE	Universal Primary Education

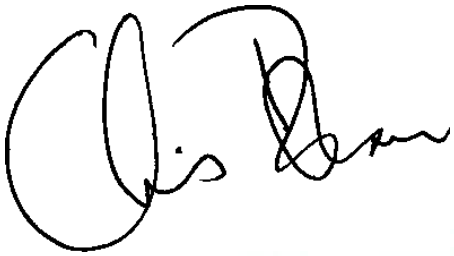
Foreword

This report highlights major challenges that refugee women and girls face in Uganda. Key areas addressed in this report include survival sex work, female genital mutilation, sexual and gender based violence, HIV/AIDS, rape, children born out of rape, and coping mechanisms among refugees.

The findings, broken down by different categories of vulnerability, indicate some of the reasons why the preferred policy of placing refugees in rural refugee settlements is not an option for all. The situation of unaccompanied young girls has its own specificities, as does that of Somali women; the challenges faced by those engaged in survival sex work are not necessarily the same as those faced by disabled refugee women.

Contrary to the view that any refugee who choses to live in an urban area does not require support, the findings further demonstrate that those who live out their exile in urban areas also require assistance. Indeed, while Refugee Law Project continues to pioneer legal aid, psychosocial services, and representation of refugees, the report's findings emphasise that the challenges experienced by women and girls cannot be dealt with by any single organization, whether governmental, non-governmental, or multi-lateral, nor can they be restricted to one location or context.

With new influxes of refugees from South Sudan and Congo, the findings and recommendations made in this report draw attention to current gaps in service provision, and are a critical call to action for all refugee service providers.



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This report is based on a qualitative in-depth study on vulnerable refugee women and girls in Kampala carried out by the Mental Health and Psychosocial Wellbeing program team of Refugee Law Project. Members of the team included; Yusrah Nagujja (Program Manager), Eunice Owiny (Psychosocial Counseling Advisor), Francis Okot Oyat (Social Worker) and Mary-Jane Biira (Child Rights Officer).

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Executive Summary

During the past two decades thousands of refugees have made their way to Kampala, the capital of Uganda, from conflict-torn neighboring countries; Burundi, Central African Republic (CAR), Democratic Republic of the Congo (DRC), Eritrea, Ethiopia, Rwanda, Somalia, and South Sudan. There are many reasons why people flee from their countries of origin and seek asylum elsewhere. These include war, discrimination, psychological harassment, physical and sexual violence, targeted murders of families and close associates, political and social persecution. As well as resulting in the loss of loved ones, homes and a secure community, such atrocities result in a wide range of physical and psychological disorders and diseases. Adjusting to life exiled from their homes poses challenges for all refugees and for some groups in particular.

Through the Refugee Law Project's (RLP) Mental Health and Psychosocial Program, many refugees have and continue to receive considerable help; over time, however, the Program became increasingly aware of particular groups of female refugees continuing to experience exceptional suffering. The purpose of this study was to provide opportunities for the voices of the women and girls to be heard, to describe the particular challenges they experience, their ways of coping and what might help them in future. The groups identified were as follows:

I. Unaccompanied minors
II. Refugee Girls (aged 10-17 years)
III. Young Women (aged 18-30 years)
IV. Women with Children out of Rape
V. Survivors of Torture
VI. Women living with HIV/AIDs
VII. Women and Girls with Disabilities
VIII. Elderly Women (54 years and above)
IX. Survival Sex Workers
X. Somali Women and Girls

A total of 153 refugee women and girls were selected and requested to participate in the study, which was conducted in 2013. Issues of confidentiality were addressed and both verbal and written consents were obtained. The study used qualitative methods to explore and analyse main concerns and issues surrounding the welfare of the women and girls who come to RLP. The data presented here mainly comes from eleven focus groups, complemented and corroborated by in-depth interviews with some women and girls, and with key service personnel and refugee community representatives (see Table 1 for categorization of respondents).

Overarching themes that contribute to the vulnerability of all seven groups of women and girls were identified:

I. All had been displaced from their country of origin by war or other conflict, except for those born in refugee camps or Kampala
II. In most cases there was no older male family member available to provide support and protection
III. Where men were part of the family group they had often themselves been weakened both physically and psychologically as a result of experiencing brutality and torture

IV. Loss of homes, property and a secure community life accompanied the deaths of brothers, husbands, fathers or grandfathers, leaving many of the women and girls abandoned, traumatized and grieving for dead or missing loved ones
V. Whether during conflict, or flight, such women and children may have been sexually abused, brutalized, or coerced into sexual transactions in order to survive
VI. There are numerous instances of male support figures abandoning their mothers, wives and children because of the consequences of rape, disability or old age.

Without the support of male family members, and cultural factors varying according to ethnic group or country of origin, these women face severe financial hardship and ambivalent social standing, both within the refugee community and the wider Ugandan context. Economic insecurity and language difficulties reduce choices and are accompanied by fear, marginalization (being ostracized) and discrimination, leaving them vulnerable to neglect and manifold types of abuse and degradation. Many of these women and girls suffer a wide range of mental and physical health problems and have limited opportunities for education, healthcare and ways to improve the quality of their lives; many feel trapped in impoverished and dangerous surroundings, and fear being targeted by sexual predators.

The report concluded that:

I. Unaccompanied girls, refugee girls, Somali women and girls have serious protection concerns.
II. Young women feel a lack of opportunities for a better life.
III. Survivors of torture and women with HIV/AIDs need assistance with basic needs and medical care.
IV. Women and girls with disabilities have concerns about inclusion in, and accessing of, mainstream services available to other refugees.
V. Elderly women are overwhelmed by the burden of disease and feel excluded from service provision.
VI. Women with children out of rape and survival sex workers struggle with discrimination within their communities as well as psychological, physical and sexual abuse/violence resulting from their situations.

Recommendations from both respondents and organizations are presented after every section and at the end of the study. A summary is as follows:

Recommendations from the women and girls are:

I. The women and girls' overwhelming requests are for resettlement, support to access basic needs like food, shelter, health care and education, plus assistance to establish income generating activities.
II. Quicker and effective responses to reported cases of abuse and violence.
III. Refugee-serving organizations need to respond better to the problems of women and girls and psychological assistance is needed to deal with trauma and other psychological problems.

Refugee Law Project urges the Government of Uganda, UNHCR and other aid agencies to:

I. Address the issues raised in this report in their planning and programming and to work for better coordination, cooperation and support from a wide range of other actors, especially government agencies, city authorities and other aid agencies
II. Employ proven psychological approaches and interventions like Cognitive Behavioral Therapy and Eye Movement Desensitization and Reprocessing to respond to Trauma and other psychological challenges
III. Establish an appropriate resource base to respond to the issues of women and girls raised in this report.

1.0 Introduction

Psychosocial wellbeing and mental health are a foundation to any meaningful enjoyment of human rights. The Mental Health and Psychosocial Wellbeing Program (MHPWP) at RLP is therefore geared towards enhancing the mental health and psychosocial wellbeing of refugees, asylum seekers and other forced migrants in Uganda. The reasons people flee from their countries of origin and seek asylum elsewhere include war, discrimination, psychological harassment, physical and sexual violence, targeted murders of families and close associates, political and social persecution among other reasons. Such atrocities result in physical and psychological ill health, great emotional harm, grief, depression, and anxiety among others (Fazel, Reed et al, 2011; Lynch, 2003; Vinck and Pham, 2010). One study of West African refugees found that refugees were three times more likely to have poor mental health than non-refugees (Akinyemi, Owoaji et al 2012).

Both during conflict and the process of flight to the country of asylum, female refugees (women, young girls and children) are vulnerable to sexual violence and other forms of brutality. Such acts are graphically presented in an important briefing paper for the United Nations Population Fund UNFPA (Ward and Marsh 2006). Frequently women and children have lost track of their husbands and other male relatives, who may have been killed, or captured and retained by either government or rebel forces. The female refugees are vulnerable to attack, sexual violence and the abuse and/or murder of their children. At times they find themselves with children in need of protection and attention, and have to devise survival means in the trickiest and most difficult situations, hence reinforcing or triggering further anguish and pain in their minds and bodies (see " *I do what I have to do to survive*" Fitzgerald-Husek, Martiniuk et al 2011)

The process of picking up the pieces of their lives to settle and establish life in a new country, still carrying the burden of the traumatic experiences, with constrained resources and little social capital, aggravates the situation to this already vulnerable group. Roberts, Ocaka et al (2008) in a study that included 1,210 Internally Displaced Persons (IDPs) from Amuru and Gulu districts of Northern Uganda, cited some factors that are strongly linked to susceptibility to the development of mental ill health. These include gender, ill health, distance of displacement, and rape among others. A study on IDPs in Northern Uganda by Bukuluki, Mugumya, et al (2008) concluded that displacement made some people more vulnerable than others, finding that women and girls were more at risk of contracting HIV/AIDS compared to their male counter-parts because of their inability to have control over resources that facilitate survival; they found 37% of women and girls in the sample had exchanged sex for food. Rujumba and Kwiringira (2010) also reported that in the communities they visited in Northern Uganda people valued more highly the attainment of basic resources for survival such as water, food, treatment, and sanitation over and above the risks of contracting HIV/AIDS; to them HIV/AIDS was something that could be worried about later and not to many an immediate concern. Such findings highlight the importance of refugees, asylum seekers and other forced migrants obtaining the necessary psychosocial and mental health assistance and support in Uganda to help them adopt positive ways of adjusting and coping with the daily demands of living.

In most cultures in Africa, women and girls are disadvantaged; access to basic needs such as food and water frequently is frequently dependent on male supervision; mostly they are not entitled to property such as land, and may be denied intellectual activity because education for them is considered a waste of time (Bukuluki, Mukumya et al., 2008). Women and girls are denied opportunities of self-actualization, personal growth and development. Rarely are their capacities nurtured and culture has tended to emphasize only those traits that make them comply with societal expectations such as motherhood, caretaking, support and fragility. Furthermore, adolescent refugee girls may be particularly prone to sexual exploitation, given the erosion of cultural belief systems and economic insecurity associated with conflict and displacement (see Patel, Muyinda et al (2012).

In the refugee situation, women and girls take on decision-making responsibilities owing to the changed roles and greater responsibilities, for which most are ill-prepared. For many, it is a difficult transition process full of overwhelming experiences such as culture shock, new roles, new languages and new laws; there is no time to adjust but urgency to adapt.

Although it might be expected that relocation to a place of safety away from war zones should bring about improvements in their quality of life, evidence gathered by the RLP suggests that for many vulnerable women and girls this is far from their current reality. This research therefore brings out their voices and their survival experiences in Kampala.

1.1. Objectives of the Study

The general objective of the study was to explore the challenges faced by refugee women and girls in Kampala. Specifically, the research intended to;

i. Identify the vulnerabilities of refugee women and girls in Kampala
ii. Explore the survival strategies employed by refugee women and girls to survive in Kampala
iii. Identify challenges women and girls face in accessing services in Kampala
iv. Make recommendations for the protection and welfare of refugee women and girls in Kampala.

1.2. Study Justification

Through its experience of working with urban refugees, RLP realized that despite the general belief that urban refugees are economically self-sufficient, there are particular groups of people among refugees, especially among the women and girls, who are more vulnerable and at risk and who struggle to attain economic independence. There are no reliable data on the number of vulnerable women and girls in Kampala, but RLP identified the following groups as being particularly in jeopardy and facing a range of psychosocial challenges:

i. Unaccompanied girls
ii. Refugee Girls (aged 10-17 years). Even where refugee girls are in a family unit, they still experience vulnerability. The nature of vulnerability experienced by refugee girls is different from that experienced by unaccompanied minors, as those in a family unit can receive emotional support and protection from available family members unlike unaccompanied minors

iii. Young Women (aged 18-30 years)
iv. Women with Children born out of Rape;
v. Survivors of Torture,
vi. Women living with HIV/AIDS
vii. Women and Girls with Disabilities
viii. Elderly Women
ix. Survival Sex Workers
x. Somali Women and Girls

Their circumstances and conditions susceptible, to facing unique and heightened psychosocial challenges. The Somali women, through our experience during individual counseling sessions, have always mentioned experiencing psychological challenges distinct from those presented by women of other nationalities; it was hence on this basis that a decision was made to include them in this study.

Each group will be considered in separate chapters/sections in this report.

2.0 Methods

2.1 Study Area

The study was conducted in Uganda's capital city, Kampala, and surrounding areas. The city is divided into five divisions; Kampala, Kawempe, Makindye, Nakawa, and Lubaga. The National Census in 2002 estimated the population of Kampala at 1,189,142. The Uganda Bureau of Statistics (UBOS) estimated the population of Kampala at 1,420,200 in 2008, while 1,659,600 was the estimated mid-year population for Kampala in 2011,[1] demonstrating the surge in population growth.

2.2 Study Population

Some refugees who escape from wars in the Democratic Republic of Congo, Burundi, Eritrea, Ethiopia, Sudan, Rwanda and Somalia choose to live in the Ugandan capital, Kampala, with or without UNHCR assistance. Rejecting residence in rural camps, refugees choose an environment in which they can use their skills to achieve self-sufficiency and dignity. Many of the urban refugees are either single men or single mothers with children. The majority of them have come to Kampala directly from their country of origin without having entered a refugee camp. Others may have spent considerable time in refugee camps. Both groups are drawn to Kampala by; opportunities to trade and use their skills to offer services to better-off city residents, the presence of hospitals and private medical services, accommodation, schooling and vocational training, internet access to maintain contacts with relatives, transfer money and explore business

[1] "2011 Estimated Populations of Ugandan Cities And Towns". www.newvision.co.ug.

opportunities, recreational and intellectual activities, and hiding from spies who find out about the refugees through registries.[2]

This study focused on self-settled urban refugee women and girls in Kampala. In 2011, 35,000 urban refugees were registered with UNHCR but the real figure may be higher.[3] Out of 35,000, it is estimated that over 50% are females, of whom 70% are children under 18 years of age. The number of urban refugees in Kampala is undoubtedly increasing, as evidenced by the tripling of UNHCR caseloads between 2007 and 2010.[4] According to the Women's Refugee Commission, the urban refugee community of Kampala can be divided into two groups: "vulnerable households" that cannot meet their basic needs and "struggling households" that can meet their basic needs but cannot face emergency or unpredicted expenses.

The UNHCR urban refugee policy requires self-sustenance for all refugees who reside in Kampala. Refugees in Kampala tend to be scattered throughout the city's slum areas where they tend to regroup according to their country of origin. This way, they can support each other as well as feel secure. Additionally, the slum areas tend to be cheaper and there is less monitoring by the authorities. In Kampala, women from DRC, Rwanda and Burundi usually engage in vending Bitengi (locally made clothes), shoes and jewelry for survival, others engage in domestic labor like washing clothes, utensils, cleaning houses and babysitting for money. This is usually done among members of the host communities. Somali women in Kampala mostly depend on their husbands and other male members of their families for survival. Those who do not have male figures for support run small scale roadside shops, selling clothes, perfumes, and other beauty products. Refugee women/girls regularly engage in self-support activities even though they are constantly denied access to education and property ownership, and other tools for self-sufficiency.

Whilst an unknown number of refugees are receiving education/training and are usefully employed, for many these opportunities are scarce. Furthermore, for those who have poor health, the elderly, disabled and infirm, access to appropriate services may be extremely limited

2.3 Study Design

The study employed a qualitative, in-depth approach (see Pope and Mays 1995) to explore the psychosocial challenges faced by high risk and vulnerable groups of refugee women and girls in Kampala. Eleven focus groups were organized related to the vulnerable groups above (see 1.2), complemented and corroborated by individual interviews with some of the women and girls, together with key informants including family members, agency personnel and community representatives. Discussions predominantly provided the opportunity for those attending to narrate their stories and describe events in their lives in Kampala, together with their ways of coping and recommendations for ways to improve their lives, thus giving them the opportunity to participate in the formulation of the recommendations of this report.

[2] http://www.fmreview.org/FMRpdfs/FMR20/FMR2011.pdf
[3] UNHCR's website offers no breakdown of the total refugee population in Uganda into urban and settlement-based refugees http://www.unhcr.org/528a0a268.html
[4] http://urban-refugees.org/kampala/s

2.4 Sampling Procedure

The respondents were purposively selected. These were women and girls who were identified through their presentations at the Refugee Law Project's office as being more vulnerable and at risk, attendees at existing support groups related to particular experiences like Sexual and Gender-Based Violence (SGBV), and/or having particular factors such as disability or old age predisposing them to psychosocial challenges. Other women and girls were identified by community leaders in the respective refugee communities. The decision on who to consider was also informed by the experiences of the psychosocial and legal workers at Refugee Law Project in dealing with urban refugee women and girls, by the UNHCR classification of the Extremely Vulnerable Individuals (EVIs), Persons with Special Needs and most at risk people among the refugee population.

2.5 Data Analysis

Notes of the focus groups and interviews were taken and subsequently transcribed. Data was manually analysed using content and thematic analysis (Braun and Clarke 2006). Analysis began with identifying specific issues of concern for each group, their coping mechanisms and their recommendations. Cross-cutting themes (such as discrimination) were also identified across groups, to demonstrate common ground between all refugee women and girls, regardless of grouping. Quotations from individuals were also recorded and have been utilized to illustrate specific issues and concerns.

2.6 Ethical Considerations

Before recruitment, information about the purpose of the study was given to the potential recruits. Participants were given time to peruse items on the interview guide, to comment on the appropriateness of the questions as well as to make suggestions on what to eliminate or include. Before a focus group was conducted, consent was sought from all participants. Both written and verbal consents were obtained from participants before collecting data (consent forms have been kept safely by the organisation). The psychosocial team of Refugee Law Project collected the data. Each group session was conducted by two persons, one being the facilitator, the other the note taker. In addition, audio-recording was also used. All recordings have been kept safely. All traces of personal identification were removed and anonymity preserved by not using the participants' real names.

3.0 Results

Table 1 shows the numbers of women and girls by age group, category of vulnerability and country of origin. Results from the focus groups and corroborative interviews are shown in separate chapters, with some groups combined, such as Girls and Unaccompanied Girls.

Table 1. Numbers of Women and Girls Attending Focus Groups disaggregated by: Category of Vulnerability, Age Group and their Country of Origin.

Vulnerable Category	Ages	Country of Origin				Total number attending
		DRC	Rwanda	Somalia	Burundi	
Girls	10 to 17	12	6	12	6	36
Unaccompanied Girls	10 to 17	6		4		10
Young Women	18 to 26	7	2		5	14
Women with Children out of Rape	18 to 49	6	4	2	2	14
Women with HIV/AIDs	20 to 49	6	5		3	14
Women Survivors of Torture	19 to 49	6	4		4	14
Women with Disabilities	20 to 58	7	2	2	2	13
Elderly Women	59 to 81	6	5		3	14
Survival Sex Workers	19 to 34	7	2		3	12
Somali Women	19 to 49			12		12
Total		63	30	32	28	153

The ten groups of women and girls shared a number of background factors and current themes related to their vulnerabilities. All had been displaced from their country of origin by war or other conflict, except for those born in refugee camps or Kampala (by then undocumented). In most cases there was no older male family member available to provide support and protection; where men were part of the family group they were often themselves weakened both physically and psychologically by their own experiences of brutality and torture. The deaths of brothers, husbands, fathers or grandfathers, were closely associated with loss of homes, property and a secure community life, leaving many of the women and girls abandoned, traumatized and grieving for dead or missing loved ones. Furthermore, there were numerous instances of male support figures abandoning their mothers, wives and children because of the consequences of rape, disability or old age.

Without the support of male family members, and cultural factors varying according to ethnic group or country of origin, these women faced severe financial hardship and ambivalent social standing, both within the refugee community and the wider Ugandan context. Economic insecurity and language difficulties reduced choice and were accompanied by fear, marginalization (being ostracized) and discrimination, leaving them vulnerable to neglect and manifold types of abuse and degradation. Lack of choice in being able to improve their quality of life, and that of their loved ones, leaves many feeling trapped in impoverished and dangerous surroundings, at risk of being targeted by sexual predators.

3.1 Refugee Girl-Children in Kampala

One focus group was held with girls aged 10-17 years of age from DRC, Rwanda and Burundi (N = 30). Two other focus groups were attended by Somali girls (n = 12) and Unaccompanied Girls (n = 10) from DRC and Somalia.

As refugees, young girls who have been subjected to war-related family and community losses have been vulnerable to sexual assault, sexual violence and other forms of violence. They reported experiencing these abuses both in their countries of origin and in the host country. Before arriving in Uganda they spoke of being assaulted whilst in flight, by the military, gangs, or other refugees. A major theme was continuing sexual assault and exploitation in Kampala.

3.1.1 Sexual Violence among Refugee Minors

While the act of defilement is criminalized by law in Uganda and ranked a capital offence, this study found that inadequate support has been given to the refugee minors who have been sexually coerced. Many refugee girls without parental supervision have found themselves prey to the sexual advances of unscrupulous individuals. The unsuspecting girls, struggling to survive, are often lured by men promising petty things. 17 year old Stephanie explains what happened to her in one of the settlements:

> *"I was raped by soldiers in Congo before we fled to Uganda. What can I do about that? Nothing! While in the camp my mother was requested by a fellow refugee to allow me to watch over his house since he was going to Kampala. He did not go as promised but rather came back that night and defiled me and I got pregnant. I was only fifteen years old. The father of my child is in Australia after he got resettled. He has never assisted me or the child. There is no food for the baby, clothes or soap. I became so depressed and in hospital I was given medicines for mad people that make me weak and sleepy all the time. At night I am disturbed because I see things like snakes, cows and other animals. I love school but in class I am absent-minded most of the times. The teachers talk about my mistakes and it makes me feel bad. They quarrel with me in front of other pupils and the head master abuses me openly. Sometimes I walk aimlessly without knowing. At times I have become violent with my mother for no good reason and sometimes I wish I was dead. In fact I have attempted to commit suicide once by overdosing myself and was admitted for two weeks. When I go to the community social workers for assistance they ask for sexual favors claiming that after all I am not a virgin anymore.[5]"*

Zawadi, another 15 year old, had to drop out of school because she was raped. In response to follow-up questions she explained:

> *There was a function at the school and my sister and I went to attend it. One of the builders at the school called me. I did not think he was planning anything because he had always worked there. On reaching him he asked me to go into one of the rooms to get for him water. I went and two of them followed me, held my mouth and threatened that they*

[5] Interview with an unaccompanied refugee girl at the RLP, 2013

would kill me if I shouted. One held my mouth and the other tied my hands. Then the one who called me tore off my clothes and started defiling me.[6]

She was not released until the next morning and her rapist, a Ugandan national, ran away. At home her father decided that she was already "spoiled goods", that he would not waste his money sending her to school anymore. The community calls her derogatory names. Her mother said:

"My daughter fears men including her own father because he blamed her for what happened. When people come home she hides in the house until they are gone, I feel saddened by the way people in the community refer to my child."[7]

Zawadi's case was reported to the police and the culprit apprehended but he was later released. The attacker's father wanted to settle the matter out of court but her mother stood her ground. The mother said:

"At police, I was told that I was forging my daughter's age and that she was marriage material after all. I knew I was heading nowhere and that there would be no justice for my daughter."[8]

In such situations, protection for the refugee girl-child seems to be missing, with nobody held accountable for exploiting or mistreating such girls. Whether inside or outside the home it appeared that many people take such acts for granted. The study revealed that many girls become mothers while they themselves are still children. Police, reportedly, are liable to dismiss their claims as being motivated by desire for resettlement. Some girls told of being forced into unsafe abortions by the men responsible, or simply being abandoned.

Whilst it was acknowledged that some girls have opted for sex work to acquire money and basic necessities, there appears to be little consideration within their own communities of the vulnerability and immaturity of the girls concerned; many of the girls described sexually-related taunts and assumptions that they are prostitutes, both from their own communities and in the wider Ugandan context. There appeared to be little community acknowledgement of the severe health risks associated with sexual assault, including debilitating injuries and the risk of death during childbirth for girl-mothers whose bodies have not fully developed.[9]

Sexual violence tends to be under-reported, as such experiences are considered a disgrace not only to girls but also to the family, and the danger of rejection by the community is significant. The resulting deep silence regarding sexual violence becomes evident and noticeable when the incidents result in medical complications or pregnancies.

The study also revealed that some caretakers in foster homes, unknown men en-route running errands, and sometimes 'employers' have been perpetrators of sexual violence against refugee

[6] Testimony of a refugee girl, February 2013
[7] Discussion with mother of an adolescent victim of sexual violence at the RLP, January 2013
[8] Ibid
[9] Such risks are exacerbated in refugee settings where the girl is often undernourished and has limited access to healthcare

girls. For girls especially in foster homes, pregnancy and disease result in the young girls being expelled from such homes. One girl who became pregnant as a result of rape was accused by her female host of being a prostitute and evicted from home. The church that had been supporting the girl also withdrew its support. The girl, they said, was immoral for having had a child out of wedlock.

At school, girls reported sexual harassment from other students, teachers, men living near schools and men who come to the school grounds specifically to look for young girls. It is common to find children of many ages studying in the same class; girls of 12 years may find themselves studying alongside 17-19 year old young men.

3.1.2 Forced Marriage

Some who find themselves in foster homes, particularly among the Congolese and Somali communities, are forced by their foster parents into early marriages to men who are much older than the girl. There is no authority to hold the foster parents accountable, and such decisions are taken with impunity. In addition to being ill-prepared for home management roles, girls reported being assaulted in these marriages, suffering rape and domestic violence, but having no one to turn to for protection. Furthermore, there were reports of them being abandoned by their husbands

The problem appeared to reside not only with foster parents; the focus group participants explained how when refugees have fled their country with little or no money and are struggling to pay for rent and food, marrying off a biological daughter can mean one less mouth to feed, whilst a dowry payment can ease financial difficulties. Girls who were raped during the war are also being forced into marriage, in an attempt to preserve family honor.

Some girls marry older men because they believe it will lead to economic security and protection from sexual assault.

One girl said:

> *"Getting married as a refugee is not really what every girl dreams of but then what choice does one really have?"*[10]

3.1.3 Lost Education

Many girls were reported to have enrolled in primary school end up not completing their studies as their parents are too poor to pay for secondary education. They drop out of school amidst harassment by neighbors and pressure from family friends seeking to marry them. In refugee settings, girls who have been forced to drop out of school for financial reasons often have little or

[10] One respondent in a focus Group discussion, March 7 2013 at the RLP

no immediate prospects of returning to school. Most parents interviewed during the study believed that once girls stop studying they should get married, regardless of their age, and it is often easier for parents to marry them off than to raise money for their school fees.

Other reasons for not attending school include being verbally abused by other students and teachers, who appeared to consider them *"stupid"*, as a result of them being placed in classes with younger Ugandan children, because of language difficulties. Some drop out of school because of this abuse and harassment, and are too afraid to return.

The lack of educational opportunities seems particularly acute for Somali girls, with estimates of only 30% or so receiving education. Frequently they are expected to stay at home. In the absence of fathers, brothers or other protective male figures they report being harassed and attacked if they resist the demands of men and boys. The following comment conveys a sense of their feelings of confinement in their homes: *"We can't go out at night even if we are sick and need help. We are only helped by the watchman."*

3.1.4 Unaccompanied Refugee Girls/ Child-Headed Households

Of all the groups of girls participating in the study, the reports of those living without any parental support appeared the most harrowing. While some live alone, others have taken responsibility for parenting their siblings. In addition to the same kind of indecent intrusions into their lives as their peers who have parental support, they also reported the burdens of providing the basics of survival for (sometimes demanding) younger children, little opportunity for education, little money and few opportunities to learn skills.

Still children themselves they report much sadness as they try to cope with the grief of having lost their parents, together with a range of mental health problems. Often lacking food, shelter and clothing, they find some assistance in the churches, though some report sexual harassment by churchgoers. Feeling under pressure to provide for their own and others survival, some resort to survival sex, or are exploited as cheap labour washing clothes, or carrying out servile tasks in other people's homes. In some foster homes girls are forced to work 12 to 16 hours, cooking food, fetching water, washing clothes and utensils, or cleaning the house, though other children their age in the foster families are not doing any work. Girls in such homes and other domestic employment seemed to be denied the right to play and rest. They reported being denied the opportunity to go to school and receiving no payment because their employers or foster parents argue that they have been given roofs over their heads and food to eat.

The lack of parental supervision and guidance poses a major challenge to girl child-headed families. Their lives have been torn apart and often they report suffering from feelings of inferiority and worthlessness, and that as individuals they feel unacceptable and unlovable. There were also reports of them being gullible, susceptible to exploitation as they search for love and acceptance. Some spoke about giving up, after trying so hard without any success. As one 14 year old expressed in a counselling session:

"There is no one who cares about me, I have lost them all. What is the use of being careful with my life and for whom am I living it?[11]

3.1.5 Recommendations by the Refugee Girls

i. The police, Local Council leaders, refugee leaders, protection officers and other justice institutions should ensure protection and respond to reported cases of sexual and physical violence against girls
ii. UNHCR and other aid agencies should support them to access primary and secondary education, both in settlements and in urban areas
iii. Aid agencies should assist in improving their housing conditions in terms of size and location (away from slums)
iv. Aid agencies should provide them with opportunities to relax and play (e.g. organise parties, establish safe social centers, provide them with toys and story books)
v. Unaccompanied girls should be provided with more help for rent, basic necessities and school fees. Serious consideration should be given by the UNHCR to their relocation to other countries where they can be provided with protection, nurturing and education

3.1.6 Recommendations from Refugee Law Project

i. Psychologists and mental health workers should be made available to respond to mental health problems experienced by the children
ii. A detailed research study on trauma and its effects on child development among refugee children
iii. Current UNHCR practice is to identify 'foster' homes in the refugee settlements. However, this has its own problems. It is therefore recommended that UNHCR should establish a temporary shelter for unaccompanied children where they can be cared for until a workable arrangement is organised for them
iv. Law enforcement officers should do increased monitoring and a crack down on persons who engage in child rights abuses such as child trafficking, child labour, child abuse, amongst others.

3.2 Young Refugee Women in Kampala

One focus group was held with young women aged 18-30 years of age from DRC, Rwanda and Burundi (N = 14).

3.2.1 Discrimination

Young refugee women reported numerous forms of discrimination. Those from the DRC in particular said they were referred to as prostitutes. As a result, some say, *"We do not feel valued as human beings"*. Commonly they describe being overcharged at the markets, treated as if they

[11] Testimony of a client at the RLP April 2013

are "*foolish and ignorant,*" partly because of language difficulties, and partly for simply being foreigners. Where they live they are readily blamed for any incidents that occur such as thefts. Those trying to run small businesses described having property confiscated by Kampala City Council officials, or being robbed and sexually assaulted trying to sell jewelry, or on their way home. The local police tend to harass or arrest them; they are always being asked for identification and accused of being idle, despite the difficulties they generally find in securing employment. Furthermore, some report being sexually assaulted in their homes if they stay indoors. The authorities, they say, ignore reports of rapes, beatings and robberies of themselves and younger girls.

3.2.2 Basic Necessities

The young women said they have difficulties finding accommodation, also that the accommodation they have has often poor sanitation in terms of bathrooms and toilets, leading to infections. A lack of clothes and bedding were also mentioned, together with access to sanitary towels.

3.2.3 Physical and Mental Health Problems

Due to sexual violence both in their countries of origin, particularly DRC and in Uganda many of the young women have reproductive health problems, such as being unable to conceive and suffering lower abdominal pain due to rape and other forms of defilement

Furthermore there were instances of poor medical treatment when they were able to access doctors and hospitals, complaining of being denied treatment *"on the grounds that we are foreigners and are consuming medicines meant for Ugandans"*. Some claimed to have been sexually assaulted by medical practitioners *"in the name of medical examination they touch your breasts and hips"*. An example was given of one young woman who delivered a baby on the floor of Mulago Hospital and was left unattended to. There were also concerns that RLP would not deal with emergencies.

In addition to physical ill-health and poor treatment the young women also described symptoms of Post-Traumatic Stress Disorder (PTSD) related to past experiences and traumas. They describe flashbacks and suffering nightmares, feelings of depression, numbing, emotional problems, and suicidal ideation among other symptoms.

3.2.4 Recommendations from the Young Women

i. UNHCR should help them access resettlement as a durable solution
ii. Aid agencies should:
    a. provide them with startup capital to enable them engage in income generating activities. They should also engage with KCCA not to confiscate their properties. improve access to quality medical services for refugee girls and youths especially sexual and reproductive health services
    b. support secondary education of girls to maximize self-reliance

c. tackle xenophobia in host communities

3.3 Women with Children out of Rape

One focus group was held with women with children out of rape, from DRC, Rwanda, Burundi and Somalia (N = 14).

What follows are case illustrations of the conflicts for the women concerned regarding whether to have an abortion, or whether to keep a child out of rape or not. Also how such conflicts affect the women concerned, their relationships with husbands and the local community.

Case 1.

When Furaha (not real name) came to the counselling office expecting a child out of rape, she was angry with the rapists. She had been gang raped on two different occasions. The second resulted in pregnancy. She was in a terrible physical and mental condition. She said she did not want the expected child but she was almost due. When asked why she hadn't opted for an abortion earlier, her response was that she did not want to be a murderer. After delivering the child she gave it up to a child care organization.[12]

Case 2.

A young woman who was raped back in the Congo by the Mayimayi rebels was held as a sex slave in the rebel base for three years. When she escaped she found out that she was both pregnant and HIV positive. She arrived in Uganda and eventually delivered the baby who turned out HIV negative. She never liked the baby and on several occasions attempted to strangle the baby, whom she blamed for her problems. When her attempts to kill the baby failed she attempted to take her own life by taking an overdose. Luckily she was rescued. Her family became more concerned and when they intervened on behalf of the baby during another murder attempt, she disappeared from home abandoning the one month old baby to the care of her family. The family has since then had no knowledge of her whereabouts.

Case 3.

Another mother came with her husband for counselling; both agreed that she was expecting a child out of rape. The pregnancy had been a rough time of emotional upheavals and at one point they had decided to abort the baby. What changed their mind was the fact that the wife's first four children had been born through caesarian section (operation). Abortion presented a real life threat to the mother. They opted to have the baby and indeed the child was delivered again through operation. In the mean time, the husband continued to face discrimination and abuse because the wife had been raped, yet he continued to, as his tormentors put it, waste resources looking after her, and the child that wasn't his.

[12] Session with a female survivor of rape, RLP, 2013

The man began avoiding community meetings hence affecting his social life. Often times the man reported getting angry at everybody including the child who, in his mind and according to his tormentors, was making him a fool in the community. He said many times he thought about running away from it all but there was nowhere to run to. He was also haunted by the fact that when his wife was being raped he was forced to watch the ordeal, without power to defend her. The man was troubled by the thought of abandoning his family for something that was not their own making. The decision became harder each time the thought of abandoning innocent people popped into his head. [13]

The following is a sample of responses from a focus group discussion:

i. How can I carry a child whose father I do not know?
ii. Who knows I am carrying another rapist if the father could dare rape me?
iii. I don't care but I want this thing out of my system
iv. I did not look for a child
v. What will my other children think?
vi. If this child asks me who the father is in future, how can I tell him or her that they are a result of rape?
vii. Are you sure when the child grows up he or she will understand that the mistake is not mine in case I cannot provide for all their needs?[14]

The issues and concerns of women who have a child conceived through rape are many and complex. Apart from the emotional and physical effects of rape, the dilemmas in their minds about what to do and how to react are a constant source of anxiety, depression and anger.

Many of the women voice the conflict over whether to have the child or not; some are opposed to aborting an innocent foetus, but at the same time aware of the consequences of keeping the pregnancy in terms of putting marriages at risk, incurring disapproval and anger from husbands and their local community. The focus group discussed issues of marital discord and divorce, with instances of husbands leaving their wives and family, unable to live with what they viewed as *"The enemy's child"*. For single women, as in Case 1 above, it can be seen that the responsibilities and internal conflicts may become overwhelming, resulting in harm to the child or self-harm. The children themselves can become the object of anger, as the child may be viewed as the cause of pain and misery. Issues were also raised about what to tell the children later in life, about their fathers, dreading the truth being known.

It is worth noting that rape was reported as not only being perpetrated against women, but against men also, furthering their degradation. Whether against the men themselves, or brutality and humiliation of their former families and communities, one of the consequences appeared to be the difficulties male survivors have in living with reminders of past atrocities, as exemplified in the following:

[13] Session with client at the RLP, 2013
[14] A Focus Group Discussion with women with children born out of rape at the RLP, March 2013.

"Marie (not real name) had been gang raped in the presence of her husband and children. Two of her daughters were also raped and later killed by the same men. The rebels decided that the humiliation was not enough for the husband and they conscripted him into their ranks. Marie survived the rape but conceived as a result. Two years later her husband escaped from captivity. He told her to choose between him and the child born out of rape. When Marie refused to choose the husband, he attempted to kill both Marie and the child. Twice"[15]

Marie reported that with the help of counselling she had accepted the child, dealt with the trauma and managed to build her life as an innocent survivor who was not responsible for rape. Marie opted to separate from her husband who never showed up again.

Other examples of problems faced by the women concerned were a loss of self-esteem and sexual interest:

> *"After everything I went to the bathroom and washed myself again and again and yet did not feel clean enough. I still do not feel clean. I threw away the clothes I was putting on then because they always reminded me of the ordeal."*[16]

One woman explained in an interview:

> *"When he* (her husband) *touches me I immediately withdraw. My body dries up and sex is painful. I know he is my husband but sometimes I think he is a man and the person who raped me was a man. At such times I do not even want my husband to touch me. What can I do?"*[17]

Some women discussed the issue of having been raped without their husband's knowledge, and the struggle to keep such abuse a secret.

Despite a loss of interest in sex, there may be continued pressure from their partners to continue having children. According to one testimony, child-bearing was viewed as necessary to replace the husband's dead relatives. As one Congolese man whose wife was having her seventh pregnancy explained:

> *"I will not allow her to go for family planning now. The only relatives I have now are my children since others were killed during the war. If she stops producing then I will remain alone."*

3.3.1 Recommendations

i. Psychological and mental health care, especially trauma focused interventions, should be offered to the women and their families. A family approach should be considered.
ii. Reproductive health care services for women who have suffered sexual violence are required, and must be able to deal with STIs resulting from the violence

[15] Interview carried out on the 16th/June/2013
[16] Interview with a survivor at the RLP, 2013
[17] Ibid

iii. There is need to increase social support for the women with children out of rape to feel that they are part of a wider supportive network.
iv. Livelihoods support in terms of startup capital to be able to operate small business like saloons, restaurants, internet café, tailoring projects, among others. UNHCR, the MGLSD and other aid agencies should consider offering this kind of help.

3.4 Women with HIV/AIDS

One focus group was held with women living with HIV/AIDS from DRC, Rwanda and Burundi (N = 14).

The prevalence of HIV/AIDS among refugee communities in Uganda and the rest of the world is unknown. Some argue that HIV transmission increases in populations affected by conflict (Bukuluki, Mugumya et al., 2008; Hankins, Friedman et al, 2002), while others say there is in fact insufficient evidence to prove that war or rape actually increase HIV infection rates (Spiegel, Bennedsen et al, 2007). Those arguing that transmission increases base their argument on the fact that war actually makes individuals especially women and girls susceptible to rape, and other sexual violations, and that in situations when women find themselves stuck with children and no resources, they may decide to engage in survival sex to avoid starving to death (Bukuluki, Mugumya et al., 2008; Asekenye, Lomongin et al, 2000).

Results from the focus group discussion with women and girls affected by HIV/AIDS were that:

i. Their children are attacked and they face insecurity within the community

ii. They have no jobs; hence find a problem getting food. They have to walk long distances vending *bitenge* in order to get something to eat, yet most of them have to eat to feel better.

iii. Because of the virus, the body losses strength, energy and potential to function and hence they have less energy to work

iv. At the health centre, they face communication barriers; this makes them easily identified as foreigners by health service providers and they are consequently treated differently.

v. Challenges of parenting adolescent girls who need basic sanitary materials like pads, which they cannot afford. Their girls hence explore other options like going with men.

vi. Widows with no husbands struggle to provide for the family and take responsibility

vii. Some of them are businesswomen who sell necklaces and many times KKCA frustrates their business by taking their properties away.

viii. Some of their children are not going to school and choose to go looking for jobs but they are rounded up and taken to Luzira prison.

3.4.1 Recommendations

The women recommended;

i. Assistance with basic needs like food and shelter especially for those who are weak, ill or on medication
ii. HIV/AIDs organizations or other aid organizations should assist the women with transport and interpretation services to enable them follow up on their treatment
iii. HIV/AIDs organizations or other aid organizations should offer psychological and psychosocial support to the women
iv. The women recommended livelihoods support in terms of startup capital to be able to operate small business like saloons, restaurants, internet café, tailoring projects, among others. UNHCR, the MGLSD and other aid agencies should consider offering this kind of help.

3.5 Women Survivors of Torture

A focus group was held with women survivors of torture, from DRC, Rwanda and Burundi (N = 14).

Apart from the difficulties in accessing basic necessities (food, shelter, protection, money for education for children), similar to other vulnerable groups, the women in this group expressed concerns about appropriate legal assistance, counseling and healthcare. Discrimination was also a recurrent theme, across a range of services from which they seek help. Whilst an Association for Torture Victims has helped, more was seen to be needed to assist them.

Complaints of a *"Tombola system"* were common, in that service availability and quality appeared haphazard. Regarding following up with some form of legal representation, to investigate and press their claims, the women talked of unnecessary bureaucratic delays and lack of access to lawyers. Similar criticisms were made regarding the availability of counselling services, which at times were seen as unprofessional, not listening to them or not going deep enough into their problems.

"Counselors have to be patient and get the good way of explaining to clients"

There were instances reported of re-traumatizing of clients by counsellors, by rudeness or impatience, and in one instance a client said they were told at one agency:

"Since you look good, you should go and find your own means of survival."

The group was asked what help they received from different agencies and what gaps they see in services. Below is a summary of their comments:

i. JRS provides us with food

ii. ACTV gives us medication

iii. RLP gives us counseling, and refers us to the hospital

iv. Police offers us registration

v. OPM grants us refugee status

vi. RLP helps us with Refugee Status Determination process

vii. RLP offers legal and psychosocial support

viii. InterAid offers some basic needs, mosquito nets, medication etc.

ix. RLP has good counselors

x. Bondeco centre also helps us

Further frustrations were voiced about accessing healthcare, at Mulago Hospital for example, where lack of money, language barriers, discrimination and delays apparently led to poor diagnosis and treatment. Such frustrations added to their considerable mental health problems associated with the extreme trauma from torture. Amongst the needs expressed were the provision of interpreters.

3.5.1 Recommendations from women survivors of torture

i. Increase and ensure access to medical, psychological and psychosocial services for survivors of torture
ii. Psychologists and mental health workers need to improve on the quality of services offered torture survivors. This involves client handling, and the quality of the therapy offered to survivors
iii. UNHCR protection should consider resettlement as a durable solution for them since some have failed to access service and protection in Uganda.

3.5.2. Refugee Law Project Recommends

i. Clinical supervision for counselors, psychologists and therapists offering service to the survivors of violence. This should be provided by Uganda Counselling Association and Ugandan Association of Clinical Psychologists.
ii. Training of counsellors, psychologists and therapists to be able to offer services to the survivors of violence, in trauma focused interventions to improve on the quality of services
iii. Networking among stakeholders in the field of torture to ensure comprehensive and coordinated rehabilitation and justice for the torture survivors.

3.6 Experiences of Refugee Women and Girls with Disabilities in Kampala

One focus group was held with women with disabilities, from DRC, Rwanda, Burundi and Somalia (N = 14).

This chapter contains information about children with disabilities as well as women with disabilities (aged 20 -58 years), with data gleaned from individual interviews with their parents. Although the focus in this chapter is on refugee girls and women with disabilities, much of what is said also pertains to refugee men and boys with disabilities.

3.6.1 Challenges in Access to Education for Girl Children with Disabilities

The government of Uganda provides Universal Primary Education (UPE) for all children. Furthermore, UNHCR, through its Kampala Implementing Partner, Inter-Aid Uganda have made efforts to support refugee children with disabilities to access Education, by paying school dues for these children in both special schools for children with disabilities and in mainstream schools. The study however revealed that many girls with disabilities are still unable to access education because many other considerations are not taken into account.

The children attending the special schools for children with disabilities are often required to sleep at school. Some parents, however, say this is very difficult for the children as most of them cannot perform life tasks independently. They also need extra care and attention while at school, which might not be possible because the student-teacher ratio is very high in Ugandan schools and views were expressed that some teachers have no training in special needs. Often the girls have multiple disabilities, with various medical conditions; for example a child with a hearing impairment who also has epilepsy, finds difficulty in communicating to the teachers or relevant authorities when she is taken ill. On occasions she has epileptic seizures at night, while the rest of the children are sleeping, and she falls from the bed, hurting herself.

Other examples were given regarding children with learning disabilities attending mainstream schools, with communication limited not only by language differences; children soiling themselves and not being able to keep up in class were mentioned. There were also reports of children being misunderstood and treated badly by teachers, punished because of poor performance, when the root of their problems was possibly a hearing impairment.

Transportation to and from school was frequently mentioned as a barrier, together with environmental obstacles. For children unable to walk parents mentioned the problems of potholes, trenches, lack of pavements, and lack of money for transport (the transport itself often being inaccessible). Some parents carried their children, but this was only possible for smaller children.

3.6.2. Ignorance, Prejudice and Discrimination

Discrimination against children with disabilities seemed a reality among the refugee communities. This is evidenced by the testimonies offered during the study; some mothers said that their children with disabilities are often looked at by other people in the community as strange and they do not want their children to associate with other *"normal"* children.

A father of a 6 year-old albino girl with cerebral palsy said he keeps his child indoors because when the child goes outside, the other parents in the neighborhood complain that the child scares their children and that their children get nightmares looking at her. The father reported:

> *"One day I had gone to the market to buy some food while my wife had gone out to look for work, we left Lydia sitting in her wheel chair on the verandah outside our house. Upon return, I found an empty wheel chair and Lydia was nowhere to be seen. I panicked and asked the neighbors if they had seen her and they just shrugged and ignored me. I looked around and after 4 hours of searching I found my gal had been locked up in an abandoned house in the neighborhood. This broke my heart because I know it's the neighbors who had done such a thing. Why would anyone want to hurt an innocent being like Lydia?"*[18]

A 43 years old Congolese woman said that many times, she has been chased out of houses by landlords because her child has a severe facial cleft malformation, and is epileptic. She said:

> *"The landlords usually accept to take us in but after they realize that I have this child, they come up with indirect ways to chase me out of the house. I have lived in nine different houses over the last two years. When my child experiences an epileptic attack, all the neighbors gather around. The landlord then says that because of this, he is losing customers for his houses. This was not a problem in Congo since we lived in our own house which was enclosed in a fence so people would not see my girl. Now she is exposed to the public and she is attracting a lot of negative attention".*[19]

Such examples of ignorance, prejudice and discrimination demonstrate the vulnerability of disabled children to developing low self-esteem, resulting in them leaving school and staying at home. Moreover, participants argue that low self-esteem makes them easy prey for people ready to exploit them.

3.7.3. Sexual Exploitation and Violence towards Girls with Disabilities

There is a high risk of sexual exploitation and violence towards girls with disabilities, partly because they may be unable to defend themselves against perpetrators, or report the abuse. Reports were made of blind girls being unable to see their abusers, or that those with physical or intellectual disabilities might not be able to physically resist, escape and report the abuse in detail. This was apparent in the case of a 12 year old girl with a hearing and speech impairment. She was defiled twice while going to school. When she returned home and the mother sensed that something was wrong, the child was not willing to open up. She then refused to go to school

[18] Interview with parent of disabled child in Kampala.
[19] Interview with 43 year old mother of a child living with disability in Kampala.

and preferred staying indoors. The mother could not pursue the case as she did not know the perpetrators and the police could not communicate with the girl.

Another mother of a 13 year old with a hearing impairment reported that her daughter has experienced two attempts of defilement. This happened when she went to the well, and although she managed to create an alarm the perpetrators escaped.

3.7.4. Challenges for Parents of Children with Disabilities

Fear for the safety of children with disabilities was a common theme, such as one mother of a seven-year old child with a hearing impairment worrying about her daughter being knocked down by a speeding vehicle. Lack of facilities at schools and children being taunted were also commonly mentioned, leaving parents frustrated, angry and often feeling powerless to improve matters. Examples were given of blind children, with no Braille books to learn to read, and deaf children facing related problems; as one mother said:

> *"I have three children who are deaf but we have failed to get the aids so that they can go to school".*

Another mother of a 2 year old with delayed development milestones cited high costs of physiotherapy. On average, a physiotherapy session costs UGS15,000 which is considerably more than these mothers can afford.

Some mothers report the burdens of caring for a child with a disability, having to provide daily care as well as engage in economic activity to sustain the family. For girl children with intellectual disabilities, the mothers say they have to take extra care to protect them from sexual exploitation. Hence they have to keep the girls by their side when they go to work, or are forced to stay at home with them, limiting their time to look for income.

A single mother of three children (two girls and one boy) with intellectual disabilities reported being faced with a huge challenge of caring for them; she described having to look for work but feeling too overwhelmed with her responsibilities. She relies on neighbors to help care for the children as she goes to wash clothes for money, though she said the neighbors are often unwilling to stay with the children because they need a lot of care and attention. She said:

> *"When I fail to find where to leave the children, I have to lock them inside the house. But this is so painful because even when I leave for them cooked food, they cannot serve it to themselves to eat it, so they spend the whole day without food".*

Another single mother of a child with Down's syndrome experienced challenges with her other children as they felt she was ignoring them, giving all her attention to the child with a disability. On a home visit to the woman's home, the other children said:

> *"It is about Betty all the time. Mother can refuse to buy food for the rest of us but when Betty is hungry she will get the money to buy for her kidanzi and safi. Betty cannot even*

share her eats with the rest of us yet we are also hungry. Mother is always away moving around offices and hospitals with Betty. She does not care about the rest of us"

These 15 and 12 year old girls have started engaging in survival sex work and no longer listen to their mother, resulting in great distress for her.

Another challenge that mothers of children with disabilities face is potential abandonment by the fathers of the children, who may not accept a child who is perceived as *"not normal"*. There are instances of fathers apportioning blame for the disability on the women, leaving both mother and child vulnerable and lacking financial and social support. Some mothers reveal feelings of resentment towards the child, whom they come to view as a source of their marital troubles.

3.7.5. Women with Disabilities

A 54 year old Congolese woman with a physical disability described how;

> *"There is no treatment to relieve us from the pain we are having"- "We are unable to work like everyone else. While others can move to sell things, both my legs can't move so I need someone to take me around, but where is that person? I always need money to move to go to the hospital and to the different offices"*[20]

And as one refugee woman with a disability put it *"A disabled woman has a worse life than anybody else."* [21]

One 24 year old woman with albinism has three children born out of rape. The first two instances of rape happened in her country of origin. The third happened during her flight process to Uganda. She currently experiences sexual assault as men try to grope her and hurl sexual suggestions at her. She says:

> *"Whenever I pass by a group of men, they touch my skin and say suggestive words like they want to sleep with me so that they can know how it feels to sleep with an albino"*

A 22 year old woman with disability said:

> *"Since in Congo I didn't get a chance to go to school, I decided to go for English for Adult study so that I can at least learn to write my name. But whenever I pass on the road, people look at my face and mock me. They laugh at me and say very hurtful things to me. I feel very small and I have stopped going for these classes".*

Such examples of ignorance and discrimination, combined with sexual harassment, show some of the strains felt by disabled women in Kampala. Despite trying to make a healthy life for themselves they face demoralizing encounters on a regular basis.

[20] Ibid

[21] Interview with 32 year old refugee woman with disability in Kampala

Discrimination was a recurrent theme, similar to the children's' experiences, together with a disability unfriendly environment, with a lack of access to toilets, buildings with insurmountable steps and entrances. As one woman put it:

> *"We can't access structures here in Kampala. All the offices are upstairs and we can't go up. Even accessing the toilet is a challenge. "I cannot squat down to ease myself in the toilets yet they are the only available ones".*

Difficulties in finding accommodation, work and appropriate healthcare (specialized healthcare was viewed as out of reach financially) were frequently mentioned. One woman reported that a landlord refused her accommodation on the grounds that her disability would render her unable to pay the rent. An example of difficulties in remaining in employment was given by a 23 year old albino Congolese woman who had managed to get a job in a restaurant. After six months the boss terminated her saying that customers were no longer coming to his restaurant because of her. These women find themselves forced into situations where they have to depend on others for survival, leaving them open to exploitation.

Opportunities for communication and socialization may also be very limited, even within their own families. One Somali woman with a physical disability said:

> *"I can sit in the same spot from morning to evening without anyone caring to speak to me. This kills my spirits and my abilities as a person. When my mother was alive she was the only person who cared to speak to me but even my own brothers and sisters do not want to associate with me. I do not eat food with the rest of the family as I am taken to be unpleasant. I have a lot of anger and sometimes I feel like I am developing a mental problem"*

These types of problems were cited as reasons for finding it difficult to make relationships, due to feelings of worthlessness. Along with finding it difficult to meet a potential spouse instances were quoted of some young women with disabilities getting pregnant out of wedlock, which is also culturally taboo.

Rejection by family members was exemplified by one 32 year old Congolese woman who recounted:

> *"I was shot in the hand and later they had to cut it off. I came to Uganda with my brother. After two years, my brother just woke up one morning and told me that he was tired of living with me and supporting me in everything and that he was going away to find a job and another life for himself. He walked out of the door and I have never seen or heard from him again".*

3.7.6. Recommendations from Women with Disabilities and Parents of Children with Disabilities

i. Improved access to medical care and appropriate aids and equipment for children and women with disabilities

ii. Improving on accessibility to buildings like offices and hospital
iii. Reduce bureaucracy in accessing services especially at offices serving refugees
iv. UNHCR and other aid agencies should support them to access basic needs like food, rent and education
v. Aid organizations should offer them transportation to hospitals
vi. Mass sensitize to change people's attitude towards persons with disabilities especially at community levels and among service providers
vii. UNHCR should consider a durable solution i.e. resettlement since the conditions in Uganda hinder them from leading a normal functioning life
viii. Aid agencies should support them with startup capital to engage in self-employment.

3.8. Experiences of Elderly Refugee Women

One focus group (N = 14) was held with women aged 57–81 years, from DRC, Rwanda and Burundi.

Recurrent themes from the focus groups and interviews with elderly people were lack of respect, loss of dignity, and neglect;

> *"In situations like these, old people fear life more than death. One would rather die and put an end to all this suffering. We have seen our children die, we have lost everything we had, and now there is no opportunity for us to regain all that which we have lost"*[22].

3.8.1 Aging without Dignity

Many elderly women, during the study, felt that as refugees they are not valued as human beings and are often disrespected. One 60 year old refugee woman reported that when she went seeking protection, the protection officer told her to go and get married so that she could get protection from a man. She went on to say that:

> *"The elderly people know better since they have been here longer. If you do not treat well the old, time will come and you also grow old and you suffer. They have no more strength. Ignorance, disrespect, and lack of attention to elderly persons will contribute to quickening of death among older refugees".*[23]

Another elderly woman reported that:,

> *"If you go to some offices to seek medical help, they make you sit from morning to evening without anyone attending to you. If you insist that you want medicine, they put you in an ambulance and dump you at Mulago Hospital and they leave you there".*

[22] Interview with 67 year old refugee woman in Kampala
[23] Interview with 60 year old refugee woman at the RLP, 2013

Participants described a lack of social support for elderly refugees, and expressed their feeling that the community no longer values elderly persons, and that young people are only concerned about themselves. One elderly person narrated how when she became sick and remained inside her house for a whole week without food or water, no one came to support her.

3.8.2 Age Discrimination

Similar to other groups in the study, discrimination is a key issue faced by the elderly women, as demonstrated below. One 76 year old Somali woman said:

> *"When I go to the hospital, they say you are old there is no medicine for you"*[24]

A 69 year old Congolese elderly woman said;

> *"Whenever I go to seek treatment, I am given Vitamin B and they tell me to go away".*[25]

Another elderly woman said,

> *"I clearly cannot afford to pay my rent and getting food is a big challenge for me but whenever I go to seek assistance from offices, they tell me that we old people are used to begging and that I should go and work. But at least if they could support us with Income Generating Projects"*[26]

Some of the elderly cannot get employment despite being qualified professionals. One elderly woman with a Bachelor's degree in French was told by the principal at a school at Kawempe that she was too old for the post. Some elderly women are traditional birth attendants but they are not recognised by the government or supported to engage in work to earn a living.

The elderly persons say this discrimination is bad; they feel it is now their turn to be served.

> *"We older people need to be empowered, encouraged and comforted, without this we will die quickly"*[27]

3.8.3. Lack of Basic Needs

Many elderly refugees in Kampala report a lack access to the most basic of needs such as food, shelter, clothing and medical attention. They tell how doctors have recommended them to eat certain foods to boost their immunity, but that they cannot afford these foods. Others are advised by doctors to refrain from eating certain foods because of their medical condition, but cannot afford to do so and have no choice but to eat whatever they can. One 70 year old Congolese woman, for example, who suffers from severe peptic ulcers, was advised to eat fish she did not have the money to buy.

[24] Interview with 76 year old woman in Kampala
[25] Interview with 69 year old Congolese woman, 2013 in Kampala
[26] Interview with 69 year old Congolese woman, 2013 in Kampala
[27] Response from one of the participants in a focus group discussion, 2013 Kampala.

As might be expected, elderly refugee women were reported to suffer from chronic ailments such as hypertension, diabetes, ulcers, hernias, heart problems and back pain, though there were complaints of inadequate care and treatment for their conditions. Poor diet, coupled with the stress of looking for money to survive, worsens their situations. They do not have money for transport to go to hospitals and they find it hard walking long distances to access health care.

Many older refugees leave the rural refugee settlements for Kampala in search of better services, mainly health care and housing. They say the houses in the settlements are falling down and they cannot afford new plastic sheeting. They also say that in the settlements they are unable to access medical care for their conditions, having to look for firewood, fetch water and cook, but lacking the energy to do so. The maize grain they were given was not ground, so they would end up selling a portion of it to get money for grinding.

> *"All my children were killed in the war. I had to come here to escape from death. I stayed in Nakivale for three months but when I got sick and went to hospital, thieves came and stole all my things. I spent one month walking barefoot and without changing my clothes because I didn't have any. It's a pastor's wife who felt sorry for me and gave me some clothes. Now I am in Kampala but it's even worse! The house I sleep in is like I am sleeping outside. People defecate right outside my door and the room stinks of feces".*[28]

3.8.4. Sexual Violence Experienced By Elderly Women

Many elderly women were sexually abused during war and continue to live with the physical and psychological effects of this violence in Uganda. The elderly woman finds it hard to seek sexual and reproductive health services from hospitals, mainly because they fear stigmatisation: *"I feel ashamed telling anyone that I was raped."*[29]

They therefore remain with untreated STDs and STIs that develop complications. Participants also describe how elderly people tend to be reluctant to seek counselling because they are afraid of opening up old wounds, and are also put off by young counsellors whom they assume are too inexperienced. Participants did acknowledge that, having heard successful therapy stories from friends, more elderly women are choosing to visit Refugee Law Project for counselling services.

There are instances of marriages being affected, since some elderly women fear revealing they were raped to their husbands, despite the fact that the trauma prevents them from engaging in conjugal activity. An elderly couple, where the woman suffered rape but did not tell her husband, is a case in point. She was unable to engage in sexual relations with the husband and he insisted until she revealed the truth. He was very annoyed and threatened to divorce her. The woman was further traumatised and she felt guilty and responsible for being raped. She continuously apologized to the husband and begged for his forgiveness.

Unfortunately, as the study reveals, elderly women are also susceptible to rape in their country of asylum, Uganda. A 64 year old narrates:

[28] Interview with an elderly refugee woman in Kampala 2013
[29] Interview with 72 years old in Kampala 2013

"I had gone to fetch water from a protected well at around 6.30 pm. The line was long and it got dark while I was still there. Some group of men approached us and the young girls I was with ran away but I was unable to run. They pushed me down and raped me. When I went to report to the police they asked me for 50,000 Ugandan Shillings. When I went to Inter-Aid they said they didn't have that money. I gave up on following the issue because I had nowhere to get that money" [30]

3.8.5 Durable solutions

One of the main questions for elderly refugees regards durable solutions. While other refugees can hold on to hope that one day they may return home or may be taken to a third country, this option is not always available for elderly refugees.

"For elderly refugees, they cannot return to their country of origin, they cannot become Ugandan citizens and they cannot be resettled. So what are we supposed to do?"[31]

As is the case amongst refugees more generally, there are elderly refugee women whose cases merit resettlement to a third country. There are those still suffering from the effects of sexual violence, torture and generalized violence, many of whom fall under the criteria of women at risk, and there are those with complex medical problems with clear supporting medical documents, but their chances for assistance are limited because of age.

Many of them ask why they should be discriminated from the opportunity of resettlement because of age, given that they are still very productive. Many older persons are taking care of orphans and other vulnerable children, sitting at home while their daughters and sons go out to look for food. They cook and clean the house, caring for their husbands, and they are economically contributing through self employment and through engaging in crafts.

There is no written limit on age for exclusion from resettlement countries but UNHCR advises that it is better for an elderly person to join a file of another relative so as to benefit from resettlement.

According to participants, many older women who approach offices for assistance in terms of resettlement are told to return to their countries of origin. However, the majority of older women interviewed say that returning to their countries of origin is out of question for them; they have experienced pain and anguish and they do not want to return back to those painful memories. They often ask:

"All the land and property has been seized and occupied. The houses were destroyed and the cattle killed. I have seen my children die there. The memories are still fresh in my mind. The war is still going on. Where would I return? If elderly women run away from their homes it's not out of their wish, why then do you turn away from helping these people?"[32]

[30] Session with a 68 year old at the RLP 2013.
[31] Interview with an elderly Rwandan refugee woman.
[32] Response from one participant in a focused group discussion at the RLP Kampala 2013.

3.8.6 Recommendations by Refugee Elderly Women

i. Medical care should be provided to care for diseases related to the elderly, such as high blood pressure, ulcers etc
ii. Service providers should consider elderly people in their planning and programming
iii. Service providers should offer more attention to the issues of elderly people and should treat them with respect
iv. UNHCR should consider resettlement for elderly persons
v. Elderly women with skills like Traditional Birth Attendants should be assisted to get jobs and offer service

3.9.0: Women Engaged in Survival Sex Work

The overall impression derived from this research project, is that women refugee sex workers offer their services as a reaction to financial hardship, fragmented families with no male protection, and a perceived lack of choice in being able to improve their lives in other ways; they feel trapped, with sex working offering some escape and a means of survival. Work and educational opportunities appear limited and language difficulties present barriers to self-improvement. It was often the case that the women concerned had previously been sexually assaulted during the wars and conflicts, or during the exodus from their former homes.

Sex workers run the risks of contracting Sexually Transmitted Infections (STIs) as well as HIV/AIDS, unwanted pregnancies, trouble with the police, and potential physical abuse and rape from clients. Harassment from local sex workers places women at risk of acid attacks, beatings and poisonings. Stigmatisation by the local community not only has impacts on the women and girls' self-esteem but also those of their children and families. Reports of children *'carrying the mother's shame'* were common, also of children blaming themselves for their mothers' behavior. Anxiety, shame, guilt and depression are common amongst the sex workers themselves, as are longer-term concerns regarding ever being able to find partners, or losing their looks and attractiveness. Thus the impression gained is that while sex-work might appear to provide short-term benefits, in the longer term these are outweighed by disadvantages (see Table 2). Ambivalence, manifesting as internal psychological and emotional conflict (*"should I do this, shouldn't I do this?"),* was a common factor for the women and girls when considering the decisional balance between advantages and disadvantages of sex working.

Table 2. Advantages and Disadvantages of Survival Sex Work, as described by women engaged in Survival Sex Work.

Advantages of survival sex	Disadvantages of survival sex
Able to pay rent	HIV/AIDS and other STI'S

Able to feed and educate children	Unwanted pregnancies/infertility
Able to get cars	Being held without consent or lawful conviction
Helps sort out your problems	Worries
It makes one to be known	Disrespect and loss of esteem within society
	Psychological trauma resulting from adverse conditions
	Regrets
	Lack of trust in oneself, loss of self-esteem
	Children without fathers
	She's blamed for breaking up of families, or she worries about that. She's blamed for domestic violence
	She may become a target for assault or murder by other sex workers, by customers or by other community members
	Expensive to maintain because you have to look good and attractive
	Failure to get future permanent partners
	Temptation to return to sex for money is big
	Survival sex exposes women to potential abuse, rape and torture
	It psychologically damages children because the community despises them because of what you do. The children get blamed by themselves and society. They carry the mother's shame.
	It takes away your freedom and peace, self esteem and people will not like you, they will call you names.
	It brings temporary solutions to the problem but the root cause remains unaddressed.

The remaining sections of this chapter show in more detail some of the psychological and emotional consequences of sex working, physical effects and the impact on the family.

3.9.1. Consequences for Female Survival Sex Workers

The following case provides a graphic illustration of some of the issues raised in the preceding section, giving a glimpse of the feelings of being trapped by circumstances and the seeming lack of choice in taking up the survival sex trade.

Amani (not real name) a 34 year old female refugee is responsible for taking care of her four children, an elderly mother, and an HIV positive brother. She felt overwhelmed by the needs of the family, so she decided that survival sex was her only option to meet these needs. She said:

> *"At that time I felt there was no choice but now I do know there is always a choice and nothing like there is no choice. Survival sex takes away from every woman who gets involved in it. It took away my dignity, freedom, peace, my smile and indeed life itself. I suffered untold violence, I was physically beaten, raped on several occasions and it hurt that this time unlike during war I made myself available for the rapist; men who had money controlled my life, forced me into some of the most degrading sexual acts such as being forced to swallow the semen when they ejaculated in to my mouth during oral sex. I felt dirty, helpless and powerless.*

Many times I was not paid for the services that I rendered yet I could never dare share my pain with my mother or children. Each time I saw the food I helped put on the table, guilt consumed me because I knew what I was going through. When you choose survival sex, you become an enemy to yourself, picking the rope to hang on, it is never a life anyone should indulge in, no pain is enough, no difficulty too much that one should opt for survival sex as an avenue of rescue.

It took counseling sessions to help unveil for me the positives and negatives of survival sex and opened my eyes to the unused power I had within. I was able to evaluate the spaces I could use my knowledge in. I realized that while survival sex did meet some of my immediate needs, it degraded, de-generated and dehumanized me as a person and that in the long run it would hurt my family. I now run a hair dressing business and am a leader of my community. I do not get all the money that I used to make but I know I am richer because I have my life back."[33]

This case found echoes in the focus groups, as similar stories were recounted; it is noteworthy that whilst the women felt they had been degraded by previous war/conflict associated sexual violence this was seen as qualitatively different to sex working. They choose the sex for money but they are forced to take the disadvantages along with it. Moreover, that the men who buy sex are treated differently, because no one says anything about them, results in an inequality which is a source of psychological trauma. Feeling '*dirty, helpless and powerless'* were recurrent ways of viewing their actions.

Shame and guilt are further reinforced by reactions of the local community and their own families. Nonetheless, this particular individual accessed support from counselling services that enabled her to take a fresh view and rebuild her life, acting as a potential role model for surviving the gross indignities and pain of survival sex.

Abuse and being ostracized by the local community were frequently reported by the women, further adding to their shame and guilt. Reports of the "*peering looks of community members, the pointing fingers, and the sudden silence when one approaches a group that could have been chatting happily away"* all add to their feelings of disgrace. Women and girls in survival sex work are despised, labeled "*cheche*", "*chungu ya gasia*" (meaning dustbin). One female sex worker said:

"When you move in the community, it is as though you are the only sinner and the rest are spotless. It is a terrible feeling."[34]

And another:

"Sometimes I feel so dirty, the kind of dirt that soap and water cannot clean. It is dirt in the soul, in the mind and in the body"[35]

[33] Testimony of a refugee woman during a counseling session at the RLP office, February 2013

[34] Comment by a focus group discussion participant on advantages and disadvantages of survival sex in Kampala, February 2013.

One young girl, a bread-winner for her five siblings, confessed, with tears streaming down her eyes that:

> *"I blame myself because when we arrived in Uganda, I was only 14 years and did not have to do this and I ask myself why I must do it when I am 21 years"*[36]

Although the women and girls in the focus groups talked of the material compensations for their way of life (nice clothes and accessories as well as the basic necessities of survival), there were frequent reports of depression, anxiety, suicidal thoughts, and alcohol and drug abuse. Most women would stop sex working if they had viable alternatives in terms of work and financial opportunities.

Longer-term psychological and emotional consequences included the women's fears for future relationships; that they would remain alone and unable to form permanent relationships or marriage. These feelings were frequently compounded by a lack of trust in men and anger towards them. Fears also that people would never trust them to have left the sex trade for good were expressed, reinforced by one male refugee who said:

> *"How can you waste your life with a public container, you just cannot be sure about such a woman."*[37]

The focus groups discussed issues of the perceived social unacceptability of marrying a sex worker, tending to view such unions as being disrespected in the community, with the family being marginalized. Some male fears were reported, such as the view that once a woman had had many sexual partners she would no longer be satisfied within a monogamous relationship. Girl sex workers showed concerns for never being able to have children in a stable family if men would not marry them. Both women and girls expressed fears of becoming older and unattractive, no longer being able to earn money from sex.

3.9.2. Long-Term Negative Physical Effects

3.9.2.1. *Attitudes Towards Contraception*

The study revealed that many women and girls who engage in survival sex do not use protection to shield them from pregnancies or sexually transmitted infections (STIs). It was frequently reported that *'live'* sex (not using a condom) brings in more money because many men prefer it that way. It is also said that sometimes condoms can remain in the woman's bags unused for months because of their difficulty in talking about having condoms. There is reluctance to discuss use of a condom with their customers and a tendency to bow to the power that the men assume, as the ones who pay for the rooms where the sex happens, with the man's comfort and pleasure taking precedence. Furthermore, discussing use of a condom poses a risk if it is openly suggested that it could prevent the transmission of HIV/AIDS or STIs, as it is reported that men

[35] Testimony of a 21 year old Congolese girl at a counseling session January 23, 2013
[36] Ibid testimony 21 year old.
[37] Interview with a male refugee at the RLP, February 13 2013

are more likely to be violent and resort to rape. One suggestion was that if the man had already contracted a disease they would not care about whether there was protection or not.

Corroborative feedback from a Medical Officer confirmed the view that few women and girls use contraception.

3.9.2.2. Unwanted Pregnancies

Whilst use of condoms would protect women and girls from STIs, a reluctance and fear of using such a method results in unwanted pregnancies. Moreover, it was reported that some of the females involved would attempt unsafe abortions, leading to gynaecological complications, potentially leading to infertility and death. There are also risks of birth complications when babies are born after unsuccessful abortions.

3.9.2.3. HIV/AIDS and STIs

The foregoing demonstrates that the likelihood of contracting HIV/AIDS and other STIs, and infecting others, is high amongst this group, though it is unknown just what proportion of sex workers has infectious conditions. This is further complicated by some having multiple infections, some of which were incurred during war or conflict, or while fleeing conflict zones.

3.9.3. Physical Assaults

It is not uncommon for sex workers to be attacked and raped by their clients, or to receive beatings, acid attacks or poisonings from local sex workers. Protection for this from the police is not forthcoming and the women and girls run the risk of being incarcerated for illegal activity.

Physical assaults and sexual abuse of the children of sex workers are also reported, by men seeking to have sex with young girls who are perceived to be less likely than their mothers to carry infection.

3.9.4. Impact of Survival Sex on the Family

Many of the sex workers are, in the absence of other responsible family members, the head of the household and responsible for supporting sometimes numerous dependents. Reports from the focus groups suggest that the women often try to hide their activities, but that children and other family members get to hear of the clandestine work and suffer taunts and other abuses from neighbors, resulting from what their parents are known or suspected to do. The experiences of two refugee children, one aged twenty, whose mother is involved in survival sex, are reported as follows:

> *"I am angry with the behavior of my mother. Can you imagine my mother is an official prostitute in the settlement? I am bitter that my mother has chosen to disgrace herself in that kind of way. I feel ashamed of what she is doing to the family. Many times I do not eat because I think of the way the food is got. Does my mother have to sleep with men at her age to put food on the table? I was never used to digging but I had to learn how to*

dig in order to provide for the family. I wonder whether my mother does not have other options. Is she the only widow who is raising her children without support? What about the many single mothers who have not involved [themselves] in prostitution. Sometimes I think my mother is just using my father's death to do something that she probably would always have loved to do. I hate the way she dresses; my mother makes up, unfortunately for the same men. I wonder how much they pay her. If all the money she is paid is used to look attractive for the men, then what is she working for?

My sisters have taken after their mother yet they have had children which have resulted in more burdens for the family because of the prostitution. Can she advise them against it after all she is showing them by example? Now the entire family rests on my shoulders and I feel guilty that I cannot provide for them. Sometimes I blame myself for what my mother is doing because if I had the capacity to provide for the family I would have done it and my mother probably would not engage in prostitution.

I wish our mother could be cut off from us; we should never be identified with her because she really does not care about us. If she did she would know we are hurting. I will never let her know my pain. How can I tell my mother that what she is doing is wrong? She is my mother and I must respect her. She will never know. In the community we are abused, disrespected, humiliated all because of our mother. What have we done to deserve such treatment?"[38]

During a home visit with a client's family in Kampala, a ten year old boy was asked how he would feel if his mother was involved in prostitution and without blinking an eye he responded:

> *"She must never call me her son" and when he was asked why he said "I just do not want to identify with her."*[39]

It would seem that children feel betrayed by their mothers and often begin to blame themselves for the choices that their mothers have taken when they discover what they are doing. They look at themselves as burdens and often imagine that if it had not been for them, their mothers would not have been reduced to such degrading life.

It was reported that some adolescents and young adults develop mental health disorders such as depression, anxiety and suicidal tendencies because of these experiences. Children appear conflicted by love for their mothers (or their sisters) and abhorrence for their activities. Some of the sex workers expressed great difficulty in being able to talk to their children about such matters, with a tendency for their sex work to be a sort of open secret within the family, with all parties sometimes acting as if nothing untoward is happening.

It was further discussed that whilst hiding their sex work from younger children is possible, this is not the case with adolescents, with reports of young girls being adversely influenced and drawn into the same activities by the lure of material benefits.

[38] Client notes during a counseling session at the RLP, February 6th 2013
[39] Home visit session with a client's children in Kampala March 2013

In a counselling session one girl responded to the question as to why she was involved in survival sex thus:

> *"I also want to do my hair; I need Vaseline, shoes, and clothes like others".*[40]

There were also instances of girls sharing the same men with their mothers.

Some women involved in survival sex also report cases of extreme indiscipline among their children. They complain that the children do not listen to them, leave home without informing them, and do not share their plans. A lack of respect and authority would appear to operate, sometimes the male children especially become violent and others become involved in substance abuse, telling their mothers that they have nothing to lose. It therefore becomes increasingly difficult for the mothers to control their families, and one explanation given for such rebellion is that it is a way for the children to demonstrate their anger at the way they feel they have been treated. For younger male family members this is compounded by a sense of being powerless to improve matters.

Participants reported that many children who have been orphaned or separated from their fathers interpret their mothers' involvement in survival sex as a betrayal of the memory of their fathers, often understanding it as their mothers not having loved their fathers enough. Some have alleged their fathers' absence is being used as a cover up of a flawed character in their mothers.

In the family survival sex does not only affect children; parents talked about their distress because of their young girls being lured into survival sex. As one mother of a sixteen year old explained:

> *"I do not sleep when she has gone out there, she is unstoppable, I do not even see what she is looking for because I still pay the rent, buy the clothes, food and all that she needs. Sometimes she comes back in the morning or after days. The feeling that something bad may happen and I will be called to pick a dead body is unsettling. I cannot be everything to her. I just do not know what to do. What will happen when she one day comes back with HIV or is pregnant?"*[41]

Parents in such situations tend to view themselves as having failed in some way; despite being angry and upset at their daughters' behaviour most carry on supporting the girls, who are also mistreated by pimps and clients. A sense of self-blame seems to permeate some of the refugee families, seeing themselves as responsible for the horrors of the past.

Interview with Medical Doctor; Ntinda Family Doctors Clinic. March 7 2013

According to Ntinda Family Doctors Clinic, many refugee women and girls referred to them by RLP are treated for post abortion complications such as severe bleeding, damaged uteruses, smelly discharges and sexually transmitted infections. Also, 80% of the female clients at the RLP are survivors of rape. Many already suffer from severe lower abdominal aches, back-aches, chronic pelvic inflammatory diseases, altered menstrual cycles and a host of other physical

[40] Response from a 14 year old girl during a counseling session at the RLP, 4TH March 2013.
[41] Client session at the Refugee Law Project, April 9th 2013.

medical complications. Survival sex exposes them further to these same ailments, compounding the situation. According to the Doctor, use of family planning methods is rare among the refugee women and girls, yet for those who feel that survival sex is the only way out, family planning methods would improve their health and protect them from pregnancies and other sexually transmitted diseases.

3.9.7 Conclusions

The major challenges identified by this group of women included; the high risk of contracting STIs and unwanted pregnancies, difficulty accessing medical care as many health workers tended to be discriminative, stigma and discrimination from their community and some family members, sexual as well as physical violence encountered during sex working. The findings also showed the women had psychological problems such as trauma, suicidal ideation, low self esteem, depression and guilt, as a result of the above experiences. Findings indicate that the women are caught in a web of survival sex due to limited opportunities and a lack of alternatives.

3.9.8. Recommendations

- The police, Local Council leaders, refugee leaders, protection officers and other justice institutions should ensure protection and response to reported cases of sexual and physical violence.
- UNHCR, InterAid and other aid organizations should create opportunities for the women and girls. According to the women and girls, such opportunities can include; education, livelihoods' support, and resettlement.
- UNHCR and InterAid should include survival sex workers as a vulnerable category of women and girls who need to be given consideration under the UNHCR urban refugee policy of 2009. Access to such support could be of assistance with basic needs, and education for their children.
- Health service providers and other aid organizations should support the women to access medical care in a friendly manner.
- Refugee leaders, community leaders and other organizations should continually engage with communities to prevent psychological and physical abuses that the survival sex workers may encounter in communities.
- Psychological and mental health care should respond to the identified psychological challenges faced by survival sex workers.

3.10. Somali Women and Girls in Uganda

The Somali community in Uganda is a relatively closed community that hardly allows in those perceived as '*strangers'*. The general arrangement in this community is that men care for the women, hence widows, elderly people and other vulnerable persons are under the care of a male guardian, whether a father, husband, son or any other male relative. Women are generally perceived as weak and in need of protection. Any female moving out of the household or community is supposed to be in the company of a near kin male. The women hence have few chances to participate in public activities, be able to express their views freely.

Within the community, a recognized committee of elders tries to address challenges that arise. Religious leaders also play an important role in ensuring social harmony and order in the community. These are also concerned with providing financial aid and assistance with other basic needs such as food and shelter to those recognized as needy.

Although on the surface the Somali community appears to have protection measures and mechanisms for the women and girls, the usefulness of these in addressing the concerns of Somali woman and girls must be questioned, since these leadership structures are usually comprised of men. Somali participants reported keeping their concerns to themselves, or only sharing them with fellow women who offer social and psychological support. Mothers have taught their daughters; hence many Somali refugee women are suffering in silence.

3.10.1. Somali Single Women

Women and girls from the Somali community reported that despite the structure and organization of the community there is a high prevalence of rape and defilement among Somali communities. When a household has a male figure in the form of a father or an older brother the risk is reduced. However, when Somali boys and men realize that that there is no father or male figure in the household young girls are more liable to sexual abuse. When the single mothers of the girl children report the issue with the families of the boy children or the elders within the community, nothing is done. Other mothers who insist and try to follow the issues end up being stigmatised in the community, to the extent of being called names like '*the mad woman, or the quarrelsome woman'*. Eventually they find themselves isolated from the rest of the community, with a high chance of their daughters conceiving and dropping out of school. A single Somali mother had this to say:

> *"Older men often lure our young girls into sexual relations with promises of protecting them from harassment of young boys. When the young girls refuse the older men, these old men set up a group of goons to waylay the girls and force them into sex, and also hurl verbal insults at them."*

Many single mothers have to work hard to sustain themselves and their children, especially in Kampala where there are fewer restrictions for women to engage in work outside their homes. Three Somali women have testified to being sexually assaulted while offering casual labor in the homes of Somali men. One of them said:

> *"I always go to clean the house and wash clothes for two young Somali men. They had promised to pay me 200,000 UGX at the end of the month. But when I asked for my money they said they did not have it and when I insisted they forced me to have sexual relations with them".*[42]

Another Somali woman shared that:

> *"I was sexually harassed and they threatened to kill me if I spoke about it"* [43]

The widows also said they are taken advantage of by men within their community since they have no one to protect them. This happens when the women seek financial assistance, or assistance for basic needs like food and shelter. In the settlement, a woman is supposed to look for men to help her construct a house, and men take advantage of such opportunities. The older women find it difficult to get the support of men, hence their shelters are dilapidated and in very poor condition.

The widows spoken to during the study and those who have separated with their men in the process of flight said they have no desire to remarry. Despite the many challenges, they say they are better off being alone and raising their children as best as they can, and only appeal for assistance towards the education of their children.

In this community, women and girls who conceive out of wedlock are overtly stigmatised and discriminated against. This does not stop at the girls but also the child, and their entire family members, especially the mother who gets blamed for allowing her daughter to conceive a child out of wedlock. These families often get left out of community life. One mother of a minor who had a child out of wedlock said:

> *"I am totally alone. The whole community does not talk to us. Even when there is assistance, they never call us, saying we are bad mannered. I have tried explaining to them that my daughter conceived this child out of rape but they say that I am trying to cover up for her."*[44]

3.10.2 Denied Freedom

Somali women in Kampala revealed that women refugees may experience harsher treatment within their own homes, and from the people who are supposed to be protecting them, than they experience at the hands of strangers. It should further be noted that women failed or were unable to speak to the researchers in the presence of men until they were separated from men. Once separated, women explained that if they speak in front of the men they are punished later for revealing things which are not supposed to be spoken about, and for bringing shame to their men.

The women are not allowed to work outside their homesteads and if they do this they get punished by their men. They can only engage in making and selling petty things like snacks, selling dresses and cloths, beauty products like makeup and perfume, but only in the enclosures

[42] Interview with a Somali mother of two children at the RLP
[43] Interview with 24 year old Somali woman at Kisenyi in Kampala
[44] Interview with a Somali mother whose 16 year old daughter had a child out of rape, 2013.

of their homes. The women are not allowed to work alongside men as this is seen as undermining them. One woman explained:

> *"Even if you give us startup capital, it will not benefit us since we are not allowed to work outside our homes. The men will capture everything and this will cause us many problems in the community. It is better that you just bring us education so that we can learn to read and write"*[45]

This denial of a chance to engage in meaningful work makes the women even more dependent on the men in the community.

Many Somali girls are denied the opportunity to go to school as the men see this as unnecessary. In fact, at least eight Somali women said they did not get a chance to attend school. The mothers have however realized the importance of sending their daughters to school, but they usually do this against the will of their husbands. The husbands prefer the girls to get married instead.

> *"There are nights when I wonder how tomorrow's generation will be. There is no project to support our girls and women. As a mother, my appeal is to help us to educate our girls so that they can have a bright future".*[46]

3.10.3. Domestic Violence in the Homes of Somali Refugees

A young married Somali woman intimated that:

> *"Many women fear to talk because they fear to be beaten by their husbands in the night. When your husband beats you, you cover the bruises under the veil and if anyone asks you about the bruises, you are supposed to say that it is an insect bite. From childhood, we are told never to speak about beatings we suffer in the hands of our husbands as this disgraces the man in the community which even earns you more beatings."*[47]

Many women cited experiencing domestic violence but they were suffering in silence. There is no one to talk to, hence making it even more difficult.

> *"When you try to complain to your mother about this, she tells you to be patient and not to talk about it to anyone."*[48]

There are many reasons that would earn a woman a beating from her husband but it is mainly when a woman opposes a man in the home; **"***As a woman, I cannot oppose a man unless I want problems for myself."*[49]

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[45] View expressed by one Focus Group Discussion participant in Kisenyi Kampala, 2013.
[46] Response from a Somali mother during an FGD, 2013.
[47] Interview with a Somali woman, 2013.
[48] Interview with 28 year old Somali woman, 2013.
[49] Ibid

Participants described how violence can also stem from the woman's own relatives, in which case the men in the home are still unable to protect the woman being victimized. One example involved a 34 year old Somali woman who married a man belonging to a minority tribe. On learning this, the family of the woman started harassing the man, physically and verbally abusing him until the man decided to move away. He moved out of Uganda promising the woman that if he became financially better off he would come for her. The man left two children from his previous marriage under the care of this woman. The woman at the moment is facing a lot of physical, verbal and psychological abuse and violence, especially from her male family members and clan heads. They continually assault her, saying she disgraced them by marrying a man from a minority tribe and that she will contaminate them. They tell her to send away the children who were left under her care. The woman has refused to do so as she has nowhere to send the children, and she says:

> *"I made a pledge to my husband that I would take care of these children until he returns. How then can I just abandon them when they have nowhere to go? I am the only person they know and they call me mother. Even if he was forced to go away, he is still my husband because I love him and I have not divorced him".*[50]

The clan heads are threatening to eliminate the woman and she has taken the matter to police but nothing has been done. Only her mother and one brother sympathise with her but they cannot protect her and the children from the wrath of the community. The mother advised her to let go of the children and the brother has offered to rent for her a house in a far off place in Kampala, outside the Somali community so that she can be safe there.

3.10.4. Female Genital Mutilation (FGM)

Within the Somali culture girls are circumcised at an early age. Two reasons are given: firstly, to bar them from engaging into promiscuous behavior. Secondly, so that when they get married they do not cheat on their husbands. FGM is an issue that many Somali women and girls have not felt able to speak about because doing so is a taboo.

Women participants in the study themselves had divergent views about FGM; some believe that it is good and should continue, while others believe it should be stopped. Some mothers force their children to be mutilated while others believe that it's outdated. When asked about FGM during the study, some mothers reported that some of the girls run away from home in fear of being mutilated. They stated that sometimes FGM is wrongly done, leaving the individual with wounds and other problems. The study revealed that FGM also poses a challenge for women during labour; some women need stitching to become intact after birth, yet those who experienced FGM are already cut.

Whilst women in general face many challenges, the Somali women have to battle with culture, ignorance and dependency on male support. This makes Somali women a very vulnerable and a high-risk group.

[50] Interview with a Somali woman from Nakivale settlement at the RLP offices, 2013.

3.10.5 Recommendations by the Somali Women and Girls

i. Aid organizations should support them with education for their children.
ii. UNHCR should help them access resettlement as a durable solution to their problems.
iii. The widows should be supported with basic needs.
iv. Improved medical care for their children.
v. Organizations should reduce on length of time they take to respond to their issues.
vi. The girls should be protected from older men who want to abuse them.

3.10.6 Recommendations by Refugee Law Project

i. Further studies should be carried out on harmful practices towards women and girls in the Somali refugee communities. These can be in areas of FGM, early marriages and sexual violence.
ii. Working with men and boys and community leaders to reduce SGBV in this community

4.0 Discussion

That survival sex remains a practice of making ends meet among refugee women and girls points to a huge protection gap. Strategies of reducing the negative physical impact however are not enough as they address only the symptoms. It is important to give women and girls comprehensive empowerment packages that address their innate, immaterial needs. Social attitudes towards survival sex dehumanize and take away a woman's dignity. Women should enjoy sex as a human right.

Research currently shows that children born out rape can be referred to as "secondary victim" (Erjavec & Volcic, 2010; Farwell, 2004; Daniel-Wrabetz, 2007). Whilst it is a fact that the child out of rape is conceived in the process of a violation of another human being's right to privacy and freedom to have sex and children at will, the circumstances of conception must be conducive for it to occur at all. The child born out of rape is not an accident. The child does not choose to be born and therefore this child has a right to a violence free childhood. It is important for people to know who these children are and that the conditions in which they are growing up should nurture and build their identity as human beings. Research shows that these children are usually stigmatized, rejected, and harassed. In fact, in some societies they are referred to as the "children of the enemy" (Daniel-Wrabetz, J, 2007).

Identity is such a pertinent part of a human being. It is that which makes a person unique, and identifiable in the crowd. It provides the basis for the right to life for every human being. The Oxford Advanced Learner's Dictionary defines:

"Identity as the characteristics, feelings or beliefs that distinguish people from others, a sense of national, cultural, personal or group identity."[51]

Erikson emphasizes this point by saying that the development of a strong ego or self identity along with proper integration into a stable society and culture leads to a stronger sense of identity in general. Accordingly, a deficiency in either of these factors may increase the chance of identity crises or confusion.[52] In a study by Erjavec and Volcic (2010) in Bosnia-Herzegovina after the war, many children whose mothers were victims of rape by Serbian forces represented themselves as outsiders, because they faced rejection from neighbors, school-mates, relatives, and sometimes their own mothers.

Identity is the sense of wholeness that a person is complete; therefore a basis of one's sense of personal security, independence, authenticity and originality. For children identity lies in the family, their parentage. It is nurtured by a sense of belonging to a particular father in a patrilineal society or mother in a matrilineal society, being able to tell ones lineage, a shared blood relationship and community cohesion. In many communities this identity also gives people entitlements such as access to land and other property, marriage and social status. Unfortunately, for the child out of rape these facts are not clear because of their circumstances of birth.

Old age brings special pressures, unique upsets and key biological changes. A general slowdown in body systems deflates the health of an individual. Often, less attention is given to the elderly whether in their habitual places of abode or in refugee situations based, because it is assumed that every complaint of ache and pain by them is due to old age and therefore a natural phenomenon without remedy. They are purported to have lived their lives and to be less productive in their current age. Considering the general plight of African refugees living in the first country of asylum, where most medical facilities are not well equiped, and those that are well equiped are private, very expensive and out of reach, the prospects of living a full life are very remote for the vast majority of the elderly.

In refugee circumstances, this challenge is exacerbated for the elderly who are denied access to property they have acquired over time. Most elderly refugees are therefore either unaccompanied or are subjected to the rigors of parenting orphaned children. They are also bedeviled with chronic ailments such as diabetes, hypertension, arthritis, gastric ulcers, sometimes HIV/AIDS due to sexual violence, and often torture-related disabilities that require expensive and comprehensive medical care. There are also no exact statistics of elderly individuals among the refugee populations to enable proper planning for their needs as a special vulnerable category. In old age, movements of the elderly become extremely limited. They do not have the physical and psychological capacity to support themselves. Elderly refugees have therefore continued to add to the numbers of those who lose their lives to preventable conditions.

[27] The United Nations Convention on the Rights of the Child, Article 2.

[51] A.S Hornby, Oxford Advanced Learners Dictionary, Oxford: Oxford press,1948, pp.743

[52] Cote james E; Levine Charles. Identity Formation, Agency and culture. New Jersey: Lawrence Erlbaun Associates, 2002 pp 22

4.1 Coping Mechanisms employed by Refugee Women and Girls

There are various ways of looking at the coping mechanisms that refugees employ, but emphasis should be placed on the context in which the mechanisms are employed. Each individual reacts to situations differently, yet research clearly indicates that there are certain factors that play an important role as far as coping and resilience are concerned. Social support in the form of family and friends has been cited as a key indicator for positive coping or resilience (Greef and van der Merwe, 2004).

The women and girls reported various coping mechanisms. They reported engaging in petty jobs to earn some money, while others adopt other survival strategies like picking food leftovers from Owino market and that is what they prepare and eat. Others wash clothes for people to earn some money. These coping mechanisms are adopted because the context they have found themselves in demands it.

There is one elderly refugee who was employed by KCCA to sweep the road. "I wake up very early every morning and I go and sweep the road on Kampala road. They pay us 150,000 per month".

Another elderly woman says she goes to the mosque every Friday in Old Kampala and the Muslims give her some money that she uses to pass through the week. A few of the respondents reported that they are religious and prayerful in various ways. They believe that a higher power guides and protects them even though they are in a bad situation. This echoes research from Khawaja, White et al (2008) who concluded that religious beliefs played a big part in as far as coping among Sudanese refugee was concerned.

Some unaccompanied children and survival sex workers reported using sex work as a means of survival, generally to help them access basic needs like food and shelter either for themselves or for those under their care.

It is worth noting that the coping mechanisms employed by refugees depend strongly on personal qualities of each of them. Whilst some women had experienced similar traumatic experiences, they were determined to make ends meet. They are so determined to survive as one refugee woman explained:

> *"I have to get up very early every morning to go and look for work. Sometimes I get something, other times I end up with nothing".*

Such an experience puts things into perspective, as there are those that are so determined to make something as a way of improving their wellbeing irrespective of their past; while others who might be overwhelmed, discouraged, and withdrawn might just not be able to make that extra effort to improve their welfare.

5.0: Conclusions

5.1. Conclusions on Refugee Girl Children under the Care of an Adult/s

Some girl children are not attending school because their parents cannot support them with scholastic materials and other needs. Others are demoted or taken to lower classes when they join Uganda schools and thus are older than their classmates. Many are unable to continue with secondary education due to lack of school fees, and some have suffered sexual violence during war and during their stay in Uganda, resulting in pregnancies in some cases. The main perpetrators in Uganda are unknown persons in the communities on their way from school, from church, the market and during social gatherings; a few cases were mentioned in schools. The girls said they have no privacy as they find themselves sharing one small room with all family members. Their parents usually do not have money to provide for their basic needs and some have no opportunity for relaxation and play. Some children mentioned being traumatized and depressed due to certain events that had occurred in their lives.

5.2. Conclusions on Unaccompanied Girls

These children stay alone without being directly under the care of a particular adult and this has exposed them to several risks and abuses such as survival sex work, sexual violence, physical violence, child labour, sexual slavery and child trafficking. They often form loose relationships with adults in the hope that these adults will be of help towards them. A majority of these children do not attend school, usually struggling to get food and clothing, and most of them reside in churches and other religious spaces. The older ones are usually overburdened by caring for the younger siblings, while the younger ones reported feeling sad as a result of missing their parents. The findings reveled that some children are placed in foster homes by aid agencies but face challenges there like being overworked and sexual violence.

5.3. Conclusions on Youths/ Young Women

This group tends to feel wrongly perceived by Ugandans, who often discriminate against them; for example being referred to as prostitutes and as trouble makers, they face challenges with KCCA authorities while trying to carry out business. They have experienced sexual, physical and economic violence in the course of carrying out their businesses, which is mainly selling fabric and jewelry. They have sexual reproductive health problems due to past experiences of rape and sexual violence, limited access to reproductive health services due lack of concern at health government centers. They are also often arrested by the police for lack of identification and being idle, and they lack finances to meet the basic needs like shelter and cloths. The youths also said they had trauma due to past and current experiences.

5.4. Conclusions on Women with Children out of Rape

This group presented their major challenges to be; rejection from spouses on realization that the woman has a child out of rape, trauma due sexual violence, a risk of re-traumatisation when the time comes to tell the child (out of rape) about their paternity, difficulty responding to the trauma their children (both the child out of rape and the other children) experience upon learning about

their paternity, HIV and other STIs contracted through sexual violence, the fear of stigma from the community. They also expressed challenges securing basic needs, especially those without the support of a husband.

5.5. Conclusion on Women Living with HIV/AIDS

The women living with HIV/ AIDS face clinical symptoms of the disease, like low energy levels, and constant illness which hinders their engagement in productive work. They experience difficulties accessing medical care due to language barrier and lack of transport, limited access to basic needs like food and shelter, stigma from the community hence a feeling of isolation, and failure to access jobs and employment. Hence they reported living in poverty.

5.6. Conclusions on Women survivors of Torture

The major challenges identified as being faced by this category of women are; trauma as a result of psychological, psychical and sexualized torture, together with difficulties in accessing legal aid, psychological help, and medical assistance due to bureaucracies in organizations and institutions. They also have an inability to access medical care, due to lack of money for medication, consultation and transport. They reported risks of re-traumatisation due to inappropriate methods to assist them, and inadequate psychological interventions. They also express having limited access to basic needs like food, shelter and no money to support their children in education. Some say they are unable to engage in productive work due to reduced functional abilities as a result of injuries, disabilities and ailments resulting from torture.

5.7. Conclusions on Women and Girls with Disabilities

The girls with disabilities face challenges of living independently, especially those in boarding school Children in mainstream school are often not catered for in terms of having teachers trained in special needs, no brailled materials, no sign language for those with hearing impairments, and buildings which are inaccessible. Inaccessible transport facilities like taxis and boda-bodas put them at risk of dropping out of school. The issue of physical safety for the children with disabilities was a major concern, since they are at a higher risk of sexual and physical abuse as well as accidents. Additionally, they face discrimination within the community in terms of nicknaming, rejection and isolation. The parents of children with disabilities face a sizeable challenge of caring for the children, in terms of the amount of time, energy and financial resources required.

Refugee women with disabilities experience physical, psychological and sexual violence, and face considerable discrimination in the community. The buildings of most service providers such as hospitals and offices are inaccessible, they have limited access to medical care due to finances, and they live in poverty due to limited access to employment. They also have limited opportunities for socialisation, hence being at risk of depression,

5.8. Conclusions on Women Engaged in Survival Sex Work

The major challenges identified by this group of women include; the high risk of contracting STIs and unwanted pregnancies, difficulty accessing medical care as majority of health workers

tend to be discriminative, stigma and discrimination from their community and some family members, sexual as well as physical violence encountered during sex working. The findings also show the women have psychological problems like trauma, suicidal ideation, low self esteem, depression and guilt, as a result of the above experiences. Findings indicate that the women are caught in a web of survival sex due to limited opportunities and a lack of alternatives.

5.9. Conclusion on Somali Women/ Girls

The findings revealed that a considerable number of Somali girls do not attend school, and that the girls who lack the protection of a brother, father or a male figure are at risk of sexual and physical violence within the communities. Cases of defilement were mentioned, early marriage and Female Genital Mutilation, although these were hushed due to fear. The girls are barred from discussing these practices with '*outsiders'* and may be punished for openly discussing these issues.

Somali refugee women experience sexual violence from within their communities usually during domestic work, they are often not paid by those who employ them and they lack skills to access other jobs, being limited to working within their communities. They fear to report cases of Sexual and Gender Based Violence due to fear of further violence from the perpetrators. The women with children out of wedlock are strongly discriminated against; widows and single women/mothers especially find challenges providing basic needs for their families, and challenges supporting their children with education. Somalis generally experience xenophobia as Ugandans perceive them as "Al-shabab terrorists". They say they face general insecurity from goons since they stay in the slums of Kisenyi.

5.10. General Conclusions

i. Many refugee women and girls are engaged in survival sex as a survival strategy. Many have suffered physical, psychological and emotional abuse in the process. Others have been unfortunate as to contract HIV/AIDS and other STI's.
ii. Refugee women and girls continue to suffer sexual and gender based violence (SGBV) in Uganda including domestic violence especially for women with children out of rape. They are stigmatised and discriminated against by both family and community. They are victimised doubly and suffer because of experiences they did not choose.
iii. Most unaccompanied refugee girls do not enjoy the rights that children enjoy because they are ushered into the rigors and responsibilities of adult life early. Sometimes they are abused and exploited sexually while in foster care, leaving some as child-mothers.
iv. Many of the elderly refugee women suffer terminal ailments requiring frequent medical attention, proper feeding and housing, yet most of these requirements are beyond their reach. Being old has been used to deny them services thereby leaving them malnourished, and susceptible to opportunistic diseases, and death.
v. There is no structured form of assistance for vulnerable categories in terms of emergency interventions, no reception centers for unaccompanied girls, no established nutritional support programs for the HIV positive women. When and where there is a provision for these services to be provided, delivery of such services is not sustained, which frustrates both vulnerable groups and service providers.

vi. Protection for women and girls especially among the Somali community is difficult. Forced marriage is common along with sexual abuse and exploitation, female genital mutilation and other forms of violence directed towards them. However, this appears very difficult to change because of the closed nature of the Somali community.

vii. Most vulnerable women and girls have had a history of sexual violence. They therefore are constantly grappling with the negative health conditions as a result. Many suffer from chronic backaches, lower abdominal aches, chronic STI's and pelvic inflammatory diseases, post-traumatic stress disorder (PTSD), and other mental illnesses. This makes it difficult for them to engage in sustainable economic ventures, as all their money is spent on medical care. For those who require expensive and complicated examinations, and tests, they are resigned to a life of pain.

viii. Women with children living with disabilities are tied down especially as they have no one to leave these children with. Disabled women and children suffer discrimination and problems of accessing services.

6.0 General Recommendations

There are needs for intensive interventions in the lives of women and girls that have experienced sexual abuse in form of rape. Evidence increasingly points to the fact that abused women and girls may develop post-traumatic stress disorder (PTSD) if interventions are not put in place (Ehlers & Clarke, 2000). Therefore evidence-based psychotherapeutic approaches like cognitive behavioral therapy (CBT), eye movement desensitization and reprocessing (EMDR), and other cognitive processing approaches should be put in place (Leiner, Kearns et al, 2000; Foa, Rothbaum et al, 1991; Nishith, Resick, et al, 2002; Resick, Williams et al, 2012; Resick and Schnicke, 1992).

There is need to address exploitation and denial of human rights which refugee women and girls brought out in this evidence-based research. The fact that some women end up involved in survival sex (legally or illegally), does not justify the nature of abuse that women and girls have to go through, for example, female genital mutilation and forced marriages. An empowerment program that engages them as human beings with capacities will go a long way to reducing their vulnerabilities. Institutions like the Uganda Police and Human Rights Programs need to step up the pressure on those who found guilty of exploiting women and girls.

There is a need for meaningful involvement of refugee women and girls in the design, planning implementation and evaluation of programs and policies meant for them, and in those targeting the wider categories of refugees. Despite there being a considerable number of organisations working with refugee communities, refugee women and girls continue to report insufficiencies and/or inadequacies in the flow of services. Support groups and other initiatives among women and girls should be supported through increasing funding resources for women activities.

There is a need to continuously involve men and boys in the development processes and protection programmes meant for women and girls. Men are in most cases the perpetrators of such injustices and involving men and boys may ensure that awareness and promotion of harmony between women and men can be realised.

Given that increasingly large numbers of refugee women, children and older people are also to be found in other urban areas of Uganda, the Government of Uganda, UNHCR and other aid agencies need to address the issues raised in this report in a more comprehensive manner, including them in their planning and programming. The common issues of harassment, exploitation, discrimination, inadequate basic needs and overcrowded shelter, as well as vulnerability to sexual and gender-based violence (SGBV), HIV-AIDS, human smuggling and trafficking appear to be more the norm than the exception as it might have been imagined.

There is need for further research on topical issues like sexual violence and mental health among urban refugee women and girls in Uganda.

An appropriate resource base is required to respond to the issues of women and girls raised in this report. Human and financial resources should especially be directed towards areas of physical and social protection, as well as psychological support, education, health, basic needs and livelihoods' support

This should be followed by coordination, cooperation and support from a wide range of other actors, especially government agencies, city authorities and other aid agencies.

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